

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

439-221-020-697

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Elmer's Ferry

Registration District No. 35

File No. 78861

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2021

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Edna Isabella McRae

Sex of Child <u>Female</u>	Twin, Triplet, or other? <u>Single</u> (To be answered only in event of plural births)	and Number in order of birth <u>2nd</u>	Legitimate? <u>yes</u>	Date of birth <u>April 21</u> 1920 (Month) (Day) (Year)
FULL NAME <u>John A. McRae</u>	FATHER		FULL MAIDEN NAME <u>Ellen Virginia</u>	MOTHER
RESIDENCE <u>Knig Hill Idaho</u>			RESIDENCE <u>Knig Hill Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>America</u>			BIRTHPLACE <u>America</u>	
OCCUPATION <u>Chas. H. S. R. S.</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

April 21 1920 at 9:30 P. M.  
(Born alive certified)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. W. Davis M. D.  
Physician  
(Physician or Midwife)

Given name added from a supplemental report

Address

Elmer's Ferry Idaho

Filed April 26 1920

J. W. Davis

Registrar



DEC 18 1961

719-206-024-962

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

C-25m-9-8-17

County of Franklin

## CERTIFICATE OF BIRTH

City of PrestonRegistration District No. 27File No. 78862

No. .... St.

Primary Registration District No. 211.9Registered No. 188Hospital Heome

## FULL NAME OF CHILD

Sex of Child <u>girl</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>April 6</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME <u>Mansfield Scott Parks</u>	FATHER
RESIDENCE <u>Preston</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>49</u> (Years)
BIRTHPLACE <u>Tennessee</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Fanny Robinson</u>	MOTHER
RESIDENCE <u>Preston</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)
BIRTHPLACE <u>Tennessee</u>	
OCCUPATION <u>Housekeeper</u>	

Number of child of this mother, including present birth 19 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:50 P. on the date above stated. (Born alive yes)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen  
Midwife  
(Midwife)

Given names added from a supplemental report.

.....19.....

Address Preston Franklin Co. Idaho

.....19.....


Filed 4/24 1920 Dr. A. C. Cullen

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 20 1970.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-112-021-717

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Franklin

City of Mayton

No. .... St.

Hospital .....

Registration District No. .... 27

File No. .... 78863

Primary Registration District No. .... 2119

Registered No. .... 127

FULL NAME OF CHILD ..... FRED CAROLD and FRANK HAROLD BEEBE

Sex of Child <u>male</u>	Twin <u>pair</u> Triplet or other? (To be answered only in event of plural births)	Number and in order of birth <u>6</u>	Legitimate? <u>yes</u>	Date of Birth <u>Apr 12 1920</u> (Month) (Day) (Year)
--------------------------	--	---------------------------------------	------------------------	--

FULL NAME <u>E A Beebe</u>	FATHER
RESIDENCE <u>Mayton Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Merston Idaho</u>	
OCCUPATION <u>Electrician</u>	

FULL MAIDEN NAME <u>E R Page</u>	MOTHER
RESIDENCE <u>Mayton</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Merston Idaho</u>	
OCCUPATION <u>House Keeper</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

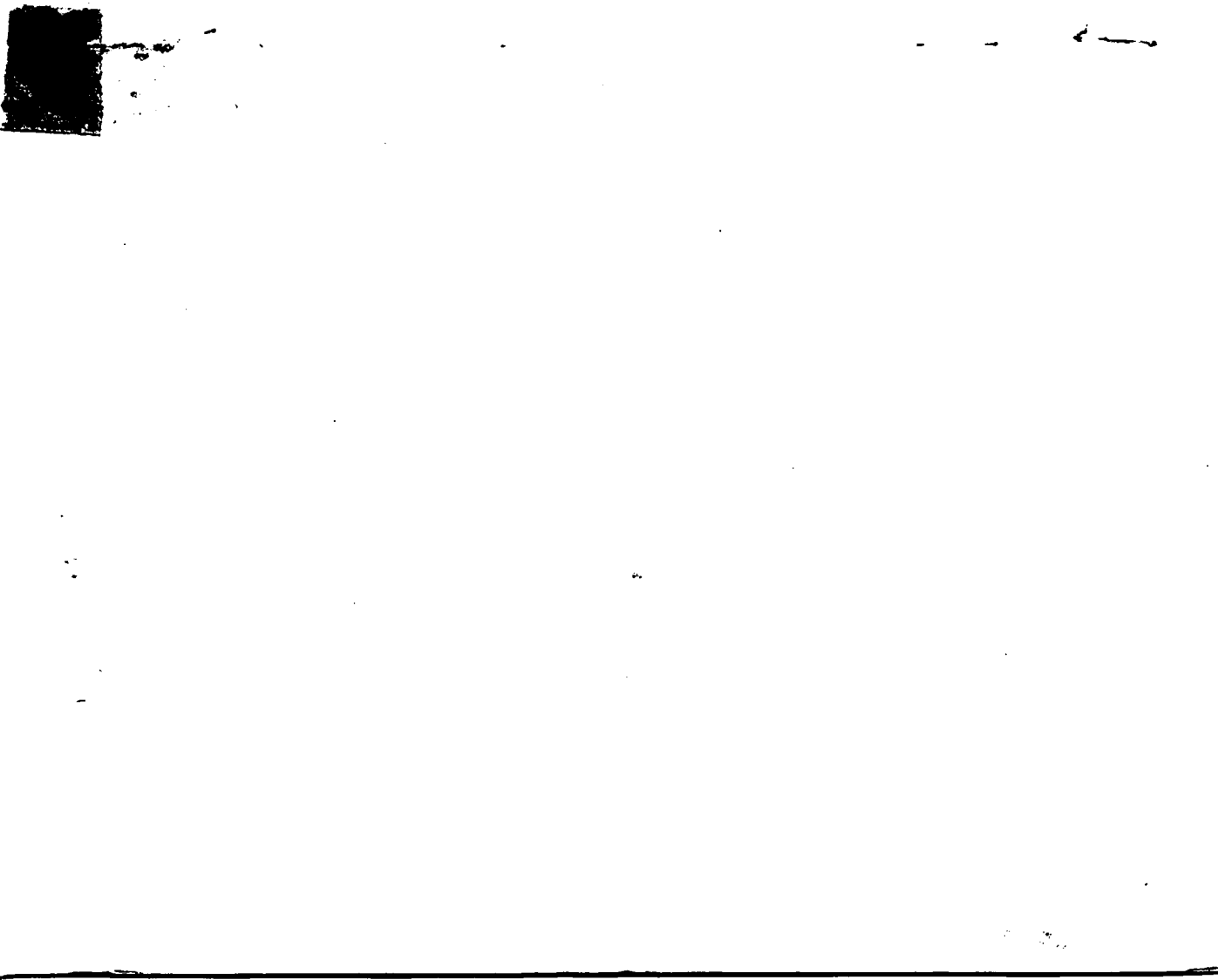
I hereby certify that I attended the birth of this child, who was born 4-12-1920 8:35 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B. Hatcher  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Merston Idaho  
Filed 5/17 28 D. R. Pulew  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of California }  
County of Los Angeles } ss.  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or death)  
for Unnamed Beebe Twins who Apr 12 on 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Dayton, Idaho. are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by Bible Record prepared on Apr 12, 1920, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "Birth date", "Cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Names

Unnamed Beebe Twins

Fred Garold and Frank Harold

Subscribed and sworn to before me this 7th  
day of November 1941  
G.E. Magoon  
Notary Public, residing at Los Angeles Cal.  
My commission expires Nov 5, 1942.  
[SEAL]

Signed E. A. Beebe (Father)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

959 Calzona St Los Angeles Cal.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

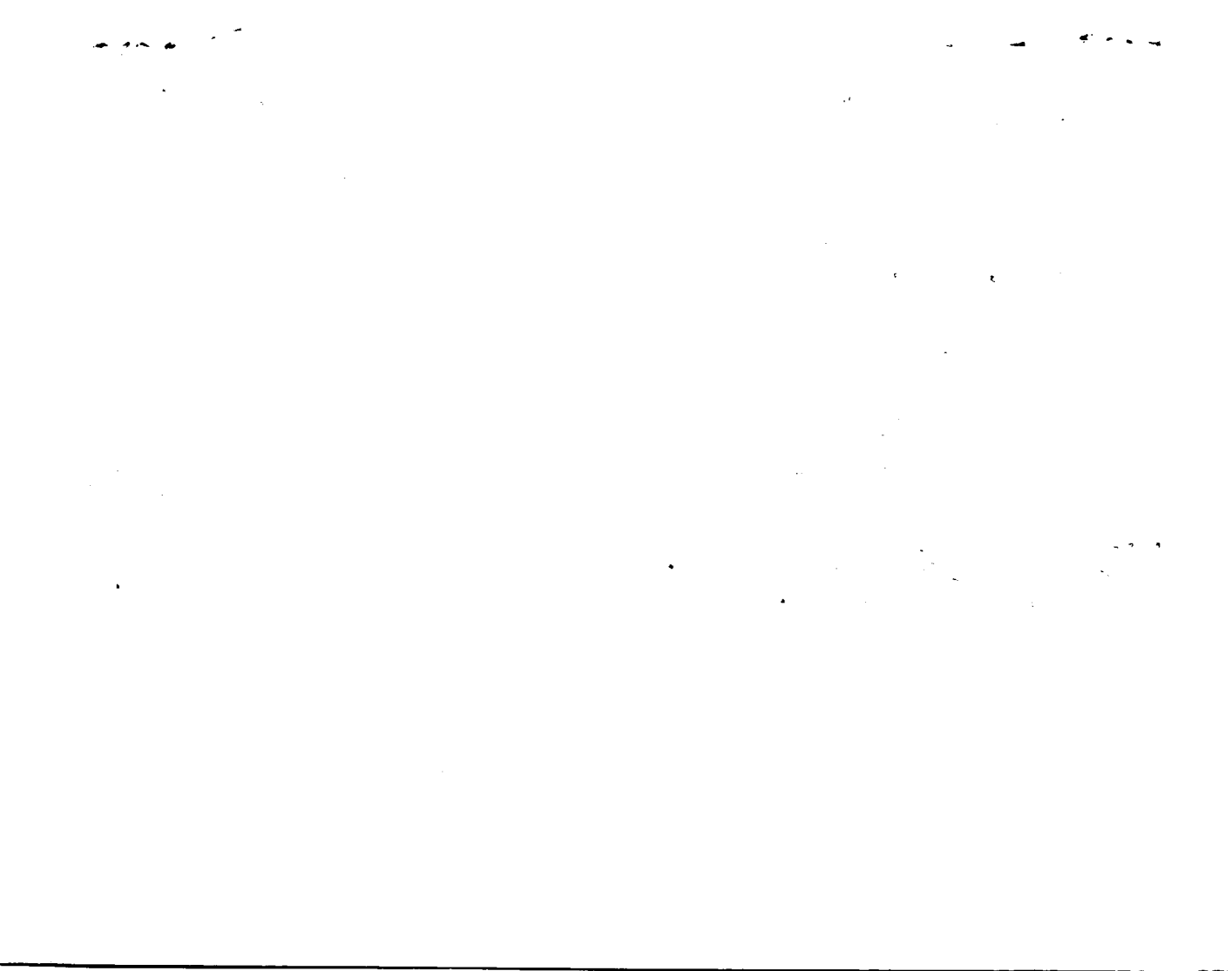
Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
[SEAL]

\_\_\_\_\_  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_



713-230-021-266

PLACE OF BIRTH

name added 3/30/81

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

County of...**Franklin**.....

## CERTIFICATE OF BIRTH

City of.....**Preston Idaho**.....Registration District No. ....**27**.....File No. ....**78864**.....No. ....**St**.....Primary Registration District No. ....**2119**.....Registered No. ....**117**.....

Hospital .....

FULL NAME OF CHILD ..... **Gayle Louise Patterson** .....Sex of Child **Female**Twin  
Triplet  
or other?  
(To be answered only in event of plural births)} and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate? **Yes.**Date of Birth **Apr. 30 1920**  
(Month) (Day) (Year)FULL  
NAME

FATHER

**William McGregor Patterson**

RESIDENCE

**Preston Idaho.**

COLOR

**White.**

AGE AT LAST

**44**BIRTHDAY .....  
(Years)

BIRTHPLACE

**Bear Lake Co. Idaho.**

OCCUPATION

**Farmer.**FULL  
MAIDEN  
NAME

MOTHER

**Sarah Ann Booth**

RESIDENCE

**Preston Idaho.**

COLOR

**White.**

AGE AT LAST

**42**BIRTHDAY .....  
(Years)

BIRTHPLACE

**England.**

OCCUPATION

**Housewife.**Number of child of this mother, including present birth.....**11**..... Number of children of this mother now living, including present birth.....**11**.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....**Born Alive**..... at.....**8 A.M.**  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

**Physician.**

(Physician or midwife)

Given names added from a supplemental report.

Address.....**Preston Idaho.**.....Filed.....**5-4**.....

Registrar

Registrar



JAN 23 1981

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICSState of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

FEB 4 8 55 AM '81

Certificate No. 78864

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Patterson (female) who was born on April 30, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)in Preston, Idaho (Franklin) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

child's name

Unnamed Patterson

Gayle Louise Patterson

father's name

Wm. H. Patterson

William McGregor Patterson

mother's name

Sarah Pool

Sarah Ann Booth

Subscribed and sworn to before me, this 28 day ofNotary Public, [Signature]Residing at Preston, IdahoMy commission expires 5/3/81

(Seal)

Signature of Applicant

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.  
County of Salt Lake }

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me, this 28 day ofNotary Public, [Signature]Residing at Preston, IdahoMy commission expires 5/3/81

(Seal)

Supporting Signature

Street Address, City, State

1/23/81 RUSH

Certif of Baptism from the LDS Church gives name as Gayle Louise Patterson  
Daughter of William McGreger Patterson and Sarah Ann Booth. born Apr 30, 1920  
at Preston, Idaho. Baptized May 5, 1928. viwed by V. S.

Certif of Blessing from the LDS Church gives name as Gale Louise Patterson  
child of William M. Patterson and ~~XXX~~ Sarah A. Booth. born April X 30, 1920  
at Preston, Idaho. Blessed July 4, 1920. viewed by V. S.

1981

249 - 211-021-957

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

County of... **Franklin.**.....City of... **Fairview Idaho.**.....Registration District No. **27**.....File No. **78865**.....

No. .... St. ....

Primary Registration District No. **2119**.....Registered No. **119**.....

Hospital .....

FULL NAME OF CHILD

**Eva Smith**Sex of  
Child **Female.**Twin  
Triplet  
or other? } and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate? **Yes.**Date of  
Birth **Apr. 11 20**  
(Month) (Day) (Year)FULL  
NAME

FATHER

**Ernest Smith.**

RESIDENCE

**Fairview Idaho.**

COLOR

**White.**

AGE AT LAST

BIRTHDAY **24**

(Years)

BIRTHPLACE

**Fairview Idaho.**

OCCUPATION

**Farmer.**FULL  
MAIDEN  
NAME

MOTHER

**Hazel Inglet.**

RESIDENCE

**Fairview Idaho.**

COLOR

**White.**

AGE AT LAST

BIRTHDAY **21**

(Years)

BIRTHPLACE

**Fairview Idaho.**

OCCUPATION

**Housewife.**Number of child of this mother, including present birth **1**..... Number of children of this mother now living, including present birth **1**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was **Born Alive.** at **8 P.M.**  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) **G. W. States****Physician**

(Physician or midwife)

Given names added from a supplemental report.

Address **Preston Idaho.**Filed **6-5-20**

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

APR 26 1976

132-202-024-416

## PLACE OF BIRTH

County of... **Franklin**.....City of... **Treasureton**....

No. .... St.

Hospital .....

## FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

Registration District No. .... **27**.....File No. .... **78866**.....Primary Registration District No. .... **119**.....Registered No. .... **120**.....

Sex of Child <b>Female</b>	Twin Triplet or other? <b>and</b> { Number in order of birth } (To be answered only in event of plural births)	Legitimate? <b>Yes.</b>	Date of Birth <b>Apr. 2</b> 19 <b>20</b> (Month) (Day) (Year)
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FULL NAME <b>FATHER</b> <b>Henry Atkinson,</b>
RESIDENCE <b>Treasureton Idaho.</b>
COLOR <b>White</b> AGE AT LAST BIRTHDAY <b>38</b> (Years)
BIRTHPLACE <b>Cove Utah.</b>
OCCUPATION <b>Farmer.</b>

FULL MAIDEN NAME <b>MOTHER.</b> <b>Charlotte H. Dawson.</b>
RESIDENCE <b>Treasureton Idaho.</b>
COLOR <b>White.</b> AGE AT LAST BIRTHDAY <b>38</b> (Years)
BIRTHPLACE <b>Weston Idaho.</b>
OCCUPATION <b>Housewife.</b>

Number of child of this mother, including present birth... **7**..... Number of children of this mother now living, including present birth... **7**.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born Alive** on the date above stated. (Born Alive or stillborn) at **1 A.M.**

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... **E. W. State** .......... **physician.** .....

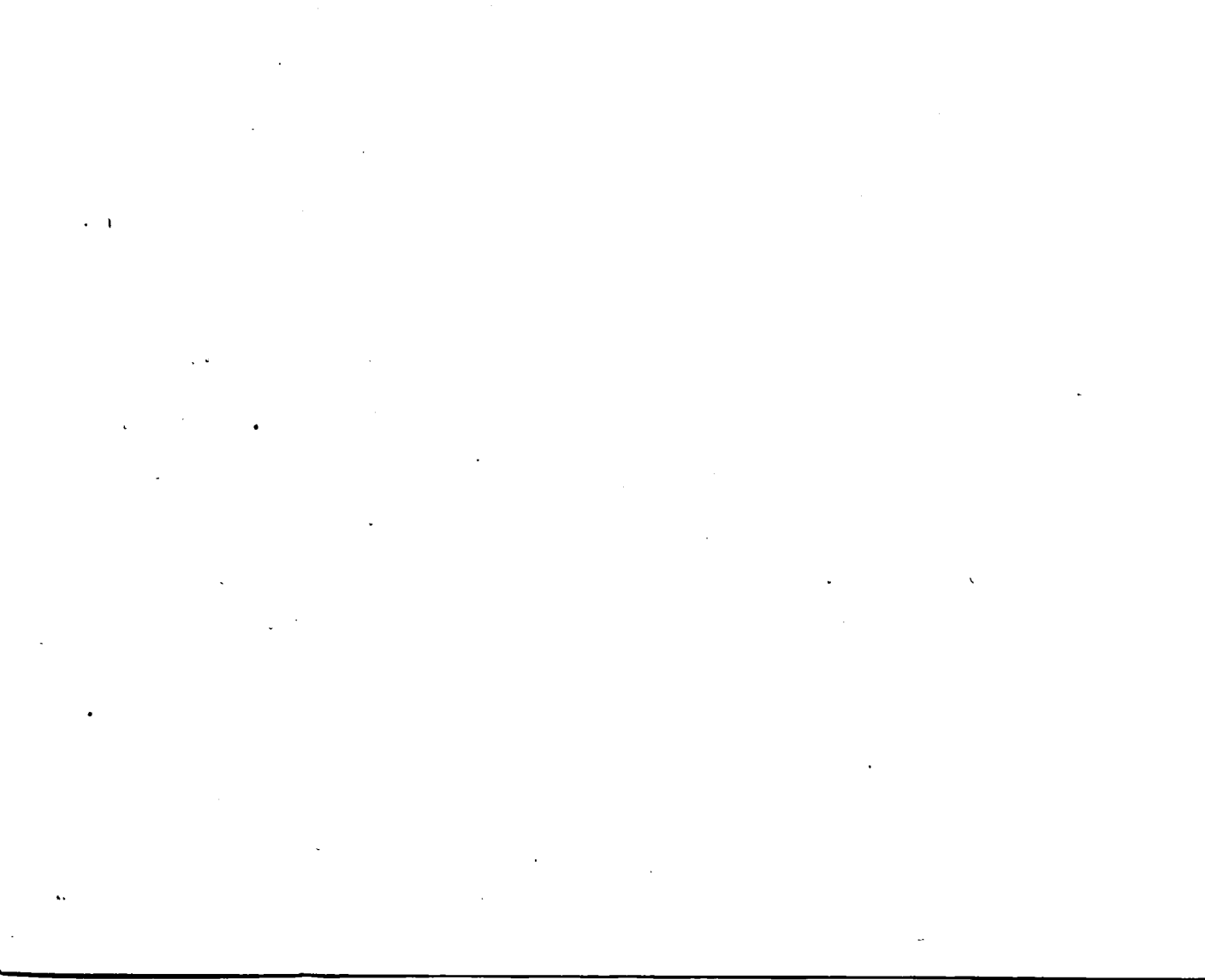
(Physician or midwife)

Given names added from a supplemental report.

..... **19**..... Address... **Preston Idaho.** .......... **5-15**..... **1922**..... **D. H. C. C. C.** .....

Registrar

Registrar



815-230-021-546

PLACE OF BIRTH

amend. 11-12-81

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of FranklinCity of PrestonNo. 2nd Ward St.Registration District No. 24File No. 78867

Hospital \_\_\_\_\_

Primary Registration District No. 2114Registered No. 7118

FULL NAME OF CHILD

Helen Clara HansenSex of Child FTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate? yesDate of  
BirthApril 30 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
John LeRoy HansenFULL  
MAIDEN  
NAMEMOTHER  
Clara Nuffer

RESIDENCE

Preston, Idaho

RESIDENCE

Preston, Idaho

COLOR

WAGE AT LAST  
BIRTHDAY28  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Railway Mechanic

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

Born alive or stillborn

at 435P M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Curtis Rand  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

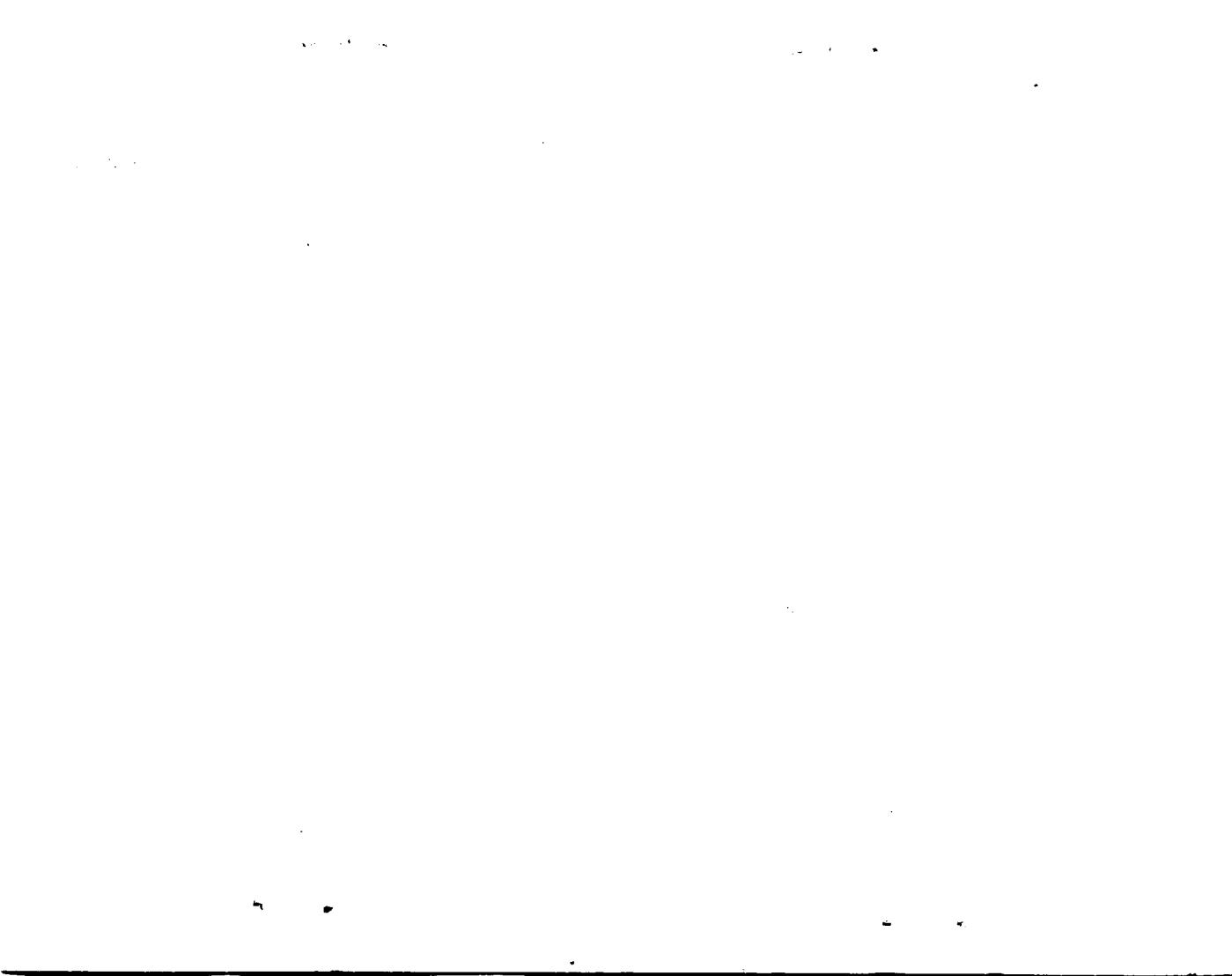
Preston Idaho

Filed

5/11920D. R. C. C. C.  
Registrar

Registrar





IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Utah }  
County of Salt Lake } ss.

Certificate No. 78867

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hansen who was born on 4-30-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Preston (Franklin) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Unnamed</u>	<u>Helen Clara Hansen</u>
<u>mothers name</u>	<u>Omitted</u>	<u>Clara Nuffer</u>

Subscribed and sworn to before me this 27th day of

September, 191981

Notary Public, Eugene R. Jensenquist

Residing at 3766 S. Stone Ridge Dr apt 152

My commission expires My Commission Expires Sept. 11, 1982

(Seal)

Signature of Applicant

Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah }  
County of Salt Lake } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge:

Subscribed and sworn to before me this 27th day of

September, 191981

Notary Public, Eugene R. Jensenquist

Residing at 3766 S. Stone Ridge Dr apt 152

My commission expires My Commission Expires Sept. 11, 1982

(Seal)

Supporting Signature

Street Address, City, State

**NOV 12 1981**

LDS Church records gives Helen Clara Hansen born 4-30-20 in Preston to John LeRoy Hansen and Clara Christina Nuffer was blessed 6-13-20. Viewed by V.S.

LDS Record of Baptism gives Helen Clara Hansen born 4-30-20 in Preston to John Leroy Hansen and Clara Christina Nuffer was baptised 3-30-29. Viewed by V.S.

Preston Senior High School Preston, ID gives Helen Hansen completed Course of Study on 5-26-39. Viewed by V.S.

155-211-021-815

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Franklin

City of \_\_\_\_\_

No. 5th Ward St.Registration District No. Q7File No. 78868

Hospital \_\_\_\_\_

Primary Registration District No. Q119Registered No. 114

## FULL NAME OF CHILD

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>April 11</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Oscar David Jensen  
RESIDENCE Franklin Co Idaho  
COLOR W AGE AT LAST BIRTHDAY 49 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Anna Martine Hansen  
RESIDENCE Franklin Co Idaho  
COLOR W AGE AT LAST BIRTHDAY 43 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

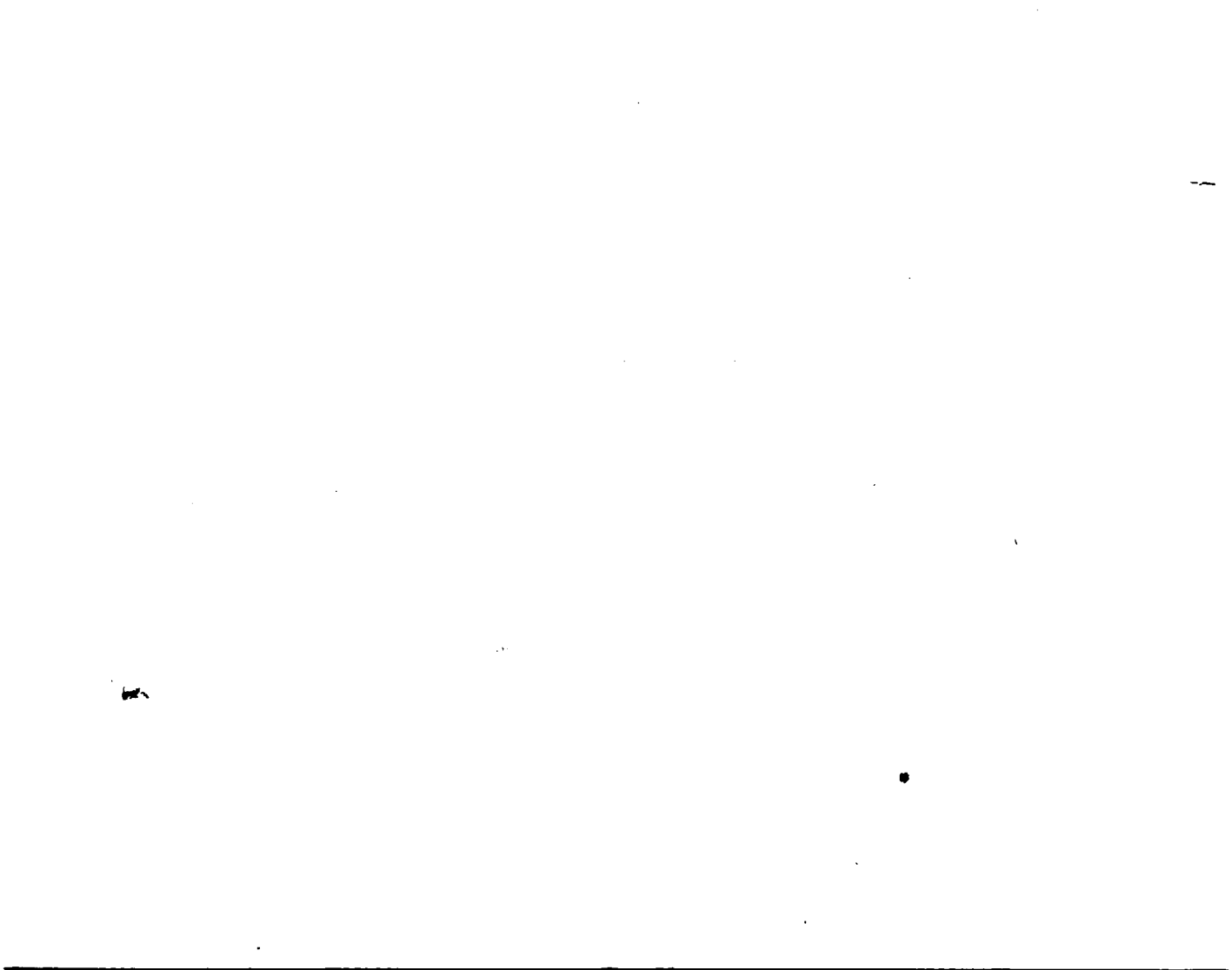
I hereby certify that I attended the birth of this child, who was born alive at 7:25 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hland  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho  
Filed 5/1 1920 Idaho  
Registrar



759-116-021-693

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FranklinCity of PrestonNo. 3d north St.Registration District No. 24File No. 78870

Hospital \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 115

FULL NAME OF CHILD

James Wendel Perkins

Sex of Child

MTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?yes

Date of Birth

April 16 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
James Christopher Perkins

FULL MAIDEN NAME

MOTHER  
Ella Althea Wilcox

RESIDENCE

Preston Idaho

RESIDENCE

Preston Idaho

COLOR

N

AGE AT LAST BIRTHDAY

23  
(Years)

COLOR

N

AGE AT LAST BIRTHDAY

24  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Idaho

OCCUPATION

Hardware clerk

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive at 11:55 P M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Curtis Plank  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston Idaho

Filed

5/1

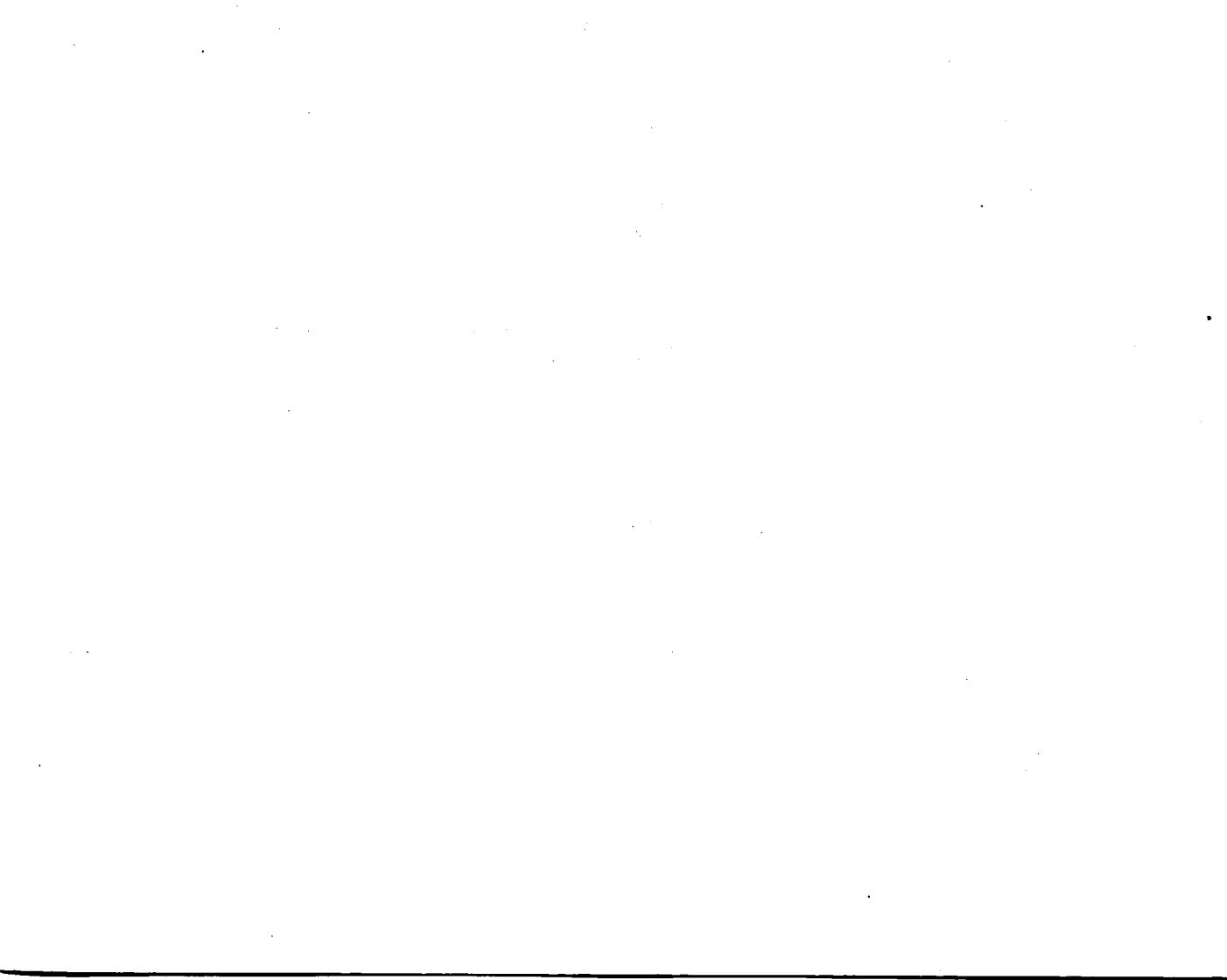
19

20 Curtis Plank  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



County of 413 - 225-021-121

Precinct of .....

Town or Village of .....

## CERTIFICATE OF BIRTH

STATE OF ~~IDAHO~~

IDAHO

City of ..... Street and No. ....  
If in Hospital or other institution, give its name instead of Street and number.FULL NAME OF CHILD Ioshiko Matsumoto { If child is not yet named, make supplemental report as directed

Sex of Child <u>Female</u>	Twin, triplet, or other? <u>No</u> (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 25</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Ioshiko Matsumoto</u>	FULL MAIDEN NAME <u>Kikuno Kasaka</u>
------------------------------------	---------------------------------------

RESIDENCE <u>Fairview Idaho</u>	RESIDENCE <u>Fairview Idaho</u>
---------------------------------	---------------------------------

COLOR <u>Yellow</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)	COLOR <u>Yellow</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
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BIRTHPLACE <u>Japan</u>	BIRTHPLACE <u>Japan</u>
-------------------------	-------------------------

OCCUPATION <u>farming</u>	OCCUPATION <u>housekeeping</u>
---------------------------	--------------------------------

Number of children born to this mother, including present birth... <u>2</u>	Number of children of this mother now living... <u>1</u>
---	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, and that it occurred on Apr 25 1920 at 11:30 AMPremature No or Still Birth? No (Yes or No)

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signature) [Signature]  
Date Apr 25 19 20 [Signature]  
(Physician or Midwife)

Given name added from supplemental report

Address of Physician or Midwife Lewiston IdahoFiled 4/28 1920 [Signature]  
RegistrarRegistered No. 111

Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.



# *Information for Physicians, Midwives, Parents and Others Required to Report Births*

Section 5050, Compiled Laws of Utah, 1917. That all births that occur in the State shall be immediately registered in the district in which they occur, as hereinafter provided.

## **REPORTS.**

Sec. 5051, Compiled Laws of Utah, 1917. That it shall be the duty of the Attending Physician or Midwife to file a certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occurred, to send said certificate of birth with the local registrar within three days after the birth.

### **EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.**

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a name from local registrar and make return of name as soon as child is named.

### **DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.**

Section 5055, Compiled Laws of Utah, 1917, provides that: \* \* \* "All Physicians, Midwives, Informants connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through the local registrar." \* \* \* The State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 5051 shall strike out the words "I hereby certify that I attended the Birth of above child," and write in lieu thereof the words "Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as father, householder, etc., if the case may be, with his address.

## **INSTRUCTIONS TO LOCAL REGISTRARS.**

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same as incomplete report. Enter the date of filing in your office immediately; give the certificate its proper registered number and send a copy of the original certificate for your local record. If the name of the child is not reported give the person who made return a blank for supplemental report of name and direct that it be sent to you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the latter report as soon as received after entering name of child on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

## **PENALTY.**

Sec. 5059, Compiled Laws of Utah, 1917. And any physician or midwife in attendance upon a case of confinement or any other person charged with responsibility for reporting births, in the order named in Sec. 5051 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar, within the time required by this Act, shall be deemed guilty of a misdemeanor. \* \* \* And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and directions of the State Registrar, shall be deemed guilty of a misdemeanor. \* \* \* Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

419-205-021-318

PLACE OF BIRTH

County of FranklinCity of CliftonNo. 1 St.Hospital                     STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-22a-9-8-17

## CERTIFICATE OF BIRTH

Registration District No. 27File No. 78872Primary Registration District No. 217Registered No. 115

## FULL NAME OF CHILD

Sex of Child <u>4</u>	Twin Triplet or other? <u>                    </u> and Number in order of birth <u>2</u> (To be answered only in event of plural births)	Legitimate <u>yes</u>	Date of Birth <u>Apr 5</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Ed. Mapler</u>	FATHER	FULL MAIDEN NAME <u>Lucy Hornsby Taylor</u>	MOTHER
RESIDENCE <u>Clifton</u>		RESIDENCE <u>Clifton Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Clifton</u>		BIRTHPLACE <u>Clifton Ida</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth                      Number of children of this mother now living, including present birth                     

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:00 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Cutler

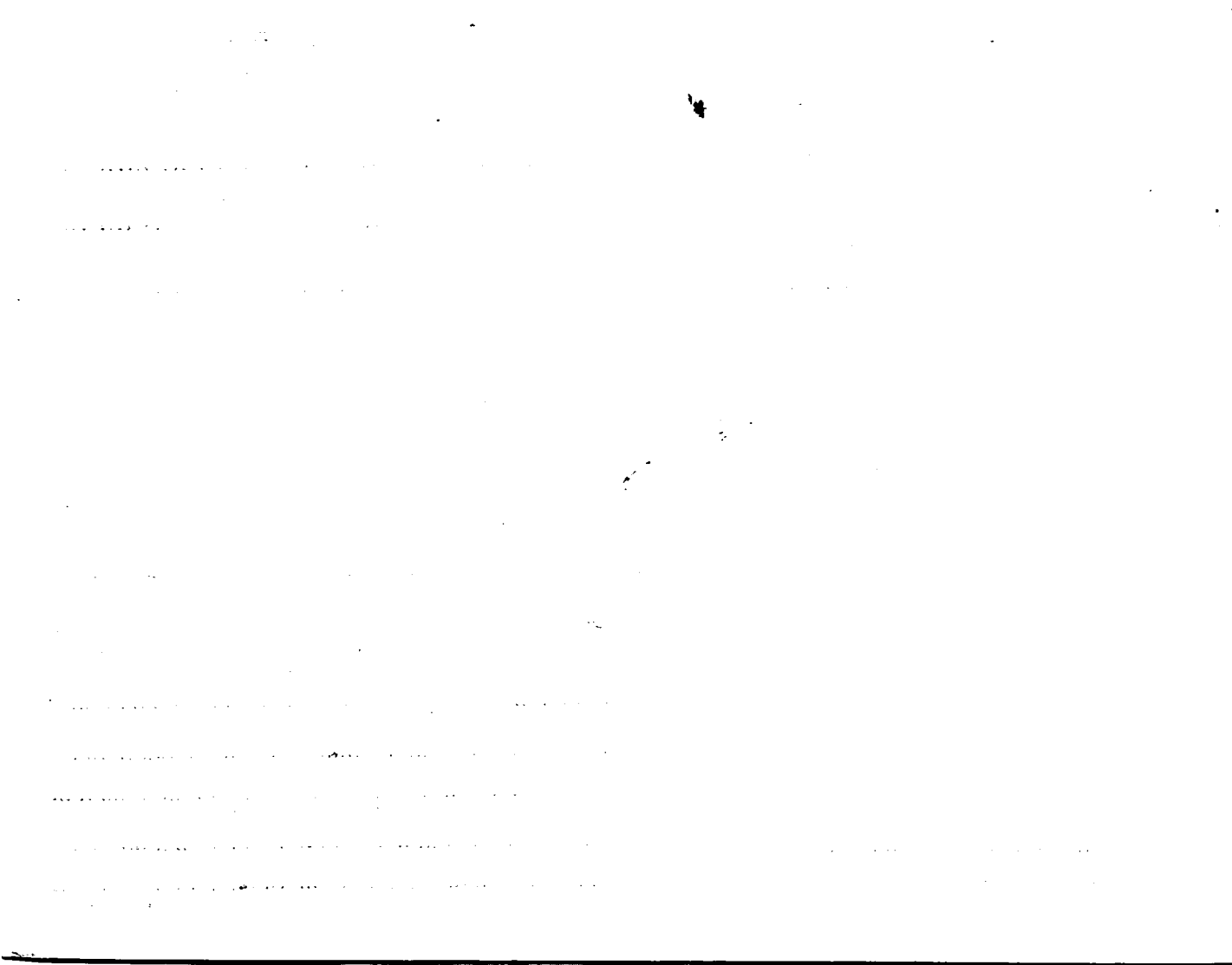
(Physician or midwife)

Given names added from a supplemental report.

Address Clifton IdaFiled 4/24 1920

Registrar

Registrar



414 - 021 - 6923

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-8-17

County of Franklin name added  
6-10-82

City of Whitney Registration District No. Q. 7 File No. 78873

No. St. Primary Registration District No. 2119 Registered No. 182

Hospital .....

FULL NAME OF CHILD Virginia Maughan

Sex of Child 7 Twin Triplet } and { Number in order of birth } Legitimate? Yes Date of Birth 4 18 20  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Edward LeRoy Maughan  
RESIDENCE Whitney  
COLOR W AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Logan Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Sarah Wilson  
RESIDENCE Whitney  
COLOR W AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Logan Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:15 at 9:15 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

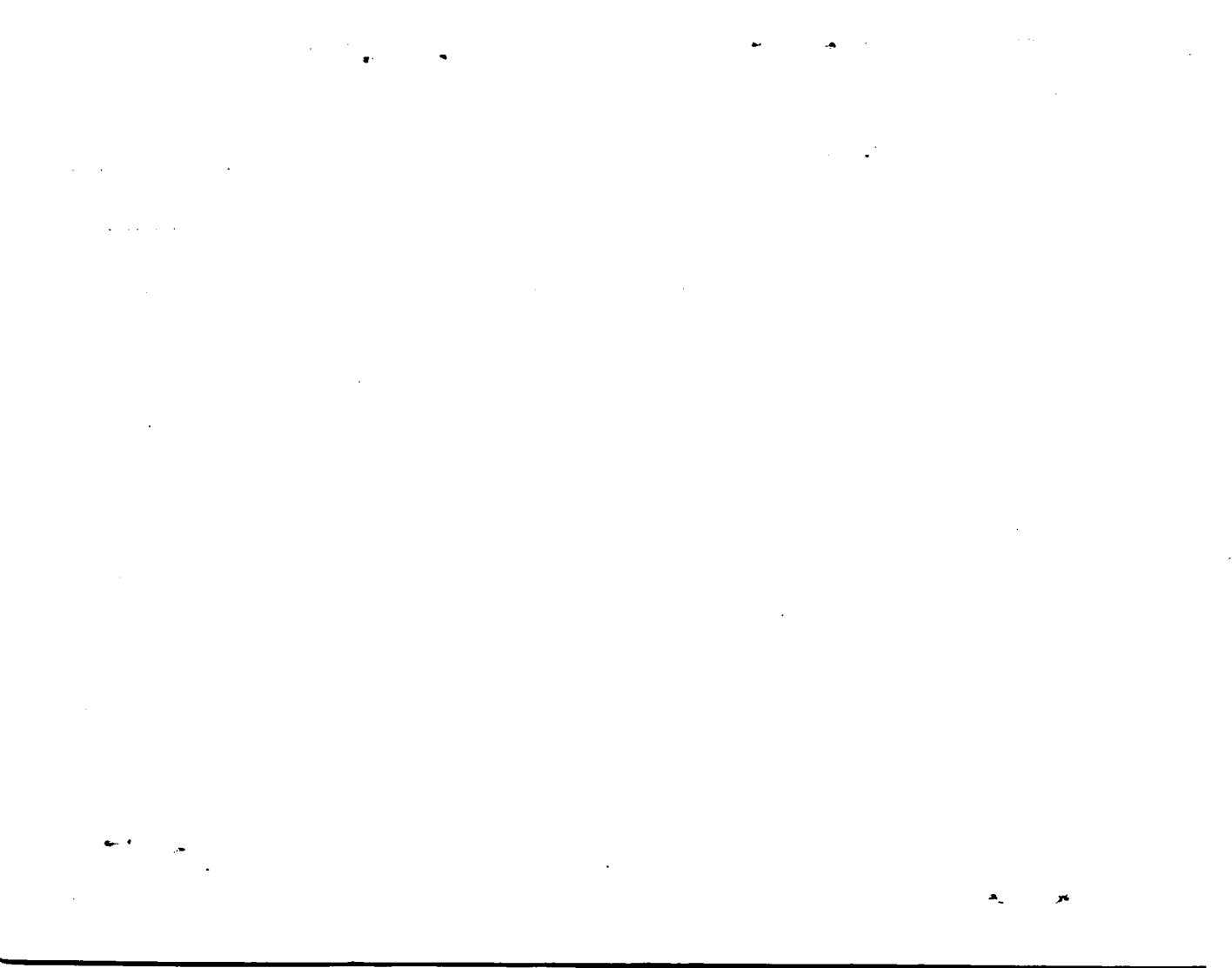
(Signature) H. C. Carter

Given names added from a supplemental report.

Address Preston, IdaFiled 4/26 1921

Registrar

Registrar



5-20-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.  
County of Bannock

Certificate No. 78873

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Maughan who was born on 4-10-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Whitney (Franklin) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

<u>childs name</u>	<u>Unnamed</u>	<u>Virginia Maughan</u>

Subscribed and sworn to before me this 27TH day of

MAY, 1982

Notary Public, W. E. Hooker

Residing at POCATELLO, IDAHO

My commission expires LIFETIME

(Seal)

X Virginia Maughan Scott  
Signature of Applicant

P.O. Box 408 St. Anthony, Idaho

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Bannock

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27TH day of

MAY, 1982

Notary Public, W. E. Hooker

Residing at POCATELLO, IDAHO

My commission expires LIFETIME

(Seal)

Edward W Maughan  
Supporting Signature

532 Roosevelt Pocatello, Idaho

Street Address, City, State

Cert of Baptism from LDS Church gives Virginia Maughan born 4-10-20  
in Whitney to Edward L Maughan and Loretta Wilson was baptised  
4-4-29.. Viewed by V.S.

**JUN 10 1982**

LDS Church Membership record gives Virginia Maughan born 4-10-20  
in Whitney to Edward L Maughan and Loretta Wilson was blessed  
7-4-20. Viewed by V.S.

193 - 208-021-219

PLACE OF BIRTH

County of FranklinCity of Fairview

No. .... St.

Hospital .....

FULL NAME OF CHILD Wilma GilbertSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-10-17

Registration District No. 27File No. 78874Primary Registration District No. 2119Registered No. 203

Sex of Child <u>7</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth {	Legitimate? <u>Yes</u>	Date of Birth <u>4 8 1930</u> (Month) (Day) (Year)
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FULL NAME <u>Frank J. Gilbert</u>	FATHER
RESIDENCE <u>Fairview</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Fairview</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mitilda B Barlow</u>	MOTHER
RESIDENCE <u>Fairview</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Chertfield Ida</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. One Number of children of this mother now living including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 P.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Clutter

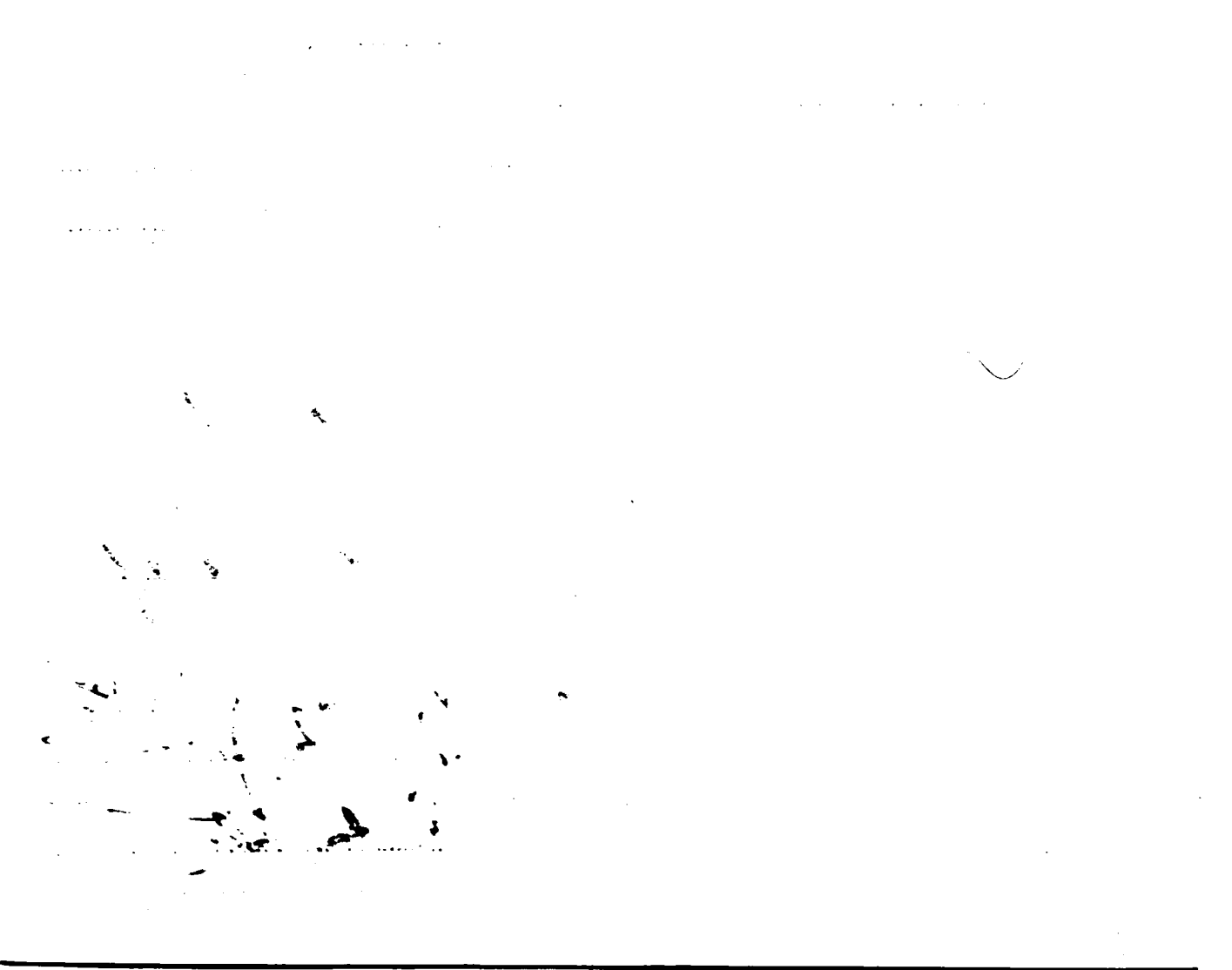
Given names added from a supplemental report.

Address Proctor, IdahoFiled 4/26 20 D. A. K. Smith

Registrar

Registrar





619-126-021-614

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27

File No. 78875

No. \_\_\_\_\_ St.

Primary Registration District No. 2119

Registered No. 135

Hospital \_\_\_\_\_

FULL NAME OF CHILD

JAMES HOWARD WARD

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>4</u> <u>26</u> <u>1927</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Coryis Ward  
RESIDENCE Preston  
COLOR White AGE AT LAST BIRTHDAY 46 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Julia Wade  
RESIDENCE Preston  
COLOR White AGE AT LAST BIRTHDAY 42 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 1245 M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen B. Quiles  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho  
Filed 5/1 1927  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 11 1959

JUN 04 2001

215-119-021-698

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FranklinCity of PrestonRegistration District No. 27

File No.

78876

No. \_\_\_\_\_ St.

Primary Registration District No. 2119 Registered No. 134

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Karuo KanowSex of  
ChildMaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth4  
(Month)19  
(Day)3  
(Year)FULL  
NAMERikitaro Kanow

FATHER

RESIDENCE

Preston, Ida

COLOR

yellowAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Japan

OCCUPATION

Writer in cafeFULL  
MAIDEN  
NAMEKatsumi Ryita

MOTHER

RESIDENCE

Preston

COLOR

yellowAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Japan

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 4 A M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. A. C. Cullen  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Preston, Idaho

Filed

5/7

19

Dr. A. C. Cullen  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

DEC 21 1958

SEP 25 1941

DECEASED

Amended 5/12/70 319-104-021-415

Form V. S. No. 11-C-25m-7-31-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of FranklinCity of CliftonRegistration District No. 27File No. 78877

No. \_\_\_\_\_ St.

Primary Registration District No. 2119 Registered No. 131

Hospital \_\_\_\_\_

FULL NAME OF CHILD

William D. Larsen

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth	Legit mate? <u>yes</u>	Date of Birth <u>4</u> <u>4</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME FATHER  
William E. LarsenRESIDENCE Clifton IdahoCOLOR White AGE AT LAST BIRTHDAY 43  
(Years)BIRTHPLACE Vernon UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER  
Dora May DavisRESIDENCE CliftonCOLOR White AGE AT LAST BIRTHDAY 35  
(Years)BIRTHPLACE CliftonOCCUPATION HousewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 11 10 A  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Alfred R. Curtis  
Physician or midwifeAddress Clifton IdahoFiled 5/1 1920 D. R. Curtis  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1988

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend Original Certificate of Birth or Death**

State of .....  
County of .....

ss.

APR 17 1970

Certificate No. 78877

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Laran who was born on April 4, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Clifton, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name

Unnamed Laran

William D. Larsen

Father's name

Wm. E. Laran

William E. Larsen

Subscribed and sworn to before me this 9th day of  
April, 1970

X Signed Arline Larsen Anderson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Preston, Idaho  
My commission expires January 4, 1973  
(Seal)

249 Park Ave. Preston, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of .....  
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

.....  
(Street Address, City, State)



First Baptism Certificate . This certified that William D. Larsen was this day baptized in the Logan Temple by Elder Joseph C. Jorgensen and confirmed by Elder James Anderson. Dated Nov. 12, 1929 . By Frederick Schole, Record. Viewed by V. S.

MAY 12 1970

Certificate of Ordination to the Holy Priesthood Number 3 gives name as Williams D. Larsen was ordained a teacher Nov. 24, 1935 by Henry E. Giles, High Priest. Jerome Ward, Blaine Stake. Gives father's name as William E. Larsen and Mother's maiden name as Dona Mae Davis. date of birth April 4, 1920. Viewed by V. S.

281-113-021-299

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of FranklinCity of PrestonRegistration District No. 27File No. 78878

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2119Registered No. 132

FULL NAME OF CHILD

Douglas Sharp

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>4</u> <u>13</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>Lester J Sharp</u>	FATHER
RESIDENCE <u>Preston</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Franklin Id.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary A Bright-</u>	MOTHER
RESIDENCE <u>Preston</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Franklin</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alfred R. Curtis  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho  
Filed 5/17 1920 D. A. Brown  
Registrar Registrar

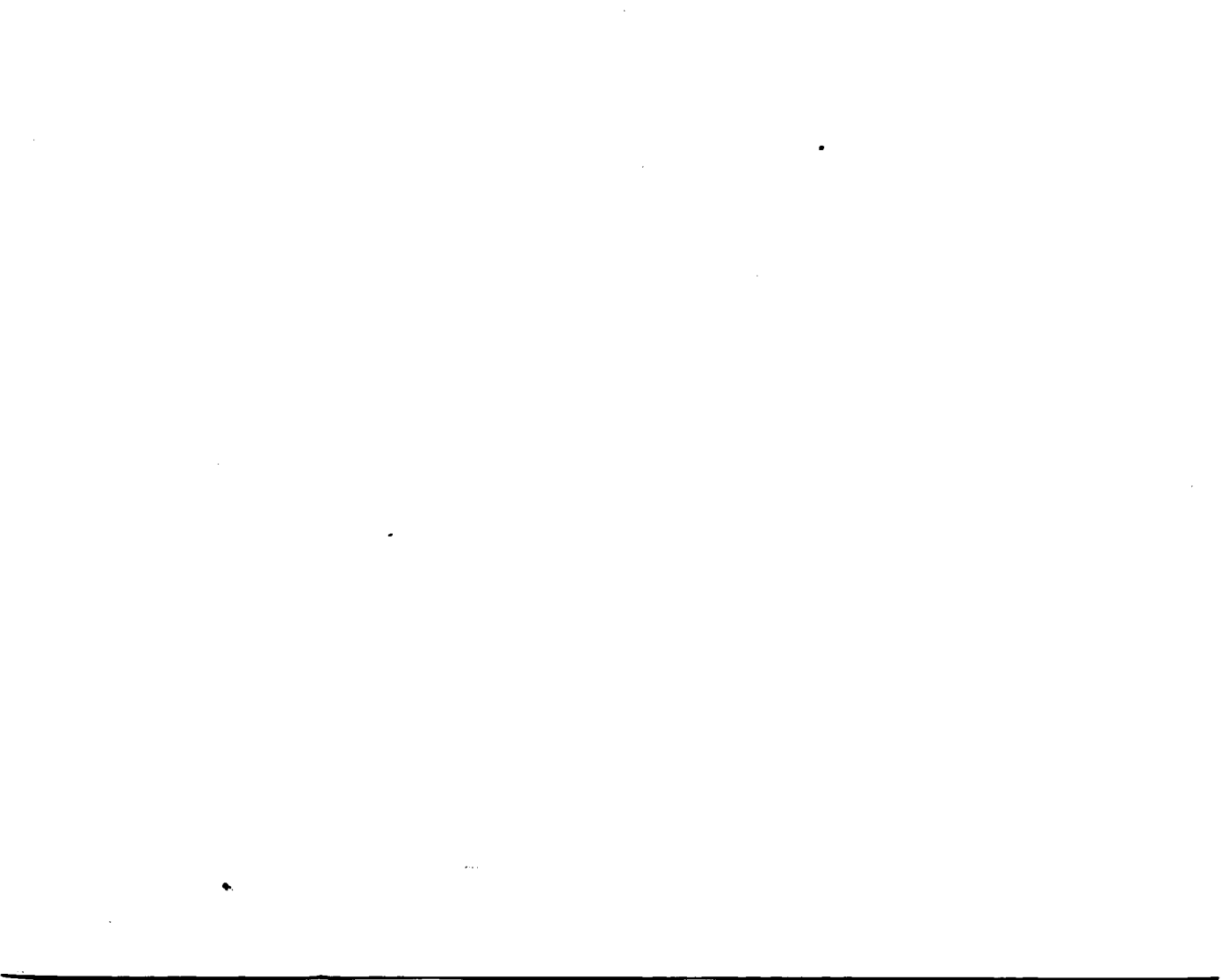
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

168-215-021-249

name added 3-9-82 Form V. S. No. 11-C-25m-7-21-1.

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of Franklin

CERTIFICATE OF BIRTH

City of Preston

Registration District No. 27

File No. 78879

No. \_\_\_\_\_ St.

Primary Registration District No. 2117

Registered No. 129

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Roma Johnson

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>4</u> <u>15</u> <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Howard Johnson  
RESIDENCE Preston Ida.  
COLOR White AGE AT LAST BIRTHDAY 35  
(Years)  
BIRTHPLACE Preston  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Selma Kurn  
RESIDENCE Preston Ida.  
COLOR White AGE AT LAST BIRTHDAY 21  
(Years)  
BIRTHPLACE Linton Okla.  
OCCUPATION Housewife

Number of child of this mother, including present birth. / Number of children of this mother now living, including present birth. /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

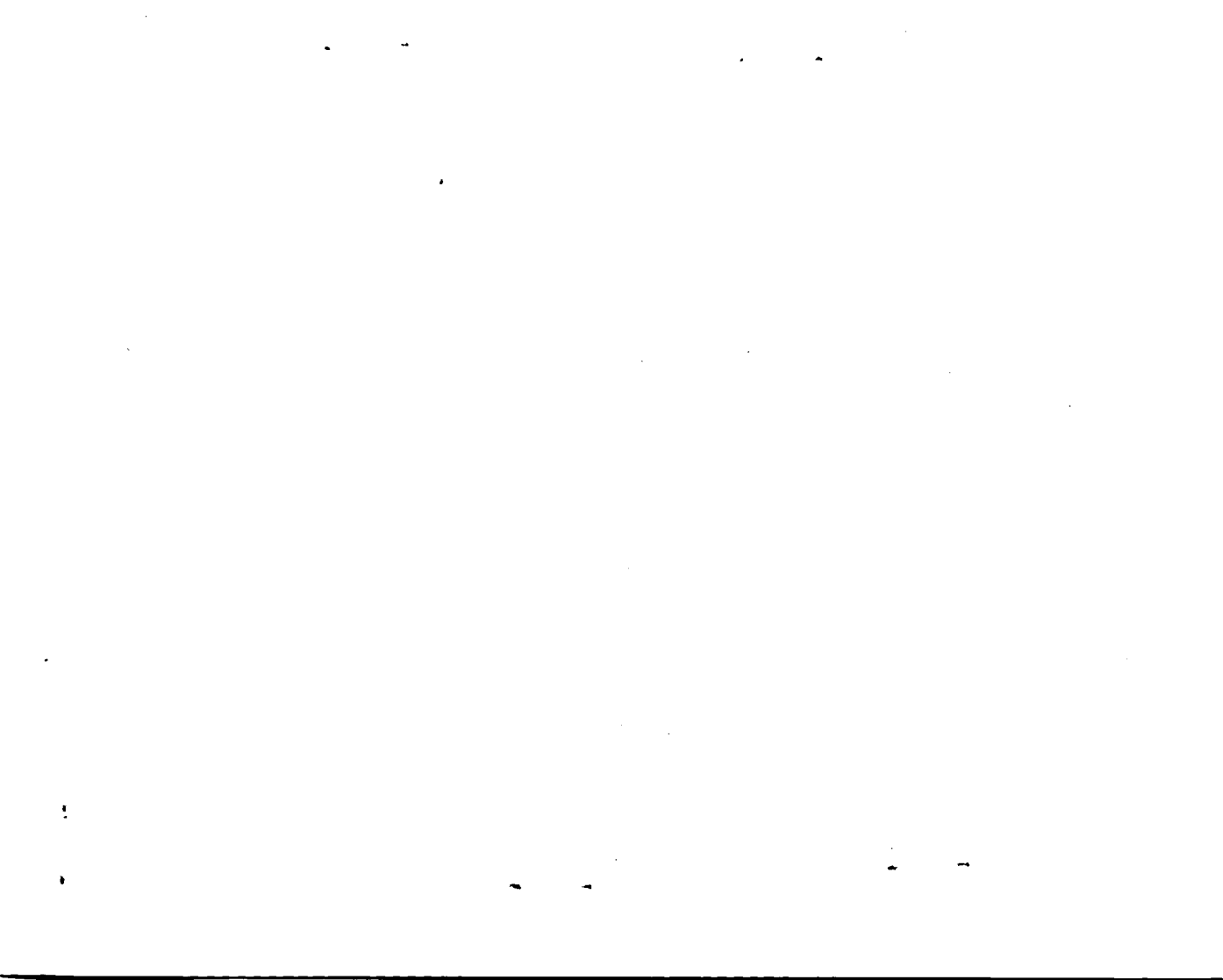
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alfred Cutler Sr.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho  
Filed 3-7-7 1920 Dr A K Cutler  
Registrar

K



## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_ }

MAR 8 7 47 AM '82

Certificate No. 78879

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Johnson who was born on 4-15-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Preston (Franklin) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Unnamed	Roma Johnson

Subscribed and sworn to before me this 25<sup>th</sup> day of  
February, 1982.

Notary Public, Eileen CampbellResiding at Logan, UtahMy commission expires My Commission Expires June 29, 1985

(Seal)

x Roma Johnson Perry  
Signature of Applicant  
1559 E. 1260 N. Logan, UT. 84321  
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_ }

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25<sup>th</sup> day of  
February, 1982.

Notary Public, Eileen CampbellResiding at Logan, UtahMy commission expires My Commission Expires June 29, 1985

(Seal)

Howard Johnson  
Supporting Signature  
77 No. 1st W. Preston Idaho 83263  
Street Address, City, State

1 cc pd

Logan Temple Records Micro-Film # L.H. 6270 Pg 334, # 7977  
gives Roma Johnson born 4-15-20 in Preston to Howard Johnson and  
Selma Kern and was baptised 5-15-28. Viewed by V.S.

MAR 9 1982

Utah State University Record of Credits gives Roma Johnson  
born 4-15-20 in Preston to Howard Johnson Dated 1938-39  
Fall Schedule. Viewed by V.S.

313-209-021-318

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FranklinCity of WinderRegistration District No. 27File No. 78880

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 249Registered No. 109

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Remona Mae Talbert

Sex of Child

FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?Date of  
BirthMar 9 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Allen R. Butler, Jr.  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston

Filed

7/271920Dr. R. C. Kelly

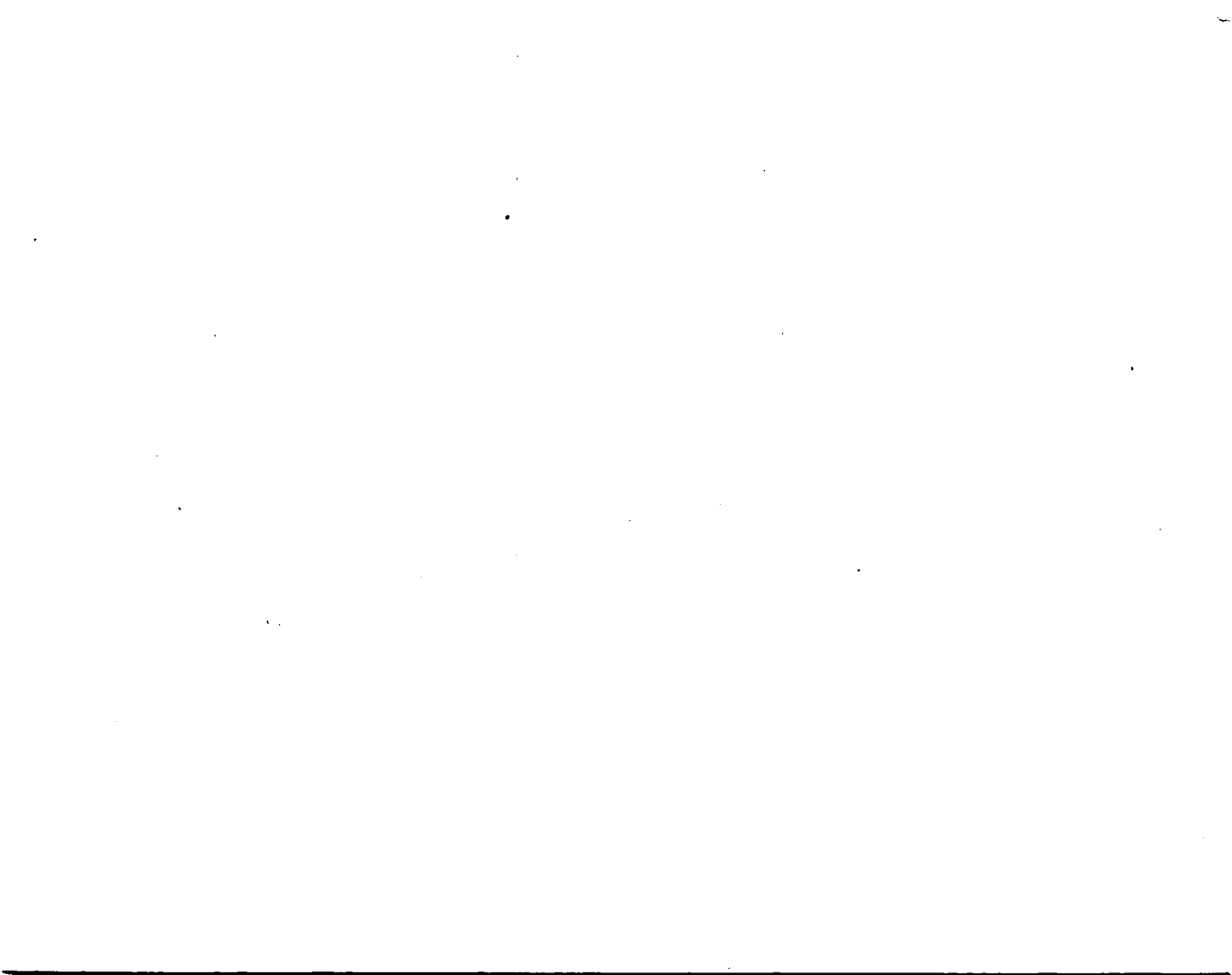
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





255-111-021-545

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of FranklinCity of Whitney

No. \_\_\_\_\_ St.

Registration District No. 27File No. 78881

Hospital \_\_\_\_\_

Primary Registration District No. 2119Registered No. 132

FULL NAME OF CHILD

VOLCO BALLIF BENSON

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>4</u> <u>11</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	----------------------------------	-----	-----------------------------------	------------------------	--

FATHER  
FULL NAME Les. J. BensonRESIDENCE WhitneyCOLOR White AGE AT LAST BIRTHDAY 44 (Years)BIRTHPLACE Logan, UtahOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Sarah Sophia LundyRESIDENCE WhitneyCOLOR White AGE AT LAST BIRTHDAY 41 (Years)BIRTHPLACE FranklinOCCUPATION HousewifeNumber of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at A.P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen P. Cutler Sr  
Physician  
(Physician or midwife)

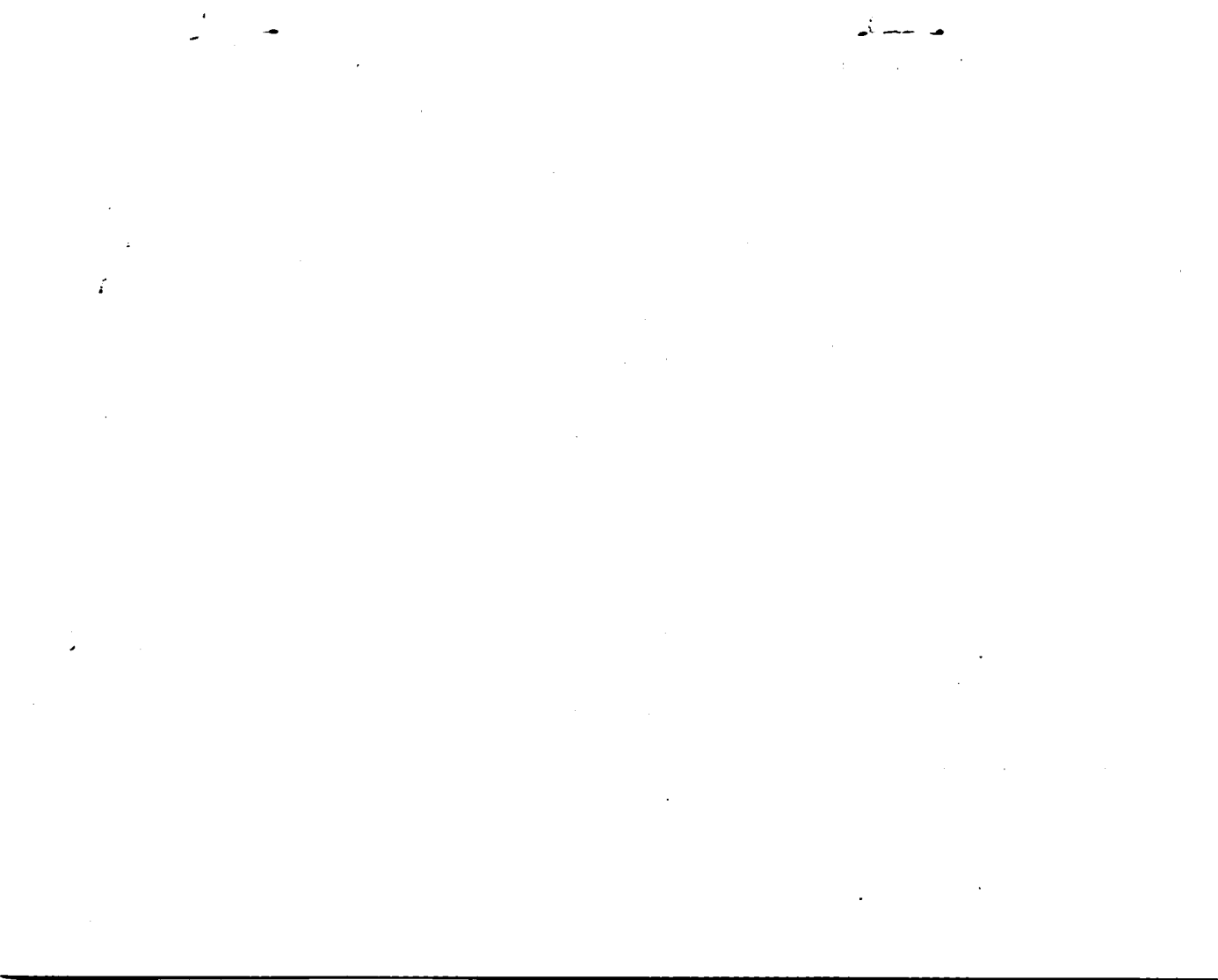
Given names added from a supplemental report.

Address Preston IdahoFiled 5/7 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78881  
County of Ada }  
The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)  
for Unnamed Benson who was born on 4/11/20 (Date of Event)  
in Marble, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date).

FACTS TO BE CORRECTED

FROM

TO

("Name", "Birth Date", "Cause of Death", Etc.)

(As on Original)

(The Correct Facts)

Name

Unnamed

Volce Ballif Benson

Subscribed and sworn to before me this 8th  
day of September, 19 42

Signed Geo. J. Benson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45  
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

(Street Address, City, State)

My commission expires \_\_\_\_\_  
(Seal)

SEP 8 1942

OCT 31 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

242-112-021-717

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. 2, No. 11-C-28m-7-21-19

County of Franklin

City of Dayton

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 27

File No. 78882

Hospital \_\_\_\_\_

Primary Registration District No. 2119

Registered No. 108

FULL NAME OF CHILD

FRANK HAROLD BEEBE

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>4</u> <u>12</u> <u>23</u> (Month) (Day) (Year)
--------------------------	---	-----	---	-----------------------------	---

FULL NAME <u>E A Beebe</u>	FATHER
RESIDENCE <u>Dayton Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Winston Ida</u>	
OCCUPATION <u>Electrician</u>	

FULL MAIDEN NAME <u>L R Page</u>	MOTHER
RESIDENCE <u>Dayton</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Lewiston, Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive at 8:15 PM  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) Thos B Holder  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Winston Idaho

Filed 5/7 1920 D. B. Carter  
Registrar

Registrar

SEE AFFIDAVIT ON TWIN 78863

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-128-021-414

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-4-3-17

County of Franklin  
City of Whitney

Registration District No. ....

File No. ....

78883

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Robert McClellan Hull

Sex of Child <u>M</u>	Twin Triplet or other? <u>  </u>	and { Number in order of birth <u>  </u>	Legiti- mate? <u>ye</u>	Date of Birth <u>April 25 1920</u> (Month) (Day) (Year)
-----------------------	--	--	----------------------------	--

FULL NAME <u>Oliver C. Hull</u>	FATHER
RESIDENCE <u>Whitney</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Whitney, Ida.</u>	
OCCUPATION <u>Farmer &amp; Stockman</u>	

FULL MAIDEN NAME <u>Pella Mangum</u>	MOTHER
RESIDENCE <u>Whitney</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Logan Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:05 P.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Little

Given names added from a supplemental report.

Physician or midwife

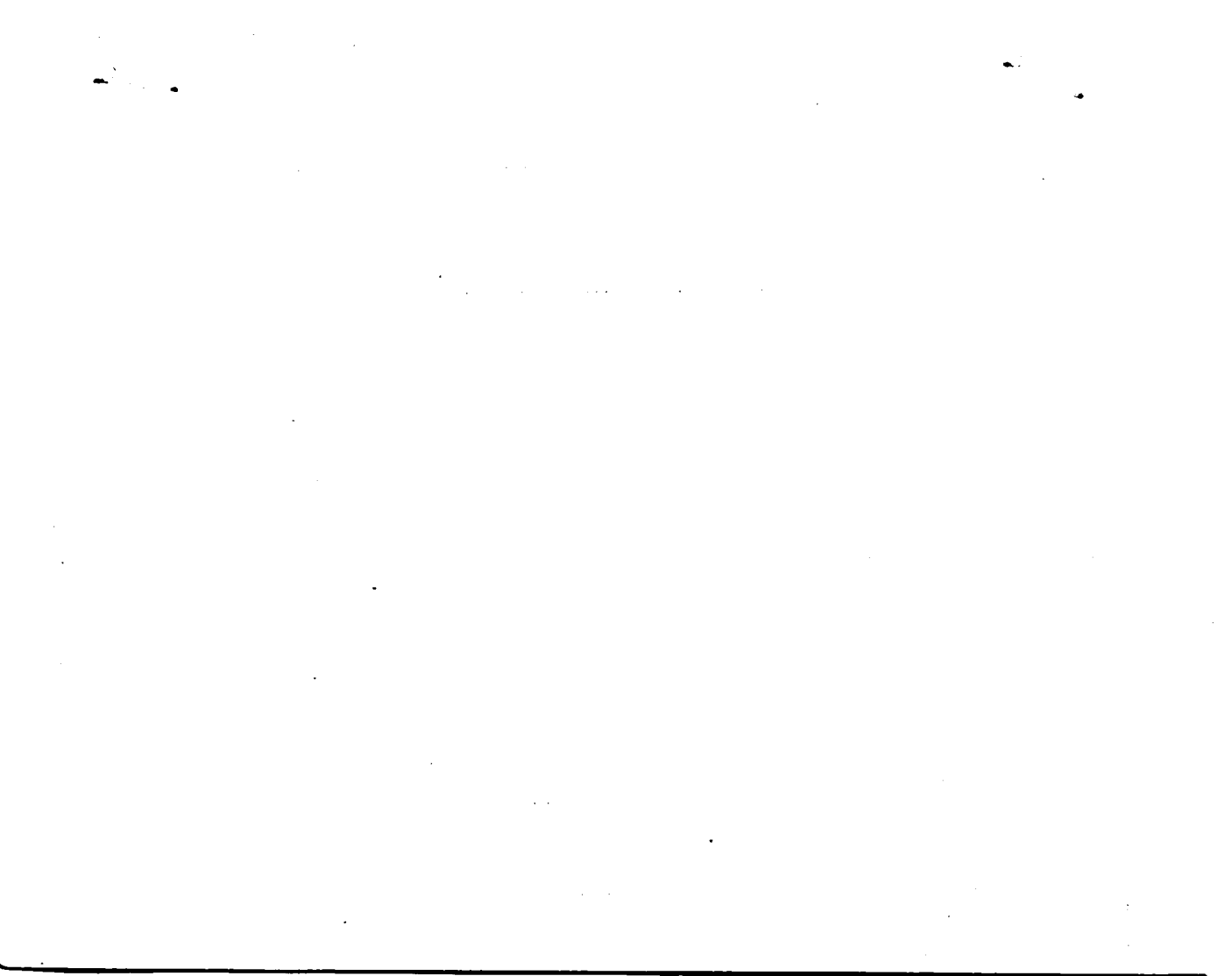
Address Whitney, Ida.

Filed Apr 25 1920

Registrar

Registrar





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss.  
County of Franklin }  
Certificate No. 78883  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)  
for Whitney, Idaho who was born on Apr 28 1920 (Was Born or Died) (Date of Event)  
in Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Bible Record prepared on May 20 (Bible Record, Insurance Policy, Etc.) (Give Date), are:

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)  
Name

**FROM**  
(As on Original)  
Unnamed

**TO**  
(The Correct Facts)  
Robert McClellan Hull

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Franklin }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

\_\_\_\_\_  
(Street Address, City, State)

NOV 18 1974

NOV 10 1944

572-227-021-264

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 1-1-26

## CERTIFICATE OF BIRTH

County of FranklinCity of Fairview

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 27File No. 78884Primary Registration District No. 2119Registered No. 108

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lucy Egbert

Sex of Child

FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth1

Legitimate?

Yes

Date of Birth

Mar 27

1928

(Month)

(Day)

(Year)

(To be answered only in event of plural births)

FULL NAME

David W. Egbert

FATHER

FULL MAIDEN NAME

Luella H. Bodily

MOTHER

RESIDENCE

Fairview, Ida

RESIDENCE

Fairview

COLOR

White

AGE AT LAST BIRTHDAY

19

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

30

(Years)

BIRTHPLACE

Fairview

BIRTHPLACE

Fairview

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs. Lucy E. Egbert  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address

Preston, N. C. P. O. Box 27

Filed

4/2619 20D. A. C. C. C.

Registrar

**JAN 9 1964**

1994年10月13日

438-117-021-962

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-5-17

County of Franklin

CERTIFICATE OF BIRTH

City of Preston

Registration District No. 27

File No. 78885

No. ....St.

Primary Registration District No. 2119

Registered No. 121

Hospital Home

FULL NAME OF CHILD Hugh R. McQueen

Sex of Child <u>Boy</u>	Twin Triplet or other? <input type="checkbox"/> and <input type="checkbox"/> Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>March 14</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------	---	------------------------	--

FATHER  
FULL NAME John H. McQueen  
RESIDENCE Preston  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Preston  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Alice Rose  
RESIDENCE Preston  
COLOR White AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Weston Idaho  
OCCUPATION Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

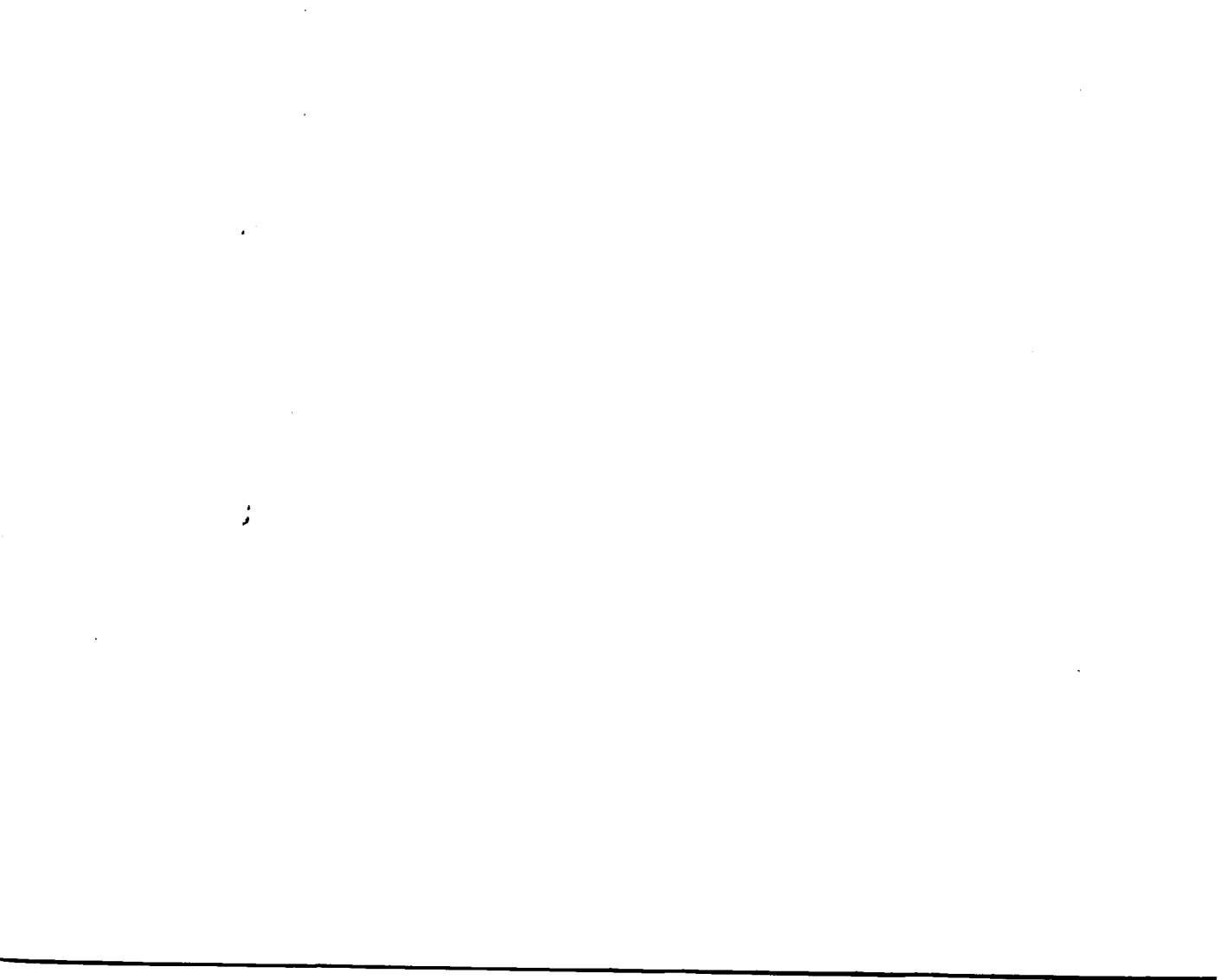
I hereby certify that I attended the birth of this child, who was ..... at 180 ft. M. on the date above stated. (Born alive ☒ ~~dead~~)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Larry McQueen  
Midwife  
(Signature) Dr. R. R. R.

Given names added from a supplemental report.

Address Preston Franklin Co. Idaho  
Filed 4/2 1920 Dr. R. R. R.  
Registrar Registrar



419-205-021-318

PLACE OF BIRTH

County of *Franklin*City of *Clifton*No. *119* St.

Hospital

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-3-17

Registration District No. *7*File No. *78886*Primary Registration District No. *2119*Registered No. *114*

FULL NAME OF CHILD

Sex of Child <i>7</i>	Twin Triplet or other? <i>1</i>	and Number in order of birth <i>1</i>	Legitimate? <i>Yes</i>	Date of Birth <i>4-5-1900</i> (Month) (Day) (Year)
FULL NAME <i>J. Marler</i>	FATHER		FULL MAIDEN NAME <i>Janey Norine Taylor</i>	MOTHER
RESIDENCE <i>Clifton</i>			RESIDENCE <i>Clifton</i>	
COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)		COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>35</i> (Years)
BIRTHPLACE <i>Clifton</i>			BIRTHPLACE <i>Clifton</i>	
OCCUPATION <i>Farmer</i>			OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *2:00 P.M.* on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Mrs. Esther E. L. Davis*

(Physician or midwife)

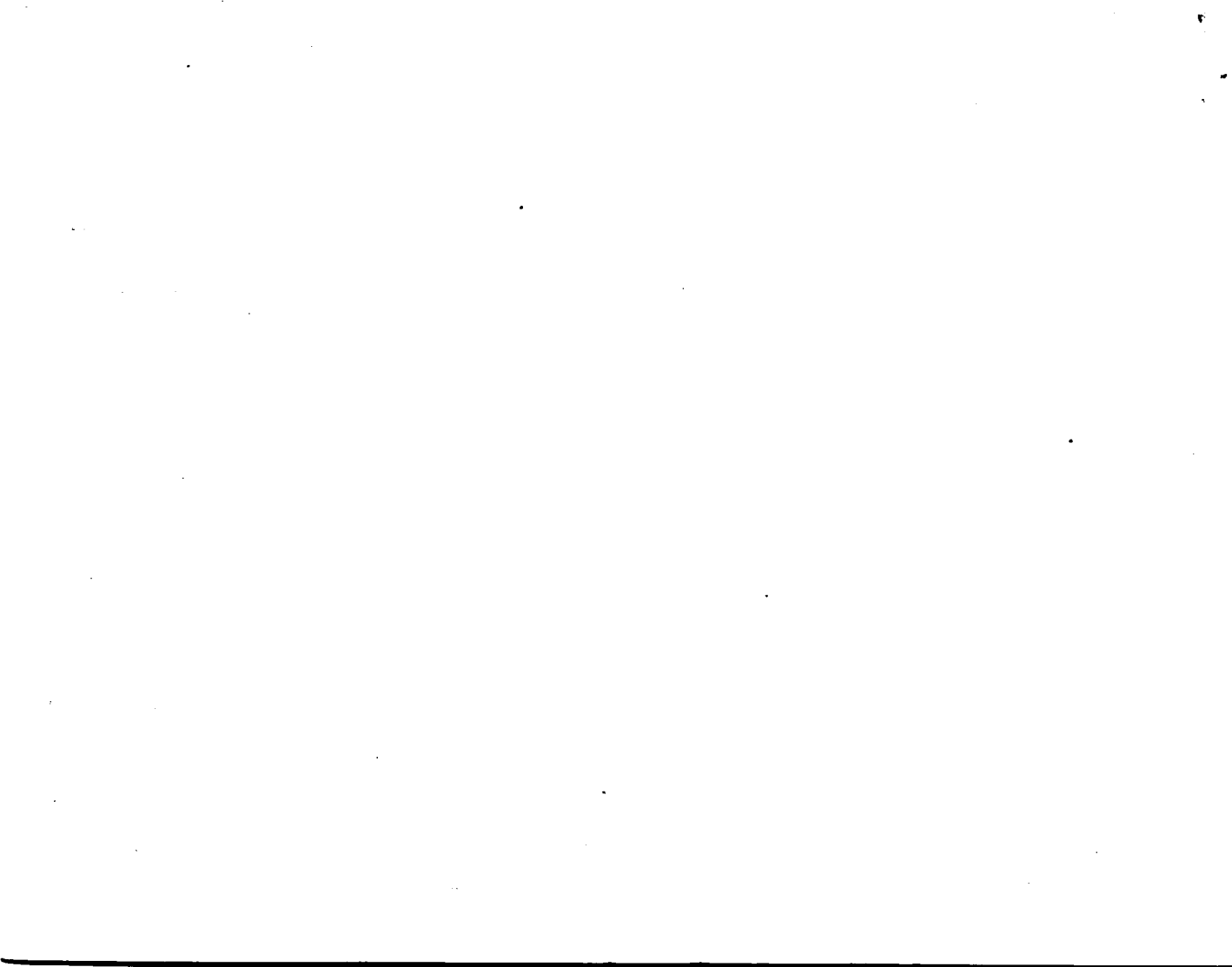
Given names added from a supplemental report.

Address *Clifton Idaho*Filed *4/12/00* 19*00*

Registrar

Registrar





553-316-021-253

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C—20m-1-1-15

County of *Franklin*City of *Mink Creek*

## CERTIFICATE OF BIRTH

Registration District No. *7*

File No.

78887

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. *2119*Registered No. *99*

Hospital \_\_\_\_\_

FULL NAME OF CHILD *Mona Nelson*

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>April 15 1920</i> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME *FATHER*  
*L. Hillard Nelson*RESIDENCE *Mink Creek*COLOR *White* AGE AT LAST BIRTHDAY *28*  
(Years)BIRTHPLACE *Mink Creek Ida.*OCCUPATION *Farmer*FULL MAIDEN NAME *MOTHER*  
*Eva Bell*RESIDENCE *Mink Creek Ida.*COLOR *White* AGE AT LAST BIRTHDAY *21*  
(Years)BIRTHPLACE *Weston Ida.*OCCUPATION *House Wife*Number of child of this mother, including present birth *2*Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Nancy Rasmussen*  
*Midwife*  
(Physician or midwife)

Given names added from a supplemental report.

*born 2 P.M.*  
S-Y CO. 24688 Registrar

Address *Nancy Rasmussen*  
Filed *4/24* 19 *20* *Mink Creek Ida.*  
*D. A. R. C. C. C.*

100000

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JUL 27 1960

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363-228-021-449

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of PrestonRegistration District No. 27File No. 78888

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 249Registered No. 10FULL NAME OF CHILD Sarah Leora TolmanSex of Child FemaleTwin  
Triplet  
or other?and { Number  
in order  
of birthLegiti  
mate? yesDate of  
Birth 1 28 1920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 3 A. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 4/27

19 \_\_\_\_\_

Registrar

Registrar

DEC 7 1942

295-120-021-559

## PLACE OF BIRTH

County of FranklinCity of Merton Idaho

No. .... St.

Hospital .....

## FULL NAME OF CHILD

WILLIAM CANADA

## CERTIFICATE OF BIRTH

STATE OF IDAHO Form V. S. No. 11-C-25m-3-3-37  
BUREAU OF VITAL STATISTICS

Registration District No. ....

27

File No. ....

78889

Primary Registration District No. ....

2119

Registered No. ....

125

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>April 20 1920</u> (Month) (Day) (Year)
-----------------------------	---	---	---------------------------	---

FULL NAME <u>William Brigham</u>	FATHER
-------------------------------------	--------

RESIDENCE <u>Merton Idaho</u>	FATHER
----------------------------------	--------

COLOR .....	AGE AT LAST BIRTHDAY <u>33</u> (Years)
----------------	--

BIRTHPLACE .....	FATHER
---------------------	--------

OCCUPATION <u>Farmer</u>	FATHER
-----------------------------	--------

FULL MAIDEN NAME <u>Alice Neilson</u>	MOTHER
--	--------

RESIDENCE <u>Merton Idaho</u>	MOTHER
----------------------------------	--------

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
-----------------------	--

BIRTHPLACE <u>Battle Creek Idaho</u>	MOTHER
---	--------

OCCUPATION <u>House Keeper</u>	MOTHER
-----------------------------------	--------

Number of child of this mother, including present birth .... 6 .... Number of children of this mother now living, including present birth .... 1 ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 4:20 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Thos B Holder  
.....  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address .....

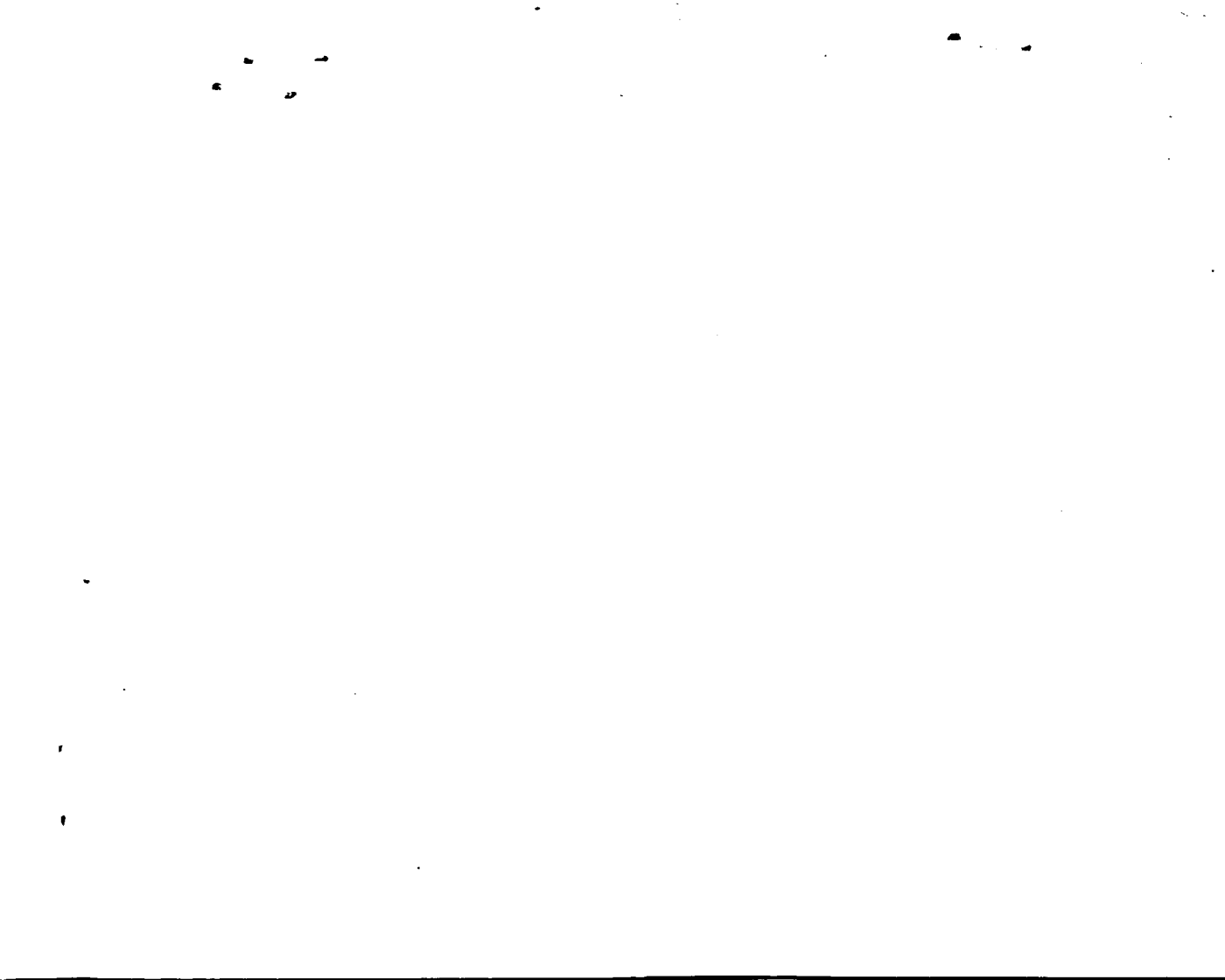
Merton Idaho

Filed .....

575-19-20

Registrar

D. A. Cutler  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }  
County of CONTRA COSTA } ss.  
The undersigned does solemnly swear that certain facts on the certificate of BIRTH  
for CANADY BINGHAM who BORN on APR. 20 1920  
in WESTON, IDAHO (Name on original certificate) (Was born or died) (Date of event)  
(Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Canady Bingham	William Canada Bingham
Date of birth	April 8	April 20th 1920

Subscribed and sworn to before me this 28  
day of OCTOBER, 1941.

Notary Public, residing at CONTRA COSTA CO.

My commission expires FEB. 25 1942 CALIF.  
[SEAL]

Signed Alvin Bingham  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death record;  
or other credible person.)

640-10th St.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.  
[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are  
true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
[SEAL]

Signed G.W. States  
(Signature of any credible person other than the previous affiant.)

\_\_\_\_\_  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)



100

100

100

553-120-021-266

Form V. S. No. 11-C-25a-5-8-37

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of KrausCity of Merton IdahoRegistration District No. 127File No. 78890

No. .... St.

Primary Registration District No. 2119Registered No. 122

Hospital .....

FULL NAME OF CHILD Jahn Nelson

Sex of Child <u>male</u>	Twins or other? <u>and</u>	Number in order of birth <u>4</u>	Legitimate? <u>yes</u>	Date of Birth <u>Apr 20 1920</u> (Month) (Day) (Year)
--------------------------	----------------------------	-----------------------------------	------------------------	--

FATHER		MOTHER	
FULL NAME <u>Guy H Nelson</u>	FULL MAIDEN NAME <u>Charo Koford</u>		
RESIDENCE <u>Merton Idaho</u>	RESIDENCE <u>Merton Idaho</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Merton Idaho</u>		
OCCUPATION <u>Farmer</u>	OCCUPATION <u>House Keeper</u>		

Number of child of this mother, including present birth. 4... Number of children of this mother now living, including present birth. 4...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 11:55 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

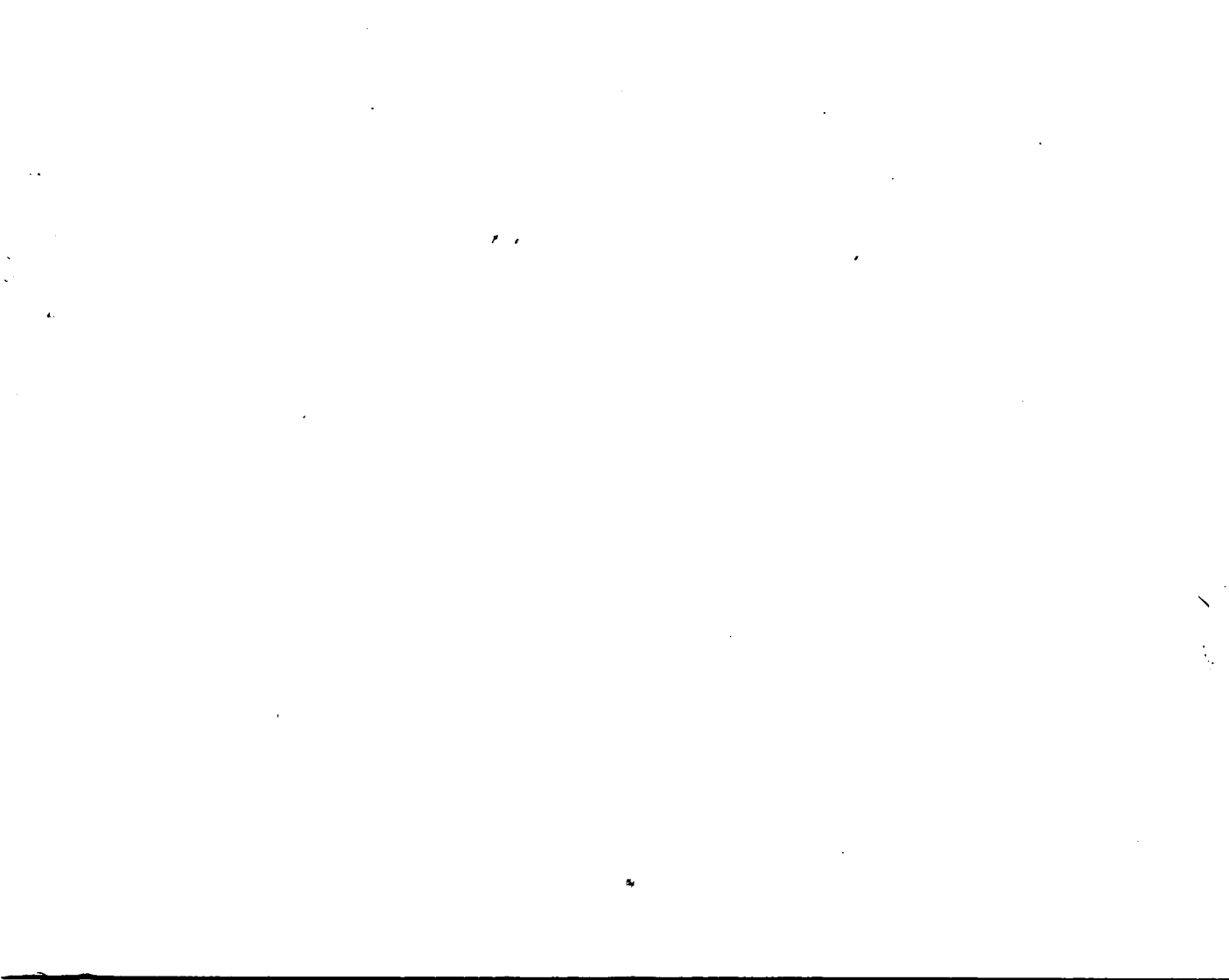
(Signature) Thos B Holder  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Merton Idaho  
Filed 575-28 Dr. C. C. Cuth  
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792-129-621-78

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of Franklin

City of Weston Idaho

Registration District No. 27

File No. 78891

No. .... St.

Primary Registration District No. 2119

Registered No. 1

Hospital .....

FULL NAME OF CHILD Herbert Gordon Gibb

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Apr 29 1920</u> (Month) (Day) (Year)
--------------------------	--	--	------------------------	--

FULL NAME Wm M Gibb FATHER

RESIDENCE Weston Idaho

COLOR white AGE AT LAST BIRTHDAY 23  
(Years)

BIRTHPLACE Basenville Ill

OCCUPATION Farmer

FULL MAIDEN NAME Annand M Taylor MOTHER

RESIDENCE Weston Idaho

COLOR white AGE AT LAST BIRTHDAY 20  
(Years)

BIRTHPLACE Weston Idaho

OCCUPATION House keeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive 4-29-20 at 140A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas B Holder  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Weston Idaho  
Filed 575-19-20  
Stark Cullen  
Registrar

some kid a says weighs 14 1/2 #

MARGIN RESERVED FOR BINDING

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS -  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of..... }  
County of..... } ss. Certificate No. 78891  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
(Birth or death)  
for..... who..... on.....  
(Name on original certificate) (Was born or died) (Date of event)  
in..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by..... prepared on....., are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Name

Unnamed Gibb

Herbert Gordon Gibb

Father's name

Mc Gibb

Wm. M. Gibb

Subscribed and sworn to before me this.....  
day of....., 19.....

Signed.....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at.....

My commission expires.....  
[SEAL]

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } ss. [This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....  
day of....., 19.....

Signed.....  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at.....

My commission expires.....  
[SEAL]

(Street Address, City, State)

Received for filing on..... By.....  
(Registrar's signature)

14-51-21

14-51-21

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

249-209-021-414

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Franklin

City of Weston, Ida

Registration District No. 27

File No. 78892

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119

Registered No. 1914

Hospital \_\_\_\_\_

FULL NAME OF CHILD Dorothy Burbank

Sex of Child <u>Female</u>	Twin <u>yes</u> Triplet <u>no</u> or other _____ (To be answered only in event of plural births)	and { Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>4</u> <u>9</u> <u>20</u> (Month) (Day) (Year)
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FULL NAME Clifford Burbank  
RESIDENCE Weston, Ida  
COLOR white AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Deweyville  
OCCUPATION Farmer

FULL MAIDEN NAME Veda Maughon  
RESIDENCE Weston Ida  
COLOR white AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Weston, Ida  
OCCUPATION House wife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder  
Physician  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

Address Weston, Idaho  
Filed 5/5 20 1920  
Registrar \_\_\_\_\_

Registrar



DEC 02 2014

OCT 21 1942

449-109-021-414

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of MertonRegistration District No. 27File No. 78893

No. \_\_\_\_\_ St.

Primary Registration District No. 119Registered No. 123

Hospital \_\_\_\_\_

FULL NAME OF CHILD Daniel M. Burbank

Sex of Child <u>male</u>	<u>4</u> Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth 1 }	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 9</u> (Month) (Day) 19 <u>20</u> (Year)
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FULL NAME <u>Clifford Burbank</u>	FATHER
RESIDENCE <u>Merton Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Hameyville Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mabel Mangham</u>	MOTHER
RESIDENCE <u>Merton Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Merton Idaho</u>	
OCCUPATION <u>Housekeeper</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 7:30 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Theo B Holder  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Merton Idaho  
Filed 6/5 1920 Darrell  
Registrar

Registrar

6/11/41 L. B.

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362-127-021-666

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C-25m-9-3-17

County of Franklin

CERTIFICATE OF BIRTH

City of Weston IdahoRegistration District No. 27File No. 78894No. ..... St.Primary Registration District No. 249Registered No. 1216Hospital .....FULL NAME OF CHILD WELTON WOODLAND COBURN

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> (To be answered only in event of plural births)	and { Number in order of birth <u>1</u> }	Legitimate? <u>yes</u>	Date of Birth <u>4 27 1920</u> (Month) (Day) (Year)
--------------------------	--	---	------------------------	--

FULL NAME <u>Alanzo Coburn</u>	FATHER
RESIDENCE <u>Weston Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Weston Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Margaret Woodland</u>	MOTHER
RESIDENCE <u>Weston Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Millard Utah</u>	
OCCUPATION <u>House Keeper</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive 4-27-20 at 10:30 AM on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Weston Idaho  
Filed 27 1920 D. A. K. Carter  
Registrar

10-6-11

## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Nov. 21 1941 Certificate N8894  
 County of Box Elder } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 (Birth or death)  
 for Welton Woodland Coburn who was born on April 27, 1920  
 (Name on original certificate) (Was born or died) (Date of event)  
 in Weston, Oneida Co. Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of event)  
 true facts as shown by Family Book Record prepared on November 14, 1912 are:  
 (Bible record, insurance policy, etc.)

FACTS TO BE CORRECTED  
 ("Name", "birth date", "cause of death", etc.)

FROM  
 (As on original)

That being the same date of the  
birth of our first child  
 (The correct facts)

Surname

Coburn

Coburn

Welton Woodland Coburn

Subscribed and sworn to before me this 21  
 day of November, 19 41

Signed Margaret Coburn  
 (Signature of parent or attendant if correcting a birth record; of  
 attendant, funeral director, informant if correcting a death record;  
 or other credible person.) mother of said

(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.  
 County of Box Elder }

[This affidavit MUST also be executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st  
 day of November, 19 41

Signed John E. Wheatley  
 (Signature of any credible person other than the previous affiant.)

Notary Public, residing at Brigham Utah

52 N 3rd East Brigham City Utah  
 (Street Address, City, State)

My commission expires Oct. 30-1944  
 [SEAL]

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

(Registrar's signature)

NOV 10 1968



MAR... ..VED FOR BANDING  
 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

795-120-021-155

PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. & No. 11-C-20-2-17

County of Franklin

City of Conlan

Registration District No. ....

File No. 78895

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Roy J. Pierson

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>April 20 1920</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	-----------------------------	--

FULL NAME FATHER Leslie F. Pierson  
 RESIDENCE Conlan Ida  
 COLOR W AGE AT LAST BIRTHDAY 37  
 (Years)  
 BIRTHPLACE Utah  
 OCCUPATION Laborer

FULL MAIDEN NAME MOTHER Delia Jensen  
 RESIDENCE Conlan  
 COLOR W AGE AT LAST BIRTHDAY 23  
 (Years)  
 BIRTHPLACE Utah  
 OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:00 P.M. on the date above stated.

\*When there was no attending physician or  
 midwife then the father, householder, etc., should  
 make this return. A stillborn child is one that  
 neither breathes nor shows other evidence of life  
 after birth.

(Signature) A. R. Culligan

(Born alive or stillborn)

(Physician or midwife)

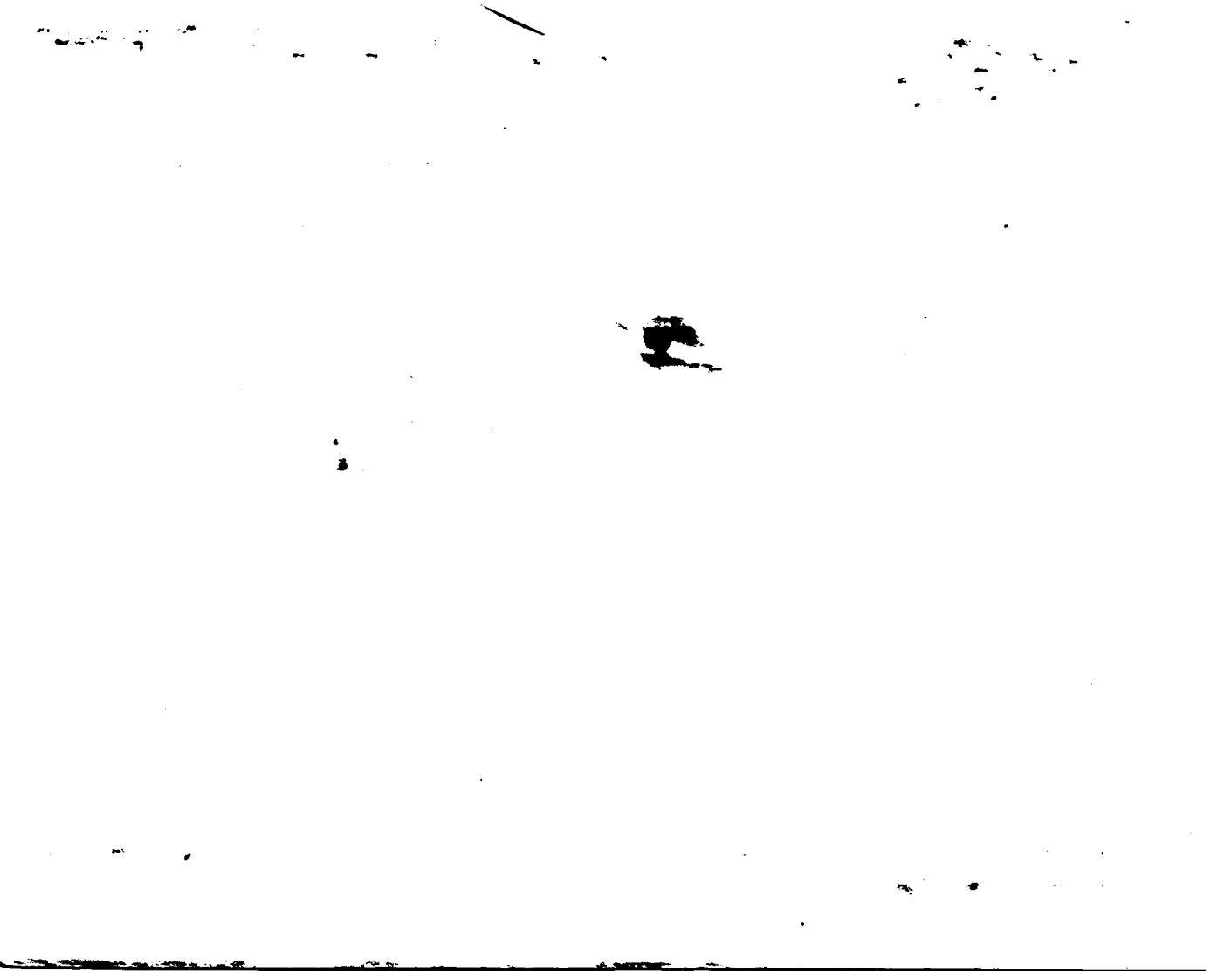
Given names added from a supplemental report.

Roy J. Pierson  
W. C. Murphy State Registrar

Address Conlan Ida

Filed Apr 20 W. C. Murphy Registrar





BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
 SUPPLEMENTAL REPORT OF BIRTH

78895-

Place of Birth { City Coulam ----- Registered No. 136 -----  
 Street and House No. -----  
 County Franklin ----- Registration Dist. No. 27 -----

Sex of Child Male -----Date of Birth April 21 1920  
MONTH DAY YEARFather Leslie F. Pierson -----  
FULL NAMEMother Della J. Jensen -----  
FULL MARDEN NAME

I Hereby Certify that the child described herein  
 has been named:

Roy J. Pierson -----  
GIVEN NAME IN FULL SURNAME

as reported by Father -----  
FATHER OR MOTHER

Dr. A. L. Curtis -----  
LOCAL REGISTRAR

1111

1111

1111

1111

1111

## PLACE OF BIRTH

STATE BOARD OF HEALTH FILE NO. 78850

## CERTIFICATE OF BIRTH

STATE OF

IDAHO

County of Franklin.Precinct of 719-208-021-465Town or Village of Franklin, Ida.,

City of

Street and No.

If in Hospital or other institution, give its name instead of Street and number.

FULL NAME OF CHILD Marjorie Parkinson

{ If child is not yet named, make supplemental report as directed

Sex of Child <u>Female</u>	Twin, triplet, or other? <u>Other</u> (To be answered only in event of plural births)	Number in order of birth <u>7</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 8</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER Albert Parkinson.FULL MAIDEN NAME MOTHER Eva Monson.RESIDENCE Franklin, Ida.,RESIDENCE Franklin, Ida.,COLOR White. AGE AT LAST BIRTHDAY 39  
(Years)COLOR White. AGE AT LAST BIRTHDAY 42  
(Years)BIRTHPLACE Franklin, Ida.,BIRTHPLACE Richmond, Utah.,OCCUPATION Farmer.OCCUPATION Housewife.Number of children born to this mother, including present birth... 7....Number of children of this mother now living... 7....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, and that it occurred on Apr 8 1920 at 8 P MPremature No or Still Birth? No (Yes or No)

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) W. J. SecrestDate Apr 8 1920Physician.  
(Physician or Midwife)

Given name added from supplemental report

Address of Physician or Midwife Logan, Utah.Filed 7/26 1920Dr. J. C. Cullen  
- RegistrarRegistered No 1016

Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

# *Information for Physicians, Midwives, Parents and Others Required to Report Births*

Section 2036x3, Compiled Laws of Utah, 1907. That all births that occur in the State shall be immediately registered in the district in which they occur, as hereinafter provided.

## REPORTS.

Sec. 2036x4, Compiled Laws of Utah, 1907. That it shall be the duty of the Attending Physician or Midwife to file a certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurs within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occurred, to send said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a birth from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 2036x8, Compiled Laws of Utah, 1907, provides that: \* \* \* "All Physicians, Midwives, Informants \* \* \* connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through local registrar." \* \* \* The State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 2036x4 shall strike out the words "I hereby certify that I attended the birth of above child," and write in lieu thereof the word "Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as father, householder, etc., in the case may be, with his address.

## INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number and make a copy of the original certificate for your local record. If the name of the child is not reported give the person who made return a blank for supplemental report of name and direct that it be sent you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the latter report as soon as received after entering name of child on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

## PENALTY.

Sec. 2036x12, Compiled Laws of Utah, 1907. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 2036x4 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar, within the time required by this Act, shall be deemed guilty of a misdemeanor. \* \* \* And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and directions of the State Registrar, shall be deemed guilty of a misdemeanor. \* \* \* Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

9-8-65

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho  
County of Franklin

ss.

Certificate No. 78896

Date Filed

RECEIVED  
APR 11 1966

The undersigned does solemnly swear that certain facts of the certificate of Birth for Unnamed Parkinson who was born on April 8, 1920 in Franklin, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by prepared on, are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

childs name Unnamed Marjorie Parkinson

Subscribed and sworn to before me this 20 day of June 1966

Notary Public, residing at Butte Falls  
My commission expires 4-5-69  
(Seal)

Signed Marjorie Parkinson Swainston  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
#3 Preston Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho  
County of Franklin

ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of June 1966

Notary Public, residing at Butte Falls  
My commission expires 4-5-69  
(Seal)

Signed Howard Swainston  
(Signature of Any Credible Person)  
PFD 3 Preston Idaho  
(Street Address, City, State)

L.D.S. Church Cert. of Blessing, June 13, 1920 gives full name as Marjorie M. Parkk Parkinson, daughter of Albert H. Parkinson and Evaline Monson, born April 8, 1920 at Franklin, Idaho - viewed by V.S.

JUN 1 1966

~~L.D.S. Church Cert.~~ Rupert High School Diploma, Rupert, Idaho, dated May 27, 1938 gives full name, as Marjorie Parkinson - viwed by V.S.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

THIS CERTIFICATE MUST BE FILED WITH THE STATE BOARD OF HEALTH, AND A COPY MUST BE SENT TO THE LOCAL HEALTH OFFICER, WHO SHALL BE KEPT ADVISED OF THE RESULTS OF THE EXAMINATION.

78897

PLACE OF BIRTH

STATE BOARD OF HEALTH FILE NO.

County of Franklin,

CERTIFICATE OF BIRTH

Precinct of .....

STATE OF

IDAHO

Town or Village of Franklin

Street and No. ....

City of .....

If in Hospital or other institution, give its name instead of Street and number.

FULL NAME OF CHILD

Vina Lorraine Albiston

If child is not yet named, make supplemental report as directed

Sex of Child

Female

Twin, triplet, or other? Other  
(To be answered only in event of plural births)

Number in order of birth

6

Legitimate? Yes

Date of Birth

March 7

1920

(Month)

(Day)

(Year)

FULL NAME

FATHER

Joseph H. Albiston

FULL MAIDEN NAME

MOTHER

Zina Buckley.

RESIDENCE

Franklin, Ida.,

RESIDENCE

Franklin, Ida.,

COLOR

White.

AGE AT LAST BIRTHDAY

45

(Years)

COLOR

White.

AGE AT LAST BIRTHDAY

39

(Years)

BIRTHPLACE

Franklin, Ida.,

BIRTHPLACE

Franklin, Ida.,

OCCUPATION

Pool Hall Proprietor.

OCCUPATION

Housewife.

Number of children born to this mother, including present birth... 6....

Number of children of this mother now living... 6....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, and that it occurred on March 7

1920 at 8, 30 P. M.

Premature No or Still Birth? No (Yes or No)

(Signature).....

W. B. Secrest

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Date Apr 1 19 20

Physician.....

(Physician or Midwife)

Given name added from supplemental report

Address of Physician or Midwife.....

Logan, Utah.

Filed 4/26 19 20

D. A. R. C. C. C.

Registrar

Registrar

Registered No. 107



# Information for Physicians, Midwives, Parents and Others Required to Report Births

MAR 2 1966

Section 2036x3, Compiled Laws of Utah, 1907. That all births that occur in the State shall be immediately registered in the district in which they occur, as hereinafter provided.

## REPORTS.

Sec. 2036x4, Compiled Laws of Utah, 1907. That it shall be the duty of the Attending Physician or Midwife to file a certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occurred, to file said certificate of birth with the local registrar within three days after the birth.

**EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.**

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blank from local registrar and make return of name as soon as child is named.

**DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.**

Compiled Laws of Utah, 1907, provides that: \* \* \* "All Physicians, Midwives, and all other persons having knowledge of the facts, are hereby required to furnish the same as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or otherwise." The State Registrar will not accept as complete a certificate with this statement without explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 2036x4 shall strike out the words "I hereby certify that I attended the birth of above child," and write in lieu thereof the word "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as father, householder, etc., as the case may be, with his address.

## INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number and make a copy of the original certificate for your local record. If the name of the child is not reported give the person who made the return a blank for supplemental report of name and direct that it be sent you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the latter report as soon as received after entering name or other fact on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

## PENALTY.

Sec. 2036x12, Compiled Laws of Utah, 1907. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 2036x4 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar, within the time required by this Act, shall be deemed guilty of a misdemeanor. \* \* \* And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and directions of the State Registrar, shall be deemed guilty of a misdemeanor. \* \* \* Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

689-224-022-689  
PLACE OF BIRTH

Form V. S. No. 11

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

78898

County of Tremont

City of Marysville

Registration District No. 102

File No.

No. \_\_\_\_\_ St.

Primary Registration District No. 6

Registered No. 5

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Glenn Eugene Whittle

Sex of Child <u>Female</u>	Twins or other? <u>Triplet</u>	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>4/24</u> 19 <u>20</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

FATHER  
FULL NAME Stellus Whittle

MOTHER  
FULL MAIDEN NAME Edith Whittle

RESIDENCE Marysville Idaho

RESIDENCE Marysville Idaho

COLOR W. AGE AT LAST BIRTHDAY 39 (Years)

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Idaho

BIRTHPLACE Idaho

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

Harold at 11:30 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. M. Schoham

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho, 2456

Filed 4/26 1920 C.E.M.

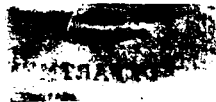
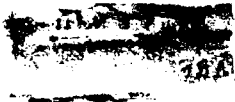
Registrar.

Registrar.

NEW YORK  
JUN 5 1974

JUN 5 1974





## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }  
 County of San Diego } ss.

Certificate No. 78899

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....

(Birth or death)

for..... who..... on.....  
 (Name on original certificate) (Was born or died) (Date of event)

in..... are ~~erroneous~~ corrected were omitted; and that, to the best of his knowledge, the  
 (Place of event)

true facts as shown by..... prepared on....., are:  
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
 ("Name", "birth date", "cause of death", etc.)

FROM  
 (As on original)

TO  
 (The correct facts)

Name

Geraldine Fried

Charlotte Fried

Subscribed and sworn to before me this 3rd  
 day of October, 19 41.

Signed

Lothie Fried, mother  
 (Signature of parent or attendant if correcting a birth record; of  
 attendant, funeral director, informant if correcting a death record;  
 or other credible person.)

Notary Public, residing at

Ocean Beach, Calif.

My commission expires

March 27, 1945

3436 Elliott St., San Diego, Calif.  
 (Street Address, City, State)

[SEAL]

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }  
 County of..... } ss.

[This affidavit MUST also be executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are  
 true to the best of his knowledge.

Subscribed and sworn to before me this.....  
 day of....., 19.....

Signed

(Signature of any credible person other than the previous affiant.)

Notary Public, residing at.....

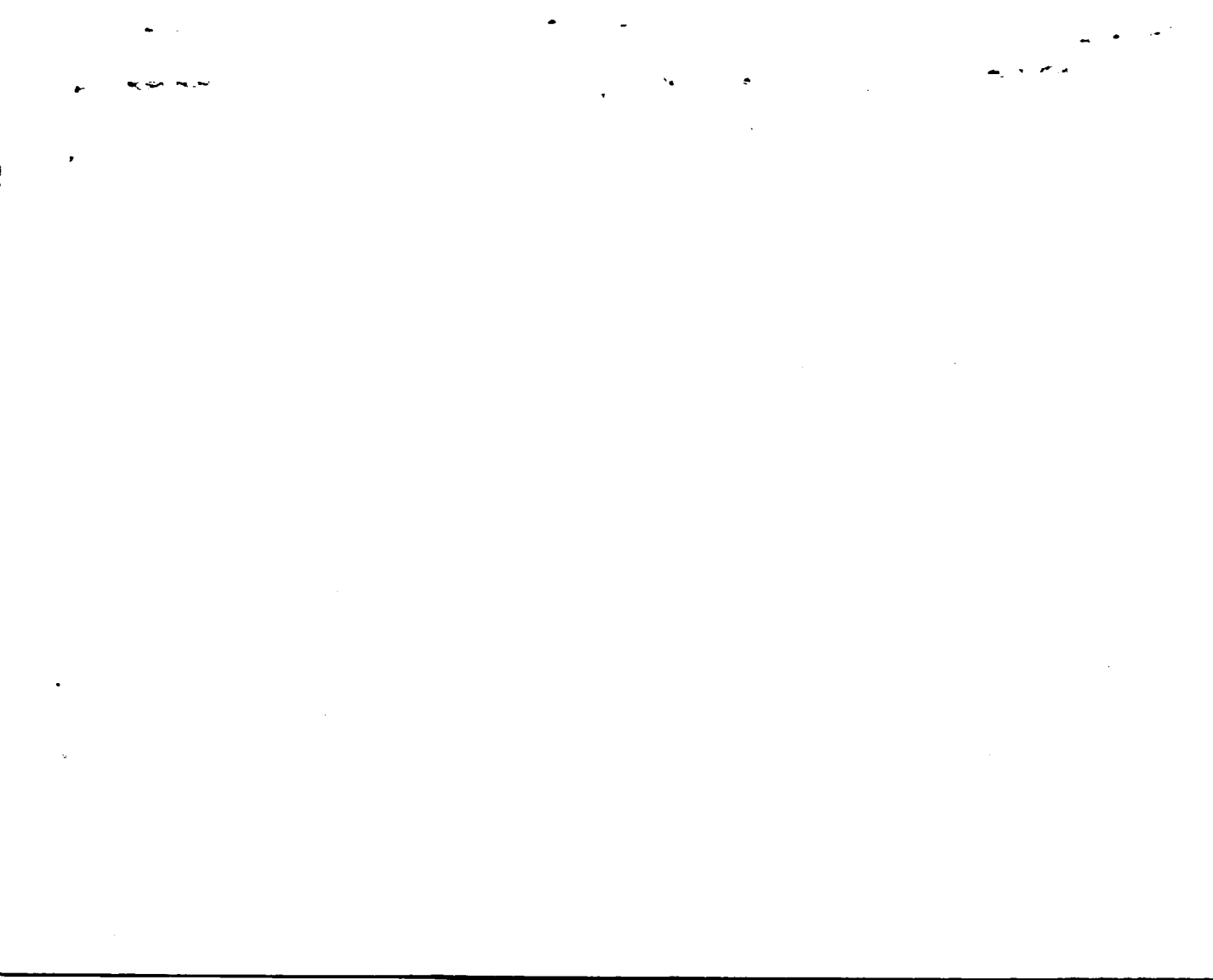
My commission expires.....

(Street Address, City, State)

[SEAL]

Received for filing on..... By.....

(Registrar's signature)



497-111-022-497  
PLACE OF BIRTH

Form V. S. No. 11-33m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

78900

County of GremontCity of AshtonRegistration District No. 102File No. 1No. 1 St.Primary Registration District No. 4Registered No. X 6Hospital +

FULL NAME OF CHILD

Wilford Levy DixonSex of  
Child m.Twin  
Triplet  
or other? X  
(To be answered only in event of plural births)Number  
in order  
of birth XLegiti-  
mate? yesDate of  
Birth 4/11 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

William James DixonFULL  
MAIDEN  
NAME

MOTHER

Bertha L. Dixon

RESIDENCE

Ashton Idaho

RESIDENCE

Ashton Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY 38 ?  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY 28 ?  
(Years)

BIRTHPLACE

Arkansas ?

BIRTHPLACE

Idaho ?

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive at 12:30 A.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

C. C. Meacham

(Physician or midwife)

Given names added from a supplemental report.

Address

Ashton, Idaho

Filed

4731 1920, C. C. Meacham  
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



1944 27 0 0

PLACE OF BIRTH

Gooding

Gooding

ended 6/15/78

St.

Hospital

FULL NAME OF CHILD

Blanche Lucille

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No.

File No. 78901

Primary Registration District No.

Registered No.

Sex of Child	7	Twin Triplet or other?	and	Number in order of birth	Legiti- mate?	yes	Date of Birth	3 - 30 - 1920
(To be answered only in event of plural births)							(Month)	(Day)

FULL NAME	FATHER	Carl Jenkins
RESIDENCE		Gooding Ida.
COLOR		W
BIRTHPLACE	AGE AT LAST BIRTHDAY	Missouri 86 (Years)
OCCUPATION		Prop. Confection Store

FULL MAIDEN NAME	MOTHER	Lizzie Arnold
RESIDENCE		Gooding Idaho.
COLOR		W
BIRTHPLACE	AGE AT LAST BIRTHDAY	Idaho 34 (Years)
OCCUPATION		Housewife

Number of child of this mother, including present birth... 3... Number of children of this mother now living, including present birth... 3...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... at... M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary

(Born alive or stillborn)

Given names added from a supplemental report.

(Physician or midwife)

Address

Filed 5-2-1920

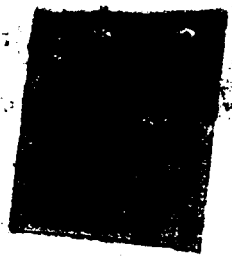
Registrar

Registrar

10.17

11/14/41

2/1/42



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } Certificate No. 78901  
County of Gooding } ss. Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of Blanche Louise Jenkins (Name on Original Certificate) who was born (Was Born or Died) on April 30, 1920 (Birth or Death) (Date of Event) in Gooding, Idaho (Gooding) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Wedding Chimes Record Book prepared on                     , are: (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's middle name  
birthdate

Louise  
April 30, 1920

Lucille  
March 30, 1920

Subscribed and sworn to before me this 13th day of

Signed Muniel Stewart Martin  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Margaret D. Clements  
Notary Public, residing at Gooding, Idaho  
My commission expires Lifetime  
(Seal)

1221 Colo. Street, Gooding, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Gooding } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of June, 1978.

Signed Francis C. Higgins  
(Signature of Any Credible Person)

Notary Public, residing at Gooding, Idaho  
My commission expires Lifetime  
(Seal)

430, Colo. St. Gooding, Idaho  
(Street Address, City, State)

-Idaho Motor Vehicle Operator's License ~~issued~~ expiration date 3/30/65 gives  
name as Blanche L. Mothershed ~~XXXX~~ viewed by V.S. ( married name) DOB 3/30/20

Child's birth certificate issued by State of Idaho issued 11/19/43 lists mother  
as Blanche Lucille Jenkins. viewed by V.S. JUN 16 1978

Application for insurance issued by Independent Liberty Life Insurance Company  
to Blanche L. Mothershead gives date of Birth as 3/30/20 viewed by V.S.

783-225-024-296

PLACE OF BIRTH

County of GoodingCity of GoodingNo. 1 St.Hospital .....STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-4-5-17

Registration District No. ....

File No. 78902

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD DORAS MAE Lyle

Sex of Child <u>Female</u>	Twin Triplet or other? <u>.....</u> and Number in order of birth <u>.....</u>	Legitimacy <u>yes</u>	Date of Birth <u>3-25-20</u> (Month) (Day) (Year)
----------------------------	---	-----------------------	--

FULL NAME <u>9m</u> <u>FATHER</u> <u>Lyle</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Ruby Brown</u>
RESIDENCE <u>Gooding</u>	RESIDENCE <u>Gooding</u>
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>England</u>	BIRTHPLACE <u>Arkansas</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

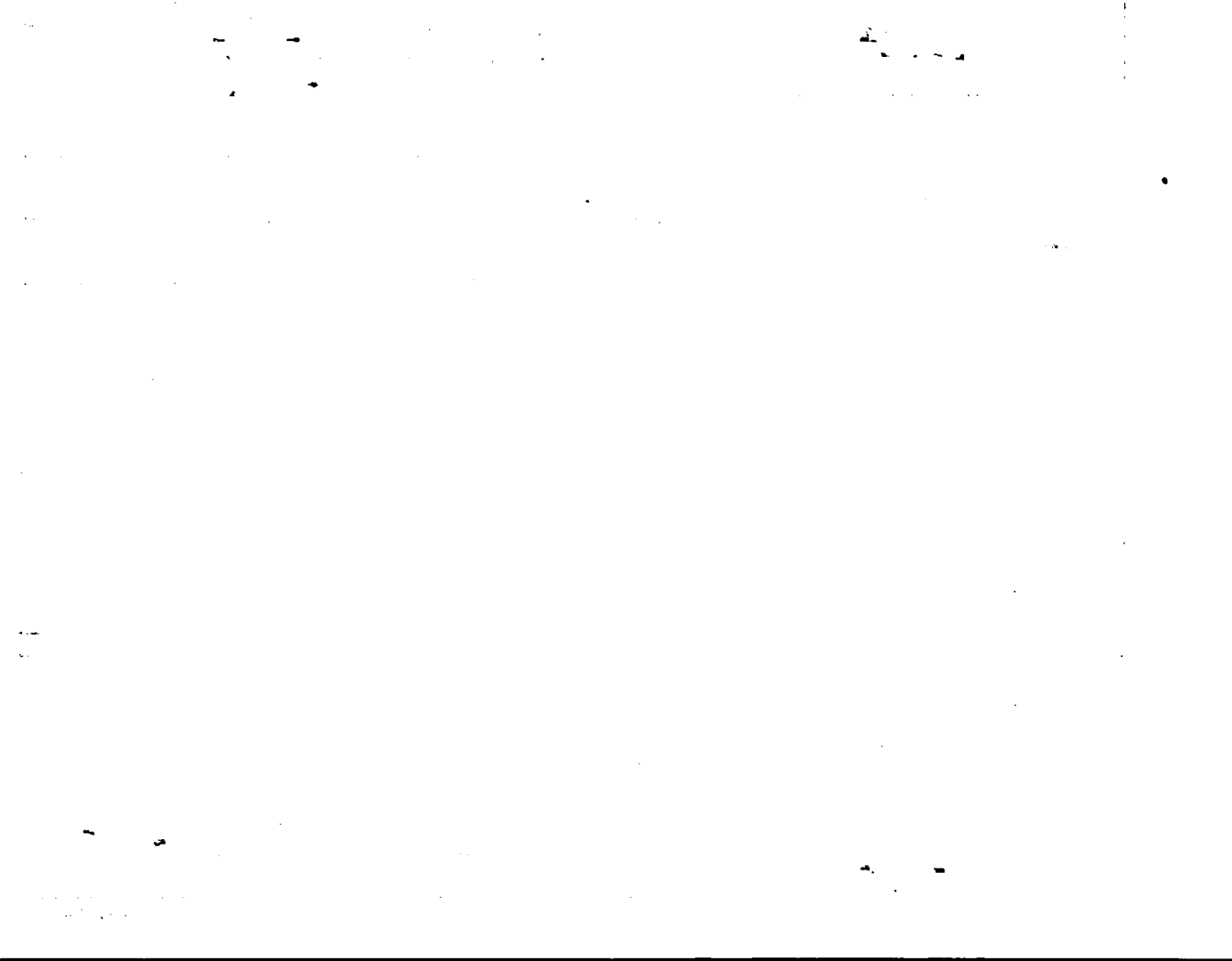
(Signature) F. J. Cary(Physician or midwife) M. D.

Given names added from a supplemental report.

Address GoodingFiled 3-26-20

Registrar

Registrar



## STATE OF IDAHO

SEP 3 1942

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.Certificate No. 78902County of GordayDate Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth for Unnamed Pyle who born on March 25th 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in Gorday are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)

FROM (As on Original)

TO (The Correct Facts)

nameunnamed PyleDoras Mae PyleSubscribed and sworn to before me this 2ndday of September, 1942Notary Public, residing at Gorday IdahoMy commission expires Dec 8/1943  
(Seal)Signed Mrs Wm Pyle

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gorday Idaho  
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.County of Gorday[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2ndday of September, 1942Notary Public, residing at Gorday IdahoMy commission expires Dec 8/1943  
(Seal)Signed H Pyle

(Signature of Any Credible Person Other Than Previous Year)

Gorday Idaho  
(Street Address, City, State)



SEP 4

1942

433 -209-024-619  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of GoodingCity of Bliss

Registration District No. ....

File No. .... **78903**No. .... St

Primary Registration District No. ....

Registered No. ....

Hospital Home

FULL NAME OF CHILD

Mr Castle

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>3-9-20</u> (Month) (Day) (Year)
-----------------------	--	------------------------	---

FULL NAME <u>FATHER</u> <u>James Chance Mc Castle</u>
RESIDENCE <u>Bliss Ida.</u>
COLOR <u>M</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Oklahoma</u>
OCCUPATION <u>Rancher</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Ethel Ward</u>
RESIDENCE <u>Bliss</u>
COLOR <u>M</u> AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 2 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

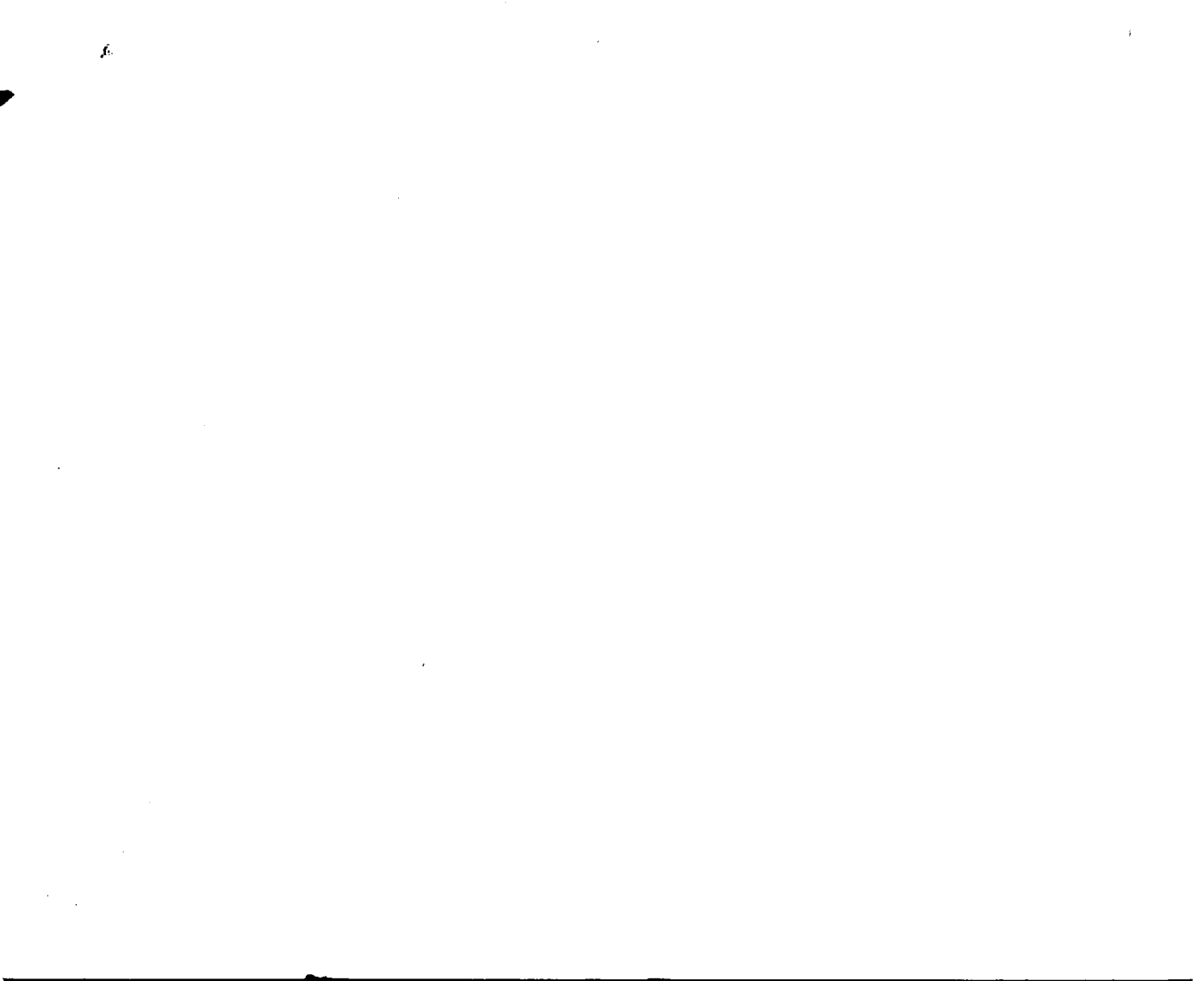
(Signature) F. I. Carey

Given names added from a supplemental report.

(Physician or midwife) M. D.Address Gooding IdahoFiled 8-15-1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD -  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-125-024-854  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22-4-3-17

County of Gooding

City of Gooding

Registration District No. ....

File No. .... **78904** ....

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD ..... Donald Vernon Hancock .....

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate?	Date of Birth <u>4-25-20</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	------------------	---

FULL NAME <u>Lot Hancock Jr.</u>	FATHER	FULL MAIDEN NAME <u>Opal Neurio</u>	MOTHER
----------------------------------	--------	-------------------------------------	--------

RESIDENCE <u>Gooding</u>	RESIDENCE <u>Gooding</u>
--------------------------	--------------------------

COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
----------------	---	----------------	---

BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Idaho</u>
------------------------	-------------------------

OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>
--------------------------	-----------------------------

Number of child of this mother, including present birth... 1 ..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... F. J. Cary .....

(Physician or midwife) M. D.

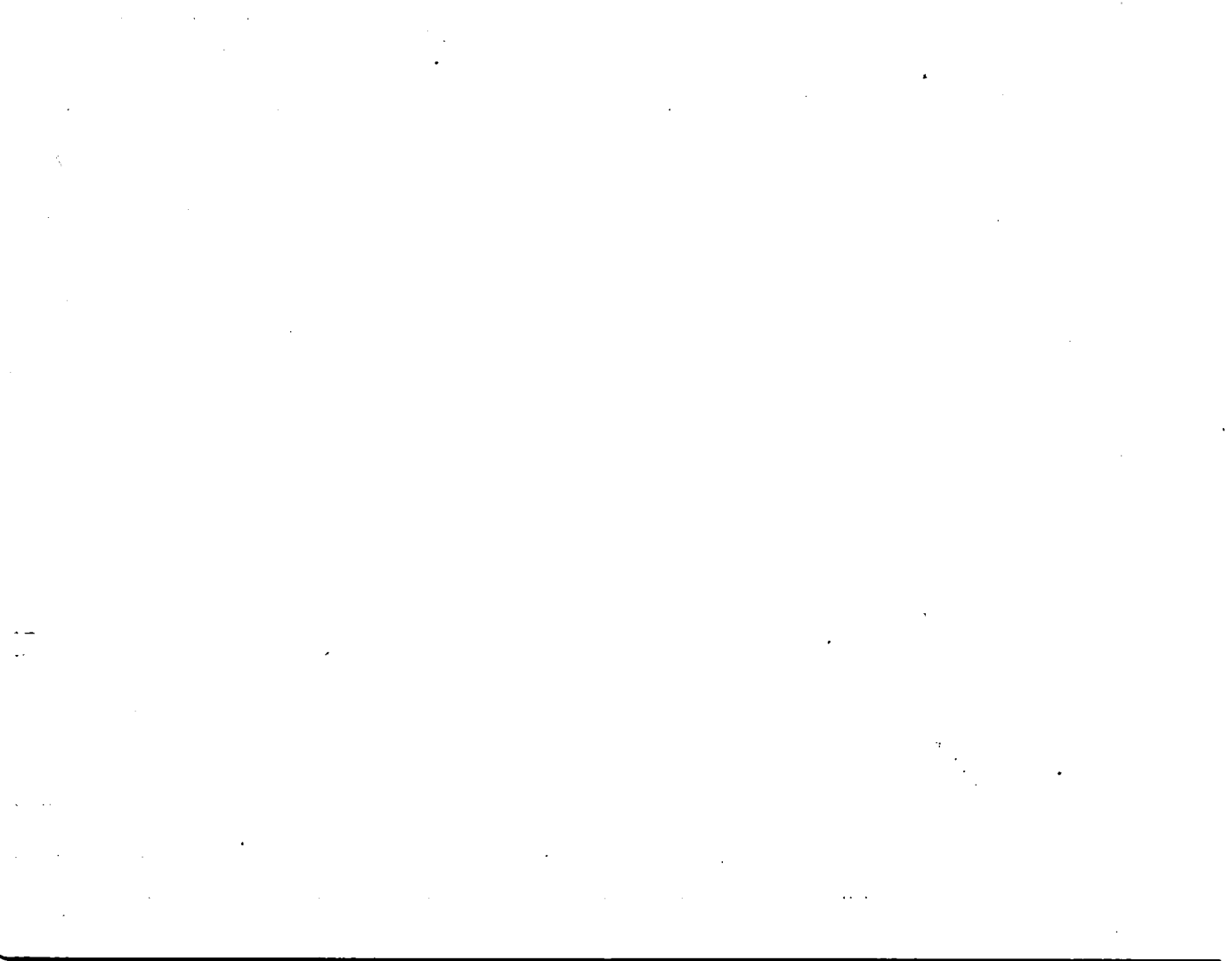
Given names added from a supplemental report.

Address.....

Filed 4-26-20 77 Cary M.D.

Registrar

Registrar



281-227-024, -55-9  
PLACE OF BIRTH Amended 7/3/79STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

## CERTIFICATE OF BIRTH

78905

County of GoodingCity of Gooding

Registration District No. ....

File No. ....

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Mildred Louise Shaw

Sex of Child <u>Female</u>	Twin Triplet or other? <u>  </u> (To be answered only in event of plural births)	and { Number in order of birth <u>  </u> }	Legitimate? <u>yes</u>	Date of Birth <u>3-27-20</u> (Month) (Day) (Year)
----------------------------	---	--	------------------------	--

FULL NAME <u>Arson Shaw</u>	FATHER	FULL MAIDEN NAME <u>J. Neilson</u>	MOTHER
RESIDENCE <u>Gooding</u>		RESIDENCE <u>Gooding</u>	
COLOR <u>R</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)	COLOR <u>R</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Rancher</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.... 6... Number of children of this mother now living, including present birth.... 6....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Albino, at 6<sup>30</sup>/9 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary(Physician or midwife) M. D.

Given names added from a supplemental report.

Address Gooding IdahoFiled 3-28-20

Registrar

Registrar

[illegible]

• •

... ..

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Lichtenthal and Whistler (1973). The total protein concentration was determined by the method of Lowry (1956).

1000

3

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

RECEIVED  
Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

JUN 22 1979

State of \_\_\_\_\_ } ss. Bureau of Vital Statistics Certificate No. 78905  
 County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Shaw (female) who was born on March 27, 1920  
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Gooding, Idaho are erroneous or were omitted:  
 (Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

ITEMS TO BE CORRECTED	FROM	TO
<u>child's name</u>	<u>Unnamed</u>	<u>Mildred Louise Shaw</u>

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public, \_\_\_\_\_  
 Residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 (Seal)

Signature of Applicant

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } (Must be completed \_\_\_)  
 County of Gooding } ss. (Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of June, 1979

Notary Public, [Signature]  
 Residing at Gooding, Idaho 83330  
 My commission expires 5-16-81  
 (Seal)

[Signature]  
 Supporting Signature

514 Michigan St. Gooding, Idaho  
 Street Address, City, State

CL 5/31/79 RUSH



Certif of Blessing from the LDS Church gives name as Mildred Louise Shaw daughter of Aaron Shaw and Jerimina Shaw born March 27, 1920 at Gooding, Idaho. Blessed Aug 1, 1920. viewed by V. S.

JUL 3 1979

Driver's licens from Idaho (temporary permit) No1 191659. dated March 31, 1938. gives name as Mildred Louise Shaw. age 18 years. viewed by V. S.

795 PLACE OF BIRTH 4-000

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of GoodingCity of Gooding

No. .... St.

Hospital Gooding

Registration District No. ....

File No. .... **78907**...

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD

Gregoria

Sex of Child

MTwin  
Triplet  
or other?{ and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
Birth3 - 15 -1920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Ensuria Gregoria

RESIDENCE

Gooding Ida.

COLOR

WAGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

Spain

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

Gooding Ida.

COLOR

WAGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

Spain

OCCUPATION

Housewife

Number of child of this mother, including present birth

4

Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. T. Cary

(Physician or midwife)

M. D.

Given names added from a supplemental report.

Address

Gooding Ida.

Filed

3 - 15 - 1920F. T. CaryM. D.

Registrar

DUP OF 20-317452

Z ENSURIA IS LAST NAME

713-204-331  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-9-8-17

County of GoodingCity of Bliss

Registration District No. ....

File No. 7-8908

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital HomeFULL NAME OF CHILD Baby Palmer

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>9-4</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	---	--	-----------------------------	---

FATHER FULL NAME <u>W. E. Palmer</u>		MOTHER FULL MAIDEN NAME <u>Jessette Clark</u>	
RESIDENCE <u>Bliss</u>		RESIDENCE <u>Bliss</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Kansas</u>		BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

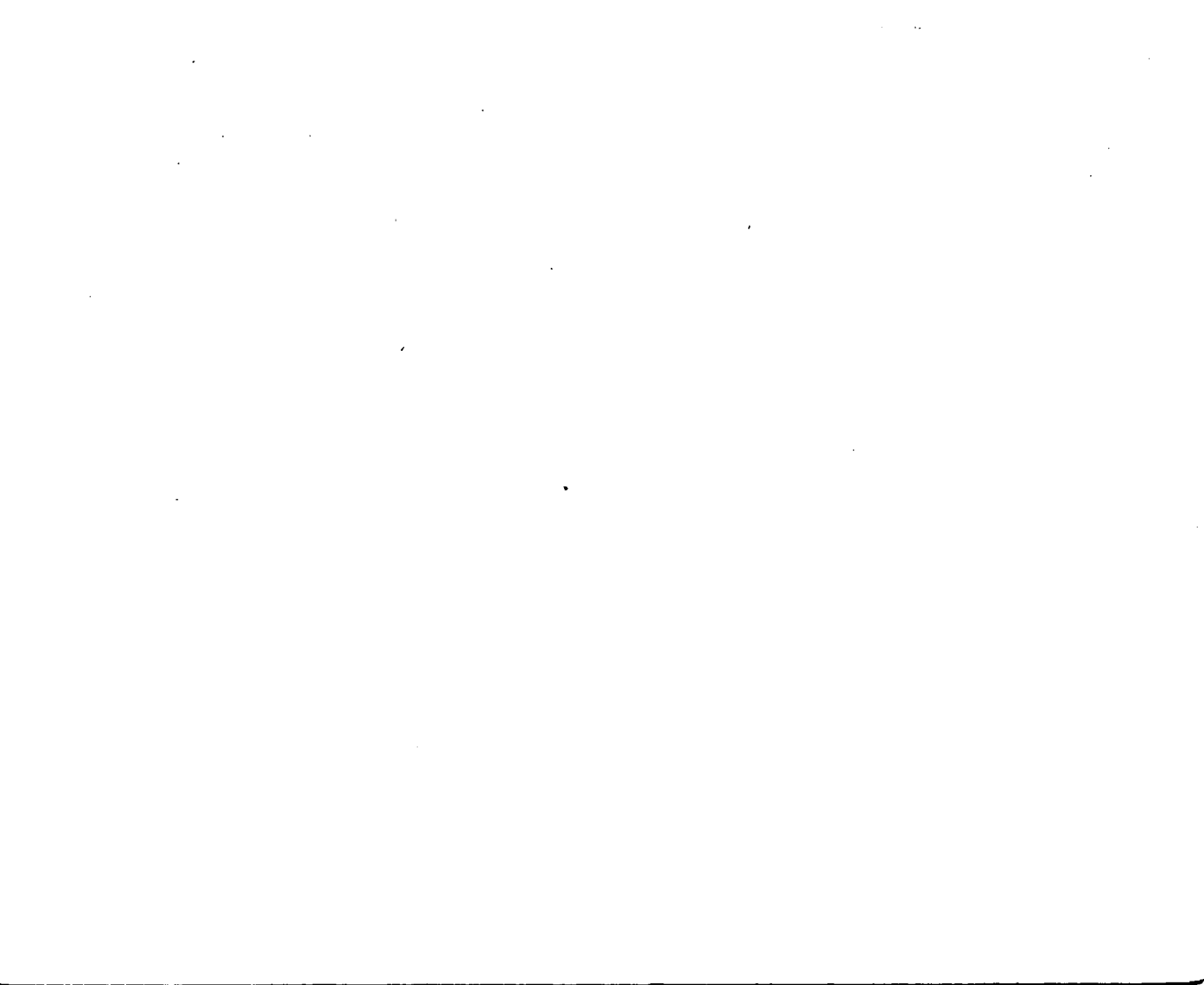
I hereby certify that I attended the birth of this child, who was alive at 5:46 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Carey M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address GoodingFiled 9-4-1920 F. J. Carey M.D.  
Registrar



533-105-224-555  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of GoodingCity of Gooding

No. .... St.

Registration District No. ....

File No. .... 78909

Hospital .....

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD JOHN BARNETT ~~Robert~~ Elliott, JR.

Sex of Child <u>M</u>	Twin, Triplet or other? <u>and</u> { Number in order of birth } <u>yes</u>	Legitimate? <u>yes</u>	Date of Birth <u>3-5-1920</u> (Month) (Day) (Year)
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FULL NAME <u>J. B. Elliott</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Paucher</u>	

FULL MAIDEN NAME <u>Ethel Penemon</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Colorado</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3 ..... Number of children of this mother now living, including present birth... 3 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) at 5:45 P.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Carey

Given names added from a supplemental report.

(Physician or midwife) M. D.Address GoodingFiled 3-5-1920

Registrar

Registrar

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11-11-11

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho  
County of Bonneville } ss.

FEB 16 1947

Certificate No. 78999

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)  
for Baby Elliot who was born on March 5, 1920  
in Gooding, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)

TO  
(The Correct Facts)

name Baby Elliot  
name of father J. B. Elliot

John Barnett Elliott Jr.  
J. B. Elliott

Subscribed and sworn to before me this 14th  
day of February, 1942

Bessie Allen

Notary Public, residing at Idaho Falls, Idaho

My commission expires October 20, 1942  
(Seal)

Signed J. B. Elliott Jr.

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho  
County of Bonneville } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th  
day of February, 1942

Bessie Allen

Notary Public, residing at Idaho Falls, Idaho

My commission expires October 20, 1942  
(Seal)

Signed Mrs. J. B. Elliott

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)



FEB 19 1942

MAR 1 1944

165-114-024-363

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-2-27

County of Gooding

City of Tuttle

Registration District No. ....

File No. .... **78910.**

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Edwin Jones

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and { Number in order of birth <u>1</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Mar 14 20</u> (Month) (Day) (Year)
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FULL NAME Edwin Jones

RESIDENCE Tuttle

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Illinois

OCCUPATION Farmer

FULL MAIDEN NAME Edith Collins

RESIDENCE Tuttle

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Illinois

OCCUPATION Housewife

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at 5 A M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

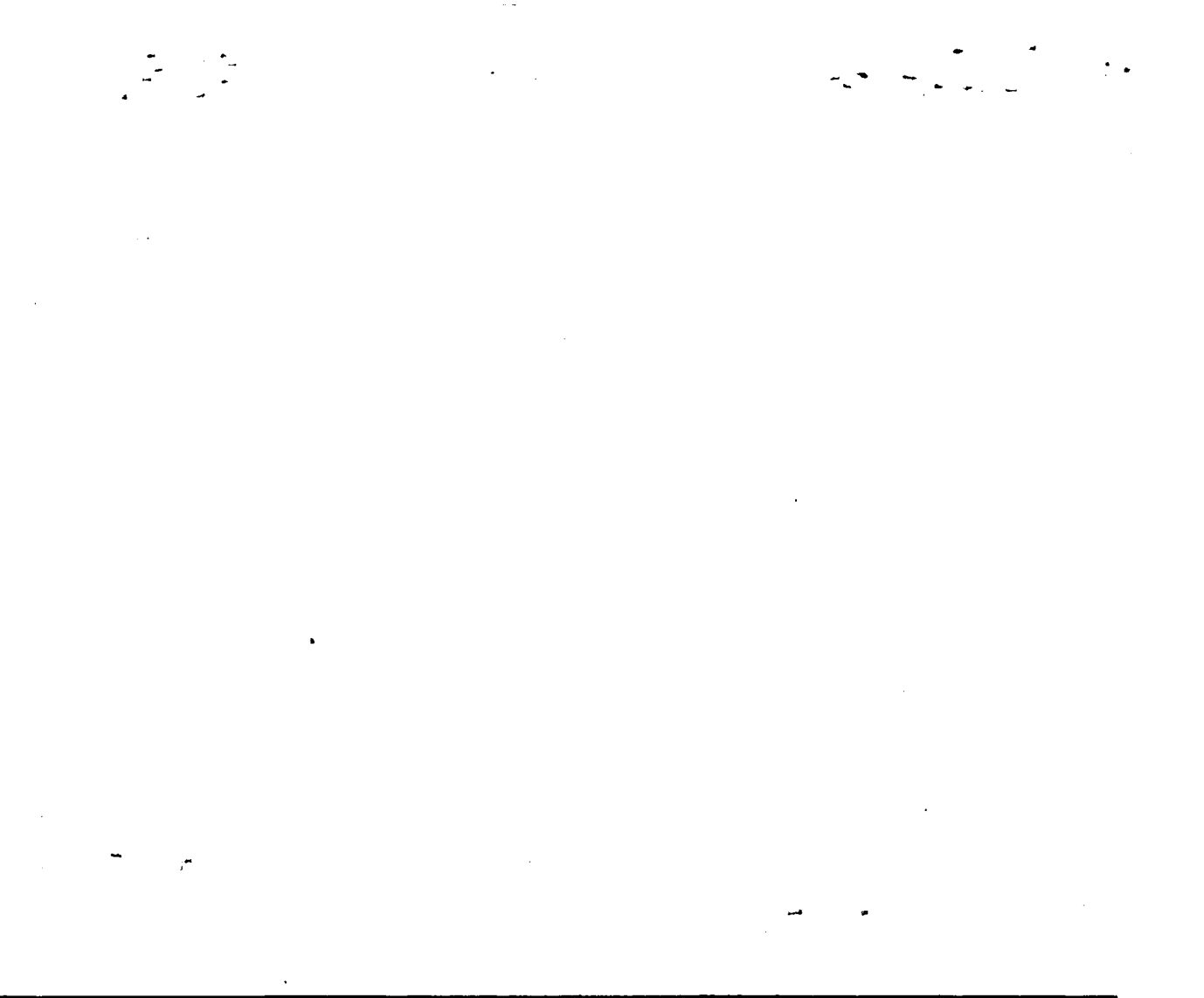
(Signature) H. E. Lamb  
per Alene Jungs  
(Physician or midwife)

Given names added from a supplemental report.

Address ..... Gooding .....

Filed 5-11-20 F. J. Carey Registrar

Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS**  
**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho }  
 County of Ada } ss.  
 The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Jones who born on Mar. 14, 1920  
 (Name on original certificate) (Was born or died) (Date of event)  
 in Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
 (Place of event)  
 facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
<u>name of father</u>	<u>Edward Jones father</u>	<u>Edwin Jones</u>
<u>birthplace father</u>	<u>Birthplace Illinois</u>	<u>Birthplace Nebraska</u>
<u>name of child</u>	<u>Jones</u>	<u>Herbert Edwin Jones</u>
Subscribed and sworn to before me this <u>28th</u>	Signed <u>Mess Edna M Jones</u>	
day of <u>July</u> 19 <u>41</u>	(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)	
Notary Public, residing at <u>Chase B. Burnett</u>	<u>Peterson Clerk</u>	
My commission expires _____	<u>406 Franklin St. Boise Idaho</u>	
[SEAL]	(Street Address, City, State)	

**Supporting Affidavit of a Second Person**

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.  
 The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
 Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public, residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 [SEAL]

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
 (Registrar's signature)

100

100

414 213-024-866

## PLACE OF BIRTH

County of GoodingCity of Gooding

No. .... St.

Registration District No. ....

File No. ....

78911

Hospital .....

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD Charles HenryMaurais

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u>	and { Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 13, 1920</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>Joseph Maurais</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Anna Hoffman</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .... 5Number of children of this mother now living, including present birth .... 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at 1:30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

J. E. Kasper  
Rebecca Jung  
 (Physician or midwife)

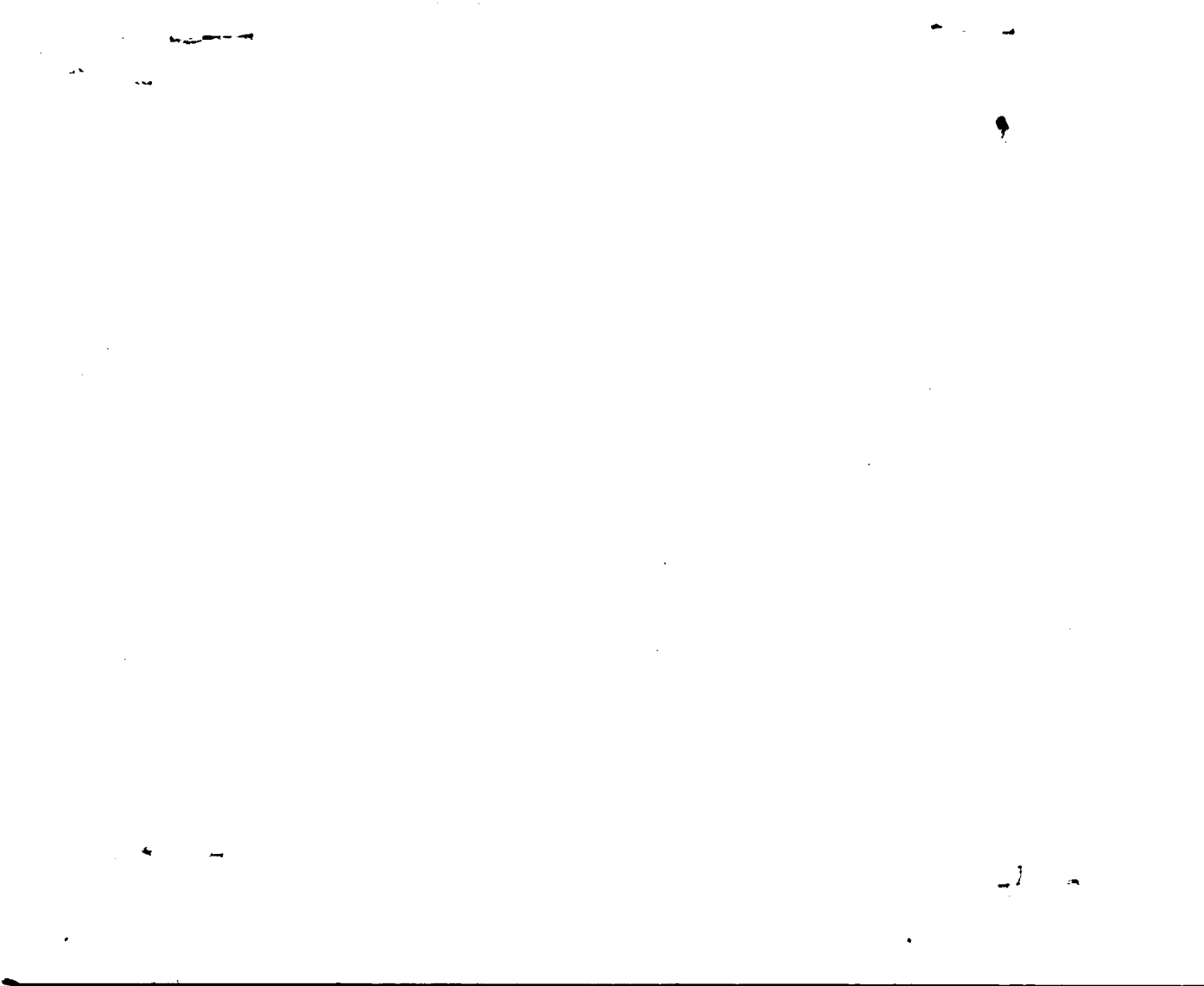
Given names added from a supplemental report.

Address .....

Registrar

Filed 5-10-1920

Registrar



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } SS. JAN 13 1942 Certificate No. 78911County of Idaho } Date Filed BirthThe undersigned does solemnly swear that certain facts on the certificate of Birthfor Unnamed manvais who born on Mar. 13, 1920in Gooding Idaho are erroneous or were omitted; and that, to the best of his knowledge, the

(PLACE OF EVENT) (WAS BORN OR DIED) (DATE OF EVENT)

true facts as shown by Parents prepared on \_\_\_\_\_, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

name Omitted Charles Henry -mauvaisSubscribed and sworn to before me this 13thday of Jan 19 42 Signed J. Mauvais

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-

CORD OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING

A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at 1710/42My commission expires 12/16/42

(SEAL) (STREET ADDRESS, CITY, STATE)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } SS. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.

County of \_\_\_\_\_ } (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and

that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13thday of Jan 19 42 Signed J. C. Macaulay

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at 1710/42My commission expires 12/16/42

(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 13 1942 By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)



APR 22 1974

APR 22 1974

JUN 29 1951

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-122-024-357

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-23m-2-27

County of Gooding

City of Gooding

Registration District No. ....

File No. .... **78912**...

No. .... L St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Alvin Ernest Graves

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u> and <u>    </u> in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>May 22</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER		MOTHER	
FULL NAME <u>Glyph Graves</u>	FULL MAIDEN NAME <u>Olah Lepew</u>	FULL NAME <u>Glyph Graves</u>	FULL MAIDEN NAME <u>Olah Lepew</u>
RESIDENCE <u>Gooding</u>	RESIDENCE <u>Gooding</u>	RESIDENCE <u>Gooding</u>	RESIDENCE <u>Gooding</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Indiana</u>	BIRTHPLACE <u>Texas</u>	BIRTHPLACE <u>Texas</u>	BIRTHPLACE <u>Texas</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth... 1... Number of children of this mother now living, including present birth... 1...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 4:45 A M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Lane  
per Alice Zingg  
(Physician or midwife)

Given names added from a supplemental report.

Address Gooding

Filed 5-10-20 1920

Registrar

W. Cary J. M.D.  
Registrar

JUN 19 1941

FEB 3 1975

555-118-024-433

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 11-0-22a-0437

County of GoodingCity of Gooding

No. .... St.

Registration District No. ....

File No. ....

78913

Hospital .....

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD .....

Neeley, Thomas Donald

Sex of Child	<u>Male</u>	Twin Triplet or other?	<u>and</u>	(Number in order of birth)	Legitimate?	<u>Yes</u>	Date of Birth	<u>Mar 18 1920</u>
		(To be answered only in event of plural births)					(Month) (Day) (Year)	

FULL NAME	<u>Thomas Neeley</u>
RESIDENCE	<u>Gooding</u>
COLOR	<u>White</u>
BIRTHPLACE	<u>Illinois</u>
OCCUPATION	<u>Cattle buyer</u>

FULL MAIDEN NAME	<u>Edith Ulbrich</u>
RESIDENCE	<u>Gooding</u>
COLOR	<u>White</u>
BIRTHPLACE	<u>Illinois</u>
OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth.....	<u>3</u>	Number of children of this mother now living, including present birth.....	<u>2</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... alive ..... at ..... 4 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

H. E. Rasmussen  
per Alice J. Jagg  
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

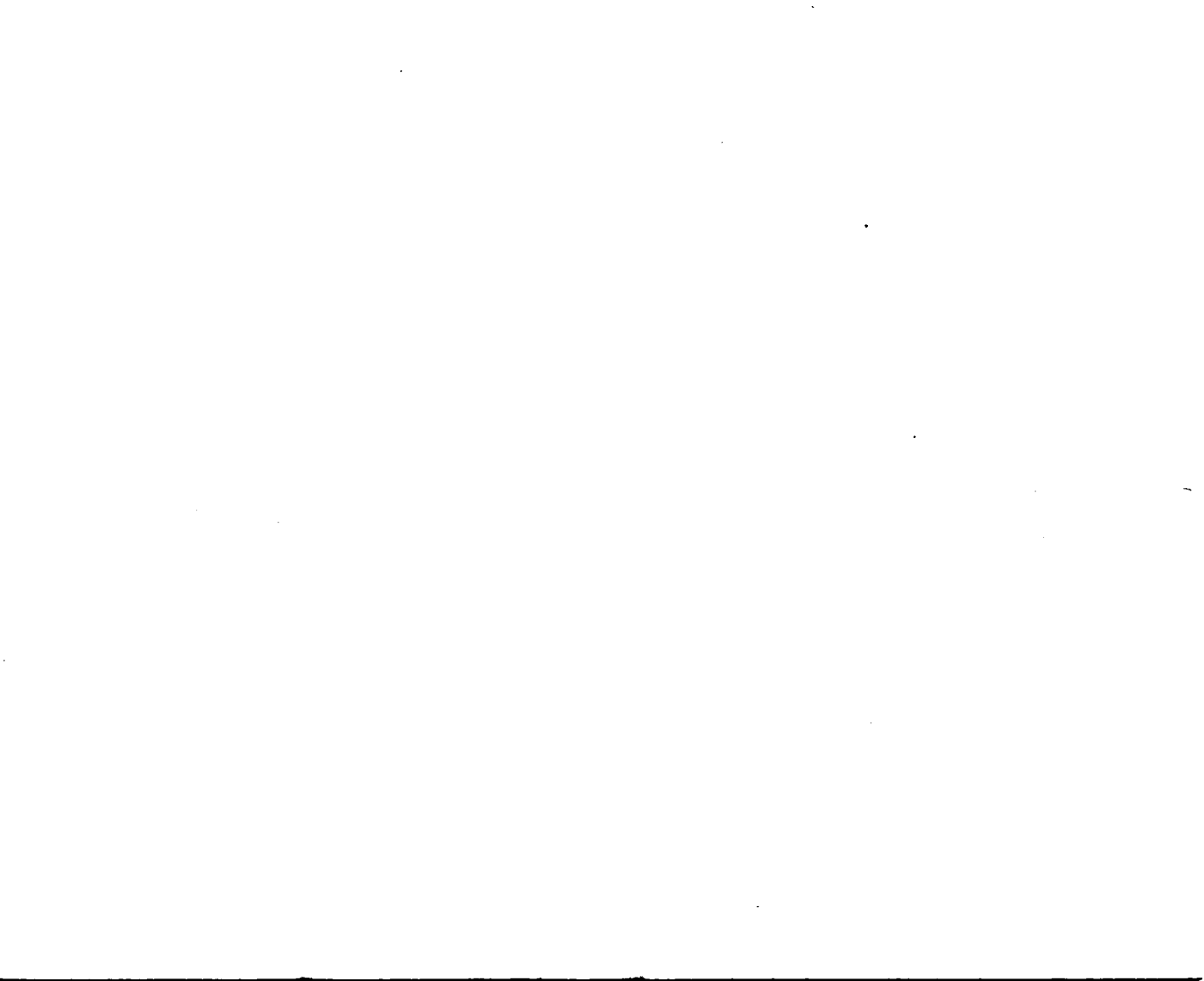
Address .....

..... 19.....

Filed 5-10-20

Registrar

F. T. Cary  
Registrar



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

494-215-024-695-  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-23m-3-3-17

County of Goshute

City of Goshute

Registration District No. ....

File No. .... **78914**

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Timbat, Clara Pauline

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Mar 15 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>FATHER</u> <u>Alfred Timbat</u>
RESIDENCE <u>Goshute</u>
COLOR <u>White</u>
BIRTHPLACE <u>Oregon</u>
OCCUPATION <u>Farmer</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Nellie Lincher</u>
RESIDENCE <u>Goshute</u>
COLOR <u>White</u>
BIRTHPLACE <u>Dakota</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 11 P M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. E. Lamb  
per Anna Zingg  
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address .....

..... 19 .....

Filed 5-10-1920

Registrar

F. J. Cary  
M. D.  
Registrar

JAN 17 1956

DEC 17 1956

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the numbered each, in order of birth stated.

415-105-024-241  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. H-C-22a-4-4-8

County of GoodingCity of Gooding

No. .... St.

Hospital .....

Registration District No. ....

File No. **78915**

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD

Davis, Robert C.

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } <u>1</u>	Legitimacy? <u>Yes</u>	Date of Birth <u>May 5 1920</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>Edward Davis</u>		FULL MAIDEN NAME <u>Mable Smart</u>	
RESIDENCE <u>Gooding</u>		RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>North Carolina</u>		BIRTHPLACE <u>Nevada</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 7:20 A.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. LarnReverence J. J. G.  
(Physician or midwife)

Given names added from a supplemental report.

Address GoodingFiled 5-10-1920

Registrar

F. J. Cary M.D.  
Registrar



SEP 14 1953

AUG 5 1948

495-116-024-747  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-9-2-17

County of GoodingCity of Gooding

Registration District No. ....

File No. 78916

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD MARTIN SILK Mink

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 16</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--	------------------------	--

FULL NAME <u>Muncy Mink</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Virginia</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Etta Pugh</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Virginia</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive 2 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. E. Lamb

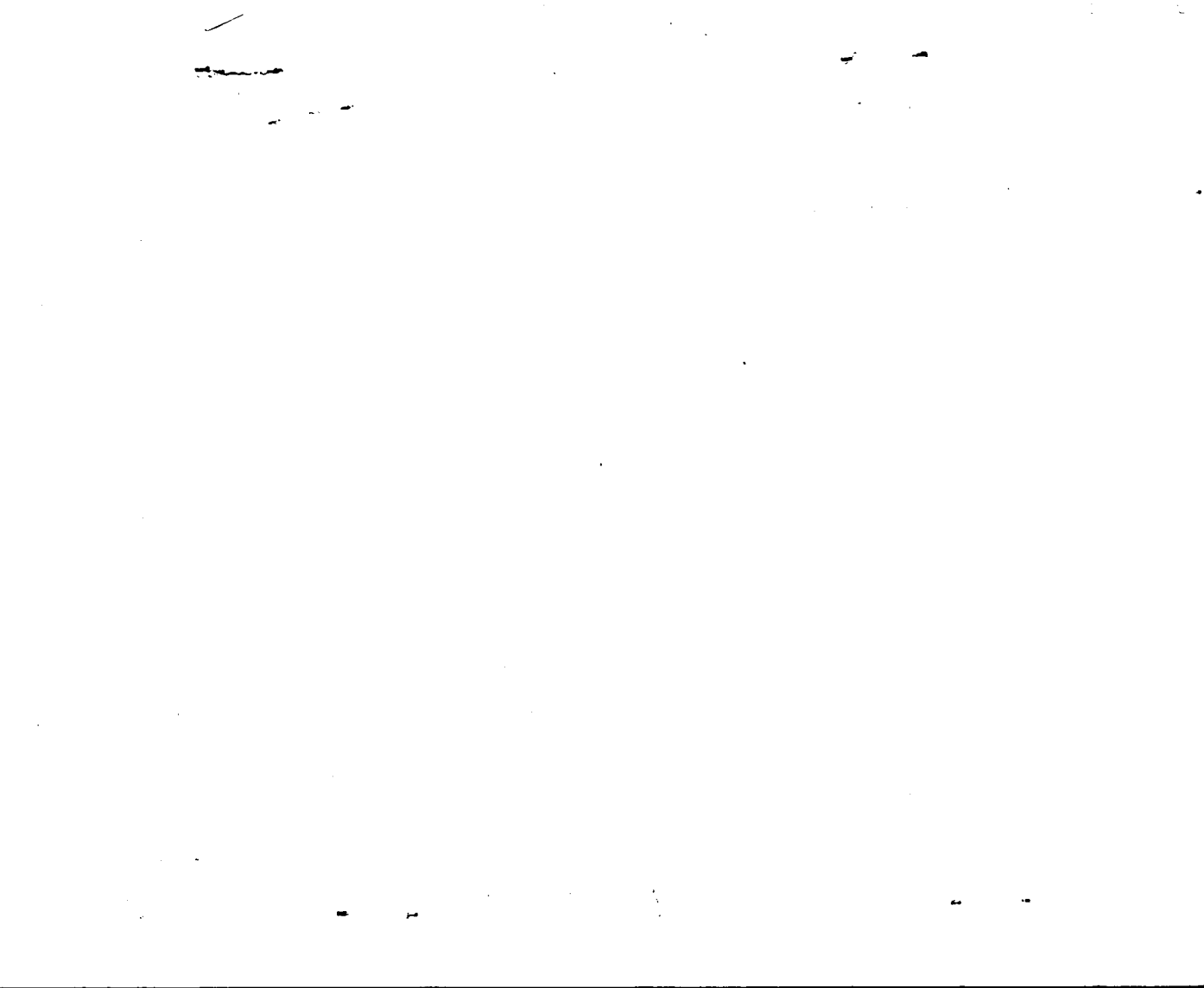
(Physician or midwife)

Given names added from a supplemental report.

Address GoodingFiled 5-10-1920

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78916  
County of Bonding }  
The undersigned does solemnly swear that certain facts on the certificate of Martin Beth Mink (Birth or death)  
for Bonding, Idaho who was born on Apr. 16-1920 (Date of event)  
in Bonding, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by Bible prepared on Apr. 16-1920, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Name

Unnamed Mink

Martin Silk Mink

Subscribed and sworn to before me this 6th  
day of December, 1941  
H. D. M. = Occany

Notary Public, residing at Wendell, Ida.

My commission expires Jan. 2-1941  
[SEAL]

Signed H. M. Mink  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death record;  
or other credible person.)

Wendell, Ida.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss. [This affidavit MUST also be executed.  
County of \_\_\_\_\_ } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
[SEAL]

\_\_\_\_\_  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

DEC 11 1941

264-113-024-752

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of GoodingCity of Gooding

No. .... St.

Registration District No. ....

File No. 78917

Hospital .....

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD WILLIAM Soukal (COOK)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>May 13</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Charles Soukal</u>	FATHER (COOK)		FULL MAIDEN NAME <u>Anna Peslak</u>	MOTHER
RESIDENCE <u>Gooding</u>			RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Bohemia</u>			BIRTHPLACE <u>Texas</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... alive 10 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Lamb  
Rev. Anna Zingg  
(Physician or midwife)

Given names added from a supplemental report.

Address..... GoodingFiled 5-10-20 7:7 P.M. 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11



1942

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 78917  
County of Gooding Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Male Soukal who was born on March 13, 1920 (Birth or Death)  
in Gooding, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Chas. Cook (Father) prepared on March 13, 1942, are:  
(Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)		(As on Original)	(The Correct Facts)
<u>name</u>	<u>unnamed</u>		<u>William Soukal</u>
<u>Mother's name</u>	<u>Anna Pesklak</u>		
<u>Father name</u>	<u>Chas. Cook</u>		

Subscribed and sworn to before me this 13th.  
day of March 19 42  
W. J. Lewis JP. and Ex-Officio  
Notary Public, residing at Plainview, Texas  
My commission expires Dec. 31/1942  
(Seal)

Signed Chas. Cook  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
% Court House  
(Street Address, City, State)

—SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Hale Texas } ss.  
County of Hale  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 13th.  
day of March 19 42  
W. J. Lewis JP. and Ex-Officio  
Notary Public, residing at Plainview, Texas  
My commission expires Dec. 31/1942  
(Seal)

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
Signed R. D. Larson  
(Signature of Any Credible Person Other Than Previous Year)  
% Court House  
(Street Address, City, State)



APR 4 1942

(Name of Soukal changed to Cook by court order when citizenship was granted to father. Citizenship papers viewed in this office, and returned to Mr. Cook, father.)

Mabel F. Elder  
Mabel F. Elder, Director, April 4, 1942

819-101-024-266

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-2-27

## CERTIFICATE OF BIRTH

County of GoodingCity of Gooding

No. .... St.

Registration District No. ....

File No. .... **78918** ....

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD .....

Hargis

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Apr. 1 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------	---------------------------	---

FULL NAME <u>Charles Hargis</u>	FATHER
------------------------------------	--------

FULL MAIDEN NAME <u>Gail Boone</u>	MOTHER
---------------------------------------	--------

RESIDENCE <u>Gooding</u>
-----------------------------

RESIDENCE <u>Gooding</u>
-----------------------------

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>3.3</u> (Years)
-----------------------	---

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>7.3</u> (Years)
-----------------------	---

BIRTHPLACE <u>Missouri</u>
-------------------------------

BIRTHPLACE <u>Missouri</u>
-------------------------------

OCCUPATION <u>Farmer</u>
-----------------------------

OCCUPATION <u>Housewife</u>
--------------------------------

Number of child of this mother, including present birth.... 5.... Number of children of this mother now living, including present birth.... 5....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... alive..... at..... 4:40 A.M......  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... H. E. Lamm.....
per Anne Zingg  
(Physician or midwife)

Given names added from a supplemental report.

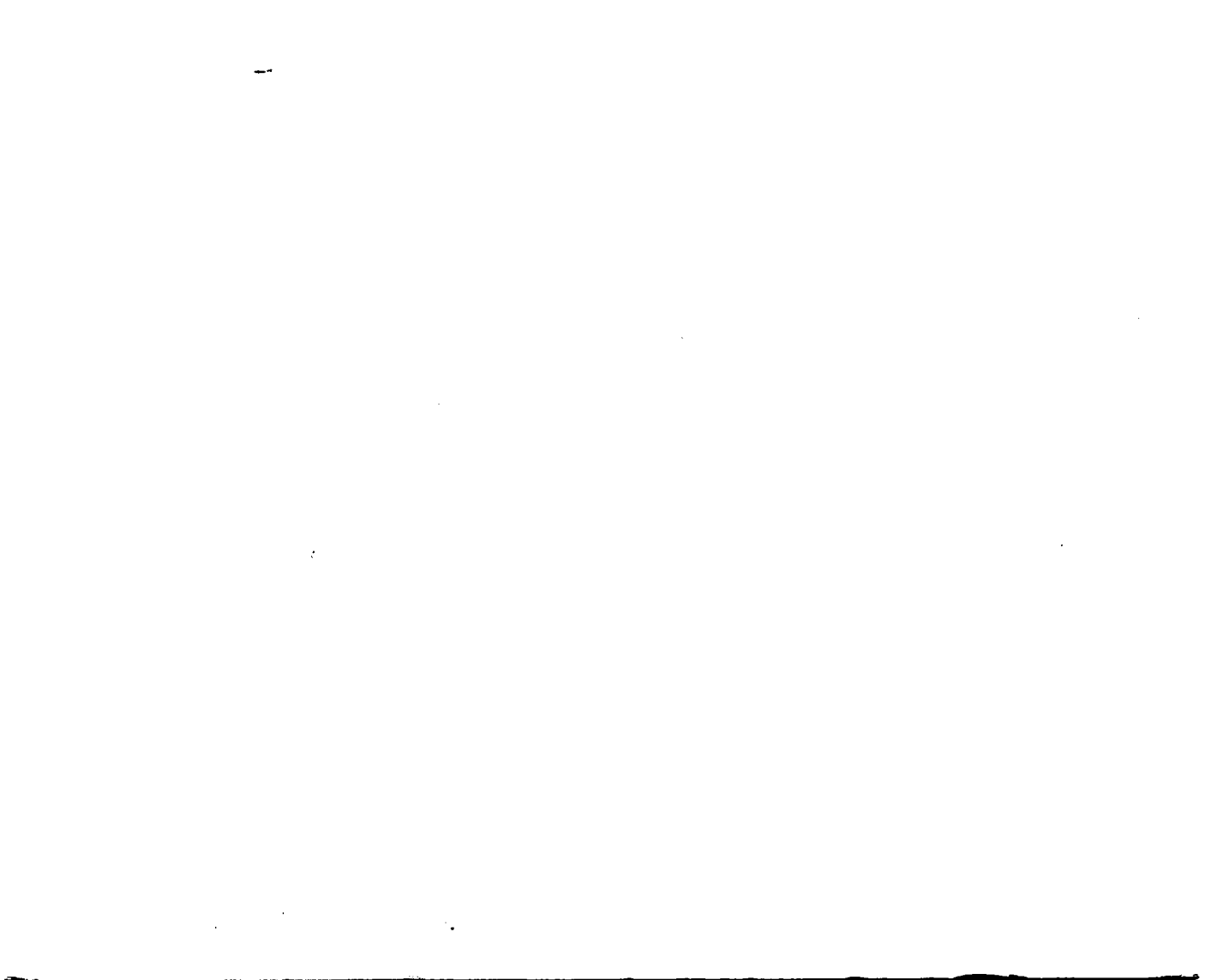
Address..... Gooding.....Filed..... 5-10-20.....

Registrar

F. J. Cary  
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-223-024-319

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of Gooding

City of Gooding

Registration District No. ....

File No. .... **78919**

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD **EDNA LUCILLE Roberts**

Sex of Child <u>Female</u>	Twin Triplet or other? <u>  </u> (To be answered only in event of plural births)	and { Number in order of birth <u>  </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 7 3</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--	------------------------	---

FULL NAME <u>Milton FATHER Roberts</u>
RESIDENCE <u>Gooding</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Arkansas</u>
OCCUPATION <u>Hardware Clerk</u>

FULL MAIDEN NAME <u>Sallie Carter</u>
RESIDENCE <u>Gooding</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Missouri</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 6:00 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Lamm  
per A. J.  
(Physician or midwife)

Given names added from a supplemental report.

Address Gooding  
Filed 5-12-1920  
F. J. Cary M.D.  
Registrar

—

—

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 78919  
County of Gooding }  
The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Edna Lucille Roberts who born on April 23, 1920 (Birth or death)  
in Gooding (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by D.D. signature who attended prepared on Nov. 5, 1941 (Date of event), are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED (“Name”, “birth date”, “cause of death”, etc.)	FROM (As on original)	TO (The correct facts)
Name <u>Edna Lucille Roberts</u>	Unnamed Roberts	<u>Edna Lucille Roberts</u>

Subscribed and sworn to before me this 5th  
day of November, 1941

Signed Milton Roberts  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death record;  
or other credible person.)  
Father of child: Gooding, Idaho  
(Street Address, City, State)

Notary Public, residing at Gooding, Idaho  
My commission expires Dec. 8, 1943  
[SEAL]

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Gooding }

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th  
day of November, 1941

Signed Marie L. Wood  
(Signature of any credible person other than the previous affiant.)  
Gooding, Ida  
(Street Address, City, State)

Notary Public, residing at Gooding, Idaho  
My commission expires Dec. 8, 1943  
[SEAL]

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

—

—

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-224-024-193

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-4-3-37

County of Goshute

City of Bliss

Registration District No. ....

File No. .... **7-8820**

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Williamas Evelyn Aileen

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and { Number in order of birth }	Legitimate? <u>Yes</u>	Date of Birth <u>Apr. 24</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	----------------------------------	----------------------------------	------------------------	---

FATHER  
FULL NAME Charles Williamas  
RESIDENCE Bliss  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Kentucky  
OCCUPATION Operator Telegraph

MOTHER  
FULL MAIDEN NAME Clara Aileen  
RESIDENCE Bliss  
COLOR White AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Kentucky  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2:40 P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. E. Lamm  
per a. 3.  
(Physician or midwife)

Given names added from a supplemental report.

Address Goshute  
Filed 5-10-20  
Registral F. T. Cary



[illegible]

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss.

Certificate No. 78920  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Williams (female child) who was born on April 24, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Bliss, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Ins Policy & Son's Birth prepared on 10/10/64 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child Unnamed Evelyn Aileen Williams

Subscribed and sworn to before me this 13<sup>th</sup> day of  
October 1964

Signed Evelyn Aileen Williams  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant, if correcting a death record; or other credible person.)  
1978 Lornita Blvd Lornita Calif.  
(Street Address, City, State)

Notary Public, residing at Lornita Calif  
My commission expires July 25-67  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California }  
County of Los Angeles } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13<sup>th</sup> day of  
October 1964

Signed Mrs. Ina M. Larson  
(Signature of Any Credible Person)  
1968 Lornita Blvd  
(Street Address, City, State)  
Lornita, Calif.

Notary Public, residing at Lornita Calif  
My commission expires July 25-1964  
(Seal)

Notification of Birth Registration, State of California, gives full name of child as Geraldine Fay Mertz, born September 26, 1941 at Torrance, California to William Carl Mertz and Evelyn Aileen Williams - #1911-334 - viewed by V.S.

Marriage Certificate, State of California, married April 24, 1939 at Tijuana Territorio Norte de La Baja Cfa. - Tijuana-Baja, California - gives full name of groom as William Carl Mertz and full name of bride as Evelyn Aileen Williams - viewed by V.S.  
No. 82-leaf, 2-Book, 5 of Marriages -

OCT 28 1964

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

866-207-024-458

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Gooding

City of Gooding

No. R+L St.

Registration District No. ....

File No. 78923

Hospital .....

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD

Hoodenpyle

Sex of Child

Male

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of Birth

Mar 7 - 1920  
(Month) (Day) (Year)

FULL NAME

Walter R Hoodenpyle

RESIDENCE

Gooding

COLOR

White

AGE AT LAST  
BIRTHDAY

30  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farming

FULL MAIDEN NAME

Louise Meyer

RESIDENCE

Gooding

COLOR

White

AGE AT LAST  
BIRTHDAY

27  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 8 P M.  
on the date above stated.

(Born alive, or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

J. H. Carmichael  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

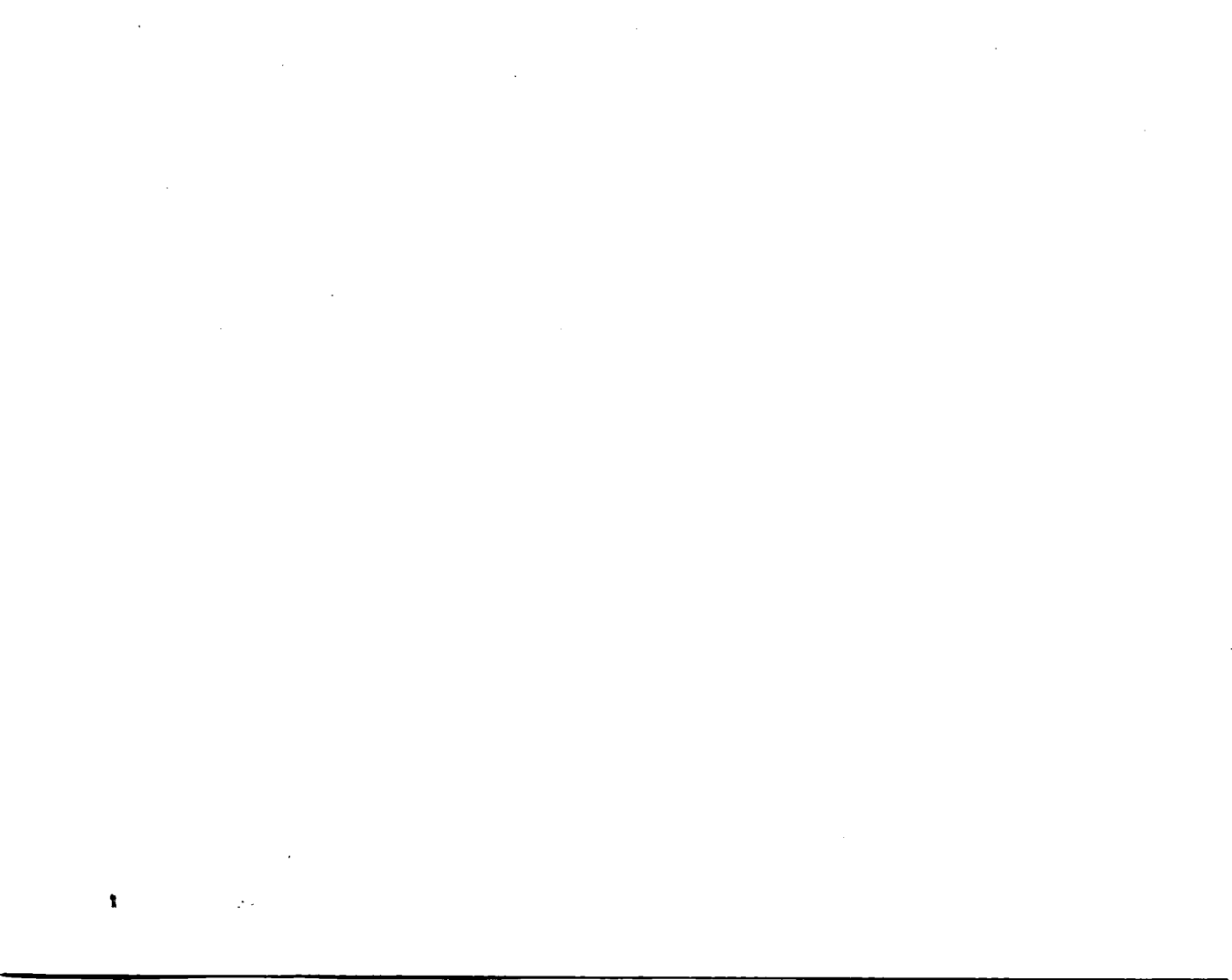
Address

Gooding

Filed 8-15-1920

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

295-112-024-284

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of GoodingCity of Gooding

Registration District No. \_\_\_\_\_

File No. 78924

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Gerald Brigham

Sex of Child

MaleTwin Twin { and {  
Triplet or other?  
(To be answered only in event of plural births)Number in order of birth Second  
(To be answered only in event of plural births)

Legitimacy?

yes

Date of Birth

Mar 12 1920  
(Month) (Day) (Year)

FULL NAME

FATHER John Ryan Brigham

RESIDENCE

Gooding Ida

COLOR

White

AGE AT LAST BIRTHDAY

30  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Farming

FULL MAIDEN NAME

MOTHER Lettie L Shupe

RESIDENCE

Gooding Ida

COLOR

White

AGE AT LAST BIRTHDAY

27  
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Romulus, at 6:45 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. H. Crowder M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Gooding  
IdahoFiled 5-15-1920

Registrar

Registrar

OCT 10 1941

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

295-212-024-285

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of \_\_\_\_\_

City of \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. **78925**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

*Seraldine Bingham*

Sex of Child

*Female*

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth } *First*

Legitimate?

*yes*

Date of Birth

*Mar 12 1920*  
(Month) (Day) (Year)

FULL NAME

*John Ryan Bingham*

FATHER

RESIDENCE

*Gooding, Ida*

COLOR

*White*

AGE AT LAST BIRTHDAY

*30*  
(Years)

BIRTHPLACE

*Utah*

OCCUPATION

*Farming*

FULL MAIDEN NAME

*Letitia Shulpe*

MOTHER

RESIDENCE

*Gooding, Ida*

COLOR

*White*

AGE AT LAST BIRTHDAY

*27*  
(Years)

BIRTHPLACE

*Utah*

OCCUPATION

*Housewife*

Number of child of this mother, including present birth *4*

Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

*Born alive*, at *6:30 P.M.*  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*J. H. Cornwall M.D.*

(Physician or midwife)

Given names added from a supplemental report.

19

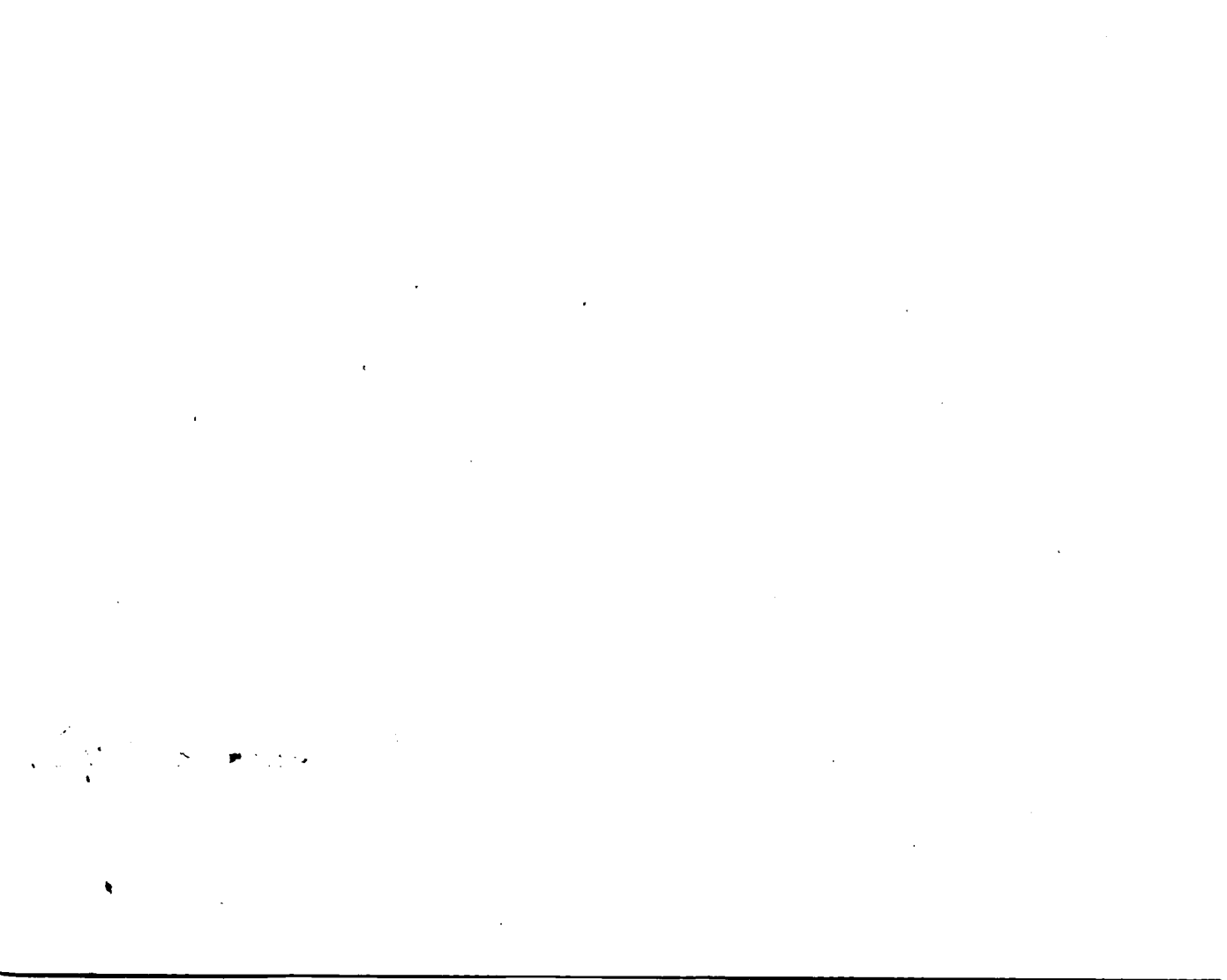
Address

*Gooding*  
*H. H. H. H.*  
Registrar

Filed *5-15-1920*

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

819-113-024-168

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of GoodingCity of GoodingNo. R+D St.

Registration District No. \_\_\_\_\_

File No. 78926

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

John Harris

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthApr 13 1926  
(Month) (Day) (Year)FULL  
NAMEFred Harris

FATHER

RESIDENCE

Gooding Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

FarmingFULL  
MAIDEN  
NAMEPhebe A. Johnson

MOTHER

RESIDENCE

Gooding Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. H. Cronwall M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Gooding

Filed

5-10-1920

Registrar

Registrar

AUG 12 1974

114-201-024-235

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BoodingCity of Booding

Registration District No. ....

File No. 78927

No. .... St. ....

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Vera Nell James

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{ To be answered only in event of plural births }

Legiti  
mate?yes

Date of Birth

Apr. 1 - 1920  
(Month) (Day) (Year)

FULL NAME

Andrew J. James

FATHER

RESIDENCE

Booding, Ida

COLOR

White

AGE AT LAST BIRTHDAY

37  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Lawyer

FULL MAIDEN NAME

Maria Stewart

MOTHER

RESIDENCE

Booding, Ida

COLOR

White

AGE AT LAST BIRTHDAY

35  
(Years)

BIRTHPLACE

South Dakota

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 a. m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

A. H. Cromwell  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Booding, Ida

Filed

5-15-1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

SEP 3 1966

594-213-024-255

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of GoodingCity of Gooding

Registration District No. ....

File No. 78928

No. .... St. ....

Hospital Gooding Primary Registration District No. .... Registered No. ....FULL NAME OF CHILD Martha Abigail Erdmann

Sex of Child <u>Female</u>	<input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> or other?	and <input type="checkbox"/>	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Apr 13</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------------	--------------------------	-------------------------	--

FULL NAME FATHER Robt J ErdmannRESIDENCE Little IdaCOLOR White AGE AT LAST BIRTHDAY 37 (Years)BIRTHPLACE WisconsinOCCUPATION FarmingFULL MAIDEN NAME MOTHER Sarah P BennettRESIDENCE Little IdaCOLOR White AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE NebraskaOCCUPATION HousewifeNumber of child of this mother, including present birth 1 / Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

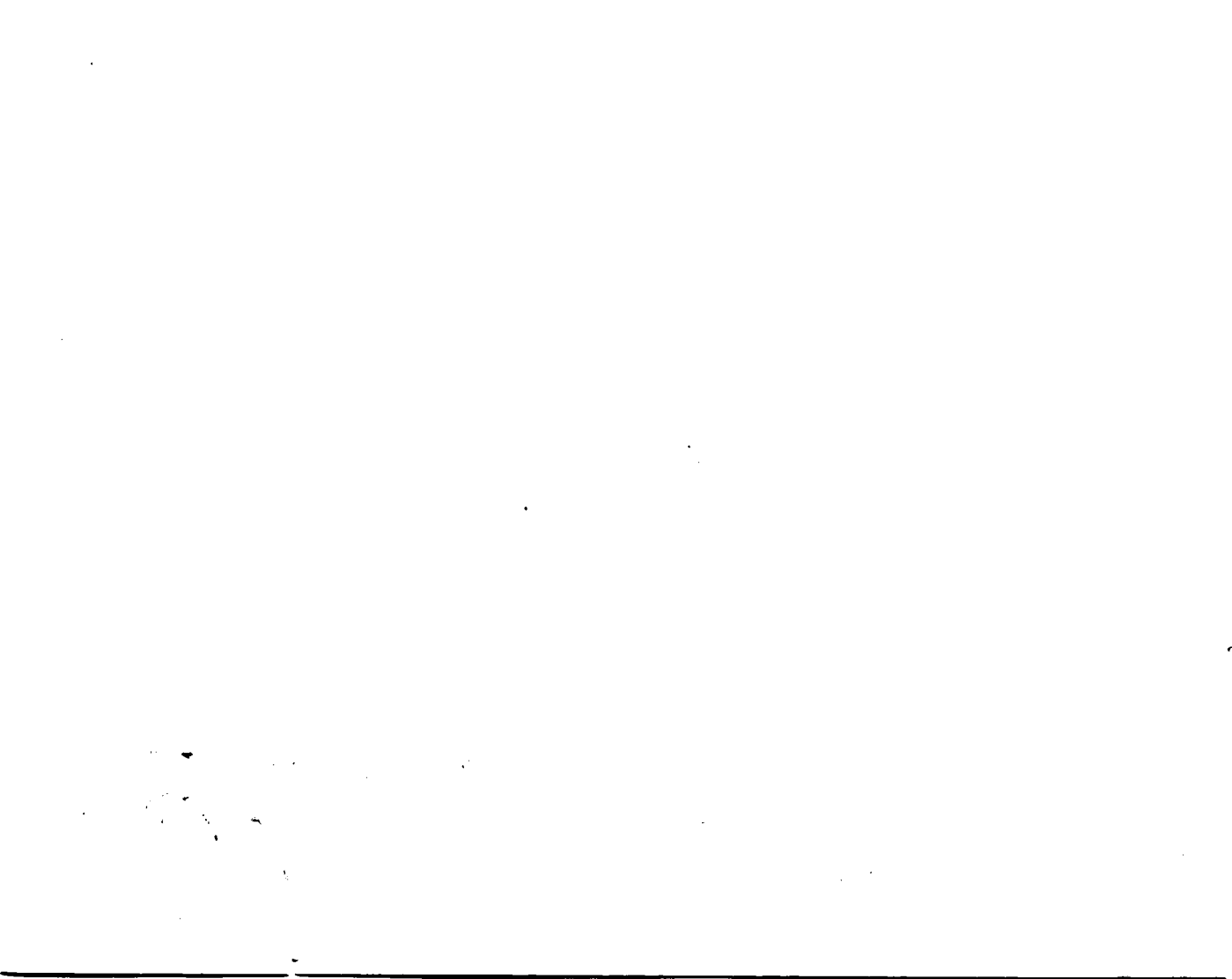
19

Address Gooding Ida  
Filed 6-15-1920 J H Cromwell  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

314-207-024-366

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. \_\_\_\_\_

File No. **78929**

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Alma Lucile Campbell

Sex of Child Female Twins Triplet or other? (To be answered only in event of plural births) and Number in order of birth 2nd Legitimate? yes Date of Birth Feb 7 1920  
(Month) (Day) (Year)

FULL NAME FATHER Clara C Campbell

FULL MAIDEN NAME MOTHER Ester Low

RESIDENCE Gooding, Idaho

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Nebr.

BIRTHPLACE Washington

OCCUPATION Farming

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8, A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Crumwell M.D.

(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

Address Gooding

Filed 5-15-1920

Registrar

Registrar



**MAY 20 1976**

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

298-117-024-682

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. ....

File No. 78930

No. .... St. ....

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Harold Bryan

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 17</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	---------------------------	--

FULL NAME Oscar B Bryant  
RESIDENCE Gooding Ida  
COLOR White AGE AT LAST BIRTHDAY 44 (Years)  
BIRTHPLACE Penn.  
OCCUPATION Farming

FULL MAIDEN NAME Belle Oyster  
RESIDENCE Gooding  
COLOR White AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Nebr.  
OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born, at 7 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Gooding

Filed 5-15-20 1920

Registrar

Registrar

K

RECEIVED 10 12 1942

SEP 14 1942

55-124-024-315

PLACE OF BIRTH

S. No. 11-C-25m-7-21-19

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

78931

County of GordungCity of GordungNo. R.F.D. St.

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD James William Evans

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthFeb 29  
(Month) (Day)1920  
(Year)FULL  
NAMEFATHER  
Clifford Giles Evans

RESIDENCE

GordungFULL  
MAIDEN  
NAMEMOTHER  
Lillian La Nore

RESIDENCE

Gordung

COLOR

WhiteAGE AT LAST  
BIRTHDAY39  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Missouri

BIRTHPLACE

Missouri

OCCUPATION

Farming

OCCUPATION

HousewifeNumber of child of this mother, including present birth, 5 Number of children of this mother now living, including present birth, 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at G.P. M.  
on the date above stated. (Born alive or stillborn)

(Signature)

J.A. Crowell, M.D.

(Physician or midwife)

Address

Gordung, Ill.Filed 5-15-1920

Registrar

Registrar

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

JAN 20 1973

JUL 10 1973

862-124-024-215

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of GoodingCity of BlissRegistration District No. \_\_\_\_\_ File No. 78933

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

HOBDEY

FULL NAME OF CHILD WALTER HUTCHINSONHobdey

Sex of Child

maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?yes

Date of Birth

Jan 241920

(Month)

(Day)

(Year)

FULL NAME

FATHER HOBDEY  
Chas B Hobdey

FULL MAIDEN NAME

MOTHER  
Ida Sanders

RESIDENCE

Bliss Ida

RESIDENCE

Bliss Ida

COLOR

White

AGE AT LAST BIRTHDAY

45  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

35  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farming

OCCUPATION

Horse raisingNumber of child of this mother, including present birth 6Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. A. Crummett  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

5-15-20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 17 1952

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 78933

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or Death)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name _____	Unnamed	Walter Hutchinson
Surname _____	Hobdy	Hobdey

Subscribed and sworn to before me this 11<sup>th</sup>  
day of March, 1943

Signed Leda Hobdey  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_  
My commission expires Jan 9 1943  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)



MAR 15 1943

MAR 22 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

993-203-024-491 Amended Child's Name 10/24/02 <sup>IME</sup>  
Form V. S. No. 11-C-25m-7-21-19  
PLACE OF BIRTH. STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
County of Gooding  
City of Gooding Registration District No. \_\_\_\_\_ File No. **78934**  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
Hospital \_\_\_\_\_

FULL NAME OF CHILD

Wilma

Richards

Sex of Child

Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of Birth

Jan 3 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
E. A. Richards

FULL MAIDEN NAME

MOTHER  
Emma Diamond

RESIDENCE

Gooding Ida

RESIDENCE

Gooding Ida

COLOR

White

AGE AT LAST BIRTHDAY

39  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

35  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Ut.

OCCUPATION

Farming

OCCUPATION

House

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10.30 P. M.  
on the date above stated. (Born alive or stillborn)

(Signature)

J. H. Cromwell

(Physician or midwife)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

Gooding

Filed 5-15- 1920

Registrar

Registrar

Dup of 1920-23494

# VITAL STATISTICS

02 OCT 23 PM 2:13

10-18-02

## IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

### AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah }  
County of Salt Lake } SS.

Certificate No. 1920-78934

Date Filed 5-15-20

The undersigned does solemnly swear that certain facts on the certificate of birth  
(Birth, Death, Marriage, etc.)

for Baby Girl Richards who was born on January 3, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Gooding (Gooding) Idaho are erroneous or were omitted:  
(Place of Event)

#### ITEMS TO BE CORRECTED

#### FROM

#### TO

Child's Full Name	Baby Girl Richards	Wilma Richards

Subscribed and sworn to before me this 22<sup>nd</sup> day of October 2002

Notary Public, Bill D. DEXHEIMER  
Residing at 8765 South State Sandy, Utah 84070  
My commission expires Jan. 11, 2003  
(Seal)

Wilma Cistler  
Signature of Applicant  
887020.5408  
Street Address, City, State  
Sandy, UT, 84070

#### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS. (Must be completed )  
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Supporting Signature

Street Address, City, State

100 pd

Marriage License for Wilma Richards and Floyd Seward Ostler dated 9/13/1938. Married in Salt Lake City, Utah. Viewed by V.S.

Medical Expenses for Fred Meyer #463 for Wilma Ostler birthdate 1/3/1920 states her name as Wilma Ostler dated 2/4/1994. Viewed by V.S.

Commencement Exercises for Cyprus High School dated May 20, 1937 in Magna, Utah states Wilma Richards. Viewed by V.S.

238-203-025-613

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty IdahoCity of GrangevilleRegistration District No. 103 File No. 78938

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2181 Registered No. 23

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Hermise Lena Scholtens

Sex of Child

FTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthApril 3 1920

(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

Herman Scholtens

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Holland

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Alice Van der Wall

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Holland

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2<sup>10</sup> 4, M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

G. S. Stockton  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Grangeville Idaho

Filed

May 1 1920 G. S. Stockton

Registrar

Registrar

OFFICE OF THE  
ATTORNEY GENERAL  
STATE OF NEW YORK

RECEIVED  
OFFICE OF THE  
ATTORNEY GENERAL  
STATE OF NEW YORK

AUG 22 1969

1867-1948  
104-025-369  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of GrangevilleRegistration District No. 103 File No. 78939

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 1001 Registered No. 22

FULL NAME OF CHILD

Kathryn Annette Ayers

Sex of Child

7Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthApril 1 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEMartin L Ayers

FATHER

FULL  
MAIDEN  
NAMEMaud V Coram

MOTHER

RESIDENCE

Grangeville

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY42  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

N. Carolina

BIRTHPLACE

Idaho

OCCUPATION

Insurance & Loan

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 1209 M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

G. S. Stockton  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Grangeville Idaho

Filed

May 1 1920G. S. Stockton

Registrar

Registrar



APR 16 1975

MAY 8 1975

519-121-025-415

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of IdahoCity of Grangeville

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 103 File No. 78940Primary Registration District No. 2181 Registered No. 24

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Cecil EarpSex of  
ChildmTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthApril 21 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

WAGE AT LAST  
BIRTHDAY40  
(Years)

BIRTHPLACE

Arkansas

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

WAGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

Washington

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

G. S. Stockton  
(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Grangeville Idaho

Filed

May 1 1920 G. S. Stockton

Registrar

Registrar

DEL 10 1941

133-229-025-613  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-8-8-17

County of IdahoCity of KooskiaRegistration District No. 106File No. 78941

No. .... St.

Primary Registration District No. 2184Registered No. 26

Hospital .....

FULL NAME OF CHILD

Pauline Atchison

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	Date of Birth <u>April 29</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>James Atchison</u>	FATHER
RESIDENCE <u>Kooskia - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)
BIRTHPLACE <u>Dubuque Iowa</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Elizabeth Wallace</u>	MOTHER
RESIDENCE <u>Kooskia - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Arkansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6.9 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature) J. M. WeberPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Kooskia - IdahoFiled May 1 1920 J. M. Weber

Registrar

Registrar

MARGIN RESERVED FOR BINDING WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Q  
W

403

402

493 - 124 - 025 - 556  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25a-8-6-17

County of Idaho

City of Winona

Registration District No. 106

File No. 78942

No. .... St.

Primary Registration District No. 2184

Registered No. 25

Hospital .....

FULL NAME OF CHILD John Edward Mitchell

Sex of Child <u>Male</u>	Twin Triplet or other? <u> }</u> (To be answered only in event of plural births)	Number in order of birth <u> }</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>April 24, 1920</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	--

FULL NAME <u>Arthur Mitchell</u>	FATHER
RESIDENCE <u>Winona - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Labourer</u>	

FULL MAIDEN NAME <u>Beatrice Snow</u>	MOTHER
RESIDENCE <u>Winona - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6 a M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Arthur Mitchell  
Doctor  
(Physician or midwife)

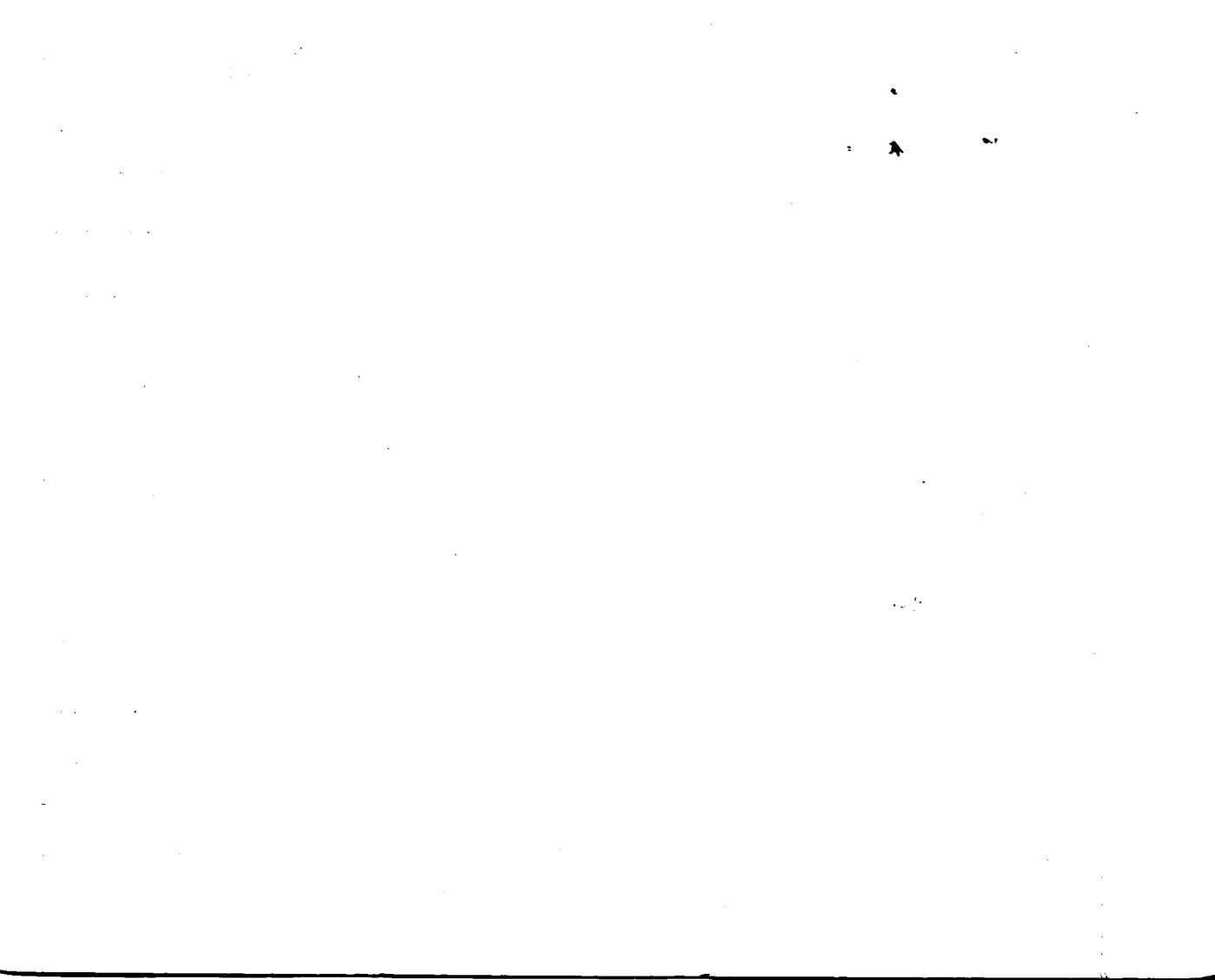
Given names added from a supplemental report.

Address Winona - Idaho

Filed May 1, 1920 J. M. Verbeke

Registrar

Registrar



219-116-025-493  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-224-8-17

County of IdahoCity of KootenaiRegistration District No. 106File No. 78943No.        St.       Primary Registration District No. 2184Registered No. 24Hospital       

FULL NAME OF CHILD

Levi Shlman BargerSex of Child MaleTwin  
Triplet  
or other?{ and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate? yesDate of Birth April 16 1920  
(Month) (Day) (Year)FULL NAME FATHER  
Russell BargerRESIDENCE  
Kootenai - IdahoCOLOR White AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE  
KansasOCCUPATION  
FarmerFULL MAIDEN NAME MOTHER  
Myrtle MillsRESIDENCE  
Kootenai - IdahoCOLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE  
WisconsinOCCUPATION  
HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. WinklerPhysician  
(Physician or midwife)

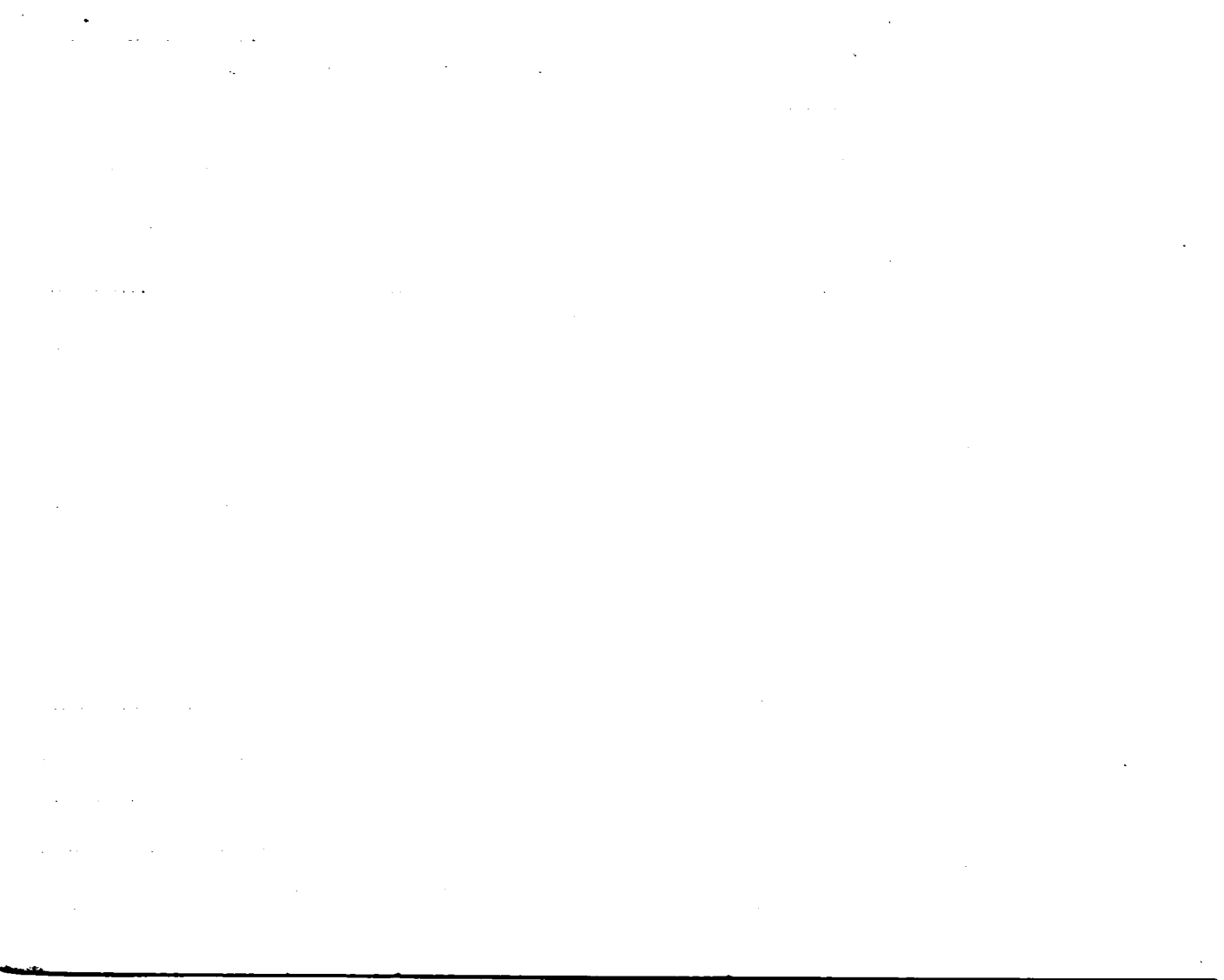
Given names added from a supplemental report.

Address Kootenai - IdahoFiled May 1 1920 J. M. Winkler

Registrar

Registrar





849-203 025-655  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-8-5-17

County of IdahoCity of KooskiaRegistration District No. 106File No. 78944

No. ....

Primary Registration District No. 2184Registered No. 23

Hospital .....

FULL NAME OF CHILD Edna Elizabeth Quast

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate?	Date of Birth <u>April 3</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Frederick E. Quast</u>	FATHER
RESIDENCE <u>Kooskia - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Banker</u>	

FULL MAIDEN NAME <u>Albena Fenn</u>	MOTHER
RESIDENCE <u>Kooskia - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2<sup>05</sup> P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Herbert Quast  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Kooskia - Idaho  
Filed May 1 1920 J. M. Herbert Quast  
Registrar Registrar

MARGIN FADING WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1964

JAN 18 1943

RECEIVED FOR RECORD  
JUL 13 1964

413-101-025-319  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-9-8-17

County of IdahoCity of KooskiaRegistration District No. 106File No. 78945No. St.Primary Registration District No. 2184Registered No. 22

Hospital

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>April 1</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Anton E. Matson</u>	FATHER
RESIDENCE <u>Kooskia - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Surden</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Anna Larson</u>	MOTHER
RESIDENCE <u>Kooskia - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Surden</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4 a.m. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Matson  
Father  
(Physician or midwife)

Given names added from a supplemental report.

Address Kooskia - IdahoFiled May 1 1920

Registrar

Registrar



County of San Diego

DATE OF BIRTH

City of Lorenzo  
No. 134-207-026-315Registration District No. 100 File No. 78947

Hospital \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 166FULL NAME OF CHILD Faye Aldridge

Sex of Child <u>Female</u>	Twin, Triplet or other? _____	and	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>April 7<sup>th</sup> 19<u>20</u></u>
(To be answered only in event of plural births)				(Month) (Day) (Year)	

FATHER  
FULL NAME Joseph William Aldridge  
RESIDENCE Lorenzo Idaho  
COLOR White AGE AT LAST BIRTHDAY 47 (Years)

MOTHER  
FULL MAIDEN NAME Kattie L. Laudon  
RESIDENCE Lorenzo Idaho  
COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Utah  
OCCUPATION Farmer

BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3<sup>15</sup> A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 5-5 1920 G. H. Hake  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO  
COUNTY OF B

County of

Registration District of

County Registration District

FULL NAME OF CHILD - Faye - 1919

Child was born on 1st day of March 1919 at the residence of her mother, Faye - 1919, in the County of B, State of Idaho.

Sex of Child

CHILD  
IS A PERSON  
OF FULL AGE  
AND BEING  
ABLE TO  
MANAGE HIS  
PROPERTY

DECEASED

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

6-2-69

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of.....  
County of..... } ss.

Certificate No. 78947  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Aldridge who was born on April 7, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Lorenzo are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

childs name

unnamed

Faye Aldridge

Subscribed and sworn to before me this 2 day of

1979

Signed

James Carter  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 208 Yale, Nampa, Idaho

My commission expires Sept. 28, 1972

(Street Address, City, State)

(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of.....  
County of..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed

(Signature of Any Credible Person)

Notary Public, residing at.....

My commission expires.....

(Seal)

(Street Address, City, State)



Family Record gives name as Faye Aldredge born April 7, 1920 at Lorenzo, Idaho.

Obviously old. -

Viewed by V.S.

JUN 2 1969

Own child's birth certificate on file with state of Idaho gives name as

Faye Aldredge. Child born May 22, 1946, Certificate # 419752.

Viewed by V.S.

355-130-627-  
 PLACE OF BIRTH  
 COUNTY OF Idaho  
 CITY OF Edin  
 REGISTRATION DISTRICT NO. 28  
 FILE NO. 78948  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

NO. \_\_\_\_\_ ST. \_\_\_\_\_  
 HOSPITAL \_\_\_\_\_  
 PRIMARY REGISTRATION DISTRICT NO. 1017  
 REGISTERED NO. \_\_\_\_\_  
 FULL NAME OF CHILD HARVEY BEGGS LEEMON

SEX OF CHILD <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>3-30-1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Clarence Leemon</u>		FULL MAIDEN NAME MOTHER <u>Elsie May Beggs</u>		
RESIDENCE <u>Edin, Idaho</u>		RESIDENCE <u>Edin, Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	
BIRTHPLACE <u>Id</u>		BIRTHPLACE <u>Id</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		
Number of child of this mother, including present birth <u>3</u>		Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive, at Edin, Idaho, on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Edin, Idaho

Filed May 27 1920 E. D. Piper M.D.

12/2/42

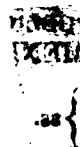
11

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

(Registrar's signature)

RECEIVED

NOV 17 1947



NOV 18 1947

433-111-027-415  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of JeromeCity of EdenRegistration District No. 23File No. 78949

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Charles Burrdette McClanahan

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Apr. 11</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Arthur L. M<sup>r</sup>. Clannahan</u>	FATHER	FULL MAIDEN NAME <u>Lulu Davis</u>	MOTHER
---	--------	------------------------------------	--------

RESIDENCE <u>Eden, Idaho</u>	RESIDENCE <u>Eden, Ida.</u>
------------------------------	-----------------------------

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
--------------------	---	--------------------	---

BIRTHPLACE <u>Nebr.</u>	BIRTHPLACE <u>Mo.</u>
-------------------------	-----------------------

OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>
--------------------------	-----------------------------

Number of child of this mother, including present birth. <u>5</u>	Number of children of this mother now living, including present birth. <u>3</u>
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. on the date above stated. (Born alive or stillborn)

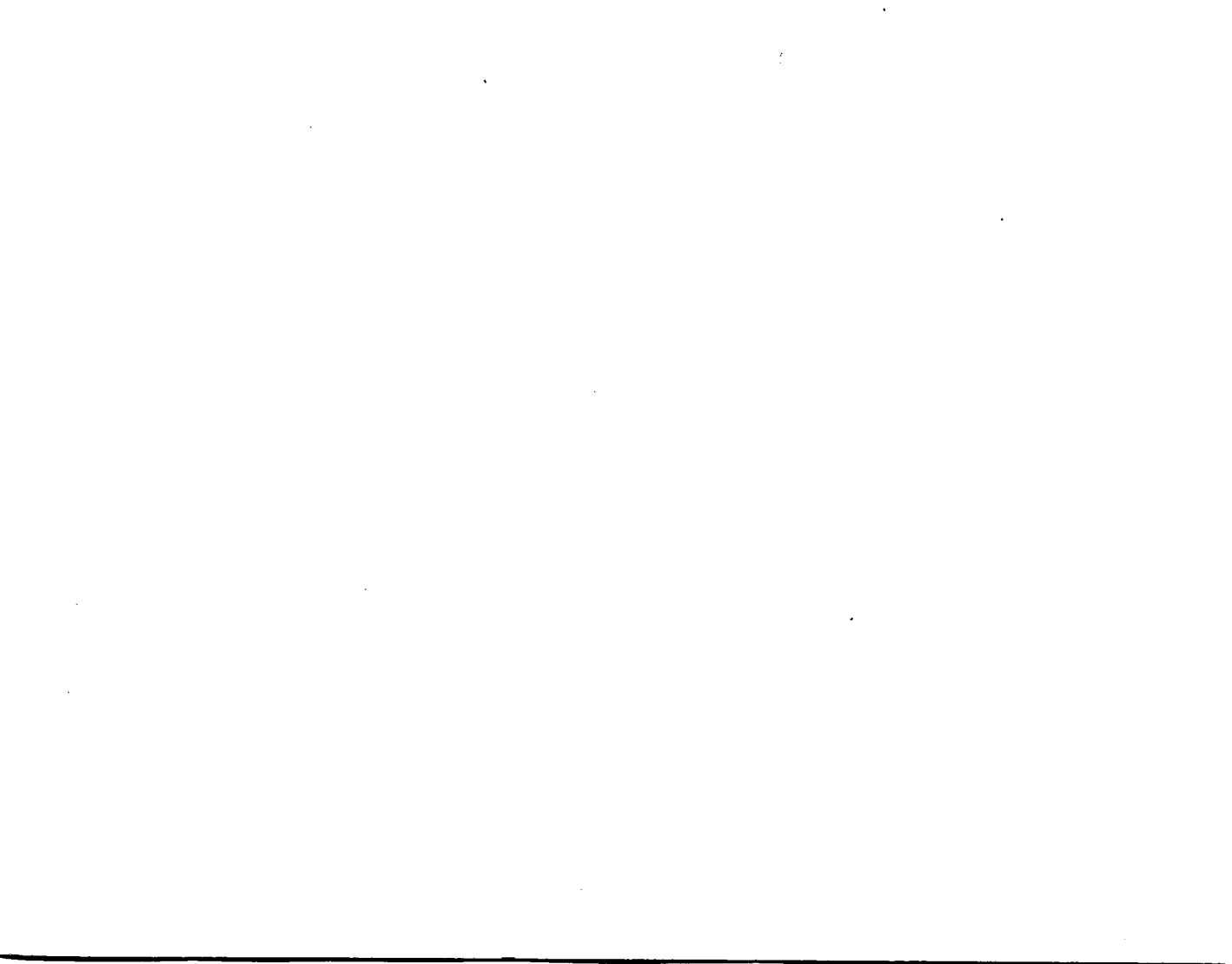
\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M. D.

Given names added from a supplemental report.

(Physician or midwife)

Address Eden, IdahoFiled May 27 1920 E. D. Piper M. D.



819-126-027-319

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of JeromeCity of EdenRegistration District No. 23File No. 78950

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1077

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

2017

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>3 26 1927</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER		MOTHER	
FULL NAME <u>George C. Hartley</u>	FULL MAIDEN NAME <u>Nettie Large</u>	FULL NAME <u>George C. Hartley</u>	FULL MAIDEN NAME <u>Nettie Large</u>
RESIDENCE <u>Eden, Ida.</u>	RESIDENCE <u>Eden, Idaho.</u>	RESIDENCE <u>Eden, Idaho.</u>	RESIDENCE <u>Eden, Idaho.</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>Red</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Wyo</u>	BIRTHPLACE <u>Wyo</u>	BIRTHPLACE <u>Wyo</u>	BIRTHPLACE <u>Wyo</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth. 6 Number of children of this mother now living, including present birth. 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 40 M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

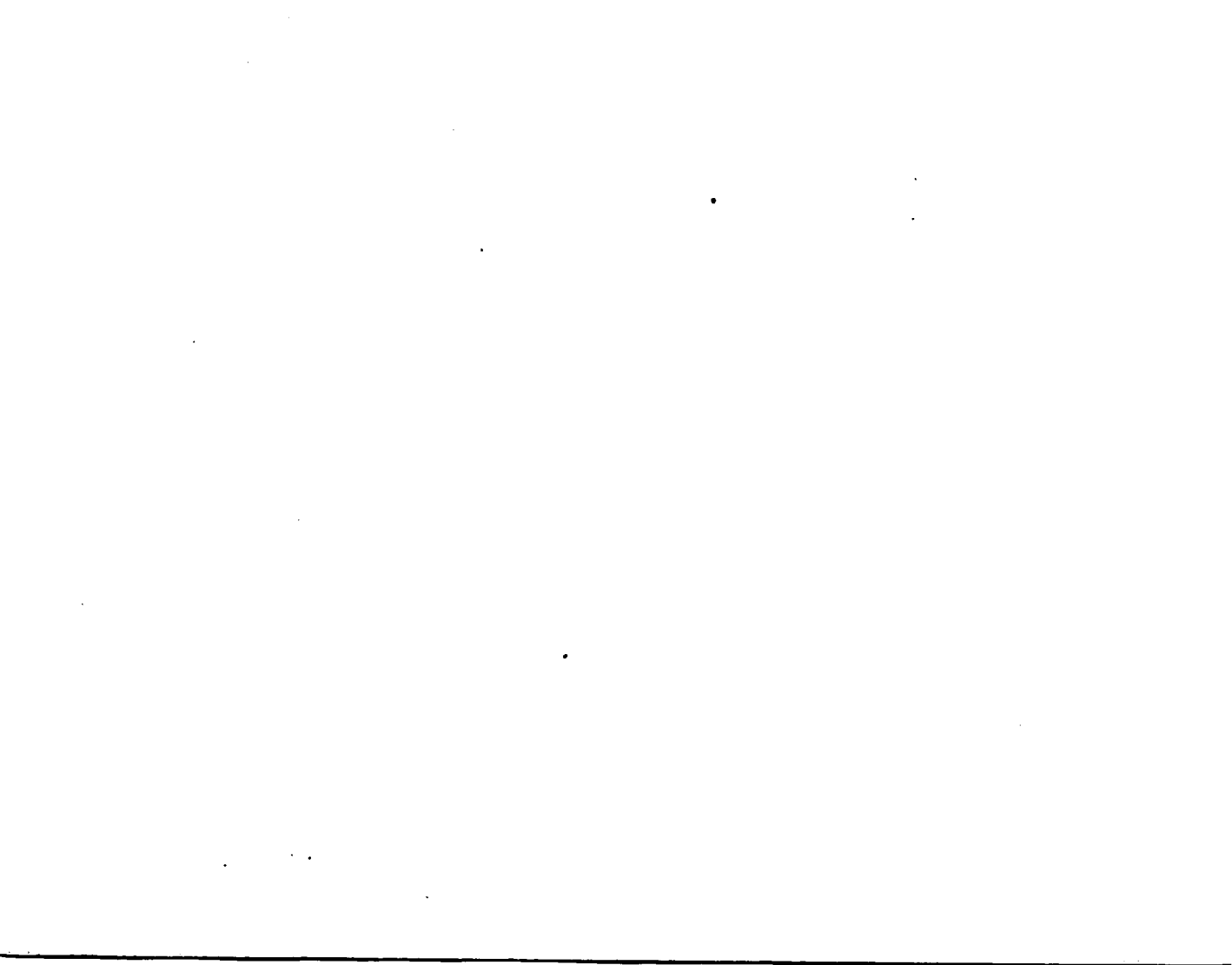
(Signature) W. R. Scroggs M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Eden, IdahoFiled May 27 1927 E. D. P. M.D.





695-122-027-366  
PLACE OF BIRTHchild's name added 2/23/87 to Form V. S. No. 11-C-25m-9-8-15  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of JeromeCity of Eden

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

## CERTIFICATE OF BIRTH

Registration District No. 23File No. 78951Primary Registration District No. 1017  
2017

Registered No. \_\_\_\_\_

Melvin Donald Freeman

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>3 22 1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Henry B. Freeman</u>			FULL MAIDEN NAME MOTHER <u>Edna Cooper</u>	
RESIDENCE <u>Eden, Idaho</u>			RESIDENCE <u>Eden, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Colo.</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive, on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggy M.D.

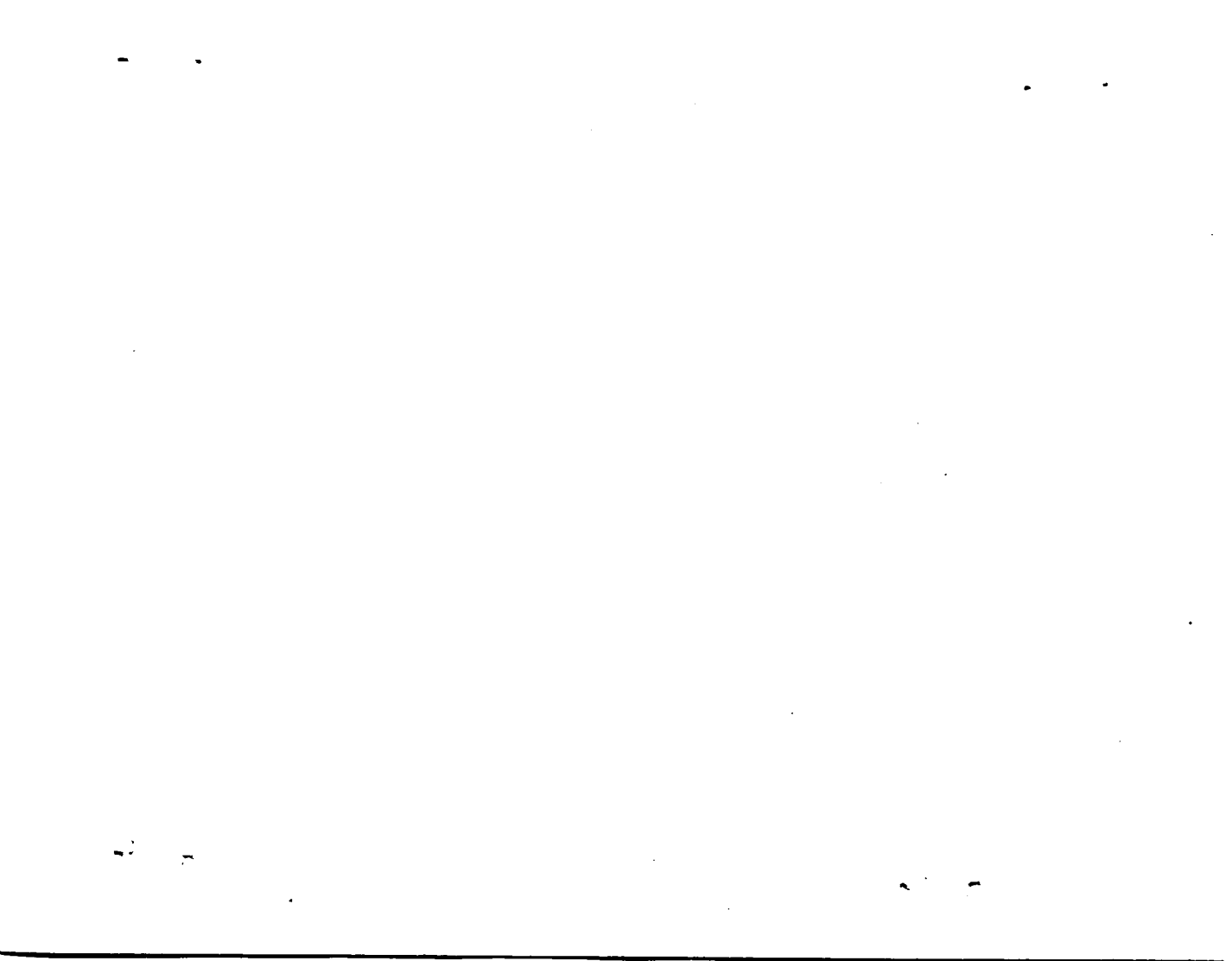
(Physician or midwife)

Given names added from a supplemental report.

Address Eden IdahoDate May 27 1920

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho }  
County of Ada } ss.

Certificate No. 78951  
Date Filed \_\_\_\_\_  
birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for Unnamed Freeman (male) who was born on March 22, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Eden, Idaho (Jerome) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

ITEMS TO BE CORRECTED	FROM	TO
<u>child's name</u>	<u>Unnamed</u>	<u>Melvin Donald Freeman</u>

Subscribed and sworn to before me this 23 day of  
February, 1987.  
Notary Public, Terrell Cleavelly  
Residing at Boise, Idaho  
My commission expires April 3, 1991  
(Seal)

Francis May Freeman  
Signature of Applicant  
916 S. HAYES - EMMETT, ID  
Street Address, City, State 83617

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_)  
(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Supporting Signature  
\_\_\_\_\_  
Street Address, City, State

- Marriage certificate from Ada County gives name as Melvin Donald Freeman and his wife's name as Harriet Clara Britton. married Feb. 21, 1948.
- viewed by tlc

FEB 23 1987

Warranty Dee #94219 in Gem County, Idaho gives name as Melvin D. Freeman. Deed made out to Mabbe, Ray E. et ux (Fay Edna) to Freeman, Melvin D. et ux (Harriet A.). dated Aug 7, 1967. viewed by tlc

236 - 217-027-853

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Jerome

City of Haletton

Registration District No. 23

File No. 78952

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Nina Pearl Stokesberry

Sex of Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legitimate? Yes

Date of Birth 3 17 20  
(Month) (Day) (Year)

FULL NAME

David Stokesberry

FATHER

FULL MAIDEN NAME

Clara Glebus

MOTHER

RESIDENCE

Haletton, Ida.

RESIDENCE

Haletton, Ida.

COLOR

White

AGE AT LAST BIRTHDAY 35  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY 34  
(Years)

BIRTHPLACE

Mo.

BIRTHPLACE

Ida.

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

born alive, at 1 9 M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. S. Crooge M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address \_\_\_\_\_

Edin Ida.

Filed

May 27 1920

E. D. Piper M.D.

Registrar

Registrar

DEC 29 1967

296-229-027-613  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

78953

County of Jerome

City of Eden

Registration District No. 23

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017  
2017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Gertrude Minnie

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>2</u> <u>29</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------------	--

FULL NAME <u>Gerhard Trohne</u>	FATHER
RESIDENCE <u>Eden, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Wisconsin</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Olga Walters</u>	MOTHER
RESIDENCE <u>Eden, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 39 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

Given names added from a supplemental report.

(Physician or midwife)

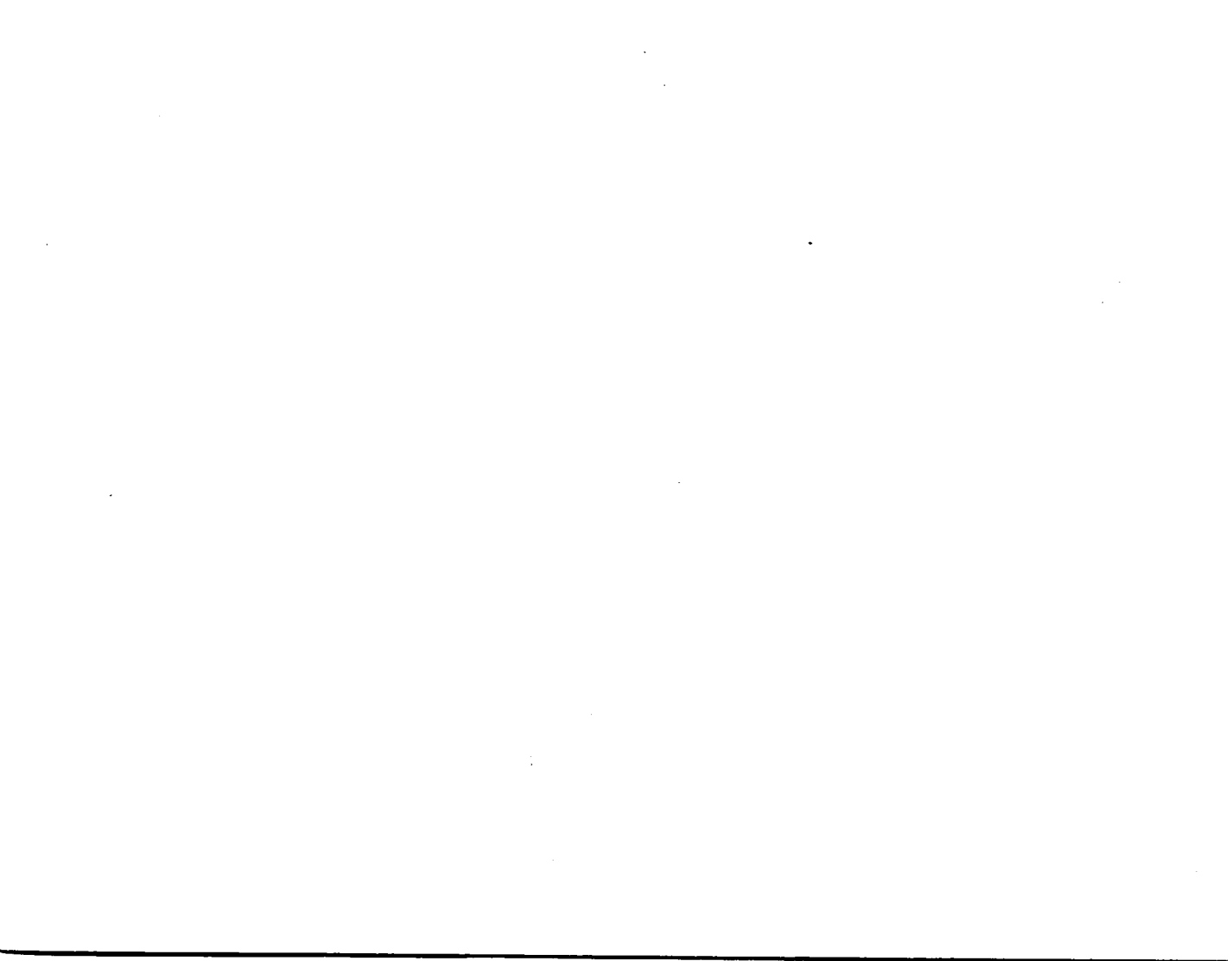
Address Eden, Ida.

Filed May 27 1920 E. D. Pifer M.D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





845-207-027-284  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of JeromeCity of EdenRegistration District No. 23File No. 78954

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017  
2017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Dora Frances Huettig

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>3</u> <u>7</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Arno Huettig</u>	FATHER
RESIDENCE <u>Eden, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Agnes S. Huettig</u>	MOTHER
RESIDENCE <u>Eden, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Id.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 230 P. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. S. Croggs M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Eden, IdahoFiled May 27 1920 E. D. Piper M. D.  
Registrar

JUL 28 1962

DECEASED

434 - 204 - 027 - 313  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of JeromeCity of EdenRegistration District No. 23File No. 78955

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017Registered No. 7

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Clara Marie McDonaldSex of Child FemaleTwin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

241920

(Month) (Day) (Year)

FULL NAME

FATHER Frank McDonald

FULL MAIDEN NAME

MOTHER

Ethel Caton

RESIDENCE

Eden, Ida

RESIDENCE

Eden, Ida.

COLOR

White

AGE AT LAST BIRTHDAY

30

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

20

(Years)

BIRTHPLACE

Mo.

BIRTHPLACE

Colo.

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive

(Born alive or stillborn)

at 49 A. M.

on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. P. Scroggs M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Eden, Idaho

Filed

May 271920E. D. Piper M.D.

Registrar

Registrar

APR 8 1944

249-127-027-817

Form V. S. No. 1-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of JeromeCity of JeromeRegistration District No. 23File No. 78956No. \_\_\_\_\_ St. 2017Primary Registration District No. 1017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

MATTHEW J. SMITH

Sex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

} and {

Number  
in order  
of birthLegitimacy? YesDate of Birth 5 27 1920

(Month)

(Day)

(Year)

FULL NAME

FATHER

William Thomas Smith

FULL MAIDEN NAME

MOTHER

Drene E. Gager

RESIDENCE

Jerome, Ida

RESIDENCE

Jerome, Ida

COLOR

white

AGE AT LAST BIRTHDAY

48

(Years)

COLOR

white

AGE AT LAST BIRTHDAY

40

(Years)

BIRTHPLACE

Missouri

BIRTHPLACE

Missouri

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 6:30 a.m.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. E. D. Piper  
E. D. Piper, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Jerome Idaho

Filed

May 27 1920E. D. Piper, M.D.

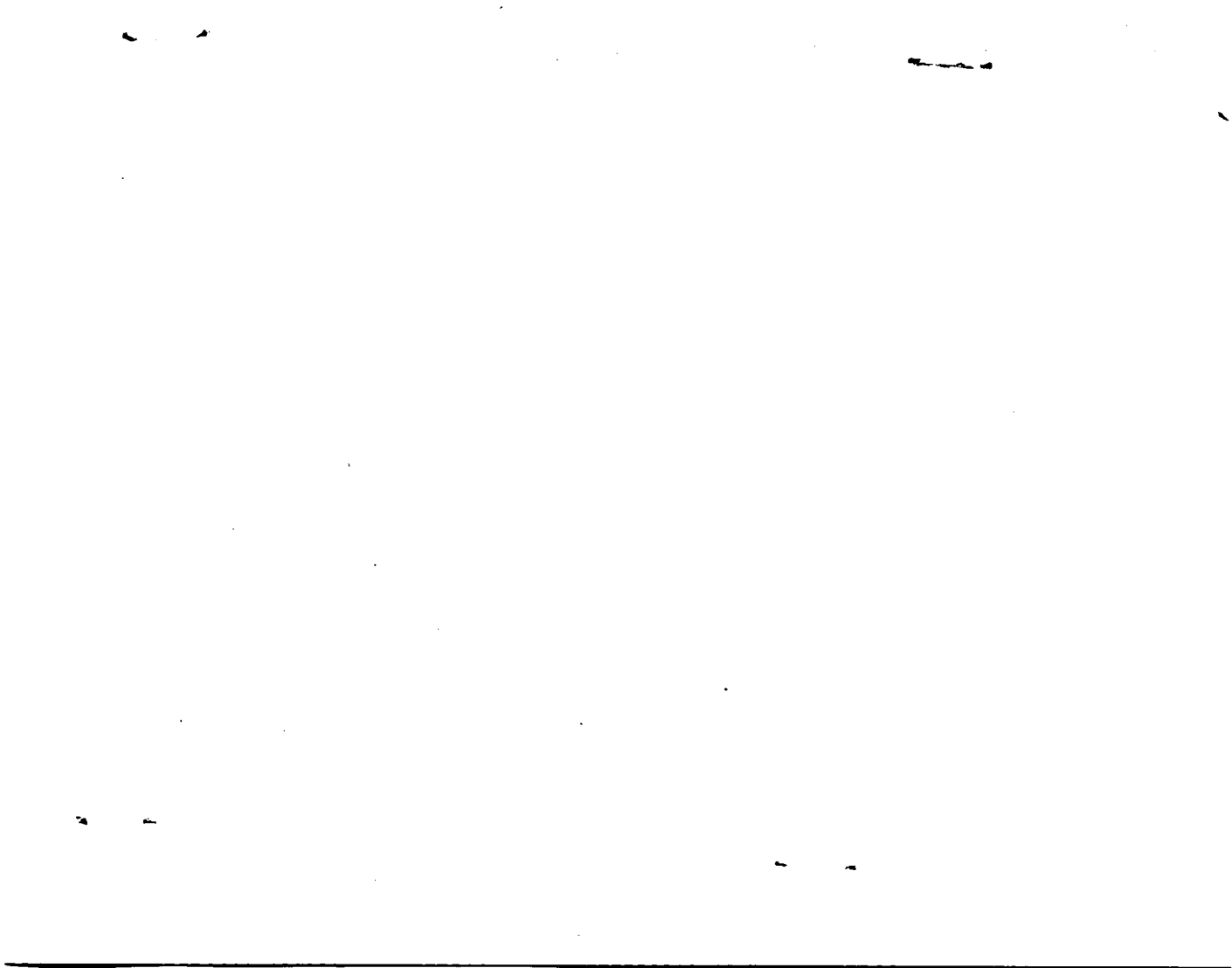
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

### AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
 County of Jerome } ss.  
 The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
 for Matthew Smith who born on May 27 1920  
 (Name on original certificate) (Was born or died) (Date of event)  
 in Jerome, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of event)  
 true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
 ("Name", "birth date", "cause of death", etc.)

FROM  
 (As on original)

TO  
 (The correct facts)

Name Matthew J. Smith  
Mother's name Inez E. Higgett  
 Subscribed and sworn to before me this 1st  
 day of November, 1941  
William E. Armstrong  
 Probate Judge & Ex-Officio Clerk

Signed Inez E. Higgett  
 (Signature of parent or attendant if correcting a birth record; of  
 attendant, funeral director, informant if correcting a death record;  
 or other credible person.)

My commission expires \_\_\_\_\_  
 [SEAL]

Jerome Idaho, P.P. 3.  
 (Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
 County of Jerome } ss.  
 [This affidavit MUST also be executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st  
 day of November, 1941  
William E. Armstrong

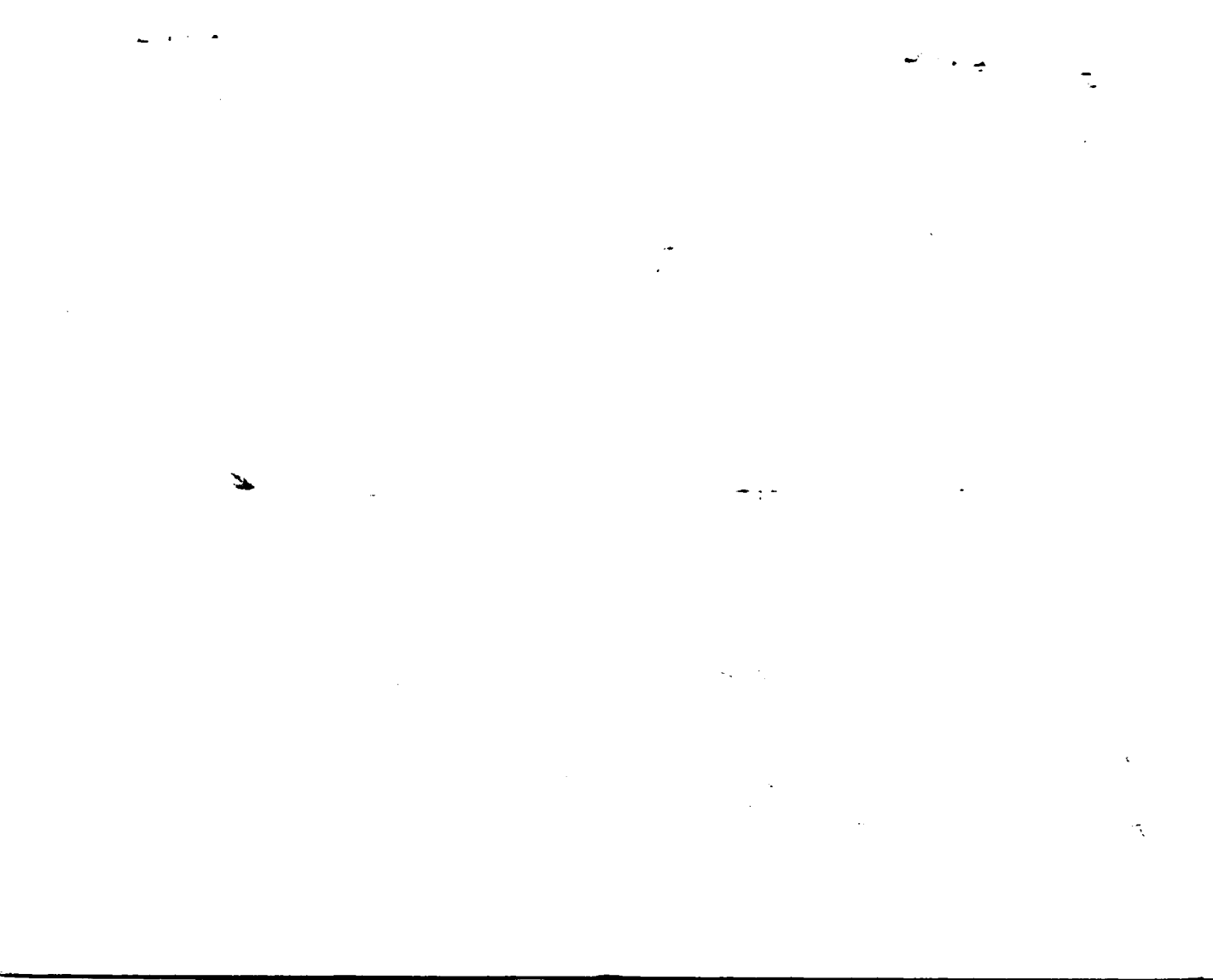
Signed Mr. Robt Smith  
 (Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_  
 Probate Judge & Ex-Officio Clerk  
 My commission expires \_\_\_\_\_  
 [SEAL]

Jerome Idaho  
 (Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (Registrar's signature)





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

954-126-027-132

PLACE OF BIRTH

County of Jerome

City of Jerome

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 33

File No. 78957

Primary Registration District No. 1017

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>March 24 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Robert Adkin Redhead

RESIDENCE Jerome

COLOR white AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Maud Atkin

RESIDENCE Jerome

COLOR white AGE AT LAST BIRTHDAY 38  
(Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

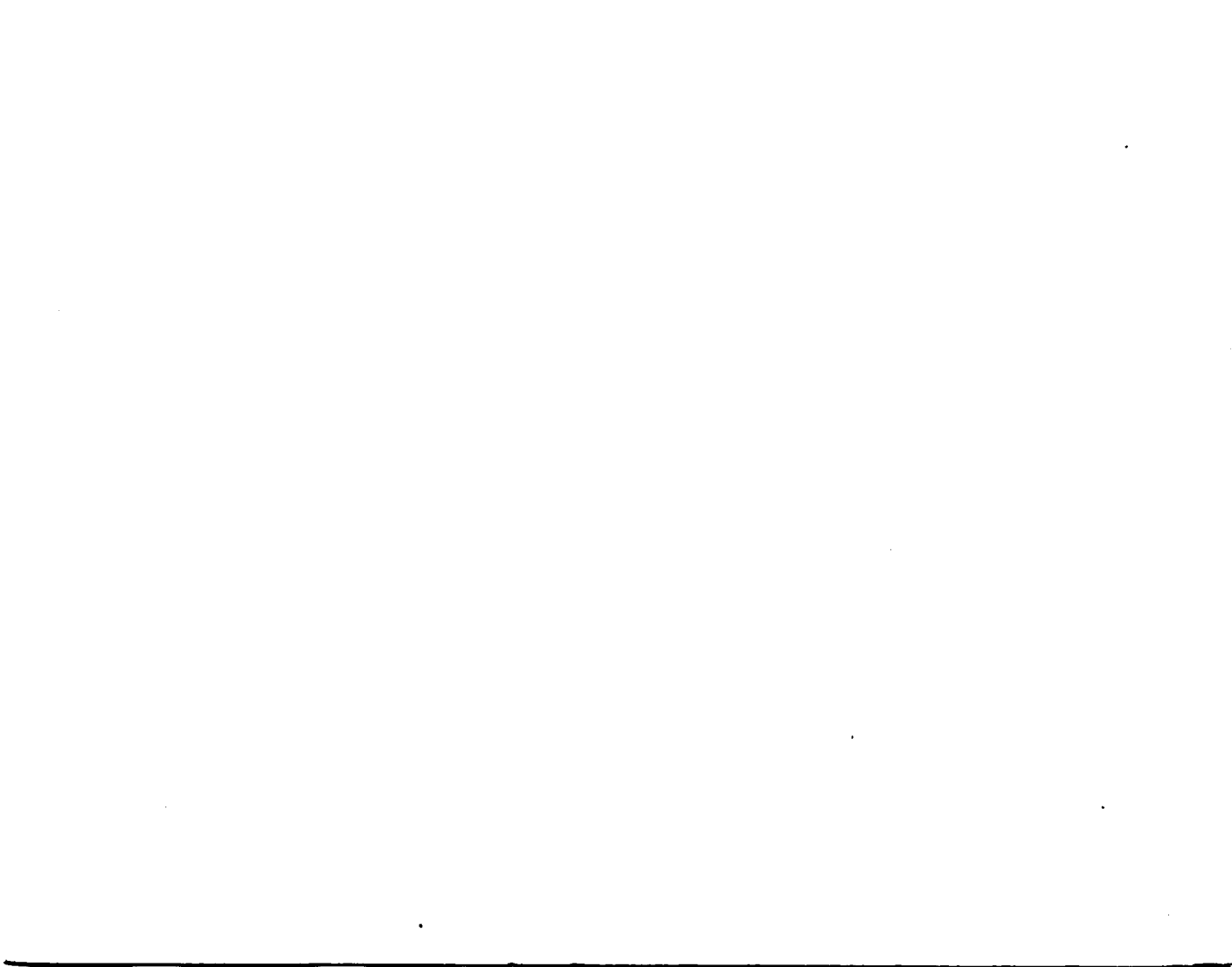
I hereby certify that I attended the birth of this child, who was Born alive, at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. D. Piper  
E. D. Piper M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Jerome, Idaho  
Filed May 27 1920 E. D. Piper M.D.  
Registrar



5445-221-027-445

PLACE OF BIRTH

Amended 4-11-75

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

County of JeromeCity of JeromeRegistration District No. 23File No. 78958No. \_\_\_\_\_ St. 2014Primary Registration District No. 1071

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mae Lucille Eddlemon

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>5 31 1920</u> (Month) (Day) (Year)
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FULL NAME FATHER Samuel C. EddlemonFULL MAIDEN NAME MOTHER Lora Mae DunkinRESIDENCE Jerome Ida.RESIDENCE Jerome IdahoCOLOR White AGE AT LAST BIRTHDAY 45  
(Years)COLOR White AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE MissouriBIRTHPLACE IllinoisOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, st. \_\_\_\_\_ M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. D. Piper  
E. D. Piper M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Jerome Idaho  
Filed May 27 1920 E. D. Piper M.D.  
Registrar

10-11-12

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... Certificate No. 78958  
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... Birth  
for ..... Unnamed ..... who was born ..... (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on May 21, 1920 (Date of Event)  
in Jerome, Idaho ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name of child	Unnamed	Mae Lucille Eddleman
Name of father	Samuel E. Eddleman	Samuel E. Eddleman
Name of mother	Laura Mae Eddleman	Laura Mae Eddleman

Subscribed and sworn to before me this ..... day of .....  
....., 19.....

Signed *Laura Mae Eddleman*  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

.....  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

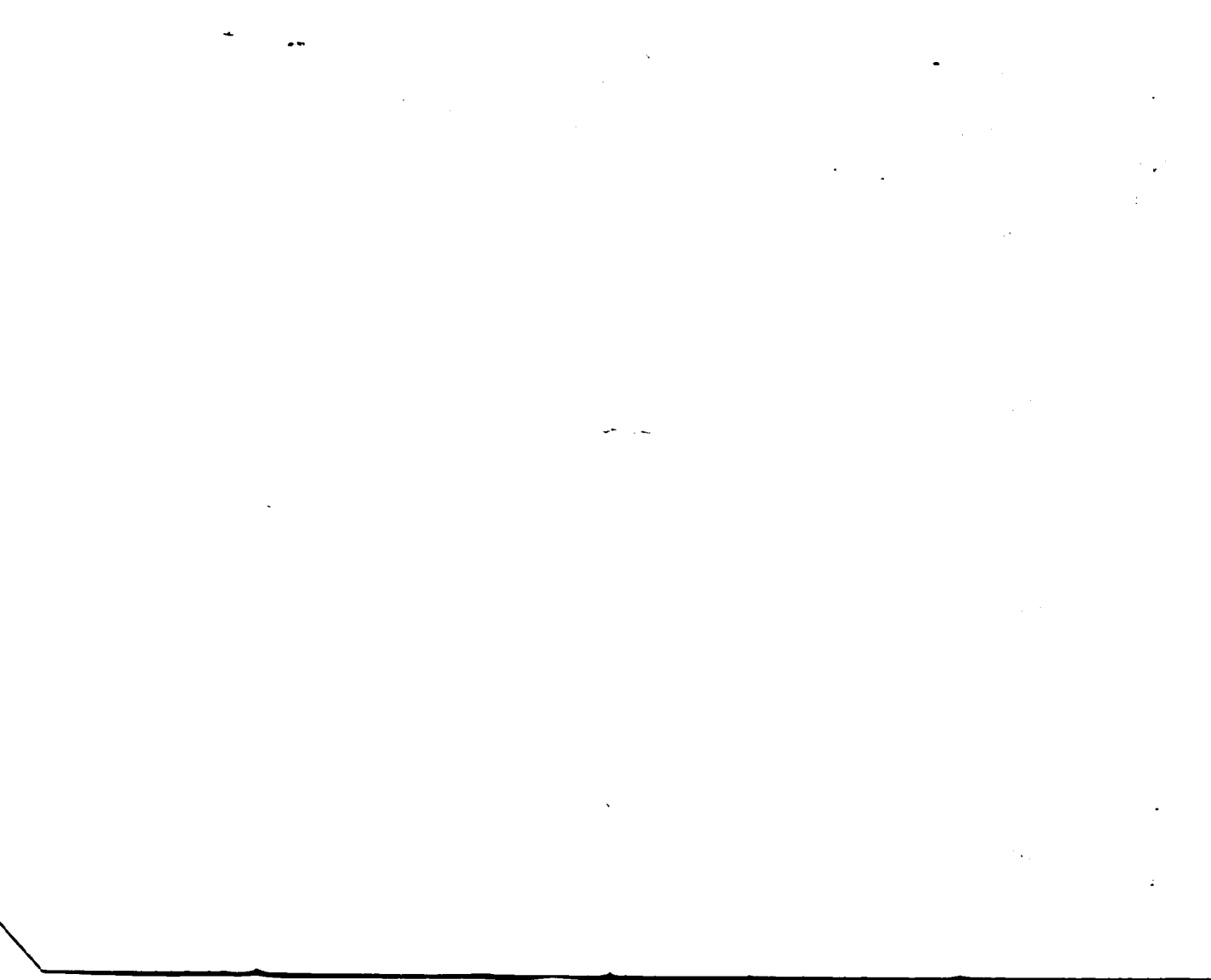
[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this ..... day of .....  
....., 19.....

Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

.....  
(Street Address, City, State)



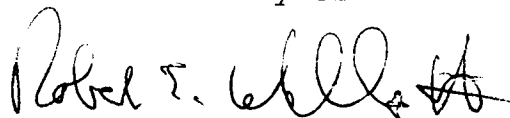
STATE OF IDAHO,     )  
                              : ss.  
County of Jerome,    )

LYDIA COLTER, Being first duly sworn on oath, deposes  
and says:

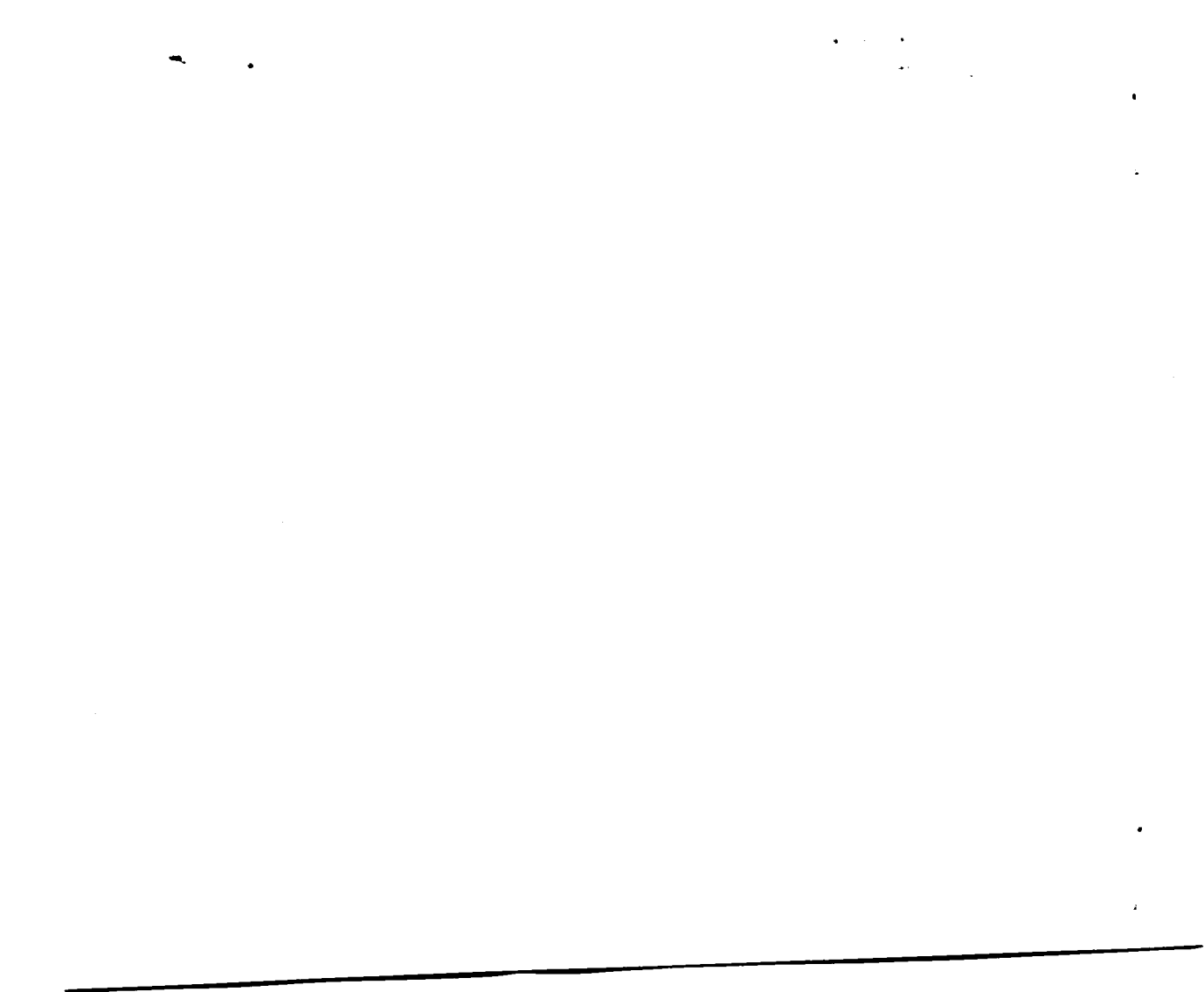
That I am familiar with the signature of Flora Mae Eddlemon,  
and the signature appearing on the attached Affidavit To Correct  
Or Amend An Original Certificate Of Birth Or Death attached  
hereto is the genuine signature of Flora Mae Eddlemon.

  
LYDIA COLTER

SUBSCRIBED and SWORN to before me this 18th day of  
February, 1975.

  
ROBERT E. WILLIAMS, III.  
Notary Public for Idaho  
Residing at Jerome, Idaho  
Comm. Expires 10-24-78





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. **MAR 23 9 53 AM '75**  
Certificate No. **78958**  
Date Filed \_\_\_\_\_  
The undersigned does solemnly swear that certain facts on the certificate of **birth**  
for **Unnamed Edlleman (female) Edlleman** who was born **May 21, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Jerome, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name," "Birth Date," "Cause of Death," Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
child's name	omitted	Mae Lucille Edllemon
father's last name	Edlleman	Edllemon
mother's maiden name	Flora Dunkin	Flora Mae Dunkin
Subscribed and sworn to before me this _____ day of _____, 19 _____	Signed <b>Dunkin</b>	

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Idaho** }  
County of **JEROME** } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **21<sup>st</sup>** day of **MARCH**, 19 **75**

Signed **Mae Lucille Edllemon**  
(Signature of Any Credible Person)

Notary Public, residing at **JEROME, Idaho**  
My commission expires **10/24/78**  
(Seal)

**311 5th Ave East**  
**Jerome, Idaho 83338**  
(Street Address, City, State)

Own child's birth certificate on file with state of Idaho gives name as  
Mae Lucille Eddlemon born May 21, 1920 Age 44 years as of November 6, 1964.  
Father's name is Samuel E. Eddlemon and mother is Flora M. Dunkin. Mother  
born in Moultrice, Illinois and Father was born in Eldorado Springs, Missouri.  
Viewed by V.S.

APR 14 1975

Photocopy of High School Record gives name as Mae Lucille Eddlemon born May 21, 1920  
to Samuel E. Eddlemon and Flora M. Dunkin. Jerome School Dist. # 261 issued  
Feb. 5, 1975. Original record dated Sept. 9, 1935.  
Viewed by V.S.

212-214-027-691

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of JeromeCity of Jerome

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. YesFile No. 78959

Hospital \_\_\_\_\_

Primary Registration District No. 2017  
1017

Registered No. \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>5</u> <u>14</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	------------------------	--

FULL NAME <u>George J. Sabin</u>	FATHER
RESIDENCE <u>Jerome, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Josephine Orange</u>	MOTHER
RESIDENCE <u>Jerome Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. D. Piper  
E. D. Piper M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Jerome IdahoFiled May 27 1920

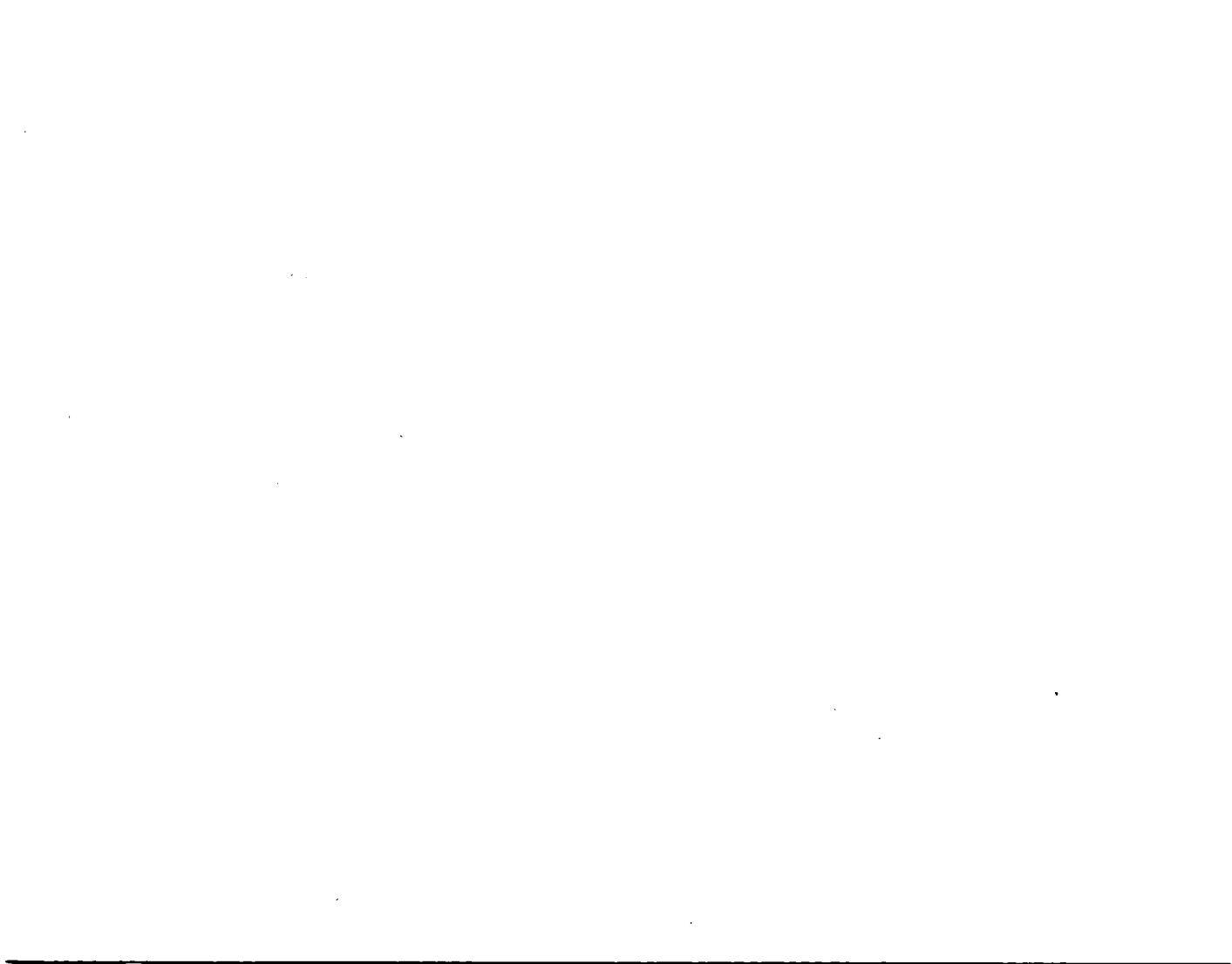
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



817-220-027-294

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of JeromeCity of EdinRegistration District No. 28File No. 78960No. \_\_\_\_\_ St. 1017Primary Registration District No. 2017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Esther Lena HagemannSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and {

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate? YesDate of  
Birth4 20 1920  
(Month)<sup>v</sup> (Day) (Year)FULL  
NAMEOtto Hagemann

RESIDENCE

Edin, Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMartha Bruce

RESIDENCE

Edin, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 40 M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. P. Scroggs M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Edin, Idaho

Filed

May 26 1920E. D. Piper

Registrar

Registrar

OCT 7 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Jerome } ss. Certificate No. 78960  
Date Filed Oct 15 9 51 AM '74

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Hagerman (female) who was born on Apr. 20, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Eden, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by prepared on are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name Unnamed Esther Lena Hagemann  
father's last name Hagerman Hagemann (Hagemann)

Subscribed and sworn to before me this 11th day of  
October, 1974  
Notary Public, residing at Hazelton, Idaho 83335  
My commission expires 8-1-78  
(Seal)

Signed R. F. D. Eden, Idaho 83325  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Jerome } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of  
October, 1974

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)



Confirmation certif. from Trinity Ev. Luth. Church at Eden, Idaho gives name as  
Esther Lena Hagemann born April 20, 1920. ~~xx~~ Confirmed May 9, 1937. viewed by VS.  
OCT 24 1974

Certificate of Baptism ~~xxxx~~ gives name as Esther Lena Hagemann born April 20, 1920  
at Eden, Idaho. father's name given as Herrn Otto Hageman and mother's name as  
Martha Brune. Baptized (written in Swedish or German 2 Mar 1920 in Eden, Jerome CO.  
Idaho viewed by V. S.

294-114-027-615

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of JeromeCity of HayiltonRegistration District No. 23File No. 78961No. \_\_\_\_\_ St. 1417Primary Registration District No. 2017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>4 14 1920</u> (Month) (Day) (Year)
--------------------------	---	---------	--------------------------------	----------------------------	---

FULL NAME <u>Frank Simmons</u>	FATHER
RESIDENCE <u>Hayilton, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Stella Hancock</u>	MOTHER
RESIDENCE <u>Hayilton, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

Given names added from a supplemental report.

19 \_\_\_\_\_

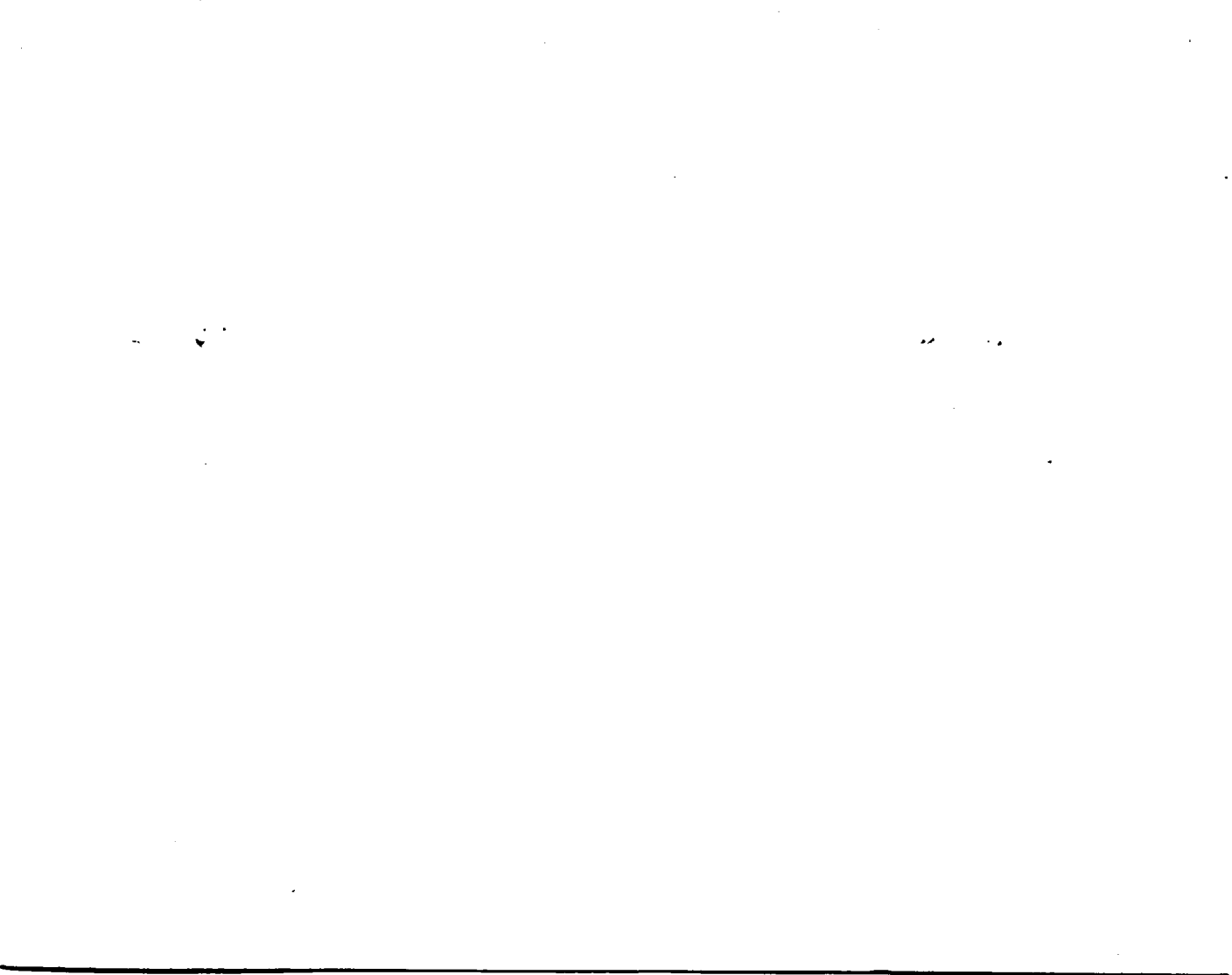
Address Idaho, Ida.Filed May 26 1920 E. D. P. P.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-108-027-386

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-10

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23

File No. 78962

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017  
2017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Harry McGee

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>5 8 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	---

FATHER  
FULL NAME Geo. W. McGee  
RESIDENCE Eden, Ida.  
COLOR White AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Tenn.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Minnie Thompson  
RESIDENCE Eden, Ida.  
COLOR White AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Ark.  
OCCUPATION Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 19 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

Given names added from a supplemental report.

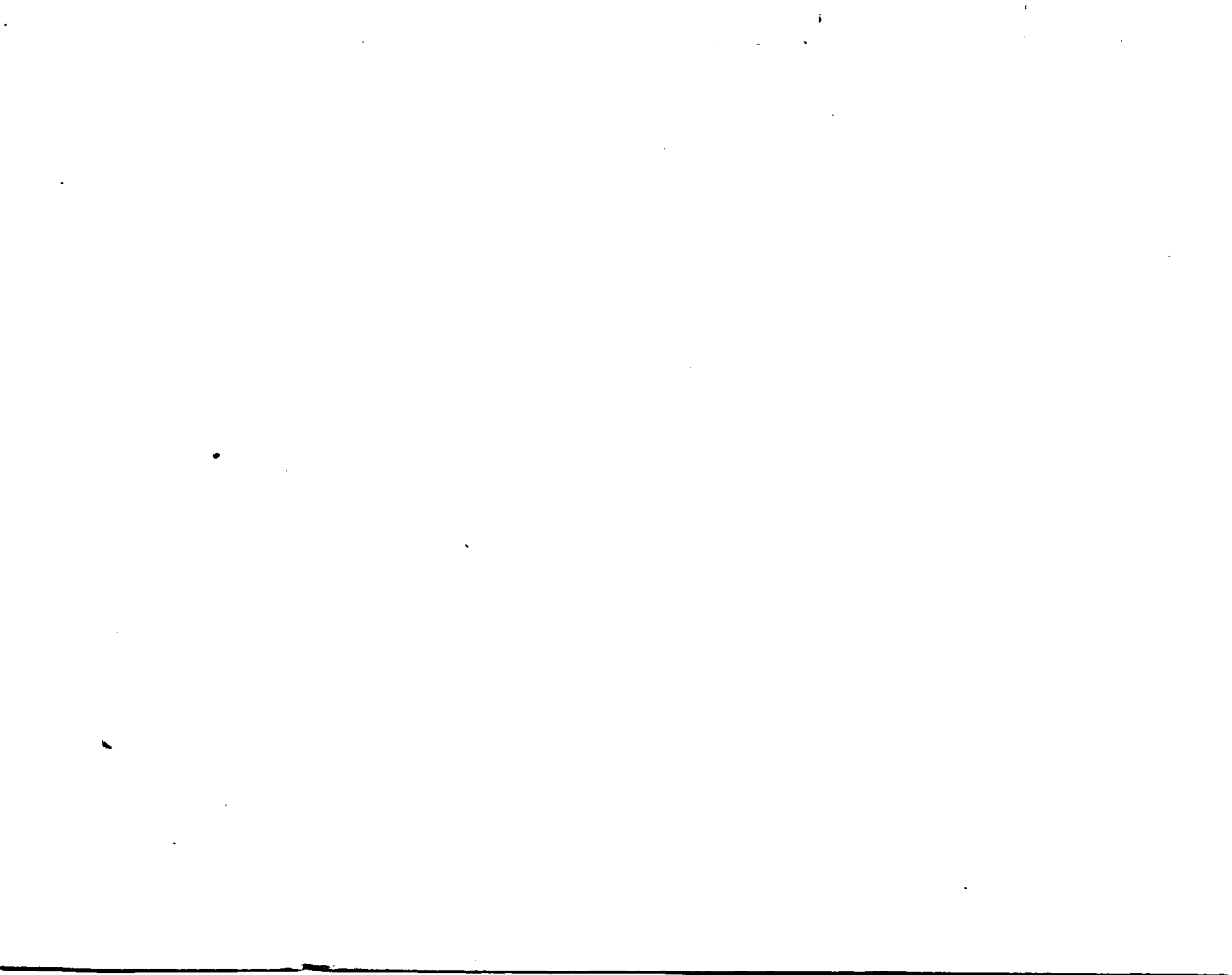
(Physician or midwife)

Address Eden, Ida.

Filed May 20 1920 E. D. Piper

Registrar

Registrar



577-120-027-

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of JeromeCity of EdenRegistration District No. 23File No. 78963No. \_\_\_\_\_ St. 1017Primary Registration District No. 2017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>May 20</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	--

FULL NAME FATHER J. M. EphraimRESIDENCE Eden, Ida.COLOR White AGE AT LAST BIRTHDAY 52 (Years)BIRTHPLACE MoOCCUPATION CarpenterFULL MAIDEN NAME MOTHER Myrtle HarwellRESIDENCE Eden, Ida.COLOR White AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE Ore.OCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

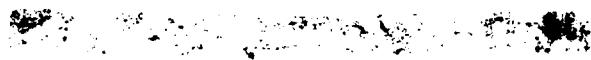
Address Eden Ida.Filed May 26 1920 E. P. P.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



100

100

219-123-027-438

Form V, S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of JeromeCity of EdnaRegistration District No. 23File No. 78964

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Scott Edward Baird

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>4 23 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-------------------------	--

FULL NAME <u>Winfield Scott Baird</u>	FATHER
RESIDENCE <u>Hazelton, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)
BIRTHPLACE <u>Huntsburg</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Myrtle Grace Atherton</u>	MOTHER
RESIDENCE <u>Hazelton, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Kans.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was female at 2 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Edna IdahoFiled May 26 1920 E. D. Piper

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 23 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Jerome }  
 County of Jerome }  
 The undersigned does solemnly swear that certain facts on the certificate of birth  
 for Unnamed Baird who was born on April 23, 1920  
Hazelton (Name on Original Certificate) (Was Born or Died) (Date of Event)  
 in Eden, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
 (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
 ("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
 (As on Original)

**TO**  
 (The Correct Facts)

Child's name

Unnamed Baird

Scott Edward Baird

Subscribed and sworn to before me this 26 day of

February

1973

Signed

Myrtle G. Baird  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Hazelton, Idaho

My commission expires July 25, 1975

Hazelton, Idaho

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss. Jerome }

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of

February

1973

Signed

Ralph Baird  
 (Signature of Any Credible Person) Brother  
P.T. 1. Baird  
 (Street Address, City, State)

Notary Public, residing at Hazelton, Idaho

My commission expires July 25, 1975

(Seal)

Insurance Policy from National Public Service Insurance Co. gives name as Scott Edward Baird, dated April 5, 1948. Born April 23, 1920 at Hazelton, Idaho. Viewed by V. S.

MAY 17 1973

School Transcript from Common School No. 9, Hazelton, Idaho gives child's name as Scott Baird. Dated 5/17/35. Viewed by V. S.

713-120-027-7

PLACE OF BIRTH

S. No. 11-C-25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of JeromeCity of EdinRegistration District No. 23File No. 78965

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ray Allison

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthMay 201920FULL  
NAMEThomas H. Patton

FATHER

FULL  
MAIDEN  
NAMEMyrtle Biles

MOTHER

RESIDENCE

Edin, Ida.

RESIDENCE

Edin, Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY 37

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY 34

(Years)

BIRTHPLACE

Ark.

BIRTHPLACE

Ark.

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. P. Scroggs M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

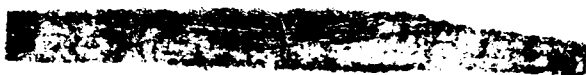
Edin, Ida.

Filed

May 26 1920E. D. P. P.

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

614 - 202 - 027 - 599

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Jerome

City of Jerome

Registration District No. 23

File No.

**78966**

No. \_\_\_\_\_ St.

Primary Registration District No. 1467-211

Registered No.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mildred Mae Wade

Sex of Child

F

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of Birth

May 2

1920

(Month)

(Day)

(Year)

FULL NAME

William H. Wade

FATHER

FULL MAIDEN NAME

Ruth Agnes Erickson

MOTHER

RESIDENCE

Jerome

RESIDENCE

Jerome

COLOR

W

AGE AT LAST BIRTHDAY

21

(Years)

COLOR

W

AGE AT LAST BIRTHDAY

23

(Years)

BIRTHPLACE

Nebraska

BIRTHPLACE

Idaho

OCCUPATION

Housewife

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

Barabare

11 a M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Chas. D. Miller

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

May 4

19 20

E. D. P. P.

Registrar

Registrar

JUN 14 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-110-027-219

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Jerome

City of Jerome

Registration District No. 23

File No.

78067

No. \_\_\_\_\_ St.

Primary Registration District No. 7-2a1

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>Apr 10</u> (Month) (Day) (Year) <u>1920</u>
------------------------	---	-----	---	-----------------------------	---

FATHER  
FULL NAME Charles A. Overfield

MOTHER  
FULL MAIDEN NAME Cordelea F. Bailey

RESIDENCE Jerome

RESIDENCE Jerome

COLOR W. AGE AT LAST BIRTHDAY 39  
(Years)

COLOR W. AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE Penn.

BIRTHPLACE Ido.

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 340 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Zeller

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed May 4 1920

E. D. P. Jr.

Registrar

Registrar



DUP OF 1920-401040

432-123-027-249

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of JeromeCity of JeromeRegistration District No. 23File No. 78968

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1-21 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Harold William Mc Bride

Sex of Child

M.Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birth

{ }

Legiti  
mate?Yes

Date of Birth

Apr. 231920

(Month) (Day) (Year)

FULL NAME

James William Mc Bride

FATHER

FULL MAIDEN NAME

Julia Marie Smith

MOTHER

RESIDENCE

Jerome

RESIDENCE

Jerome

COLOR

W.

AGE AT LAST BIRTHDAY

34

(Years)

COLOR

W.

AGE AT LAST BIRTHDAY

30

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Merchant

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 a. m.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

Dr. Charles A. Zeller  
Jerome, Idaho  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

May 4 1920 E. D. Piper

Registrar

Registrar

Verified copy issued November 6, 1970. L.W.

815-224-027-231  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Jerome

City of Jerome

Registration District No. 23

File No. 78969

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1917-2017 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>7</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Apr. 24</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	---	----------------------------	---

FULL NAME FATHER  
Ester L. Hansen

RESIDENCE Jerome, Ida

COLOR W. AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Idaho

OCCUPATION Minister

FULL MAIDEN NAME MOTHER  
Stella Stonger

RESIDENCE Jerome, Ida

COLOR W. AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Barnhime 12. P. M.  
(Born alive or stillborn)  
Dr. Chase F. Zoller  
Jerome, Ida  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

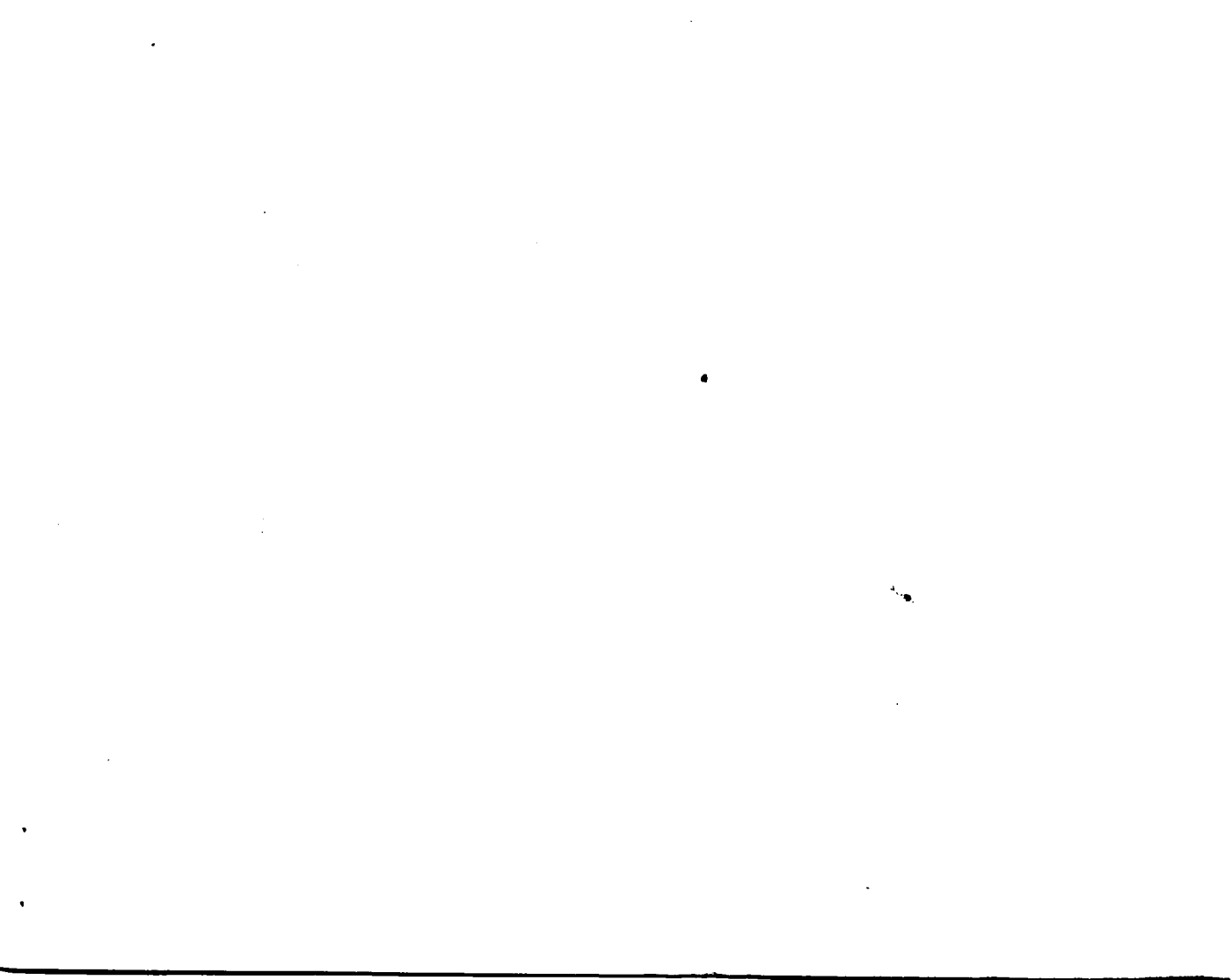
Filed May 4 1920

E.D. V. P.  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

668-212-027-597

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Jerome

City of Jerome

Registration District No. 23

File No. 78970

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017-2017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>7</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Apr 12</u> <u>20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER  
FULL NAME Wm. A. Hokenfeldt  
RESIDENCE Oregon  
COLOR w AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Oregon  
OCCUPATION Labrador

MOTHER  
FULL NAME Mary Elizabeth V. Pham  
RESIDENCE Jerome  
COLOR w AGE AT LAST BIRTHDAY 17 (Years)  
BIRTHPLACE Wisconsin  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. F. Zeller  
Jerome, Idaho  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed May 4 1920 E. D. Pomeroy  
Registrar

Registrar

ASHEN FELTER

Dup of 1920-D84-205

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

418-212-027-243

PLACE OF BIRTH

Amended 6/13/78

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23

File No.

78971

No. \_\_\_\_\_ St.

Primary Registration District No. 418-212-017

Registered No.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Doris

Mayfield

Sex of  
Child

F

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti-  
mate?

yes

Date of  
Birth

Apr 12 20  
(Month) (Day) (Year)

FULL  
NAME

FATHER  
Roy C. Mayfield

FULL  
MAIDEN  
NAME

MOTHER  
Leta Grace Buckler

RESIDENCE

Jerome

RESIDENCE

Jerome

COLOR

W.

AGE AT LAST  
BIRTHDAY

24  
(Years)

COLOR

W.

AGE AT LAST  
BIRTHDAY

23  
(Years)

BIRTHPLACE

Id.

BIRTHPLACE

Colorado

OCCUPATION

Farming

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ M.  
on the date above stated.

Bernthine, at 7 A M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Chas. F. Zeller

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

May 4 19 40

E. D. Piper

Registrar

Registrar



DECEASED

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Washington } ss. APR 6 2 16 PM '78 Certificate No. 78971  
County of Yakima Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed female Mayfield who was born on April 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Jerome, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible record, insurance policy, Mothers Affidavit  
(Bible Record, Insurance Policy, Etc.) prepared on....., are:

<b>FACTS TO BE CORRECTED</b> ("Name," "Birth Date," "Cause of Death," Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
name of child	unnamed Mayfield	Doris Murrel Mayfield
.....	.....	.....
.....	.....	.....

Subscribed and sworn to before me this 29th day of March, 1978  
[Signature]  
Notary Public, residing at [Signature]  
My commission expires 9-9-78  
(Seal)

Signed Leta Grace Buckle Mayfield  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Zillah, Wash. 98953  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... } ss.  
County of.....

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed.....  
(Signature of Any Credible Person)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

(Street Address, City, State)

Certif of Marriage from Washington gives name as Elwood Leuning and Doris Mayfield. dated Oct 22, 1938. viewed by V. S.

JUN 14 1978

Family Register in famly Bible (parents names) gives namesa Elwood Leuning and Doris Mayfield Leuning. Elwood's birthdate da Oct 20, 1917 and Doris' birthdate as R April 22, 1938. viewed by V. S.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

717-103-028-962  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of *Kootenai*

City of *Mediaville*

Registration District No. *126*

File No. *78972*

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. *2204*

Registered No. *61*

Hospital \_\_\_\_\_  
FULL NAME OF CHILD *Donald Nick Gaglia*

Sex of Child <i>male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>March 3 20</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------	---

FULL NAME *Nicola Gaglia* FATHER  
RESIDENCE *Anaconda, Montana*  
COLOR *white* AGE AT LAST BIRTHDAY *25*  
(Years)  
BIRTHPLACE *Italy*  
OCCUPATION *Smelter*

FULL MAIDEN NAME *Goddie Roberts* MOTHER  
RESIDENCE *Anaconda, Montana*  
COLOR *white* AGE AT LAST BIRTHDAY *17*  
(Years)  
BIRTHPLACE *Park City, Utah*  
OCCUPATION *Housewife*

Number of child of this mother, including present birth *two* Number of children of this mother now living, including present birth *two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive*, at *11:45 A.M.*  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *L. J. Stauffer*  
*physician*  
(Physician or midwife)

Given names added from a supplemental report.

Address *Rose Lake, Idaho*

Filed *4-1-20* *J. M. Finney*  
Registrar

DEC 16 1941

JAN 17 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

346-230-028-295

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m 7-21-19

County of *Blaine*City of *Coeur d'Alene, Idaho*Registration District No. *29*

File No.

78973

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. *1050*Registered No. *37*

Hospital \_\_\_\_\_

FULL NAME OF CHILD

*Betty Louise Ingh*

Sex of Child

*Female*Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mateDate of  
Birth*March 30**1920*

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAME*Henry R. Ingh*

FATHER

RESIDENCE

*Coeur d'Alene, Idaho*

COLOR

*White*AGE AT LAST  
BIRTHDAY*38*

(Years)

BIRTHPLACE

*Idaho*

OCCUPATION

*Hardware Merchant*FULL  
MAIDEN  
NAME*Martha Pierson*

MOTHER

RESIDENCE

*Coeur d'Alene, Idaho*

COLOR

*White*AGE AT LAST  
BIRTHDAY*42*

(Years)

BIRTHPLACE

*Idaho*

OCCUPATION

*Housewife*

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

*Ben Allen*, at *11:30 A. M.*  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

*Dr. John H. Coof*

(Physician or midwife)

Given names added from a supplemental report.

19

Address

*Coeur d'Alene, Idaho*

Filed

*May 5*

19

*1920 Gus Nelson*

Registrar

Registrar

JUN 3 1948

719 - 215-028-693

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *Kootenai*City of *Coeur d'Alene Idaho*Registration District No. *29*File No. **78974**No. *610. Wa 31* St.Primary Registration District No. *1050*Registered No. *36*

Hospital

FULL NAME OF CHILD

*Goldie May Gartner*

Sex of Child

*Female*Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?*Yes.*

Date of Birth

*March 19*19 *20*

(Month) (Day) (Year)

FULL NAME

FATHER

*Frank Gartner*

FULL MAIDEN NAME

MOTHER

*Bessie J. Wilson*

RESIDENCE

*Coeur d'Alene, Idaho.*

RESIDENCE

*Coeur d'Alene, Ida*

COLOR

*White.*

AGE AT LAST BIRTHDAY

*38*  
(Years)

COLOR

*White.*

AGE AT LAST BIRTHDAY

*20*  
(Years)

BIRTHPLACE

*Waconia*

BIRTHPLACE

*Minn.*

OCCUPATION

*Laborer.*

OCCUPATION

*Nurse*Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*Dr. J. H. Good*  
*12:30* M.  
*Lev.*

(Physician or midwife)

Given names added from a supplemental report.

19

Address

*Coeur d'Alene Ida.*

Filed

*May 5 1920**Gus Nelson*

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 5 1942

RECEIVED  
MAR 5 1942  
U.S. DEPT. OF JUSTICE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-121-028-493

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of KootenaiCity of Coeur d'AleneRegistration District No. 29File No. 78975

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1050Registered No. 35

Hospital \_\_\_\_\_

FULL NAME OF CHILD George Franklin MillionSex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and } Number  
in order  
of birthLegiti  
mate? YesDate of  
Birth April 21 1920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR WhiteAGE AT LAST  
BIRTHDAY 35

(Years)

BIRTHPLACE Pa.OCCUPATION Mail ClerkFULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR WhiteAGE AT LAST  
BIRTHDAY 24

(Years)

BIRTHPLACE WashingtonOCCUPATION HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John H. Ward

(Physician or midwife)

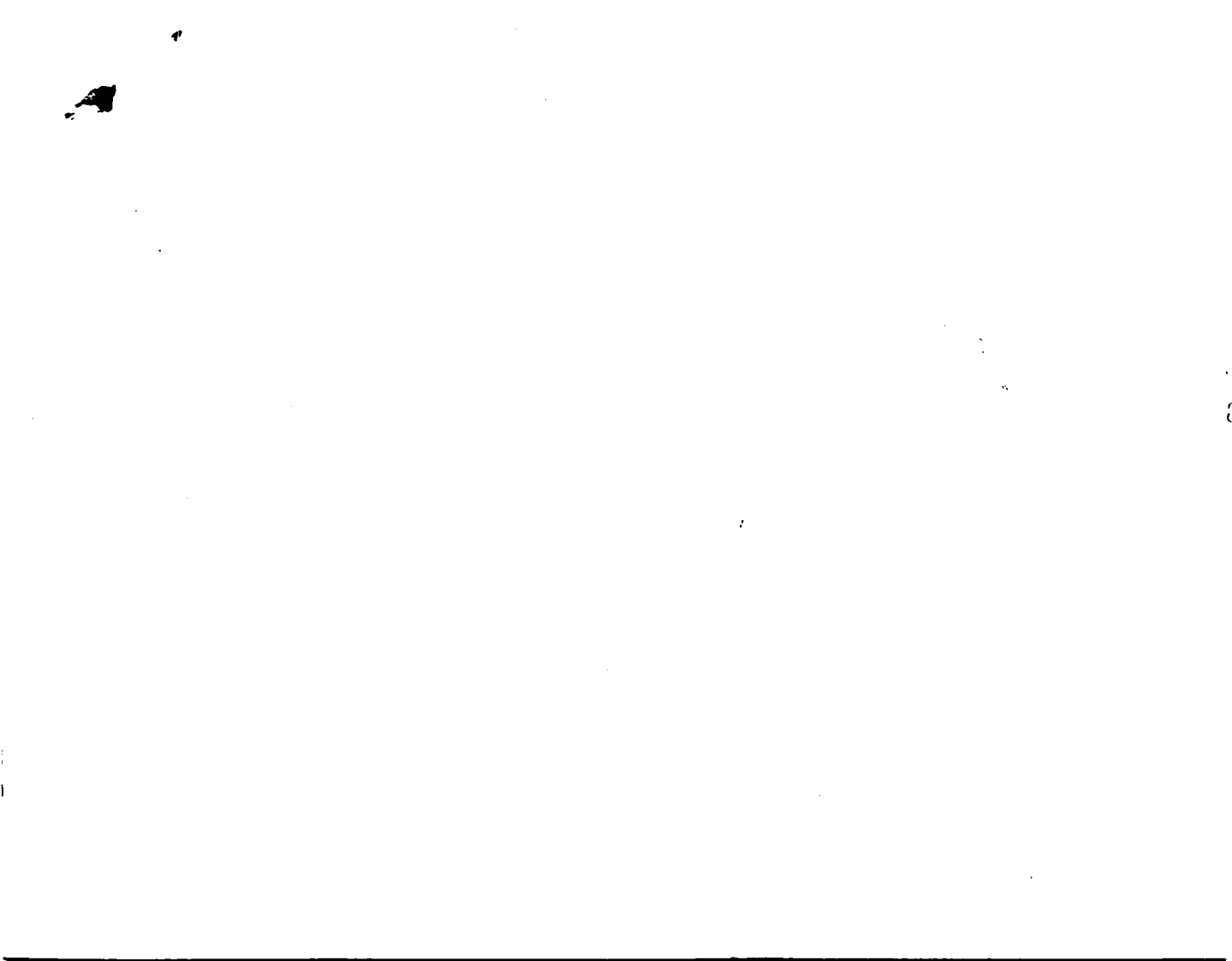
Given names added from a supplemental report.

19

Address Coeur d'Alene IdaFiled May 5 1920

Registrar

Registrar Gus Nelson



815 - 227-028 - 468

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF ~~IDAHO~~  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of KootenaiCity of Laurel, IdahoRegistration District No. 29File No. 78976

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1050Registered No. 34

Hospital \_\_\_\_\_

FULL NAME OF CHILD Margone Lee HansonSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate? Yes.Date of  
Birth Apr. 27 1920

(Month)

(Day)

(Year)

FULL  
NAME Wm. H. Hanson

FATHER

FULL  
MAIDEN  
NAME Marguerite Mohler

MOTHER

RESIDENCE Coeur d'Alene, Ida.RESIDENCE SameCOLOR WhiteAGE AT LAST  
BIRTHDAY 37  
(Years)COLOR WhiteAGE AT LAST  
BIRTHDAY 27  
(Years)BIRTHPLACE Idis.BIRTHPLACE B. C.OCCUPATION RancherOCCUPATION HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Address Coeur d'Alene, IdaFiled May 5 1920

Registrar

Registrar

MAY 10 1944

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-203-028-619

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

County of *Boone*City of *Plummer, Ida.*Registration District No. *29*File No. *78977*

No. .... St.

Primary Registration District No. *2050*Registered No. *38*

Hospital .....

FULL NAME OF CHILD *Helen Chamberlain*

Sex of Child <i>Female</i>	Twin <i>Single</i> Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <i>First</i> }	Legitimate? <i>yes</i>	Date of Birth <i>May 3d 1920</i> (Month) (Day) (Year)
----------------------------	--	---	------------------------	--

FULL NAME <i>William Chamberlain</i>	FATHER
RESIDENCE <i>Worley, Idaho.</i>	
COLOR <i>Half Breed Indian</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)
BIRTHPLACE <i>Spokane, Wash.</i>	
OCCUPATION <i>Rancher</i>	

FULL MAIDEN NAME <i>Ethel Warner</i>	MOTHER
RESIDENCE <i>Worley Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE <i>Salt Lake City Utah</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *one*. Number of children of this mother now living, including present birth *one*.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born *alive* *May 3, 1920*, at *2:15 A.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Frederick M.D.*
DOCTOR F. W. DIRIER,  
(Physician or midwife)  
PLUMMER, IDAHO

Given names added from a supplemental report.

Address .....

File *May 5 1920* *Gus Nelson*

Registrar

Registrar



291-209-028-145

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-3-17

CERTIFICATE OF BIRTH

County of *Latah*.....

City of *Coeur d'Alene*.....

Registration District No. *30*.....

File No. *78978*.....

No. .... St. ....

Primary Registration District No. *1051*.....

Registered No. *7555*.....

Hospital .....

FULL NAME OF CHILD *Josephine Camille Braden*.....

Sex of Child <i>Female</i>	Twin Triplet or other? <i>and</i> (Number in order of birth) <i>1</i>	Legitimate? <i>Yes</i>	Date of Birth <i>Apr 9</i> 19 <i>30</i> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FATHER  
FULL NAME *Hugh Wald Braden*  
RESIDENCE *410 3rd Coeur d'Alene*  
COLOR *W* AGE AT LAST BIRTHDAY *28* (Years)  
BIRTHPLACE *Wis*  
OCCUPATION *Mill Worker*

MOTHER  
FULL MAIDEN NAME *Josephine Braden*  
RESIDENCE *Coeur d'Alene Ida*  
COLOR *W* AGE AT LAST BIRTHDAY *18* (Years)  
BIRTHPLACE *Wis*  
OCCUPATION *W. W.*

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. J. Braden*.....

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address *Coeur d'Alene Ida*

..... 19.....

Filed *Apr 3* 19*30*.....

Registrar

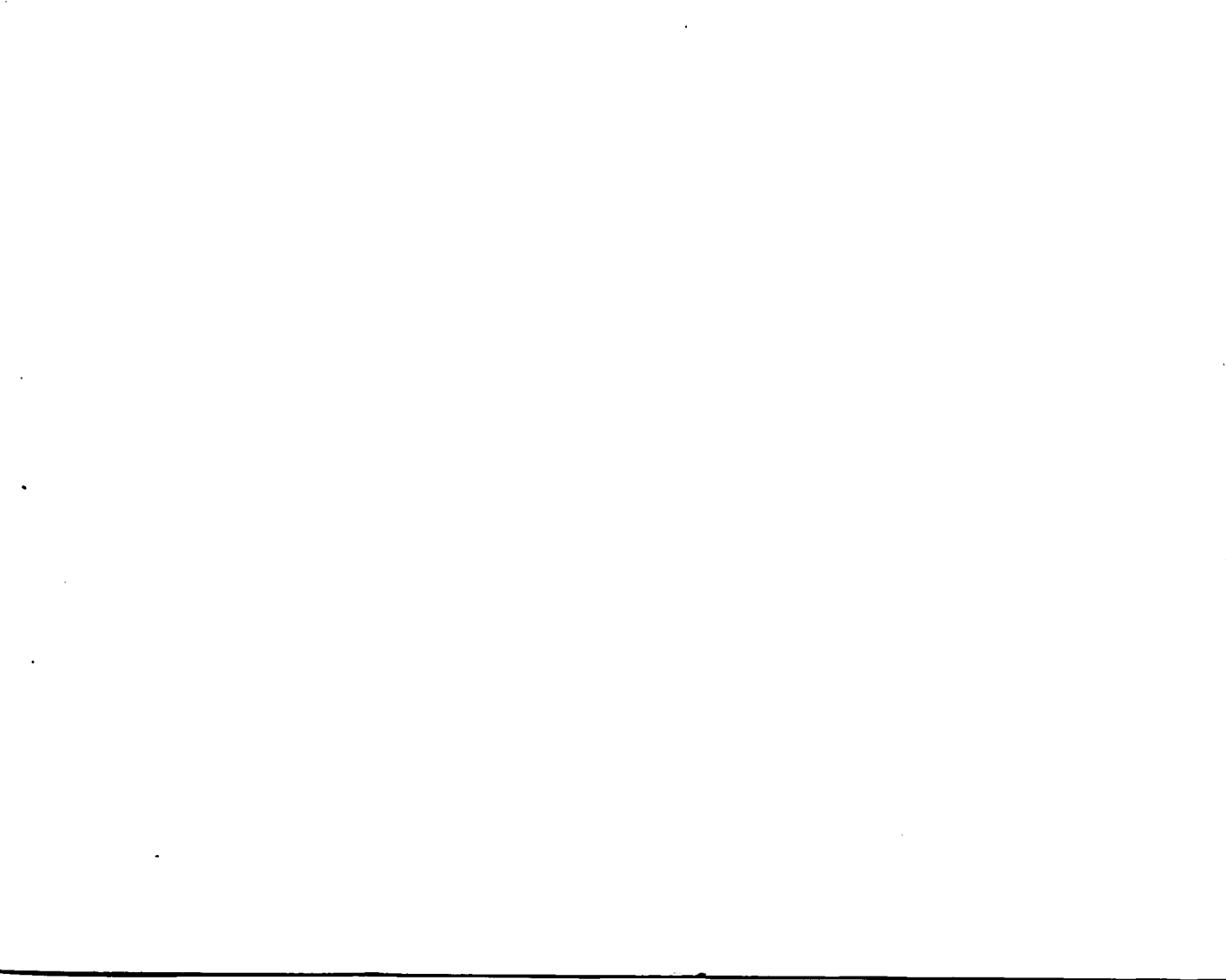
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





819-219-028-155

Form V. B. No. 11-C-21m-2-2-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of KootenaiCity of COARegistration District No. 30File No. 78979

No. ....St.

Primary Registration District No. 1050Registered No. 758

Hospital .....

FULL NAME OF CHILD Agnes May Harris

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 19</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FATHER  
FULL NAME Arthur L. Harris  
RESIDENCE Chambers Idaho  
COLOR W AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Wis  
OCCUPATION Lumber Worker

MOTHER  
FULL MAIDEN NAME Oneta Onus  
RESIDENCE .....  
COLOR W AGE AT LAST BIRTHDAY 17 (Years)  
BIRTHPLACE Ida  
OCCUPATION House

Number of child of this mother, including present birth...2... Number of children of this mother now living, including present birth...2...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was....., at.....  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address [Signature]Filed 7.3 1920 [Signature]

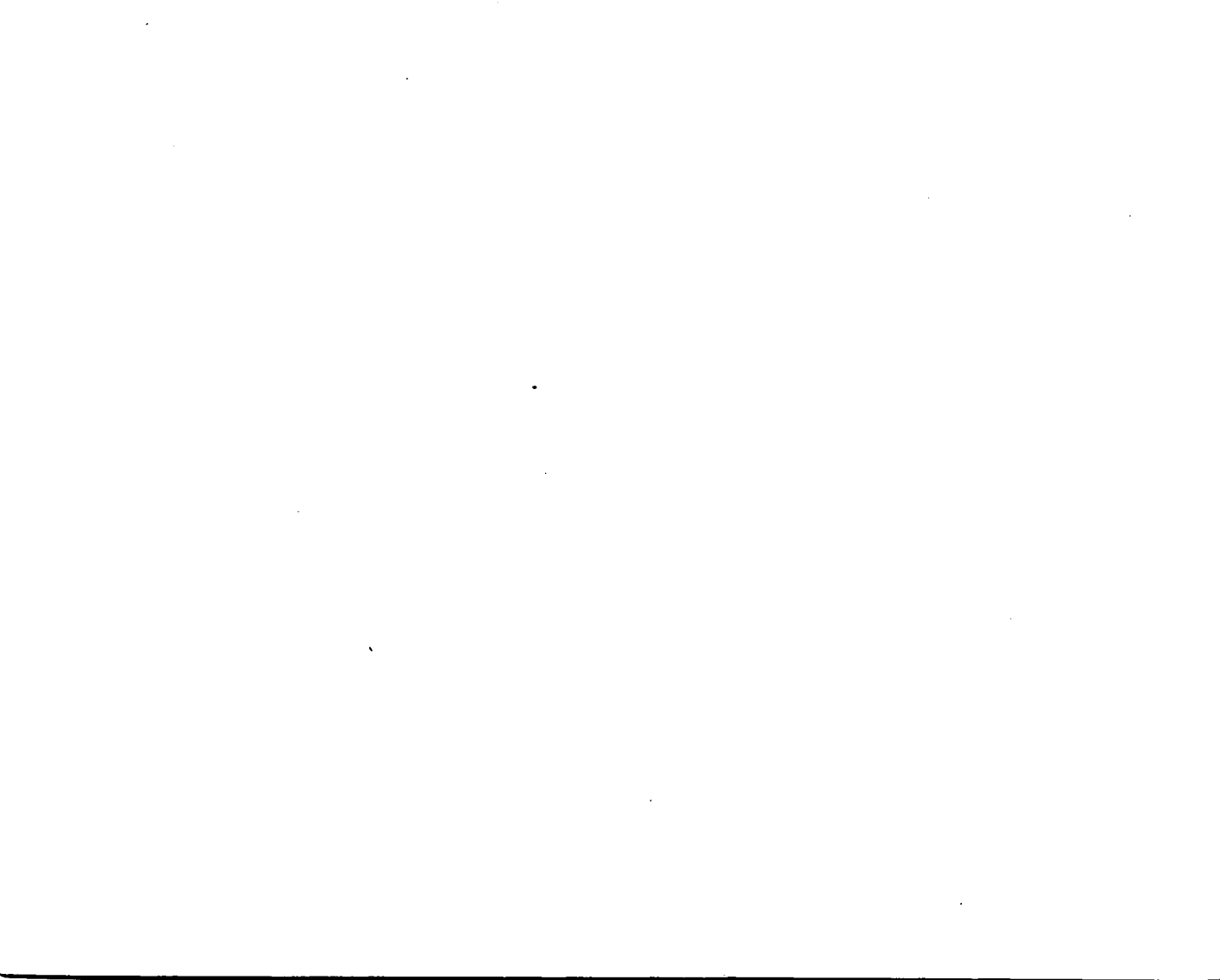
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



493-116-028-437

## PLACE OF BIRTH

County of *N. D. Dakota*City of *Corum d. Alene*

Registration District No. ....

No. .... St.

Primary Registration District No. ....

Hospital .....

FULL NAME OF CHILD *Lawrence E. Dickey, Jr.*

Sex of Child

*Male*Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?*Yes*

Date of Birth

*Apr 16 1920*  
(Month) (Day) (Year)

FULL NAME

*Lawrence Dickey*

FATHER

RESIDENCE

*C. D. A. Ida*

COLOR

*W*

AGE AT LAST BIRTHDAY

*23*

(Years)

BIRTHPLACE

*Scotland*

OCCUPATION

*Day Labor*

FULL MAIDEN NAME

*Maybelle M. Gregor*

MOTHER

RESIDENCE

*Corum d. Alene Ida*

COLOR

*W*

AGE AT LAST BIRTHDAY

*21*

(Years)

BIRTHPLACE

*N. Dakota*

OCCUPATION

*Hom*

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*A. D. Dorman M.D.*  
(Born alive or stillborn)

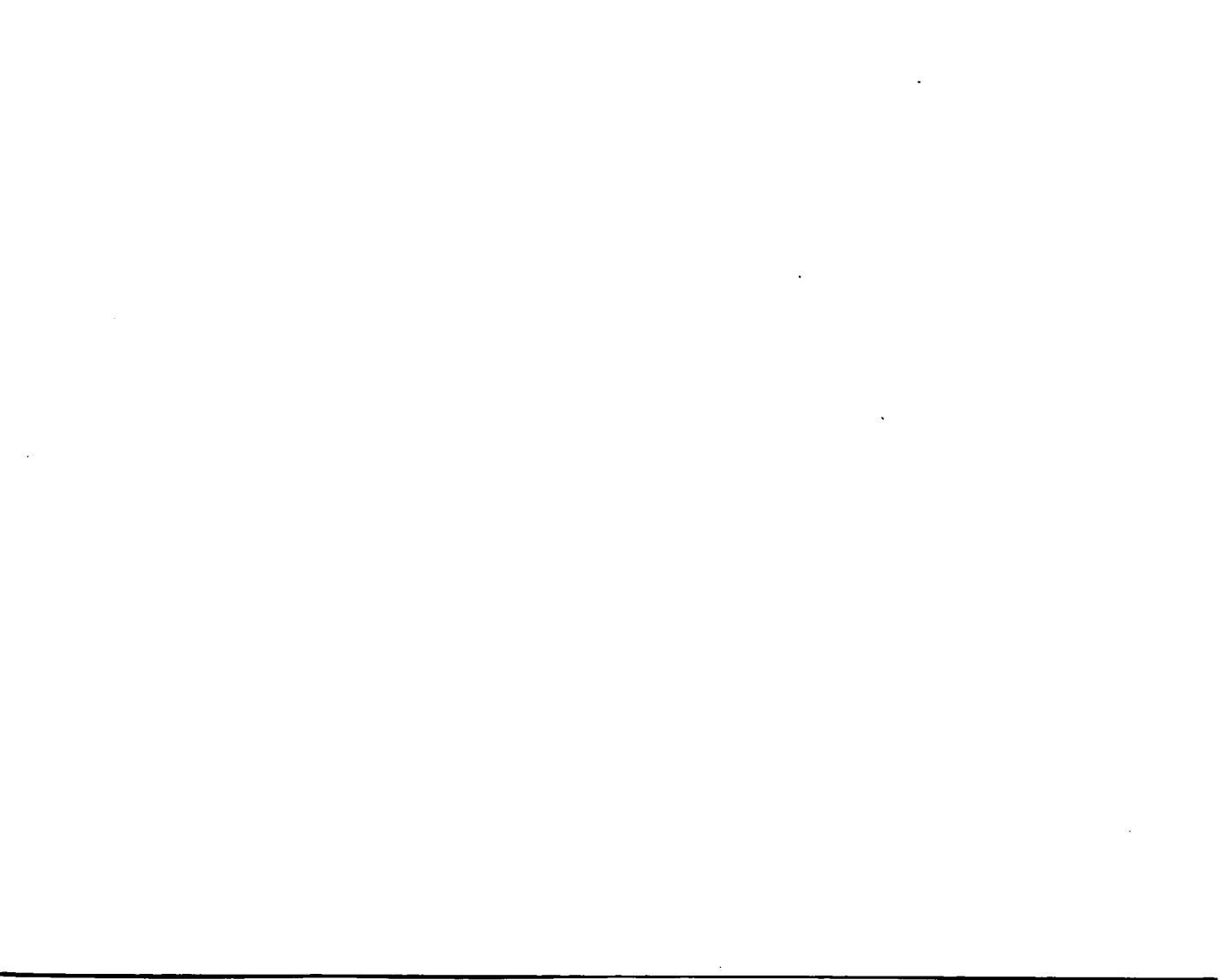
(Physician or midwife)

Given names added from a supplemental report.

Address *Corum d. Alene Ida*Filed *May 3 1920* *A. D. Dorman*

Registrar

Registrar



455-214-028-259

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-00-01

County of *N.P.D. Twp.*City of *Arthal*Registration District No. *130*File No. *78981*

No. ....St.

Primary Registration District No. *2051*Registered No. *756*

Hospital .....

FULL NAME OF CHILD *Virginia Deepais*

Sex of Child <i>F</i>	Twin Triplet or other? <i>and</i> (Number in order of birth)	Legitimate? <i>yes</i>	Date of Birth <i>Apr 16</i> 19 <i>20</i> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME <i>Oliver Deepais</i>	FATHER	FULL MAIDEN NAME <i>Alma Bergman</i>	MOTHER
RESIDENCE <i>Arthal N.P.D.</i>		RESIDENCE <i>Arthal</i>	
COLOR <i>Gr.</i>	AGE AT LAST BIRTHDAY <i>37</i> (Years)	COLOR <i>Gr.</i>	AGE AT LAST BIRTHDAY <i>32</i> (Years)
BIRTHPLACE <i>Canada</i>		BIRTHPLACE <i>Penn.</i>	
OCCUPATION <i>Farmer</i>		OCCUPATION <i>W. H.</i>	

Number of child of this mother, including present birth...*3*... Number of children of this mother now living, including present birth...*3*...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Oliver* (Born alive or stillborn) at *4:19 P.M.* on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Alma Bergman MD*

(Physician or midwife)

Given names added from a supplemental report.

Address *Coa*Filed *May 3* 19*20*

Registrar

Registrar

OCT 7 1958

363-107-028-236

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 11-0-22-1-17

County of *Kootenai*.....City of *Coeur d'Alene*.....Registration District No. .... *30* .....File No. .... *78982* .....No. .... *St.* .....Primary Registration District No. .... *1051* .....Registered No. .... *753* .....

Hospital .....

FULL NAME OF CHILD ..... *Cecil Widrow Coleman* .....

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <i>yes</i>	Date of Birth <i>April 7 1920</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FATHER		MOTHER	
FULL NAME <i>Wilson Coleman</i>	FULL MAIDEN NAME <i>Maud E. S. Lough</i>	FULL NAME <i>Wilson Coleman</i>	FULL MAIDEN NAME <i>Maud E. S. Lough</i>
RESIDENCE <i>Coeur d'Alene</i>	RESIDENCE <i>Coeur d'Alene</i>	RESIDENCE <i>Coeur d'Alene</i>	RESIDENCE <i>Coeur d'Alene</i>
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)
BIRTHPLACE <i>Mich.</i>	BIRTHPLACE <i>Kansas</i>	BIRTHPLACE <i>Kansas</i>	BIRTHPLACE <i>Kansas</i>
OCCUPATION <i>Lumberman</i>	OCCUPATION <i>Housewife</i>	OCCUPATION <i>Lumberman</i>	OCCUPATION <i>Housewife</i>

Number of child of this mother, including present birth .... *2* ..... Number of children of this mother now living, including present birth .... *2* .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... *Alive* ..... at ..... *9:30 a.m.* .....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... *D. D. Drennen* .....
*Physician*  
(Physician or midwife)

Given names added from a supplemental report.

Address ..... *Coeur d'Alene Ida* .....

Filed ..... *May 3 1920* ..... *D. D. Drennen* .....

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 28 1966

795-211-028-768

Form V. S. No. 11-25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of KootenaiCity of Boise IdahoRegistration District No. 30File No. 78983

No. \_\_\_\_\_ St.

Primary Registration District No. 1057Registered No. 757Hospital ReidmanFULL NAME OF CHILD Hilda Annia PrewineSex of  
Child ♀Type  
Trisect  
or other? 2

{ and }

Number  
in order  
of birth ✓Legiti-  
mate? yesDate of  
Birth July 11 1920

(Month)

(Year)

FULL  
NAMEJohn Prewine

FATHER

RESIDENCE

Boise Idaho

COLOR

WAGE AT LAST  
BIRTHDAY 37

(Years)

BIRTHPLACE

Austria

OCCUPATION

LabornFULL  
MAIDEN  
NAMEHelma Pohl

MOTHER

RESIDENCE

Boise Idaho

COLOR

WAGE AT LAST  
BIRTHDAY 31

(Years)

BIRTHPLACE

Austria

OCCUPATION

HousewifeNumber of child of this mother, including present birth ✓Number of children of this mother now living, including present birth ✓

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Boise Idaho  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. E. Winkington  
Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

Boise Idaho

Filed

May 3, 1920H. H. Winkington

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 31 1942

331-112-028-234

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-28m-2-17

78984

County of *Kootenai*City of *Athol*Registration District No. *30* File No. *1*No. *St.*Primary Registration District No. *1051 & 2051* Registered No. *14*

Hospital

FULL NAME OF CHILD *Raymond Noble Clark*Sex of Child *male*Twin  
Triplet  
or other?and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legitimate? *Yes*Date of Birth *April 12, 1920*  
(Month) (Day) (Year)

FULL NAME	FATHER
<i>Amos S. Clark</i>	
RESIDENCE	
<i>Athol, Ida</i>	
COLOR	AGE AT LAST BIRTHDAY
<i>white</i>	<i>38</i> (Years)

BIRTHPLACE	
<i>Minn.</i>	
OCCUPATION	
<i>farmer</i>	

FULL MAIDEN NAME	MOTHER
<i>Ruby Grace Studley</i>	
RESIDENCE	
<i>Athol, Ida</i>	
COLOR	AGE AT LAST BIRTHDAY
<i>white</i>	<i>34</i> (Years)

BIRTHPLACE	
<i>Kans.</i>	
OCCUPATION	
<i>housewife</i>	

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *8:35 a.m.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*Frank P. Overman*  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

*Athol, Ida*

Filed

*5/1/20*

Registrar

Registrar

SEP 16 1949

966 - 114-028-718

## PLACE OF BIRTH

County of... KassamanSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-2-17

78985

City of .....

Registration District No. 30

File No. ....

No. .... St.

Primary Registration District No. 1051, 2051Registered No. 15

Hospital .....

FULL NAME OF CHILD

Jack Roy RowlandSex of  
ChildmaleTwin  
Triplet  
or other?and (Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthApril 14, 1920  
(Month) (Day) (Year)FULL  
NAMERev. D. Rowland

FATHER

RESIDENCE

Belmont, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

laborerFULL  
MAIDEN  
NAMEBentah L. Paulsen

MOTHER

RESIDENCE

Belmont, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

housewifeNumber of child of this mother, including present birth... 2... Number of children of this mother now living, including present birth... 1...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... born alive... at... 23070...  
on the date above stated. (Born alive or stillborn) M.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Frank Wenz  
Physician  
(Physician or midwife)

Address

Cathlamet, Idaho

Filed

5/1... 19 20... Frank Wenz  
Registrar

Registrar

Registrar

AUG 22 1942

NOV 19 1943

263 - 26 - 028 - 791

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22m-93-17

County of... KootenaiCity of... Ratholm, IdahoRegistration District No. .... 30File No. .... 178986No. .... St.Primary Registration District No. 105132051 Registered No. .... 16

Hospital .....

FULL NAME OF CHILD

MAJORIEEllice Beckel

Sex of Child

femaleTwin  
Triplet  
or other?and } Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthApril 16, 1920  
(Month) (Day) (Year)FULL  
NAMECharles B. Beckel

FATHER

FULL  
MAIDEN  
NAMEEdith Jeanette Frazer

MOTHER

RESIDENCE

Ratholm, Idaho

RESIDENCE

Ratholm, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY2

(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY2

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

farmer

OCCUPATION

housewifeNumber of child of this mother, including present birth .... 1 .... Number of children of this mother now living, including present birth .... 1 ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at 11:10 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Francis M. ...  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address .....

Ratholm, Idaho

Filed

5/11/20Francis M. ...

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



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- STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 78986  
County of Kootenai }

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Alice who was born on April 16, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in at home near Rathdrum are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by School Record prepared on 1926, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)  
Name Alice  
Marjorie Alice Boekel  
(The Correct Facts)

Subscribed and sworn to before me this 23  
day of November, 1942. Signed Chas. B. Boekel  
Gas. A. Foster (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Notary Public, Kootenai County, Idaho CLERK OF DISTRICT COURT  
Deputy EX-OFFICIO AUDITOR & RECORDER Rt #1, Rathdrum, Ida.  
My commission expires (Seal) KOOTENAI COUNTY, IDAHO (Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss. [This Affidavit **MUST** Also be Executed.  
County of Kootenai } (See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 23  
day of November, 1942. Signed Mrs. Edith Jeannette Boekel  
Gas. A. Foster (Signature of Any Credible Person Other Than Previous Year)  
Notary Public, Kootenai County, Idaho CLERK OF DISTRICT COURT  
Deputy EX-OFFICIO AUDITOR & RECORDER Rt #1, Rathdrum, Idaho  
My commission expires (Seal) KOOTENAI COUNTY, IDAHO (Street Address, City, State)

NOV 27 1942

493-224

028-286

PLACE OF BIRTH

County of KootenaiCity of CatholNo. St.

Hospital

FULL NAME OF CHILD

Registration District No. 30Primary Registration District No. 1051-2057File No. 78987Registered No. 17

Sex of Child

femaleTwin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthApril 24 1920

(Month) (Day) (Year)

FULL  
NAMEMichael Miller

RESIDENCE

Cathol, Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY28

(Years)

BIRTHPLACE

Austria

OCCUPATION

laborerFULL  
MAIDEN  
NAMEEddie L. Brown

RESIDENCE

Cathol, Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY20

(Years)

BIRTHPLACE

Idaho

OCCUPATION

housewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 a.m.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Frank Hanz

(Physician or midwife)

Given names added from a supplemental report.

Address

Rathbun, Ida

Filed

5/1 1920

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

916 - 209 - 028 - 249

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Carters

CERTIFICATE OF BIRTH

City of Idaho Falls

Registration District No. 45

File No. 78988

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Betty Rawson

Betty Rose

Sex of Child

Female

Twin  
Triplet  
or other?

1 and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

May 9

(Month)

(Day)

(Year)

FULL  
NAME

Philander Rawson

FATHER

FULL  
MAIDEN  
NAME

Camille

MOTHER

Smith

RESIDENCE

Spirit Lake Id

RESIDENCE

Spr L

COLOR

White

AGE AT LAST  
BIRTHDAY

22  
(Years)

COLOR

Wh.

AGE AT LAST  
BIRTHDAY

24  
(Years)

BIRTHPLACE

Moscow Idaho

BIRTHPLACE

Kendrick Id

OCCUPATION

Laborer Saw mill

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_

(Born alive or stillborn)

10 25 P M

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Edith V. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

5/18 1920

Registrar

Registrar

1

2

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of WASHINGTON } ss.  
County of ASOTIN

Certificate No. 78988

Date Filed Birth

(Birth or Death)

The undersigned does solemnly swear that certain facts on the certificate of Born who Born on May 9 - 1920 (Date of Event)  
for Baby Rawson (Name on Original Certificate) (Was Born or Died)  
in SPIRIT LAKE, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by BABY BOOK prepared on 4 AUGUST MAY 9 - 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

("Name", "Birth Date", "Cause of Death", Etc.)

name

Baby Rawson

Betty-Rose Rawson

Subscribed and sworn to before me this 9<sup>th</sup>

day of November, 1943

Signed Anna Camille Rawson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

533-7<sup>th</sup> St. - Clarkston, Wash  
(Street Address, City, State)

Notary Public, residing at Clarkston, Wash.

My commission expires 11 - 4 - 44  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington } ss.  
County of Asotin

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9<sup>th</sup>

day of November, 1943

Signed Jessie E. Smith  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Clarkston, Wash.

501-7<sup>th</sup> Street - Clarkston, Wash.  
(Street Address, City, State)

My commission expires 11 - 4 - 43  
(Seal)



NOV 17 1943

767 - 106 - 028 - 962

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of KootenaiCity of BlackfootRegistration District No. 4 ✓File No. 78989

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Chas Raymond Pope

Sex of Child <u>M.</u>	Twin Triplet or other? <u>1</u>	and {	Number in order of birth <u>-</u>	Legiti mate? <u>yes</u>	Date of Birth <u>May 6</u> (Month) (Day) (Year) <u>1920</u>
(To be answered only in event of plural births)					

FULL NAME FATHER Walsh PopeFULL MAIDEN NAME MOTHER Iva Robertson

RESIDENCE

Spirit Lake Ida

RESIDENCE

Spirit Lake Ida

COLOR

WhiteAGE AT LAST BIRTHDAY 35  
(Years)

COLOR

WhiteAGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE

Canada

BIRTHPLACE

Miss.

OCCUPATION

Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alice, at 10:15 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Evelyn D. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

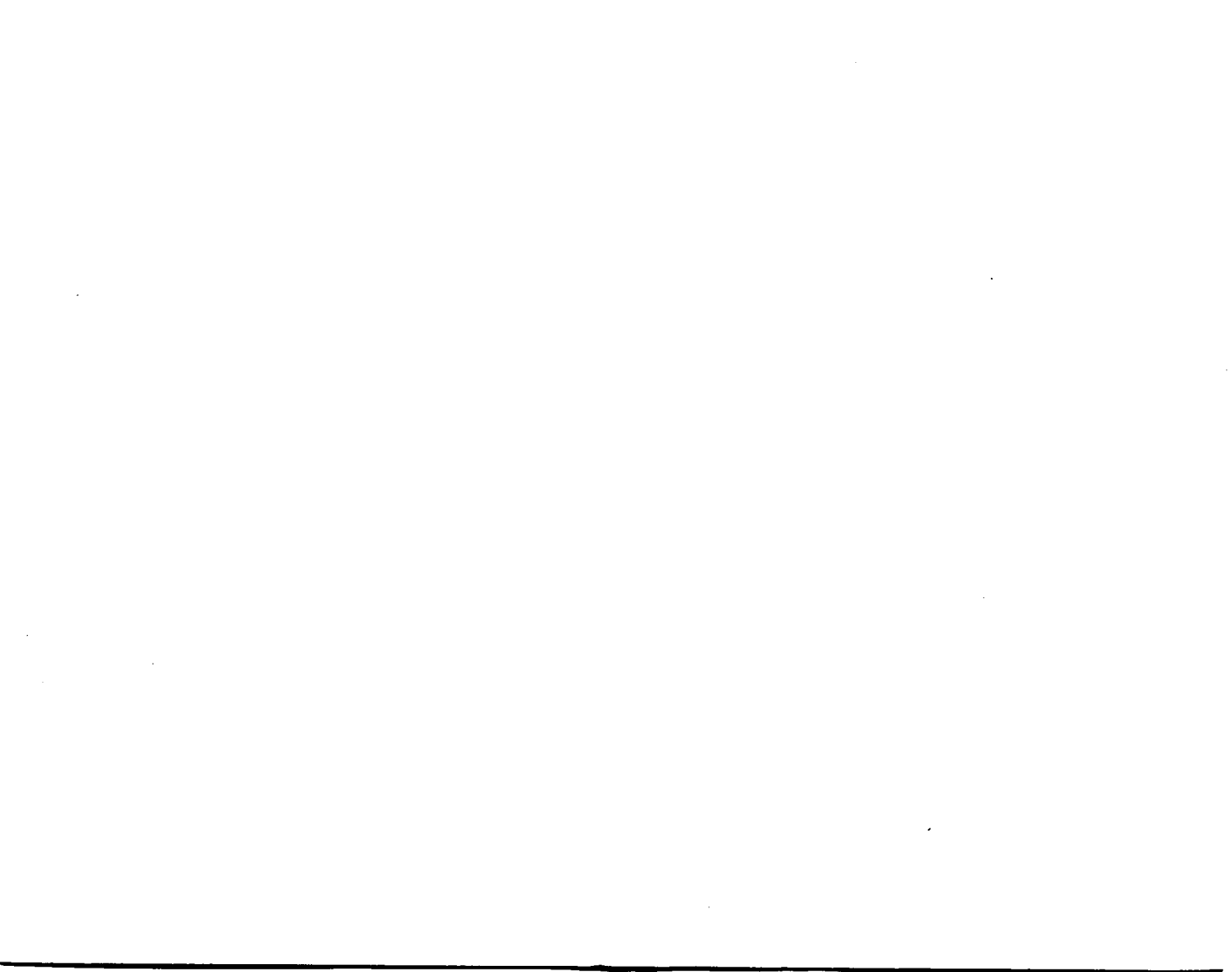
Address \_\_\_\_\_

Filed 5/18 1920Chas. H. Smith  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



257-206-028-715

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
Amended 8/3/79 BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ShoshoneCity of S. LakeRegistration District No. 45File No. 78990

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Izorah Mae Kephart

Sex of Child <u>Female</u>	<input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> or other?	1 { and } Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>May 6</u> 19 <u>20</u>
				(Month) (Day) (Year)

FULL NAME <u>Andrew Kephart</u>	FATHER
RESIDENCE <u>Shoshone Lake Id</u>	
COLOR <u>Wh.</u>	AGE AT LAST BIRTHDAY <u>82</u> (Years)
BIRTHPLACE <u>N.C.</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Julia Panther</u>	MOTHER
RESIDENCE <u>S. Lake</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>N.C.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul S. Froude M.D. at 12:10 P M.

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 5/18 1920 Shoshone

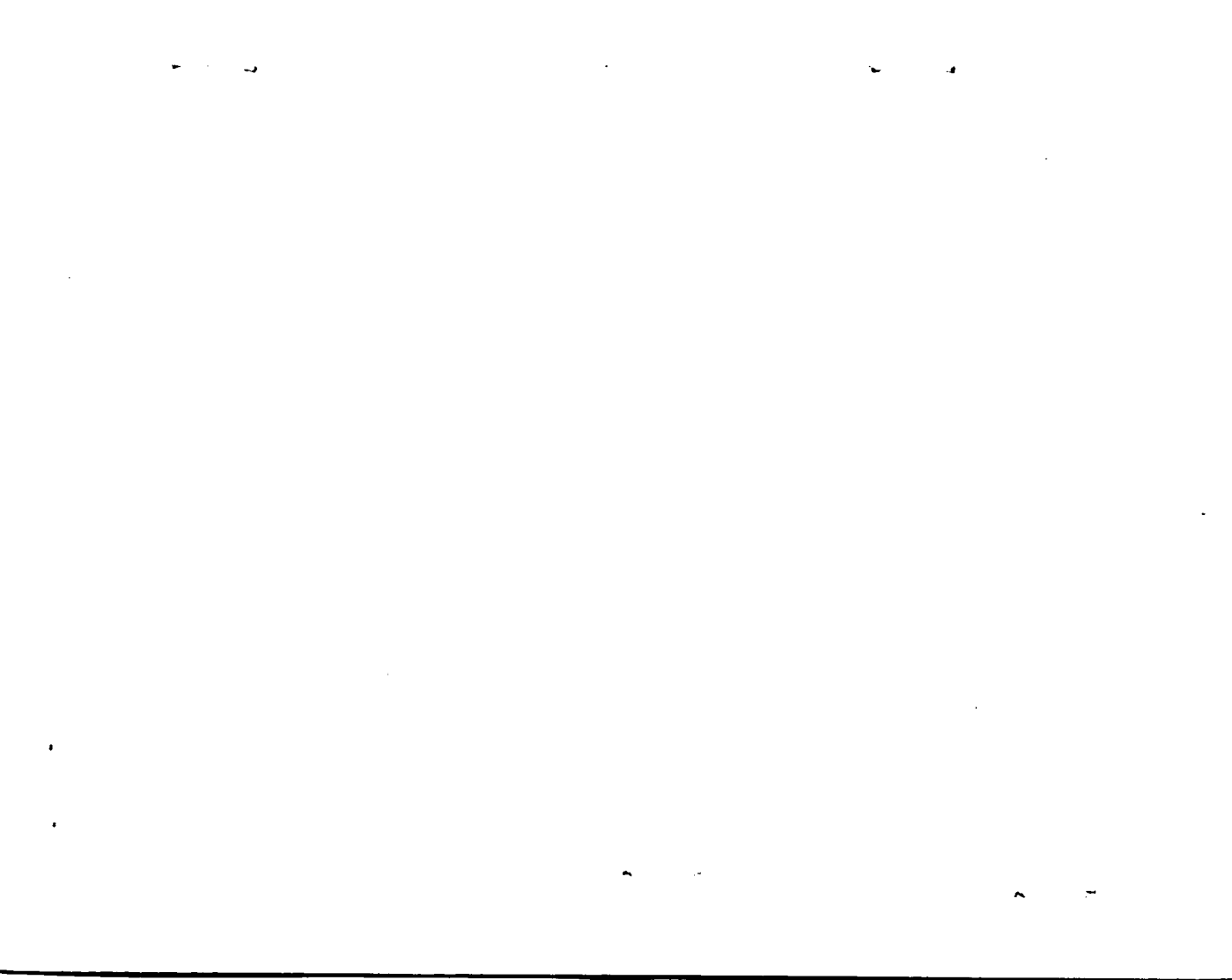
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics  
**RECEIVED**  
**BUREAU OF**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**  
**VITAL STATISTICS**

State of \_\_\_\_\_ } ss. **JUL 11 12 35 PM '79** Certificate No. 78990  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Kephart (female) who was born on May 6, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Spirit Lake, Idaho Kootenai are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>child's name</u>	<u>Innamed</u>	<u>Izora May Kephart</u>

Subscribed and sworn to before me this 3rd day of July 1979

Notary Public, William Michael  
Residing at 351 S. Pacific Hwy Woodburn, Ore.  
My commission expires 6/26/81  
(Seal)

Izora May Kephart Gaby  
Signature of Applicant  
10419 Crasby Rd NE  
Street Address, City, State  
Woodburn Ore 97071

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon ss. Marion  
County of \_\_\_\_\_

(Must be completed )  
(Is not necessary )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of July 1979

Notary Public, William Michael  
Residing at 351 S. Pacific Hwy Woodburn, Ore.  
My commission expires 6/26/81  
(Seal)

Jenneth Hagg  
Supporting Signature  
\_\_\_\_\_  
Street Address, City, State

Insurance policy from Guarantee Mutual Life Co. No. 1117245 for Roscoe Valentine Colby. Issued Jan 23, 1950. Beneficiary Izorah Mae Colby. Viewed by V. S.

Certif of Award for being Neither Tardy nor Absent dated May 1930. ~~xxx~~  
gives ~~xxx~~ name as Izorah Kephart. viewed by V. S.

AUG 8 1972

Certif Marriage from Washington gives names Roscoe V. Colby and Izorah M. Kephart dated Mar 23, 1942. viewed by V. S.

381-218-028-133

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

County of HarlemCity of S. LakeRegistration District No. 25File No. 78991

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Betsy ChartersMary Virginia Charters

Sex of Child

FemaleTwin  
Triplet  
or other? 1{ and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate? -Date of  
BirthMay 18  
(Month) (Day)1920  
(Year)FULL  
NAMEGeo Charters

FATHER

RESIDENCE

Spirit Lake Id

COLOR

wh.AGE AT LAST  
BIRTHDAY 36

(Years)

BIRTHPLACE

Id

OCCUPATION

MerchFULL  
MAIDEN  
NAMEBlanche Alardyce

MOTHER

RESIDENCE

S. L.

COLOR

wh.AGE AT LAST  
BIRTHDAY 33

(Years)

BIRTHPLACE

Id

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 11 A M.  
on the date above stated.

(Born alive or stillborn)

{ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Edith D. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 5/18 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N.B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



SEP 4 1961

JAN 22 1962

294-218-029-279

PLACE OF BIRTH

County of LatahCity of MoscowNo. R.W. St.Registration District No. 61Primary Registration District No. 2141

Hospital

FULL NAME OF CHILD

Mildred Ann Bruegeman

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>April 18 - 1912</u> (Month) (Day) (Year)
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FULL NAME <u>Albert Bruegeman</u>	FATHER
RESIDENCE <u>Moscow, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Francis Springer</u>	MOTHER
RESIDENCE <u>Moscow, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:40 P.M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. L. Gintman M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Moscow, Idaho

Filed

May 1 1912N. H. Caruthers

Registrar

Registrar

STATE OF IDAHO

Form V. B. No. 11-C-25m-9-5-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78992

File No.

Registered No. 225

JUL 26 1963

NAME

CT

FEB 4 1974

319-228-029-259

PLACE OF BIRTH

County of LatahCity of MoscowNo. 17.D. St.

Hospital

FULL NAME OF CHILD BERNECE ADELINE CARLSONSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-222-2-3-17

CERTIFICATE OF BIRTH

Registration District No. 101File No. 78993Primary Registration District No. 2141Registered No. 229

Sex of Child <u>Female</u>	Twin Triplet or other?	} and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>April 28</u> 19 <u>30</u> (Month) (Day) (Year)
----------------------------	------------------------------	---	-----------------------------	--

FULL NAME <u>John Laurence Carlson</u>	FATHER
RESIDENCE <u>Moscow, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Selma Berglund</u>	MOTHER
RESIDENCE <u>Moscow, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>South Dakota</u>	
OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 2..... Number of children of this mother now living, including present birth 4.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was alive..... at 4:00 P. M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

 (Signature) Chas. L. Gritman, M.D.  
 (Physician or midwife)

Given names added from a supplemental report.

Bernice Adeline Carlson 1930
W. C. Murphy Registrar

 Address Moscow, Idaho  
 Filed May 1 1930 W. C. Murphy Registrar

MAR 13 1942

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTHPlace  
of BirthCity Moscow Ida.Registered No. 229

Street and House No. \_\_\_\_\_

Registration Dist. No. 61County Latah

Sex of Child

Female

Date of Birth

April 281920

MONTH

DAY

YEAR

Father

John Laurence Carlson

FULL NAME

Mother

Selma Berglund

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:Bernice Adeline Carlson

GIVEN NAME IN FULL

SURNAME

as reported by

Selma Carlson

FATHER OR MOTHER

M. H. Caruthers

LOCAL REGISTRAR

5. 1. 11

463 - 101-029 - 515

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22m-4-4-27

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 7720 Main St.

Hospital The Granger

Registration District No. 61

File No. 78994

Primary Registration District No. 1011

Registered No. 223

FULL NAME OF CHILD Jamie Douglas Macpherson

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>April 1, 1920</u> (Month) (Day) (Year)
--------------------------	---	---------------------------------------	-----------------------------	--

FULL NAME <u>James Macpherson</u>	FATHER
RESIDENCE <u>Moscow, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Perth, Scotland</u>	
OCCUPATION <u>Ymca, Work</u>	

FULL MAIDEN NAME <u>Dorothy Van Winkle</u>	MOTHER
RESIDENCE <u>Moscow, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Gibson, Nebraska</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 12:25 P. on the date above stated. (Born alive or stillborn)

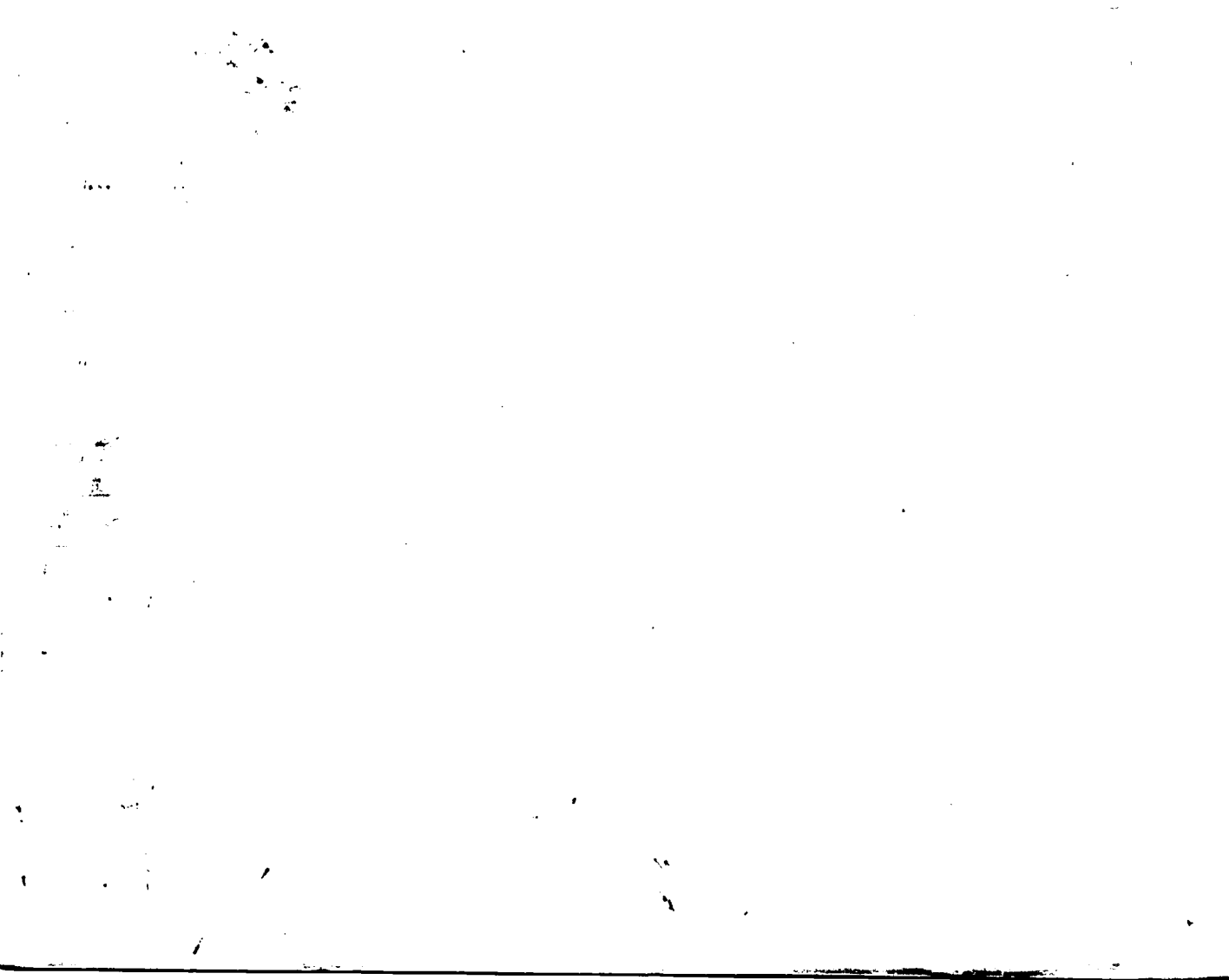
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Granger M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho  
Filed May 1, 1920  
H. H. Carstensen  
Registrar





519-108-029-249

## PLACE OF BIRTH

County of IdahoSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-9-3-17

## CERTIFICATE OF BIRTH

City of .....

Registration District No. 61File No. 78995

No. .... St.

Primary Registration District No. 1011Registered No. 2221

Hospital .....

FULL NAME OF CHILD Benjamin B. Varner

Sex of Child

maleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthMarch 8 1927  
(Month) (Day) (Year)FULL  
NAMEBen. Varner

FATHER

FULL  
MAIDEN  
NAMEMabel Burt

MOTHER

RESIDENCE

Frank's Idaho

RESIDENCE

Frank's Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY31  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Ohio

BIRTHPLACE

Wet.

OCCUPATION

Farmer

OCCUPATION

House KeepingNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Nelson

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow IdahoFiled May 1 1928

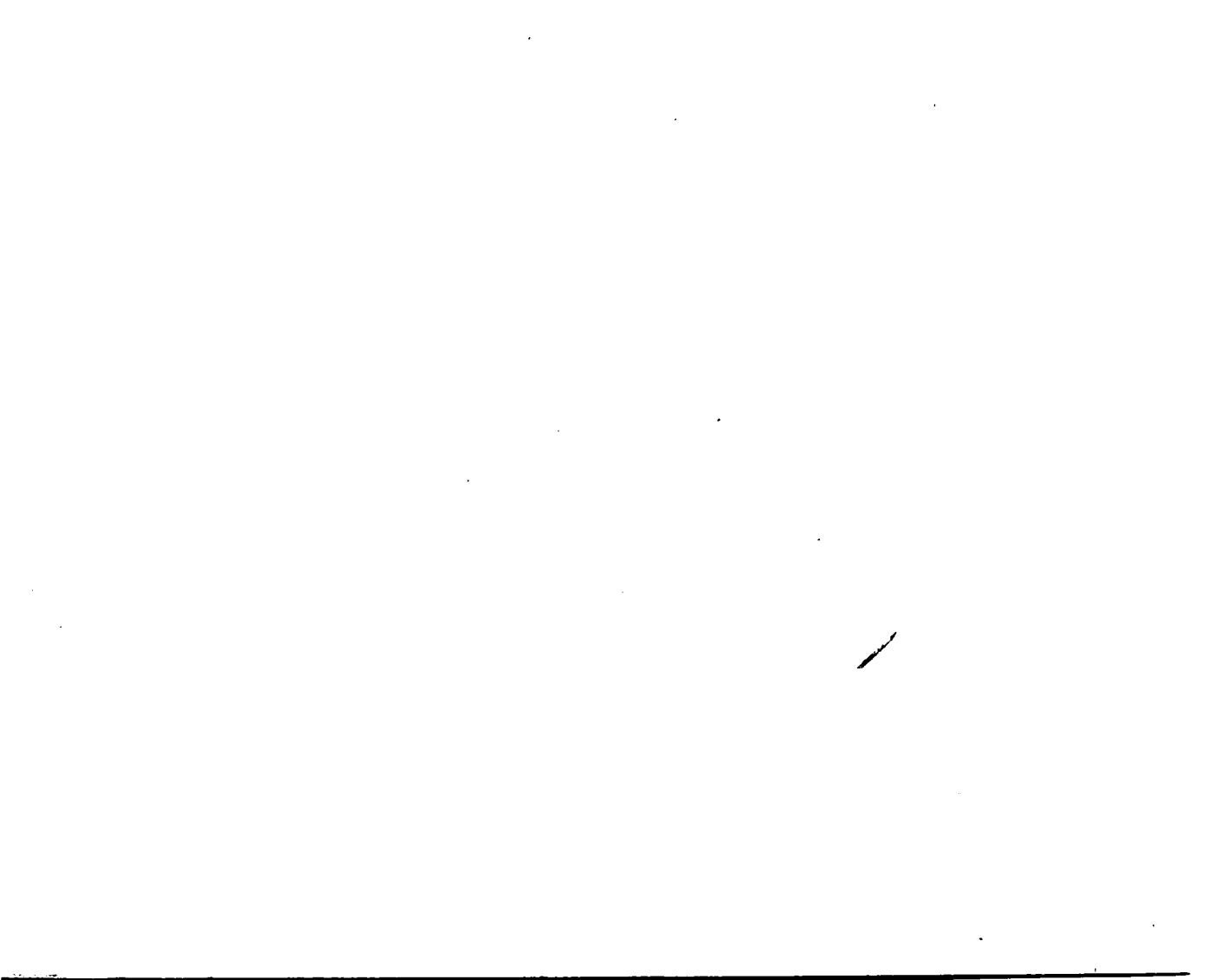
Registrar

R. H. Carithers  
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING



795-107-029-993  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-4-18-18

County of LatahCity of Moscow

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 61File No. 78996

Hospital \_\_\_\_\_

Primary Registration District No. 1011Registered No. 220

Full Name of Child

James Leroy Greear

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Mar 7 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>James P. Greear</u>			MOTHER FULL MAIDEN NAME <u>Nellie H. Rice</u>	
RESIDENCE <u>Moscow</u>			RESIDENCE <u>Moscow</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Ill</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 7..... Number of children of this mother now living, including present birth 6.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at 7-30-0-M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. H. Clarke

(Physician or midwife)

Given names added from a supplemental report.

19.....

Address

Moscow

Filed

May 11920N. H. Caruthers

Registrar

Registrar

APR 15 1942

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-25-42

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 314 E. C. St.

Registration District No. 61

File No. 78997

Primary Registration District No. 1011

Registered No. 2216

Hospital \_\_\_\_\_

FULL NAME OF CHILD EILEEN FLORENCE VIRGINIA Leu

Sex of Child <u>girl</u>	Twins, Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April 20, 20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME George Leu  
RESIDENCE Moscow Idaho  
COLOR white AGE AT LAST BIRTHDAY 33  
(Years)  
BIRTHPLACE Cleveland Ohio  
OCCUPATION Butcher

MOTHER  
FULL MAIDEN NAME Minnie Mae Plant  
RESIDENCE Moscow Idaho  
COLOR white AGE AT LAST BIRTHDAY 27  
(Years)  
BIRTHPLACE Millium Mich  
OCCUPATION housewife

Number of child of this mother, including present birth, 5

Number of children of this mother now living, including present birth, 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

9:30 A.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. M. [Signature]

(Physician or midwife)

Given names added from a supplemental report

\_\_\_\_\_. 19\_\_\_\_

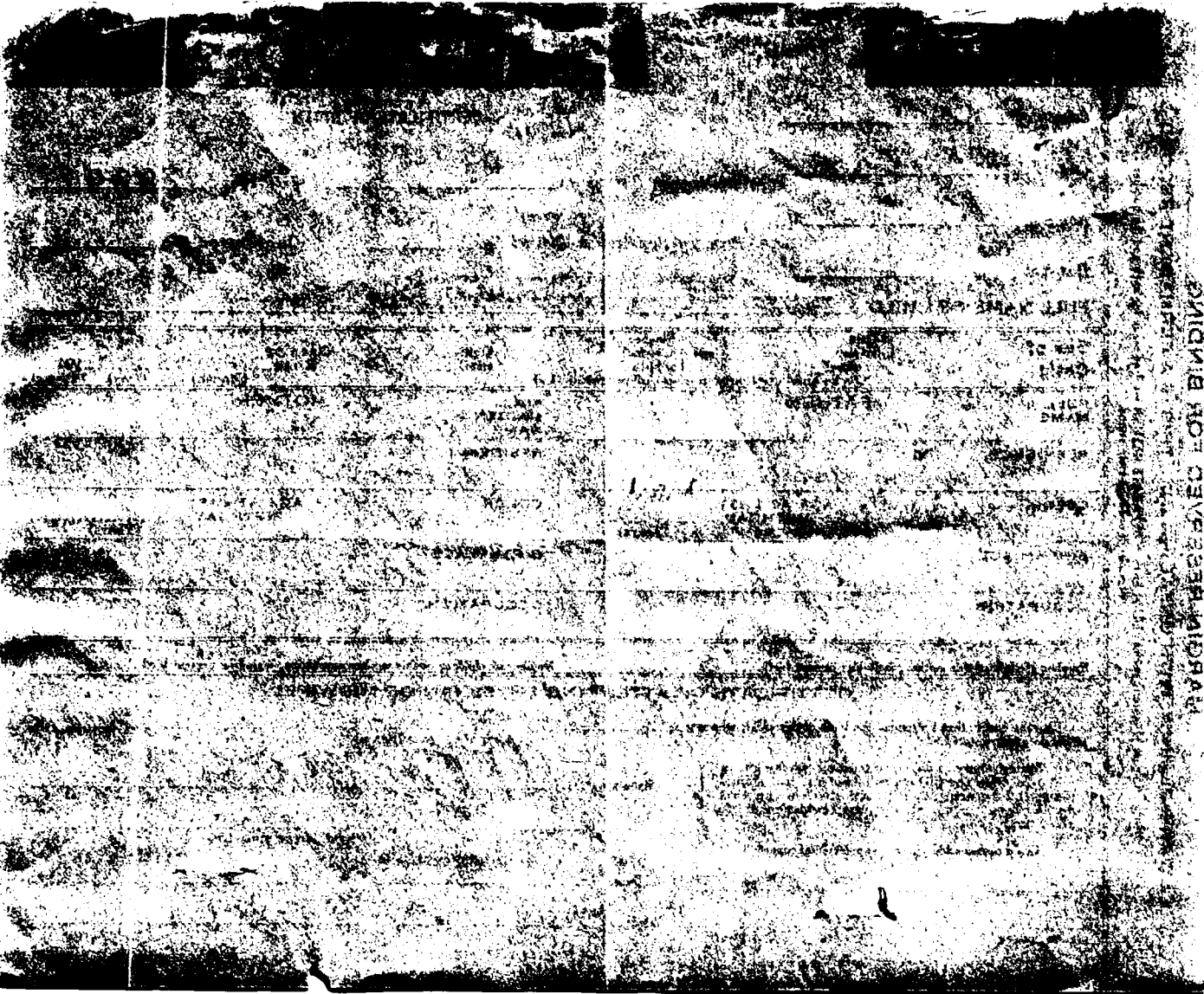
Address \_\_\_\_\_

N.Y. CO. 20174

Registrar

Filed

May 1 1920 Caruthers W. H.  
Registrar



RECEIVED FOR BIDDING

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Washington }  
County of King } SS.  
Certificate No. 78997  
Date Filed 1945

The undersigned does solemnly swear that certain facts on the certificate of birth  
(BIRTH OR DEATH)  
for Florence Virginia Leu who born on April 20 - 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Bible record prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

<b>FACTS TO BE CORRECTED</b> (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	<b>FROM</b> (AS ON ORIGINAL)	<b>TO</b> (THE CORRECT FACTS)
Name _____	Florence Leu _____	Eileen Florence Virginia Leu _____

Subscribed and sworn to before me this 30th  
day of April, 1945  
John E. Surber  
Notary Public, residing at Skykomish, Wash  
My commission expires January 14th 1945  
(SEAL)  
Signed Mrs. G. H. Leu  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
Skykomish, Wash  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington }  
County of King } SS.  
[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th  
day of April, 1945  
John E. Surber  
Notary Public, residing at Skykomish, Wash  
My commission expires January 14th 1945  
(SEAL)  
Signed G. H. Leu  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
Skykomish, Wash  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

**MAY 1 1945**



May 4 1942

844-121-029-815

## PLACE OF BIRTH

County of LatahCity of MoscowNo. 1704 Main St.Hospital The Gintman

FULL NAME OF CHILD

Registration District No. 61File No. 78Primary Registration District No. 1011Registered No. 227Dwight Donley Hume

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>April 21</u> 191 <u>7</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Dwight Franklin Hume</u>	FATHER	FULL MAIDEN NAME <u>Kathleen Mary Hanley</u>	MOTHER
RESIDENCE <u>Moscow, Idaho</u>		RESIDENCE <u>Moscow, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Washington</u>		BIRTHPLACE <u>Spokane Washington</u>	
OCCUPATION <u>Auto Salesman</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 3:45 a.m. on the date above stated. (Born alive or stillborn)

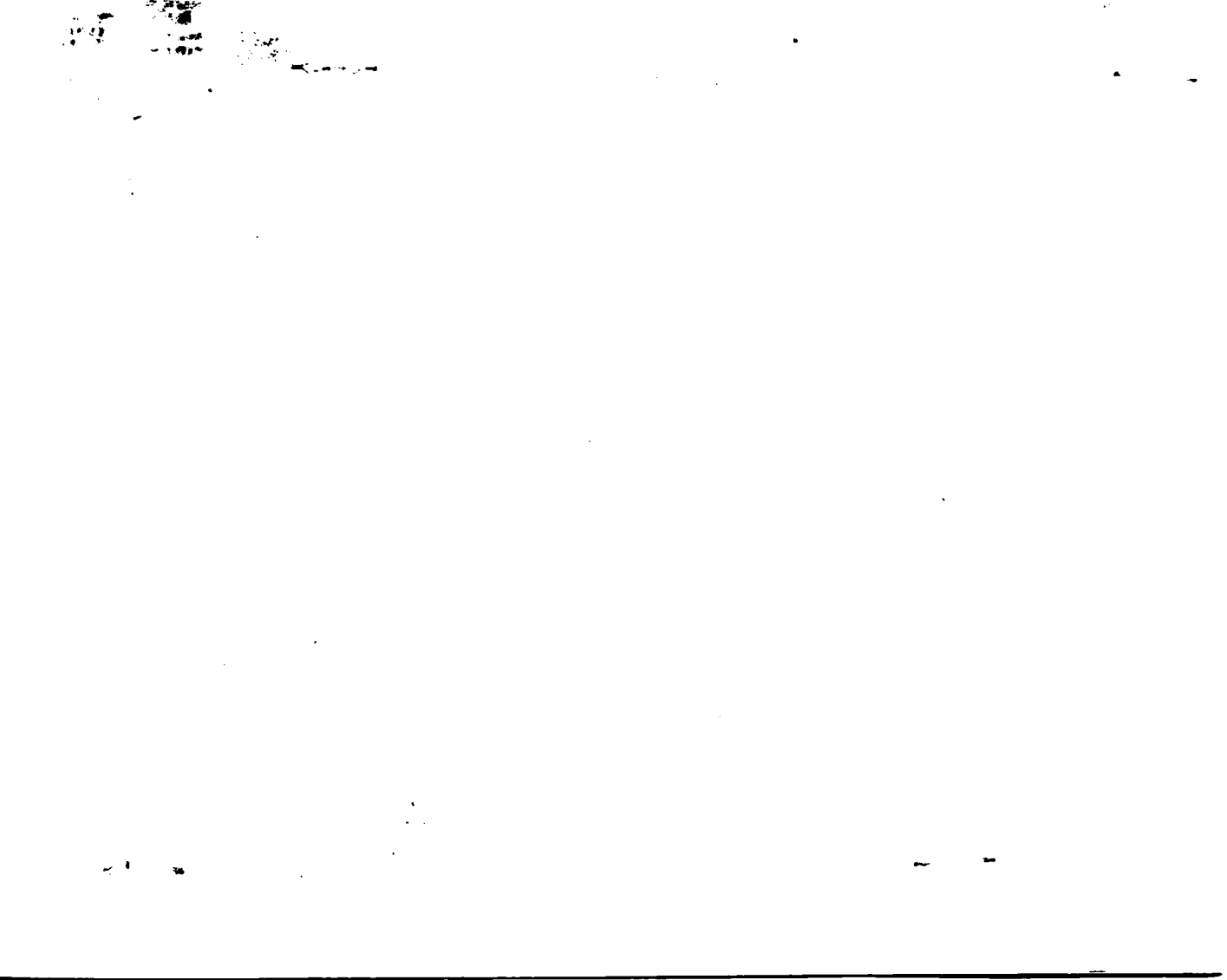
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gintman M.D.

(Physician or midwife)

Given names added from a supplemental report.

Dwight Donley Hume 1917Address Moscow, IdahoW. C. Murphy RegistrarFiled May 1 1917W. H. Carithers Registrar



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Moscow Ida. Registered No. 227  
Street and House No. \_\_\_\_\_  
County Latah Registration Dist. No. 61

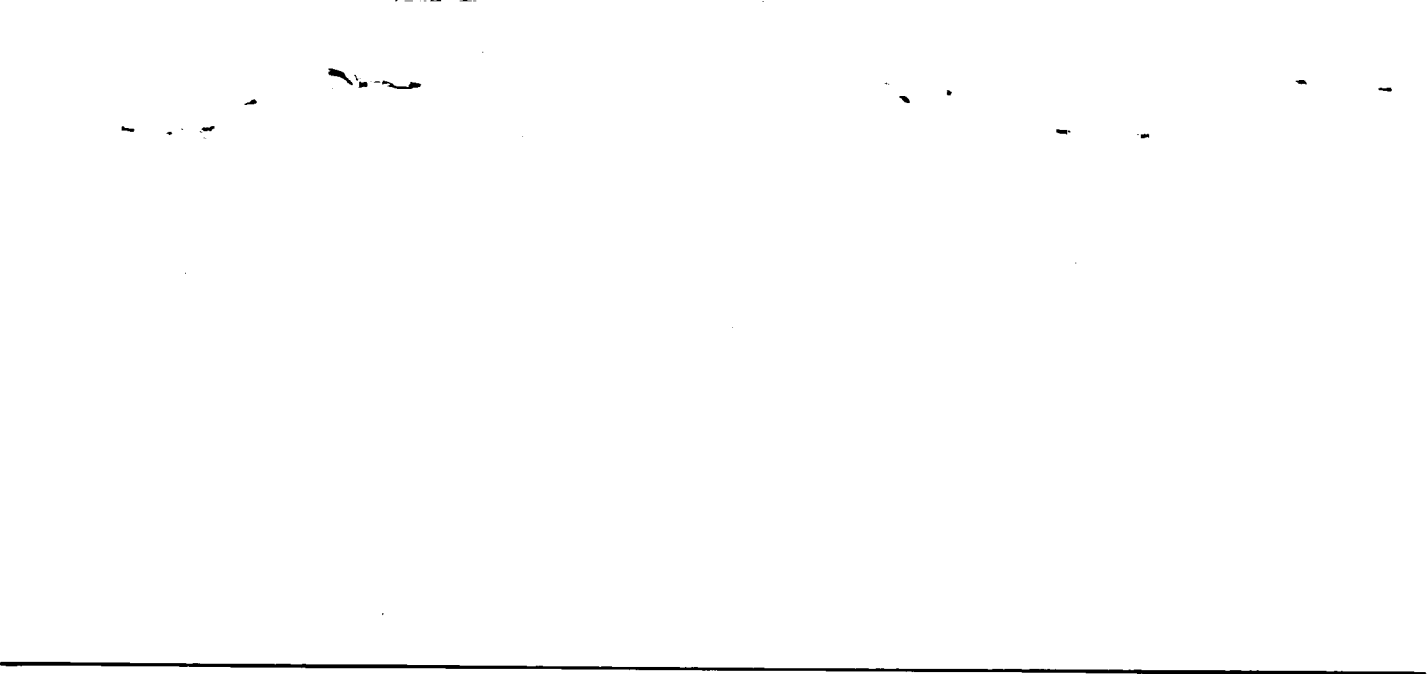
Sex of Child male  
Date of Birth April 21 1920  
MONTH DAY YEAR  
Father Swight Franklin Hume  
FULL NAME  
Mother Kathryn Mary Hanley  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Swight Stanley Hume  
GIVEN NAME IN FULL SURNAME

as reported by Mr & Mrs S. F. Hume  
FATHER OR MOTHER

W. H. Carothers  
LOCAL REGISTRAR



266-126-029-713

Form V. S. No. 11-C-Rev-9-27

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LatahCity of MoscowNo. 720 So. Main St.Hospital The LutheranRegistration District No. 10File No. 78999Primary Registration District No. 10.11Registered No. 228

FULL NAME OF CHILD

CHARLES A. BOWER

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>April 26</u> (Month) (Day) (Year)
--------------------------	---	---	------------------------	---

FULL NAME Charles J. Bower FATHERRESIDENCE Arvon, IdahoCOLOR White AGE AT LAST BIRTHDAY 46  
(Years)BIRTHPLACE PennsylvaniaOCCUPATION FarmingFULL MAIDEN NAME Anna Galloway MOTHERRESIDENCE Arvon, IdahoCOLOR White AGE AT LAST BIRTHDAY 29  
(Years)BIRTHPLACE Galloway, MissouriOCCUPATION HousewifeNumber of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 21 25 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe L. Clark, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, IdahoFiled May 1 1920 H. H. Carithers

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2-1-1

2-1-1

4

1

2

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

RECEIVED

APR 16 1956

Division of Vital Statistics

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Latah } ss.

Certificate No. 78999

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Bower who was born on April 26, 1920 in Moscow, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Driver's License prepared on April 3, 1953 (Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Give Date), are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name missing Charles A. Bower

Subscribed and sworn to before me this 13th day of

April 1956

Robert C. Magnuson  
Notary Public, residing at Kendrick, Idaho

My commission expires December 9, 1959

(Seal)

Signed

Mrs. Anna Bower (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kendrick, Idaho

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Latah } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of

April 1956

Robert C. Magnuson  
Notary Public, residing at Kendrick

My commission expires December 9, 1959

(Seal)

Signed

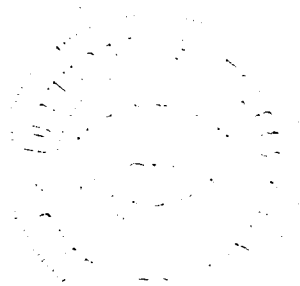
Denny Galloway (Uncle)  
(Signature of Any Credible Person)

(Street Address, City, State)

Kendrick, Idaho



APR 17 1958



963-125-029-855

## PLACE OF BIRTH

County of LatahCity of Moscow

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-3-17

## CERTIFICATE OF BIRTH

Registration District No. .... 61 .....File No. .... 79000 .....Primary Registration District No. .... 1011 .....Registered No. .... 222 .....FULL NAME OF CHILD Kenneth Milton Rothwell

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb 15 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>E. V. Rothwell</u>	FATHER
RESIDENCE <u>Moscow Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Bona M. Hensley</u>	MOTHER
RESIDENCE <u>Moscow Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Ark.</u>	
OCCUPATION <u>House Keeping</u>	

Number of child of this mother, including present birth .... 2 .... Number of children of this mother now living, including present birth .... 2 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

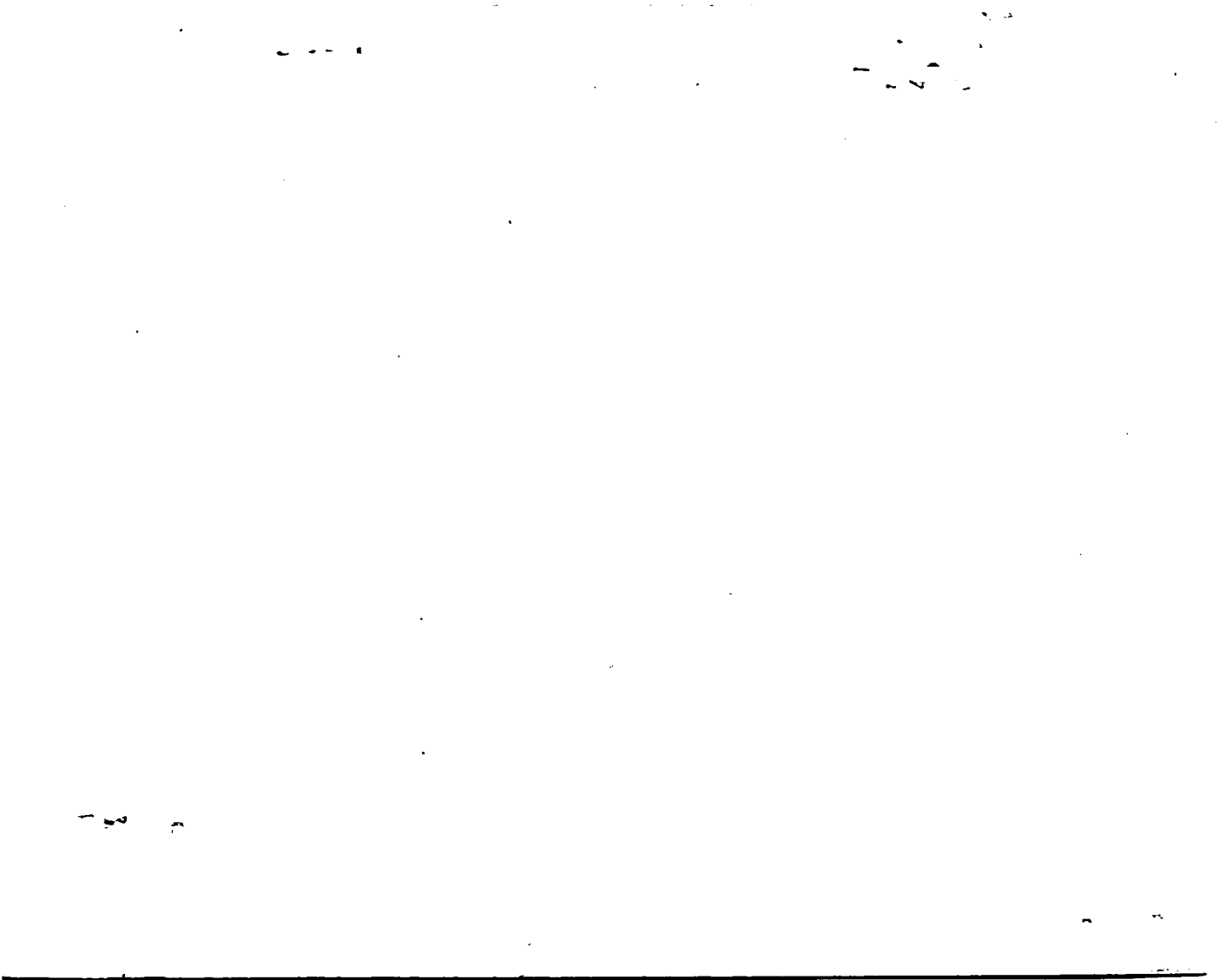
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... W. A. Adams .......... Moscow .....  
(Physician or midwife)

Given names added from a supplemental report

Kenneth Milton Rothwell  
W. C. Murphy  
 Registrar

 Address Moscow  
 Filed May 1920  
W. J. Carothers  
 Registrar



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place  
of Birth

City

Moscow Ida

Registered No.

222

Street and House No.

Registration Dist. No.

61

County

Latah

### Sex of Child

male

Date of Birth

March 25

1920

MONTH

DAY

YEAR

## Father

MONTH DAY Y  
Ernest Victor Rothwell

FULL NAME

Mother

FULL NAME  
Zora May Hensley  
FULL MAIDEN NAME

FULL MAIDEN NAME

**I Hereby Certify** that the child described herein  
has been named:

Kenneth Milton Rothwell

GIVEN NAME IN FULL

**SURNAME**

as reported by

NAME IN FULL SURNAME  
Mr & Mrs E.V. Rothwell

FATHER OR MOTHER

FATHER OR MOTHER  
M. H. Caruthers

LOCAL REGISTRAR

7/27/41

693-205-029-993

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

County of *Blaine*

CERTIFICATE OF BIRTH

City of *Moscow*Registration District No. *65*File No. *79001*No. *701 Elm* St.Primary Registration District No. *1a.11*Registered No. *2.24*

Hospital

FULL NAME OF CHILD

*Betty Jaunita Wilson*

Sex of Child

*Female*Twin  
Triplet  
or other?and  
Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?*Yes*Date of  
Birth*April 5 1920*  
(Month) (Day) (Year)

FULL NAME

FATHER  
*Freddie March Wilson*

FULL MAIDEN NAME

MOTHER  
*Ethel May Ritter*

RESIDENCE

*701 Elm St., Moscow, Idaho*

RESIDENCE

*701 Elm St., Moscow, Idaho*

COLOR

*White*AGE AT LAST  
BIRTHDAY*33*  
(Years)

COLOR

*White*AGE AT LAST  
BIRTHDAY*32*  
(Years)

BIRTHPLACE

*Walla Walla, Wash.*

BIRTHPLACE

*Colfax, Wash.*

OCCUPATION

*Cook*

OCCUPATION

*Housewife*

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

*Born alive**11:30 P.M.*

on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*R. W. R. R.*

(Physician or midwife)

Given names added from a supplemental report.

Address

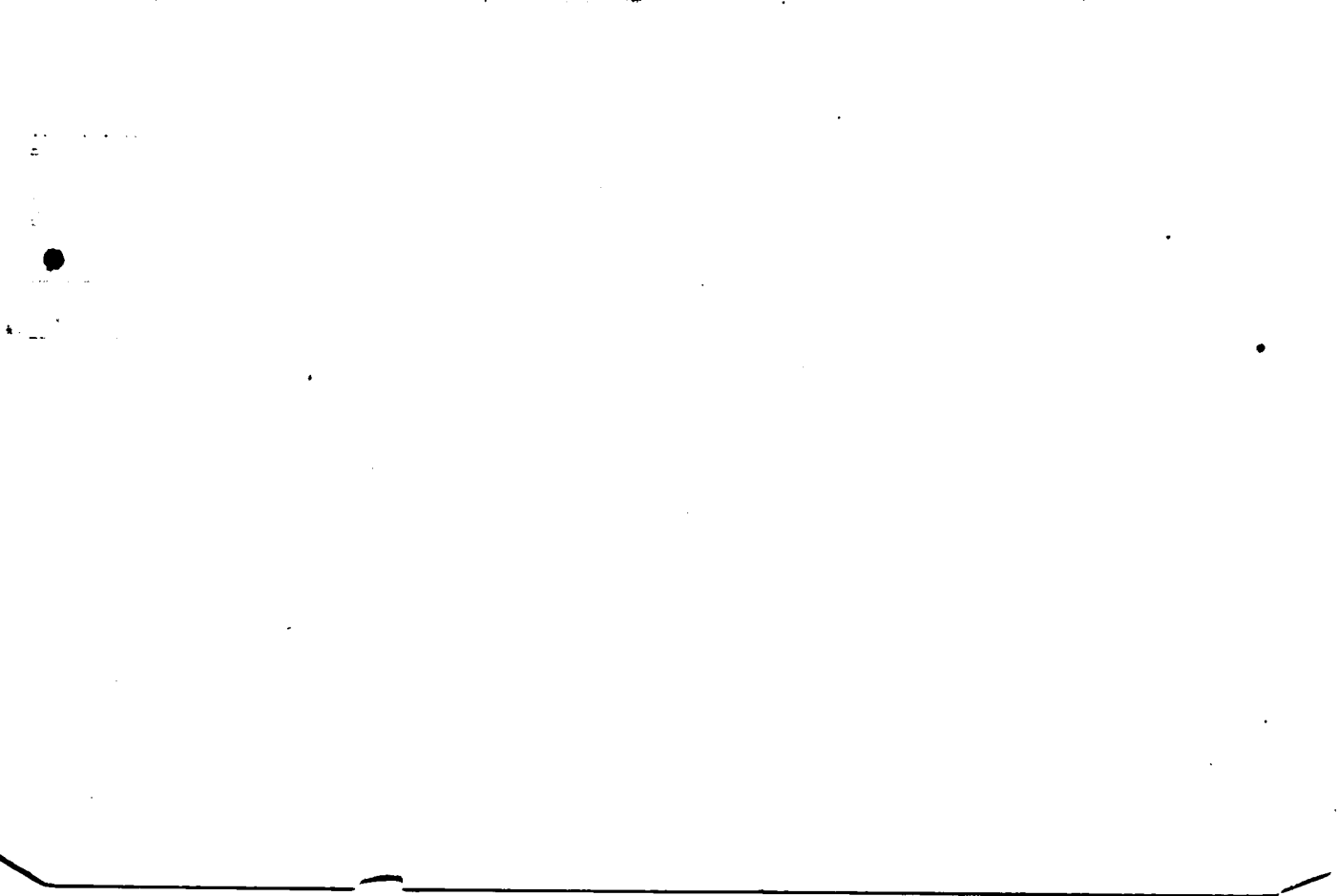
*Moscow, Idaho*

Filed

*May 1 1920**W. H. Scarithers*

Registrar

Registrar







11-17-41

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.....

.....

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of <u>Idaho</u>	Registration District No. <u>67</u>	File No. <u>790</u>
No. <u>2144</u> St.	Primary Registration District No. <u>2144</u>	Registered No. <u>1045P</u>
Hospital <u>Berna Callie Steelsmith</u>		
FULL NAME OF CHILD <u>Berna Callie Steelsmith</u>		
Sex of Child <u>Female</u>	Twin <u>one</u> } and { Number in order of birth <u>5</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>
Date of Birth <u>April 3</u> 19 <u>22</u> (Month) (Day) (Year)		
FULL NAME <u>Benjamin Franklin Steelsmith</u>	FATHER	FULL MAIDEN NAME <u>Hazel V. Trout</u>
RESIDENCE <u>Idaho</u>		RESIDENCE <u>Idaho</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>white</u>
		AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Indiana</u>
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>
Number of child of this mother, including present birth <u>5</u> Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10.45 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James C. Cole

Phys.

(Physician or midwife)

Given names added from a supplemental report.

May 7 1922

Address Idaho

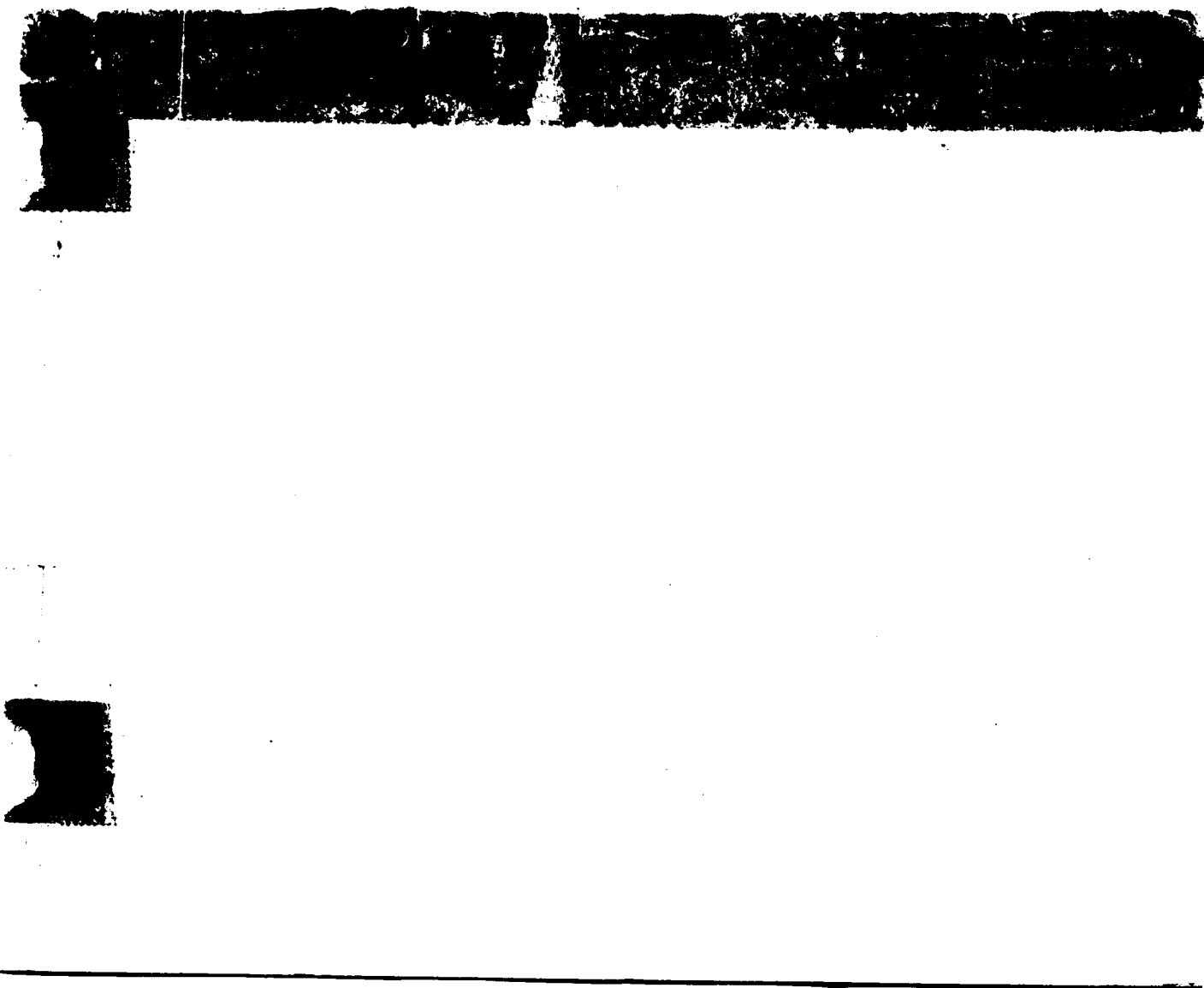
J. E. Pickard

Filed May 7 1922

J. E. Pickard

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-129-029-636  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a

County of LatahCity of TroyRegistration District No. 64File No. 79004

No. .... St.

Primary Registration District No. 2144

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Vernon Leroy Grauland

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>April 29 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Lust Grauland</u>	FATHER
RESIDENCE <u>Troy Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Troy Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ella Flodin</u>	MOTHER
RESIDENCE <u>Troy Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Troy Idaho</u>	
OCCUPATION <u>House-wife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... on the date above stated.

Born alive  
(Born alive or stillborn) at 1:15 P.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

J. E. Packard  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

May 7 1920  
J. E. Packard  
Registrar

Address .....

Filed May 7 1920

Registrar

DEC 2 1941

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-125-029-819

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-6482

CERTIFICATE OF BIRTH

County of Idaho.....

City of Pray.....

Registration District No. 64.....

File No. 79005.....

No. ....St.

Primary Registration District No. 3144.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Lyle Alton Strohm.....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>1</u> and { Number in order of birth <u>3</u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>April 25</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Philip A. Strohm</u>	FATHER
RESIDENCE <u>Pray Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lyla Harris</u>	MOTHER
RESIDENCE <u>Pray Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 A M. on the date above stated.  
(Born alive or stillborn)

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) C. K. Kothers.....

Given names added from a supplemental report.

Apr 30 1920 Address Pray Idaho  
J. E. Pickard Registrar Filed Apr 30 1920 J. E. Pickard Registrar

JUL 11 1942

297-128-027-819  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-3-17

County of LatahCity of TroyRegistration District No. 64File No. 7900No.        St.Primary Registration District No. 2144Registered No.       Hospital       FULL NAME OF CHILD Kenneth Robert Bigham

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>April 26</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Robert Bigham</u>	FATHER	FULL MAIDEN NAME <u>Evah Harris</u>	MOTHER
RESIDENCE <u>Troy Idaho</u>		RESIDENCE <u>Troy Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Kansas</u>		BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1031 A on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

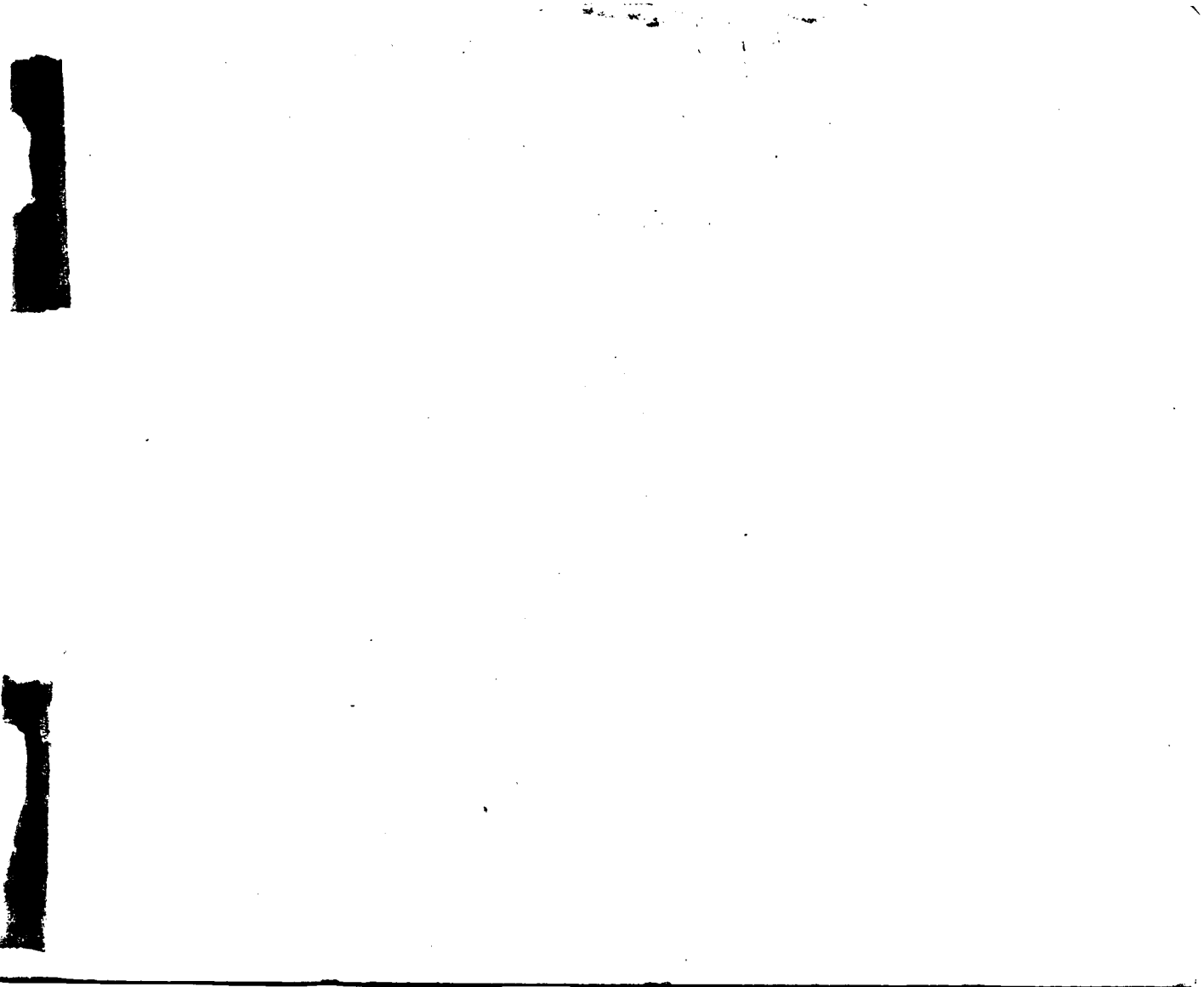
(Signature) J. M. Cole  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

May 7 1920  
J. B. Pickard  
RegistrarAddress Troy Idaho  
Filed May 7 1920  
J. B. Pickard  
RegistrarMARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





399-125-029-418

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

## CERTIFICATE OF BIRTH

County of LatahCity of PotlatchRegistration District No. 65File No. 79008No. — St. —Primary Registration District No. 2145Registered No. —Hospital —

FULL NAME OF CHILD

Harold Kenneth TrimbleSex of  
ChildmaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthMar 25 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

George W. Trimble

RESIDENCE

Potlatch, Id.

COLOR

whiteAGE AT LAST  
BIRTHDAY44  
(Years)

BIRTHPLACE

Iowa.

OCCUPATION

mill employeeFULL  
MAIDEN  
NAME

MOTHER

Rae Ette May

RESIDENCE

Potlatch, Id.

COLOR

whiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

HousewifeNumber of child of this mother, including present birth SixthNumber of children of this mother now living, including present birth Six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 11 30 P. on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. W. Thompson M.D.Physician.

(Physician or midwife)

Address

Potlatch, Idaho

Filed

April 19 20J. W. Thompson, M.D.pet Registrar

Given names added from a supplemental report.

MAY 26 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

268-115-022-26  
PLACED IN FILE 2-1-68

PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of \_\_\_\_\_

No. \_\_\_\_\_ St.

Registration District No. 65

File No. 79009

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Manford Conger Boyer

(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>April 15</u> 192 <u>0</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	---

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth TWO Number of children of this mother now living, including present birth TWO

FATHER FULL NAME <u>Guy Manford Boyer</u>
RESIDENCE <u>4 miles E. Farmington</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Indiana</u>
OCCUPATION <u>Farming</u>

MOTHER FULL MAIDEN NAME <u>Hannah Conger</u>
RESIDENCE <u>4 miles E. Farmington</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Washington</u>
OCCUPATION <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was April 15, 1920 at 4:40 A. M.  
on the date above stated. (Born alive or ~~stillborn~~)

\* When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) J. D. Lentz

(Physician or midwife)

Give names added from a supplemental report.

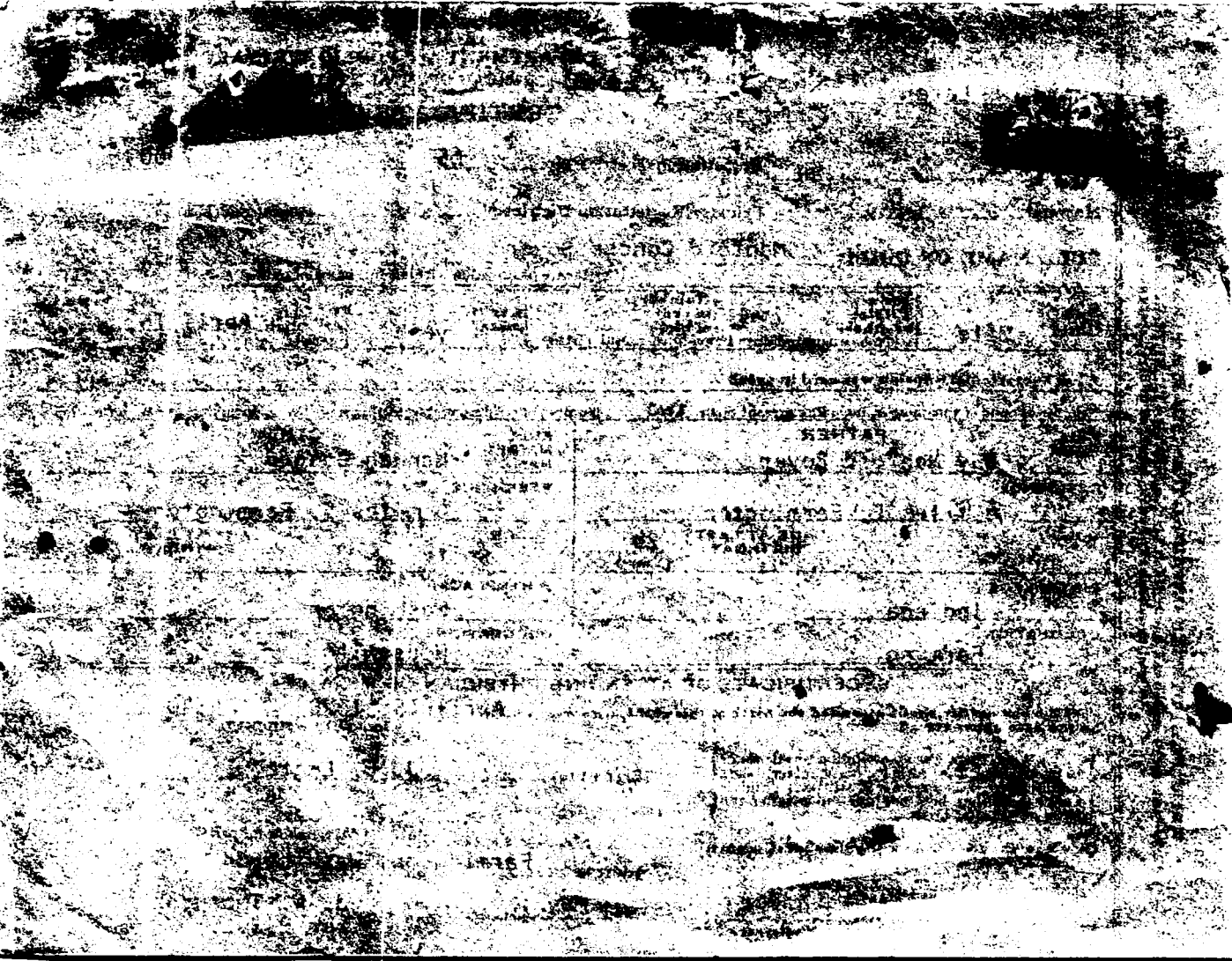
Address Farmington, Washington

Filed May 1 1920

J. W. Thompson  
per P. J. L.

Registrar.

Registrar.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of.....  
County of.....  
Certificate No. 79009  
Date Filed.....

RECEIVED  
JAN 15 1968  
Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Mumford Conger Boyer who was born on April 15, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Latah County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by.....prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
Child's First Name	.....	Mumford	Manford Conger Boyer
Father's Middle Name	.....	Mumford	Guy Manford Boyer

Subscribed and sworn to before me this 12 day of

February, 1962  
Ray L. Bellus  
Notary Public, residing at Spokane  
My commission expires April 21, 1965  
(Seal)

Signed Manford Conger Boyer  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
708 E CARLISLE SPOKANE WY  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington }  
County of Spokane } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of

June, 1968  
Ray L. Bellus  
Notary Public, residing at Spokane  
My commission expires Apr 21, 1971  
(Seal)

Signed Mary L. Boyer  
(Signature of Any Credible Person)  
8309 Main Avenue  
(Street Address, City, State)

Veteran's Administration, National Service Life Insurance Certificate, Cert. #N 20 903 136, effective date May 1, 1946 gives name of insured as Manford Conger Boyer - viewed by V.S.

Honorable Discharge, Serial No. 6 569 648, gives name as Manford C. Boyer, born April 15, 1920, date of separation 1 Apr. 46 - viewed by V.S.

Personal Data sheet, U.S. Air Force, Serial No. AF 6 569 648, Effective date June 30, 1961, gives name as Manford Conger Boyer, born April 15, 1920 - viewed by V.S.

Child's birth certificate on file Idaho, State File No. 92484, gives name of father as Guy Manford Boyer, age 23, child born June 17, 1921 - viewed by V.S.



873-210-029-943

## PLACE OF BIRTH

County of Latah

City of \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lula HathowaySTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-1-1-18

## CERTIFICATE OF BIRTH

Registration District No. 65File No. 79010Primary Registration District No. 2145

Registered No. \_\_\_\_\_

Sex of  
ChildFemaleTwin  
Triplet  
or other?

(To be answered only in event of plural births)

and

Number  
in order  
of birth6thLegiti-  
mate?YesDate of  
Birth4 10 20  
(Month) (Day) (Year)FULL  
NAMEHarry W. Hathoway

FATHER

RESIDENCE

5 miles north Framingham

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Michigan

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEKaty Rutherford

MOTHER

RESIDENCE

5 m. n. Framingham Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Michigan

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6thNumber of children of this mother now living, including present birth 6th

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.June 10 1920 at 11:30 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

J. D. Ferry

(Physician or midwife)

Given names added from a supplemental report.

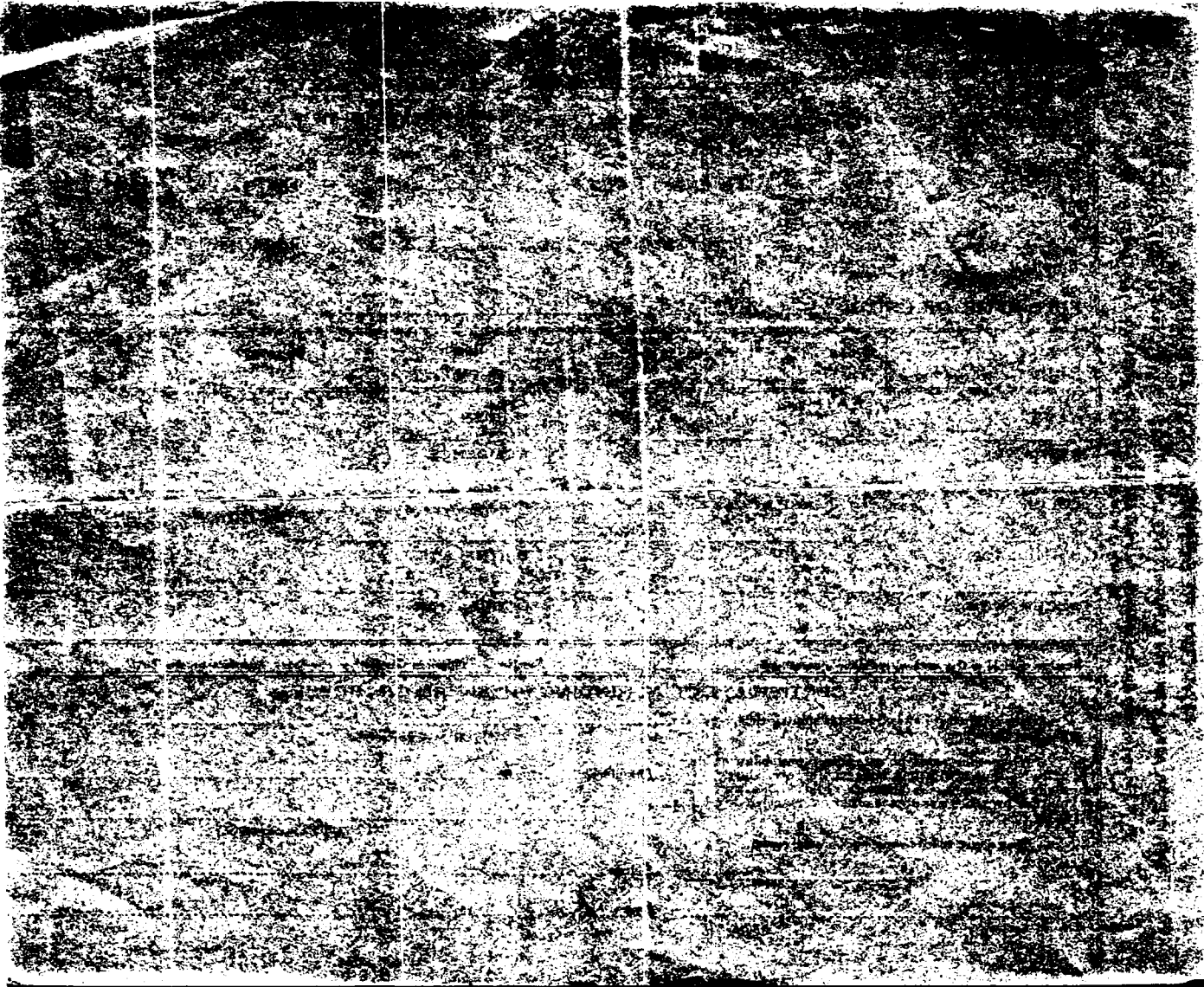
Address

Framingham Wash

Filed

May 1 1920J. W. Thompson  
per P. J. L.





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

415-205-029-897

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Patash

City of Onaway, Id.

Registration District No. 65

File No. 79011

No. — St. —

Primary Registration District No. 2145

Registered No. —

Hospital —

FULL NAME OF CHILD

Wanetta Josephine Davis

Sex of Child

female

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

May 5 1920  
(Month) (Day) (Year)

FULL NAME

Roy Alvin Davis

FATHER

FULL MAIDEN NAME

Ramie Ruth High

MOTHER

RESIDENCE

Onaway, Id.

RESIDENCE

Onaway, Id.

COLOR

white

AGE AT LAST BIRTHDAY

35  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

28  
(Years)

BIRTHPLACE

North Carolina

BIRTHPLACE

Missouri

OCCUPATION

laborer

OCCUPATION

housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

alive

(Born alive or stillborn)

at 2:30 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Paul J. Lewis

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Potlatch, Idaho

Filed

May 8 1920

J. W. Thompson  
per R. H. H.

Registrar

Registrar

JUL 3 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-116-029-466  
PLACE OF BIRTH

County of *Latah*

City of .....

No. .... St.

Hospital .....

FULL NAME OF CHILD

*Marion Benton Anderson*

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mar-28-17

Registration District No. *65*

File No. *79012*

Primary Registration District No. *2145*

Registered No. ....

Sex of Child *male*

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate? *yes*

Date of  
Birth

*April 16* *1925*  
(Month) (Day) (Year)

FULL  
NAME

*Andrew Benton Anderson*

RESIDENCE

*Latah Co.*

COLOR

*white*

AGE AT LAST  
BIRTHDAY

*23*  
(Years)

BIRTHPLACE

*Ida.*

OCCUPATION

*Pastor*

FULL  
MAIDEN  
NAME

*Elizabeth Moore*

RESIDENCE

*Latah Co.*

COLOR

*white*

AGE AT LAST  
BIRTHDAY

*23*  
(Years)

BIRTHPLACE

*Ida.*

OCCUPATION

*Housewife*

Number of child of this mother, including present birth *4*

Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* on the date above stated.

at *8:59* A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*Edward F. Harris*

Given names added from a supplemental report.

(Physician or midwife)

Address

*Bellevue Wash*

Filed

*May 1 1925*

*J. W. Thompson*

Registrar

Registrar

OCT 13 1943

N. B. In case of more than one child a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-204-029-165  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-15

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. 66

File No. 79013

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2146

Registered No. \_\_\_\_\_

Hospital Bovill Hosp.

FULL NAME OF CHILD

Mary Louise Murphy

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Apr. 5th 1920</u> (Month) (Day) (Year)
-------------------------------	---	--------------------------------------	--------------------------------	---

FATHER  
FULL NAME Daniel Joseph Murphy  
RESIDENCE Bovill Idaho  
COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Wisconsin  
OCCUPATION Lumberman

MOTHER  
FULL MAIDEN NAME Helen Mary Jones  
RESIDENCE Bovill Idaho  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Wisconsin  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

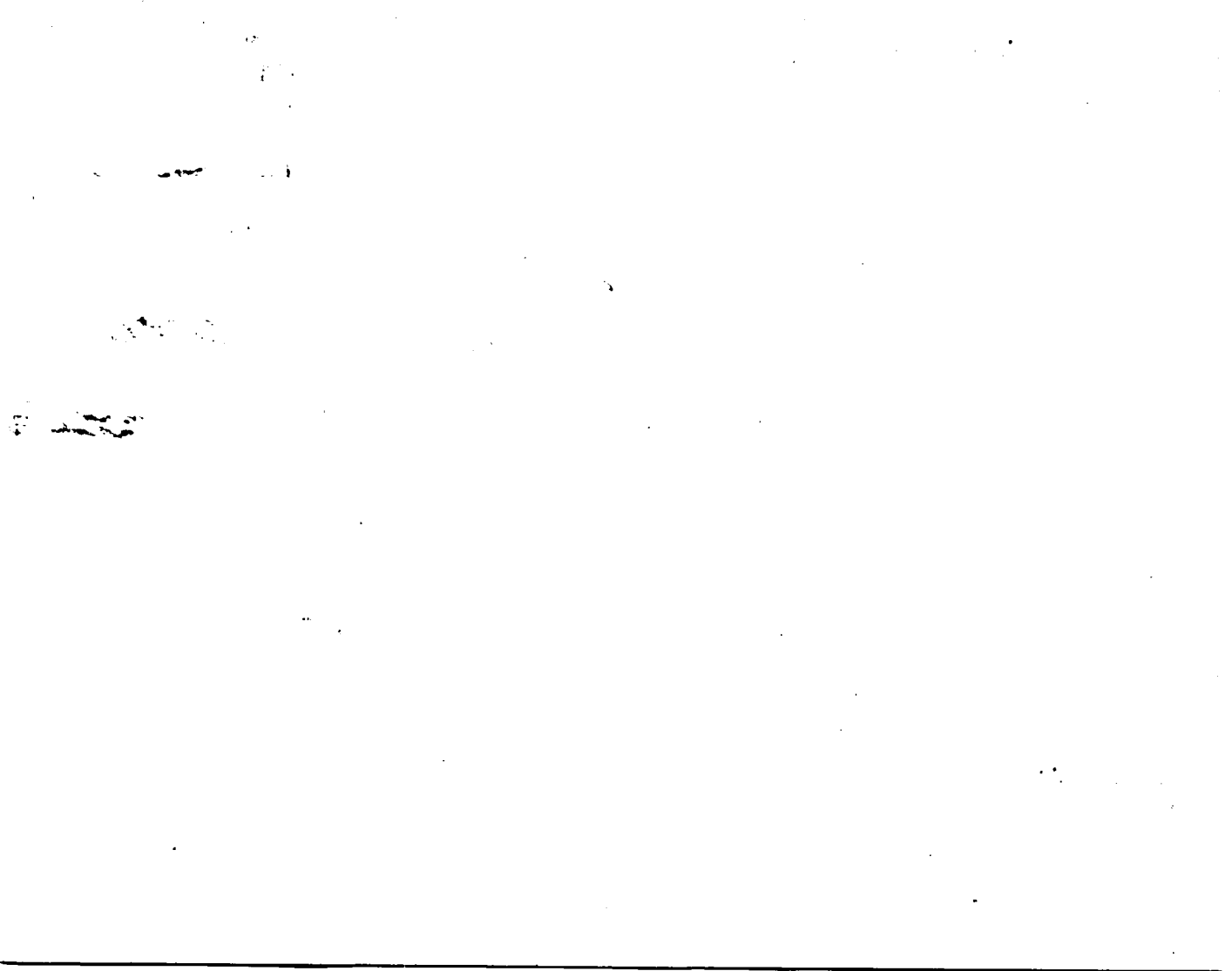
I hereby certify that I attended the birth of this child, who was alive at 2 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Gibson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Bovill Idaho  
Filed Apr 10 1920 Mrs R. C. Gibson  
Registrar



813-212-029-792

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-1-1-13

County of Latah

## CERTIFICATE OF BIRTH

City of BovillRegistration District No. 66File No. 879014

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2146

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Baby Hall, Grace WinifredSex of Child FemaleTwin  
Triplet  
or other? \_\_\_\_\_ and \_\_\_\_\_  
(To be answered only in event of plural births)Legiti-  
mate? YesDate of Birth April 12-1920  
(Month) (Day) (Year)

## FULL NAME

Jesse E. Hall

## FATHER

## RESIDENCE

Bovill Idaho

## COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

## BIRTHPLACE

Kentucky

## OCCUPATION

Stationary EngineerFULL  
MAIDEN  
NAMEOliver Ruth Pike

## MOTHER

## RESIDENCE

Bovill Idaho

## COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

## BIRTHPLACE

Michigan

## OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.alive  
(Born alive or stillborn)

P. M.

\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

F. C. GibsonPhysician  
(Physician or midwife)

Address

Bovill Idaho

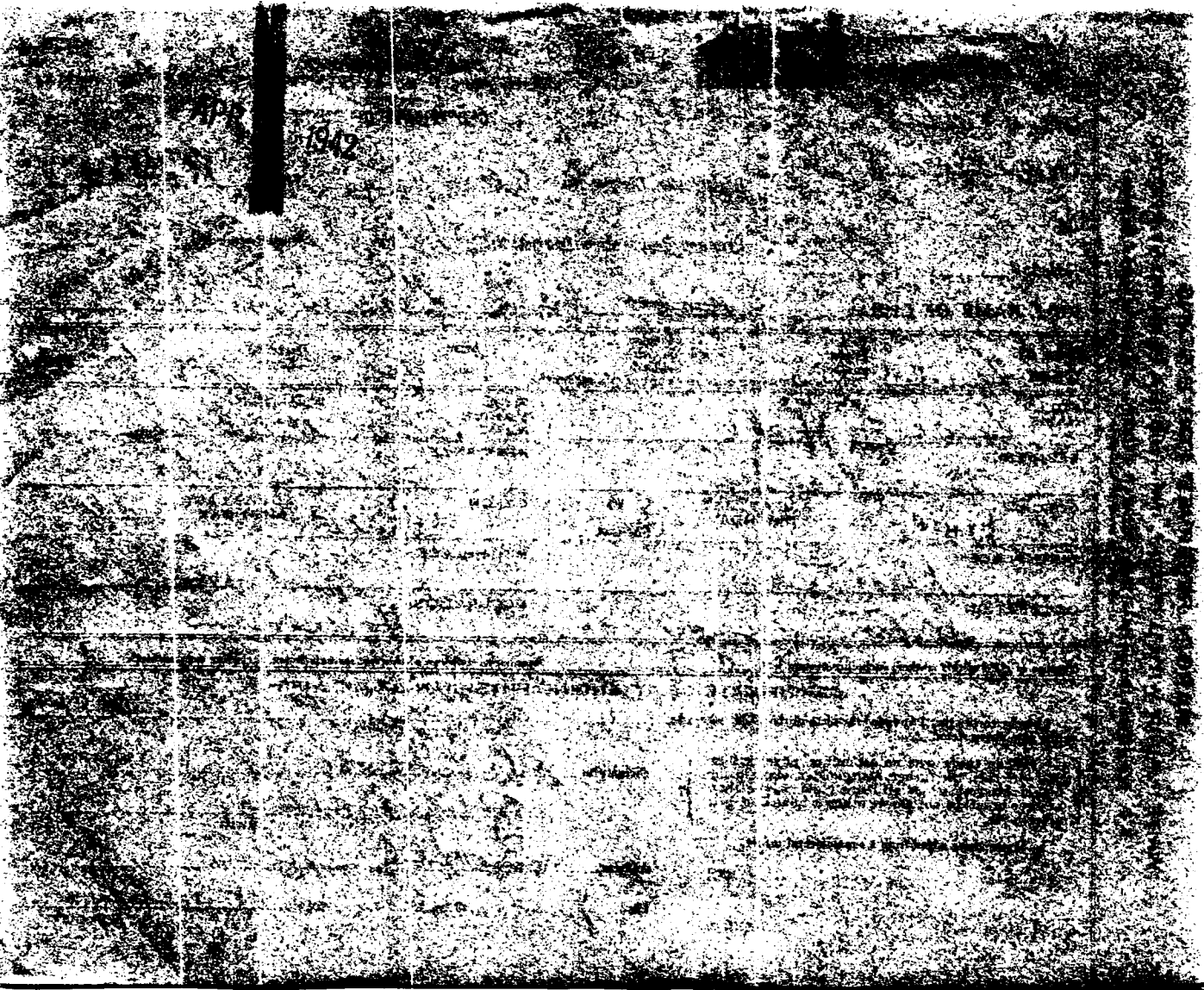
Filed

4/15 1920 Wm. F. C. Gibson  
Registrar



APR

1942



993-204-029-818

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—22a-1-1-13

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. 66

File No. 79015

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2146

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Viola Rose Richey

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>April 24 20</u> (Month) (Day) (Year)
----------------------------	---	------------------------------------	-----------------------------	--

FATHER  
FULL NAME Herbert Jerome Richey  
RESIDENCE Bovill Idaho  
COLOR White AGE AT LAST BIRTHDAY 33  
(Years)  
BIRTHPLACE Wisconsin  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Myrtle Ella Hayes  
RESIDENCE Bovill Idaho  
COLOR White AGE AT LAST BIRTHDAY 33  
(Years)  
BIRTHPLACE Wisconsin  
OCCUPATION Housewife

Number of child of this mother, including present birth. 4

Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Alive (Born alive or stillborn) 7 A.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Gibson  
(Physician or midwife)

Given names added from a supplemental report.

Address Bovill Idaho  
Filed 4/10 20 Mrs. R. Gibson  
Registrar

3101 92

— 25 —

25-10-1953

沈君

2000

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100

THE UNIVERSITY OF CHICAGO

**SECRET**

052520

[illegible]

1. The first group of people who are interested in the study of the history of the United States are the people who are interested in the history of the United States.

1980-1981

[illegible]

693-123-029-119

Form V. S. No. 11-25a-1-1-13

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LatahCity of BovillRegistration District No. 66File No. 9 79016

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2146

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Billie Cheski WilliamsSex of  
ChildMaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthApril 23 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Earl WilliamsFULL  
MAIDEN  
NAMEMOTHER  
May Farmain

RESIDENCE

Bovill Idaho

RESIDENCE

Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Canada

BIRTHPLACE

U.S.A

OCCUPATION

Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth, 2Number of children of this mother now living, including present birth, 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Alive Y.A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. C. Gibson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

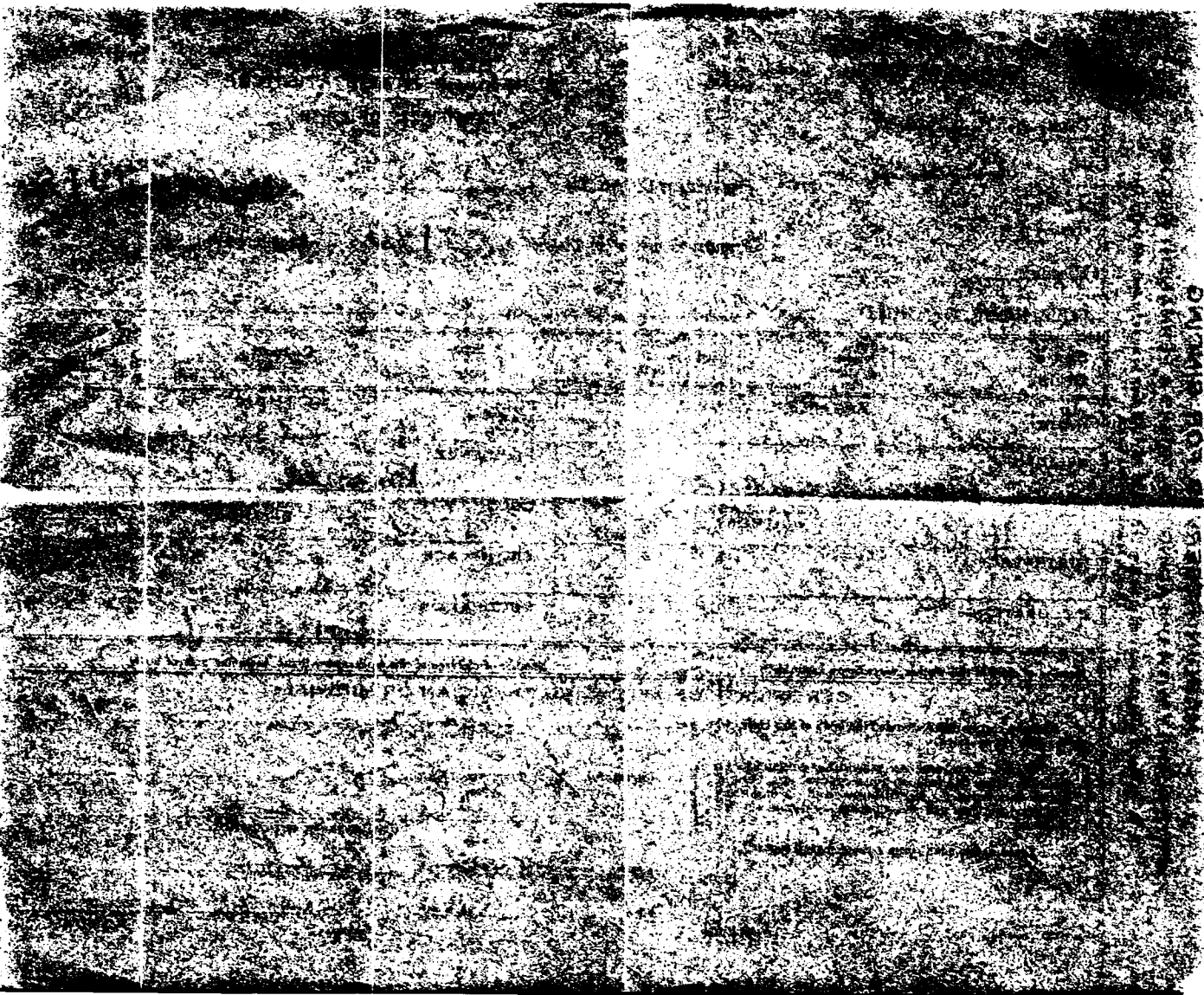
Address

Bovill Idaho

Filed

4/30 1920Mrs J. C. Gibson

Registrar



PAGE 10

10

632-110-029-212

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-28a-4-47

## CERTIFICATE OF BIRTH

County of *Latah*City of *Deary P.*Registration District No. *2147*File No. *39017*

No. .... St.

Primary Registration District No. *67*Registered No. *28*

Hospital .....

FULL NAME OF CHILD *Wallace Donald Olsen*

Sex of Child <i>M.</i>	Twin Triplet or other? <i>✓</i> and (Number in order of birth <i>✓</i> ) (To be answered only in event of plural births)	Legitimate? <i>yes</i>	Date of Birth <i>Apr 10 30</i> (Month) (Day) (Year)
------------------------	---	------------------------	--

FULL NAME <i>Nestor Olsen</i>	FATHER
RESIDENCE <i>Deary</i>	
COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>37</i> (Years)
BIRTHPLACE <i>minn</i>	
OCCUPATION <i>farmer</i>	

FULL MAIDEN NAME <i>Hazel Baker</i>	MOTHER
RESIDENCE <i>Deary P. I.</i>	
COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>31</i> (Years)
BIRTHPLACE <i>minn</i>	
OCCUPATION <i>H.V.</i>	

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* *2100 P.M.*  
on the date above stated. (Born alive or stillborn)

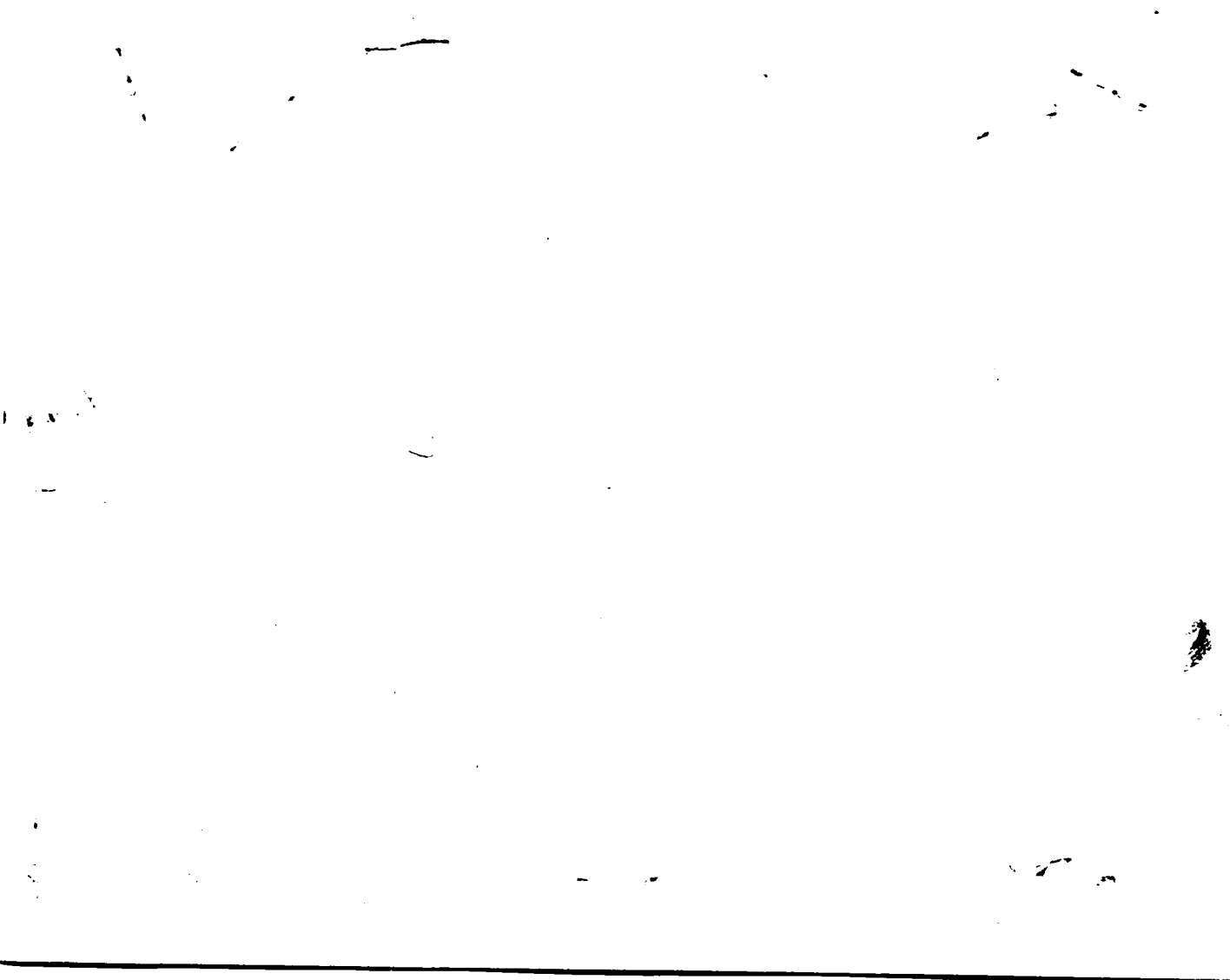
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. Faust*  
*physician*  
(Physician or midwife)

Given names added from a supplemental report.

*Dr. Faust* *20* Address *Deary*  
*Dr. Faust* *4-12-30* *Dr. Faust*  
Registrar Registrar

K



STATE OF IDAHO  
BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City

Street and House No.

County

Registered Number

Registration District No.

Sex of Child

Date of Birth

(Month)

(Day)

1942

Full Name

Father

Full Maiden Name

Mother

I HEREBY CERTIFY that the child described herein has

been named:

as reported by

(Father or Mother)

(Local Registrar)



JUN 16 1944

443-112-029-742

PLACE OF BIRTH

County of *Latah*

City of *Helmer*

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

TEDDY IVAN

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. *2147*

File No. *5-19918*

Primary Registration District No. *67*

Registered No. *59*

Sex of Child *M.* Twin Triplet or other? *2* and in order of birth *1* Legitimate? *yes* Date of Birth *4-12-20*  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME *Wm Dillman* FATHER

FULL MAIDEN NAME *May Gustin* MOTHER

RESIDENCE *Helmer*

RESIDENCE *Helmer*

COLOR *W.* AGE AT LAST BIRTHDAY *37*  
(Years)

COLOR *W.* AGE AT LAST BIRTHDAY *35*  
(Years)

BIRTHPLACE *Ore.*

BIRTHPLACE *Ida*

OCCUPATION *Has none*

OCCUPATION *N.W.*

Number of child of this mother, including present birth *8* Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* on the date above stated. *6154*  
(Each alive or stillborn)

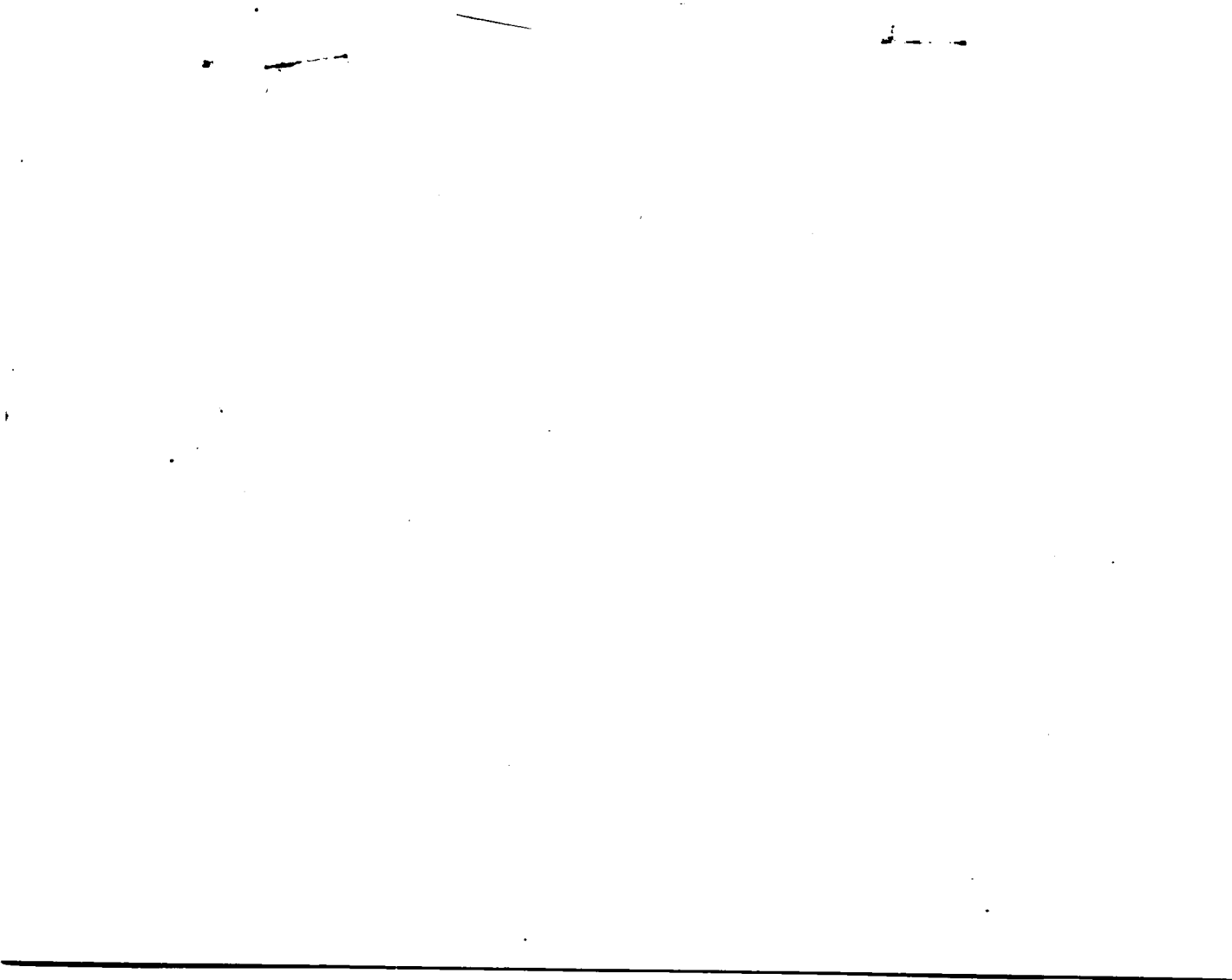
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. H. H. Farnet*  
Physician or midwife

Given names added from a supplemental report.

*4-12-20*  
*Dr. H. H. Farnet*  
Registrar

Address *Helmer*  
Filed *4-12-20*  
*Dr. H. H. Farnet*  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Latah } ss. JAN 26 1942  
Certificate No. 79018  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Teddy Ivan Dillman who born on April 12, 1920.  
in Helmer, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
Name Freddie Dillman Teddy Ivan Dillman

Subscribed and sworn to before me this 24th  
day of January 1942  
Probate Judge [Signature]  
Notary Public, residing at Moscow, Idaho  
My commission expires January, 1943  
(SEAL)

Signed [Signature]  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
Juliaetta, Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Latah } ss.  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 24th  
day of January 1942  
Probate Judge [Signature]  
Notary Public, residing at Moscow, Idaho  
My commission expires January, 1943.  
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

Signed [Signature]  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
Juliaetta, Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

101-21-22

101-21-22

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-128-029-419

PLACE OF BIRTH

County of

City of

No. .... St.

Hospital .....

FULL NAME OF CHILD ... Laurence Elwood Nelson

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-37

Registration District No. ....

File No. ....

Primary Registration District No. ....

Registered No. ....

Sex of Child <i>M.</i>	Twin Triplet or other? <i>✓</i> and { Number in order of birth <i>✓</i>	Legitimate? <i>Yes</i>	Date of Birth <i>4-28-20</i> (Month) (Day) (Year)
------------------------	---	------------------------	--

FULL NAME <i>Leonard F. Nelson</i>	FATHER	FULL MAIDEN NAME <i>Florence Martenson</i>	MOTHER
RESIDENCE <i>Troy R. 2.</i>		RESIDENCE <i>Troy R. 2.</i>	
COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)	COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>36</i> (Years)
BIRTHPLACE <i>Mich</i>		BIRTHPLACE <i>Ida.</i>	
OCCUPATION <i>farmer</i>		OCCUPATION <i>H.W.</i>	

Number of child of this mother, including present birth ..... 2 Number of children of this mother now living, including present birth ..... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at *1200* M. on the date above stated.

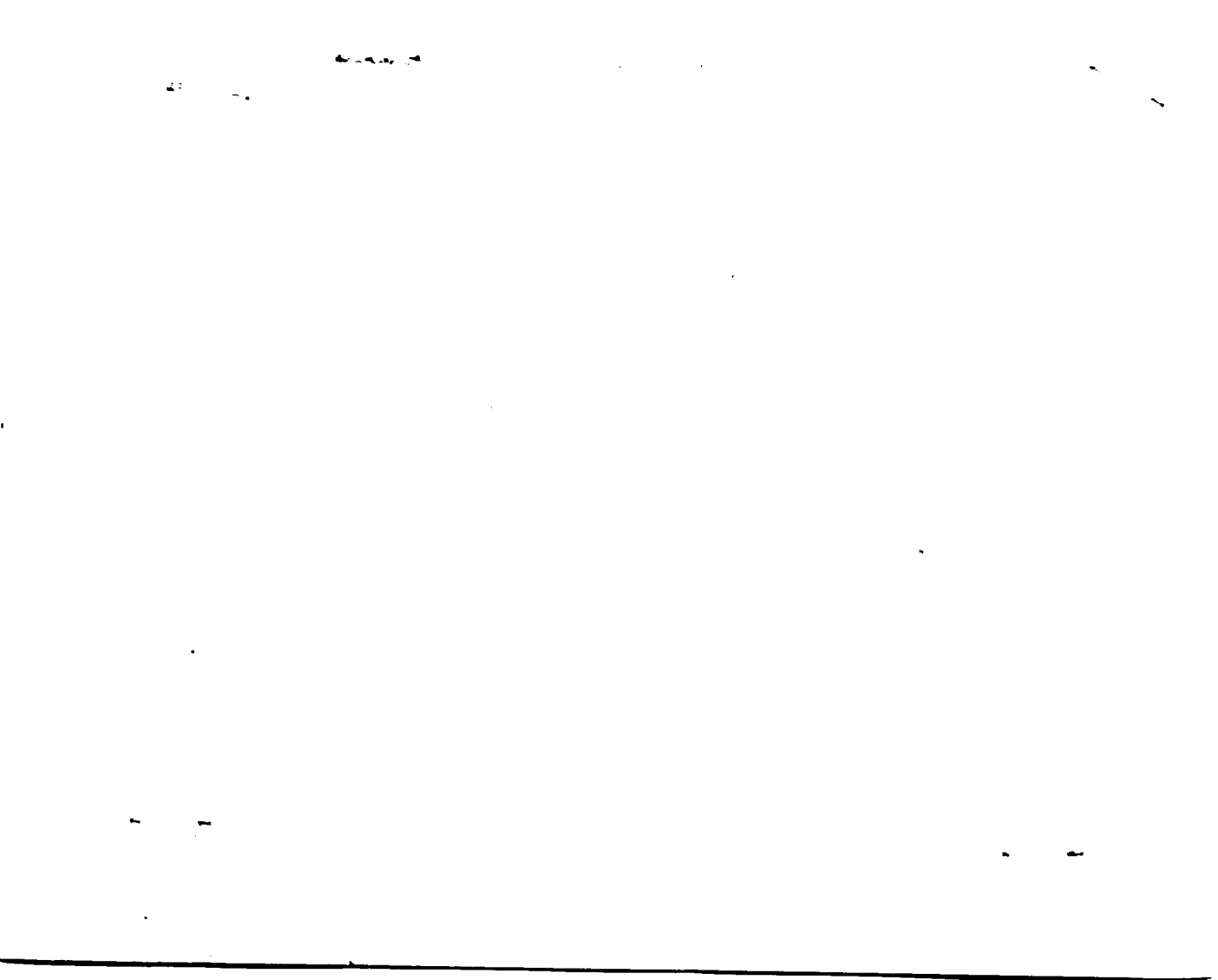
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... *Dr. Faust*  
.....  
(Physician or midwife)

Given names added from a supplemental report.

.....  
.....  
Registrar

Address .....  
Filed *5-1-20* .....  
Registrar



STATE OF IDAHO  
BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City

Troy P 2

Street and House No.

County

Latah

Registered Number

2147

Registration District No.

67

Sex of Child

m

Date of Birth,

(Month)

(Day)

191

(Year)

Full Name

Father

Leonard F. Nelson

Full Maiden Name

Mother

Florence Martenson

I HEREBY CERTIFY that the child described herein has been named:

Laurence Elwood Nelson

(Given name in full)

(Surname)

as reported by

Leonard F. Nelson

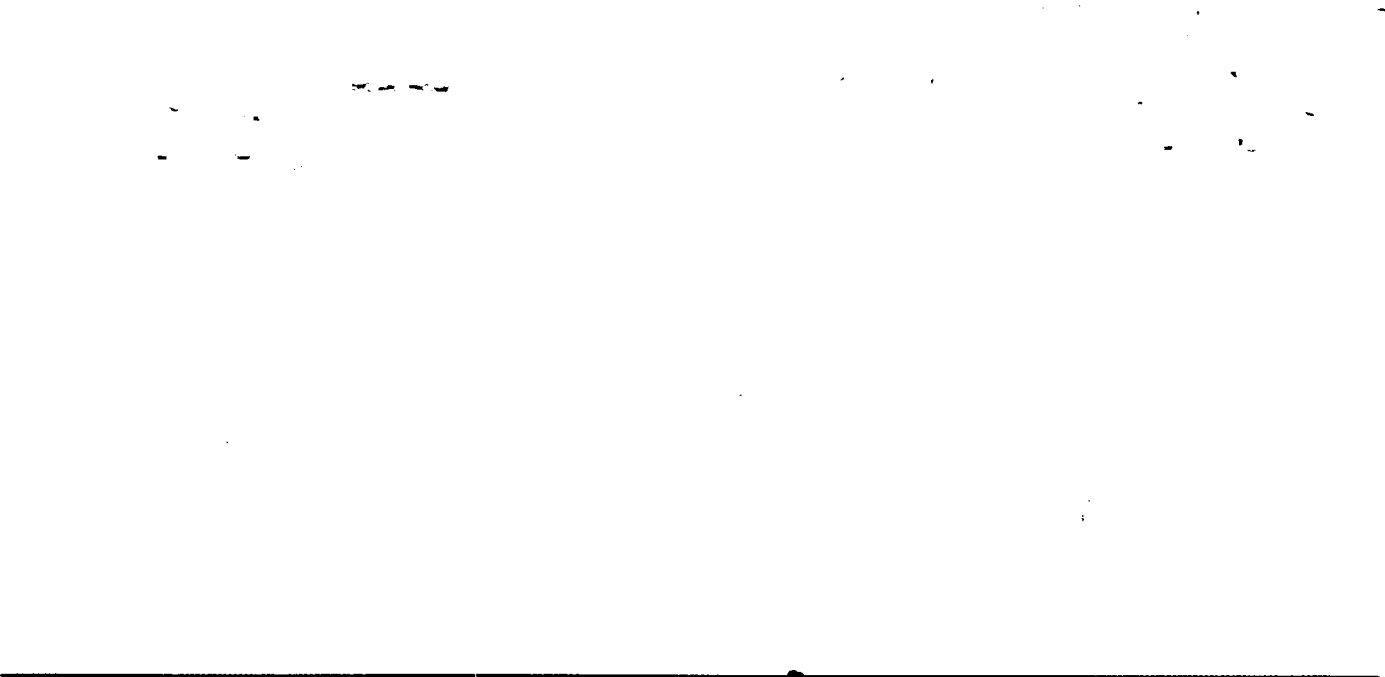
(Father or Mother)

R. C. Farnet

(Local Registrar)

Change Father's age from 33 as given to 34 yrs.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

785-129-029-127

PLACE OF BIRTH

County of Idaho

City of Arvon

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. 2147

Primary Registration District No. 67

File No. 79020

Registered No. 31

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

Sex of Child <u>M.</u>	Twin Triplet or other? <u>N</u> and (Number in order of birth) <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>4-29-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>John L. Phelan</u>		MOTHER FULL MAIDEN NAME <u>Amanda Asplund</u>	
RESIDENCE <u>Arvon</u>		RESIDENCE <u>Arvon</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Nebr.</u>		BIRTHPLACE <u>Ida.</u>	
OCCUPATION <u>lumberman</u>		OCCUPATION <u>HW</u>	

Number of child of this mother, including present birth .... 2 Number of children of this mother now living, including present birth .... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:30 P.M. on the date above stated. (Born alive or stillborn)

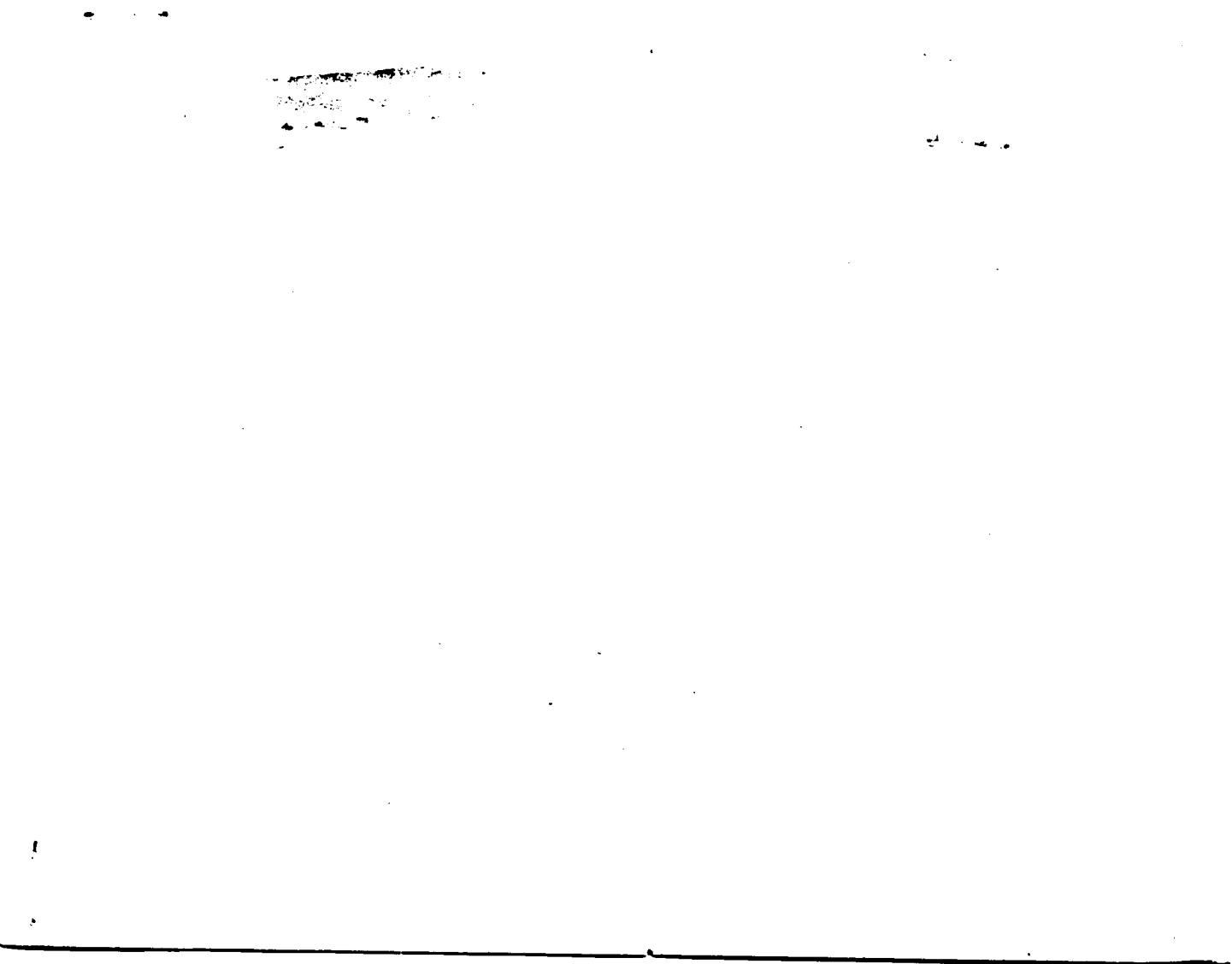
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Faust  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

P. E. Faust Address Deary  
Registrar Filed 5-2-20 Registrar

K



STATE OF IDAHO  
BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

290520

Place of Birth { City Arvon  
Street and House No. Latah  
County Latah

Registered Number 2147  
Registration District No. 67

Sex of Child M.Date of Birth Apr. 29 1920

(Month)

(Day)

(Year)

Full Name John S. Shelan

Father

Full Maiden Name Amanda Replund

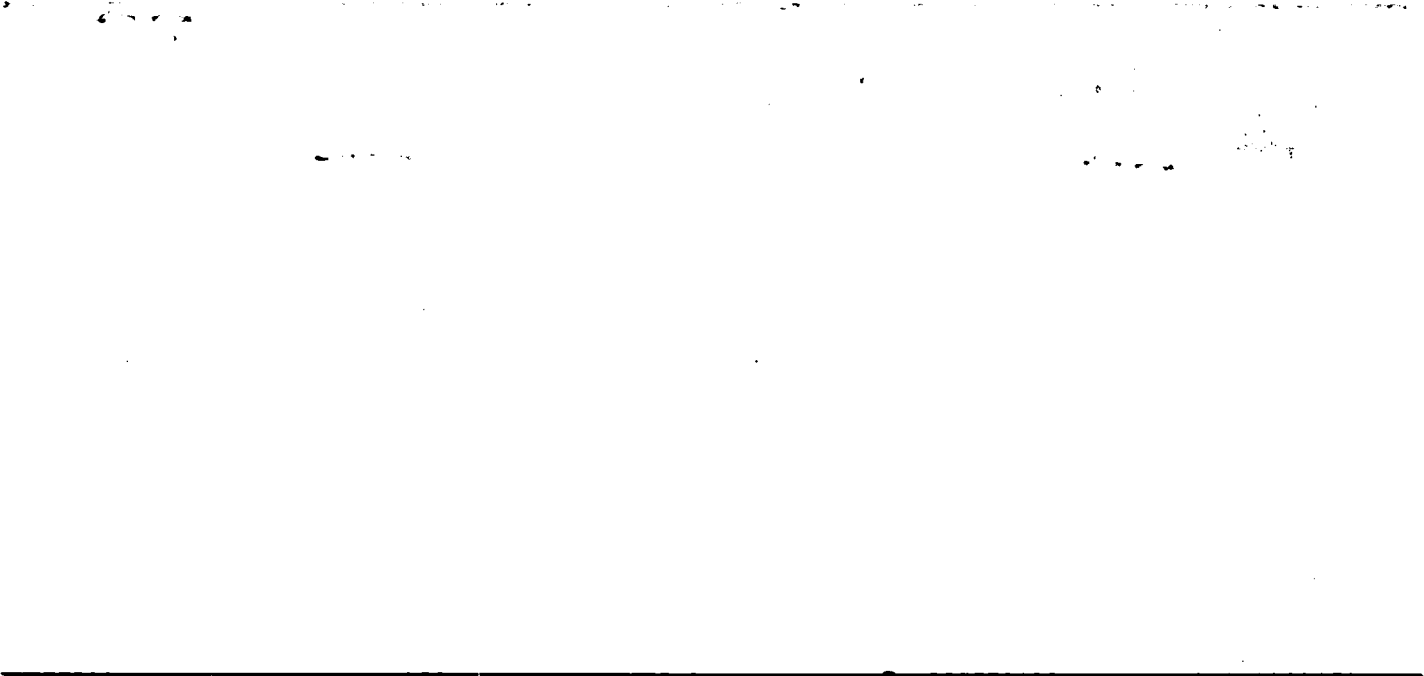
Mother

I HEREBY CERTIFY that the child described herein has been named:

Gerald Lee Shelan  
(Given name in full)  
as reported by Mrs. J. P. Shelan  
(Father or Mother)

(Surname)

P. E. Jansen  
(Local Registrar)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

796-201-035-791

Form V. S. No. 11-C-25m-7-21-19

BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79021

City of Julietta  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 68 File No. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD Elsie May Grove

Sex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitt mate? Yes Date of Birth 4 1 20  
(Month) (Day) (Year)

FATHER  
FULL NAME Thomas B. Grove  
RESIDENCE Julietta  
COLOR White AGE AT LAST BIRTHDAY 29  
(Years)  
BIRTHPLACE Mary Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Marion B. Groves  
RESIDENCE Julietta  
COLOR White AGE AT LAST BIRTHDAY 19  
(Years)  
BIRTHPLACE Mary Id.  
OCCUPATION House wife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10.15 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Kelly  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19 \_\_\_\_\_

Address Vondrecht Idaho  
Filed 4-30 1920 R. F. Pepper  
Registrar

Registrar

Julietta Ida

MAY 6 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

796-203

029-342

PLA

H

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of IdahoCity of JuliaettaRegistration District No. 68File No. 79022

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Sola E. GrovesSex of Child HTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate? YesDate of  
Birth Apr - 3 20

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Gro. A. GrovesRESIDENCE JuliaettaCOLOR WhiteAGE AT LAST  
BIRTHDAY 27  
(Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL  
MAIDEN  
NAME

MOTHER

Adith E. CusterRESIDENCE JuliaettaCOLOR WhiteAGE AT LAST  
BIRTHDAY 22  
(Years)BIRTHPLACE IowaOCCUPATION House wifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive,  
on the date above stated.

at 12 15 P M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) W. C. Rosherville

(Physician or midwife)

Given names added from a supplemental report.

19

Address Kendrick IdahoFiled Apr 30 19 20R. F. Pepple

Registrar

Registrar

Juliaetta Idaho





MAR 29 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

415-210-8

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

County of BlaineCity of ZelandRegistration District No. 68File No. 79023

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Bonnie Jean Davis

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth (Month) <u>Apr</u> (Day) <u>10</u> (Year) <u>1920</u>
----------------------------	---	-----	--------------------------------	-------------------------------	---

FULL NAME FATHER William F. DavisRESIDENCE Zeland IdahoCOLOR White AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE Pomeroy MoOCCUPATION FarmerFULL MAIDEN NAME MOTHER Zola E. GiffordRESIDENCE Zeland IdahoCOLOR White AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE Hot Springs South DakOCCUPATION House wife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 8:45 A.M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

(Signature)

J. H. Kelly  
Kenneth E. Loh  
 (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

5-12-20

Registrar

R. F. Pepple  
 Registrar  
Julius E. Ida

MAR 16 1955

413-111-035

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. 2. No. 11-C—Rev. 1-1-34

## CERTIFICATE OF BIRTH

County of IdahoCity of KendrickRegistration District No. 68File No. 79024

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Homer Dale MothesSex of  
ChildMaleTwin  
Triplet  
or other?and Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthApril 11 1950  
(Month) (Day) (Year)FULL  
NAME

FATHER

Elmer MathisFULL  
MAIDEN  
NAME

MOTHER

Mozie Lema Harris

RESIDENCE

Kendrick Idaho

RESIDENCE

Kendrick Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Missouri

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 11-50 A.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

W. C. Rasmussen M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Kendrick Idaho

Filed

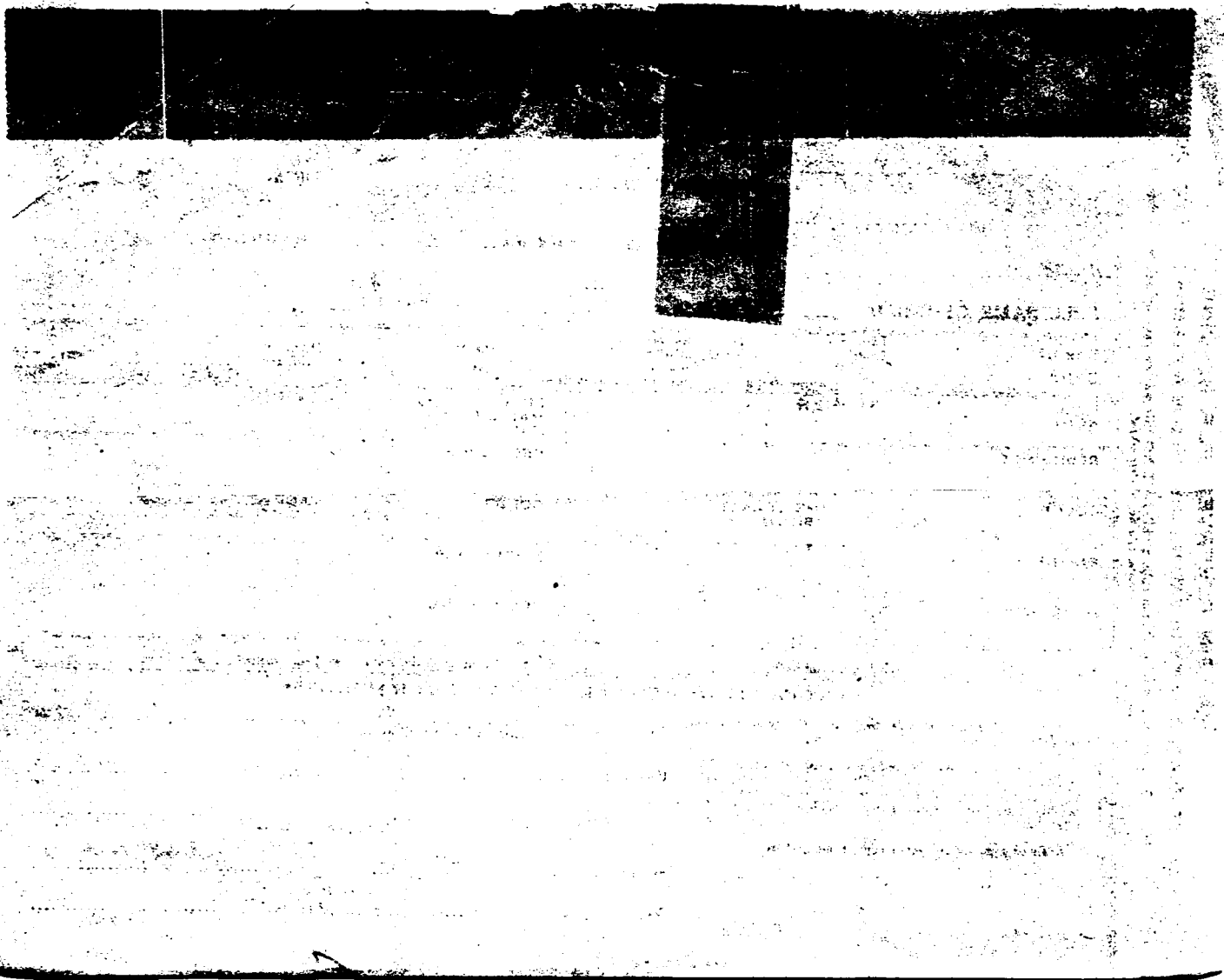
5-10

19

20R. F. Pappeler

Registrar

Johnette Dela



819-121-035

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

County of Nez Perce

CERTIFICATE OF BIRTH

City of Leland

Registration District No. 68

File No. 79025

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Arthur Edwin Hartinger

Sex of Child

Male

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Age

yo

Date of Birth

Apr. 21 1920  
(Month) (Day) (Year)

FULL NAME

Wesley F. Hartinger

FATHER

RESIDENCE

Leland Idaho

COLOR

white

AGE AT LAST BIRTHDAY

29  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

Annie Saison

MOTHER

RESIDENCE

Leland Idaho

COLOR

White

AGE AT LAST BIRTHDAY

25  
(Years)

BIRTHPLACE

Washington

OCCUPATION

Housewife

Number of child of this mother, including present birth. 2

Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

born alive - 2:45 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. A. Rothwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Kenilworth Idaho

Filed

Apr 30 1920

R. F. Pepple

Registrar

Julia M. Ide



689-7125-030-946  
PLACE OF BIRTHSTATE OF IDAHO  
DEPARTMENT OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of LatahCity of 4<sup>th</sup> JulyRegistration District No. 41File No. 79026

No. \_\_\_\_\_ St.

Primary Registration District No. 2116

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Arthur EugeneWhite

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Apr 25<sup>th</sup></u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Albert White</u>	FATHER
RESIDENCE <u>4<sup>th</sup> July</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Pearl Ruff</u>	MOTHER
RESIDENCE <u>4<sup>th</sup> July</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Shop</u>	

Number of child of this mother, including present birth 5
Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 130 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. S. Wright

(Physician or midwife)

Given names added from a supplemental report

Arthur Eugene White

Address

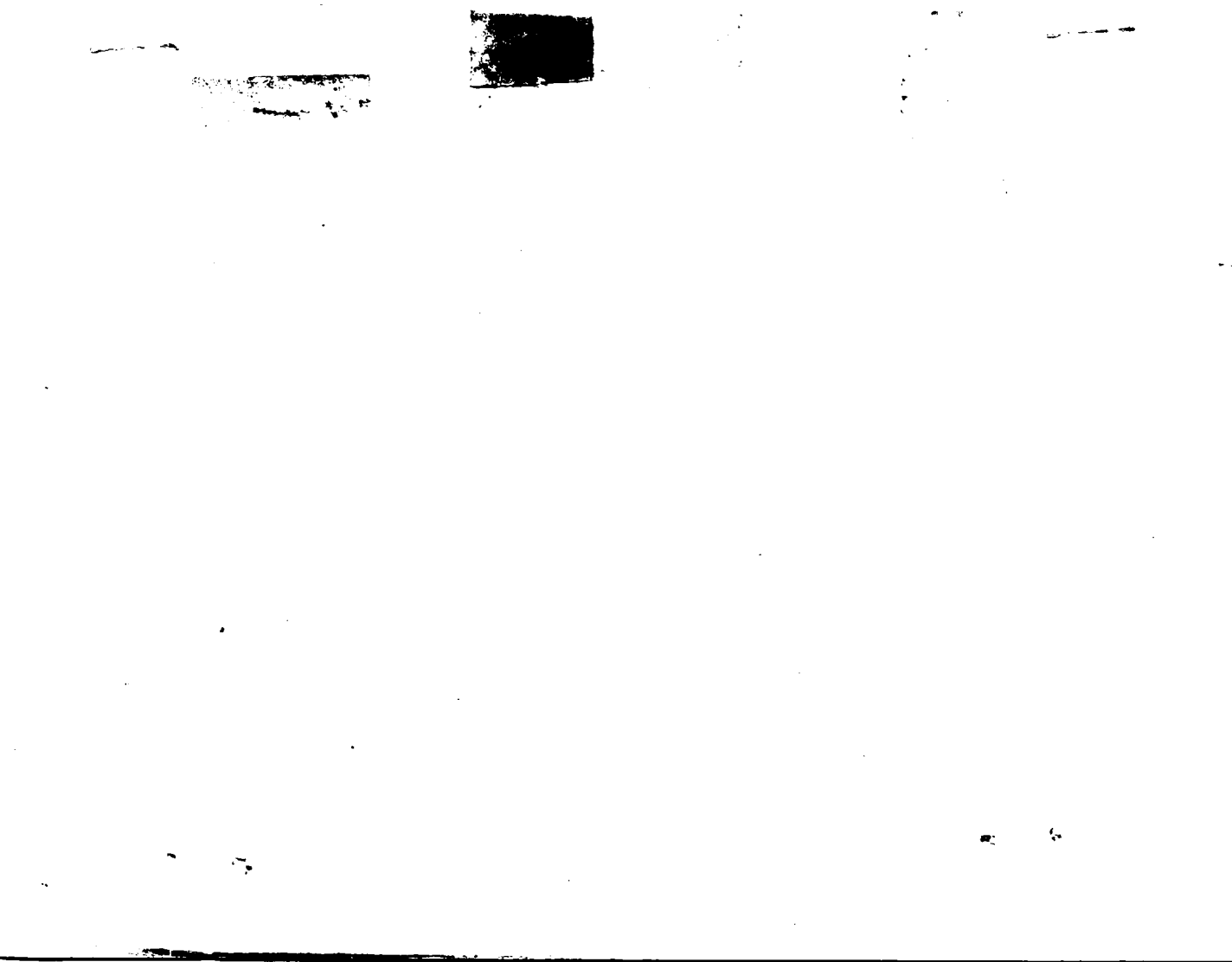
SalmonW. C. Murphy

Filed

5/101920M. A. Greene

Registrar





STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

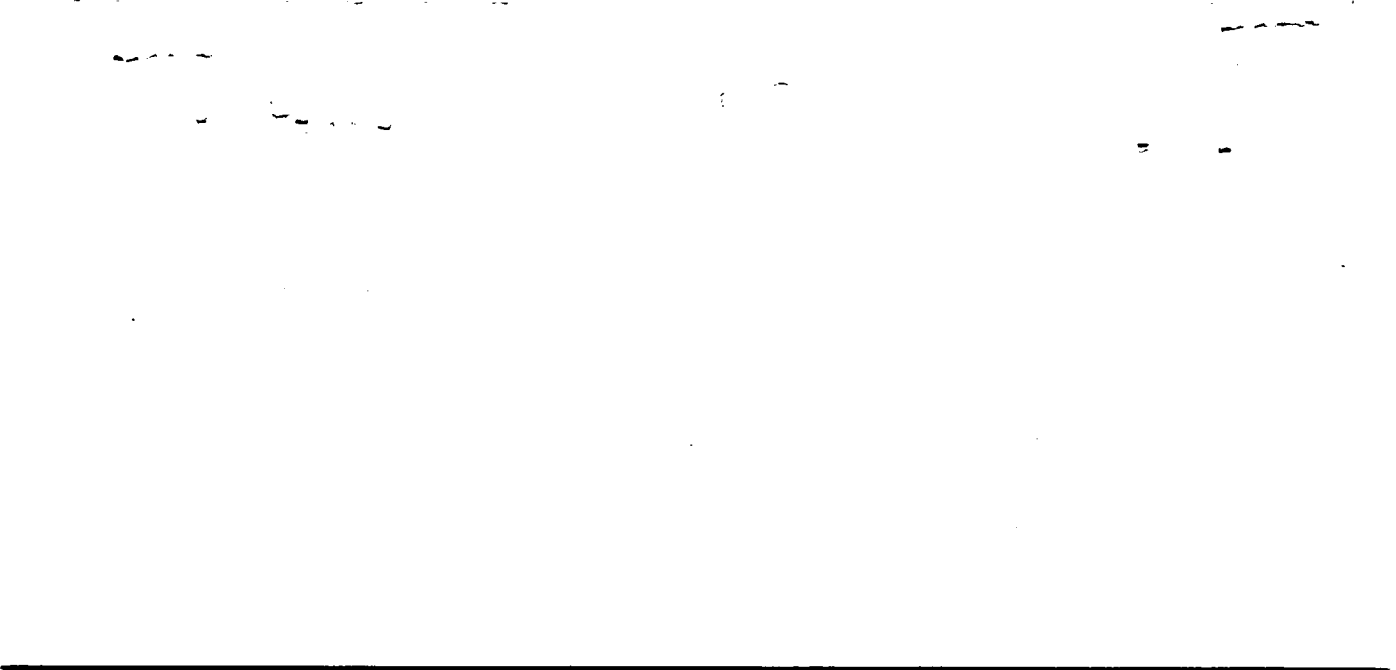
Place of Birth { City \_\_\_\_\_ Registered No. 41  
Street and House No. \_\_\_\_\_  
County Lemhi \_\_\_\_\_  
Registration Dist. No. 2-116

Sex of Child Male  
Date of Birth Apr. 29 1920  
FATHER Albert W. White  
MOTHER Pearl Ruff White

MONTH DAY YEAR  
FULL NAME  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Arthur Eugene White  
GIVEN NAME IN FULL SURNAME  
as reported by Pearl Ruff White  
FATHER OR MOTHER  
M. Loring Greene  
LOCAL REGISTRAR



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-125-030-962  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 4-1

File No. 79027

No. \_\_\_\_\_ St.

Primary Registration District No. 2-1-16

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Merlin Frank Montgomery

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 25</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

FATHER  
FULL NAME Lee Montgomery  
RESIDENCE Salmon  
COLOR White  
AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Miner

MOTHER  
FULL MAIDEN NAME Vera Rose  
RESIDENCE Salmon  
COLOR White  
AGE AT LAST BIRTHDAY 18 (Years)  
BIRTHPLACE California  
OCCUPATION Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

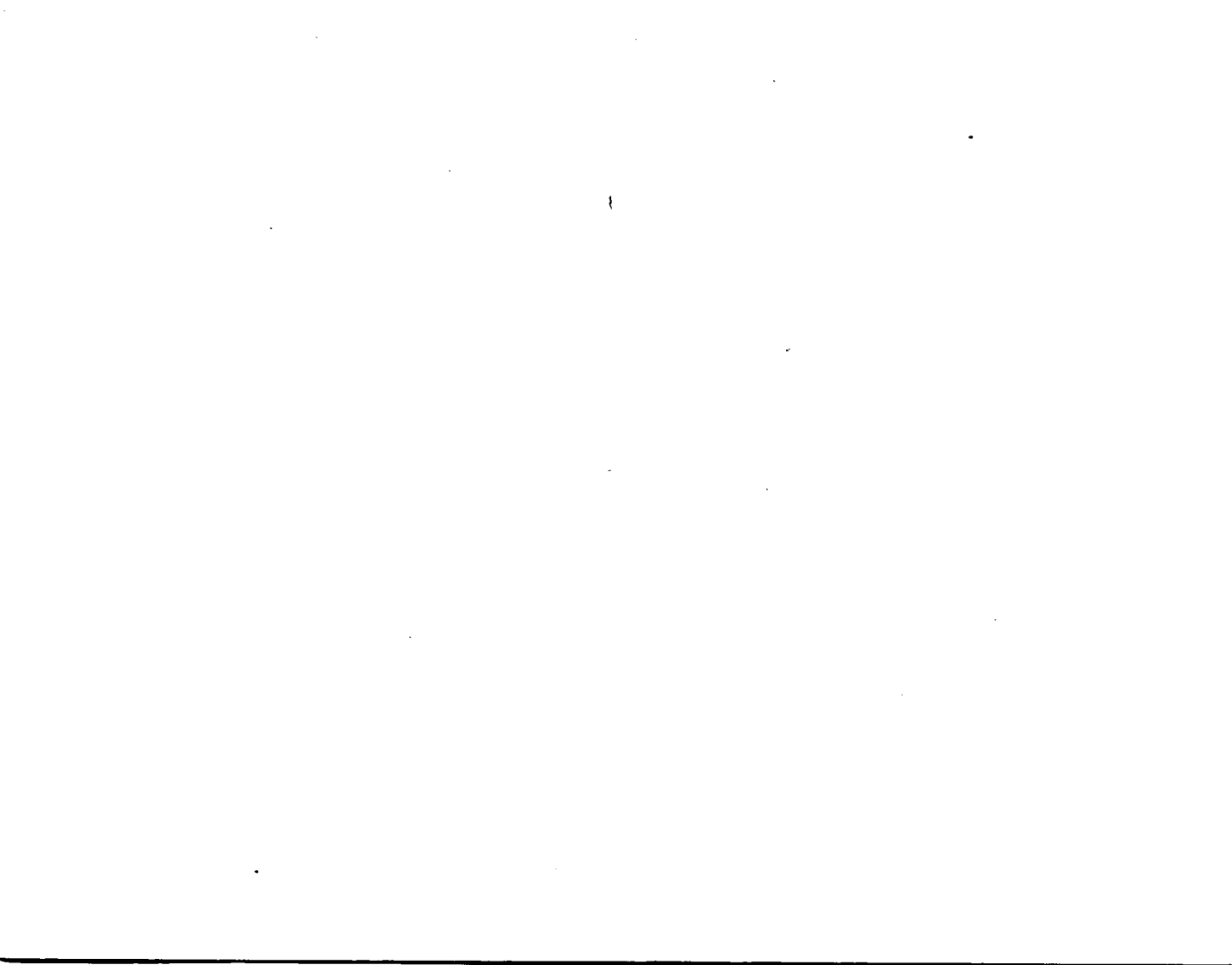
(Signature) J. D. Wright M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Salmon Idaho

Filed 5/10 1920 M. Waring Greene  
Registrar



724-201-030-284  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-15

County of IdahoCity of SalmonRegistration District No. 41

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2116

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Nora PowersPower

79028

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 1<sup>st</sup></u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FATHER FULL NAME <u>Roy Powers</u>	RESIDENCE <u>Big Creek</u>	COLOR <u>Wln</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	BIRTHPLACE <u>Montana</u>	OCCUPATION <u>Farmer</u>
---------------------------------------	----------------------------	------------------	---	---------------------------	--------------------------

MOTHER FULL MAIDEN NAME <u>Mary Ann</u>	RESIDENCE <u>Big Creek</u>	COLOR <u>Wln</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	BIRTHPLACE <u>Utah</u>	OCCUPATION <u>Housewife</u>
--	----------------------------	------------------	---	------------------------	-----------------------------

Number of child of this mother, including present birth <u>5</u>	Number of children of this mother now living, including present birth <u>4</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive at 140 P M.  
on the date above stated. (Born alive or stillborn)

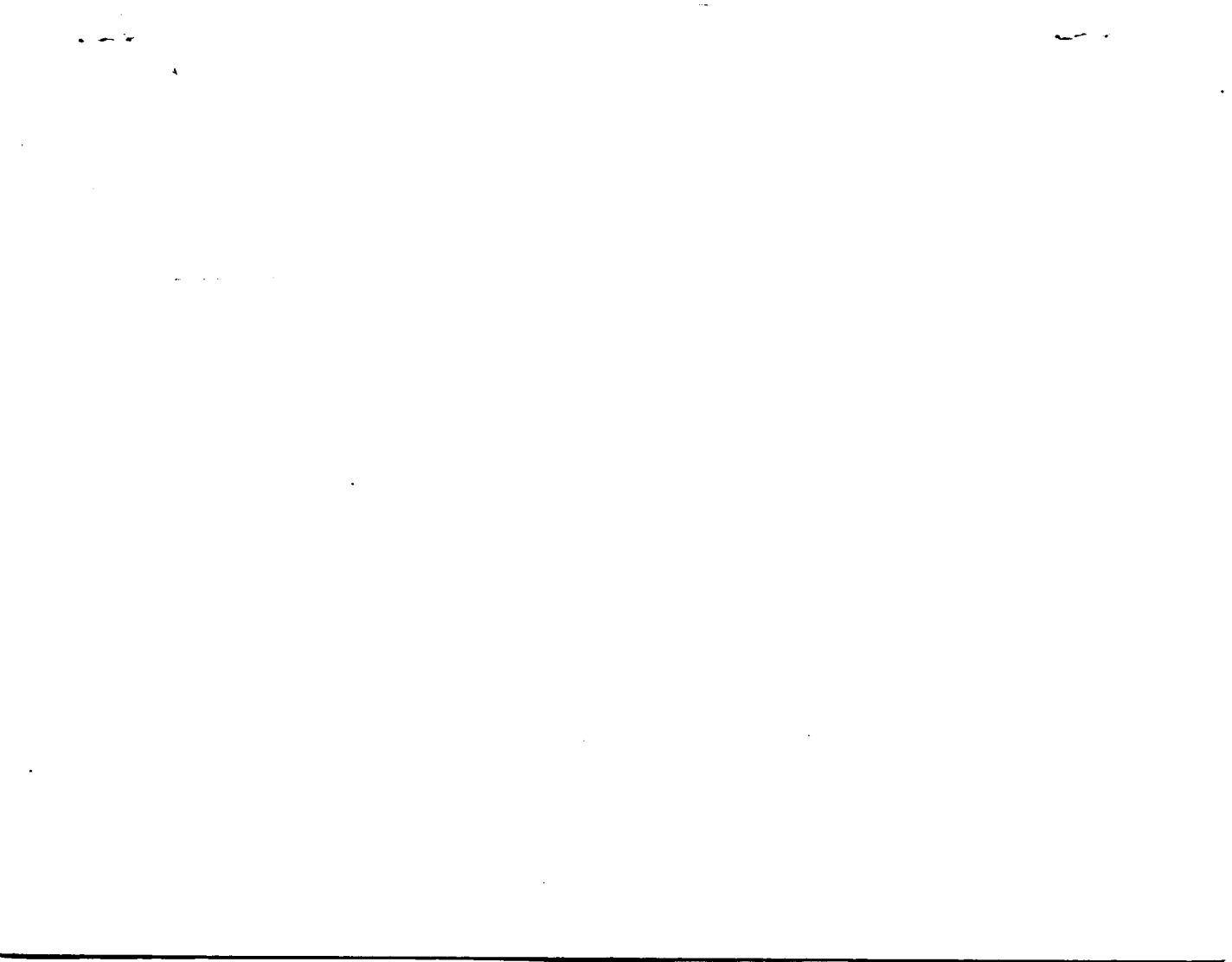
\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Wright - M D

(Physician or midwife)

Given names added from a supplemental report.

Address SalmonFiled 7/10 1920 M. A. Gering Greene



Own Child's Birth Certificate, (Idaho-Birth) #410472 and Statement from Lemhi County School Records, 1932, gives name as Nora Powers - viewed by V.S.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 79028  
County of Lemhi }

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Powers who was born on May 1, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Salmon, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by prepared on, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name of child

unnamed

Nora Powers

Subscribed and sworn to before me this 29 day of

Signed Roy Powers (Father)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Salmon, Idaho

My commission expires 1-15-39

(Seal)

Salmon, Ida

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Lemhi }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of

Signed Harold F. Martin

(Signature of Any Credible Person)

Notary Public, residing at Salmon, Idaho

My commission expires 1-15-49

(Seal)

Salmon, Idaho  
(Street Address, City, State)



DEC 4 1958

319-104-030-238  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of LewiskiCity of SalmonRegistration District No. 41

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2116

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Paul EnerethCarlson

79029

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____ }	Legitimate? <u>yes</u>	Date of Birth <u>May 4<sup>th</sup></u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--	------------------------	--

FULL NAME <u>Olaf Carlson</u>	FATHER
RESIDENCE <u>Salmon</u>	
COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>50</u> (Years)
BIRTHPLACE <u>Sweden</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Bertha A Schilling</u>	MOTHER
RESIDENCE <u>Salmon</u>	
COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:25 a M. on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. D. Wright M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Salmon

Filed

5/10 1920 M. Herring Greene

Registrar

MAR 22 1946

DEC 2 1945

4/17/41 L. B.

942-205-030-613  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of LemhiCity of LeadoreRegistration District No. 42File No. 79030

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2153Registered No. 6

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Helen Ann Rusk

Sex of Child <u>female</u>	Twin Triplet or other? <u>-</u>	and { Number in order of birth <u>-</u> }	Legitimate? <u>yes</u>	Date of Birth <u>4/5/20</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>William D. Rusk</u>			FULL MAIDEN NAME <u>Polly Walters</u>	
RESIDENCE <u>Leadore, Idaho</u>			RESIDENCE <u>Leadore, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>52</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Kansas</u>			BIRTHPLACE <u>Reburg, Idaho</u>	
OCCUPATION <u>Rancher</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>2</u>			Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ivin B. Keller  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

May 20, 1920  
I. B. Keller

Address

Leadore, Idaho

Filed

May 20, 1920I. B. Keller

111 12 1960

533-219-030-893  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of LemhiCity of LeadoreRegistration District No. 42File No. 79031

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2153Registered No. 7

Hospital \_\_\_\_\_

FULL NAME OF CHILD May Marie Ellis

Sex of Child <u>female</u>	Twin Triplet or other? <u>-</u>	and {	Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>5/19/20</u> (Month) (Day) (Year)
FULL NAME <u>Russell H. Ellis</u>				FULL MAIDEN NAME <u>Vida Hickman</u>	
RESIDENCE <u>Leadore, Idaho</u>				RESIDENCE <u>Leadore, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)			COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Duboise, Idaho</u>				BIRTHPLACE <u>Springfield, Mo.</u>	
OCCUPATION <u>Rancher</u>				OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive at 1 a. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ivin B. Keller

(Physician or midwife)

Given names added from a supplemental report.

May 20th 1920Address Leadore, IdahoFiled May 20th 1920

DEC 7 1972

Dup of 1920-80100

253-131-030-537  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of LemhiCity of GilmoreRegistration District No. 42File No. 79032

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2153Registered No. 5

Hospital \_\_\_\_\_

FULL NAME OF CHILD Robert Edmer Bell

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u>	and {	Number in order of birth <u>-</u>	Legitimate? <u>legitimate</u>	Date of Birth <u>4/31/20</u> (Month) (Day) (Year)
--------------------------	---------------------------------	-------	-----------------------------------	-------------------------------	--

FATHER FULL NAME <u>Sam Bell</u>		MOTHER FULL MAIDEN NAME <u>Ida C. Elg</u>	
RESIDENCE <u>Gilmore Ida.</u>		RESIDENCE <u>Gilmore Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Ireland</u>		BIRTHPLACE <u>Lurden</u>	
OCCUPATION <u>Blacksmith</u>		OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth <u>5</u>	Number of children of this mother now living, including present birth <u>4</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 a.m.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. H. H. Neville  
midwife  
(Physician or midwife)

Given names added from a supplemental report.

May 5th 1920  
Irvin B. Keller

Address Gilmore, Idaho  
Filed May 5th 1920 Irvin B. Keller  
Registrar



JUN 29 1942

MARGIN REMOVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child, make a separate return must be made for each and the number of birth stated.

863-125-031-669  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Lewis  
City of Idaho Falls  
No. .... St.

Registration District No. 60 File No. 79033  
Primary Registration District No. 5129 Registered No. 11

Hospital .....  
FULL NAME OF CHILD Robert Dale Holmes

Sex of Child <u>male</u>	Twin Triplet or other? <u>—</u>	and (Number in order of birth <u>—</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>4-25</u> (Month) (Day) (Year) <u>1922</u>
FULL NAME FATHER <u>Wesley S. Grant/Holmes</u>		FULL MAIDEN NAME MOTHER <u>Rose Huntington</u>		
RESIDENCE <u>Idaho Falls</u>		RESIDENCE <u>Idaho Falls</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	
BIRTHPLACE <u>West Va.</u>		BIRTHPLACE <u>Huntington W. Va.</u>		
OCCUPATION <u>Rancher</u>		OCCUPATION <u>housewife</u>		

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Idaho Falls on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Duvall

Given names added from a supplemental report.

(Physician or midwife) Dr. Duvall

Address .....  
Filed 4/27 1922 Registrar R. E. Duvall

FEBR

SEP 19 1962

433 - 202 - 774

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—Mar. 22-17

County of *Franklin*City of *Valluer*

Registration District No. ....

File No. ....

79034

No. .... St.

Primary Registration District No. .... 2129

Registered No. .... 12

Hospital .....

FULL NAME OF CHILD *Elma Evelyn McCoster*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>—</i>	and (Number in order of birth)	Legitimacy <i>Yes</i>	Date of Birth <i>May 2 1920</i> (Month) (Day) (Year)
----------------------------	---------------------------------	--------------------------------	-----------------------	---

FULL NAME FATHER <i>Harry Earl McCoster</i>
RESIDENCE <i>Valluer, Ida</i>

FULL MAIDEN NAME MOTHER <i>Bessie Wernup</i>
RESIDENCE <i>Valluer, Ida</i>

COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)
--------------------	---

COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>32</i> (Years)
--------------------	---

BIRTHPLACE <i>Dayton Ohio</i>
-------------------------------

BIRTHPLACE <i>Old Wusser, Idaho</i>
-------------------------------------

OCCUPATION <i>Painter</i>
---------------------------

OCCUPATION <i>Nurse</i>
-------------------------

Number of child of this mother, including present birth <i>3</i>	Number of children of this mother now living, including present birth <i>2</i>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive* at *1404* M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *P. E. Duvall M.D.*

Given names added from a supplemental report.

..... 19.....

Address .....

.....

Filed *6/6* 19 *20*

Registrar

132101

(M)

132101

239-103-031-815

## PLACE OF BIRTH

STATE OF ILLINOIS  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; M. 11-0-22-4-17

County of LewisCity of ValmuerRegistration District No. 60File No. 79035No. ..... St.Primary Registration District No. 2129Registered No. 13Hospital .....FULL NAME OF CHILD Pyron Lynne Stratton

Sex of Child <u>male</u>	Twin Triplet or other? <u>1</u> and { Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>5-3-1912</u> (Month) (Day) (Year)
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FULL NAME FATHER William Loran StrattonRESIDENCE Valmuer IdnCOLOR white AGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE CanadaOCCUPATION Book keeperFULL MAIDEN NAME MOTHER Willie Josephine KersleyRESIDENCE Valmuer IdnCOLOR white AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE Boysfield CdoOCCUPATION housewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Miss Alice at 12.60 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Dwyer

(Physician or midwife)

Given names added from a supplemental report.

Address Mr. AliceFiled 5/6 30 A. E. Dwyer

Registrar

Registrar

MARGIN RESERVED FOR BOUNDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 15 1942

MAY 28 1942

86 2-108-032-362

## PLACE OF BIRTH

County of LinnCity of Shashone

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Speci

Full Name of Child

Registration District No. \_\_\_\_\_

Primary Registration District No. 1016STATE OF IOWA  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-19

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Male</u>	Twin Triplet or other? _____ {and} Number (To be answered only in event of plural births) in order of birth <u>2</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 8 1920</u> (Month) (Day) (Year)
--------------------------	--	-----------------------------	---

FULL NAME <u>Terutaro Yoshin</u>	FATHER
RESIDENCE <u>Shashone</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Restaurant Owner</u>	

FULL MAIDEN NAME <u>Yosuyo Toki</u>	MOTHER
RESIDENCE <u>Shashone</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>1</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed May 8 19 20

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_



PLACE OF BIRTH

CITY OF

COUNTY OF

CERTIFICATE OF BIRTH  
BUREAU OF VITAL STATISTICS  
STATE OF NEW YORK

Form No. 1-52

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the of each, in order of birth stated.

CERTIFICATE OF BIRTH

City of Shashone  
 No. 519-130-032-215 St.

Registration District No. 16

File No. 79037

Hospital \_\_\_\_\_

Primary Registration District No. 1016

Registered No. 19

Full Name of Child

Rosell Max Earl

SEX OF CHILD

Male

Twin  
Triplet  
or other? —

{ and }

Number  
in order  
of birth

1

Legiti-  
mate? Yes

DATE OF  
BIRTH

April 30 20  
 (Month) (Day) (Year)

FULL  
NAME

FATHER  
Rosell Earl

FULL  
MAIDEN  
NAME

MOTHER  
Marie Hanson

RESIDENCE

Shashone

RESIDENCE

Shashone

COLOR

White

AGE AT LAST  
BIRTHDAY

22  
 (Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

24  
 (Years)

BIRTHPLACE

Mexico

BIRTHPLACE

Mexico

OCCUPATION

Labour

OCCUPATION

Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
 on the date above stated.

Alvie \_\_\_\_\_, at 7 A M  
 (Born alive or stillborn)

(Signature) \_\_\_\_\_

Physician  
 (Physician or midwife)

\*When there was no attending physician or  
 midwife, then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Registrar

Filed \_\_\_\_\_

19 20

J. H. Green

Registrar

1942

FEB 14 1950

875-213-032-861

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LincolnCity of ShoshoneRegistration District No. 16File No. 79038

No. \_\_\_\_\_ St.

Primary Registration District No. 1016Registered No. 18

Hospital \_\_\_\_\_

FULL NAME OF CHILD Shirley HandSex of  
Child fTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate? yesDate of  
Birth April 13

(Month)

(Day)

1920  
(Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 38

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 36

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 6 P M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address Shoshone, IdahoFiled Apr 301920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

SEP 14 1970

239-108-032-862

name added 2-28-85 dl

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LincolnCity of ShoshoneRegistration District No. 16File No. 79039

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1016Registered No. 17

Hospital \_\_\_\_\_

Frederick Joseph

FULL NAME OF CHILD

Struchen

Sex of Child

MTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and { Number  
in order  
of birth  
(To be answered only in event of plural births)

Legitimacy?

yes

Date of Birth

Apr 8 20  
(Month) (Day) (Year)

FULL NAME

Fredrick Struchen

FATHER

RESIDENCE

Shoshone

COLOR

WAGE AT LAST  
BIRTHDAY39  
(Years)

BIRTHPLACE

Switzerland

OCCUPATION

Farmer

FULL MAIDEN NAME

Anna Hostetler

MOTHER

RESIDENCE

Shoshone

COLOR

WAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Switzerland

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ M. on the date above stated.

Born alive or stillborn

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Chas. F. Zeller

(Physician or midwife)

Given names added from a supplemental report.

19\_\_\_\_

Address \_\_\_\_\_

Filed

May 5 1920

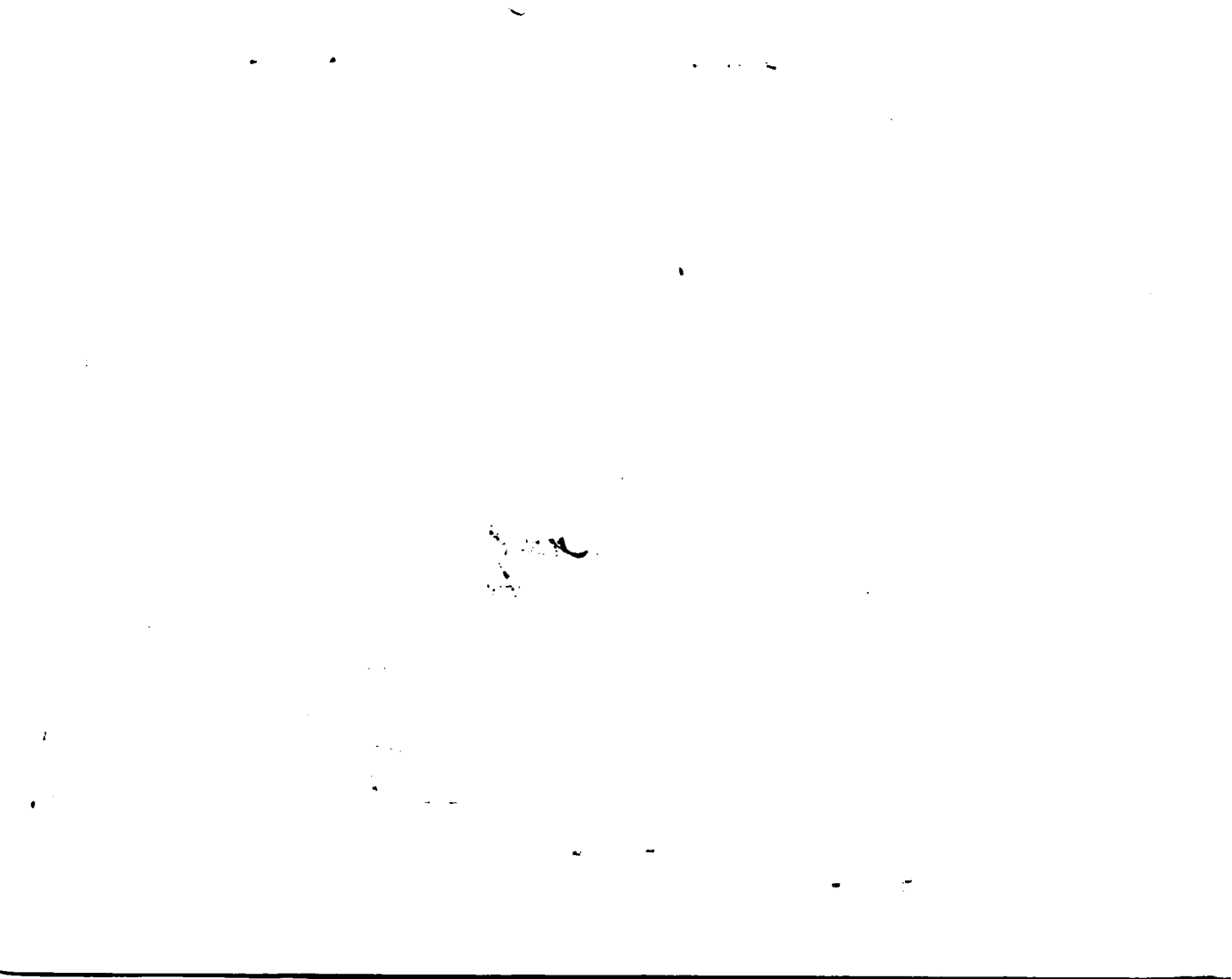
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



26 26 4 26 PM '85

1 bc pd



Insurance Policy from New York Life Ins Co lists insured as Frederick J. Struchen. Dated Nov 7, 1934. Viewed by V.S.

Public School Diploma lists Frederick Joseph Struchen completed high school course on May 13, 1936 in Lincoln County. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 2-11-60  
PLACE OF BIRTH

574-104-032-138

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 16

File No. 79040

Hospital \_\_\_\_\_

Primary Registration District No. 1016

Registered No. 16

FULL NAME OF CHILD Joseph Easter Eguren

(Certificate of no value without full name of child.)

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>    </u> and <u>    </u> {Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>April 4, 1920</u> (Month) (Day) (Year)
-------------------------	--	------------------------	--

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

FATHER  
FULL NAME John Eguren

MOTHER  
FULL MAIDEN NAME Emeteria Achabol

RESIDENCE  
Shoshone

RESIDENCE  
Shoshone

COLOR White AGE AT LAST BIRTHDAY 33  
(Years)

COLOR White AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE  
Spain

BIRTHPLACE  
Spain

OCCUPATION  
Farmer

OCCUPATION  
Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 A. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Dill

Physician

(Physician or midwife)

Give names added from a supplemental report.

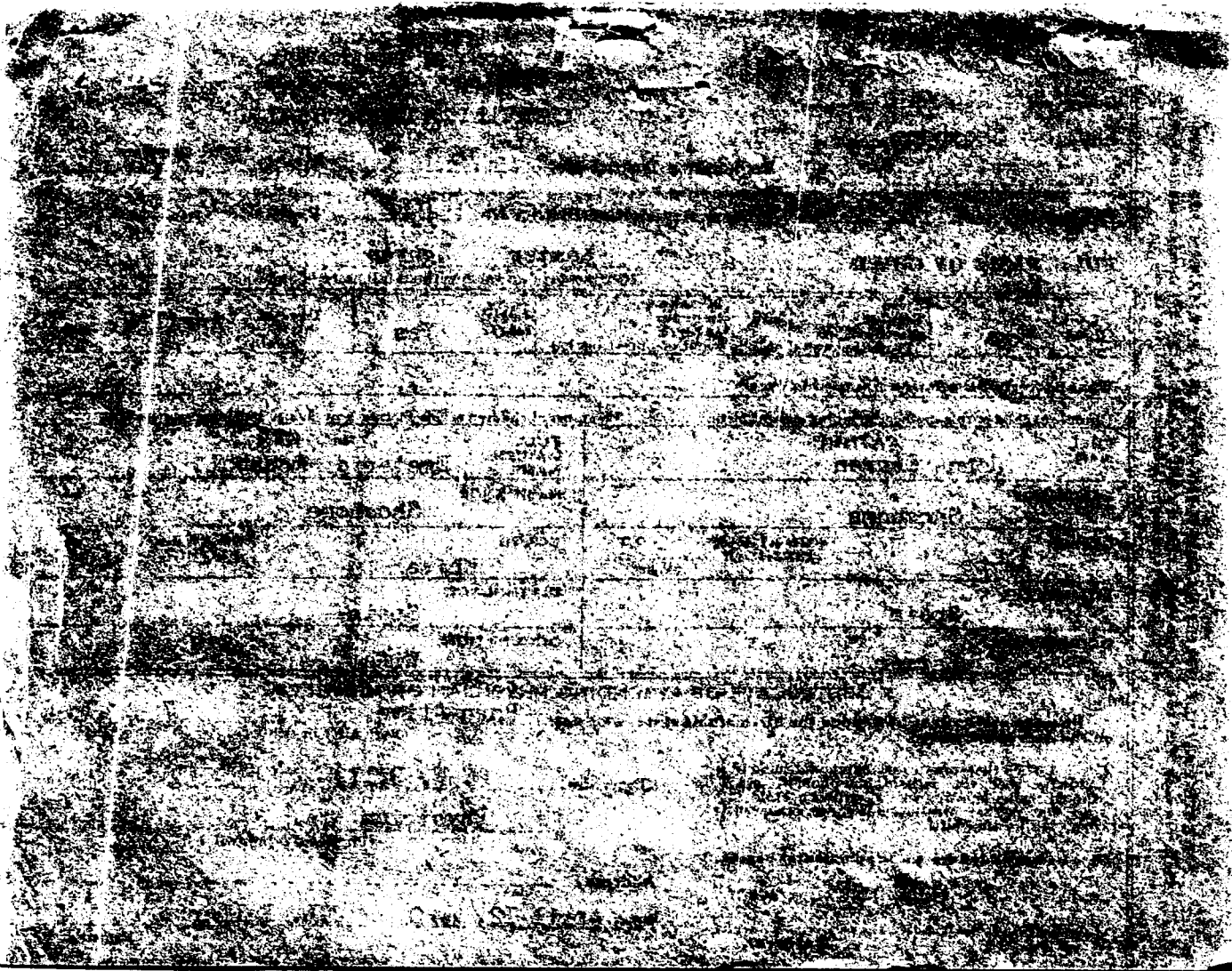
Address \_\_\_\_\_

Filed April 12, 1920

J. L. Fuller

Registrar.

Registrar.



Documents listed on back -

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss.  
County of Jerome }  
Certificate No. 79040  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Easter Equiren who born on April 4, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Shoshone, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Easter Equiren	Joseph Easter Eguren
Full Name of Father	Juan Equirin	John Eguren
Mother's Full Name	Emeteria Achabol	

Subscribed and sworn to before me this 5 day of

Elba C. Pielstick 1960  
Notary Public, residing at Jerome, Ida  
My commission expires 12/28/61  
(Seal) -

Signed Joe Eguren  
(Signature of parent or attendant if correcting a birth record of attendant, funeral director, informant if correcting a death record; or other credible person.)  
228 West Main, Jerome, Ida.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Jerome }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of

Elba C. Pielstick 1960  
Notary Public, residing at Jerome  
My commission expires 12/28/61  
(Seal)

Signed Mrs. Dorothy Busck  
(Signature of Any Credible Person)  
509 No. Lincoln, Jerome, Ida  
(Street Address, City, State)

Debit (services for carrying account for month ending) April 30, 1926 -  
First National Bank of Shoshone, Idaho gives full name as John Eguren - viewed by V.S.

Death Cert. on file, #59646, Nov. 17, 1927 gives full name as John Eguren -  
viewed by V.S.

Individual Permit (Washington State Liquor Act) expires Sept. 30, 1946 gives  
full name as Joseph E. Eguren - viewed by V.S.

Letter from Veterans Administration Regional Office, Boise, Idaho-October 30,  
1947 gives full name as Joseph E. Eguren - viewed by V.S.

Post Card from the United States Department of Interior, Bureau of  
Reclamation, Rupert, Idaho - Aug. 18, 1953 gives full name as Joe E. Eguren - viewed  
by V.S.

Certificate of Baptism, Sept. 1912 gives full name as Josefa Emeteria  
Achabol Lepuericabeaswa - viewed by V.S.

Another Child's Birth Cert. on file #19428 gives mother's first  
name spelled as Emeteria - viewed by V.S.

255-204-032-361

## PLACE OF BIRTH

County of LamarCity of Shoshone

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 16Primary Registration District No. 1616

Form V. S. No. 11—25m-6-16-1

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHFile No. 79041Registered No. 15Arden J. Steeper

SEX OF CHILD

FemaleTwin  
Triplet  
or other? —{ and } Number  
in order  
of birth2Legiti-  
mate? yesDATE OF  
BIRTHApril 4 20  
(Month) (Day) (Year)FULL  
NAMEWilliam E. Steeper

FATHER

RESIDENCE

Shoshone

COLOR

whiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Maryland California

OCCUPATION

MerchantFULL  
MAIDEN  
NAMEEdith Laster

MOTHER

RESIDENCE

Shoshone Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Canada

OCCUPATION

WifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

alsoat 11:55 9 M(Born alive or stillborn)

(Signature)

[Signature]

(Physician or midwife)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

Registrar

Filed

April 1219 20J. H. Laster

Registrar

JAN 10 1945

993 - 205 - 032 - 193

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-27m-9-27

## CERTIFICATE OF BIRTH

79042

County of LincolnCity of RichfieldNo. 6 mi S. W. St.Registration District No. 12File No. 24Primary Registration District No. 2210Registered No. 8

Hospital .....

FULL NAME OF CHILD Thelma Elizabeth RichardsonSex of Child FemaleTwin  
Triplet  
or other?

} and

{ Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthApr. 51920

(Month)

(Day)

(Year)

FULL  
NAMEAurelius Richardson

FATHER

RESIDENCE

Richfield 6 mi S. W.

COLOR

WhiteAGE AT LAST  
BIRTHDAY45

(Years)

BIRTHPLACE

Franklin Ida.

OCCUPATION

StockmanFULL  
MAIDEN  
NAMEAgnes Aitken

MOTHER

RESIDENCE

Richfield 6 mi S. W.

COLOR

WhiteAGE AT LAST  
BIRTHDAY27

(Years)

BIRTHPLACE

Scotland

OCCUPATION

House wife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive8520

at

8520 M.

on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Bloom

(Physician or midwife)

Given names added from a supplemental report.

Address

Richfield

Filed

May 101920

Registrar

Registrar





799-223-0 31-773  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-27m-3

County of *Lincoln*

City of *Richfield*

Registration District No. *17*

File No. *25* **79043**

No. .... St.

Primary Registration District No. *1160*

Registered No. *9*

Hospital .....

FULL NAME OF CHILD *Mary Elizabeth Gries*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>and</i> Number in order of birth <i>1</i> (To be answered only in event of plural births)	Legitimate? <i>Yes</i>	Date of Birth <i>April 23</i> 19 <i>20</i> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <i>Dwight E. Gries</i>	FATHER
RESIDENCE <i>Richfield</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>36</i> (Years)
BIRTHPLACE <i>Bloomington Ill</i>	
OCCUPATION <i>Auto mechanic</i>	

FULL MAIDEN NAME <i>Ethel O. Richardson</i>	MOTHER
RESIDENCE <i>Richfield</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)
BIRTHPLACE <i>Hailey Idaho</i>	
OCCUPATION <i>House wife</i>	

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive*, at *5-9* M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *C. E. Bloom*  
*M. D.*  
(Physician or midwife)

Given names added from a supplemental report.

Address *Richfield Idaho*  
Filed *May 10* 19*20*  
Registrar *P. E. Bartlett*  
Registrar



262-228-032-695  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-9-8-17

79044

County of Lincoln

City of Richfield

No. 2 mi. S. &amp; W. St.

Registration District No. 17

File No. 26

Primary Registration District No. 2200

Registered No. 10

Hospital

FULL NAME OF CHILD

Genevieve Marie Bosworth

Sex of Child

Female

Twin  
Triplet  
or other?{ and {  
Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

Yes

Date of  
BirthApril 28 1920  
(Month) (Day) (Year)FULL  
NAME

P. D. Bosworth

FATHER

FULL  
MAIDEN  
NAME

Birdie French

MOTHER

RESIDENCE

Richfield 2 mi. S. &amp; W.

RESIDENCE

Richfield 2 mi. S. &amp; W.

COLOR

White

AGE AT LAST  
BIRTHDAY5-3  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY4-3  
(Years)

BIRTHPLACE

Lesuer Co Minn

BIRTHPLACE

Lesuer Co Minn

OCCUPATION

Farmer

OCCUPATION

House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 230 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. S. Bloom  
M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address

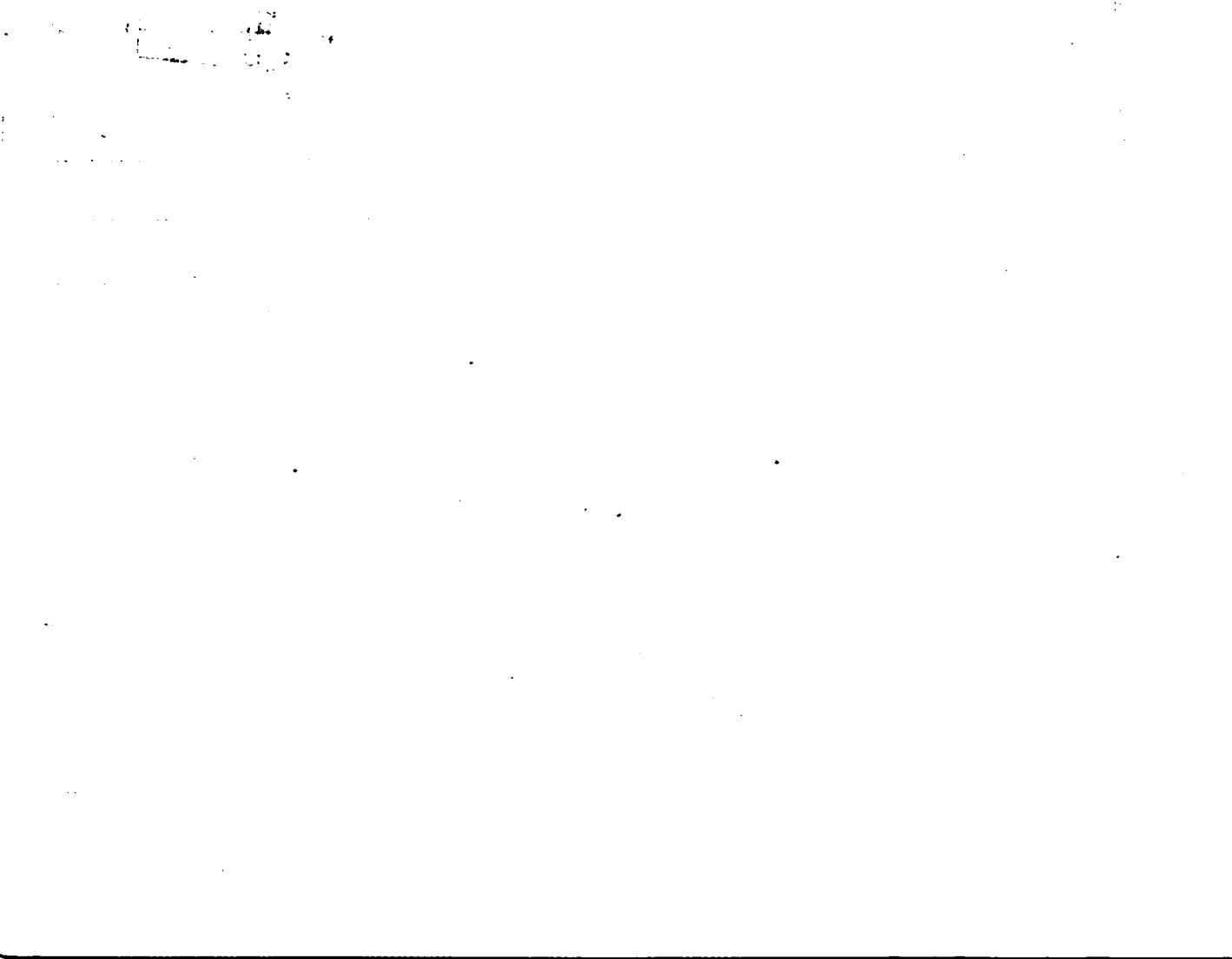
Richfield 2 mi. S. &amp; W.

Filed

May 15 1920

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

639-130-033-135

PLACE OF BIRTH

County of Madison

City of Plano

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form C-25m-7-21-19

Registration District No. 100 File No. 79045

Primary Registration District No. 2178 Registered No. 197

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>April 30th</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>William B. Fliton</u>	FATHER
RESIDENCE <u>Plano Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Layton Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lucile Alvord</u>	MOTHER
RESIDENCE <u>Plano Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Salt Lake City Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive On Apr. 28 1920 at 4-45 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson  
M.D.  
(Physician or midwife)

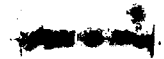
Given names added from a supplemental report.

Address Rexburg Idaho.

Filed 5-5 1920

Registrar

Registrar



553-130-033-655

Form V. B. No. 113-25m-7-21-19

PLACE OF BIRTH

Amended 3/28/79

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of ReplburgRegistration District No. 100File No. 79046

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 196

Hospital \_\_\_\_\_

Lynn Charles Nelson

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>m.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>April 30</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME Geo. H. Nelson  
RESIDENCE Archer Idaho  
COLOR W. AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Susan Elizabeth Weeks  
RESIDENCE Archer Idaho  
COLOR W AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:30 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Cooper  
\_\_\_\_\_  
(Physician or midwife)

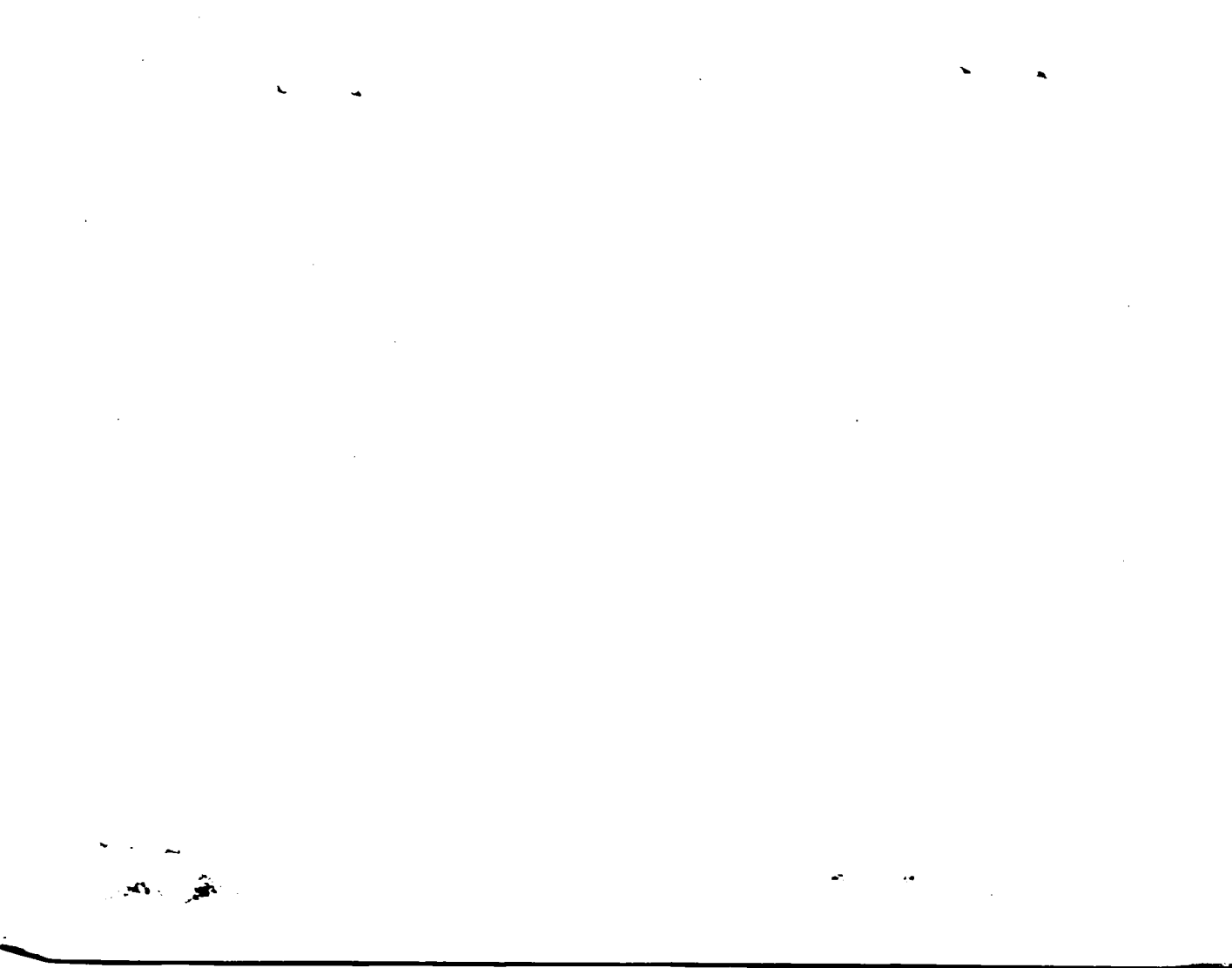
Given names added from a supplemental report.

Address Replburg Idaho  
Filed 5-5 19 20  
\_\_\_\_\_  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICSState of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }Certificate No. 79046

Date Filed \_\_\_\_\_

FEB 2 4 24 PM '79

The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Nelson (Male) who was born on April 30, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Rexburg (Madison) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

child's nameomittedLynn Charles NelsonSubscribed and sworn to before me this 30<sup>th</sup> day of  
January, 1979.Notary Public, Doreen MuiirResiding at Rexburg IdahoMy commission expires 5-24-80

(Seal)

Lynn Charles Nelson  
Signature of Applicant  
Rexburg, Idaho R#3 Box 312  
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

(Must be completed \_\_\_\_\_)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

1-17-79

Social Security Acto unt No. 518-32-4660 gives name as Lynn Charles Nelson  
biewed by V. S.

Cerif of birth from Church gives name as Lynn Charles Nelson born April 30, 1920  
at Archer, Idaho. father's name as George F. Nelson and Susan Weekes. enetered  
on record June 6, 1920. viewed by V. S.

**MAR 28 1979**

154-228-033-433

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ThorntonRegistration District No. 100 File No. 79047

No. \_\_\_\_\_ St.

Primary Registration District No. 2178 Registered No. 195

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twins Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Apr. 28th</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

FULL NAME FATHER  
Otto AndersonFULL MAIDEN NAME MOTHER  
Loretta McCarthyRESIDENCE  
Thornton IdahoRESIDENCE  
Thornton IdahoCOLOR White AGE AT LAST BIRTHDAY 53  
(Years)COLOR White AGE AT LAST BIRTHDAY 43  
(Years)BIRTHPLACE  
Fairfield UtahBIRTHPLACE  
Smithfield UtahOCCUPATION  
FarmerOCCUPATION  
HousewifeNumber of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive On Apr. 28 1920 at 1-05 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harley Nelson

(Physician or Midwife)

Given names added from a supplemental report.

19

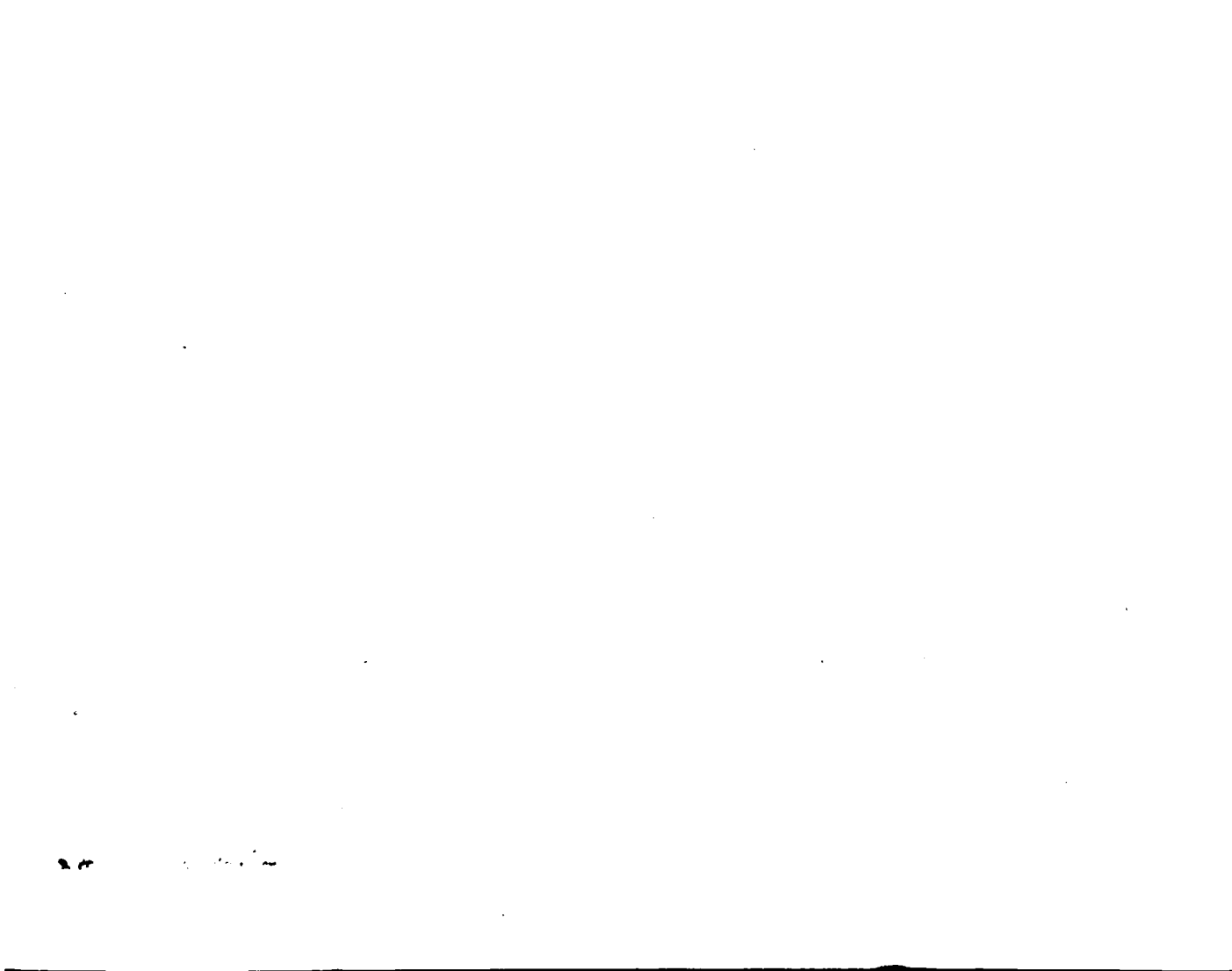
Address Rexburg IdahoFiled 5-5 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



469-226-033-551

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of ReplburgRegistration District No. 100 File No. 79048

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 194

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>M</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>April 26</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

FATHER		MOTHER	
FULL NAME <u>James Leland Mortensen</u>	FULL MAIDEN NAME <u>Effie Evans</u>		
RESIDENCE <u>Replburg Idaho</u>	RESIDENCE <u>Replburg Idaho</u>		
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)		
BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive, at 5<sup>35</sup> P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

19 20

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

FEB 12 1961

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

235-226-033-669

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79049

County of Madison

City of Rexburg

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Registration District No. 100 File No. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 193

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> {	Number in order of birth <u>of birth</u>	Legitimate? <u>Yes</u>	Date of Birth <u>April 26</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	-------------------------------------	--	------------------------	--

FATHER  
FULL NAME Willard B. Stephensen

MOTHER  
FULL MAIDEN NAME Elizabeth Worlton

RESIDENCE Payson Utah

RESIDENCE Payson Utah

COLOR White AGE AT LAST BIRTHDAY 31  
(Years)

COLOR White AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE Ogden Utah

BIRTHPLACE Morgan Utah.

OCCUPATION Traveling Salesman

OCCUPATION Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive On April 26th 1920 3-30 Am.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson  
M.D.

(Physician \*\*\*)

Given names added from a supplemental report.

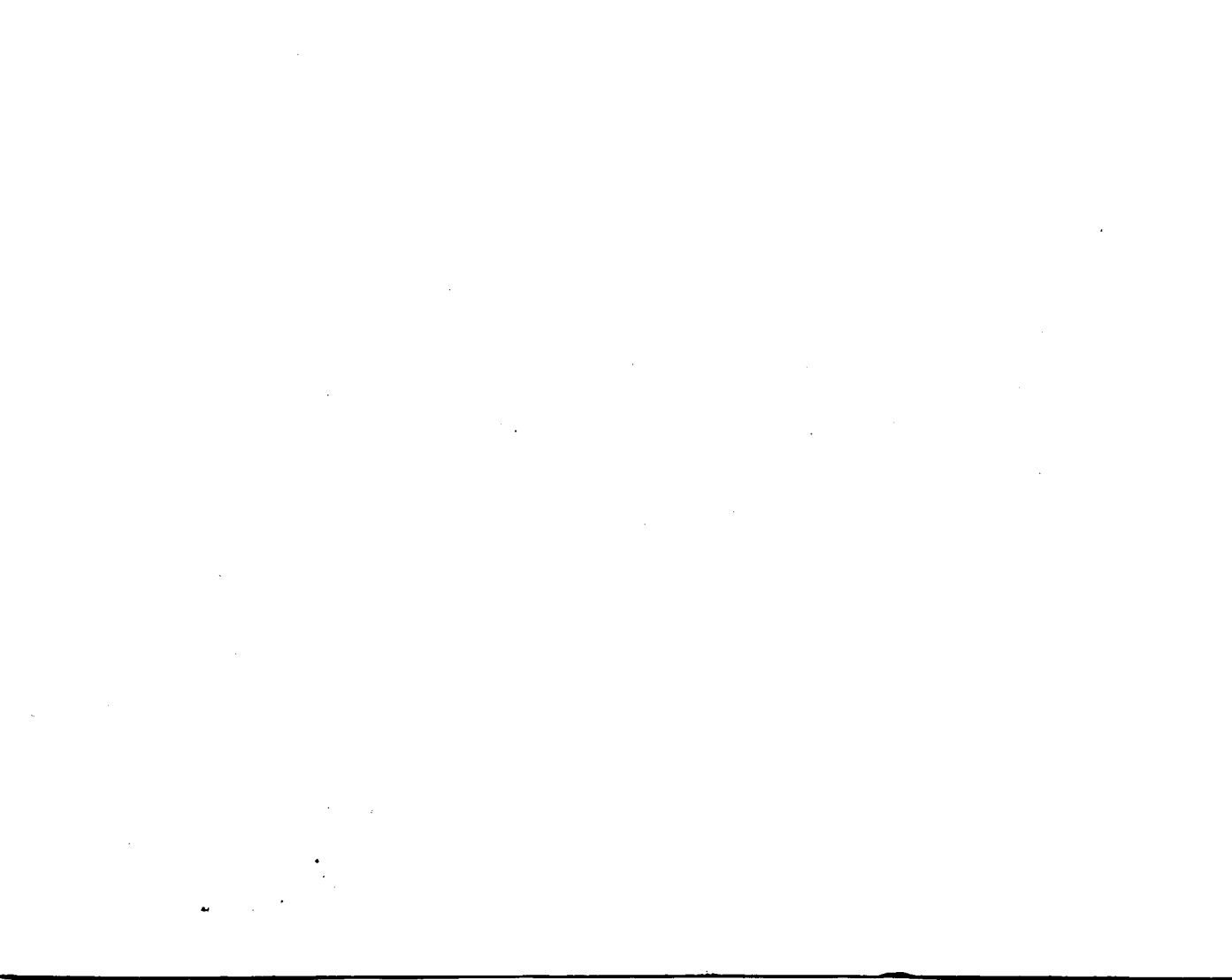
Rexburg Idaho.

Address \_\_\_\_\_  
Filed 5-5 1920

Registrar

Registrar





157-226-033-313

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MadisonCity of Rexburg

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 100 File No. 79050

Hospital \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 192

FULL NAME OF CHILD

BETTY JO JEPSON

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>April 26</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Gay Carl JeffersonRESIDENCE Rexburg Ida.COLOR White AGE AT LAST BIRTHDAY 25 (Years)BIRTHPLACE UtahOCCUPATION Furniture salesmanFULL MAIDEN NAME MOTHER Zola CarlRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 25 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:50 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Lavin L. Rich  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

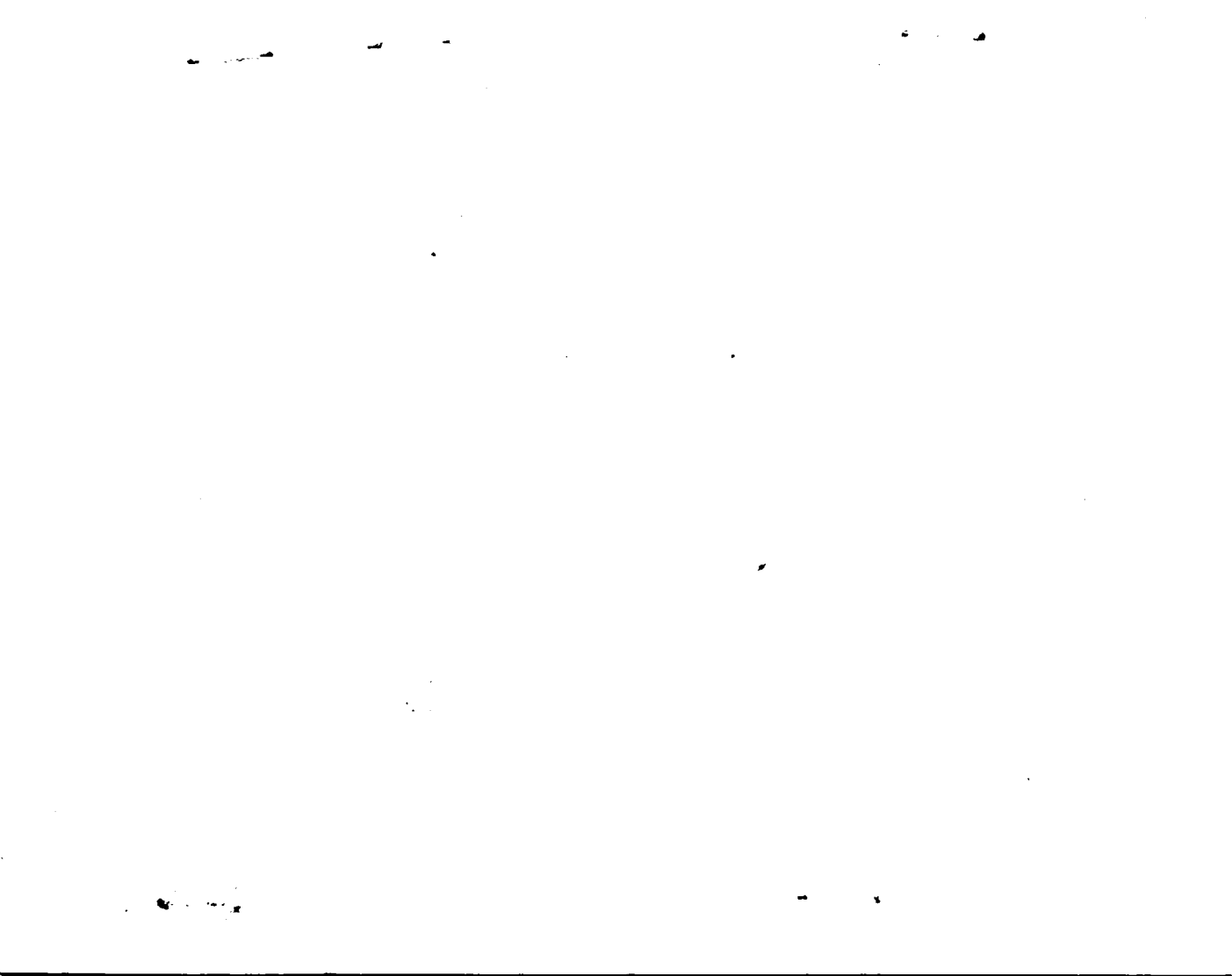
Address

Filed

5-5 1920

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho  
County of My Perce } ss.

Certificate No. 79059  
Date Filed June 22-42

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Betty Jo Jeppson who born on April 26, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Refusing are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record prepared on Kept up continuously, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

Name

Unnamed

Betty Jo Jeppson

Subscribed and sworn to before me this 23rd  
day of June, 1942

Notary Public, residing at Lewiston Idaho

My commission expires June 7, 1945  
(Seal)

Signed Mrs. Jay C. Jeppson  
(Signature of parent or attendant in correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
914-8th Ave. Lewiston Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho  
County of My Perce } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd  
day of June, 1942

Notary Public, residing at Lewiston, Idaho

My commission expires June 7, 1945  
(Seal)

Signed Marguerite Arhuckee  
(Signature of Any Credible Person Other Than Previous Year)  
204 Prospect Ave.  
Lewiston, Idaho  
(Street Address, City, State)

JUN 25 1942

JUN 26 1942

JUN 27 1950

449-125-033-599 Name added 4-28-87 lh

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ReplungRegistration District No. 100 File No. 79051

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 191

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Rulin George Muir

Sex of Child <u>m</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitti mate? <u>Yes</u>	Date of Birth <u>April 25</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----------	--------------------------------	--------------------------	--

FATHER  
FULL NAME Walter B. MuirRESIDENCE Replung IdahoCOLOR W. AGE AT LAST BIRTHDAY 41  
(Years)BIRTHPLACE UtahOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Mary VirginiaRESIDENCE Replung IdahoCOLOR W AGE AT LAST BIRTHDAY 37  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 2:30 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

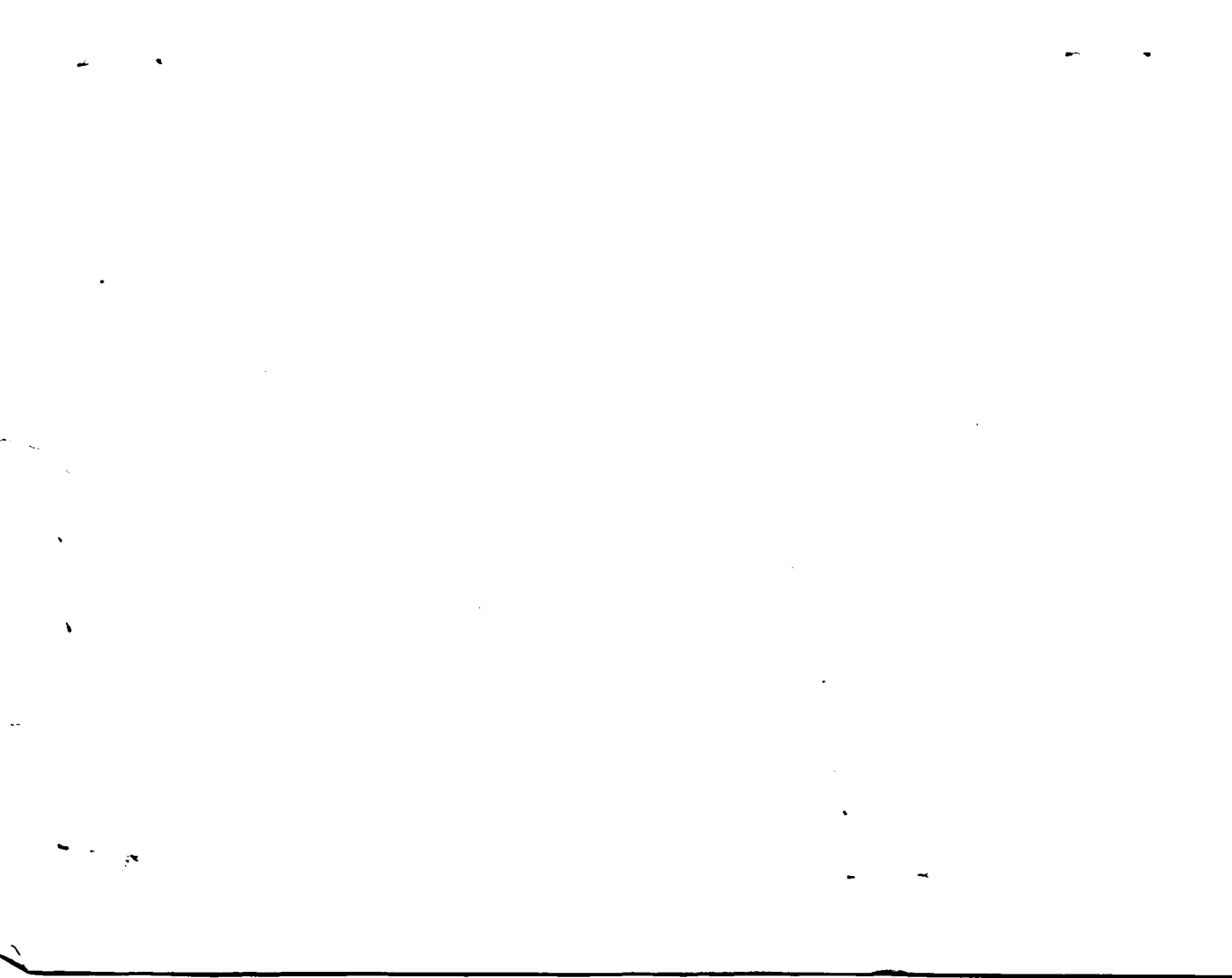
(Signature) H. Y. Eason  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Replung Idaho  
Filed 9-5 19 20

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho }  
County of Madison } ss.

APR 16 1987

Certificate No. 79051  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
Bureau of Vital Statistics  
and Local Health Services

for Unnamed Muir who was born on April 25, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Rexburg (Madison) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

<u>childs name</u>	<u>Unnamed</u>	<u>Rulin George Muir</u>

Subscribed and sworn to before me this 12<sup>th</sup> day of  
April, 19 87

Notary Public, Gene Muir  
Residing at Rexburg, Idaho  
My commission expires life  
(Seal)

\* Rulin George Muir  
Signature of Applicant  
\* 701 W 2000 N Rexburg Idaho  
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Madison } ss.

(Must be completed \_\_\_)  
(Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12<sup>th</sup> day of  
April, 19 87

Notary Public, Gene Muir  
Residing at Rexburg, Idaho  
My commission expires life  
(Seal)

Marlin Muir  
Supporting Signature  
65 East 2<sup>nd</sup> North Rexburg Idaho  
Street Address, City, State



APR 29 1987

LDS Church record of Blessing gives name as Rulin George Muir born April 25, 1920 in Rexburg, Madison Co, ID to Walter Bassett Muir and ary Virgin (male)  
Blessed June 5, 1920. Viewed by V.S.

Record of Baptism from LDS Church gives name as Rulin George Muir born April 25, 1920 in Rexburg, ID to Walter Bassett Muir and Mary Virgin. Baptized June 29, 1928  
Viewed by VS.

435-223-033-963

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH amend 1-11-82

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of ReplburgRegistration District No. 100File No. 79052

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178Registered No. 190

Hospital \_\_\_\_\_

FULL NAME OF CHILD Marjorie McEntire

Sex of Child <u>7.</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>April 23</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	------------------------------	-----------	--------------------------------	-------------------------	--

FATHER  
FULL NAME Raymond M. EntineRESIDENCE Replburg IdahoCOLOR W. AGE AT LAST BIRTHDAY 31  
(Years)BIRTHPLACE UtahOCCUPATION Automobile SalesmanMOTHER  
FULL MAIDEN NAME Sarah TollingerRESIDENCE Replburg IdahoCOLOR W. AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8:40 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

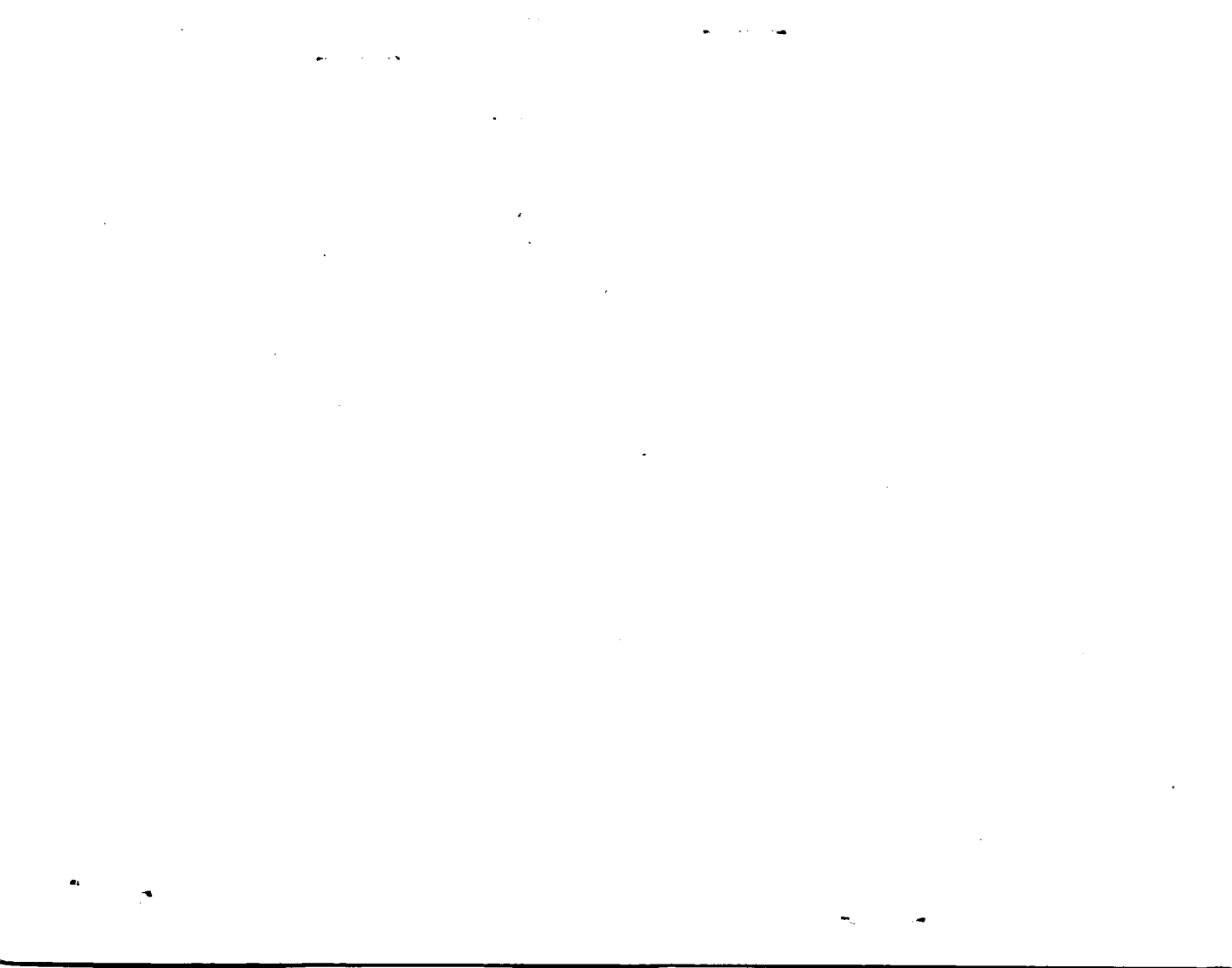
(Signature) L. G. Coyle  
\_\_\_\_\_  
(Physician or midwife)

Given names added from a supplemental report.

Address Replburg Idaho  
Filed 5-5 19 20  
\_\_\_\_\_  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
RECEIVED  
BUREAU OF  
VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. 79052  
County of ..... } Date Filed JAN 8 11 46 AM '82

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed McEntire (female) who was born on April 23, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rexburg, Idaho (Madison) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name ..... Unnamed ..... Marjorie McEntire

Subscribed and sworn to before me this ..... day of  
....., 19.....

Notary Public, residing at .....  
My commission expires .....  
(Seal)

Signed .....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Madison }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 1951

Notary Public, residing at .....  
My commission expires .....  
(Seal)

Signed Elma McEntire Bishop  
(Signature of Any Credible Person)

Route 11 Box 51 Rexburg, Idaho  
(Street Address, City, State)

Cert of Blessing gives Marjorie McEntire born 4-23-20 in Rexburg to Raymond E McEntire and Sara Ann Zollinger was blessed 6-6-20. in LDS Church. Viewed by V.S.

Cert of Baptism from LDS Church gives Marjorie McEntire born 4-23-20 in Rexburg to Raymond E McEntire and Sara Ann Zollinger was baptised 5-4-28. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

236-123-033-513

PLACE OF BIRTH

County of Madison

City of Rexburg

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 100

File No. 79053

Primary Registration District No. 2178 Registered No. 189

ESTER BLOOM

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>April 23</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME Nathaniel H. Bloom FATHER

RESIDENCE Rexburg Idaho

COLOR white AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE New York City N.Y.

OCCUPATION Furniture dealer

FULL MAIDEN NAME Esther Bloom MOTHER

RESIDENCE Rexburg, Idaho

COLOR White AGE AT LAST BIRTHDAY 34  
(Years)

BIRTHPLACE New York City N.Y.

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

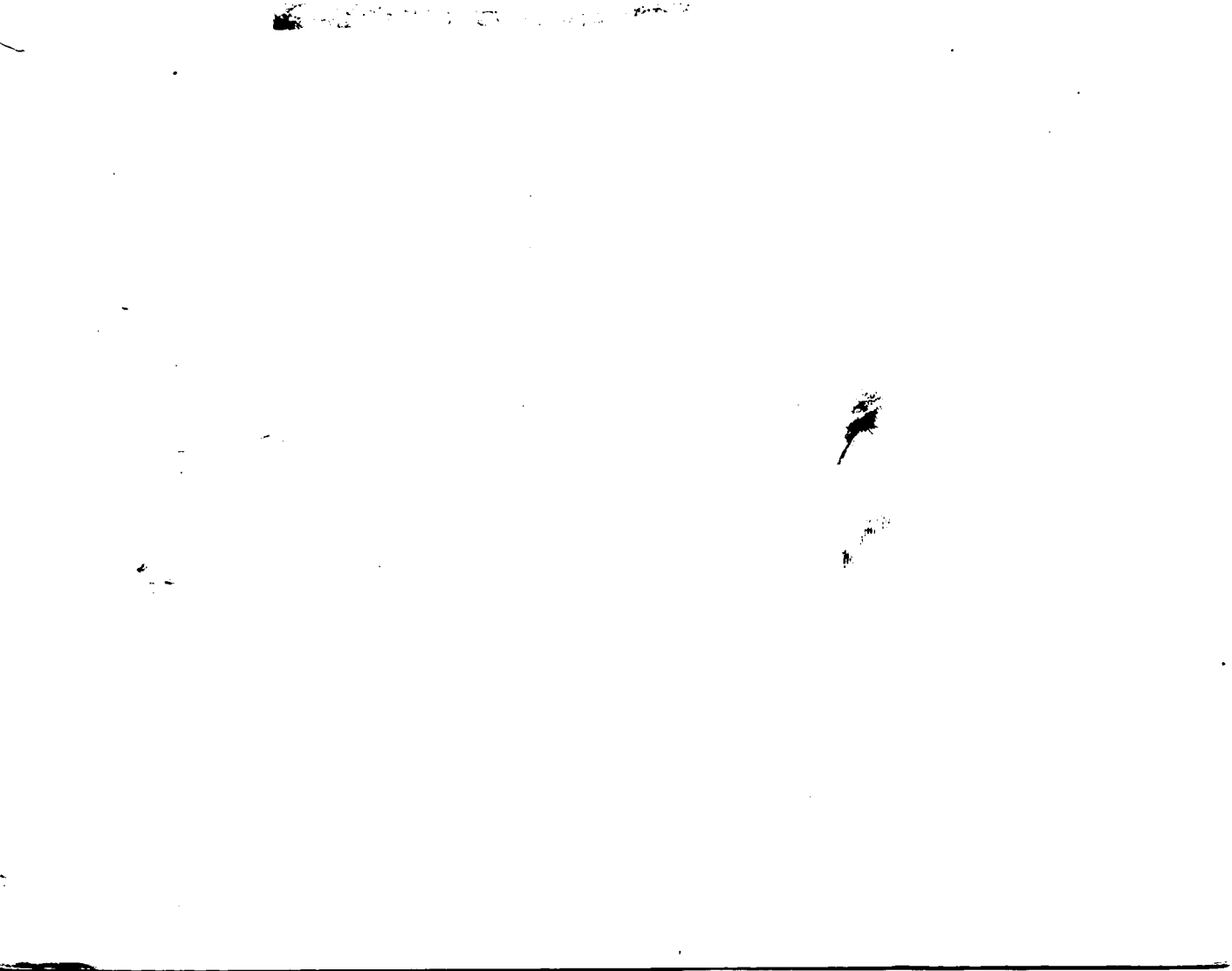
I hereby certify that I attended the birth of this child, who was Born alive, at 8 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Martin  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho  
Filed May 5 1920 Wespe  
Registrar



157-123-033-249

PLACE OF BIRTH

Form V. S. No. 11-C-2-2-2-2

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MadisonCity of RexburgRegistration District No. 100 File No. 79054

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 188

Hospital \_\_\_\_\_

FULL NAME OF CHILD ROBERT BAIRD JEPSON, JR.

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>April 23</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Robert Baird JeppsonRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE UtahOCCUPATION CarpenterFULL MAIDEN NAME MOTHER Elsie SmithRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lavin J. Rich  
Physician  
(Physician or midwife)

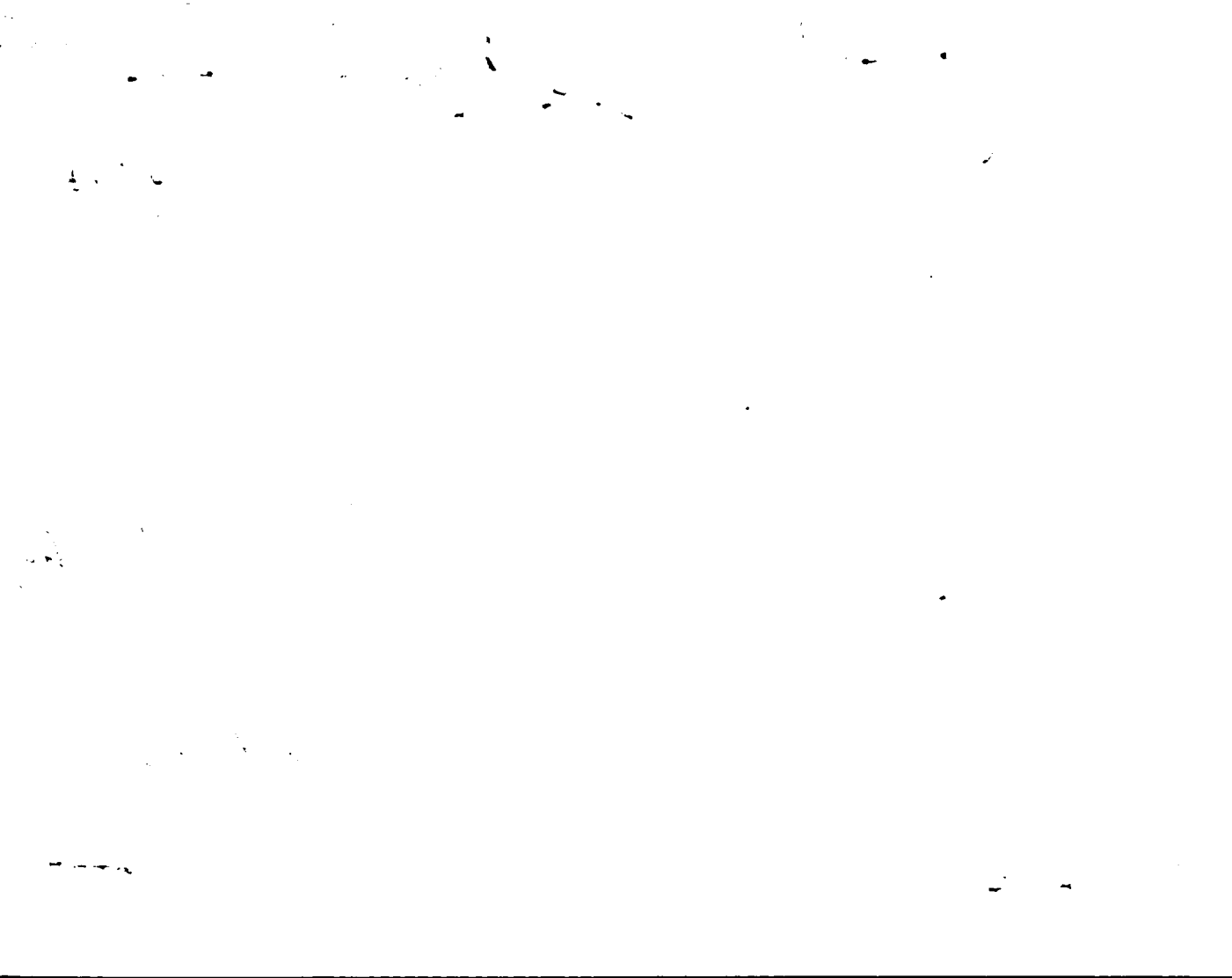
Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 5-5-20 19 20 [Signature]  
Registrar \_\_\_\_\_ Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





STATE OF NEVADA

COUNTY OF Ormsby

ss.

STATE OF NEVADA

## DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

Local Registered No. ....

City or

Town of Carson City

## AFFIDAVITS FOR CORRECTION OF A RECORD

R. B. Jeppson

(Name of affiant)

of Carson City, Nevada

(Address)

Nevada, being first duly sworn, deposes and says that he/she is father  
 (If related, specify degree—if friend or otherwise, so state)

of Robert Baird Jeppson, Jr { who was born } in the city or town of Rexburg, Idaho  
 { ~~who was born~~ }

County of Madison on the 23rd day of April, 1920

as stated in a certificate of birth/~~death~~ filed by Dr. Rich  
 (Give name of physician or midwife for birth—undertaker for death)

with the Local Registrar for the city or town of Rexburg, Idaho county of Madison Nevada  
 on the \_\_\_\_\_ day of \_\_\_\_\_

That the following facts set forth in said certificate are not correctly stated therein, to wit:

The surname was misspelled. It should have been Jeppson instead of Jeffson

That affiant upon his/her own knowledge states the true facts to be, and the changes necessary to make the record correct are as follows:

The full name is Robert Baird Jeppson, Jr

(Affiant)

(Address) 106 Mountain Street, Carson City, Nevada

Subscribed and sworn to before me this 28th day of May, 1922

Notary Public in and for the county of \_\_\_\_\_ State of Nevada

NOTARY PUBLIC  
 COURT OF THE STATE OF NEVADA  
 AND FOR ORMSBY COUNTY

STATE OF NEVADA

COUNTY OF Ormsby

ss.

Elsie Smith Jeppson

(Name of affiant)

of Carson City, Nevada

(Address)

Nevada, being first duly sworn, deposes and says that ~~he~~/she has knowledge of the facts hereinbefore alleged and that the said facts as stated therein are true.

(Affiant)

(Address) 106 Mountain Street, Carson City, Nevada

Subscribed and sworn to before me this 28th day of May, 1922

Notary Public in and for the county of \_\_\_\_\_ State of Nevada

NOTARY PUBLIC  
 COURT OF THE STATE OF NEVADA  
 AND FOR ORMSBY COUNTY

MARGIN RESERVED FOR BINDING

READ THE INSTRUCTIONS ON THE BACK OF THIS BLANK

AUG 2 1963

### INSTRUCTIONS

1. *Two different affiants* must execute these affidavits. The person signing the principal affidavit in the upper part of the blank cannot also sign the supporting affidavit below. Both signatures must be acknowledged before a Notary Public or other person authorized to administer oaths.
2. After a certificate of birth or death has been accepted for registration, necessary corrections may be made only by executing and filing these affidavits. This form, issued by the Nevada Department of Public Health, Vital Statistics, is the only form acceptable.
3. *Read the printed matter carefully.* Fill out the blank (except signatures) with typewriter if possible. Otherwise *write plainly* with black ink.
4. No change can be made in a certificate unless it is clearly stated in the affidavit. Be careful to state all changes desired. For example, if on a death certificate the *age* is changed, the date of birth must also be changed to agree. Do not make changes that will leave inconsistencies in the certificate.
5. If the original certificate to be corrected is in the hands of the Local Registrar, these affidavits should be filed with him. If the original certificate has been forwarded to the Nevada Department of Public Health, these affidavits should be mailed to the Nevada Department of Public Health, Carson City. Original certificates are forwarded to the State office by Local Registrars on the fifth of each month.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-222-033-895

## PLACE OF BIRTH

County of MadisonCity of Rigby R.T.D. #3

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

79055

Registration District No. 100 File No. \_\_\_\_\_Primary Registration District No. 2178 Registered No. 187

Sex of Child <u>Female</u>	Twins <u>one</u> or other? <u>one</u>	and {	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>4 22 20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME J. F. Lander  
RESIDENCE Rigby R.T.D. #3 Ida.  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Rigby Idaho  
OCCUPATION Fanner

MOTHER  
FULL MAIDEN NAME Martha Hutchins  
RESIDENCE Rigby #3 Ida.  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Rigby Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:45 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

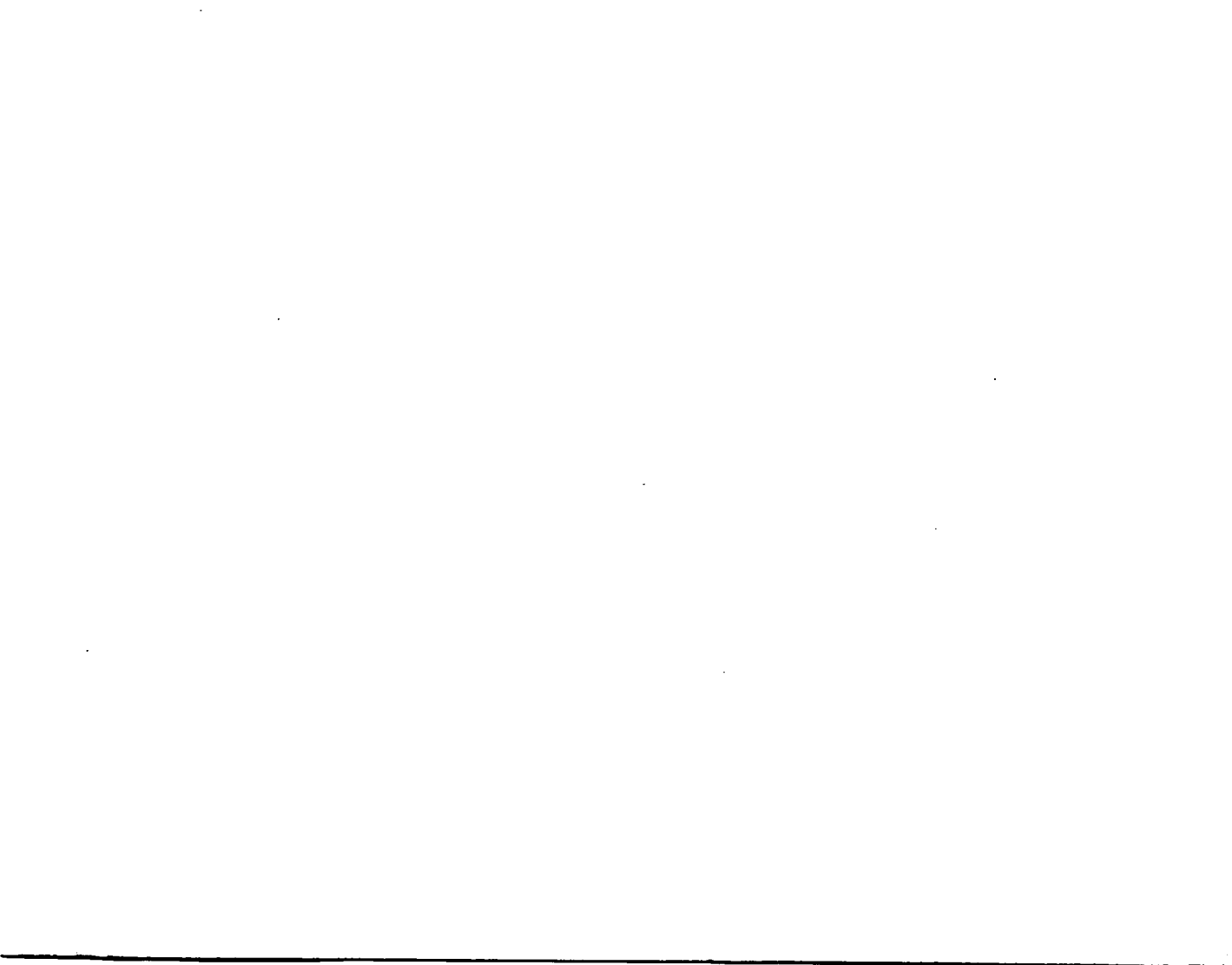
19 \_\_\_\_\_

Address \_\_\_\_\_

Filed May 1920

Registrar \_\_\_\_\_

Registrar G. E. Spe



815-226-033-315

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

## CERTIFICATE OF BIRTH

County of MadisonCity of RebbergRegistration District No. 1001File No. 79056No. ..... St.Primary Registration District No. 2178Registered No. 186Hospital Res.

FULL NAME OF CHILD

Yukiya YamadaSex of Child femaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth2Legiti-  
mate?yesDate of  
BirthApril 20

(Month)

(Day)

(Year)

FULL  
NAMEK. Yamada

FATHER

RESIDENCE

Rebberg

COLOR

YapAGE AT LAST  
BIRTHDAY34

(Years)

BIRTHPLACE

Japan

OCCUPATION

CookFULL  
MAIDEN  
NAMET. Tanaka

MOTHER

RESIDENCE

Rebberg

COLOR

YapAGE AT LAST  
BIRTHDAY24

(Years)

BIRTHPLACE

Japan

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive on the date above stated.alive at 12:30 M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Watts

(Physician or midwife)

Given names added from a supplemental report.

Address Rebberg, IdahoFiled 5-5-20

Registrar

Registrar

SEP 3 1952

SEP 2 1952

Dup of 1920-195177

624-118-033-281  
PLACE OF BIRTHCounty of MadisonCity of Reb

No. ....St

Hospital Reb

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-9-37

Registration District No. 100File No. 79057Primary Registration District No. 2178Registered No. 183

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth 1	Legiti- mate? <u>yes</u>	Date of Birth <u>April 15</u> 19 <u>29</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	---

FULL NAME <u>D. Okuro</u>	FATHER	FULL MAIDEN NAME <u>M. H. Shasta</u>	MOTHER
RESIDENCE <u>Rebburg</u>		RESIDENCE <u>Rebburg</u>	
COLOR <u>Gap</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)	COLOR <u>Gap</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Japan</u>		BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Rooming house Prop.</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 4<sup>5</sup> A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Watts

Given names added from a supplemental report.

Address Rebburg

Filed 5-5-29

Registrar [Signature]



12

281-119-033-681

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ReynoldsRegistration District No. 100File No. 79058

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 184

Hospital \_\_\_\_\_

FULL NAME OF CHILD Gerald Thurston Shaw

Sex of Child <u>Male</u>	Twin <u>yes</u> Triplet or other?	and { Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>4 19 20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

FATHER  
FULL NAME D. W. Shaw  
RESIDENCE Thornton Ida.  
COLOR White AGE AT LAST BIRTHDAY 47  
(Years)  
BIRTHPLACE Silverton Oregon  
OCCUPATION Auto Mechanic

MOTHER  
FULL MAIDEN NAME Martha Nyath  
RESIDENCE Thornton Ida.  
COLOR White AGE AT LAST BIRTHDAY 21  
(Years)  
BIRTHPLACE Hillsville Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 640 ad  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

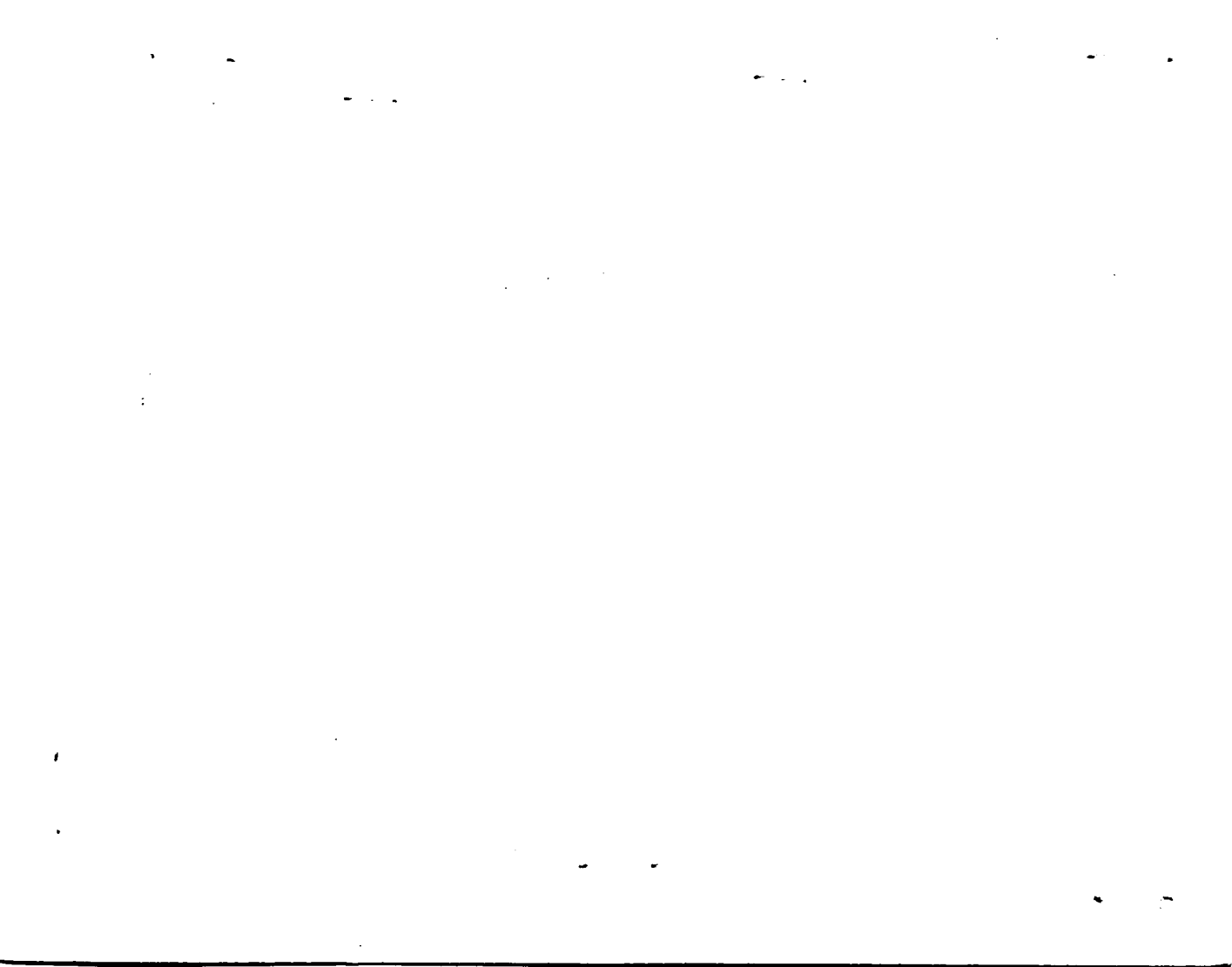
Address \_\_\_\_\_  
Filed 5-5 19 20 [Signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. **APR 15 4 20 PM '74** Certificate No. **79058**  
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... **birth**  
for **Unnamed Shaw (male)** ..... who **was born** ..... (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on **April 19, 1920**  
in **Rexburg, Idaho** ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) (Date of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

**child's name** ..... **Unnamed** ..... **Gerald Thurston Shaw**

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Oregon** ..... } ss.  
County of **Clackamas** .....

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... 8th ..... day of  
..... May ..... 1974 .....

Signed *Lucella Shaw* .....  
(Signature of Any Credible Person)

Notary Public, residing at **Oregon City, Oregon** .....  
My commission expires **6/9/75** .....  
(Seal)

**1790 16 St Oregon City, Oreg.**  
(Street Address, City, State)

Certificat c-of Live Birth from California for Donald Joe Shaw born Nov. 10, 1944 at Yuba City, Calif. (#44-163254) gives father's name as Gerald Thurston Shaw and the mother's name as Emma Luella Montgomery. viewed by V. S.

**MAY 21 1974**

Insurance Poliy from the Prudential Ins. Co. of America gives name as Gerald T. Shaw. born 4-19-20. signed ~~by~~ ~~XX~~ Oct. 16, 1957. viewdd by V. S.

281-119-033-681

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of RupburgRegistration District No. 100 File No. 79059

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 183

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twins <u>yes</u> Triplet or other?	and	Number in order of birth <u>2</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>4</u> <u>19</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------------	-----	--	------------------------	--

FULL NAME <u>D.A. Shaw</u>	FATHER
RESIDENCE <u>Thornton Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Silverton Oregon</u>	
OCCUPATION <u>Auto Mechanic</u>	

FULL MAIDEN NAME <u>Martha Nyath</u>	MOTHER
RESIDENCE <u>Thornton Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Kellsville Mt.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive, at 6<sup>30</sup> at  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

19 \_\_\_\_\_

Address \_\_\_\_\_

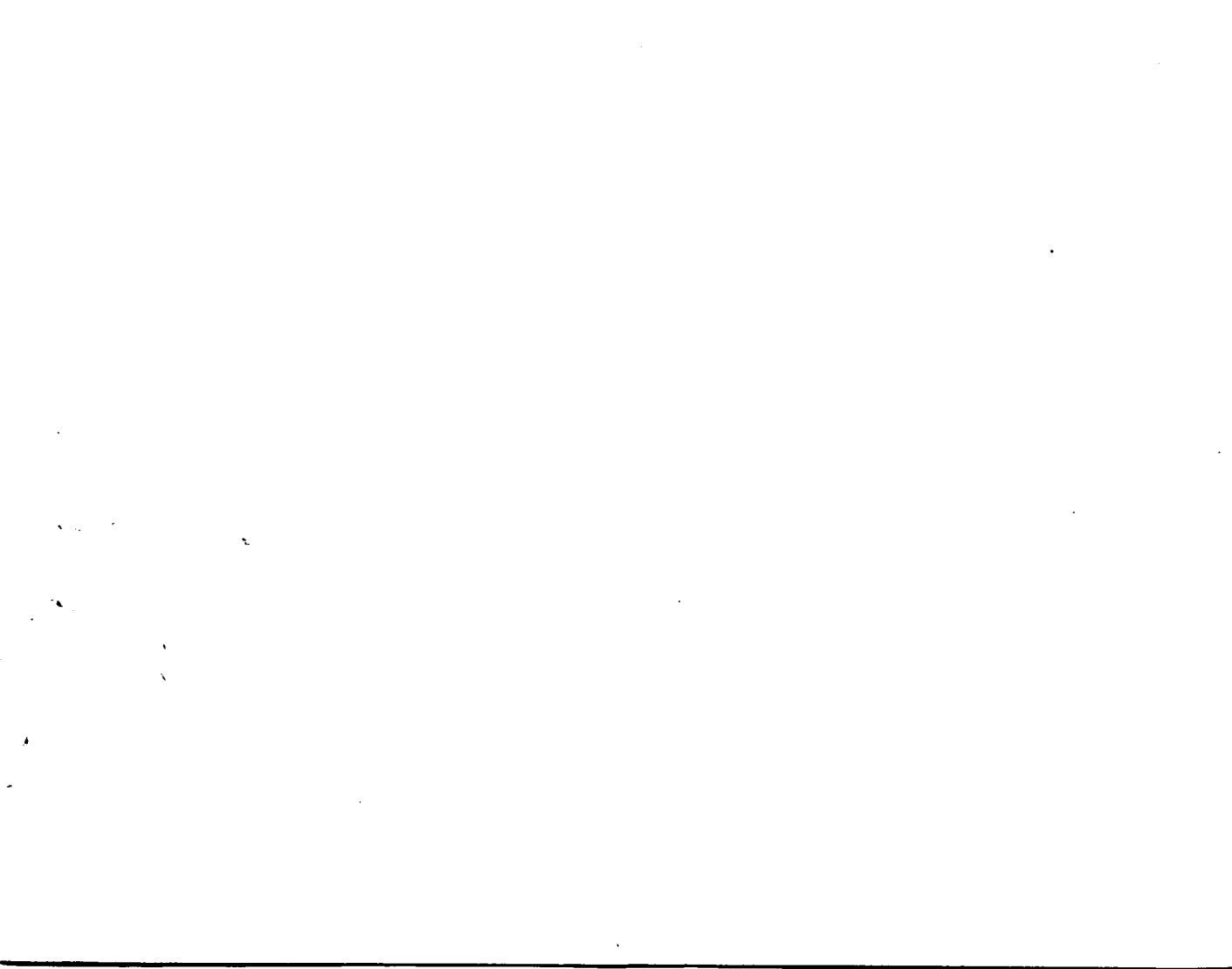
Filed 5-5 1920

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



393-117-033-168

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ReplungRegistration District No. 100File No. 79060

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 182

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lamont Liljengquist

Sex of Child

m.Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthApril 17 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, at 9:00 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_. 19\_\_\_\_

Address

Filed

Replung Idaho  
5-5-20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



c.c. 6/17/41. w.h.

419-214-033-165

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ReplungRegistration District No. 100File No. 79061

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 181

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Claudie Marion Main

Sex of Child

FTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti  
mate?Yes

Date of Birth

April 16 19 20  
(Month) (Day) (Year)

FULL NAME

FATHER

Clifford C. Main

RESIDENCE

Replung Idaho

COLOR

W.AGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Illinois

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Lilly Jones

RESIDENCE

Replung Idaho

COLOR

W.AGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, at 9<sup>10</sup> P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Replung, Idaho

Filed

5-5 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

FEB 2 1945

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

469-216-033-449

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100

File No. 79062

No. \_\_\_\_\_ St.

Primary Registration District No. 2178

Registered No. 180

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Virginia Morton

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legit mate? <u>Yes</u>	Date of Birth <u>April 16th</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	---------------------------	--

FULL NAME John E. Morton

FULL MAIDEN NAME Eileen F. Murphy

RESIDENCE Plano Idaho

RESIDENCE Plano Idaho

COLOR White AGE AT LAST BIRTHDAY 36  
(Years)

COLOR White AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Erie Pa.

BIRTHPLACE Boston Mass.

OCCUPATION Day Laborer

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive On Apr. 16th 1920 10-30 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M. D.

(Physician or midwife)

Rexburg Idaho

Given names added from a supplemental report.

19

Address

Filed

5-5 19 20

Registrar

Registrar

NOV 21 1973

NOV 26 1973

255-214-033-819

Form V. S. No. 1-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of L. manRegistration District No. 100 File No. 79063

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 179

Hospital \_\_\_\_\_

FULL NAME OF CHILD Bernice Kendall

Sex of Child <u>F.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>April 16</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------	----------------------------	--

FATHER  
FULL NAME George Edward KendellRESIDENCE LynmanCOLOR White AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE Hintah UtahOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Mable Irene HarbertsonRESIDENCE LynmanCOLOR white AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE South Weber UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11<sup>40</sup> P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. V. Martin

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

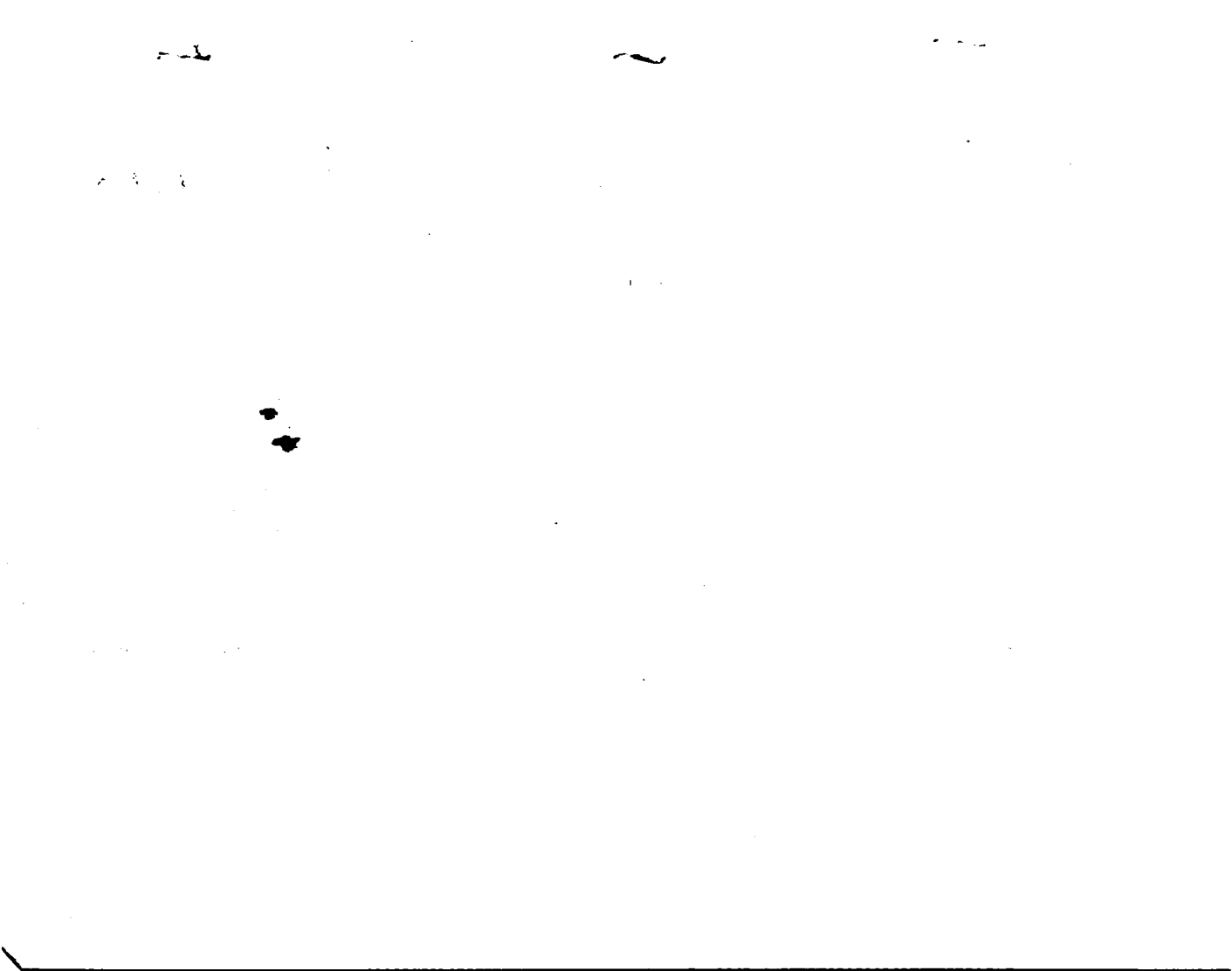
Address Rexburg IdahoFiled 5-5 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



12-13-71

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend Original Certificate of Birth or Death**

State of ..... Certificate No. 79063  
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Kendall who was born on April 16, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Lyman, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts as shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name

omitted

Bernice Kendall

Subscribed and sworn to before me this 24th day of  
December, 19 71  
Notary Public, residing at Franklin, Idaho  
My commission expires 1-18-76  
(Seal)

Signed Mabel Irene H. Kendall  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2040 Liberty, Ogden, Utah  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss.  
County of Wasatch

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of  
December, 19 71  
Notary Public, residing at Franklin, Idaho  
My commission expires Jan 10, 1976  
(Seal)

Signed William H. Taylor  
(Signature of Any Credible Person)

2040 W. 5500 So. Hwy  
(Street Address, City, State)  
Utah 84067



Marriage Certificate from Utah gives groom's name as Wilmer Harrison Taylor and the bride's name as Bernice Kendell. Married April 26, 1939. Viewed by V. S.

JAN 5 1972

Family record gives name as Bernice Kendell born April 4, 1920 at Lyman, Idaho. Blessed July 4, 1920; Baptized Aug 3, 1928. Viewed by V. S.

15-4-115-035-693

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of RexburgRegistration District No. 100 File No. 79064

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 178

Hospital \_\_\_\_\_

FULL NAME OF CHILD Milton Alphonzo Anderson

Sex of Child <u>Male</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>April 15th 1920</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	----------------------------	---

FULL NAME FATHER  
Emery AndersonFULL MAIDEN NAME MOTHER  
Julia WilcoxRESIDENCE Rexburg IdahoRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 25  
(Years)COLOR White AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE Emery UtahBIRTHPLACE Lehi UtahOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 18 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born live On April 15 1920 11P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M D

(Physician or midwife)

Given names added from a supplemental report.

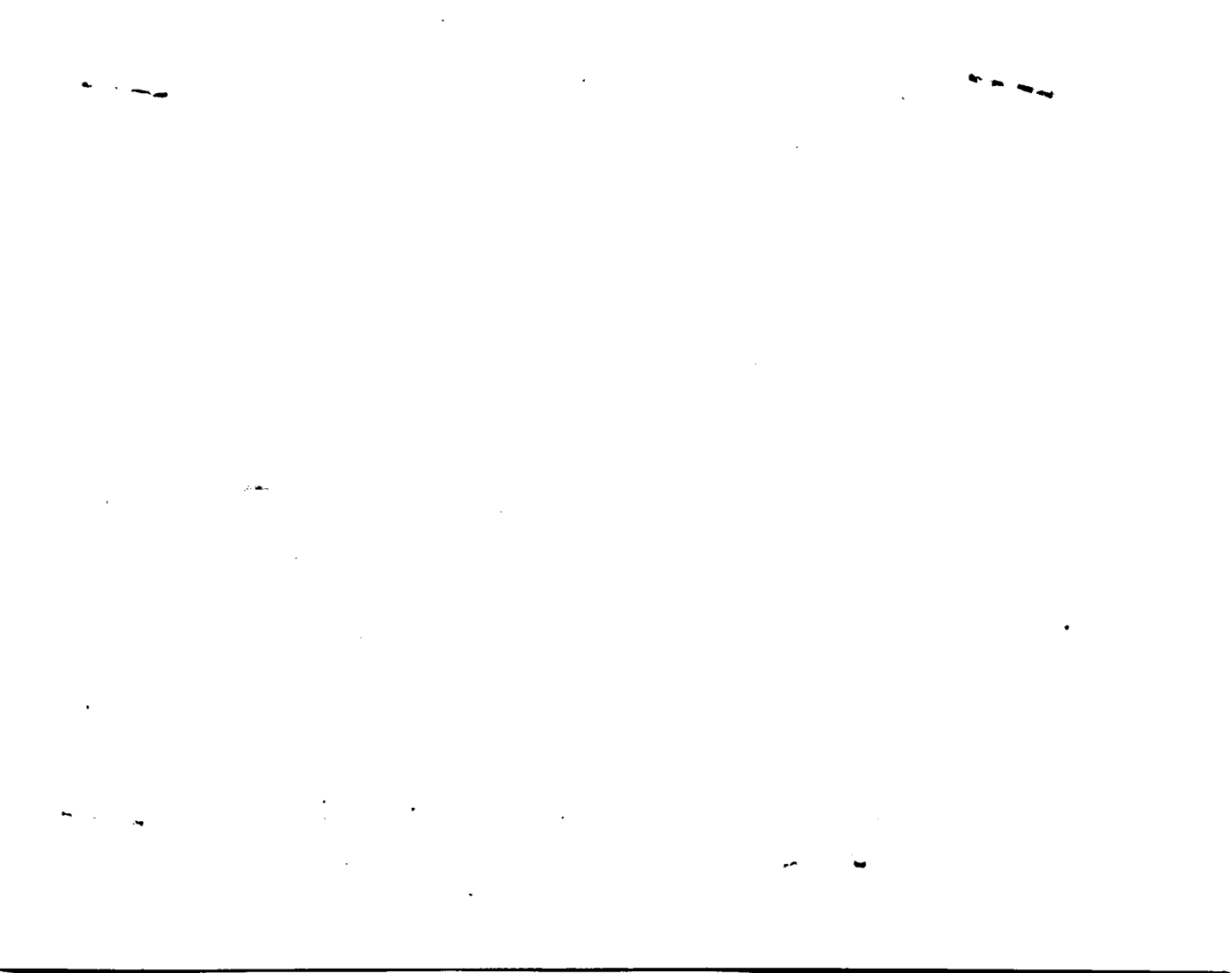
Address Rexburg IdahoFiled 5-5 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
Affidavit to Correct or Amend an Original Certificate of Birth or Death

Idaho } ss. JUL 30 1941 Certificate No. ....  
of Madison } Date ~~1941~~ *Birth*  
ne undersigned does solemnly swear that certain facts on the certificate of *Birth*  
*Milton Alphonzo Anderson* April 15, 1920.  
(Name on original certificate) (Was born ~~corrected~~) (Date of event)  
in *Rexburg, Idaho* are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by *Bible Record* prepared on *June, 6, 1930*, are:  
(Bible record, insurance policy, etc.) (Give date)  
FACTS TO BE CORRECTED FROM TO  
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)  
*name* *omitted* *Milton Alphonzo*  
*Anderson*  
Subscribed and sworn to before me this 29th  
day of *July*, 1941  
*Robert J. Howell*  
Notary Public, residing at *Rexburg, Idaho*  
My commission expires *Sept. 5, 1942*  
[SEAL]

Signed *Emory M. Anderson*  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death  
record; or other credible person)

*Rexburg, Idaho*  
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of *Idaho* } ss.  
County of *Madison* }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.  
Subscribed and sworn to before me this 29th  
day of *July*, 1941  
*Robert J. Howell*  
Notary Public, residing at *Rexburg, Idaho*  
My commission expires *Sept. 5, 1942*  
[SEAL]

Signed *Henry Dietrich*  
(Signature of any credible person other than the previous affiant)

*Rexburg, Idaho*  
(Street Address, City, State)

Received for filing on ..... by .....  
(Registrar's signature)

SEP 1 1972

218-115-033-

## PLACE OF BIRTH

STATE OF IDAHO  
VITAL STATISTICS  
DATE OF BIRTH

Form V. S. No. 11-C-25m-4-27

County of *Madison*City of *Archer*Registration District No. *100*File No. *79065*No. *.....* St.Primary Registration District No. *2178*Registered No. *177*Hospital *.....*

FULL NAME OF CHILD

*Albert D*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>.....</i> and (Number in order of birth) <i>.....</i>	Legitimate? <i>Yes</i>	Date of Birth <i>April 15 1922</i> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <i>Albert FATHER Bayliff</i>	FULL MAIDEN NAME <i>Uther Ann Briggs</i>
RESIDENCE <i>Shelley Idaho</i>	RESIDENCE <i>Shelley Idaho</i>
COLOR <i>White</i>	COLOR <i>White</i>
AGE AT LAST BIRTHDAY <i>24</i> (Years)	AGE AT LAST BIRTHDAY <i>21</i> (Years)
BIRTHPLACE <i>Thillou, Canada and Co. Eng.</i>	BIRTHPLACE <i>Lymman Idaho</i>
OCCUPATION <i>Laborer &amp; Student</i>	OCCUPATION <i>Housewife</i>

Number of child of this mother, including present birth *2*..... Number of children of this mother now living, including present birth *2*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive at 15 at 4:30*..... M.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) *Margaret Ann Briggs*

(Physician or midwife)

Given names added from a supplemental report.

Address *.....*Filed *5-5-20*

Registrar

Registrar

JAN 20 1942



114

154-115-033-419

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ThonitonRegistration District No. 100 File No. 79066

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 176FULL NAME OF CHILD James Mack Anderson

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April 15</u> 19 <u>20</u>
(To be answered only in event of plural births)			(Month) (Day) (Year)	

FATHER  
FULL NAME James Mc Cammon AndersonRESIDENCE Thoniton IdahoCOLOR White AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE Bremont Co. IdahoOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Georgia Ella MarlerRESIDENCE Thoniton IdahoCOLOR White AGE AT LAST BIRTHDAY 25 (Years)BIRTHPLACE Providence UtahOCCUPATION HousewifeNumber of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10:15 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. O. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Keyburg IdahoFiled 5-5-20

Registrar

Registrar



TO: J. R. BRY  
YACHTING

TO: J. R. BRY  
YACHTING

TO: J. R. BRY  
YACHTING

TO: J. R. BRY  
YACHTING

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YACHTING

TO: J. R. BRY  
YACHTING

TO: J. R. BRY  
YACHTING

TO: J. R. BRY  
YACHTING

432-114-033-719

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of Sugar RFD #1Registration District No. 100 File No. 79067

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 175-

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Oscar Wayne Mc KenleySex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate? yesDate of Birth April 14 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Given names added from a supplemental report.

19

Address

Filed

3-5-1920

Registrar

Registrar

MAR 8 1943

;

755-212-033-344

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of MadisonCity of RexburgRegistration District No. 100 File No. 79069

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2178 Registered No. 173FULL NAME OF CHILD EthelynSex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? Yes Date of Birth April 12 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME FATHER Edgar Lafayette BeeRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 42  
(Years)BIRTHPLACE Tooele UtahOCCUPATION FarmerFULL NAME MOTHER Mary CunninghamRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 42  
(Years)BIRTHPLACE Lewiston, UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho  
Filed 5-5 19 20 J. H. Hesse

Registrar

Registrar

JUL 1 1962

386-110-033-993

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of SugarRegistration District No. 700File No. 79070

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2179 Registered No. 172

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of  
ChildMaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth4 101920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Emery Thomas

RESIDENCE

Sugar City

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Book KeeperFULL  
MAIDEN  
NAME

MOTHER

Mary Rickes

RESIDENCE

Sugar City

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

House WifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. H. Wells  
Idaho Falls  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

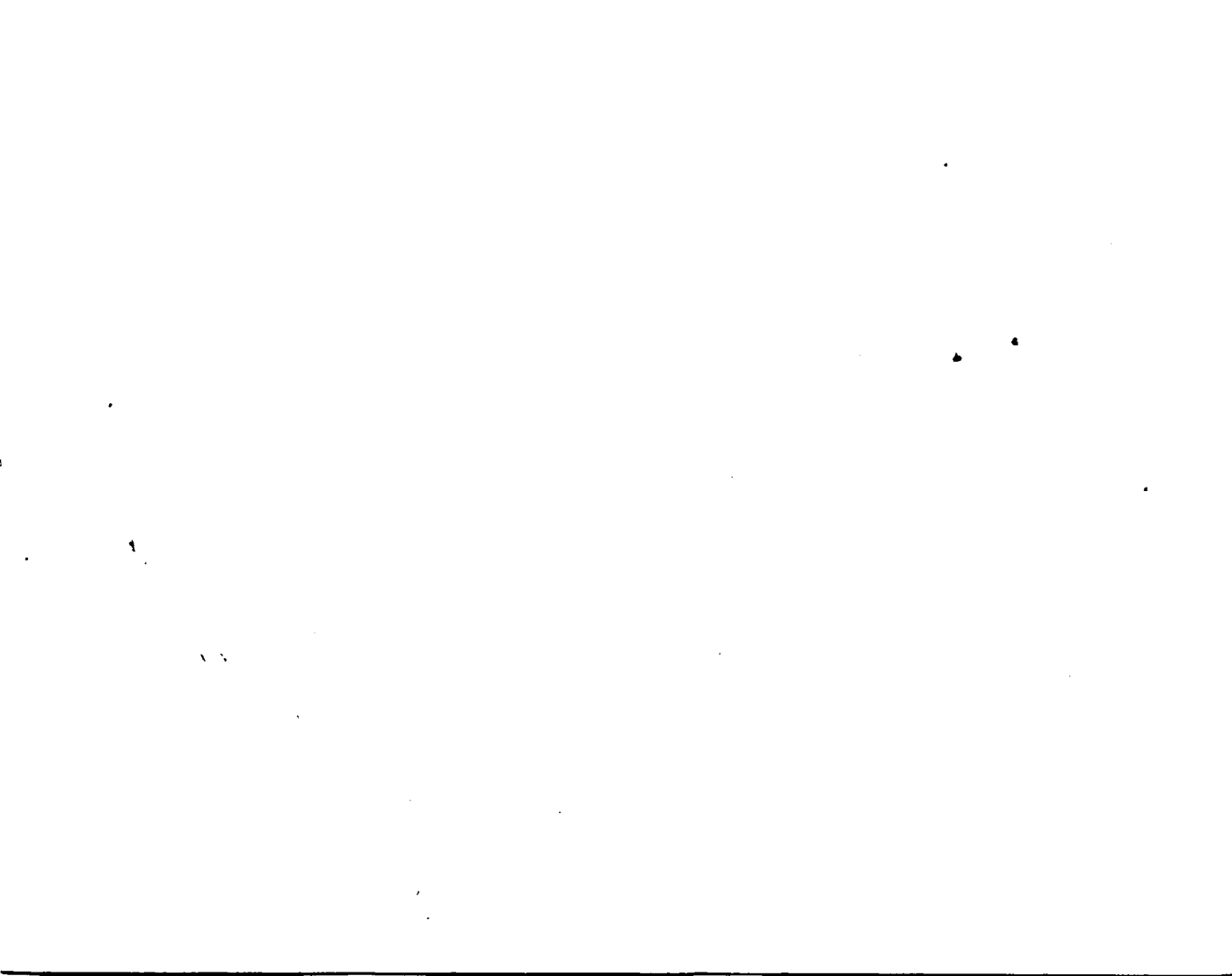
Oct 5 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



997-110-033-294

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of PetonRegistration District No. 100File No. 79071

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 171

Hospital \_\_\_\_\_

FULL NAME OF CHILD

DON ALBERT RIGGS

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>April 10</u> <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	----------------------------	---

FULL NAME <u>Albert Riggs</u>	FATHER
RESIDENCE <u>Peton</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Peton</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lis H. Simpson</u>	MOTHER
RESIDENCE <u>Peton</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:30 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Eames  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Peton City, Idaho  
Filed Apr 1920 J. E. Eames  
Registrar

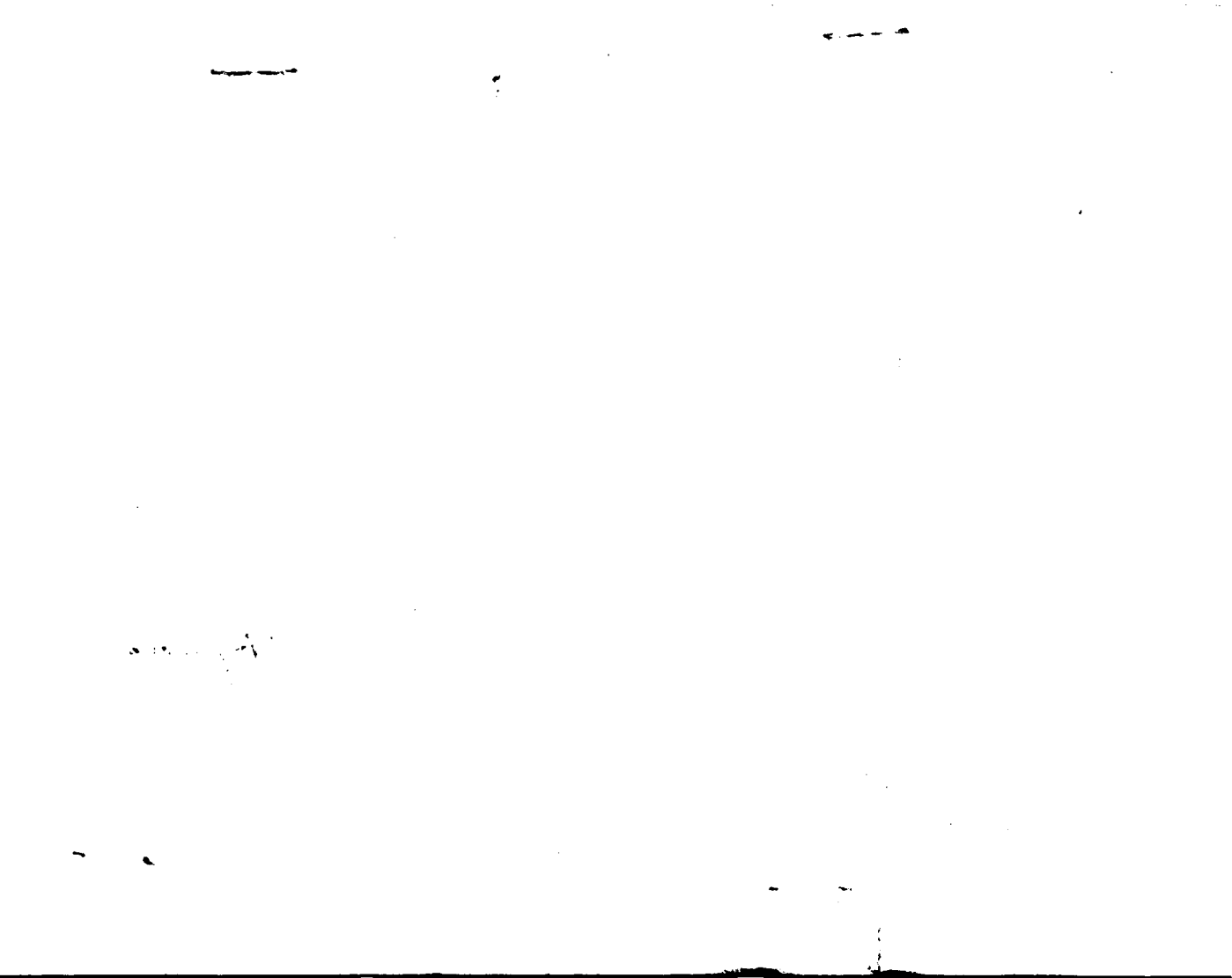
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.  
 County of Madison

Certificate No. 79071Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Don Albert Riggs who was born on Apr 10 1920  
 in Idaho (Name on original certificate) (Was born or died) (Birth or death) (Date of event)  
Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts as shown by Bible Record prepared on on about birth date, are:  
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
 ("Name", "birth date", "cause of death", etc.)FROM  
 (As on original)TO  
 (The correct facts)

Name

Unnamed Riggs

Don Albert Riggs

Subscribed and sworn to before me this 23  
 day of April, 1942

Notary Public, residing at Don Riggs  
 My commission expires Mar 27, 1943  
 [SEAL]

Signed Lis Nancy (Impson) Riggs  
 (Signature of parent or attendant if correcting a birth record, or  
 attendant funeral director, informant if correcting a death record,  
 or other credible person.)

Super. Idaho RD 1  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_

[This affidavit MUST also be executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_\_

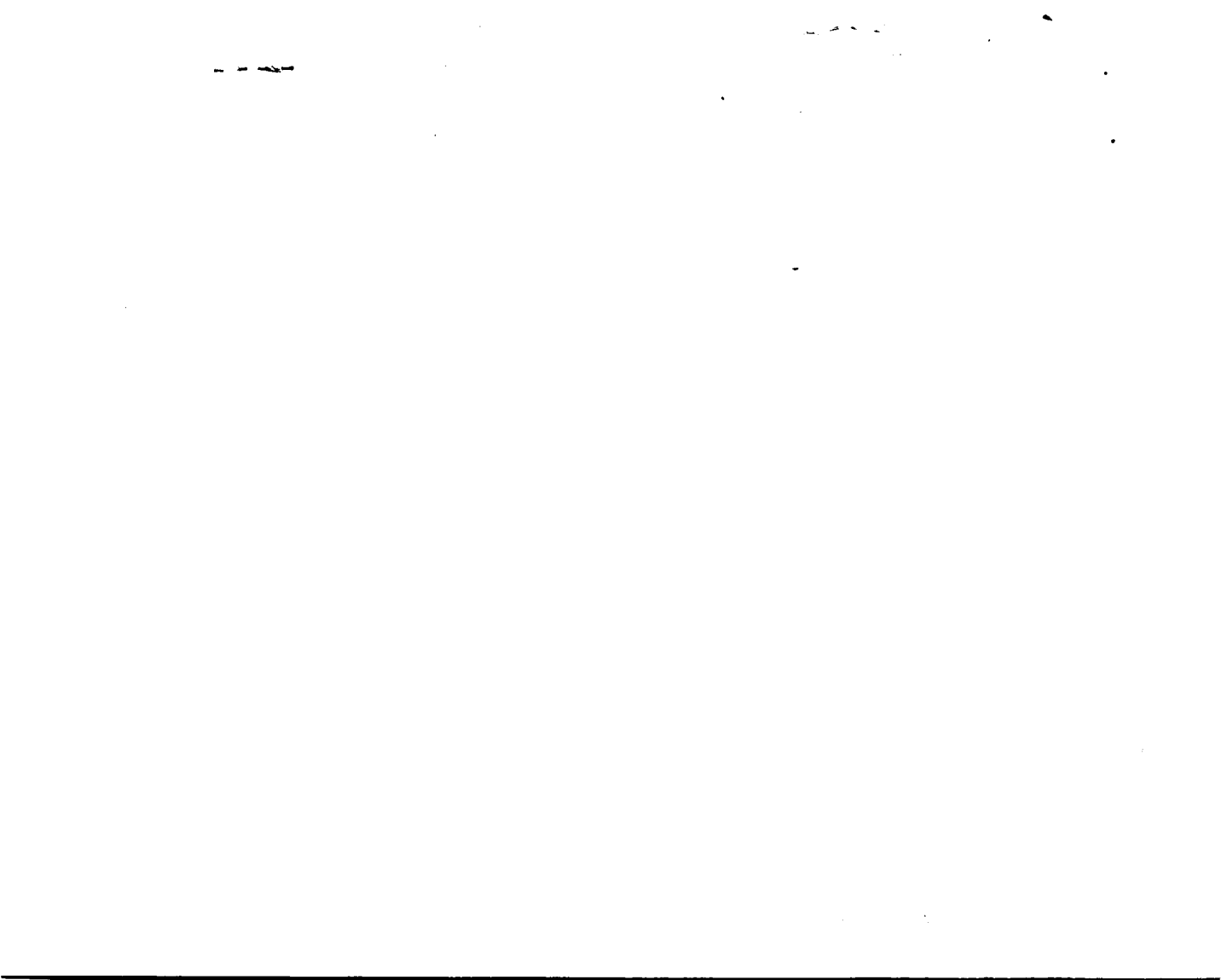
Notary Public, residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 [SEAL]

Signed Lis Nancy (Impson) Riggs  
 (Signature of any credible person other than the previous affiant)

\_\_\_\_\_  
 (Street Address, City, State)Received for filing on MAY 25 1942

By \_\_\_\_\_

(Registrar's signature)



819-109-033-419

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of RexburgRegistration District No. 100 File No. 79072

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 170

Hospital \_\_\_\_\_

FULL NAME OF CHILD

FLAMM D. HARPERSex of  
Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate? YesDate of  
Birth April 9th 1920  
(Month) (Day) (Year)FULL  
NAME FATHER  
Renaldo E. HarperRESIDENCE Albion IdahoCOLOR White AGE AT LAST  
BIRTHDAY 23  
(Years)BIRTHPLACE  
Albion IdahoOCCUPATION  
DairymanFULL  
MAIDEN NAME MOTHER  
Mary harleyRESIDENCE Albion IdahoCOLOR White AGE AT LAST  
BIRTHDAY 23  
(Years)BIRTHPLACE  
Wellsville UtahOCCUPATION  
HousewifeNumber of child of this mother, including present birth 18 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was April 9th 1920 Born Alive, at 6-45 A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Carley Nelson(Physician ~~\*\*\*\*\*~~)

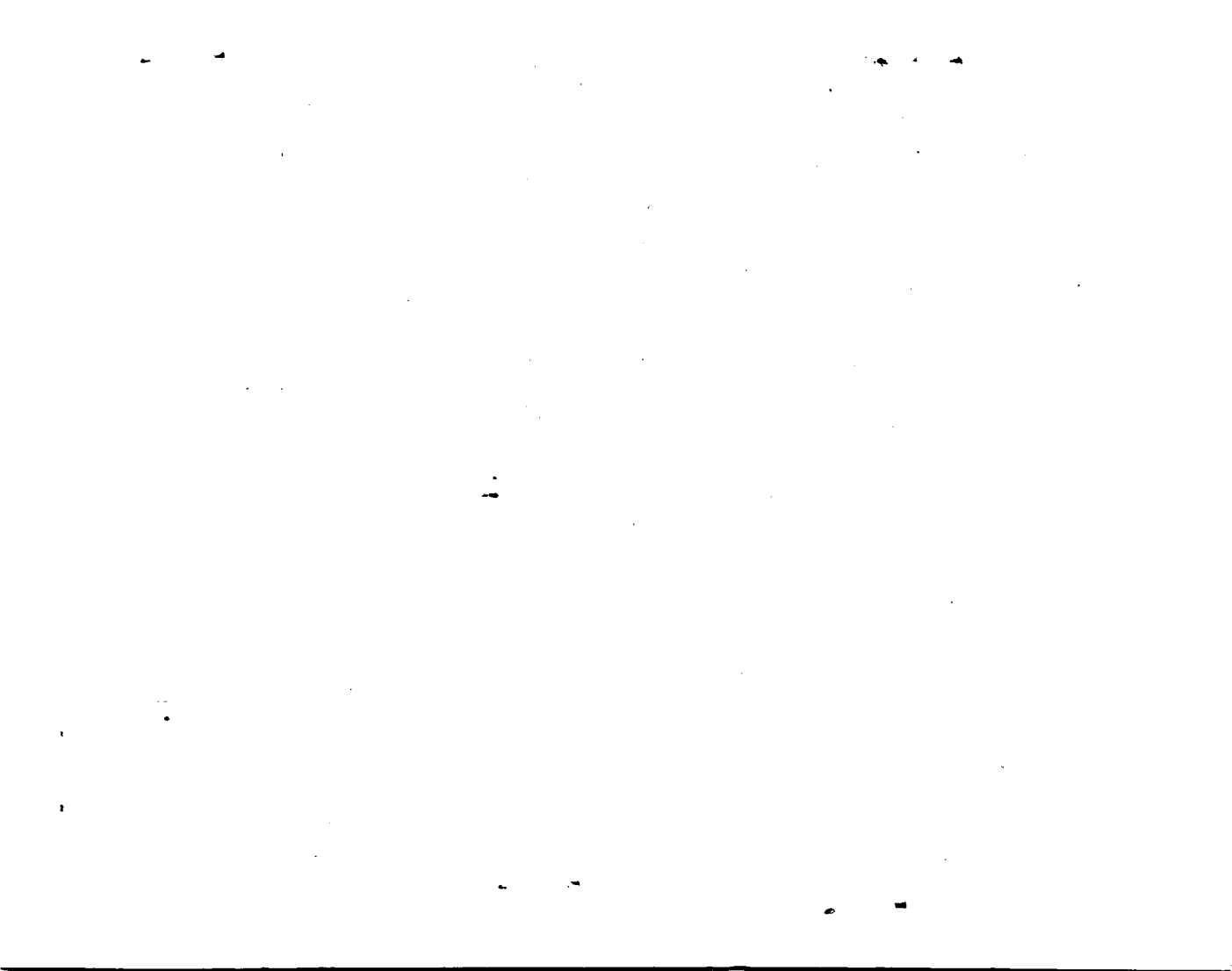
Given names added from a supplemental report.

19

Address Rexburg Idaho.Filed 5-5 19 20

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 79072  
County of Heber }

The undersigned does solemnly swear that certain facts on the certificate of Bert  
for Flamm D Harper who born on April 9, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Burburg Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.)	(GIVE DATE)	TO
<b>FACTS TO BE CORRECTED</b>	<b>FROM</b>	<b>THE CORRECT FACTS</b>
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)	
Name _____	Unrnamed _____	Flamm D. Harper _____

Subscribed and sworn to before me this 30  
day of November, 1942  
Heber  
Notary Public, residing at Opden, Utah  
My commission expires September 13 1945  
(SEAL)

Signed Mary E Harper  
(SIGNATURE OF PARTY OR ATTENDANT IF CORRECTING A BIRTH RE-  
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
A DEATH RECORD, OR OTHER CREDIBLE PERSON.)  
869 Washington Blvd. Ogden, Utah  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss.  
County of Heber }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge

Subscribed and sworn to before me this 30  
day of November, 1942  
Heber

Signed David Stenery  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
221 Echo St Ogden Utah  
(STREET ADDRESS, CITY, STATE)

Notary Public, residing at Opden, Utah  
My commission expires September 13 1945  
(SEAL)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

OCT 10 1960

DEC 8 1942

1

3

966-108-033-391

PLACE OF BIRTH

Form V. S. NO. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of RexburgRegistration District No. 100 File No. 79073

No. \_\_\_\_\_ St.

Primary Registration District No. 2178 Registered No. 169

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>April 8th</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----	---	---------------------------	--

FULL NAME FATHER  
George RoosenkampFULL MAIDEN NAME MOTHER  
Alta M. CraigRESIDENCE Rexburg IdahoRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 23  
(Years)COLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE Hibbard IdahoBIRTHPLACE Layton UtahOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 63 Number of children of this mother now living, including present birth 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Dead On Apr 8th 1920 at 7-15 A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Carley Nelson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Rexburg IdahoFiled 5-5 1920

Registrar

Registrar





385-108-033-231

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MadisonCity of SunnydellRegistration District No. 180File No. 79074

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 168

Hospital \_\_\_\_\_

FULL NAME OF CHILD Wendell B. Cheney

Sex of Child <u>Male</u>	Twin <u>One</u> or other <u>One</u> and <u>One</u> Number in order of birth <u>—</u>	Legiti mate? <u>yes</u>	Date of Birth <u>4 8 20</u> (Month) (Day) (Year)
--------------------------	--	-------------------------	---

FULL NAME W. M. Cheney FATHER Cheney  
RESIDENCE Sunnydell Ida.

COLOR White AGE AT LAST BIRTHDAY 29  
(Years)

BIRTHPLACE Sunnydell Utah  
OCCUPATION Farmer

FULL NAME Lea Blackburn MOTHER Blackburn  
RESIDENCE Sunnydell Idaho

COLOR White AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE Brigham Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. Parkinson  
Physician  
(Physician or midwife)

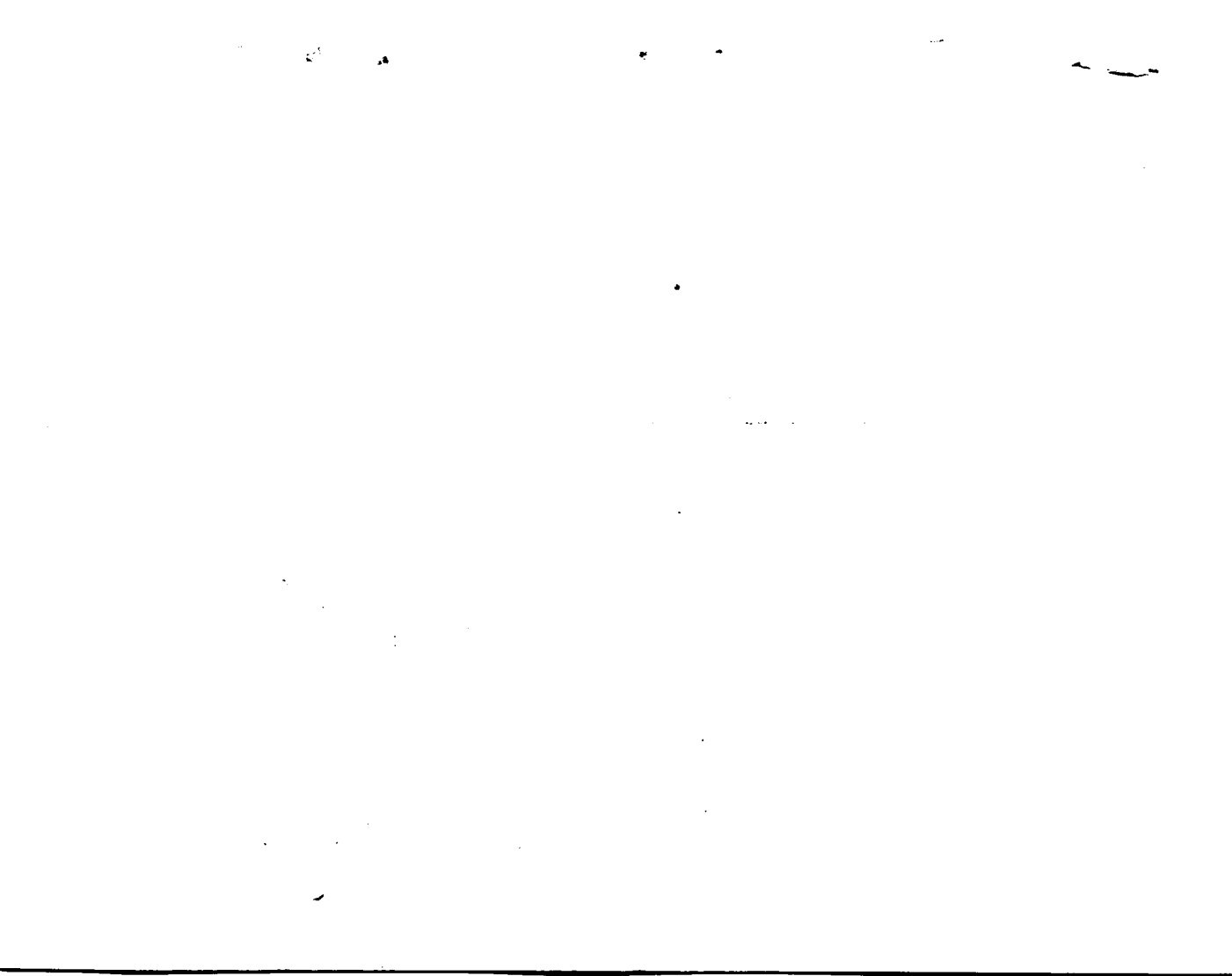
Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_  
Filed 5-5 19 20 G. E. Spe

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Utah }  
County of Cache } ss. Certificate No. \_\_\_\_\_  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Cheaney who Born on April 8, 1920  
(Name on Original Certificate) (Birth or Death) (Date of Event)  
in Sunnydell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by L.D.S. Church Records prepared on Approximately May, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>name</u>	<u>unnamed</u>	<u>Wendell B. Cheney</u>
<u>Father's name</u>	<u>Cheaney</u>	<u>Cheney</u>

Subscribed and sworn to before me this 12th day of May, 1948

G. F. Raymond, County Clerk

~~Notary Public, residing at~~ By Kane S. Parker

~~My commission expires~~ Deputy Clerk

(Seal)

Signed Leal Blackburn Cheney  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Thornton Idaho R. 1.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah }  
County of Cache } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of

May, 1948

G. F. Raymond, County Clerk

~~Notary Public, residing at~~ By Kane S. Parker

~~My commission expires~~ Deputy Clerk

(Seal)

Signed Clarence W. Cheney  
(Signature of Any Credible Person)  
Thornton R. 1, Idaho  
(Street Address, City, State)

JUN 9 1948

544-107-033-413  
PLACE OF BIRTHCounty of MartinCity of Sugar

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

Registration District No. 100File No. 79075Primary Registration District No. 2178Registered No. 167Full Name of Child BLAINE DALLING EDDINGTON

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>April 7</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>Henry Eddington</u>	FATHER		FULL MAIDEN NAME <u>Arrie Walling</u>	MOTHER
RESIDENCE <u>Sugar City</u>			RESIDENCE <u>Sugar City</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Electrician</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. EvansPhysician  
(Physician or midwife)

Given names added from a supplemental report

19

Address \_\_\_\_\_

Filed 5-5-1920

Registrar

Registrar

~~SECRET~~

~~SECRET~~

STATE OF IDAHO      DEC 9 1942  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of \_\_\_\_\_ }      Certificate No. 79075

County of \_\_\_\_\_ }      Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of April 7, 1920 (BIRTH OR DEATH) (3)

for Henry Blaine Eddington who Born on April 7, 1920

(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

in Sugar City, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the

(PLACE OF EVENT)

true facts as shown by Bible record prepared on about May 1st 1920, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

Name Unnamed Blaine Dalling Eddington

Subscribed and sworn to before me this 7

day of Dec, 19 42

J. J. Baker

Notary Public, residing at Sugar City, Idaho

My commission expires Oct 8, 44

(SEAL)

Signed Henry M. Eddington (Parent)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Sugar City, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }      [THIS AFFIDAVIT MUST ALSO BE EXECUTED.

County of Madison }      (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7

day of Dec, 19 42

J. J. Baker

Notary Public, residing at Sugar City, Idaho

My commission expires Oct 8, 1944

(SEAL)

Signed C. H. Browning

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Sugar City, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)



DEC 12 1942

553-106033-795

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ThorntonRegistration District No. 180File No. 79076

No. \_\_\_\_\_ St.

Primary Registration District No. 2178Registered No. 165

Hospital \_\_\_\_\_

FULL NAME OF CHILD Reid Pierce Nelson

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>April 6th</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>James R. Nelson</u>	FATHER
RESIDENCE <u>Thornton Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Smithfield Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Fannie L Pierce</u>	MOTHER
RESIDENCE <u>Thornton Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Annis Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born lived On Apr. 6th 1920 2-05 A. M.  
on the date above stated. (\*Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M. D.

(Physician not a doctor)

Given names added from a supplemental report.

19

Address Rexburg IdahoFiled 5-5 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P. C. 424/41

249-106-033-556

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of HibbardRegistration District No. 180 File No. 79077

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 164

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>April 6th 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER  
Samuel SmithFULL MAIDEN NAME MOTHER  
Levada NevilleRESIDENCE Hibbard IdahoRESIDENCE Hibbard IdahoCOLOR White AGE AT LAST BIRTHDAY 23  
(Years)COLOR White AGE AT LAST BIRTHDAY 18  
(Years)BIRTHPLACE Jacksonville Fla.BIRTHPLACE Randolph UtahOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive On Apr 6th 1920 at 9 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Rexburg IdahoFiled 5-5 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

SEP 18 1969

983-204-033-843  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of Replburg Registration District No. 100 File No. 79678

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 163

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>M</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>April 4</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME	FATHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	
OCCUPATION	

FULL MAIDEN NAME	MOTHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	
OCCUPATION	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Gespe  
Physician  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

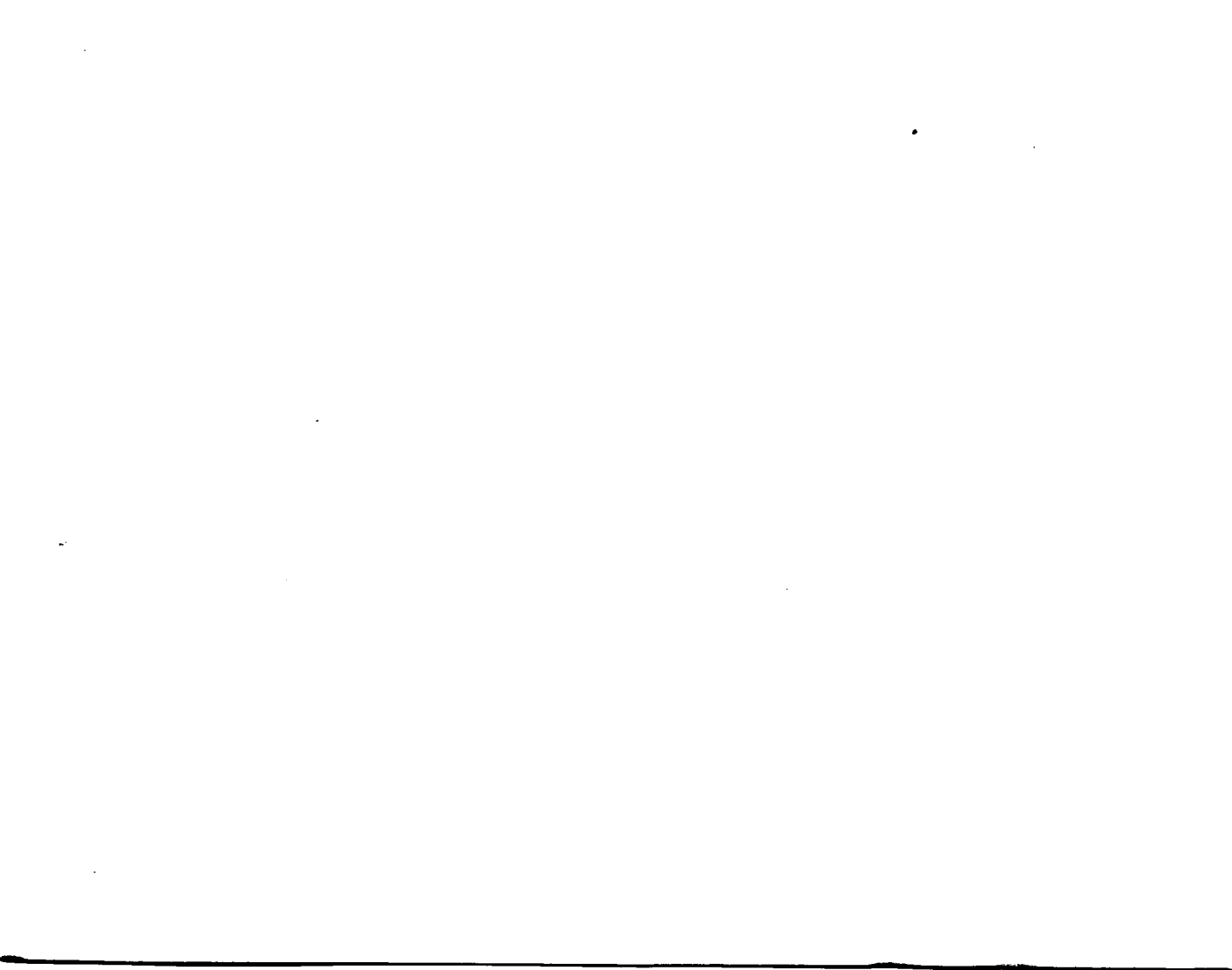
Address Replburg Idaho  
5-5 19 20  
Filed J. J. Gespe  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



863-103-033-593

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ReplungRegistration District No. 100 File No. 79079

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 162

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimacy? <u>Yes</u>	Date of Birth <u>April 3</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	------------------------	---

FULL NAME <u>Wm. D. Holley</u>	FATHER
RESIDENCE <u>Replung Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Utah</u>	

FULL MAIDEN NAME <u>Lottie Nichols</u>	MOTHER
RESIDENCE <u>Replung Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho</u>	

OCCUPATION <u>Day Labourer</u>	OCCUPATION <u>Housewife</u>
Number of child of this mother, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 3 P<sup>o</sup> A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Eason  
\_\_\_\_\_  
(Physician or midwife)

Given names added from a supplemental report.

Address Replung Idaho  
Filed 5-5 1920  
\_\_\_\_\_  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



4

556-202-033-168

Form V. S. No. 11-C-25m-7-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ReplungRegistration District No. 100File No. 79080

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 161

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Dorothy Lenora Nef

Sex of Child <u>F.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>April 2</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	-----	---	------------------------	---

FULL NAME	FATHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	
OCCUPATION	

FULL MAIDEN NAME	MOTHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	
OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 3:30 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

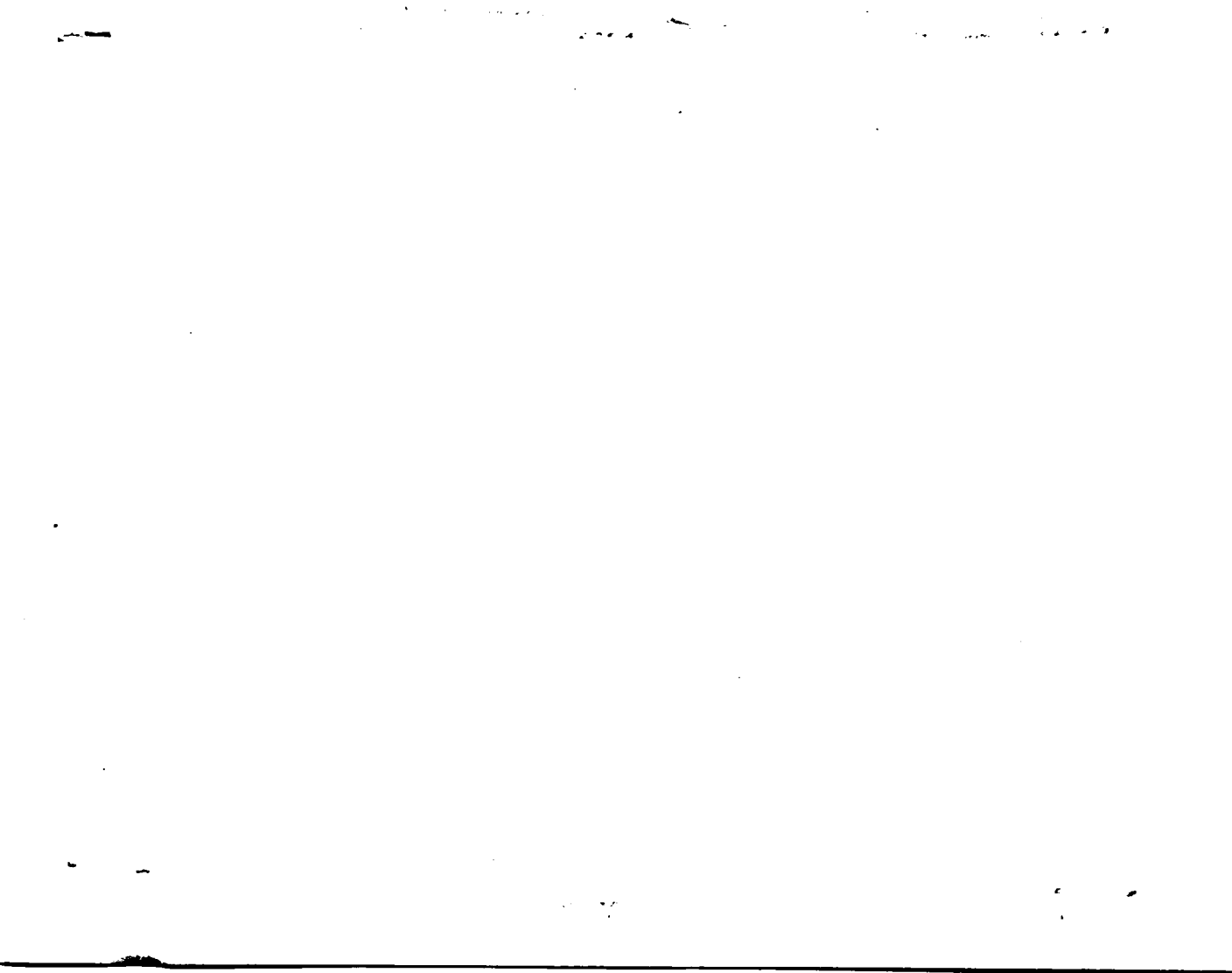
19

Address

Filed

Registrar

Registrar



RECEIVED  
AUG 26 1921  
BUREAU OF VITAL STATISTICS  
DEPARTMENT OF

AUG 17 1921

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City *Rexburg*  
Street .....  
County *Madison*

File Number *92568*

Registration Dist. No. ....

Sex of Child *Female*

Date of Birth *Apr. 2*, 1920 *192*

Father *Emil Mf*  
Full Name

Mother *Eva Lenna Johnson*  
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

*Dorothy Lenna*  
Child's Name in Full

*Emil Mf*  
Signature of Father or Mother

JAN

PLACE OF BIRTH

Amended 1-14-57

544-231-033-556

County of MadisonCity of Burton

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child \_\_\_\_\_

Donna EddingtonSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

## CERTIFICATE OF BIRTH

Registration District No. 100File No. 79082Primary Registration District No. 2178Registered No. 159

SEX OF CHILD <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (and)	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>8</u> <u>81</u> <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Claud Eddington</u>	FATHER		FULL MAIDEN NAME <u>Lisetta Ref</u>	MOTHER
RESIDENCE <u>Clawson Idaho</u>			RESIDENCE <u>Clawson Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Morgan Utah</u>			BIRTHPLACE <u>Switzerland</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth... 3 ..... Number of children of this mother now living, including present birth... 3 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive ..... at 11-45 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mae NelsonMidwife  
(Physician or midwife)

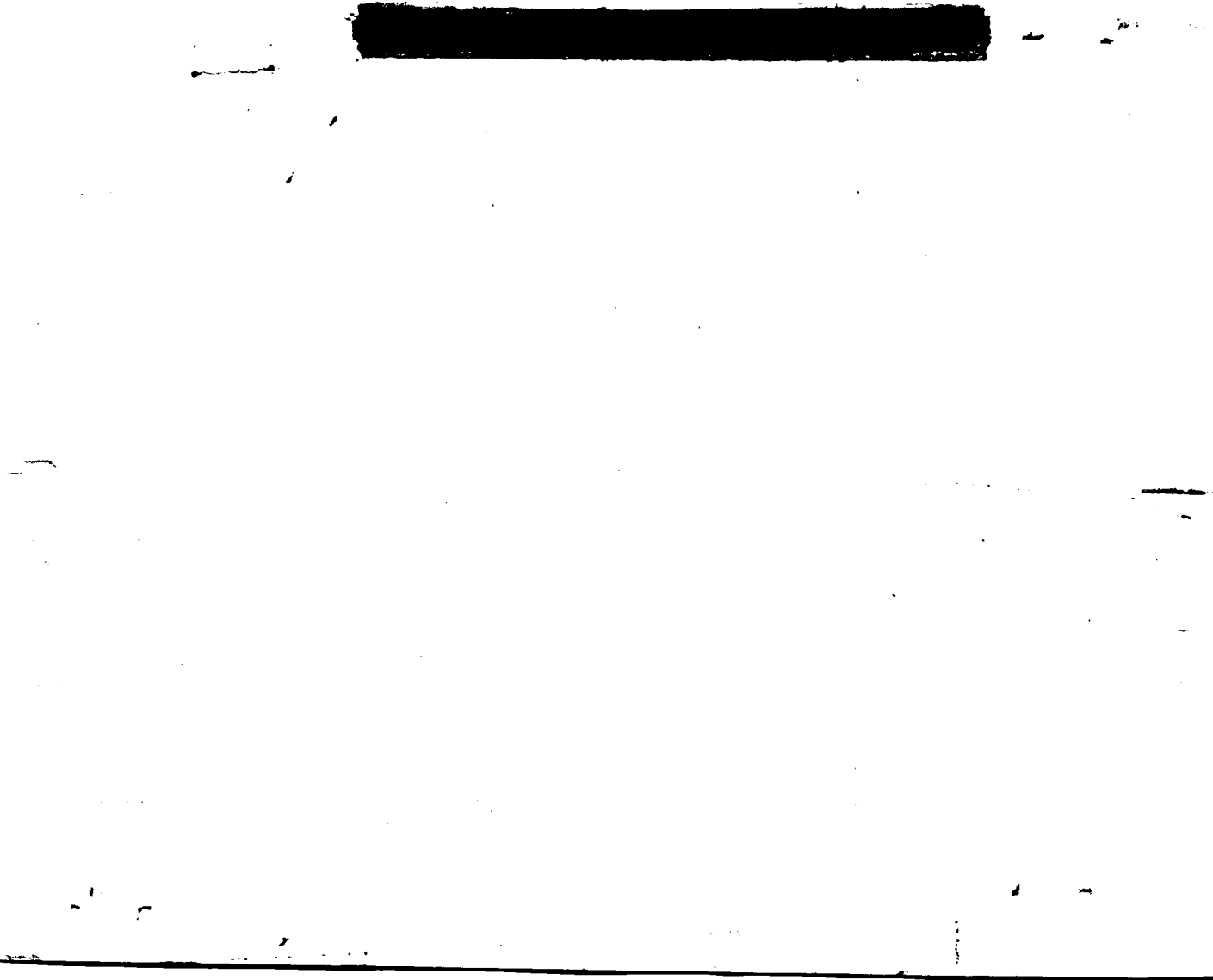
Given names added from a supplemental report

Address \_\_\_\_\_

Filed 5-5-1920

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Shoshone } ss.

Certificate No. 79082

Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Eddington who was born 31 March 20  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Burton, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Certificate of Baptism prepared on July 1, 1928, are:  
Cert. of Blessing (Bible Record, Insurance Policy, Etc.) July 4, 1920 (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) Viewed by V. S. (The Correct Facts)

Child's Name Unnamed Donna Eddington

Subscribed and sworn to before me this 3 day of

Jan E. J. E. 1959  
Notary Public residing at Shoshone, Idaho  
My commission expires Jan 24, 1960  
(Seal)

Signed Donna Eddington  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)  
2205 Primrose Drive  
(Street Address, City, State) Shoshone, Idaho

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Shoshone } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of

Jan E. J. E. 1959  
Notary Public, residing at Shoshone, Idaho  
My commission expires Jan 24, 1960  
(Seal)

Signed Frank Anderson  
(Signature of Any Credible Person)  
Box 924, Shoshone, Idaho  
(Street Address, City, State)



JAN 14 1957

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-118-033-239

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

79084

County of Madison

City of Rexburg

Registration District No. 100 File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 157

Hospital \_\_\_\_\_

FULL NAME OF CHILD Don LaVelle Smith

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>1</u>	Legitimacy? <u>Yes</u>	Date of Birth <u>Mar 18th</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----	-----------------------------------	------------------------	---

FULL NAME Don S. Smith  
RESIDENCE Rexburg Idaho  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Manassa Colo.  
OCCUPATION Farmer

FULL MAIDEN NAME Adella Struhs  
RESIDENCE Rexburg Idaho  
COLOR White AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Rexburg Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive On Mar 18th 1920 8-17 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson  
M. D.

(Physician or Midwife)

Given names added from a supplemental report.

Address Rexburg Idaho

Filed 5-5 1920

Registrar

Registrar

7/18/41

FEB 5 1965

964-117-033-443

Form V. A. No. 11-0-22-2-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of RexburgRegistration District No. 1.0.0File No. 79085No. St.Primary Registration District No. 2.1.7.8Registered No. 1.5.6

Hospital

FULL NAME OF CHILD David Allen Rowley

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Mar 17th</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME FATHER  
Farr B. RowleyFULL NAME MOTHER  
Clara MullinerRESIDENCE  
Rexburg IdahoRESIDENCE  
Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 35  
(Years)COLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE  
Billings MontanaBIRTHPLACE  
Merour UtahOCCUPATION  
AccountantOCCUPATION  
HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive On Mar 17th 1920 at 1-35 A M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

Rexburg Idaho

Address

Filed 5-5 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1941

769-115-033-389

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of RefringRegistration District No. 100File No. 79086

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 155

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Warren Porter

Sex of Child <u>Male</u>	Twin <u>Yes</u> Triplet <u>Yes</u> (To be answered only in event of plural births)	and	Number in order of birth <u>-</u>	Legitimate? <u>Yes</u>	Date of Birth <u>3 15 20</u> (Month) (Day) (Year)
--------------------------	--	-----	-----------------------------------	------------------------	--

FATHER  
FULL NAME Arthur PorterRESIDENCE Refring, Ida.COLOR White AGE AT LAST BIRTHDAY 44  
(Years)BIRTHPLACE New ZealandOCCUPATION PublisherMOTHER  
FULL MAIDEN NAME Hell ChildRESIDENCE Refring, Ida.COLOR White AGE AT LAST BIRTHDAY 34  
(Years)BIRTHPLACE Ogden, Ut.OCCUPATION HousewifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 1:15 a.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Parkinson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed 5-5 1920 G. H. Parkinson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 19 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

336-114-033-745

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-22-17

County of.....**Madison**.....

City of.....**Rexburg**.....

No.....**St.**.....

Hospital.....

Registration District No.....**100**.....

File No.....**79087**.....

Primary Registration District No.....**2178**.....

Registered No.....**1554**.....

FULL NAME OF CHILD.....**Jacob Elden Cloward, Jr.**.....

Sex of Child	<b>Male</b>	Twin Triplet or other? <input type="checkbox"/>	and (Number in order of birth)	Legitimate? <input checked="" type="checkbox"/>	Yes	Date of Birth	<b>Mar 14th</b>
(To be answered only in event of plural births)						(Month)	(Day)

FULL NAME	<b>FATHER</b> <b>Elden Cloward</b>
RESIDENCE	<b>Rexburg Idaho</b>
COLOR	<b>White</b>
AGE AT LAST BIRTHDAY	<b>23</b> (Years)
BIRTHPLACE	<b>Payson Utah</b>
OCCUPATION	<b>Farmer</b>

FULL MAIDEN NAME	<b>MOTHER</b> <b>Mary Gunnell</b>
RESIDENCE	<b>Rexburg Idaho</b>
COLOR	<b>White</b>
AGE AT LAST BIRTHDAY	<b>20</b> (Years)
BIRTHPLACE	<b>Tellsville Utah</b>
OCCUPATION	<b>Housewife</b>

Number of child of this mother, including present birth.....**1st**..... Number of children of this mother now living, including present birth.....**1**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....**Born Alive On Mar 14th 1920**..... at.....**6-55 A.M.**..... on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....**Farley Nelson**.....  
.....**M.D.**.....  
(Physician or midwife)

Given names added from a supplemental report.

.....**19**..... Address.....**Rexburg Idaho**.....  
.....**5-5-20**..... Filed.....**5-5-20**.....  
.....**Registrar**.....  
.....**Registrar**.....





652-114-033-844

PLACE OF BIRTH

name added 9-7-83 dl

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-2-2-17

## CERTIFICATE OF BIRTH

County of MadisonCity of RexburgRegistration District No. 106File No. 79088No. St.Primary Registration District No. 2178Registered No. 153

Hospital

FULL NAME OF CHILD Reese Humble Westover

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth <u>1</u> } (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Mar. 14th</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME <u>Wm. E. Westover</u>	FATHER
RESIDENCE <u>Rexburg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Mendon Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Eulalia Humble</u>	MOTHER
RESIDENCE <u>Rexburg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Huntington Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive On Mar 14th 1920 at 2-30 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

N.D.

(Physician or midwife)

Given names added from a supplemental report.

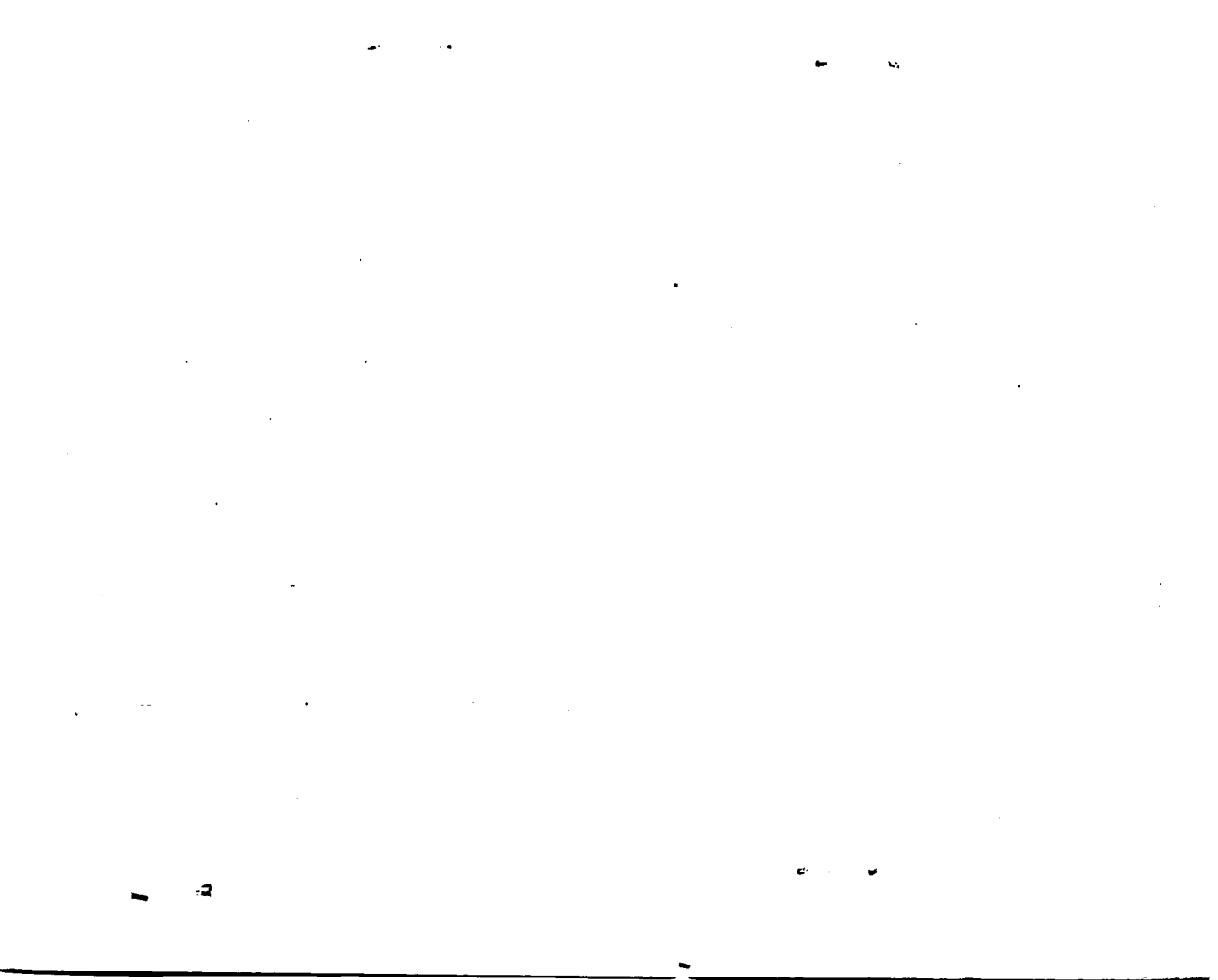
Rexburg Idaho

Address

Filed 5-5-20

Registrar

Registrar



7-11-83

**IDAHO DEPARTMENT OF HEALTH AND WELFARE**  
**Bureau of Vital Statistics, Standards, and Local Health Services**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.

Certificate No. 79088

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Westover who was born on Mar 14, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Rexburg (Madison) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Unnamed</u>	<u>Reese Humble Westover</u>
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 29th day of

August, 1983

Notary Public, Wayne H. Braumberger

Residing at Sandy, Utah

My commission expires 6-12-86

(Seal)

X Reese H. Westover  
Signature of Applicant  
 X 189 West 8600 So. Madvale Ut. 84047  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Supporting Signature

\_\_\_\_\_  
Street Address, City, State

Certificate of Blessing from LDS Church lists Reese Humble Westover born March 14, 1920 at Rexburg to William E Westover and Eulalia Humble and was blessed June 6, 1920. Viewed by V.S.

Certificate of Ordination to the Priesthood in LDS Church gives Reese Humble Westover was ordained an Elder on June 23, 1940. Viewed by V.S.

444-112-033-255

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. A. No. 11-C—Rev. 3-3-17

CERTIFICATE OF BIRTH

79089

County of.....Madison.....

City of.....Rexburg.....

Registration District No.....100.....

File No.....

No.....St......

Primary Registration District No.....2178.....

Registered No.....152.....

Hospital.....

Harold K. Dudley

FULL NAME OF CHILD.....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth..... <u>Mar 12th</u> ..... <u>1920</u> (Month) (Day) (Year)
--------------------------	---	---	------------------------	--

FULL NAME FATHER  
Hyrum S. Dudley

FULL NAME MOTHER  
Hazel D Kent

RESIDENCE Hamer Idaho

RESIDENCE Hamer Idaho

COLOR White AGE AT LAST BIRTHDAY.....36.....  
(Years)

COLOR White AGE AT LAST BIRTHDAY.....28.....  
(Years)

BIRTHPLACE Willard Utah

BIRTHPLACE Wisconsin

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth.....2nd..... Number of children of this mother now living, including present birth.....2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive On Mar 12th 1920..... at 6-45 A..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....Barley Nelson.....

Given names added from a supplemental report.

M.D.  
(Physician or ~~midwife~~)

.....19.....

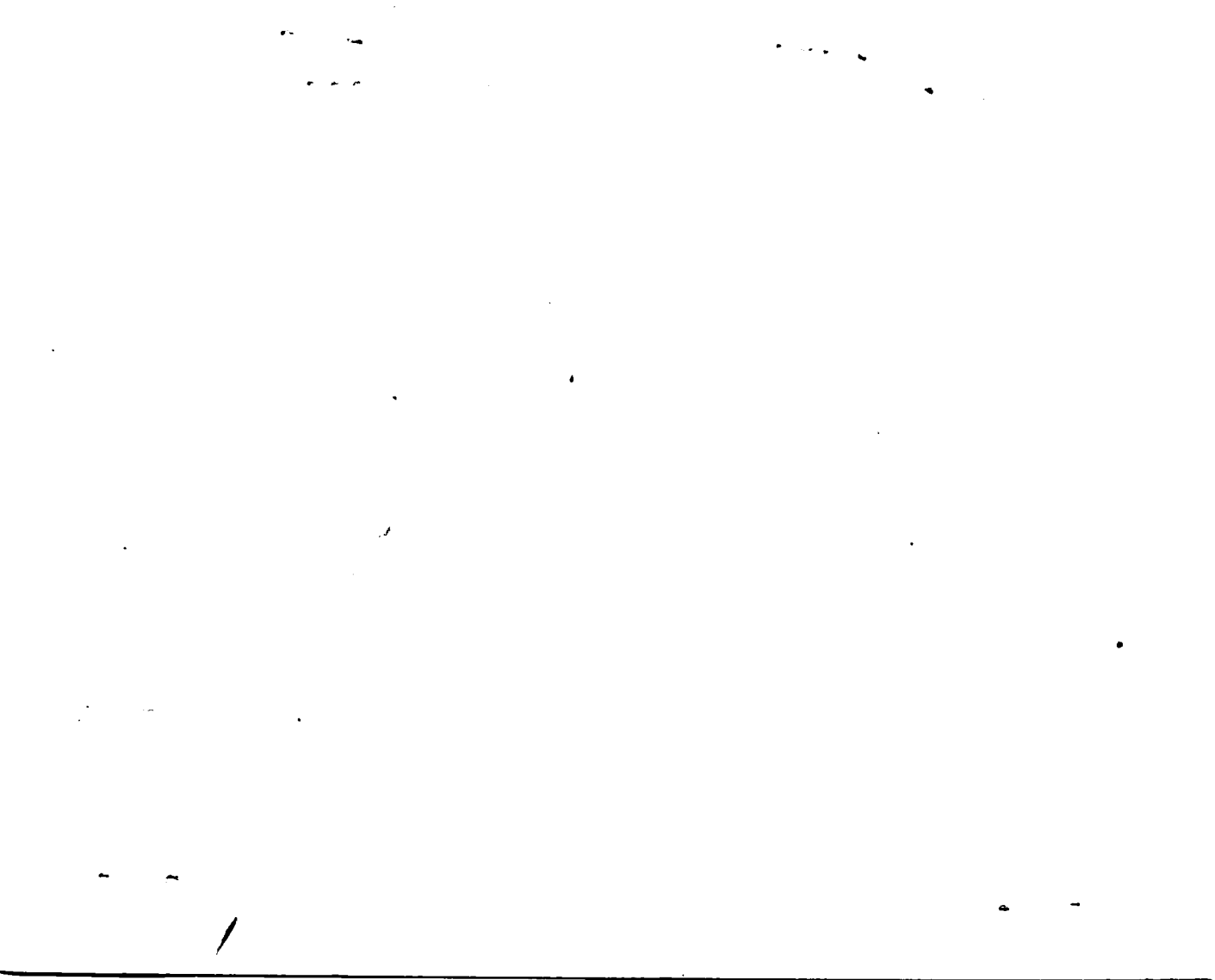
Address.....Rexburg Idaho.....

.....19.....

Filed.....5-5-20.....19.....

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of: \_\_\_\_\_ } ss. \_\_\_\_\_  
County of: \_\_\_\_\_ }  
Certificate No. &() 79089  
Date Filed: \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Dudley who was born on March 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Childs name

omitted

Harold K. Dudley

Subscribed and sworn to before me this 1st day of

Signed Mary D. McMurrian  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
273 Taft Ave - Idaho  
(Street Address, City, State)

Notary Public, residing at Locust Hill, Idaho  
My commission expires 9-1-74  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of: \_\_\_\_\_ } ss. \_\_\_\_\_  
County of: \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of  
March, 1970

Signed Eldon Vaughn  
(Signature of Any Credible Person)  
321 Stuart Chubbuck Idaho  
(Street Address, City, State)

Notary Public, residing at Locust Hill, Idaho  
My commission expires 9-1-74  
(Seal)



MAR 5 1974

Index card (copy) from Bannock County of Marriage certificates gives name as Dudley, Harold K. (groom) Date of Marriage 7/5/61. bride's name given as Violace Buhler. Viewed by V. S.

Honorable Discharge from the Army of the U.S gives name as Harold K. Dudley. date of separation Nov. 19, 1945. date of birth March 12, 1920. Viewed by VS

219-112-033-965

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 14-0-24-2-17

## CERTIFICATE OF BIRTH

County of... MadisonCity of... RexburgRegistration District No. 100File No. 79090No. .... St.Primary Registration District No. 2178Registered No. 151

Hospital.....

FULL NAME OF CHILD..... Lowell Dee Barber

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth..... <u>Mar 12th</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------	--

FULL NAME <u>Emil A. Barber</u>	FATHER
RESIDENCE <u>Rexburg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Hyrum Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Maria A. Ronnenkamp</u>	MOTHER
RESIDENCE <u>Rexburg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Hibbard Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth..... 5th Number of children of this mother now living, including present birth..... 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive On Mar. 12th 1920 8-15 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... Carley Nelson

M.D.

(Physician or Midwife)

Given names added from a supplemental report.

.....19.....

Address..... Rexburg Idaho

.....19.....

Filed 5-5 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1945

818-207-033-214

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-24m-04-17

County of **Madison** .....

## CERTIFICATE OF BIRTH

City of **Plano** .....Registration District No. .... **100** .....

File No. ....

**79091**No. .... **St.** .....Primary Registration District No. .... **2178** .....Registered No. .... **150** .....

Hospital .....

FULL NAME OF CHILD ..... **Grace Haynes** .....

Sex of Child <b>Female</b>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <b>Yes</b>	Date of Birth <b>Mar. 7th</b> ..... <b>1920</b> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME **FATHER**  
**Isaac N. Haynes**FULL MAIDEN NAME **MOTHER**  
**Agnes Sauer**

RESIDENCE

**Plano Idaho**

RESIDENCE

**Plano Idaho**COLOR **White**AGE AT LAST  
BIRTHDAY ..... **28** .....  
(Years)COLOR **White**AGE AT LAST  
BIRTHDAY ..... **21** .....  
(Years)BIRTHPLACE **Linwood Kentucky**BIRTHPLACE **Grant Idaho**OCCUPATION **Farmer**OCCUPATION **Housewife**Number of child of this mother, including present birth ..... **2nd** ..... Number of children of this mother now living, including present birth ..... **2** .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... **Born Alive On Mar 7th 1920** ..... at **6 P** ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

.....  
**M.D.**

(Physician or midwife)

Given names added from a supplemental report.

Address .....

**Rexburg Idaho**

Filed .....

**5-5-20**

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1972

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of IDAHO

County of MADISON

ss.

Certificate No. 79091

Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Haynes (Female) who was born on March 7, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Piano, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by                      prepared on                      are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name

Unnamed

Grace Haynes

Subscribed and sworn to before me this 15th day of  
MARCH 19 72

Notary Public, residing at REXBURG, IDAHO

My commission expires 20 Sep 73

(Seal)

Signed Isaac N. Haynes

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

SUGAR CITY, IDAHO

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of IDAHO

County of MADISON

ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of  
MARCH 19 72

Signed Justita H. Blake

(Signature of Any Credible Person)

Notary Public, residing at REXBURG, IDAHO

My commission expires 20 SEP 73

(Seal)

5101 Via El Sereno, TORRENCE,

(Street Address, City, State) CALIF

Diploma from LDS Seminary gives name as Grace Haynes. For The Junior Seminary  
Dated May 6, 1934/ Viewed by V. S.

APR 14 1972

Certificate of Baptism and Confirmation from LDS Church gives name as Grace Haynes  
daughter of Isaac N. Haynes and Agness Sauer. Was Born March 7, 1920 at Plano,  
Idaho. Was Baptized June 29, 1928 and Confmd. July 1, 1928. Dated July 1, 1928.  
Viewed by V. S.

113-104-033-793

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O—Rev. 3-17

## CERTIFICATE OF BIRTH

County of MadisonCity of SugarRegistration District No. 100VFile No. 79092

No. ....St.

Primary Registration District No. 2178Registered No. 149

Hospital .....

## FULL NAME OF CHILD .....

Sex of Child <u>male</u>	Twin Triplet or other? <u>    </u>	and { Number in order of birth <u>    </u>	Legitimate? <u>yes</u>	Date of Birth <u>3</u> <u>4</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	------------------------------------	--	------------------------	---

FULL NAME <u>Leo Jacobs</u>	FATHER
RESIDENCE <u>Sugar City - Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Florence Gilchrist</u>	MOTHER
RESIDENCE <u>Sugar City - Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was      on the date above stated. 16 9 M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed 5-5 1920

Registrar

Registrar





WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

459-203-033-493

## PLACE OF BIRTH

Amended 5-14-79

County of MadisonCity of Reynolds

No. \_\_\_\_\_ St.

Registration District No. 100File No. 79093

Hospital \_\_\_\_\_

Primary Registration District No. 2178Registered No. 148

FULL NAME OF CHILD \_\_\_\_\_

Carmen

MerrillSex of  
ChildFemaleTwin  
Triplet  
or otherBirth

and {

Number  
in order  
of birth

\_\_\_\_\_

Legiti  
mate?yesDate of  
Birth331920FULL  
NAMEL. V. Merrill

RESIDENCE

Reynolds Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Preston Ida.

OCCUPATION

DentistFULL  
MAIDEN  
NAMEMarie Miller

RESIDENCE

Reynolds Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Preston Ida.

OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 7:50 a.m.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. S. Harrison  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

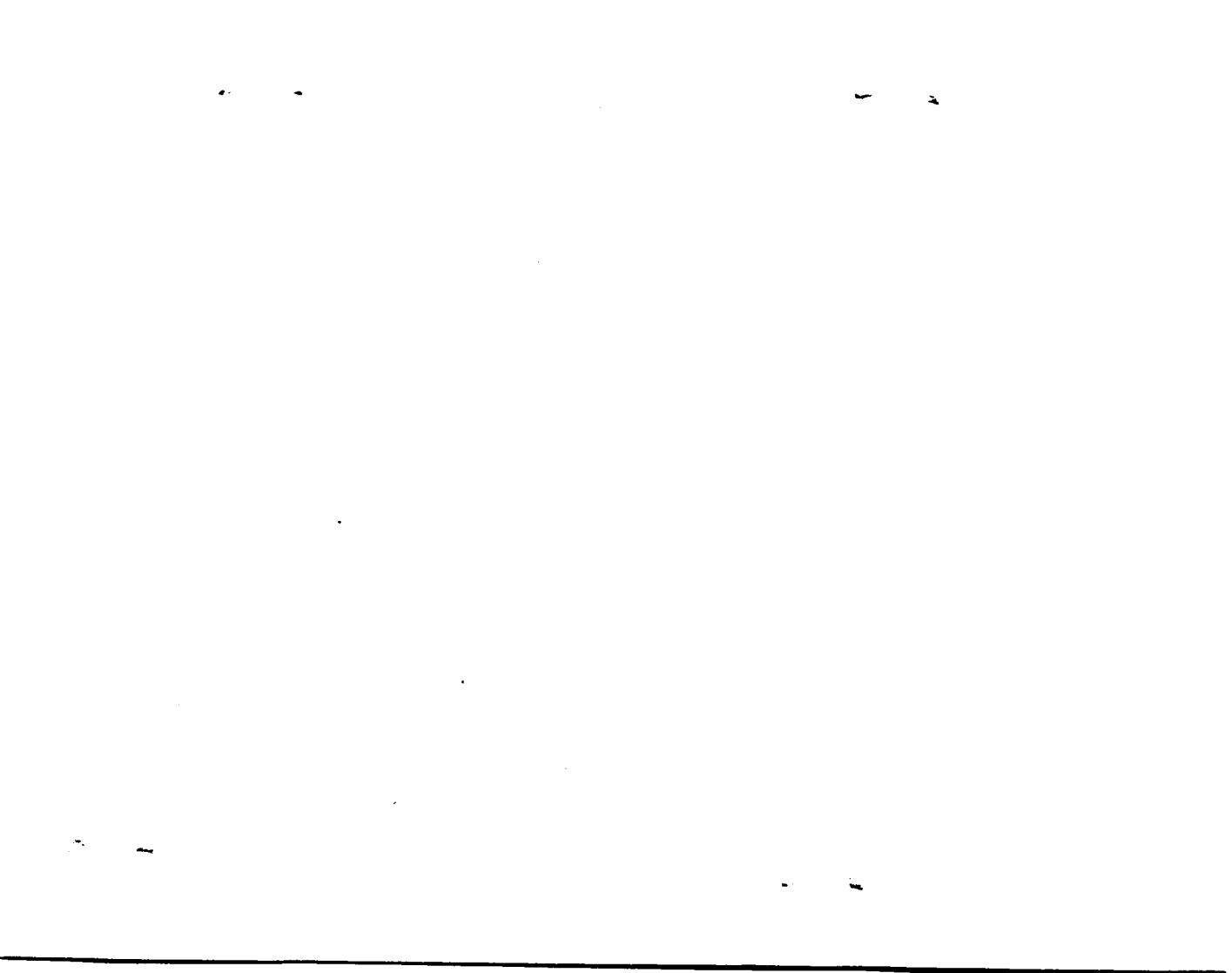
Address

Filed

5-519 20

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

RECEIVED

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Nov 30 8 23 AM '78 Certificate No. 79093  
County of Franklin } Date Filed Nov 29 1978

The undersigned does solemnly swear that certain facts on the certificate of birth  
for ~~GOVERNMENT~~ CARMEN who was born on March 3, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death)  
in Rexburg, Idaho (Madison) Merrill are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Bible prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

child's name ~~GOVERNMENT~~ Carmen Merrill

Subscribed and sworn to before me this 29 day of  
Nov, 1978

Notary Public, residing at Preston, Idaho  
My commission expires Lifetime  
(Seal)

Signed Leslie V. Merrill  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
695 S 1 E Preston, Idaho 83263  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of IDAHO }  
County of Franklin } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of  
November, 1978

Signed [Signature]  
(Signature of Any Credible Person)

Notary Public, residing at Preston, Idaho  
My commission expires Lifetime  
(Seal)

194 E. Valley View, Preston, Idaho  
(Street Address, City, State)

Family Record gives name as Carmen Merrill born March 3, 1920 at Rexburg, Idaho, to Leslie Vinton Merrill and Marie Rebecca Miller. Recorded 1952 with L.D.S. Church  
Viewed by V.S.

MAY 15 1979

Bible record shows name as Carmen Merrill born March 3, 1920 at Rexburg, Idaho. Parents Leslie and Marie Merrill. Obviously old.  
Viewed by V.S.

993-103-033-381

Form V. S. No. 11-0-22m-9-8-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of..... **Madison**City of..... **Rexburg**Registration District No..... **100**File No..... **79094**No..... **St.**Primary Registration District No..... **2178**Registered No..... **147**

Hospital.....

FULL NAME OF CHILD.....

Sex of  
Child **Male**Twin  
Triplet  
or other? } and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate? **Yes**Date of Birth..... **Mar 3rd**..... **20**  
(Month) (Day) (Year)FULL NAME **FATHER**  
**George E. Ricks**FULL MAIDEN NAME **MOTHER**  
**Spphis Isabella Chandler**RESIDENCE **Rexburg Idaho**RESIDENCE **Rexburg Idaho**COLOR **White** AGE AT LAST  
BIRTHDAY..... **28**.....  
(Years)COLOR **White** AGE AT LAST  
BIRTHDAY..... **20**.....  
(Years)BIRTHPLACE **Rexburg Idaho**BIRTHPLACE **Salt Lake City Utah**OCCUPATION **Day Laborer**OCCUPATION **Housewife**Number of child of this mother, including present birth..... **2nd** Number of children of this mother now living, including present birth..... **2**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... **Born alive On Mar 3rd, 1920**..... **7-15 A**..... **M.**  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature)..... **Carley Nelson**

M.D.

(Physician or midwife)

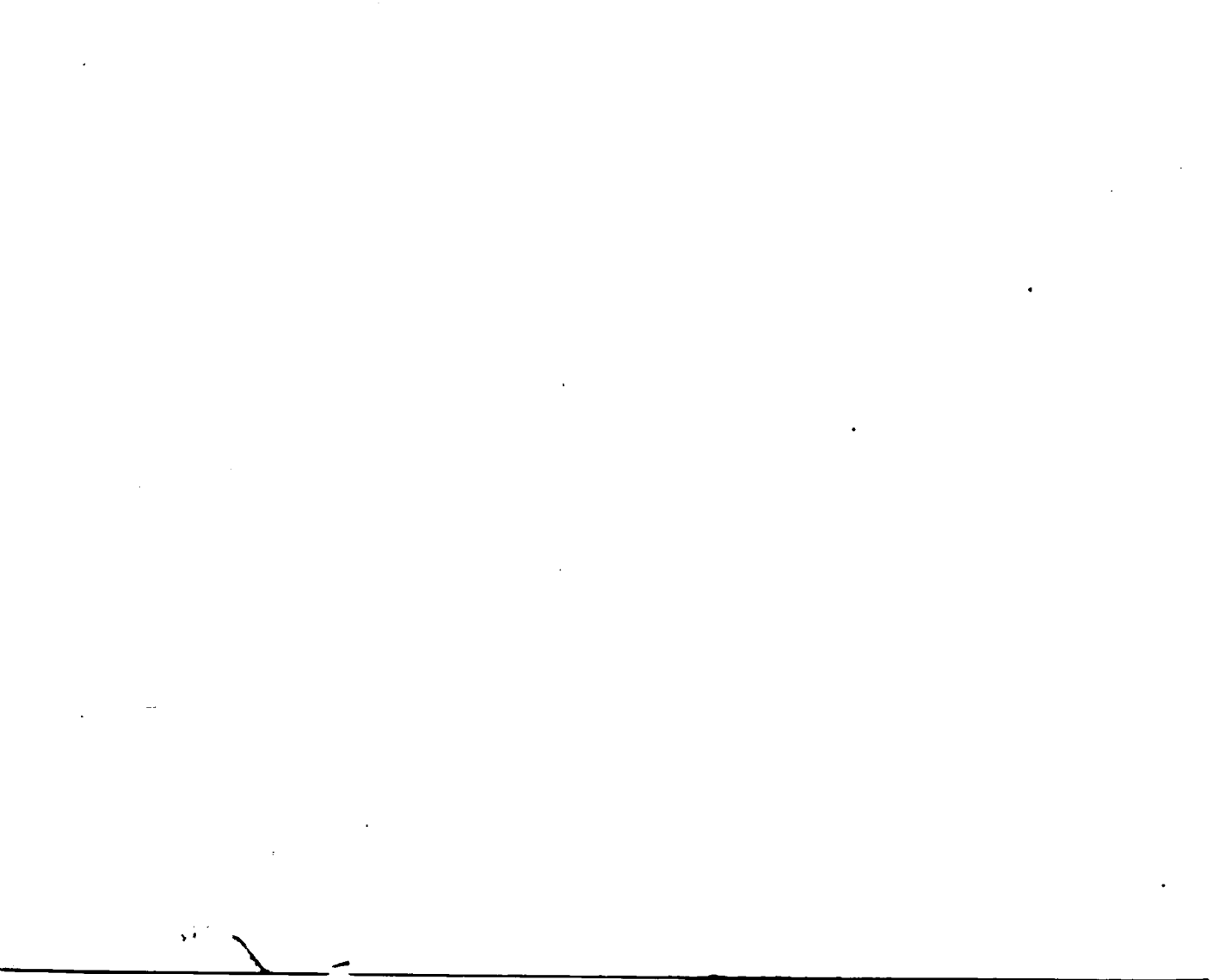
Given names added from a supplemental report.

Address..... **Rexburg Idaho**Filed..... **5-5-20**..... **1920**

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



813-101-033-113

name added 11-26-84 dl

Form V. S. No. 11-0-21-4-17

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of **Madison**

City of **Sunnydell**

No. .... **St.**

Hospital .....

Registration District No. .... **100**

File No. .... **79095**

Primary Registration District No. .... **2178**

Registered No. .... **146**

FULL NAME OF CHILD ..... **Vernile Jacobs Hacking**

Sex of Child <b>Male</b>	Twin Triplet or other? <b>and</b> Number in order of birth <b>1</b>	Legitimate? <b>Yes</b>	Date of Birth <b>Mar 1st.</b> 19 <b>20</b> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <b>FATHER</b> <b>Frank Hacking</b>
RESIDENCE <b>Sunnydell Idaho</b>
COLOR <b>White</b> AGE AT LAST BIRTHDAY <b>23</b> (Years)
BIRTHPLACE <b>Cedar Point Utah</b>
OCCUPATION <b>Farmer</b>

FULL MAIDEN NAME <b>MOTHER</b> <b>Vera Jacobs</b>
RESIDENCE <b>Sunnydell Idaho</b>
COLOR <b>White</b> AGE AT LAST BIRTHDAY <b>20</b> (Years)
BIRTHPLACE <b>Lehi Utah</b>
OCCUPATION <b>Housewife</b>

Number of child of this mother, including present birth ..... **2nd** Number of children of this mother now living, including present birth ..... **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born Alive On Mar 1st 1920** at **8-30 P.**  
on the date above stated. (Born alive or stillborn)

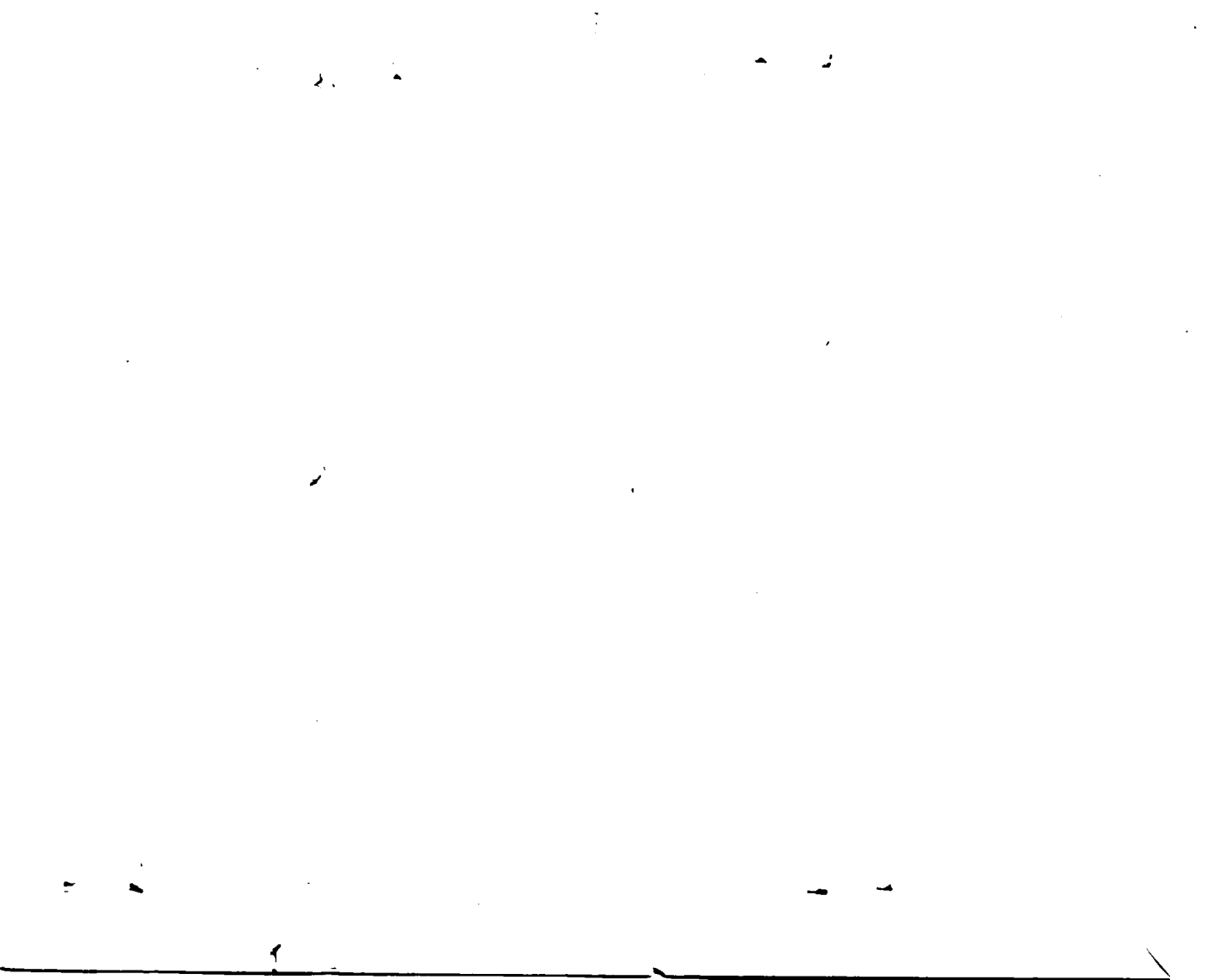
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... **Harley Nelson**  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address ..... **Rexburg Idaho**  
Filed ..... **5-5-1920**  
Registrar ..... **J. H. Hulse**  
Registrar





11/13/84

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho  
County of Madison ss.

Certificate No. 79095  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for Unnamed Hacking (Male) who was born on March 1, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Sundell, Idaho (Madison) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	<del>Vern</del> <u>VERNILE JACOBS</u> <u>HACKING</u>

Subscribed and sworn to before me this 16<sup>th</sup> day of November, 1984.

Notary Public, Dee H. Garner  
Residing at Berburg, Idaho  
My commission expires Jan. 1987  
(Seal)

Vern J. Hacking  
St. 5 Rupert, Idaho  
Signature of Applicant  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho  
County of Madison ss.

(Must be completed \_\_\_\_\_)

(Is not necessary \_\_\_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16<sup>th</sup> day of November, 1984.

Notary Public, Dee H. Garner  
Residing at Berburg, Idaho  
My commission expires Jan. 1987  
(Seal)

Kenneth Hacking  
St. 3 Berburg, Idaho 83440  
Supporting Signature  
Street Address, City, State

100-201

Certificate of Baptism from LDS Church gives Vernile Jacobs Hacking son of Henry Franklin Hacking and Vera Jacobs born March 1, 1920 at Archer was baptised June 30, 1928. Viewed by V.S.

**NOV 26 1984**

Certificate of Marriage lists Vernild J Hacking and Pauline Tillotson were married Oct 8, 1943 in the State of Washington. Viewed by V.S.

415-221-033-819  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-0-22m-3-17

County of Madison.....

City of Sugar.....

No.....St.

Hospital .....

Registration District No. .... 100.....

File No. .... 79096

Primary Registration District No. .... 2178.....

Registered No. .... 143

FULL NAME OF CHILD ..... Rouena Davis.....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> and { Number in order of birth <u>    </u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb-21-</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Frank L. Davis</u>	FATHER	FULL MAIDEN NAME <u>Alvaretta Hannon</u>	MOTHER
RESIDENCE <u>Sugar City</u>		RESIDENCE <u>Sugar City</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Nevada</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Banker</u>		OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth. 14..... Number of children of this mother now living, including present birth. 10.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Born alive or stillborn) alive

Given names added from a supplemental report.

(Physician or midwife)

.....19.....

Address.....

.....

Filed 5-5-20 19 20

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR UNFADING INK—THIS IS A PERMANENT RECORD

MAY 11 1942

APR 1 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-113-033-893

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. &amp; No. 11-C—21m-2-17

## CERTIFICATE OF BIRTH

County of... Madison .....City of... Rexburg .....No. .... St. .....

Hospital .....

Registration District No. .... 100 .....File No. .... 79097 .....Primary Registration District No. .... 2178 .....Registered No. .... 149 .....

## FULL NAME OF CHILD .....

Sex of Child	<u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- Yes mate?	Date of Birth	<u>Feb 13th</u>	20
					(Month)	(Day)	(Year)

FULL NAME	<u>FATHER</u> <u>Willard Tarbet</u>
RESIDENCE	<u>Rexburg Idaho</u>
COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>43</u> (Years)
BIRTHPLACE	<u>Logan Utah</u>
OCCUPATION	<u>Farmer &amp; Sheep-man.</u>

FULL MAIDEN NAME	<u>MOTHER</u> <u>Maud Hillman</u>
RESIDENCE	<u>Rexburg Idaho</u>
COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>38</u> (Years)
BIRTHPLACE	<u>Pleasant Grove Utah</u>
OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth 4th ... Number of children of this mother now living, including present birth, .... 4 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was .... Born Alive On Feb 13th 1920 ... at .... 12-30 A. ...  
on the date above stated. (Born alive or stillborn) M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Harley Nelson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Rexburg Idaho.

Filed .....

5-5-20

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Madison  
any Ranch Registration District No. 110 File No. 79098  
No. 2178 Primary Registration District No. 143  
Hospital .....  
FULL NAME OF CHILD Vernon Edward Skidmore

Sex of Child Male Twin Twin } and (Number in order of birth 1st Legiti- mate? Yes Date of Birth Feb. 4th 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Frank Skidmore  
RESIDENCE Rexburg Idaho  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Missouri  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Nora Large  
RESIDENCE Rexburg Idaho  
COLOR White AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Wyoming  
OCCUPATION Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive On Feb, 4th 1920 3 A.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harley Nelson  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho  
Filed 5-5-20 1920  
Registrar Y. G. Skidmore



JUL 18 1958

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho

County of Madison

SS

Certificate No. 1920-79098

Date Filed 5-5-1920

The undersigned does solemnly swear that certain facts on the certificate of birth

(Birth, Death, Marriage, etc.)

for baby boy Skidmore  
(Name on Original Certificate)

who was born  
(Was Born, Died, etc.)

on February 4, 1920  
(Date of Event Reported on Original Certificate)

in Ranch (Madison) Idaho  
(Place of Event)

are erroneous or were omitted.

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

Full Name of Child

Baby Boy Skidmore

Vernon Edward Skidmore

Subscribed and sworn to before me this

15<sup>th</sup>

day of

December

2003

Notary Public, L. Gene Jeppson

Residing at Sugar City

My commission expires 1-3-2007

(Seal)

**L. GENE JEPSON**

**STATE OF IDAHO**

**NOTARY --- PUBLIC**

Signature of Applicant

9469 S. 400W

Rexburg, Idaho 83440

Street Address, City, State and Zip

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_

SS

County of \_\_\_\_\_

(Must be completed ☐)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Signature of Applicant

Street Address, City, State and Zip

Certificate of Ordination to the Holy Priesthood dated 2-5-1933 for Vernon Skidmore was ordained a Deacon in the Church of Jesus Christ of Latter-day Saints dated 2-5-1933. Viewed by VS

Certificate of Baptism and Confirmation for Vernon Skidmore son of Frank Skidmore and Nora Large born 2-4-1920 in Rexburg (Madison) Idaho was baptized on July 6, 1930 and confirmed a member of The Church of Jesus Christ of Latter-day Saints. Viewed by VS

Certificate of Death for the State of Montana for Vernon Edward Skidmore born on February 4, 1920 in Rexburg, Idaho, date of death was July 30, 1993 in county of Lewis and Clark the State of Montana. Viewed by VS

229-204-033-319

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. &amp; No. 11-0-22m-8-8-17

## CERTIFICATE OF BIRTH

County of.....Madison.....

\*City of\*.....Ranch.....

Registration District No.....100.....

File No.....79099.....

No.....St.....

Primary Registration District No.....2178.....

Registered No.....142.....

Hospital.....

FULL NAME OF CHILD.....

Sex of Child	Female	Twin or other?	Twin	and	Number in order of birth	2nd	Legiti- mate?	Yes	Date of Birth.....Feb. 4th.....191.....
(To be answered only in event of plural births)								(Month) (Day) (Year)	

FULL NAME FATHER  
Frank SkidmoreFULL MAIDEN NAME MOTHER  
Nora LargeRESIDENCE  
Rexburg IdahoRESIDENCE  
Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 35  
(Years)COLOR White AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE  
MissouriBIRTHPLACE  
WyomingOCCUPATION  
FarmerOCCUPATION  
Housewife

Number of child of this mother, including present birth.....8th..... Number of children of this mother now living, including present birth.....7.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive On Feb. 4th 1920 at 3-10 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Rexburg Idaho

Address.....

Filed 5-5-1920

Registrar

Registrar



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

298-218-073-993  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-3

County of Madison name added 6/12/80

City of Thornton

Registration District No. 7.00

File No. 79100

No. ..... St.

Primary Registration District No. 2.178

Registered No. 1.4.1

Hospital Red

FULL NAME OF CHILD Rhea L. Kington

Sex of Child <u>female</u>	Twin Triplet or other? <u>.....</u> and { Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 18</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FATHER  
FULL NAME Thomas Kington  
RESIDENCE Thornton  
COLOR White AGE AT LAST BIRTHDAY 38  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Bessie Ricks  
RESIDENCE Thornton  
COLOR White AGE AT LAST BIRTHDAY 30  
(Years)  
BIRTHPLACE Utah  
OCCUPATION .....

Number of child of this mother, including present birth 7..... Number of children of this mother now living, including present birth 6.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 7.49 a.m.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Watts

Given names added from a supplemental report.

(Physician or midwife)

Address Rehburg

Filed 5-5-1920

Registrar

Registrar

Report of the

.....

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

**RECEIVED**

State of Idaho } ss.  
County of Madison

APR 29 1980

Certificate No. 79100

Date Filed April 27-80

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed Kington ~~Bureau of Vital Statistics~~ who was born on Jan. 18, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Thornton (Madison) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED  
childs name

FROM  
omitted

TO  
Rhea Laraine Kington

Subscribed and sworn to before me this 21<sup>st</sup> day of  
April, 1980

Notary Public, Diane Muri  
Residing at Liburg Idaho  
My commission expires Life  
(Seal)

Rhea L. Allgood  
Signature of Applicant  
530 N. Farmington Lake Falls Idaho  
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

(Must be completed \_ )  
(Is not necessary X )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Leah Kerner  
Supporting Signature  
333 W Main  
Street Address, City, State  
Liburg Idaho



• ~~XXXX~~ Notification of Birth Registration from Boise, Idaho gives name as Bonnie Jean Allgood born June 9, 1943 at Rexburg, Idaho. father's name as Merline Glen Allgood and mother's name as Rhea Lorraine Kingston. viewed by V. S.

JUN 12 1980

Wage & Tax Statement for 1970 gives name as Rhea Lorraine Allgood.  
Social Security No. 519 18 4676. viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

815-103-034-168

OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MinidokaCity of  Rupert Registration District No.  19 File No.  79108 

No. \_\_\_\_\_ St.

Primary Registration District No.  2013  Registered No.  106 

Hospital \_\_\_\_\_

FULL NAME OF CHILD

 Ellis Gayle Hanson Sex of  
Child male Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{ To be answered only in event of plural births }

Legiti  
mate? yes Date of  
Birth May 3 

(Month) (Day)

 1920   
(Year)FULL  
NAME FATHER  
Ellis Hanson. 

RESIDENCE

 Rupert 

COLOR

 white AGE AT LAST  
BIRTHDAY 30   
(Years)

BIRTHPLACE

 Utah. 

OCCUPATION

 Rancher. FULL  
MAIDEN  
NAME MOTHER  
Birdie Johnson. 

RESIDENCE

 Rupert 

COLOR

 white AGE AT LAST  
BIRTHDAY 20   
(Years)

BIRTHPLACE

 Utah. 

OCCUPATION

 Housewife. Number of child of this mother, including present birth  1  Number of children of this mother now living, including present birth  1 

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at  22  M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

 C. P. Brown 

(Physician or midwife)

 M. H. 

Given names added from a supplemental report.

Address

 Rupert Ida. 

Filed

 May 10 1920 

Registrar

Registrar

Certified Copy issued Jan. 6, 1941. E.W.



STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

814-1131-034-344  
PLACE OF BIRTHCounty of MinidokaCity of Rupert

Registration District No. \_\_\_\_\_

File No. **79109**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. **110**

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Milton Saugherly

Sex of Child

MaleTwin  
Triplet  
or other?{ and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yes

Date of Birth

April 13  
(Month) (Day) (Year)19120

FULL NAME

F. W. Saugherly

FATHER

FULL MAIDEN NAME

Eva Tudor

MOTHER

RESIDENCE

Rupert

RESIDENCE

Rupert

COLOR

W.

AGE AT LAST BIRTHDAY

42  
(Years)

COLOR

W.

AGE AT LAST BIRTHDAY

32  
(Years)

BIRTHPLACE

Mo.

BIRTHPLACE

Mont

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.(Born alive yes)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. F. P. Miller  
Rupert, Ida.  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed May 11 1920E. D. Ehlers

Registrar

Registrar

SEP 25 1969

WRITING ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

244-116-034-633

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Blaine

City of Rupert

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_ File No. **79110**

Primary Registration District No. \_\_\_\_\_ Registered No. **113**

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Troy William Kumpf

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April 16</u> 191 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>T. Kumpf</u>	FATHER		FULL MAIDEN NAME <u>Blanche Olson</u>	MOTHER
RESIDENCE <u>Rupert</u>			RESIDENCE <u>Rupert</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 12<sup>30</sup> M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. V. P. Kellen

Given names added from a supplemental report.

(Physician or midwife)

Address Rupert, Ida.

Filed May 11 1920 E. H. Elmore



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

415-225  
016-413  
PLACE

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Blaine

City of Rapier

Registration District No. \_\_\_\_\_ File No. 79111

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. 109

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>4 25 1920</u> (Month) (Day) (Year)
--------------------------	---	---------	--------------------------------	----------------------------	---

FATHER	
FULL NAME <u>James Davis</u>	
RESIDENCE <u>Rapier</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Unknown</u>	
OCCUPATION <u>Farmer</u>	

MOTHER	
FULL MAIDEN NAME <u>Margaret Walker</u>	
RESIDENCE <u>Rapier</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Unknown</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 12 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Joe Kennedy  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

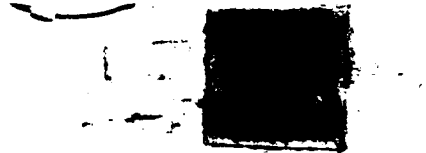
Filed

May 10 1920

E. E. Etnoose  
Registrar

Registrar





713-223

PLACE OF

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of minidokaCity of minidokaRegistration District No. 19File No. 79112

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 105

Hospital \_\_\_\_\_

FULL NAME OF CHILD Sarah Frances Packham.

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>4 13 1920</u> (Month) (Day) (Year)
----------------------------	---	-----------	--------------------------------	-------------------------	--

FULL NAME FATHER Edward F PackhamFULL MAIDEN NAME MOTHER Florence Clark.RESIDENCE minidokaRESIDENCE minidokaCOLOR white AGE AT LAST BIRTHDAY 30  
(Years)COLOR white AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE Utah.BIRTHPLACE UtahOCCUPATION Asst. Power ForemanOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Brown

(Physician or midwife)

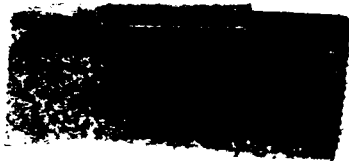
Given names added from a supplemental report.

Address Reptel Ida.Filed May 10 1920 E. H. Brown

Registrar

Registrar

AUG 30 1945



c.c. 4/22/41. wh.

286-223-034-951

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of minidokaCity of RupertRegistration District No. 19

File No.

79113

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 107

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Phidias Maxine ShortSex of  
ChildFemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth4231920

(Month)

(Day)

(Year)

FULL  
NAMEBert Short

FATHER

RESIDENCE

Rupert

COLOR

whiteAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

RancherFULL  
MAIDEN  
NAMEDora E. Read.

MOTHER

RESIDENCE

Rupert

COLOR

whiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, at 1 a. m.  
(Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

C. P. Brown.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rupert Ida.

Filed

May 10 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

K

NOV 22 1956

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962 - 226 - 0341 - 296

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Minidoka

City of Rupert

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 19 File No. 79114

Hospital \_\_\_\_\_

Primary Registration District No. 9015 Registered No. 100

FULL NAME OF CHILD

Betty Louise Ross

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>4-26</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-------------------------	---

FATHER  
FULL NAME Alfred James Ross  
RESIDENCE Rupert  
COLOR white AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Wisc.  
OCCUPATION Auto Tire & Battery Salesman

MOTHER  
FULL MAIDEN NAME Melbie A. Brown  
RESIDENCE Rupert  
COLOR white AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Colorado  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmer  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Rupert  
Filed 4-29 1920 E. H. Elmer  
Registrar

Registrar

FEB 1 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-225-074-419

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 79115

No. \_\_\_\_\_ St.

Primary Registration District No. 2013 Registered No. 99

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Katie Arletta Brown

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { } Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>April 25</u> <u>20</u> (Month) (Day) (Year)
----------------------------	---	----------------------------------	-------------------------	---

FULL NAME Harry Brown  
RESIDENCE Rupert  
COLOR white AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Laborer

FULL MAIDEN NAME Eleanor Ann Martindale  
RESIDENCE Rupert  
COLOR white AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

alive, at 6:20 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

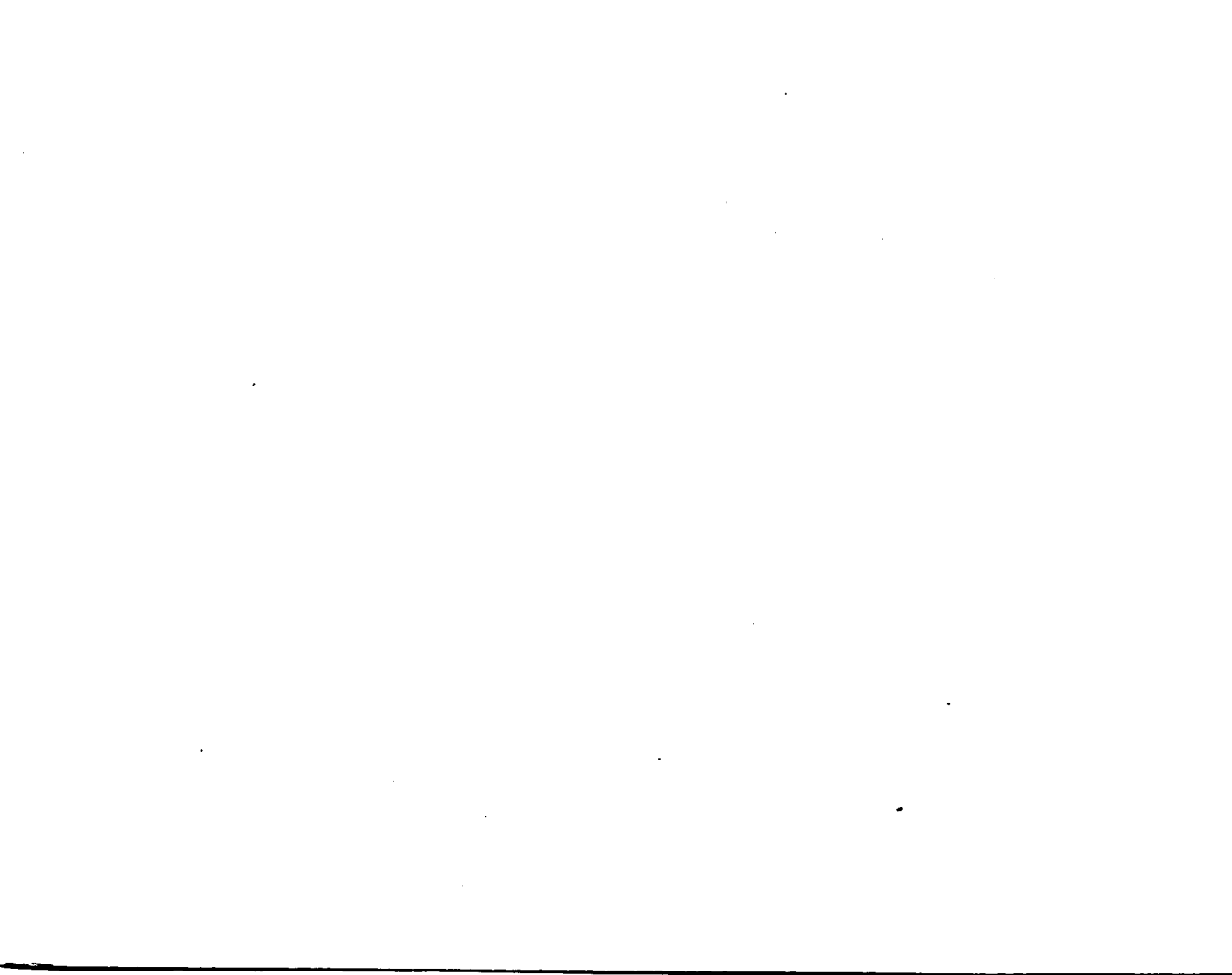
Address

Filed

Registrar

Registrar





753-109-034-864

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MinidokaCity of RupertRegistration District No. 19 File No. 79116

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2015 Registered No. 98FULL NAME OF CHILD Helmas Eugene Peterson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>4-9-20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------	-------------------------	---

FATHER  
FULL NAME Barnard Alfred PetersonRESIDENCE RupertCOLOR white AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE SwedenOCCUPATION HarmerMOTHER  
FULL MAIDEN NAME Rachael HooperRESIDENCE RupertCOLOR white AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive, at 10:30 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. ElmoreM.D.  
(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address RupertFiled 4-21-20

Registrar \_\_\_\_\_

Registrar E. E. Elmore

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1947-48

357-215-034-514

Form V, S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MinidokaCity of MinidokaRegistration District No. 19File No. 79117

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2205 Registered No. 97

FULL NAME OF CHILD

ALBERTA MAE LEGER  
Alberta Mae Leger

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth4-15-20  
(Month) (Day) (Year)FULL  
NAMERobert Ray Leger

FATHER

LEGER

RESIDENCE

Minidoka

COLOR

whiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

Baggage MasterFULL  
MAIDEN  
NAMEStella Waughen

MOTHER

RESIDENCE

Minidoka

COLOR

whiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Nebr.

OCCUPATION

HousewifeNumber of child of this mother including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive, at 5 a. M.  
(Born alive or stillborn){ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Ed Elmore  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rupert

Filed

4-21-20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

11

12

13

14

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17

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19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Minidoka } ss.

Certificate No. 79117  
Date Filed JUN 6 1942

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Alberta Leeger who was born on Apr. 15, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death)  
in Minidoka, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) physician (Date of Event)  
true facts are shown by certif attending prepared on about May 29, 1942, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Surname	<u>Leeger</u>	<u>Leger</u>
Name	<u>Alberta</u>	<u>Alverta Mae Leeger</u>

Subscribed and sworn to before me this 5th  
day of June, 1942  
Notary Public

Notary Public, residing at Rupert, Ida  
My commission expires Apr. 4, 1946  
(Seal)

Signed Robert Ray Leeger  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Minidoka, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Minidoka } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th  
day of June, 1942  
Notary Public

Signed E. E. Hume, M.D.  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Rupert, Ida  
My commission expires Apr. 4, 1946  
(Seal)

Rupert, Ida  
(Street Address, City, State)

JUN 8 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

967-119-034-395

## PLACE OF BIRTH

County of MinidokaCity of Rupert

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Registration District No. 19File No. 79118Primary Registration District No. 2015 Registered No. 96

Sex of Child M Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth 4 - 19 1926  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Charles Buller RogersRESIDENCE RupertCOLOR white AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE IdahoOCCUPATION HarmerFULL MAIDEN NAME Paula E. RogersRESIDENCE RupertCOLOR white AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 10 a. M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. E. E. E.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address RupertFiled 4 - 21 1920

Registrar

Registrar



NOV 2 1955

NOV 12 1944

OCT 1 1946

497 - 220 - 034 - 813

Form V. S. No. 11-C--25m-7;21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79119

County of MinidokaCity of RupertRegistration District No. 19

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2013 Registered No. 94

## FULL NAME OF CHILD

Helen Marie Dixon

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and } Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>4 - 20 - 20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------------	--

FULL NAME <u>Riley L. Dixon</u>	FATHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Wyoming</u>	
OCCUPATION <u>Telegraph Operator</u>	

FULL MAIDEN NAME <u>Kristie Elizabeth Hattell</u>	MOTHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 10:45 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O. Elmore

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address RupertFiled 4 - 21 - 20 E. O. Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



**STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of IDAHO }  
County of MINIDOKA } ss.

Certificate No. 79119

Date Filed 4-26-42

The undersigned does solemnly swear that certain facts on the certificate of HELEN MARIE DIXON  
for HELEN MARIE DIXON who WAS BORN on APRIL 20 - 1920  
in RUPERT IDAHO ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the  
true facts as shown by HER MOTHER prepared on 4-20-1920, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

<b>FACTS TO BE CORRECTED</b>		<b>FROM</b>	<b>TO</b>
"NAME" "BIRTH DATE" "CAUSE OF DEATH", ETC.)	Date	(AS ON ORIGINAL)	(THE CORRECT FACTS)
<u>BIRTH</u>	<u>April 21st</u>	<u>April 20th, 1920</u>	
<u>HELEN MARIE DIXON</u>			

Subscribed and sworn to before me this 14th  
day of July, 1942

Signed Mrs. Kristie E. Dixon  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT, IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Riverside, Calif.  
My commission expires Feb 4, 1945  
(SEAL)

3682 Oakwood Pl. Riverside 6, Calif.  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California }  
County of Riverside } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED,  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th  
day of July, 1942

Signed Maria M. Clark (Aunt)  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Riverside  
My commission expires Feb 4, 1945  
(SEAL)

3682 Oakwood Pl. Riverside 6, Calif.  
(STREET ADDRESS, CITY, STATE)

Received for filing on JUL 20 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C.

**JUL 21 1942**

RECEIVED JUL 21 1942

367-218-034-231

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MundakaCity of RupertRegistration District No. 19File No. 79120

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 95

Hospital \_\_\_\_\_

FULL NAME OF CHILD Wilma Louise Cox

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>4-18</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	--------------------------------	------------------------	---

FATHER  
FULL NAME Lorenzo J. Cox  
RESIDENCE Rupert  
COLOR white AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Utah  
OCCUPATION Electrician

MOTHER  
FULL MAIDEN NAME Rachael Stanley  
RESIDENCE Rupert  
COLOR white AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Iowa  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ed Elmore  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address RupertFiled 4-21 1920

Registrar

Registrar Ed Elmore

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1943

JUL 6 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-113-034-293  
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 79121

No. \_\_\_\_\_ St.

Primary Registration District No. 2015 Registered No. 93

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Howard Billings Douglas

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>4-13-20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME Howard H. Douglas  
RESIDENCE Rupert  
COLOR white AGE AT LAST BIRTHDAY 32  
(Years)  
BIRTHPLACE Kansas  
OCCUPATION Electrician

FULL MAIDEN NAME Saverna Pearl Billings  
RESIDENCE Rupert  
COLOR white AGE AT LAST BIRTHDAY 32  
(Years)  
BIRTHPLACE Kansas  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

alive, at 2:25 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

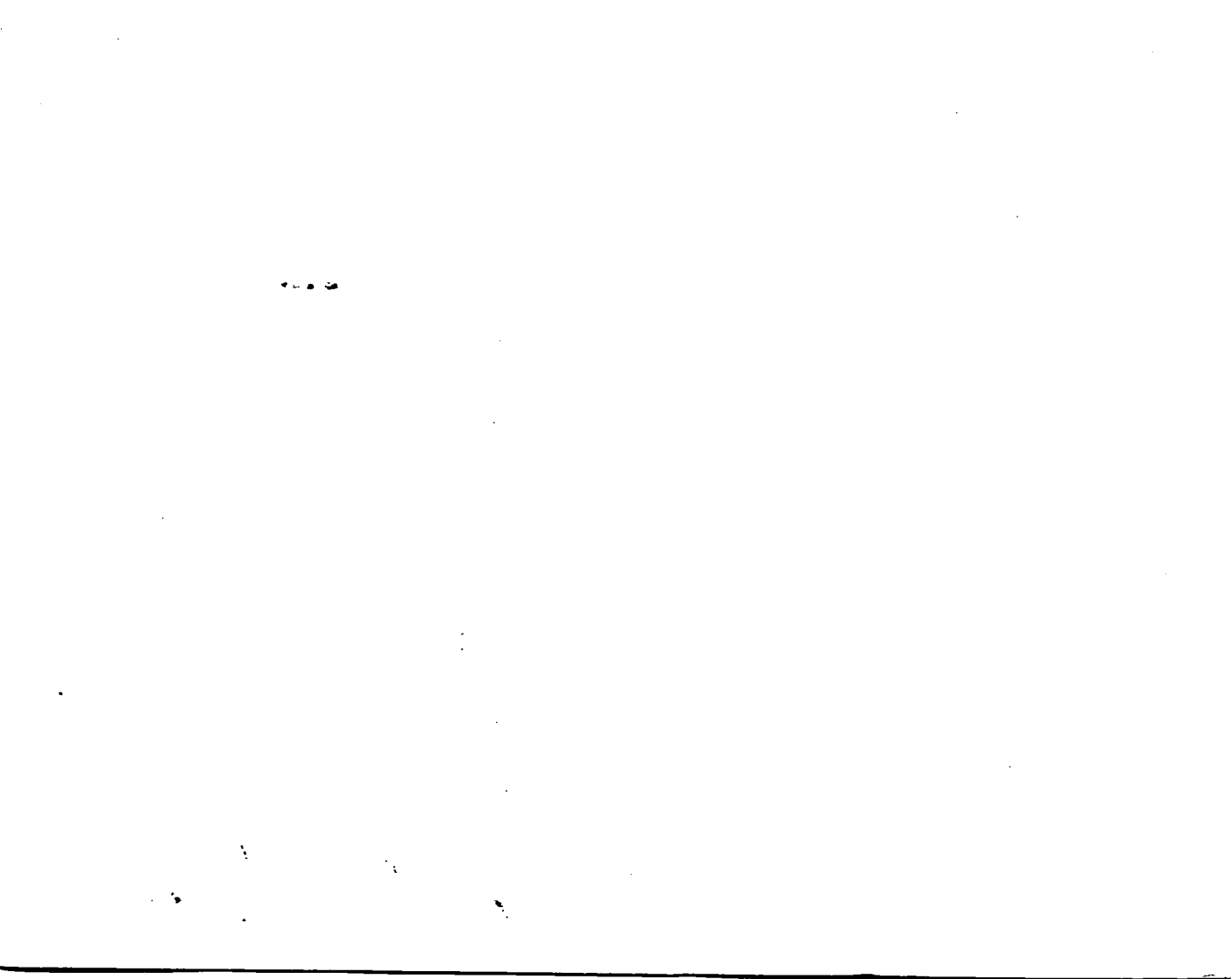
Filed

4-21 1920

Registrar

Registrar





362-120-034-559

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MindokaCity of RupertRegistration District No. 19

File No.

79122

No. \_\_\_\_\_ St.

Primary Registration District No. 2015Registered No. 92

Hospital \_\_\_\_\_

FULL NAME OF CHILD

George Edward Cobabe

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth4-201920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Vernon Lewis CobabeFULL  
MAIDEN  
NAME

MOTHER

Jane Meibaur

RESIDENCE

Rupert

RESIDENCE

Rupert

COLOR

whiteAGE AT LAST  
BIRTHDAY31  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Blue, at 3 a.m.  
(Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

E. E. Elmore  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rupert

Filed

4-21 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

3/25/41 L. B.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

73 034-253

PLACE OF BIRTH

STATE OF ILLINOIS  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-3-21-19

County of Minidoka

City of Paul

Registration District No. 19

File No. 79123

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2013

Registered No. 84

FULL NAME OF CHILD

Eugene ~~Edwards~~ Wilson

Sex of Child

male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

April 17 1920  
(Month) (Day) (Year)

FULL  
NAME

Wells Eugene Wilson

FATHER

FULL  
MAIDEN  
NAME

John Becker Wilson

MOTHER

RESIDENCE

Paul

RESIDENCE

Paul Idaho

COLOR

white

AGE AT LAST  
BIRTHDAY

24  
(Years)

COLOR

white

AGE AT LAST  
BIRTHDAY

28  
(Years)

BIRTHPLACE

Kirby Utah

BIRTHPLACE

Kansas

OCCUPATION

Farmer

OCCUPATION

House wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Born alive  
(Born alive or stillborn)

at 7:05 A. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. J. Kenagy  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rupert

Filed

May 2 20

E. D. Elmer

Registrar

Registrar



RECEIVED  
FEB 11 1964  
U.S. AIR FORCE  
HEADQUARTERS  
AIR FORCE  
WASHINGTON, D.C.



1. [REDACTED]

2. [REDACTED]

3. [REDACTED]

4. [REDACTED]

5. [REDACTED]

6. [REDACTED]

7. [REDACTED]

8. [REDACTED]

9. [REDACTED]

10. [REDACTED]

11. [REDACTED]

12. [REDACTED]

13. [REDACTED]

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

JUN 9 1941

State of California } ss. Certificate No. 79123  
 County of Los Angeles }  
 The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Engine Robert Wilson who was born on April 17, 1920  
 (Name on original certificate) (Was born or died) (Date of event)  
 in Paul, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
 (Place of event)  
 facts as shown by Insurance Policy prepared on 1936, are:  
 (Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
 ("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)  
name Engine Robert Wilson Engine Wells Wilson

Subscribed and sworn to before me this 17th  
 day of May, 1941  
Maple  
 Notary Public, residing at Arlington, Calif  
 My commission expires Jul 11 '43  
 [SEAL]

Signed Helen B. Wilson  
 (Signature of parent or attendant if correcting a birth record; of  
 attendant, funeral director, informant if correcting a death  
 record; or other credible person)  
1077 Nye St. R. 1. Arlington  
 (Street Address, City, State) Calif.

**Supporting Affidavit of a Second Person**

State of California } ss.  
 County of Los Angeles }  
 The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
 are true to the best of his knowledge.  
 Subscribed and sworn to before me this 5th  
 day of June, 1941  
Mildred L. Steele  
 Notary Public, residing at Baldwin Park  
 My commission expires Feb. 18th, 1945  
 [SEAL]

Signed Wells Eugene Wilson  
 (Signature of any credible person other than the previous affiant)  
846 N. main ave  
 (Street Address, City, State)  
Baldwin Park, Calif.

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
 (Registrar's signature)

6-13-41 G. J.

168-121-016-243

Form V., S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CassiaCity of  Rupert Registration District No. 19File No. 79124

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015Registered No. 83

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Walter Taylor Johns

Sex of Child

BoyTwin  
Triplet  
or other?{ and } Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth4 21 1920  
(Month) (Day) (Year)FULL  
NAMEWm Johns

FATHER

FULL  
MAIDEN  
NAMEBeulah Bull

MOTHER

RESIDENCE

Rupert

RESIDENCE

Rupert

COLOR

WhiteAGE AT LAST  
BIRTHDAY74  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Mo

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 12 M.  
on the date above stated. (Born alive or stillborn){ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

F. H. Sweeney  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rupert

Filed

5-2 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... }  
County of..... } ss. **JUL 19 11 00 AM '76**  
Certificate No. 79124  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Johns who was born on April 21, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rupert are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Childs name

omitted

Walter Taylor Johns,

Subscribed and sworn to before me this 19<sup>th</sup> day of

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of  
....., 19.....

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed.....

(Signature of Any Credible Person)

(Street Address, City, State)

Social Security Card # 519 12 0223 gives name as Walter T. Johns. Card issued July 1944.

Viewed by V.S.

File number for Veterans Administration issued by the V.A. upon discharge from World War II. File Number 05441747.

Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

415-227-034-285

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Minidoka

CERTIFICATE OF BIRTH

City of Boise

Registration District No. 19

File No. 79125

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2065 Registered No. 82

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>girl</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>4 27 20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	------------------------	--

FULL NAME FATHER <u>LA Manwill</u>
RESIDENCE <u>Boise</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Utah</u>
OCCUPATION <u>Contractor</u>

FULL MAIDEN NAME MOTHER <u>Ruth Stewart</u>
RESIDENCE <u>Boise</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Utah</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 5:45 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) JOB Kessary  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 5-2 1920 Ed Elmore  
Registrar

Registrar

STATE OF  
GOVERNMENT  
OFFICE



285

897-125-034-363

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of RupertCity of MinidokaRegistration District No. 19File No. 79126

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015Registered No. 80

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Donald Lloyd Higgins

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{ - }

Legiti  
mate?yesDate of  
BirthApril 25 1920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Thomas Francis Higgins

RESIDENCE

Rupert, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY38

(Years)

BIRTHPLACE

Portland Oregon

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

Mary Myda Ballins

RESIDENCE

Rupert, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY23

(Years)

BIRTHPLACE

Oakley, Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive, at 10<sup>25</sup> a.m.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Leland Trazier, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Rupert, Idaho

Filed

5-2-20E. E. Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JAN 12 1951

298-118-034-432

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of

Minidoka

## CERTIFICATE OF BIRTH

City of

Heyburn

Registration District No.

19

File No.

79127

No.

St.

Primary Registration District No.

2015

Registered No.

81

Hospital

FULL NAME OF CHILD

Vernon Royal Bryant

Sex of  
Child

Male

Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?

yes

Date of  
Birth

4/18

1920

FULL  
NAME

William Bryant

FATHER

FULL  
MAIDEN  
NAME

Bertha McKinney

MOTHER

RESIDENCE

Heyburn, Ida

RESIDENCE

Heyburn,

COLOR

White

AGE AT LAST  
BIRTHDAY52  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY42  
(Years)

BIRTHPLACE

Illinois

BIRTHPLACE

Oregon

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

6

Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive

at

11:30 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. V. Barba

Given names added from a supplemental report.

19

Address

Burlington, Ida.

Filed

5-2 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-114-034-138

PLACE OF BIRTH

County of *Lincoln*

City of *Dan*

No. .... St.

Hospital .....

FULL NAME OF CHILD

**CORLISS HENRY PROCTER**

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V.B. No. 11-0-20000

Registration District No. .... *19* .....

File No. .... **79128** .....

Primary Registration District No. .... *2015* .....

Registered No. .... **78** .....

Sex of Child <i>male</i>	Twin Triplet or other? <i>1</i>	and (Number in order of birth) <i>7</i>	Legitimate? <i>yes</i>	Date of Birth <i>Apr 19</i> (Month) (Day) (Year)
--------------------------	---------------------------------	---	------------------------	---

FATHER  
FULL NAME *Ronnie Corliss Procter*  
RESIDENCE *Dan, Idaho*  
COLOR *white*  
AGE AT LAST BIRTHDAY *48*  
(Years)  
BIRTHPLACE *Wisconsin*  
OCCUPATION *Butcher + Farmer*

MOTHER  
FULL MAIDEN NAME *Elsie Ashmore*  
RESIDENCE *Dan, Idaho*  
COLOR *white*  
AGE AT LAST BIRTHDAY *37*  
(Years)  
BIRTHPLACE *Bountiful, Utah*  
OCCUPATION *Housewife*

Number of child of this mother, including present birth .... *7* .... Number of children of this mother now living, including present birth .... *6* ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .... *born alive 4-19-20* .... at .... *H K* ....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... *Dr. J. A. Jones* .....

Given names added from a supplemental report.

(Physician or midwife)

..... Is .....

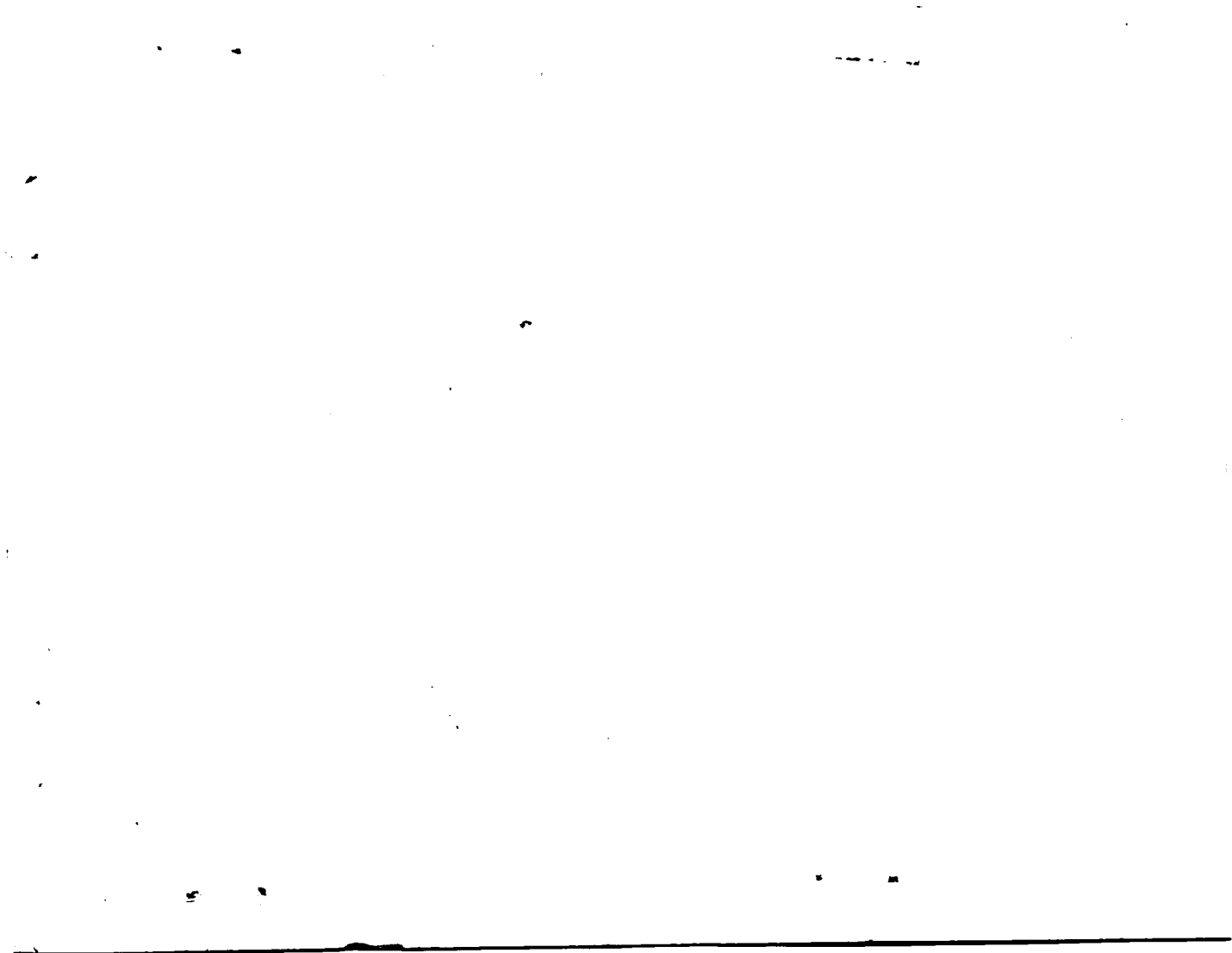
Address .... *Dan, Idaho* .....

.....

Filed *5-2-20* .....

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Wyoming }  
County of Lincoln } ss. Certificate No. 79128  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or Death)  
for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.)

<b>FACTS TO BE CORRECTED</b> ("Name", "Birth Date", "Cause of Death", Etc.) <u>Name</u>	<b>FROM</b> (As on Original) <u>Unnamed</u>	(Give Date) <b>TO</b> (The Correct Facts) <u>Corless Henry Procter</u> <i>(Procter)</i>
---	---	--

Subscribed and sworn to before me this 5th  
day of December, 19 42  
*Sam Jackson*  
Notary Public, residing at Afton, Wyoming  
My commission expires October 20 1944  
(Seal)

Signed *Henry Procter* **Father**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
*Afton Wyo.*  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_\_  
Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)

DEC 10 1942

1942 DEC 10

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-103-034-235

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-37

CERTIFICATE OF BIRTH

County of Minidoka

City of Boise

Registration District No. 19

File No. 79129

No.        St.       

Primary Registration District No. 2015

Registered No. 91

Hospital       

FULL NAME OF CHILD

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>3 3 1912</u> (Month) (Day) (Year)
-------------------------	---	------------------------------------	-----------------------------	--

FULL NAME <u>H H Morris</u>	FATHER
RESIDENCE <u>Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Butcher</u>	

FULL MAIDEN NAME <u>Lora A Stephenson</u>	MOTHER
RESIDENCE <u>Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn), at 4 9 M.

\*When there was no attending physician or midwife then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Keegan  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address 19  
Filed 5-2-20 W E Moore  
Registrar Registrar

Dup of 1920-331968

not

691-208-034-814

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MinidokaCity of RupertRegistration District No. 19File No. 79130

No. .... St.

Primary Registration District No. 2015Registered No. 89

Hospital .....

FULL NAME OF CHILD

Hope Audrey  
Transeau

Sex of Child

girlTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
Birth3 8 1913  
(Month) (Day) (Year)FULL  
NAMECarl  
Transeau

FATHER

RESIDENCE

Rupert

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Sweden

OCCUPATION

FarmerFULL  
MAIDEN  
NAMELillie  
Hammner

MOTHER

RESIDENCE

Rupert

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Mont

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive  
(Born alive or stillborn)3 9  
M.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

J. B. Kenagy

(Physician or midwife)

Given names added from a supplemental report.

19

Address

5-2-20

Filed

W. H. Shouse

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



Certified Copy issued Dec. 5, 1940. E.W.

553-207-034-863

Form V. S. No. 11-C-22m-4-3-37

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MinidokaCity of ReperstRegistration District No. 19File No. 79131No. StPrimary Registration District No. 2013Registered No. 90

Hospital .....

FULL NAME OF CHILD Eva Mary Nelson

Sex of Child <u>girl</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>8</u> <u>7</u> <u>1917</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME FATHER E E NelsonRESIDENCE ReperstCOLOR WhiteAGE AT LAST BIRTHDAY 58  
(Years)BIRTHPLACE UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Mary HolmesRESIDENCE ReperstCOLOR WhiteAGE AT LAST BIRTHDAY 35  
(Years)BIRTHPLACE EnglandOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 7 9 M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. K. K. K.

(Physician or midwife)

Given names added from a supplemental report.

Address 5-2-2Filed 5-2-2

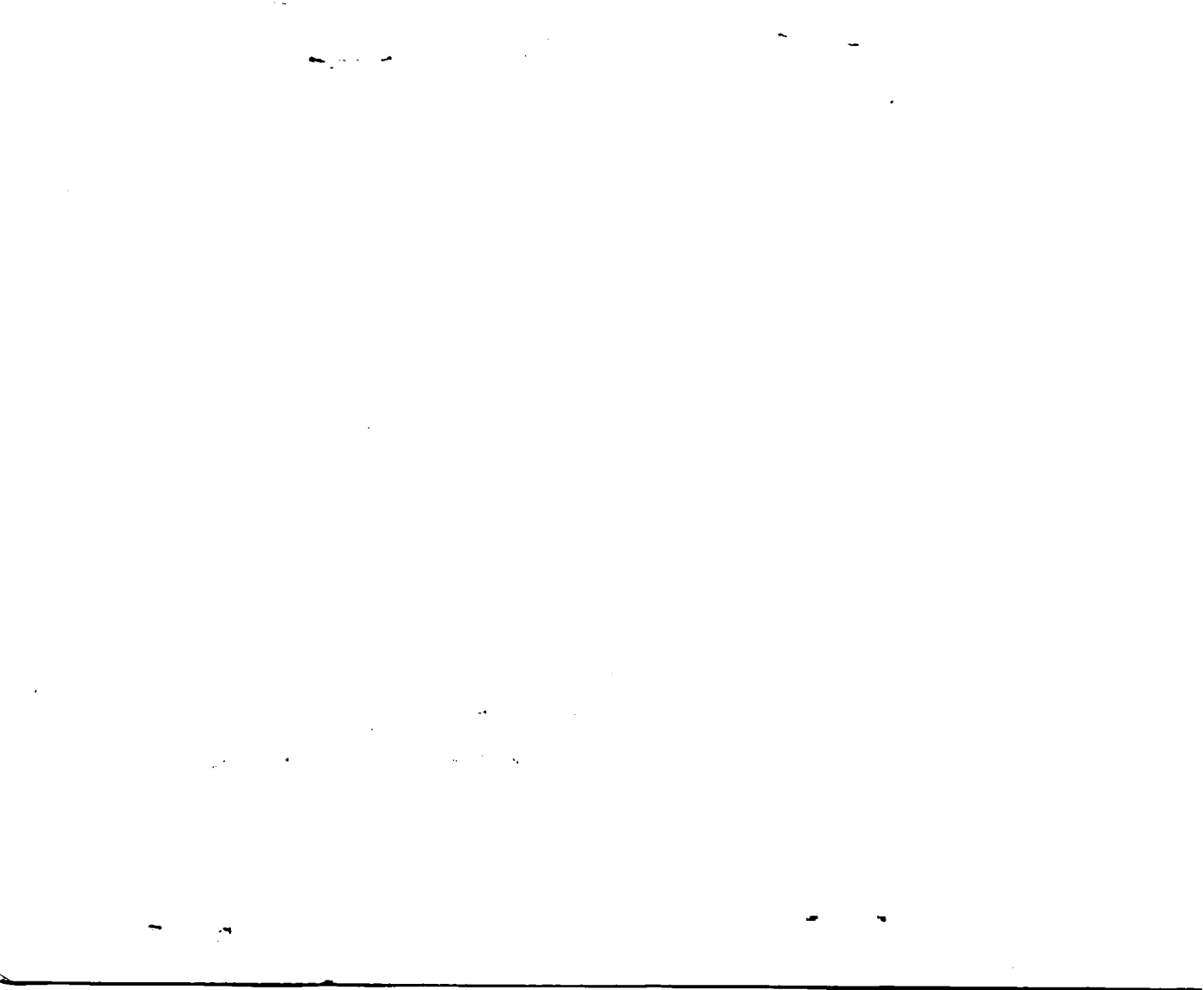
Registrar

Registrar

MARGIN RESERVED FOR BIRTH RECORD

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO APR 6 1942

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 79131  
 County of Minidoka } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
 for Eva Mary Nelson who was on March 7th 1920 (BIRTH OR DEATH)  
 in Rupert (WAS BORN OR DIED) (DATE OF EVENT)  
 are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

## FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

## FROM

(AS ON ORIGINAL)

## TO

(THE CORRECT FACTS)

nameunnamedEva Mary Nelson

Subscribed and sworn to before me this 3rd  
 day of April, 19 42

Notary Public, residing at Rupert, Idaho

My commission expires Feb 20th 1946  
 (SEAL)

Signed Mary A Nelson

(SIGNATURE OF AGENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rupert, Idaho

(STREET ADDRESS, CITY, STATE)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_ }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
 (SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)

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216 - 121-034 - 491

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. & B. 11-0-11a-2-27

County of Minidoka

City of Asper Sun R

Registration District No. 19

File No. 79132

No. St.

Primary Registration District No. 2015

Registered No. 79

Hospital

FULL NAME OF CHILD Hideo Kawaguchi

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legiti- mate?	Date of Birth <u>Feb 21 1920</u> (Month) (Day) (Year)
--------------------------	---	---	------------------	--

FULL NAME <u>F. Kawaguchi</u>	FATHER <u>Kawaguchi</u>
RESIDENCE <u>Asper Sun R</u>	
COLOR <u>gray</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Japanese</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Mrs. Wats</u>	MOTHER
RESIDENCE <u>Asper Sun R</u>	
COLOR <u>gray</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Japanese</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1  
and photostat 2-25-26

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 2-21-20 330 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Adams

(Physician or midwife)

Given names added from a supplemental report.

Address Asper Sun R

Filed 5-2-20

Registrar

Registrar

FEB 23 1945

113-115-034-249 name added 7-15-83 dl

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MundakaCity of RupertRegistration District No. 19File No. 79133

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2016Registered No. 86

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Walter Edward Jackson

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>3 15 1920</u> (Month) (Day) (Year)
-------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>H B Jackson</u>	FATHER
RESIDENCE <u>Rupert</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>NY</u>	
OCCUPATION <u>Painter</u>	

FULL MAIDEN NAME <u>Ida Smith</u>	MOTHER
RESIDENCE <u>Rupert</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Ind</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 9 M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J B Kowatz  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19\_\_\_\_

Address \_\_\_\_\_

Filed 5-2 1920 - Edw Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



Dup of 1920-328911

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

RECEIVED  
BUREAU OF  
VITAL STATISTICS

State of California  
County of Los Angeles

ss. JUL 15 8 35 AM '83

Certificate No. 79133

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jackson who was born on March 15, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Rupert (Minidoka) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Unnamed</u>	<u>Walter Edward Jackson</u>

Subscribed and sworn to before me this 12<sup>th</sup> day of  
July, 1983.

Notary Public, \_\_\_\_\_  
Residing at Los Angeles, California  
My commission expires 5-30-84

(Seal)

x Lona B. Rustin  
Signature of Applicant  
x 3724 Veteran Ave - 2 L.A. 92034  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_\_\_)

(Is not necessary \_\_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

JUL 15 1983

Discharge from the U.S. Armed Forces lists Walter E Jackson born March 15, 1920 in Rupert and was discharged May 7, 1946. Viewed by V.S.

Life Ins Policy from Metropolitan Life Ins Co lists Walter E Jackson as insured. Policy date Aug 1, 1941. Viewed by V.S.

Family Record lists Walter Edward Jackson born 3-15-20 in Rupert to Herbert Benjamin Jackson and Ida Smith. Record dated Jan 14, 1942 Viewed by V.S.



947-117-034-133

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MinidokaCity of ReupertRegistration District No. 19File No. 79134

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2013 Registered No. 85

Hospital \_\_\_\_\_

FULL NAME OF CHILD

JAMES WILLIAM RUPARD

Sex of Child <u>Boy</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>3</u> <u>17</u> <u>1920</u> (Month) (Day) (Year)
-------------------------	------------------------------	-----------	--------------------------------	------------------------	--

FULL NAME FATHER L. J. RupardFULL MAIDEN NAME MOTHER Kate AllenRESIDENCE ReupertRESIDENCE ReupertCOLOR White AGE AT LAST BIRTHDAY 43  
(Years)COLOR White AGE AT LAST BIRTHDAY 31  
(Years)BIRTHPLACE MoBIRTHPLACE TexasOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:30 a.m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. B. Kennedy

(Physician or midwife)

Given names added from a supplemental report.

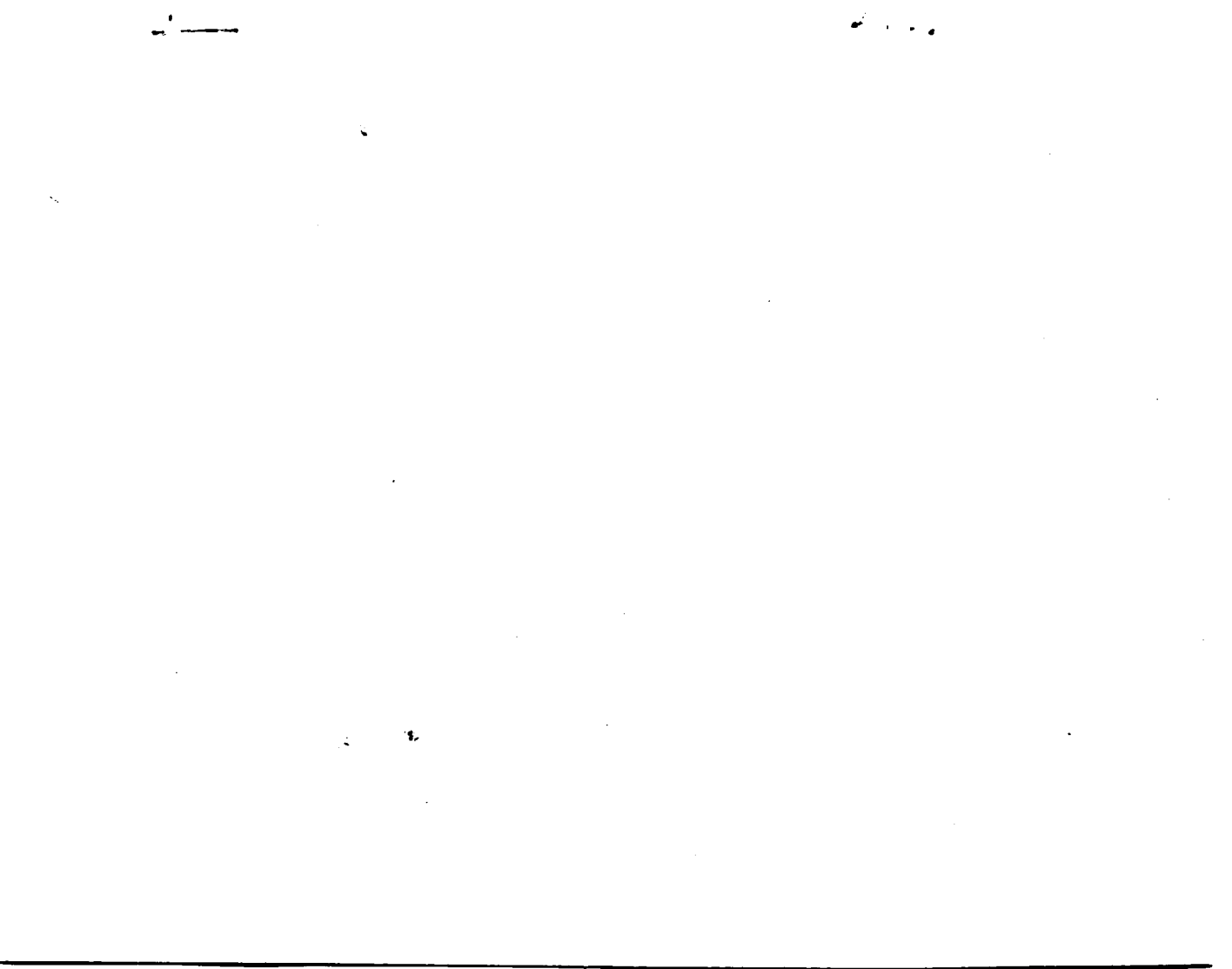
19. \_\_\_\_\_

Address \_\_\_\_\_

Filed 5-2 19 20

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 79134  
County of Minidoka } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)  
for James William Rupard who was born Mar 17 1920  
(Name on Original Certificate) (Was Born ~~in~~) (Date of Event)  
in Rupert Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) are correct and that, to the best of his knowledge, the  
true facts are shown by his statement prepared on Nov 4 1942, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) TO  
(The Correct Facts)  
Name Unnamed James William Rupard

Subscribed and sworn to before me this 4th  
day of November, 1942

[Signature]  
Notary Public, residing at Rupert

My commission expires Dec 1942  
(Seal)

Signed Mrs L. T. Rupard  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed [Signature]  
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

NOV 9 1942

331-115-034-395

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MinnesotaCity of RosperRegistration District No. 19File No. 79135

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 87

Hospital \_\_\_\_\_

FULL NAME OF CHILD Burl Burdette Clayton

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and } Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>3 15 1920</u> (Month) (Day) (Year)
-------------------------	---	--------------------------------	-------------------------	--

FULL NAME FATHER Burdette ClaytonRESIDENCE RosperCOLOR White AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE MoOCCUPATION FarmerFULL MAIDEN NAME MOTHER Ruth TraiberRESIDENCE RosperCOLOR White AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE KansOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:59 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. B. Keyagy  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

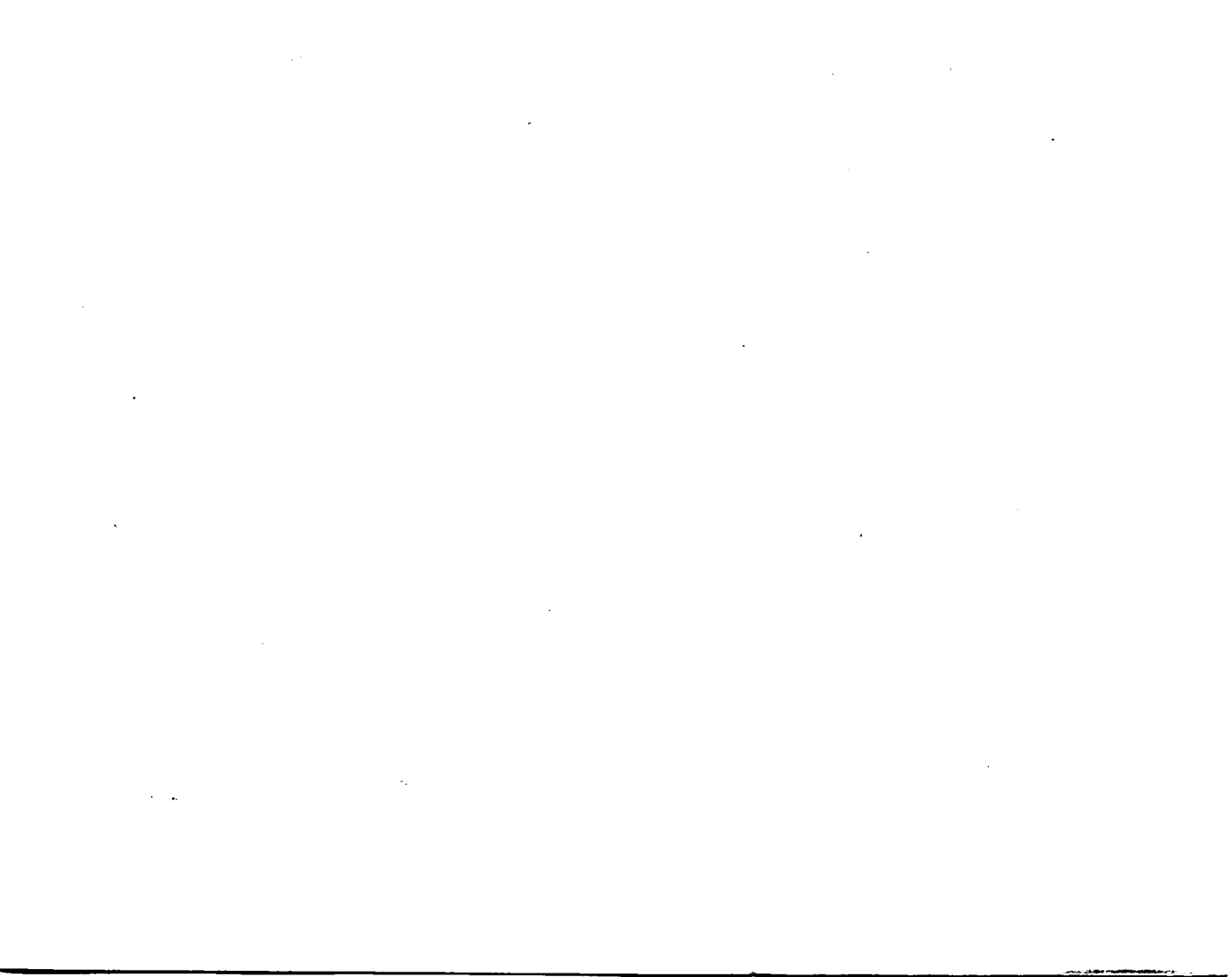
Filed 5-2 1920E. W. Elmore  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-113-034-344

PLACE OF BIRTH

Form V. 1-1-1911, 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Boise

Registration District No. 19

File No. 79136

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2016

Registered No. 88

Hospital \_\_\_\_\_

FULL NAME OF CHILD

RAYMOND FLOYD HAMMOND

Sex of Child

Boy

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti  
mate?

Yes

Date of  
Birth

3 13 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER  
Mr J Hammond

FULL  
MAIDEN  
NAME

MOTHER  
Ella Cummings

RESIDENCE

Boise

RESIDENCE

Boise

COLOR

White

AGE AT LAST  
BIRTHDAY

36  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

30  
(Years)

BIRTHPLACE

Ida

BIRTHPLACE

Nebr

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 3:00 a M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J B Kenagy  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19.

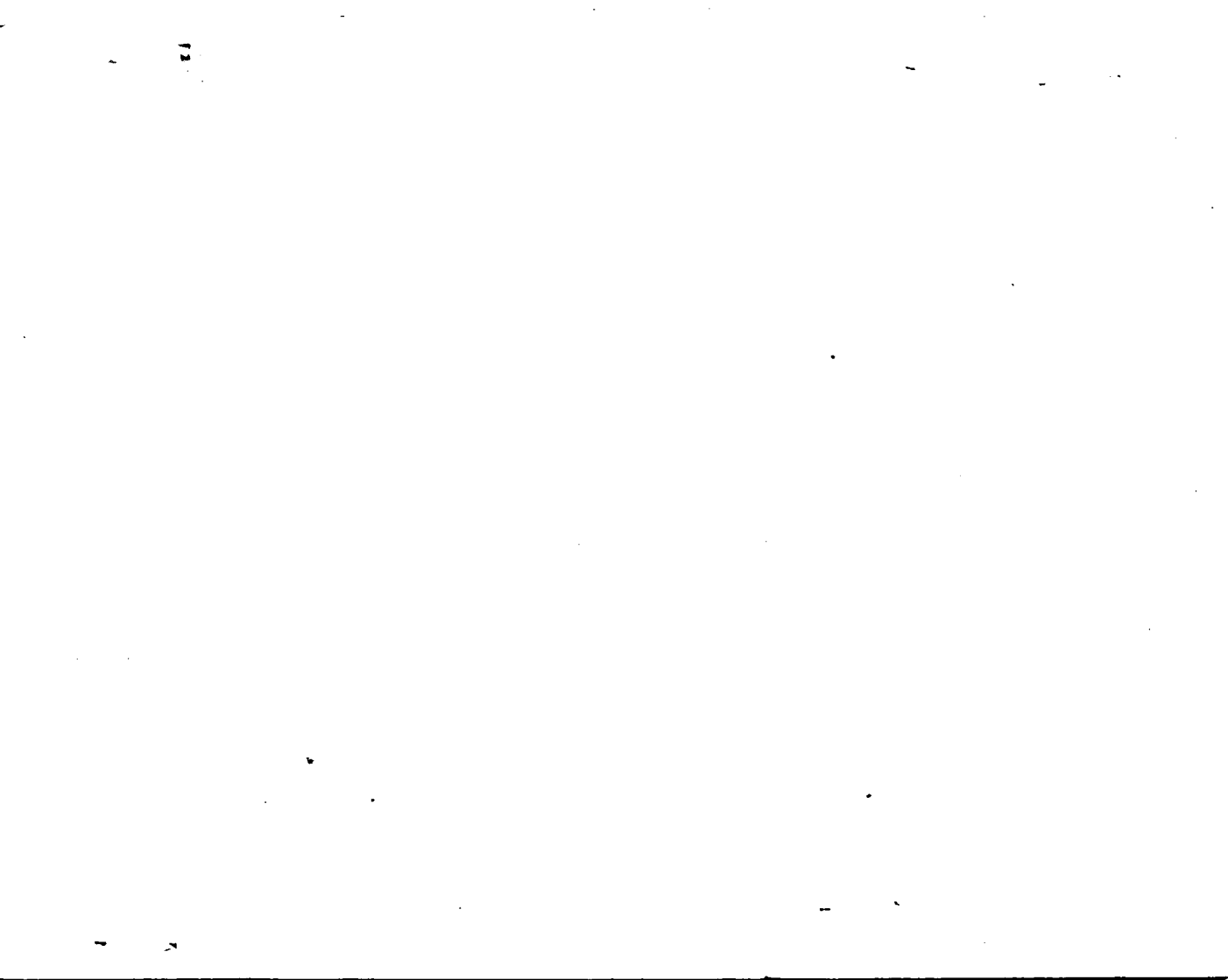
Address

Filed 5-2 20

Ed Elmore

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

MAR 26 1943

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Minidoka } ss. Certificate No. 79136  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for \_\_\_\_\_ who born on \_\_\_\_\_ (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT) in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are: (PLACE OF EVENT) (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM  
(AS ON ORIGINAL)

TO  
(THE CORRECT FACTS)  
Raymond Floyd Hammond

Subscribed and sworn to before me this 25th  
day of March, 19 43

Notary Public, residing at Rupert, Idaho  
My commission expires 2-20-46  
(SEAL)

Signed

Raymond Floyd Hammond  
(SIGNATURE OF PERCENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R. 3, Rupert, Idaho  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Minidoka } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th  
day of March, 19 43

W. E. Pearson  
Notary Public, residing at Rupert, Idaho  
My commission expires 3-20-46  
(SEAL)

Signed

Margaret M. M. M. M.  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rupert, Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

MAR 29 1943

993-201-034-319  
PLACE OF BIRTH

Amended 11-14-06 ns

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MinidokaCity of PurfertRegistration District No. 19File No. 79139

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 101Hospital Maye Adora

FULL NAME OF CHILD

Maye Adora RitchieSex of  
ChildFemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthMay 11920

(Month)

(Day)

(Year)

FULL  
NAMEJames D. Ritchie

FATHER

RESIDENCE

Purfert

COLOR

WhiteAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Bank CashierFULL  
MAIDEN  
NAMECora Elizabeth Carver

MOTHER

RESIDENCE

Purfert

COLOR

WhiteAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive, at 9 A. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

E. D. Elmore  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Purfert

Filed

5-1-1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

APR 27 1967

RECEIVED  
VITAL STATISTICS

2006 NOV 14 AM 8:22

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS

Certificate No. 20-79139

Date Filed May 1, 1920

The undersigned does solemnly swear that certain facts on the certificate of

birth

(Birth, Death, Marriage, etc.)

for May Carver Ritchie who was born on May 1, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Rupert (Minidoka Co.)  
(Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED

FROM

TO

ITEMS TO BE CORRECTED	FROM	TO
Child's first name	May	Maye
Child's middle name	Carver	Adora

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, Y

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Maye Adora Ritchie Baggs  
Signature of Applicant

11554 5th AVE OCEAN  
Street Address, City, State and Zip  
MARATHON, FL 33050

State of Florida SUPPORTING AFFIDAVIT OF A SECOND PERSON

County of Monroe } SS

(Must be completed ☐ )

(Is not necessary ☐ )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of \_\_\_\_\_

Notary Public, Tammy M. Rabito

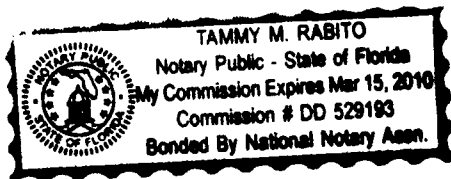
Residing at Marathon FL

My commission expires 3/15/10  
(Seal)

Nov 2006  
Maye Adora Ritchie Baggs  
Signature of Applicant

11554 5th AVE OCEAN  
Street Address, City, State and Zip  
MARATHON, FL 33050

11-06-06

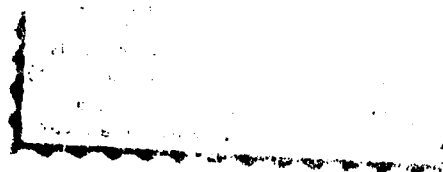




LDS BAPTISM AND CONFIRMATION DATED 06-03-28 FOR MAYE ADORA RICHIE VIEWED BY VS

LDS BLESSING CERT FOR MAYE ADORA RICHIE DATED 08-14-20 VIEWED BY VS

NV MC FOR SPENCE C BAGGS AND MAYE W RICHIE DATED 00-20-40 VIEWED BY VS



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

City of Puget Registration District No. 19 File No. 79140  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Hospital \_\_\_\_\_ Primary Registration District No. 2015 Registered No. 182  
 FULL NAME OF CHILD Leo Neldon Perry  
 Sex of Child male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth May 8 20  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
 FULL NAME George S. Perry  
 RESIDENCE Puget  
 COLOR white AGE AT LAST BIRTHDAY 32  
 (Years)  
 BIRTHPLACE Utah  
 OCCUPATION Farmer

MOTHER  
 FULL MAIDEN NAME Beula Whiting  
 RESIDENCE Puget  
 COLOR white AGE AT LAST BIRTHDAY 32  
 (Years)  
 BIRTHPLACE Utah  
 OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 5:30 P. M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Edmore  
 (Physician or midwife)

Given names added from a supplemental report.

Address Puget  
 Filed May 8 20 E. H. Edmore  
 Registrar Registrar

AUG 24 1984

Certified Copy Issued October 22, 1970. H.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

395-207-074-455  
1. PLACE OF BIRTH  
County of Minidoka  
City of Rupert  
No.        St.       

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No.        State File No. 79141

Prim. Registration District No.        Local Registrar's No.       

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Wanda Marie Linzy

3. Sex Female If plural { 4. Twin, triplet, or other        6. Premature        7. Legiti- Yes 8. Date of birth May 7, 1920  
Birth Number in Order of Birth Full name Male Yes Birth Day 7, 1920  
(Month, Day, Year)

9. Full name Elmer M. Linzy  
10. Residence (usual place of abode) Rupert, Idaho  
(If non-resident, give place and State)  
11. Color or race White 12. Age at last birthday 23 (years)  
13. Birthplace (city or place) Kirbyville  
(State or Country) Missouri  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Army  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.         
16. Date (month and year) last engaged in this work        17. Total time (years) spent         
      , 19       in this work       

OCCUPATION

18. Full maiden name Ilean Bertha Dennison  
19. Residence (usual place of abode) Rupert, Idaho  
(If non-resident, give place and State)  
20. Color or race Wh 21. Age at last birthday 17 (years)  
22. Birthplace (city or place) La Jara  
(State or Country) Colorado  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.         
25. Date (month and year) last engaged in this work        26. Total time (years) spent         
      , 19       in this work       

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum?       

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead        (c) Stillborn       

29. If stillborn, period of gestation        { months or weeks 30. Cause of Stillbirth        { During labor        Before labor       

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 10:55 at P m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report       

(Date of)

Registrar.

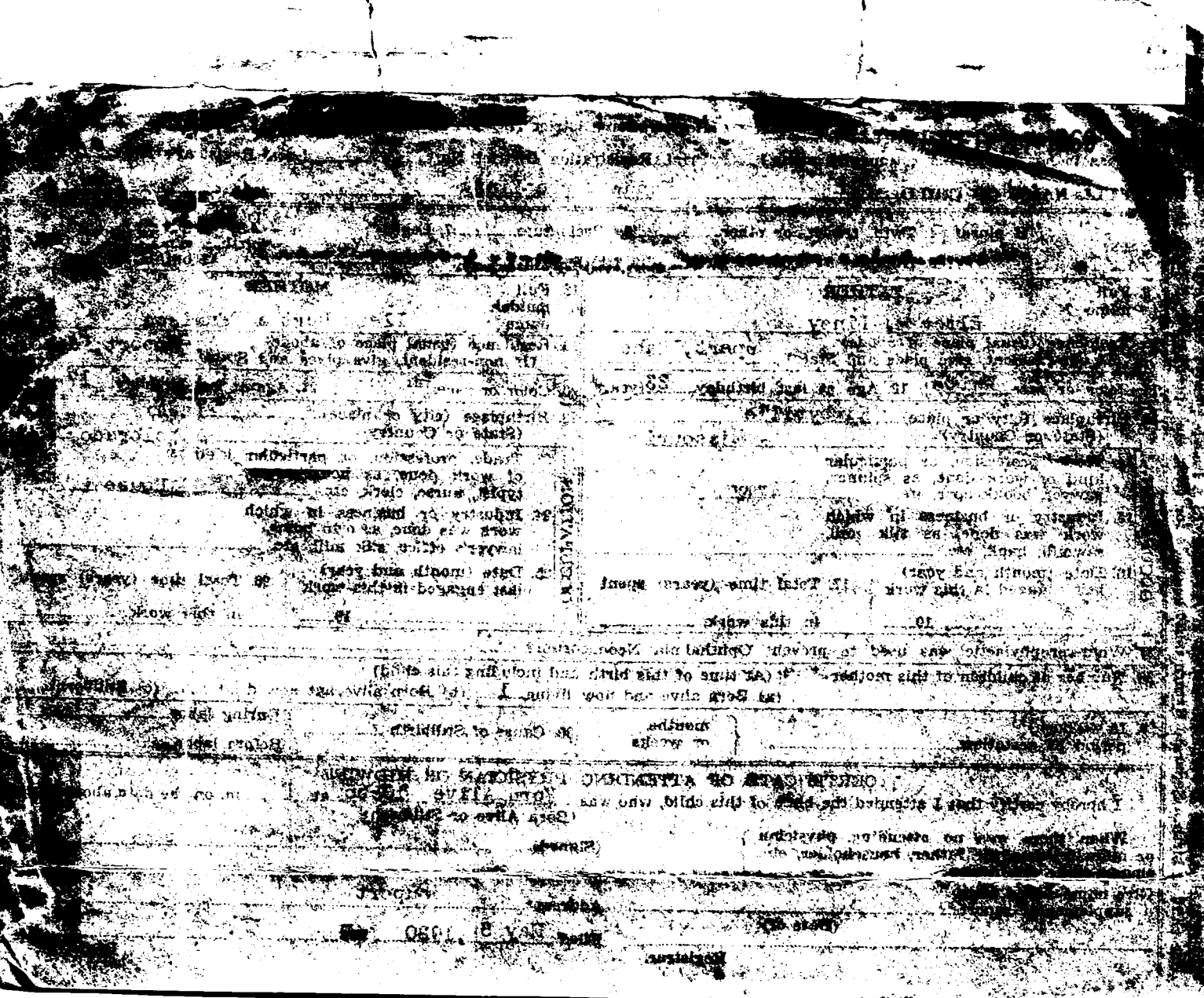
(Signed)       , M. D.

or       , Midwife

Address Rupert

Filed May 8, 1920

Registrar.



123-207-034 744  
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of minidokaCity of HeclaRegistration District No. 19File No. 79142

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 104

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ila Osterhout

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>5 7 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------	-------------------------	---

FULL NAME FATHER Lorenzo W. OsterhoutFULL MAIDEN NAME MOTHER Vera JuddRESIDENCE HeclaRESIDENCE HeclaCOLOR white AGE AT LAST BIRTHDAY 27  
(Years)COLOR white AGE AT LAST BIRTHDAY 18  
(Years)BIRTHPLACE UtahBIRTHPLACE IdahoOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Brown

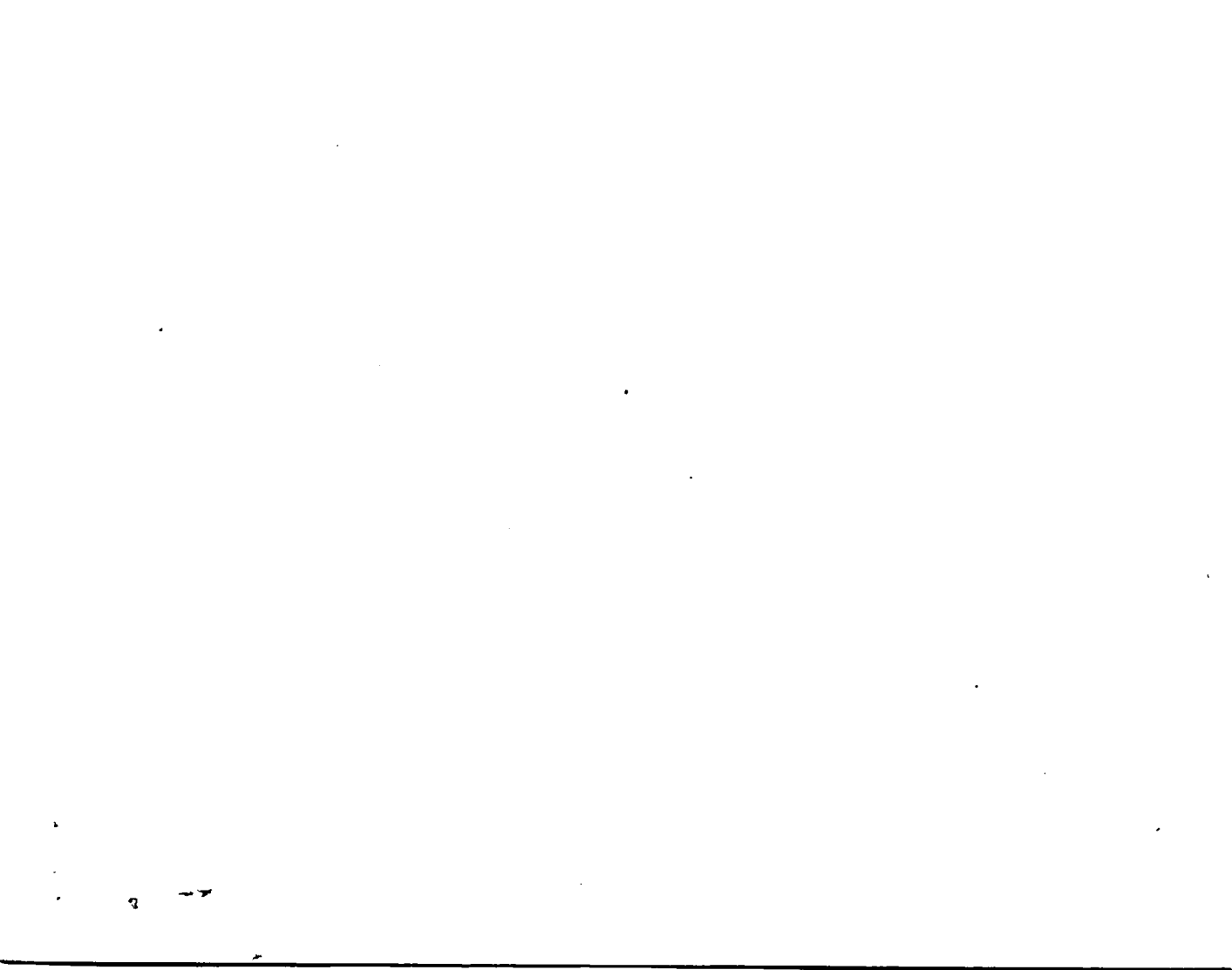
(Physician or midwife)

Given names added from a supplemental report.

Address Rupert IdaFiled May 10 1920 E. E. Elmer

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

449-219-035-396  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of Nez Perce

City of Caldesac Idaho

Registration District No. 128

File No. 79145

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

Caldesac vicinity

FULL NAME OF CHILD Margine Evelyn Murphy

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>April 19 1926</u> (Month) (Day) (Year)
----------------------------	--	--------------------------------------	------------------------	--

FULL NAME <u>FATHER</u> <u>Samuel Stevens Murphy</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Kera Crow</u>
RESIDENCE <u>Caldesac Idaho</u>	RESIDENCE <u>Caldesac Idaho</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Washington</u>	BIRTHPLACE <u>Iowa</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11:00 P.M.  
on the date above stated. (Born alive or stillborn)

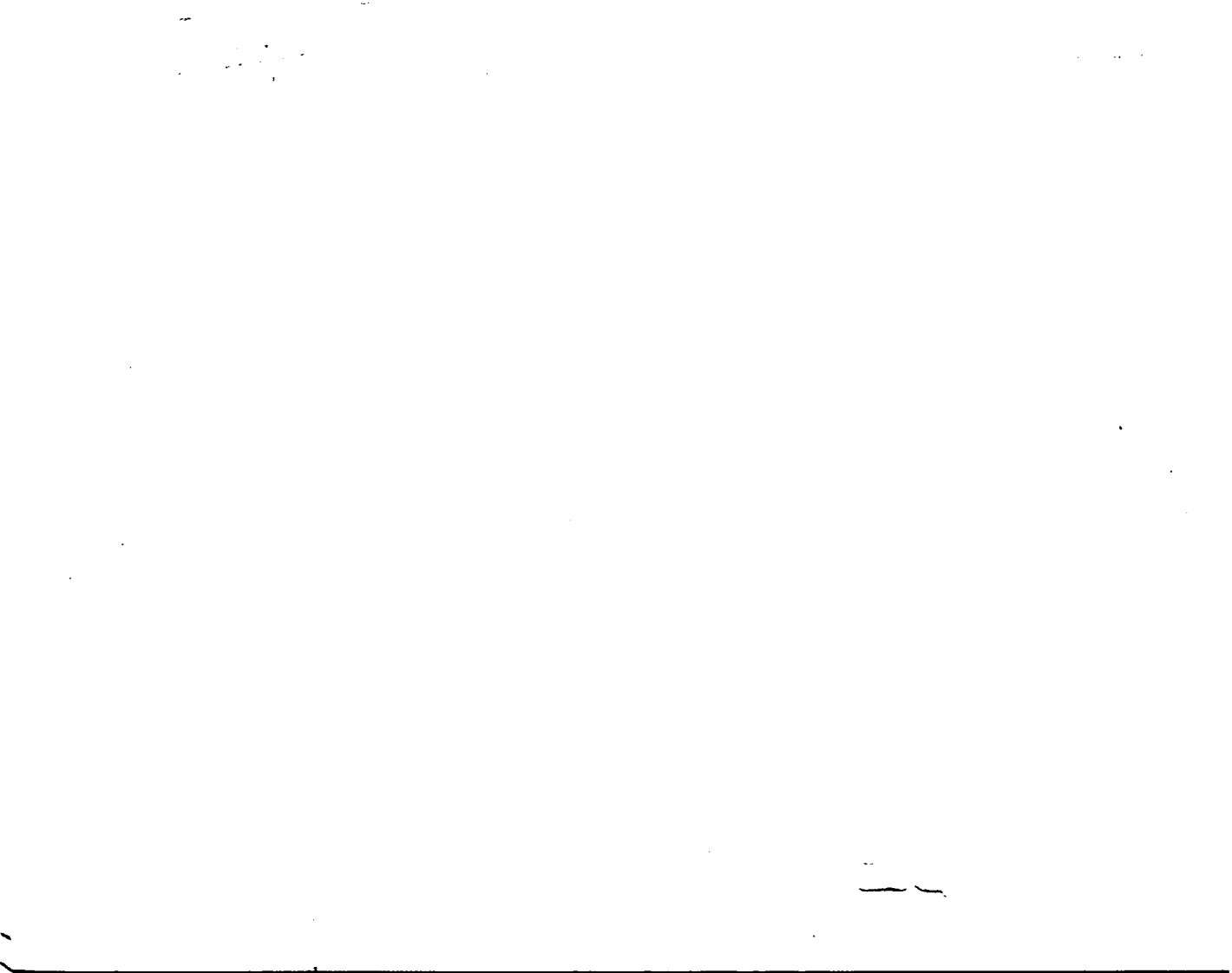
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gagnard  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Caldesac Idaho  
Filed April 20 George Gagnard M.D.  
Registrar





812-208-035-866

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V-1 (Rev. 11-0-25) 4-8-27

County of Nez Perce

City of Caldesac

Registration District No. 128

File No. 79146

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital ..... Caldesac Vicinity

FULL NAME OF CHILD Willa Winifred Hastings

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>April 8</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Joseph Edwin Hastings</u>	FATHER	FULL MAIDEN NAME <u>Anna May Goumenon</u>	MOTHER
RESIDENCE <u>Caldesac Ida.</u>		RESIDENCE <u>Caldesac Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Washington</u>		BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9:20 A.M.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) George Goumenon  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Caldesac Idaho

Filed April 19 20 George Goumenon M.D.  
Registrar Registrar

11-11-11

11-11-11

11-11-11

11-11-11

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

749-227-035-369

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

79148

County of *Mrs. Perer*

City of *Gifford*

Registration District No. *92*

File No. *8*

No. *St.*

Primary Registration District No. *2170*

Registered No. *12*

Hospital

FULL NAME OF CHILD *Journal Lorna Porter*

Sex of Child <i>Y</i>	Twins or other? <i>1</i> and { Number in order of birth <i>1</i> }	Legitimate? <i>yes</i>	Date of Birth <i>4 27 1929</i> (Month) (Day) (Year)
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FULL NAME <i>Harold E Porter</i>	FATHER
RESIDENCE <i>Gifford</i>	
COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE <i>Wm</i>	
OCCUPATION <i>farmer</i>	

FULL MAIDEN NAME <i>Thelma Cornwall</i>	MOTHER
RESIDENCE <i>Gifford</i>	
COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>21</i> (Years)
BIRTHPLACE <i>Orz</i>	
OCCUPATION <i>house</i>	

Number of child of this mother, including present birth... *2* ... Number of children of this mother now living, including present birth... *2* ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive*, at *2* *W* M. on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) *E. E. Hatts*

(Physician or midwife)

Given names added from a supplemental report.

Address *4-27-13 22*

Filed *4-27-13 22*

Registrar

Registrar

APR 10 1958

OCT 16 1958

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-105-035-265

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of 3d Percus

City of Leland

Registration District No. 92

File No. 79149

No. \_\_\_\_\_ St.

Primary Registration District No. 2170

Registered No. 9

Hospital \_\_\_\_\_

FULL NAME OF CHILD Bernard Tom, Daugherty

Sex of Child <u>Male</u>	Twin Triplet or other? <u>1</u>	and	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Mar 5</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

FULL NAME <u>Garrison Daugherty</u>	FATHER
RESIDENCE <u>Leland</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Tex</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Elizabeth Koeppe</u>	MOTHER
RESIDENCE <u>Leland</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Mont</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stoneburner M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Leland Idaho.

Filed 4-17 1920

E. E. Watts  
Registrar

Registrar

MAR 24 1942

MARGIN RESERVED FOR BIDDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-119-035-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-8-8-17

County of *My. Perce*

City of *Bifford*

No. .... St.

Hospital .....

Registration District No. *92*

Primary Registration District No. *2170*

File No. *79150*

Registered No. *11*

FULL NAME OF CHILD *Clyde Louis Smith*

Sex of Child <i>M</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>4 19 1910</i> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <i>Arthur Smith</i>	FATHER
RESIDENCE <i>Bifford</i>	
COLOR <i>Wh</i>	AGE AT LAST BIRTHDAY <i>42</i> (Years)
BIRTHPLACE <i>Ill</i>	
OCCUPATION <i>farmer</i>	

FULL MAIDEN NAME <i>Florence Williams</i>	MOTHER
RESIDENCE <i>Bifford</i>	
COLOR <i>Wh</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE <i>Wh m</i>	
OCCUPATION <i>house</i>	

Number of child of this mother, including present birth *5* Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive* at *5 30 P.M.* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. E. Watts*

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address .....

.....

Filed *4-19 1920*

*E. E. Watts*

Registrar

Registrar



..... of Court

~~CONFIDENTIAL~~

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Washington } **RECEIVED**  
County of Spokane } **MAR 3 1966**  
ss. **Bureau of Vital Statistics**  
Certificate No. 79150  
Date Filed birth  
The undersigned does solemnly swear that certain facts on the certificate of unnamed Smith (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1920 (Birth or Death) (Date of Event) in Gifford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by prepared on (Bible Record, Insurance Policy, Etc.) are: (Give Date)

**FACTS TO BE CORRECTED** **FROM**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)  
Name of child Unnamed Smith **TO**  
Clyde Louis Smith (The Correct Facts)

Subscribed and sworn to before me this 25th day of February, 1966  
Notary Public, residing at Spokane, Wa.  
My commission expires Jan 7, 1970  
(Seal)

Signed Florence W. Smith  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
4425 N. Whitman, Spokane, Wa.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington } **ss.**  
County of Spokane }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 25th day of February, 1966  
Notary Public, residing at Spokane, Wa.  
My commission expires Jan 7, 1970  
(Seal)  
Signed Ruth N. Cole  
(Signature of Any Credible Person)  
14801 Kiernan, Spokane, Wa.  
(Street Address, City, State)

Honorable Separation Papers, U.S. Navy, May 20, 1952 gives full name as Clyde Louis Smith, born April 19, 1920 at Summit, Idaho - viewed by V.S.

Military Record, dated Feb. 4, 1960 gives full name as Clyde Louis Smith, U.S. Navy, born April 19, 1920 at Summit, Idaho - viewed by V.S. MAR 26 1966

846-219-035-215

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. &amp; No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

County of My. PererCity of CuldsaacRegistration District No. 92File No. 79151

No. .... St.

Primary Registration District No. 2170Registered No. 10

Hospital .....

FULL NAME OF CHILD EDNA LOUISE Howerton

Sex of Child <u>51</u>	Twin Triplet or other? <u>1</u> } and { Number in order of birth <u>1</u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>4</u> <u>19</u> <u>1920</u> (Month) (Day) (Year)
------------------------	--	------------------------	--

FULL NAME <u>Alpha Howerton</u>	FATHER
RESIDENCE <u>Culdsaac</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Sarah Gantz</u>	MOTHER
RESIDENCE <u>Culdsaac</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Kans</u>	
OCCUPATION <u>house</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4 0 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

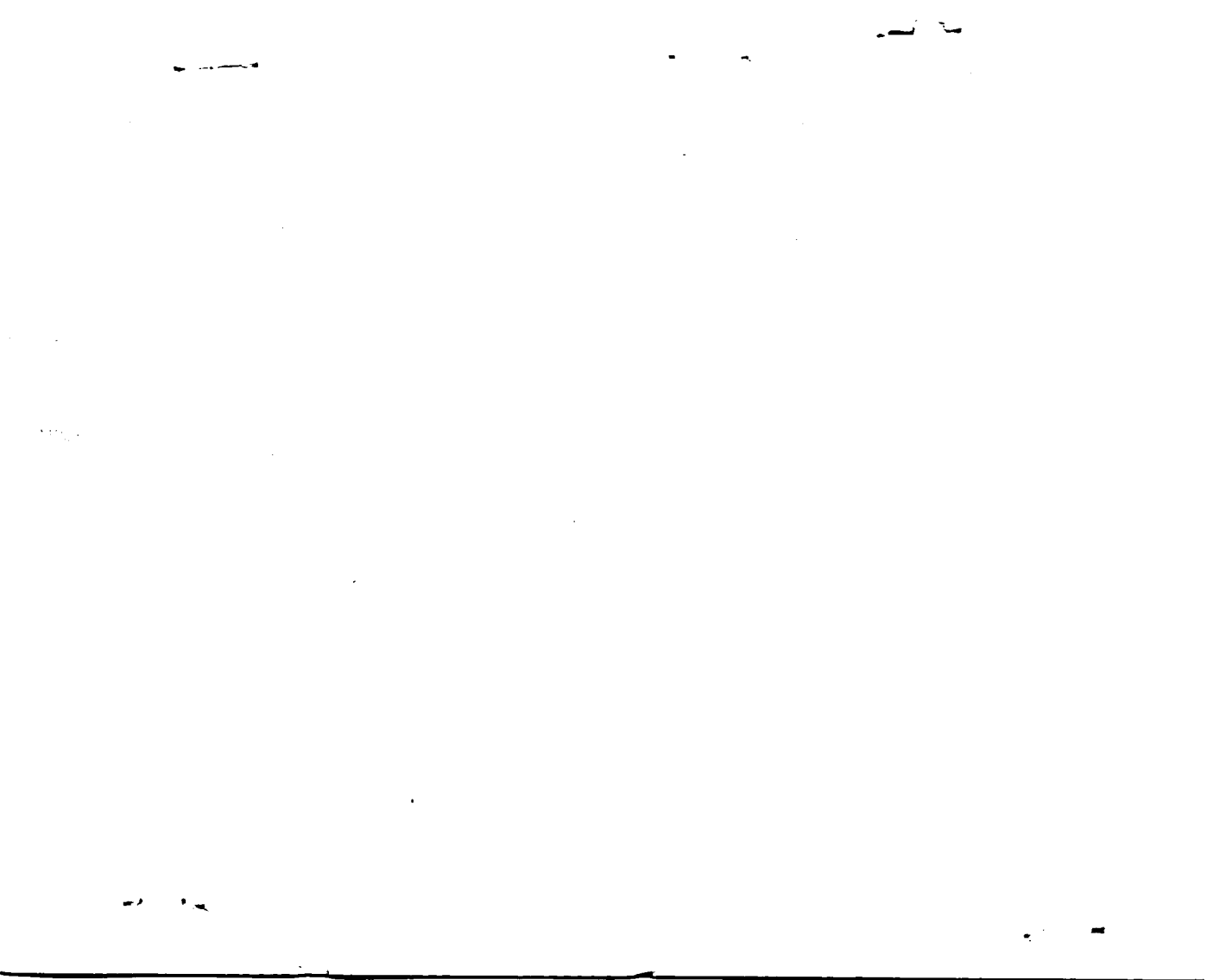
Address.....

..... 4 - 19 20

Filed E. E. Watts

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.  
County of Spokane }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Edna Louise Howerton who was born on April 19 - 1920 (Birth or Death)  
in Caldwell Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of her knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Edna Louise Howerton

Subscribed and sworn to before me this 11th  
day of July, 1942  
Edna Howerton  
Notary Public, residing at Spokane  
My commission expires April 9 - 1943  
(Seal)

Signed Lena Franklin  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
2204 West Montgomery  
(Street Address, City, State) Spokane Wash

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.  
County of Spokane }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 11th  
day of July, 1942  
Edna Howerton  
Notary Public, residing at Spokane  
My commission expires April 9 - 1943  
(Seal)

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
Signed Hugh Franklin  
(Signature of Any Credible Person Other Than Previous Year)  
2204 West Montgomery  
(Street Address, City, State) Spokane Wash

JUL 14 1942

MAY 12 1965

JUL 15 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-208-035-249

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-21-33-17

## CERTIFICATE OF BIRTH

County of *My Peru*City of *Clifford*Registration District No. *92*File No. *79.152*

No. .... St.

Primary Registration District No. *2170*Registered No. *8*

Hospital .....

FULL NAME OF CHILD *EDNA GRACE McDowell*

Sex of Child <i>♀</i>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <i>yes</i>	Date of Birth <i>4-8-1920</i> (Month) (Day) (Year)
-----------------------	---	---	-----------------------------	---

FULL NAME <i>E. Grant McDowell</i>	FATHER	FULL MAIDEN NAME <i>Mary Smith</i>	MOTHER
RESIDENCE <i>Clifford</i>		RESIDENCE <i>Clifford</i>	
COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)	COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)
BIRTHPLACE <i>Winn</i>		BIRTHPLACE <i>Wyoming</i>	
OCCUPATION <i>farmer</i>		OCCUPATION <i>house</i>	

Number of child of this mother, including present birth *3*..... Number of children of this mother now living, including present birth *3*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive*, at *6 A.M.* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. E. Watts*

(Physician or midwife)

Given names added from a supplemental report.

.....19..... Address.....

..... Filed *4-8-20* 19*20* *E. E. Watts*

Registrar

Registrar



1-2

1-2

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.  
County of Nez Perce }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Edna Grace McDowell who born on April 8<sup>th</sup> 1920 (Birth or Death)  
in Nez Perce County (Name on Original Certificate) (Was Born or Died) (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
Name	Unnamed	Edna Grace McDowell

Subscribed and sworn to before me this 3rd  
day of October, 1942.  
Edward G. McDowell  
Notary Public, residing at Twentyston, Idaho  
My commission expires 9-14-45.  
(Seal)

Signed Mary McDowell  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Myrtle Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Nez Perce }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 3rd  
day of October, 1942.  
Edward G. McDowell  
Notary Public, residing at Twentyston, Idaho  
My commission expires 9-14-45.  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Edward G. McDowell  
(Signature of Any Credible Person Other Than Previous Year)  
Myrtle, Idaho  
(Street Address, City, State)

OCT 9 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

466 - 102 - 035 - 243

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Nezperce

City of Rubens, P.E.D.

Registration District No. 92

File No.

**79153**

No. \_\_\_\_\_ St.

Primary Registration District No. 2170

Registered No. 7

Hospital \_\_\_\_\_

ROY

VALENTINE

FULL NAME OF CHILD

ROY VALENTINE WOOD

Sex of Child

Male

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

4

2

1920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Roy Wood

RESIDENCE

Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

27  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

Rancher

FULL  
MAIDEN  
NAME

MOTHER

Ruth Harriet Ruckman

RESIDENCE

Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

23  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

born alive  
(Born alive or stillborn)

at 11:50 P M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

M. A. Wood, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

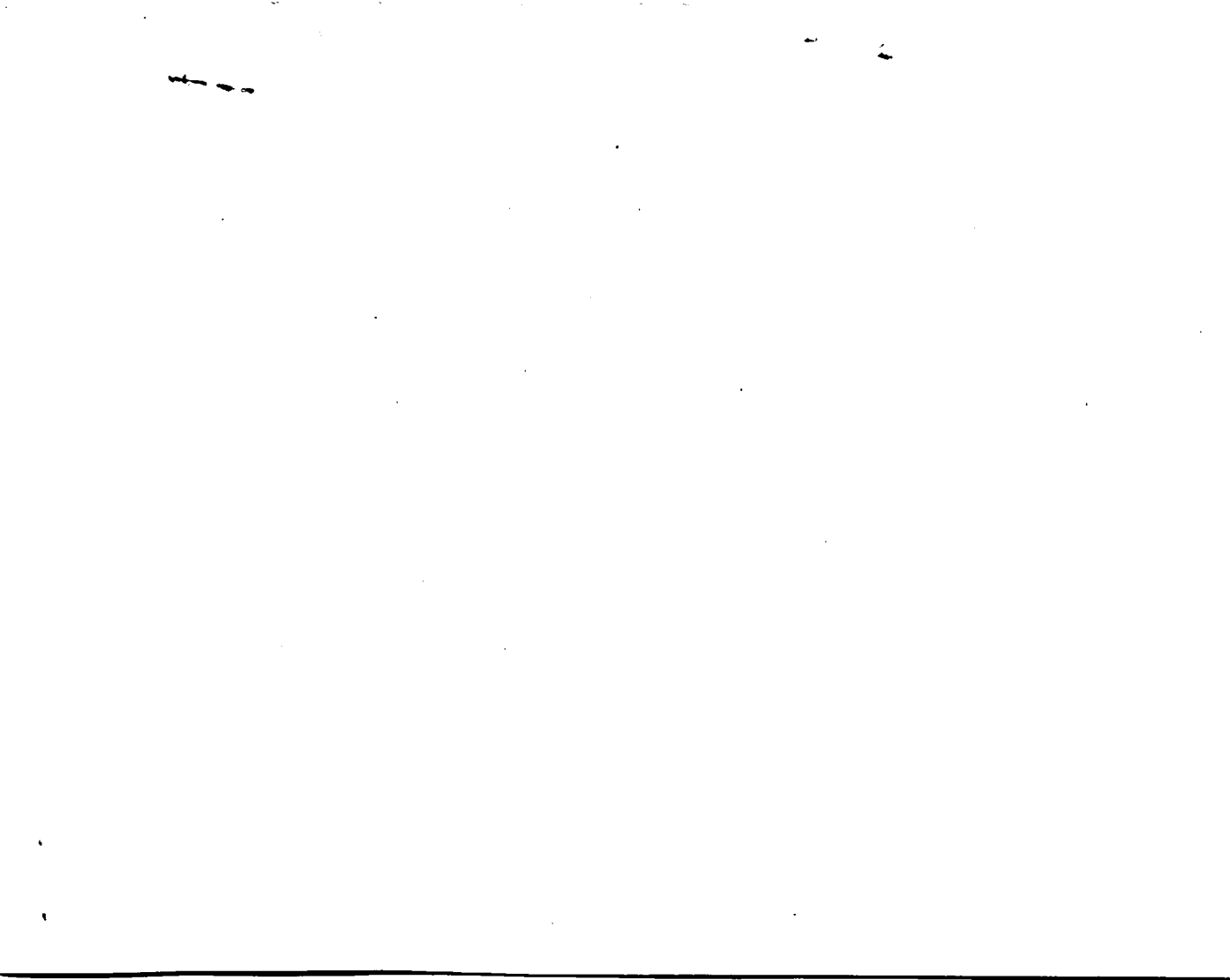
Filed 4-4

1920

E. E. Pratt

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Nez Perce } ss. Certificate No. 79153  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(BIRTH OR DEATH)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)

true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

unnamed --- --- --- Roy Valentine Wood

\_\_\_\_\_

Subscribed and sworn to before me this 3rd

day of January, 1942.

Edward C. Butler Signed Roy Valentine Wood  
(SIGNATURE OF WITNESS OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Meridian, Idaho

My commission expires 9-14-45 Myford, Idaho  
(SEAL) (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Nez Perce } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd

day of January, 1942.

Edward C. Butler Signed Attie Buckman  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Meridian, Idaho

My commission expires 9-14-45 Myford, Idaho  
(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 7 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

DEC 21 1973

238 - 116035 - 555

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-2 Jan 5-15-18

## CERTIFICATE OF BIRTH

County of My. RiverCity of LenoreRegistration District No. 92File No. 79154

No. \_\_\_\_\_ St.

Primary Registration District No. 2170Registered No. 6

Hospital \_\_\_\_\_

FULL NAME OF CHILD Denzil Edward Schetzle

Sex of Child <u>Boy</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>March 16 1920</u> (Month) (Day) (Year)
-------------------------	---	--------------------------------	------------------------	--

FULL NAME <u>Fred Schetzle</u>	FATHER
RESIDENCE <u>Lenore Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Anatone Wash</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Myrtle Reeves</u>	MOTHER
RESIDENCE <u>Lenore Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>North Carolina</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

born live at 9 A M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs C. W. Hoskins  
(Physician or midwife)

Given name added from a supplemental report

Address Agatha Idler  
474 1920 E. E. Hatto  
Registrar



DEC 27 1947

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231-226-035-134

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-21m-8-17

## CERTIFICATE OF BIRTH

County of *Mrs. Perce*City of *Lifford*

No. .... St.

Registration District No. *92*

File No. ....

79155

Primary Registration District No. *2170*Registered No. *13*

Hospital .....

FULL NAME OF CHILD *Loeur Arabella Stlaus*

Sex of Child <i>Jr</i>	Twin Triplet or other? <i>\</i>	Number in order of birth <i>\</i>	Legitimate? <i>yes</i>	Date of Birth <i>4 26 1929</i> (Month) (Day) (Year)
------------------------	---------------------------------	-----------------------------------	------------------------	--

FULL NAME <i>Peter Jr Stlaus</i>	FATHER
RESIDENCE <i>Lifford</i>	
COLOR <i>Wh</i>	AGE AT LAST BIRTHDAY <i>32</i> (Years)
BIRTHPLACE <i>Iowa</i>	
OCCUPATION <i>farmer</i>	

FULL MAIDEN NAME <i>May Aldrich</i>	MOTHER
RESIDENCE <i>Lifford</i>	
COLOR <i>Wh</i>	AGE AT LAST BIRTHDAY <i>30</i> (Years)
BIRTHPLACE <i>Oregon</i>	
OCCUPATION <i>house</i>	

Number of child of this mother, including present birth *6* Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive* at *11 P. M.* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. E. Watts*

(Physician or midwife)

Given names added from a supplemental report.

.....19..... Address.....

..... Filed *4-27 1929* *E. E. Watts*

Registrar

Registrar

10-5-41

243-110-035-48

PLACE OF BIRTH

Form V. S. No. 11-C-20m-2-45-42

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Nez PerceCity of Melrose

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 93File No. 79156Primary Registration District No. 2371

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

John Le Roy Buchholz

Sex of Child

maleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yes

Date of Birth

April 10, 1912  
(Month) (Day) (Year)

FULL NAME

FATHER

Gustave Le Roy Buchholz

RESIDENCE

Melrose Idaho

COLOR

White

AGE AT LAST BIRTHDAY

26

(Years)

BIRTHPLACE

Ukiah Calif

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Ukiah Gertrude Barbara

RESIDENCE

Melrose Ida

COLOR

White

AGE AT LAST BIRTHDAY

23

(Years)

BIRTHPLACE

Humboldt Nebraska

OCCUPATION

House wife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive

(Born alive or stillborn)

245 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. F. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report

Address

Beck Idaho

Filed

Apr 15 1920Daniel Tyler

Registrar



343-116-035-469

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 2-15-12

## CERTIFICATE OF BIRTH

County of Nez PerceCity of PeckRegistration District No. 93File No. 79157

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2371

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Edward LucasSex of  
ChildMaleTwin  
Triplet  
or other?

—

and

Number  
in order  
of birth

—

Legiti-  
mate?yesDate of  
BirthFeb 16 20  
(Month) (Day) (Year)FULL  
NAMEEdward Ray Lucas

RESIDENCE

Peck

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Polouse, Wash.

OCCUPATION

FarmingFULL  
MAIDEN  
NAMEElizabeth Frances Devlin

RESIDENCE

Peck

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Peck Idaho

OCCUPATION

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive  
(Born alive or stillborn)1030a M.\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) L. F. SmithM.D.  
(Physician or midwife)

Given names added from a supplemental report

19 \_\_\_\_\_

Address

Peck Ida

Filed

Feb 20 1920 Danise J. L.

Registrar

UNITED STATES  
DEPARTMENT OF STATE  
WASHINGTON, D.C. 20520

OFFICE OF THE  
ATTORNEY GENERAL

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UNITED STATES DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20530

RECEIVED FOR THE ATTORNEY GENERAL

365 PLACE OF BIRTH - 789

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-9-17

County of *nezperce*City of *Lewiston*Registration District No. *96*File No. *79159*No. *223* *26* St.Primary Registration District No. *1009*Registered No. *442*

Hospital

FULL NAME OF CHILD

*Phyllis Grace Longstreet*

Sex of Child

*female*Twins  
Triolet  
or other?and { Number  
in order  
of birth*one*Legiti-  
mate?*yes*Date of  
Birth*March 23* 19*20*  
(Month) (Day) (Year)FULL  
NAME

FATHER

*William Longstreet*

RESIDENCE

*Lewiston Idaho*

COLOR

*white*AGE AT LAST  
BIRTHDAY*27*  
(Years)

BIRTHPLACE

*Washington*

OCCUPATION

*Standing army*FULL  
MAIDEN  
NAME

MOTHER

*Grace Phillips*

RESIDENCE

*Lewiston Idaho*

COLOR

*white*AGE AT LAST  
BIRTHDAY*18*  
(Years)

BIRTHPLACE

*Idaho*

OCCUPATION

*Housewife*Number of child of this mother, including present birth *one*Number of children of this mother now living, including present birth *one*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* on the date above stated.at *5:30 a.m.*  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*E. H. Harrison*

(Physician or midwife)

Given names added from a supplemental report.

Address

*Lewiston Idaho*

Filed

*May 8 1920**Arman E. Bruce*

Registrar

Registrar



DEC 1 2 1944

997-204-035-389

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

U-22-2-27

## CERTIFICATE OF BIRTH

County of NyeCity of LeovistonRegistration District No. 96File No. 79160No. St.Primary Registration District No. 1009Registered No. 443Hospital St. Joseph's

FULL NAME OF CHILD

Mary Jane Riggs

Sex of Child

FemaleTwin  
Triplet  
or other?} and {  
Number  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthApril-4-1920  
(Month) (Day) (Year)FULL  
NAMEGeo. L. Riggs

FATHER

RESIDENCE

Leoviston, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY28

(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEVandamine Thiesen

MOTHER

RESIDENCE

Leoviston, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY24

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

4.30 P.M.

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Oliver H. Branson

(Physician or midwife)

Given names added from a supplemental report.

Address

Leoviston, IdahoFiled May 81920Ernest E. Brum

Registrar

Registrar

NOV 24 1941

962-106-035-365

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 23-C-20m-24-27

## CERTIFICATE OF BIRTH

County of... Nezperce...City of... Lewiston...Registration District No. 96File No. 79161No. St.Primary Registration District No. 1009Registered No. 444Hospital St. Joseph'sFULL NAME OF CHILD Lester William Robinson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>April 6, 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Lester L. Robinson</u>	FATHER
RESIDENCE <u>Lewiston, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Wash</u>	
OCCUPATION <u>Grain merchant</u>	

FULL MAIDEN NAME <u>Evelyn Longstreet</u>	MOTHER
RESIDENCE <u>Lewiston, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Wash</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was 19.200 at 19.200 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer H. Braddock

(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston, IdahoFiled May 5, 1920 Samuel Bruce  
Registrar Registrar

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

[illegible]

PLACE OF BIRTH  
619-208-035-266  
Census... Newspaper...  
City of... Lewiston...  
No. .... St. ....  
Hospital... St. Joseph's  
FULL NAME OF CHILD... Katherine Elaine Ward

Registration District No. .... 96  
File No. .... 79162  
Primary Registration District No. .... 1009  
Registered No. .... 445

Sex of Child Female } and } Number of birth  
Twin Triplet or other? (To be answered only in event of plural births)  
Legitimate? Yes  
Date of Birth 4-8-20  
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh Ward	FULL MAIDEN NAME	Effie May Booher
RESIDENCE	Charleston, Wash.	RESIDENCE	Charleston, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Fruit and truck gardener	OCCUPATION	Housewife

Number of child of this mother, including present birth... 2... Number of children of this mother now living, including present birth... 1...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Paul H. Johnson  
(Born alive or stillborn)  
(Physician or midwife)

Given names added from a supplemental report.

Address

Lewiston, Idaho


Filed

May 8, 1920

Susan E. Bruce

Registrar

Registrar



APR 29 1969

663-210-035 + 635

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-4-4-47

CERTIFICATE OF BIRTH

County of... Nezperce...

City of... Lewiston...

Registration District No. 96

File No. 79163

No. St.

Primary Registration District No. 1009

Registered No. 446

Hospital St. Joseph's

FULL NAME OF CHILD

Wilda Catherine Wolf

Sex of Child Female	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate? Yes	Date of Birth April 10 - 1920 (Month) (Day) (Year)
---------------------	--	--------------------------	-----------------	---

FULL NAME FATHER Bernard N. Wolf
RESIDENCE Clarkston Wash.
COLOR White
AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Wash.
OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Theresa Flerchinger
RESIDENCE Clarkston, Wash.
COLOR White
AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Wash.
OCCUPATION Housewife

Number of child of this mother, including present birth... 1... Number of children of this mother now living, including present birth... 1...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... at 4:30 P.M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul Johnson (Born alive or stillborn)

Given names added from a supplemental report.

(Physician or midwife)

Address Lewiston, Idaho

Filed May 5 1920

Registrar

Wm E Bruce Registrar





PLACE OF BIRTH  
753-211-035-319  
County of Nizperch  
City of Lewiston

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

No. .... St. Registration District No. .... 96 ..... File No. .... 79164  
Hospital .... St. Joseph's Primary Registration District No. .... 1009 ..... Registered No. .... 447  
FULL NAME OF CHILD .... Ella Marie Peterson

Sex of Child Female Twin Triplet or other? and Number in order of birth 1 Legiti- mate? Yes Date of Birth 4-11-20  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Jacob Peterson  
RESIDENCE Grangeville Idaho  
COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE California  
OCCUPATION Post master

MOTHER  
FULL MAIDEN NAME Esther Larkee  
RESIDENCE Grangeville Idaho  
COLOR White AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth .... 4 ..... Number of children of this mother now living, including present birth .... 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles E. Broadhead

Given names added from a supplemental report.

(Physician or midwife)

Address Lewiston, Idaho

Filed May 8 1920 Wm. E. Bruce  
Registrar

**OCT 21 1960**

**APR 2 1975**

**JAN 28 1947**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

419-111-035-519

County of... Nisperch.

City of... Lewiston

No. 206-11A St.

Hospital.....

FULL NAME OF CHILD.....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96

File No. 79165

Primary Registration District No. 1009

Registered No. 445

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>4-11-1914</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FATHER		MOTHER	
FULL NAME	<u>James Maret</u>	FULL MAIDEN NAME	<u>Norena Varsa</u>
RESIDENCE	<u>Lewiston, Idaho</u>	RESIDENCE	<u>Lewiston, Idaho</u>
COLOR	<u>White</u>	COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>40</u> (Years)	AGE AT LAST BIRTHDAY	<u>30</u> (Years)
BIRTHPLACE	<u>Kansas</u>	BIRTHPLACE	<u>Idaho</u>
OCCUPATION	<u>Laborer</u>	OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth.....4..... Number of children of this mother now living, including present birth.....4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... at.....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) John J. Kelly  
(Physician or midwife)

Address Lewiston, Idaho

Filed May 8 1914 Wm E Bruce

Registrar

Registrar

to mail  
date

NAME  
RESIDENCE  
COLOR  
DIRECTION  
OCCUPATION

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY



343-112-035-265  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Myersee

City of Lewiston

Registration District No. 96

File No. 79166

No. \_\_\_\_\_ St.

Primary Registration District No. 1009

Registered No. 449

Hospital \_\_\_\_\_

FULL NAME OF CHILD Arthur Edwin Lutes

Sex of Child <u>m.</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>4-12-20</u> (Month) (Day) (Year)
------------------------	---	--------------------------------------	------------------------	--

FATHER  
FULL NAME Jacob Lutes  
RESIDENCE 1421 E. St. Lewiston  
COLOR W. AGE AT LAST BIRTHDAY 23  
(Years)  
BIRTHPLACE neb.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Rara Boehl  
RESIDENCE 1421 E. St.  
COLOR W. AGE AT LAST BIRTHDAY 28  
(Years)  
BIRTHPLACE neb.  
OCCUPATION House wife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:20 P. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahon  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Ida.  
Filed May 2 19 1920 Susan E Bruce  
Registrar

W. H. RICHARDS, JR., 1000 N. 10th St., Phoenix, Ariz. 85004

[illegible]

PLACE OF BIRTH 463-214-035-386

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of NezperceCity of LewistonNo. Cor. 15th Ave & 13th StRegistration District No. 96File No. 79167Primary Registration District No. 10.0.9Registered No. 450

Hospital .....

FULL NAME OF CHILD Helen A. Dole

Sex of Child <u>Female</u>	Twin Triplet or other? <u> }</u> and <u> }</u> Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of Birth <u>4-14-30</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

FATHER		MOTHER	
FULL NAME <u>Ernest A. Dole</u>	FULL MAIDEN NAME <u>Helen Thomas</u>	FULL NAME <u>Helen Thomas</u>	FULL MAIDEN NAME <u>Helen Thomas</u>
RESIDENCE <u>Lewiston, Idaho</u>	RESIDENCE <u>Lewiston, Idaho</u>	RESIDENCE <u>Lewiston, Idaho</u>	RESIDENCE <u>Lewiston, Idaho</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Wisconsin</u>	BIRTHPLACE <u>Missouri</u>	BIRTHPLACE <u>Missouri</u>	BIRTHPLACE <u>Missouri</u>
OCCUPATION <u>Laborer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated.

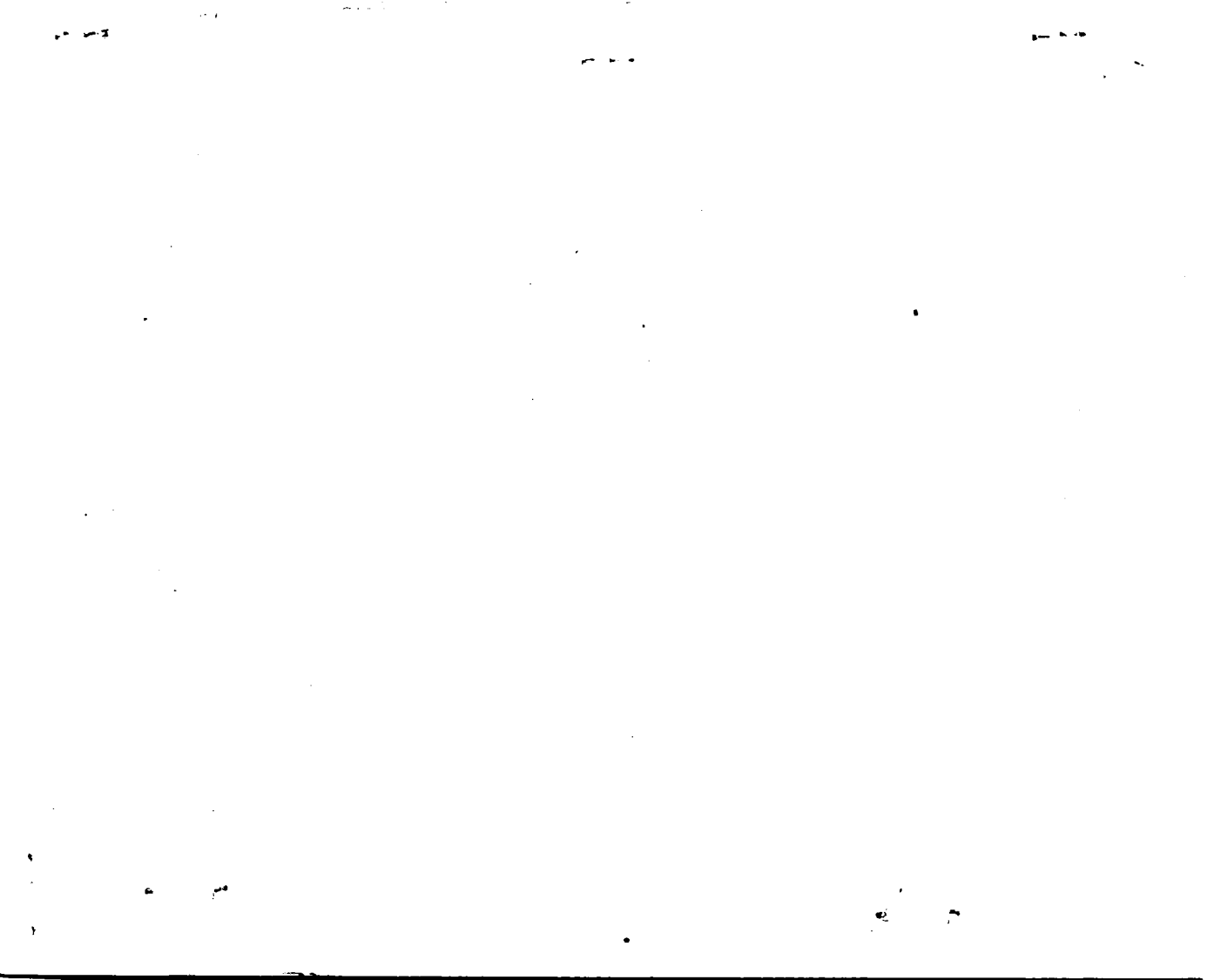
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Born alive or stillborn) .....  
(Signature) Paul H. Thomas  
.....  
(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston, Idaho  
Filed May 8 1930 Dwan E. Bruce  
Registrar





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend Original Certificate of Birth or Death**

State of Idaho } ss.  
County of Nez Perce }

Certificate No. 79167

Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Dole (female child) who was born on April 14, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Lewiston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by School records prepared on November 6, 1963 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child

Unnamed

Helen Audrey Dole

Subscribed and sworn to before me this 14th day of

March, 1964

Signed Helen Dole  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Lewiston

My commission expires 2-15-1968

(Seal)

640 Stewart Lewiston Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Nez Perce }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of

February, 1964

Signed Glenn W Todd  
(Signature of Any Credible Person)

Notary Public, residing at Lewiston Idaho

My commission expires 7-16-64

(Seal)

(Street Address, City, State)

Photo Copy of School Report Card, Class 1B, Webster School, Lydia M. Sloan, Teacher,  
January 14, 1927 - gives full name of student as Helen Audrey Dole - viewed by V.S.

April 5, 1966 requested name be added Helen A. Dole instead of Helen Audrey Dole -

APR 13 1966

Marriage License Application and Affidavit, dated Dec. 28, 1940, State of Idaho,  
Nez Perce County - gives full name of male as Joseph F. Muscat and full name of  
female as Helen A. Dole, age 20, born in Idaho - viewed by V.S.

PLACE OF BIRTH  
265-375-035-355County of NegreseeCity of LewistonRegistration District No. 96File No. 79168No. StPrimary Registration District No. 1009Registered No. 451Hospital St. Josephs

DANIELLA ROSE

FULL NAME OF CHILD

~~XXXXXXXXXXXXXXXXXXXX~~ SvensonSex of Child FemaleTwin  
Triplet  
or other?{ and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate? YesDate of Birth 4-15-1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Juel Svenson

RESIDENCE

Lewiston Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

SalesmanFULL  
MAIDEN  
NAME

MOTHER

Dena Lee

RESIDENCE

Lewiston Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth.....1.... Number of children of this mother now living, including present birth.....1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at 12.50 A. M.  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) R. C. Carson

(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston IdahoFiled May 8 1920

Registrar

Deane Bruce

Registrar

100-443881-100

© 1994

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH.

State of California }  
County of Los Angeles } ss. Certificate No. 79168  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Naoma Dena Swanson who was born on April 15, 1920  
(Name on Original Certificate) (Birth or Death)  
in Lewiston, Idaho (Place of Event) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by school record prepared on September 1st, 1926, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
name Naoma Dena Swenson Danella Rose Swenson

Subscribed and sworn to before me this 11th  
day of Sept., 1944  
D. A. Smith  
Notary Public, residing at Alhambra, Cal.  
My commission expires Jan. 20th, 1944.  
(Seal)

Signed Danella Rose Swenson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
308 W. Alhambra Rd., Alhambra, Cal.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }  
County of San Diego } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 129, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th  
day of September, 1944  
Dana A. Smith  
Notary Public, residing at San Diego, Cal.  
My commission expires My Commission Expires March 21, 1945  
(Seal)

Signed Dana Smith (mother)  
(Signature of Any Credible Person)  
954 Thomas Ave.  
(Street Address, City, State)  
Pacific Beach, Calif.

STATE OF TEXAS  
DEPARTMENT OF PUBLIC HEALTH - BUREAU OF

ATTEST TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

County of Los Angeles  
State of California

The undersigned does solemnly swear that certain facts on the certificate

Neome Dena Swanson

Legation, Idaho

Time facts are given by school record

FACTS TO BE CORRECTED

Neome Dena Swanson

Neome Dena Swanson

TO

Neome Dena Swanson

fifth

Subscribed and sworn to before me this

My commission expires

SUBSTITUTING ATTESTATION OF A SECOND PERSON

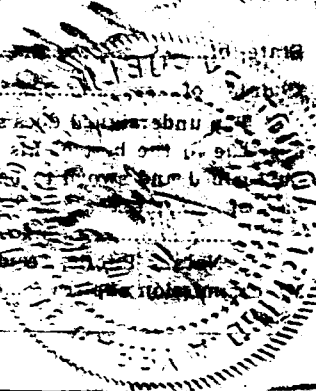
THIS ATTESTATION

I, the undersigned, do solemnly swear that he has knowledge of the corrected facts as set forth above and that they

Signed

(Signature of Substituted Person)

(City and Address, City, State)



253-117-035-235

## PLACE OF BIRTH

County of Nez PerceCity of LewistonNo. 150 y Main St.Hospital WhiteFULL NAME OF CHILD John Edgar BeckmanSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-20m-2-17

Registration District No. 96File No. 79169Primary Registration District No. 1109Registered No. 452

Sex of Child <u>male</u>	Twin Triplet or other? <u>X</u>	and	Number in order of birth <u>X</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>4 17 1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------------	-----	---	-----------------------------	---

FULL NAME <u>George J. Beckman</u>	FATHER	FULL MAIDEN NAME <u>Hale S. Stember</u>	MOTHER
RESIDENCE <u>Lewiston Ida</u>		RESIDENCE <u>Lewiston Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Nebraska</u>		BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Merchant</u>		OCCUPATION <u>W. W.</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Edgar E. White MW at 9 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar E. White MW  
By R. C. Paul  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Lewiston

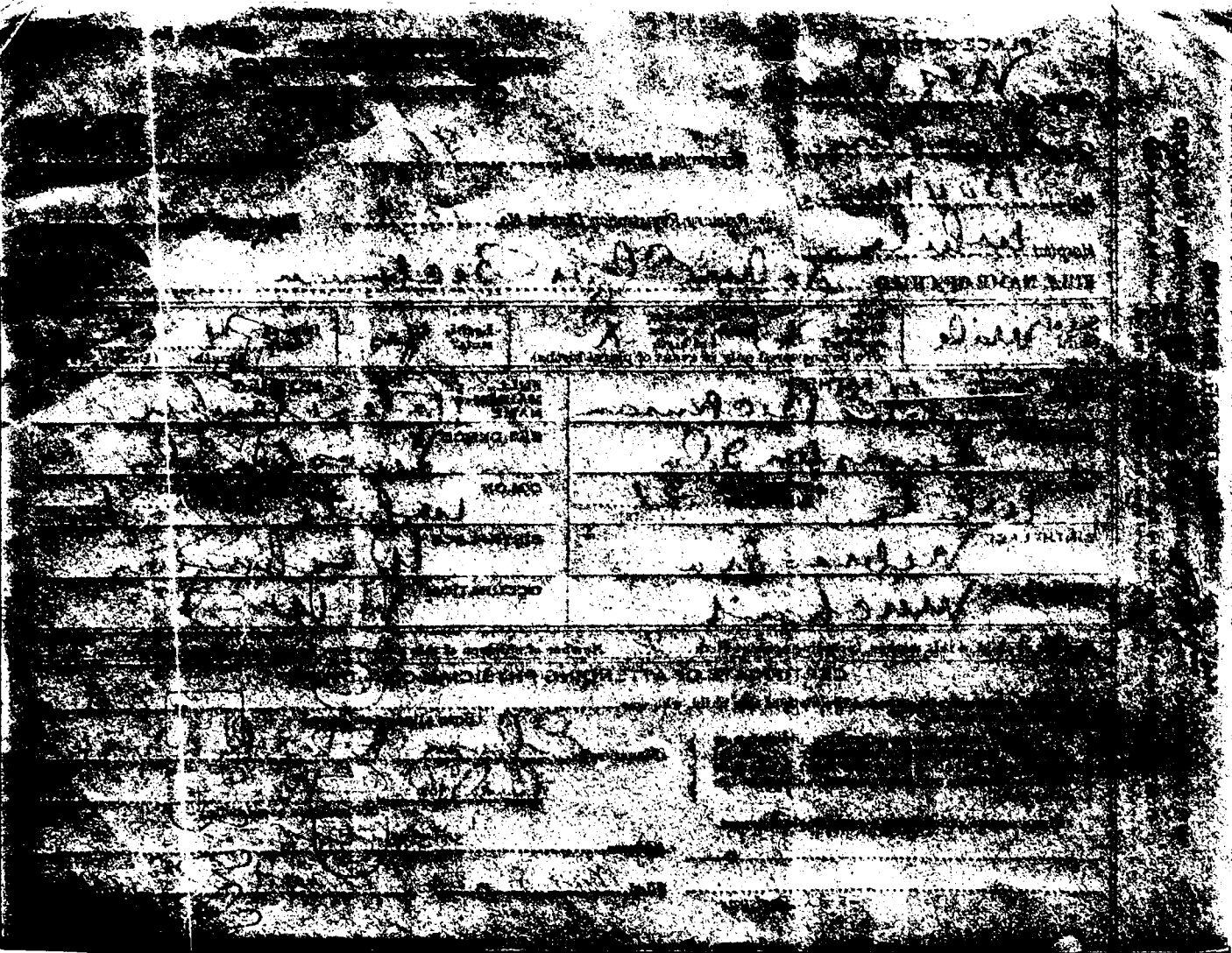
.....19.....

Filed May 8 1920 Irvin E. Bruce

Registrar

Registrar





269-118-035-243

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—Rev. 8-8-17

County of Nez PerceCity of LewistonNo. Orchards St.Registration District No. 96File No. 79171Primary Registration District No. 1109Registered No. 954

Hospital .....

FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>X</u>	and { Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>4 18 1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------	---	------------------------	--

FULL NAME <u>Gabriel Barros</u>	FATHER
RESIDENCE <u>Lewiston Orchard</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Hungary</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Annie Sulko</u>	MOTHER
RESIDENCE <u>Lewiston Orchard</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Hungary</u>	
OCCUPATION <u>N.W.</u>	

Number of child of this mother, including present birth 4..... Number of children of this mother now living, including present birth 4.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at 4:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar A. Whitehead  
By Dr. C. Paul  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Lewiston

.....

Filed May 8 1920 Edgar E. Bruce

Registrar

Registrar

NAME OF CHILD [Handwritten: ...]		SEX [Handwritten: ...]		AGE [Handwritten: ...]		DATE OF BIRTH [Handwritten: ...]	
FATHER'S NAME [Handwritten: ...]		MOTHER'S NAME [Handwritten: ...]		FATHER'S OCCUPATION [Handwritten: ...]		MOTHER'S OCCUPATION [Handwritten: ...]	
CHILD'S ADDRESS [Handwritten: ...]		CHILD'S PHONE [Handwritten: ...]		CHILD'S SCHOOL [Handwritten: ...]		CHILD'S GRADE [Handwritten: ...]	
CHILD'S RACE [Handwritten: ...]		CHILD'S RELIGION [Handwritten: ...]		CHILD'S BLOOD TYPE [Handwritten: ...]		CHILD'S ALLERGIES [Handwritten: ...]	
CHILD'S MEDICAL HISTORY [Handwritten: ...]		CHILD'S SURGICAL HISTORY [Handwritten: ...]		CHILD'S X-RAY HISTORY [Handwritten: ...]		CHILD'S LABORATORY TESTS [Handwritten: ...]	
CHILD'S PHYSICAL EXAMINATION [Handwritten: ...]		CHILD'S MENTAL EXAMINATION [Handwritten: ...]		CHILD'S SOCIAL HISTORY [Handwritten: ...]		CHILD'S FAMILY HISTORY [Handwritten: ...]	
CHILD'S CURRENT MEDICATION [Handwritten: ...]		CHILD'S CURRENT TREATMENT [Handwritten: ...]		CHILD'S CURRENT PROBLEMS [Handwritten: ...]		CHILD'S CURRENT STATUS [Handwritten: ...]	

OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79172

County of Nez PerceCity of Lewiston

751-149-035-793

Registration District No. 96

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital YesPrimary Registration District No. 1009Registered No. 453FULL NAME OF CHILD Gilbert Clinton Pease,Sex of Child Male

Was  
Triclot  
or other?  
(To be answered only in event of plural births)

Light  
male? yesDate of Birth Apr 19 1920

(Month) (Day) (Year)

FULL NAME FATHER William C PeaseRESIDENCE Senora IdahoCOLOR WhiteAGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE Genesee IdahoOCCUPATION RancherFULL MAIDEN NAME MOTHER Anna Marie GilbertRESIDENCE SenoraCOLOR WhiteAGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE Senora IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

at 2:45 a m

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

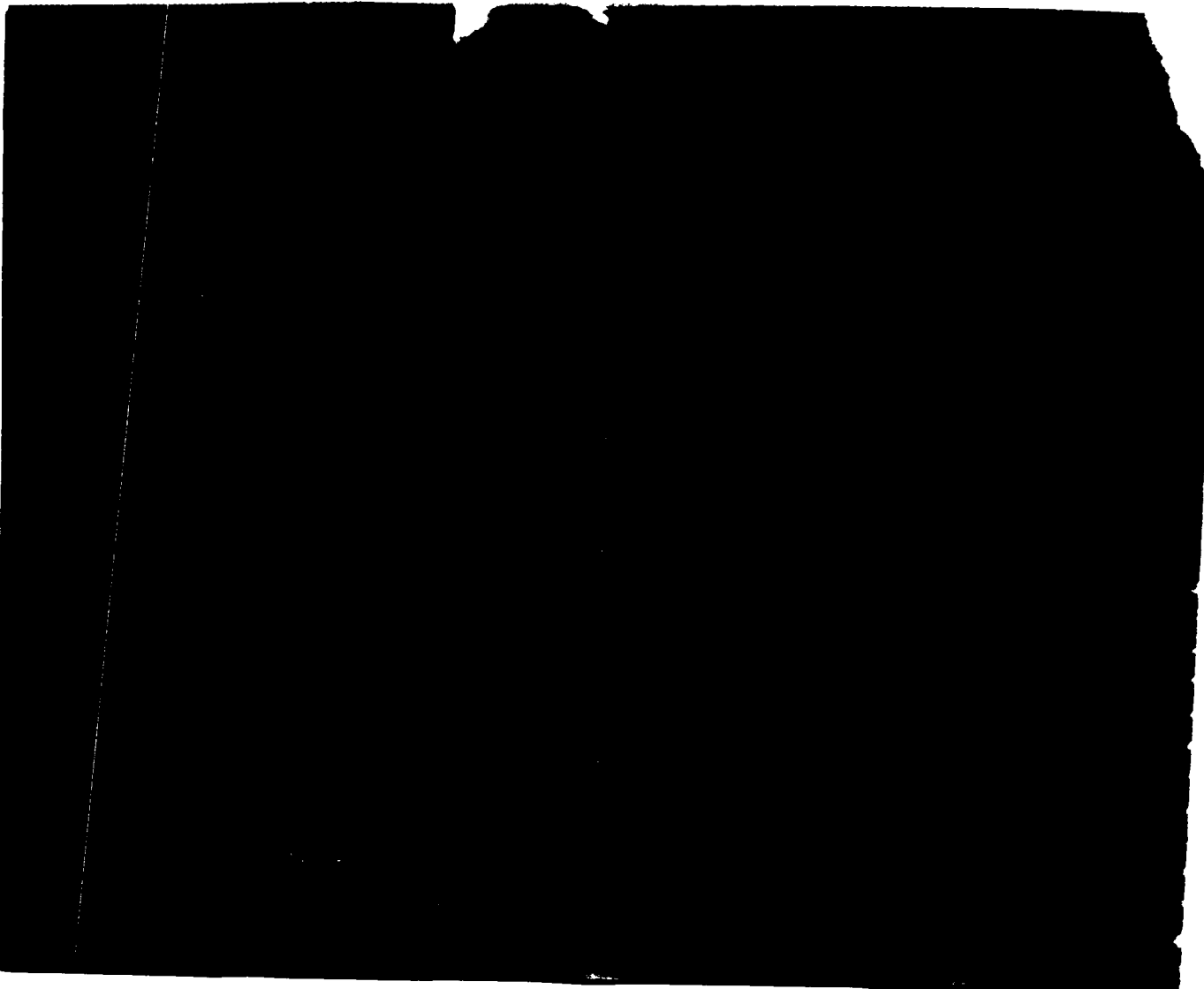
(Signature) W. H. Bourse M. D.

(Physician's name)

Given names added from a supplemental report.

Address Lewiston IdahoFiled May 8 1920Wm. E. Bourse

Registrar



261-119-035-773

PLACE OF BIRTH

County of

City of

No. 1504 Main St.

Hospital

FULL NAME OF CHILD

Sex of Child

Male

Twin  
Triplet  
or other?

X

and  
(To be answered only in event of plural births)Number  
in order  
of birth

X

Legiti-  
mate?

yes

Date of  
Birth4 19 20  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Ernest H. Swanson

RESIDENCE

Lewiston, Ida.

COLOR

White

AGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Main

OCCUPATION

Pussman

FULL  
MAIDEN  
NAMEMOTHER  
Lucille Lillette

RESIDENCE

Lewiston, Ida.

COLOR

White

AGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Main

OCCUPATION

H. W.

Number of child of this mother, including present birth.....1.....

Number of children of this mother now living, including present birth.....1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

Given names added from a supplemental report.

(Signature)

Edgar J. White M.D.  
B. R. C. Pauley, Jr.  
(Physician or midwife)

Address

Filed

May 6 1920 Main E. B. B. B.  
Registrar

Registration District No.

96

File No.

79173

Primary Registration District No.

1009

Registered No.

456

UNITED STATES OF AMERICA  
 DEPARTMENT OF JUSTICE  
 FEDERAL BUREAU OF INVESTIGATION  
 WASHINGTON, D. C. 20535

Report of \_\_\_\_\_  
 Date \_\_\_\_\_  
 Title \_\_\_\_\_  
 Location \_\_\_\_\_  
 Name of Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Name of Other \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

Name of Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Name of Other \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

Name of Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Name of Other \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

Name of Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Name of Other \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

This document contains information that is exempt from public release under the provisions of the Freedom of Information Act, 5 U.S.C. 552. It is to be controlled, stored, handled, transmitted, and disposed of in accordance with the provisions of the Department of Justice Policy and Procedures Manual, Section 1.2.1.

EX-100 (Rev. 1-78)

SEARCHED \_\_\_\_\_  
 SERIALIZED \_\_\_\_\_  
 INDEXED \_\_\_\_\_  
 FILED \_\_\_\_\_  
 MAR 1978  
 FBI - NEW YORK

PLACE OF BIRTH

719-123-035-469

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-0-2009-2-2

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 76

File No. 79175

No. St.

Primary Registration District No. 1099

Registered No. 458

Hospital St. Joseph

FULL NAME OF CHILD Parsons

Sex of Child <u>male</u>	Twin <u>—</u> Triplet <u>—</u> or other? <u>—</u> and {Number in order of birth <u>—</u> (To be answered only in event of plural births)}	Legitimate? <u>yes</u>	Date of Birth <u>Apr 23 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER FULL NAME <u>Greek Parsons</u>		MOTHER FULL MAIDEN NAME <u>Ruth Morrow</u>	
RESIDENCE <u>Cloverland Wash</u>		RESIDENCE <u>Cloverland Wash</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Virginia</u>		BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. 12:30 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paula Johnson

Given names added from a supplemental report.

(Physician or midwife)

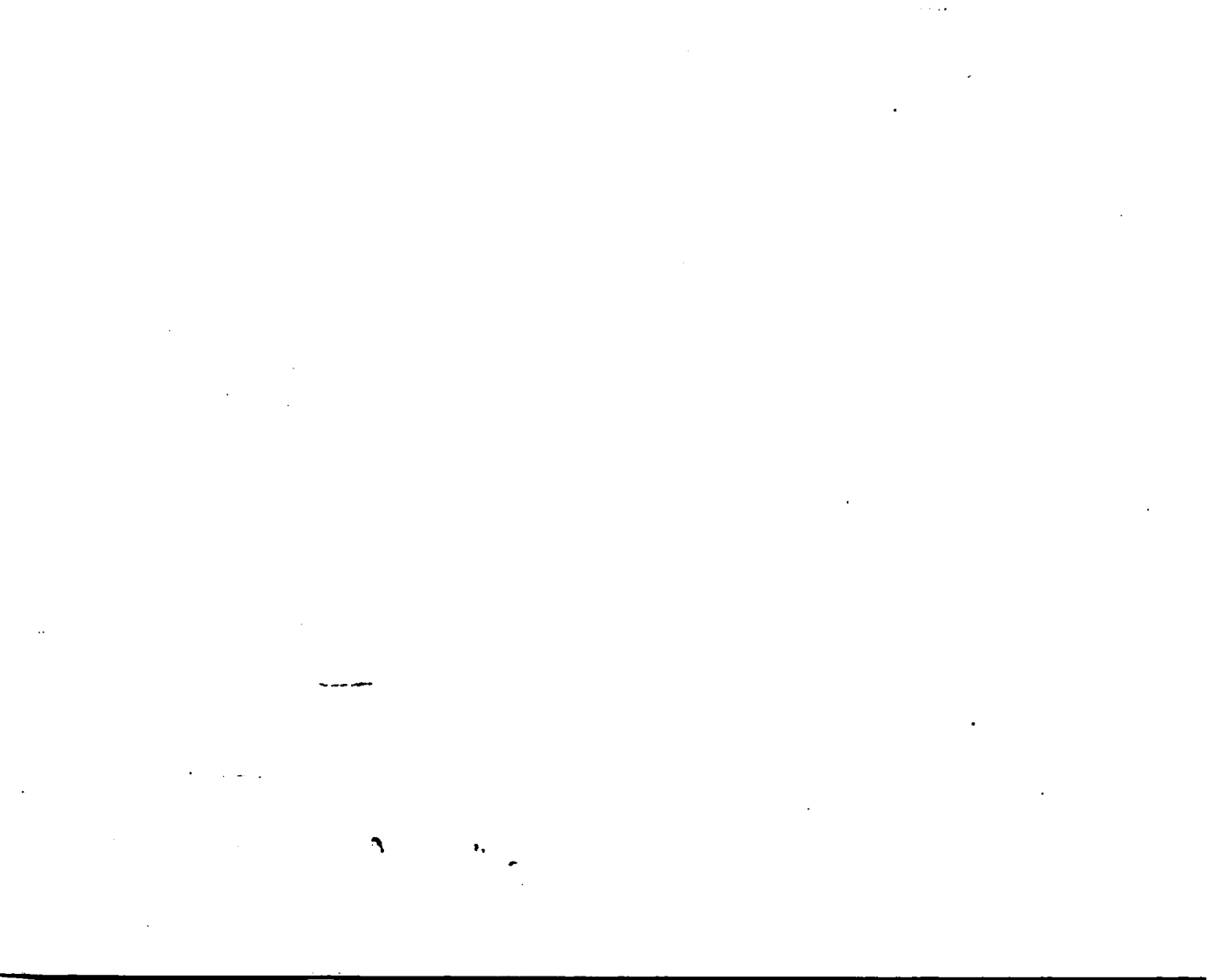
Address Lewiston Ida

Filed May 8 1920 Irwan E Bruce

Registrar

Registrar





PLACE OF BIRTH  
619-228-035-312  
County of Nimble

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

City of Lewiston

Registration District No. 96

File No. 79176

No. St.

Primary Registration District No. 1009

Registered No. 457

Hospital St. Joseph's

FULL NAME OF CHILD HELEN LOUISE WARD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>Yes</u>	Date of Birth <u>4-28-1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FATHER  
FULL NAME Kent Wessels Ward  
RESIDENCE Clarkston, Wash.  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Rail Road Truck man

MOTHER  
FULL MAIDEN NAME Bertha M. Easter  
RESIDENCE Clarkston, Wash.  
COLOR White AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Arkansas  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:30 A.M. on the date above stated.

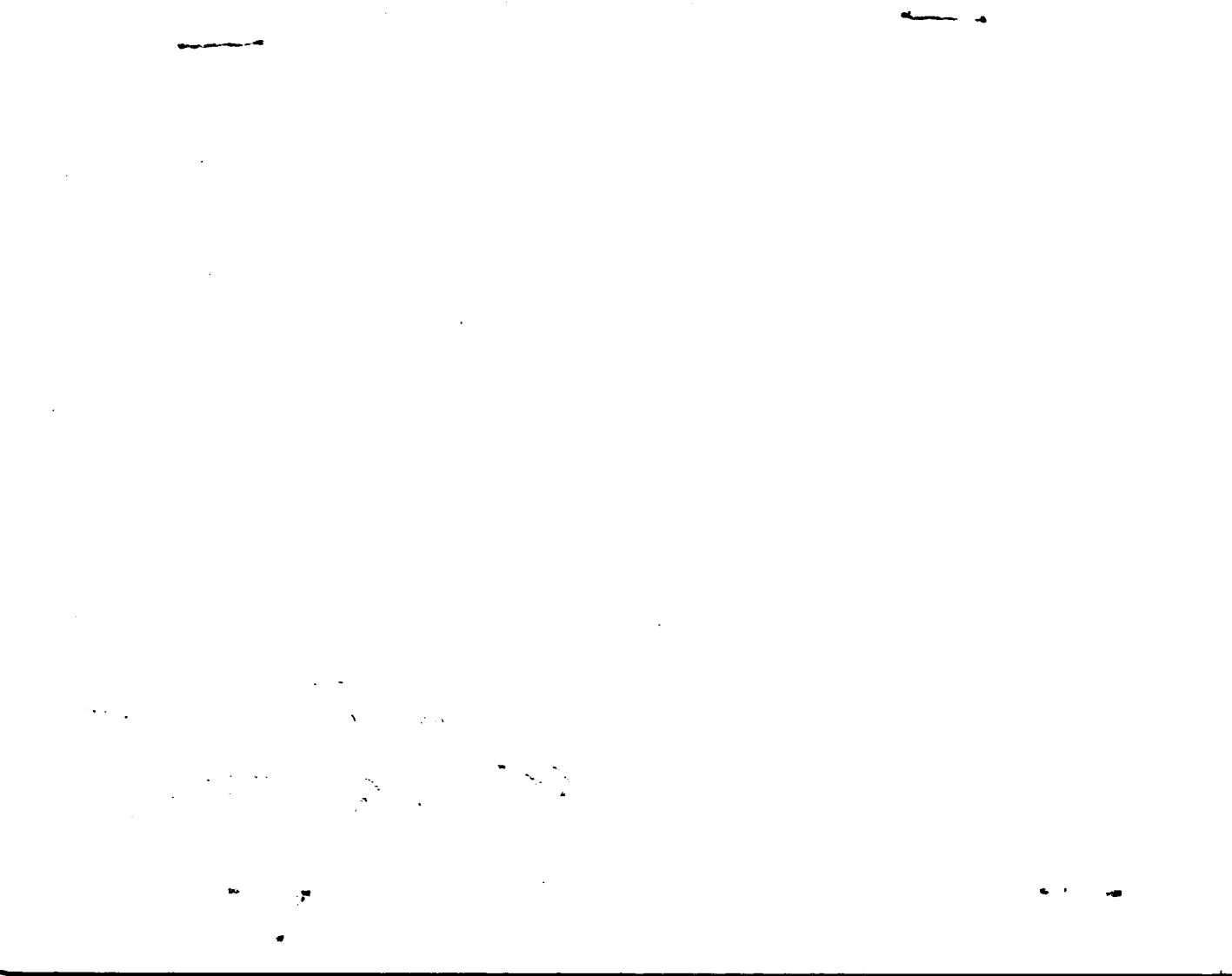
{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Paul H. Johnson

Given names added from a supplemental report.

(Physician or midwife)  
Address Lewiston, Idaho

Filed May 8 1920 Susan E. Bruce  
Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Washington } Certificate No. 79176  
County of Asotin } ss. Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth <sup>(BIRTH OR DEATH)</sup>  
for Helen Louise Ward who was born on April 28th, 1920 <sup>(DATE OF EVENT)</sup>  
in Lewiston, Idaho <sup>(NAME ON ORIGINAL CERTIFICATE)</sup> <sup>(WAS BORN OR DIED)</sup> are erroneous or were omitted; and that, to the best of his knowledge, the  
Lewiston, Idaho <sup>(PLACE OF EVENT)</sup>  
true facts as shown by school records prepared on \_\_\_\_\_, are:  
school records <sup>(BIBLE RECORD, INSURANCE POLICY, ETC.)</sup> <sup>(GIVE DATE)</sup>

**FACTS TO BE CORRECTED** **FROM**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) **TO**  
**(THE CORRECT FACTS)**  
Name Unnamed Helen Louise Ward

Subscribed and sworn to before me this 16th  
day of February, 19 43

Eric Walsey  
Notary Public, residing at Clarkston, Wn.  
My commission expires 12/6/44  
(SEAL)

Signed Mrs. Helen Ward (mother)  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
Clarkston, Washington  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington } ss.  
County of Asotin

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th  
day of February, 19 43

Eric Walsey  
Notary Public, residing at Clarkston, Wn  
My commission expires 12/6/44  
(SEAL)

Signed Ethel Walsey  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
Clarkston, Washington  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

(REGISTRAR'S SIGNATURE)

BY

Received for filing on

Clarksburg, West Virginia  
(STREET ADDRESS, CITY, STATE)

Signed \_\_\_\_\_  
(NOTATION OF ANY DISCREPANCY BETWEEN OTHER THAN REGULAR ATTENDANT)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are of a true and correct nature to the best of his knowledge.

Subscribed and sworn to before me this 18th day of February 1943

My commission expires 12/6/44  
Clarksburg, W. Va.

**RETURNING ATTENDANT OF A SECOND PERSON**

[THIS ATTENDANT MUST ALSO BE EXECUTED]  
(SEE CHAPTER 18B, 1937 IDAHO REGION LAWS)

Clarksburg, West Virginia  
A STATE RECORD OR OTHER CREDIBLE PERSON  
CORE OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IN CORRECTING  
(NOTATION OF DISCREPANCY OR ATTENDANT IN CORRECTING A BIRTH RE-  
CORDED)

Subscribed and sworn to before me this 18th day of February 1943  
Clarksburg, W. Va.

Name \_\_\_\_\_  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)  
FROM \_\_\_\_\_  
(AS ON ORIGINAL)  
TO \_\_\_\_\_  
(THE CORRECT FACTS)  
John Louise Ward

True facts as shown by \_\_\_\_\_  
(BIBLE RECORD, INSURANCE POLICY, ETC.)  
School records prepared on \_\_\_\_\_  
(PLACE OF EVENT)  
in \_\_\_\_\_  
(NAME ON ORIGINAL CERTIFICATE)  
John Louise Ward  
The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
County of \_\_\_\_\_  
State of \_\_\_\_\_  
Certificate No. \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**STATE OF IDAHO**  
**APPLIED TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

381-228-035-699  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-21m-33-17

County of Myer Pierce...City of Lewiston.....No. 1524 Main St.Hospital White.....Registration District No. 96.....File No. 79177.....Primary Registration District No. 1009.....Registered No. 462.....FULL NAME OF CHILD Garaldine Chaney.....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>X</u>	Number in order of birth <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>4</u> <u>28</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---------------------------------	-----------------------------------	------------------------	--

FULL NAME <u>U.S. Chaney</u>	FATHER	FULL MAIDEN NAME <u>Melva Fizzell</u>	MOTHER
RESIDENCE <u>Lewiston Ida</u>		RESIDENCE <u>Lewiston Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Nebraska</u>		BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Salesman</u>		OCCUPATION <u>N.W.</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at 10<sup>th</sup> A. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

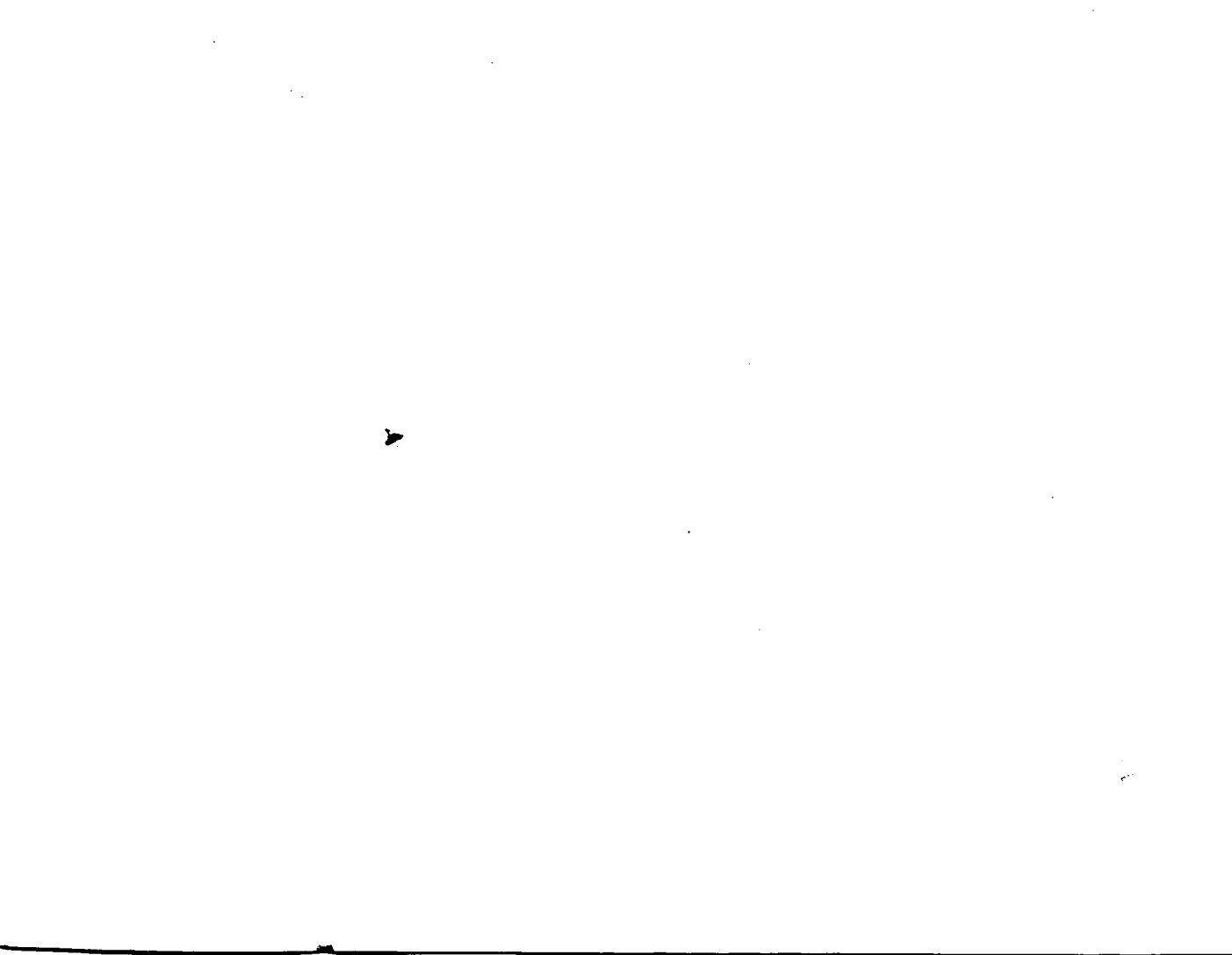
(Signature) Edgar D. White N.W.B. R. C. Parker  
(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address Lewiston..... Filed May 2 19 20 Irwan E. Bruce

Registrar

Registrar



689 - .212 - 035 - 386

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Nez PerceCity of SpaldingRegistration District No. 97File No. 79178

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2174Registered No. 7

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Grady's Elizabeth Whitman

Sex of Child

femaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

✓ and

Number  
in order  
of birth  
(To be answered only in event of plural births)

✓

Legiti  
mate?yesDate of  
BirthApril 1419 20FULL  
NAME

FATHER

Alas WhitmanFULL  
MAIDEN  
NAME

MOTHER

Sophy Thomas

RESIDENCE

Spalding

RESIDENCE

Spalding

COLOR

IndianAGE AT LAST  
BIRTHDAY50  
(Years)

COLOR

IndianAGE AT LAST  
BIRTHDAY41  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Oklahoma

OCCUPATION

Retired Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive  
(Born alive or stillborn)at 11<sup>15</sup> A. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

William R. H. H. H. H.  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

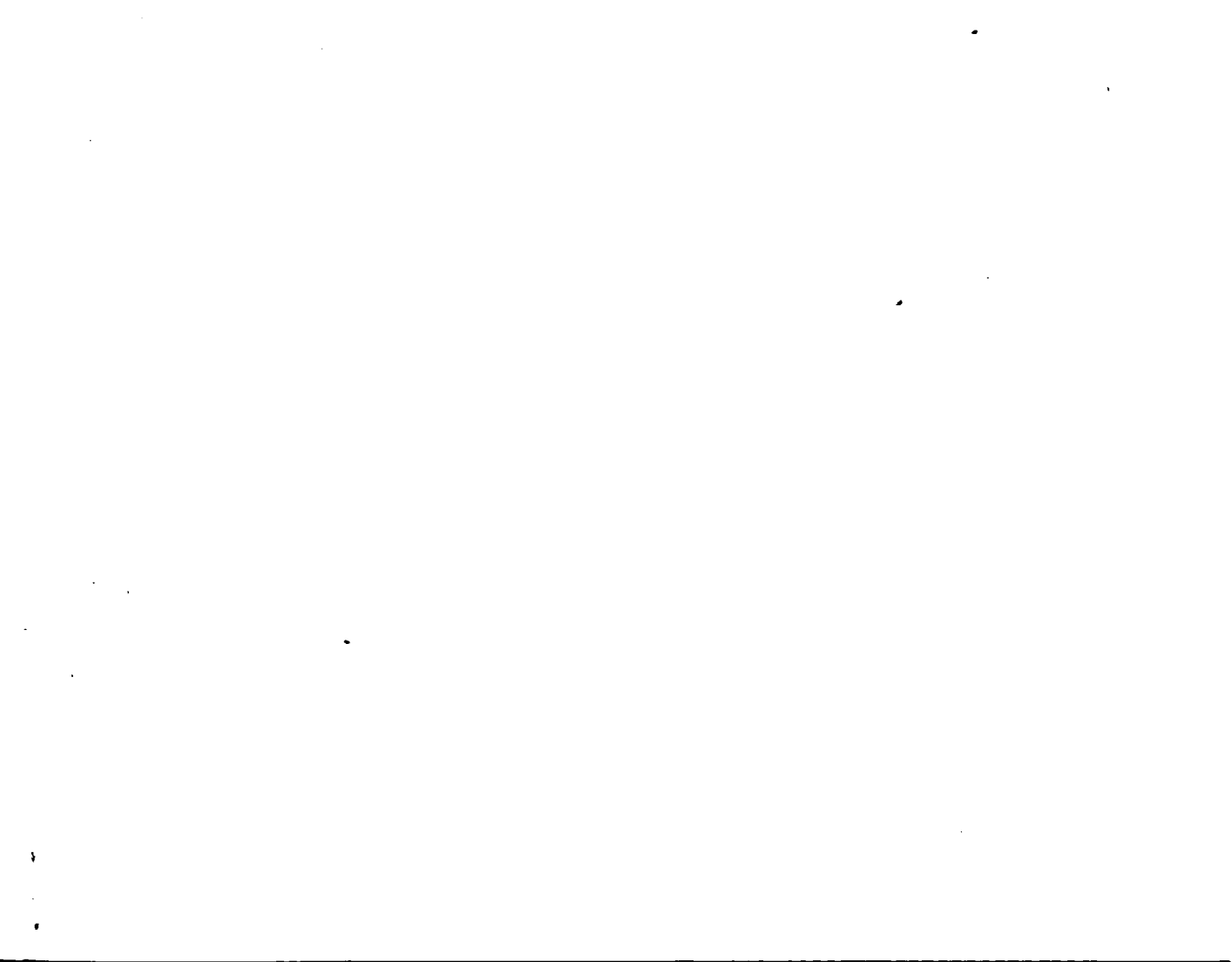
Spalding

Filed

April 15 19 20William R. H. H. H.  
Registral

Registral





766-120-035-942  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-17

County of My PenceCity of SpaldingRegistration District No. 97File No. 79179

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2174Registered No. 8

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Charles Edward Gooding

Sex of Child <u>male</u>	Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input checked="" type="checkbox"/> and <input checked="" type="checkbox"/> Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>April 20</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-------------------------	--

FULL NAME	FATHER <u>Arthur Gooding</u>
RESIDENCE	<u>Spalding</u>
COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>57</u> (Years)
BIRTHPLACE	<u>Mich.</u>
OCCUPATION	<u>Labourer</u>

FULL MAIDEN NAME	MOTHER <u>Minnie Russell</u>
RESIDENCE	<u>Spalding</u>
COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>41</u> (Years)
BIRTHPLACE	<u>Kansas</u>
OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth <u>8</u>	Number of children of this mother now living, including present birth <u>7</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 p. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. H. H. H.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Lapwai

Filed

April 21 1920William P. H. H. H.

Registrar

Registrar

01 10

FEB 7 1942

JUN 8 1972

556-203-036-685-

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-27

County of Oneida

CERTIFICATE OF BIRTH

City of MaladRegistration District No. 26File No. 79185

No. .... St.

Primary Registration District No. 2069Registered No. 3

Hospital .....

FULL NAME OF CHILD

HELEN

NEWBOLD

Sex of Child FemaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthJan 31920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Walter R. Newbold

RESIDENCE

Malad Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY38

(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

BlacksmithFULL  
MAIDEN  
NAME

MOTHER

Mary Wynne

RESIDENCE

Malad Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY44

(Years)

BIRTHPLACE

Illinois

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.alive  
(Born alive or stillborn)39 M.\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

R. J. Mamer M.D.Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

Malad Idaho

Filed

4-28-20

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

SEP 10 1951

1386-206-036-251

## PLACE OF BIRTH

County of... *Oneida*City of... *Malden*

No. .... St. ....

Hospital .....

FULL NAME OF CHILD

Registration District No. .... *26*Primary Registration District No. .... *2069**Else A Thorpe*File No. .... *79186*Registered No. .... *4*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i>	Number in order of birth <i>1</i>	Legitimate? <i>Yes</i>	Date of Birth <i>Jan 6 1920</i>
(To be answered only in event of plural births)				(Month) (Day) (Year)
FULL NAME <i>Daniel H Thorpe</i>	FATHER		FULL MAIDEN NAME <i>Thornum M Reed</i>	MOTHER
RESIDENCE <i>Malden</i>			RESIDENCE <i>Malden</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>27</i>		COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>28</i>
	(Years)			(Years)
BIRTHPLACE <i>Massachusetts</i>			BIRTHPLACE <i>Massachusetts</i>	
OCCUPATION <i>Common Laborer</i>			OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth ..... *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Alive* at *8-0* M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... *J. L. Alton*(Born alive or stillborn) ..... *Alive*

Given names added from a supplemental report.

Address ..... *Malden*Filed *4-20-20* 19*20*

Registrar

Registrar

NOV 16 1972

231-206-036-165  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-3-17

County of OwyheeCity of MaladRegistration District No. 26File No. 79187

No. .... St.

Primary Registration District No. 206 9Registered No. 5

Hospital .....

FULL NAME OF CHILD Venice Stayner

Sex of Child <u>fr</u>	Twin Triplet or other? <u>  </u>	and in order of birth <u>  </u>	Legitimate? <u>yes</u>	Date of Birth <u>1 6 1920</u> (Month) (Day) (Year)
------------------------	----------------------------------	---------------------------------	------------------------	---

FULL NAME <u>Henry Stayner</u>	FATHER	FULL MAIDEN NAME <u>Sarah Ann Jones</u>	MOTHER
--------------------------------	--------	---	--------

RESIDENCE <u>Malad</u>	RESIDENCE
------------------------	-----------

COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
-----------------	---	-----------------	---

BIRTHPLACE <u>Idah</u>	BIRTHPLACE <u>Idaho</u>
------------------------	-------------------------

OCCUPATION <u>farmer</u>	OCCUPATION <u>housewife</u>
--------------------------	-----------------------------

Number of child of this mother, including present birth..... <u>3</u>	Number of children of this mother now living, including present birth..... <u>3</u>
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... born alive..... at..... 79..... M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray

(Physician or midwife)

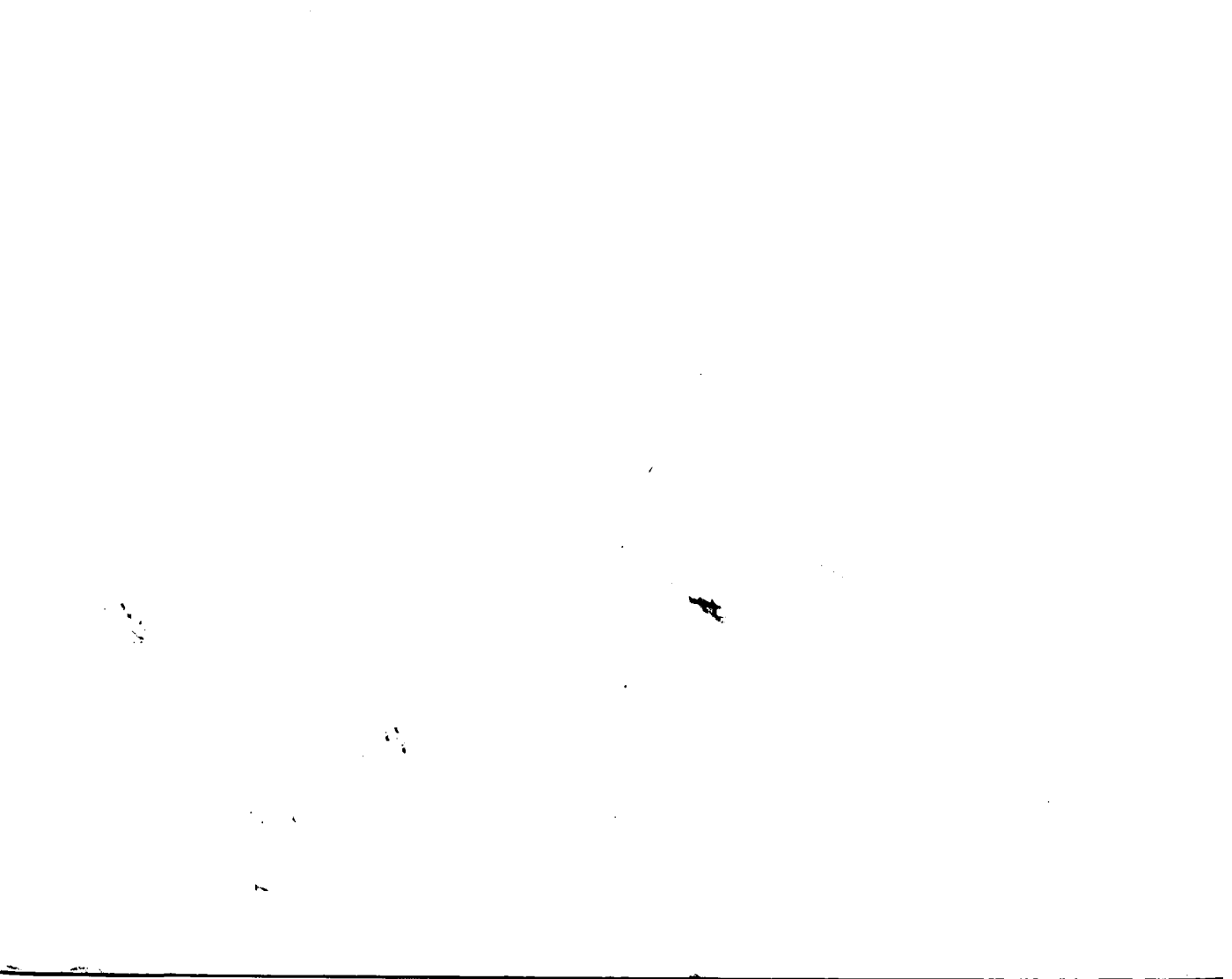
Given names added from a supplemental report.

Address..... MaladFiled..... 4/20 20..... Registrar

Registrar

Registrar





ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-208-036-165  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 3-3-17

CERTIFICATE OF BIRTH

County of *Spencer*

City of *Daniels*

No. .... *St.*

Hospital .....

Registration District No. .... *26*

File No. .... *79188*

Primary Registration District No. .... *2069*

Registered No. .... *6*

FULL NAME OF CHILD .....

Sex of Child <i>female</i>	Twin Triplet or other? <i>and</i> { Number in order of birth (To be answered only in event of plural births)	Legitimate? <i>yes</i>	Date of Birth <i>1 8 20</i> (Month) (Day) (Year)
FULL NAME <i>John H. Williams</i>	FATHER		
FULL NAME <i>Eleanor Jones</i>	MOTHER		
RESIDENCE <i>Daniels</i>	RESIDENCE		
COLOR <i>wh</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)	COLOR <i>wh</i>	AGE AT LAST BIRTHDAY <i>20</i> (Years)
BIRTHPLACE <i>Idaho</i>	BIRTHPLACE <i>Idaho</i>		
OCCUPATION <i>farmer</i>	OCCUPATION <i>housewife</i>		

Number of child of this mother, including present birth... *8* .... Number of children of this mother now living, including present birth... *3* .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* at *12:40 P.* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... *J. C. Ray* .....

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

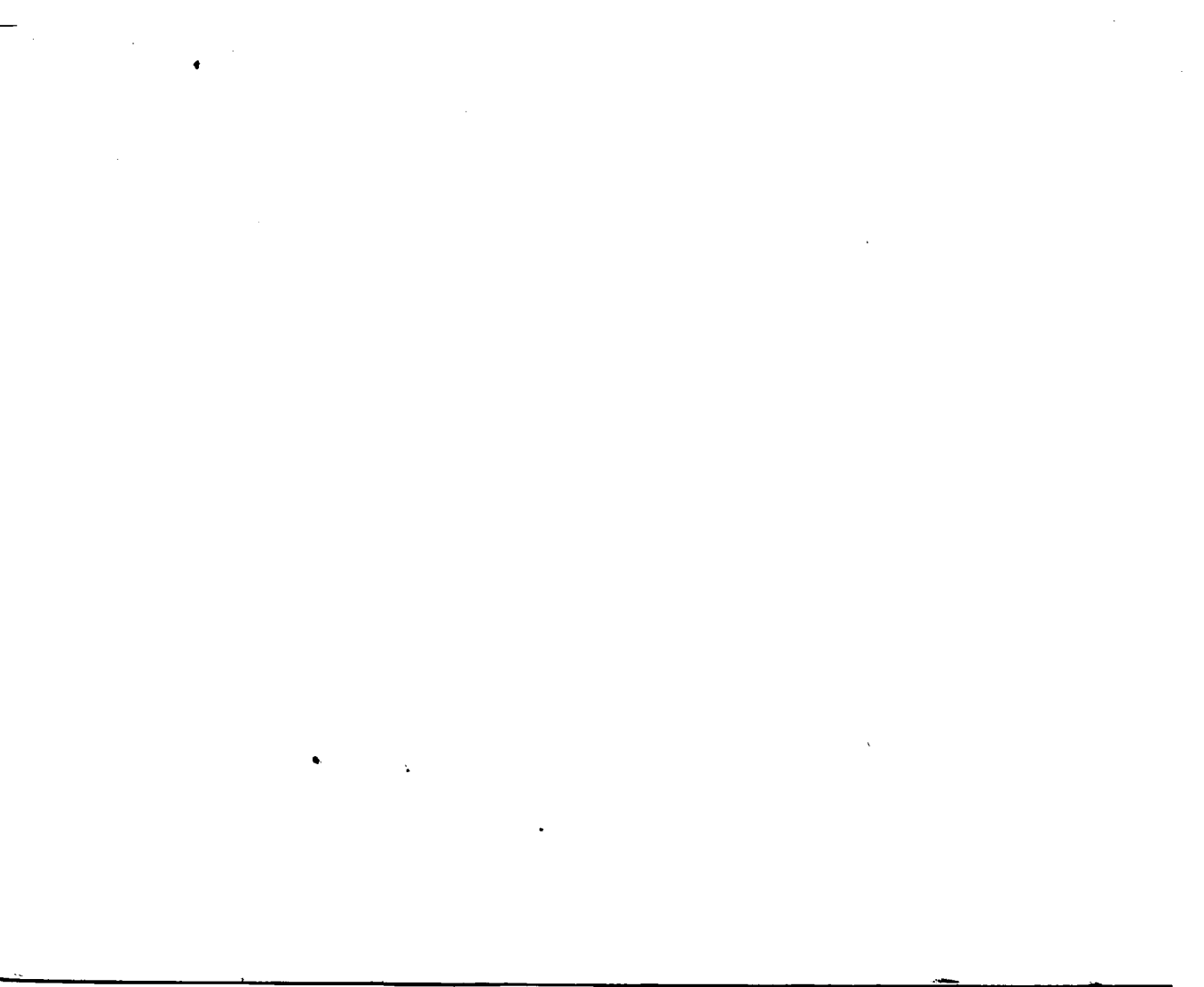
Address.....

.....19.....

Filed.....19.....

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-95-208-036-165

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-9-8-17

CERTIFICATE OF BIRTH

79189

County of Crook

City of Malad

Registration District No. 26

File No. ....

No. .... St.

Primary Registration District No. 2069

Registered No. 7

Hospital .....

FULL NAME OF CHILD ..... Jessie Marie Nieffenegger

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 8 1920</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)
FULL NAME <u>Joseph Nieffenegger</u>	FULL MAIDEN NAME <u>Ellen M. Jones</u>			
RESIDENCE <u>Malad</u>	RESIDENCE <u>Malad</u>			
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u>	COLOR <u>White</u>		
	(Years)	AGE AT LAST BIRTHDAY <u>38</u>		
BIRTHPLACE <u>Malad</u>	BIRTHPLACE <u>Malad</u>			
OCCUPATION <u>Farming</u>	OCCUPATION <u>Housewife</u>			

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) 4 d M.

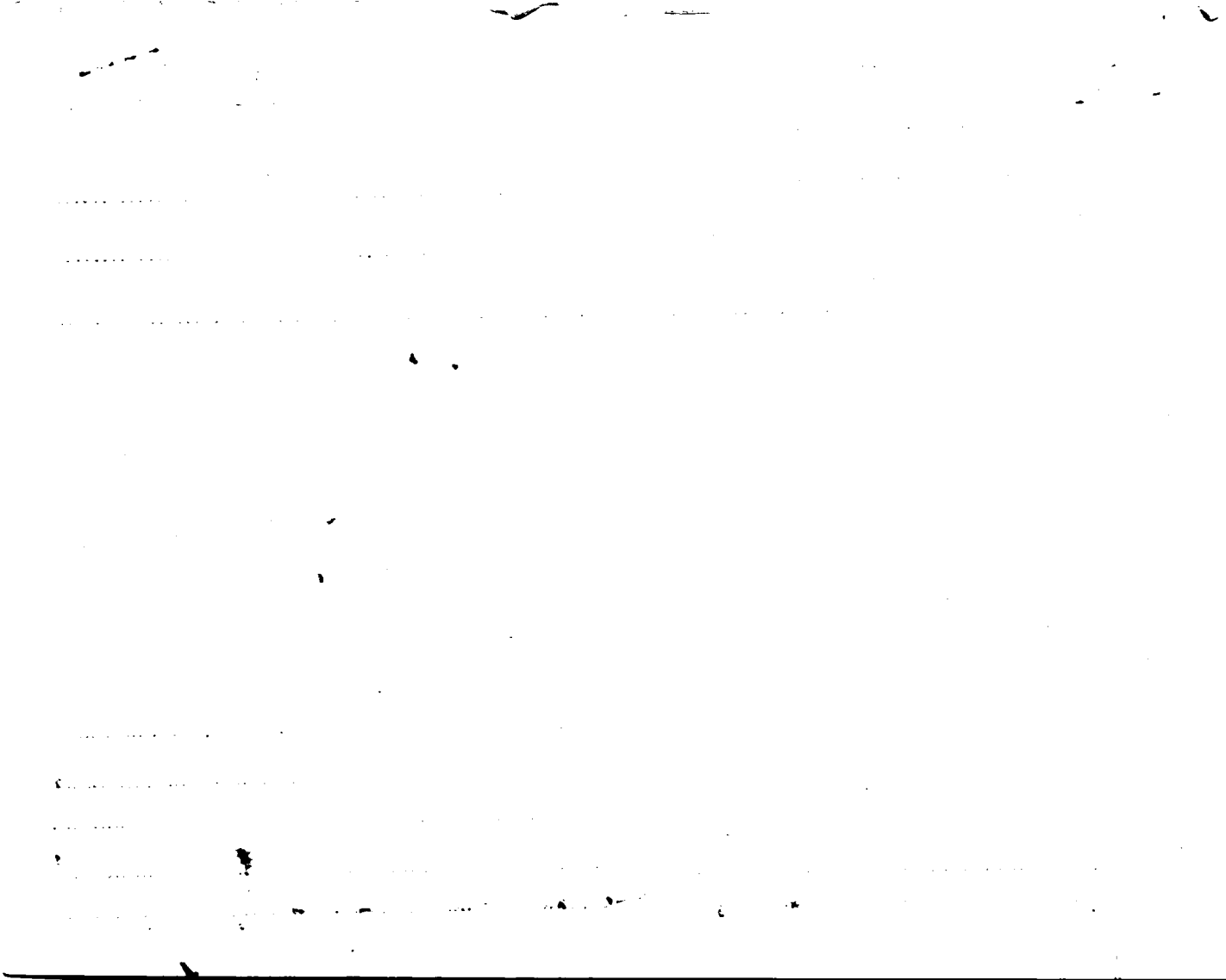
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Dalton  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad  
Filed 4-10 19 20  
Registrar N. Ray

K



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }  
County of Los Angeles } ss.

Certificate No. 79189

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)  
for Jessie Marie Nieffenegger who born on Jan - 8 - 1920 (Date of Event)  
in Mulad City, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record prepared on Jan 8 - 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

Surname

nieffenegger

Nieffenegger,

Name

Unnamed

Jessie Marie

Subscribed and sworn to before me this 31  
day of July, 1942.

Signed Wayne Joe Nieffenegger  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Santa Monica

My commission expires 915 1/2  
(Seal)

Georgina Santamaria  
(Street Address, City, State) Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }  
County of Los Angeles } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31  
day of July, 1942.

Signed Eleanor Carol Mariner  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Santa Monica

My commission expires 1828 Armacost Ave - West Los  
(Seal)

angeles Calif.  
(Street Address, City, State)

AUG 3 1942

AUG 5 1942

FEB 19 1944

795-109-036-351

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22-0-17

## CERTIFICATE OF BIRTH

79190

County of... *Oneida*City of... *Malad*Registration District No. *26*File No. *2069*

No. .... St. ....

Primary Registration District No. *2069*Registered No. *2069*

Hospital .....

FULL NAME OF CHILD **STANLEY DICK GREER**

Sex of Child <i>Male</i>	Twin Triplet or other? <i>No</i>	Number and in order of birth <i>1</i>	Legitimate? <i>Yes</i>	Date of Birth <i>Jan 9 20</i> (Month) (Day) (Year)
FATHER FULL NAME <i>Edgar Greer</i> RESIDENCE <i>Malad</i> COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>29</i> (Years) BIRTHPLACE <i>Tennessee</i> OCCUPATION <i>Farming</i>			MOTHER FULL MAIDEN NAME <i>Birka Evans</i> RESIDENCE <i>Malad</i> COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>31</i> (Years) BIRTHPLACE <i>Malad</i> OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Alvin* at *10 P* M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. E. Blanton*  
Physician or midwife

Given names added from a supplemental report.

Address .....  
Filed *4-20 20*  
Registrar *D. C. Hay*

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



FEB 16 1953

553-215-036-635

PLACE OF BIRTH amend 1-21-82

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-2-17

## CERTIFICATE OF BIRTH

County of *Owyhee*City of *Malad*Registration District No. *26*File No. *79191*

No. .... St.

Primary Registration District No. *2069*Registered No. *9*

Hospital .....

FULL NAME OF CHILD *Verda Nielsen*

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <i>Yes</i>	Date of Birth <i>Jan 15 1920</i> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME *Jayns P. Nielsen* FATHERFULL MAIDEN NAME *Olga Olson* MOTHERRESIDENCE *Halbrook*RESIDENCE *Halbrook*COLOR *White* AGE AT LAST BIRTHDAY *31*  
(Years)COLOR *White* AGE AT LAST BIRTHDAY *30*  
(Years)BIRTHPLACE *Utah*BIRTHPLACE *Utah*OCCUPATION *Farming*OCCUPATION *Housework*Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Olga* at *69* M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. L. Altton*

(Born alive or stillborn)

Given names added from a supplemental report.

(Physician or midwife)

Address *Malad*Filed *4 20 19 20* *D. C. Ray*

Registrar

Registrar

MAR 3 1952

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF  
VITAL STATISTICSState of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

JAN 20 10 14 AM '82

Certificate No. 79191

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Nelson who was born on 1-15-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Malad (Oneida) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

<u>fatherslast name</u>	<u>Nelson</u>	<u>Nielsen</u>
<u>Childs name</u>	<u>Unnamed Nelson</u>	<u>Verda Nielsen</u>

Subscribed and sworn to before me this 16<sup>th</sup> day ofJan, 1982.Notary Public, Norman E WadsworthResiding at Liberty Utah Weber CountyMy commission expires MY COMMISSION EXPIRES JUNE 5, 1985

(Seal)

X Verda Nielsen Wadsworth  
Signature of Applicant487 North Ford Road Liberty Utah  
Street Address, City, State 84310

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utch } ss.  
County of Weber }

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16<sup>th</sup> day ofJan, 1982.Notary Public, Norman E WadsworthResiding at Liberty Utah Weber CountyMy commission expires MY COMMISSION EXPIRES JUNE 5, 1985

(Seal)

N. Dee Holliday  
Supporting Signature3390 N. 2900 E. Liberty, Ut.  
Street Address, City, State

Cert of Baptism from LDS Church gives Verda Nielsen born 1-15-20  
in Malad to James Peter Nielsen and Olive Olsen was baptised  
6-3-28. Viewed by V.S.

**JAN 21 1982**

Application for insurance from The Prudential Ins. Co. of America  
gives Verda N Wadsworth born 1-15-20 . Application is dated  
9-27-62. Viewed by V.S.

453-117-036-447

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Carroll

City of Danville

Registration District No. 26

File No. 79192

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 10

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ray Marian Wettstein

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>January 17, 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FATHER  
FULL NAME Samuel Wettstein  
RESIDENCE Danville  
COLOR White AGE AT LAST BIRTHDAY 58 (Years)  
BIRTHPLACE Switzerland  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Lena Meisegger  
RESIDENCE Danville  
COLOR White AGE AT LAST BIRTHDAY 47 (Years)  
BIRTHPLACE Switzerland  
OCCUPATION Housewife

Number of child of this mother, including present birth. 7 Number of children of this mother now living, including present birth. 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

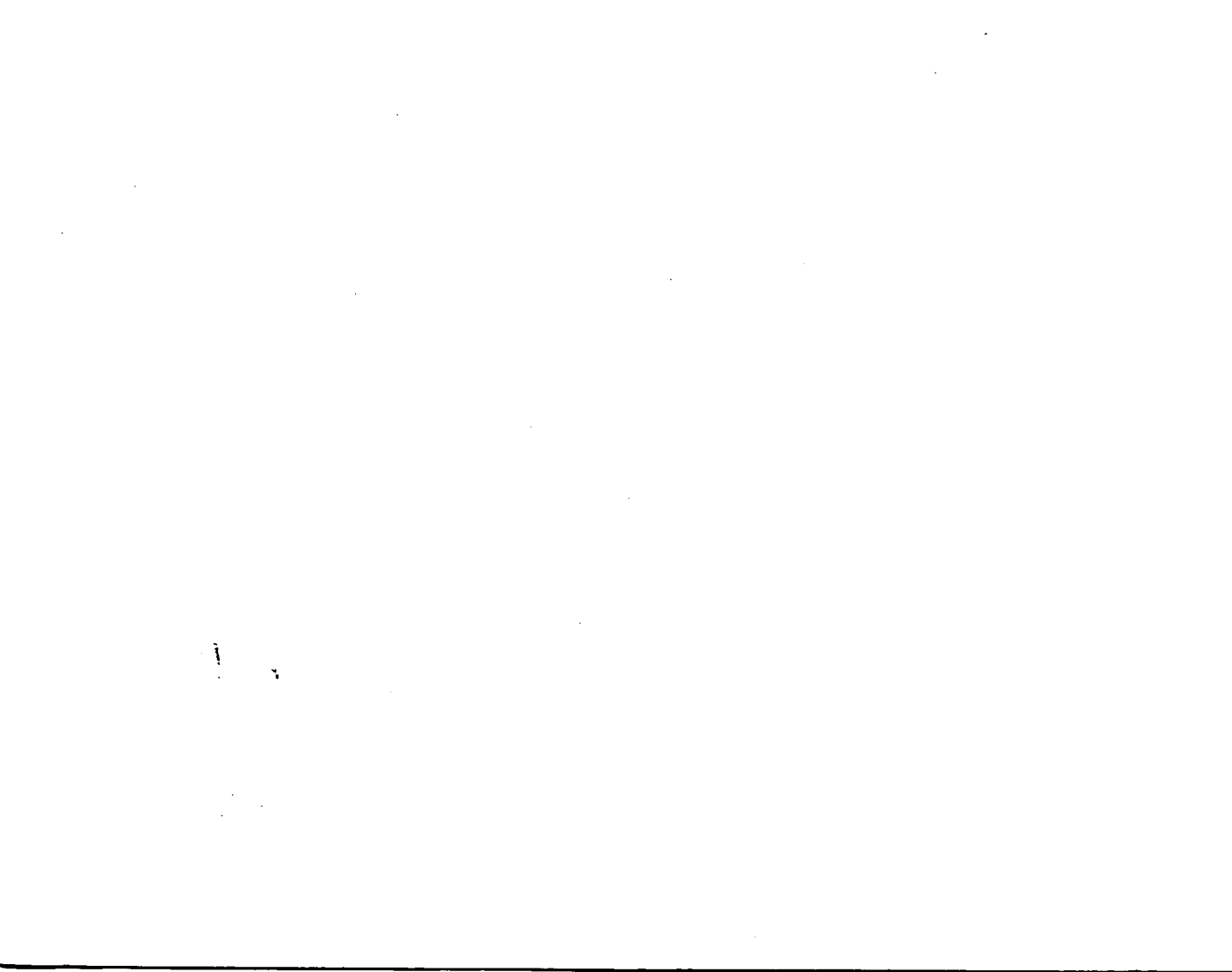
I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. H. H. Wettstein or midwife  
in attendance or called  
(Physician or midwife)

Given names added from a supplemental report.

Address Danville, W. H. Wettstein  
Filed 4-20 19 20 D. C. Ray



**PLACE OF BIRTH**

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Utah

City of Stone Island

Registration District No. 26

File No. 79193

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 11

**Hospital** .....**FULL NAME OF CHILD**

Sex of Child	Male	Twin Triplet or other?	{ and }	Number in order of birth	Legitimate?	Yes	Date of Birth	April 20 1920
		(To be answered only in event of plural births)					Month (Day) (Year)	

FULL NAME William Corstfield Pack FATHER

RESIDENCE *Stone Idaho*

COLOR White AGE AT LAST BIRTHDAY 52  
(Years)

**BIRTHPLACE** Deseret Millard Co Utah

OCCUPATION *Farmer*

FULL MAIDEN NAME Ellen K. Evans MOTHER

**RESIDENCE** Stony Idaho

COLOR White AGE AT LAST BIRTHDAY 73  
(Year)

BIRTHPLACE Stone Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

I hereby certify that I attended the birth of this child, who was Alfred at 124 M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

**Given names added from a supplemental report.**

**Address**

**Filed**

## Registrar

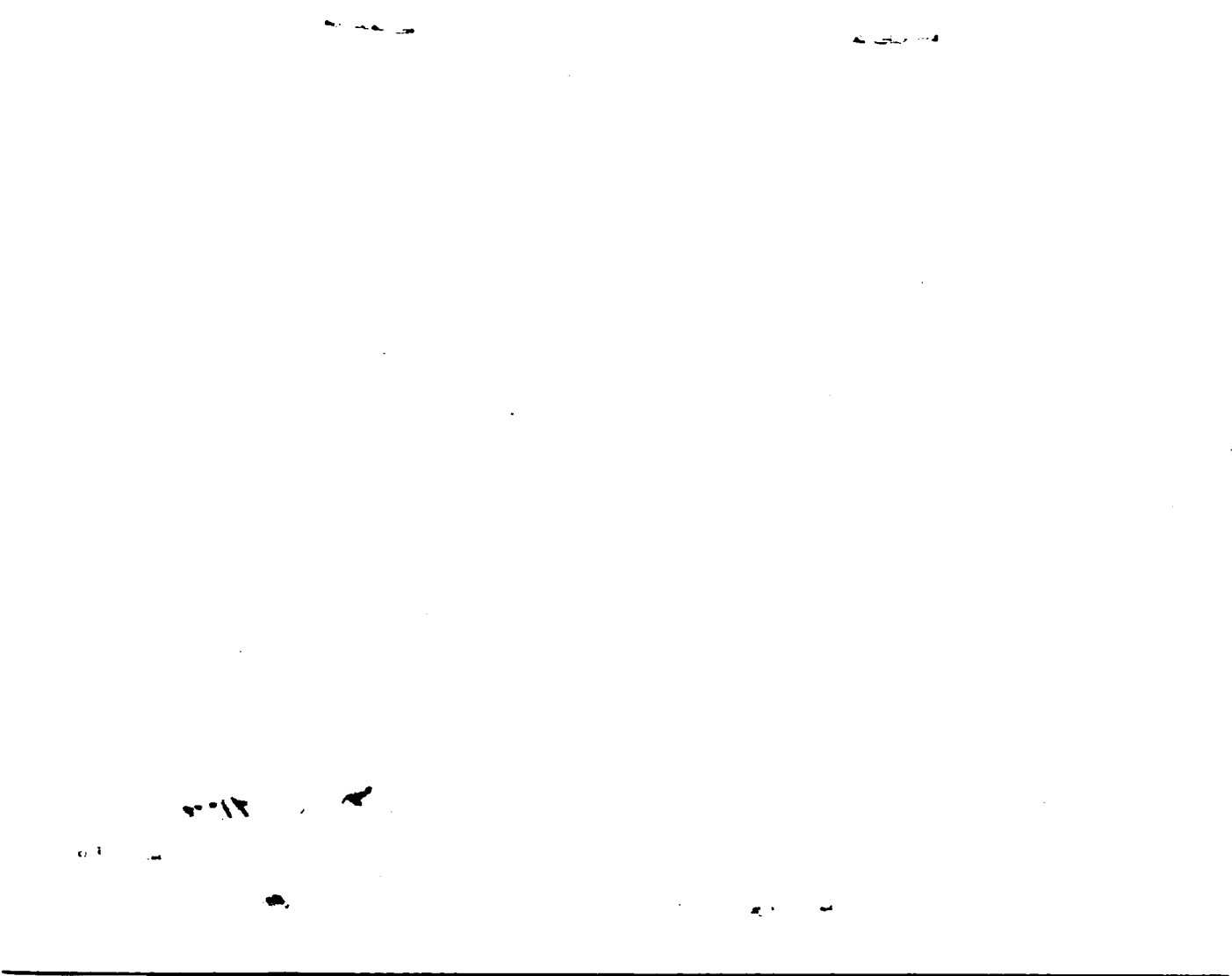
## Registrar

**MARGIN RESERVED FOR BINDING.**

**WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD**

**N. B.**—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Utah }  
County of Cache } ss. JAN 2 1942 Certificate No. 79193  
Date Filed Butte

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for \_\_\_\_\_ who was born on Jan. 20 1920  
in Stone Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
unnamed --- Lowell Fredrick Pack

Subscribed and sworn to before me this 30  
day of December, 1941

[Signature]  
Notary Public, residing at Logan Utah

My commission expires Aug 2 1944  
(SEAL)

Signed Lowell Fredrick Pack  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
Snowville Utah  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30  
day of December, 1941

[Signature]  
Notary Public, residing at Logan Utah

My commission expires Aug 2 1944  
(SEAL)

Signed Ned P. Clyde  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
636 E. 5th St. Logan, Utah  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

DEC 30 1966

JAN 2 1942

JAN 27 1945



793-224-036-814

## PLACE OF BIRTH

County of OneidaCity of Pleasanton

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. 26Primary Registration District No. 2069

File No. ....

Registered No. ....

Helen Pilgrin

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> }	Legitimate? <u>yes</u>	Date of Birth <u>Jan 24 1926</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>John H. Pilgrin</u>	FATHER	FULL MAIDEN NAME <u>Violet Hadfield</u>	MOTHER
RESIDENCE <u>Pleasanton, Idaho</u>		RESIDENCE <u>Pleasanton, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Smithville, Utah</u>		BIRTHPLACE <u>Smithville, Utah</u>	
OCCUPATION <u>Miller</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 a M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Manner, M.D.

Given names added from a supplemental report.

Address Reginald B. Bledsoe, Malad, IdahoFiled 4-20-20 LC Ray Registrar

Registrar

JUN 1 1945

632-224-036-653

## PLACE OF BIRTH

County of UnidaCity of Holbrook

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 26File No. 79195Primary Registration District No. 2091Registered No. 13

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>June 24</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>Walter Anderson Olsen</u>	FATHER
RESIDENCE <u>Holbrook Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Breiden</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Annie Hickham</u>	MOTHER
RESIDENCE <u>Holbrook Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Oxford Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11:50 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Clara D. Leigh M.D.  
Physician  
 (Physician or midwife)

Given names added from a supplemental report.

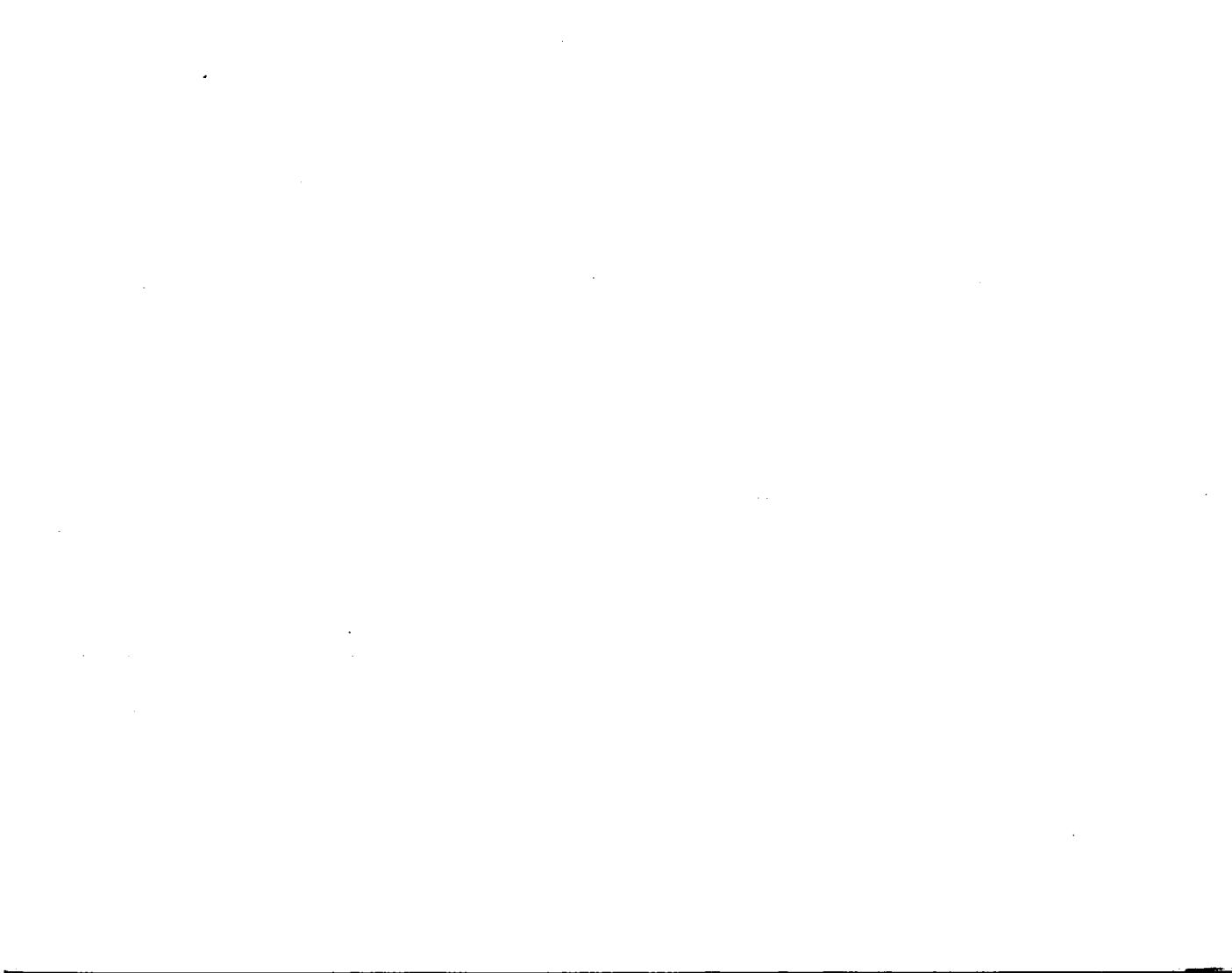
19

Address

Snowville Utah
Filed 4-201920

Registrar

Registrar



753-225-036-386

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of OneidaCity of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 26

File No. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 14

79196

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 25</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME Sanford PetersonRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE RebbergOCCUPATION Common LaborerMOTHER  
FULL MAIDEN NAME Mary E ThomasRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE MaladOCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 10:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Peterson(Physician or midwife) Malad

Given names added from a supplemental report.

19 \_\_\_\_\_

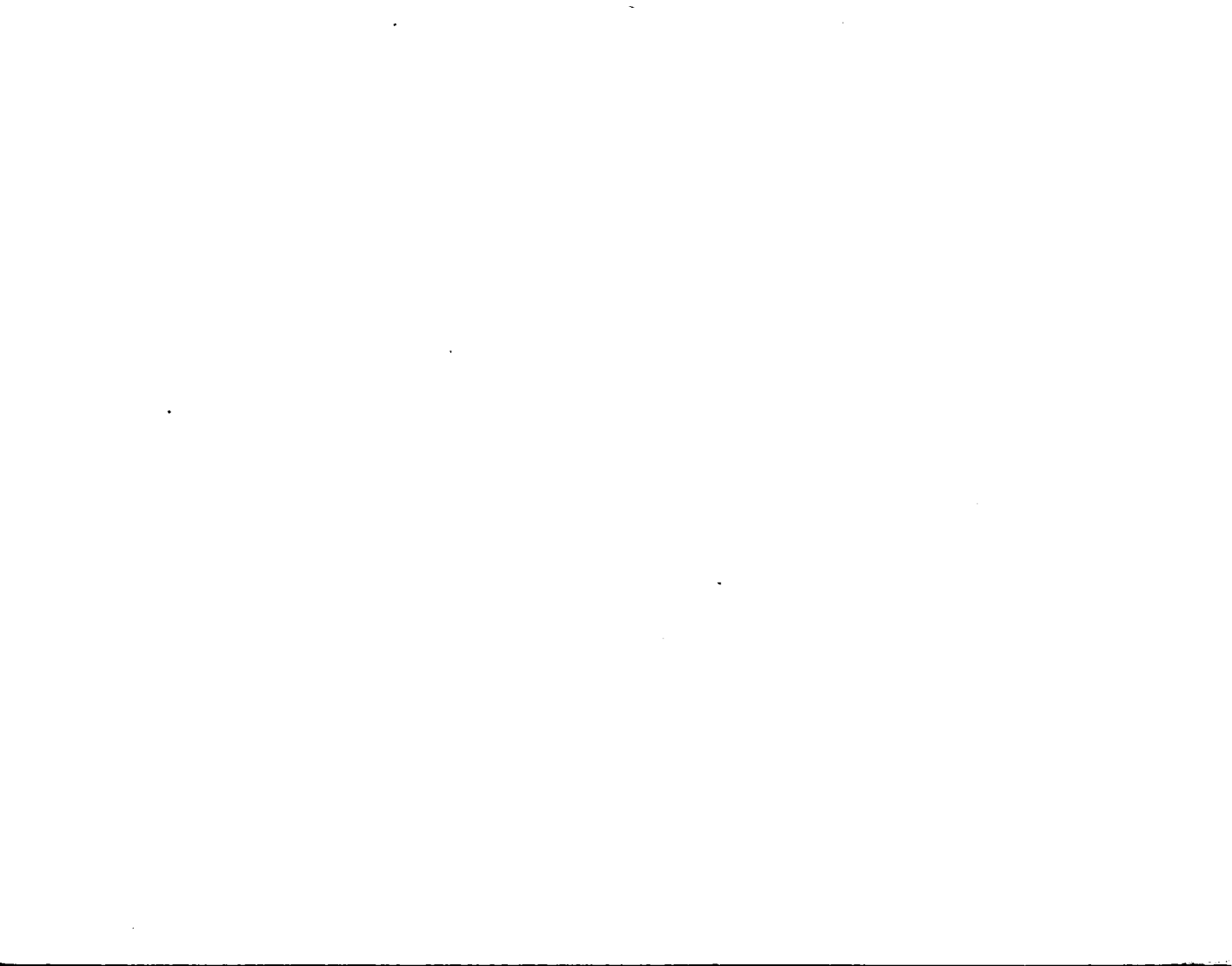
Address \_\_\_\_\_

Filed 4-20 19 20

Registrar \_\_\_\_\_

Registrar D. C. Ray





ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-127-036-577  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form No. 11-C-21m-8-8-17

County of Oneida

City of Malad

No. .... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 79197

Registered No. 15

FULL NAME OF CHILD ..... CLAREN WILLIAMS

Sex of Child <u>male</u>	Twin Triplet or other? <u>no</u>	and { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>yes</u>	Date of Birth <u>1 27 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Thomas Oliver Williams</u>		MOTHER FULL MAIDEN NAME <u>Rachel Eggleston</u>		
RESIDENCE <u>Malad</u>		RESIDENCE <u>Malad</u>		
COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>farmer</u>		OCCUPATION <u>housewife</u>		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

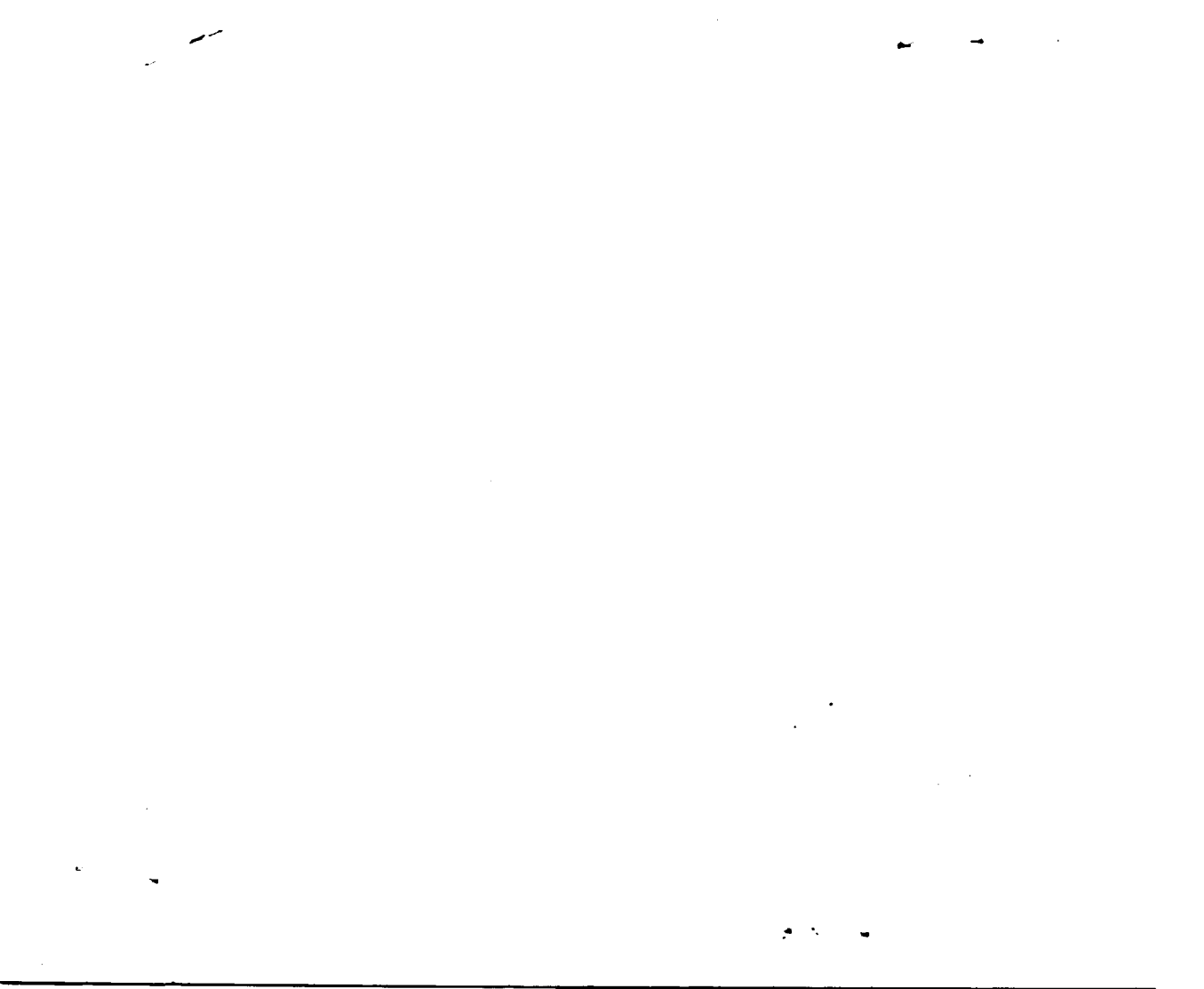
I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray  
.....  
(Physician or Midwife)

Given names added from a supplemental report.

Address .....  
Filed 4/20 20 .....  
Registrar D. C. Ray Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 79197  
County of Oneida }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Cleon Williams who was born on January 27, 1920  
in Malad City, Idaho (Name on Original Certificate) (Was Born or Died) (Birth or Death)  
(Place of Event) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Church record prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Cleon Williams

Subscribed and sworn to before me this 5th  
day of April 1943  
[Signature]  
Notary Public, residing at Malad City, Idaho  
My commission expires \_\_\_\_\_  
(Seal)

Signed Mrs. Rae Williams Mother  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Malad City, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

APR 8

1943

551-234036 (Be sure the information is complete and accurate)

Amended 9-23-68

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **79198**

Local Reg. No. **16**

Reg. Dist. No. **20**

<b>1. PLACE OF BIRTH</b>		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?)	
a. COUNTY <b>Oneida</b>		a. STATE <b>Idaho</b>	b. COUNTY <b>Oneida</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malad</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malad</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

<b>3. CHILD'S NAME</b>			
a. (First) <b>Margaret</b>	b. (Middle)	c. (Last) <b>Evans</b>	
(Type or print)			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) <b>January 24, 1920</b>

**FATHER OF CHILD**

<b>7. FULL NAME</b>			
a. (First) <b>John</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Evans</b>	
(Type or print)			
8. AGE (At time of this birth) <b>29</b> YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) <b>Idaho</b>	10. USUAL OCCUPATION <b>Farmer</b>	11. KIND OF BUSINESS OR INDUSTRY

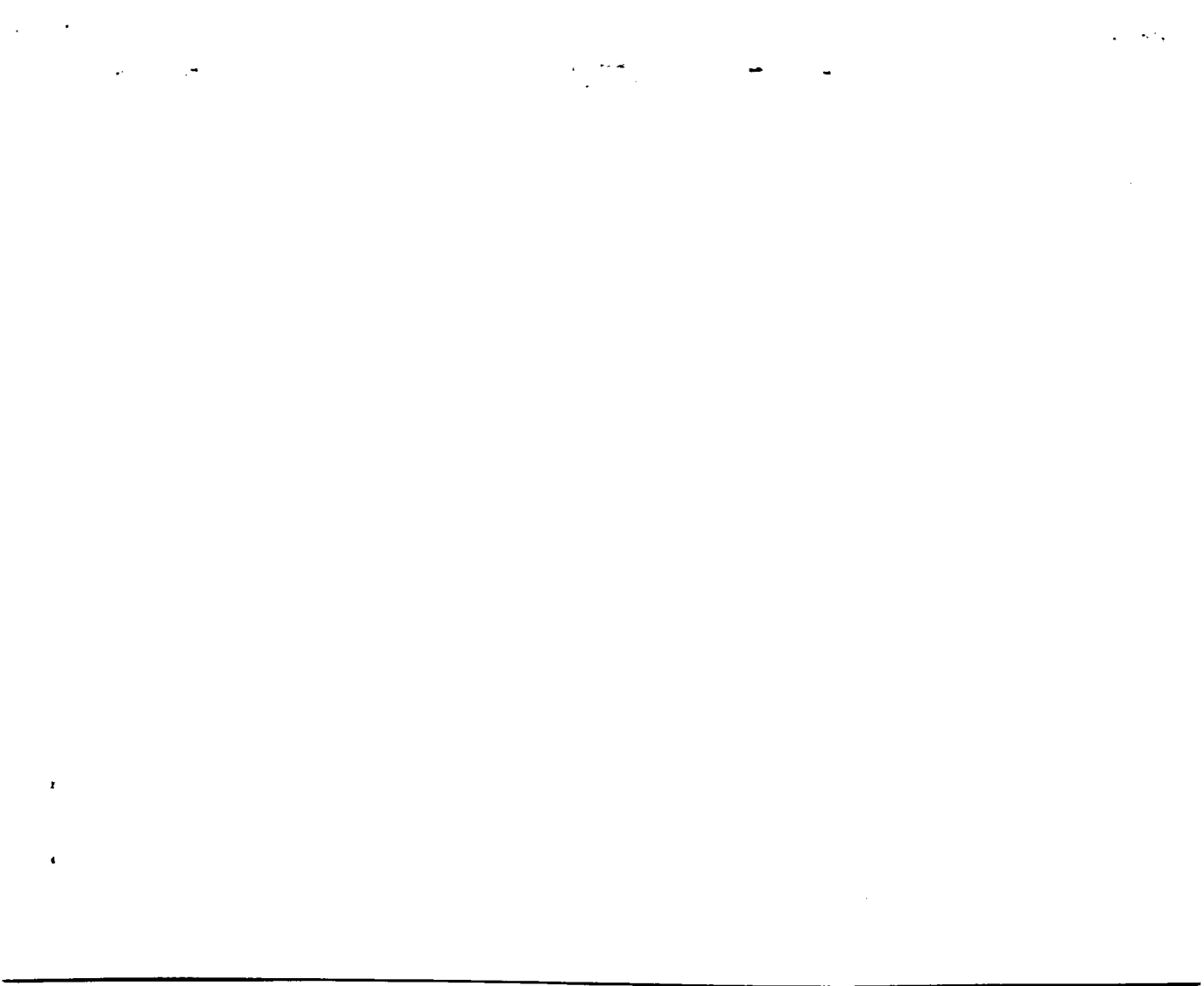
**MOTHER OF CHILD**

<b>12. FULL MAIDEN NAME</b>			
a. (First) <b>Katherine</b>	b. (Middle)	c. (Last) <b>Hill</b>	
(Type or print)			
13. AGE (At time of this birth) <b>27</b> YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) <b>Idaho</b>	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		a. How many OTHER children are now living? <b>1</b>	b. How many OTHER children were born alive but are now dead? <b>0</b>
		c. How many children were stillborn (born dead after 20 wks. pregnancy)? <b>0</b>	

<i>I hereby certify that this child was born alive on the date stated above.</i>		<b>17. SIGNATURE</b> <b>D. C. Ray</b>	<b>18. ATTENDANT AT BIRTH</b>
		<b>19. ADDRESS</b> <b>Malad, Idaho</b>	M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____
<b>21. DATE REC'D BY LOCAL REG.</b> <b>4-20-1920</b>	<b>22. REGISTRAR'S SIGNATURE</b> <b>D. C. Ray</b>	<b>20. DATE SIGNED</b>	
		<b>23. DATE ON WHICH GIVEN NAME ADDED</b> BY _____ Registrar	

**FOR MEDICAL AND HEALTH USE ONLY**

Was a test for phenylketonuria performed? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of \_\_\_\_\_ } ss. **AUG 29 1968** Certificate No. **79198**  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ **Birth**  
for **Unnamed Evans (Male Child) (F)** who **was born** on **January 28, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Malad, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by **Bank Insurance Marriage** prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Margaret Evans
Sex of Child	Male	Female
Child's Birthdate	January 28, 1920	January 24, 1920

Subscribed and sworn to before me this **31** day of

Signed **John A. Evans**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

**Notary Public**, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

**152 N. 7th E. Malad, Idaho**  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of **Ida** } ss.  
County of **Oneida** }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **31** day of

Signed **Wanda W. Napier**  
(Signature of Any Credible Person)

**Notary Public**, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

**Malad, Idaho**  
(Street Address, City, State)



High School Statement, Malad High School, Malad City Schools, Class A District No. 351, states "This is to verify the birthdate of Margaret Evans Boam, daughter of John A. Evans and Katie Hill Evans. Margaret was born January 24, 1920 according to records of Class "A" School District #351. She graduated from Malad High School May 1938", by Elvene Haws, Secretary - viewed by VS.

Photo copy of Marriage Certificate, State of Utah, County of Salt Lake, November 6, 1940, gives name of bride as Margaret Evans and name of groom as Thomas Gail Boam - viewed by VS.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-103-076-419  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-2M-2-17

CERTIFICATE OF BIRTH

County of Cassia

City of Malad

No. .... St.

Registration District No. ....

Primary Registration District No. 2069

File No. .... 791-99

Registered No. .... 117

Hospital .....

FULL NAME OF CHILD ..... D A South

Sex of Child <u>male</u>	Twin Triplet or other? <u>1</u>	and { Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>12 - 1</u> <u>1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

FULL NAME <u>Grover South</u>	FATHER	FULL MAIDEN NAME <u>Ora Martin</u>	MOTHER
RESIDENCE <u>Malad</u>		RESIDENCE <u>Malad Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>N.C.</u>		BIRTHPLACE <u>N.C.</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .... 4 Number of children of this mother now living, including present birth .... 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Alive ..... at 2:20 A.M.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

Given names added from a supplemental report.

(Signature) ..... J. M. Kerns .....  
(Physician or midwife)

Address ..... Malad Ida .....

Filed 4-20-20 1920 ..... D. C. Gray .....  
Registrar Registrar

CC 4-28-41 PBA

RECEIVED

APR 28 1941

D A South  
271 West Center  
Logan, Utah

Department of Public Welfare  
Boise, Idaho

Dear Sir:

Please send me my birth certificate or the  
evidence that I need for proof there off.

Name--D A South (that is my first name)  
No middle name

Born--Malad City, Idaho Feb. 3, 1920

Parents-- Mrs Ora Elizabeth South

Mr Grover Lee South

I would very much appreciate prompt reply. It  
is very important that I get it as soon as  
possible.

Inclosing a fee of 50 cents to take care of  
handling.

Yours truly,

*DA South*

MAR 18 1941



843 - 205-036-165  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-Mm-8-17

County of Quincy  
City of Malad Registration District No. 26 File No. 79200  
No. .... St. Primary Registration District No. 2069 Registered No. 18  
Hospital .....  
FULL NAME OF CHILD Harriett Fern Hutchinson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>1</u> and (Number in order of birth) <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>2-5-1950</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Earl Hutchinson</u> RESIDENCE <u>Malad Ida.</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>28</u> (Years) BIRTHPLACE <u>Rockland Ida.</u> OCCUPATION <u>Auto Salesman</u>		MOTHER FULL MAIDEN NAME <u>Maria Jones</u> RESIDENCE <u>Malad</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>25</u> (Years) BIRTHPLACE <u>Malad Ida.</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....  
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 4:45 A.M. on the date above stated.  
{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }  
Given names added from a supplemental report. ....  
Address Malad Ida.  
Filed 4 20 19 50 Registrar W. L. Ray

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

20

100

100

MARGIN RESERVED FOR BINDER.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

551-108-036-453

Form V. S. No. 11-C-2000-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

Registration District No. # 26

File No. 79201

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2071

Registered No. 19

Hospital \_\_\_\_\_

FULL NAME OF CHILD

ROY CALVIN EVANS

Sex of Child

Male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti  
mate?

Yes

Date of Birth

Feb. 8

1920

(Month) (Day) (Year)

FULL NAME

Asa David Evans

FATHER

FULL MAIDEN NAME

Leiline Ann Michan

MOTHER

RESIDENCE

Stone Idaho

RESIDENCE

Stone Idaho

COLOR

White

AGE AT LAST BIRTHDAY

32  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

33  
(Years)

BIRTHPLACE

Samaria Idaho

BIRTHPLACE

Morgan Utah

OCCUPATION

School teacher

OCCUPATION

Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

2-15a

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Clifford M. ...  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Snovvelli Utah

Filed

4-20

1920

D. Craig

Registrar

Registrar



STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
DEPARTMENT OF HEALTH

PLACE OF BIRTH

DECEASED  
TUBERCULOSIS

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. JAN 26 1942 Certificate No. 79201  
County of Oneida } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
(BIRTH OR DEATH)  
for Roy Calvin Evans who was born on Feb. 7, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Stone, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by bible record & affidavit prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**

(AS ON ORIGINAL)

**TO**

(THE CORRECT FACTS)

name unnamed Roy Calvin Evans  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me this 22  
day of January, 19 42

Edward Woolley

Notary Public, residing at Malad, Idaho

My commission expires November 10, 1944  
(SEAL)

Signed Emeline Evans Daniels

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Malad, Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed Jess L. Thomas  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

\_\_\_\_\_  
(STREET ADDRESS, CITY, STATE)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL)

Received for filing on JAN 26 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

JAN 22 1965

SEP 14 1943

JAN 22 1965

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

993-209-036-217

PLACE OF BIRTH

County of Oreida

City of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

Registration District No. 26

File No. 79202

Primary Registration District No. 2069

Registered No. 20

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimacy? <u>Yes</u>	Date of Birth <u>July 9</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	-----------------------------------	-----------------------------------	------------------------	--

FULL NAME Charles H. Richards FATHER

FULL MAIDEN NAME Mary E. Sage MOTHER

RESIDENCE Malad

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Malad

BIRTHPLACE Idaho

OCCUPATION Common Laborer

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 8:45 A M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

.. 34

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

155-112-036-469

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Oneida

CERTIFICATE OF BIRTH

City of Holbrook Ida.

Registration District No. 26

File No. 79203

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2071

Registered No. 21

Hospital \_\_\_\_\_

FULL NAME OF CHILD

JERRY DALE JENSEN

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>2</u> <u>12</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME Amey Andreas Jensen  
RESIDENCE Holbrook Idaho  
COLOR White AGE AT LAST BIRTHDAY 43 (Years)  
BIRTHPLACE Denmark  
OCCUPATION Salesman + Farmer

MOTHER  
FULL MAIDEN NAME Elmira Caroline Mortensen  
RESIDENCE Holbrook Idaho  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Bear River City Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

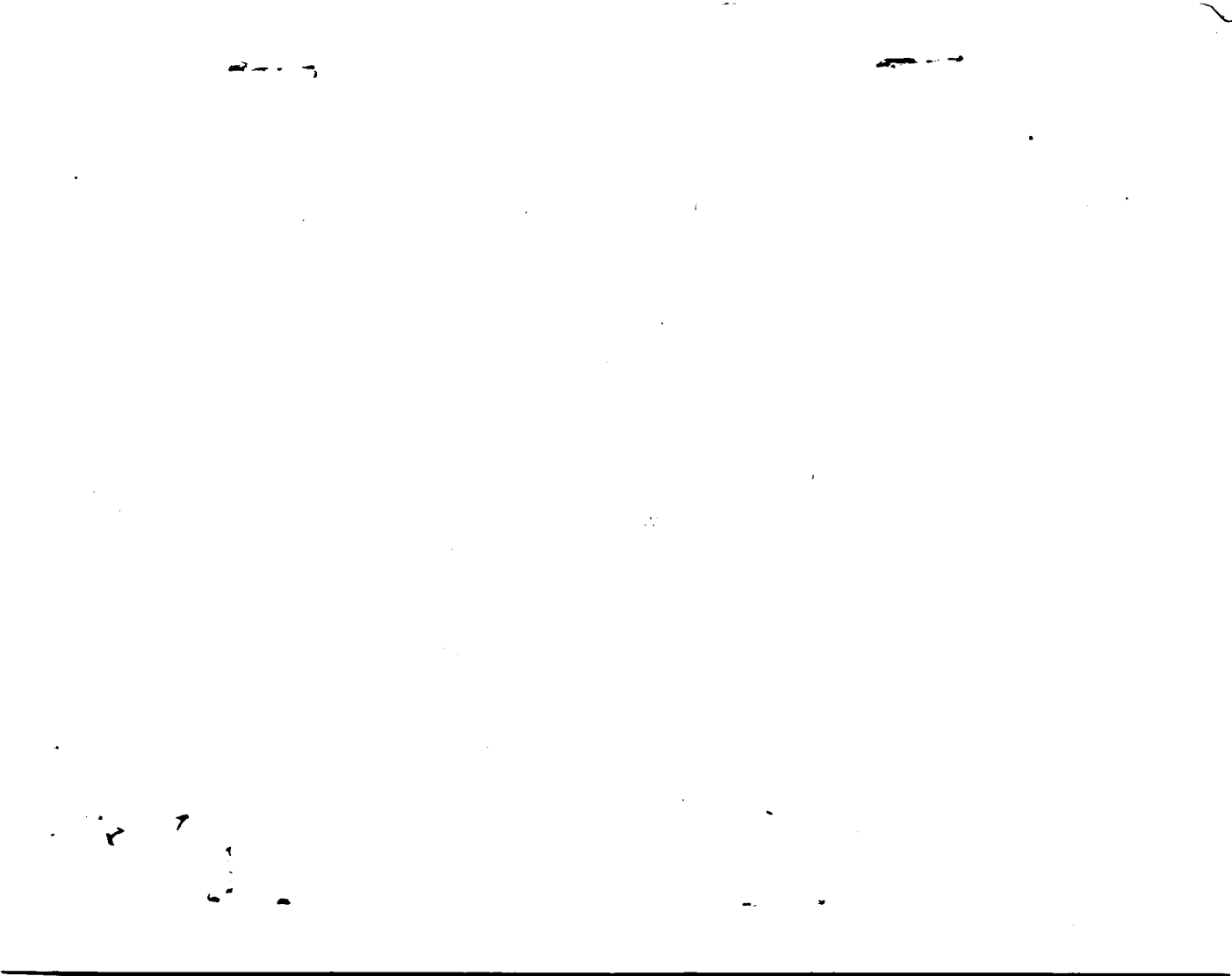
I hereby certify that I attended the birth of this child, who was alive at 9:15 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oliver Goddard  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Snowville Utah  
Filed 4-20 1920 J. L. Ray  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Franklin } ss. **JAN 28 1942**  
Certificate No. 79203  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of Gerry Dale Jensen who was born on February 12, 1920  
for Gerry Dale Jensen (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)  
in Ballpark, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by family record prepared on Feb 12, 1920, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
name unnamed Jerry Dale Jensen

Subscribed and sworn to before me this 26  
day of January, 1942  
W. E. R. Johnson  
Notary Public, residing at Renton, Idaho  
My commission expires 9-1-44  
(SEAL)  
Signed Henry A. Jensen Father  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR OR INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)  
Oxford, Idaho  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_  
Signed \_\_\_\_\_  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 28 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)



—

—

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-113-036-813

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Owida

City of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 26

File No. 79204

Primary Registration District No. 2069

Registered No. 22

Hospital \_\_\_\_\_

FULL NAME OF CHILD Daniel Platt Woodland Jr.

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 13</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Daniel P. Woodland</u>			MOTHER FULL MAIDEN NAME <u>Blanche Hatch</u>	
RESIDENCE <u>Malad Idaho</u>			RESIDENCE <u>Malad Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>37</u> (Years)		
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Franklin Idaho</u>	
OCCUPATION <u>Furniture dealer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

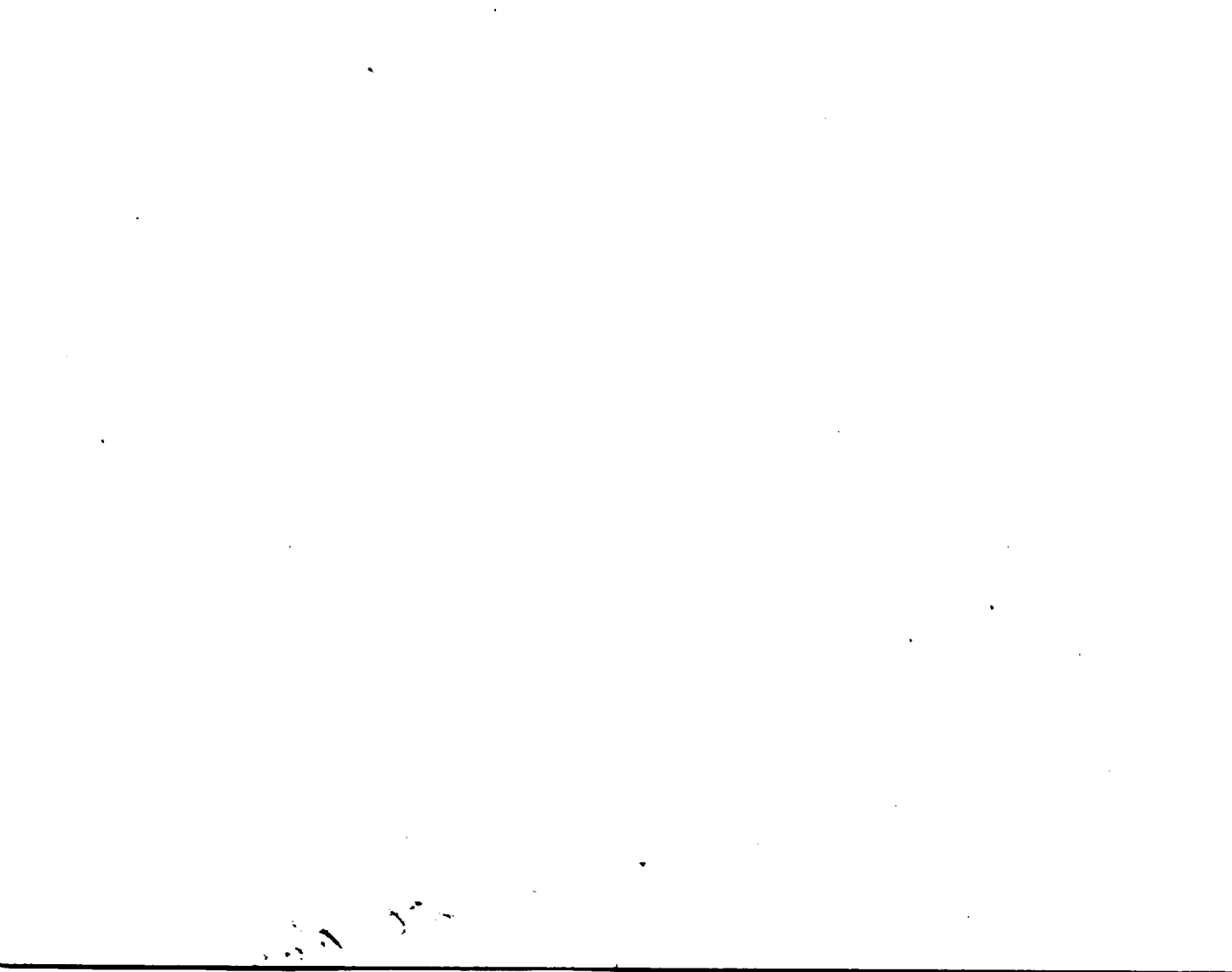
I hereby certify that I attended the birth of this child, who was alive at 11:30 a.m. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray MD  
Physician or (Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 4-20 1920 D. C. Ray  
Registrar



386 - 213-036 - 665  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-Mm-9-2-17

name added  
County of Oneida 12-8-81City of MaladRegistration District No. 26File No. 79205

No. .... St.

Primary Registration District No. 2069Registered No. 213

Hospital .....

FULL NAME OF CHILD Lillian Elizabeth Thomas

Sex of Child <u>Female</u>	Twin Triplet or other? <u>1</u>	and { Number in order of birth <u>3</u>	Legiti- mate? <u>yes.</u>	Date of Birth <u>2-13</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Olin D. Thomas</u>	FATHER
RESIDENCE <u>Malad Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Malad Ida.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lilly Owen</u>	MOTHER
RESIDENCE <u>Malad Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>England</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 12:48 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Burns

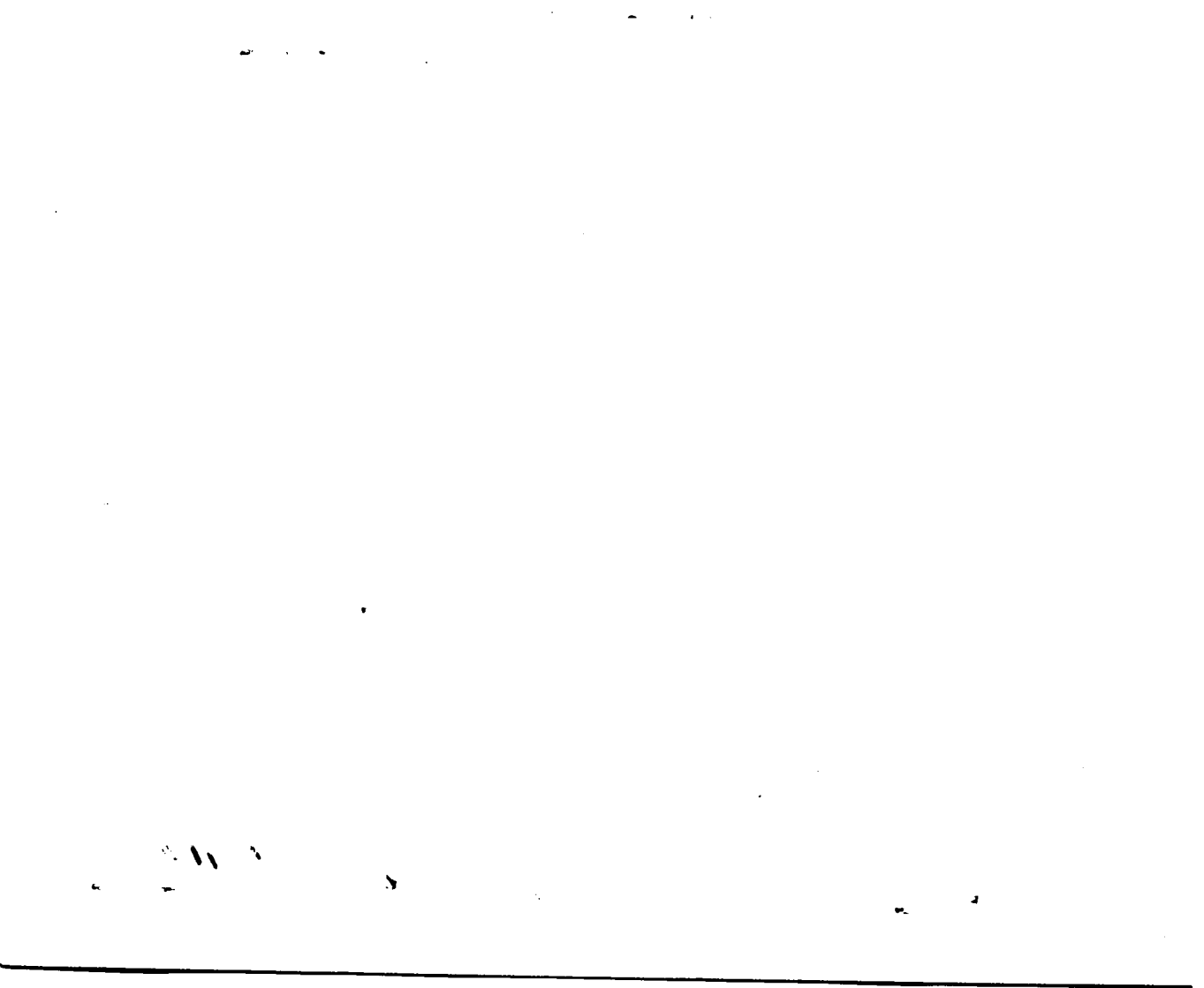
(Physician or midwife)

Given names added from a supplemental report.

Address Malad Ida.Filed 420 1920 D. Gray

Registrar

Registrar



11-3-81

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICSState of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

DEC 7 2 50 PM '81

Certificate No. 79205

Date Filed \_\_\_\_\_

birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for Unnamed Thomas who was born on 2-13-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Malad (Oneida) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs name

Unnamed

Lillian Elizabeth Thomas

Subscribed and sworn to before me this 23 day ofNovember, 1981.Notary Public, Charles B. JensenResiding at Malad, IdahoMy commission expires April 1982

(Seal)

Lillian Elizabeth Thomas  
 Signature of Applicant  
Malad, Ida. Rt. 1  
 Street Address, City, State 83252

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Oneida }

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day ofNovember, 1981.Notary Public, Charles B. JensenResiding at Malad, IdahoMy commission expires April 1982

(Seal)

Mr. Robert L. Thomas  
 Supporting Signature  
246 W 3rd N Malad, Idaho  
 Street Address, City, State

1 cc pd

(She is my niece)

Cert of Blessing gives Lillian Elizabeth Thomas born 2-13-20 in  
Malad to David O Thomas and Lilly Owens was blessed 3-7-20. -  
• Viewed by V.S. LDS Church

**DEC 8 1981**

• Cert of Baptism from LDS Church gives Lillian Elizabeth Thomas  
born 2-13-20 in Malad to David O Thomas and Lilly Owens was  
baptised 3-4-28. Viewed by V.S.

993 - 215 - 036 - 613

## PLACE OF BIRTH

County of... Oneida.....City of... Samaria.....No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-27

## CERTIFICATE OF BIRTH

Registration District No. .... 26.....File No. .... 79206.....Primary Registration District No. .... 2069.....Registered No. .... 24.....Elva Richards

Sex of Child <u>Female</u>	Twin Triplet or other? <u>✓</u> and { Number in order of birth <u>1</u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb 15</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Edward Richards</u>	FATHER
RESIDENCE <u>Samaria, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)
BIRTHPLACE <u>Malad, Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary Ann Waldron</u>	MOTHER
RESIDENCE <u>Samaria, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Samaria, Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 10... Number of children of this mother now living, including present birth... 8...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... alive... at... 3 P. M.  
on the date above stated. (Born alive or stillborn)

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }	(Signature) .... <u>R. T. Mauer M. D.</u> .....
	..... (Physician or midwife)

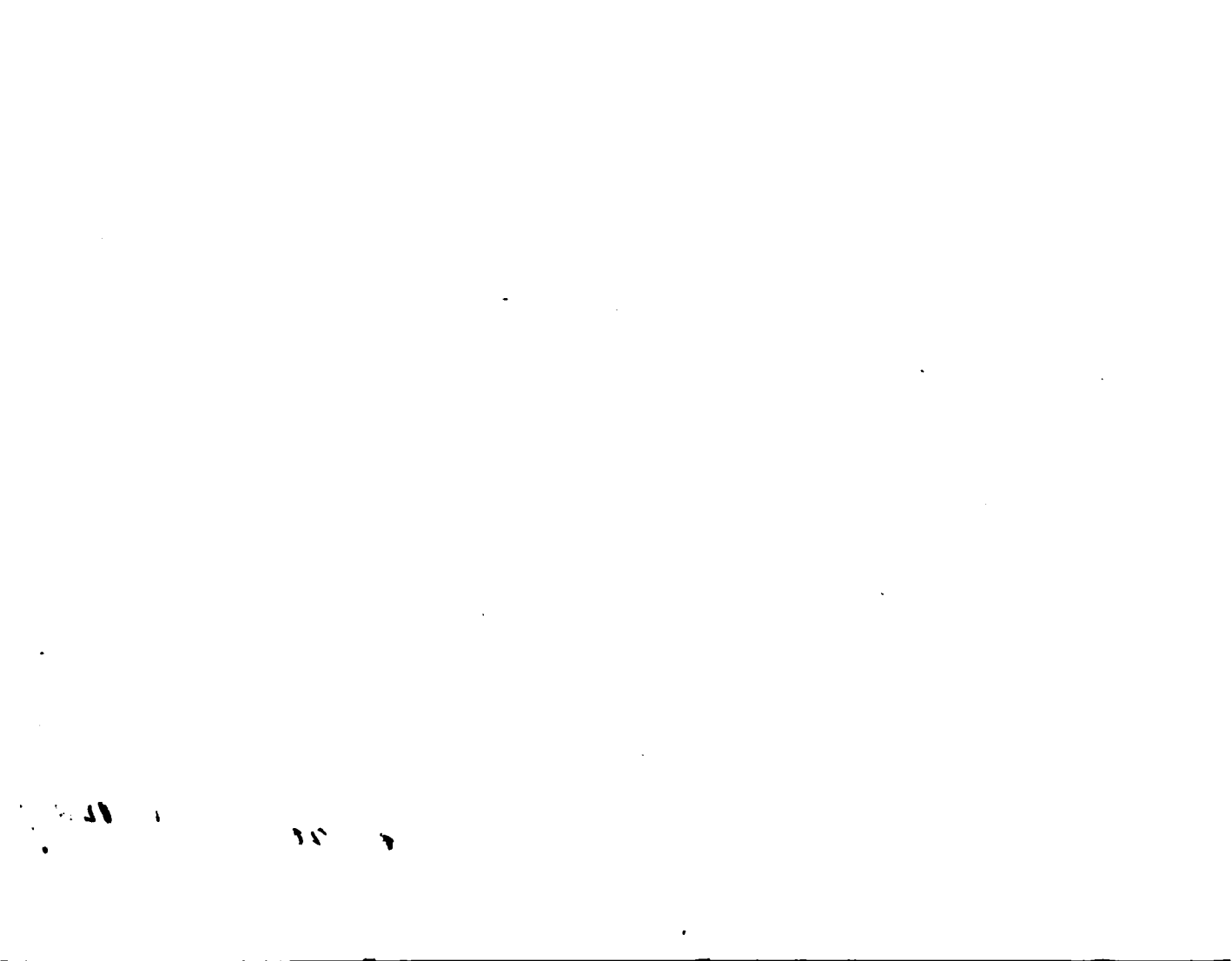
Given names added from a supplemental report.

..... 19..... Address... Malad, Idaho.......... Filed 4-20 1920.....

Registrar

Registrar





**WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD**

**N. B.** In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

**FULL NAME OF CHILD.....**

Primary Registration District No. 2069.....

Registered No. 22

Sex of Child <i>female</i>	Twin Triplet or other? <i>←</i> and <i>←</i> Number in order of birth (To be answered only in event of plural births)	Legitimate? <i>yes</i>	Date of Birth <i>Feb 17 1922</i> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME Earl Hadfield  
RESIDENCE Malad, Idaho.  
COLOR White AGE AT LAST BIRTHDAY 30  
(Years)  
BIRTHPLACE Smithville, Utah  
OCCUPATION Farmer.

FULL MAIDEN NAME Clio Hawkes MOTHER  
RESIDENCE Malad, Idaho  
COLOR White AGE AT LAST BIRTHDAY 27.....  
(Years)  
BIRTHPLACE Hyde Park, Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth...5.... Number of children of this mother now living, including present birth...5....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 5 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... D. L. Mauer M.P. .....

**Given names added from a supplemental report.**

Address.....Malaga, Idaho.....

Filed 4-10-32 Gray

**Registrar**

### Registrar

21 22 23 24 25

26 27 28 29 30

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

514-118-036-253

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Crook

City of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 26

File No. 79208

Primary Registration District No. 2069

Registered No. 26

FULL NAME OF CHILD Glen Edwin Vaughan

Sex of Child <u>Male</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 18</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--------------------------------	-----	-----------------------------------	------------------------	---

FATHER  
FULL NAME Edwin Vaughan  
RESIDENCE Malad  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Malad  
OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Elizabeth Bell  
RESIDENCE Malad  
COLOR White AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

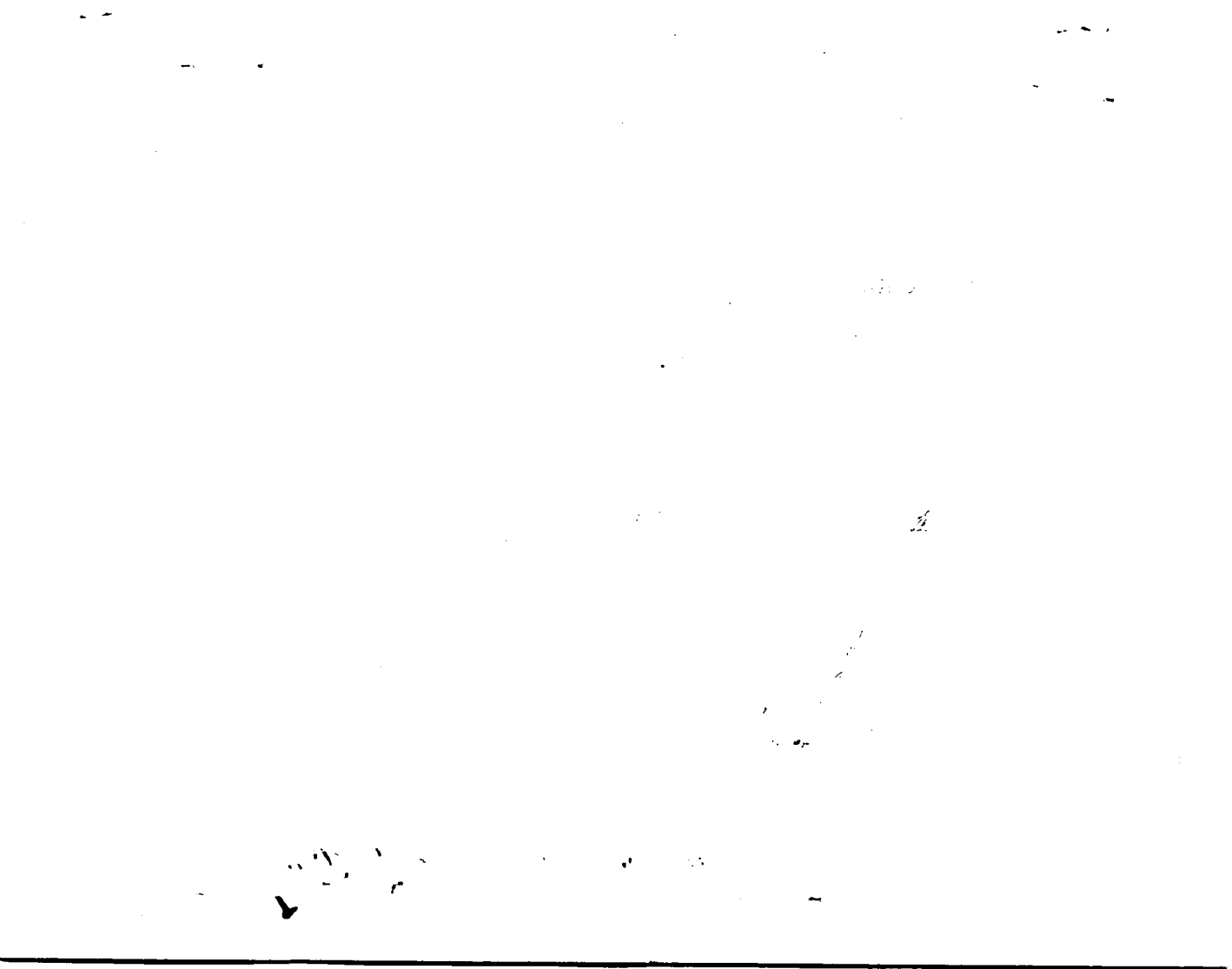
I hereby certify that I attended the birth of this child, who was Alvin, at 1230 A.M. on the date above stated. (Born Alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Belton  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 4-20 19 20 - D. Hay  
Registrar



Military Record, Nov. 4, 1946, viewed by V.S. and Temporary Drivers License, Jan. 24, 1949, viewed by V.S.

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

RECEIVED  
AUG 20 1958

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah  
County of Weber } ss.

Certificate No. 79208  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed who born on February 18, 1920 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L.D.S. Church prepared on August 4, 1958 (Give Date) are: (Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED  
("Name," "Birth Date," "Cause of Death," Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

Full Name of Child Unnamed Glen Edwin Vaughan

Subscribed and sworn to before me this 13th day of August 19 58

Signed X Elizabeth Bell Vaughan  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Ogden, Utah

My commission expires May 6, 1960

274, 30th Street, Ogden, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah  
County of Weber } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of August 19 58

Signed X Harold V. Bailey  
(Signature of Any Credible Person)

Notary Public, residing at Ogden, Utah

My commission expires May 6, 1960  
(Seal)

X 4430 So. 250 W.  
Ogden Utah  
(Street Address, City, State)

AUG 25 1958

193 - 219-036 - 394  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-25a-8-17

County of OneidaCity of Heathland

Registration District No. ....

26

File No. ....

79209

No. .... St. ....

Primary Registration District No. ....

2069

Registered No. ....

27

Hospital .....

FULL NAME OF CHILD

Katie Archabald

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)} and { Number  
in order  
of birth6Legiti-  
mate?Yes

Date of Birth

Feb. 19 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Albert Archabald

RESIDENCE

Heathland Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Clarkston Utah

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
Nancy Sims

RESIDENCE

Heathland Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Woodruff Idaho

OCCUPATION

Number of child of this mother, including present birth ....

6

Number of children of this mother now living, including present birth ....

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.alive

(Born alive or stillborn)

7:45 a.m.\*When there was no attending physician or  
midwife (then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Mrs. Mary A. Reesemidwife

(Physician or midwife)

Given names added from a supplemental report.

Address

Samaria Idaho

Filed

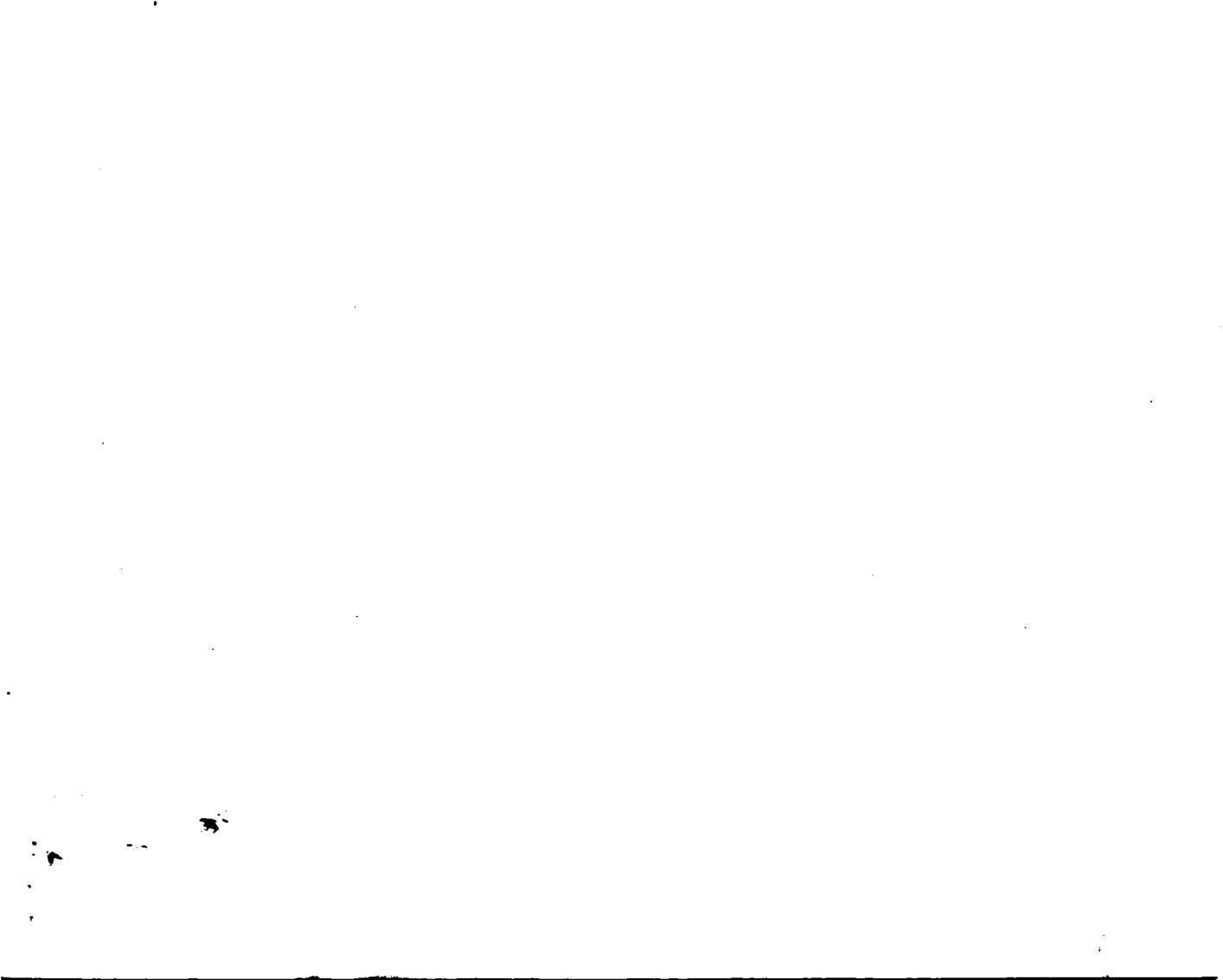
Feb 20 1920

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





239 - 127-036 - 764

10.

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-27

County of... O-needaCity of... MaladNo. .... St

Hospital .....

FULL NAME OF CHILD .....

## CERTIFICATE OF BIRTH

Registration District No. .... 26File No. .... 79210Primary Registration District No. .... 2069Registered No. .... 28Martin Strouse

Sex of Child	<u>male</u>	Twin Triplet or other?	{ and { { in order { of birth (To be answered only in event of plural births)	Legiti- mate?	<u>yes</u>	Date of Birth	<u>Feb. 27</u>	<u>1929</u>
							(Month)	(Day)

FULL NAME	FATHER <u>John Strouse Jr.</u>	FULL MAIDEN NAME	MOTHER <u>Millie Goddard</u>
RESIDENCE	<u>Malad, Idaho</u>	RESIDENCE	<u>Malad, Idaho</u>
COLOR	<u>white</u>	COLOR	<u>white</u>
AGE AT LAST BIRTHDAY	<u>27</u> (Years)	AGE AT LAST BIRTHDAY	<u>26</u> (Years)
BIRTHPLACE	<u>Pennsylvania</u>	BIRTHPLACE	<u>Malad, Idaho</u>
OCCUPATION	<u>Trucker</u>	OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth... 2..... Number of children of this mother now living, including present birth... 2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was....., at..... 6 a..... M.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... R. M. Jones M.D......  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address..... Malad, IdahoFiled..... 4-20-20..... D. Gray

Registrar

Registrar

MAY 14 1942

SEP 4 1958

469-127-036-693

PLACE OF BIRTH

amend child's name 1-31-85 dl

STATE OF IDAHO

Form V. S. No. 11-C-25m-9-3-17

## BUREAU OF VITAL STATISTICS

County of O-neida

## CERTIFICATE OF BIRTH

City of MaladRegistration District No. 26File No. 79211

No. .... St.

Primary Registration District No. 2069Registered No. 29

Hospital .....

FULL NAME OF CHILD Hugh Conway Morris, Jr.

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 27</u> <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Hugh C. Morris</u>	FATHER	FULL MAIDEN NAME <u>Penelope Williams</u>	MOTHER
RESIDENCE <u>Malad, Idaho</u>		RESIDENCE <u>Malad, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Samaria, Idaho</u>		BIRTHPLACE <u>Malad, Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9 a M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

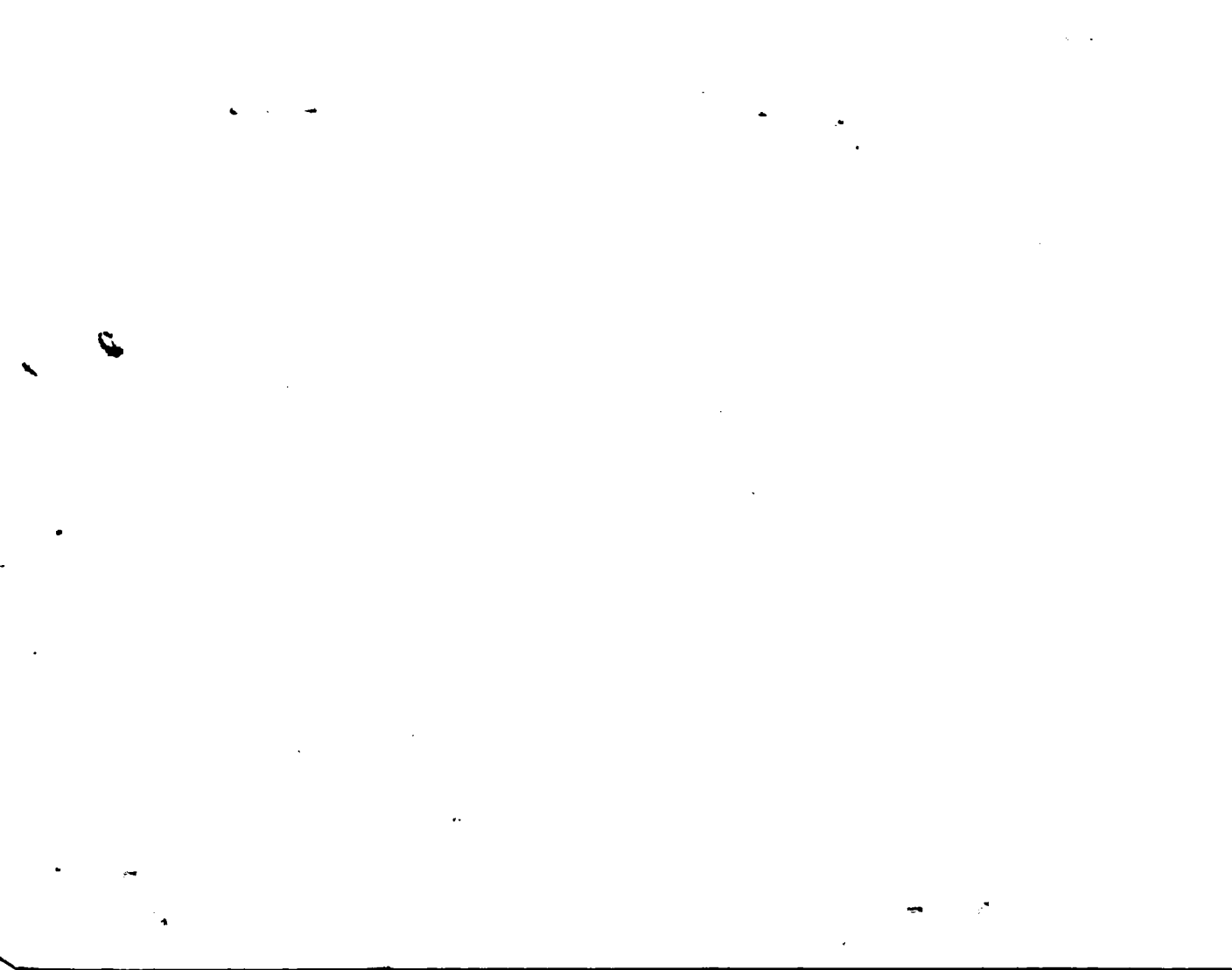
(Signature) R. Mauer M.D.Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad, IdahoFiled 4-28-22

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Utah }  
County of Weber } ss.

Certificate No. 79211  
Date Filed \_\_\_\_\_

JAN 8 1985

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Hugh Morris <sup>Bureau of Vital Statistics</sup> who was born on Feb 27, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Malad (Oneida) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

<u>childs name</u>	<u>Hugh</u>	<u>Hugh Conway Morris, Jr.</u>
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 29 day of  
January, 1985

Notary Public, Paul W. Hiteley

Residing at Ogden Utah

My commission expires 1-28-88

(Seal)

Hugh Conway Morris Jr.  
Signature of Applicant  
5535 Birch Creek Dr. Ogden, Utah  
Street Address, City, State 84403

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }  
County of Weber } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of

January, 1985

Notary Public, Paul W. Hiteley

Residing at Ogden Utah

My commission expires Jan 28, 1988

(Seal)

John W. Larson  
Supporting Signature  
5535 Birch Creek Dr. Ogden, Utah  
Street Address, City, State 84403

100 credit

Document from Coast Artillery Corps lists Hugh Conway Morris, Jr.  
as member. Dated Oct 14, 1946. Viewed by V.S..

Denist License lists Hugh Conway Morris, Jr as duly registered  
dentist. Expires Jan 1, 1978. Viewed by V.S.

**JAN 31 1985**

BLACK record typewriter ribbon in completing this certificate MUST be filed WITHIN 10 days after the date of birth of the child. Address: ON OF VITAL STATISTICS, BOISE, IDAHO.

266-222-036-955

(Be sure the information is complete and accurate)

Amended 3-25-68

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **79212**

Local Reg. No. **30**

Reg. Dist. No. **26**

<b>1. PLACE OF BIRTH</b> a. COUNTY <b>Oneida</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malad</b> c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Oneida</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malad</b> d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b> (Type or print) a. (First) <b>Annie</b> b. (Middle) <b>Laura</b> c. (Last) <b>Bowen</b>			
<b>4. SEX</b> <b>Female</b>	<b>5a. THIS BIRTH</b> SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	<b>5b. IF TWIN OR TRIPLET</b> (This child born) 1st _____ 2nd _____ 3rd _____	<b>6. DATE OF BIRTH</b> (Month) (Day) (Year) <b>Feb. 22, 1920</b>
<b>FATHER OF CHILD</b>			
<b>7. FULL NAME</b> a. (First) <b>Clyde</b> b. (Middle) <b>Bowen</b> c. (Last)			
<b>8. AGE</b> (At time of this birth) <b>19 YEARS</b>	<b>9. BIRTHPLACE</b> (State or foreign country) (City or Town) <b>Samaria, Idaho</b>		<b>10. USUAL OCCUPATION</b> <b>Farming</b>
<b>MOTHER OF CHILD</b>			
<b>12. FULL MAIDEN NAME</b> a. (First) <b>Laura</b> b. (Middle) <b>Reese</b> c. (Last)			
<b>13. AGE</b> (At time of this birth) <b>20 YEARS</b>	<b>14. BIRTHPLACE</b> (State or foreign country) (City or Town) <b>Malad, Idaho</b>		<b>15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER</b> (Do NOT include this child) a. How many OTHER children are now living? <b>0</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead after 20 wks. pregnancy)? <b>0</b>
<b>16. INFORMANT'S SIGNATURE OR NAME</b> (Relationship)		<b>17. SIGNATURE</b> <b>J. F. Alton</b> <b>19. ADDRESS</b> <b>Malad, Idaho</b>	<b>18. ATTENDANT AT BIRTH</b> M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____ <b>20. DATE SIGNED</b>
<b>21. DATE REC'D BY LOCAL REG.</b> <b>4-20-1920</b>		<b>22. REGISTRAR'S SIGNATURE</b> <b>D.C. Ray</b>	<b>23. DATE ON WHICH GIVEN NAME ADDED</b> BY _____ Registrar

**FOR MEDICAL AND HEALTH USE ONLY**

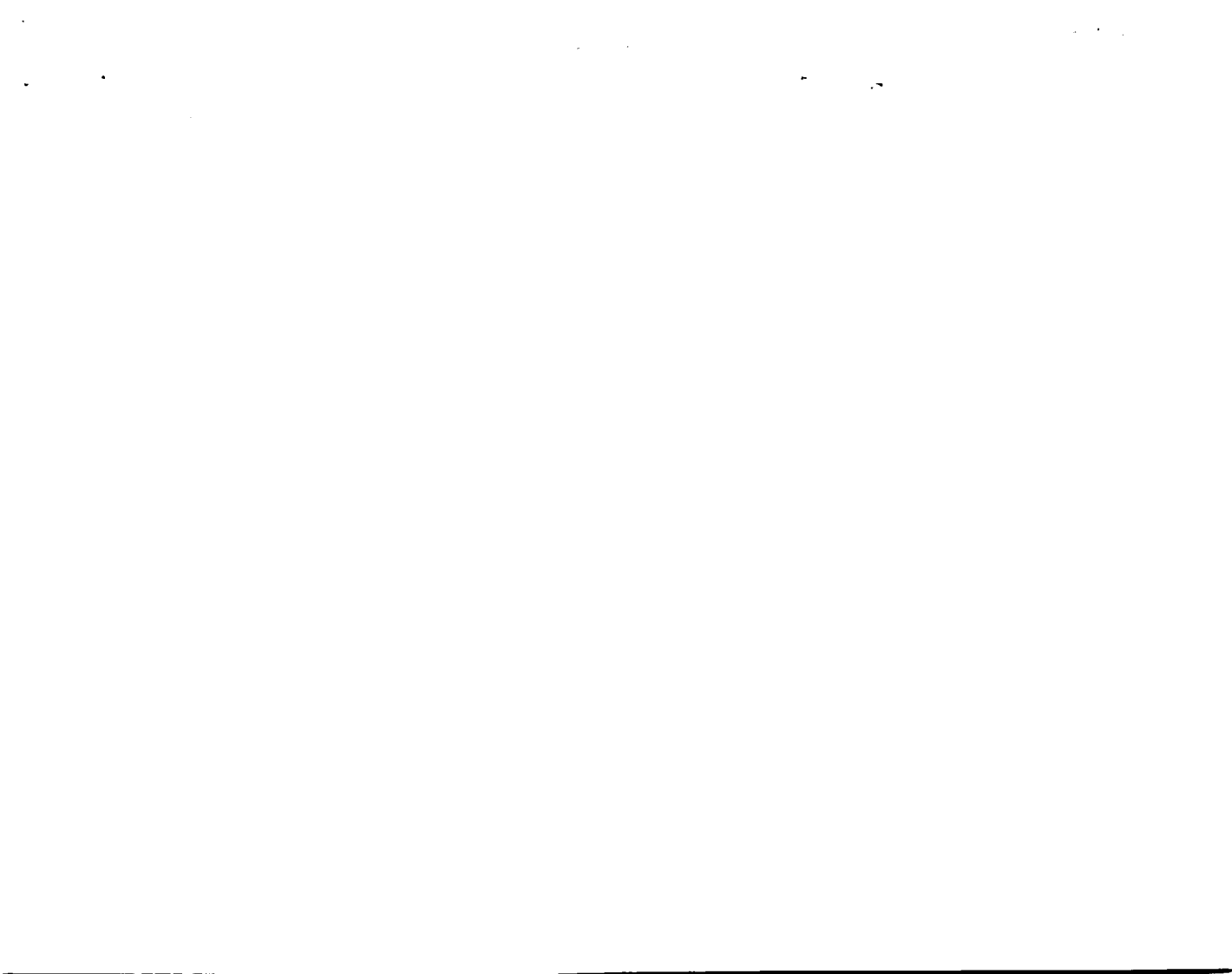
Was a test for phenylketonuria performed?

YES \_\_\_\_\_

NO \_\_\_\_\_

DATE \_\_\_\_\_





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. 79212  
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Bowan who was born on February 22, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Malad, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's Name ..... Unnamed ..... Annie Laura Bowen  
Father's Last Name ..... Bowan ..... Bowen

Subscribed and sworn to before me this 5<sup>th</sup> day of  
March, 1968.  
Edna B. Campbell  
Notary Public, residing at Bountiful, Utah  
My commission expires Oct 1, 1968  
(Seal)

Signed Annie Laura Bowen Howley  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss.  
County of Davis

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5<sup>th</sup> day of  
March, 1968.  
Edna B. Campbell  
Notary Public, residing at Bountiful, Utah  
My commission expires May 8, 1971  
(Seal)

Signed Ruth A. Bowen  
(Signature of Any Credible Person)

285 East 1400 So. Bountiful, Ut.  
(Street Address, City, State)

L.D.S. Church Certificate of Baptism and Confirmation, baptized Jan. 6, 1929, gives name as Annie Laura Bowen, born Feb. 22, 1920, at Malad, Oneida Co, Idaho, Parent's Clyde Bowen and Laura Reese - viewed by V.S.

Family Record, obviously old, gives name as Annie Laura Bowen, born Feb. 22, 1920, at Malad, Oneida, Idaho, Parent's Clyde Bowen and Laura Reese - viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

551-123-076-312

PEACE OF BIRTH AMENDED SEPT. 27, 1955

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ONEIDA

City of MALAD

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 26

File No. 79213

Hospital \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 31

FULL NAME OF CHILD JOHN GOMER EVANS

(Certificate of no value without full name of child.)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>FEBRUARY 23, 1920</u> (Month) (Day) (Year)
--------------------------	---	---	--------------------------------	--

What bacterioidal solution was used in eyes?.....

Number of child of this mother, including present birth.....4..... Number of children of this mother now living, including present birth...4.....

FATHER  
FULL NAME JOSHUA T. EVANS

MOTHER  
FULL MAIDEN NAME VERA E. CASH

RESIDENCE  
MALAD

RESIDENCE  
MALAD

COLOR WHITE AGE AT LAST BIRTHDAY 29  
(Years)

COLOR WHITE AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE  
MALAD

BIRTHPLACE  
KENTUCKY

OCCUPATION  
TEACHING

OCCUPATION  
HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 5 PM.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. ALTON

PHYSICIAN  
(Physician or midwife)

Give names added from a supplemental report.

Address MALAD

Filed 4-20-1920 192

D. C. Ray

Registrar.

Registrar.

100-100000

100-100000

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100-100000

documents viewed by V.S. 9-27-55 STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 79213  
County of Bonneville } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth

for "Unnamed" who was born on Feb. 23, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Malad, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
Affidavit by John G. Evans taken from Family Bible Record dated Sept. 15, 1955  
true facts are shown by Family Bible Record prepared on or about Mar. 1, 1920 are:  
LDS Church Record of Membership-Name first entered on church records Apr. 4, 1950  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** FROM Baptized 7-8-1928 To 1950  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
FULL NAME OF CHILD "Unnamed" John G. Evans  
John Gomer Evans John Gomer Evans John Gomer Evans

Subscribed and sworn to before me this 15th day of Sept.  
1955 Signed John G. Evans  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Notary Public, residing at IDAHO FALLS, IDAHO  
My commission expires 3/15/59  
(Seal) (Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss. [This Affidavit **MUST** Also be Executed.  
County of Bonneville } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of September 1955  
John G. Evans  
Notary Public, residing at IDAHO FALLS, IDAHO  
My commission expires 12-1-59  
(Seal) (Street Address, City, State)

SEP 27 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-127-036-522  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22a-9-17

County of Quada

City of Malad

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

CERTIFICATE OF BIRTH

Registration District No. ....

File No. .... 79214

Primary Registration District No. 2069

Registered No. 22

Sex of Child <u>male</u>	Twin <u>1</u> Triplet <u>1</u> or other? <u>1</u> and { Number in order of birth <u>3</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>7-27-1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Thurval Carlson</u>	FATHER
RESIDENCE <u>Malad Idn.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Norway</u>	
OCCUPATION <u>Blacksmith</u>	

FULL MAIDEN NAME <u>Anna Esklund</u>	MOTHER
RESIDENCE <u>Malad</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. .... 3 Number of children of this mother now living, including present birth. .... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. M. Stens Born alive or stillborn? born alive

(Physician or midwife)

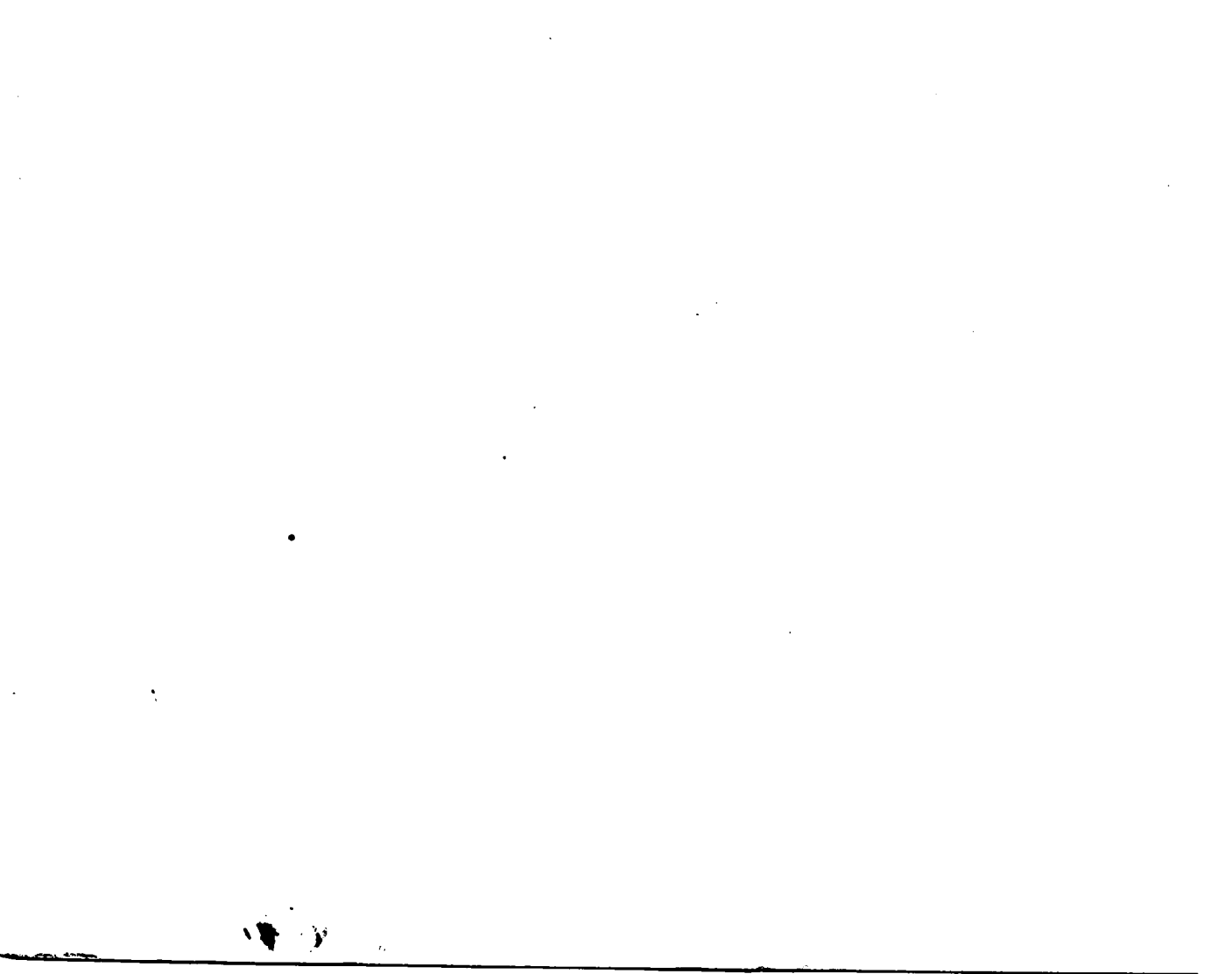
Address Malad Idn

Filed 4-20-1920

Registrar

Registrar





132-128-036-613

12

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

County of Oneida

## CERTIFICATE OF BIRTH

City of Samaria, Id

26

79215

No. .... St.

Registration District No. ....

File No. ....

Hospital .....

Primary Registration District No. 2069Registered No. 33

FULL NAME OF CHILD .....

Elmer Waldron  
AtkinsonSex of  
ChildmaleTwin  
Triplet  
or other?and (Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?YesDate of  
BirthDec 28  
(Month) (Day) (Year)FULL  
NAME

FATHER

Alfred Atkinson

RESIDENCE

Samaria, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY50

(Years)

BIRTHPLACE

Bear Lake, Idaho

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Hannah Waldron

RESIDENCE

Samaria, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY44

(Years)

BIRTHPLACE

Samaria, Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Alive at 4 a. m.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

Dr. M. A. M. D.Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address .....

Malad, IdahoFiled 11-20-20

Registrar

Registrar

WRITE PLAINLY IN UNFADING INK. THIS IS A PERMANENT RECORD.  
N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

SEP 21 1955

Certified Copy issued Feb. 11, 1941. E.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

269-202-036-719

## PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No.

File No.

Primary Registration District No.

Registered No.

79216

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimacy?	Date of Birth	19
Female				Yes	Mar 2	20

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Charles L. Larsson		Josephine Gardner	
RESIDENCE		RESIDENCE	
Malad		Malad	
COLOR	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY
White	25	White	27
	(Years)		(Years)
BIRTHPLACE		BIRTHPLACE	
Utah		Utah	
OCCUPATION		OCCUPATION	
Grain Dealer		Housewife	

 Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was Alton, at 8 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

19 20

Registrar

Registrar

JAN 7 1969

243-202-036-331

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of OneidaCity of Meadow BrookNo. 11brook P.O. St.Registration District No. 26File No. 79217

Hospital

Primary Registration District No. 2071Registered No. 35

FULL NAME OF CHILD

Mary Wanda Kiichle

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthMarch 21920

(Month) (Day) (Year)

FULL  
NAMEWalter Benjamin Kiichle

FATHER

FULL  
MAIDEN  
NAMELeatrice Clayton

MOTHER

RESIDENCE

Meadow Brook Idaho

RESIDENCE

Meadow Brook Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY39

COLOR

WhiteAGE AT LAST  
BIRTHDAY36

BIRTHPLACE

Wisconsin

BIRTHPLACE

Arkansas

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or still born)

at 12:45 P.M.{ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Clara S. Antleigh  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Snowville Utah

Filed

4-20

19

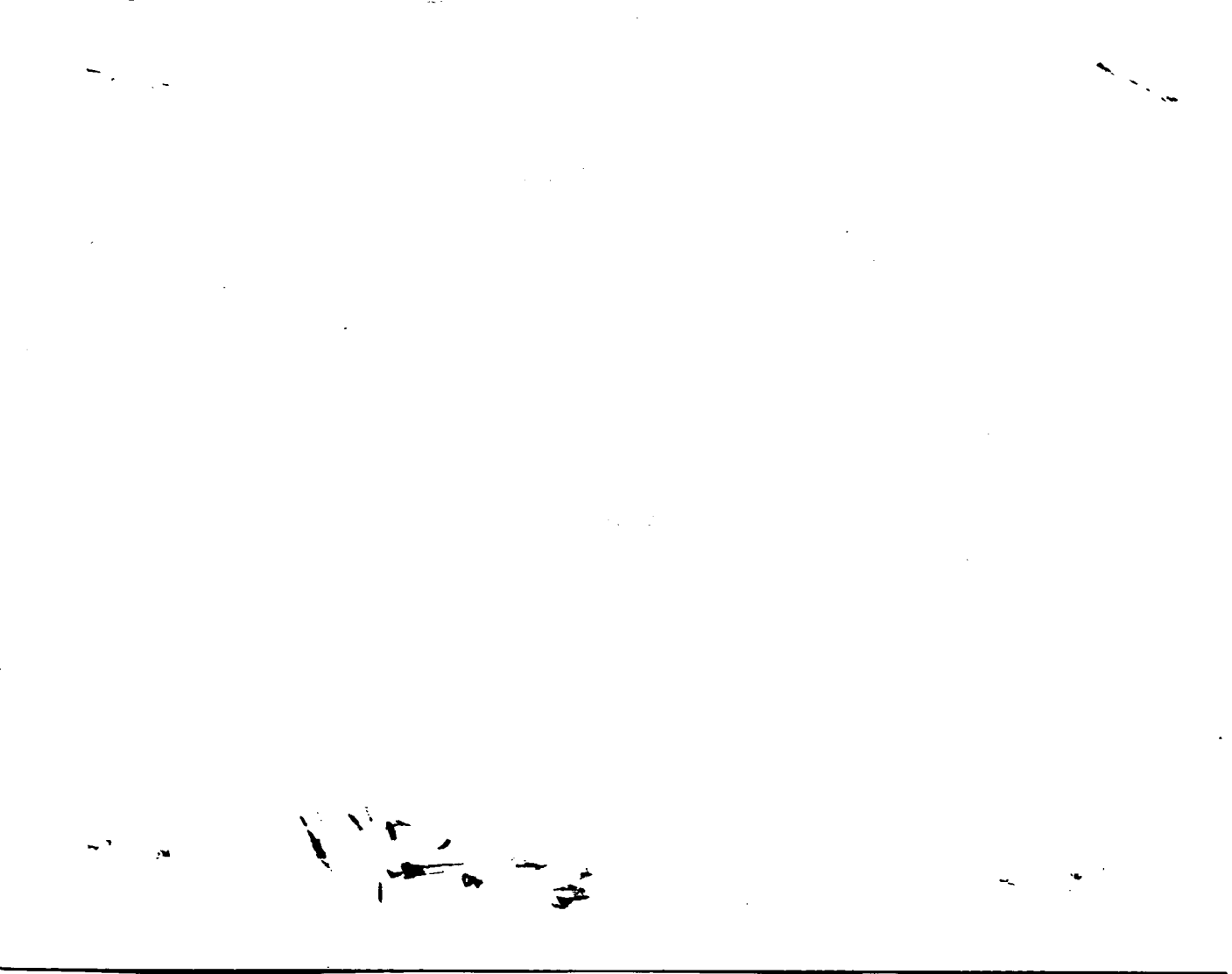
May

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

79217

State of Oregon }  
County of Columbia } ss.

Certificate No. \_\_\_\_\_

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Mary Wanda Kiichle who Born on March 2, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Halldale, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record prepared on March 2, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Mary Wanda Kiichle

Birth Date March 2, 1920

Subscribed and sworn to before me this 11<sup>th</sup>  
day of May 1943  
Marie Walker  
Notary Public, residing at St. Helens, Ore.

My commission expires 11-17-1944  
(Seal)

Signed Currie Kiichle  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed Mrs. Helvie J. Strong  
(Signature of Any Credible Person Other Than Previous Bear)

Notary Public, residing at \_\_\_\_\_

Shendell Idaho  
(Street Address, City, State)

My commission expires \_\_\_\_\_  
(Seal)



MAY 28 1943

142-102-036-415

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22-4-17

CERTIFICATE OF BIRTH

County of Owyhee.....

City of Malad.....

No. ....St.

Hospital.....

Registration District No. 26.....

File No. 79218.....

Primary Registration District No. 2069.....

Registered No. 36.....

FULL NAME OF CHILD.....MARION DAVIS BUSH.....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>1</u>	and { Number in order of birth <u>8</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>3-2-1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------------	---	-----------------------------	---

FULL NAME <u>Arthur Bush</u>	FATHER
RESIDENCE <u>Malad</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)
BIRTHPLACE <u>Malad Ida</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Rebecca Davis</u>	MOTHER
RESIDENCE <u>Malad Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Willard Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.....8..... Number of children of this mother now living, including present birth.....7.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

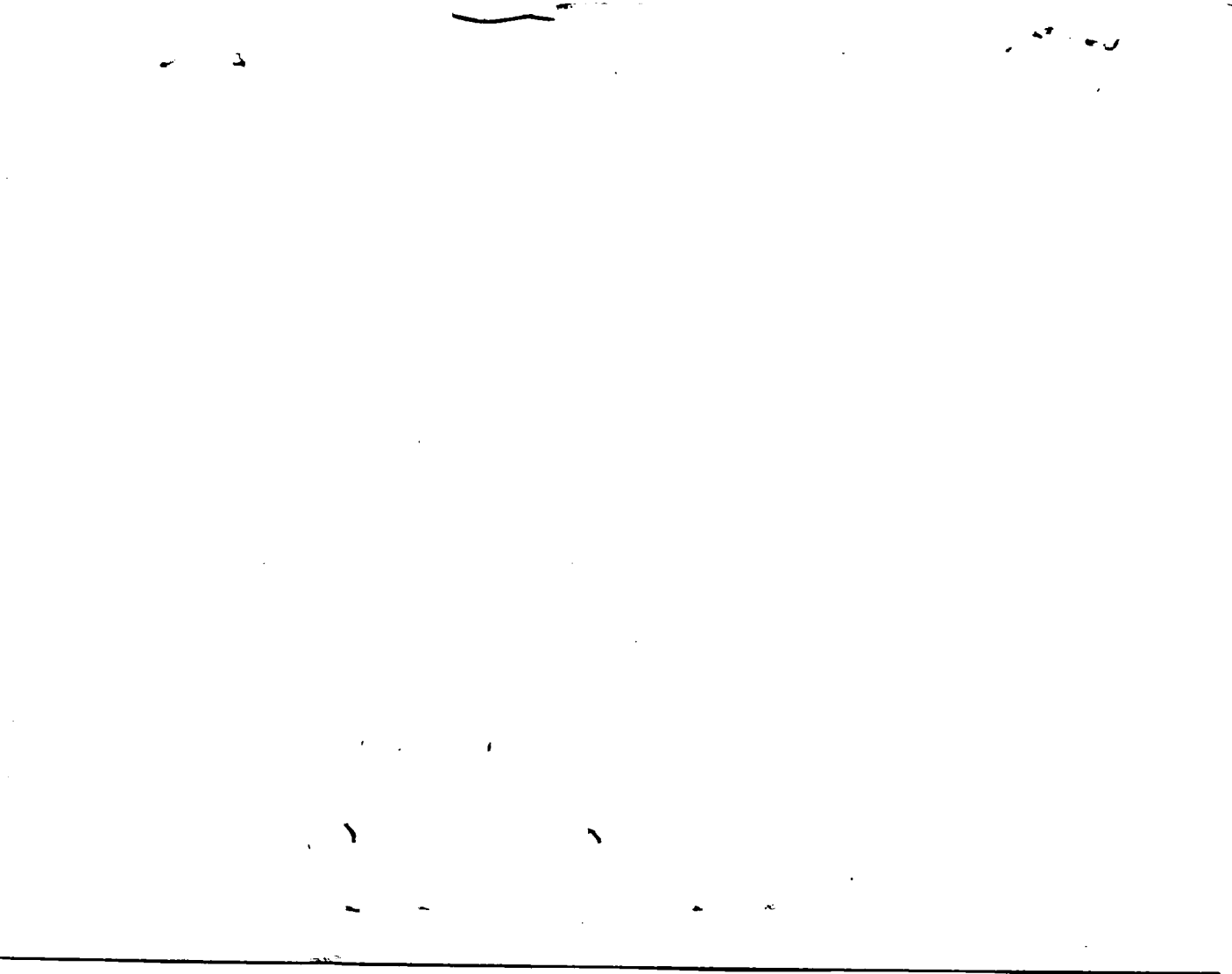
I hereby certify that I attended the birth of this child, who was.....alive..... at 9:30 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. King  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad Ida  
Filed 4-20-1920  
Registrar D. C. Day



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
 County of Ada } ss.

Certificate No. 79218  
 Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Unnamed who born on 3-2-1920  
 (Name on original certificate) (Was born or died) (Date of event)  
 in Malad, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of event)  
 true facts as shown by mother prepared on Dec 26-1941, are:  
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
 ("Name", "birth date", "cause of death", etc.)

FROM  
 (As on original)

TO  
 (The correct facts)

name

Omitted

Marion Davis Bush

Subscribed and sworn to before me this 26th  
 day of December 1941

Signed Rebecca Davis Bush  
 (Signature of parent or attendant if correcting a birth record; of  
 attendant, funeral director, informant if correcting a death record;  
 or other credible person.)

Notary Public, residing at Bain, Idaho

My commission expires 4-20-44  
 [SEAL]

(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.

[This affidavit MUST also be executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
 (Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
 [SEAL]

(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (Registrar's signature)

DEC 27 1941

DEC 23 1942

165-103-036-351  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form S. A. No. 11-0-22-1-17

County of Boise

City of Malad

Registration District No. 26

File No. 79219

No. ..... St. .....

Primary Registration District No. 2069

Registered No. 37

Hospital .....

FULL NAME OF CHILD Richard Mark Jones

Sex of Child <u>Male</u>	Twin Triplet or other? <u>1</u> and { Number in order of birth <u>2</u>	Legitimate? <u>Yes</u>	Date of Birth <u>3-3-20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>Lynuan Jones</u>	FATHER
RESIDENCE <u>Malad Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Pocuttells Ida</u>	
OCCUPATION <u>Dry goods Clerk</u>	

FULL MAIDEN NAME <u>Mable Evans</u>	MOTHER
RESIDENCE <u>Malad</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Malad</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was above (Born alive or stillborn) on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Jones  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad Ida  
Filed 4-20-20 St. Ray  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1956

10/12

356-105-036-384

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of OneidaCity of MaladRegistration District No. 26File No. 79220

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069 Registered No. 38

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>3</u> <u>5</u> <u>20</u> (Month) (Day) (Year)
--------------------------	----------------------------------	-----	-----------------------------------	------------------------	---

FATHER  
FULL NAME David J. LewisRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 37 (Years)BIRTHPLACE MaladOCCUPATION Implement dealerMOTHER  
FULL MAIDEN NAME Maudie ThomasRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 37 (Years)BIRTHPLACE MaladOCCUPATION HousewifeNumber of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alvin, at 6:30 P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton(Physician or midwife) Malad

Given names added from a supplemental report. \_\_\_\_\_

Address \_\_\_\_\_

Filed 4-20 19 20 D. C. Ray

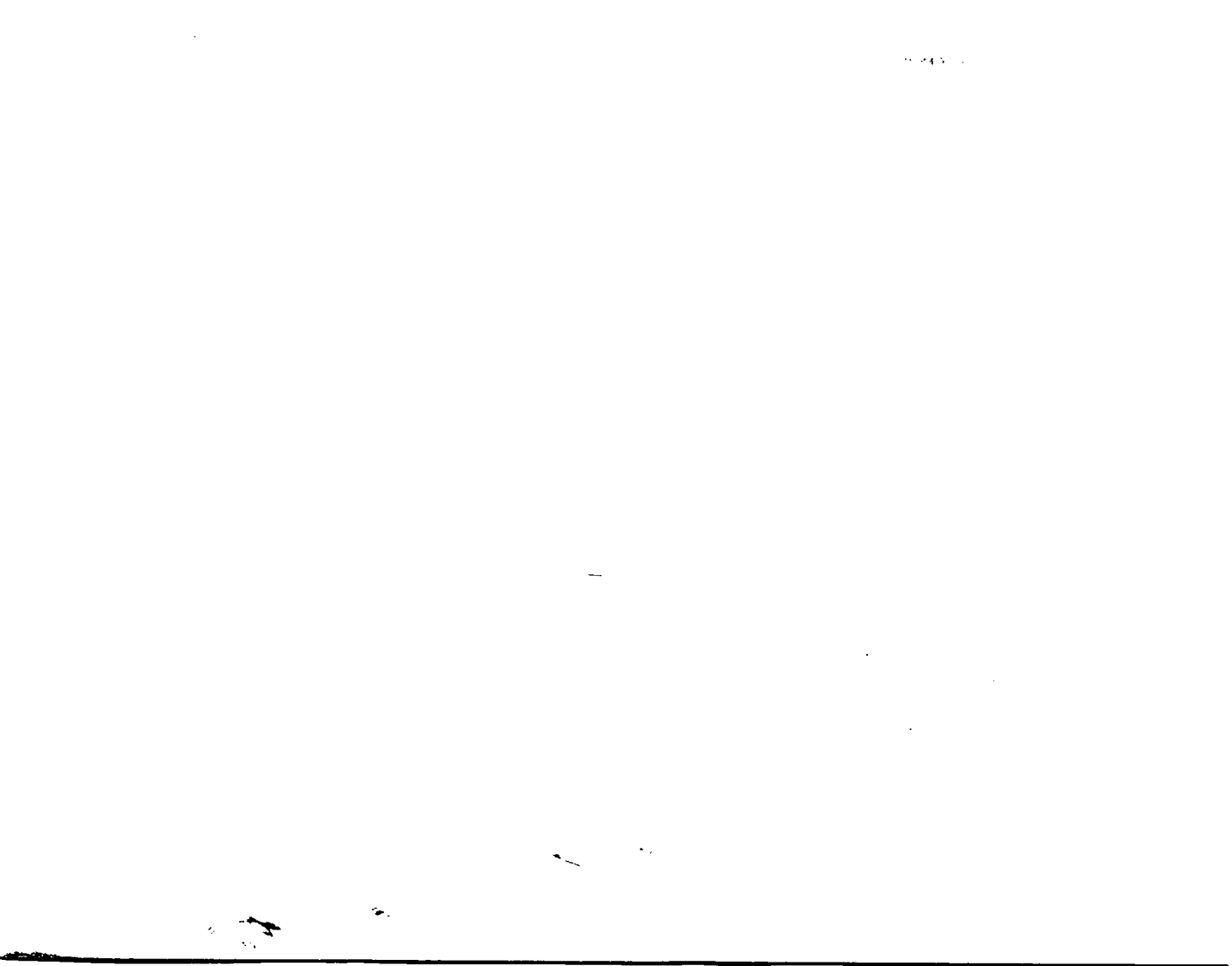
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





386-106-036-415  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-0-1-17

County of QuadaCity of MoladRegistration District No. 26File No. 79221No. St.Primary Registration District No. 2069Registered No. 39

Hospital

FULL NAME OF CHILD NEAL F. THOMAS

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>8-6-20</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	--

FULL NAME <u>Frank Thomas Jr.</u>	FATHER
RESIDENCE <u>Molad Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Molad.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Jessette Daniels</u>	MOTHER
RESIDENCE <u>Molad</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Molad.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 6:10 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Harris  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Molad Ida  
Filed 4-20 1920  
Registrar D. C. Gray Registrar

28

2011

- STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of.....Idaho.....) Certificate No. 79221  
County of....Oneida.....)ss Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth for Neal F. Thomas who Born (birth or death) (Name on original certificate) (was born or died) on 3-6-1920 in Malad Idaho are erroneous or were omitted; (Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown by Grandmother prepared on                      are (Bible record, insurance plcy. etc.) (Give date)

FACTS TO BE CORRECTED FROM TO (Name, birthdate, etc.) (As on original) (The correct facts)

.....Name..... no name given..... Neal F. Thomas.....  
.....  
.....  
.....

Subscribed and sworn to before me this 11th day of Sept. 1944  
Ed F Jones  
Notary Public  
Residing at Malad by Ida  
My commission expires Nov. 1, 1944  
Signed Elizabeth Daniels  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Elizabeth Daniels  
(Street address, City, State)

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON  
(Both affidavits must be completed)

State of.....Idaho.....)  
County of....Oneida.....)ss

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of Sept. 1944  
Ed F Jones  
Notary Public  
Residing at Malad by Ida  
My commission expires Nov. 1, 1944  
(SEAL)

Signed E. E. Richards  
(Signature of any credible person other than the previous affiant.)  
Malad City, Idaho  
(Street address, City, State)

6961 3 APR



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-106-036-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-8-8-17

County of Oneida

City of St. John

Registration District No. 26

File No. 79222

No. St.

Primary Registration District No. 2069

Registered No. 140

Hospital

FULL NAME OF CHILD George Ralph Williams

Sex of Child <u>male</u>	Twin Triplet or other? <u>no</u> (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>March 6 1909</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------------	------------------------	---

FULL NAME <u>William J. Williams</u>	FATHER
RESIDENCE <u>St. John, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Provo, Utah</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Levita Elva Williams</u>	MOTHER
RESIDENCE <u>St. John Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Malad, Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:40 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. P. Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad Idaho  
Filed 4-20-10 W. C. Ray Registrar

2/6/41 L. B.

255-207-036-462

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of OneidaCity of MaladRegistration District No. 26File No. 79223

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 41

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Shelma Marie BeetonSex of Child FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?Date of  
Birth5  
(Month)7  
(Day)20  
(Year)FULL  
NAMEJohn H. Beeton

RESIDENCE

Malad

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmingFULL  
MAIDEN  
NAMEShelma E. Moss

RESIDENCE

Malad

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Malad

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

4-201920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAY 22 1951

**N. B.** In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-208-036-128  
PLACE OF BIRTH

**PLACE OF BIRTH**

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. A. No. 11-C-244-0-2-17

## CERTIFICATE OF BIRTH

County of Quinda

City of Missoula.

Registration District No. ....

File No. .... 15224

**No. .... St**

Primary Registration District No. 2069 Registered No. 271

**Hospital** .....

FULL NAME OF CHILD..... *Stephona Marcel Jones*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>1</i>	and <i>2</i>	Number in order of birth <i>2</i>	Legitimate? <i>Yes.</i>	Date of Birth <i>3-8</i> (Month) (Day) (Year) <i>1912</i>
-------------------------------	--	-----------------	--	----------------------------	--

FULL NAME **FATHER**  
*Brigham W. Jones.*

RESIDENCE 511

COLOR white AGE AT LAST BIRTHDAY..... 27.....  
(Years)

BIRTHPLACE *Malak Island*

OCCUPATION *Farmer*

FULL MAIDEN NAME MOTHER Mary Ashton

RESIDENCE K. 1

COLOR white AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Woodbury Id.

OCCUPATION *Housewife*

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was..... Colera ..... at..... 4'a .....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....J. M. Lyons.

**Given names added from a supplemental report.**

.....19..... Address.....

..... Filed 4-20 1920 10 May

Registrar

**Registrar**

MAR 2 2 1944

386-608  
036-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of OneidaCity of MaldenRegistration District No. 26File No. 79225

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069 Registered No. 43

Hospital \_\_\_\_\_

FULL NAME OF CHILD

David Grant Thomas

Sex of Child <u>Male</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>5</u> <u>8</u> <u>1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME FATHER David N ThomasRESIDENCE MaldenCOLOR White AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE MaldenOCCUPATION FarmingFULL MAIDEN NAME MOTHER Sarah C RichardsRESIDENCE MaldenCOLOR White AGE AT LAST BIRTHDAY 29  
(Years)BIRTHPLACE MaldenOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alvin at 5:30 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hutton

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address MaldenFiled 4 20 19 20 D. Gray

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Certified Copy issued Dec. 12, 1940. E.M.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

389-209-056-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 26

File No. 79226

Hospital \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 44

FULL NAME OF CHILD

Ione Christensen

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>3</u> <u>9</u> <u>20</u> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	--------------------------------	-------------------------	---

FATHER  
FULL NAME Francis Christensen

MOTHER  
FULL MAIDEN NAME Mary L. Farmer

RESIDENCE Malad

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 34  
(Years)

COLOR White AGE AT LAST BIRTHDAY 31  
(Years)

BIRTHPLACE Utah

BIRTHPLACE Utah

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 2:30 9 M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

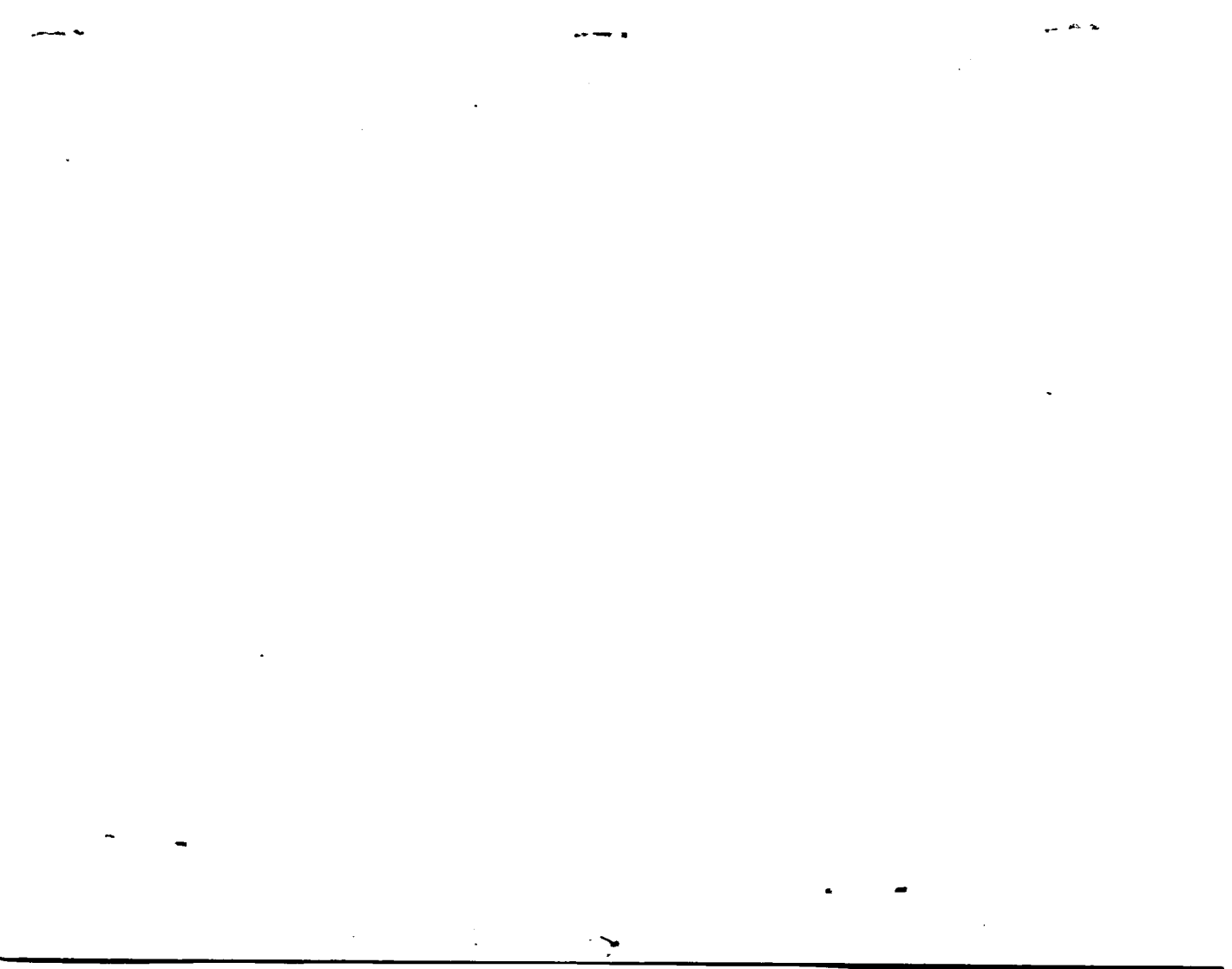
Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 4 20 19 20

Registrar

Registrar







APR 16 1963

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-209-036-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

County of Cassia

CERTIFICATE OF BIRTH

City of Samaritan

Registration District No. 26

File No. 79227

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069 Registered No. 45

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>3</u> <u>9</u> <u>20</u> (Month) (Day) (Year)
----------------------------	----------------------------------	-----	-----------------------------------	------------------------	---

FULL NAME John M. Price FATHER

FULL MAIDEN NAME Ruth Williams MOTHER

RESIDENCE Samaritan

RESIDENCE Samaritan

COLOR White AGE AT LAST BIRTHDAY 33  
(Years)

COLOR White AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE Samaritan

BIRTHPLACE Samaritan

OCCUPATION Farming

OCCUPATION Housework

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

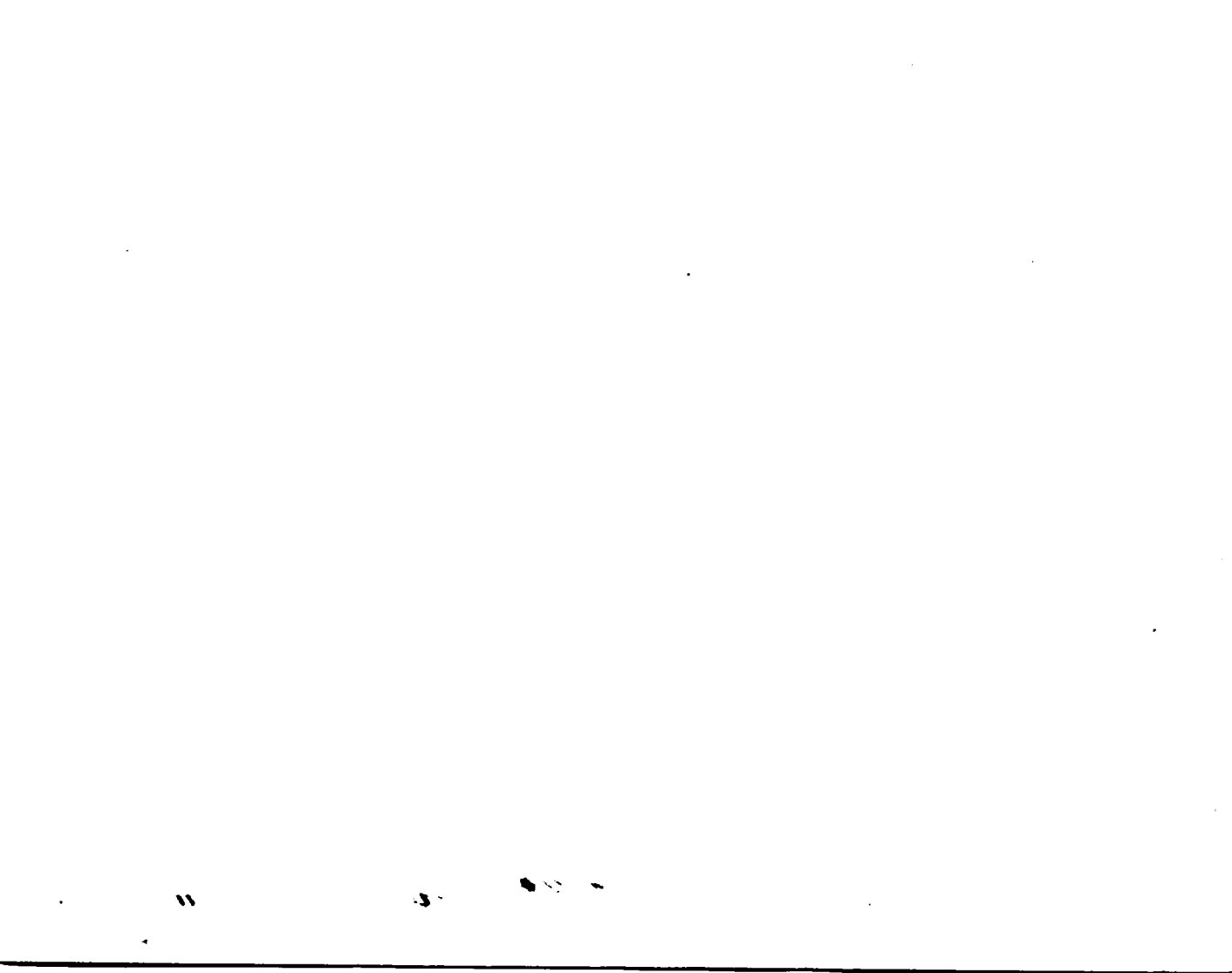
(Signature) J. F. Alton  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Registrar

Filed 4-20 1920 D. C. Day  
Registrar



386-213-036-469  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-8-17

County of BridaCity of SamariaRegistration District No. 26File No. 79228

No. .... St.

Primary Registration District No. 2069Registered No. 46Hospital .....  
FULL NAME OF CHILD MARGARET Ella ThomasSex of Child Female Twin Triplet or other? 5 and { Number in order of birth 5 Legitimate? yes Date of Birth Mar. 13 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FATHER  
FULL NAME William Thomas  
RESIDENCE Samaria Ida.  
COLOR white AGE AT LAST BIRTHDAY 36 (Years)  
BIRTHPLACE Samaria  
OCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Jane Morse  
RESIDENCE Samaria Ida.  
COLOR white AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Samaria  
OCCUPATIONNumber of child of this mother, including present birth. .... 5 Number of children of this mother now living, including present birth. ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

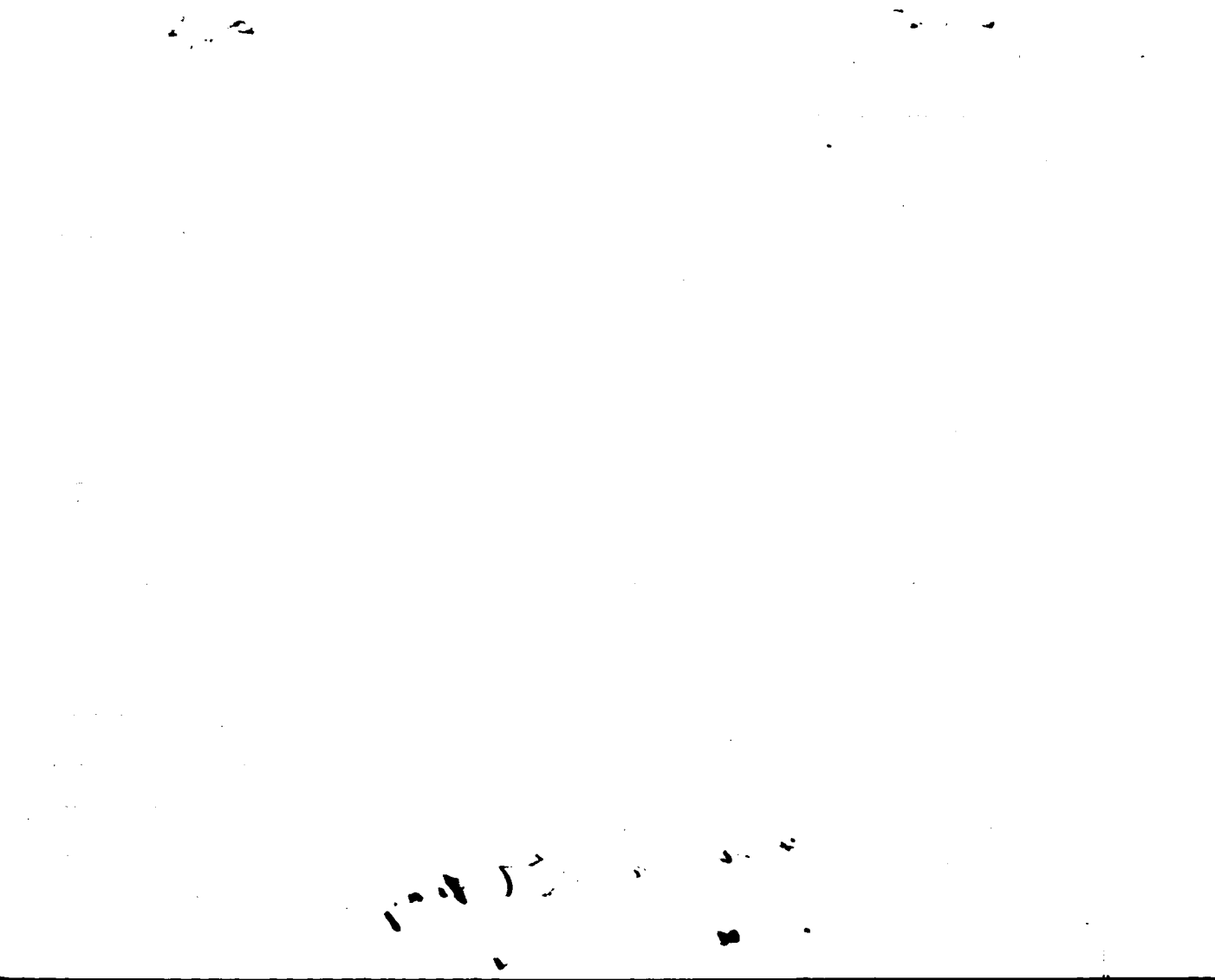
I hereby certify that I attended the birth of this child, who was alive at ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese  
midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address Samaria Idaho  
Filed 4-20-20 Ray  
Registrar Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }  
County of Salt Lake } ss. Certificate No. 79228  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)  
for Margaret Ella Thomas who was born on March 13, 1920 (Date of Event)  
in Samarita, Idaho (Name on Original Certificate) (Was Born or Died)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by church blessing cert. prepared on Mar. 13, 1920 (Place of Event)  
(Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

~~William Thomas~~ Name Ella Thomas Margaret Ella Thomas

Subscribed and sworn to before me this 4th  
day of May, 19 42  
Ben B. Baggley  
Notary Public, residing at Midvale, Utah  
My commission expires July 27, 1942  
(Seal)

Signed Jane Morse Thomas  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
560 East Center St. Midvale Utah  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }  
County of Salt Lake } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.  
Subscribed and sworn to before me this 4th  
day of May, 19 42  
Ben B. Baggley  
Notary Public, residing at Midvale, Utah  
My commission expires July 27, 1942  
(Seal)

Signed Clyde E. Morse  
(Signature of Any Credible Person Other Than Previous Year)  
1951 Eccles Ave  
(Street Address, City, State)

MAY 18 1942

MAY 21 1948

b93 - 214-036 - 255

## PLACE OF BIRTH

County of ConidaCity of St. JohnNo. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

79229

Registration District No. 26

File No. ....

Primary Registration District No. 2069Registered No. 47

Hospital .....

FULL NAME OF CHILD .....

Artella May Williams

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>March 14 1920</u> (Month) (Day) (Year)
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FULL NAME <u>2 wid Moroni Williams</u>	FATHER
RESIDENCE <u>St John, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Malad, Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Martha Kent</u>	MOTHER
RESIDENCE <u>St John Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Malad, Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Mauer M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad, IdahoFiled 4-20-20

Registrar

Registrar



NOV 8 1973

JUN 16 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

363-215-036-345

Form V. S. No. 11-C--25m-7-21-10

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Quada

City of Malad

Registration District No. 26

File No. 79230

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069 Registered No. 48

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Phyllis Colton

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>3 15 20</u> (Month) (Day) (Year)
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FULL NAME FATHER Joseph J. Colton

FULL MAIDEN NAME MOTHER Hazel J. Lundy

RESIDENCE Malad

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 23  
(Years)

COLOR White AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE Malad

BIRTHPLACE Iowa

OCCUPATION Farming

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alroy at 2:15 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Phyllis Colton  
(Physician or midwife)

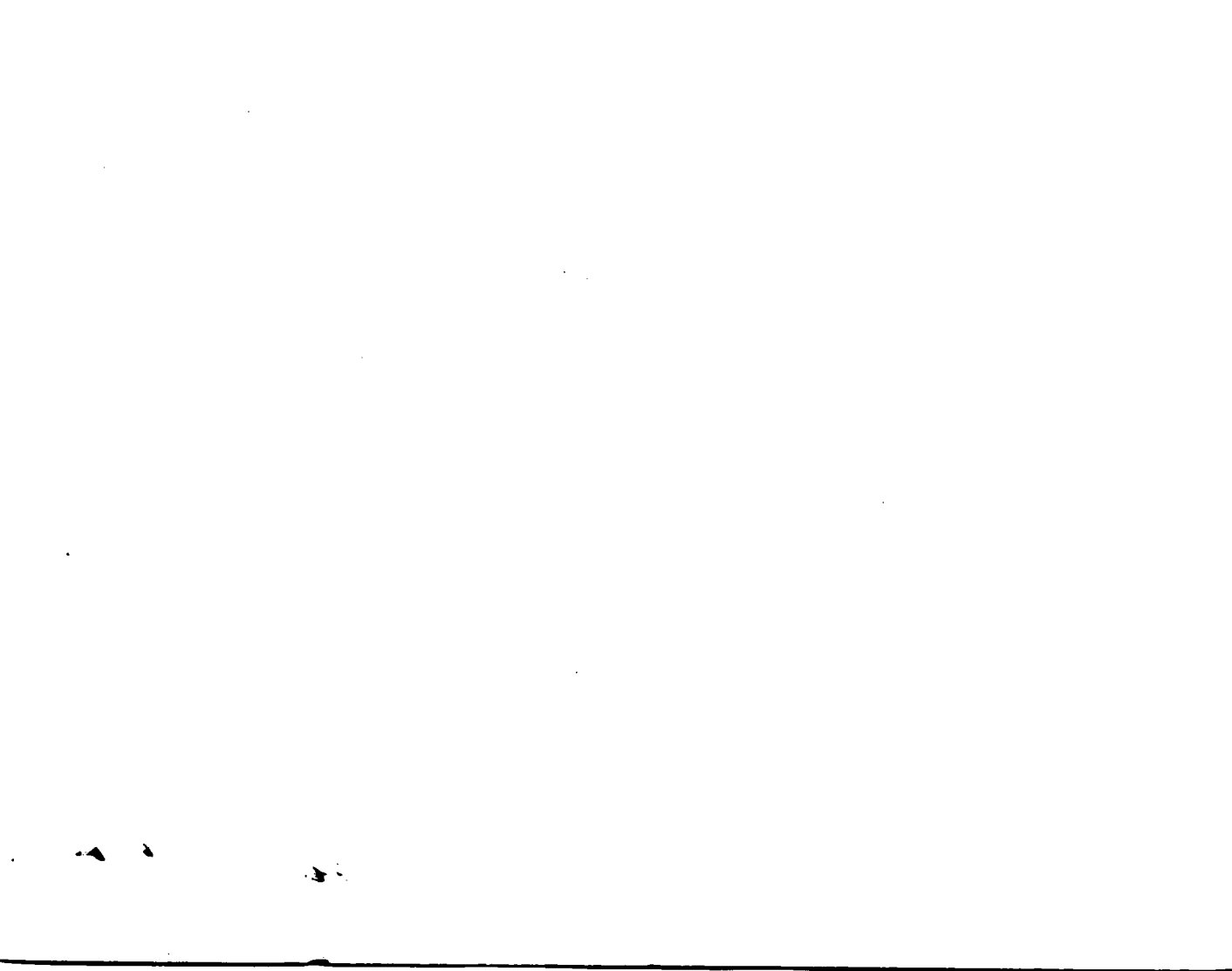
Given names added from a supplemental report.

Address Malad

Filed 4-20 30 D. Gray

Registrar

Registrar



MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-116-036-613

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

County of Oneida

CERTIFICATE OF BIRTH

City of Pleasanton

Registration District No. 26

File No. 79231

No.        St.       

Primary Registration District No. 2069

Registered No. 49

Hospital       

FULL NAME OF CHILD Eugene Walker Thorpe

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Mar 16 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Mr. Thorpe</u>	FATHER
RESIDENCE <u>Pleasanton, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Samaria, Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lucy Walker</u>	MOTHER
RESIDENCE <u>Pleasanton, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Rockland, Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 5 P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. Mauer M.D.  
Physician  
(Physician or midwife)

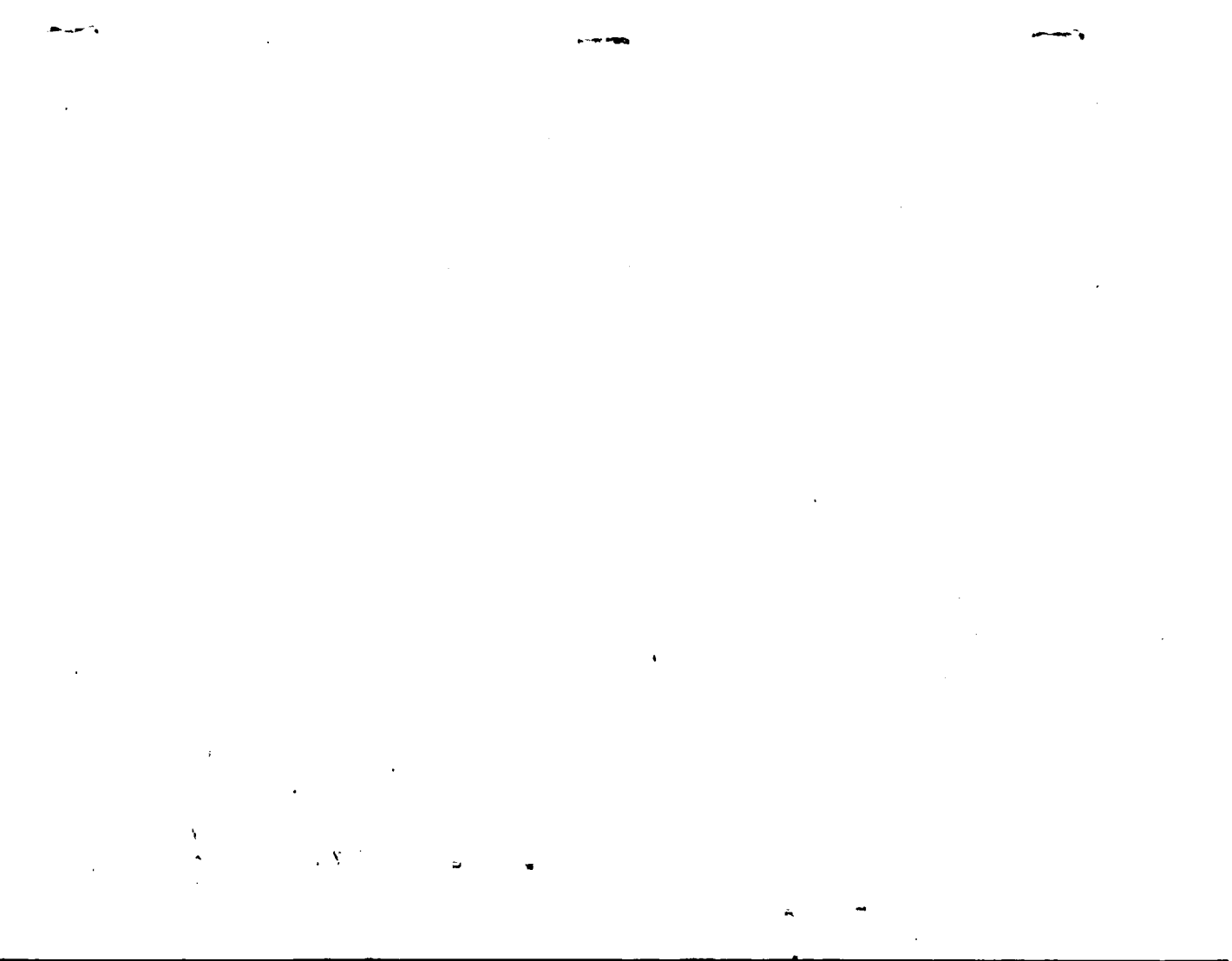
Given names added from a supplemental report.

Address Malad, Idaho

Filed 4-20-20

Registrar

Registrar



Own Child's Birth Cert. on file: (Idaho Birth) #382883 gives full name of father as Eugene Walker Thorpe - viewed by V.S. L.D.S. Church Record, dated Jan. 24, 1940 gives full name as Eugene Walker Thorpe, born March 16, 1920 to Thomas Thorpe and Lucy Walker - baptized Sept. 1, 1928 and confirmed Sept. 2, 1928 - viewed by V.S. Pleasantview Ward, Malad, Stake - viewed by V.S. ordained into the Elders Quorum, Jan. 24, 1940 -

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of IDAHO } ss. Certificate No. 79231  
County of ONEIDA } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
for Unnamed Thorpe (male child) who was born on March 16, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pleasantview, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Church Record prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
Full Name of Child	_____	Unnamed	Eugene Walker Thorpe
_____	_____	_____	_____
_____	_____	_____	_____

Subscribed and sworn to before me this 11 day of May, 1942  
Colin H. Sweeten  
Notary Public, residing at Malad, Idaho  
My commission expires 1-13-43  
(Seal)

Signed Lucy L. Walker Thorpe  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss. [This Affidavit MUST Also be Executed.  
County of ONEIDA } (See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of May, 1942  
Colin H. Sweeten  
Notary Public, residing at Malad, Idaho  
My commission expires 1-13-43  
(Seal)

Signed Rae Williams  
(Signature of Any Credible Person)  
Samaria Idaho  
(Street Address, City, State)

MAY 16 1962

319-216-036-285

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. &amp; No. 11-C-28a-9-17

## CERTIFICATE OF BIRTH

County of QuadaCity of MaladRegistration District No. 26File No. 79232

No. ....St.

Primary Registration District No. 26.9Registered No. 50

Hospital .....

FULL NAME OF CHILD Dora S. Larsen

Sex of Child <u>Female</u>	Twin Triplet or other? <u>1</u>	and {	Number in order of birth <u>8</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>3-16-1920</u> (Month) (Day) (Year)
FULL NAME <u>FATHER John W. Larsen</u>			FULL MAIDEN NAME <u>MOTHER Dora A. Shelton</u>		
RESIDENCE <u>Malad Ida.</u>			RESIDENCE <u>Malad Ida.</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	
BIRTHPLACE <u>Denmark</u>			BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 8..... Number of children of this mother now living, including present birth 7.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:10 P.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Terry  
M. J.  
(Physician or midwife)

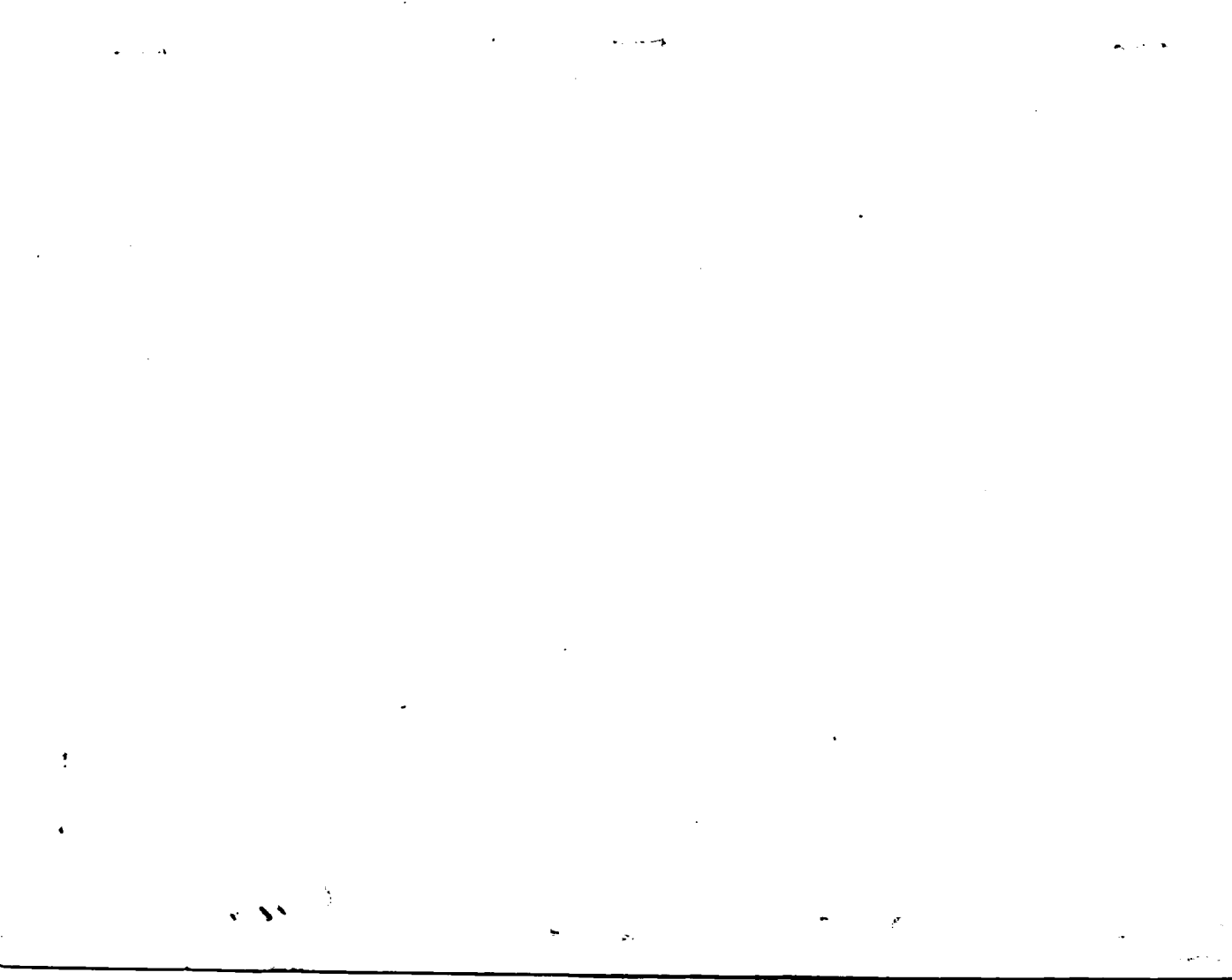
Given names added from a supplemental report.

Address Malad Ida.Filed 4-20-1920 25 May

Registrar

Registrar





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 79232  
County of Ada } Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed female Larsen who was born on March 16, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Malad, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name," "Birth Date," "Cause of Death," Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
<u>name of child</u>	<u>omitted</u>	<u>Dora Shirley Larsen</u>
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 1st day of

July, 1974

Blenda Mae Larson  
Notary Public, residing at Boise, Idaho

My commission expires September 15, 1976

(Seal)

Signed Fred M. Allen  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R H H Rupert Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

\_\_\_\_\_  
(Street Address, City, State)

Own child's birth certificate on file for Larry Dale Maier, June 13, 1941 in  
Rupert, State File #318423 gives mother's name as Dora S. Larsen--viewed by VS.

**JUL 1 1974**

Savings account book Idaho First National Bank of Idaho gives name as  
Dora Maier--opened August 24, 1967 (Rupert, Idaho) -- viewed by VS.

693-120-036-552

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-9-3-37

79233

County of... Oneida .....City of... Malad .....Registration District No. 26 .....

File No. ....

No. .... St. ....

Primary Registration District No. 2069 .....Registered No. 51 .....

Hospital .....

## FULL NAME OF CHILD

George Williams III

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>March 20</u> 19 <u>99</u> (Month) (Day) (Year)
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FULL NAME <u>George Albert Williams</u>	FATHER	FULL MAIDEN NAME <u>Emma Vest</u>	MOTHER
RESIDENCE <u>Malad, Idaho</u>		RESIDENCE <u>Malad, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Malad, Idaho</u>		BIRTHPLACE <u>Malad, Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 ... Number of children of this mother now living, including present birth 1 ...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 8:30 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Mauer M.D.
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad, IdahoFiled 4-20-1900

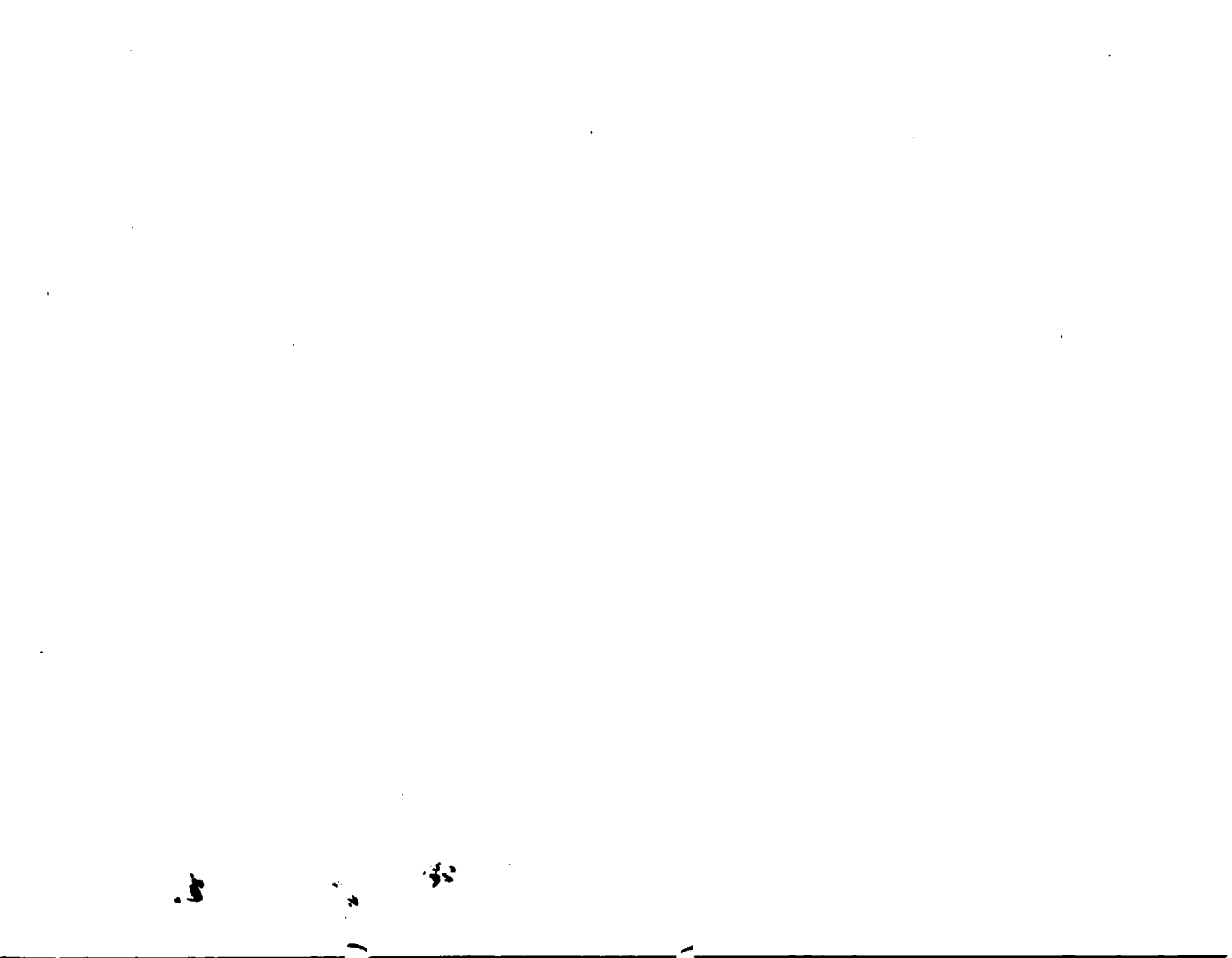
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



415-125-036-165

## PLACE OF BIRTH

County of OneidaCity of Malad

No. .... St.

Hospital .....

FULL NAME OF CHILD

Parley DavisSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-27

## CERTIFICATE OF BIRTH

26

79234

Registration District No. ....

File No. ....

Primary Registration District No. 2069Registered No. 52

Sex of Child <u>male</u>	Twin Triplet or other? <u>    </u>	and { Number in order of birth of birth (To be answered only in event of plural births) }	Legitimate? <u>yes</u>	Date of Birth <u>Mar 25 1920</u> (Month) (Day) (Year)
--------------------------	------------------------------------	---	------------------------	--

FULL NAME <u>Tom J. Davis</u>	FATHER
RESIDENCE <u>Malad, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Malad, Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Rachael Ann Jones</u>	MOTHER
RESIDENCE <u>Malad, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Malad, Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9:30 a. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

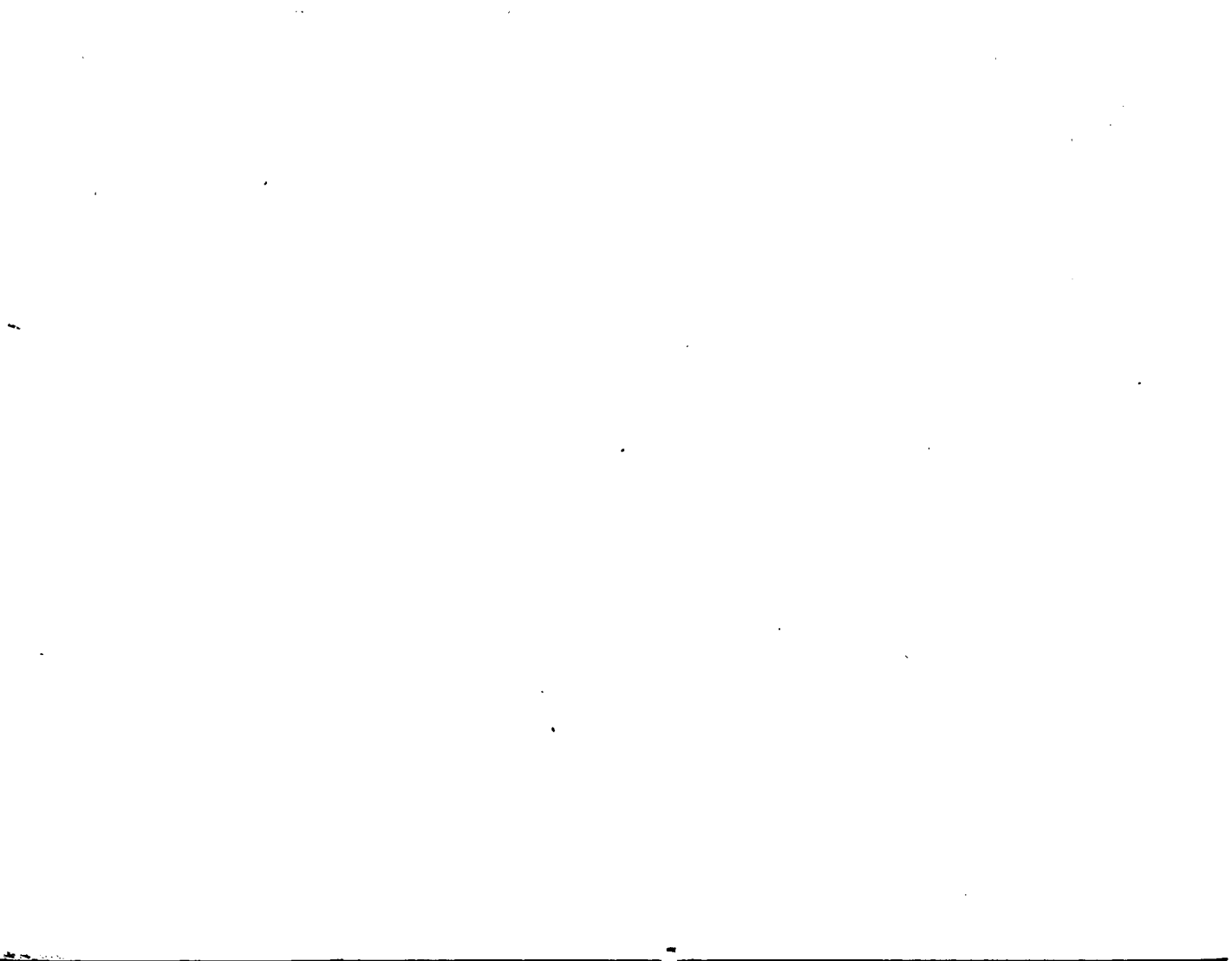
(Signature) Dr. M. J. P. Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad, IdahoFiled 4-20-20 Registrar L. E. Day

Registrar

Registrar



PLACE OF BIRTH  
133-228-076-551  
County of Quincy  
City of Malad  
No. .... St.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25a-9-17

79235

Registration District No. 26

File No. ....

Primary Registration District No. 2069

Registered No. 53

Hospital .....

FULL NAME OF CHILD Mary Virginia Allred

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and { Number in order of birth <u>    </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>3-28-1920</u> (Month) (Day) (Year)
----------------------------	---	--	------------------------	--

FULL NAME <u>Kim Allred</u>	FATHER
RESIDENCE <u>Malad Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>5-2</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Annie Evans</u>	MOTHER
RESIDENCE <u>Malad Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Malad</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at Malad, Id. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Evans

(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

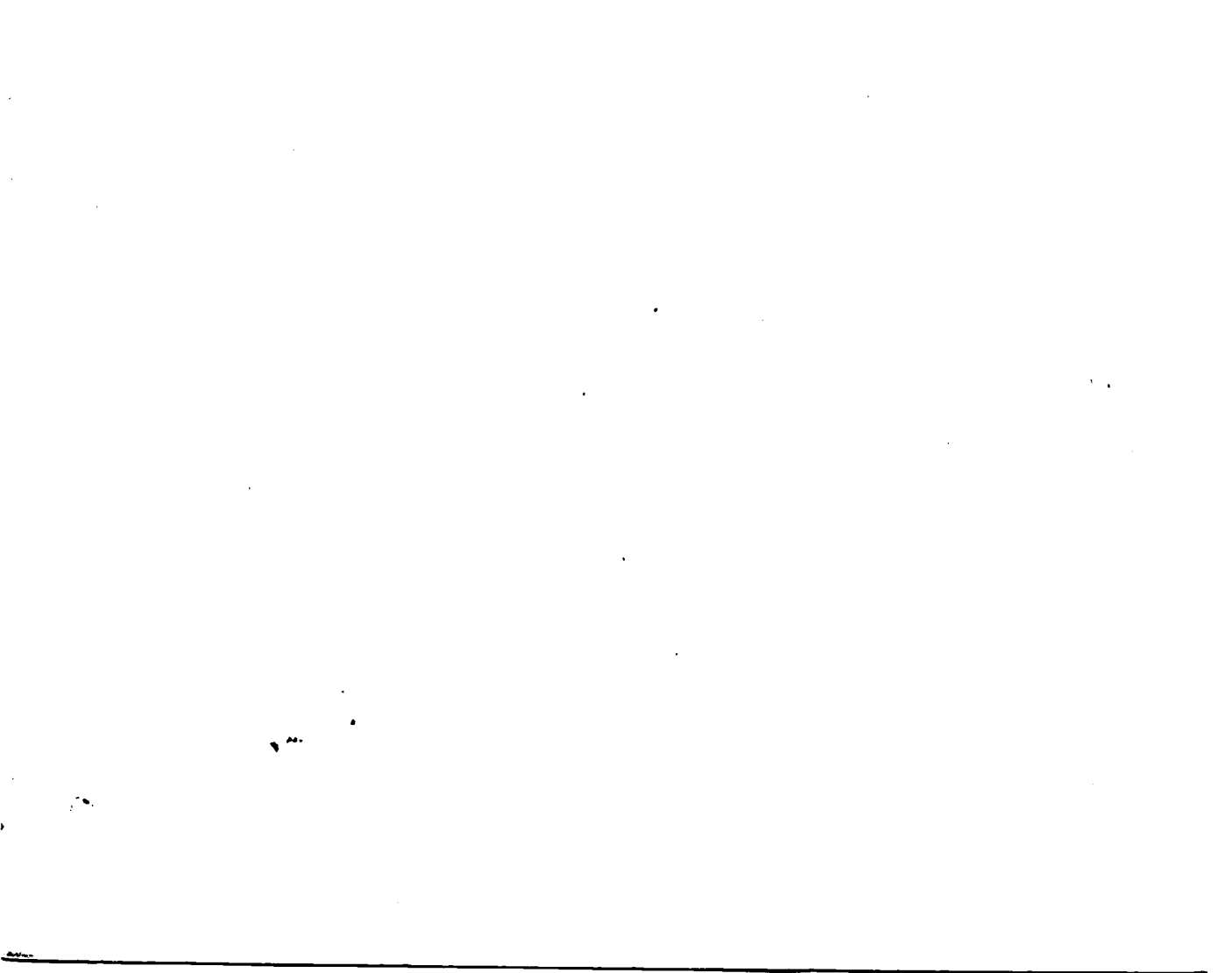
Address Malad Id.

Filed 4-20-20 May

Registrar

Registrar





157-130-036-386

## PLACE OF BIRTH

County of OneidaCity of Malad

No. .... St.

Hospital .....

FULL NAME OF CHILD

Paul Thomas Jepson

Sex of Child

maleTwin  
Triplet  
or other?{ and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yes

Date of Birth

Mar 30 1920

(Month) (Day) (Year)

FULL NAME

FATHER

Samuel Leeland Jepson

RESIDENCE

Malad, Idaho.

COLOR

white

AGE AT LAST BIRTHDAY

27

(Years)

BIRTHPLACE

Brigham City, Utah

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Mary Thomas

RESIDENCE

Malad, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

25

(Years)

BIRTHPLACE

Malad, Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 12:55 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. T. Mauer M.D.Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Malad, Idaho

Filed

4-20-20

Registrar

Registrar

2000

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-130-036-386

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-8-27

County of... Oneida...

City of... Malad...

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

Registration District No. ....

Primary Registration District No. ....

File No. .... 79227

Registered No. .... 55

Sex of Child male Twin Triplet or other? no } and { Number in order of birth 1 } Legitimate? yes Date of Birth Mar 30 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Thos. S. Jones Jr.  
RESIDENCE Malad, Idaho  
COLOR white AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Malad, Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Anna Thorge  
RESIDENCE Malad, Idaho  
COLOR white AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Malad, Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth... 2... Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... alive... at... 9... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ... R. M. Mamer M.D. ...

Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address... Malad, Idaho...

Filed... 4-20 1920...

Registrar

Registrar

AUG 30 1971

463-101-036-551

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of OwneyCity of MaladRegistration District No. 26File No. 79238

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 56

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Charles LeRoy Mock

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legit mate? <u>Yes</u>	Date of Birth <u>Apr 1 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	---------------------------	---

FULL NAME FATHER Clifton MockFULL MAIDEN NAME MOTHER Minnie EvansRESIDENCE MaladRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 32  
(Years)COLOR White AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE Ills.BIRTHPLACE MaladOCCUPATION FarmingOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

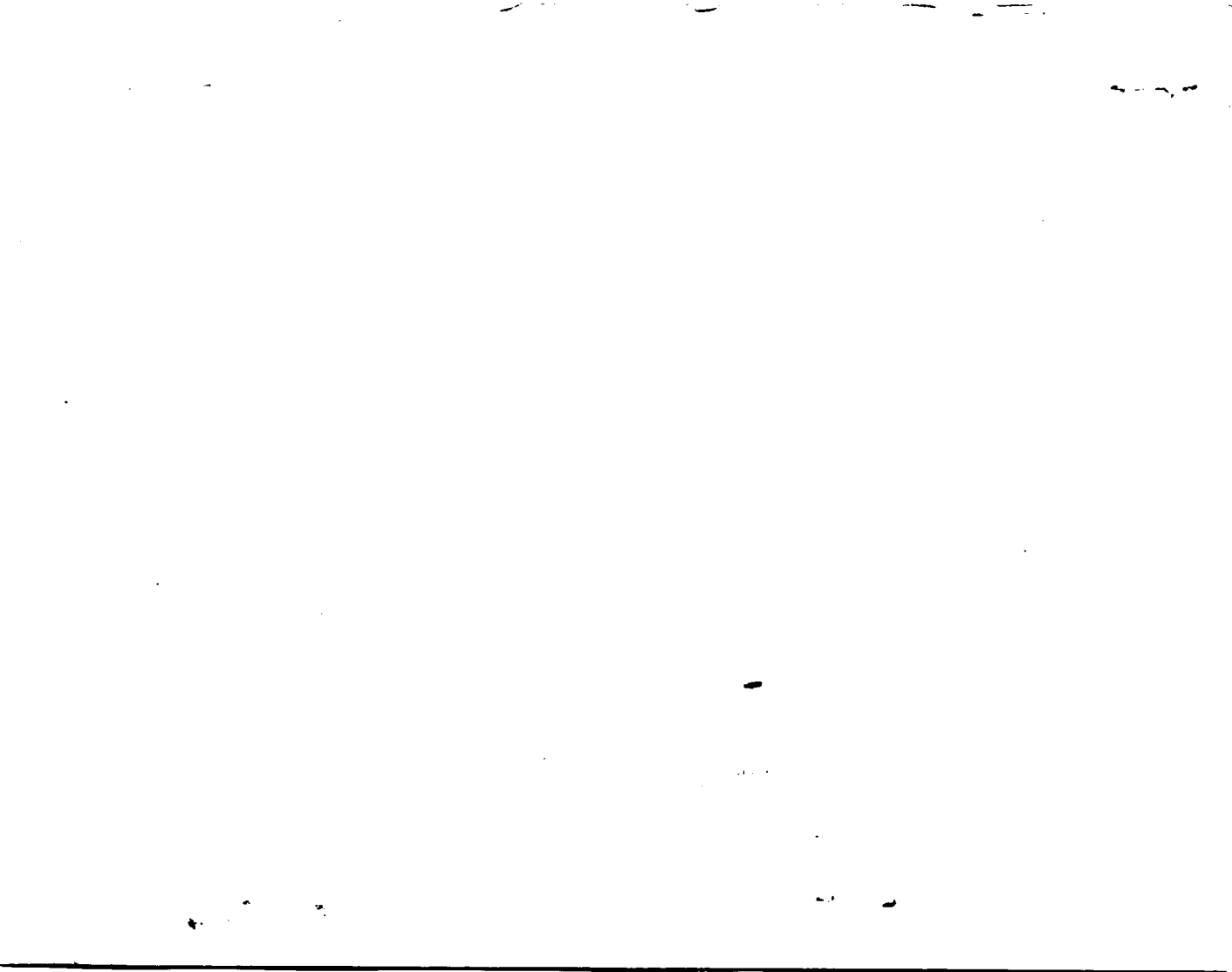
I hereby certify that I attended the birth of this child, who was Alive at 11:30 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hutton  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad  
Filed 4-20 1920 D. C. Day  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho }  
County of Gooding } ss. JUN 20 1941  
Certificate No. 19235  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Charles LeRoy Moak who Born on April 1st 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Mald City, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)

facts as shown by Personal knowledge prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO  
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)

April 1st 1920  
Birth certificate was for unnamed Moak  
Birth attended by Dr Alton Address unknown

Subscribed and sworn to before me this 19th  
day of June, 1941

J. E. Maxwell  
Notary Public, residing at Wendell, Idaho  
My commission expires Jan 16 1943

Signed Mrs. C. J. Moak  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death  
record; or other credible person)

Mrs. C. J. Moak  
(Indicate City, State)

Supporting Affidavit of a Second Person

State of Idaho }  
County of Gooding } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th  
day of June, 1941

J. E. Maxwell  
Notary Public, residing at Wendell, Idaho

My commission expires Jan 16th 1943  
[SEAL]

Signed Thelma Webb  
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)



6-27-41



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

551-104-236-386

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form No. 11-C-25m-7-21-19

County of Quincy

City of Malad

Registration District No. 26

File No. 79239

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 57

Hospital \_\_\_\_\_

FULL NAME OF CHILD

WILLIAM W. EVANS

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>4 - 4</u> (Month) (Day) 19 <u>20</u> (Year)
--------------------------	---	-----	---	-------------------------------	---

FULL NAME FATHER  
John T. Evans

RESIDENCE Malad Ida.

COLOR white AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Malad Ida.

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER  
Rhoda Thomas

RESIDENCE Malad Ida.

COLOR white AGE AT LAST BIRTHDAY 26  
(Years)

BIRTHPLACE Malad Ida.

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

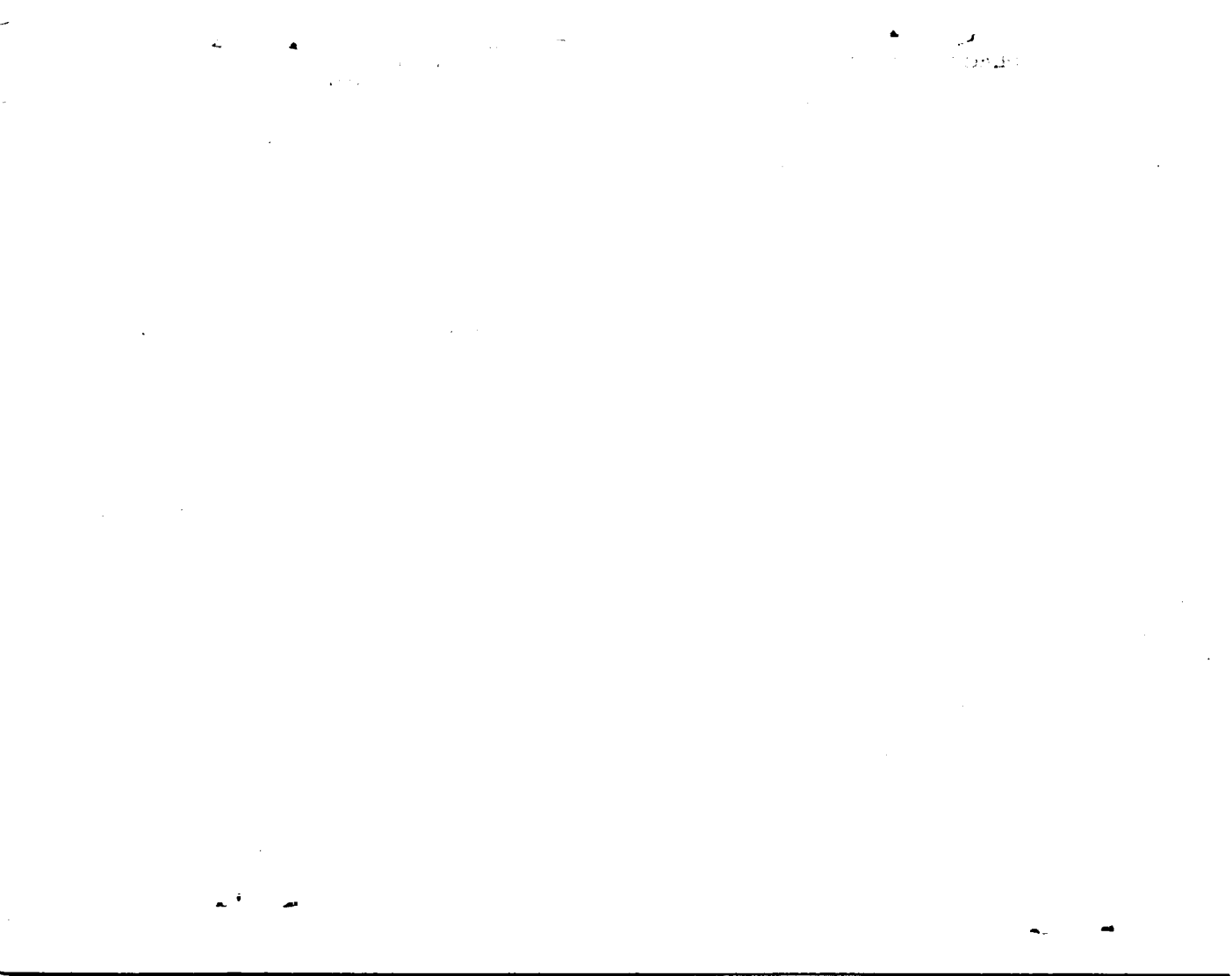
I hereby certify that I attended the birth of this child, who was alive, at 1 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Rogers  
M. J.  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad Ida.  
Filed 4-20-20 D. C. Gray  
Registrar



386-105-036-165

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of OrindaCity of MaladRegistration District No. 26File No. 79240

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 58

Hospital \_\_\_\_\_

FULL NAME OF CHILD David F. Thomas

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>4-5-1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME Ernest Thomas  
RESIDENCE Malad Ida.  
COLOR white AGE AT LAST BIRTHDAY 43  
(Years)  
BIRTHPLACE Tenn.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Mattie Jones  
RESIDENCE Malad Ida.  
COLOR white AGE AT LAST BIRTHDAY 41  
(Years)  
BIRTHPLACE Malad Ida.  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:10 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Rogers

(Physician or midwife)

Given names added from a supplemental report.

19

Address Malad IdaFiled 4-20 1920 D. Ray

Registrar

Registrar

FEB 11 1942

JUL 7 1964

819-205-056-165

## PLACE OF BIRTH

County of... O. needaCity of... MaladNo. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-9-8-27

## CERTIFICATE OF BIRTH

Registration District No. .... 26File No. .... 79241Primary Registration District No. .... 2069Registered No. .... 59Rula Harris

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { } Number in order of birth { } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>April 5</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <u>Archibald Harris</u>	FULL MAIDEN NAME <u>Mary May Jones</u>
RESIDENCE <u>Malad, Idaho</u>	RESIDENCE <u>Malad, Idaho</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Woodruff, Idaho</u>	BIRTHPLACE <u>Malad, Idaho</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth... 4 ... Number of children of this mother now living, including present birth... 4 ...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... alive ... at... 1 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ROMANER M.P. Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address... Malad, Idaho

Filed 4 20 1920 Registrar D. Gray

JUL 15 1954

693-106-036-231

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
Amended 10/2/78County of Oneida

CERTIFICATE OF BIRTH

City of MaladRegistration District No. 26File No. 79242

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 60

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Samuel Claude Williams

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Apr 6</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME Edward P. Williams FATHERFULL MAIDEN NAME Martha Bladell MOTHERRESIDENCE MaladRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 33 (Years)COLOR White AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE MaladBIRTHPLACE UtahOCCUPATION FarmingOCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

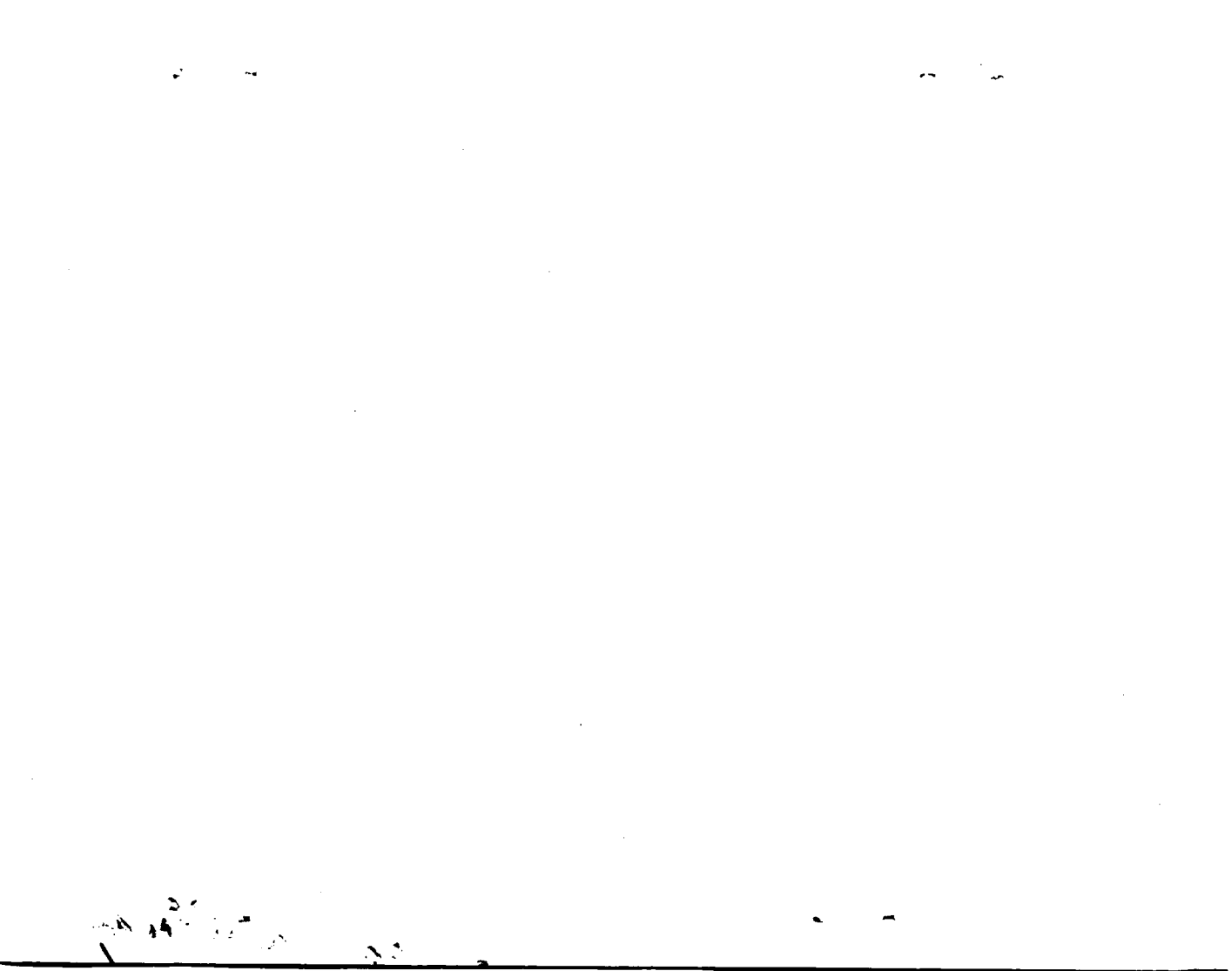
Address MaladFiled 4-20 1920Registrar D. C. Day

Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... }  
County of..... } ss. **RECEIVED**  
**SEP 11 8 50 AM '78**

Certificate No. 79242

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... birth.....  
for..... Unnamed Williams..... who..... was born..... on April 6, 1920.....  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in..... Malad..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

childs name..... omitted..... Samuel Claude Williams  
.....  
.....

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed.....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed.....  
(Signature of Any Credible Person)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

(Street Address, City, State)

Certif of Baptism from Lds Church gives name as Samuel Claud Williams son of Edward G. Williams and Martha ~~Blais~~ Blaisdele born April 6, 1920 at Malad, Idaho. Baptized Feb 3, 1929. viewed by V. S.

U. S. Army Honorable Discharge ~~from the~~ gives name as Samuel C. Williams born April 6, 1920 at Malad, Idaho. date of Separation Jan 9, 1946. viewed by V. S.

OCT 2 1978

816-206-036-799

Form V. S. No. 11-C-25m-7-21-18

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of QuincyCity of MaladRegistration District No. 26File No. 79243

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 61

Hospital \_\_\_\_\_

FULL NAME OF CHILD

THELLA HAWKINS

Sex of  
ChildFemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
Birth4 - 6 - 19 20  
(Month) (Day) (Year)FULL  
NAMEEph. Hawkins

FATHER

FULL  
MAIDEN  
NAMERachel Griffith

MOTHER

RESIDENCE

Malad Ida.

RESIDENCE

Malad

COLOR

whiteAGE AT LAST  
BIRTHDAY37  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Lamarina Ida.

BIRTHPLACE

Malad Ida.

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Apr 6at 11:55 P. M.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. M. Kerns.  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Malad Ida

Filed

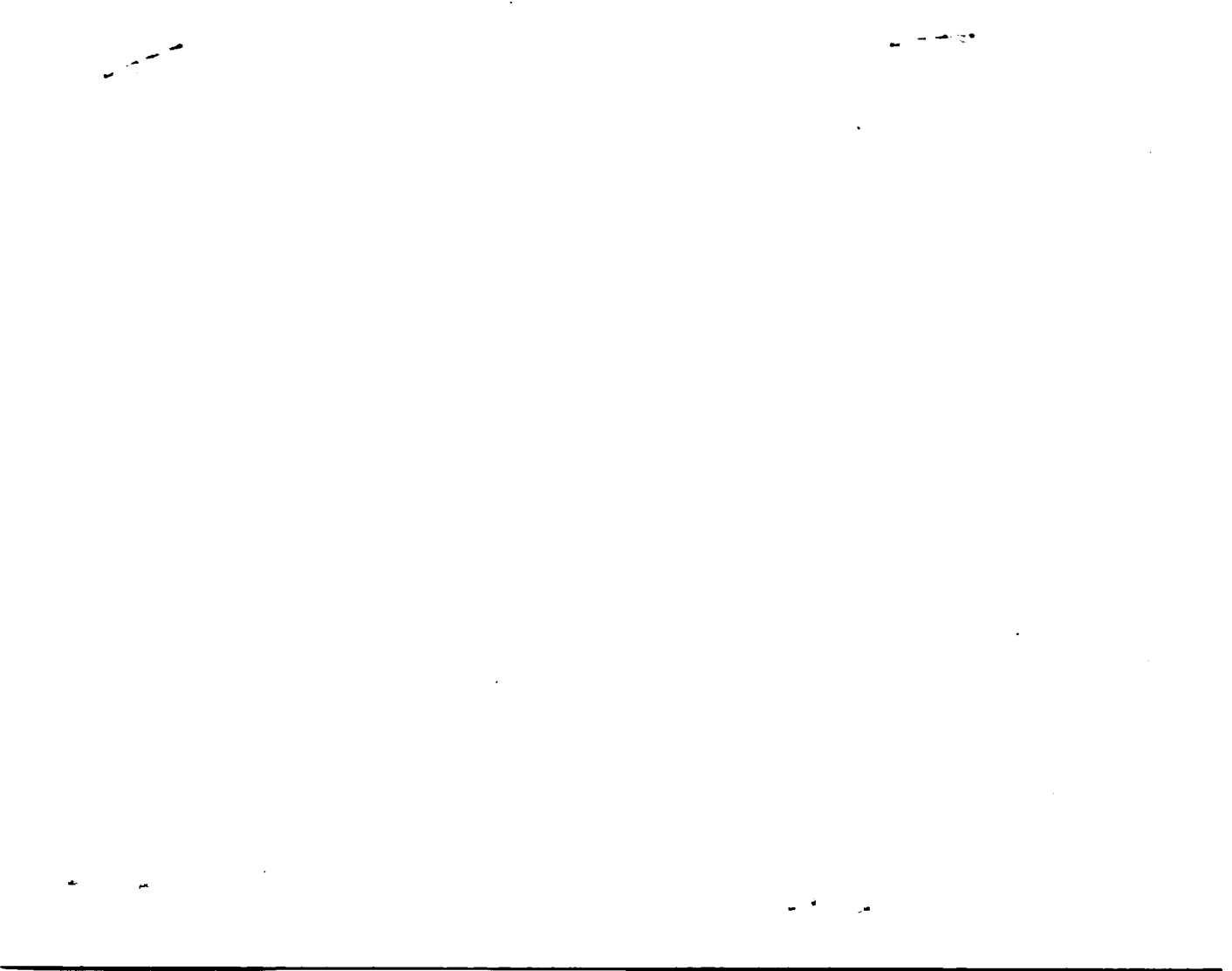
4 - 20 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



MAY 27 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }  
County of Ros Angeles } ss.

Certificate No. 79243

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for \_\_\_\_\_ (Name on Original Certificate) who born on April 6-1920 (Birth or Death)  
in \_\_\_\_\_ (Place of Event) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

Name

Unnamed

Thella Hawkins

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }  
County of Ros Angeles } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23  
day of May, 1943

Signed Charles Hawkins

(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at 916-1st Street

(Street Address, City, State)

My commission expires Dec. 1, 1944  
(Seal)

Herman Beach, California

MAY 27 1943

JUN 1 1946

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

799-108-036-165 name added 4-18-84 61

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of Owida

CERTIFICATE OF BIRTH

City of Mald

Registration District No. 26

File No. 79244

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069 Registered No. 67

Hospital \_\_\_\_\_

Kleal J. Price

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth (Month) <u>Apr</u> (Day) <u>8</u> (Year) <u>1920</u>
--------------------------	---	-----	---	----------------------------	---

FULL NAME FATHER John L. Price

FULL MAIDEN NAME MOTHER Anella Jones

RESIDENCE Nazicks

RESIDENCE Nazicks

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Mald

BIRTHPLACE Mald

OCCUPATION Farming

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 12:15 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hutton  
(Physician or midwife)

Given names added from a supplemental report.

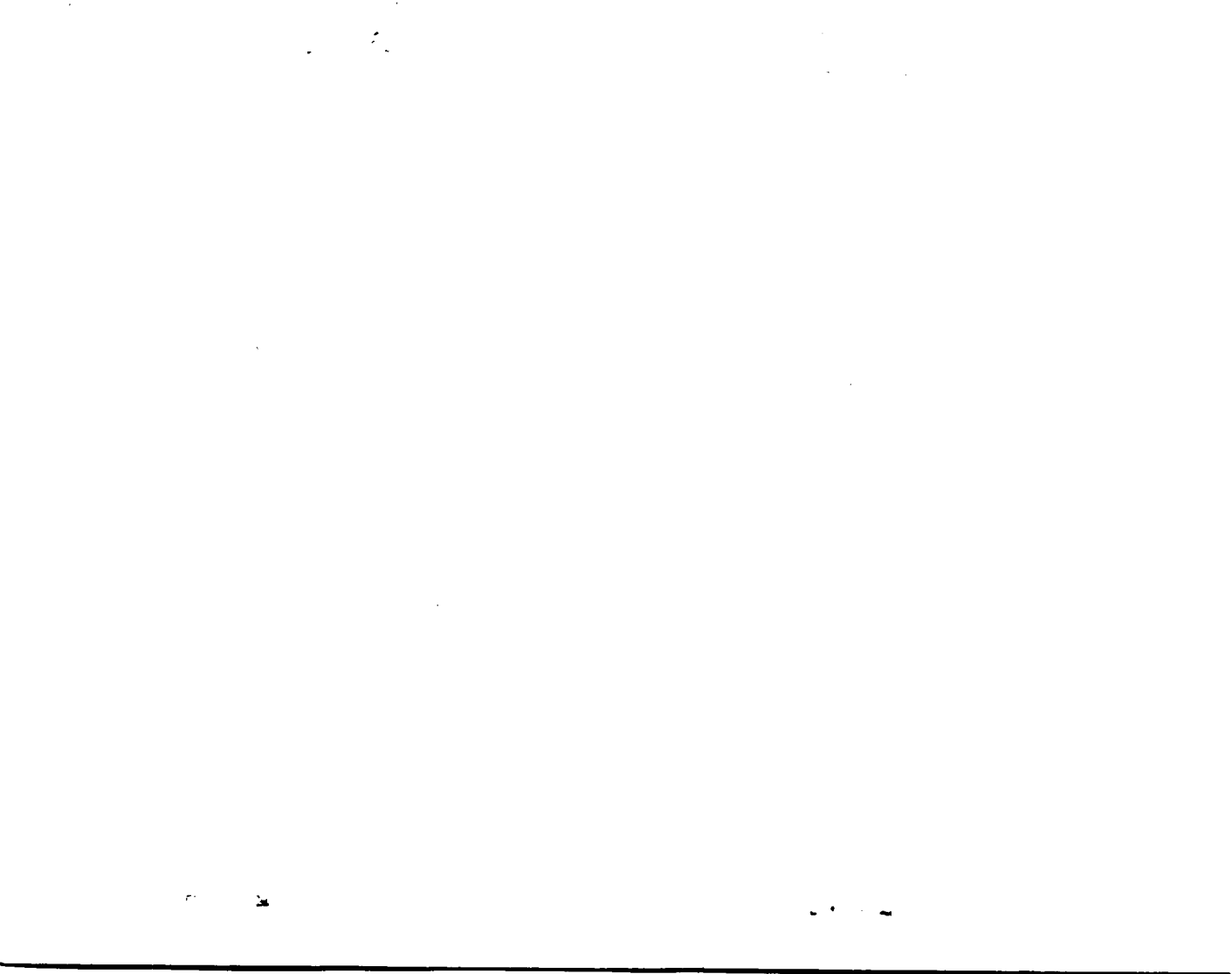
Address Mald

Filed 4-20 1920 D. Gray

Registrar

Registrar





3-27-84

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.  
 County of Oneida

APR 6

8 05 AM '84

Certificate No. 79244

Date Filed

birth

The undersigned does solemnly swear that certain facts on the certificate of

for Unnamed Price who was born on April 8, 1920  
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Malad (Oneida) are erroneous or were omitted:  
 (Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameUnnamedKleal Jones PriceSubscribed and sworn to before me this 4th day ofNotary Public, Sandra G. JessResiding at Malad Oneida County IdahoMy commission expires Life

(Seal)

Signature of Applicant

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
 County of Oneida

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day ofNotary Public, Sandra G. JessResiding at Malad Oneida County IdahoMy commission expires Life

(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

LDS Church records show Kleal Price born April 8, 1920 at Malad, Idaho was baptised Feb 2, 1930. Fathers name John L. Price and mothers maiden name Annella Jones. Viewed by V.S.

Honorable Discharge from U.S. Army lists Kleal J Price  
born April 8, 1920 was discharged May 15, 1946. Viewed by V.S.

APR 18 1984

253 - 108-036 - 432

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79245

County of QuadaCity of MaladRegistration District No. 26

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069 Registered No. 63

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>4-8</u> (Month) (Day) 19 <u>20</u> (Year)
--------------------------	---	-----	--------------------------------	-------------------------------	---

FULL NAME FATHER M. V. BecksteadRESIDENCE MaladCOLOR white AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE Provo UtahOCCUPATION R.R. Freight DeptFULL MAIDEN NAME MOTHER Miss M. KayRESIDENCE MaladCOLOR white AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE MaladOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alma, at 10:45 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kiggins  
M.V.  
(Physician or midwife)

Given names added from a supplemental report.

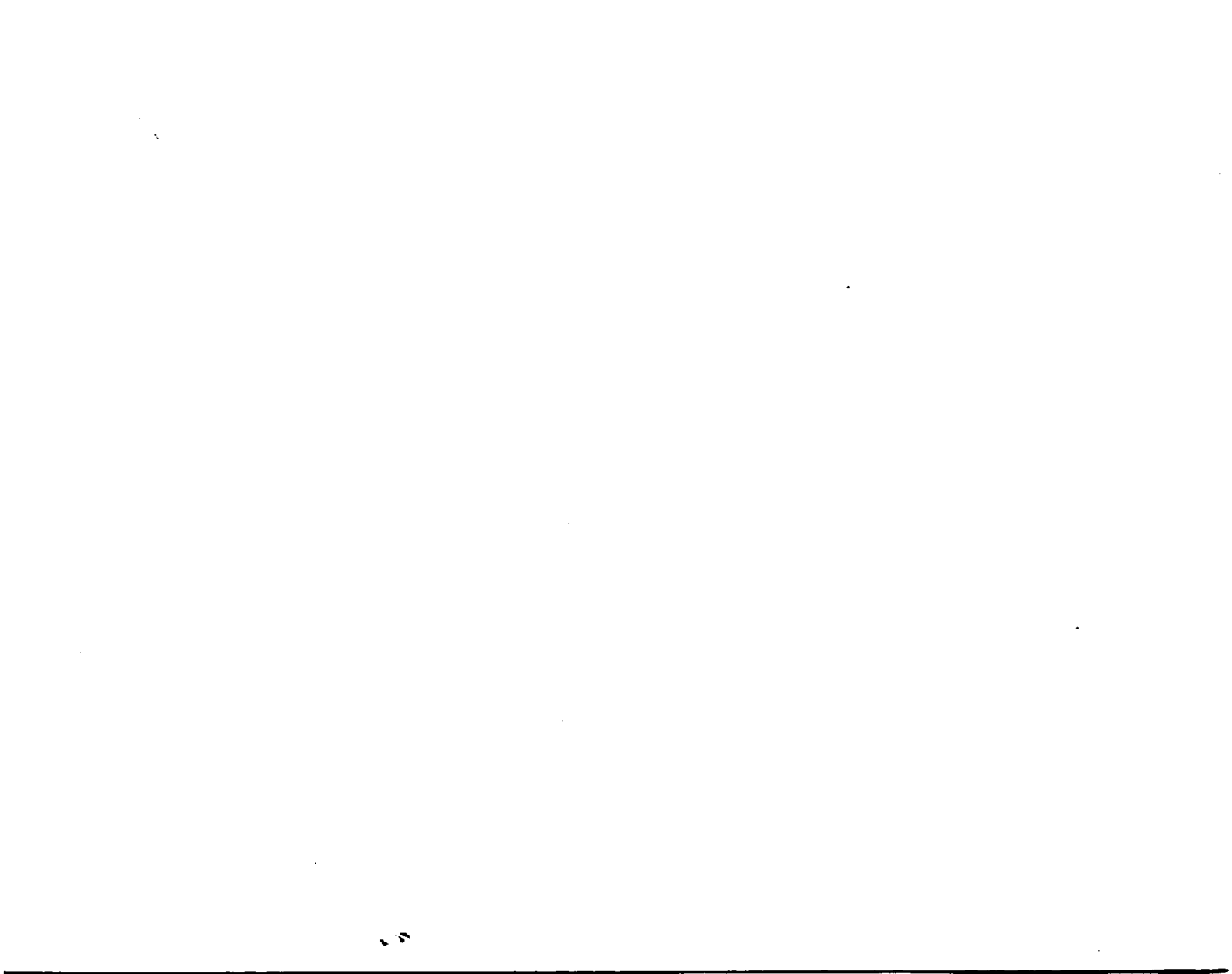
Address Malad IdaFiled 4-20 1920 O. C. Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



386 -110 -036 - 793  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. & No. 11-O-Mm-8-17

County of Greene  
City of Malad

Registration District No. 26 File No. 79246

No. .... St. .... Primary Registration District No. 2069 Registered No. 64

Hospital .....

FULL NAME OF CHILD Joseph Gilbert Thomas

Sex of Child <u>m</u>	Twin Triplet or other <u>and</u>	Number in order of birth <u>yes</u>	Legitimacy <u>yes</u>	Date of Birth <u>4-10-20</u> (Month) (Day) (Year)
-----------------------	----------------------------------	-------------------------------------	-----------------------	--

FULL NAME Joseph R Thomas  
RESIDENCE Malad  
COLOR wh AGE AT LAST BIRTHDAY ..... (Years)  
BIRTHPLACE Idaho  
OCCUPATION farmer

FULL MAIDEN NAME Sizzie Gilbert  
RESIDENCE .....  
COLOR wh AGE AT LAST BIRTHDAY ..... (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

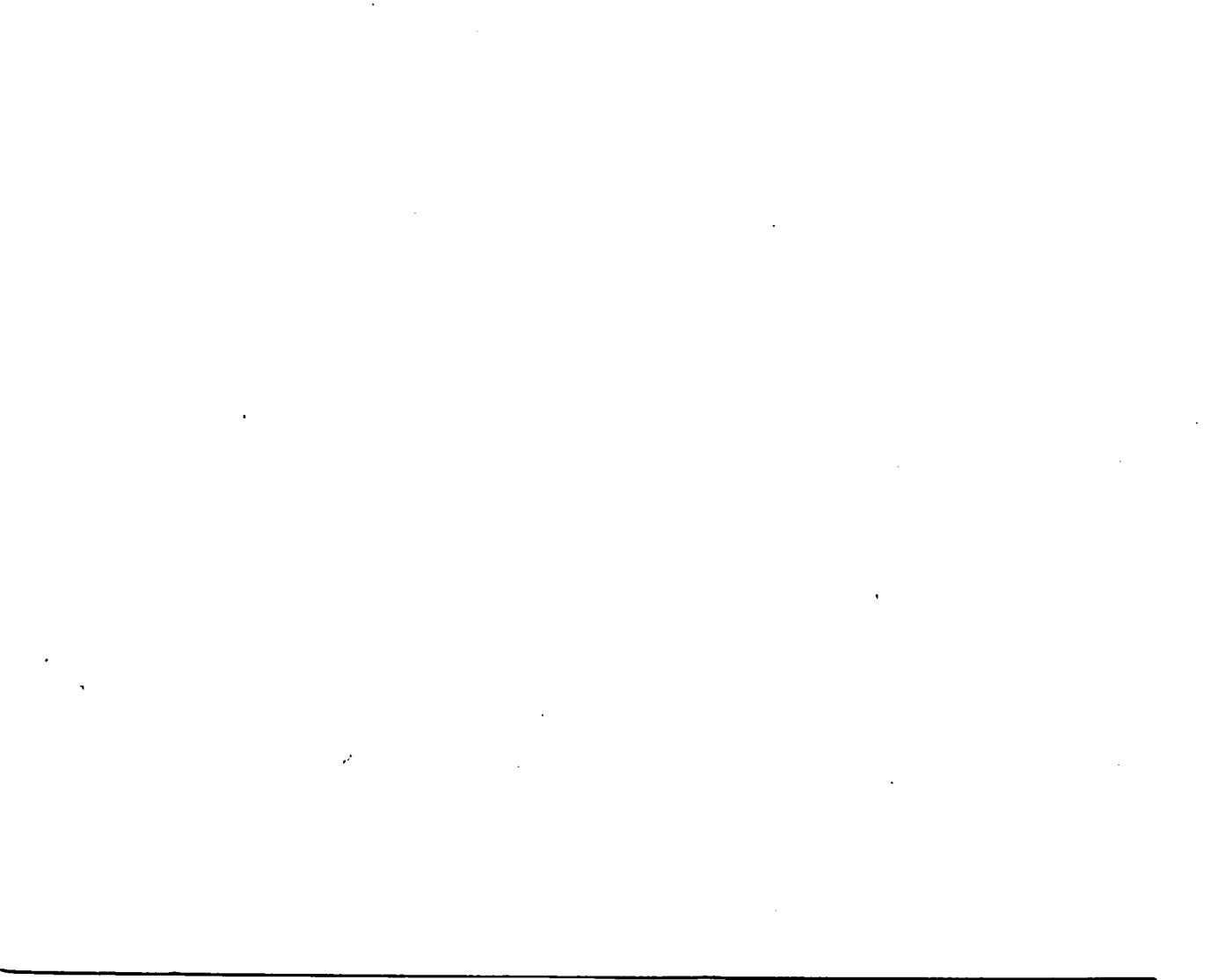
I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born Alive or Stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad  
Filed 4-20-20 D. C. Ray  
Registrar Registrar



693-210-036-799

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79247

County of OneidaCity of GreenleafRegistration District No. 26

File No. \_\_\_\_\_

No. \_\_\_\_\_

St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 05

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ruth WilliamsSex of Child FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate? YesDate of  
Birth Apr 10 20

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR WhiteAGE AT LAST  
BIRTHDAY 27

(Years)

COLOR WhiteAGE AT LAST  
BIRTHDAY 27

(Years)

BIRTHPLACE SamariaBIRTHPLACE MaladOCCUPATION FarmingOCCUPATION HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(Born alive or stillborn)

at 12:10 A M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Bolton(Physician or midwife) Malad

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

Filed 4-20 20 5 May

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



SEP 28 1946

613 -110-036-693

PLACE OF BIRTH

County of Oneida

City of Malad

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-27

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 79248

Primary Registration District No. 2069

Registered No. 65

Sex of Child male Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth April 10 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Joren Fallond  
RESIDENCE Malad, Idaho  
COLOR white AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Salt Lake City, Utah  
OCCUPATION mechanic

FULL MAIDEN NAME Naomi Williams  
RESIDENCE Malad, Idaho  
COLOR white AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Malad, Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 10:30 P. on the date above stated. (Born alive or stillborn).

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. M. D.

Given names added from a supplemental report.

Physician  
(Physician or midwife)

Address Malad, Idaho

Filed 4-20 1920

Registrar

Registrar

MAY 7 1969

165-210-036-693

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of QuadaCity of MaladRegistration District No. 26File No. 79249No. Amended 7/19/78 St.Primary Registration District No. 2069Registered No. 67

Hospital

FULL NAME OF CHILD

Lela Jones

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy?

yes

Date of Birth

4 10 1920  
(Month) (Day) (Year)

FULL NAME

Sylvester Jones

FATHER

RESIDENCE

Malad Ida

FULL MAIDEN NAME

Lattie Williams

MOTHER

RESIDENCE

Malad

COLOR

white

AGE AT LAST BIRTHDAY

20  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

20  
(Years)

BIRTHPLACE

Malad

BIRTHPLACE

Malad

OCCUPATION

Cluck

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was above on the date above stated.

(Born alive or stillborn)

at 3:00 M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Rogers  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Malad Ida

Filed

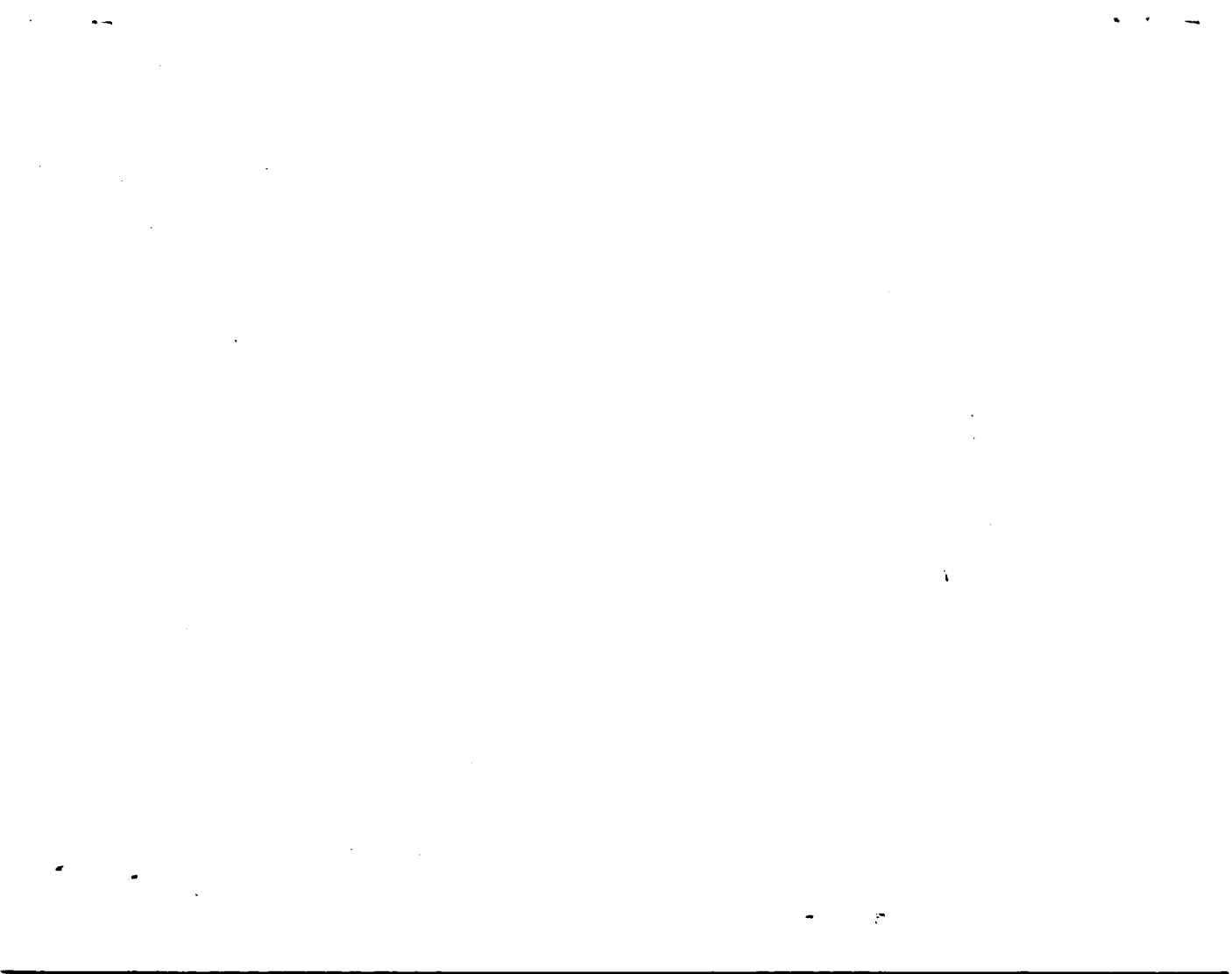
4-2019 20S. Hay

- Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of \_\_\_\_\_ ss. **RECEIVED JUN 23 1978** Certificate No. 79249  
County of \_\_\_\_\_ Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed female Jones who was born on April 10, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Malad, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
name of child unnamed Lela Jones

Subscribed and sworn to before me this 8 day of June, 1978

Signed *Lottie Williams Jones*

*Lisa Miller*  
Notary Public, residing at \_\_\_\_\_  
My commission expires Aug 22, 1980  
(Seal)

Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

(Street Address, City, State)

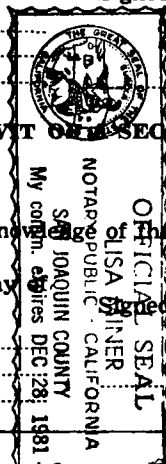
**SUPPORTING AFFIDAVIT OF SECOND PERSON**

State of California }  
County of San Joaquin } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June, 1978

*Lisa Miller*  
Notary Public, residing at Stockton, Calif.  
My commission expires 12/28/81  
(Seal)



[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

*Gloria L. Williams*  
(Signature of Any Credible Person)  
2831 Sheridan Way  
Stockton CA 95207  
(Street Address, City, State)

Certificate of Blessing issued by Malad First Ward of the LDS Church lists child's name as Lela Jones born to David and Lottie Jones on April 10, 1920, viewed by Vital Statistics. (child blessed 6/6/20.)

Certificate of Baptism issued by Logan Temple to Lela Williams Jones on 10/3/31. viewed by V.S.

JUL 19 1978  
MAR 10 1989

351-113-036-855-  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 11-0-22m-0-1-17

County of OneidaCity of MaladRegistration District No. 26File No. 79250

No. .... St.

Primary Registration District No. 2069Registered No. 68

Hospital .....

FULL NAME OF CHILD Thomas Leavitt

Sex of Child <u>m</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>13</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	--	------------------------	---

FULL NAME <u>Geo H Leavitt</u>	FATHER	FULL MAIDEN NAME <u>Alice Henry</u>	MOTHER
RESIDENCE <u>Malad R.F.D</u>		RESIDENCE <u>same</u>	
COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>52</u> (Years)	COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>farmer</u>		OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Ray

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed 4-20-20 W. C. Ray

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAINTAIN RESERVED FOR BINDING



APR 9 1943

Certified Copy issued 2-5-41. E.W.

613 - 213 - 036 - 693

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CroidaCity of MaladRegistration District No. 26File No. 79251

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 69

Hospital \_\_\_\_\_

FULL NAME OF CHILD Shel Williams

Sex of Child <u>Female</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 13</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--------------------------------	-----	--------------------------	------------------------	--

FULL NAME FATHER Willard H. FacerRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE MaladOCCUPATION FarmingFULL MAIDEN NAME MOTHER Lucy L. WilliamsRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 19 (Years)BIRTHPLACE MaladOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Allego, at 5750 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Fulton

(Physician or midwife)

Given names added from a supplemental report.

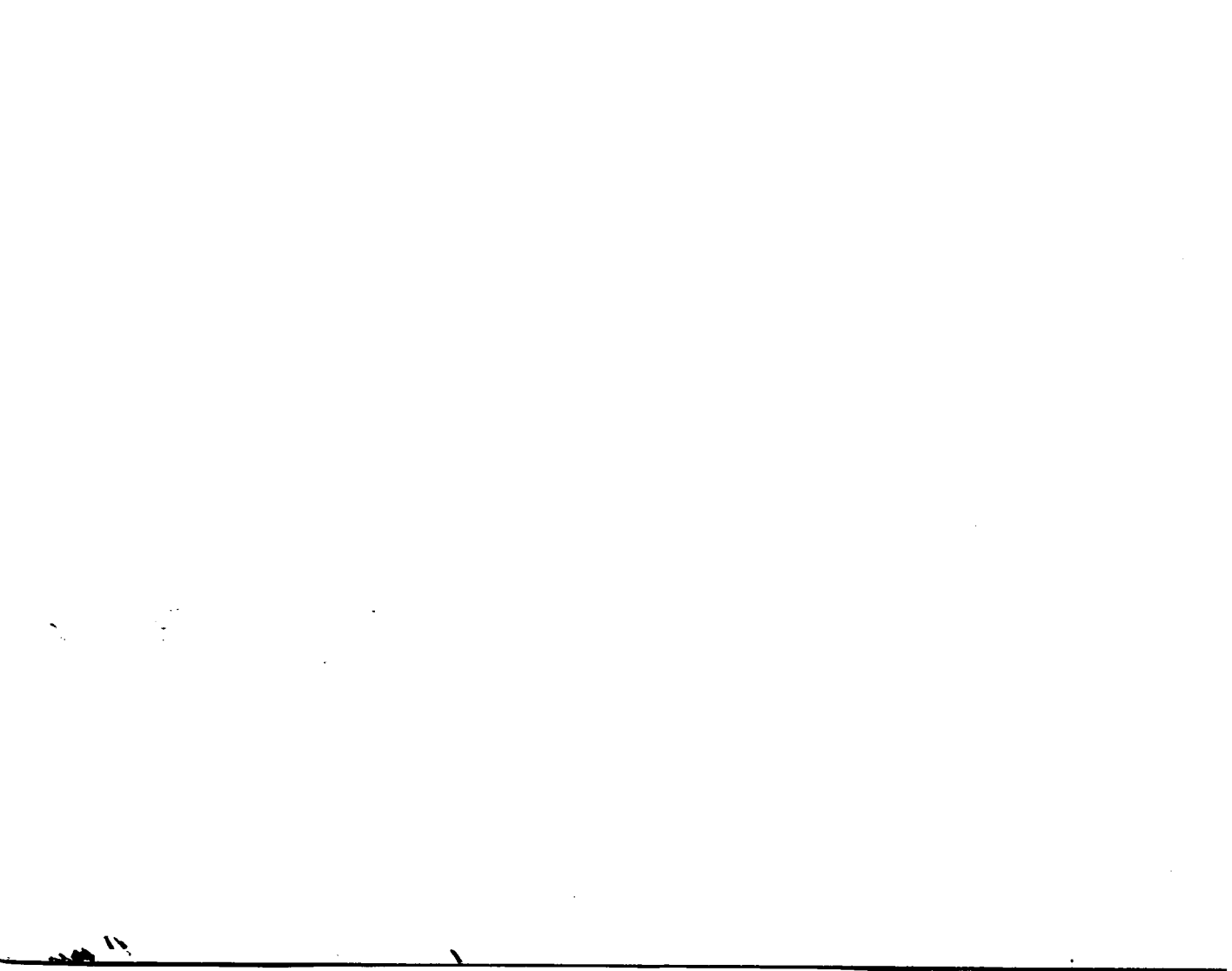
19. \_\_\_\_\_

Address MaladFiled 4-20 19 20 O. Hay Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



599 - 214-036-847  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. &amp; No. 11-C-22m-2-2-17

## CERTIFICATE OF BIRTH

79252

County of OwadaCity of MaladRegistration District No. 26File No. 79252No.        St.Primary Registration District No. 2069Registered No. 70Hospital       FULL NAME OF CHILD Alta Erickson

Sex of Child <u>fr</u>	Twin Triplet or other? <u>      </u>	and Number in order of birth <u>      </u>	Legitimate? <u>yes</u>	Date of Birth <u>4 14 1920</u> (Month) (Day) (Year)
------------------------	--------------------------------------	--	------------------------	--

FULL NAME <u>Peter Erickson</u>	FATHER	FULL MAIDEN NAME <u>Maggie Hughes</u>	MOTHER
RESIDENCE <u>Swan Lake</u>		RESIDENCE <u>      </u>	
COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>      </u> (Years)	COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>      </u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>farmer</u>		OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth        Number of children of this mother now living, including present birth       

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was        at 69 M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray

(Physician or midwife)

Given names added from a supplemental report.

Address MaladFiled 4 20 20 D. C. Ray

Registrar

Registrar

FEB 21 1967

APR 24 1958

331-216-036-945

PLACE OF BIRTH

Amended 3/21/80

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-37

County of... Oneida.....City of... Malad.....No.....St.

Hospital.....

FULL NAME OF CHILD... Sarah Helen Clark.....

CERTIFICATE OF BIRTH

Registration District No. 26.....File No. 79253.....Primary Registration District No. 2069.....Registered No. 71.....

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>April 16</u> 19 <u>80</u> (Month) (Day) (Year)
----------------------------	---	--	-----------------------------	--

FULL NAME <u>Hugh L. Clark</u>	FATHER	FULL MAIDEN NAME <u>Sarah Zundel</u>	MOTHER
RESIDENCE <u>Malad, Idaho</u>		RESIDENCE <u>Malad, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Malad, Idaho</u>		BIRTHPLACE <u>Malad, Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4.....
Number of children of this mother now living, including present birth 4.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 7.9 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

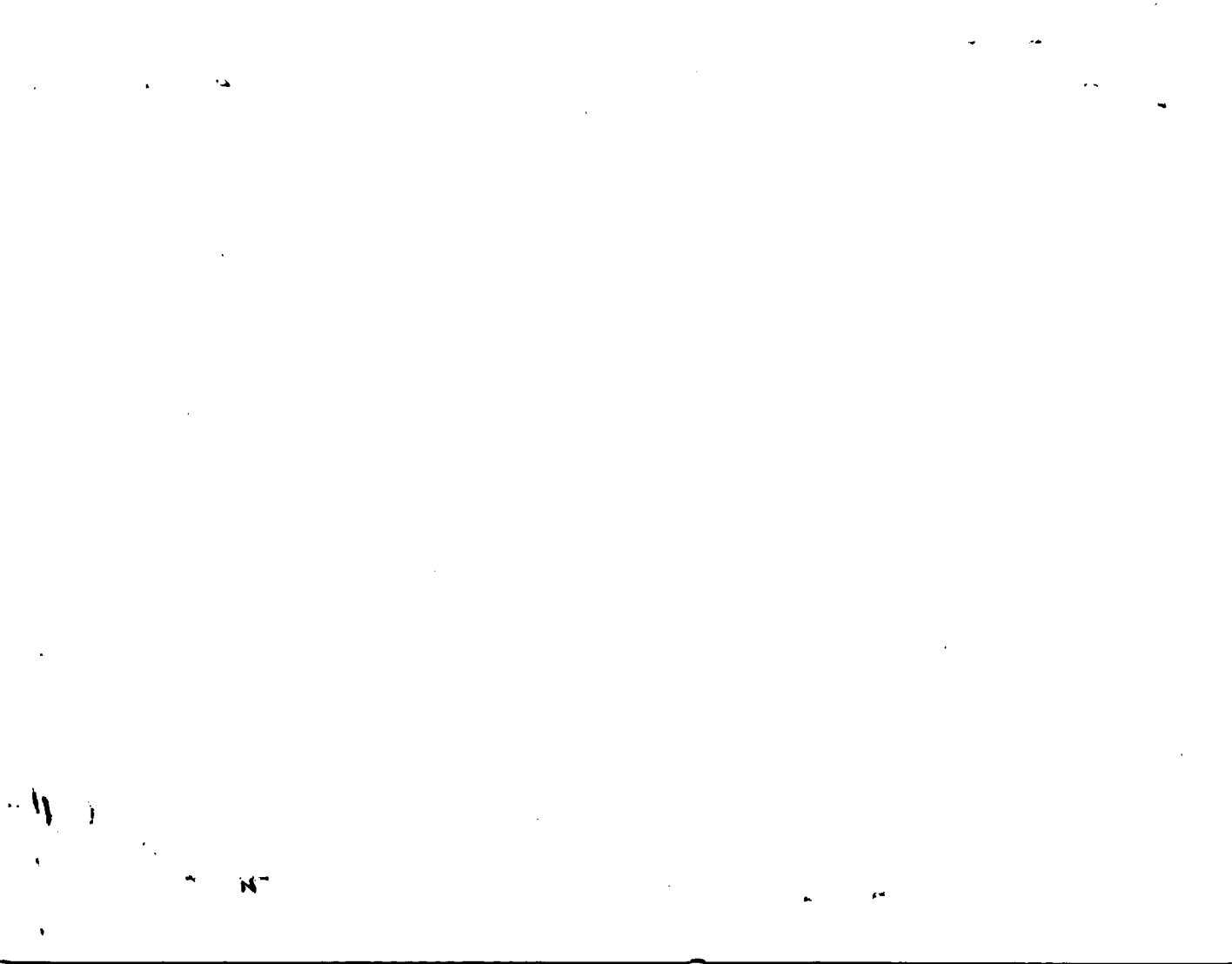
(Signature) St. M. P.
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad, IdahoFiled 4-20 1980 L. B. Ray

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Birth Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

VITAL STATISTICS

State of Wash. }  
County of Clark } ss.

**RECEIVED**  
**MAR 20 12 11 PM '80**

Certificate No. 79253  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for June clark who was born on April 16, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Malad, Idaho (Noneidaa) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

child's name	June Clark	Sarah Helen Clark

Subscribed and sworn to before me this 13<sup>th</sup> day of

March, 1980

Notary Public, James C. Every

Residing at La Center

My commission expires 6-1-82

(Seal)

Signature of Applicant

Street Address, City, State

1709 NW 105th St. Vancouver, Wa 98665

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Wash. }  
County of Clark } ss.

(Must be completed \_\_\_\_\_)

(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

3/5/80 2cc pd.

Arch!



Family Group record gives names as Hugh LeRoy Clark and Sarah Bell Hall Zundel  
parents of Sarah Helen Clark born April 16, 1920. married Dale L. Reese on  
Jan 17, 1938. viewed by V. S.

Mar 21 1900

Baptismal record from the LDS Church gives name as Sarah Helen Clark born April 16, 1920  
Baptized June 3, 1938. father's name as Hugh LeRoy Clark and mother's name as Sarah Bell  
Hall Zundel. viewed by V. S.

342 - 217-036-619

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of OneidaCity of HubbrookRegistration District No. 26File No. 79254

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2071Registered No. 97

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Iola Tubbs

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>April 17th 1920</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME <u>Iola Tubbs</u>	FATHER <u>Paul Lynn Tubbs</u>
RESIDENCE <u>Hubbrook Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Hamington Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alciaia Emma Ward</u>	MOTHER
RESIDENCE <u>Hubbrook Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Nashaki Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 8:55 A. M. on the date above stated. Alive Born alive or stillborn

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Spalding

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

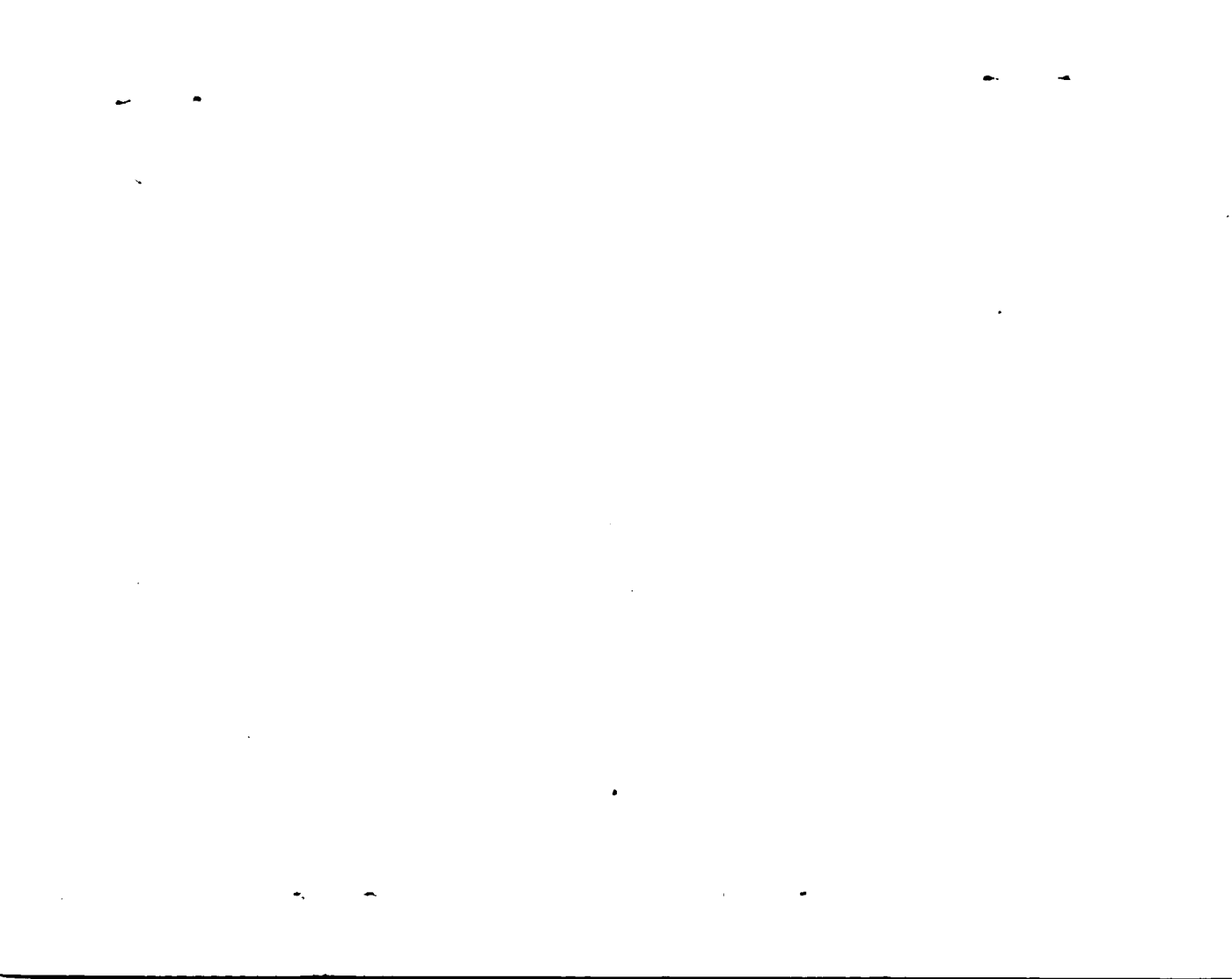
Address Snowville UtahFiled 4-201920

Registrar

Registrar W. C. Ray

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 79254  
County of Bannock } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Tubbs who born on 4-17-20  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Holbrook are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by School Record prepared on May 19, 1938, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM** Cert. of Baptism **TO**  
(As on Original) June 3, 1928 (The Correct Facts)

**Viewed by v.s.**

Child's Name

Unnamed

Iola Tubbs

Subscribed and sworn to before me this 8 day of

Signed Iolanda W. Tubbs  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho

My commission expires Mar '61

(Seal)

211 Grand St.ocatello, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bannock }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of

Signed Shirley L. Jeppson  
(Signature of Any Credible Person)

Notary Public, residing at Boise, Idaho

My commission expires Mar '61

(Seal)

378 N. 2nd St. Brigham City, Ut.  
(Street Address, City, State)

**APR 30 1958**

132-218-036-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

amended 12/10/79

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

County of

Cnuda

CERTIFICATE OF BIRTH

79255

City of

Malad

Registration District No.

26

File No.

No.

St.

Primary Registration District No.

2069

Registered No.

93

Hospital

FULL NAME OF CHILD

Marjorie Atkinson

Sex of Child

Female

Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of Birth

Apr 18 20

(Month) (Day) (Year)

FULL NAME

Albert E Atkinson

FATHER

FULL MAIDEN NAME

Rose Williams

MOTHER

RESIDENCE

Malad

RESIDENCE

Malad

COLOR

White

AGE AT LAST BIRTHDAY

20  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

20  
(Years)

BIRTHPLACE

Malad

BIRTHPLACE

Samarina

OCCUPATION

Farming

OCCUPATION

Housewife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Alton

(Born alive or stillborn)

at 12:45 A M

on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. Alton  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Malad

Filed

4-20

19 20

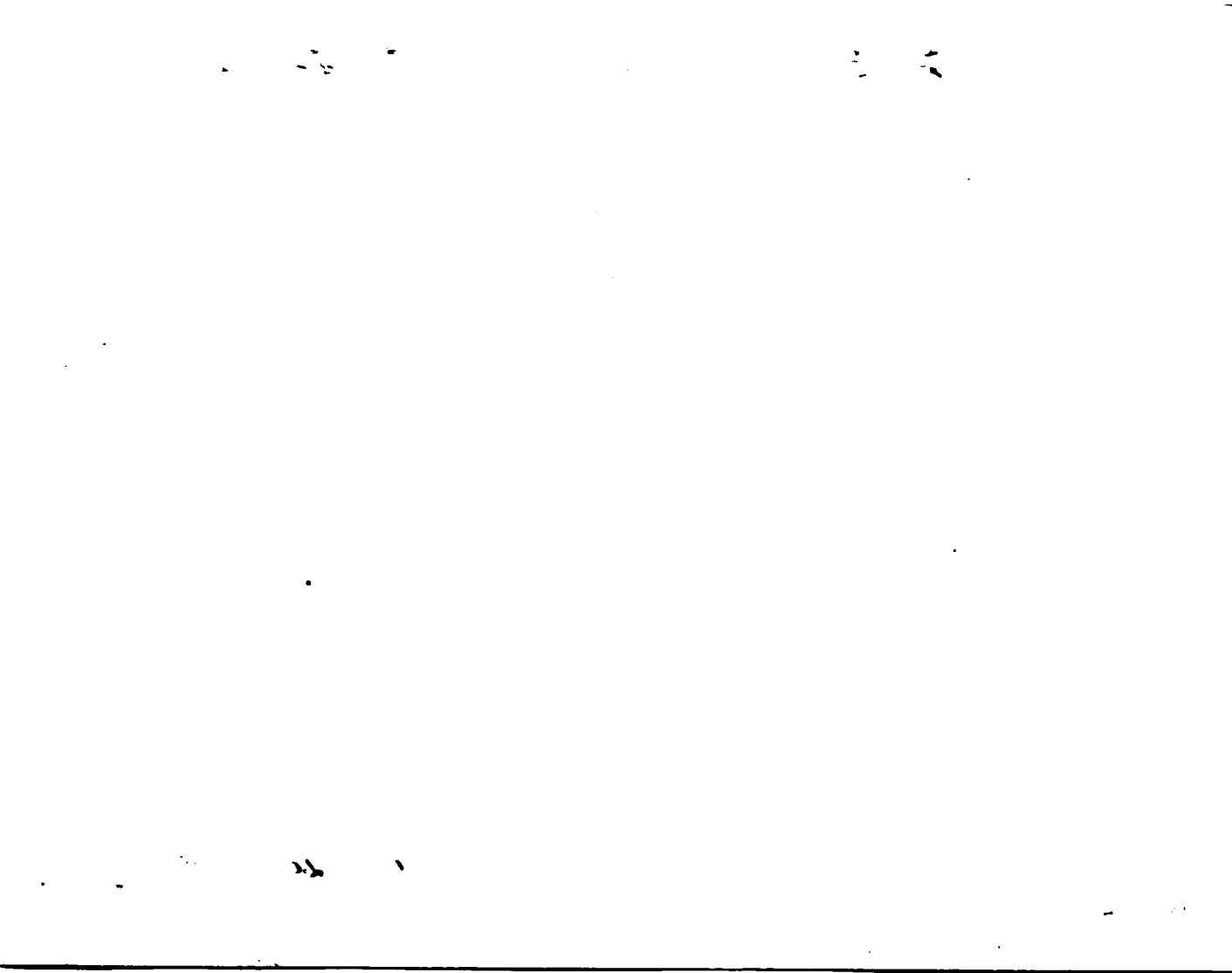
S. Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of \_\_\_\_\_ } ss. LC 6 1 07 PM '79 Certificate No. 79255  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed female Atkinson who was born on April 18, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Malad, ID (Oneida) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

child's nameomittedMarjorie AtkinsonSubscribed and sworn to before me this 27<sup>th</sup> day ofFebruary, 1979Notary Public, Robert J. JankalovResiding at Agden, UTMy commission expires 11-29-82

(Seal)

Rose W. Welker Mother

Signature of Applicant

1502 Childs Ave Agden UT

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss. (Must be completed \_\_\_)  
County of \_\_\_\_\_ } (Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

2/23/79 one cc as is #3916



DEC 10 1979

Insurance policy from Metropolitan Life Insurance Co. gives name as Marjorie Tobias dated March 1, 1969. beneficiary Arthur G. Tobias, Jr., husband. policy No. 690 381 818 MLS. viewed by V. S.

Certif of Birth from Ogden City Board of Health, Div. of vital Statistics gives name as Debra Gayle Tobias child of Arhtur Glenn Tobias and Marjorie Atkinson. born March 20, 1951 at Ogden UT. No. 7246C. viewed by V. S.

Amended 12-21-61

(Be sure the information is complete and accurate)

State File No. 79256

Local Reg. No. 74

Reg. Dist. No. 26

Federal Security Agency  
United States Public Health ServiceCERTIFICATE OF BIRTH  
STATE OF IDAHO

1. PLACE OF BIRTH a. COUNTY <b>Oneida</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Power</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malad</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Arbon</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print)			
a. (First) <b>Lenora</b>		b. (Middle) <b>Blanche</b>	
		c. (Last) <b>Donley</b>	
4. SEX <b>Fe.</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) <b>4 - 18 - 1920</b>
FATHER OF CHILD			
7. FULL NAME a. (First) <b>Paul</b>		b. (Middle) <b>C.</b>	
		c. (Last) <b>Donley</b>	
8. COLOR OR RACE <b>Wh.</b>			
9. AGE (At time of this birth) <b>30</b> YEARS	10. BIRTHPLACE (State or foreign country)(City or Town) <b>Washington</b>	11a. USUAL OCCUPATION <b>Farmer</b>	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <b>Kate</b>		b. (Middle) <b>Hanger</b>	
		c. (Last) <b>Wh.</b>	
13. COLOR OR RACE <b>Wh.</b>			
14. AGE (At time of this birth) <b>27</b> YEARS	15. BIRTHPLACE (State or foreign country)(City or Town) <b>Washington</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many OTHER children are now living? <b>0</b>	
		b. How many OTHER children were born alive but are now dead? <b>1</b>	
		c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME (Relationship)			
18a. SIGNATURE <b>D. C. Ray, M.D.</b>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
18c. ADDRESS <b>Malad</b>		18d. DATE SIGNED	
19. DATE REC'D BY LOCAL REG. <b>4/20/1920</b>		20. REGISTRAR'S SIGNATURE <b>D.C. Ray</b>	
		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	

I hereby certify that  
this child was born alive  
on the date stated above.FOR MEDICAL AND HEALTH USE ONLY  
(This section MUST be filled out)

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this act with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in any case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:.....

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -  
IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Washington }  
County of Garfield } ss. Certificate No. 79256  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Nora Blanche Donley who was born on April 18, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Malad, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by school records prepared on 1927 and 1929, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's First Name

Nora

Lenora

Father's Age (at time of this child's birth) Not Given

30 - Nov. 27, 1889

Mother's Age (at time of this child's birth) Not Given

27 - Sept. 18, 1892

Subscribed and sworn to before me this 5th day of  
December 1961

Signed Kate A. Donley Mother  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_  
My commission expires COURT COMMISSIONER FOR GARFIELD COUNTY  
(Seal) STATE OF WASHINGTON

Pomeroy, Wash.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington }  
County of Garfield } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of  
December 1961

Signed P. C. Donley  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires COURT COMMISSIONER FOR GARFIELD COUNTY  
(Seal) STATE OF WASHINGTON

Pomeroy, Wash.  
(Street Address, City, State)

Wash.  
Dayton/Public School Report Card, grade 1B, school year 1926-1927,  
teacher Mabel Rinker - gives full name as Lenora Donley, Paul  
Donley has signed the card as parent - viewed by V.S.

Senior High School, Pomeroy, Washington, Report Card, Class 12,  
school year of 1938-1939 gives full name as Lenora Donley, Mrs.  
Paul C. Donley has signed the card as parent - viewed by V.S.

Family Bible, original bible viewed, appears old and unaltered,  
gives parent's names as- Paul Clifford Donley, born Nov. 27,  
1889 at Dayton, Washington and Kate Augusta Donley, born Sept.  
18, 1892 at Dayton, Washington - married April 7, 1915 at Dayton,  
Washington at the home of wife's parents Mr. & Mrs. J.A. Hanger.-  
viewed by V.S.

Another Child's Birth Cert., State of Washington, record no. 41,  
child born July 22, 1927 at Dayton, Washington gives father as  
Paul Clifford Donley, age 37 and mother as Kate Augusta Hanger,  
age 34 - cert. copy of birth cert. viewed by V.S. copy issued  
by the State Department of Health, Vital Statistics, Olympia,  
Washington -

287-219-036-462

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of OneidaCity of MaladRegistration District No. 26File No. 79257

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 75

Hospital \_\_\_\_\_

FULL NAME OF CHILD Zola Sypher

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>Apr 19 20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-----------------	--

FATHER  
FULL NAME Clinton SypherRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE UtahOCCUPATION FarmingMOTHER  
FULL MAIDEN NAME Oliah J. MossRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 21  
(Years)BIRTHPLACE MaladOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 1:30 A.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Patton(Physician or midwife) Malad

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

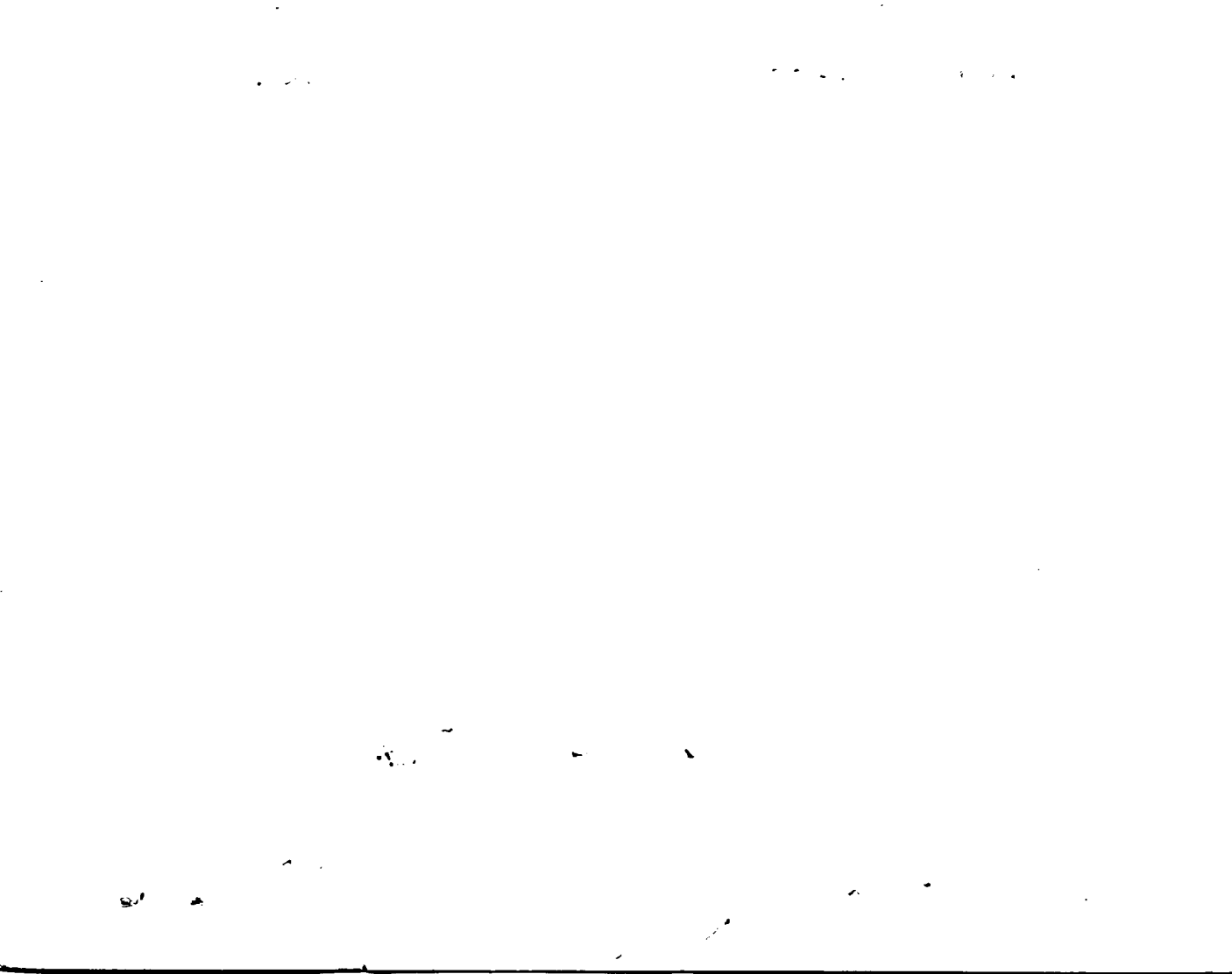
Filed 4-20 1920 D. C. Ray

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. **RECEIVED**  
BUREAU OF VITAL STATISTICS  
Certificate No. 79257  
Date Filed ..... **11 03 AM '78**

The undersigned does solemnly swear that certain facts on the certificate of ..... birth  
for Unnamed Sypher (female) who was born on April 19, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Malad, Idaho (Oneida) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Church of Jesus Christ of Latter Day Saints prepared on May 17, 78 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name ..... Unnamed ..... Zola Sypher

Subscribed and sworn to before me this 17<sup>th</sup> day of

May 19 78  
Edgar M. Erickson  
Notary Public, residing at Ogden, Utah  
My commission expires 1-7-81  
(Seal)

Signed Bishop Ronald C. [Signature]  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
466 E 1900 N No Ogden, Utah  
(Street Address, City, State) 84404

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

(Street Address, City, State)



Grade school report card from Ogden Public schools gives name as Zola Sypher for the school year 1928-29. Lincoln School, viewed by V. S.

Certififcate of Baptism and Confirmation gives name As Zola Oliah Sypher daughter of Clinton J. Syphers and Hilda Oliah Moss. born April 19, 1920 at Wooddruff, Idaho. Baptized May 6, 1928. viewed by V. S.

JUL 25 1978

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-121-036-816

PLACE OF BIRTH

County of Oneida

City of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

GUY THOMAS, JR.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 41-C-35m-7-23-19

Registration District No. 24

File No. 79258

Primary Registration District No. 2069

Registered No. 76

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>Apr 21 1920</u> (Month) (Day) (Year)
--------------------------	---	-------------------------	--

FULL NAME FATHER Guy O Thomas

FULL MAIDEN NAME MOTHER Edna O Sawo

RESIDENCE Malad

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 24  
(Years)

COLOR White AGE AT LAST BIRTHDAY 20  
(Years)

BIRTHPLACE Malad

BIRTHPLACE Utah

OCCUPATION Farming

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 3 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Alton  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad  
Filed 4 24 19 20 - D. C. Gray

Registrar

Registrar

11-121-41

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

# AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Oneida } ss.  
Certificate No. 79258  
Date Filed Birth  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Thomas who Born on April 21, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Malad, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Thomas	Guy Thomas, Jr.

Subscribed and sworn to before me this 18  
day of September 1941  
John H. McAllister  
Notary Public, residing at Malad, Idaho  
My commission expires Oct 1, 1942  
[SEAL] (Street Address, City, State)

Signed Mrs. Edna Thomas Mather  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.  
[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_\_  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
[SEAL] (Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

SEP 30 1974

APR 12 1948

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

291-121-036-993

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-37

County of Franklin

City of Malad

Registration District No. 26

File No. 79259

No. .... St.

Primary Registration District No. 2069

Registered No. 77

Hospital .....

FULL NAME OF CHILD Calvin Richardson Braegger

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>April 21</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Oliver Braegger</u>	FATHER		FULL MAIDEN NAME <u>Ruth Richardson</u>	MOTHER
RESIDENCE <u>Malad Idaho</u>	RESIDENCE		RESIDENCE <u>Malad Idaho</u>	RESIDENCE
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR
BIRTHPLACE <u>Willard Utah</u>	BIRTHPLACE	BIRTHPLACE	BIRTHPLACE <u>Malad</u>	BIRTHPLACE
OCCUPATION <u>Farmer</u>	OCCUPATION	OCCUPATION	OCCUPATION <u>Housewife</u>	OCCUPATION

Number of child of this mother, including present birth. 7 Number of children of this mother now living, including present birth. 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:30 a.m. on the date above stated. (Born alive or stillborn)

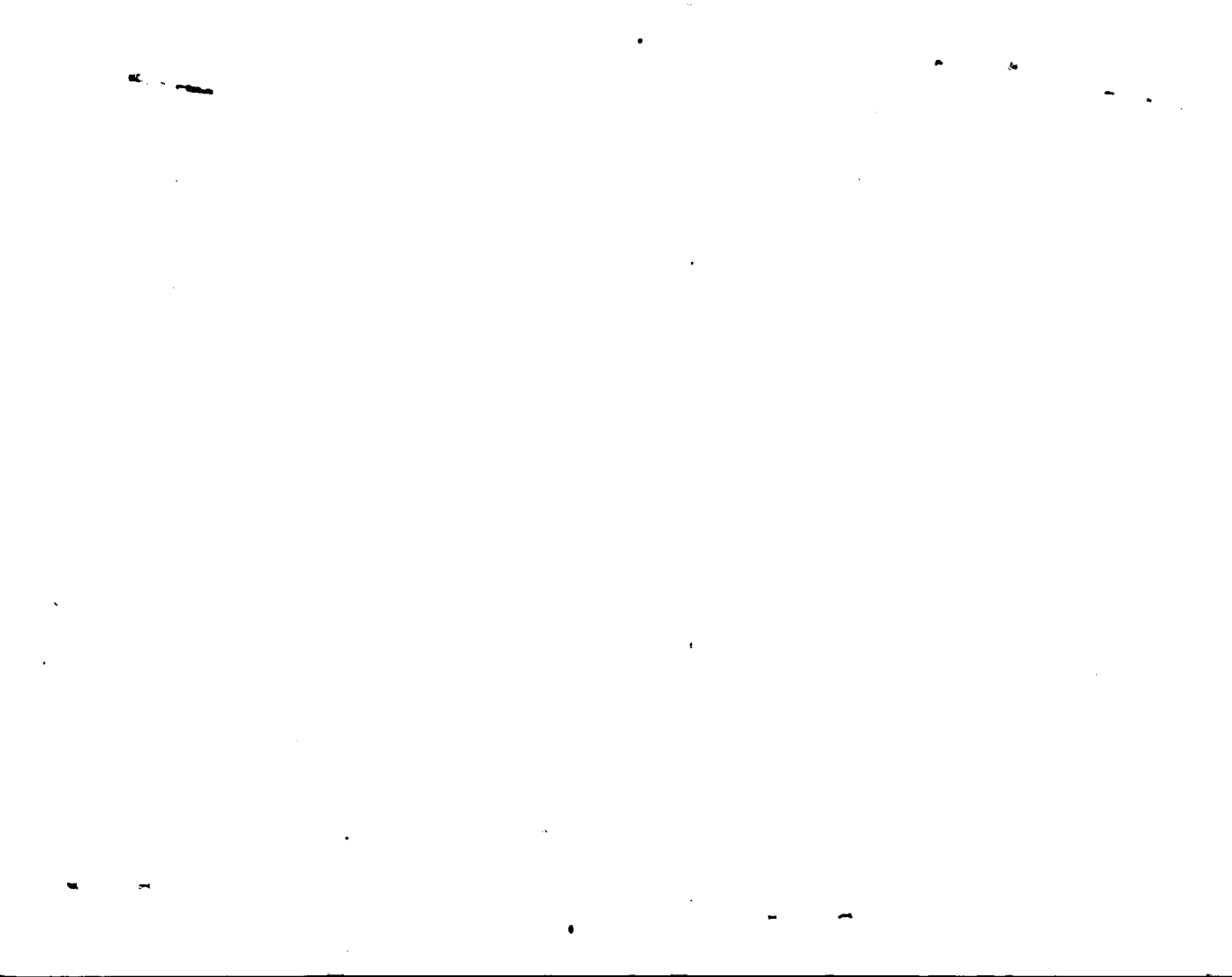
{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) R. H. Sawyer M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed 11-7-20 1920 Registrar C. Ray



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. Certificate No. 79259  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name _____	none given	Calvin Richardson Braegger
surname _____	Braeger	Braegger

Subscribed and sworn to before me this 19  
day of April, 1944.  
Rexy Grown  
Notary Public, residing at Rexy, Idaho  
My commission expires April 7, 1947  
(Seal)

Signed Calvin R. Braegger  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Rexy, Idaho  
(Street Address, City, State)

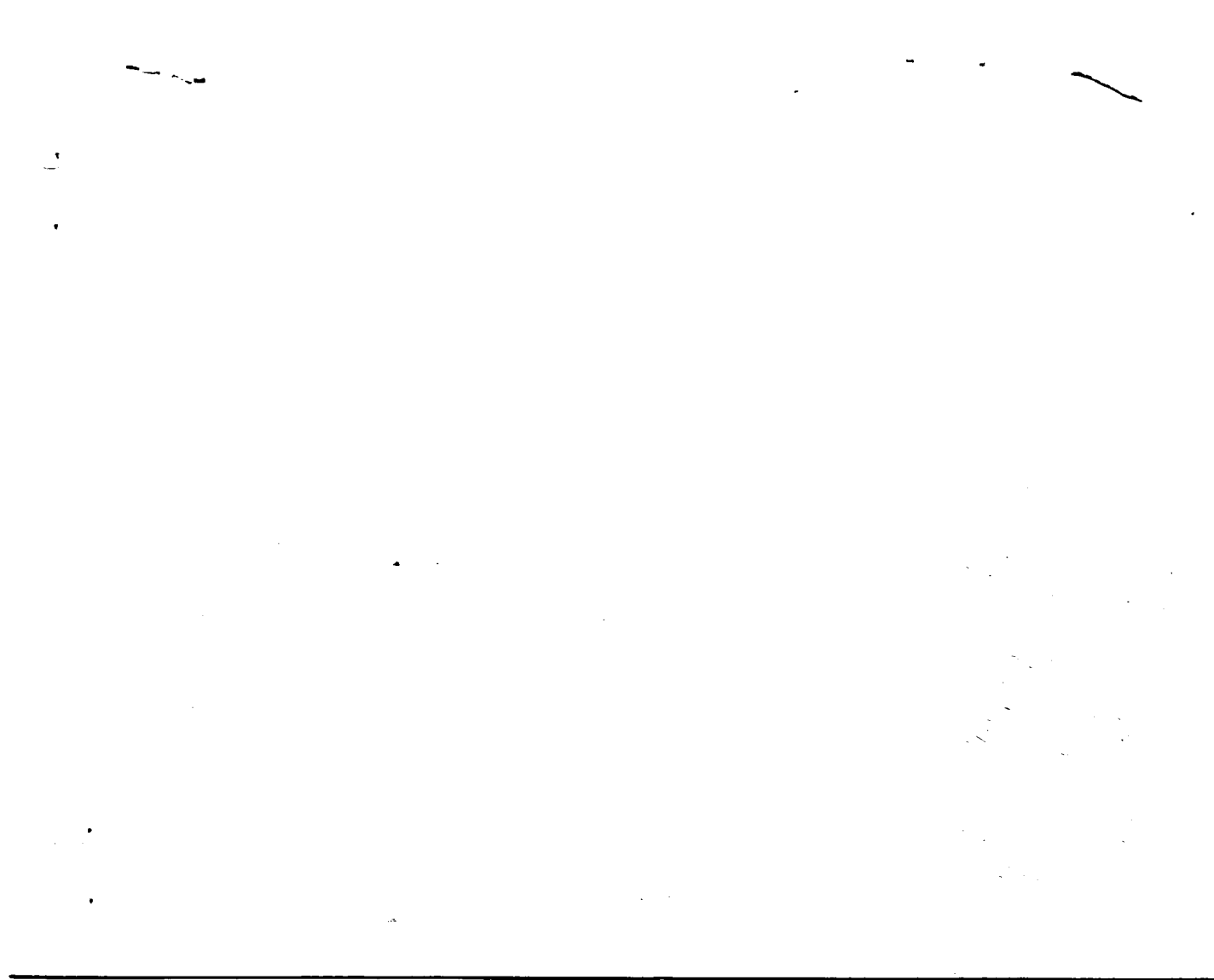
**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Jefferson } ss.  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 19  
day of April, 1944.  
Rexy Grown  
Notary Public, residing at Rexy, Idaho  
My commission expires April 7, 1947  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Oliver Braegger  
(Signature of Any Credible Person Other Than Previous Year)  
Rexy, Idaho  
(Street Address, City, State)





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

165-124-056-249

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Oneida

## CERTIFICATE OF BIRTH

City of MaladRegistration District No. 26File No. 79260

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 78

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Allen Fredrick Jones

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
Birth4 2419 20

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Hyman J Jones

RESIDENCE

Malad

COLOR

WhiteAGE AT LAST  
BIRTHDAY34

(Years)

BIRTHPLACE

Malad

OCCUPATION

FarmingFULL  
MAIDEN  
NAME

MOTHER

Clara B Burkhardt

RESIDENCE

Malad

COLOR

WhiteAGE AT LAST  
BIRTHDAY32

(Years)

BIRTHPLACE

Switzerland

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 9:30 P. M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. J. Alton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Malad

Filed

4 2419 20D. Gray

Registrar

Registrar

JUN 25 1973

2/14/41 L. B.

249-129-036-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—May-2-17

County of GreeneCity of HalbrookRegistration District No. 26File No. 79261

No. .... St.

Primary Registration District No. 2071Registered No. 079

Hospital .....

FULL NAME OF CHILD Newall Albert Smith

Sex of Child <u>M</u>	Twin Triplet or other? <u>  </u> and { Number in order of birth <u>  </u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>4-29-30</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME FATHER <u>George Albert Smith</u>	FULL MAIDEN NAME MOTHER <u>Armeta Willis</u>
RESIDENCE <u>Halbrook</u>	RESIDENCE <u>  </u>
COLOR <u>wh</u> AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>wh</u> AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Ariz</u>	BIRTHPLACE <u>Utah</u>
OCCUPATION <u>farmer</u>	OCCUPATION <u>  </u>

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 99 M on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Ray

(Physician or midwife)

Given names added from a supplemental report.

Address   Filed 12 30 30 19 30

Registrar

Registrar

FEB 13 1969

MAY 6 1944

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799 - 202-036-713  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. & No. 11-0-22m-2-17

CERTIFICATE OF BIRTH

79262

County of Greene

City of Malad

Registration District No. ....

File No. ....

No. .... St. ....

Primary Registration District No. 2069

Registered No. 80

Hospital .....

FULL NAME OF CHILD Maria Griffiths

Sex of Child <u>fr</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>5 2 20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER  
FULL NAME Thomas m Griffiths  
RESIDENCE Malad  
COLOR wh AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Ida  
OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Ida Gardner Palmer  
RESIDENCE .....  
COLOR wh AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Ida  
OCCUPATION housewife

Number of child of this mother, including present birth 2... Number of children of this mother now living, including present birth 2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was plur at 11/8 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Ray

(Physician or midwife)

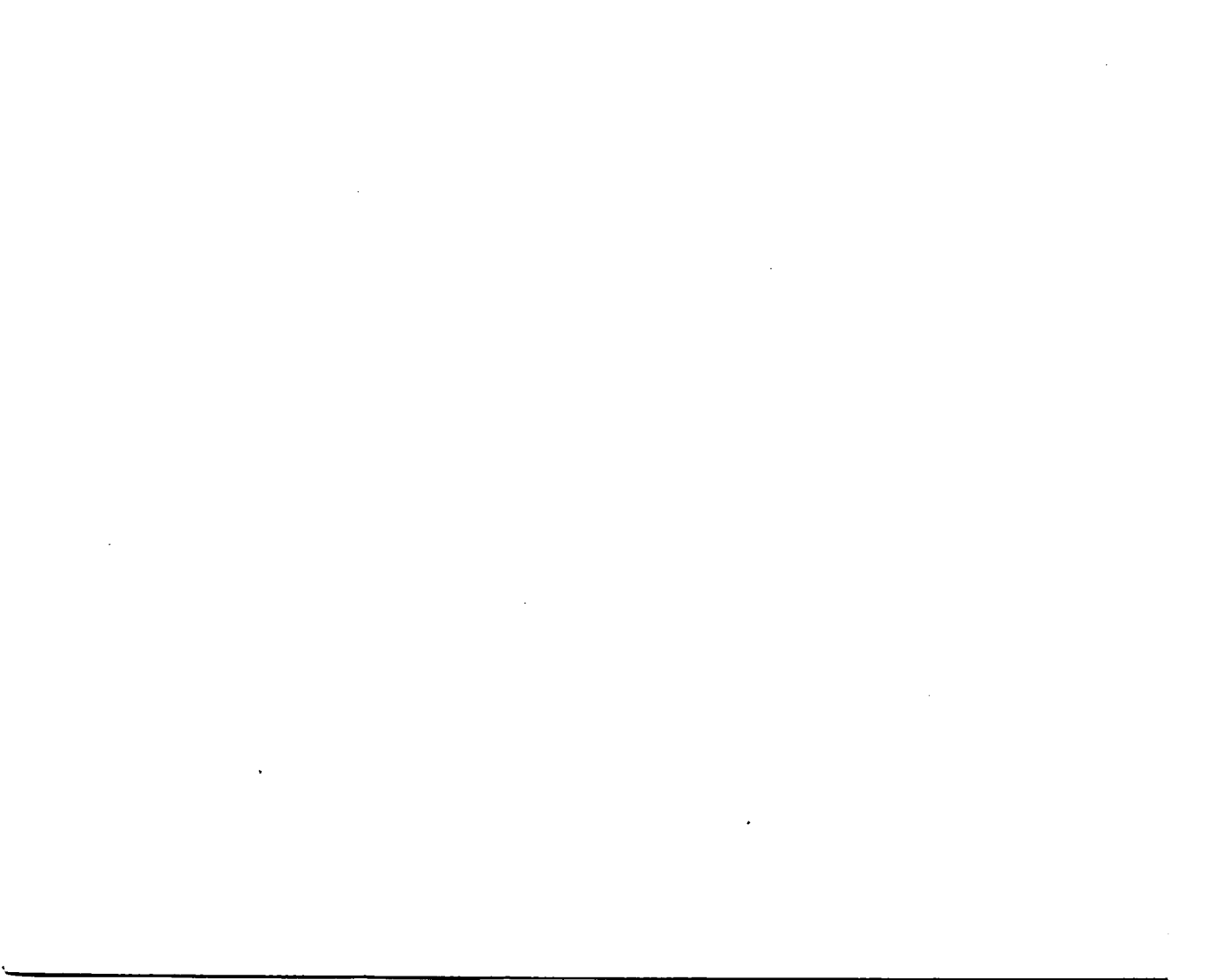
Given names added from a supplemental report.

Address Malad

Filed 5-4-20

Registrar

Registrar



SERVED FOR BINDING

CLERK PLAIN:

UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-108-036-255

PLACE OF BIRTH

County of Oreida  
City of Malad

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. & No. 11-0-22-27

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 79263

Primary Registration District No. 2069

Registered No. 81

FULL NAME OF CHILD Reese Jones

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> { Number in order of birth <u>1</u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>5</u> <u>8</u> <u>30</u> (Month) (Day) (Year)
-----------------------	--	------------------------	---

FATHER  
FULL NAME Reese O Jones  
RESIDENCE Malad  
COLOR wh AGE AT LAST BIRTHDAY 41  
(Years)  
BIRTHPLACE Ida  
OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Mary Ann Kirk  
RESIDENCE Malad  
COLOR wh AGE AT LAST BIRTHDAY 38  
(Years)  
BIRTHPLACE Ida  
OCCUPATION Ida

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5:00 M on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray  
(Physician or midwife) Malad

Given names added from a supplemental report.

..... 19 .....

Address Malad

..... 19 .....

Filed 5-10-20 D. C. Ray  
Registrar



JAN 4 - 1954

165-202-2036-415  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V.B.F. No. 1-1-17

County of Quincy

City of Malad

Registration District No. 26

File No. 79264

No. 2069 St.

Primary Registration District No. 2069

Registered No. 1

Hospital

CAROL DANIELS JONES

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin <u>Wing</u> Triplet <u>Wing</u> or other? <u>Wing</u>	and { Number in order of birth <u>3</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>1-2-1920</u> (Month) (Day) (Year)
----------------------------	--	---	------------------------	---

FULL NAME <u>Walter Jones</u>	FATHER
RESIDENCE <u>Malad Ida. R.F. #2</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Malad, Ida.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Stella Daniels</u>	MOTHER
RESIDENCE <u>Malad, R.F. #2</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Malad, Ida.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1301 4th St. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

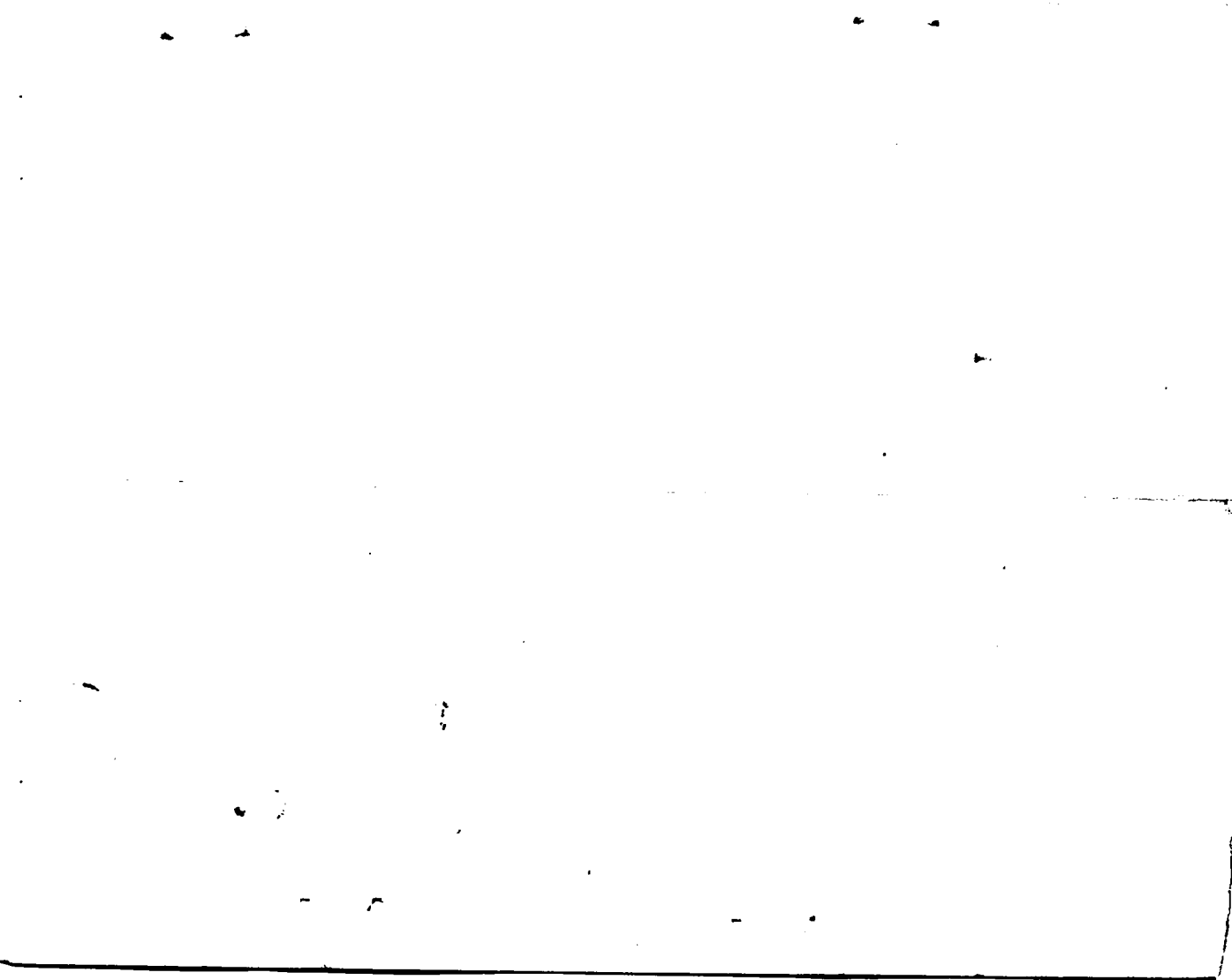
(Signature) J. M. Kims

Given names added from a supplemental report.

(Physician or midwife) Malad, Ida.

Address Malad, Ida.

Filed 4-20-20 Registrar D. Gray



OCT 19 1942

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.  
County of Oneida

Certificate No. 79264

Date Filed 9/22/42

The undersigned does solemnly swear that certain facts on the certificate of Carol Daniels Jones for Carol Daniels Jones who was born on Jan 2, 1920 in Cherry Creek, Idaho (Name on Original Certificate) (Place of Event) (Date of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)

(Give Date)  
TO  
(The Correct Facts)

name

none given

Carol Daniels Jones

Subscribed and sworn to before me this Sept. 22, 1942  
day of \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Oneida

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Sept. 22, 1942  
day of \_\_\_\_\_

Signed Walter D. Jones  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Long Beach, Calif.

My commission expires Sept. 18, 1943  
(Seal)

940 C. Pacific Ave.  
(Street Address, City, State)

Long Beach, Calif.

OCT 21 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

165-102-036-415

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of \_\_\_\_\_

City of \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. **79265**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. **2**

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

**Carl Jones**Sex of Child **male**Twin  
Triplet  
or other?  
(To be answered only in event of plural births)Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?Date of  
Birth**1 - 2 19 20**  
(Month) (Day) (Year)FULL  
NAME

FATHER

**Walter Jones**

RESIDENCE

**Malad R.F.D. 2**

COLOR

**white**AGE AT LAST  
BIRTHDAY**2 1/2**  
(Years)

BIRTHPLACE

**Malad Id.**

OCCUPATION

**Farmer**FULL  
MAIDEN  
NAME

MOTHER

**Stella Daniels**

RESIDENCE

**Malad R.F.D. 2**

COLOR

**white**AGE AT LAST  
BIRTHDAY**2 1/2**  
(Years)

BIRTHPLACE

**Malad Id.**

OCCUPATION

**Housewife**Number of child of this mother, including present birth **4**Number of children of this mother now living, including present birth **5**

## CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at **2:15 P.M.**

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

**J. M. Turner**

(Physician or midwife)

**Malad Id.**

Given names added from a supplemental report.

19. \_\_\_\_\_

Address

Filed

**4-20 19 20**

Registrar

Registrar

SEP 28 1972

JUN 26 1942

C.C. 3/4/41. N.H.

JAN 4 1952

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.

Village of Owyhee Registered No. 2  
 City of (Payette Co. Owyhee Co.) (No. 43 — # 2120) St.; \_\_\_\_\_ Ward)  
Idaho.  
 FULL NAME OF CHILD Richard Little (If child is not yet named, make supplemental report, as directed)

Sex of Child M Twin, triplet, or other? \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? Yes Date of birth Jan. 13, 1920  
 (Month) (Day) (Year)  
 (To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	<u>Sam Little</u>	FULL MAIDEN NAME	<u>Marona Thomas</u>
RESIDENCE	<u>Miller creek district</u>	RESIDENCE	<u>Miller creek district</u>
COLOR <u>Indian</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)	COLOR <u>Indian</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>?</u>		BIRTHPLACE <u>?</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of children born to this mother, including present birth 11 Number of children of this mother now living 10

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I <sup>did not</sup> attended the birth of this child, who was alive at \_\_\_\_\_ M.,  
 on the date above stated. (Born alive or Stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Richardson  
Owyhee, Nev.  
 (Physician or Midwife) U. S. I. S.

Given name added from a supplemental report \_\_\_\_\_, 19\_\_\_\_  
 Address Owyhee, Nevada  
 Filed March 19, 1920 M. H. Schuyler, M.D.  
aw recorded. 11-385 2 Silver City, Idaho REGISTRAR



STANDARD

PLACE OF BIRTH

County of

Township of

NAME OF CHILD

CHORD

County of Owyhee  
 Township of Owyhee  
 or  
 Village of Owyhee  
 or  
 City of Three Ck. Owyhee Co. Idaho (No. 43, 2120)

## STANDARD CERTIFICATE OF BIRTH

79267

Registered No. 1

St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Anna Bell { If child is not yet named, make supplemental report, as directed

Sex of Child

F

Twin, triplet, or other?

Number in order of birth

Legitimate?

Yes

Date of birth

Jan

1

1920

(To be answered only in event of plural births)

(Month)

(Day)

(Year)

FATHER  
 FULL NAME Billy Bell

MOTHER  
 FULL MAIDEN NAME Marie Sanford

RESIDENCE Miller creek District

RESIDENCE Miller creek District

COLOR Indian AGE AT LAST BIRTHDAY 58  
 (Years)

COLOR Indian AGE AT LAST BIRTHDAY 46  
 (Years)

BIRTHPLACE Bera Oregon

BIRTHPLACE ?

OCCUPATION Farmer

OCCUPATION Housewife

Number of children born to this mother, including present birth

6

Number of children of this mother now living

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that <sup>did not</sup> I attended the birth of this child, who was alive at \_\_\_\_\_ M.,  
 (Born alive or Stillborn)  
 on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. A. Richardson M.D.

(Physician or midwife)

U. S. I. S.

Given name added from a supplemental report \_\_\_\_\_, 19

Address

Owyhee, Nevada

Filed March 19, 1920

& recorded. 11-335

W. H. Schlegel, M.D.  
Silver City, Idaho

REGISTRAR

PLACE OF BIRTH

BRAND OF THE GOODS

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, given.

954-230-038-238

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V.B. No. 11-C-25m-9-8-15

County of Payette

City of Fruitland

Registration District No. 2130

File No. 79268

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Mary Agnes Zuenger

Sex of Child <u>female</u>	Twin Triplet or other? _____	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April 30, 1920</u> (Month) (Day) (Year)
----------------------------	------------------------------	------------------------------------	------------------------	---

FATHER Zeuger  
 FULL NAME Meinard J. Zeuger  
 RESIDENCE Fruitland 5 mi east  
 COLOR white  
 AGE AT LAST BIRTHDAY 33 (Years)  
 BIRTHPLACE Switzerland  
 OCCUPATION farmer

MOTHER Schuetz  
 FULL MAIDEN NAME Clara Mary Schuetz  
 RESIDENCE Same  
 COLOR white  
 AGE AT LAST BIRTHDAY 27 (Years)  
 BIRTHPLACE Mein Mo. U.S.A.  
 OCCUPATION housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.  
 (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Paxton M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Fruitland Idaho

Filed April 30, 1920 W. C. Paxton



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss.  
County of Payette

Certificate No. 79268

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unmarried Zenger who born on Apr 30, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in Fruitland, Ida. are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Physician prepared on \_\_\_\_\_, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)		(As on Original)	(The Correct Facts)
<u>First Name</u>	<u>Omitted</u>		<u>Mary Agnes</u>
<u>Surname</u>	<u>Zenger</u>		<u>Zucger</u>
<u>Maiden name of Mother</u>	<u>Scheutz</u>		<u>Scheutz</u>
Subscribed and sworn to before me this <u>15th</u> day of <u>April</u> , 19 <u>27</u>		Signed <u>C. C. Paxton M.D.</u>	
		(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)	

Notary Public, residing at Payette, Ida.  
My commission expires 8-12-27  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

472 10 1942

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-101-038-286

PLACE OF BIRTH

County of Payette

City of Fruitland

No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 2130

File No. 79269

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Elwood Lawrence

Collinsworth

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April 1, 1920</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>Richard O Collinsworth</u>		FULL MAIDEN NAME <u>MOTHER</u> <u>Harriet Bell Shook</u>		
RESIDENCE <u>4 mi. S.E. of Fruitland</u>		RESIDENCE <u>Wisconsin</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	
BIRTHPLACE <u>Indiana</u>		BIRTHPLACE <u>Wisconsin</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. 6 Number of children of this mother now living, including present birth. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 5<sup>30</sup> am M. on the date above stated. (Born alive or Stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. B. Paxton M.D.

Given names added from a supplemental report.

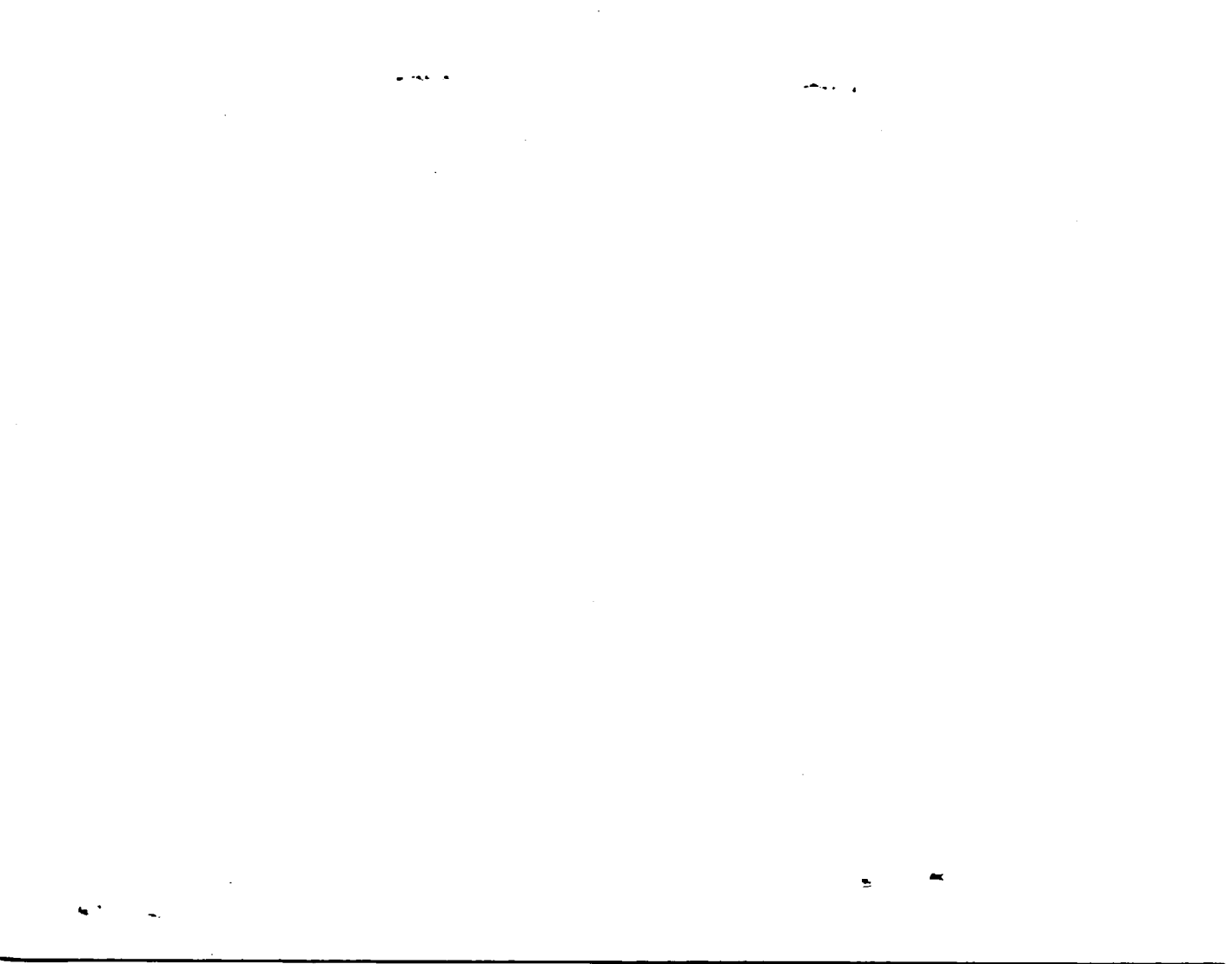
(Physician or midwife)

Address Fruitland Idaho

Filed April 1, 1920 B. B. Paxton

Registrar





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. **RECEIVED**  
County of \_\_\_\_\_ } **BUREAU OF VITAL STATISTICS**  
Certificate No. 79269  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for **Unnamed Collinsworth (Male)** who was born on **April 1, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Fruitland, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)  
child's name **Unnamed** **TO**  
**Lawrence Elwood Collinsworth**  
(The Correct Facts)

**Elwood Lawrence Collinsworth**

Subscribed and sworn to before me this **10<sup>th</sup>** day of  
**November**, 19**76**

Notary Public, residing at **New Plymouth**  
My commission expires **May 1976**  
(Seal)

Signed **A. L. Collinsworth**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
**320 W. Maple New Plymouth, Idaho**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Idaho** } ss.  
County of **Payette**

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **10<sup>th</sup>** day of  
**November**, 19**76**

Signed **Rev. Richard C. Bauman, Pastor**  
(Signature of Any Credible Person)

Notary Public, residing at **New Plymouth**  
My commission expires **May 1976**  
(Seal)

**217 W. Elm St. New Plymouth, Idaho**  
(Street Address, City, State)

The Holy Sacrament of Baptism ~~xxx~~ gives name as Elwood Lawrence Collinsworth  
son of Pirlman Collinsowrth and Hattie Bell Sharp. born April 1, 1920.  
Baptized Dec 12, 1945 in church of St. Aloynuis. viewed by V. S.

NOV 21 1975 .

High school Final record gives name as ~~Elwood Lawrence Collinsworth~~  
born April 1, 1920. date of entrance 9-3-34. parent's name listed as P. O Collins-  
worth. ~~XXXXXXXXXXXXXXXXXXXX~~ viewex by V. S.

618.-28-038-996

PLACE OF BIRTH

County of Payette

City of New Plymouth

No. 4 mi. west

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-14-18

CERTIFICATE OF BIRTH

Registration District No. 2130

File No. 79270

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child Mary Elizabeth Wayne

SEX OF CHILD <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate?	DATE OF BIRTH <u>March 28</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>W. Frank Wayne</u>	FATHER			FULL MAIDEN NAME <u>Elsie M. Riffle</u>
RESIDENCE <u>New Plymouth - 4 mi. west</u>			MOTHER RESIDENCE <u>same</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)			COLOR <u>w</u>
BIRTHPLACE <u>Missouri</u>			AGE AT LAST BIRTHDAY <u>25</u> (Years)	
OCCUPATION <u>Rancher</u>			BIRTHPLACE <u>Iowa</u>	
			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Keese, MD  
(Physician or midwife)

Given names added from a supplemental report.

April 22 1920  
G. G. Paxton  
Registrar

Address Ontario, Oregon  
Filed April 22, 1920  
G. G. Paxton  
Registrar

STATE OF IDAHO  
COUNTY OF ADAMS

RECEIVED



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each,  
and the number of each, in order of birth stated.

318-228-038-799  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

County of Payette

AMENDED

CERTIFICATE OF BIRTH

City of Fruitland

September 17, 1946

2130

File No.

79271

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No.

Registered No.

Hospital \_\_\_\_\_

Primary Registration District No.

FULL NAME OF CHILD

Alma Bobbie Caldwell

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and { Number in order of birth <u>    </u> }	Legitimate? <u>Yes</u>	Date of birth <u>March 28</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	--	------------------------	---

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

FATHER  
FULL NAME Robert J. Caldwell

MOTHER  
FULL MAIDEN NAME Bessie Griep

RESIDENCE  
Sumas, Washington

RESIDENCE  
Sumas, Washington

COLOR White AGE AT LAST BIRTHDAY 36  
(Years)

COLOR White AGE AT LAST BIRTHDAY 29  
(Years)

BIRTHPLACE  
Iowa

BIRTHPLACE  
Iowa

OCCUPATION  
Rancher

OCCUPATION  
Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

born alive

at 5 P

(Born alive or stillborn)

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) William J. Weese, M. D.

(Physician or midwife)

Give names added from a supplemental report.

April 22

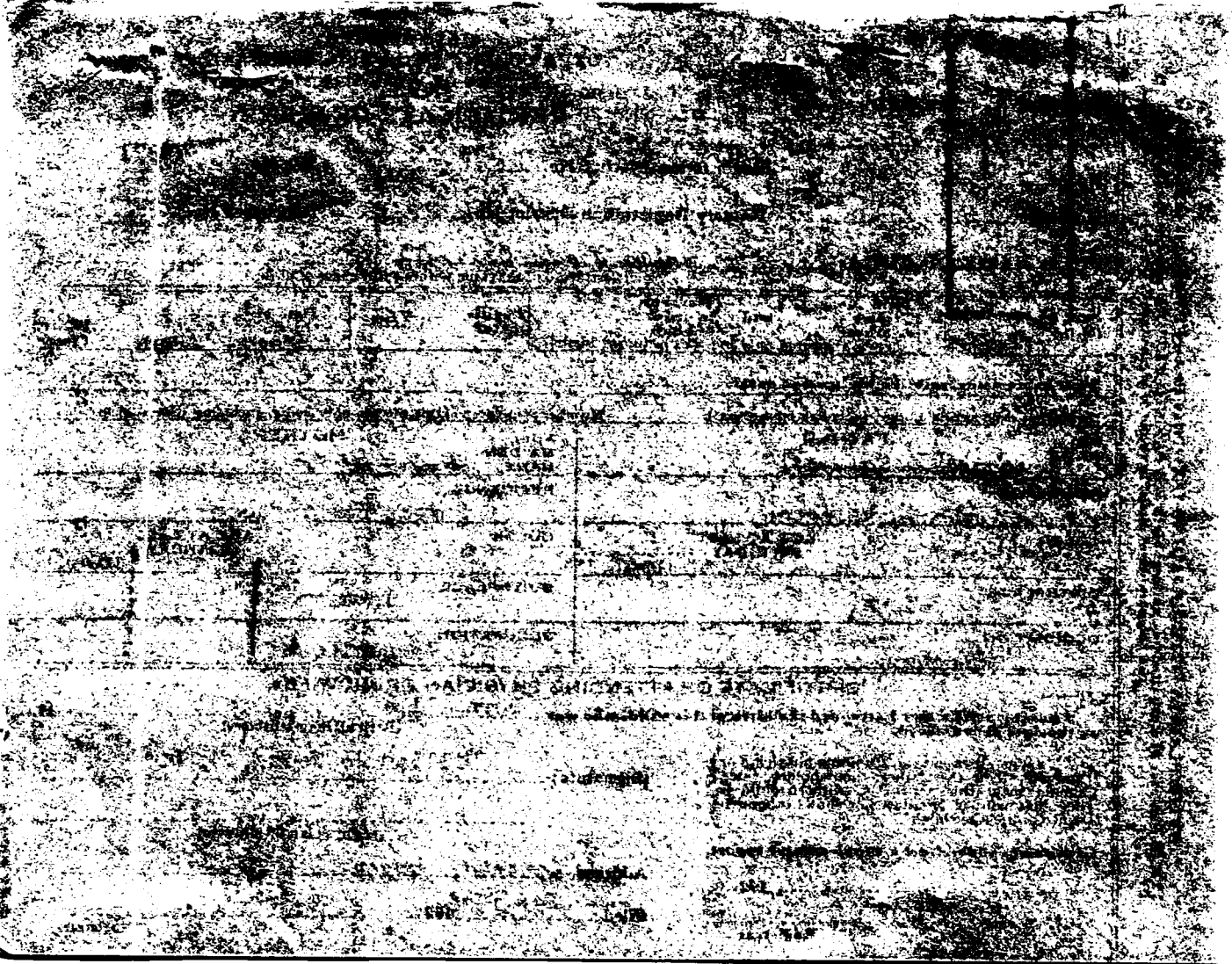
C. C. Paxton

Registrar.

Address Ontario, Oregon

Filed April 22 1920 C. C. Paxton

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... }  
County of ..... } ss. Certificate No. 79271  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth .....

for Alma Beth Caldwell ..... who Born ..... on March 28, 1920 .....  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Payette County ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ....., are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

FACTS TO BE CORRECTED

FROM

TO

("Name," "Birth Date," "Cause of Death," Etc.)

(As on Original)

(The Correct Facts)

Name

Alma Beth Caldwell

Alma Bobbie Caldwell

Subscribed and sworn to before me this 12<sup>th</sup> day of Sept, 1946

Signed Mrs. Bessie Caldwell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Fruitland, Idaho

My commission expires Sept 21<sup>st</sup> 1946  
(Seal)

Fruitland, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Payette } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12<sup>th</sup> day of Sept, 1946

Signed Bertha Williams

(Signature of Any Credible Person)

Notary Public, residing at Fruitland

Fruitland, Idaho

(Street Address, City, State)

My commission expires Sept 21<sup>st</sup> 1946  
(Seal)



5-31-83

11/11/83

11/11/83

395-124-038-231

## PLACE OF BIRTH

Form V. 8. No. 11-2

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of Fruitland - 1 mile northRegistration District No. 2130

No. \_\_\_\_\_ St. \_\_\_\_\_

File No. 79272

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child James Alexander Creeger

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{and} Number in order of birth	Legiti- mate?	DATE OF BIRTH <u>April 24, 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------	--

FULL NAME <u>James I. Creeger</u>	FATHER
RESIDENCE <u>Fruitland - 1 mi. north</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Gertrude Blayden</u>	MOTHER
RESIDENCE <u>Fruitland - 1 mi. north</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 9 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Keese, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Ontario - OregonFiled May 4, 1920 6. C. Barton

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-10-10

BUREAU OF VITAL STATISTICS  
STATE OF IDAHO

DATE OF BIRTH

10-10-10

DECEASED

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. **RECEIVED**  
County of \_\_\_\_\_ } **MAR 30 1966**  
The undersigned does solemnly swear that certain facts on \_\_\_\_\_ **Bureau of Vital Statistics**  
for **Unnamed Greger** (male child) who **was born** on **April 24, 1920**  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in **Fruitland, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)  
**James Alexander Greger**

Full Name of Child

Unnamed

Subscribed and sworn to before me this **25th** day of  
**MARCH**, 19**66**.

Signed **J. Greger**

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_  
My commission expires **12-31-66**  
(Seal)

**560 W. ROSE ST., LEWISBURG, ORE.**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

Business Men's Assurance Company of America, No. L 642368, policy date  
March 1, 1955 gives full name as James Alexander Creger, age 35 - viewed by V.S.  
MAY 31 1966

Marriage Invitation, gives full name as Edna Caldwell Hughes and James  
Alexander Creger, to be married Nov. 18, 1951 at Lebanon, Oregon - also viewed  
marriage license and certificate for James A. Creger and Edna Mae Hughes -  
viewed by V.S.

238-105-038-815

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of New PlymouthRegistration District No. 5File No. 79273

No. \_\_\_\_\_ St.

Primary Registration District No. 1009 Registered No. 18

Hospital \_\_\_\_\_

FULL NAME OF CHILD Vernon Edward Schroeder

Sex of Child <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Apr 5</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Henry Schroeder  
RESIDENCE New Plymouth, Ida  
COLOR m AGE AT LAST BIRTHDAY 37  
(Years)  
BIRTHPLACE Germany  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Louise M. Harmon  
RESIDENCE with husband  
COLOR m AGE AT LAST BIRTHDAY 30  
(Years)  
BIRTHPLACE Iowa  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:45 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address New Plymouth IdaFiled Apr 12 1920Wm J. Drysdale  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MAR 10 1959

813-2417-038-239

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of PayetteCity of New PlymouthNo. R704 St.Registration District No. 5File No. 79274

Hospital \_\_\_\_\_

Primary Registration District No. 2009 Registered No. 19

FULL NAME OF CHILD

Dorothy EleanorHackett

Sex of Child

7Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthApr 71920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAMEFATHER Paul Samuel HackettFULL  
MAIDEN  
NAMEMOTHER Ida Blund

RESIDENCE

New Plymouth, Ida.

RESIDENCE

with husband

COLOR

WAGE AT LAST  
BIRTHDAY21

(Years)

COLOR

WAGE AT LAST  
BIRTHDAY23

(Years)

BIRTHPLACE

Mo.

BIRTHPLACE

Russia

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9:45 a.m.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

New Plymouth Ida

Filed

Apr 1920 Wm J. Drysdale

Registrar

Registrar



AUG 16 1972

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of .....  
County of .....  
Certificate No. 79274  
Date Filed .....  
birth

The undersigned does solemnly swear that certain facts on the certificate of .....  
for Unnamed Hackett (Female) who was born on April 7, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in New Plymouth, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name

Unnamed

Dorothy Eleanor Hackett

Subscribed and sworn to before me this 5th day of

Signed Ida Hackett

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at

My commission expires

(Seal)

OFFICIAL SEAL

VIRGINIA SIMMONS

NOTARY PUBLIC - CALIFORNIA

SUPPORTING AFFIDAVIT OF A SECOND PERSON

P.O. Box 832 - Coos Bay Ore.

(Street Address, City, State)

97420

State of .....  
County of .....  
My Commission Expires Oct. 28, 1975

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of

19.....

Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires

(Seal)

(Street Address, City, State)

Confirmation from Trinity Lutheran Church, Bend, Oregon ~~gib~~ gives name as Dorothy Eleanor Hackett. Dated Aug.18, 1935. Viewed by V. S.

JUN 5 1973

Elementary School Diploma from Oregon gives name as Dorothy Eleanor Hackett dated May 12, 1934. Viewed by V.S.

692-123-038-236

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of New PlymouthRegistration District No. 5File No. 79275No. RJR St.Hospital W. Arven Primary Registration District No. 2009 Registered No. 20FULL NAME OF CHILD Lauren Fisher

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Apr 23</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	-------------------------------	--

FATHER  
FULL NAME Jake Fisher  
RESIDENCE New Plymouth Ida  
COLOR W AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Kans.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Laura Stocker  
RESIDENCE with husband  
COLOR W AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Nebr.  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 a. m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale  
New Plymouth  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Apr 1920Wm J. Drysdale

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Nov. 25, 1940 L.B.

FEB 21 1984

217-226-038-413

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of New PlymouthRegistration District No. 5File No. 79276

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1009Registered No. 21

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Jayce Dalores Baxter

Sex of Child

FTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthApr 261920

(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

Archie W. BaxterFULL  
MAIDEN  
NAME

MOTHER

Nina Matthews

RESIDENCE

New Plymouth, Ida

RESIDENCE

with husband

COLOR

WAGE AT LAST  
BIRTHDAY29  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Kans

BIRTHPLACE

Kans

OCCUPATION

Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

New Plymouth Ida

Filed

apr1920Wm J. Drysdale

Registrar

Registrar

JUL 22 1952

292-228-038-619

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Payette  
City of New Plymouth  
No. R. F. D. 21 St.Registration District No. 5 File No. 79277Hospital \_\_\_\_\_ Primary Registration District No. 2009 Registered No. 22FULL NAME OF CHILD Loeta Grace BishopSex of Child F Twins Triplet or other? } and { Number in order of birth } Legiti mate? Yes Date of Birth Apr 28 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME FATHER Howard A. BishopFULL MAIDEN NAME MOTHER Della FarrelRESIDENCE New Plymouth R. F. D. 1RESIDENCE with husbandCOLOR W AGE AT LAST BIRTHDAY 25 (Years)COLOR W AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE LorraBIRTHPLACE LorraOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 5.50 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth IdaFiled April 30, 1920 Wm J. Drysdale Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



22

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

\* N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-218  
PLA  
039-652

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25

File No. 79278

No. 2072 St.

Primary Registration District No. 178

Registered No. 178

Hospital Bethany

FULL NAME OF CHILD Lepena Christina Peterson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>April 18, 20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>Henry Victor Peterson</u>	FATHER
RESIDENCE <u>Roy, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Shuffield Ill.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Beatrice West</u>	MOTHER
RESIDENCE <u>Roy, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>American Falls, Id.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard P. Noth

Given name added from a supplemental report.

Address American Falls, Idaho

Filed 4/19/20 Richard P. Noth  
Registrar Registrar

K



JUN 19 1970

753 - 114 - 039 - 789  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-8-8-17

County of Power

City of American Falls

Registration District No. 25

File No. 79279

No. 2072 St.

Primary Registration District No. 127

Registered No. 127

Hospital Bethany

FULL NAME OF CHILD Robert Nath Peterson

Sex of Child Male

Twin  
Triplet  
or other?

and Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti-  
mate? yes

Date of  
Birth April 14

(Month) (Day) (Year)

FULL  
NAME

George H. Peterson

FATHER

FULL  
MAIDEN  
NAME

Orma Phillips

MOTHER

RESIDENCE

Rockland, Idaho

RESIDENCE

Rockland, Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

4 1/2  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

34  
(Years)

BIRTHPLACE

Ogden, Utah

BIRTHPLACE

Spokane, Wash.

OCCUPATION

Merchant

OCCUPATION

Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard B. Noth

(Physician or midwife)

Given names added from a supplemental report.

Address American Falls

Filed 4/15-1920

Registrar

Registrar

Certified Copy issued Feb. 11, 1941. E.H.

914-125-039-799

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-37

## CERTIFICATE OF BIRTH

County of PowerCity of Ami Falls

No. .... St.

Registration District No. .... 25File No. .... 79280

Hospital .....

Primary Registration District No. .... 2072Registered No. .... 176

FULL NAME OF CHILD .....

Walter E. RadkeSex of  
ChildMaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{ }

(To be answered only in event of plural births)

Legiti-  
mate?YrsDate of  
BirthApril 25 20

(Month) (Day) (Year)

FULL  
NAMEEmanuel Radke

FATHER

RESIDENCE

American Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Roumania

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEEmma Grischkowsky

MOTHER

RESIDENCE

American Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Russia

OCCUPATION

HousewifeNumber of child of this mother, including present birth .... 1Number of children of this mother now living, including present birth .... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was .... born alive .... at 5:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Richard B. Noth

(Physician)

Given names added from a supplemental report.

Walter E. Radke .... 19 20

Address

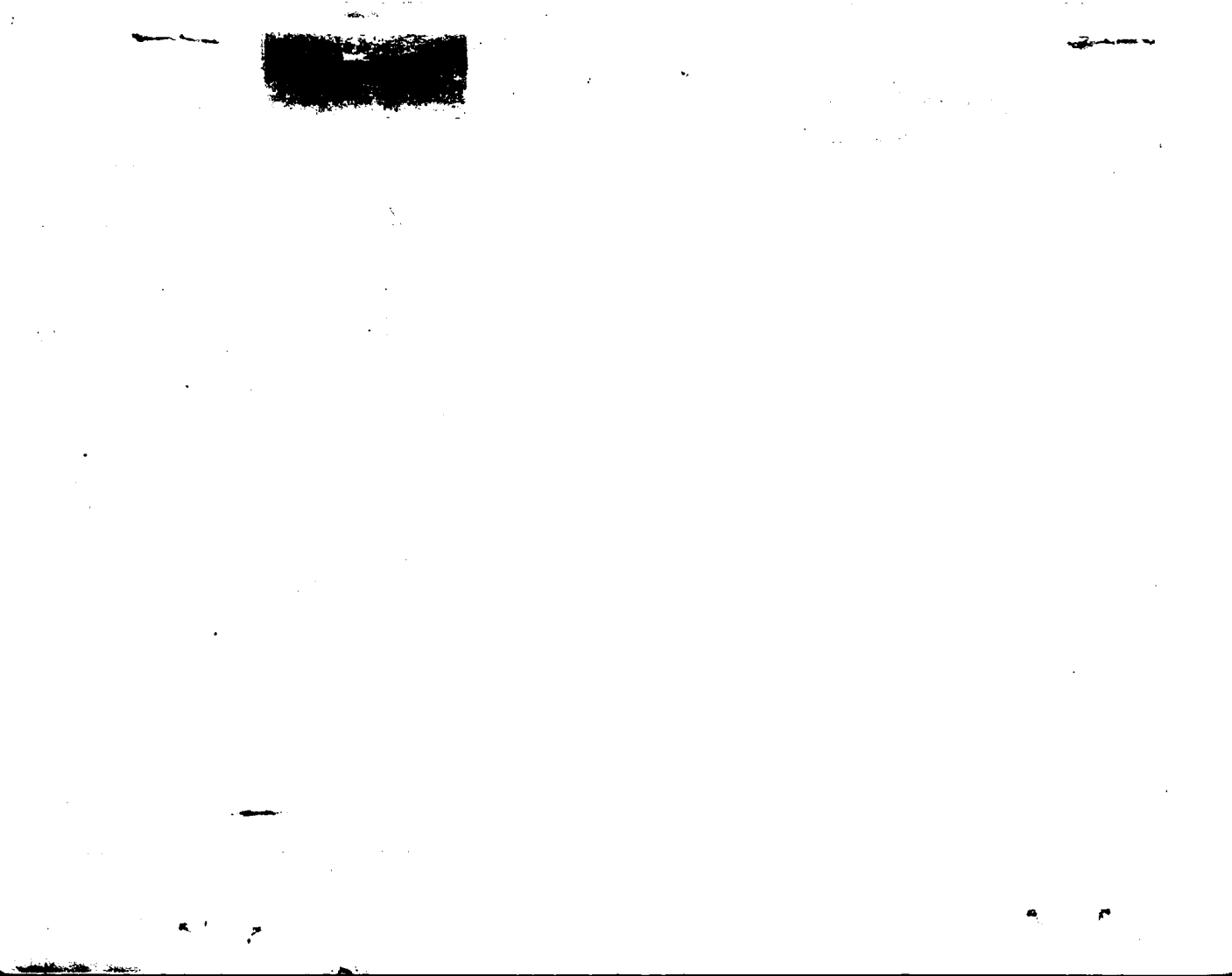
American Falls IdahoW. C. Murphy .... 19 20

Filed

4/25/20R. T. Noth

Registrar

Registrar



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City \_\_\_\_\_  
Street and House No. \_\_\_\_\_  
County Power

Registered No. 176Registration Dist. No. 25-

Sex of Child Male  
Date of Birth April 25- 1920  
                    MONTH           DAY           YEAR  
Father Emanuel Radke  
                    FULL NAME  
Mother Emma Gnschkowsky  
                    FULL MOTHER NAME

I Hereby Certify that the child described herein  
has been named:

Walter E. Radke  
GIVEN NAME IN FULL                      SURNAME

as reported by Father  
FATHER OR MOTHER  
Richard J. Roth  
LOCAL REGISTRAR



APR 11 1972

JUN 29 1959

432 - 112 - 059 - 459  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

County of PowerCity of American Falls

Registration District No. ....

## CERTIFICATE OF BIRTH

File No. ....

79282

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Rhonda Mae Bride

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthApril 12, 20  
Month (Day) (Year)FULL  
NAMESoren Milton Mc Bride

FATHER

FULL  
MAIDEN  
NAMEOlga Derbyshire

MOTHER

RESIDENCE

American Falls

RESIDENCE

American Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY42  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

England

OCCUPATION

Electrician

OCCUPATION

Housewife

Number of child of this mother, including present birth ....

Number of children of this mother now living, including present birth ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 P  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) ....

Richard F. Nott(Physician ~~midwife~~)

Given names added from a supplemental report.

Address

American Falls Idaho

Filed

4/12/20 Richard F. Nott

Registrar

Registrar

NOV 9 1956

NOV 21 1973

499-109-039-219

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

County of PowerCity of American Falls

Registration District No. ....

File No. ....

79283

4

No. .... St.

Primary Registration District No. ....

Registered No. 173Hospital Bethany Hospital

FULL NAME OF CHILD

Arthur Dirks

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> } (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>ap 9 20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Leonhard Dirks</u>	FATHER
RESIDENCE <u>Cheerden Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Minna Bartel</u>	MOTHER
RESIDENCE <u>Cheerden Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 10
Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 10:30 A  
on the date above stated. (Born alive or stillborn) at 10:30 A M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Kinnon  
physician  
(Physician or midwife)  
Cheerden Ida

Given names added from a supplemental report.

Address Cheerden IdaFiled 4/9 1921 B. F. North

Registrar

Registrar

JAN 27 1953

694-208-079-523

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-37

CERTIFICATE OF BIRTH

79284

County of Power

City of American Falls

Registration District No. ....

File No. ....

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital Bethany

FULL NAME OF CHILD

Beth Wimmer

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>April 8, 1920</u> (Month) (Day) (Year)
----------------------------	---	--	--------------------------------	--

FULL NAME Fred M. Wimmer MOTHER

FULL MAIDEN NAME Julia Estabrook MOTHER

RESIDENCE American Falls

RESIDENCE American Falls

COLOR White AGE AT LAST BIRTHDAY 32  
(Years)

COLOR White AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Penn.

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth. .... 2

Number of children of this mother now living, including present birth. .... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.

born alive at 11:30 AM  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

Given names added from a supplemental report.

(Physician or midwife)

Address American Falls, Ida

Filed 4/15/20 Richard F. Noth

Registrar

Registrar

JUN 14 1943

243-102-039-243  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

79285

County of PowerCity of American FallsRegistration District No. 25File No. 4No. St.Primary Registration District No. 2072Registered No. 191Hospital BethanyFULL NAME OF CHILD RUSSELL RICHARD KULM

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 2, 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME <u>John J. Kulm</u>	FATHER
RESIDENCE <u>American Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Pauline Kulm</u>	MOTHER
RESIDENCE <u>American Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P.M. on the date above stated.  
(born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard M. Mott

Given names added from a supplemental report.

(Physician) Richard M. MottAddress American Falls, IdahoFiled 4/3 1920 R. M. Mott

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUL 18 1973

FEB 2 1942

## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.

Certificate No. 79285

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Russell Richard Kulm  
 for 79285 who Born on 4-2-1920  
 in American Falls (Name on Original Certificate) (Was Born or Died) (Birth or Death)  
 are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts are shown by Bible Record prepared on Jan 13-1942, are:  
 (Bible Record, Insurance Policy, Etc.) (Date of Event) (Give Date)

## FACTS TO BE CORRECTED

("Name", "Birth Date", "Cause of Death", Etc.)

## FROM

(As on Original)

## TO

(The Correct Facts)

name

no name

Russell Richard Kulm

Subscribed and sworn to before me this 26th  
 day of February, 1942

Notary Public, residing at Idaho

My commission expires 1-13-1943  
 (Seal) Idaho & Ex-Officio Clerk

Signed

Mrs John Kulm  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho R. 20-1  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th  
 day of February, 1942

Notary Public, residing at Idaho

My commission expires Idaho  
 (Seal) Idaho & Ex-Officio Clerk

Signed

(Signature of Any Credible Person Other Than Previous Year)

John Kulm  
 (Street Address, City, State)

MAR 10 1942

JUL 18 1973

331 - 203-039 - 314  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

79286

County of PowerCity of American FallsRegistration District No. 25File No. 4No. 2072Primary Registration District No. 170Registered No. 170Hospital Francis Maxine ClarkFULL NAME OF CHILD Francis Maxine ClarkSex of  
Child FemaleTwin  
Triplet  
or other?and Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate? yesDate of  
Birth April 3(Month) (Day) (Year) 191-20FULL  
NAME Archib L. Clark

FATHER

FULL  
MAIDEN  
NAME Madge Lamb

MOTHER

RESIDENCE American FallsRESIDENCE American FallsCOLOR WhiteAGE AT LAST  
BIRTHDAY 33  
(Years)COLOR WhiteAGE AT LAST  
BIRTHDAY 20  
(Years)BIRTHPLACE OregonBIRTHPLACE UtahOCCUPATION ButcherOCCUPATION HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 a. m.  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) Richard F. North

(Born alive or stillborn)

Given names added from supplemental report.

(Physician)

Address American Falls IdahoFiled 3/31920Richard F. North

Registrar

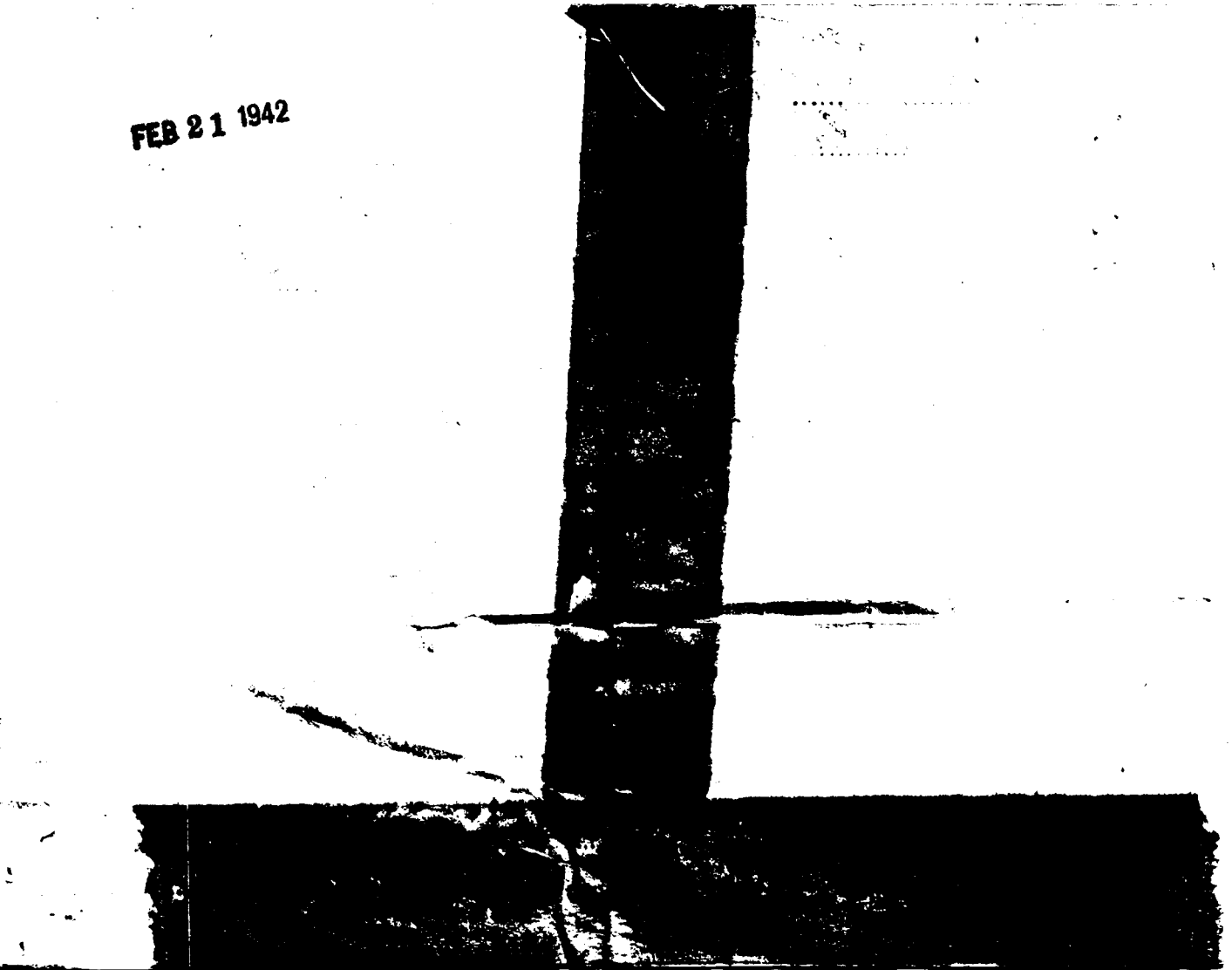
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1942



493-119-0404

PLACE OF BIRTH

Form V. S. No. 11-C-25m-1-1-13

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ShoshoneCity of Wallace IdaNo. 2nd and Cedar St.Registration District No. 70File No. 79288Hospital WallacePrimary Registration District No. 1014Registered No. 3

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplets or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan. 19<sup>th</sup> 1920</u> (Month) (Day) (Year)
--------------------------	--	--------------------------------------	-----------------------------	--

FATHER  
FULL NAME James Edwards NicholsonRESIDENCE Wallace IdahoCOLOR White AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE Rock Springs WyoOCCUPATION mail carrierMOTHER  
FULL MAIDEN NAME Buehla M<sup>c</sup>ClellanRESIDENCE Wallace IdahoCOLOR White AGE AT LAST BIRTHDAY 33  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive January 19, 1920 at 10<sup>03</sup> A. M.  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. C. [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address IdahoDate Jan 30 1920 J. I. [Signature]

S-V CO. 24655

Registrar

Registrar

● 經濟學

4-20-58

4-2-5 井田制

017-43529

...the ...

Approved: \_\_\_\_\_

PLACE OF BIRTH 949-204-040-666  
 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ShoshoneCity of WallaceRegistration District No. 40File No. 79290

No. .... St.

Hospital Prosser Primary Registration District No. 1214

Registered No. ....

FULL NAME OF CHILD Farrell Marie Zurnstein

Sex of Child <u>F</u>	Twin Triplet or other? <u>    </u> and { Number in order of birth <u>    </u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 16 20</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FATHER  
FULL NAME Charles ZurnsteinRESIDENCE Burke IdaCOLOR rr AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE WashOCCUPATION Auto HeistMOTHER  
FULL MAIDEN NAME Bessie WoodRESIDENCE Burke IdaCOLOR iv AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE nebOCCUPATION HWNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 4:45 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jessie R. Bean

(Physician or midwife)

Given names added from a supplemental report.

Address 19Filed 19

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 13 1962

OCT 24 1964

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-223-040-254

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Shoshone

CERTIFICATE OF BIRTH

City of Wallace

Registration District No. 10

File No. 79291

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 101

Registered No. 4

Hospital Providence

FULL NAME OF CHILD Eileen Doris Johnson

Sex of Child <u>fr</u>	Twin Triplet or other? <u>  </u>	and Number of birth <u>  </u>	Legitimate? <u>yes</u>	Date of Birth <u>Jul 23</u> 191 <u>20</u> Month Day Year
FATHER			MOTHER	
FULL NAME <u>Walter Johnson</u>			FULL MAIDEN NAME <u>Levasemenzo</u>	
RESIDENCE <u>Wallace Ida</u>			RESIDENCE <u>Wallace Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Murray Ida</u>			BIRTHPLACE <u>Murray Ida</u>	
OCCUPATION <u>Auto driver</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3P M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address City of Wallace  
Filed Feb 19 20 H. E. Mowery  
Registrar

**AUG 5 1970**  
**NOV 24 1975**

813-103-040-394

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-4-19

## CERTIFICATE OF BIRTH

County of ShoshoneCity of MullanNo. Brook's dam St.Registration District No. 710

File No.

79292Primary Registration District No. 1041Registered No. 5

Hospital

FULL NAME OF CHILD

Gerald Raymond FullSex of  
ChildMaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
Birth7

(Month)

8

(Day)

1940

(Year)

FULL  
NAMEWilliam E. Full

FATHER

RESIDENCE

Mullan Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY34

(Years)

BIRTHPLACE

Kansas

OCCUPATION

Mining Engineer

Number of child of this mother, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. M. R. R. R.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Feb 2019 20F. R. R. R.

NAVY DEPT

OFFICE OF THE SECRETARY OF THE NAVY  
WASHINGTON, D. C.  
JAN 10 1900  
TO THE SECRETARY OF THE NAVY  
FROM THE SECRETARY OF THE NAVY  
SUBJECT: [illegible]

[illegible text]

[illegible text]

386-106-040-154  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of ShoshoneCity of WallaceRegistration District No. 70File No. 79293

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Providence Primary Registration District No. 1011Registered No. 6FULL NAME OF CHILD Raleigh Clough

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 6</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Raleigh S. Clough</u>	FATHER		FULL MAIDEN NAME <u>Mabel Anderson</u>	MOTHER
RESIDENCE <u>Wallace Ida</u>			RESIDENCE <u>Wallace Ida</u>	
COLOR <u>ly</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Vermont</u>			BIRTHPLACE <u>Mass.</u>	
OCCUPATION <u>Clerk</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowrey

(Physician or midwife)

Given names added from a supplemental report.

Address Wallace IdaFiled Feb 19 20

Registrar

Registrar

DUP OF ZC-113932

613 - 207-040-249

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of ShoshoneCity of WallaceRegistration District No. 70

File No.

79294

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1011Registered No. 7Hospital Providence

FULL NAME OF CHILD

Coris Ella WallsSex of Child ♀Twin  
Triplet  
or other?and { Number  
in order  
of birthLegiti-  
mate? yes

Date of Birth

Feb 7 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL NAME

RESIDENCE

COLOR WAGE AT LAST  
BIRTHDAY 33  
(Years)

BIRTHPLACE

OCCUPATION

FATHER Robert Hugh WallsNear WallaceMinnPainter

FULL MAIDEN NAME

RESIDENCE

COLOR WAGE AT LAST  
BIRTHDAY 29  
(Years)

BIRTHPLACE

OCCUPATION

MOTHER Nellie SmithNear WallaceOregonHousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8a M.  
on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Dr. Mowry

Born alive or stillborn

(Physician or midwife)

Address Wallace IdaFiled Feb 20 1920F. L. Jones



MAR 30 1962

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of HypokortCity of Muller

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Muller

FULL NAME OF CHILD \_\_\_\_\_

## CERTIFICATE OF BIRTH

Registration District No. 70File No. 79295Primary Registration District No. 1011Registered No. 8Sex of Child FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate? yesDate of Birth January 8 1928

FULL NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth, \_\_\_\_\_

Number of children of this mother now living, including present birth, 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

Feb 10 1928

F. L. J. \_\_\_\_\_

RECEIVED

DEC 2 1969

**WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD**

**N. B.** In case of more than one child at birth, a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

## BOOKS OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

County of Los Angeles

City of Alameda

**Registration District No.**

File No.

~~79296~~

No. 44 St. \_\_\_\_\_

Primary Registration District No.

Registered No

Hospital Palmer**FULL NAME OF CHILD**

**Sex of Child**

**Twin  
Triplet  
or other?**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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Number  
in order  
of birth

Legiti  
mate?

**Date of Birth.**

**FULL  
NAME**

## FATHER

**RESIDENCE**

**FULL  
MAIDEN  
NAME**

**MOTHER**

**RESIDENCE**

**COLOR**

AGE AT LAST BIRTHDAY

**COLOR**

**AGE AT LAST BIRTHDAY...**

**BIRTHPLACE****BIRTHPLACE****OCCUPATION**

### OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

I hereby certify that I attended the birth of this child, who was on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature \_\_\_\_\_)

(Physician or midwife)

**Given names added from a supplemental report.**

**Address:**

File

**E-Y CO. 2405E**

**Registrar**

## Registrar

SEP 18 1962  
SEP 24 1962

8/41 L. B.

B8-216040-749

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of

City of

CERTIFICATE OF BIRTH

79297

Registration District No.

File No.

No.

St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child

Female

Twin  
Triplet  
or other?and  
(Number  
in order  
of birth)Legiti-  
mate?

Date of Birth

(Month) (Day) (Year)

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

(Physician or midwife)

Address

Filed

19

700 8 8dV

MAY 28 1942

4

453-104-040-356  
PLACE OF BIRTH amend 5-16-83STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of ShoshoneCity of WallaceRegistration District No. 70File No. 79298

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1011Registered No. 11

Hospital \_\_\_\_\_

FULL NAME OF CHILD Barney Milesi

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>March 4</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Bert Anthony Milesi</u>	FATHER		FULL MAIDEN NAME <u>Jennie Leonasio</u>	MOTHER
RESIDENCE <u>Wallace #17 Pine</u>	RESIDENCE <u>Wallace</u>		RESIDENCE	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR
BIRTHPLACE <u>Italy</u>	BIRTHPLACE	BIRTHPLACE <u>Italy</u>	BIRTHPLACE	BIRTHPLACE
OCCUPATION <u>Miner</u>	OCCUPATION	OCCUPATION <u>Home wife</u>	OCCUPATION	OCCUPATION
Number of child of this mother, including present birth <u>5th</u>		Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive, at 4 M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Stone M.D.

(Physician or midwife)

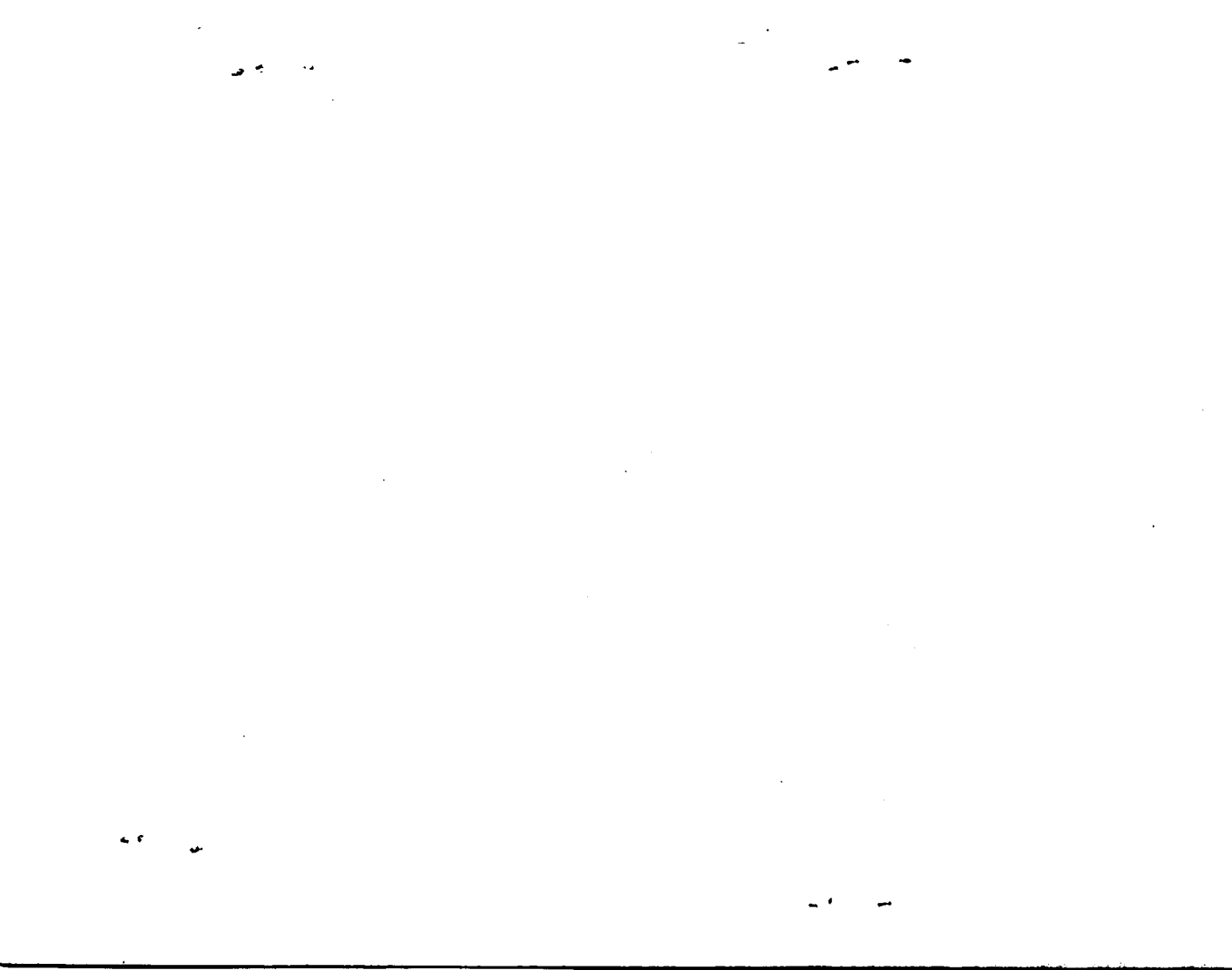
Given names added from a supplemental report.

Address \_\_\_\_\_

Registrar

Registrar





11-17-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of California  
County of Sacramento

ss.

DEC 16 9 33 AM '82

Certificate No. 79298

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Melise who was born on March 4, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Wallace (Shoshone) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

<u>childs name</u>	<u>Unnamed Melise</u>	<u>Barney Anthony Milesi</u>
<u>fathers name</u>	<u>Burt Anthony Melise</u>	<u>Bert Anthony Milesi</u>
<u>mothers name</u>	<u>Jennie Marian</u>	<u>Genevieve Leonesio</u>

Subscribed and sworn to before me this 3rd day of

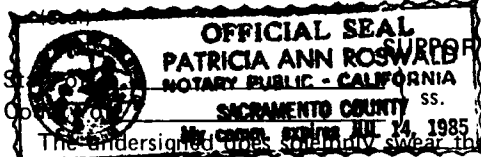
December, 19 82

Notary Public, Patricia Ann Roswald

Residing at Sacramento County

My commission expires July 14, 1985

*Mary Genevieve Reines*  
Signature of Applicant  
2755 6th Avenue, Sacramento, CA 95818  
Street Address, City, State



## SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

Supporting Signature

Street Address, City, State

(Seal)

1 cc pd lbc pd

Marriage license for Milesi and Leonesio from Shoshone County  
Between Bert Melesi and Jennie Leonesio on Aug 6, 1912.  
Viewed by V.S.

**MAY 16 1983**

Birth Certificate for Julia Lucretia Melesi gives child born July 4, 1916  
in Shoshone County to Bert Melesi and Jennie Leonesio.

Viewed by V.S.

Warranty Deed lists Bert Milesi transferred property to Julia Milesi Sterm  
and Barney Milesi. Dated 7-11-32. Viewed by V.S.

Honorable Discharge from Army of the U.S. Gives Barney A Milesi born  
3-4-20 in Wallace was discharged 10-14-45. Viewed by V.S.

212-117-040-253

Form V. S. No. 11-C-34p-1-1-30

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ShoshoneCity of WallaceNo. 1st & Cedar St.Registration District No. 7CFile No. 79299Hospital WallacePrimary Registration District No. 1011Registered No. 12FULL NAME OF CHILD Howard Clair Baker

Sex of Child <u>male</u>	Twin Triplet or other?	and	Number in order of birth (To be answered only in event of plural births)	Legiti- mate?	Date of Birth <u>March 17<sup>th</sup></u> 19 <u>30</u>
			<u>Third</u>	<u>yes</u>	(Month) (Day) (Year)

FULL NAME FATHER Jacob William BakerRESIDENCE 108 Queen St Wallace IdaCOLOR white AGE AT LAST BIRTHDAY 35 (Years)BIRTHPLACE OhioOCCUPATION Telephone ManagerFULL MAIDEN NAME MOTHER Ruby Park KelloggRESIDENCE 108 Queen St Wallace IdaCOLOR White AGE AT LAST BIRTHDAY 35 (Years)BIRTHPLACE Walla Walla WashingtonOCCUPATION HousewifeNumber of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born March 17, 1930 on the date above stated. (Born alive or stillborn) 4 P.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas E. Brown  
(Physician or midwife)

Given names added from a supplemental report.

Address Men 30 20 F. L. Juntz  
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



UNITED STATES OF AMERICA  
DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI  
FROM : SAC, NEW YORK  
SUBJECT: [Illegible]

RE: [Illegible]  
DATE: [Illegible]  
BY: [Illegible]

1. [Illegible]  
2. [Illegible]  
3. [Illegible]  
4. [Illegible]  
5. [Illegible]

6. [Illegible]  
7. [Illegible]  
8. [Illegible]  
9. [Illegible]  
10. [Illegible]

442-128-040-465  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Shoshone

City of Malheur

Registration District No. 70

File No. 79300

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1011

Registered No. 14

Hospital Providence

FULL NAME OF CHILD

James Virgil Musick

Sex of Child <u>M.</u>	Twin Triplet or other? <u>X</u>	and { in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Mar 28 1920</u> (Month) (Day) (Year)
------------------------	---------------------------------	----------------------------------	------------------------	--

FATHER  
FULL NAME James H. Musick  
RESIDENCE Boise Ida  
COLOR W. AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE St. Virginia  
OCCUPATION Miner

MOTHER  
FULL MAIDEN NAME Margaret Donaldson  
RESIDENCE Boise Ida  
COLOR W. AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Newfoundland  
OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 3 30 A. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. B. Stockdaley MD

(Physician or midwife)

Given names added from a supplemental report.

Address Malheur Idaho  
Filed Mar 30 1920

OCT 26 1944

OCT 31 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

0-493

Form V. S. No. 11—Rev. 1-1-11

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

BIRTH

City of Blackfoot Registration District No. \_\_\_\_\_

File No. 79301

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Providence Registration District No. 600

Registered No. 1

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>M</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>March 30</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Albert Rave</u>	FATHER	FULL MAIDEN NAME <u>Annetta Miller</u>	MOTHER
RESIDENCE <u>Montana</u>		RESIDENCE <u>Montana</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Russia</u>		BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Signature) Drs. Growery Physicians City  
(Born alive or still born) 730 p.m.  
(Physician or midwife)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

\_\_\_\_\_ 19\_\_\_\_

Address \_\_\_\_\_  
Date Apr 15 1920 F. L. Dundy  
Registrar



DUP OF 20-288800

113 - 231-049-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 79302

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Providence Primary Registration District No. 1911

Registered No. 16

FULL NAME OF CHILD Dora Grace Jackson

Sex of Child <u>F</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____ Number in order of birth	Legit- made? <u>yes</u>	Date of Birth <u>March 31</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	---	---------------------------------------	-------------------------	---

FULL NAME Dwight Willis Jackson

FULL MAIDEN NAME Estelle Williams

RESIDENCE Keelogg, Ida

RESIDENCE Keelogg, Ida

COLOR W AGE AT LAST BIRTHDAY 52  
(Years)

COLOR W AGE AT LAST BIRTHDAY 38  
(Years)

BIRTHPLACE N.Y.

BIRTHPLACE Mo.

OCCUPATION Miner

OCCUPATION Housewife

Number of child of this mother, including present birth. 1

Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive 19 M.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Mowbray  
Physician  
(Physician or midwife)

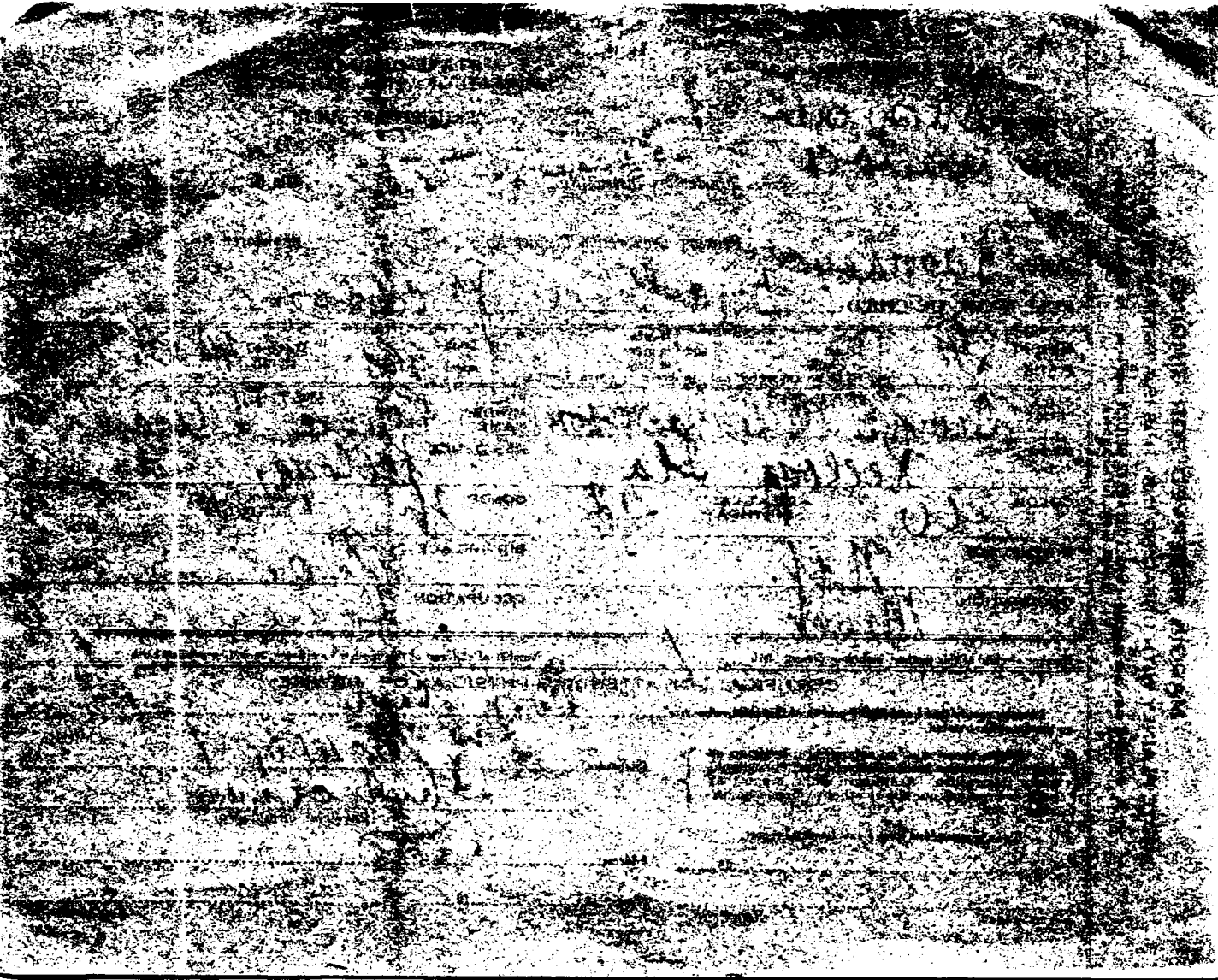
Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_ Address \_\_\_\_\_

Apr 15 1920 F. L. Sunday  
Registrar Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



249-203-040-296

Form V. S. No. 11-C-26m-1-1-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *Shoshone*City of *Valley*Registration District No. *70*File No. **79303**No. *17*Primary Registration District No. *100*Registered No. *17*Hospital *Valley Indian*

FULL NAME OF CHILD

*Harry Elizabeth Brown*

Sex of Child

*Female*Twin  
Triplet  
or other?*No*

and

Number

in order

of birth

*1*

(To be answered only in event of plural births)

Legiti-  
mate?*yes*

Date of Birth

*April 3**1920*

(Month) (Day) (Year)

FULL NAME

*David Eugene Brown*

FATHER

*Brown*

FULL MAIDEN NAME

*Grace Brown*

MOTHER

*Brown*

RESIDENCE

*Valley**Idaho**Idaho*

RESIDENCE

*Valley**Idaho**Idaho*

COLOR

*White*

AGE AT LAST BIRTHDAY

*21*

(Years)

COLOR

*White*

AGE AT LAST BIRTHDAY

*21*

(Years)

BIRTHPLACE

*Michigan**Michigan*

BIRTHPLACE

*Ohio**Ohio*

OCCUPATION

*mechanic**mechanic*

OCCUPATION

*housewife**housewife*

Number of child of this mother, including present birth

*2*

Number of children of this mother now living, including present birth

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

(Signature)

*Dr. M. J. Brown*  
*M. J. Brown*  
*M. J.*

(Physician or midwife)

Given names added from a supplemental report.

19

Address

*Apr 15 1920*

19

*F. L. Zund*  
*Registrar*

S-V CO. 24608

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-107-040-385

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-1-1-14

County of Shoshone

City of Wallace

CERTIFICATE OF BIRTH

Registration District No. 70

File No. 79304

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital

Primary Registration District No. 1041

Registered No. 18

FULL NAME OF CHILD

Charles Jerome Cavanaugh

Sex of Child <u>M</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April 7</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	------------------------	---

FATHER  
FULL NAME John Cavanaugh

MOTHER  
FULL MAIDEN NAME Allice Cyn.

RESIDENCE City

RESIDENCE City

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Pennsylvania

BIRTHPLACE Montana

OCCUPATION Nurse

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 1 P M.  
Dr. Mowery  
Physician  
(Physician or midwife)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address Wallace, Ida  
Date Apr 15 1920 F. L. Jones

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

693-228-040-291

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79305

County of *Shoshone*City of *Malheur*Registration District No. *70*

File No.

No. \_\_\_\_\_ St.

Primary Registration District No. *1011*

Registered No.

Hospital *Malheur*FULL NAME OF CHILD *James Marion Horn*

Sex of Child

*Female*Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?*yes*

Date of Birth

*4 28 30*  
(Month) (Day) (Year)

FULL NAME

*James F. Horn*

FATHER

FULL MAIDEN NAME

*Lora Brady*

MOTHER

RESIDENCE

*Malheur, Ida.*

RESIDENCE

*Malheur, Idaho*

COLOR

*White*

AGE AT LAST BIRTHDAY

*47*  
(Years)

COLOR

*White*

AGE AT LAST BIRTHDAY

*37*  
(Years)

BIRTHPLACE

*Idaho*

BIRTHPLACE

*Idaho*

OCCUPATION

*Farmer*

OCCUPATION

*Farmer*

Number of child of this mother, including present birth

*7*

Number of children of this mother now living, including present birth

*5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at the date above stated.

(Born alive or stillborn)

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth."

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

*May 10 1930 F L J...*  
Registrar



STATE OF NEW YORK

FILE NO. 100-100000

MAIL TO BOA  
CAGNEY

CO. ON

RECEIVED

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RECEIVED

RECEIVED

RECEIVED

RECEIVED

293-125-040-275

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

## CERTIFICATE OF BIRTH

County of ShoshoneCity of WallaceRegistration District No. 122File No. 79306

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2700Registered No. 179

Hospital \_\_\_\_\_

FULL NAME OF CHILD

William Spedden Kittrell

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

{ Number  
in order  
of birth }Legiti-  
mate?yesDate of  
BirthApril 25 1920  
(Month) (Day) (Year)

FULL NAME

FATHER William Edgar Kittrell

FULL MAIDEN NAME

MOTHER Cora Spedden

RESIDENCE

Wallace Ida

RESIDENCE

Wallace Ida

COLOR

WAGE AT LAST  
BIRTHDAY40  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Tenn

BIRTHPLACE

Wash

OCCUPATION

Clerk

OCCUPATION

Housewife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Signature)

Born alive725

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

Wallace Ida

Filed

April 27 1920

(Physician or midwife)

Registrar

JUN 23 1949

**YEAR: 1920**

**FILE # 79307**

**IDAHO BIRTH CERTIFICATE**

**VOID VOID VOID**

**SEE 1920-79307A & B NOT TWINS**

314-128-040-386  
PLACE OF BIRTHCounty of ShoshoneCity of Malace

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 122Primary Registration District No. 2200

STATE OF IDAHO

Bureau of Vital Statistics  
CERTIFICATE OF BIRTH

Form V. S. No. 11-10m-6-20-11

File No. 79307 ARegistered No. 180Paul Eugene Lamb

Sex of Child <u>M</u>	Twin, Triplet, or other? <u>One</u> and {Number in order of birth	Legitimate? <u>7</u>	Date of birth <u>Apr 28</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>James Lamb</u>		FULL MAIDEN NAME MOTHER <u>Pearl Thomas</u>	
RESIDENCE <u>Malace</u>		RESIDENCE <u>Malace</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Kansas</u>		BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Miner</u>		OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>5</u>		Number of children, of this mother, now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn)at 2:45 P. M.

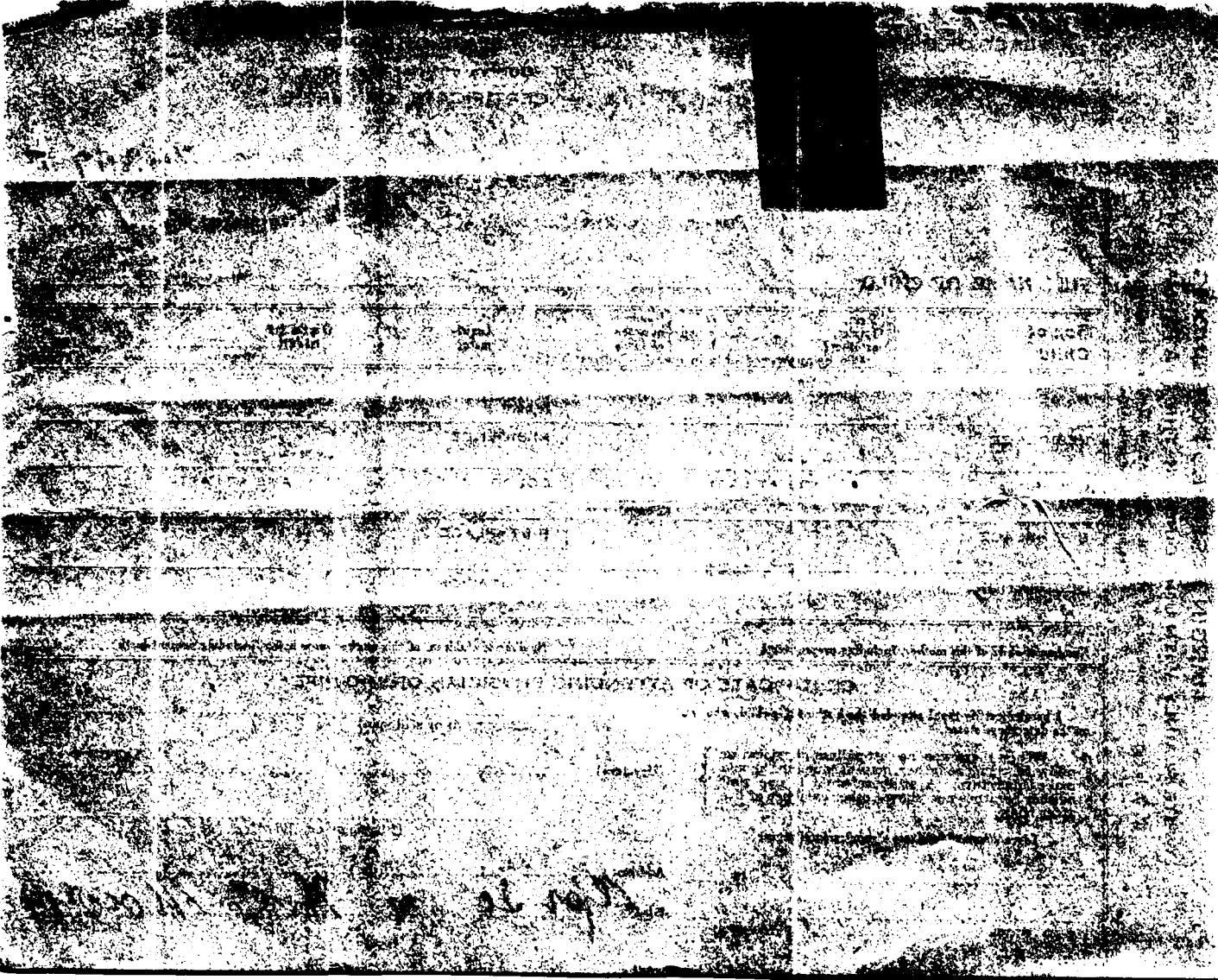
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. C. D.

(Physician or Midwife)

Given name added from a supplemental report

Address Burke 7daFiled Apr 30Registrar H. C. Mowery



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-206-040-953

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of ShoshoneCity of OsborneRegistration District No. 122File No. 79307B

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2200Registered No. 181

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Alba BiancaSex of Child MTwin  
Triplet  
or other?Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate? yesDate of Birth May 6 1920

(Month) (Day) (Year)

FULL NAME

John Bianca

FULL MAIDEN NAME

Therese Ricci

RESIDENCE

Osborne Id

RESIDENCE

Osborne Id

COLOR

W

AGE AT LAST BIRTHDAY

43

(Years)

COLOR

W

AGE AT LAST BIRTHDAY

31

(Years)

BIRTHPLACE

Italy

BIRTHPLACE

Italy

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

4

Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 A M. on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

J. C. Mowery  
Physician  
(Physician or midwife)

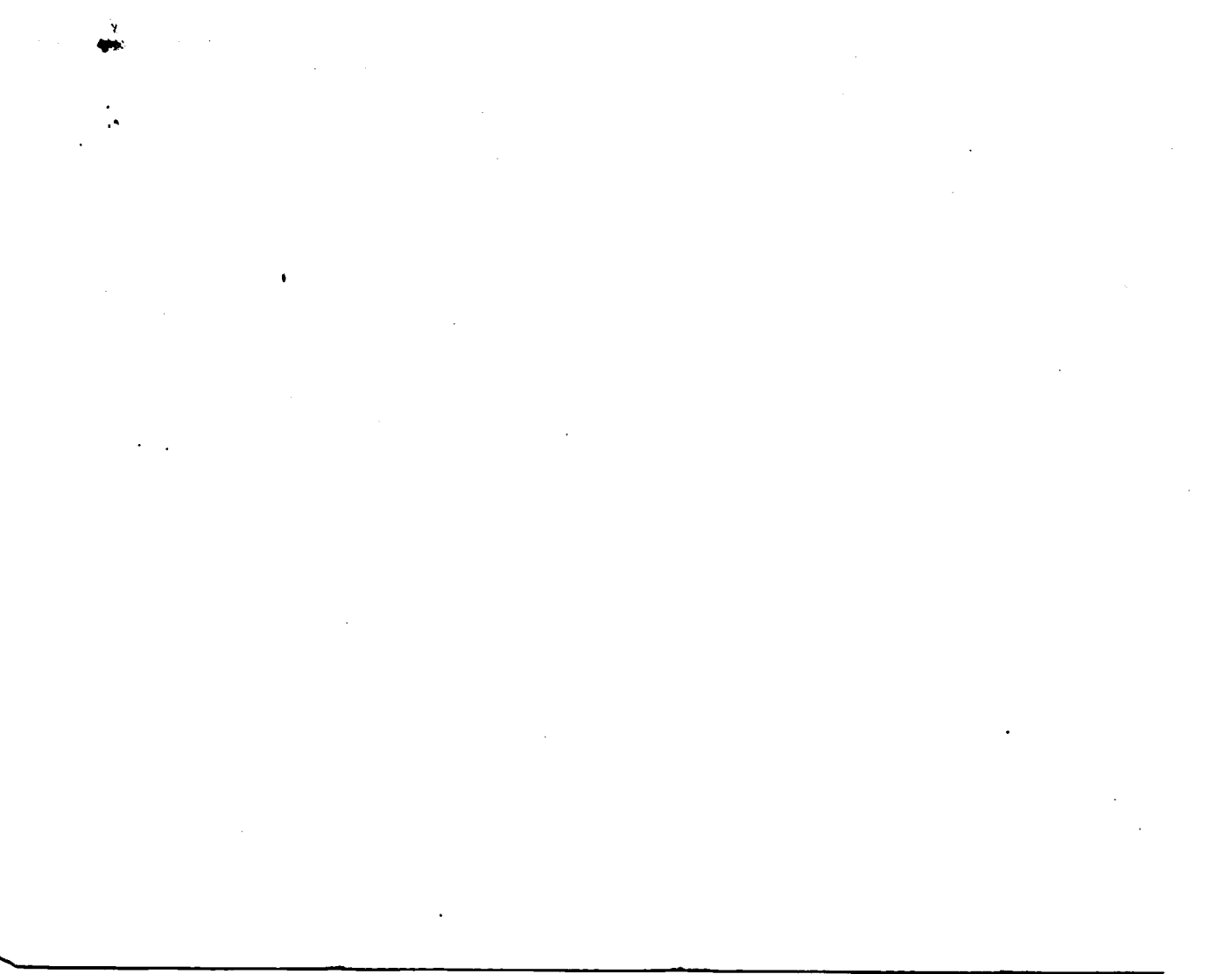
Address

Wallace Id

Filed

May 8 1920

Registrar





959-207-040-959  
 PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS

Form V. & No. 11-C-21m-9-3-17

County of Shoshone

CERTIFICATE OF BIRTH

City of Kingston

Registration District No. 123

File No. 79308

No. .... St.

Primary Registration District No. 7701

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Carl Marie Reinisch

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>1 7 1920</u> (Month) (Day) (Year)
FULL NAME <u>Carl Marie Reinisch</u>	FATHER		FULL MAIDEN NAME <u>Aileen Reinisch</u>	MOTHER
RESIDENCE <u>Kingston Ida</u>			RESIDENCE <u>Kingston Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>South Dakota</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Ranchman</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 7 a M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Simpson, Jr.

(Physician or midwife)

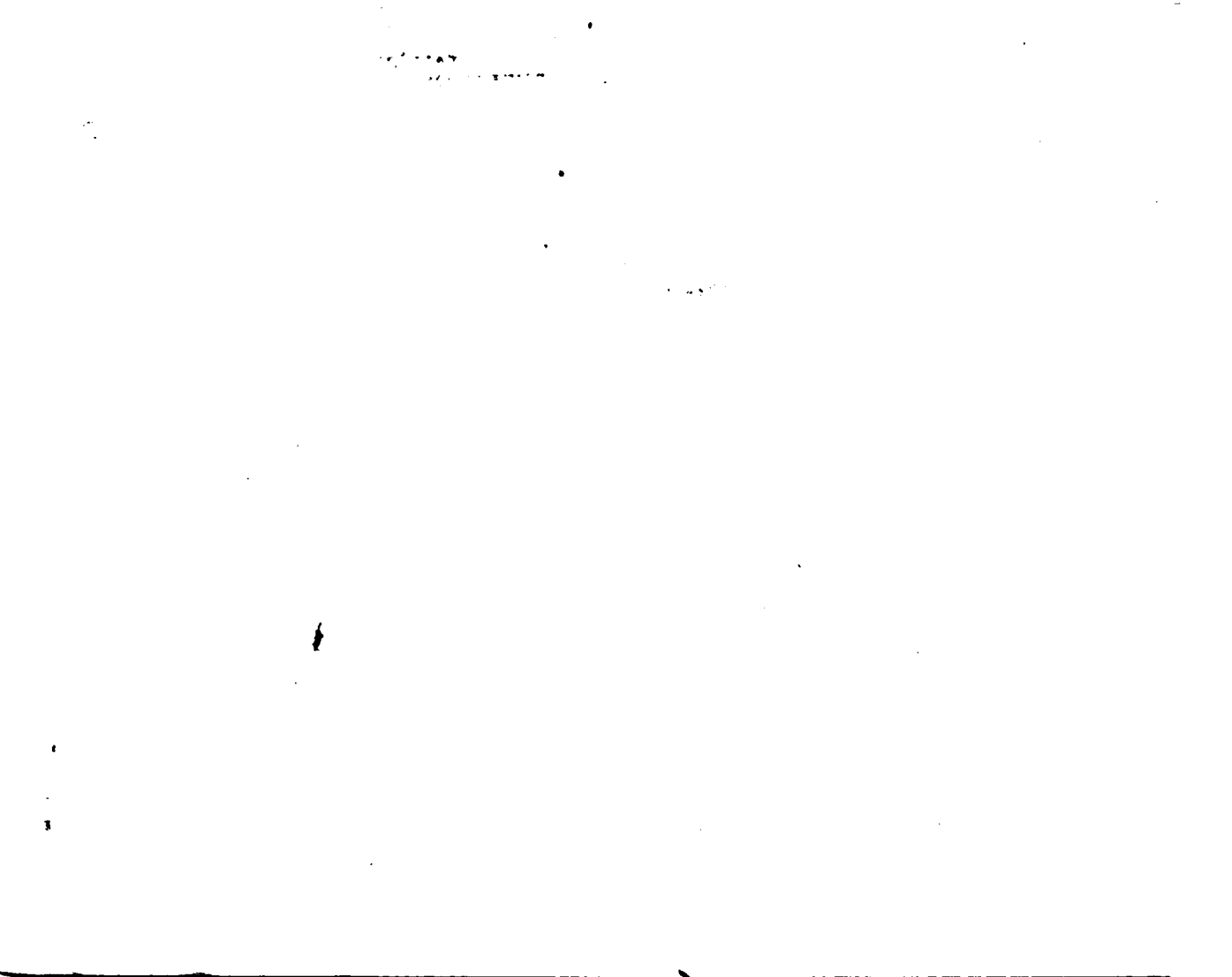
Given names added from a supplemental report.

Address Kellogg, Idaho

Filed 4/16 1920

Registrar

Registrar



363-115-040-231

## PLACE OF BIRTH

County of ShoshoneCity of Kellogg

No. .... St.

Hospital .....

FULL NAME OF CHILD Robert Hugo CochranSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—22a-3-3-17

79310

Registration District No. 173File No. 17Primary Registration District No. 7701

Registered No. ....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>2</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>3 15 1920</u> (Month) (Day) (Year)
FULL NAME <u>Hugo M. Cochran</u>	FATHER		FULL MAIDEN NAME <u>Margaret Staple</u>	MOTHER
RESIDENCE <u>Kellogg Idaho</u>			RESIDENCE <u>Kellogg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Ill.</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Draftsman</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... 2 Number of children of this mother now living, including present birth ..... 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn)

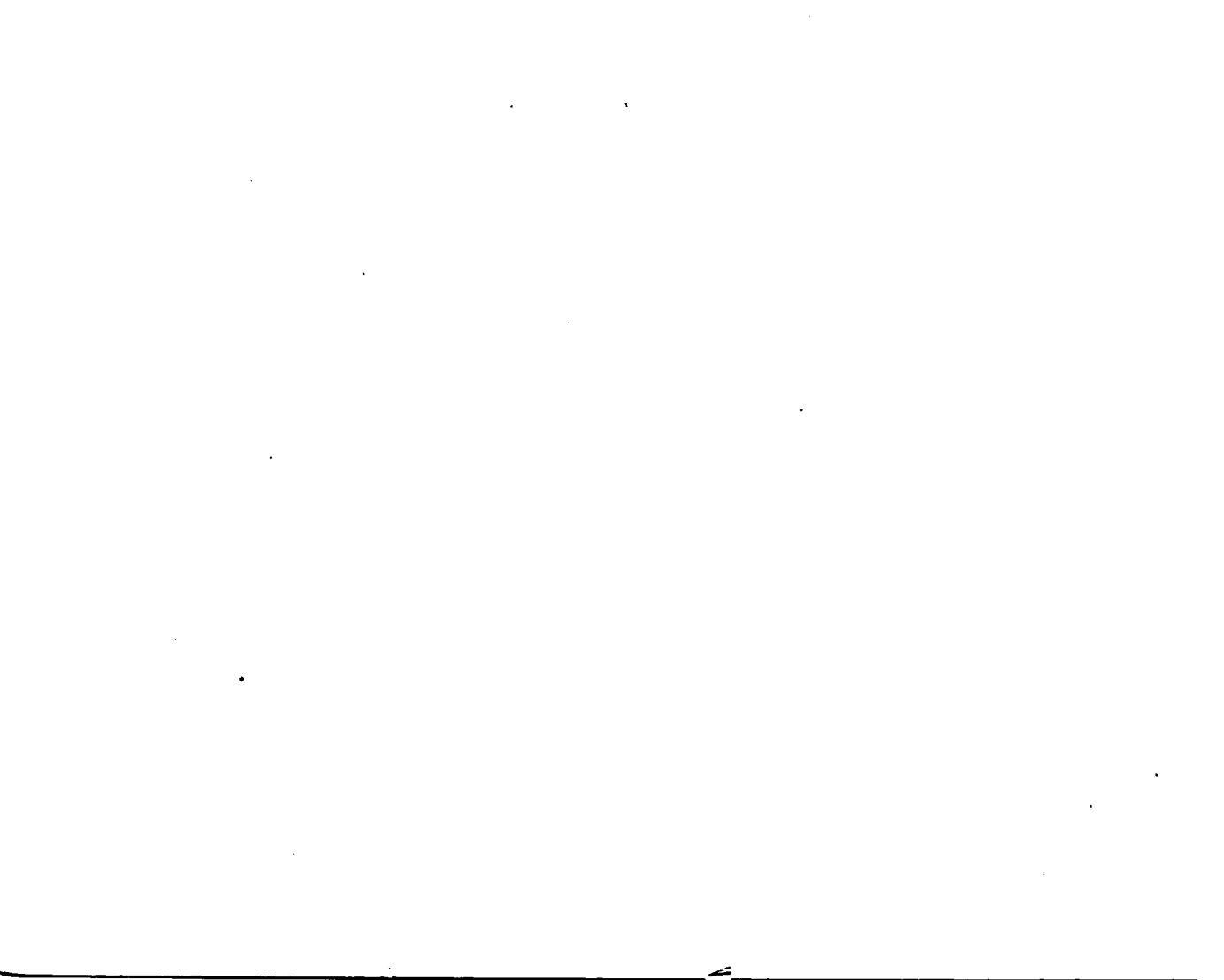
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Geo. S. Lasher MDPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address ..... Kellogg Idaho

Filed 4/16 to Geo. S. Lasher  
Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
MARGIN RESERVED FOR INDEXING  
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-222-040-755

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22-0-17

CERTIFICATE OF BIRTH

79311

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 16

No. ..... St.

Primary Registration District No. 2201

Registered No. .....

Hospital .....

FULL NAME OF CHILD Marion Vanderwoort

Sex of Child <u>Female</u>	Twin Triplet or other? <u>.....</u> and <u>.....</u> Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>3 22 1912</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Gas. Vanderwoort</u>	FATHER
RESIDENCE <u>Kellogg Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Montana</u>	
OCCUPATION <u>Draftsman</u>	

FULL MAIDEN NAME <u>Mauda Pengelly</u>	MOTHER
RESIDENCE <u>Kellogg Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 1 A M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. J. S. Slesher

Physician or midwife

Given names added from a supplemental report.

..... 19 .....

Address Kellogg Ida

.....

Filed 4/16 1912

Registrar

Registrar

NAME  
CHANGE

DUP OF 1920-269988.


**WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD**

**N. B.** In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-25m-6-6-17

7931 2

## Register

  
OCT 17 1974



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. BUREAU OF VITAL STATISTICS Certificate No. 79312  
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... birth  
for **Unnamed Anderson (female)** who **was born** on **May 7, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Darby, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
**child's name** **Unnamed** **Maxine E. Anderson**

Subscribed and sworn to before me this **14th** day of **June** 19**76**  
**Donald E. Stiles**  
Notary Public, residing at **RESIDING AT MT. PLEASANT, UTAH**  
My commission expires **Commission Expires May 23, 1978**  
(Seal)

Signed **Thomas R. Beel**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Idaho** } ss.  
County of **SANPETE**

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **11th** day of **June** 19**76**  
**Donald E. Stiles**

Signed **Lillian Nelson**  
(Signature of Any Credible Person)

**Mt Pleasant, Utah**  
(Street Address, City, State)

Notary Public, residing at **RESIDING AT MT. PLEASANT, UTAH**  
My commission expires **Commission Expires May 23, 1978**  
(Seal)

Certif of Blessing from the LDS Church gives name as Gary John Dietz son of John Dietz and Maxine E. Anderson. born Jan 25, 1942 at Stockton, Utah. Blessed Apr 5, 1947: viewed by V. S.

**AUG 24 1976**

Membership record with the LDS church gives name as Maxine Elricka Dietz born May 7, 1920 at Driggs, Idaho. father's name as John Amos Anderson and mother's name as Lydia Matson. Baptised June 17, 1928. Blessed June 1920. viewed by V. S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815 PLACE OF BIRTH 123

 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-9-2-17

79313

County of IdahoCity of BoiseRegistration District No. 77File No. 66

No. .... St.

Primary Registration District No. 2176

Registered No. ....

Hospital .....

FULL NAME OF CHILD

George Melvin Hanson

Sex of Child

MaleTwin  
Triplet  
or otherSingleand { Number  
in order  
of birth1  
(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

May 2 1920  
(Month) (Day) (Year)

FULL NAME

Elma Hanson

FATHER

FULL MAIDEN NAME

Maria Loggson

MOTHER

RESIDENCE

Boise Idaho

RESIDENCE

Boise Idaho

COLOR

White

AGE AT LAST BIRTHDAY

45  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

41  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Norway

OCCUPATION

County Treasurer

OCCUPATION

Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Ham Alvine24 M.

(Born alive or stillborn)

Chas. J. Mark

(Physician or midwife)

Given names added from a supplemental report.

Address

Boise IdahoFiled May 7th 1920Martha Marker

Registrar

Registrar

100

100

100

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

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PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form No. 10, H-O-2223-3-27

## CERTIFICATE OF BIRTH

79314

65

County of TetonCity of Gregg

643-205-041-663

No. .... St.

Registration District No. 77

File No. ....

Primary Registration District No. 2176

Registered No. ....

Hospital .....

FULL NAME OF CHILD Ruth Fullmer

Sex of Child <u>Female</u>	Twin Triple or other? <u>No</u>	and (Number in order of birth) <u>1st</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 3</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---------------------------------	---	------------------------	---

FATHER		MOTHER	
FULL NAME <u>Lawrence Dean Fullmer</u>	FULL MAIDEN NAME <u>Leone Hochstetler</u>	FULL NAME <u>Leone Hochstetler</u>	FULL MAIDEN NAME <u>Leone Hochstetler</u>
RESIDENCE <u>Gregg Ida</u>	RESIDENCE <u>Gregg Ida</u>	RESIDENCE <u>Gregg Ida</u>	RESIDENCE <u>Gregg Ida</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Ida</u>	BIRTHPLACE <u>Ida</u>	BIRTHPLACE <u>Ida</u>	BIRTHPLACE <u>Ida</u>
OCCUPATION <u>Laborer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Lawrence Dean Fullmer ..... M. 9:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles J. Martin

(Physician or midwife)

Given names added from a supplemental report.

Address Gregg, IdaFiled May 7, 1920 Martha Marker

Registrar

Registrar

MAY 3 1972

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of .....  
County of .....  
Certificate No. 79314  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Fullmer (Female) who was born on May 5, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Driggs, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name omitted Ruth Fullmer

Subscribed and sworn to before me this 15 day of

May 1922

Notary Public, residing at Menan

My commission expires July 9, 1973

(Seal)

Signed Leon H. Fullmer  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Jefferson } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of

May 1972

Notary Public, residing at Menan Idaho

My commission expires July 9, 1973

(Seal)

Signed Milton D. Hammon  
(Signature of Any Credible Person)

At 1 Roberts, Idaho  
(Street Address, City, State)

Own Child's birth certificate on file in Idaho (File No. 370475) gives child's name as Boyd C. Barnes, Born Feb. 25, 1943. Father's name given as Ernest John Barnes and mother's name as Ruth Fullmer. ~~Excluded~~ Viewed by V. S.

JUN 19 1972

Union Bankers insurance Co., Dallas, Texas (#757562) Application for Life Insurance gives name as Ruth Fullmer Barnes. Born May 5, 1920. Signed on April 8, 1965. Witnessed by Adrian L. Eames. Viewed by V. S.



WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79315

County of TetonCity of Driggs

235-222-04-693

No. .... St.

Registration District No. 77File No. 64Primary Registration District No. 2176

Registered No. ....

Hospital .....

FULL NAME OF CHILD CLAIRE STEWART

Sex of Child <u>Female</u>	Two <u>First</u> and <u>Two</u> (To be answered only in event of plural births)	Number in order of birth <u>Two</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 22nd 1920</u> (Month) (Day) (Year)
FULL NAME <u>William T. Stewart</u>	FATHER		FULL MAIDEN NAME <u>Irma Nelson</u>	MOTHER
RESIDENCE <u>Driggs Ida</u>			RESIDENCE <u>Driggs, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha Marker

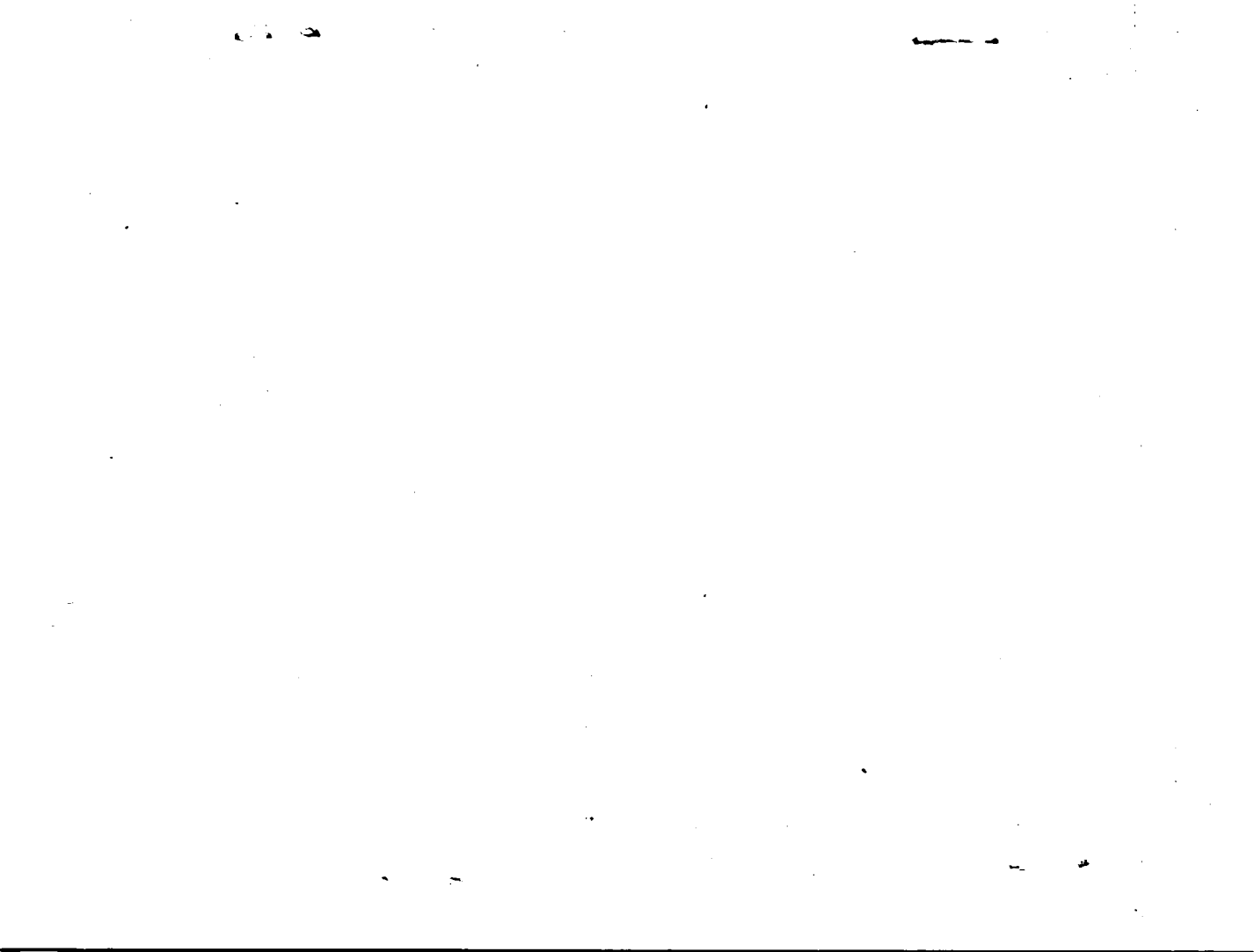
(Physician or midwife)

Given names added from a supplemental report.

Address Driggs, IdaFiled May 24 1920

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of UTAH } ss. Certificate No. 79315  
County of SALT LAKE } Date Filed \_\_\_\_\_  
birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Unnamed Stewart who was born on March 16, 1920 (Birth or death)  
in Driggs, Idaho (Name on original certificate) (Was born or died) (Date of event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by bible record prepared on April 15, 1920, are:  
(Bible record, insurance policy, etc.) (Give date)

<b>FACTS TO BE CORRECTED</b> ("Name", "birth date", "cause of death", etc.)	<b>FROM</b> (As on original)	<b>TO</b> (The correct facts)
<u>Name</u>	<u>Unnamed Stewart</u>	<u>Claire Stewart</u>
<u>Date of birth</u>	<u>March 16, 1920</u>	<u>March 22, 1920</u>

Subscribed and sworn to before me this 26  
day of Feb'y, 1942

R. H. Cornwell  
Notary Public, residing at 1749 Yale Ave.  
My commission expires Nov 4 1944  
[SEAL]

Signed Mrs. M. T. Stewart  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
2470 East 48 South  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss.  
County of Salt Lake }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26  
day of Feb'y, 1942

R. H. Cornwell  
Notary Public, residing at 1749 Yale Ave.  
My commission expires Nov 4 1944  
[SEAL]

Signed Mary Job  
(Signature of any credible person other than the previous affiant.)  
2394 East 48 South  
(Street Address, City, State)  
Salt Lake City, Utah

Received for filing on MAY 6 1942 By \_\_\_\_\_  
(Registrar's signature)

11-11-11

11-11-11

11-11-11

11-11-11

## PLACE OF BIRTH

County of TetonCity of Felt

236 - 238 - 041 - 213

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79316

Registration District No. 77File No. 63Primary Registration District No. 2176

Registered No. ....

FULL NAME OF CHILD Afton Elaine Scow

Sex of Child <u>Female</u>	Twin Triplet or other <u>Single</u>	and { Number in order of birth <u>1st</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Apr. 30 1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Charles E. Scow</u>		FULL MAIDEN NAME MOTHER <u>Sarah Saker</u>		
RESIDENCE <u>Felt, Id.</u>		RESIDENCE <u>Felt, Id.</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	
BIRTHPLACE <u>Denmark</u>		BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Marker

(Physician or midwife)

Given names added from a supplemental report.

Address Felt, Id.Filed May 7th 1920 Martha Marker

Registrar

Registrar

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

...the fact that the *in vitro* and *in vivo* results are in good agreement, and that the *in vivo* results are in good agreement with the results obtained from the *in vitro* studies.

.....

www.elsevier.com/locate/jmb

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The number of transformed cells was determined by the number of colonies growing on the selective medium. The results are the mean of three independent experiments.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 79316  
County of Madison

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)  
for None Given who was born on 30 April 1920 (Date of Event)  
in Felt Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Christening Record prepared on 1 August 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

Name none given Afton Elaine Scow

Subscribed and sworn to before me this 2nd  
day of November, 1943  
J. H. Smith  
Notary Public, residing at Rephung, Idaho  
My commission expires 1-24-46  
(Seal)

Signed E E Scow  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
126 W. Center, Rephung, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
County of \_\_\_\_\_] (See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_  
Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)

APR 27 1973

NOV 9 1961



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-3-37

## CERTIFICATE OF BIRTH

79317

County *Teton*City of *Briggs*

251-125-04-0666

No. .... St.

Registration District No. *177*File No. *62*Primary Registration District No. *2176*

Registered No. ....

Hospital .....

FULL NAME OF CHILD ..... Richard Samuel Beard

Sex of Child <i>Male</i>	Twin <i>Double</i> and in order of birth <i>2nd</i> (To be answered only in event of plural births)	Legitimate? <i>Yes</i>	Date of Birth <i>Apr. 25, 1920</i> (Month) (Day) (Year)
FULL NAME <i>Richard S. Beard</i>	FATHER	FULL MAIDEN NAME <i>Martha Marker</i>	MOTHER
RESIDENCE <i>Briggs, Ida</i>		RESIDENCE <i>Briggs, Ida</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>21</i> (Years)
BIRTHPLACE <i>Idaho</i>		BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Farmer</i>		OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at *12:30 PM*  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

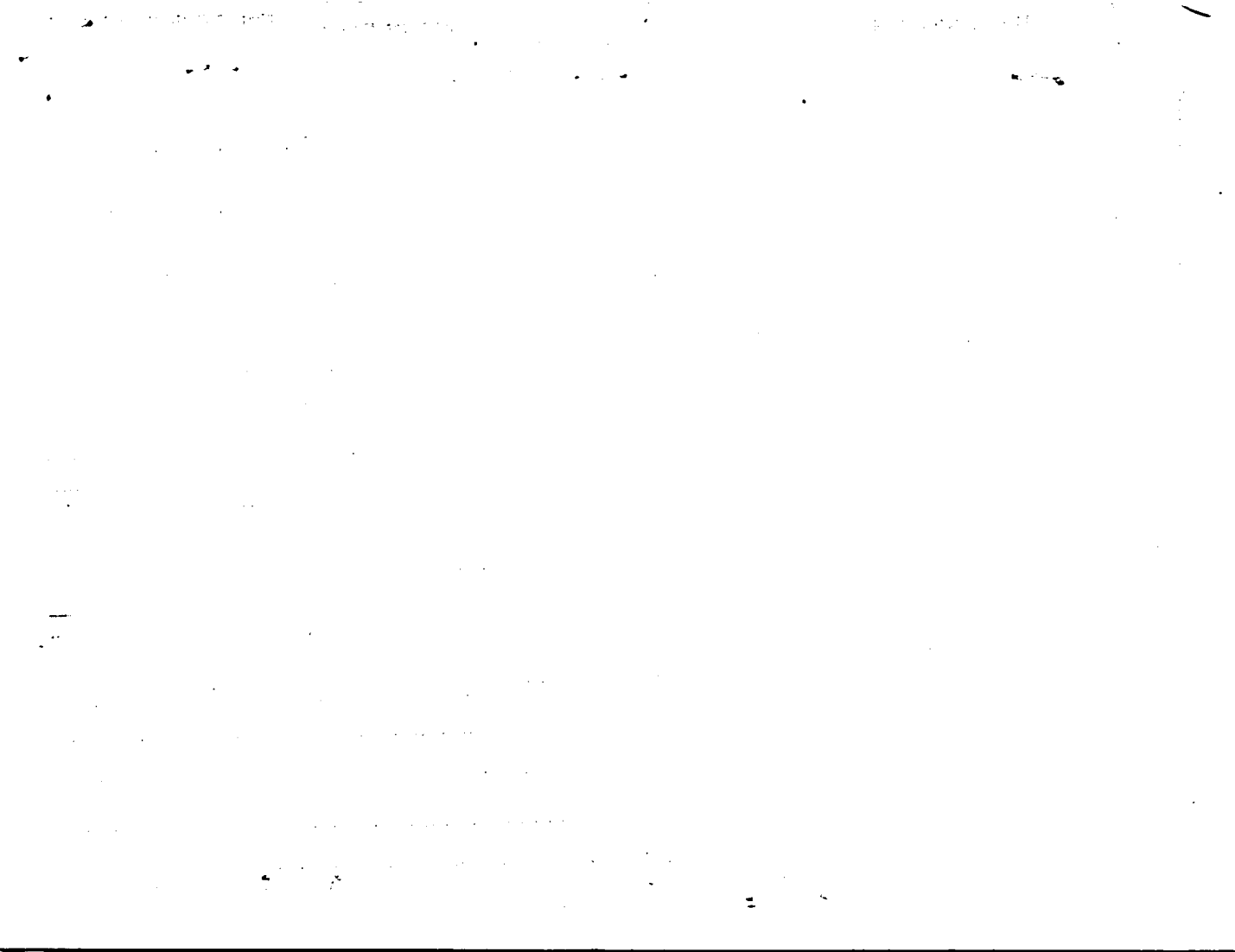
(Signature) ..... *Martha Marker*

Given names added from a supplemental report.

Address ..... *Briggs, Ida*Filed *May 7, 1920* *Martha Marker*

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. Certificate No. 79317  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of  
for **Unnamed Beard (Male)** who **was born** on **April 25, 1920**  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in **Driggs, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
**Child's name** **Unnamed Beard** **Richard Samuel Beard**

Subscribed and sworn to before me this 5<sup>th</sup> day of June, 1973

Notary Public, residing at \_\_\_\_\_  
My commission expires June 23, 1975  
(Seal)

Signed Pansy Woolstenhulme Beard  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
P.O. Box 48 Teton, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Idaho } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5<sup>th</sup> day of June, 1973

Notary Public, residing at \_\_\_\_\_  
My commission expires June 23, 1975  
(Seal)

Signed James Beard Green  
(Signature of Any Credible Person)  
Driggs, Idaho  
(Street Address, City, State)

*Brush*

- Certificate of Blessing from LDS Church gives name as Richard Samuel Beard son of Richard S. Beard and Pausy Woolstenhime. Born April 25, 1920. Was Blasse July 6, 1920. Viewed by V. S.

MAR 7 1973

Certificate of Baptisma nd Confirmation from LDS Church gives name as Debra Gaye Beard daughter of Richard Samuel Beard and Ella Flora Kaufman. Was Born March 12, 1956. Was Baptized March 28, 1964. Viewed V. S.

- Daughter's birth ceritf. on file in Idaho (56-3546) gives child's name as Debra Gaye Beard, born March 12, 1956. Father's name given as Richard Samuel Beard and the mother's name is Ella Flora Kaufman. Viewed by V. S.

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-3-3-37

County of TetonCity of Tetonia

613-208-041-514

No. .... St.

Registration District No. 77File No. 79318Primary Registration District No. 2176

Registered No. ....

Hospital .....

## FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplets or other <u>Yes</u> and in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Apr. 8th 1920</u> (Month) (Day) (Year)
FULL NAME <u>Joseph Crumb Packrell</u>	FATHER	FULL MAIDEN NAME <u>Ethel Vaughan</u>	MOTHER
RESIDENCE <u>Tetonia Ida</u>		RESIDENCE <u>Tetonia Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Okla.</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 9:30 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Martin

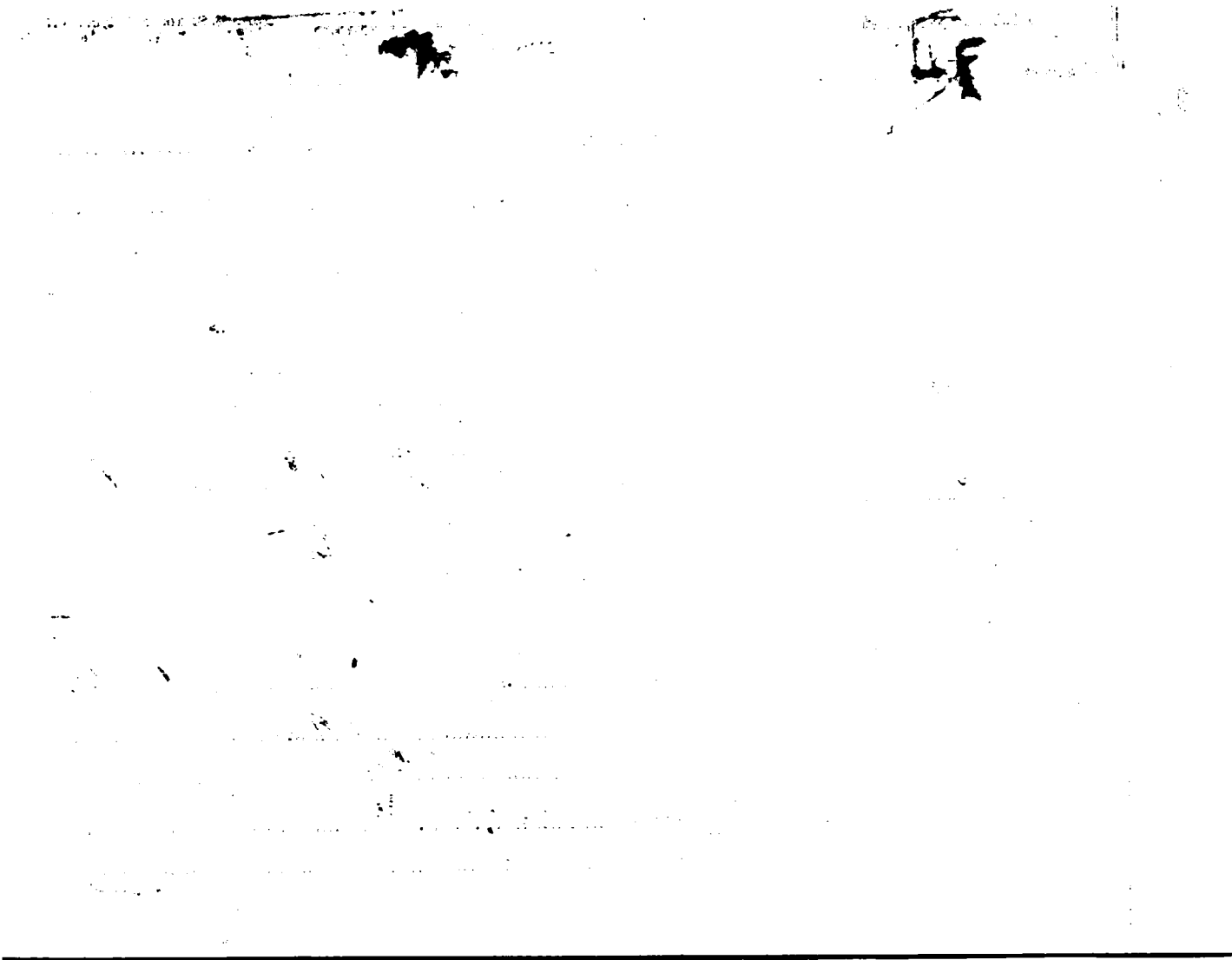
(Physician or midwife)

Given names added from a supplemental report.

Address Tetonia, IdaFiled May 7th 1920

Registrar

Registrar Martha Marker



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Felt Registration District No. 2176  
No. 2 St. Primary Registration District No. 2176 Registered No. 1820

Hospital Alfred Taylor Ricks, Jr.

FULL NAME OF CHILD Alfred Taylor Ricks, Jr.

Sex of Child <u>Male</u>	Twin <u>2</u> or other <u>2</u>	and { Number in order of birth <u>2</u> }	Legitimate? <u>yes</u>	Date of Birth <u>Feb 20 1892</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				
FATHER		MOTHER		
FULL NAME <u>Alfred Taylor Ricks</u>		FULL MAIDEN NAME <u>North Ricks</u>		
RESIDENCE <u>Felt, Ida</u>		RESIDENCE <u>Felt, Ida</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		
Number of child of this mother, including present birth <u>2</u>		Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Chas. J. Martin  
Physician  
(Physician or midwife)

Address Crapp, Ida

Filed May 7 19 19 19  
Registrar Arker  
Registrar



DECEASED





IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

RECEIVED  
NOV 20 1920

Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....  
County of ..... } ss.

Certificate No. 79319  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Ricks who born on Feb. 20, 1920 (Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event) in Felt are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Cert. of Blessing LDS prepared on Feb. 27, 1920 (Bible Record, Insurance Policy, Etc.) Insurance Policy - (Give Date) are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original) Jan. 20, 1945

**TO**  
(The Correct Facts)

viewed by v.s. Alfred Taylor Ricks, Jr.  
Child's Name Unnamed

Subscribed and sworn to before me this 12th day of

November, 1957  
Notary Public, residing at Sugar City, Idaho  
My commission expires Jan 10, 1959  
(Seal)

Signed Alfred T. Ricks, Jr.  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Sugar City, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho  
County of Madison } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of

November, 1957  
Notary Public, residing at Sugar City, Idaho  
My commission expires Jan 10, 1959  
(Seal)

Signed Hazel P. Cook  
(Signature of Any Credible Person)  
246 S 1st West, Peshawar, Idaho  
(Street Address, City, State)

NOV 28 1957



AFFIDAVIT

STATE OF Idaho

COUNTY OF Madison

To whom it may concern:

I, Ruth S Ricks do hereby swear that  
the following statements are true as to the birth of Alfred  
Taylor Ricks Jr.:

1. Birth date: Feb 20<sup>th</sup> 1920

2. Birth place: Felt Idaho

3. Parents' Names:

Father Alfred I Ricks Sr

Mother Ruth S Ricks

4. Age of person signing affidavit: 62 years

5. Reason of knowledge of this birth: His mother

Signed Ruth S Ricks

Subscribed and sworn to before me this 12<sup>th</sup> day of November  
1957.

Mahine Nave

My Notary Commission expires Jan. 10 1959



PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. D. 110—2nd Ed.

County of Idaho Amended 2/6/74City of Quincy  
363-217-041-863  
No. .... St.Registration District No. 77File No. 59

79320

Primary Registration District No. 2176

Registered No. ....

Hospital .....

FULL NAME OF CHILD Colleen Gwen Cole

Sex of Child

FemaleTwin  
Triplet  
or otherand in order  
of birth  
(To be answered only in event of plural births)1st

Legitimate?

Yes

Date of Birth

Mar 17 1930  
(Month) (Day) (Year)

FULL NAME

M. Aurie Cole

FATHER

FULL MAIDEN NAME

Sarah Cole Hall

MOTHER

RESIDENCE

Quincy, Ida

RESIDENCE

Quincy, Ida

COLOR

White

AGE AT LAST BIRTHDAY

4/1  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

40  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) .....

Dr. W. H. ...  
(Born alive or stillborn)1/13/30 A.M.

Address .....

Quincy, Ida

Filed .....

May 7th 1930Martha Marker

Registrar

Registrar

AUG 8 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 79320

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Coles (female) who was born on Mar. 17, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Driggs, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> (“Name,” “Birth Date,” “Cause of Death,” Etc.)		<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
Child's name	Unnamed		Colleen Gwen Cole
father's last name	Coles		Cole

Subscribed and sworn to before me this 26 day of  
September, 1973

Signed *[Signature]*  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Clerk District Court  
My commission expires Teton County,  
(Seal) Driggs, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss. [This Affidavit MUST Also be Executed.  
County of Contra Costa (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of  
September, 1973

Signed *Harriet E. Sanders*  
(Signature of Any Credible Person)

Joyce A. Mainini  
Notary Public, residing at Richmond, California  
My commission expires 12/15/74  
(Seal)

279 Judan Loop Pacheco  
(Street Address, City, State)



OFFICIAL SEAL  
JOYCE A. MAININI  
NOTARY PUBLIC - CALIFORNIA  
COUNTY OF CONTRA COSTA  
My Commission Expires December 15, 1974

Calif.

Blessing record from LDS Church gives name as Colleen Gwen Cole daughter of E. H. Cole and Sarah Holden Cole. born March 17, 1920 in Driggs, Idaho. ~~VIEWED~~  
Blessed June 6, 1920. Viewed by V. S.

FEB 6 1974

Baptismal record from LDS Church gives ~~name~~ name as Colleen Gwen Cole Stanley daughter of E. H. Cole and Sarah Holden Cole. born March 17, 1920 in Driggs, Idaho. Was Baptized March 31, 1920. Viewed by V. S.



365-206-041-469

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-43-25

## CERTIFICATE OF BIRTH

79321

County of... Utah.....City of... Victor.....Registration District No. 77.....File No. 54.....

No. .... St.

Primary Registration District No. 2176.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD ..... Etta Lee Cover.....

Sex of Child <u>7</u>	Twin Triplet or other? <u>3</u>	and (Number in order of birth) <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>April 6</u> 191 <u>4</u> (Month) (Day) (Year)
-----------------------	---------------------------------	---	------------------------	---

FULL NAME <u>J. H. Cover</u>	FATHER	FULL MAIDEN NAME <u>Gladys Morgan</u>	MOTHER
RESIDENCE <u>Victor Idaho</u>		RESIDENCE <u>Victor</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Ranchman</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.....3..... Number of children of this mother now living, including present birth.....2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... alive ..... at ..... 8:00 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... H. H. Callahan .....  
..... Physician .....  
..... (Physician or midwife) .....

Given names added from a supplemental report.

.....19..... Address ..... Victor Idaho .....  
..... Filed May 4 1914 .....  
..... Registrar ..... Martha Marker .....  
..... Registrar .....

FEB 26 1971

15887

NOV 29 1944

649-210-041-553

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-15m-9-23

## CERTIFICATE OF BIRTH

79322

County of Teton.....City of Driggs.....Registration District No. 17.....File No. 58.....

No. .... St.

Primary Registration District No. 2176.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Vernie Furniss.....

Sex of Child <u>7</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>April-10</u> 19 <u>22</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	------------------------	--

FULL NAME <u>Geo. Clarna Furniss</u>	FATHER	FULL MAIDEN NAME <u>Serra Ann Nelson</u>	MOTHER
RESIDENCE <u>Driggs</u>		RESIDENCE <u>Driggs</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Ranchman</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4..... Number of children of this mother now living, including present birth 3.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:20 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. CulbertsonPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Driggs IdahoFiled May 14 1922 Martha Marker

Registrar

Registrar

AUG 20 1969

APR 3 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 2-13-59  
PLACE OF BIRTH

619-202-041-386

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 77 File No. 79323

Hospital \_\_\_\_\_

Primary Registration District No. 2176 Registered No. \_\_\_\_\_

FULL NAME OF CHILD Beulah Wardle

(Certificate of no value without full name of child.)

Sex of Child <u>F</u>	Twin Triplet or other? <u>    </u> { and { Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of birth <u>April 2, 1920</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER  
FULL NAME William LeRoy Wardle  
RESIDENCE Tetonia  
COLOR W AGE AT LAST BIRTHDAY 26  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Beulah Thompson  
RESIDENCE Tetonia  
COLOR W AGE AT LAST BIRTHDAY 22  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive at 4:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician  
(Physician or midwife)

Give names added from a supplemental report.

Address Driggs, Idaho

\_\_\_\_\_, 192\_\_\_\_

Filed May 4, 1920 Martha Marker

Registrar.

Registrar.

[illegible]

Certificate of Blessing, L.D.S., May 2, 1920. gives correct information on all three names, - viewed by V.S. Another Child's Birth Certificate gives correct parent's names, on file, #330715 - viewed by V.S. IDAHO STATE BOARD OF HEALTH and Own Child's Birth on file, DIVISION OF VITAL STATISTICS #353962 - gives correct name as Beulah Wardle - viewed by V.S.

### Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }  
County of Lemhi } ss. Certificate No. 79323  
Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Bulah Wardel who born on April 2, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Tetonia, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by                      prepared on                     , are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	<u>Bulah Wardel</u>	<u>Beulah Wardle</u>
Full Name of Father	<u>William LeRoy Wardel</u>	<u>William LeRoy Wardle</u>
Full Maiden Name of Mother	<u>Bulah Thompson</u>	<u>Beulah Thompson</u>

Subscribed and sworn to before me this 13th day of  
January, 19 59  
Charles Henderson

Notary Public, residing at Salmon, Idaho  
My commission expires 2/11/59  
(Seal)

Signed William LeRoy Wardle  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)  
William LeRoy Wardle  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Idaho } ss.

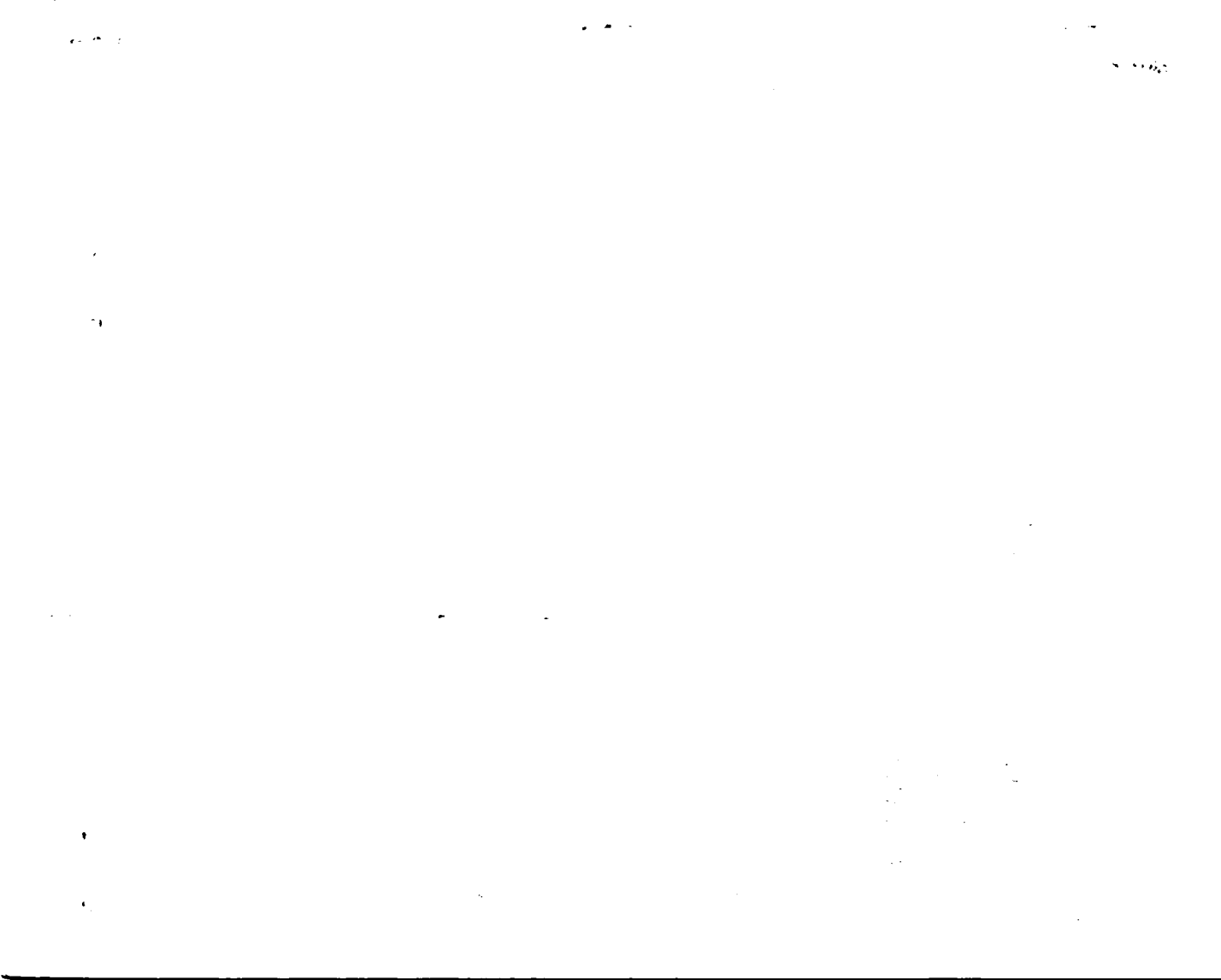
[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of  
January, 19 59  
Charles Henderson

Notary Public, residing at Salmon, Idaho  
My commission expires 2/13/59  
(Seal)

Signed Walter Austin  
(Signature of Any Credible Person)  
Box 3 Salmon Idaho  
(Street Address, City, State)





N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819 - 110-041-819

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-0-0-07

79324

County of Teton.....

City of Teton.....

Registration District No. 77.....

File No. 56.....

No. ....St.

Primary Registration District No. 2176.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD William Custace Harris.....

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>April 15 1922</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>W. B. Harris</u>	FATHER
RESIDENCE <u>Teton</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>80</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Ranchman</u>	

FULL MAIDEN NAME <u>Edna Agunda Hansen</u>	MOTHER
RESIDENCE <u>Teton</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2.... Number of children of this mother now living, including present birth 2....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 6:20 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson.....

Physician  
(Physician or midwife)

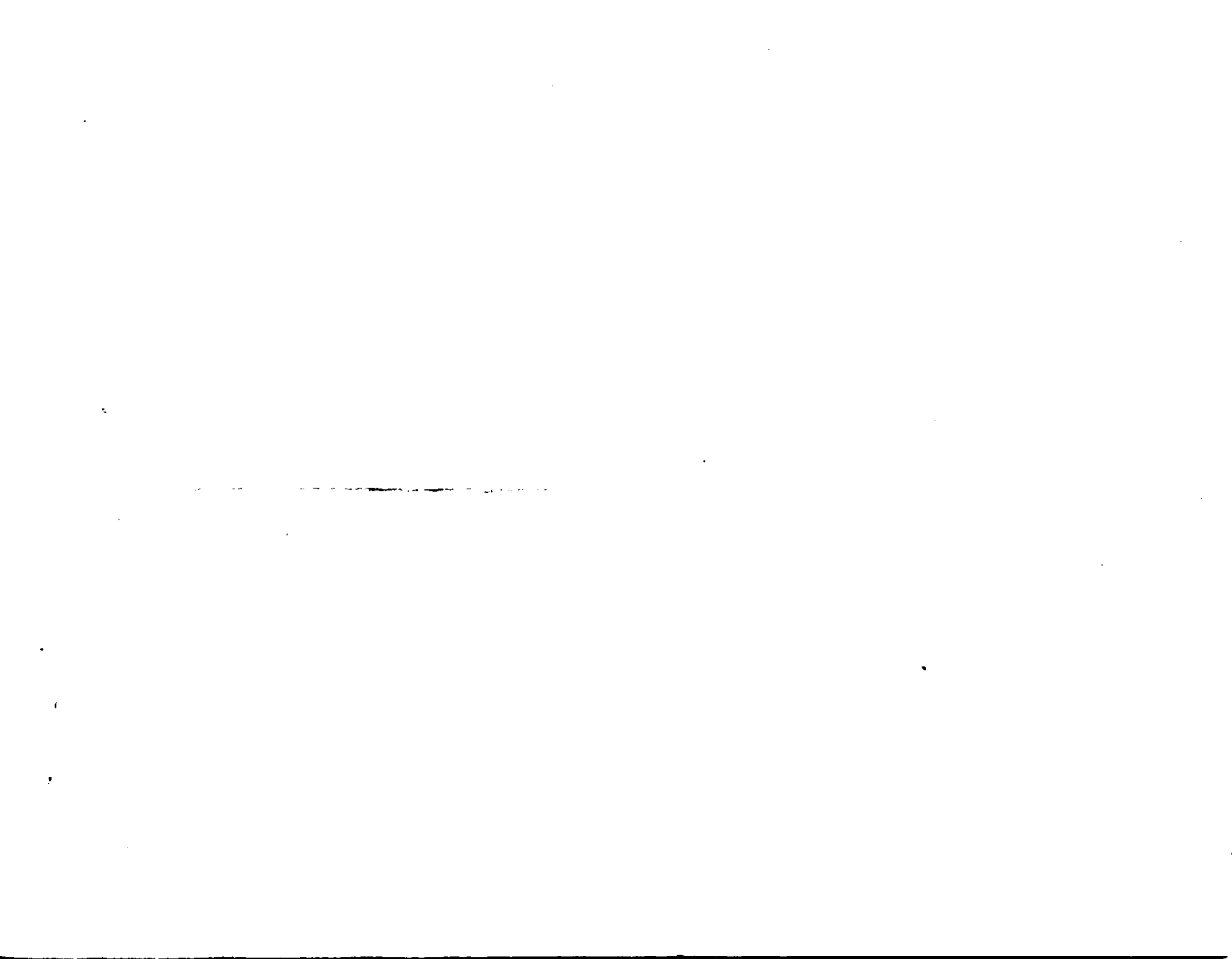
Given names added from a supplemental report.

Address Driggs, Idaho.....

Filed May 14 1922 Martha Marker.....

Registrar

Registrar



194-120-041-652

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. &amp; No. 11-0-22a-4437

## CERTIFICATE OF BIRTH

79325

County of TetonCity of TetonRegistration District No. 77File No. 5-5

No. .... St.

Primary Registration District No. 2176

Registered No. ....

Hospital, .....

FULL NAME OF CHILD LYSLE JOSEPH ARD *Card*

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>April 20</u> - 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Joseph M - Card (ARD)</u>	FATHER
RESIDENCE <u>Teton</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Ranchman</u>	

FULL MAIDEN NAME <u>Myrtle Weston</u>	MOTHER
RESIDENCE <u>Teton</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9:20 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. H. Culbertson  
.....  
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Driggs Idaho

..... 19 .....

Filed May 4 1920 Martha Marker

Registrar

Registrar

DEC 21 1950

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

City or No. Kimberly, Registration District No. 36 File No. 79326  
457-102-042-366 St. \_\_\_\_\_

Hospital home Primary Registration District No. \_\_\_\_\_ Registered No. 26

### FULL NAME OF CHILD

Sex of Child male { Twin Triplet or other? \_\_\_\_\_ } and { Number in order of birth \_\_\_\_\_ } Legiti mate? yes Date of Birth Apr. 2 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
 FULL NAME Dick Depew  
 RESIDENCE Kimberly, Idaho  
 COLOR W AGE AT LAST BIRTHDAY 24  
 (Years)  
 BIRTHPLACE Mo.  
 OCCUPATION Farmer

MOTHER  
 FULL MAIDEN NAME Osie Faye Cooper  
 RESIDENCE Kimberly, Idaho  
 COLOR W AGE AT LAST BIRTHDAY 24  
 (Years)  
 BIRTHPLACE Kans.  
 OCCUPATION Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 Pm.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Davis  
physician  
 (Physician or midwife)

Given names added from a supplemental report.

Address Kimberly, Ida.

Filed April 12 1920

Registrar

Registrar



142-107-042-295

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of Rock CreekRegistration District No. 36 File No. 79327

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. 27Hospital home

FULL NAME OF CHILD

Harvey Elmer Austin

Sex of Child	<u>male</u>	Twin Triplet or other?	<u>and</u>	Number in order of birth	Legiti mate?	<u>yes</u>	Date of Birth	<u>April 7</u>	<u>1920</u>
		(To be answered only in event of plural births)					(Month)	(Day)	(Year)

FULL NAME	<u>William J. Austin</u>
RESIDENCE	<u>Rock Creek, Idaho</u>
COLOR	<u>W</u>
AGE AT LAST BIRTHDAY	<u>32</u> - <u>32</u> (Years)
BIRTHPLACE	<u>North Carolina</u>
OCCUPATION	<u>Farmer</u>

FULL MAIDEN NAME	<u>Emma Virginia Kincaid</u>
RESIDENCE	<u>Rock Creek, Ida.</u>
COLOR	<u>W</u>
AGE AT LAST BIRTHDAY	<u>32</u> (Years)
BIRTHPLACE	<u>N. Car.</u>
OCCUPATION	<u>Hw.</u>

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Joseph Degephysician  
(Physician or midwife)

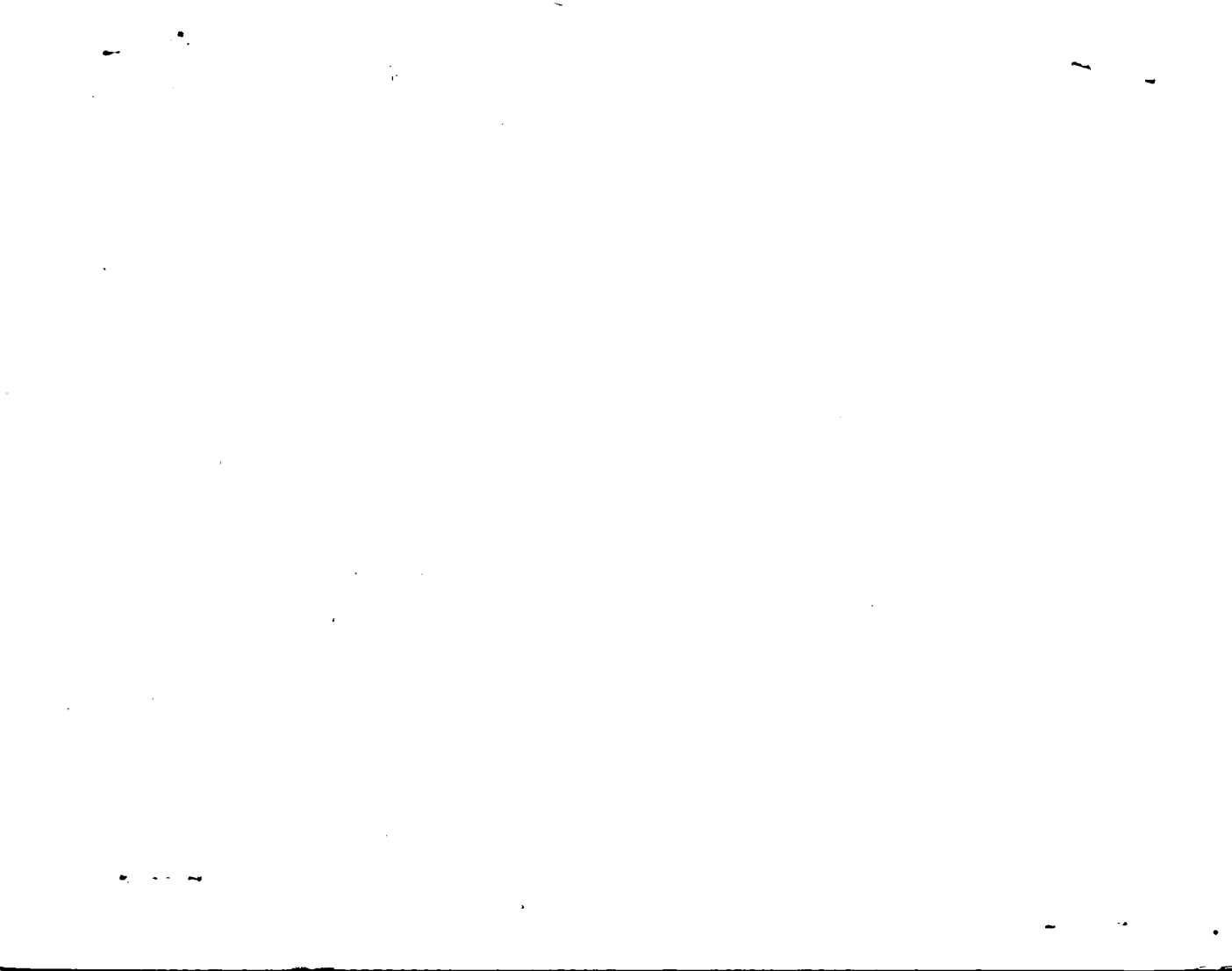
Given names added from a supplemental report.

19

Address Kimberly, IdahoFiled Apr. 17, 19 20

Registrar

Registrar





IDAHO

BOARD OF HEALTH OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

75659

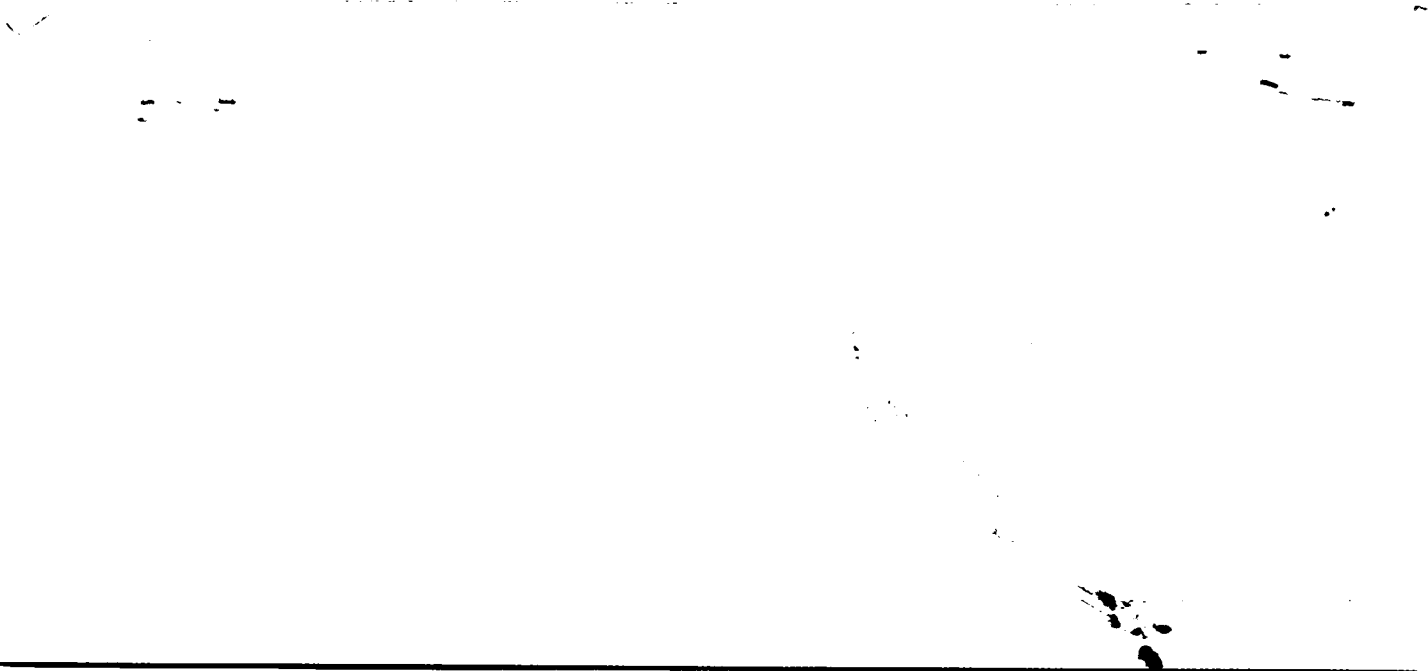
Place of Birth { City Rock Creek Registered No. 22  
Street and House No. \_\_\_\_\_  
County Twin Falls Registration Dist. No. 26

Sex of Child Male  
Date of Birth April 7 1911  
FATHER William J. Austin  
MOTHER Emma Virginia Kincaid

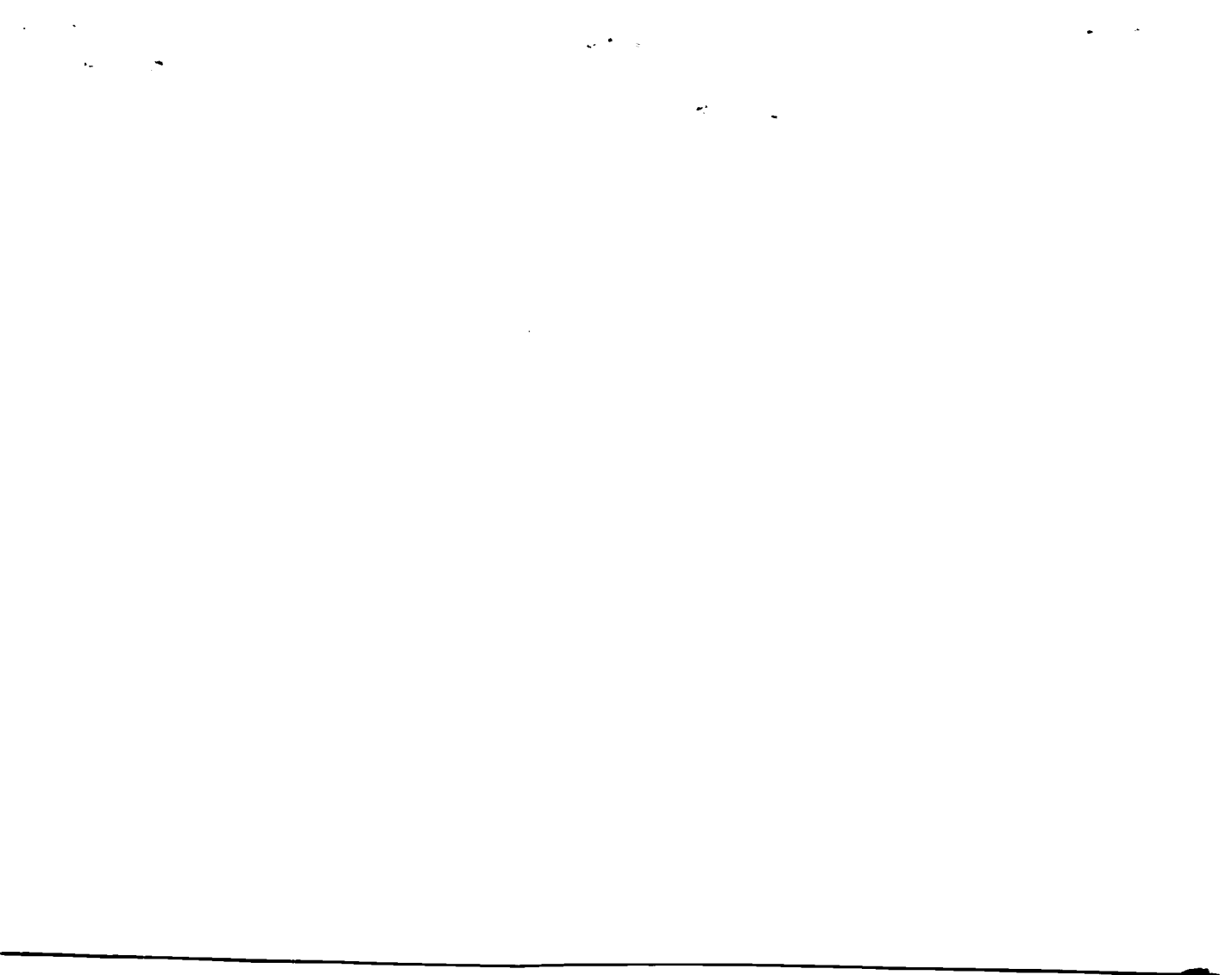
I Hereby Certify that the child described herein  
has been named:

Harvey Elmer Austin  
GIVEN NAME IN FULL SURNAME  
as reported by W. J. Austin  
FATHER OR MOTHER

LOCAL REGISTRAR







IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho } ss. **RECEIVED**  
County of Twin Falls } **SEP 26 1966**  
Certificate No. 79328  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Alma Regina Bedow who was born on April 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Hansen, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's First Name Alma Olma  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me this 23 day of

Signed Mrs. Minnie Bedow  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mary Nell Howard  
Notary Public, residing at Hansen, Idaho  
My commission expires 4/15/70  
(Seal)

Hansen, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Twin Falls }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of

Signed Mrs. Florence M. Bedow Daux  
(Signature of Any Credible Person)

Mary Nell Howard  
Notary Public, residing at Hansen, Idaho  
My commission expires 4/15/70  
(Seal)

Hansen, Idaho  
(Street Address, City, State)

7  
State of Idaho, Public School Diploma, Elementary School, dated May 17, 1934 -  
gives full name of student as Olma Beddow - Twin Falls County, Idaho - viewed by  
V.S.

Certificate of Church Membership, Community Methodist, Hansen, Idaho, date April  
24, 1949 gives full name as Olma Regina Ball (Ball is married name) - viewed by V.S.

363-113-042-343

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of KimberlyRegistration District No. 36File No. 79329

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital home

Primary Registration District No. \_\_\_\_\_

Registered No. 29

FULL NAME OF CHILD

Kenneth Floyd TolbySex of Child maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and } Number  
in order  
of birthLegitimate? yesDate of Birth April 13 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Floyd Jackson Tolby

RESIDENCE

Kimberly, Idaho

COLOR

WAGE AT LAST  
BIRTHDAY18

(Years)

BIRTHPLACE

Oklahoma

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Bernice Dollie Tull

RESIDENCE

Kimberly, Idaho

COLOR

WAGE AT LAST  
BIRTHDAY17

(Years)

BIRTHPLACE

Ore

OCCUPATION

Hw.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive, at 12 A/ M.  
Born alive (or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. W. Davis  
physician  
(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_  
19Address Kimberly, IdahoFiled April 20 19 20\_\_\_\_\_  
RegistrarJ. W. Davis  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

OCT 30 1967



793-119-042-815

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Twin FallsCity of Kimberly.Registration District No. 36File No. 79330

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital home Primary Registration District No. \_\_\_\_\_ Registered No. 30

FULL NAME OF CHILD

Paul Sidney GilesSex of  
ChildmaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthApril 191920

(Month)

(Day)

(Year)

FULL  
NAMEFATHER  
Henry Giles

RESIDENCE

Kimberly, Idaho

COLOR

WAGE AT LAST  
BIRTHDAY41

(Years)

BIRTHPLACE

Utah

OCCUPATION

farmerFULL  
MAIDEN  
NAME

MOTHER

Mattie Hawks

RESIDENCE

Kimberly, Idaho

COLOR

WAGE AT LAST  
BIRTHDAY35

(Years)

BIRTHPLACE

Utah

OCCUPATION

Hw.Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 P.M.  
on the date above stated. (Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth, }

(Signature)

J. M. Davis  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Paul Sidney Jones 19  
W. C. Murphy State Registrar

Address

Kimberly, Idaho

Filed

April 25 19 20

Registrar

APR 21 1942

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

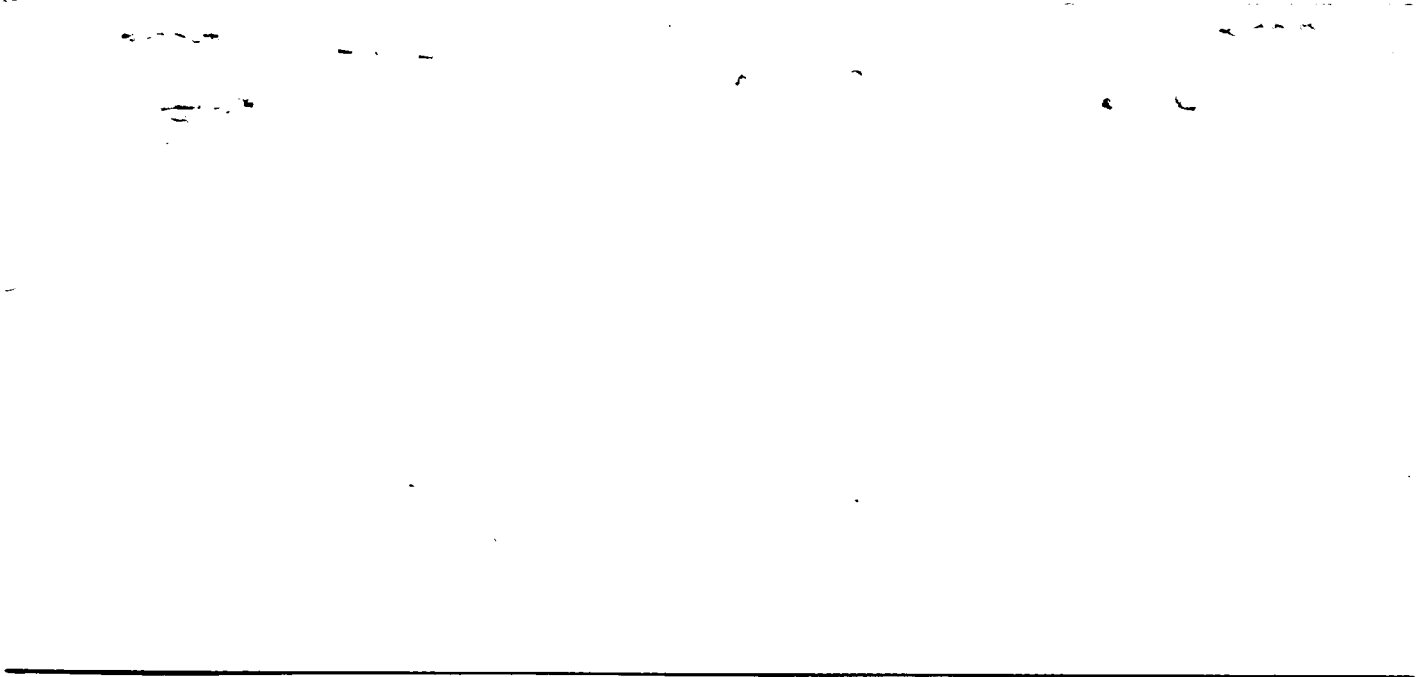
79330

Place of Birth { City Kimberly Registered No. 36  
Street and House No. \_\_\_\_\_  
County Twin Falls Registration Dist. No. 30

Sex of Child Male  
Date of Birth April 19 1930  
MONTH DAY YEAR  
Father Henry Giles  
FULL NAME  
Mother Nettle Hanks  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Paul Sidney Giles  
GIVEN NAME IN FULL SURNAME  
as reported by Henry Giles  
FATHER OR MOTHER  
J. N. Davis  
LOCAL REGISTRAR



141-121-042-468

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79332

County of Twin FallsCity of MurtaughRegistration District No. 36

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. 32Hospital home

FULL NAME OF CHILD

Clinton Fay Adamson

Sex of Child

maleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

Legitimate?

yes

Date of Birth

Apr. 211920

(To be answered only in event of plural births)

FULL NAME

FATHER

William Arthur Adamson

RESIDENCE

Murtaugh, Idaho

COLOR

W

AGE AT LAST BIRTHDAY

38  
(Years)

BIRTHPLACE

Spanish Fork, Utah

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Robyna Moyes

RESIDENCE

Murtaugh, Idaho

COLOR

W

AGE AT LAST BIRTHDAY

29  
(Years)

BIRTHPLACE

Huntville, Utah

OCCUPATION

Hw.Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 5:45 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]  
physician  
(Physician or midwife)

Given names added from a supplemental report.

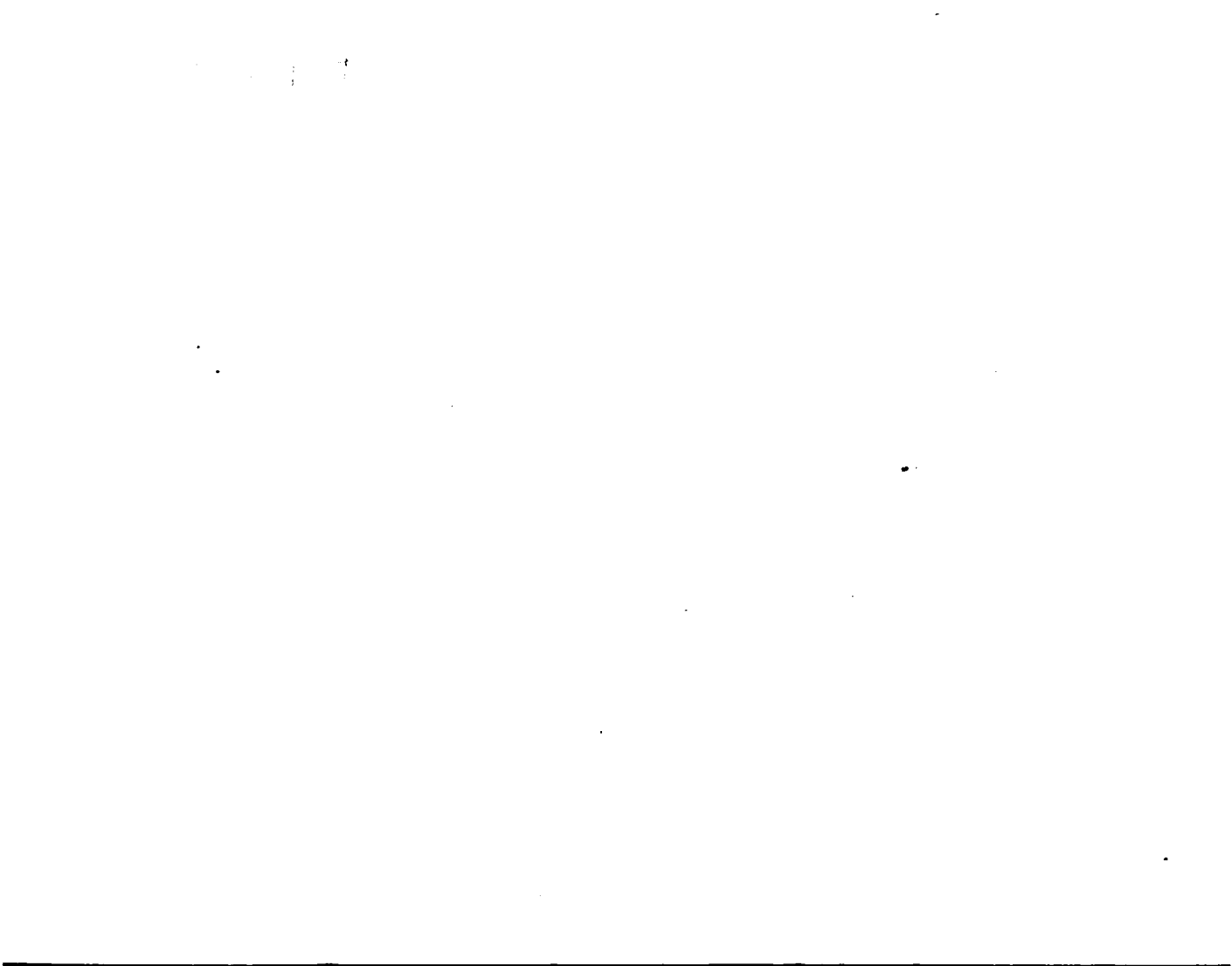
\_\_\_\_\_  
19

Address

Kimberly, IdahoFiled Apr. 2719 20

Registrar

Registrar



392-223-042-999

## PLACE OF BIRTH

County of *Swain Falls*City of *Hansen*

No. .... St.

Hospital *Home*

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 2-4-1914

Registration District No. *36* File No. *79233*Primary Registration District No. .... Registered No. *23**Chelda Lish*

Sex of Child <i>Female</i>	Twin Triplet or other? <input checked="" type="checkbox"/>	and (Number in order of birth <input checked="" type="checkbox"/>	Legiti- mate? <i>yes</i>	Date of Birth <i>4. 23 - 1920</i> (Month) (Day) (Year)
----------------------------	--	---	-----------------------------	--

FULL NAME FATHER *Lish - Everett H.*RESIDENCE *Hansen, Idaho*COLOR *wh.* AGE AT LAST BIRTHDAY *21* (Years)BIRTHPLACE *Idaho*OCCUPATION *Farmer*FULL MAIDEN NAME MOTHER *Blanchard, Eric*RESIDENCE *Hansen, Idaho*COLOR *wh.* AGE AT LAST BIRTHDAY *16* (Years)BIRTHPLACE *Montana*OCCUPATION *Housewife*Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *5:30 A.M.* on the date above stated. (Born alive or stillborn)

When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Herbert C. Deane*  
*Physician*  
(Physician or midwife)

Given names added from a supplemental report.

Address *Swain Falls, Idaho*Filed *4/27 - 1920* *M. W. Davis*  
Registrar

Registrar

N. B. In case of more than one child, the number of each, in order of birth stated.





STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

City Hansen DATE 23 1940  
 Street and House No. \_\_\_\_\_  
 County Twin Falls BUREAU OF VITAL STATISTICS

Place of Birth { Registered No. 33  
 Registration Dist. No. 36

Sex of Child Female  
 Date of Birth April 23 1940  
MONTH DAY YEAR  
 Father Everett Leish  
FULL NAME  
 Mother Iris Blanchard  
FULL MAIDEN NAME

I Hereby Certify that the child described  
has been named:

Chelda Leish  
GIVEN NAME IN FULL SURNAME  
 as reported by Mrs. Iris Leish  
FATHER OR MOTHER

Joe Leish  
LOCAL REGISTRAR  
 District No. 36

3

MAR 25 1976

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herein

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219-223-042-465

Amended 3-14-62

(Be sure the information is complete and accurate)

Federal Security Agency  
United States Public Health ServiceCERTIFICATE OF BIRTH  
STATE OF IDAHOState File No. 79334  
Local Reg. No. 34  
Reg. Dist. No. 36

1. PLACE OF BIRTH a. COUNTY <b>Twin Falls</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Twin Falls</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Twin Falls</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kimberly</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print) a. (First) <b>Helen</b>		b. (Middle) <b>Eileen</b> c. (Last) <b>Bailey</b>	
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) <b>4 - 23 - 1920</b>
FATHER OF CHILD			
7. FULL NAME a. (First) <b>Ben</b> b. (Middle) <b>W.</b> c. (Last) <b>Bailey</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>21</b> YEARS	10. BIRTHPLACE (State or foreign country) (City or Town) <b>Minnesota</b>	11a. USUAL OCCUPATION <b>Farmer</b>	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <b>Katie</b> b. (Middle) <b>Montgomery</b> c. (Last) <b>White</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>21</b> YEARS	15. BIRTHPLACE (State or foreign country) (City or Town) <b>Utah</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <b>0</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME (Relationship)			
I hereby certify that this child was born alive on the date stated above.		18a. SIGNATURE <b>W. F. Pike</b>	
		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
18c. ADDRESS <b>Twin Falls, Ida.</b>		18d. DATE SIGNED	
19. DATE REC'D BY LOCAL REG. <b>Apr. 30, 1920</b>	20. REGISTRAR'S SIGNATURE <b>J.N. Davis</b>	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	

FOR MEDICAL AND HEALTH USE ONLY  
(This section MUST be filled out)

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this act with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

## STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

FEB 13 1922

Place  
of BirthTwin Falls  
Street and House No.

County Twin Falls

JUN 22 1922

BUREAU OF VITAL  
STATISTICS

Registered No. 27

Registration Dist. No. 26

Sex of Child

Female

Date of Birth

April

23

1920

MONTH

DAY

YEAR

Father

Ben W. Bailey

FULL NAME

Mother

Kate Montgomery

FULL MAIDEN NAME

I Hereby Certify that the child described  
has been named:

Helen Orleen Bailey

GIVEN NAME IN FULL

SURNAME

as reported by

Mrs B. W. Bailey

FATHER OR MOTHER

J. M. Davis

LOCAL REGISTRAR

MAR 14 1962

d herein

ME

(P)

Documents listed on back -  
IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... }  
County of..... } ss. Certificate No. 79334  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Hellen Eileen Bailey who was born on April 23, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

Full Name of Child  
Mother's Maiden Name

**FROM**  
(As on Original)

Hellen Eileen Bailey  
Kate Montgomery

**TO**  
(The Correct Facts)

Helen Eileen Bailey  
Katie Montgomery

Subscribed and sworn to before me this 22nd day of

January, 1962  
James P. [Signature]  
Notary Public, residing at Twin Falls, Idaho  
My commission expires June 1, 1963  
(Seal)

Signed

Katie Montgomery  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

Notary Public, residing at.....

My commission expires.....  
(Seal)

L.D.S. Church Certificate of Blessing, July 4, 1920 gives full name as Helen Eileen Bailey, daughter of Ben William Bailey and Kate Montgomery, born April 23, 1920 at Twin Falls, Idaho - viewed by V.S.

L.D.S. Church Certificate of Baptism and Confirmation, Oct. 7, 1928 gives full name as Helen Eileen Bailey, daughter of Benj. Wm. Bailey and Katie Montgomery, born April 23, 1919 at Kimberly, Idaho - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #115782 gives full maiden name of mother as Katie Montgomery - viewed by V.S.



636 - 229-042-367

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of Kimberly, IdahoRegistration District No. 36File No. 79336

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital home

Primary Registration District No. \_\_\_\_\_

Registered No. 36

FULL NAME OF CHILD

Louise Marie Flood

Sex of Child	<u>female</u>	Twin Triplet or other?	{ and }	Number in order of birth	Legitt mate?	<u>yes</u>	Date of Birth	<u>April 29</u>	<u>19 20</u>
(To be answered only in event of plural births)							(Month)	(Day)	(Year)

FULL NAME	FATHER
<u>Thomas Alexander Flood</u>	

RESIDENCE	<u>Kimberly, Idaho</u>
-----------	------------------------

COLOR	<u>W</u>	AGE AT LAST BIRTHDAY	<u>36</u>
		(Years)	

BIRTHPLACE	<u>Idaho</u>
------------	--------------

OCCUPATION	<u>Garage Prop.</u>
------------	---------------------

FULL MAIDEN NAME	MOTHER
<u>Sarah Emily Copeland</u>	

RESIDENCE	<u>Kimberly, Idaho</u>
-----------	------------------------

COLOR	<u>W</u>	AGE AT LAST BIRTHDAY	<u>34</u>
		(Years)	

BIRTHPLACE	<u>Idaho</u>
------------	--------------

OCCUPATION	<u>Hw.</u>
------------	------------

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:5 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Kimberly, Idaho

Filed

April 30 19 20

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF ILLINOIS  
BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
REPORT ON BIRTH

**BOARD OF HEALTH-BUREAU OF VITAL STATISTICS**  
**SUPPLEMENTAL REPORT OF BIRTH**

Place of Birth { City Kimberly  
 Street and House No. \_\_\_\_\_  
 County Twin Falls

Registered No. 36

Registration Dist. No. 26

Sex of Child Female

Date of Birth April 29 1920  
MONTH DAY YEAR

Father Thomas A. Flood  
FULL NAME

Mother Sarah Emily Copeland  
FULL MAIDEN NAME

**I Hereby Certify** that the child described  
 has been named:

Louise Marie Flood  
GIVEN NAME IN FULL SURNAM

as reported by T. A. Flood  
FATHER OR MOTHER

Local Registrar  
 District No. 36

336

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1  
2-----

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216 - 212 - 042 - 631

## PLACE OF BIRTH

County of KingCity of Kimberly

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Registration District No. 37File No. 79337Primary Registration District No. 2082

Registered No. \_\_\_\_\_

Mary Kawai Kawai

Sex of Child

girlTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{ (To be answered only in event of plural births)

Legiti  
mate?yes

Date of Birth

Apr 12 20  
(Month) (Day) (Year)

FULL NAME

Shichiro Kawai

FATHER

RESIDENCE

Kimberly R.F.D. I

COLOR

Japanese

AGE AT LAST BIRTHDAY

32  
(Years)

BIRTHPLACE

Japan

OCCUPATION

Farmer

FULL MAIDEN NAME

Misao Ota

MOTHER

RESIDENCE

Kimberly

COLOR

AGE AT LAST BIRTHDAY

22  
(Years)

BIRTHPLACE

Japan

OCCUPATION

Housewife

Number of child of this mother, including present birth. / Number of children of this mother now living, including present birth. /

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John F. Coughlin  
Chapman

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Kimberly, Ida

File

Apr 12 19 John F. Coughlin

Registrar

Registrar

FEB 2 1970

First copy issued March 23, 1940  
Second copy issued Oct. 14, 1940, by - L. B.  
Third copy issued 10/30/40 L.B.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

263-209  
042-619

PLACE OF BIRTH

County of Thurs Falls

City of Kimberly

Registration District No. 37 File No. 79338

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2085 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Mary Ann Bolton

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> Number in order of birth _____ (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>1</u> <u>9</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>Hillman Wesley Bolton</u>	FATHER	FULL MAIDEN NAME <u>Bessie Pearson Warner</u>	MOTHER
RESIDENCE <u>Kimberly, Idaho</u>		RESIDENCE <u>Kimberly, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Chicago, Ill.</u>		BIRTHPLACE <u>Clayton County, Iowa</u>	
OCCUPATION <u>Lumberman</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 p. M.  
on the date above stated. (Born alive or stillborn)

(Signature) H. H. Sawyer, D.O.  
Thurs Falls, Idaho.  
(Physician or midwife)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. \_\_\_\_\_ 19 \_\_\_\_\_

Address \_\_\_\_\_

Filed Apr 29 1920 John F. Coughlin  
Registrar

HTHB 7C

MAY 9 1962



643 - 224 - 042 - 493

Form V. S. No. 11-0-22m-2-2-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *Trin Hall*City of *Hollister*Registration District No. *37*File No. *79339*

No. ....St.

Primary Registration District No. *2085*

Registered No. ....

Hospital .....

FULL NAME OF CHILD *Ida May Fullmer*Sex of  
Child*Female*Twin  
Triplet  
or other?and Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?*yes*Date of  
Birth*4 24 1920*  
(Month) (Day) (Year)FULL  
NAME*J. D. Fullmer*

FATHER

FULL  
MAIDEN  
NAME*Laura Miller*

MOTHER

RESIDENCE

*Hollister Ida*

RESIDENCE

*Hollister Ida*

COLOR

*white*AGE AT LAST  
BIRTHDAY*43*  
(Years)

COLOR

*white*AGE AT LAST  
BIRTHDAY*36*  
(Years)

BIRTHPLACE

*Utah*

BIRTHPLACE

*Utah*

OCCUPATION

*Farmer*

OCCUPATION

*Housewife*Number of child of this mother, including present birth *7* Number of children of this mother now living, including present birth *8*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive* at *1205*  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) *E. O. Pike*

(Physician or midwife)

Given names added from a supplemental report.

Address *Idaho Falls*Filed *May 11, 1920*

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1945

281-119-042-381  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 110-2253-2

County of *Twin Falls*City of *Twin Falls*Registration District No. *37*File No. **79341**No. *Jackman* St.Primary Registration District No. *10.85*

Registered No. ....

Hospital .....

*Bob Shatto*

Roy Edwin Shatto

FULL NAME OF CHILD

Sex of Child <i>male</i>	Twin Triplet or other? <i>—</i> and { Number in order of birth <i>—</i> }	Legitimate? <i>yes</i>	Date of Birth <i>4-19-1914</i> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER		MOTHER	
FULL NAME <i>Clarence C Shatto</i>	FULL MAIDEN NAME <i>Clara Chase</i>	FULL NAME <i>Clarence C Shatto</i>	FULL MAIDEN NAME <i>Clara Chase</i>
RESIDENCE <i>Twin Falls</i>	RESIDENCE <i>Twin Falls</i>	RESIDENCE <i>Twin Falls</i>	RESIDENCE <i>Twin Falls</i>
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)	COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>31</i> (Years)
BIRTHPLACE <i>Kansas</i>	BIRTHPLACE <i>Kansas</i>	BIRTHPLACE <i>Kansas</i>	BIRTHPLACE <i>Kansas</i>
OCCUPATION <i>Laborer</i>	OCCUPATION <i>House wife</i>	OCCUPATION <i>Laborer</i>	OCCUPATION <i>House wife</i>

Number of child of this mother, including present birth.... *8*... Number of children of this mother now living, including present birth.... *6*...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *13 m alive* at *3:45 P.M.* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. H. Lee**Twin Falls, Ida*  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

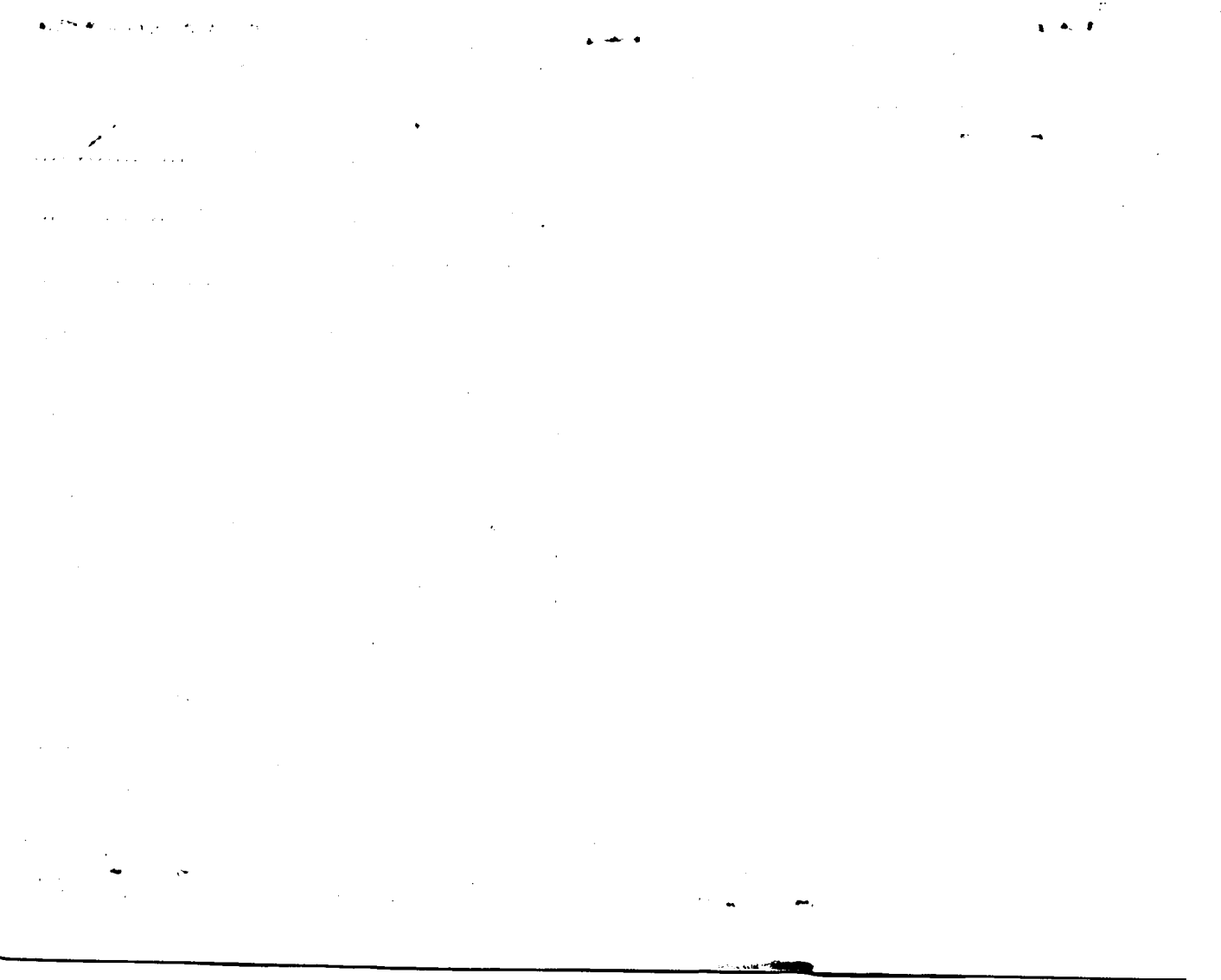
Address.....

.....19.....

Filed *May 7 1914*

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. Certificate No. **79341**  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of **birth**  
for **Baby Boy Shatto** who **was born** on **April 19, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Twin Falls, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

name of child

**Baby Shatto**

**Roy Edwin Shatto**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed *Roy Edwin Shatto*  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(This Affidavit **MUST** Also be Executed.  
(See Chapter 138, 1937 Idaho Session Laws.))

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this *December 24* day of *1965*

Signed *Barbara*  
(Signature of Any Credible Person)

Notary Public, residing at *Boise*

My commission expires *Jan 9/66*

(Seal)

*1519 N. E. 4th St.*  
(Street Address, City, State)

- Own Child's Birth Cert. on file: (Idaho Birth) #389975 gives full nme of father as Roy Edwin Shatto - viewed by V.S.

JAN 5 1966

Twin Falls County General Hospital, original hosp. birth cert., gives full name of child as Edwin LeRoy Shatto, born April 26, 1945 at 6:43 A.M., Thursday, to Roy Edwin Shatto and ~~Merian~~ Cynthia Naomi Culbertson - viewed by V.S.

MAR 3 1969

563 - 222 - 042 - 899

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin Falls.City of Twin Falls.Registration District No. 37 File No. 79342

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Boyd. Primary Registration District No. 085 Registered No. \_\_\_\_\_FULL NAME OF CHILD Marie Helen Nock.Sex of Child Female. Twin Twins and second Number in order of birth second Legiti mate? yes. Date of Birth April 20. 1920.  
(To be answered only in event of plural births) (Month) (Day) (Year)FATHER  
FULL NAME Charles Althrus Nock.  
RESIDENCE Twin Falls, Idaho.  
COLOR White. AGE AT LAST BIRTHDAY 34. (Years)BIRTHPLACE Logansport, Indiana.  
OCCUPATION Automobile Agent.MOTHER  
FULL MAIDEN NAME Hattie May Hines.  
RESIDENCE Twin Falls, Idaho.  
COLOR White. AGE AT LAST BIRTHDAY 34. (Years)BIRTHPLACE Richell, Missouri.  
OCCUPATION Housewife.Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 7:07 a. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. Passer, M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Ray Arms apts., Twin Falls, Idaho.Filed Apr 29 1920 John Fraughley Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1943



563-222-042-895

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of Twin FallsRegistration District No. 37File No. 79343

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital BoydPrimary Registration District No. 1082 Registered No. \_\_\_\_\_FULL NAME OF CHILD Mary Jane Rock

Sex of Child <u>Female</u>	Twin <u>Twin</u> or other <u>and</u>	Number in order of birth <u>First</u>	Legit. mate? <u>Mrs.</u>	Date of Birth <u>April 22 20</u> (Month) (Day) (Year)
----------------------------	--------------------------------------	---------------------------------------	--------------------------	--

FATHER FULL NAME <u>Charles Albertus Rock</u>	MOTHER FULL MAIDEN NAME <u>Hattie May Hines</u>
RESIDENCE <u>Twin Falls, Idaho</u>	RESIDENCE <u>Twin Falls, Idaho</u>
COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>34</u> (Years)	AGE AT LAST BIRTHDAY <u>34</u> (Years)

BIRTHPLACE <u>Lugansport, Indiana</u>	BIRTHPLACE <u>Richhill, Missouri</u>
OCCUPATION <u>Automobile agent</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:00 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. F. Passer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Ray Annis Apts., Twin Falls, Idaho

Filed

Apr 29 1920 John F. Coughlin

Registrar

Registrar

FEB 23 1943

FEB 25 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each,  
and the number of each, in order of birth stated.

219-223-042-845  
PLACE OF BIRTH

AMENDED - FEBRUARY 25, 1949

County of Twin Falls

City of Twin Falls

No. 428 2nd Ave. So. St.

Hospital \_\_\_\_\_

Registration District No. 37

Primary Registration District No. 1085

File No. 79344

Registered No. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Josepha Saragoza

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and { Number in order of birth of birth }	Legitimate? <u>Yes</u>	Date of Birth <u>April 23</u> 192 <u>0</u> (Month) (Day) (Year)
----------------------------	---	---	------------------------	--

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 6 ... Number of children of this mother now living, including present birth 6 ...

FATHER  
FULL NAME Celedonio Saragoza  
RESIDENCE Twin Falls, Idaho  
COLOR Mexican AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Yacatecar, Mexico  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Carmen Huerta  
RESIDENCE Twin Falls, Idaho  
COLOR Mexican AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Jerdo, Mexico  
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Passer, M.D.

(Physician or midwife)

Give names added from a supplemental report.

Address Rex Arms, Twin Falls, Idaho

Filed 4/29 1920 John F. Caughlin  
Registrar. Registrar.

OFFICE OF THE ATTORNEY GENERAL  
STATE OF NEW YORK  
ALBANY, N. Y.

IN SENATE,  
January 10, 1907.

REPORT OF THE  
COMMISSIONER OF THE LAND OFFICE  
ON THE  
LANDS BELONGING TO THE STATE

FOR THE YEAR 1906.

ALBANY: J. B. LIPPINCOTT & CO., PRINTERS.  
1907.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Nevada }  
County of Lander } ss. Certificate No. 70344

The undersigned does solemnly swear that certain facts on the birth certificate of birth

for Josepha Saragoza who was born on April 23 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by father prepared on February 21 1949, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)
Name of Child	<u>Josepha Saragoza</u>	<u>Josepha Saragoza</u>
Name of Father	<u>Seledonio Saragoza</u>	<u>Celedonio Saragoza</u>
Name of Mother	<u>Carmen</u>	<u>Carmen</u>

Subscribed and sworn to before me this 21 day of February 1949

Signed Celedonio Saragoza  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Louis Lemaine  
Notary Public, residing at Battle Mountain, Nevada  
My commission expires July 21 1949  
(Seal)

Battle Mountain Nev  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Nevada }  
County of Lander } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of February 1949

Signed Mrs. Sofia Ontiveros  
(Signature of Any Credible Person)

Louis Lemaine  
Notary Public, residing at Battle Mountain Nev  
My commission expires July 21 1949  
(Seal)

Battle Mountain Nev  
(Street Address, City, State)

FEB 25 1949

717-118-042-513  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of Twin Falls

City of .....

Registration District No. 37

File No. 79345

No. .... St.

Primary Registration District No. 10.8.5

Registered No. ....

Hospital .....

FULL NAME OF CHILD

George Gagnon

Sex of Child <u>Male</u>	Twins or Triplets? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>4-18-20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER  
FULL NAME Joseph Gagnon  
RESIDENCE 7.7. County  
COLOR W+ AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE Michigan  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Ella Valind  
RESIDENCE 7.7. County  
COLOR W+ AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Michigan  
OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:10 PM on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Van Cott  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Id.

Filed Apr 27 1920

Registrar

Registrar

WHITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 2, 1940. H.W.

7

RECEIVED  
DEC 2 1940



765-207-042-993

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Twin Falls

## CERTIFICATE OF BIRTH

City of ILRegistration District No. 37File No. 79347

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1085

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Lorne Loyer Por

Sex of Child <u>M.</u>	Twin Triplet or other? <u>Other</u>	Number in order of birth <u>✓</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>April 7</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>John E Por</u>			FULL MAIDEN NAME <u>MOTHER</u> <u>Winifred Rice</u>	
RESIDENCE <u>Twin Falls Co R.T.D 3</u>			RESIDENCE <u>Twin Falls Co R.T.D 3</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>23</u> (Years)		
BIRTHPLACE <u>Greenville Penn.</u>			BIRTHPLACE <u>Galeon Colo.</u>	
OCCUPATION <u>Farm</u>			OCCUPATION <u>Wif</u>	

Number of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 615 A.M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. H. H. H. H. H.Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls IdaFiled April 25 1920John H. Coughlin  
Registrar

1961 9 1 MTP

435 110-042-291

V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Twin FallsCity of Twin FallsRegistration District No. 37File No. 79348

No. \_\_\_\_\_ St.

Primary Registration District No. 1085 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

James Vernon Mc ElroySex of Child maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and } Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthApril 101920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
James Mc ElroyFULL  
MAIDEN  
NAMEMOTHER  
Gertrude Krauth

RESIDENCE

Buhl Idaho

RESIDENCE

Buhl, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY33

(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY23

(Years)

BIRTHPLACE

Minn.

BIRTHPLACE

N. Da.

OCCUPATION

Railroading

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Hal Bieler M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Twin Falls, Ida.

Filed

Apr 211920John F. Caughlin  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Certified Copy issued Dec. 5, 1940. E.M.

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 864-212-042-294  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of... Twin FallsCity of... Twin FallsRegistration District No. 37File No. 79349No. 1 St.Primary Registration District No. 12.8.2

Registered No. ....

Hospital .....

FULL NAME OF CHILD Margaret Irene Young

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>3</u> <u>12</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>William Crater Young</u>	FATHER
RESIDENCE <u>Twin Falls</u>	
COLOR <u>W +</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Oklahoma</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Florence Kimber</u>	MOTHER
RESIDENCE <u>Twin Falls</u>	
COLOR <u>W +</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 7:02 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Van CottM. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls IdahoFiled Apr 12 1920 John H. Hughes  
Registrar

Registrar

NOV 4 1944

295-202-042-639

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin Falls,City of Twin FallsRegistration District No. 37

File No.

79350

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Boyd Hospital Primary Registration District No. 1085 Registered No. \_\_\_\_\_FULL NAME OF CHILD Rosemary Sinclair

Sex of Child <u>2</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Apr 2</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>James A Sinclair</u>	FATHER
RESIDENCE <u>Twin Falls,</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Merchant</u>	

FULL MAIDEN NAME <u>Rosa Hunt</u>	MOTHER
RESIDENCE <u>Twin Falls,</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John Boyd  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Twin Falls, Idaho

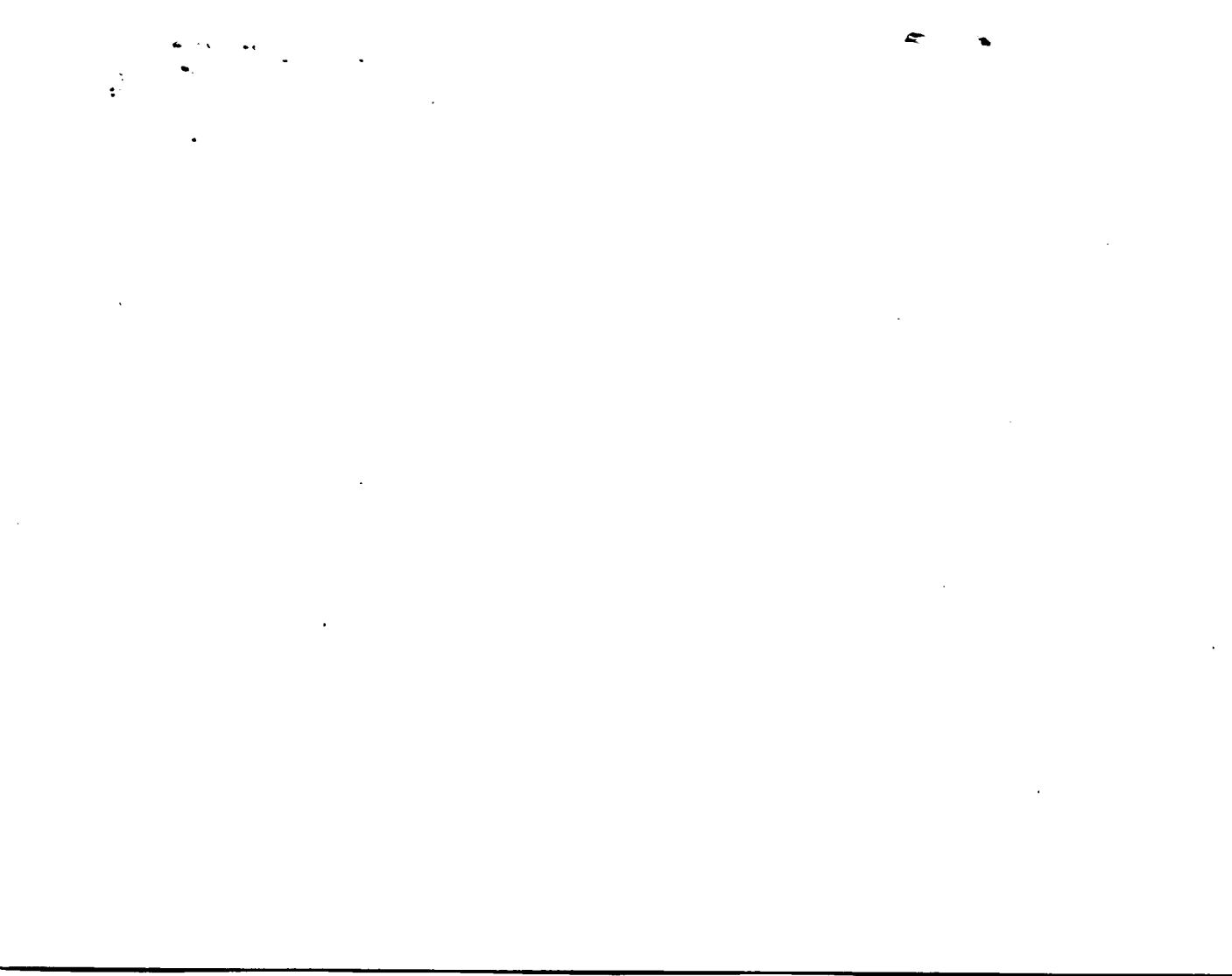
Filed

Apr 6 1920 John F. Caughlin  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 79350  
County of Twin Falls }

The undersigned does solemnly swear that certain facts on the certificate of birth  
for - - Sinclair who was born on April 2, 1930  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record prepared in 1921, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
(“Name”, “Birth Date”, “Cause of Death”, Etc.) (As on Original) (The Correct Facts)  
name - - Sinclair Rosemary Sinclair

Subscribed and sworn to before me this 14th  
day of February 1942.  
Lorne C. Frazer  
Notary Public, residing at Twin Falls, Ida.  
My commission expires June 9, 1945  
(Seal)

Signed Rose A. Sinclair  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1112-10th East Twin Falls, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Twin Falls }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 14th  
day of February 1942.  
Lorne C. Frazer  
Notary Public, residing at Twin Falls, Ida.  
My commission expires June 9, 1945  
(Seal)

Signed [Signature]  
(Signature of Any Credible Person Other Than Previous Year)  
Box 610, Twin Falls, Ida.  
(Street Address, City, State)

1912

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

162-118-042-433

## PLACE OF BIRTH

County of Twin FallsCity of Twin Falls IdahoNo. 301-6250 St.Registration District No. 37File No. 79351

Hospital \_\_\_\_\_

Primary Registration District No. 1085 Registered No. \_\_\_\_\_

## FULL NAME OF CHILD

Frost, John Joseph

Sex of Child

maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLength  
mate? yesDate of  
BirthApr 18  
(Month) (Day) (Year)1930FULL  
NAMEJohn Frost, C. I.

RESIDENCE

Twin Falls, Idaho

COLOR

White.AGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

mo

OCCUPATION

CarpenterFULL  
MAIDEN  
NAMELaura McCullough

RESIDENCE

Twin Falls, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

mo

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 79 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Twin Falls, Idaho

Filed

May 3 1930 John F. Cagellan  
Registrar

1/11

20

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

156-105-042-249  
PLACE OF BIRTH

Form V. S. No. 11-C-26m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79352

County of Spain Falls

City of Hiler

Registration District No. 37

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1085

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Jeffries

DALE ELLIS JEFFRYES

Sex of Child

male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and Number  
in order  
of birth

Legiti  
mate?

yes

Date of Birth

Apr 5 1930  
(Month) (Day) (Year)

FULL NAME

Harry C. Jeffries

FATHER

FULL MAIDEN NAME

Lucile L. Burns

MOTHER

RESIDENCE

Hiler, Idaho

RESIDENCE

Hiler, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

27  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

23  
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Iowa

OCCUPATION

rancher

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1 08 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. C. Gough

(Physician or midwife)

Given names added from a supplemental report.

19

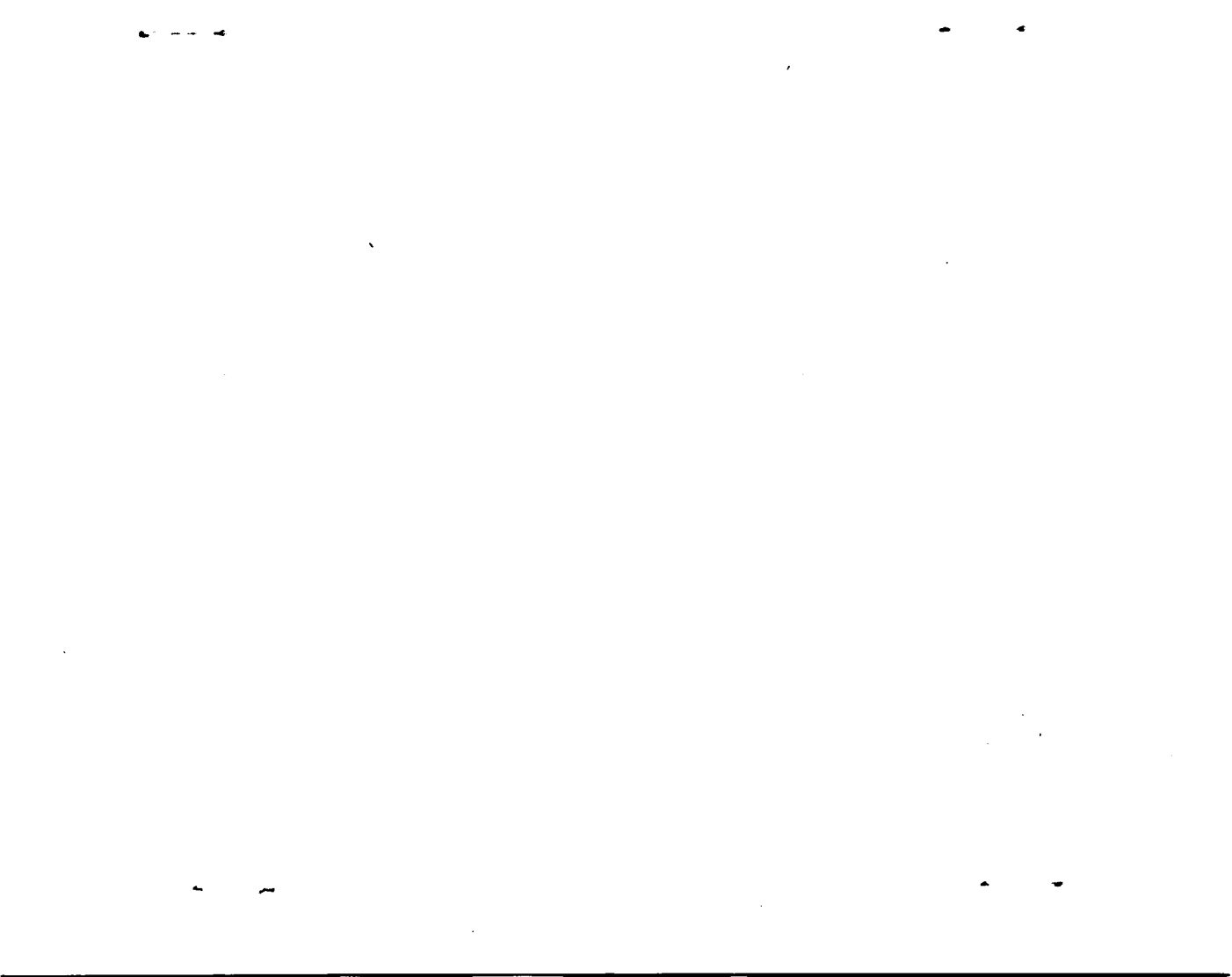
Address

Spain Falls, Idaho

Filed

May 3 1930 John C. Gough  
Registrar

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Iowa } ss. Certificate No. 79352  
County of Adair }

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for unnamed Jeffryes who born on April 5, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record prepared on April 8th, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name unnamed Jeffryes Dale Ellis Jeffryes

Subscribed and sworn to before me this 13th  
day of March, 1942  
Clerk District Court  
Greenfield, Iowa.  
My commission expires January 2, 1943  
(Seal)

Signed Larry C Jeffryes, father  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)  
Greenfield, Iowa.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

MAR 19 1942



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

572-109-042-813

## PLACE OF BIRTH

County of Trin FallsCity of Trin Falls

No. \_\_\_\_\_ St. \_\_\_\_\_

Named added 7/17/81  
Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 79353

FULL NAME OF CHILD

Egbert Jr. Francis Marion

Sex of Child M Twins Triplet } and { Number in order of birth Legiti mate? yes Date of Birth 4 9 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Frank Egbert  
RESIDENCE Trin Falls

COLOR M AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE UtahOCCUPATION clerk

MOTHER  
FULL MAIDEN NAME Kenia Hall  
RESIDENCE Trin Falls

COLOR M AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE IdahoOCCUPATION housewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at Trin Falls,  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Mason

(Physician or midwife)

Given names added from a supplemental report.

Address Trin Falls

Filed May 2 - 1920 John F. Caughlin  
Registrar

Registrar

JUL 17 1981

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss. Certificate No. 79353  
 County of Twin Falls } Date Filed May 20 8 22 AM '81

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Egbert who was born on 4-9-20  
\*(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Twin Falls (Twin Falls) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameUnnamedFrancis Marion Egbert Jr.

Subscribed and sworn to before me this 26<sup>th</sup> day of

May, 1981.

Notary Public, Ronald J. Egbert

Residing at Twin Falls

My commission expires Life

(Seal)

Francis Marion Egbert Jr.  
 Signature of Applicant

Route #6 Twin Falls Idaho 8330  
 Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of I } ss.  
 County of \_\_\_\_\_ }

(Must be completed \_\_)

(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

Unnamed Francis M. Egbert, Jr. gives na  
Certificate of Baptism and Confirmation gives name as Francis M. Egbert, Jr. son  
of Francis M. Egbert and Zisa Haie born April 9, 1920, at Twin Falls, Idaho and  
Baptized June 30, 1928, in L.D.S.Church.  
Viewed by V.S.

- Application for License to Marry gives name as Francis M. Egbert, Jr., married  
to Elsie L. Arrington. Applied August 9, 1941, State of Utah. Application # 89294
- Viewed by V.S.

235-226-042-454

Form V. S. No. 11 C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of 11 11Registration District No. 27File No. 79354

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 1085 Registered No. \_\_\_\_\_FULL NAME OF CHILD LOIS IRENE  
StevensSex of Child ✓ Twin Triplet or other? \_\_\_\_\_ and Number in order of birth 1 Legitimate? yes Date of Birth 4 26 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME FATHER Roscoe StevensRESIDENCE T. J.COLOR M AGE AT LAST BIRTHDAY 39  
(Years)BIRTHPLACE IdOCCUPATION MerchantFULL MAIDEN NAME MOTHER Harriet MiddletonRESIDENCE T. J.COLOR M AGE AT LAST BIRTHDAY 35  
(Years)BIRTHPLACE IdOCCUPATION ShopNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 4 P. M.  
on the date above stated. (Born alive or Stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) T. J. Harrison

(Physician or midwife)

Address Twin FallsFiled May 2 1920 John F. Coughlin  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. Certificate No. 79354  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ (Birth or Death)  
for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b>	<b>FROM</b>	<b>TO</b>
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
<u>Name</u>	<u>Baby Stevens</u>	<u><del>Lois Stevens</del></u>
_____	_____	<u>Lois Irene Stevens</u>

Subscribed and sworn to before me this 31  
day of March, 1942  
Earl Whippley  
Notary Public, residing at Gooding, Id.  
My commission expires July 28, 1942  
(Seal)

Signed Mrs. Harriet Stevens (mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
State School, Gooding, Id.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_\_  
Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)

JAN 11 1966

APR

1 1966



339-229-042-945

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. A. No. 23-C-22m-2-2-17

79355

County of *Term Falls*City of *Terre Haute*Registration District No. *37*

File No. ....

No. .... St.

Primary Registration District No. *185*

Registered No. ....

Hospital .....

FULL NAME OF CHILD *Florence Ellen Cline*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i>	and (Number in order of birth)	Legitimate <i>yes</i>	Date of Birth <i>4 29 1920</i> (Month) (Day) (Year)
----------------------------	----------------------------------	--------------------------------	-----------------------	--

FULL NAME <i>Father Cline</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)
RESIDENCE <i>Terre Haute</i>	
COLOR <i>White</i>	
BIRTHPLACE <i>Ashtabula, Ohio</i>	
OCCUPATION <i>Employer</i>	

FULL MAIDEN NAME <i>Ellen M. Cline</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)
RESIDENCE <i>Terre Haute</i>	
COLOR <i>White</i>	
BIRTHPLACE <i>Spencer, Iowa</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *1* ..... Number of children of this mother now living, including present birth *1* .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. D. T. H.*

Given names added from a supplemental report.

Physician or midwife *John H. Cline*

Address *Terre Haute, Ind.*

Filed *May 11 1922* *John H. Cline* Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1

4/24/41 Z.J.

21 1941

Sate of California       )  
County of Los Angeles ) S.S.

Personally appeared before me the undersigned authority,  
one, MARY ELLEN CLINE, who being duly sworn according to law,  
deposes and says:

That she is a married woman, and the wife of Paul Cline.  
That her maiden name was Mary Ellen Runyan ( not Dunn). That on  
April 29, 1920, at Twin Falls, Idaho, a daughter was born to her,  
and said daughter was named FLORENCE ELLEN CLINE. (not Kline).  
That the attending physician was Dr. Pike of Twin Falls, Idaho.  
That she authorizes these fatcts to be placed on record in lieu  
of incorrect information.

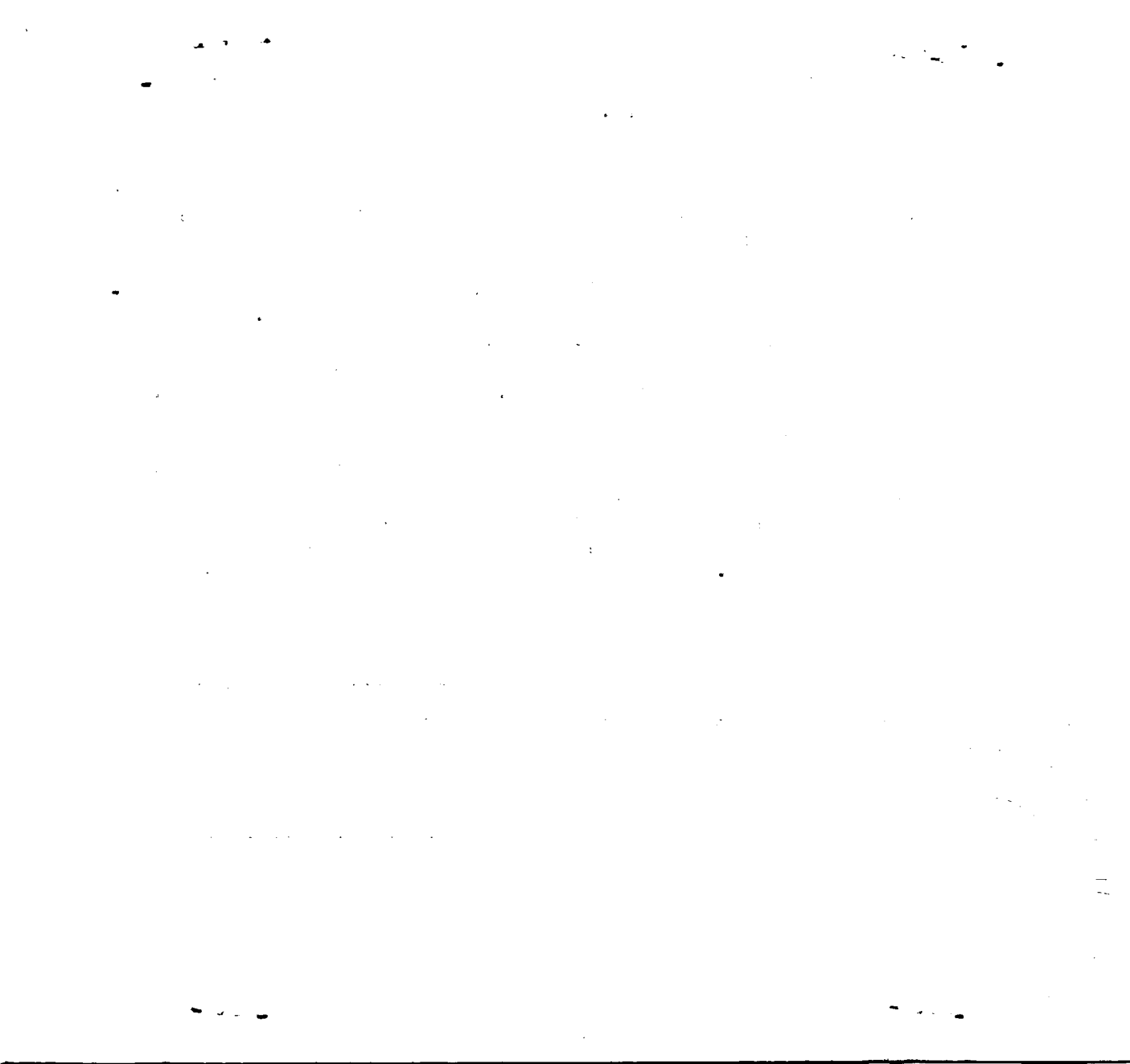
Deponent further states that she was born at Spencer,  
Iowa, on November 10, 1894. That her husband, Paul Cline was  
born at Ashland, Oregon, on October 18, 1894.  
That she married her husband, Paul Cline, at Tacoma, Washington,  
on January 1, 1918. That Charles Dunne was her stepfather.

Further deponent sayeth not.

Mary Ellen Cline

Subscribed and sworn to before me this nineteenth day of April, 1941

Samuel H. Secor



239-121-042-845

## PLACE OF BIRTH

County of Luna FallsCity of Filer

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

79356

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

~~Robert Raymond~~ HAROLD HUNT STILES

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>4-21</u> 191 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------	---

FULL NAME <u>FLOYD STILES</u>	FATHER
RESIDENCE <u>Filer, Ida.</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Kas.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ruth Hunt</u>	MOTHER
RESIDENCE <u>Filer, Ida.</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Kas.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ M. on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. A. A. Newberry  
Filer, Ida.  
(Physician or midwife)

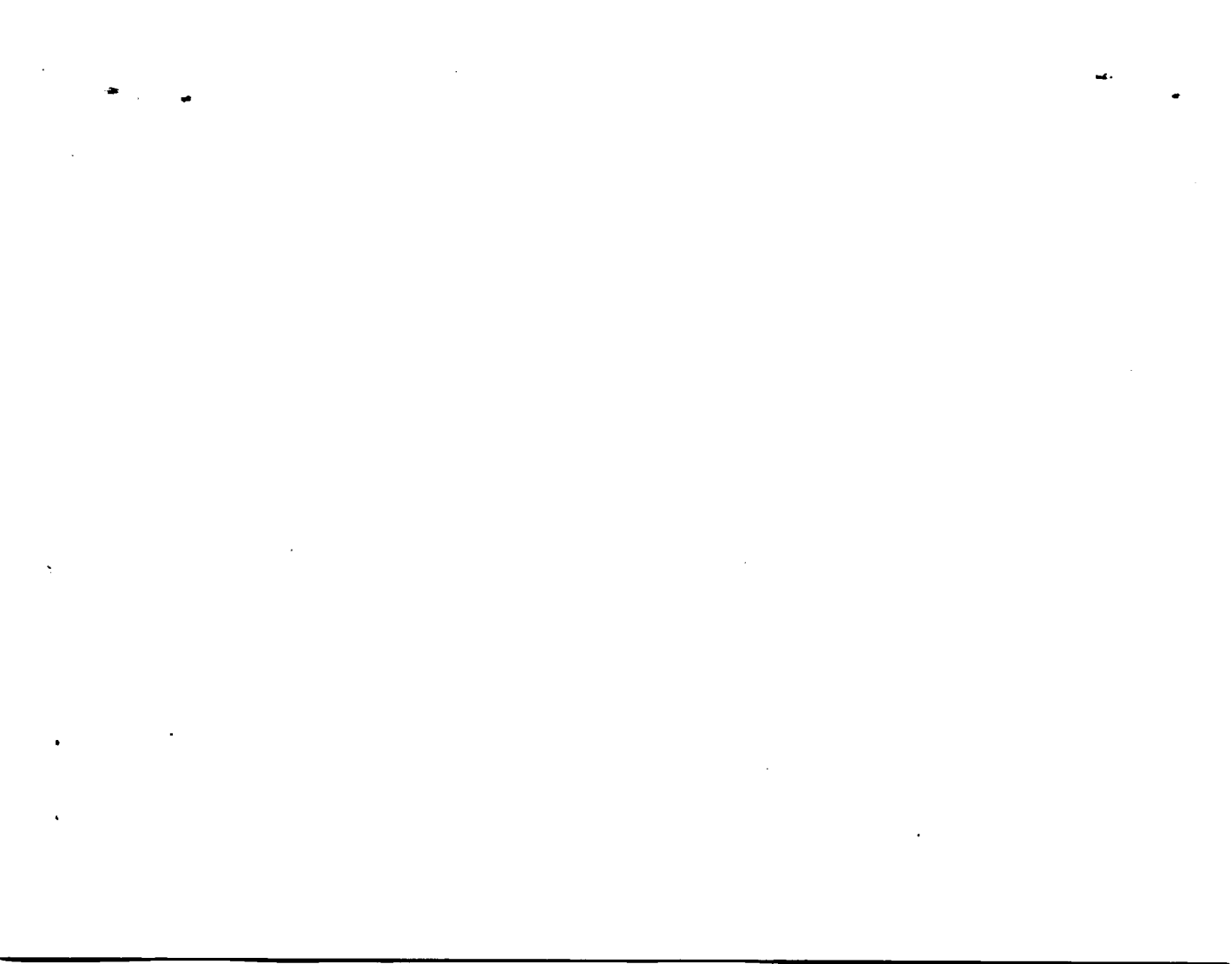
Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 4-21 1920

Dr. A. A. Newberry  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 79356  
County of Twin Falls }

The undersigned does solemnly swear that certain facts on the SEP 16 1947 Certificate of birth for unnamed (Name on Original Certificate) who was born on April 21, 1920 (Birth or Death) (Was Born or Died) (Date of Event) in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Harold H. Stiles  
Harold Hunt Stiles

Subscribed and sworn to before me this 14  
day of September 1947  
Charles P. Olds  
Notary Public, residing at Idaho  
My commission expires 12/25/1945  
(Seal)

Signed Harold H. Stiles  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
San. Dr. Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)  
\_\_\_\_\_  
(Street Address, City, State)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

SEP 18 1942



255-110-042-864  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of Linn HallCity of FilerRegistration District No. 38File No. 79357

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2086

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Eugene Joseph Beem

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>4-10-20</u> (Month) (Day) (Year)
--------------------------	---	------------------------------------	------------------------	--

FULL NAME <u>Eugene Beem</u>	FATHER
RESIDENCE <u>Filer, Ida.</u>	
COLOR <u>N.</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>S. Dak.</u>	
OCCUPATION <u>Clerk</u>	

FULL MAIDEN NAME <u>Cora Lawett</u>	MOTHER
RESIDENCE <u>Filer, Ida.</u>	
COLOR <u>N.</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Ark.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 1-10-20 M. on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

A. A. Newberry  
Filer, Ida.  
(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

Address \_\_\_\_\_

S-Y-CO 38071

Registrar

Filed

4-10-20 A. A. Newberry

Registrar

one copy 10/23/40 L.B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-221-042-462

PLACE OF BIRTH

County of San Francisco

City of Filer

Registration District No. 38

File No. 79358

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2086

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Emene Ola Parrott

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>4-21-20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Alfred Parrott</u>			FULL MAIDEN NAME MOTHER <u>Dora Mae Dobb</u>	
RESIDENCE <u>Berger, Ida.</u>			RESIDENCE <u>Berger, Ida.</u>	
COLOR <u>N.</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>N.</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)	
BIRTHPLACE <u>Kansas</u>			BIRTHPLACE <u>Calo.</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Wife.</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 159 M. on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Born alive or stillborn)  
(Signature) Dr. A. G. Newberry  
Filer, Ida.  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 4-21-20 Dr. A. G. Newberry  
Registrar

JUN 29 1942

818-109-042-363

## PLACE OF BIRTH

County of LincolnCity of Filev

Registration District No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2086

File No. \_\_\_\_\_

**79359**

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Not named Marion Hayden

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>4-9-20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------	---

FATHER		MOTHER	
FULL NAME <u>L. M. Hayden</u>	FULL MAIDEN NAME <u>Alva Lockwood</u>	FULL NAME <u>L. M. Hayden</u>	FULL MAIDEN NAME <u>Alva Lockwood</u>
RESIDENCE <u>Filev, Ida.</u>	RESIDENCE <u>Filev, Ida.</u>	RESIDENCE <u>Filev, Ida.</u>	RESIDENCE <u>Filev, Ida.</u>
COLOR <u>N.</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>N.</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Iowa</u>	BIRTHPLACE <u>Nebr.</u>	BIRTHPLACE <u>Iowa</u>	BIRTHPLACE <u>Nebr.</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth <u>3</u>	Number of children of this mother now living, including present birth <u>3</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. A. A. Newberry  
Filev, Ida.  
 (Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 4-9-20

Registrar

JUN 22 1948

915-107-042-132

## PLACE OF BIRTH

County of *Trim Falls*City of *Filer*

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

Registration District No. *38*File No. *79360*Primary Registration District No. *2086*

Registered No. \_\_\_\_\_

*Not Named*

Sex of Child <i>Male</i>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <i>yes</i>	Date of Birth <i>4-7</i> 19 <i>20</i> (Month) (Day) ^ (Year)
--------------------------	---	--------------------------------------	------------------------	---

FULL NAME <i>O. M. Gandall</i>	FATHER
RESIDENCE <i>Filer, Ida.</i>	
COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>56</i> (Years)
BIRTHPLACE <i>Mo.</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Clara Ackensen</i>	MOTHER
RESIDENCE <i>Filer, Ida.</i>	
COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>20</i> (Years)
BIRTHPLACE <i>Colo.</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth. <i>2</i>	Number of children of this mother now living, including present birth. <i>2</i>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at *2309* M.  
on the date above stated. (Born alive ~~on stillborn~~)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *D. A. Newberry*  
*Filer, Ida.*  
(Physician or midwife)

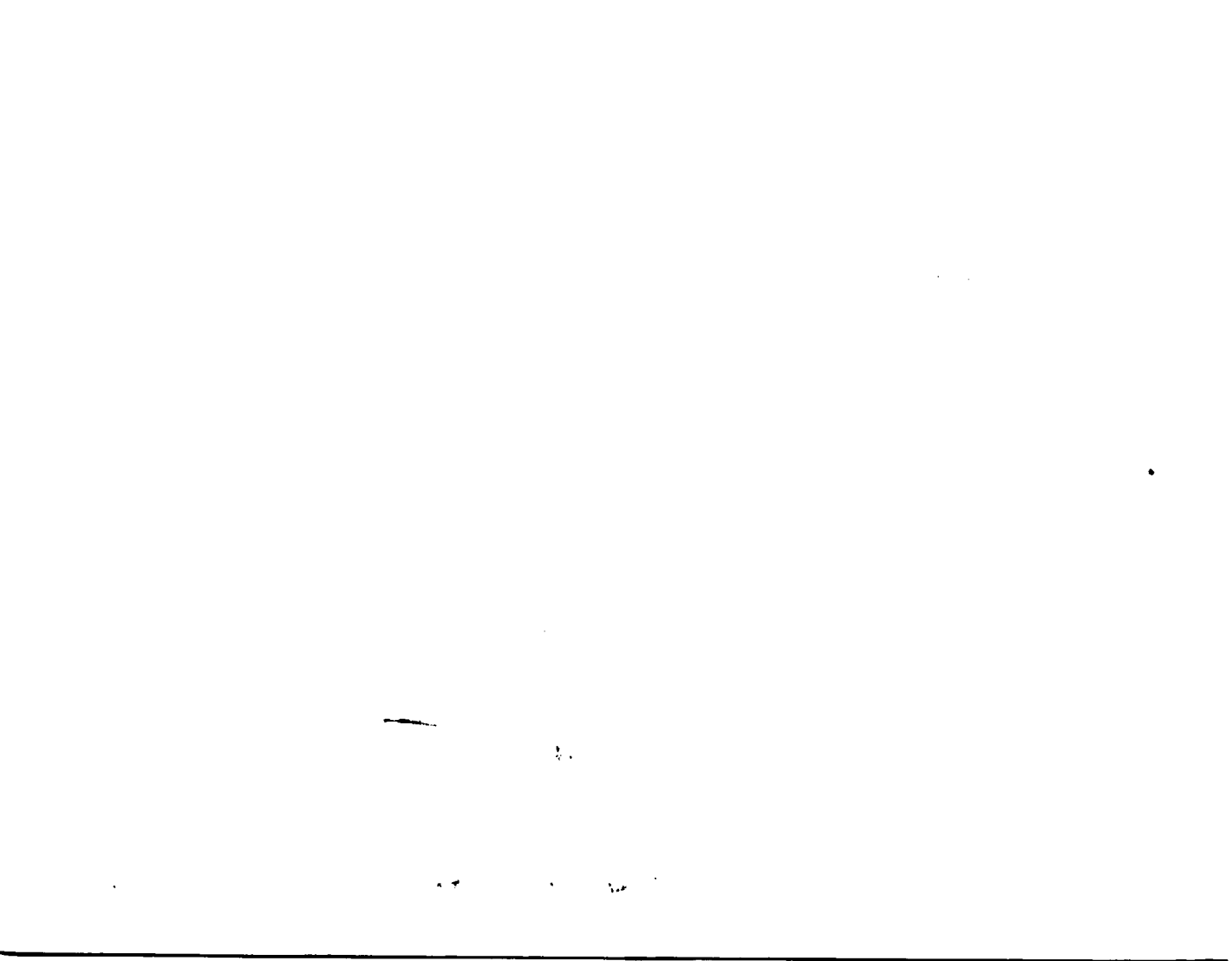
Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ 19 \_\_\_\_\_

Filed *4-7* 19 *20* *D. A. Newberry*





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-203-042-251

EVERETT

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-4-17

CERTIFICATE OF BIRTH

Registration District No. ....

File No. ....

Primary Registration District No. ....

Registered No. ....

79361

39

2087

Sex of Child ♂ Twin Triplet or other? 12 and { Number in order of birth } Legitimate? yes Date of Birth Apr. 3 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME William Overlander  
RESIDENCE Buhl  
COLOR White AGE AT LAST BIRTHDAY 46 (Years)  
BIRTHPLACE Ohio  
OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Harriet Beach  
RESIDENCE Buhl  
COLOR White AGE AT LAST BIRTHDAY 36 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Marsh

Given names added from a supplemental report.

Address Buhl, Ida.

Filed MAY 1 1920

Registrar

Registrar

JUN 5 1973

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

88-4-109-042-78

PLACE OF BIRTH

County of Twin Falls

City of Buhl Id

Registration District No. 39

No. 4 St.

Primary Registration District No. 2087

File No. 79362

Hospital

Registered No.

FULL NAME OF CHILD Gerald Raymond Hyde

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>4 9 1920</u> (Month) (Day) (Year)
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FATHER

FULL NAME <u>Harold G. Hyde</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
RESIDENCE <u>Buhl</u>	BIRTHPLACE <u>South Dakota</u>
COLOR <u>white</u>	OCCUPATION <u>Merchandizing</u>

MOTHER

FULL MAIDEN NAME <u>Irene M. Preston</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
RESIDENCE <u>Buhl Idaho</u>	BIRTHPLACE <u>Colorado</u>
COLOR <u>white</u>	OCCUPATION <u>Housework</u>

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Idaho  
Filed MAY 1 1920  
Registrar [Signature]

OCT 4 1956

795-210-042-132

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79363

County of Furn FallsCity of BuhlRegistration District No. 39

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Blanche Edith Givens

Sex of Child <u>Girl</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>4 10 20</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	--------------------------------	-------------------------	--

FULL NAME <u>W. F. Givens</u>	FATHER
RESIDENCE <u>Buhl</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Tennessee</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Estella Atkinson</u>	MOTHER
RESIDENCE <u>Buhl</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 1 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) [Signature]  
(Physician or midwife)Address Buhl Ida  
Filed MAY 1 1920 [Signature]  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1971

RECEIVED  
IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Washington }  
County of Franklin } ss. Certificate No. 79363  
Date Filed JUN 19 9 28 AM '75

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Givens (female) who was born on April 10, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by prepared on are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original) (The Correct Facts)  
child's name Unnamed Blanche Edith Givens

Subscribed and sworn to before me this 17th day of  
JUNE, 1975  
Armand T. Rivaldo  
Notary Public, residing at BURBANK  
My commission expires 7-17-77  
(Seal)

Signed Blanche E. Givens  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

-Family Bible gives name as Blanche E. Givens Born April 10, 1920 in Buhl, Idaho.  
Family Record obviously old.  
Viewed by V.S.

JUN 20 1975

Obituary for mother lists survivors tow sons, Edgar Givens  
and Vernon Givens, Three daughters, Virgie Givens Hardesty, Fern Givens Donnely  
and Blanche Estella Givens Larson. Mother died August 8, 1960.  
Viewed by V.S.<sup>Edith</sup>

Marriage record for Blanche gives name correctly married to Kenneth Larson  
Nov. 4, 1940.  
Viewed by V.S.



214-111-042-493

PLACE OF BIRTH

Form V. S. No. 11-C-25m-8-3-37

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79364

County of... Lincoln...City of... Idaho...Registration District No. .... 39 .....

File No. ....

No. .... St.

Primary Registration District No. .... 2087 .....

Registered No. ....

Hospital .....

FULL NAME OF CHILD ..... ~~Infant~~ ..... HARVEY CLYDE Sample JR. ....

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth... <u>4</u> <u>11</u> <u>30</u> (Month) (Day) (Year)
---------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Harvey Clyde Sample</u>	FATHER	FULL MAIDEN NAME <u>Velma Bell Dick</u>	MOTHER
RESIDENCE <u>Idaho - Ida.</u>		RESIDENCE <u>Idaho - Ida.</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY... <u>20</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY... <u>18</u> (Years)
BIRTHPLACE <u>Missouri - U. S. A.</u>		BIRTHPLACE <u>Nebraska - U. S. A.</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at 2:00 A. M.  
on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. } (Signature) ..... George P. Sample .....

Given names added from a supplemental report.

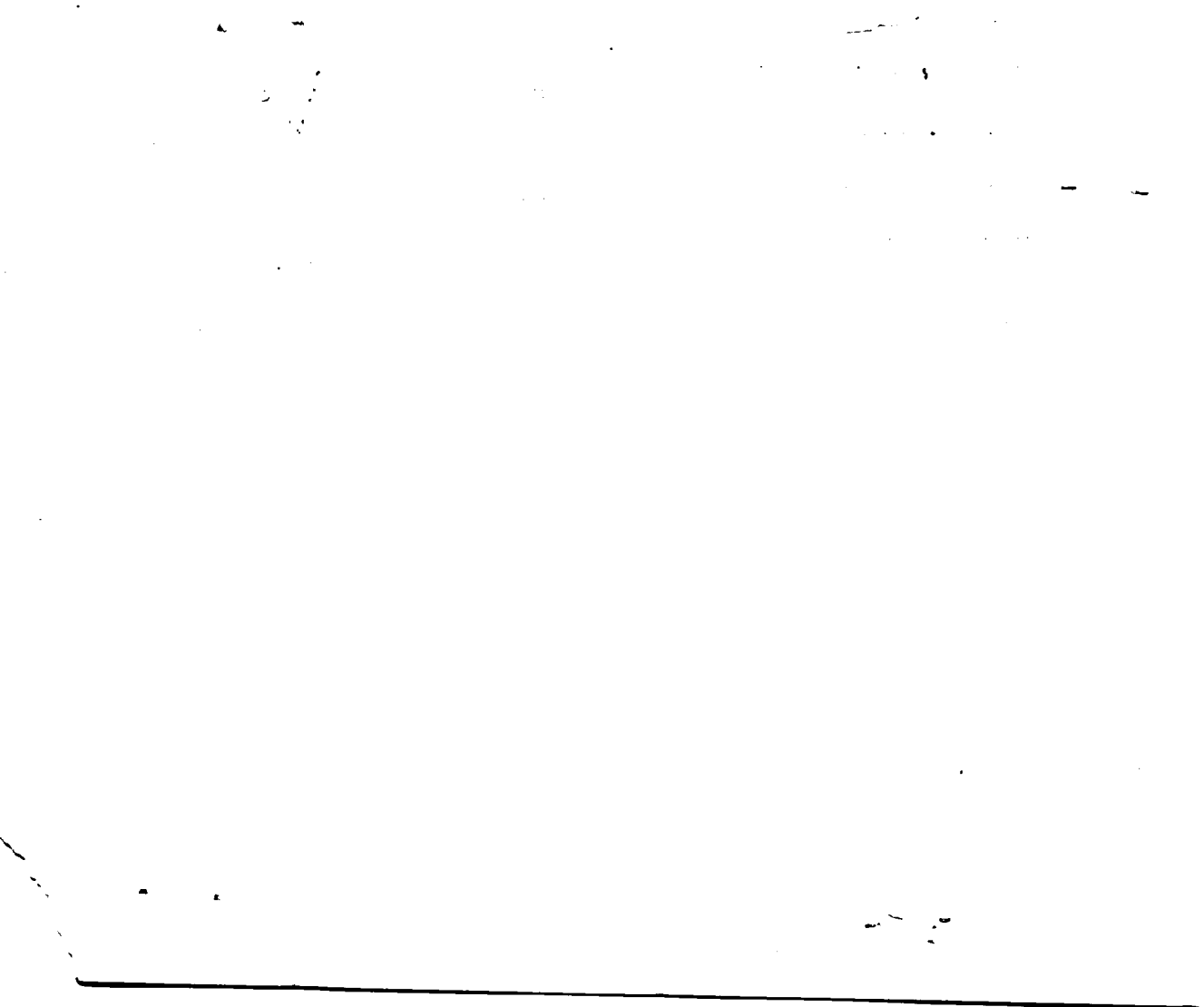
Address... Idaho - Ida. ..... (Physician or midwife) .....

Registrar

Filed... May 1 1929 .....

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } Certificate No. 79364  
County of Washington } ss. **FEB 3 1942** Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)  
for Infant Sample who born on April 11, 1922 (DATE OF EVENT)  
in Buhl Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED)  
are erroneous or were omitted; and that, to the best of his knowledge, the (PLACE OF EVENT)  
true facts as shown by bible record prepared on at time of birth (GIVE DATE), are:

**FACTS TO BE CORRECTED** **FROM** **TO**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
name Infant Sample Harvey Clyde Sample, Jr.

Subscribed and sworn to before me this 29th  
day of January, 19 42  
John J. O'Connell  
Notary Public, residing at Weiser, Idaho  
My commission expires 3.29.43  
(SEAL)

Signed Harvey Clyde Sample Jr.  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
R#3 Weiser, Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Washington } ss.  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 29th  
day of January, 19 42  
John J. O'Connell  
Notary Public, residing at Weiser, Idaho  
My commission expires 3.29.43  
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

Signed Velma Dick Sample  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
R#3 Weiser, Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 3 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

JUL 5 1955

713-111-042-719

Form-V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallCity of BuhlRegistration District No. 39

File No.

79365

No. \_\_\_\_\_ St.

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

May Myndart Van Patten

Sex of Child

maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth4111920

(Month)

(Day)

(Year)

FULL  
NAMEM. M. Van Patten

FATHER

RESIDENCE

Buhl Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

FarmingFULL  
MAIDEN  
NAMEClara Gailen

MOTHER

RESIDENCE

Buhl Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

HouseworkNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 5:30 P. M.  
on the date above stated. (Born alive or stillborn){ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

J. H. McCluskey  
Phys  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Buhl Clara  
J. H. Murphy  
Registrar

Registrar

Filed MAY 11920

MAR 23 1914

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

345-114-042-235

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine Falls

City of Booth

Registration District No. 34

File No. 79366

No. \_\_\_\_\_ St.

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lunte

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>4</u> <u>16</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----------	--------------------------------	------------------------	--

FATHER  
FULL NAME John Q. Lunte  
RESIDENCE Booth, Ida.  
COLOR whit. AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Ind.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Lillian Swan  
RESIDENCE Booth, Ida.  
COLOR whit. AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Minn.  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at Booth, Ida. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Penning M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Booth, Ida.

Filed MAY 1 1920

Registrar

Registrar

Dup of 1920-296322



PLACE OF BIRTH  
613-116-042-831  
County of...Idaho FallsSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-8-17

City of...BuhlRegistration District No. ....39File No. ....79367No. ....St.Primary Registration District No. ....2087

Registered No. ....

Hospital .....

FULL NAME OF CHILD Stanley Joseph WallaSex of  
ChildmaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and } Number  
of order  
of birthLegiti-  
mate?yesDate of  
Birth4161920

(Month)

(Day)

(Year)

FULL  
NAMEStanley Walla

FATHER

RESIDENCE

Buhl, Ida.

COLOR

wht.AGE AT LAST  
BIRTHDAY33

(Years)

BIRTHPLACE

Russia

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEElizabeth H. Lafla

MOTHER

RESIDENCE

Buhl, Ida.

COLOR

wht.AGE AT LAST  
BIRTHDAY23

(Years)

BIRTHPLACE

Russia

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....born alive..... at.....8.30 P.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, household, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Dr. J. H. Murphy

(Physician or midwife)

Given names added from a supplemental report.

Address

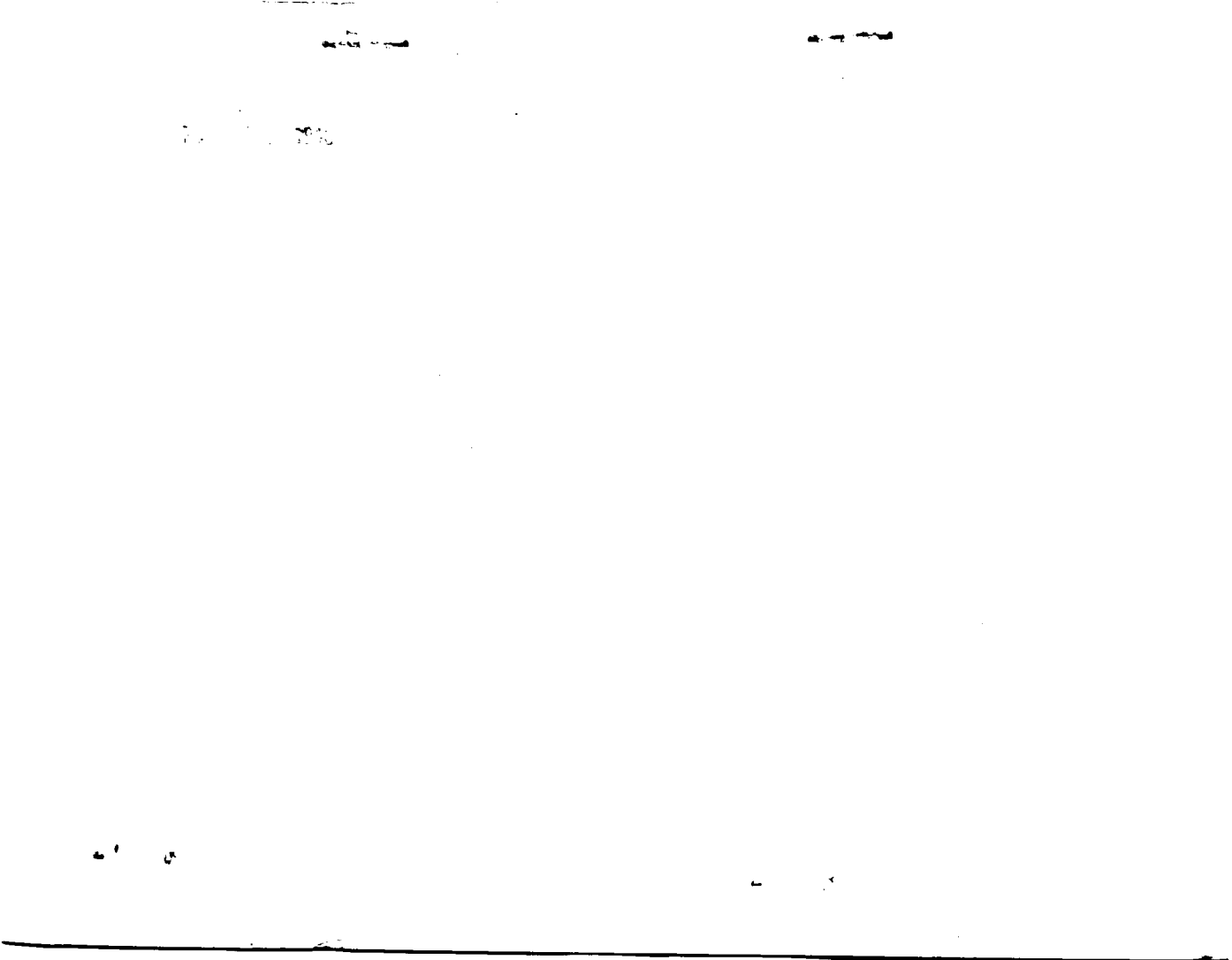
Buhl, Ida.

Filed

MAY 1 1920

Registrar

J. H. Murphy  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of California }  
County of Fresno } ss. Certificate No. 79367  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Stanley Joseph Walla who born on April 16, 1920  
(Name on Original Certificate) (Birth or Death)  
in Buhl, Idaho (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by family record prepared on April 16, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Walla Stanley J. seph Walla

Subscribed and sworn to before me this 29th  
day of May 19 45  
OE Langlois  
Notary Public, residing at Selma, California  
My commission expires May 29th, 1948  
(Seal)

Signed Elizabeth Walla  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)  
Rt 2 Box 330, Selma, California  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California }  
County of Fresno } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 29th  
day of May 19 45  
OE Langlois  
Notary Public, residing at Selma, Calif  
My commission expires May 29th, 1948  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.) ]

Signed Stourey Walla  
(Signature of any Credible Person)  
Rt 2 Box 330, Selma, Calif  
(Street Address, City, State)

JUN 4 1945

818-218-042-859

## PLACE OF BIRTH

County of Twine FallsCity of BuhlRegistration District No. 7

File No.

79368

No. \_\_\_\_\_ St.

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Melba Hahn

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>April 18</u> 191 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>C. Otto Hahn</u>			MOTHER FULL MAIDEN NAME <u>Edwina Gerling</u>	
RESIDENCE <u>Buhl Idaho</u>			RESIDENCE <u>Buhl Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Nebraska</u>			BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth, 4Number of children of this mother now living, including present birth, 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated.(Born alive or stillborn) Irmen at 11:30 P. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. James, M.D.Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl IdahoFiled MAY 1 1920

Registrar

Registrar

cc 10-18-4



293-219-042-859

Form No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of BuhlRegistration District No. 39File No. 79369

No. \_\_\_\_\_ St.

Primary Registration District No. 2087 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD NELLIE DARLINE BITTERLI

Sex of Child <u>Girl</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>4 19 20</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	--------------------------------	------------------------	--

FULL NAME <u>E. D. Bitterli</u>	FATHER
RESIDENCE <u>Buhl Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Bessie Herendeen</u>	MOTHER
RESIDENCE <u>Buhl Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth, 3 Number of children of this mother now living, including present birth, \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 5 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

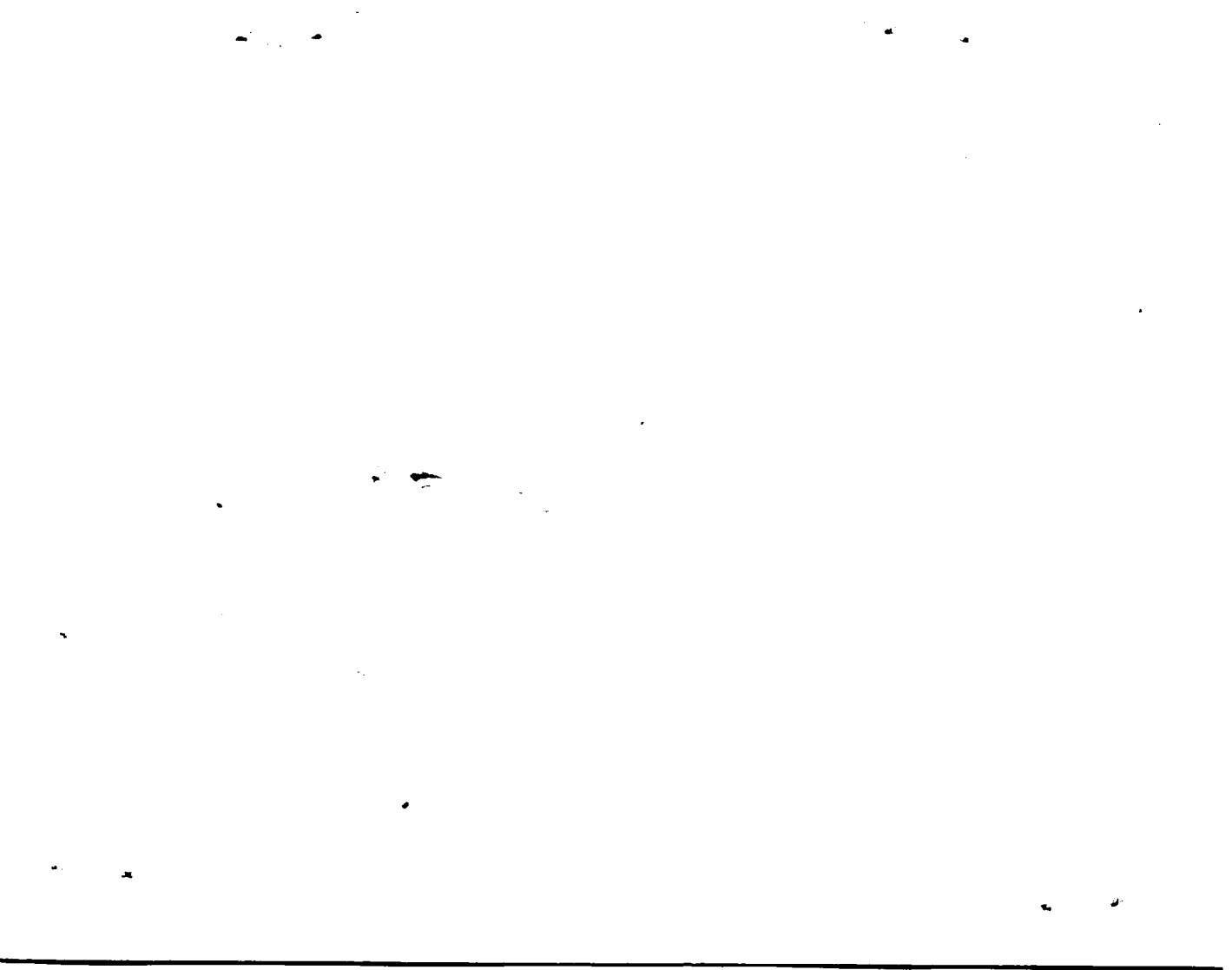
(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Id.  
Filed [Signature] 19 20  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } Certificate No. 79369  
County of Twin Falls } SS. JAN 23 1942 Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of unnamed Bitterli (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Apr 19, 1920 (DATE OF EVENT) in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name _____	Unnamed Bitterli _____	Nellie Darline Bitterli _____

Subscribed and sworn to before me this 28<sup>th</sup> day of January, 19 42.

A. D. McQuinn  
Notary Public, residing at Wendell, Ida  
My commission expires Jan 2 - 1944  
(SEAL)

Signed Mrs Beattie Bitterli  
C. A. Boring, Buhl, Idaho  
Signed \_\_\_\_\_  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
Wendell, Idaho  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } [THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
County of Twin Falls } (SEE CHAPTER 129, 1927 IDAHO SESSION LAWS.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of Jan, 19 42.

John W. Larker  
Notary Public, residing at Buhl, Idaho  
My commission expires 10/8/42  
(SEAL)

Signed C. A. Boring, Buhl, Idaho  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
425-11th Ave.  
(STREET ADDRESS, CITY, STATE)  
Buhl, Idaho

Received for filing on JAN 23 1942 By \_\_\_\_\_ (REGISTRAR'S SIGNATURE)

542

451-219-042-393

## PLACE OF BIRTH

County of Twine FallsCity of Buhl Ida.

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

Registration District No. 34File No. 79370Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u>	and } Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>April 19</u> 191 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Howard R. Dean</u>			FULL MAIDEN NAME <u>Lela M. Lills</u>	
RESIDENCE <u>Buhl Idaho</u>			RESIDENCE <u>Buhl Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	
BIRTHPLACE <u>Nebraska</u>			BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Clerk &amp; Bookkeeper</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>4</u>			Number of children of this mother now living, including present birth <u>4</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born April 19, 1920, at 6 45 A. M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. ImmenPhysician

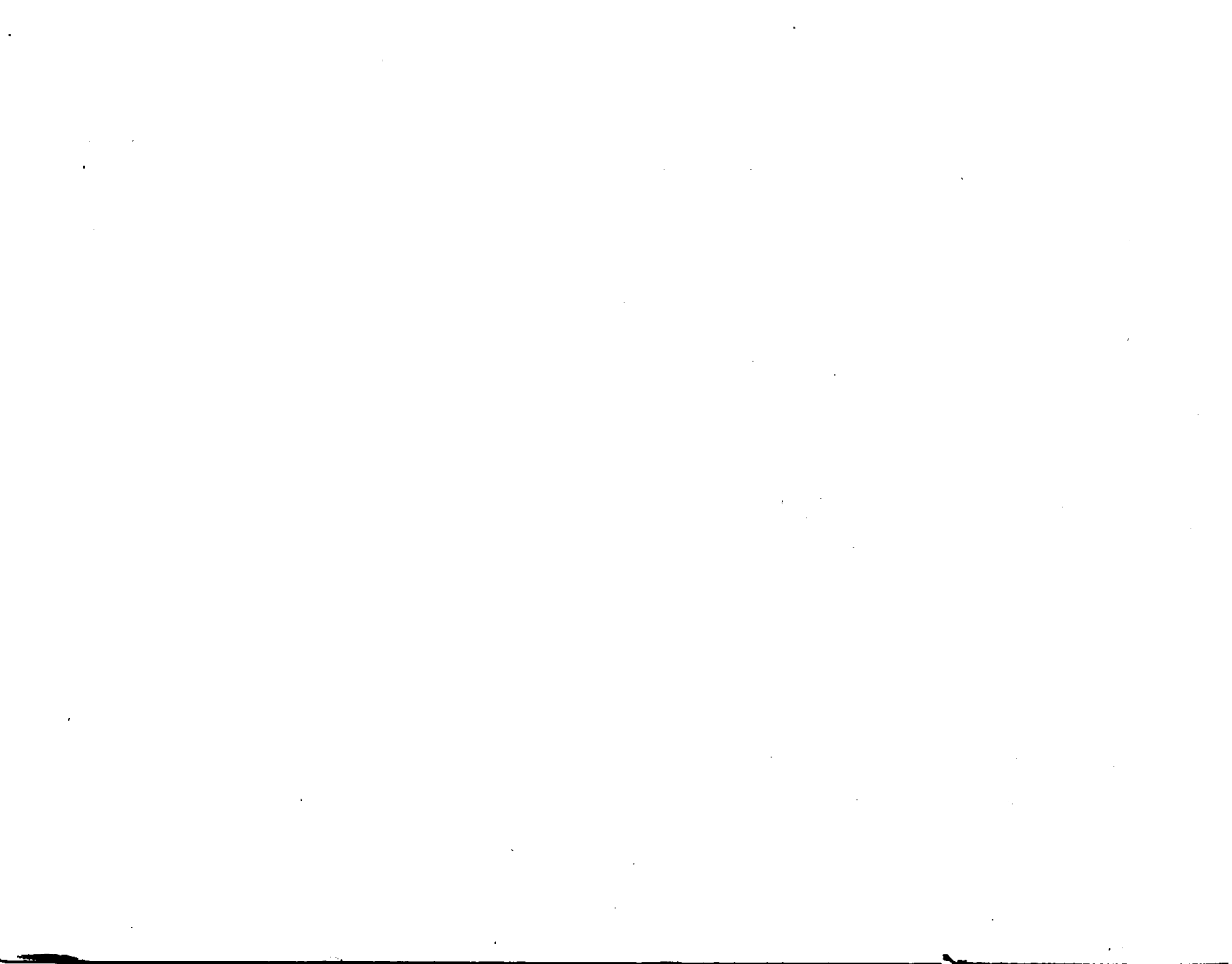
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl IdahoFiled MAY 1 1920

Registrar

Registrar J. H. Murphy



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-220-042-814

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH
County of Twin FallsCity of BuhlRegistration District No. 39

File No.

**79371**

No. \_\_\_\_\_ St.

Primary Registration District No. 2087 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Evelyn Virginia Houghtaling
 Sex of Child Girl Twin Triplet or other? and Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth 4 20 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

 FULL NAME Jess F. Houghtaling  
RESIDENCE Buhl Idaho  
COLOR white AGE AT LAST BIRTHDAY 41 (Years)  
BIRTHPLACE Michigan  
OCCUPATION Farming

 FULL MAIDEN NAME Bertha Hampton  
RESIDENCE Buhl Idaho  
COLOR white AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Iowa  
OCCUPATION Housework

 Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was alive at 8:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) A. J. McCluskey

(Physician or midwife)

Address Buhl IdahoFiled 1920

Registrar

Registrar J. H. Murphy

6/4/41 L. B.

813-120-042-289

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-8-15

County of Trin Falls

## CERTIFICATE OF BIRTH

City of BuhlRegistration District No. 39File No. 79372

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

George Welloughby Hall

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u>	and {	Number in order of birth <u>—</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>April 20</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---------------------------------------	-------	---	-----------------------------	--

FULL NAME <u>William H. Hall</u>	FATHER
RESIDENCE <u>Buhl Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>South Dakota</u>	
OCCUPATION <u>Publisher</u>	

FULL MAIDEN NAME <u>Lela Alice Shinsberger</u>	MOTHER
RESIDENCE <u>Buhl Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born April 20 - 1920, at 3 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. A. DementPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Buhl Idaho

Filed

MAY 1 1920J. H. Murphy  
Registrar

JUN 11 1974



864-124  
042-432

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl.

Registration District No. 39

File No. 79373

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD FERROL CLEO HOUK

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u>	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>4 24 1920</u> (Month) (Day) (Year)
-------------------------	---	---	----------------------------	---

FATHER  
FULL NAME Archus Houk  
RESIDENCE Buhl. Id.  
COLOR white AGE AT LAST BIRTHDAY 41  
(Years)  
BIRTHPLACE Kansas  
OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Gessie Mc Kinnis  
RESIDENCE Buhl. Id.  
COLOR white AGE AT LAST BIRTHDAY 27  
(Years)  
BIRTHPLACE Kansas  
OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 6:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida  
Filed MAY 1 1920  
Registrar J. H. Murphy

Registrar

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

HTH:B 90 10

MAY 27 1951

123-129-042-651

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of San JoaquinCity of BuhlRegistration District No. 39File No. 79374

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2187

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ernest Arthur

Sex of Child

maleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth4271920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Arthur W. Arstrom

RESIDENCE

Buhl, Ida.

COLOR

whit.AGE AT LAST  
BIRTHDAY31

(Years)

BIRTHPLACE

Warren, Minn.

OCCUPATION

LawyerFULL  
MAIDEN  
NAME

MOTHER

Hellie Seardale

RESIDENCE

Buhl, Ida.

COLOR

whit.AGE AT LAST  
BIRTHDAY25

(Years)

BIRTHPLACE

Bellon, Ida.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 11:30 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

George E. Jennings

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Buhl, Ida

Filed

MAY 1 1920

Registrar

J. H. Murphy  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C.C. 5/23/41. W.H.

6/21/41

849-230-042-295

## PLACE OF BIRTH

County of TownshillCity of Puget

No. .... St.

Hospital .....

## FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-2-8-17

## CERTIFICATE OF BIRTH

Registration District No. 39File No. 79375Primary Registration District No. 2087

Registered No. ....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u> (To be answered only in event of plural births)	and Number in order of birth <u>12</u>	Legitimate? <u>yes</u>	Date of Birth <u>4 30 1920</u> (Month) (Day) (Year)
----------------------------	---	--	------------------------	--

FULL NAME <u>J. F. Brimmer</u>	FATHER
RESIDENCE <u>Buhl. Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Hannah D. King</u>	MOTHER
RESIDENCE <u>Buhl. Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Virginia</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Marsh, M.D.

(Physician or midwife)

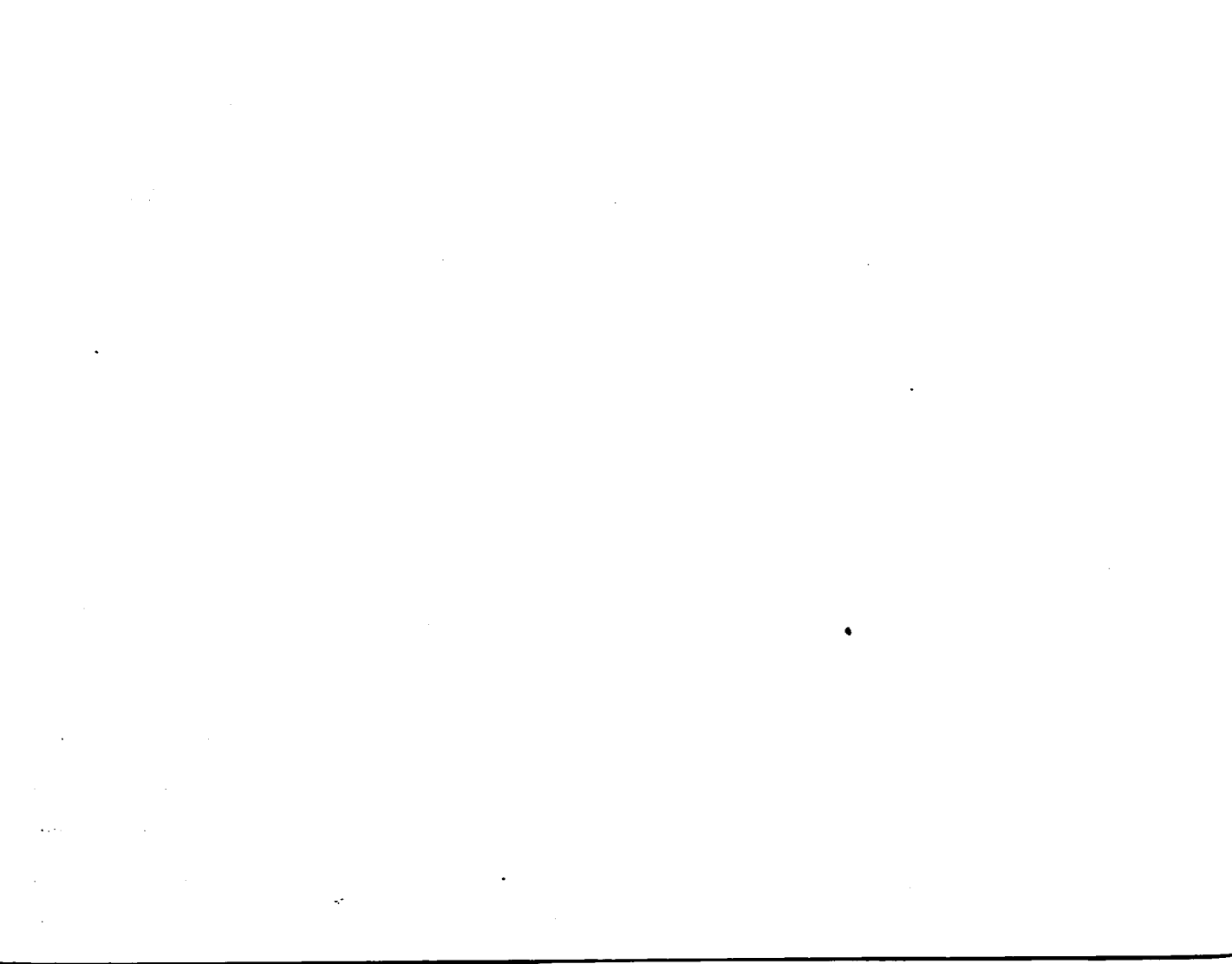
Given names added from a supplemental report.

Address Buhl. Ida.

MAY 1 1920

Registrar

J. H. Murphy  
Registrar



432-1820-042-434  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-8-17

CERTIFICATE OF BIRTH

County of... Twin Falls

City of... Buhl

Registration District No. 39

File No. 79376

No. .... St.

Primary Registration District No. 2.08.7

Registered No. ....

Hospital .....

FULL NAME OF CHILD Donald Edward McKeown

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>4 30 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Willard E. McKeown</u>	FATHER
RESIDENCE <u>Buhl, Ida.</u>	
COLOR <u>whit.</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Present, Iowa</u>	
OCCUPATION	

FULL MAIDEN NAME <u>Anna M. M. Mullin</u>	MOTHER
RESIDENCE <u>Buhl, Ida.</u>	
COLOR <u>whit.</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Present Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5..... Number of children of this mother now living, including present birth 4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. Jennings  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida.  
Filed MAY 15 1920  
J. L. Murphy  
Registrar

Registrar

Verified copy issued Nov. 17, 1970. E.W.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

231-230-042-619

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Swain Falls

City of Buhl

Registration District No. 39

File No. 79377

No. \_\_\_\_\_ St.

Primary Registration District No. 2087 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Stafford

Sex of Child <u>♂</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>1</u> <u>30</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	------------------------------	-----------	--------------------------------	------------------------	--

FATHER  
FULL NAME Hamilton Pratt Stafford

MOTHER  
FULL MAIDEN NAME Anna Laura Fairchild

RESIDENCE Buhl, Ida.

RESIDENCE Buhl, Ida.

COLOR white AGE AT LAST BIRTHDAY 31  
(Years)

COLOR white AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE South Carolina

BIRTHPLACE Utah

OCCUPATION Physician

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 M.  
on the date above stated. (Born alive or stillborn)

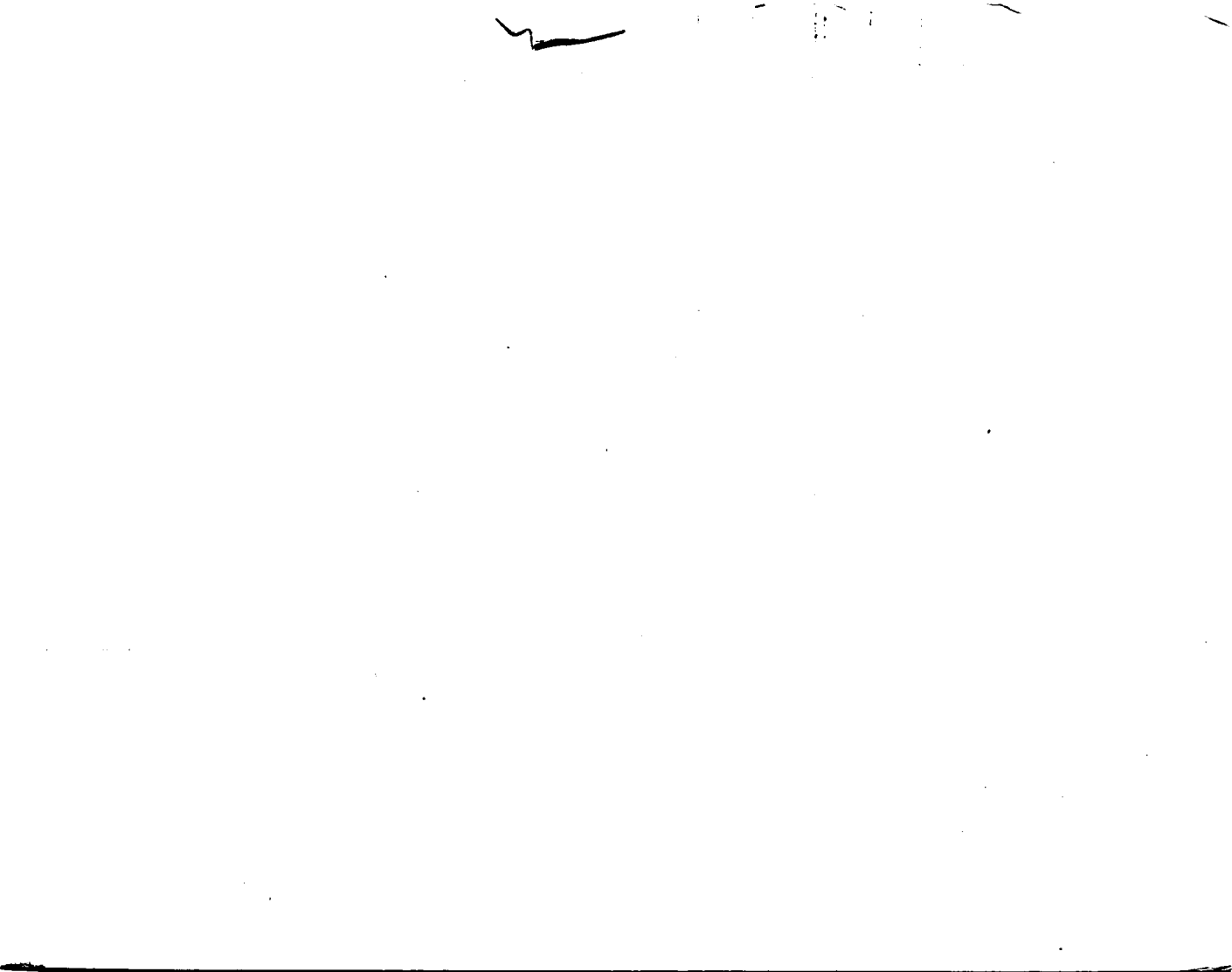
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest Jennings M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida.

Filed MAY 1 1920  
J. H. Murphy  
Registrar



769-117-043-312

## PLACE OF BIRTH

County of ValleyCity of M<sup>c</sup>Call

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-26m-9-8-15

## CERTIFICATE OF BIRTH

File No. 79378Registered No. 236

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth <u>3</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>April 17</u> <u>20</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	---

FULL NAME FATHER  
Milton Lenoir PointsRESIDENCE M<sup>c</sup>CallCOLOR White AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE IdahoOCCUPATION LaborerFULL NAME MOTHER  
Saima TakkinenRESIDENCE M<sup>c</sup>CallCOLOR W AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE Michigan

OCCUPATION \_\_\_\_\_

Number of child of this mother, including present birth. \_\_\_\_\_

Number of children of this mother now living, including present birth. \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J L McCall

(Physician or midwife)

Given names added from a supplemental report.

Address M<sup>c</sup>Call IdahoFiled 5-7-20 W. M. Donald

MAR 6 1942

336-119-043-215

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ValleyCity of McCallRegistration District No. 15-File No. 79379

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 234

Hospital \_\_\_\_\_

FULL NAME OF CHILD Clarence Raymond Close

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth <u>6</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>April 19</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Otto Close</u>		FULL MAIDEN NAME <u>Sylvia Emma Savage</u>		
RESIDENCE <u>McCall</u>		RESIDENCE <u>McCall</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	
BIRTHPLACE <u>Indiana</u>		BIRTHPLACE <u>Oregon</u>		
OCCUPATION <u>Laborer</u>		OCCUPATION _____		

Number of child of this mother, including present birth. \_\_\_\_\_

Number of children of this mother now living, including present birth. \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive at 7 A. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. L. McCall

(Physician or midwife)

Given names added from a supplemental report.

Address McCall IdahoFiled 6-7 1920Mary R. McDonald  
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1945

APR 6 1945

DECEASED

583 - 209-043-113  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of ValleyCity of McCallRegistration District No. 15-File No. 79380

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 233

Hospital \_\_\_\_\_

FULL NAME OF CHILD Elfleta Pearl EhleSex of Child girlTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth 2Legiti-  
mate? yesDate of Birth April 9

(Month)

(Day)

1920  
(Year)

(To be answered only in event of plural births)

FULL  
NAME Thaddeus Henry Ehle

FATHER

FULL  
MAIDEN  
NAME Lena Marie Jackson

MOTHER

RESIDENCE McCallRESIDENCE McCallCOLOR WAGE AT LAST  
BIRTHDAY 2 3

(Years)

COLOR WAGE AT LAST  
BIRTHDAY 2 6

(Years)

BIRTHPLACE FinlandBIRTHPLACE FinlandOCCUPATION Labour

OCCUPATION \_\_\_\_\_

Number of child of this mother, including present birth \_\_\_\_\_

Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive  
(Born alive or stillborn)at 11:15 A. M.\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) Mrs. J. L. McCall

(Physician or midwife)

Given names added from a supplemental report.

Address McCall IdahoFiled 5-61920Mary R. McDonald  
Registrar

JAN 16 1970



316-105-043-254  
PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-2-11

Bureau of Vital Statistics

## CERTIFICATE OF BIRTH

County of ValleyCity of CascadeRegistration District No. 15-File No. 79381

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 236

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Wm Stanley Lawson

Sex of Child <u>M</u>	Twin, Triplet, or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>4</u> <u>5-</u> <u>1920</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>O. K. Lawson</u>			FULL MAIDEN NAME <u>Eva Berry</u>		
RESIDENCE <u>Cascade</u>			RESIDENCE <u>Cascade</u>		
COLOR <u>Wht.</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)		COLOR <u>Wht.</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	
BIRTHPLACE <u>Nev.</u>			BIRTHPLACE <u>England</u>		
OCCUPATION <u>Cook of Saw mill</u>			OCCUPATION <u>Housekeeper</u>		
Number of child of this mother, including present birth. <u>2</u>			Number of children, of this mother, now living, including present birth. <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) \_\_\_\_\_

(Born alive or stillborn) \_\_\_\_\_

at 730A \_\_\_\_\_

(Physician or Midwife)

Address \_\_\_\_\_

Cascade IdaFiled 4-7

1920

M. McFarland

Registrar

1949

1949

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1949

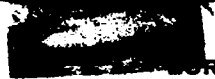
1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-216-044-553  
PLACE OF BIRTH



STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
Form V. S. No. 11-C-222-0-17

County of Washington

CERTIFICATE OF BIRTH

City of Weiser

Registration District No. 86

File No. 79382

No. St.

Primary Registration District No. 1010

Registered No. 17

Hospital

FULL NAME OF CHILD Mary Dollie Wisdom

Sex of Child <u>F</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>2</u> <u>14</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME FATHER <u>Jeddie Perry Wisdom</u>	FULL MAIDEN NAME MOTHER <u>May Nelson</u>
RESIDENCE <u>Weiser, Idaho</u>	RESIDENCE <u>Weiser, Idaho</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Tronside, Oregon</u>	BIRTHPLACE <u>Unity, Oregon</u>
OCCUPATION <u>laborer</u>	OCCUPATION <u>Housewife</u>

FULL NAME FATHER <u>Jeddie Perry Wisdom</u>	FULL MAIDEN NAME MOTHER <u>May Nelson</u>
RESIDENCE <u>Weiser, Idaho</u>	RESIDENCE <u>Weiser, Idaho</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Tronside, Oregon</u>	BIRTHPLACE <u>Unity, Oregon</u>
OCCUPATION <u>laborer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth... 3..... Number of children of this mother now living, including present birth... 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive..... at 4:30 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Timney  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser, Idaho  
Filed 5/12/20 H. P. Hamilton  
Registrar

*Journal of Management Education* 30(6)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 8-27-58  
PLACE OF BIRTH  
168-216-044-632

County of Washington

City of Weiser

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 79383

Primary Registration District No. 2112 Registered No. 18

FULL NAME OF CHILD Nina Marie Johnson

(Certificate of no value without full name of child.)

Sex of Child <u>F.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>April 16, 1920</u> (Month) (Day) (Year)
---------------------------	---	---	-----------------------------	--

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 3

FATHER  
FULL NAME Wealthy Howard Johnson  
RESIDENCE Weiser, Idaho  
COLOR White AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Castile, Penn.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Olga Olson  
RESIDENCE Weiser, Idaho  
COLOR White AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Bluffton, Minn.  
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4:45 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician  
(Physician or midwife)

Give names added from a supplemental report.

\_\_\_\_\_, 192\_\_\_\_\_

\_\_\_\_\_  
Registrar.

Address \_\_\_\_\_

Filed 5/12 1920 W. R. Hamilton by D.H.

Registrar.

1. NAME OF THE PARTY 2. ADDRESS 3. CITY 4. STATE 5. ZIP CODE		6. PHONE NUMBER 7. FAX NUMBER 8. E-MAIL ADDRESS	
9. OCCUPATION 10. EDUCATION		11. AGE 12. SEX	
13. MARITAL STATUS 14. DATE OF BIRTH		15. DATE OF DEATH 16. PLACE OF BIRTH	
17. DATE OF DEATH 18. PLACE OF DEATH		19. DATE OF DEATH 20. PLACE OF DEATH	
21. DATE OF DEATH 22. PLACE OF DEATH		23. DATE OF DEATH 24. PLACE OF DEATH	
25. DATE OF DEATH 26. PLACE OF DEATH		27. DATE OF DEATH 28. PLACE OF DEATH	
29. DATE OF DEATH 30. PLACE OF DEATH		31. DATE OF DEATH 32. PLACE OF DEATH	
33. DATE OF DEATH 34. PLACE OF DEATH		35. DATE OF DEATH 36. PLACE OF DEATH	
37. DATE OF DEATH 38. PLACE OF DEATH		39. DATE OF DEATH 40. PLACE OF DEATH	
41. DATE OF DEATH 42. PLACE OF DEATH		43. DATE OF DEATH 44. PLACE OF DEATH	
45. DATE OF DEATH 46. PLACE OF DEATH		47. DATE OF DEATH 48. PLACE OF DEATH	
49. DATE OF DEATH 50. PLACE OF DEATH		51. DATE OF DEATH 52. PLACE OF DEATH	
53. DATE OF DEATH 54. PLACE OF DEATH		55. DATE OF DEATH 56. PLACE OF DEATH	
57. DATE OF DEATH 58. PLACE OF DEATH		59. DATE OF DEATH 60. PLACE OF DEATH	
61. DATE OF DEATH 62. PLACE OF DEATH		63. DATE OF DEATH 64. PLACE OF DEATH	
65. DATE OF DEATH 66. PLACE OF DEATH		67. DATE OF DEATH 68. PLACE OF DEATH	
69. DATE OF DEATH 70. PLACE OF DEATH		71. DATE OF DEATH 72. PLACE OF DEATH	
73. DATE OF DEATH 74. PLACE OF DEATH		75. DATE OF DEATH 76. PLACE OF DEATH	
77. DATE OF DEATH 78. PLACE OF DEATH		79. DATE OF DEATH 80. PLACE OF DEATH	
81. DATE OF DEATH 82. PLACE OF DEATH		83. DATE OF DEATH 84. PLACE OF DEATH	
85. DATE OF DEATH 86. PLACE OF DEATH		87. DATE OF DEATH 88. PLACE OF DEATH	
89. DATE OF DEATH 90. PLACE OF DEATH		91. DATE OF DEATH 92. PLACE OF DEATH	
93. DATE OF DEATH 94. PLACE OF DEATH		95. DATE OF DEATH 96. PLACE OF DEATH	
97. DATE OF DEATH 98. PLACE OF DEATH		99. DATE OF DEATH 100. PLACE OF DEATH	

School record issued by Grants Pass Public Schools-April 30, 1952- gives correct date of birth as April 16, 1920. Date of entry Grade 1-Sept 13, 1926  
Cert. of Marriage gives the IDAHO STATE BOARD OF HEALTH viewed by v.s.  
correct name, March 27, 1942 viewed by F.S.  
and Connecticut General Life Ins. Co. Policy gives the correct name and birthdate - 25th Oct. 1920 viewed by v.s.

## Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss. Certificate No. 79383  
County of BUTTE } Date Filed Oct 25, 1944

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Nannie Marie Johnson who was born on Feb 16, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Weiser, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Insurance Policy prepared on October 25, 1944, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name	<u>Nannie Marie Johnson</u>	<u>Nina Marie Johnson</u>
Date of Birth	<u>February 16, 1920</u>	<u>April 16, 1920</u>

Subscribed and sworn to before me this 25th day of August, 1944  
[Signature]  
Notary Public, residing at Gridley, California  
My commission expires November 20, 1959  
(Seal)

Signed [Signature] (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)  
Rte 1, Box 419  
Gridley, California  
(Street Address, City, State)

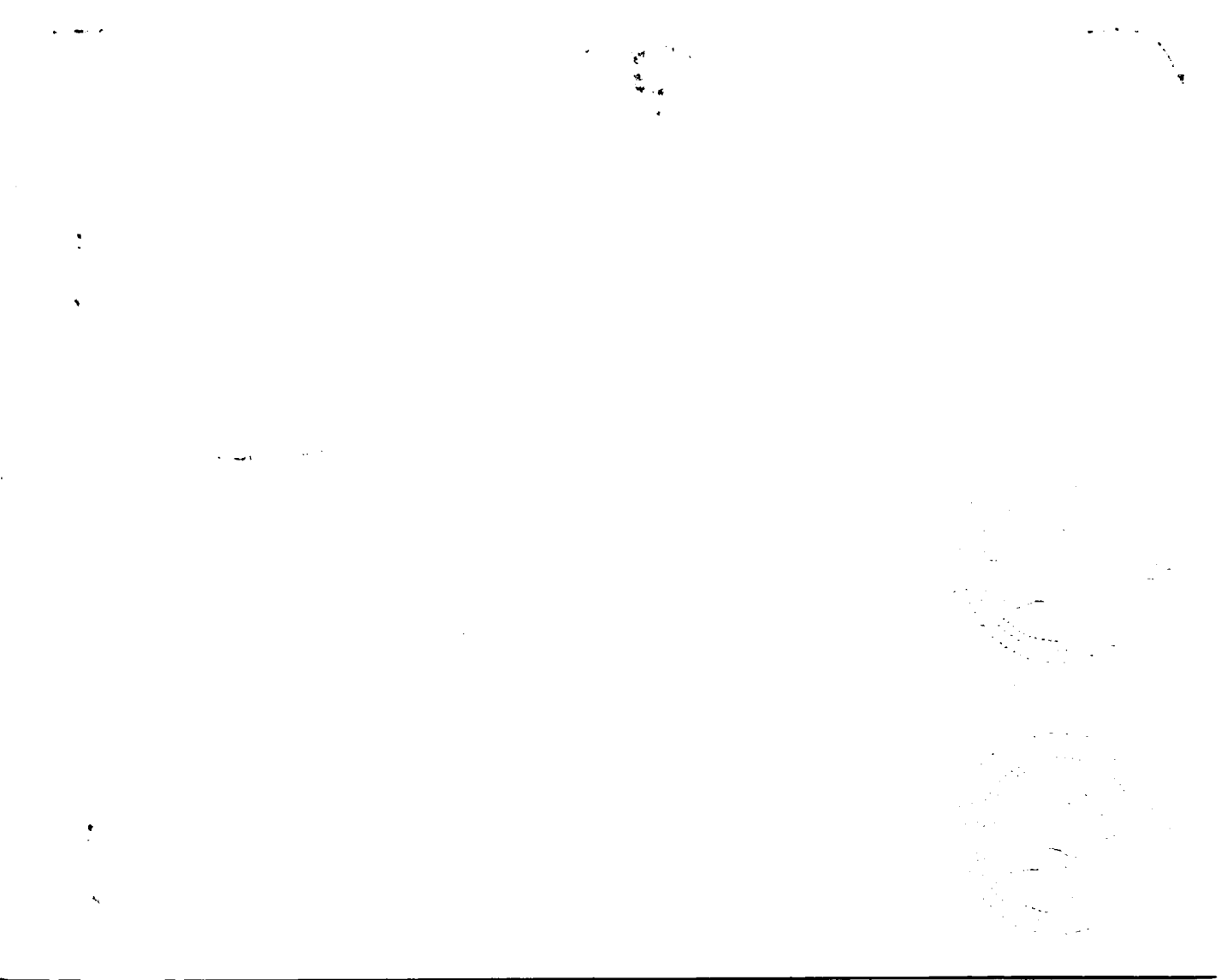
## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.  
County of Butte }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 25th day of August, 1958  
[Signature]  
Notary Public, residing at Gridley, California  
My commission expires Nov. 20, 1959  
(Seal)

Signed [Signature] (Father)  
(Signature of Any Credible Person)  
Rte 1, Box 419  
Gridley, California  
(Street Address, City, State)





693 - 105-044-381

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. &amp; No. 11-0-22a-000

## CERTIFICATE OF BIRTH

County of WashingtonCity of WeiserRegistration District No. 86File No. 79384No. ..... St.Primary Registration District No. 1010Registered No. 19Hospital .....FULL NAME OF CHILD Walter Lee Williams

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>3</u> <u>5</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Hugh Edwards Williams</u>	FATHER
RESIDENCE <u>Weiser, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Waukegan Illinois</u>	
OCCUPATION <u>Carpenter</u>	

FULL MAIDEN NAME <u>Gertrude A. Charlton</u>	MOTHER
RESIDENCE <u>Weiser, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Benton, Illinois</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at W. H. H.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) Ernest O. Finney  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser, IdahoFiled 7/12 1920 J. P. Hamilton  
Regist. Regist.

Regist.

Trial	Control (n=10)	MCI (n=10)	AD (n=10)
1	85	75	65
2	82	72	62
3	80	70	60
4	78	68	58
5	75	65	55

1. *Journal of the American Medical Association*, 1997; 277: 1033-1038.

<sup>a</sup> Values are means ± SD.

10

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-105-044-299

PLACE OF BIRTH

County of Washington

City of Wenatchee

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .... 26 .....

File No. .... 79385 .....

Primary Registration District No. .... 2112 .....

Registered No. .... 20 .....

FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>no</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 5 1920</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME <u>Carrance G. Benson</u>	FULL MAIDEN NAME <u>Nellie Bird</u>		
RESIDENCE <u>Wenatchee, Ida</u>	RESIDENCE <u>Wenatchee, Ida</u>		
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)		
BIRTHPLACE <u>Neston Idaho</u>	BIRTHPLACE <u>Mendon Utah</u>		
OCCUPATION <u>farmer</u>	OCCUPATION <u>housewife</u>		

Number of child of this mother, including present birth .... 6 ... Number of children of this mother now living, including present birth .... 6 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8:25 a.m. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... J. M. Halushkin .....

Given names added from a supplemental report.

Physician (Physician or midwife) Wenatchee, Ida

Address .....

Filed 7-11-20 W. P. Hamilton Registrar

Registrar

Registrar

DECEASED

275-210-044-449  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 110-220-2217

County of WashingtonCity of WeiserRegistration District No. 86File No. 79386No. St.Primary Registration District No. 2112Registered No. 21

Hospital

FULL NAME OF CHILD Nora Elaine Spence

Sex of Child <u>3</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>9</u> <u>19</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Charles D. Spence</u>	FATHER
RESIDENCE <u>Weiser Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Wellsville Utah</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Nora Murray</u>	MOTHER
RESIDENCE <u>Weiser Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Wellsville Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:20 p.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. FinneyPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address 19Filed 5/12 1920

Registrar

Registrar

CC  
10/1/2014

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Cert. Copy of Own Child's Birth Cert., copy issued Nov. 5, 1962, State of Utah, child Donald Rich Green, born Feb. 15, 1953 at Salt Lake City, Utah to Donald Benton Green and Nora Elaine Spence, age 32 and DAHO DEPARTMENT OF HEALTH Weiser, Idaho - viewed by V.S. L.D.S. Church Record & Family Record, dated January BUREAU OF VITAL STATISTICS 19, 1955 gives full name as Nora Elaine Spence born March 10, 1920 at Weiser, Idaho to

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Utah Charles Dunkerley Spence and Nora Parker Murray - viewed by V.S. Certificate No. 19306  
County of Garfield **REC'D FEB 7 - 1964** Bureau of Vital Statistics Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
for Unnamed Spence (female child) who was born on March 10, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Weiser, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child _____	Unnamed _____	Nora Elaine Spence _____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 6th day of February, 1964  
[Signature]  
Notary Public, residing at Bountiful, Utah  
My commission expires Aug 67  
(Seal)

Signed Nora M. Spence (MOTHER)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1910 So. 2nd West Bountiful, Utah  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah }  
County of Salt Lake } ss. [This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1964  
[Signature]  
Notary Public, residing at Salt Lake City, Utah  
My commission expires October 24, 1965  
(Seal)

Signed Lara L. Heiman  
(Signature of Any Credible Person)  
1910 So. 200 West Bountiful, Utah  
(Street Address, City, State)

FEB 11 1964



**WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD**

Form V-2, Rev. 11-0-55-2-2-17

.....19.....  
 Address.....  
 Filed 8/12 1920.....  
 Registrar.....  
 District.....

FEB 16 1960

NOV 27 1961

815 - 1920 - 044 - 815 CHILD'S NAME ADDED & DOB ADDED 1-11-2008 CMW  
 PLACE OF BIRTH  
 County of Washington  
 City of Weiser Registration District No. 86 File No. 79388  
 No. .... St. Primary Registration District No. 1010 Registered No. 23  
 Hospital .....  
 FULL NAME OF CHILD GEORGE WILLARD HANSON JR.  
 Sex of Child m Twin Triplet or other? } and { Number in order of birth } Legitimate? yes Date of Birth 3-23-1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	<u>Willard Hanson</u>	FULL MAIDEN NAME	<u>Ruby Alice Hanson</u>
RESIDENCE	<u>Weiser Idaho</u>	RESIDENCE	<u>Weiser Idaho</u>
COLOR	<u>White</u>	COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>29</u> (Years)	AGE AT LAST BIRTHDAY	<u>29</u> (Years)
BIRTHPLACE	<u>Hyrum, Utah.</u>	BIRTHPLACE	<u>Hyrum, Utah.</u>
OCCUPATION	<u>Butcher</u>	OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth... 4 .... Number of children of this mother now living, including present birth... 4 ....

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive ..... at Weiser .....  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Ernest O. Timney  
Physician  
 (Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed 5/12 .....

Registrar

W. R. Hamilton  
by DA.  
 Registrar

1. The first part of the document is a list of names and addresses, which are arranged in a columnar format. The names are written in a cursive script, and the addresses are written in a more formal, printed style. The list appears to be a directory or a roster of some kind.

2. The second part of the document is a series of short, handwritten notes or entries. These are arranged in a columnar format, similar to the first part. The notes are written in a cursive script, and they appear to be related to the names and addresses listed in the first part.

3. The third part of the document is a series of short, handwritten notes or entries. These are arranged in a columnar format, similar to the first part. The notes are written in a cursive script, and they appear to be related to the names and addresses listed in the first part.

4. The fourth part of the document is a series of short, handwritten notes or entries. These are arranged in a columnar format, similar to the first part. The notes are written in a cursive script, and they appear to be related to the names and addresses listed in the first part.

5. The fifth part of the document is a series of short, handwritten notes or entries. These are arranged in a columnar format, similar to the first part. The notes are written in a cursive script, and they appear to be related to the names and addresses listed in the first part.

6. The sixth part of the document is a series of short, handwritten notes or entries. These are arranged in a columnar format, similar to the first part. The notes are written in a cursive script, and they appear to be related to the names and addresses listed in the first part.

7. The seventh part of the document is a series of short, handwritten notes or entries. These are arranged in a columnar format, similar to the first part. The notes are written in a cursive script, and they appear to be related to the names and addresses listed in the first part.

8. The eighth part of the document is a series of short, handwritten notes or entries. These are arranged in a columnar format, similar to the first part. The notes are written in a cursive script, and they appear to be related to the names and addresses listed in the first part.

9. The ninth part of the document is a series of short, handwritten notes or entries. These are arranged in a columnar format, similar to the first part. The notes are written in a cursive script, and they appear to be related to the names and addresses listed in the first part.

10. The tenth part of the document is a series of short, handwritten notes or entries. These are arranged in a columnar format, similar to the first part. The notes are written in a cursive script, and they appear to be related to the names and addresses listed in the first part.

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of UTAH  
County of UTAH

§§

Certificate No. 20-79388  
Date Filed May 12, 1920

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth \_\_\_\_\_  
(Birth, Death, Marriage, etc.)  
for baby boy Hanson who was born on March 20, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Weiser (Washington Co.)  
(Place of Event)  
are erroneous or were omitted.

ITEMS TO BE CORRECTED

FROM

TO

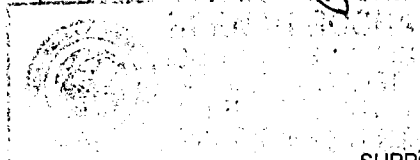
Child's name	unlisted	George Willard Hanson, Jr.
Child's date of birth	March 20, 1920	March 23, 1920
<del>Father's given name</del>	<del>Willard</del>	<del>George Willard</del>
<del>Mother's maiden surname</del>	<del>Hanson</del>	<del>Rees</del>

Subscribed and sworn to before me this 1st day of

Notary Public, [Signature]

Residing at Oron, UTAH

My commission expires May 11, 2009  
(Seal)



April 2008  
George W. Hanson Jr.  
Signature of Applicant  
38 N 420 E Oron, UT 84057.  
Street Address, City, State and Zip

George Willard Hanson Jr.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_  
County of \_\_\_\_\_

§§

(Must be completed ☐ )  
(Is not necessary ☒ )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Signature of Applicant

Street Address, City, State and Zip

03-28-08

UNITED STATES ARMY ENLISTED RECORD & REPORT OF SEPARATION GEORGE W HANSON JR.  
DATE OF BIRTH 3-23-1920 SEPARATION DATE 10-18-1945 VIEWED BY VS

LDS INDIVIDUAL ORDINANCE SUMMARY GEORGE WILLARD HANSON JR. BORN 3-23-1920  
BAPTISED 7-1-1928 VIEWED BY VS

962-123-044-485  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 23-C-22m-3-37

County of WashCity of W. LewisRegistration District No. 86File No. **79389**

No. .... St.

Primary Registration District No. 2010Registered No. 14

Hospital .....

FULL NAME OF CHILD

Frederick Myers Roberts

Sex of Child

maleTwin  
Triplet  
or other?and Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthMar 23 20

(Month) (Day) (Year)

FULL  
NAMEMaurice R. Roberts

FATHER

FULL  
MAIDEN  
NAMECoralie Myers

MOTHER

RESIDENCE

Weiser Ida

RESIDENCE

Weiser Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY22  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Weiser Ida

OCCUPATION

Chief of Bandage

OCCUPATION

housewife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

12 30  
9 M.  
G. W. Kaluham  
(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

Address

Weiser Ida

Filed

5/121920W. D. Hamilton

Registrar

Registrar

MAR 7

NOV 27 1950

County of .....

SEP 19 1972



**WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD**

**N. B.** In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

**PLACE OF BIRTH**

Page V. E. No. 11-C-Sub-A-17

## CERTIFICATE OF BIRTH

County of Washington

City of W. W. W. W. W.

Registration District No. .... 84

File No. .... 13550

**No. .... St.**

Primary Registration District No. 2070

Registered No. 23

**Hospital**.....

FULL NAME OF CHILD... Francis Earl ~~1700000~~

Sex of Child	m.	Twin Triplet or other?	and	Number in order of birth	Legitimate?	yes	Date of Birth	3	24	1895
		(To be answered only in event of plural births)					(Month)	(Day)	(Year)	

FULL NAME Vern Kelly  
RESIDENCE Callow Oregon  
COLOR White AGE AT LAST BIRTHDAY 89  
(Years)  
BIRTHPLACE ShuBique Iowa  
OCCUPATION Merchant

FULL MAIDEN NAME Mary Padden  
RESIDENCE Callow Oregon  
COLOR White AGE AT LAST BIRTHDAY 25  
(Years)  
BIRTHPLACE Stewart Mission  
OCCUPATION Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

I hereby certify that I attended the birth of this child, who was Born alive at 2:12 P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Ernest D. Horney  
Physician  
(Physician or midwife) .....

**Given names added from a supplemental report.**

.....19.....

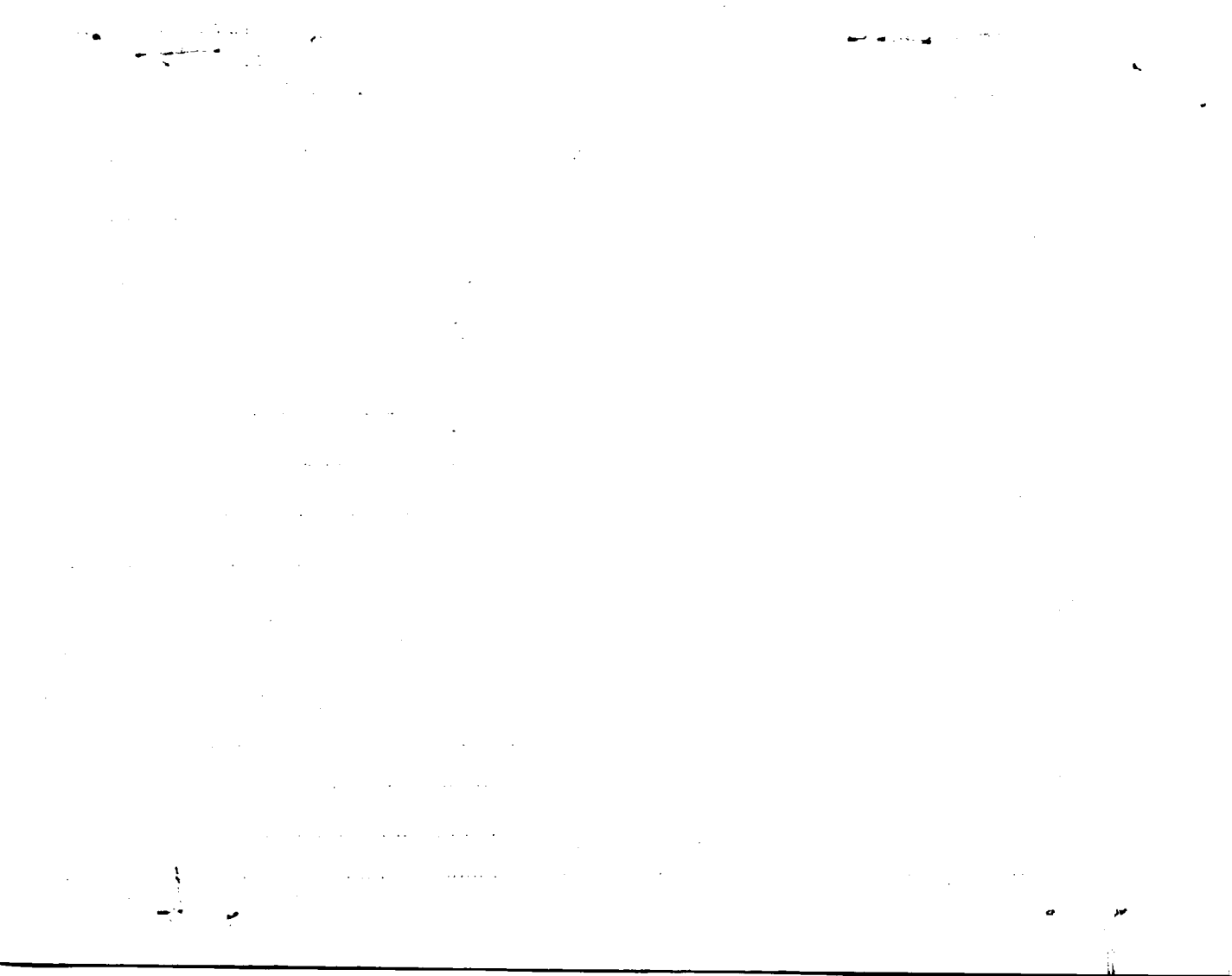
**Address.....**

.....

Filed 5/12.....1925..... W. H. Hamilton

**Registrar**

**Registrar**



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }  
County of Lane } ss.

Certificate No. 79390

Date Filed March 2, '42

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Francis Earl Kelley who \_\_\_\_\_ on March 24, 1920 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died)  
in Wenatchee, Wash. (Place of Event) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Mother prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

name

Francis Earl Kelley

Francis Earl Kelly

Name of father

Vern Kelley

Fernando G. Kelly

Subscribed and sworn to before me this \_\_\_\_\_

day of March, 1942

W. R. Rouds

Notary Public, residing at Creswell, Ore

My commission expires Aug 9, 1942  
(Seal)

Signed Mrs Mary P. Gates

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }  
County of Lane } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5-26

day of March, 1942

W. H. Traylor

Signed Lois P. Lower

(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Creswell, Ore

My commission expires June 5, 1943  
(Seal)

Creswell, Ore  
(Street Address, City, State)

MAR 19 1942

296 - 105-044-632

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

ROBERT JAMES

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V.S. No. 11-C-22-0007

Registration District No.

File No.

Primary Registration District No.

Registered No.

79391

Sex of Child

Twin  
Triplet  
or other?and Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?Date of  
BirthApr 5 30  
(Month) (Day) (Year)FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

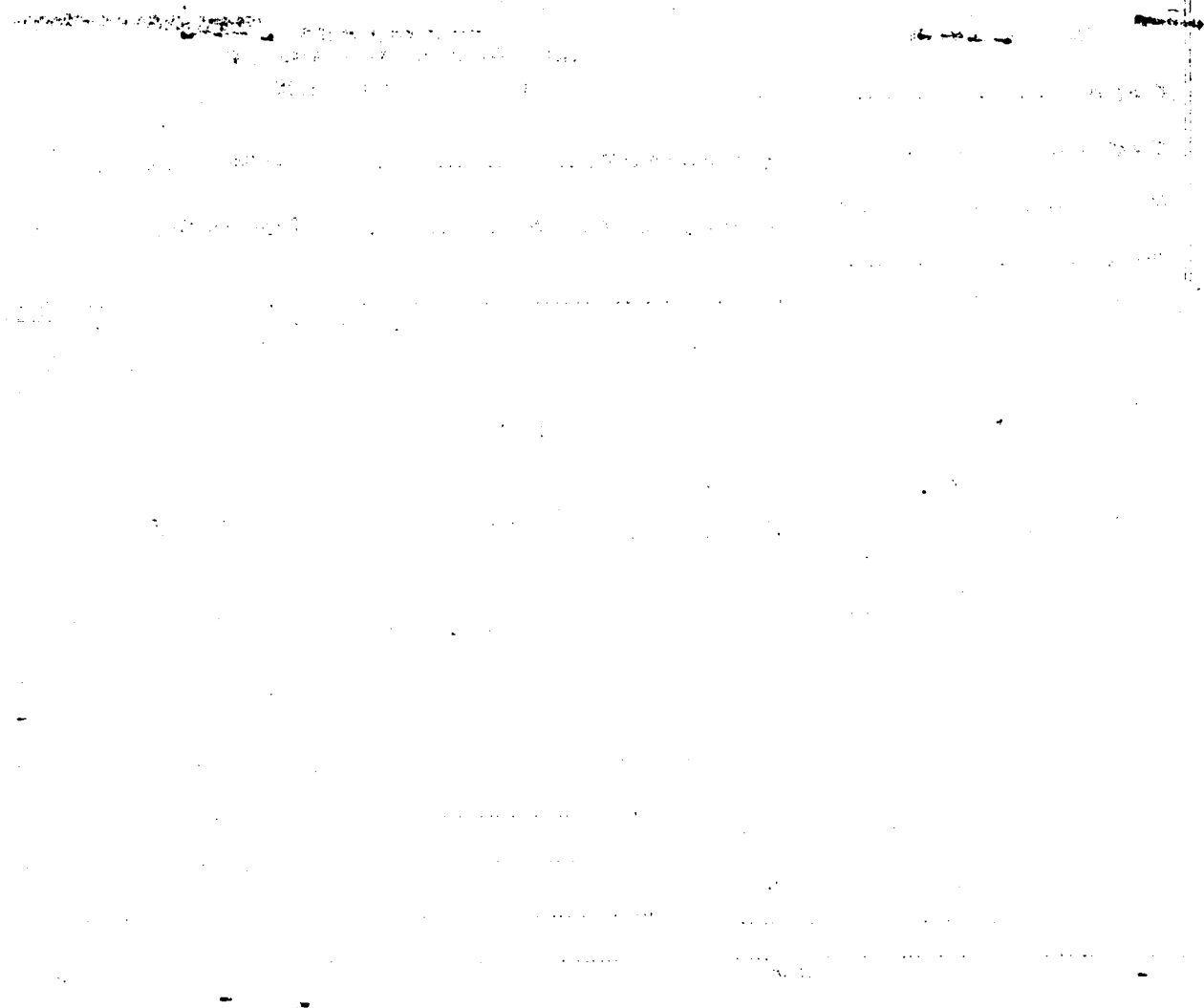
Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



**STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS -**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } SS. JAN 26 1942 Certificate No. 79391  
 County of Washington }  
 The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Brown who Born on April 25, 1920  
 (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
 in Weiser, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
 (PLACE OF EVENT)  
 true facts as shown by Church Records prepared on Jan 18, 1935, are:  
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)  
**FACTS TO BE CORRECTED FROM TO**  
 ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
 name Brown Robert James Brown

Subscribed and sworn to before me this 23rd  
 day of January, 1942. Signed Marilla Brown  
413 N. 2nd (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-  
 Notary Public, residing at Weiser, Idaho (CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
 My commission expires March 15, 1945 206 West Court, Weiser, Idaho A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
 (SEAL) (STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } SS. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
 County of Wash. } (SEE CHAPTER 128, 1937 IDAHO SESSION LAWS.)]  
 The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and  
 that they are true to the best of his knowledge.  
 Subscribed and sworn to before me this 23rd  
 day of January, 1942. Signed Eduard Johnson  
Ch. 1st (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
 Notary Public, residing at Weiser, Idaho  
 My commission expires Dec. 10, 1942  
 (SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By \_\_\_\_\_  
 (REGISTRAR'S SIGNATURE)

SEP 1942

SEP 17 1959



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-207-044-915  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-4-37

County of Washington

City of Weiser

No. W. Mann St.

Registration District No. 86

File No. 79392

Primary Registration District No. 2/12

Registered No. 27

Hospital .....

FULL NAME OF CHILD Hardley

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Apr 7 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME Walter Hardley  
FATHER  
RESIDENCE Weiser Ida  
COLOR White AGE AT LAST BIRTHDAY 32  
(Years)  
BIRTHPLACE Weiser Ida  
OCCUPATION farmer

FULL MAIDEN NAME Minnie L. Raney  
MOTHER  
RESIDENCE Weiser Ida  
COLOR White AGE AT LAST BIRTHDAY 28  
(Years)  
BIRTHPLACE .....  
OCCUPATION Housewife

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:15 a M. on the date above stated.

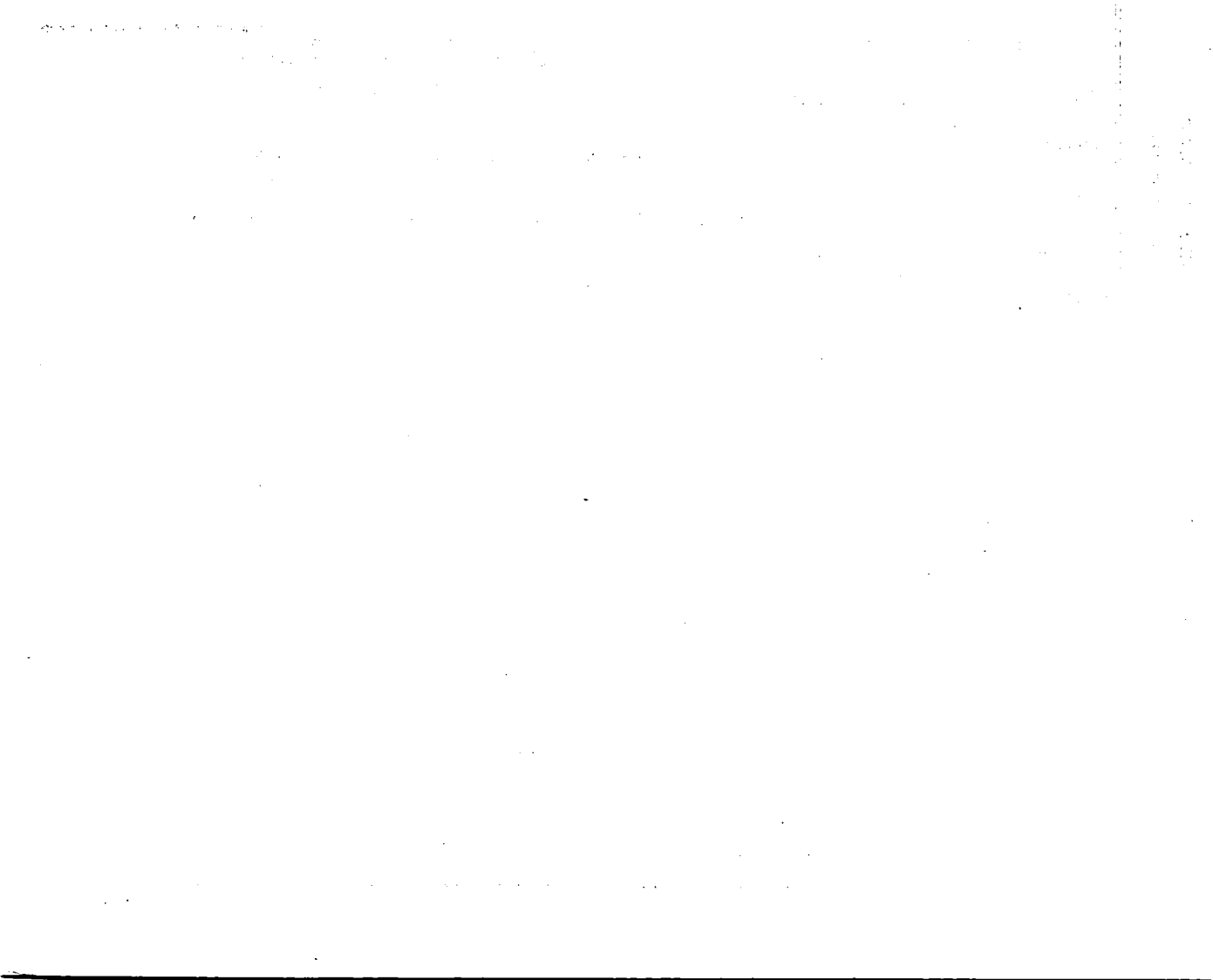
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walerhouse  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

Filed 7/12 1920 H. R. Hamilton  
Registrar



WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419 - 209-044 - 296  
PLACE OF BIRTH

County of Washington

City of Yreka

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-27

CERTIFICATE OF BIRTH

Registration District No. .... 86

File No. .... 79393

Primary Registration District No. .... 1010

Registered No. .... 28

FULL NAME OF CHILD .....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>yes</u>	Date of Birth <u>Apr 9 20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME FATHER Jelford Martin

RESIDENCE Wenatchee Ida

COLOR white AGE AT LAST BIRTHDAY 35  
(Years)

BIRTHPLACE Ky

OCCUPATION stockman

FULL MAIDEN NAME MOTHER Clara Brown

RESIDENCE Wenatchee Ida

COLOR white AGE AT LAST BIRTHDAY 39  
(Years)

BIRTHPLACE Ind

OCCUPATION housewife

Number of child of this mother, including present birth... 5 Number of children of this mother now living, including present birth... 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at S. P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Wenatchee Ida

Filed 5/12 1920

Registrar

Registrar

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236-209-044-462

PLACE OF BIRTH

County of WashingtonCity of Wesley

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. ....

Primary Registration District No. ....

File No. ....

Registered No. ....

Sex of Child <u>Y</u>	Twin Triplet or other? <u>and</u>	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>April 9</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>Deer Storaasli</u>	FATHER	FULL MAIDEN NAME <u>Norma Moser</u>	MOTHER
RESIDENCE <u>Wesley Ida</u>		RESIDENCE <u>Wesley Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Iowa</u>		BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Compositor</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Dr. R. Hamilton M.D.

(Physician or midwife)

Address Wesley - IdaFiled 7/12 1920

Registrar

Registrar

NOV 2 3 1943

355-164-044-281  
PLACE OF BIRTHCounty of WashingtonCity of Weiser

No. .... St.

Hospital .....

FULL NAME OF CHILD Thomas Lewis LeeSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-0-17

Registration District No. 86File No. 79395Primary Registration District No. 2112Registered No. 30

Sex of Child <u>m.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>4</u> <u>17</u> <u>1920</u> (Month) (Day) (Year)
------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Thomas Henry Lee</u>	FATHER
RESIDENCE <u>Weiser Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Reise Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alice A. Shaw</u>	MOTHER
RESIDENCE <u>Weiser Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Council Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 226 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Thompson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address.....

Filed 7/12 20 1920

Registrar

MAR 23 1944



PLACE OF BIRTH 769 -125-044- 491

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-37

## CERTIFICATE OF BIRTH

County of WashingtonCity of WenatcheeRegistration District No. 86File No. 79396

No. .... St.

Primary Registration District No. 1010Registered No. 31

Hospital .....

FULL NAME OF CHILD Mary Graper

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u>	and Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of Birth <u>April 23 1914</u> (Month) (Day) (Year)
--------------------------	------------------------------------	--	------------------------	--

FULL NAME <u>Frank J. Graper</u>	FATHER
RESIDENCE <u>Wenatchee, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Asst Mgr. Lumber mill</u>	

FULL MAIDEN NAME <u>Lena M. Graper</u>	MOTHER
RESIDENCE <u>Wenatchee, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2 ..... Number of children of this mother now living, including present birth 2 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive ..... at 5. A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Hamilton M.D.

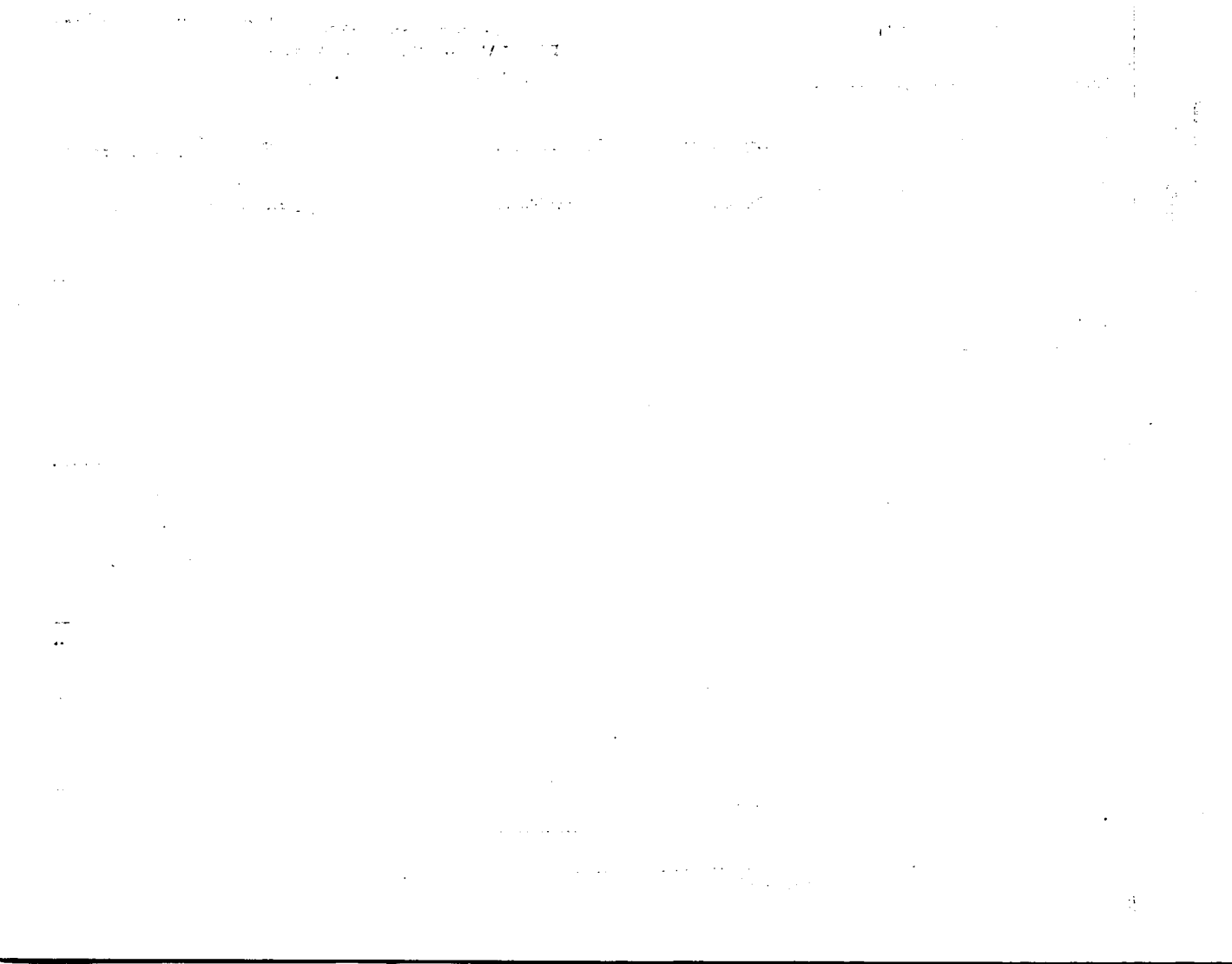
Given names added from a supplemental report.

(Physician or midwife)

Address Wenatchee, Ida.Filed 5/14 1920

Registrar

M. R. Hamilton  
by B.H. Registrar



**PLACE OF BIRTH**

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Washington

City of North

Registration District No. .... J.E.

File No. .... 69397...

**No. .... St.**

Primary Registration District No. 2772

Registered No. 32

Hospital . . . . .

FULL NAME OF CHILD ..... LOWELL JACK *Turner*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>and</i>	Number in order of birth	Legiti- mate? <i>Yes</i>	Date of Birth <i>Apr 28 1962</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------	-----------------------------	--

FULL NAME *James E. Burnett* FATHER  
RESIDENCE *Wesley Ida*  
COLOR *White* AGE AT LAST BIRTHDAY ... *31* ...  
(Years)  
BIRTHPLACE *MO*  
OCCUPATION *Farmer*

FULL MAIDEN NAME *Sily Thornton* MOTHER  
RESIDENCE *Wilder Mo*  
COLOR *white* AGE AT LAST BIRTHDAY *26*  
*(Years)*  
BIRTHPLACE *Mo*  
OCCUPATION *housewife*

Number of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *[Handwritten Signature]*

**Given names added from a supplemental report.**

Address: 11001 1st Ave

FILED 5/17/20 W. H. Harrison

**Registrær**

## Registered

**WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD**

**N. R.** In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

THE NEW YORK PUBLIC LIBRARY

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NEW YORK

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THE NEW YORK PUBLIC LIBRARY

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ASTOR LENOX TILDEN FOUNDATION

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STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon  
County of Jackson } ss.

Certificate No. 79397

Date Filed May 13-1946

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Howell Jack Burnett who born on April 28-1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Meiser Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Family records prepared on above date April 28-1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

name

unnamed Burnett

Lowell Jack Burnett

Subscribed and sworn to before me this 13<sup>th</sup>

day of May 19 46

Notary Public, residing at Talent Oregon

My commission expires Feb 15-1946  
(Seal)

Signed Lily May Wellman (mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

120 Box 157 Talent, Oregon  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

MAY 18 1946

MAY 21 1942

MAY 26 1967



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-28-042-434  
PLACE OF BIRTH

Form V. S. No. 11-0-22a-24-2  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Washington

City of Wesley

No. 744 E. Corn St.

Registration District No. 86

File No. 79398

Primary Registration District No. 1010

Registered No. 33

Hospital.....  
FULL NAME OF CHILD Jay Donald Storm

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Apr 28 20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME Wm E. Storm FATHER  
RESIDENCE Wesley Ida  
COLOR white AGE AT LAST BIRTHDAY 30  
(Years)  
BIRTHPLACE Scotland  
OCCUPATION contractor highway

FULL MAIDEN NAME Calumbone McDonald MOTHER  
RESIDENCE Wesley Ida  
COLOR white AGE AT LAST BIRTHDAY 22  
(Years)  
BIRTHPLACE Colo.  
OCCUPATION housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Wesley on the date above stated. 1454

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hays  
Physician or midwife

Given names added from a supplemental report.

Address Wesley Ida

.....19.....

Filed 5/12 20 W. R. Hamilton  
by L.H. Registrar

Registrar

Registrar

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753-201-044-243  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-12m-3-37

CERTIFICATE OF BIRTH

County of Washington

City of Heater

Registration District No. 86

File No. 79399

No. .... St.

Primary Registration District No. 2112

Registered No. 34

Hospital .....

FULL NAME OF CHILD

Elizabeth Peterson

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 1 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <u>Willis Peterson</u>	FATHER
RESIDENCE <u>Weiser Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Alvina E. Buterbaugh</u>	MOTHER
RESIDENCE <u>Weiser Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth ..... 1 Number of children of this mother now living, including present birth ..... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:20 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Matheson

Given names added from a supplemental report.

Physician  
(Physician or midwife)

Address .....

Weiser Ida

..... 19 .....

Filed 5/12 1920

Registrar

W. P. Hamilton  
Registrar

MARGIN RESERVED FOR BINDING  
WRITE MAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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OFFICE OF THE SECRETARY OF DEFENSE  
WASHINGTON, D.C.

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1110

364-207-044-336

PLACE OF BIRTH

Form V. S. No. 11-C-25m-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of WashingtonCity of WeiserRegistration District No. 86File No. 79400

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1010Registered No. 35Hospital Washington CountyFULL NAME OF CHILD Leora Marie Couper

Sex of Child <u>Female</u>	Twin Triplet or other? <u>#</u>	and { Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>5 7 20</u> (Month) (Day) (Year)
----------------------------	---------------------------------	---	------------------------	---

FULL NAME FATHER Sydney E. CouperRESIDENCE Weiser, IdahoCOLOR White AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE OregonOCCUPATION MerchantFULL MAIDEN NAME MOTHER Hattie Marie LloydRESIDENCE Weiser, IdahoCOLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE KansasOCCUPATION House-wifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

3.40 p.m.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser, IdahoFiled 5/11 19 20

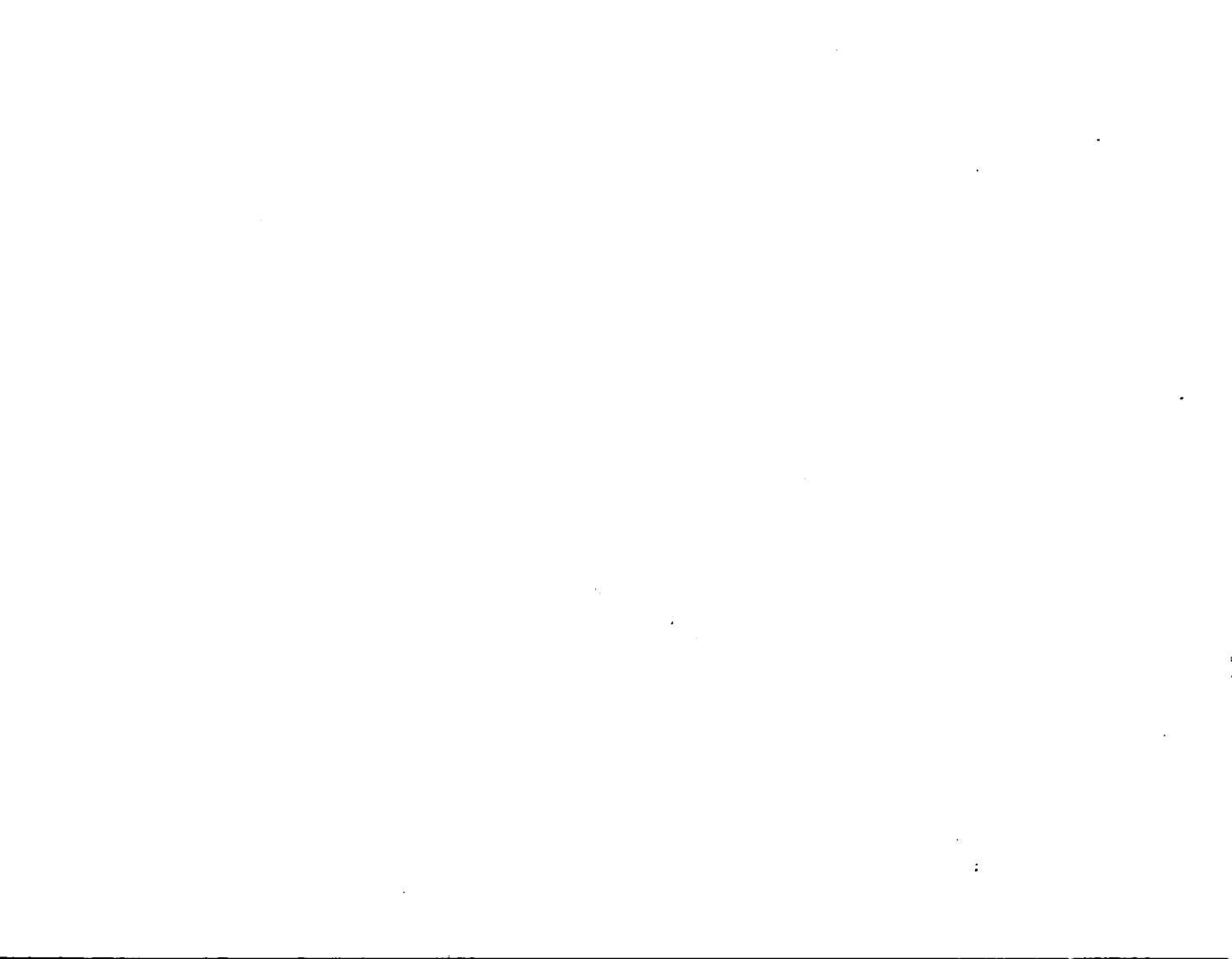
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



# CERTIFICATE OF BIRTH

Registration District No. *86*

File No. **79401**

*798-113-044-296*  
No. .... St.

Primary Registration District No. *1112*

Registered No. *36*

Hospital .....

FULL NAME OF CHILD *Frederick Wilhelm*

Sex of Child *Male* Twin Triplet or other? *4* } and { Number in order of birth *1* Legitimate? *Yes* Date of Birth *Apr 13 1920*  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME *John Wilhelm*  
RESIDENCE *Missis, Idaho*  
COLOR *White* AGE AT LAST BIRTHDAY *29*  
(Years)  
BIRTHPLACE *Id.*  
OCCUPATION *Propst. I. I. Gustafson*

MOTHER  
FULL MAIDEN NAME *Mildred Brockman*  
RESIDENCE *Missis Idaho*  
COLOR *White* AGE AT LAST BIRTHDAY *30*  
(Years)  
BIRTHPLACE *Id.*  
OCCUPATION *housewife*

Number of child of this mother, including present birth. .... Number of children of this mother now living, including present birth. ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive* at *0:12 A* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *M. R. L. Mueller M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address *Missis Id.*

Filed *5/12 1920* *W. A. Hamelton*  
*By L.A.* Registrar

Registrar

MARGIN WRITE PLAINLY WITH U.S. N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of birth stated.

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JAN 10 1947

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COMMUNICATIONS SECTION  
JAN 10 1947

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COMMUNICATIONS SECTION

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293-109-044-613

PLACE OF BIRTH

County of Washington

City of Medvale

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-25m-3-17

Registration District No. 87

File No. 79402

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD not named Beckman

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> (Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>April 9</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Clarence Adolph Beckman</u>		MOTHER FULL MAIDEN NAME <u>Julia Edith Waller</u>	
RESIDENCE <u>Indian Valley Idaho</u>		RESIDENCE <u>Indian Valley Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>North Dakota</u>		BIRTHPLACE <u>Oklahoma</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn), at P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Schmitt  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

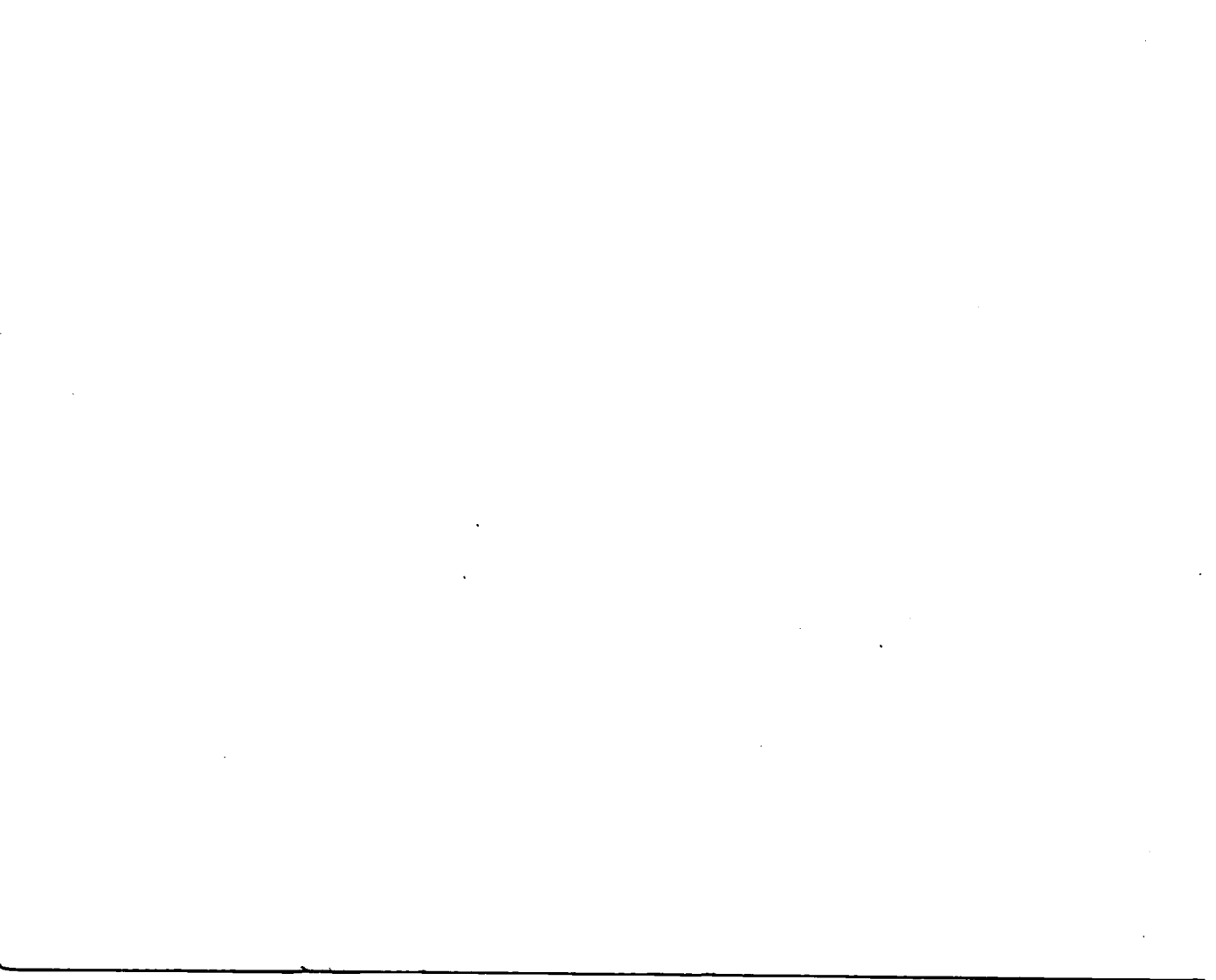
Address Medvale Idaho

.....19.....

Filed 4-9-1920 F. Schmitt

Registrar

Registrar





243-224-044-236

Form V. S. No. 11-0-21a-9-8-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of *Washington*City of *Medvale*Registration District No. .... *87* .....File No. .... *79403* .....

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD .....

*Kiithly*

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <i>yes</i>	Date of Birth <i>April 28</i> 191 <i>2</i> (Month) (Day) (Year)
FULL NAME <i>Morris Garland Kiithly</i>	FATHER		FULL MAIDEN NAME <i>Mildred June Blom</i>	MOTHER
RESIDENCE <i>Medvale Idaho</i>			RESIDENCE <i>Medvale Idaho</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)		COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)
BIRTHPLACE <i>Idaho</i>			BIRTHPLACE <i>Wisconsin</i>	
OCCUPATION <i>Hardware Clerk</i>			OCCUPATION <i>House Wife</i>	

Number of child of this mother, including present birth... *2* ... Number of children of this mother now living, including present birth... *2* .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Born alive*, at *5 a* M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Faschmitz*  
*Physician*  
(Physician or midwife)

Given names added from a supplemental report.

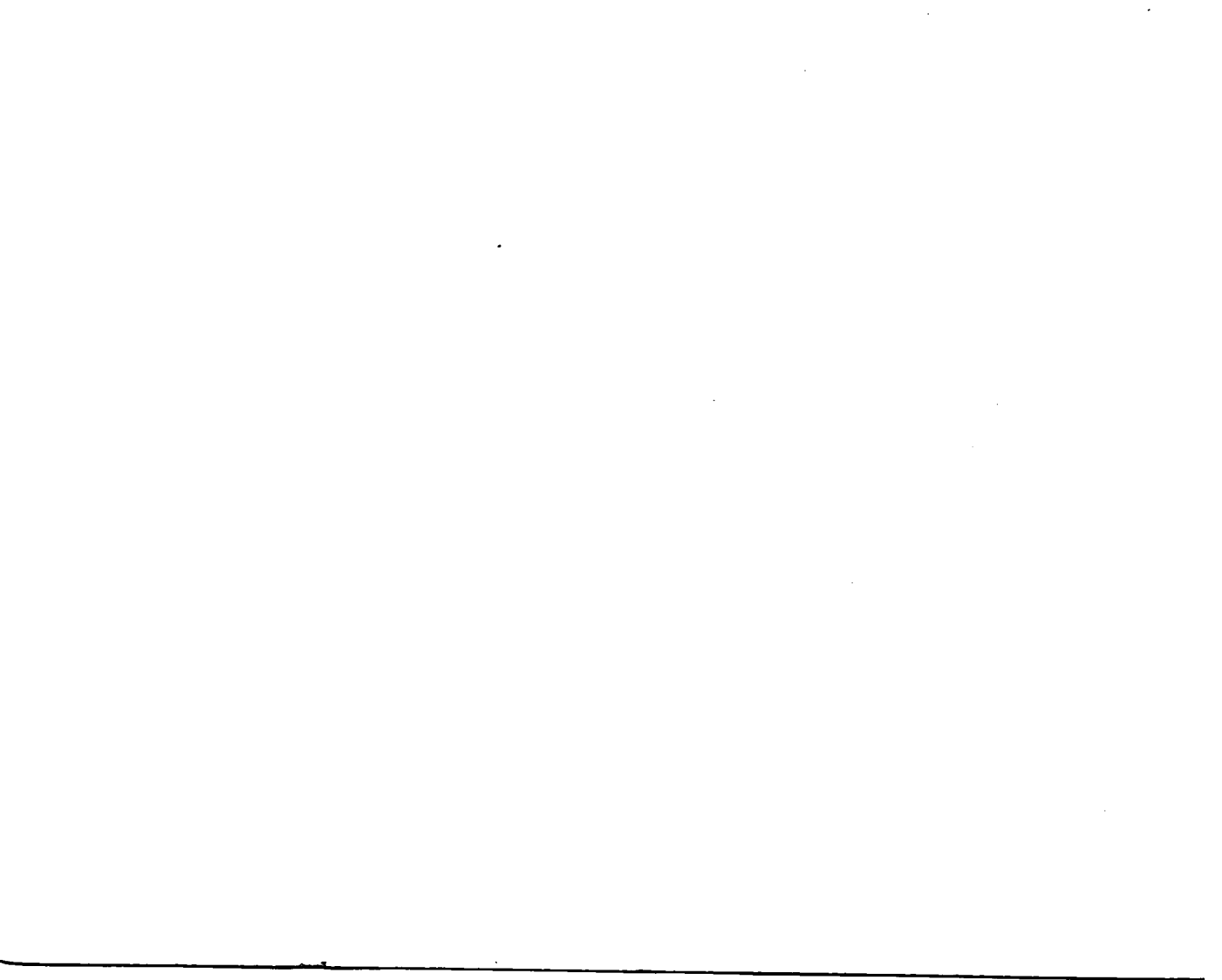
.....19.....

Address *Medvale Idaho*Filed *4-25-1922* *Faschmitz*

Registrar

Registrar

MARGIN RESERVED FOR WRITING  
WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



814-202-044-763

## PLACE OF BIRTH

County of *Washington*City of *Moscow*

No. .... St.

Registration District No. *87*

Primary Registration District No. ....

## STATE OF IDAHO

Form V. S. No. 11-C-25m-9-8-17

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. *79404*

Hospital .....

FULL NAME OF CHILD

*Norma Lee Haunz*

Sex of Child

*Female*Twin  
Triplet  
or other?

(To be answered only in event of plural births)

and (Number  
in order  
of birth)Legiti-  
mate?*yes*

Date of Birth

*Mar 2*

(Month) (Day) (Year)

FULL NAME

FATHER

*Walter Lee Haunz*

RESIDENCE

*Moscow Idaho*

COLOR

*White*

AGE AT LAST BIRTHDAY

*33*  
(Years)

BIRTHPLACE

*Idaho*

OCCUPATION

*Laborer*

FULL MAIDEN NAME

MOTHER

*Lena Potter*

RESIDENCE

*Moscow Idaho*

COLOR

*White*

AGE AT LAST BIRTHDAY

*30*  
(Years)

BIRTHPLACE

*Idaho*

OCCUPATION

*House Wife*Number of child of this mother, including present birth. *3*Number of children of this mother now living, including present birth. *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* ..... at *Idaho* M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

*F. Schmitt*  
*Physician*  
(Physician or midwife)

Given names added from a supplemental report.

Address .....

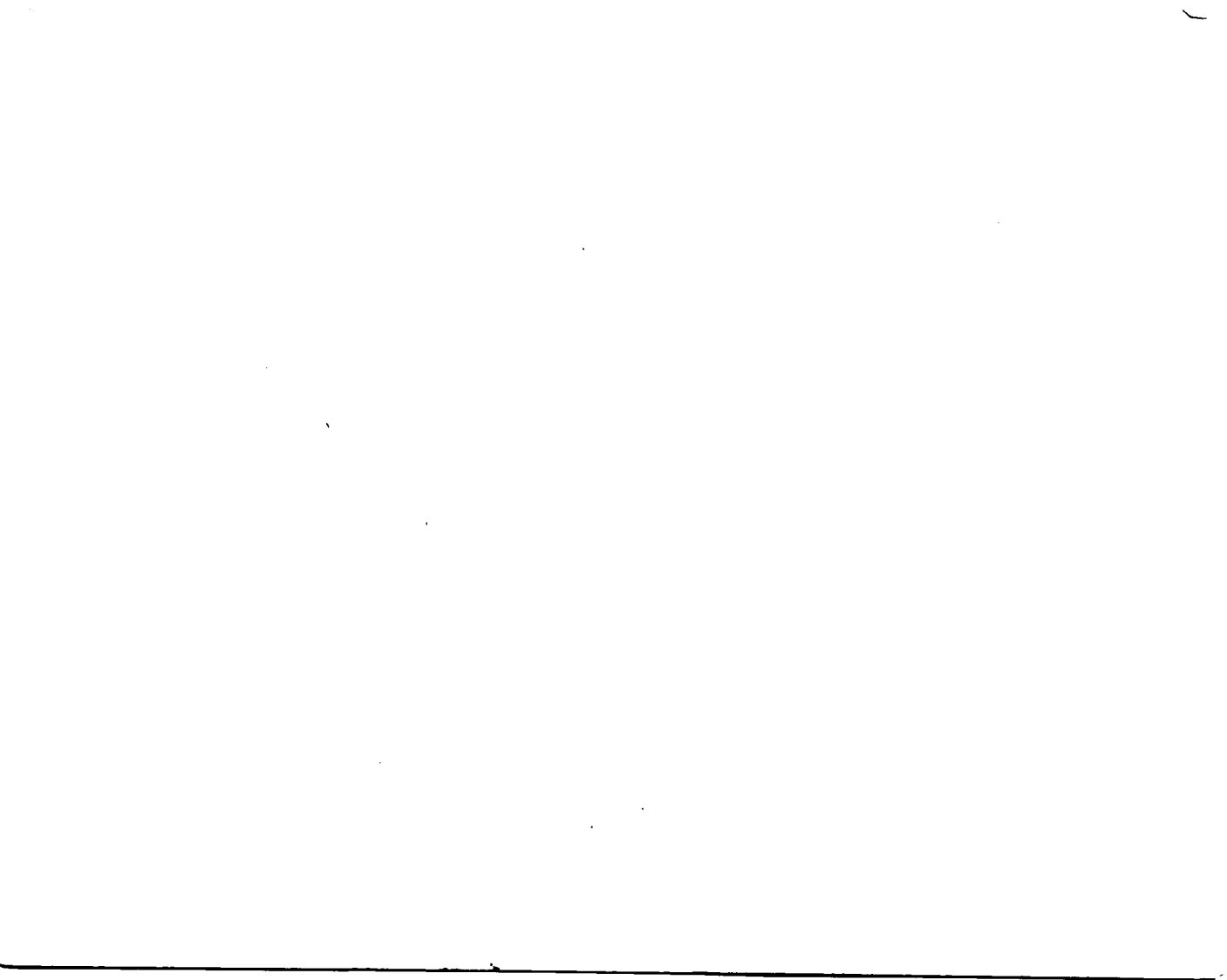
*Moscow Idaho*

Filed .....

*Mar 10 1924**F. Schmitt*

Registrar

Registrar



235-216-044-235

## PLACE OF BIRTH

County of *Washington*City of *Medvale*

No. .... St.

Registration District No. .... *87*

Primary Registration District No. ....

Form V. 1. No. 11-0-22-9-8-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. .... *79405*

Hospital .....

FULL NAME OF CHILD .....

*MARY NEOMI**Stephens*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i>	and { Number in order of birth <i>1</i> }	Legitimate? <i>yes</i>	Date of Birth <i>Mar. 16, 1920</i> (Month) (Day) (Year)
----------------------------	----------------------------------	---	------------------------	--

FULL NAME <i>Geo. W. Stephens</i>	FATHER
RESIDENCE <i>Wilburus Idaho</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>39</i> (Years)
BIRTHPLACE <i>Oregon</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Elizabeth Stewart</i>	MOTHER
RESIDENCE <i>Wilburus Idaho</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>36</i> (Years)
BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>House Wife</i>	

Number of child of this mother, including present birth *10* ... Number of children of this mother now living, including present birth *10* ...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Born alive* at *2 A.M.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... *F. A. Schmidt*

(Physician or midwife)

Given names added from a supplemental report.

Address *Medvale Idaho*Filed *3-18-20* *F. A. Schmidt*

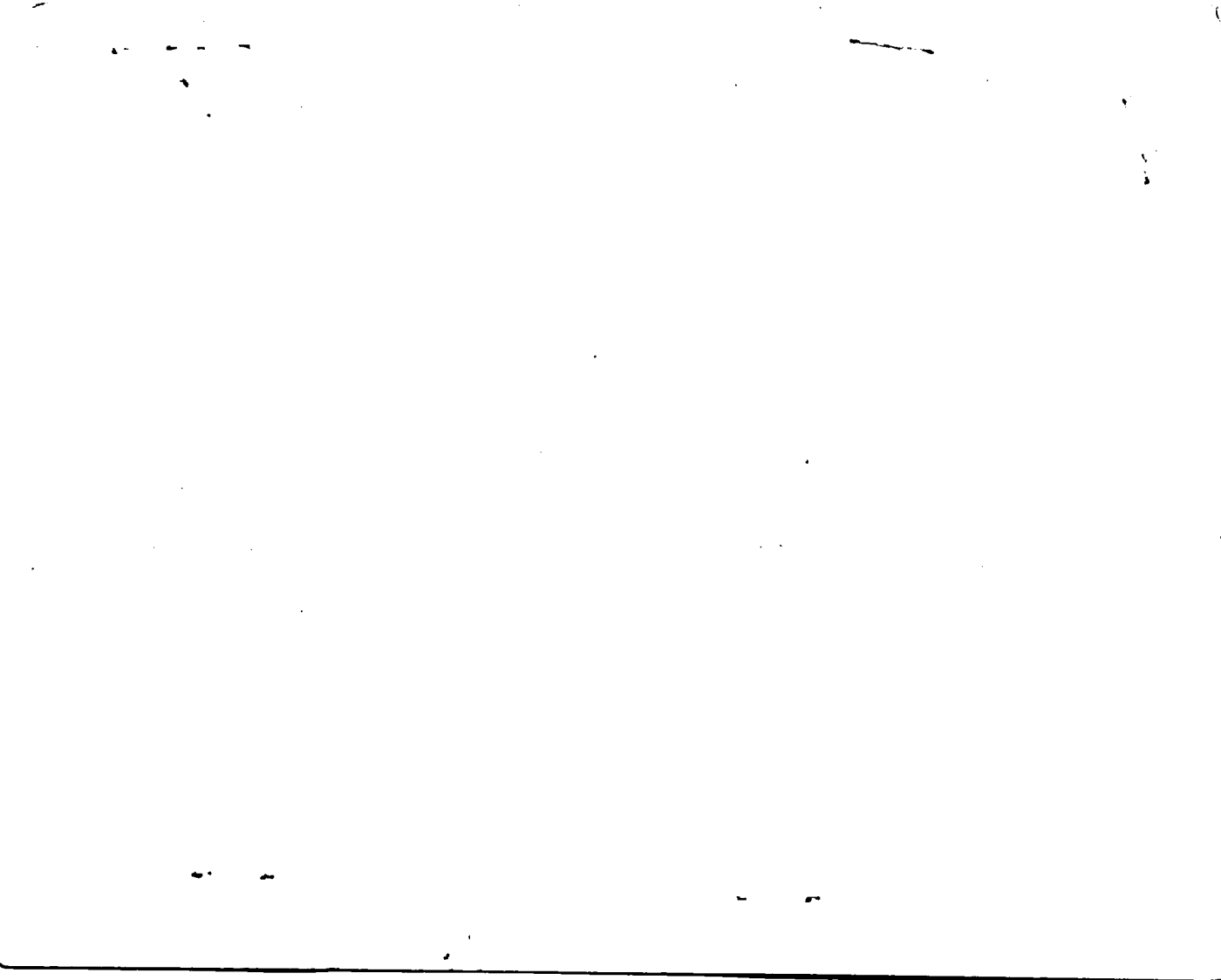
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each child and the number of each, in order of birth stated.



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Adams } SS.

Certificate No. 79405

Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of                      (BIRTH OR DEATH)

for                      who                      on                       
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in                      are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by                      prepared on                     , are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**  
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)

**FROM**  
(AS ON ORIGINAL)

**TO**  
(THE CORRECT FACTS)

Name                     

Unnamed                     

Mary Neomi Stephens

Subscribed and sworn to before me this 14  
day of December, 19 42.

Signed Elizabeth Stephens <sup>mother</sup>  
(SIGNATURE OF WEDDING OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Indian Valley  
My commission expires Jan 11, 1943  
(SEAL)

Midvale Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Adams } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

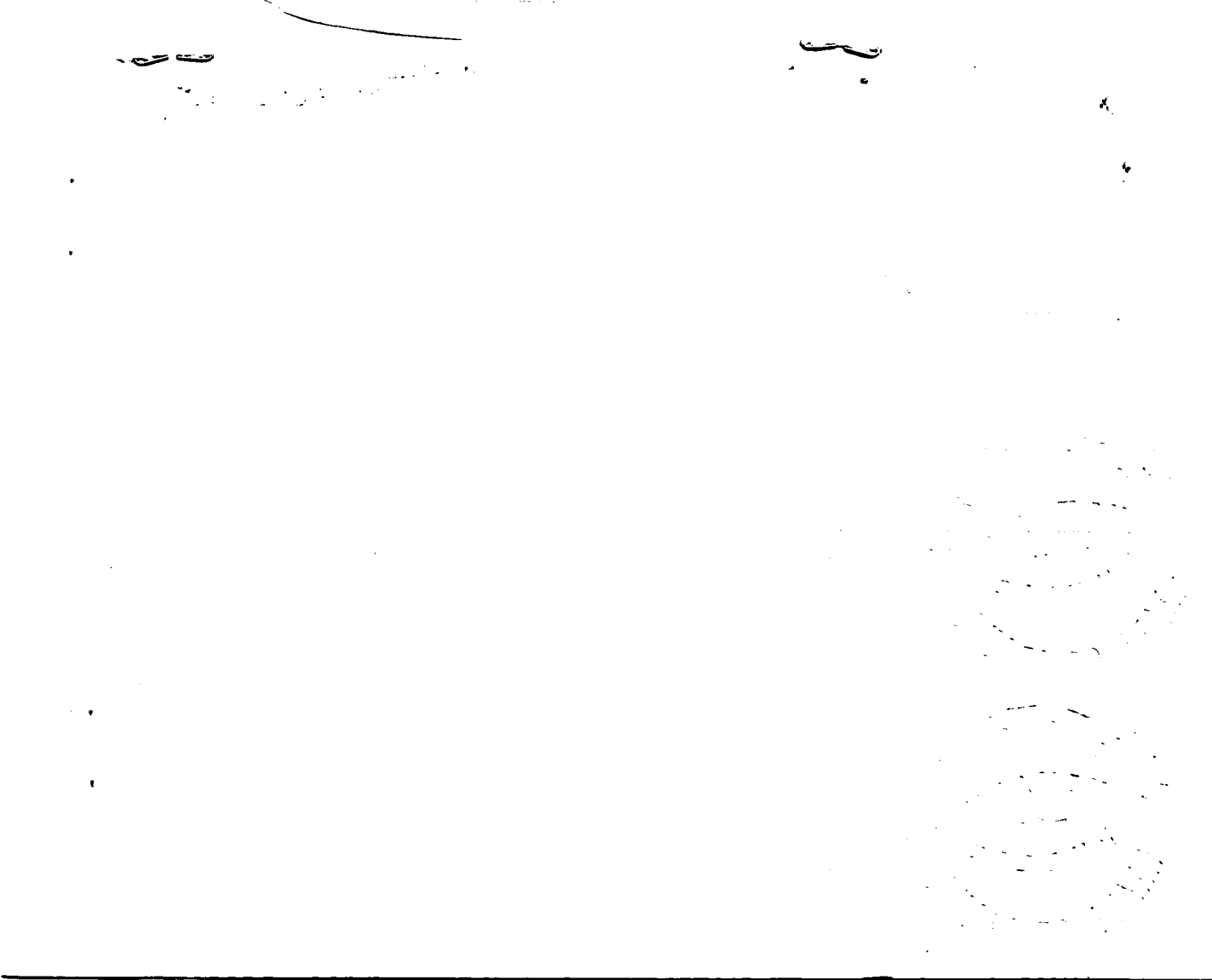
Subscribed and sworn to before me this 14  
day of Dec, 19 42.

Signed E. Dill & Gray  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT)

Notary Public, residing at Indian Valley  
My commission expires Jan 11, 1943  
(SEAL)

Indian Valley Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on                      By                       
(REGISTRAR'S SIGNATURE)





759-208-044-843

1-9-20-88-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *Washington*City of *Manila*Registration District No. *87*File No. *79406*

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD *Bulah Perkins*

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <i>yes</i>	Date of Birth <i>5-8-1920</i> (Month) (Day) (Year)
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FULL NAME <i>Orvil Perkins</i>	FATHER
RESIDENCE <i>Indian Valley Id.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE <i>Mo.</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Mary Frances Hutchinson</i>	MOTHER
RESIDENCE <i>Indian Valley Id.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>House Wife</i>	

Number of child of this mother, including present birth... *2* ... Number of children of this mother now living, including present birth... *2* .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Born alive* at *10:30 A.M.* on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. A. Schmidt*  
*Physician*  
(Physician or midwife)

Given names added from a supplemental report.

Address *Manila Idaho*Filed *1-9-20* *F. A. Schmidt*

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[REDACTED]

NOV 3 1957

793-168-044-354

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form No. 1, 11-0-11-17

## CERTIFICATE OF BIRTH

County of WashingtonCity of MaewaleRegistration District No. 87File No. 79407

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD ..... GERALD WINSOR Pickett

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	Date of Birth <u>April-8</u> 1920 (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Winsor Alexander Pickett</u>	FATHER	FULL MAIDEN NAME <u>Bernie Lemon</u>	MOTHER
RESIDENCE <u>Maewale Idaho</u>		RESIDENCE <u>Maewale Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Stockman</u>		OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth... 1... Number of children of this mother now living, including present birth... 1...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 6- P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Faschmidt  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Maewale Idaho  
Filed 4-9-20 Faschmidt  
Registrar

Registrar

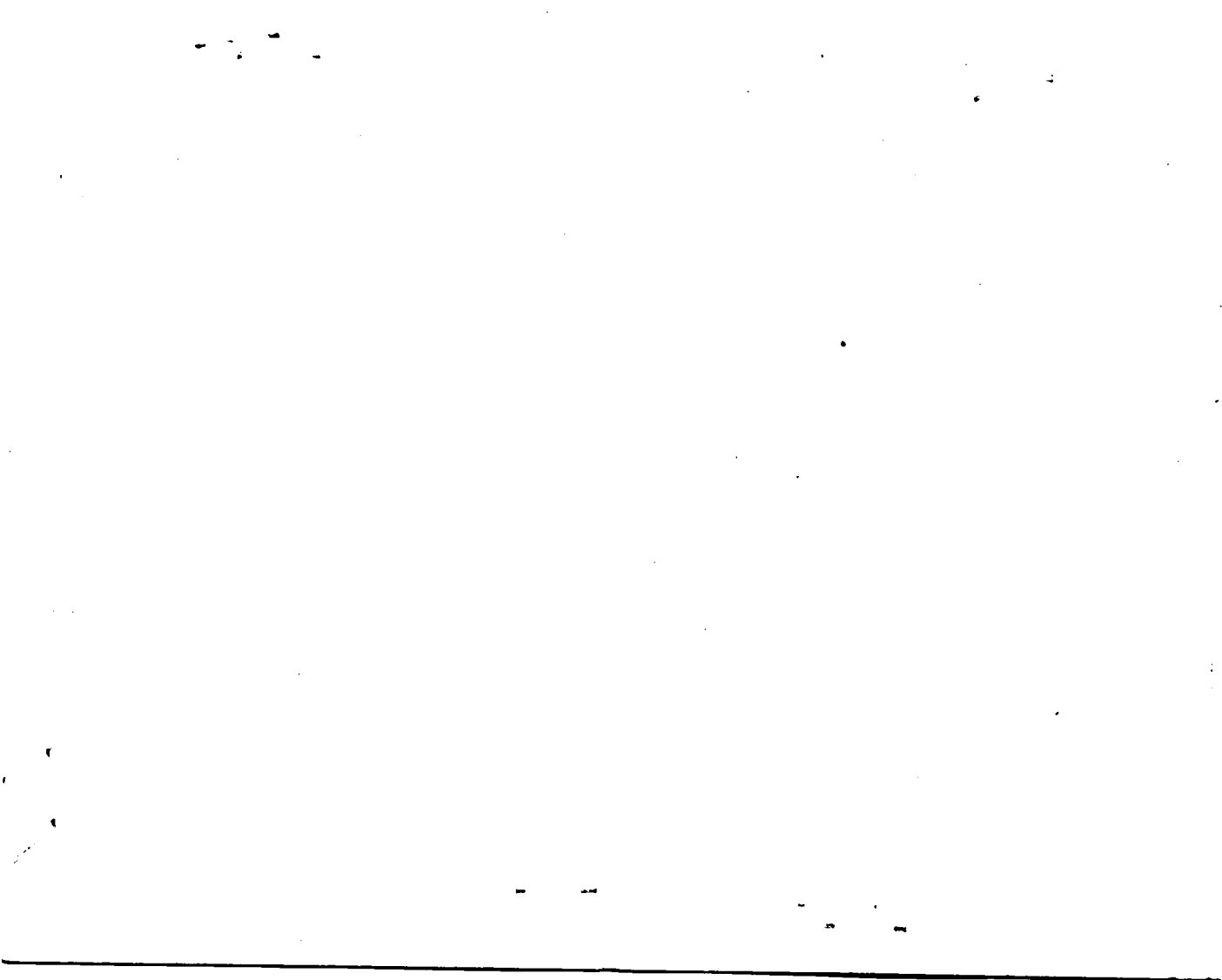
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Gooding } ss.  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Gerald Winsor Pickett who was born on Apr. 8 - 1920  
in Midvale, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Name on original certificate) (Was born or died) (Date of event)  
true facts as shown by Bible prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Name

Unnamed Pickett

Gerald Winsor Pickett

Subscribed and sworn to before me this 26th  
day of November, 1941

Signed v/ Bonnie L. Pickett  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death record;  
or other credible person.)

Notary Public, residing at Wendell, Ida.  
My commission expires Jan. 2 - 1944  
[SEAL]

Wendell, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
[SEAL]

\_\_\_\_\_  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

FEB 10 1957

893-217-014-419

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of... Canyon

City of... Caldwell

No. Rural 5 St.

Registration District No. 3

File No. 79408

Hospital

Primary Registration District No. 2005

Registered No. 100

FULL NAME OF CHILD

Anna Mae

Hill

Sex of Child

Girl

Twin  
Triplet  
or other?

S

and

Number  
in order  
of birth

7

(To be answered only in event of plural births)

Legiti-  
mate?

Yes

Date of  
Birth4/17/20  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Sylvester Hill

RESIDENCE

Caldwell

COLOR

W

AGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

Barons Kaus

OCCUPATION

Farmer

FULL  
MAIDEN  
NAMEMOTHER  
Maggie March

RESIDENCE

Caldwell

COLOR

W

AGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Barons Kaus

OCCUPATION

Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... alive... at 12:20 a.m.  
on the date above stated. (Be alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. H. Meyer, M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address

Caldwell

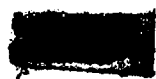
Filed

4-18-20

Registrar

J. H. Meyer

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of.....

Certificate No. 79408

County of..... ss.

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....

(Birth or Death)

for..... who..... on.....

(Name on Original Certificate)

(Was Born or Died)

(Date of Event)

in..... are erroneous or were omitted; and that, to the best of his knowledge, the

(Place of Event)

true facts are shown by..... prepared on....., are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

FACTS TO BE CORRECTED

FROM

TO

("Name," "Birth Date," "Cause of Death," Etc.)

(As on Original)

(The Correct Facts)

Name

Unamed Hill

Anna Mae Hill

Subscribed and sworn to before me this.....

day of....., 1925

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....

County of..... ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....

Signed

day of....., 19.....

(Signature of Any Credible Person)

Notary Public, residing at.....

My commission expires.....

(Street Address, City, State)

(Seal)

AUG 31 1945

MAY 26 1967

Form V. S. No. 11-C

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

City of Boise Registration District No. 8 File No. 79409  
 No. Research 7th St. Brink  
766-125-001-852 Primary Registration District No. 2004 Registered No. 29  
 Hospital \_\_\_\_\_

FULL NAME OF CHILD WILLIAM LAWRENCE Gopp

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>April 25</u> 19 <u>27</u> (Month) (Day) (Year)
FATHER FULL NAME <u>William Gopp</u>			MOTHER FULL MAIDEN NAME <u>Mar. Hession</u>	
RESIDENCE <u>Boise Idaho</u>			RESIDENCE <u>Boise Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Coal agent</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward J. Biner M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address 303-304 McClary Bldg.Filed 4/27 1927

Registrar

Registrar

MAY 28 1976

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 4-4-16

## CERTIFICATE OF BIRTH

County of ShoshoneCity of BallouRegistration District No. 70File No. 79410

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1000Registered No. X3Hospital PonderosaFULL NAME OF CHILD Mary Louise HarrisSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
(Number  
in order  
of birth)Legiti-  
mate? yesDate of Birth Mar 21 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Donald H. HarrisFULL  
MAIDEN  
NAMEMOTHER  
Madge Lorna Harris

RESIDENCE

Ballou

RESIDENCE

Ballou

COLOR

W.AGE AT LAST  
BIRTHDAY4  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Canada

BIRTHPLACE

Smith Carolina

OCCUPATION

Miner

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Alvin  
L. B. Stockslager MD

(Physician or midwife)

Given names added from a supplemental report.

Address

Wallace

Filed

Mar 30 1920

5-Y-CO 38071

Registrar

Registrar

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NOV 8 1961

693-116  
601-364

PLACE OF

Form V. S. No. 11—25m-6-15-18

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdamsCity of BaconRegistration District No. 2File No. **79412**No. 1 St. 1Primary Registration District No. 1004Registered No. 183Hospital St. Lukes

Full Name of Child

Baby Williams

SEX OF CHILD

MaleTwin  
Triplet  
or other?

(To be answered only in event of plural births)

{and} Number  
in order  
of birthLegiti-  
mate?yesDATE OF  
BIRTH5 16 24  
(Month) (Day) (Year)FULL  
NAMEDavid W. Williams

FATHER

FULL  
MAIDEN  
NAMECorra Mae Code

MOTHER

RESIDENCE

1010 - N. 19th

RESIDENCE

1010 - N. 19th

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Mont.

BIRTHPLACE

N. D.

OCCUPATION

Bank Clerk

OCCUPATION

House wife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Alvin at 34 M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. J. Carl Hilt

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

5/19 20 W. H. German  
Registrar

Registrar

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SOUTHERN  
10 10 1974

DEC 4 1974



497-220-001-314

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 79413

No. \_\_\_\_\_ St.

Hospital St. Alphonsus Primary Registration District No. 004 Registered No. 184

FULL NAME OF CHILD

Alberta Lorraine Dixon

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>5-20-1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>E. H. Dixon</u>	FATHER
RESIDENCE <u>1901 N. 16<sup>th</sup> St., Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Ohio</u>	
OCCUPATION <u>Clerk</u>	

FULL MAIDEN NAME <u>Mamie G. La More</u>	MOTHER
RESIDENCE <u>1901 N. 16<sup>th</sup> St., Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6<sup>25</sup> p. m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registar

Registar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1942

244-204-001-251  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 31-25m-4-14-18

County of AdaCity of Paris

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 2File No. 72414Hospital St. LukesPrimary Registration District No. 1004Registered No. 185Full Name of Child Rebecca Budger Faye

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	(Number in order of birth)	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>5 4 20</u> (Month) (Day) (Year)
----------------------------	---	----------------------------------	-----------------------------	--

FULL NAME <u>Drew Budger</u>	FATHER
RESIDENCE <u>2014 N. 9.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Paris Idaho</u>	
OCCUPATION <u>Saddlesman</u>	

FULL MAIDEN NAME <u>Ethel Keaton</u>	MOTHER
RESIDENCE <u>2014 N. 9.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Logan Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Alma at 6:45 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Kelly

(Physician or midwife)

Given names added from a supplemental report.

Address 519 20Filed 5/19 20

Registrar

Registrar

JUL 22 1943

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Beise Registration District No. 2 File No. 79415  
 No. 611 Ash St. Primary Registration District No. 1004 Registered No. 186  
 Hospital \_\_\_\_\_  
 FULL NAME OF CHILD JOSEPH SMITH Wardle

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 16</u> 19 <u>26</u> (Month) (Day) (Year)
FULL NAME <u>Hiram Chester Wardle</u>	FATHER			FULL MAIDEN NAME <u>Ira Vera Kottschaw</u>	MOTHER
RESIDENCE <u>Beise Idaho</u>				RESIDENCE <u>Beise Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)			COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Utah</u>				BIRTHPLACE <u>Colorado</u>	
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

CONFIDENTIAL - SECURITY INFORMATION

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

CONFIDENTIAL

CONFIDENTIAL

FATHER

MOTHER

CONFIDENTIAL

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SEP 9 1943

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of \_\_\_\_\_ } ss. Certificate No. 79415  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Joseph Smith Wardle who born on May 16, 1920 (Birth or Death)  
in Boise, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by personal knowledge of father (Place of Event) prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Un named Wardle Joseph Smith Wardle

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed H E Wardle  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of ada }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this Aug. 23/1943  
day of \_\_\_\_\_, 19\_\_\_\_

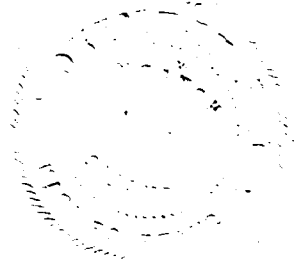
Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Boise Idaho  
My commission expires Sept. 6/1944  
(Seal)

(Street Address, City, State)

FEB 16 1960

SEP 10 1943





WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-215-001-962  
Amended 7-6-73

Form V. S. No. 11-C-25a-8-17

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Bonanza

Registration District No. 2

File No. 79416

No. 1520 22 10 St.

Primary Registration District No. 1004

Registered No. 186

Hospital Juanita Blanche Smidt

FULL NAME OF CHILD Juanita Blanche Smidt

Sex of Child <u>f</u>	Twin Triplet or other? <u> }</u> and { Number in order of birth (To be answered only in event of plural births) <u> }</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 15 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Chester D Smidt  
RESIDENCE 1820 22 10 W  
COLOR W AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Book keeper

MOTHER  
FULL MAIDEN NAME Viola Robert  
RESIDENCE 1820 22 10  
COLOR W AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Idaho  
OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 3 P on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Bunker  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

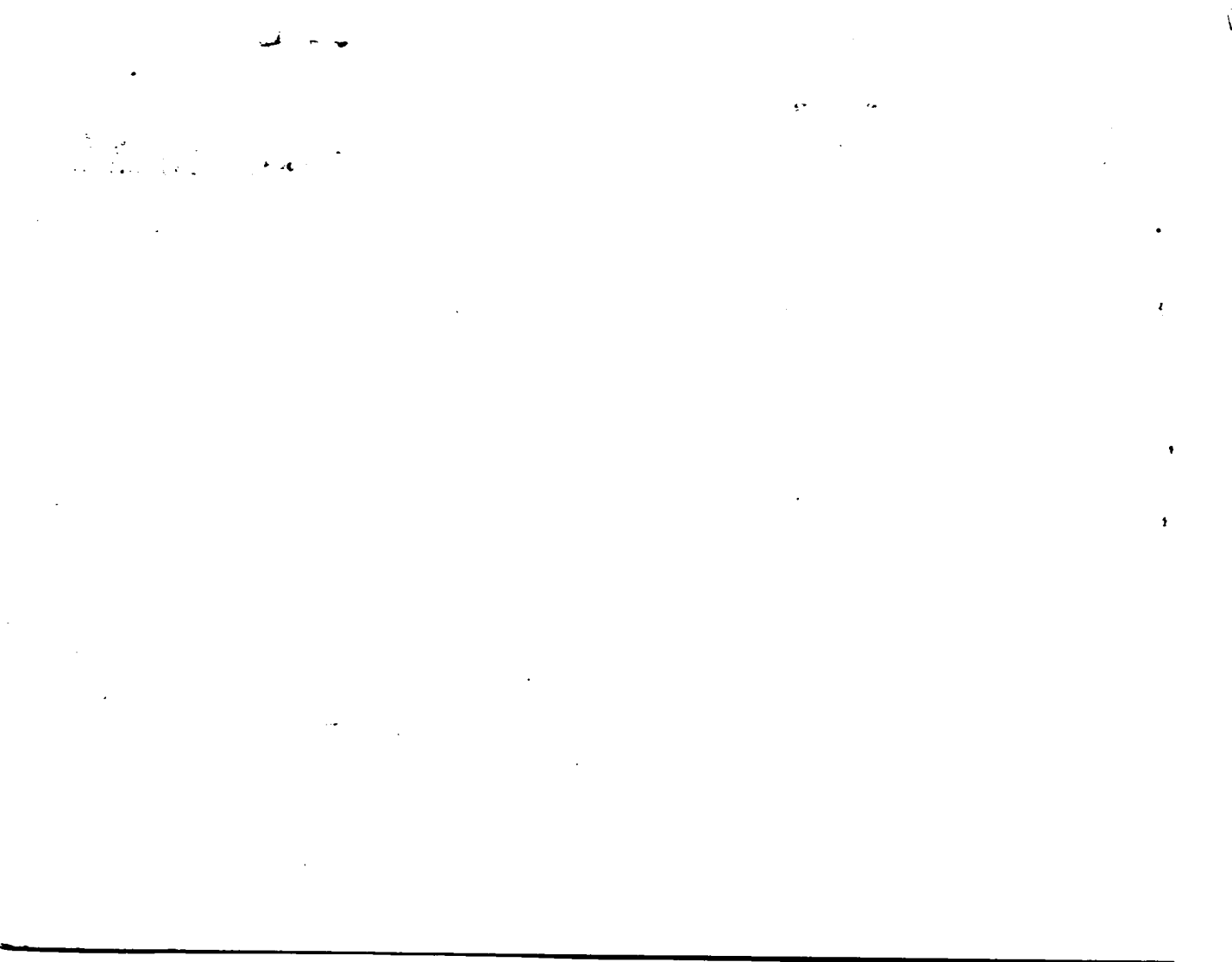
Address 203 E. Main St. Bonanza

.....

Filed 5/19 1920 A. J. Gorman

Registrar

Registrar



7-6-73

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... } ss. **BUREAU OF VITAL STATISTICS** Certificate No. 79416  
County of..... } Date Filed.....  
Birth.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
for..... Unnamed Smith who was born on May 15, 1920 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in..... Boise are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by..... prepared on..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name..... Unnamed Smith Juanita Blanche Smidt  
Father's name..... Smith Smidt

Subscribed and sworn to before me this..... day of.....

Signed.....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... } ss.  
County of..... }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of.....  
....., 19.....

Signed.....  
(Signature of Any Credible Person)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

(Street Address, City, State)

Baby Book issued by family at time of birth gives name as Juanita Blanche Smidt born May 15, 1920 in Boise, Idaho. Parents names Viola Smidt and Chester Smidt.

JUL 6 1973

Viewed by V.S.

Mortgage Note issued August 19, 1934 gives parents names as Viola Smidt and Chester Smidt. Address at that time - Boise, Idaho.

Viewed by V.S.

~~High~~ High School Year Book gives name as Juanita Blanche Smidt - Boise Honor Roll 1-2-3-4. Book issued 1938 Boise.

Viewed by V.S.

815-109-001-415

## PLACE OF BIRTH

County of AdaCity of Boise

No. .... St.

Hospital St. Alphonsus

FULL NAME OF CHILD

Registration District No. ....

Primary Registration District No. 1004File No. .... 79418Registered No. .... 188

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u>	and Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 9 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Edward Blair Hansen</u>	FATHER
RESIDENCE <u>1214 N. 9th St. Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Salesman</u>	

FULL MAIDEN NAME <u>Leah Daniels</u>	MOTHER
RESIDENCE <u>1214 N. 9th St</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>7</u>	Number of children of this mother now living, including present birth <u>7</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 A. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address 6/20  
..... 19..... Filed 6/20  
Registrar J. R. Gorman Registrar

AUG 28 1950

213-101-001-289

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V, & No. M-C-22-17

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 79419

No. ..... St. .....

Primary Registration District No. 1004

Registered No. 189

Hospital St. Lukes

FULL NAME OF CHILD Geo. Park Sallee

Sex of Child <u>M</u>	Twin Triplet or other? <u>.....</u> and { Number in order of birth <u>.....</u> } (To be answered only in event of plural births)	Legitimate? <u>ye</u>	Date of Birth <u>May 1 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Park Sallee  
RESIDENCE 1610 Washington  
COLOR W AGE AT LAST BIRTHDAY 33  
(Years)

MOTHER  
FULL MAIDEN NAME Emily Kistley  
RESIDENCE 1610 Wash  
COLOR W AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Nebraska  
OCCUPATION Mercantile Businessman

BIRTHPLACE Oklahoma  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2:20 P.M. on the date above stated. (Born alive or ~~stillborn~~)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. A. Springer  
(Physician or midwife)

Address 3/20 20  
Filed 3/20 20

Registrar

Registrar

DEC 1 1951

JAN 13 1952



454-101-024-695

PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of AdaCity of BoiseNo. 2202 N 14th St. Registration District No. 2File No. 79420

Hospital \_\_\_\_\_

Primary Registration District No. 1004Registered No. 190Full Name of Child RAYMON WESLEY McMULLEN

SEX OF CHILD <u>Male</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and Number in order of birth <u>2</u>	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>5</u> / <u>1</u> / <u>1929</u> (Month) (Day) (Year)
FULL NAME <u>James S. McMullen</u>	FATHER		FULL MAIDEN NAME <u>Mattie S. Field</u>	MOTHER
RESIDENCE <u>Boise, Ida</u>			RESIDENCE <u>Boise, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Texas</u>			BIRTHPLACE <u>Texas</u>	
OCCUPATION <u>Bookkeeper</u>			OCCUPATION <u>Housekeeper</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 A. M.  
on the date above stated. (Born alive or stillborn)

(Signature) J. E. Brown

(Physician or midwife)

Given names added from a supplemental report

Address 520 20 St. E. BoiseFiled 1929 Registrar

Registrar

Registrar

19

19

SEP 22 1941

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Texas )  
County of Tarrant ) ss  
Certificate No. 79420  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate  
of ..... for ..... who .....  
(birth or death) (Name on original certificate) (was born or died)  
on ..... in ..... are erroneous or were omitted;  
(Date of event) (Place of event)  
and that, to the best of his knowledge, the true facts of the case as shown  
by ..... prepared on ..... are:  
(Bible record, insurance plcy. etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
no name given		Raymon Wesley
		McMullen

Subscribed and sworn to  
before me this 8 day  
of September, 1934

Signed.....  
(Signature of parent or attendant if correct-  
ing a birth record; of attendant, funeral  
director, informant if correcting a death  
record; or other credible person.)

Nadine Harris  
Notary Public  
Residing at 2838 Hemphill

2838 Hemphill St., Ft. Worth, Texas  
(Street address, City, State)

My commission expires June 1, 1935

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Both affidavits must be completed)  
State of Texas )  
County of Tarrant ) ss

The undersigned does solemnly swear that he has knowledge of the corrected  
facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to  
before me this 8 day  
of September, 1934

Signed.....  
(Signature of any credible person other than  
the previous affiant.)

Nadine Harris  
Notary Public  
Residing at 2838 Hemphill

3637 Lipscomb St. Ft. Worth, Tex.  
(Street address, City, State)

My commission expires June 1, 1935

(SEAL)



735-218-001-463

PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BurienNo. 2511 Idaho St.Registration District No. 2File No. **79421**

Hospital \_\_\_\_\_

Primary Registration District No. 1004Registered No. 191Full Name of Child Mary Ellen Gleason

SEX OF CHILD

FemaleTwin  
Triplet  
or other?{and} Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate?

yes

DATE OF BIRTH

9 15 1924  
(Month) (Day) (Year)

FULL NAME

Tom S. Gleason

FATHER

FULL MAIDEN NAME

MOTHER

Hatter, M. G. H.

RESIDENCE

2511 Idaho St.

RESIDENCE

2511 Idaho St.

COLOR

White

AGE AT LAST BIRTHDAY

42  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

35  
(Years)

BIRTHPLACE

Minnesota

BIRTHPLACE

Minnesota

OCCUPATION

Yard Master

OCCUPATION

House wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 6:30 P.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. Carl Hill  
7. N.

(Physician or midwife)

Given names added from a supplemental report.

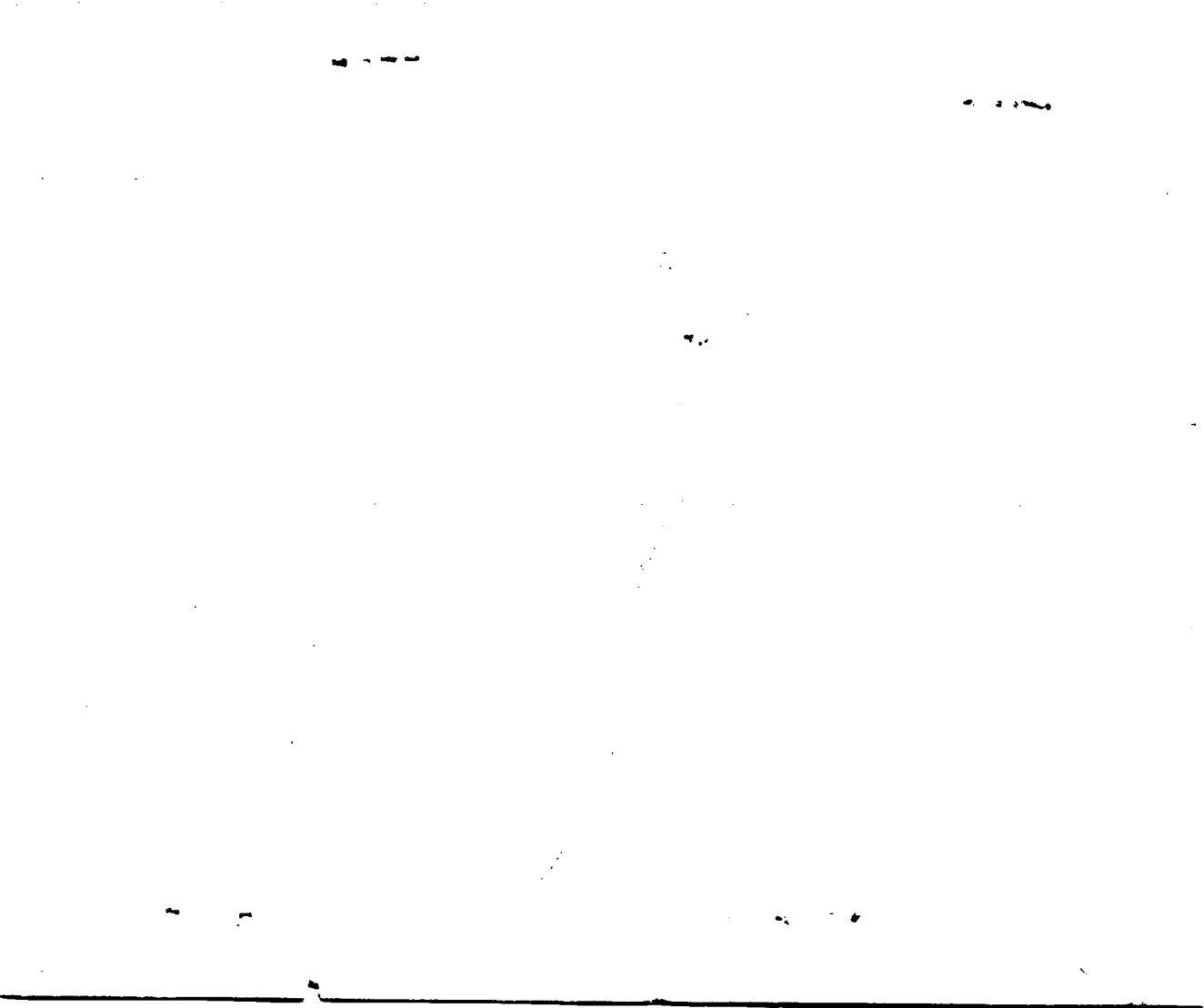
Address

Filed

Registrar

Registrar

N. B. - In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Ada } SS.  
Certificate No. 79421  
Date Filed Birth  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Gleason who born on May 18, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Parents prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**

(AS ON ORIGINAL)

**TO**

(THE CORRECT FACTS)

name

Omitted

Mary Ellen Gleason

Subscribed and sworn to before me this 8  
day of July, 19 42

Signed Mrs J. E. Gleason

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1115 N 19 St

(STREET ADDRESS, CITY, STATE)

Notary Public, residing at Boise, Idaho

My commission expires April 8, 1946  
(SEAL)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Ada } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8  
day of July, 19 42

Signed Mrs C L Shaw

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1107 N. 19<sup>th</sup> St

(STREET ADDRESS, CITY, STATE)

Notary Public, residing at Boise

My commission expires April 8, 1946  
(SEAL)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

DEC 29 1944



796-219-001-319  
PLACE OF BIRTH

Form V. S. No. 41-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 1707 N. 26<sup>th</sup> St.

Registration District No. \_\_\_\_\_

File No. **79422**

Hospital \_\_\_\_\_

Primary Registration District No. 1004Registered No. 192

FULL NAME OF CHILD

MARY ETHEL GROUND

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>5 / 19 / 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Ray R. Ground</u>	FATHER
RESIDENCE <u>Boise Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>I.C.S. Representative</u>	

FULL MAIDEN NAME <u>Ara Carlton</u>	MOTHER
RESIDENCE <u>Boise Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Ark.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. F. A. Pittenger

(Physician or midwife)

Given names added from a supplemental report.

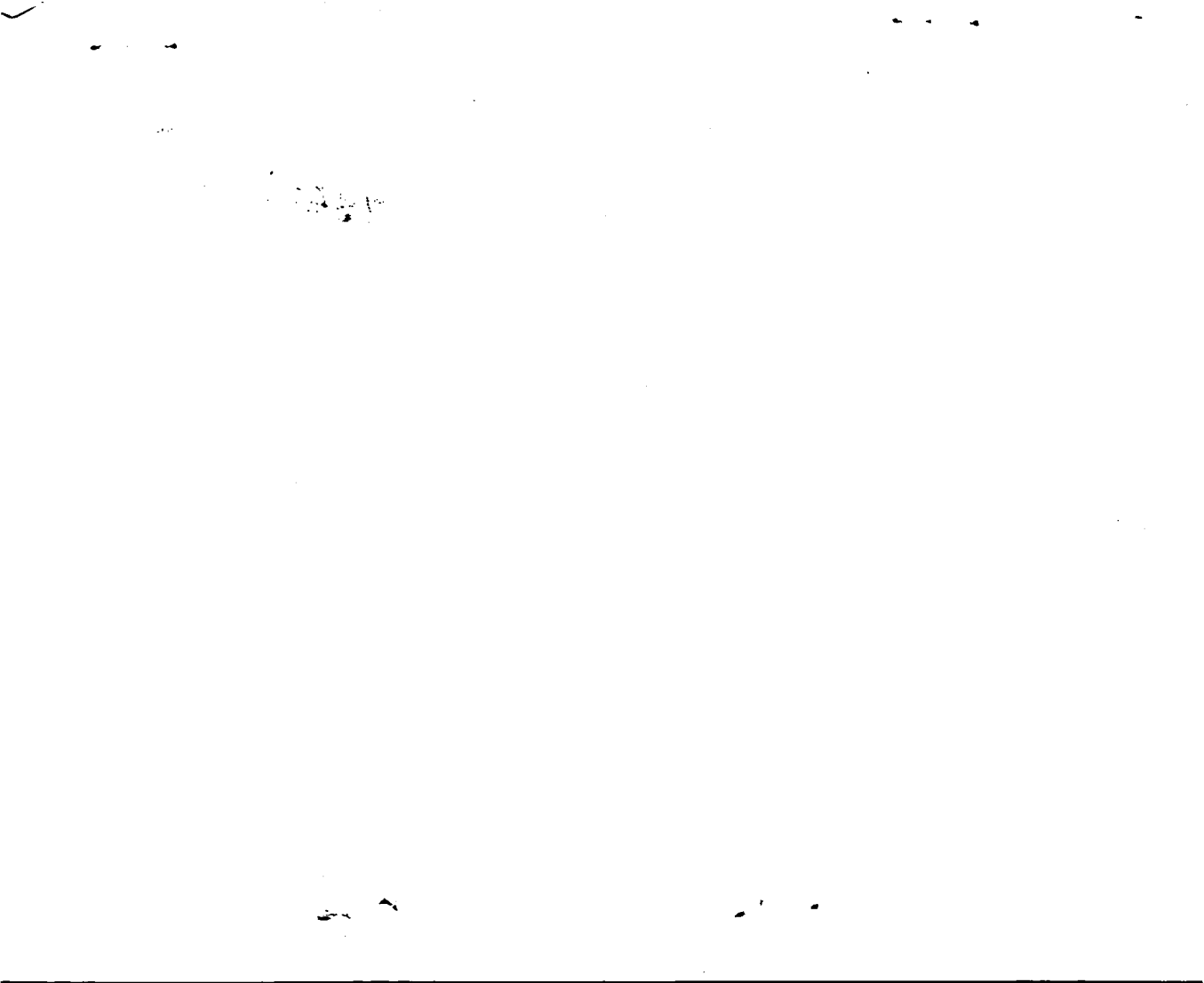
19

Address

Filed

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arizona,  
County of Maricopa } ss.

Certificate No. 79422

Date Filed Aug. 11, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Mary Ethel Ground who Born on May 19, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Boise, Idaho, are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Ara Ione Ground prepared on August 11, 1942, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)  
Name

FROM  
(As on Original)  
Unnamed

TO  
(The Correct Facts)  
Mary Ethel Ground

Subscribed and sworn to before me this 11th  
day of August, 19 42

Louise V. Housel  
Notary Public, residing at 31-W. Jefferson St.  
My commission expires August 26, 1945  
(Seal)

Signed Mrs. Ara Ione Ground-mother  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
3078 - N. 19th St., Phoenix, Ariz.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona,  
County of Maricopa } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th  
day of August, 1942

Louise V. Housel  
Notary Public, residing at 31-W. Jefferson St.  
My commission expires Aug 26, 1945  
(Seal)

Signed Alton Carleton Miele  
(Signature of Any Credible Person Other Than Previous Year)  
59. W. Portland Phoenix Ariz  
(Street Address, City, State)

AUG 18 1942

AUG 19 1944

968-115-001-281

Form V. S. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 79423

No. \_\_\_\_\_ St.

Hospital St. Luke'sPrimary Registration District No. 1004Registered No. 193FULL NAME OF CHILD Joyce Rayle

Sex of Child <u>Male</u>	Twins or other? <u>Triplet</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>5-15-1920</u> (Month) (Day) (Year)
--------------------------	--------------------------------	---------------------------------------	------------------------	--

FATHER  
FULL NAME A. H. Rayle  
RESIDENCE 409 Main St., Boise  
COLOR White AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Manager Pool Hall

MOTHER  
FULL MAIDEN NAME Ethel Shaw  
RESIDENCE 409 Main St., Boise  
COLOR White AGE AT LAST BIRTHDAY 20  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8:20 p. m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address Boise, IdahoFiled 5/22 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1943

15

165-124-001-751

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of LaurelRegistration District No. 2File No. 79424

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Alphonsus Primary Registration District No. 1004Registered No. 194

## FULL NAME OF CHILD

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>5/24/1920</u> (Month) (Day) (Year)
------------------------	---	-----	---	-------------------------------	--

FATHER  
FULL NAME Clarence J. JonesRESIDENCE Mt. Home IdahoCOLOR White AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE OregonOCCUPATION RancherMOTHER  
FULL MAIDEN NAME Mary PearlRESIDENCE Mt. Home IdahoCOLOR White AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE UtahOCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Fred. A. Loring  
M.M.

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address

Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

1. *Phragmites* (common)

[illegible]



462-2-18-001-769

PLACE OF BIRTH

County of AdaCity of BaiseNo. 1105 N. 11th St.

Hospital \_\_\_\_\_

Full Name of Child \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

Registration District No. 2File No. 79426Primary Registration District No. 1004Registered No. 196

SEX OF CHILD <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>5/19/20</u> (Month) (Day) (Year)
FULL NAME <u>William E. Mosher</u>	FATHER			FULL MAIDEN NAME <u>Katie Gorman</u>	MOTHER
RESIDENCE <u>Salt Lake</u>				RESIDENCE <u>Salt Lake</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>50</u> (Years)			COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>Ohio</u>				BIRTHPLACE <u>Calo.</u>	
OCCUPATION <u>Engineer</u>				OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) , at 6:15 A.M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Fred A. Pittenger M.D.  
M.N.

(Physician or midwife)

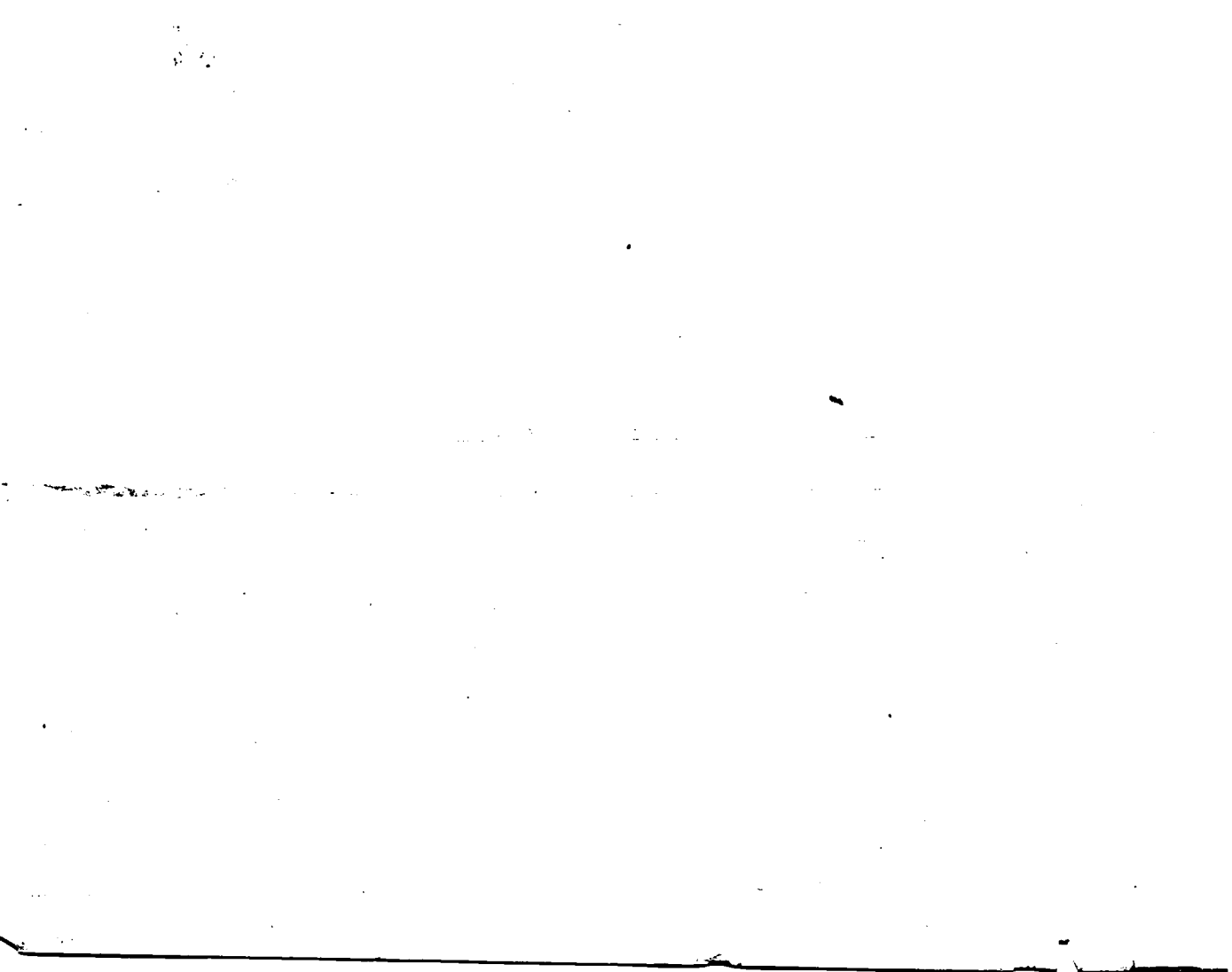
Given names added from a supplemental report

Address \_\_\_\_\_

Filed \_\_\_\_\_

Registrar

Registrar



693-109-001-266

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2 File No. 79427

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St Lukes Primary Registration District No. 1004 Registered No. 197

FULL NAME OF CHILD

Geo Bower Williams

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti mate? <u>yes.</u>	Date of Birth <u>May 9 1920</u> (Month) (Day) (Year)
------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Fred E. Williams</u>	FATHER	FULL MAIDEN NAME <u>Mary Bower</u>	MOTHER
RESIDENCE <u>Overland Ave - on the bench</u>		RESIDENCE <u>Overland Ave -</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Conn.</u>		BIRTHPLACE <u>Conn.</u>	
OCCUPATION <u>contractor</u>		OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 Mc Carthy Bldg

Filed

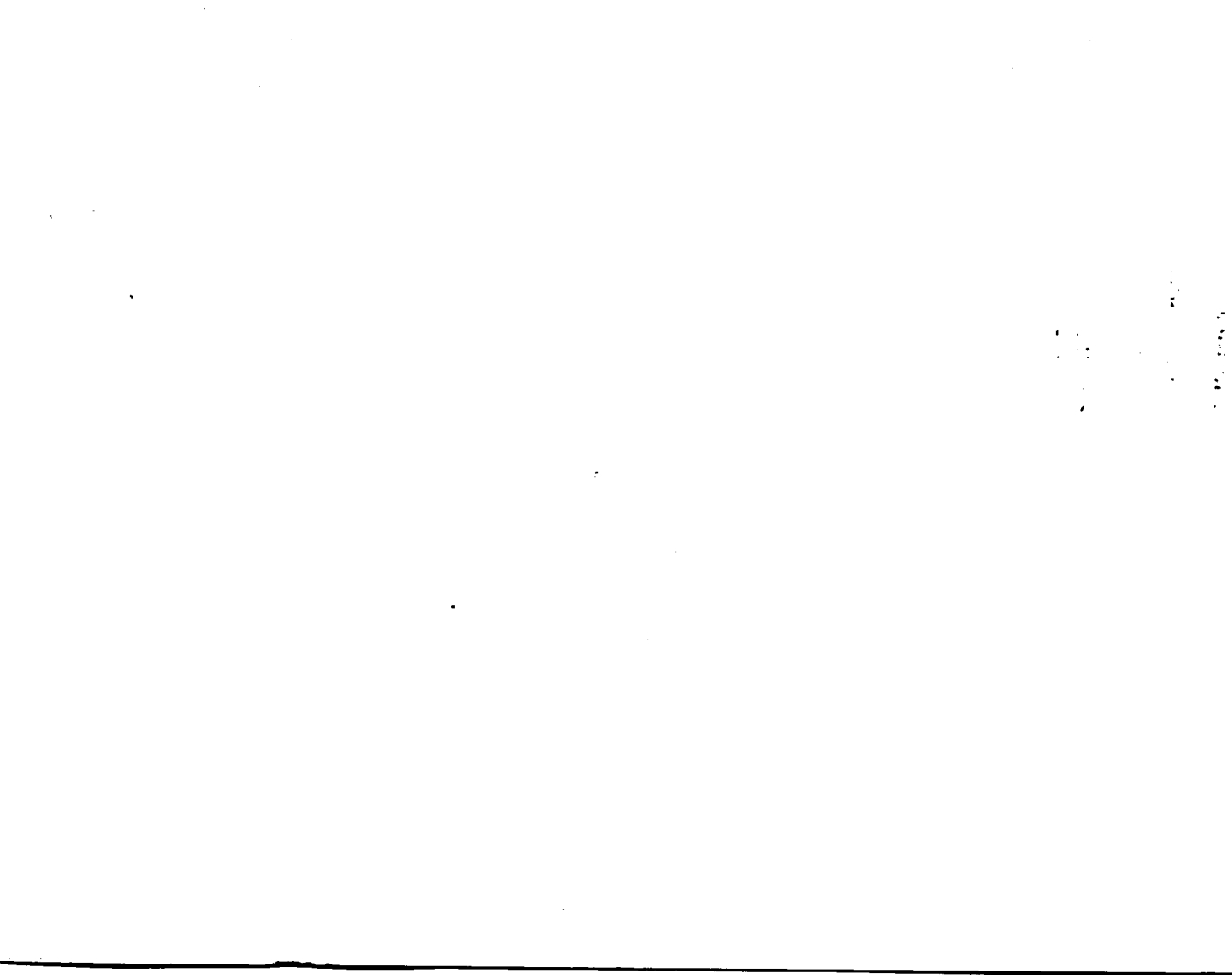
5/18 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



235-109-001-719

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-0-17

City *Ada* .....Sex *Male* .....

628 Fort St. ....

Registration District No. .... 2 .....

File No. .... 79428 .....

Primary Registration District No. .... 1004 .....

Registered No. .... 198 .....

Hospital .....

FULL NAME OF CHILD

*Frank J. Blech*

Sex of Child

*M*Twin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?*yes*Date of  
Birth*May 9*

(Month) (Day) (Year)

FULL  
NAME*Frank J. Blech*

FATHER

FULL  
MAIDEN  
NAME

MOTHER

*Louis Mildred Perry*

RESIDENCE

*628 Fort*

RESIDENCE

*628 Fort*

COLOR

*W*AGE AT LAST  
BIRTHDAY*23*

(Years)

COLOR

*W*AGE AT LAST  
BIRTHDAY*23*

(Years)

BIRTHPLACE

*W Y*

BIRTHPLACE

*Colorado*

OCCUPATION

*Auto Mechanic*

OCCUPATION

*House wife*

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was .....

*Oliver*at *59* M.

(Born alive or stillborn)

(Signature)

*H. Parker*

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Physician or midwife)

Address

Filed

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. In case of more than one child at birth, give the name of each, in order, and the number of each.

JAN 20 1975

869-113-001-165

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 41-0-22-3-17

County of AdaCity of BosseRegistration District No. 2File No. 79429No. 1220 W 20 St.Primary Registration District No. 1004Registered No. 199Hospital St. Luke

FULL NAME OF CHILD

Robert William York

Sex of Child

mTwin  
Triplet  
or other?

and

(Number  
in order  
of birth)

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthMay 131920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Ralph W York

RESIDENCE

1220 W 20 St

COLOR

WAGE AT LAST  
BIRTHDAY29

(Years)

BIRTHPLACE

Idaho

OCCUPATION

PrinterFULL  
MAIDEN  
NAME

MOTHER

Cora Mae Jones

RESIDENCE

1220 W 20 St

COLOR

WAGE AT LAST  
BIRTHDAY29

(Years)

BIRTHPLACE

Wyoming

OCCUPATION

House wifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 9 9 M.  
on the date above stated.

(Born alive or stillborn)

(Signature)

C. H. Parker

(Physician or midwife)

Address

303 W. Central

Filed

5/15/20

Registrar

Registrar

When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

**CERTIFICATE OF BIRTH**  
**BUREAU OF VITAL STATISTICS**  
**STATE OF IDAHO**

PLACE OF BIRTH

CID

No.

Home

Place

Day

Month

Year

NAME

RESIDENCE

Color

Height

Weight

Occupation

Married

Signature

Date

Place

Signature

Date

Place

Signature

Date

Place

Signature

Date

Place

Signature

Date

Place



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Ada } ss.

Certificate No. 79429

Date Filed March 13, 1942

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for Robt. William York who was born on May 13, 1920  
Boise, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Date of birth May 18, 1920 May 13, 1920

Subscribed and sworn to before me this 13th  
day of March, 19 42

Signed \_\_\_\_\_  
(Signature of parent, attendant if correcting a birth record, of attendant, funeral director, informant if correcting a death record, or other credible person.)

Karl W. Bonham  
Notary Public in and for the State of Idaho  
Residing in Boise, Ada County, Idaho

Father of Robt. William York  
1508 N. 18th St., Boise, Idaho  
(Street Address, City, State)

My commission expires \_\_\_\_\_  
(Seal) My Commission expires June 26, 1944

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

1942

MAR 16 1952

MAY 28 1953

**N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.**

**Registrar**

**CERTIFICATE OF BIRTH**  
**BUREAU OF VITAL STATISTICS**  
**STATE OF ILLINOIS**

Form V. S. No. 11-1

File No.

Registered No.

AGE AT LAST  
 BIRTHDAY

(Year)

1911

(Signature of physician or midwife)

*Handwritten:*  
 1911  
 10/10/11  
 10/10/11

PLACE OF BIRTH

County of

RESIDENCE

COLOR

BIRTHPLACE

AGE AT LAST  
 BIRTHDAY

RECEIVED  
 10/10/11

MT. AIRY, N.C.

356-104-001-533  
PLACE OF BIRTHCounty of AdaCity of Boise

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Alphonsus

Full Name of Child \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

Registration District No. 2File No. 79431Primary Registration District No. 1004Registered No. 201

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	<u>Scrim</u> and Number in order of birth <u>1st</u>	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>May 4</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Walter G. Seflank</u>	FATHER <u>Walter G. Seflank</u>	FULL MAIDEN NAME <u>Gertrude Elliott</u>	MOTHER <u>Gertrude Elliott</u>	
RESIDENCY <u>Ketchum Idaho</u>		RESIDENCY <u>Ketchum Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	
BIRTHPLACE <u>Lexington Ky</u>		BIRTHPLACE <u>Baltimore Md.</u>		
OCCUPATION <u>Rancher</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 3.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 7:30 P.  
(Born alive or stillborn)

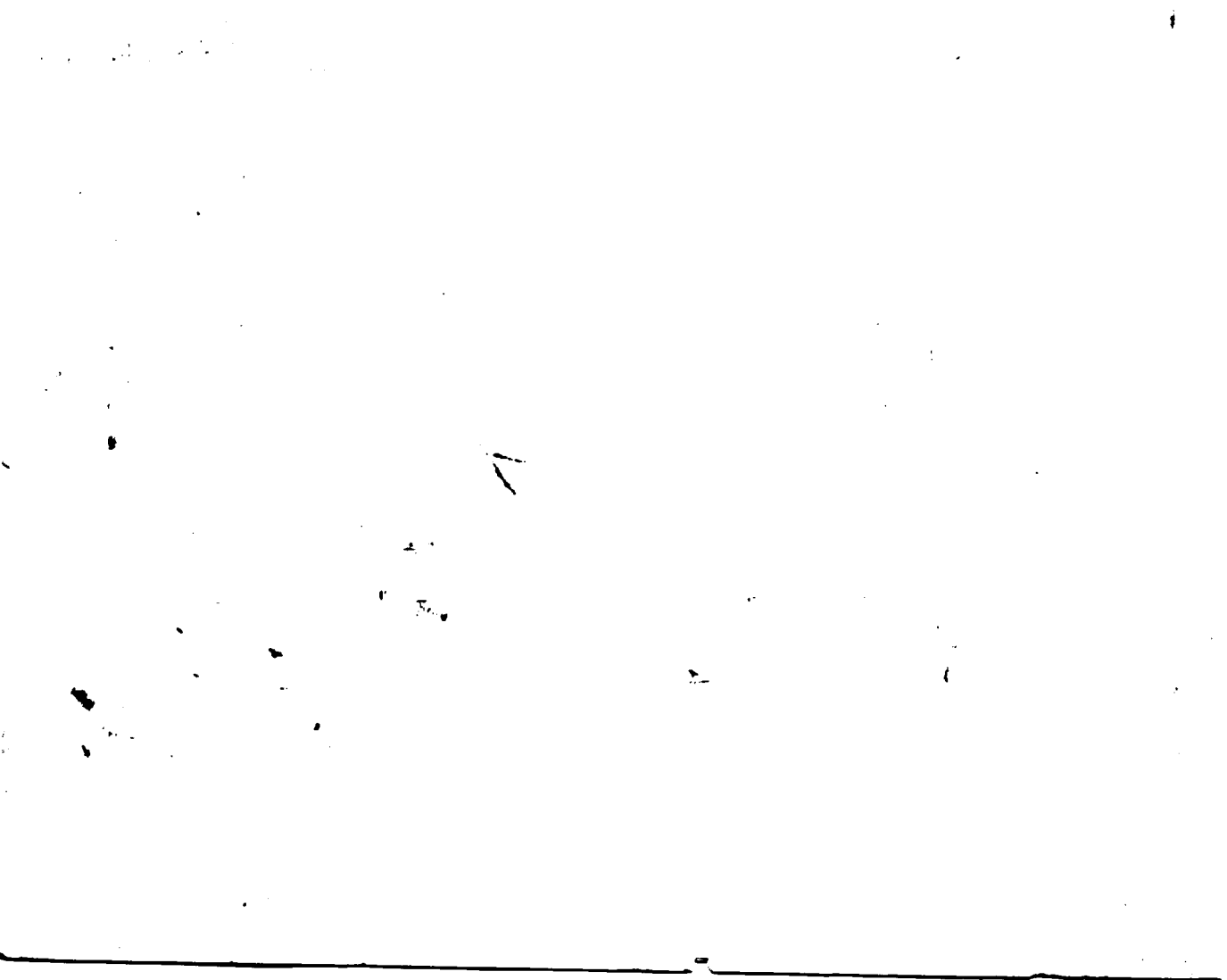
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger  
M-Tu  
(Physician or midwife)

Given names added from a supplemental report

Registrar

Address \_\_\_\_\_  
Filed 5/4 1920 L. E. Rorman  
Registrar



214-105-001-413  
PLACE OF BIRTHCounty of AdaCity of Boise

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 2File No. **79432**Hospital St AlphonsusPrimary Registration District No. 1004Registered No. 202

Full Name of Child \_\_\_\_\_

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	DATE OF BIRTH <u>May 5<sup>th</sup> 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Joseph B Baum</u>			MOTHER FULL MAIDEN NAME <u>Louise Mathers</u>		
RESIDENCE <u>1906 N 12<sup>th</sup> St Boise</u>			RESIDENCE <u>1906 N 12<sup>th</sup> St Boise</u>		
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>44</u> (Years)			COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>35</u> (Years)		
BIRTHPLACE <u>Indianola Ill.</u>			BIRTHPLACE <u>Denver Colo</u>		
OCCUPATION <u>Construction foreman</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 30 P on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred B. Tingle  
Physician  
(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed 5/14/20

19

Registrar

Registrar

111

111



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

346-104-001-791  
PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 12

File No. **79433**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1004

Registered No. 203

Hospital \_\_\_\_\_

Full Name of Child

Ralph Travis Cooney

SEX OF CHILD <u>Male</u>	Twin <u>First</u> or other? (To be registered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>May 1 2</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------------	------------------------	--

FULL NAME <u>Ralph T Cooney</u>	FATHER
RESIDENCE <u>1077 Mills</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Stewart</u>	

FULL MAIDEN NAME <u>Iris Graham</u>	MOTHER
RESIDENCE <u>1077 Mills</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>70</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at Boise on the date above stated. TA M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Born alive or stillborn)

Given names added from a supplemental report

Address [Signature]

Filed 8/13/20

Registrar

(Physician or midwife)

Registrar

2000 1000 500 0

1000

1000

1000

1000

1000

1000

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1000

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1000

1000

1000

1000

1000

861-127-001-795

PLACE OF BIRTH

County of AdaCity of Boise

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Alphonsus

Registration District No. \_\_\_\_\_

Primary Registration District No. 1004

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 79434Registered No. 204Full Name of Child Manuel Abner Hoalst

SEX OF CHILD <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>April 27</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Lewis Abner Hoalst</u>	FATHER		FULL MAIDEN NAME <u>Edna Grace Gubble</u>	MOTHER
RESIDENCE <u>Mt Home Idaho</u>			RESIDENCE <u>Mt. Home Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Grouse Idaho</u>			BIRTHPLACE <u>Meridian Idaho</u>	
OCCUPATION <u>Ranching</u>			OCCUPATION <u>House work</u>	

Number of child of this mother, including present birth. Two Number of children of this mother now living, including present birth. Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 11:45 a.m.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O.P. French

Given names added from a supplemental report

(Physician or midwife)

Address 417 Overland Bldg. Boise Id.Filed 5/12/20 L. J. Johnson

Registrar

Registrar

NOV 17 1944

238-105-001959

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of ParisRegistration District No. 2 File No. 79435No. 1716-No 14 St.Primary Registration District No. 1004 Registered No. 805

Hospital

FULL NAME OF CHILD

Frances Albert Sely.

Sex of Child

MTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti  
mate?yes

Date of Birth

May 5 1920  
(Month) (Day) (Year)

FULL NAME

Father Jay S. Sely.

RESIDENCE

1903-No 11 Paris

COLOR

W.AGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Pass Co. Michigan

OCCUPATION

Electrician EngineerFULL  
MAIDEN  
NAMEMargaret Reid

RESIDENCE

Paris

COLOR

W.AGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Washington

OCCUPATION

H. W.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 10:50 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

Filed

W. S. Luter

(Physician or midwife)

5/12/20 D. J. Gorman

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1947

MAY 9 1947

614-267-001-513

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 79436

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St Lukes Primary Registration District No. 104 Registered No. 206

FULL NAME OF CHILD

Mary Kathryn Waul

Sex of Child

FTwin  
Triplet  
or other?{ and } Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthMay 7 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

James Arthur Waul

RESIDENCE

2519 Idaho St.

COLOR

whiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Okla

OCCUPATION

machinistFULL  
MAIDEN  
NAME

MOTHER

Elsie M. Eaton

RESIDENCE

2519 Idaho St

COLOR

whiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Kas -

OCCUPATION

Housewife -Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 10 P M.  
(Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

303 Mc Carthy Bldg.  
511

Filed

19 \_\_\_\_\_

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

AUG 14 1942

FEB 8 1944



296-108-001-243

## PLACE OF BIRTH

County of AdaCity of Boise

No. .... St.

Hospital St. Alphonsus

FULL NAME OF CHILD

Registration District No. .... 2

Primary Registration District No. .... 1004

Form V. S. No. 11-C-25m-8-8-37

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. .... **79437**

Registered No. .... 207

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>Yes</u>	Date of Birth <u>May 8 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME <u>Corbett Edward Brown</u>	FATHER	FULL MAIDEN NAME <u>Mary Elizabeth Buckner</u>	MOTHER
RESIDENCE <u>Garden Valley</u>		RESIDENCE <u>Garden Valley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Ill</u>		BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Rancher</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Joseph R. Venners

(Physician or midwife)

Address Boise, IdahoFiled 5/11 1920

Registrar

Registrar

JUN 19 1957

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-227-001-652

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-8-17

County of Ada

City of Boise

No. 612 Bannoch

Hospital St Luke

Registration District No. 2

Primary Registration District No. 1004

File No. 79438

Registered No. 208

FULL NAME OF CHILD Anarone Irene Winters

Sex of Child <u>f</u>	Twin Triplet or other? <u>  </u>	and Number in order of birth <u>  </u>	Legitimate? <u>yes</u>	Date of Birth <u>Apr 27</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Carey Forrest Winters</u>		FULL MAIDEN NAME MOTHER <u>Margaret Elizabeth Jessenden</u>		
RESIDENCE <u>612 Idaho</u>		RESIDENCE <u>612 Idaho</u>		
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	
BIRTHPLACE <u>Minnesota</u>		BIRTHPLACE <u>California</u>		
OCCUPATION <u>Motor Mechanic</u>		OCCUPATION <u>House Wife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or born at 5 A M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Barker

Given names added from a supplemental report.

(Physician or midwife)

Address 303 Mac Earty Bldg

Filed 5/8 20 L. J. Johnson  
Registrar

Dup of 1920-219807

249-116-001-545

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 79439

No. \_\_\_\_\_ St.

Hospital St. Luke's

Primary Registration District No. 1004

Registered No. 209

FULL NAME OF CHILD Howard E. Smith

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>4-16-1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Cecil H. Smith  
RESIDENCE Cambridge Apts., Portland, Ore.  
COLOR White AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE England  
OCCUPATION Auto Salesman

MOTHER  
FULL MAIDEN NAME Ada V. Emerson  
RESIDENCE Cambridge Apts., Portland, Ore.  
COLOR White AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Washington  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 p. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Brayton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19\_\_\_\_

Address Boise  
5/8 1920 L. R. Herman  
Filed \_\_\_\_\_ Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

OCT 19 1942

496-202-001-962

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. **79440**

No. \_\_\_\_\_ St.

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 210FULL NAME OF CHILD Frances Minerva Frost

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>5-2-1920</u> (Month) (Day) (Year)
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FULL NAME Gerard Frost

FATHER

RESIDENCE Parma, Idaho

COLOR White AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)

BIRTHPLACE Holland

OCCUPATION Clerk

FULL MAIDEN NAME Edna Maude Rose

MOTHER

RESIDENCE Parma, Idaho

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Minnesota

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4:00 p. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor(Physician or midwife) MD

Given names added from a supplemental report.

19

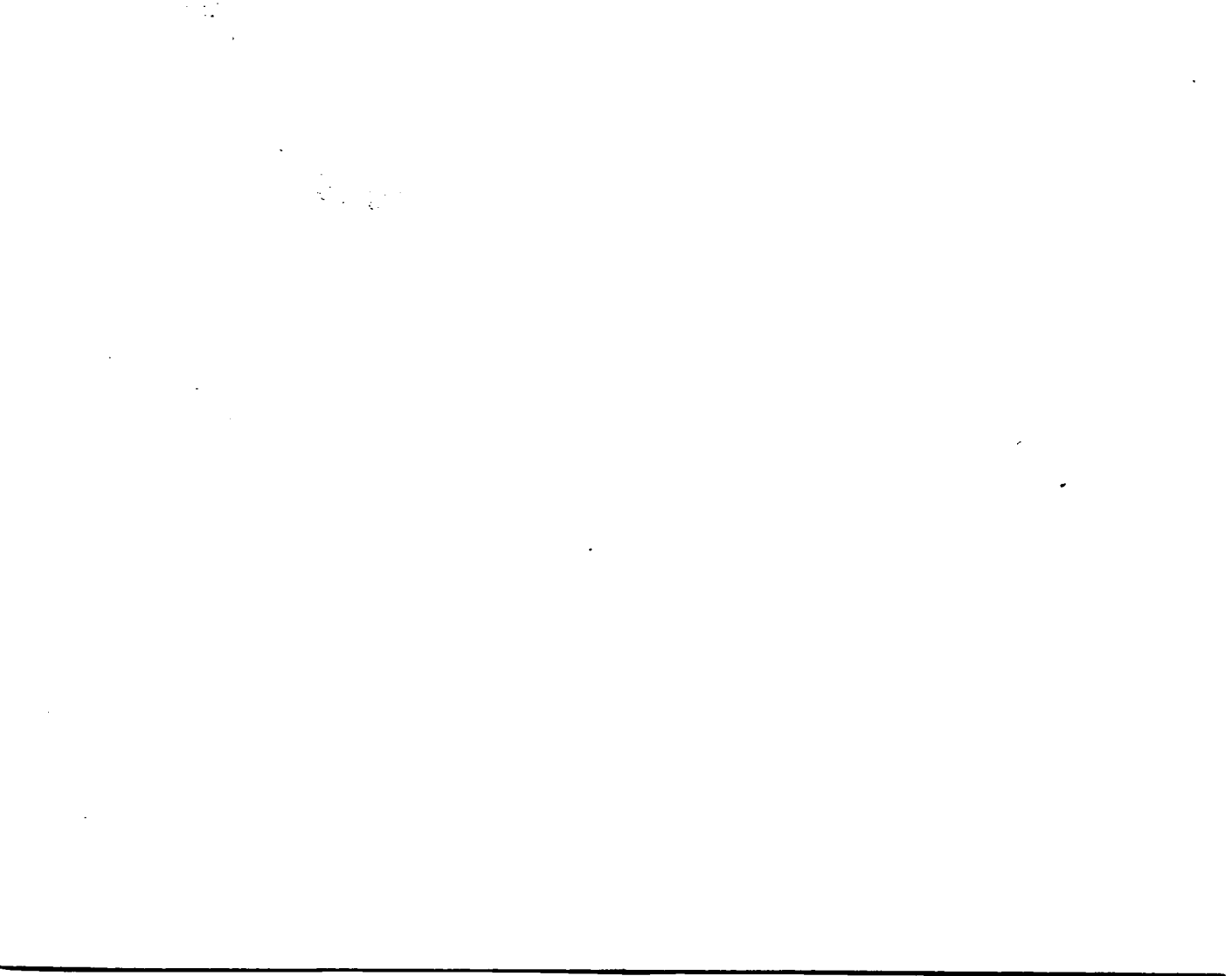
Address Boise, IdahoFiled 5/8 1920 L. J. Horman

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





255-126-001-981

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 79441

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Alph Primary Registration District No. 1004 Registered No. 211FULL NAME OF CHILD Melvin Cornelius Kennedy

Sex of Child <u>Male</u>	Twin Triplet or other? <u>One</u> and } Number in order of birth <u>First</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>Apr. 26 - 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Floyd M. KennedyRESIDENCE BoiseCOLOR White AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE DakotaOCCUPATION MechanicMOTHER  
FULL MAIDEN NAME RyanRESIDENCE BoiseCOLOR White AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE BoiseOCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 5-PM M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James E. Stearns

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

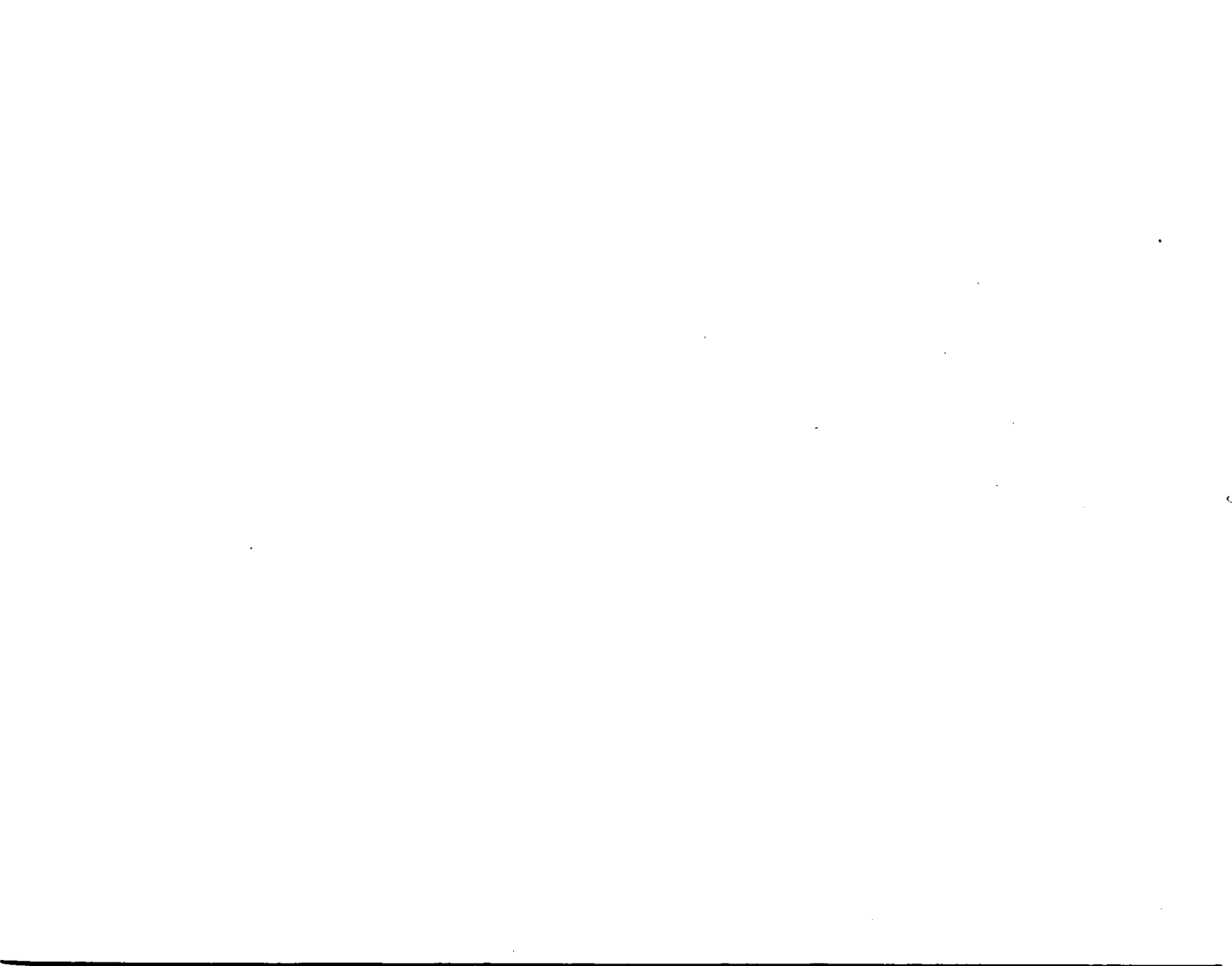
Address 410. BroadwayFiled 5/6 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



249-127-001-000

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 79442

No. St.

Primary Registration District No. 1004

Registered No. 212

Hospital St. Alphonsus

FULL NAME OF CHILD

Harry Stylin Burgstrom

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Apr 27 1920</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------------	------------------------	--

FULL NAME <u>Harry I Burgstrom</u>	FATHER
RESIDENCE <u>Gleens Ferry</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Winn.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>E. Emma M</u>	MOTHER
RESIDENCE <u>Gleens Ferry</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Winn.</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Apr 27 1920 at 11:15 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Newman  
(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Ida.  
Filed 5/5/20  
Registrar L. German

Address Boise, Ida.  
Filed 5/5/20  
Registrar L. German



719-107-001-795-  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-14-18

County of AdaCity of BossieNo. 5-298.16 St.Registration District No. 2File No. 79443Primary Registration District No. 1004Registered No. 213

Hospital \_\_\_\_\_

Full Name of Child Ralph J. Paris

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	1st.	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Apr. 7 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>R. J. Paris</u>			MOTHER FULL MAIDEN NAME <u>Grace Greenwell</u>		
RESIDENCE <u>5-29 S. 16th St.</u>			RESIDENCE <u>5-29 S. 16th St.</u>		
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>21</u> (Years)			COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>19</u> (Years)		
BIRTHPLACE <u>Bossie</u>			BIRTHPLACE <u>Kansas</u>		
OCCUPATION <u>Teamster</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth... 1..... Number of children of this mother now living, including present birth... 0.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory

(Physician or midwife)

Given names added from a supplemental report.

Address 1127 N. 8th St. BossieFiled 5/4 20 L. Hoffman

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1911

1911

1911

238-126-001-236

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 1903 N 8 St.Registration District No. 2 File No. 79444

Hospital \_\_\_\_\_

Primary Registration District No. 1004 Registered No. 214

FULL NAME OF CHILD

Robert Floyd SchumacherSex of  
ChildMTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthApr 26 1920  
(Month) (Day) (Year)FULL  
NAMEL. L. Schumacher

FATHER

RESIDENCE

1903 North 8<sup>th</sup> St.

COLOR

whiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

merchantFULL  
MAIDEN  
NAMEGeorgia Scott

MOTHER

RESIDENCE

1903 North 8<sup>th</sup> St.

COLOR

whiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Washington

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 11<sup>20</sup> A.M.  
(Born alive or stillborn){ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address

303 N. 6<sup>th</sup> Bldg

Filed

5/1 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MAY 19 1953

FEB 2 1953



436 - 203 - 001 - 713  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of.....

City of Boise.....

Registration District No. ....2.....

File No. ....79445

No. ....St.

Primary Registration District No. ....1004.....

Registered No. ....215.....

Hospital St. Alphonsus.....

FULL NAME OF CHILD .....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>  </u> and (Number in order of birth <u>1</u> ) (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>4</u> <u>3</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>McWilliams George B</u>	FATHER
RESIDENCE <u>223 8-13th Ave</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Huron Co. Iowa</u>	
OCCUPATION <u>Clothing Salesman</u>	

FULL MAIDEN NAME <u>Patton Maude</u>	MOTHER
RESIDENCE <u>  </u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Cadiz, Ohio</u>	
OCCUPATION <u>  </u>	

Number of child of this mother, including present birth...1..... Number of children of this mother now living, including present birth...0.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 6 mo. dead 3 hrs at 10 P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V. Gannon

(Physician or midwife)

Given names added from a supplemental report.

Address 511 20th StFiled 5/1 20

Registrar

Registrar

1990

47

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

791-101-001-215

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. **79446**No 2606 Fairview St.Primary Registration District No. 1004Registered No. 216

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Maurice Irwin Pratt

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>5-1-1920</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	----------------------------	--

FULL NAME <u>Arthur F. Pratt</u>	FATHER
RESIDENCE <u>2606 Fairview Ave., Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Glazier</u>	

FULL MAIDEN NAME <u>Ethel May Sanders</u>	MOTHER
RESIDENCE <u>2606 Fairview Ave., Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8:00 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

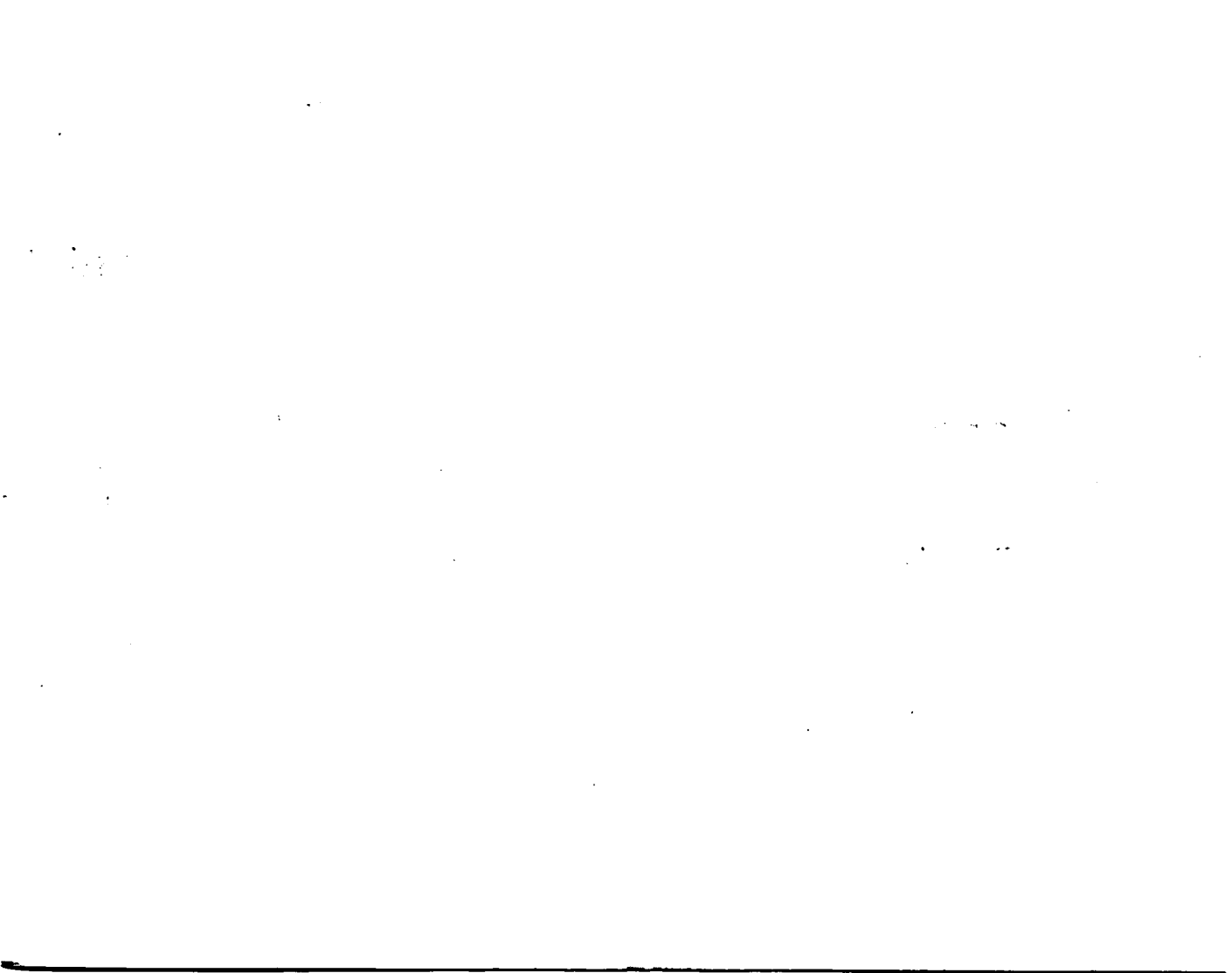
19

Address

Filed

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

345-211-001-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Ada

City of Paris

Registration District No. 2

File No. 79447

No. 812 Ridenbaugh St.

Primary Registration District No. 1004

Registered No. 217

Hospital

FULL NAME OF CHILD Loraine Winnette Tunisian

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>4</u> <u>11</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	---	----------------------------	---

FATHER  
FULL NAME Ray Tunisian  
RESIDENCE 812 Ridenbaugh  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Oregon  
OCCUPATION Carpenter

MOTHER  
FULL MAIDEN NAME Golda Wilson  
RESIDENCE 812 Ridenbaugh  
COLOR White AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Nebraska  
OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6.55 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Joseph M. Downs

(Physician or midwife)

Given names added from a supplemental report.

Address

303-304 Overland Bldg.

Filed

5/7 1920 L. J. Tunisian  
Registrar

SEP 21 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413 - 202-001-213  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

29275

County of \_\_\_\_\_

City of \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. **79448**

No. **328 20 17<sup>th</sup>** St.

Primary Registration District No. **1004**

Registered No. **18**

Hospital \_\_\_\_\_

FULL NAME OF CHILD

**Elba May Mathews**

Sex of Child <b>Female</b>	Twin Triplet or other? _____	and in order of birth <b>second</b>	Legitimate? <b>yes</b>	Date of Birth <b>May 2 1920</b> (Month) (Day) (Year)
----------------------------	------------------------------	-------------------------------------	------------------------	---

FATHER  
FULL NAME **Earl P. Mathews**  
RESIDENCE **Boise Idaho**  
COLOR **white** AGE AT LAST BIRTHDAY **19** (Years)  
BIRTHPLACE **Boise Idaho**  
OCCUPATION **Fireman**

MOTHER  
FULL MAIDEN NAME **Glady's P. Ballinger**  
RESIDENCE **Boise Idaho**  
COLOR **white** AGE AT LAST BIRTHDAY **20** (Years)  
BIRTHPLACE **Idaho**  
OCCUPATION **Housewife**

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **alive** at **5:15 a. m.** on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **Dr. J. L. Lammiman**  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address **Boise Idaho**  
Filed **6/1 20** 19 **20** **J. L. Lammiman**  
Registrar

328. 2017



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-131-001-259

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Ada

City of Boise

No. 1187.17 St.

Registration District No. 2 File No. 79449

Hospital St. Alph.

Primary Registration District No. 1004 Registered No. 219

FULL NAME OF CHILD

Wm E. Graham, Jr.

Sex of Child M. Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of Birth 3/31 1930  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Wm E. Graham FATHER

FULL MAIDEN NAME Lura Kirkman MOTHER

RESIDENCE 1118 N. 17 Boise

RESIDENCE 1118 N. 17 Boise

COLOR White AGE AT LAST BIRTHDAY 44 (Years)

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Calif

BIRTHPLACE Calif

OCCUPATION

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 3 A M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Red A. Klinger  
(Physician or midwife)

Given names added from a supplemental report.

Address 5/31 20 L. L. Herman  
Filed 5/31 1930  
Registrar

DECEASED

795-138-001-497

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 921 Fort St.Hospital St. Alph.Registration District No. 2 File No. **79450**Primary Registration District No. 1004 Registered No. 220

FULL NAME OF CHILD

Robert William Green

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>5/28/30</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME Wm. A. Green FATHERFULL MAIDEN NAME Lavina Mif MOTHERRESIDENCE 921 Fort BoiseRESIDENCE 921 Fort, BoiseCOLOR White AGE AT LAST BIRTHDAY 30 (Years)COLOR White AGE AT LAST BIRTHDAY 32 (Years)BIRTHPLACE Mo.BIRTHPLACE Miss.OCCUPATION Auto MechanicOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Male at 9:15 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Fittenger

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Filed 5/31 12:20 St. Alph.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

APR 13 1948  
JUL 19 1971

JUN 3 1952

522-230-001-792

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79451

County of AdaCity of BoiseNo. 518 Front St.Registration District No. 2 File No. 79451Primary Registration District No. 1004 Registered No. 221

## FULL NAME OF CHILD

Sex of Child <u>♂</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>5/30/20</u> (Month) (Day) (Year)
FULL NAME <u>Joseph E. Eberts</u>	FATHER			FULL MAIDEN NAME <u>Ellen Gibbons</u>	MOTHER
RESIDENCE <u>518 Front St. Boise</u>				RESIDENCE <u>518 Front St. Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)			COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Idaho</u>				BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11:15 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred C. Pittenger

(Physician or midwife)

Given names added from a supplemental report.

19

Address 531 20 S. 2ndFiled 5/31

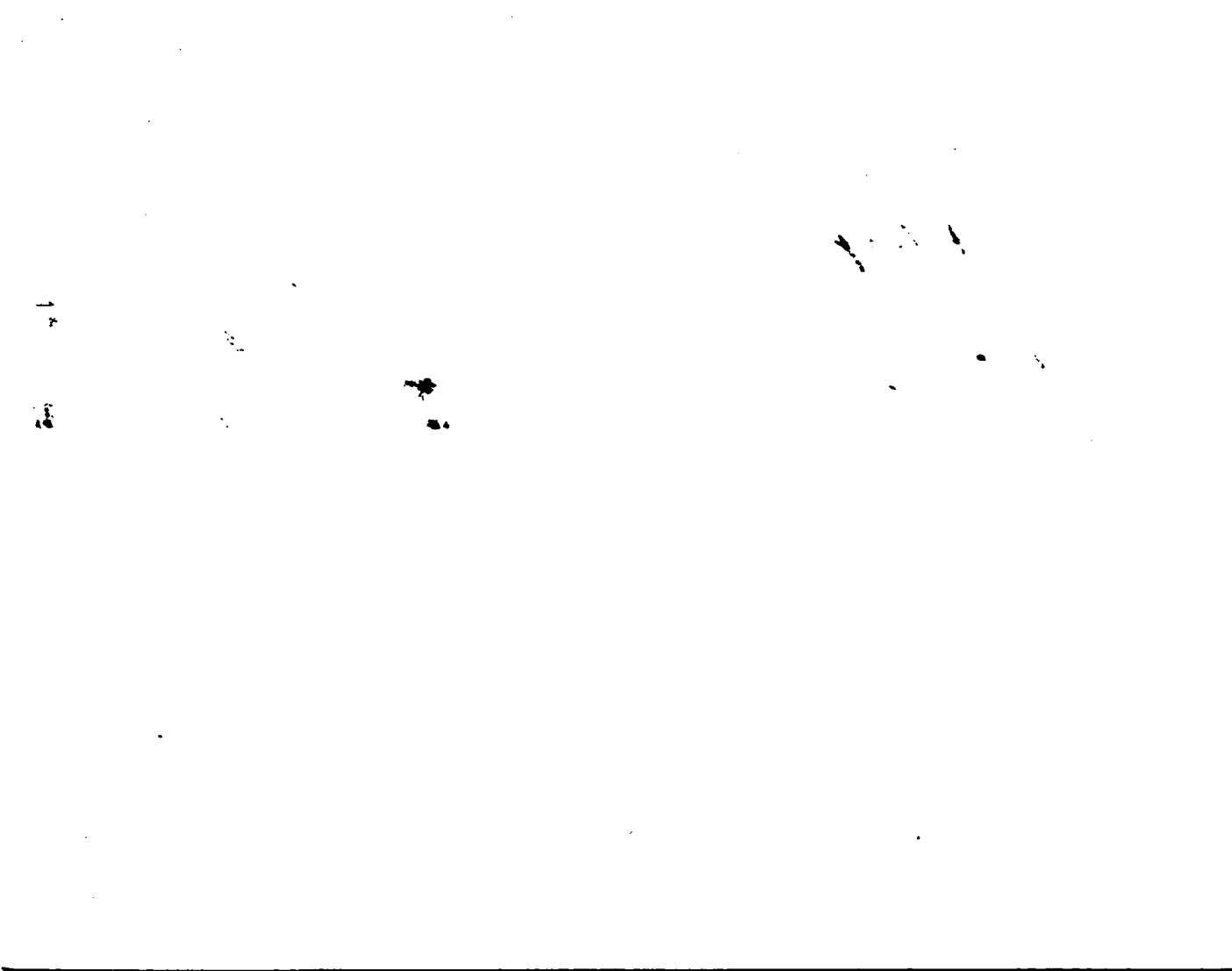
19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



331-2051001-436

PLACE OF BIRTH

Form V. S. No. 11-0-22m-8-8-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 79452No. St.Primary Registration District No. 1004Registered No. 222Hospital St. AlphonsusFULL NAME OF CHILD Clark

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 5 1920</u> (Month) (Day) (Year)
----------------------------	---	---------------------------------------	-----------------------------	---

FULL NAME <u>Harold B. Clark</u>	FATHER
RESIDENCE <u>Boise, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Chicago</u>	
OCCUPATION <u>Lawyer</u>	

FULL MAIDEN NAME <u>Ruth M. Fadden</u>	MOTHER
RESIDENCE <u>Boise, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Buster, S. D.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:22 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Jaegerman M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address 1021 State St. BoiseFiled 5/6/20 St. Alphonsus

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-375632



344-330-001-464

PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of Eagle

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 8File No. **79453**Primary Registration District No. 2044Registered No. 30

Hospital \_\_\_\_\_

Full Name of Child Roberta Marie Cummings

SEX OF CHILD

Fem.~~Male~~  
or other?  
(To be answered only in event of plural births)Number  
in order  
of birth1st  
(To be answered only in event of plural births)Legiti-  
mate?YesDATE OF  
BIRTHFeb 20 1920  
(Month) (Day) (Year)FULL  
NAMER. R. Cummings

FATHER

RESIDENCE

Eagle Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

RancherFULL  
MAIDEN  
NAMEEva M. Dodds

MOTHER

RESIDENCE

Eagle

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousekeeperNumber of child of this mother, including present birth. 1st Number of children of this mother now living, including present birth. 1st

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. E. Froom

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed

19

Registrar

Registrar

WIN 9

1943

619-129-001-281

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 1-1-12

File No.

79455

Registration District No.

Primary Registration District No.

Registered No.

Sex of Child

Twin  
Triplet  
or other?

and  
Number  
in order  
of birth

Legit-  
mate

Date of Birth

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

(Physician or midwife)

Address

Filed

Registrar

Registrar

100

100-2207-1000

593-227-001-942  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. 79456

No. Hazel Lake School District

Primary Registration District No. 2008

Registered No. 31

Hospital \_\_\_\_\_

FULL NAME OF CHILD ALTA RUTH EICHELBERGER

Sex of Child <u>F</u>	Twin Triplet or other? _____	{ and }	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>Apr 27 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Roy P Eschelberger  
RESIDENCE Hazel Lake School Dist  
COLOR white AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Neb -  
OCCUPATION Teacher

MOTHER  
FULL MAIDEN NAME Hella A. Ruback  
RESIDENCE Hazel Lake School Dist.  
COLOR white AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Wash.  
OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

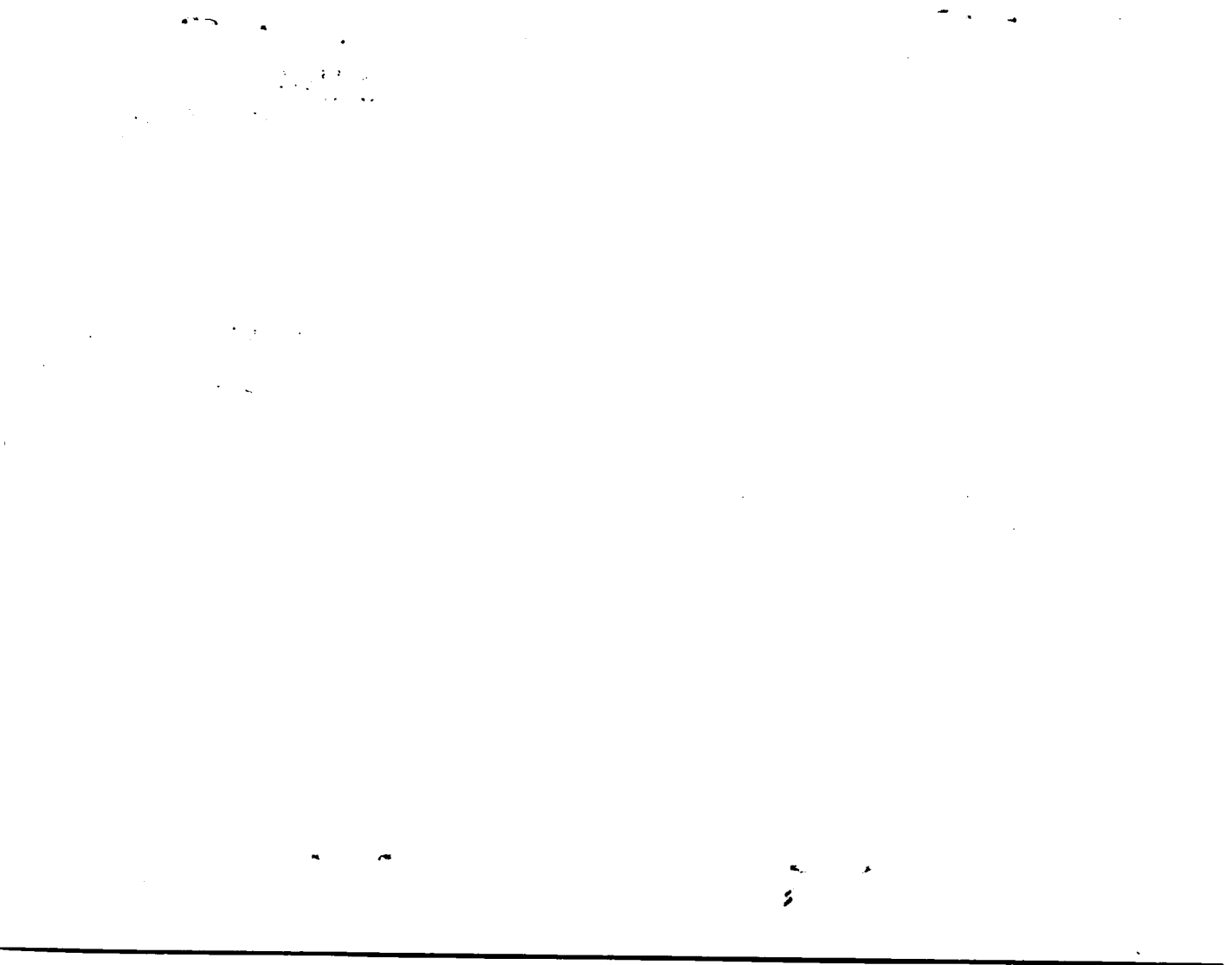
Given names added from a supplemental report.

Address 303 Mc Carthy Bldg -

Filed 5/8 1920 H. J. German  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.  
County of Santa Barbara }  
Certificate No. 79456  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Eschelberger who born on April 17, 1910  
in Boise, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Affidavit prepared on Aug. 15, 1942, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Alta Ruth Eichelberger

Subscribed and sworn to before me this 15th  
day of August, 1942  
Edward Greper  
Notary Public, residing at Santa Barbara, Calif  
My commission expires Aug 3, 1944  
(Seal)  
Signed Ray T. Eichelberger Father  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
917 Carrillo Road  
(Street Address, City, State)  
Santa Barbara, Calif

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.  
County of Santa Barbara }  
[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 15th  
day of August, 1942  
Edward Greper  
Notary Public, residing at Santa Barbara  
My commission expires August 3, 1944  
(Seal)  
Signed Lela R. Eichelberger Mother  
(Signature of Any Credible Person Other Than Previous Year)  
917 Carrillo Road  
(Street Address, City, State)  
Santa Barbara, Calif

AUG 18 1942

AUG 19 1942



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 2-10-58

PLACE OF BIRTH

563-228-001-413

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1206 Lincoln St.

Registration District No. 8

File No. 79457

Hospital

Primary Registration District No. 2004

Registered No. 32

FULL NAME OF CHILD June Eloise Noland

(Certificate of no value without full name of child.)

Sex of Child Female	Twin Triplet or other? { and { Number in order of birth	Legitimate? Yes	Date of birth April 28, 1920
	(To be answered only in event of plural births)		(Month) (Day) (Year)

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER FULL NAME Millard E. Noland
RESIDENCE 1206 Lincoln Street
COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho
OCCUPATION Laborer

MOTHER FULL MAIDEN NAME Clara I. Matthews
RESIDENCE 1206 Lincoln Street
COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Oregon
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 7:00 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

(Physician or midwife)

Give names added from a supplemental report.

Address 303 McCarty Bldg.

Filed May 8, 1920 L. R. Pfermon

Registrar.

Registrar.

STATE OF NEW YORK  
IN SENATE  
January 10, 1911.

REPORT  
OF THE  
COMMISSIONER OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION  
PASSED BY THE SENATE  
JANUARY 10, 1911.

ALBANY:  
J. B. LEECH, STATE PRINTER,  
1911.

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. Certificate No. 79457  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Noland who born on April 28, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Diploma - St. Luke's School of Nursing July 11, 1942 - shows are:  
(Bible Record, Insurance Policy, Etc.) (Give Date) child's full  
# 124884 48-6393 TO name - VS sc

**FACTS TO BE CORRECTED** FROM TO name - VS sc  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Mother's Maiden Name Mathews Matthews  
Child's Name Unnamed June Eloise Noland  
Father's First Name Willard Millard

Subscribed and sworn to before me this 10 day of  
January, 1958  
Joseph F. Thurlbert  
Notary Public, residing at 3 Eagle Lane  
My commission expires Sept. 28, 1960  
(Seal)

Signed Willard E. Noland  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Willard E. Noland  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

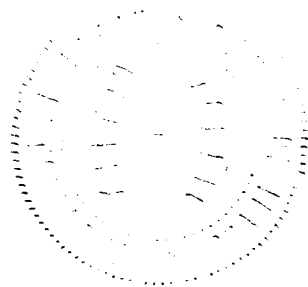
[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of  
February, 1958

Signed Clara J. Noland  
(Signature of Any Credible Person)  
New Meadows, Idaho  
(Street Address, City, State)

Notary Public, residing at New Meadows, Idaho  
My commission expires Feb 6 - 1961  
(Seal)



155-128.001-962  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 8

File No. 79458

No. Saxton Sta. #

Primary Registration District No. 2014 Registered No. 33

Hospital \_\_\_\_\_

FULL NAME OF CHILD Verle Lloyd Jennings

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>4-28-1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME E. L. Jennings  
RESIDENCE Saxton Sta., Boise  
COLOR White AGE AT LAST BIRTHDAY 34  
(Years)  
BIRTHPLACE Arkansas  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME May S. Robbins  
RESIDENCE Saxton Sta., Boise  
COLOR White AGE AT LAST BIRTHDAY 36  
(Years)  
BIRTHPLACE Nebraska  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

born alive at 11:25 p. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. L. Taylor

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise

Filed 5/8 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1975

JAN 30 2008

JAN 5 1974

649-218-001-239

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 8

File No.

79459

No. #3 R.F.D.Primary Registration District No. 2004Registered No. 94Hospital                     

FULL NAME OF CHILD

Anna Stella OuradaSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and } Number  
in order  
of birthLegiti  
mate?YesDate of  
Birth4-18-1920  
(Month) (Day) (Year)FULL  
NAMEMichael J. Ourada

FATHER

RESIDENCE

R.D. #3, Boise

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Minnesota

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEGladys E. Stiff

MOTHER

RESIDENCE

R.D. #3, Boise

COLOR

WhiteAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive, at 11:05 a.m.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

T. M. Braxton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

5/8 1920 L. J. Homan

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

**NOV 19 1962**



397-108-001-386

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of EagleRegistration District No. 9

File No.

79461

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Kenneth Ray Tignor

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>May 8<sup>th</sup></u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	---------------------------	---

FULL NAME

FATHER

Vernon E. Tignor

RESIDENCE

Eagle, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

 Clerk in Merchants StoreFULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

Mabel Thompson  
Eagle, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:30 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ferdinand K. Lewis, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Eagle, Idaho

Filed

May 10<sup>th</sup> 1920

Registrar

Ferdinand K. Lewis  
Registrar

JAN 13 1953

666 - 114 - 001 - 369

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

## CERTIFICATE OF BIRTH

County of AdaCity of MeridianRegistration District No. 11File No. 79462No. 203 St.Primary Registration District No. 203Registered No. 79462Hospital Phillip WoodsFULL NAME OF CHILD Phillip Woods

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth <u>1</u> }	Legitimacy <u>Yes</u>	Date of Birth <u>Mar. 14 1920</u> (Month) (Day) (Year)
--------------------------	---	-----------------------	---

FULL NAME FATHER Cora WoodsFULL MAIDEN NAME MOTHER Caroline CornishRESIDENCE Meridian, Ida.RESIDENCE Meridian, Ida.COLOR White AGE AT LAST BIRTHDAY 7 1/2 (Years)COLOR White AGE AT LAST BIRTHDAY 7 1/2 (Years)BIRTHPLACE NebraskaBIRTHPLACE AustraliaOCCUPATION Cattle RaisingOCCUPATION HousewifeNumber of child of this mother, including present birth 8Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or born at Meridian, Ida. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Button

Given names added from a supplemental report.

Address Meridian, Ida.Filed May 31 1920 W. A. Button

Registrar

Registrar

DEC 10 1969

FEB 10 1970

X

799-127-001-791  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-9-17

## CERTIFICATE OF BIRTH

County of... AdaCity of... Meridian

Registration District No. ....

11

File No. ....

79463No. .... St.

Primary Registration District No. ....

203

Registered No. ....

Hospital .....

FULL NAME OF CHILD .....

Joseph Price

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy

Yes

Date of Birth

May 27 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Homer B. Price

RESIDENCE

Meridian, Ada

COLOR

White

AGE AT LAST BIRTHDAY

2  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

Mail-Carrier

FULL MAIDEN NAME

MOTHER

Isa Belle Gray

RESIDENCE

Meridian, Ada

COLOR

White

AGE AT LAST BIRTHDAY

2  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... at..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address.....

File.....

Registrar

Registrar

FEB 5 1942

FEB 13 1942

MAR 19 1959

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4169 - 230 04 - 145  
 PLACE OF BIRTH  
 County of...  
 City of...  
 No. .... St. ....  
 Primary Registration District No. .... Registered No. ....

Hospital .....  
 FULL NAME OF CHILD..... *Elia May Garland*

Sex of Child *Female* Twin Triplet or other? *None* and Number in order of birth *1* Legitimate? *Yes* Date of Birth *Mar. 30, 1920*  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
 FULL NAME *Ross Russell Garland*  
 RESIDENCE *Kansas, Cda.*  
 COLOR *White* AGE AT LAST BIRTHDAY *27* (Years)  
 BIRTHPLACE *Idaho*  
 OCCUPATION *Labarer*

MOTHER  
 FULL MAIDEN NAME *Martha Lee*  
 RESIDENCE *Kansas, Cda.*  
 COLOR *White* AGE AT LAST BIRTHDAY *28* (Years)  
 BIRTHPLACE *Kansas*  
 OCCUPATION *Housewife*

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was..... at.....  
 on the date above stated. (Born alive stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....  
 (Physician or midwife)

Given names added from a supplemental report.

Address.....  
 Filed.....  
 Registrar

2/11/41 L. B.





795 230-001-166  
 PLACE OF BIRTH  
 STATE OF IDAHO  
 DEPT. OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

79465

County of *Ada*City of *Meredith*Registration District No. *11*

File No. ....

No. .... St. ....

Primary Registration District No. *213*

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Sex of Child

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and (Number  
in order  
of birth)Legiti-  
mateDate of  
Birth

*May 30 1920*  
 (Month) (Day) (Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

*33*  
 (Years)

COLOR

AGE AT LAST  
BIRTHDAY

*29*  
 (Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth *3*Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
 on the date above stated.

\*When there was no attending physician or  
 midwife then the father, householder, etc., should  
 make this return. A stillborn child is one that  
 neither breathes nor shows other evidence of life  
 after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

Address .....

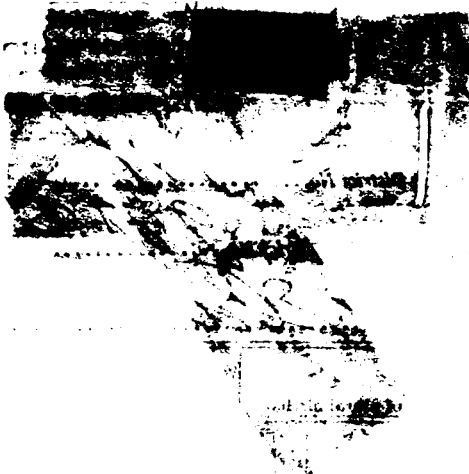
Filed *May 30 1920*

Registrar

Registrar

1976-1977

201121



MAR 26 1950  
FEB 13 1976

453  
208

296-203-001-391  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-2-37

County of... *Ada*

City of... *Meridian*

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. ....

Primary Registration District No. ....

File No. ....

Registered No. ....

79466

Sex of Child *Female* Twin Triplet or other? *No* and Number in order of birth *1* Legitimacy *Yes* Date of Birth *May 3 1900* (Month) (Day) (Year)

FATHER  
FULL NAME *John T. Brotherton*  
RESIDENCE *Meridian, Ada*  
COLOR *White* AGE AT LAST BIRTHDAY *25* (Years)  
BIRTHPLACE *Utah*  
OCCUPATION *Farmer*

MOTHER  
FULL MAIDEN NAME *Chas E. Crawford*  
RESIDENCE *Meridian, Ada*  
COLOR *White* AGE AT LAST BIRTHDAY *24* (Years)  
BIRTHPLACE *Utah*  
OCCUPATION *Housewife*

Number of child of this mother, including present birth... Number of children of this mother now living, including present birth...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... at... on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) ...

Address ...

Filed *May 3 1900*

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.



369-130-001-683

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of KunaRegistration District No. 124File No. 79467No. ✓ St.Primary Registration District No. 2202Registered No. 60

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ralph Wyler SorumskySex of  
ChildMaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthMarch 301920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAMEFATHER: Merlin Christian SorumskyFULL  
MAIDEN  
NAMEMOTHER: Eva Elizabeth Wyler

RESIDENCE

near Kuna Idaho

RESIDENCE

near Kuna Idaho

COLOR

white

AGE AT LAST

21  
(Years)

COLOR

white

AGE AT LAST

22  
(Years)

BIRTHPLACE

Georgetown Bear Lake Co. Idaho

BIRTHPLACE

Paris - Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Born alive, at 11<sup>30</sup> P M.

on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. M. Bowell M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Kuna Idaho

Filed

June 1920R. M. Bowell

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

1941

234 - 217-003-389

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

B

IDAHO  
STATISTICS

C

OF BIRTH

County of **Bannock**City of **Bancroft**Registration District No. **84**File No. **79468**

No. \_\_\_\_\_ St.

Primary Registration District No. **2161.**

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

**Alice Van Slooten**Sex of  
Child**female**Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?**yes**Date of  
Birth**May 17th**19 **20**

(Month)

(Day)

(Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

**Henry Van Slooten**FULL  
MAIDEN  
NAME

MOTHER

**Eunice Christenson**

RESIDENCE

**Bancroft**

RESIDENCE

**Bancroft**

COLOR

**white**AGE AT LAST  
BIRTHDAY**43**

(Years)

COLOR

**white**AGE AT LAST  
BIRTHDAY**31**

(Years)

BIRTHPLACE

**Holland Michigan**

BIRTHPLACE

**Soda Springs Idaho.**

OCCUPATION

**Bank Cashier**

OCCUPATION

**housewife.**Number of child of this mother, including present birth **3** Number of children of this mother now living, including present birth **3**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** **8.20 a. M.**  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

*Oscar V. Reinhardt***physician**

(Physician or midwife)

Given names added from supplemental report.

*Alice Van Slooten* 19

Address

**Bancroft Idaho.**

Filed

**1920**

Registrar

*W. P. Murphy* State Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

C.C. 6/5/41. W.H.



BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

79468

Place of Birth { City Bancroft Registered No. 84  
Street and House No. \_\_\_\_\_  
County Bannock Registration Dist. No. 2161

Sex of Child female  
Date of Birth May 17th 1920  
MONTH DAY YEAR  
Father Henry Van Slooten  
FULL NAME  
Mother Eunice Christensen  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Van Slooten  
GIVEN NAME IN FULL SURNAME  
as reported by Henry Van Slooten  
FATHER ~~MOTHER~~

LOCAL REGISTRAR



155-223-003-997

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Amended 5-11-81

Registration District No. 84

File No. 79469

No. \_\_\_\_\_ St.

Primary Registration District No. 2101

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Glade Jenkins

Sex of Child female

Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti-  
mate? yes

Date of Birth May 23 19 20  
(Month) (Day) (Year)

FATHER  
FULL NAME H orace P. Jenkins

RESIDENCE Bancroft

COLOR white AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Newton Utah

OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Mary Anna Rigby

RESIDENCE Bancroft

COLOR white AGE AT LAST BIRTHDAY 35  
(Years)

BIRTHPLACE Newton Utah

OCCUPATION housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 4.15 PM on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cecilia L. Lusk  
Physician  
(Physician or midwife)

Given names added from a supplemental report.  
Glade Jenkins 19\_\_\_\_\_  
W.C. Murphy State Registrar

Address Bancroft Idaho.  
Filed MAY 31 1920 19\_\_\_\_\_  
Cecilia L. Lusk  
Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

13463

MAJOR OF BIRTH

BARLOCK

STATE OF IDAHO

## BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

City

Bancroft

Registered No.

84

Place  
of Birth

Street and House No.

County

Bannock

Registration Dist. No.

2161

Sex of Child

Female

Date of Birth

May 23

1920

MONTH

DAY

YEAR

Father

Horace P. Jenkins

FULL NAME

Mother

Mary Anna Rigby

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Glad Jenkins

SURNAME

as reported by

H. P. Jenkins

FATHER OR MOTHER

O. V. Burkhardt

LOCAL REGISTRAR

JUL 11 1920

APR 24 1967

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 79469  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jenkins who was born on May 22, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Bancroft are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's name

omitted

Glade Jenkins

Date of birth

May 22, 1920

May 23, 1920

Subscribed and sworn to before me this 11th day of

May, 1951.

Notary Public, Florence Cartwright

Residing at Boys

My commission expires Lifetime

(Seal)

x Alton Jenkins  
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_)

(Is not necessary \_)

I do hereby solemnly swear that he has knowledge of the facts as set forth above and that they are true to the

Own child's birth certificate on file with Bureau of Vital Statistics, Boise, Idaho, gives name of mother as Glade Jenkins. Child born Aug. 17, 1943 in Pocatello, Idaho, to Fay E. Millward and Glade Jenkins, state file # 377800 Viewed by V.S.

Idaho Stat Teacher's Certificate gives name as Glade Jenkins Millward. Certificate certifies that she fulfilled the requirements of the State of Idaho and is authorized to teach Kindergarten Through 8th grade. Certificate # 044179 Issued August 24, 1977.  
Viewed by V.S.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

243-221-003-753

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of **Bannock**

City of **Lund**

Registration District No. **84**

File No. **79470**

No. \_\_\_\_\_ St.

Primary Registration District No. **2161**

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

**Doris**

**Kutterer**

Sex of Child <b>female</b>	Twin Triplet or other? <b>no</b>	and	Number in order of birth <b>1</b>	Legitimacy <b>yes</b>	Date of Birth <b>May 21st</b> 19 <b>20</b>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME **John G. Kutterer**

RESIDENCE **Lund**

COLOR **white** AGE AT LAST BIRTHDAY **40** (Years)

BIRTHPLACE **Germany**

OCCUPATION **farmer**

MOTHER  
FULL MAIDEN NAME **Anna L. Peterson**

RESIDENCE **Lund**

COLOR **white** AGE AT LAST BIRTHDAY **35** (Years)

BIRTHPLACE **Odgen Utah**

OCCUPATION **housewife**

Number of child of this mother, including present birth **5** Number of children of this mother now living, including present birth **4**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** at **6.20 p. m.** on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **Dr. C. L. Richards**  
**physician**  
(Physician or midwife)

Given names added from a supplemental report.  
**Doris Kutterer** 19  
**W. C. Murphy** State Registrar

Address **Bancroft Idaho.**  
Filed **1920**  
**C. L. Richards** Registrar

Child's givne name added per SROB 5/8/18

JAN 8 1952

STATE OF IDAHO

79470

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

City LundRegistered No. 84

Place of Birth { Street and House No. \_\_\_\_\_

Registration Dist. No. 2161County BannockSex of Child FemaleDate of Birth May 21 1920

MONTH DAY YEAR

Father John G. Kutterer

FULL NAME

Mother Anna B. Peterson

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Doris Kutterer.

GIVEN NAME IN FULL

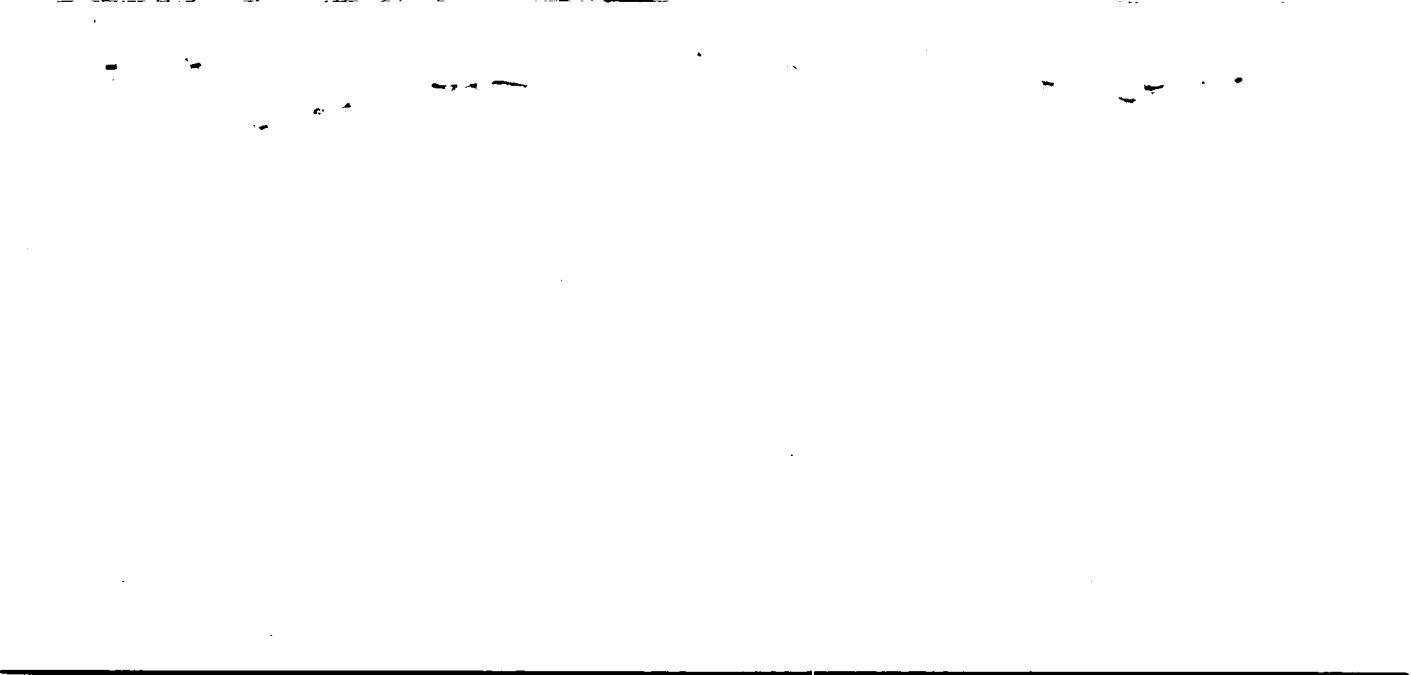
SURNAME

as reported by John G. Kutterer

FATHER

MOTHER

LOCAL REGISTRAR



863-102-003-813

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of ChesterfieldRegistration District No. 84File No. 79471

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Joseph L.Holbrook

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 2nd,</u> 19 <u>20.</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME  
FATHER  
Lafayette HolbrookRESIDENCE  
ChesterfieldCOLOR white AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE  
Chesterfield IdahoOCCUPATION  
farmerFULL MAIDEN NAME  
MOTHER  
Analeas HalversonRESIDENCE  
ChesterfieldCOLOR white AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE  
Spanish Fork UtahOCCUPATION  
housewife.Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12.10 a. m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Oscar V. Linderud

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Bancroft Idaho.

Filed

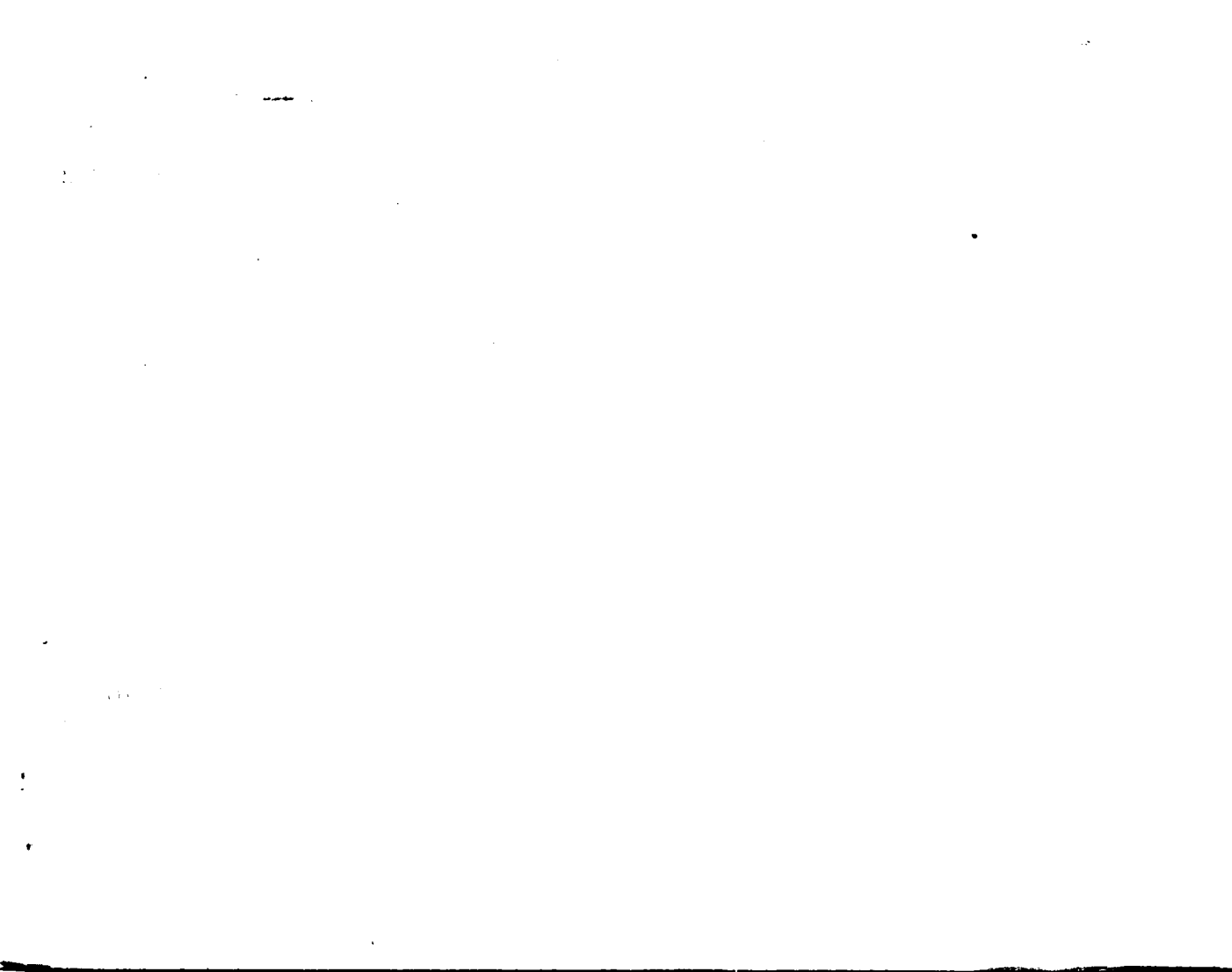
19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

154-224-003-362

amended 8/22/80

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of **Bannock**

City of **Chesterfield**

Registration District No. **84**

File No. **79472**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. **2161**

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD **Virginia A. Anderson**

Sex of Child <b>female</b>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti mate? <b>yes</b>	Date of Birth <b>May 24th</b> (Month) (Day) (Year) <b>1920</b>
----------------------------	---	-------	--------------------------------	----------------------------	--

FULL NAME **Peter Anderson**

FATHER

RESIDENCE **Chesterfield**

COLOR **white** AGE AT LAST BIRTHDAY **47**  
(Years)

BIRTHPLACE **Brigham City Utah**

OCCUPATION **Farmer**

FULL MAIDEN NAME **Alice E. Tolman**

MOTHER

RESIDENCE **Chesterfield**

COLOR **white** AGE AT LAST BIRTHDAY **37**  
(Years)

BIRTHPLACE **Terwillio Co., Utah**

OCCUPATION **Housewife**

Number of child of this mother, including present birth **10** Number of children of this mother now living, including present birth **6**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** at **12.02 a.m.**  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) \_\_\_\_\_

**physician**

(Physician or midwife)

Given names added from a supplemental report.

**Virginia Anderson** 19 \_\_\_\_\_  
**W. B. Murphy** State Registrar

Address \_\_\_\_\_

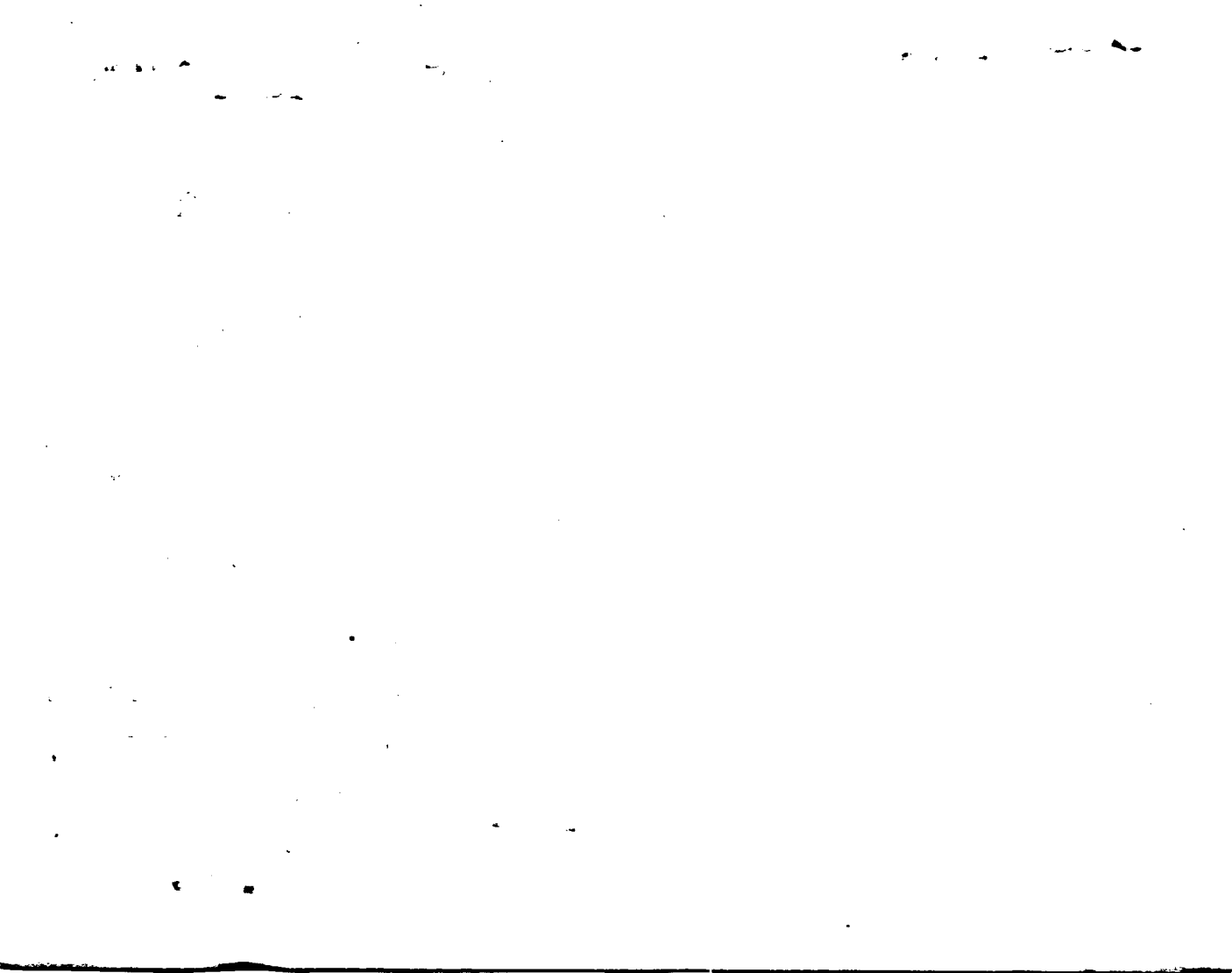
**Bancroft Idaho.**

Filed \_\_\_\_\_

**1920**

19 \_\_\_\_\_

Registrar





STATE OF IDAHO

## BOARD OF HEALTH--BUREAU OF VITAL STATISTICS.

## SUPPLEMENTAL REPORT OF BIRTH

Place  
of Birth

City

Street and House No.

County

Registered No.

Registration Dist. No.

Sex of Child

Date of Birth

MONTH

DAY

YEAR

Father

Mother

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Virginia Anderson.

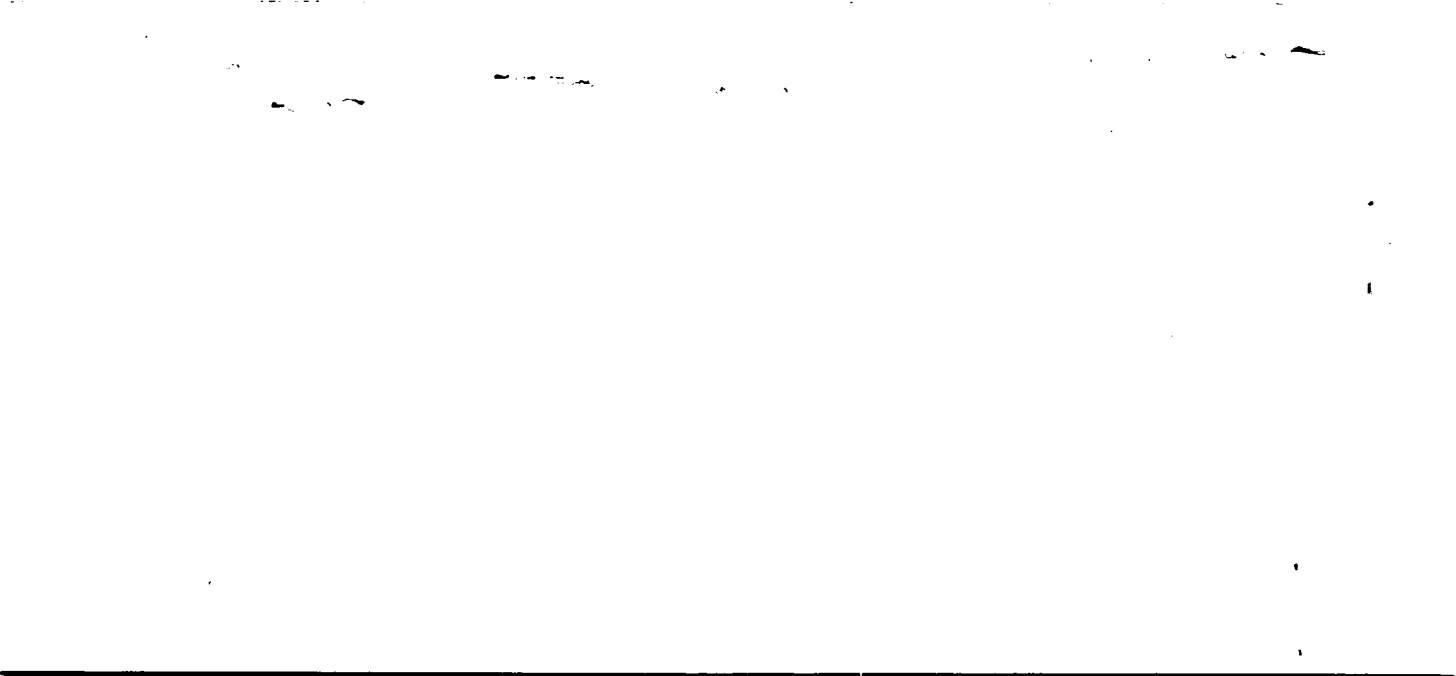
GIVEN NAME IN FULL

SURNAME

as reported by

FATHER OF MOTHER

LOCAL REGISTRAR



7-17-80

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

AUG 7 1980

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }Certificate No. 79472

Date Filed \_\_\_\_\_

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Anderson who was born on May 25, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)in Chesterfield (Bannock) are erroneous or were omitted:  
(Place of Event)ITEMS TO BE CORRECTED  
child's nameFROM  
omitted

TO

Virginia HillyardVirginia A. Hillyard

birth date corrected

from May 25 to May 24

May 24, 1920Subscribed and sworn to before me this 4 day ofAugust, 19 80.Notary Public Trudy HillyardResiding at Trudy Hillyard

My commission expires \_\_\_\_\_

(Seal)

Lincoln

My Commission Expires: May 25, 1984

Notary Public

State of

Wyoming

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }(Must be completed ☐)(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

Patriarchal Blessing for Virginia A. Hillyard daughter of Hans Peter Anderson and Alice Elnorea Tolman. born May 24, 1920 at Kelly, Idaho. viewed by V. S.

Transcritp from Star Valley High schhool, Afton, Wyoming gives namea s Virginia Anderson. born May 24 1920. father's name as Peter Anderson. for school year 1934-1935 viewed by V. S.

289-109-003-249

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

## CERTIFICATE OF BIRTH

County of BattmanCity of Lava Hot SpgRegistration District No. 34File No. 79473

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 34

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD TELFORD Smith Byington

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>MAY</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Emile Byington</u>			FULL MAIDEN NAME MOTHER <u>Lidie Smith</u>	
RESIDENCE <u>Pebble Idaho</u>			RESIDENCE <u>Pebble Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)		
BIRTHPLACE <u>Nenan Idaho</u>			BIRTHPLACE <u>Rawlston Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at the date above stated.

(Born alive or stillborn)

at 2:00 P. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

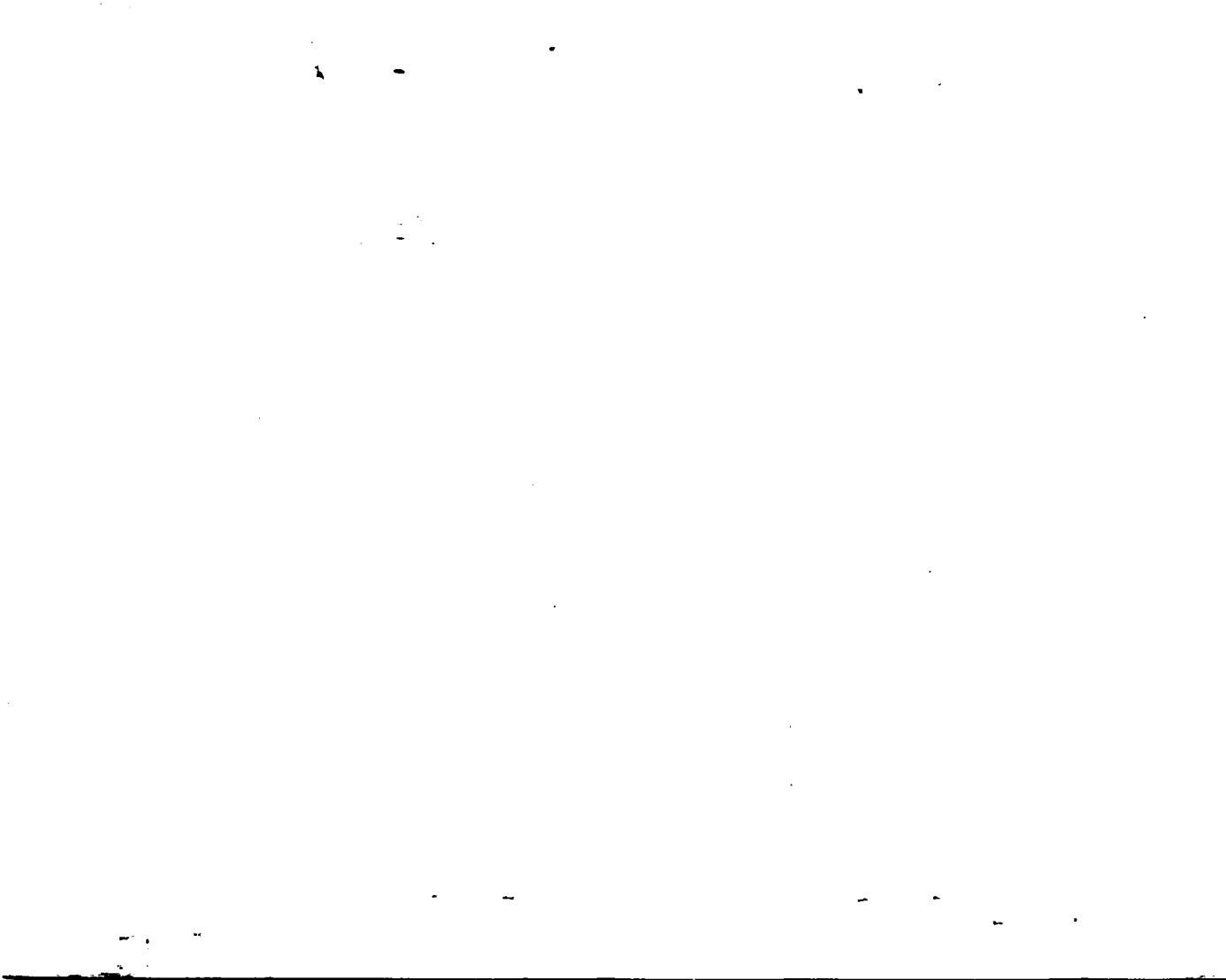
(Signature)

Address \_\_\_\_\_

Filed \_\_\_\_\_

MAY 31 1920

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of.....) Certificate No.....79473.....  
County of.....)ss Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate  
of.....for.....who.....  
(birth or death) (Name on original certificate) (was born or died)  
on.....in.....are erroneous or were omitted;  
(Date of event) (Place of event)  
and that, to the best of his knowledge, the true facts of the case as shown  
by.....prepared on.....are:  
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED FROM TO  
(Name, birthdate,etc.) (As on original) (The correct facts)

Name no name given Telford Smith Byington  
.....  
.....  
.....

Subscribed and sworn to Signed.....  
before me this.....day (Signature of parent or attendant if correct-  
of.....19.. ing a birth record; of attendant, funeral  
director, informant if correcting a death  
record; or other credible person.)

Notary Public.....  
Residing at..... (Street address, City, State)

My commission expires.....

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON  
(Both affidavits must be completed)

State of.....)  
County of.....)ss

The undersigned does solemnly swear that he has knowledge of the corrected  
facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to Signed.....  
before me this.....day (Signature of any credible person other than  
of.....19.. the previous affiant.)

Notary Public.....  
Residing at..... (Street address, City, State)

My commission expires.....

(SEAL)

1946 8 9M

14-11-6





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-207-003-252

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bannock

City of Pocatello

No. 1759 Roosevelt St.

Registration District No. 84

File No. 79474  
6011

Hospital \_\_\_\_\_ Primary Registration District No. 2161 Registered No. 3173

FULL NAME OF CHILD Marjory Ellen Morgan

Sex of Child F. Twin Triplet or other? - and - Number in order of birth - Legitimacy? yes Date of Birth 6-7-20  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER James R. Morgan  
RESIDENCE Pocatello

COLOR W. AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Missouri

OCCUPATION Loco fireman

FULL MAIDEN NAME MOTHER Edith Keating  
RESIDENCE Pocatello

COLOR W. AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE So. Dakota

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. J. Keating  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello  
Filed June 9 1920 Chas. E. Keating  
Registrar

JAN 26 1943

DEC 12 1951

947-203-003-212 amend 12-18-81

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannockCity of Pocatello (Fairview)Registration District No. 84File No. 79475No. 956St. LansdownePrimary Registration District No. 2161Registered No. 3172

Hospital \_\_\_\_\_

FULL NAME OF CHILD June Eleanor RuppSex of Child J.Twin  
Triplet  
or other?{ and } Number  
in order  
of birthLegiti  
mate? YesDate of  
Birth 6-3

(Month) (Day)

19 20  
(Year)FULL  
NAME Father Rupp

FATHER

FULL  
MAIDEN  
NAME Ruby Baker

MOTHER

RESIDENCE PocatelloRESIDENCE PocatelloCOLOR W.AGE AT LAST  
BIRTHDAY 31  
(Years)COLOR W.AGE AT LAST  
BIRTHDAY 29  
(Years)BIRTHPLACE UtahBIRTHPLACE WyomingOCCUPATION A. B. Insgr.OCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 1.30 P. M.  
on the date above stated. Born alive or stillborn\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Dr. Roberts

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address PocatelloFiled June 9 19 20

Registrar

Registrar J. B. Lacey

**CERTIFICATE OF BIRTH**  
**BUREAU OF VITAL STATISTICS**  
**STATE OF IDAHO**

18-81-81

501-800-51-5

Form V. B. No. 11

File No.

11 MAY 1911

WYCHITSA

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IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of IDAHO } ss. **BUREAU OF VITAL STATISTICS** Certificate No. 79475  
County of BANNOCK }  
Date Filed June 3, 1920  
birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Baby Rupp who was born on June 3, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pocatello, Idaho  
(Place of Event)  
true facts are shown by cert. of baptism, & cert. of baptism, are 1926 are erroneous or were omitted; and that, to the best of his knowledge, the  
prepared on July 8, 1928, July 4, 1920 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Name of Child Baby Rupp June Eleanor Rupp

Subscribed and sworn to before me this 15th day of  
December, 1921  
Medard A. Lueders  
Notary Public, residing at Pocatello  
My commission expires 9 October 1923  
(Seal)

Signed June Eleanor Rupp  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
County of \_\_\_\_\_ } (See Chapter 139, 1937 Idaho Session Laws.)  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_  
Signed \_\_\_\_\_  
(Signature of Any Credible Person)  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)

Cert of Baptism from LDS Church gives June Eleanor Rupp born  
6-3-20 at Pocatello to Georg Rupp and Ruby Baker was baptised  
7-8-28. Viewed by V.S.

**DEC 18 1981**

Cert of Blessing from LDS Church gives June Eleanor Rupp born 6-3-20  
at Pocatello to Geore Earl Rupp and Ruby Eleanor Baker was blessed  
7-4-20. Viewed by V.S.

234-101-003-966

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloNo. R.F.D. St.Registration District No. 84File No. 79476

Hospital \_\_\_\_\_

Primary Registration District No. 2161Registered No. 3171FULL NAME OF CHILD Boy — Stewart

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 1 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>James E Stewart</u>	FATHER
RESIDENCE <u>Pocatello Ida R.F.D.</u>	
COLOR <u>wht.</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ruby Rowley</u>	MOTHER
RESIDENCE <u>Pocatello Ida R.F.D.</u>	
COLOR <u>wht.</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>W.W.</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive June 1/20 at 527am on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

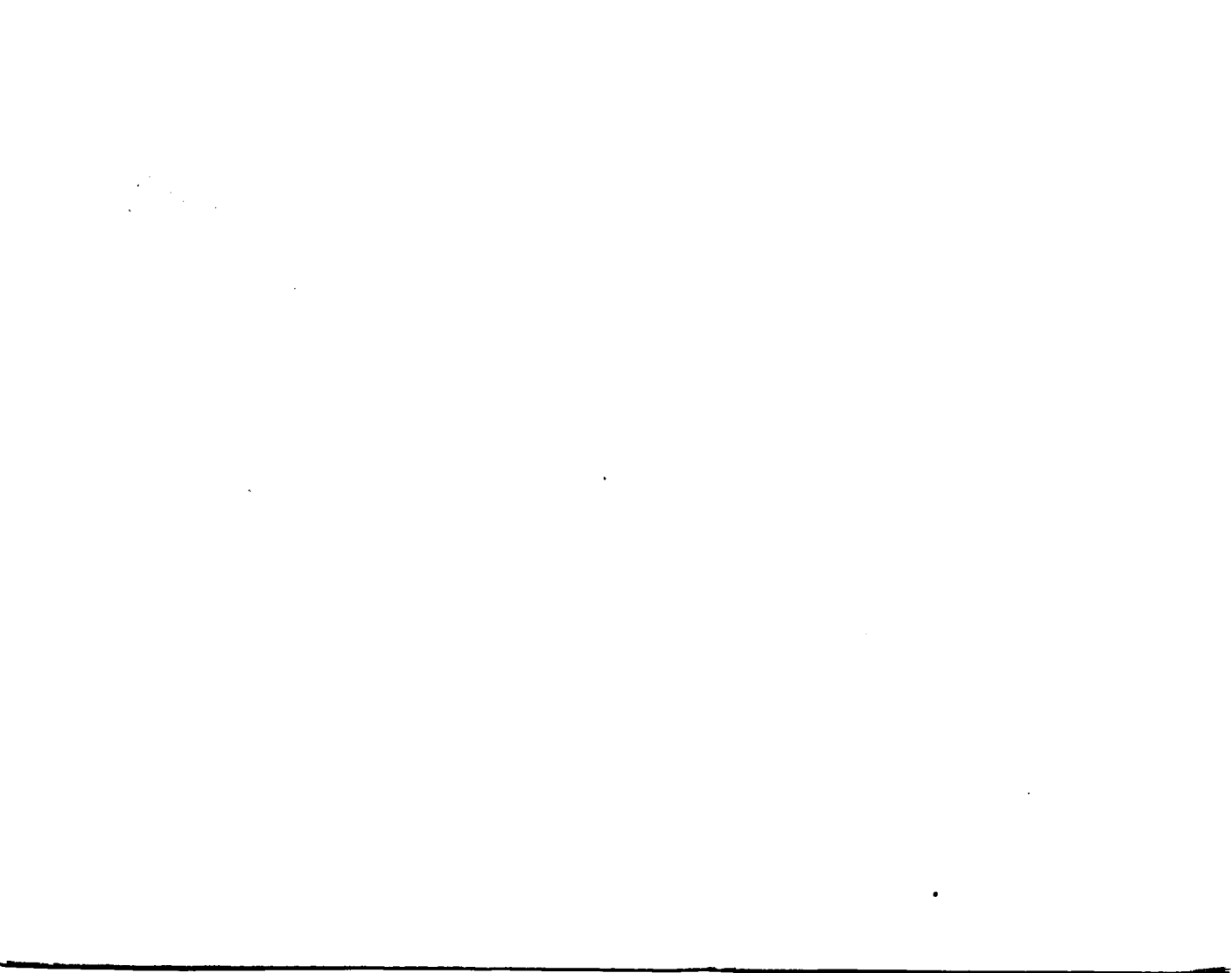
(Signature) J. F. Miller m.d.  
Pocatello Ida.  
(Physician or midwife)

Address Pocatello Idaho

Filed June 7 1920 O. B. Steere  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





155-230-003-963

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BernatchCity of PocatelloRegistration District No. 84File No. 79477No. 1301 No 2. St.Primary Registration District No. 2161Registered No. 3170

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Violet Mary JensenSex of  
ChildF.Twin  
Triplet  
or other?

- { and } -

Number  
in order  
of birth

- { and } -

Legiti  
mate?yesDate of  
Birth5-30-1920  
(Month) (Day) (Year)FULL  
NAMEEphraim Busch Jensen

FATHER

FULL  
MAIDEN  
NAMEMary Elizabeth Collins

MOTHER

RESIDENCE

Pocatello

RESIDENCE

Pocatello

COLOR

W.AGE AT LAST  
BIRTHDAY26  
(Years)

COLOR

W.AGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Idaho

OCCUPATION

Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at S. P. M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Address

Physician or midwife)

Filed

June 9, 1920 O. R. Stealy  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

K

MAR 24 1943

MAR 25 1943

593-127-005-369

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloRegistration District No. 84File No. 79478

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Pocatello General Primary Registration District No. 216Registered No. 3169

FULL NAME OF CHILD

Bert Lee Nichols

Sex of Child

MaleTwin  
Triplet  
or other?

(To be answered only in event of plural births)

{ and } Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthMay 27 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Bert John Nichols

RESIDENCE

522 North Garfield

COLOR

White

AGE AT LAST

BIRTHDAY 39  
(Years)

BIRTHPLACE

Rocky Bar Idaho

OCCUPATION

CookFULL  
MAIDEN  
NAME

MOTHER

Ada Lee Corbridge

RESIDENCE

522 North Garfield

COLOR

White

AGE AT LAST

BIRTHDAY 25  
(Years)

BIRTHPLACE

Pocatello Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was 5-27-1920, at 1:30 a.m. M.  
on the date above stated. (Born alive or stillborn){ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

D. C. Ray M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

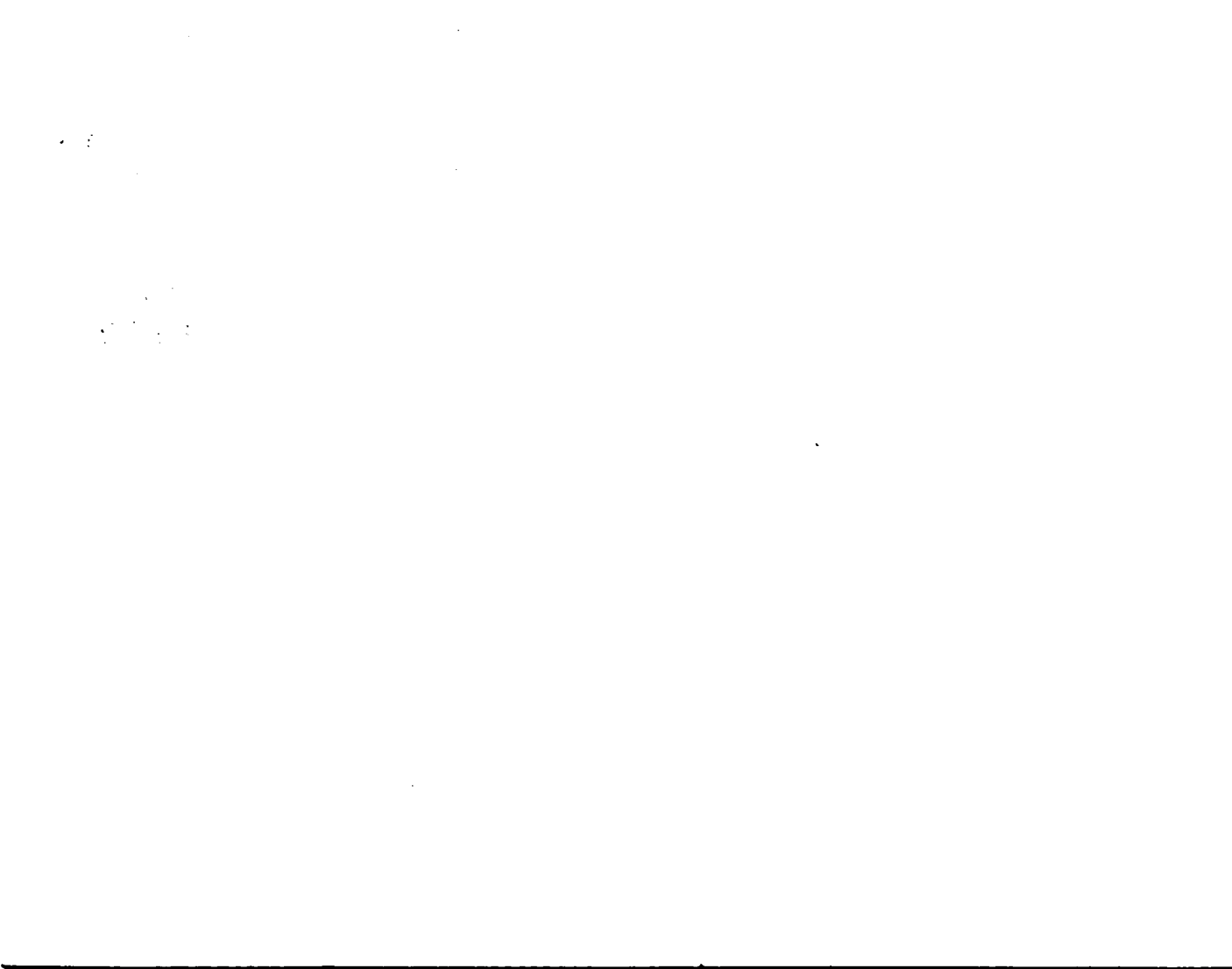
Pocatello Idaho

Filed

6-81920

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

816 - 225-003-29.2-

PLACE OF BIRTH

amend 2-26-82

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of Bannock

City of Hawkins

Registration District No. 84

File No. 79479

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161

Registered No. 3168

Hospital \_\_\_\_\_

Venetta Lorraine Hawkes

FULL NAME OF CHILD

Sex of Child

girl

Twin  
Triplet  
or other?

and

Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of  
Birth

May 25

1920

FULL  
NAME

W. C. Hawkes

FULL  
MAIDEN  
NAME

Martha J. Sikes

RESIDENCE

Hawkins, Ida.

RESIDENCE

Hawkins, Ida.

COLOR

white

AGE AT LAST  
BIRTHDAY

29

(Years)

COLOR

white

AGE AT LAST  
BIRTHDAY

25

(Years)

BIRTHPLACE

Park City, Utah.

BIRTHPLACE

Park City, Utah.

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

(Signature)

William J. McCallum, M.D.  
McCallum, Ida  
(Physician or midwife)

Address

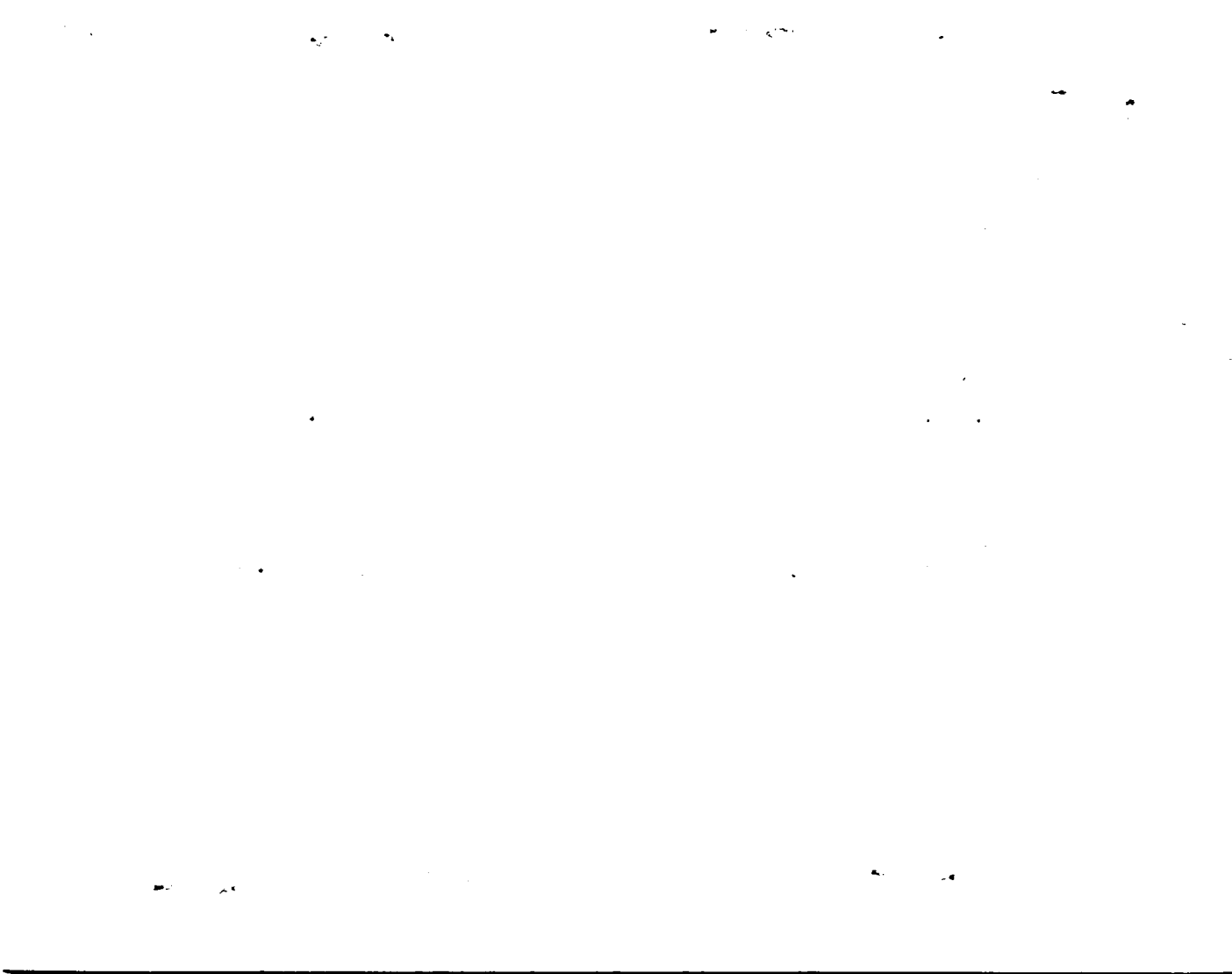
McCallum, Ida

Filed

June 9th 1920

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Bannock } ss.  
Certificate No. 79479  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Venita Hawks who was born on May 25, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Hawkins, Idaho (Bannock) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name Venita Hawks Venetta Lorraine Hawkes  
father's last name Hawks Hawkes

Subscribed and sworn to before me this 16<sup>th</sup> day of

Signed Donna L. Sadley  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho  
My commission expires May 14, 1982  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16<sup>th</sup> day of

Signed Lee L. Barnes  
(Signature of Any Credible Person)

Notary Public, residing at Idaho  
My commission expires May 14, 1982  
(Seal)

Idaho  
(Street Address, City, State)

**FEB 26 1982**

LDS Church Record gives Venetta Lorraine Hawkes born 5-25-20 in Hawkins to William Conrad Hawkes and Martha Jane Sikes was baptised 11-6-37. Viewed by V.S.

Marriage Certificate from State of Utah County of Cache gives Willis Albert Barfuss and Venetta Lorraine Hawkes were married 9-16-37 at Logan, Utah. Viewed by V.S.



168-125-003-249

Form-V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloNo. 335 66 4th St.Hospital General

FULL NAME OF CHILD

Registration District No. 84File No. 79480Primary Registration District No. 2161Registered No. 3167Robert W. JohnsonSex of Child MaleTwin  
Triplet  
or other?1

and

Number  
in order  
of birth1

(To be answered only in event of plural births)

Legiti  
mate?YDate of  
BirthMay 25 20  
(Month) (Day) (Year)FULL  
NAMENels O Johnson

FATHER

FULL  
MAIDEN  
NAMEEsther Burnett

MOTHER

RESIDENCE

235 A. 4th Pocatello Idaho

RESIDENCE

Same

COLOR

WhiteAGE AT LAST  
BIRTHDAY35  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Bryson Co. N. C.

OCCUPATION

R.R. Conductor

OCCUPATION

HousewifeNumber of child of this mother, including present birth, 3 Number of children of this mother now living, including present birth, 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1:20 A.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

(Signature)

W. J. Howard M.D.

(Physician or midwife)

Address

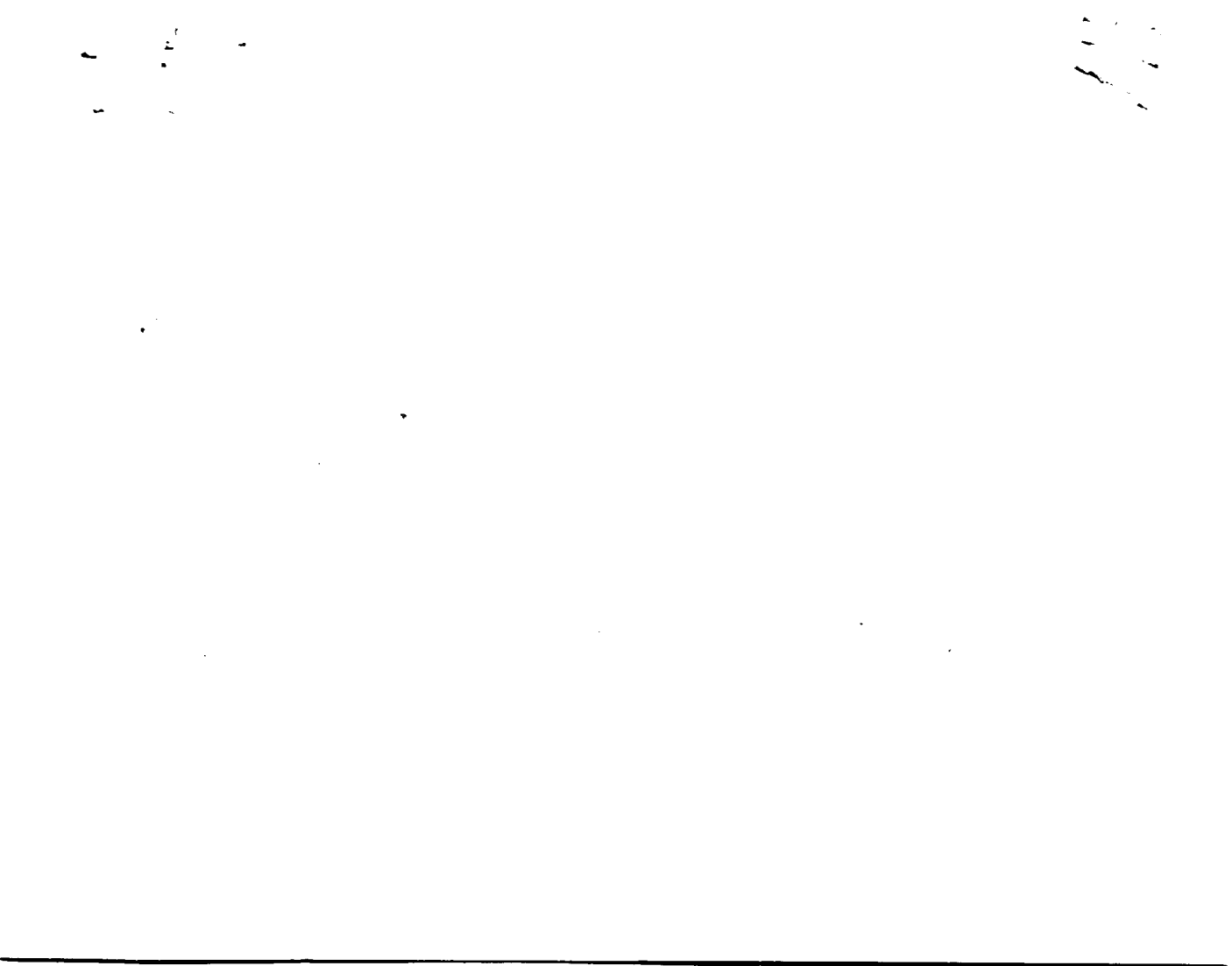
Pocatello Idaho

Filed

June 5 1920

Registrar

Registrar



1948

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho  
County of Bannock } ss.

Certificate No. 79480

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Robert William Johnson  
for Johnson who born on May 25, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record prepared on June 1, 1900, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

Name

Unnamed

Robert W. Johnson

Subscribed and sworn to before me this 13th  
day of October, 19 43

F. E. Tydeman

Notary Public, residing at Pocatello, Idaho

My commission expires Feb. 12, 1944  
(Seal)

Signed Mary E. Johnson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

335 So. 4th. Ave. Pocatello, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho  
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th  
day of October, 19 43

F. E. Tydeman

Notary Public, residing at Pocatello, Idaho

My commission expires Feb. 12, 1944  
(Seal)

Signed Mrs. Edwin M. Barnes  
(Signature of Any Credible Person Other Than Previous Year)

335 So. 4th. Ave. Pocatello  
(Street Address, City, State) Idaho

OCT 19 1942

JUL 5 1972

396-123  
003-453

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84

File No. 379481

No. 538 no 6R St.

Primary Registration District No. 2161

Registered No. 3166

Hospital                     

FULL NAME OF CHILD CYRIL LAVOY Crosby

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>May 22 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	---	-------------------------------	---

FULL NAME Charles W. Crosby FATHER  
RESIDENCE Talor Idaho  
COLOR White AGE AT LAST BIRTHDAY 41  
(Years)  
BIRTHPLACE Hudson, Minn  
OCCUPATION Rancher

FULL MAIDEN NAME Barbara Fetting MOTHER  
RESIDENCE Same  
COLOR White AGE AT LAST BIRTHDAY 36  
(Years)  
BIRTHPLACE Strasbourg, Russia  
OCCUPATION Hs wif

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 150 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.

(Physician or midwife)

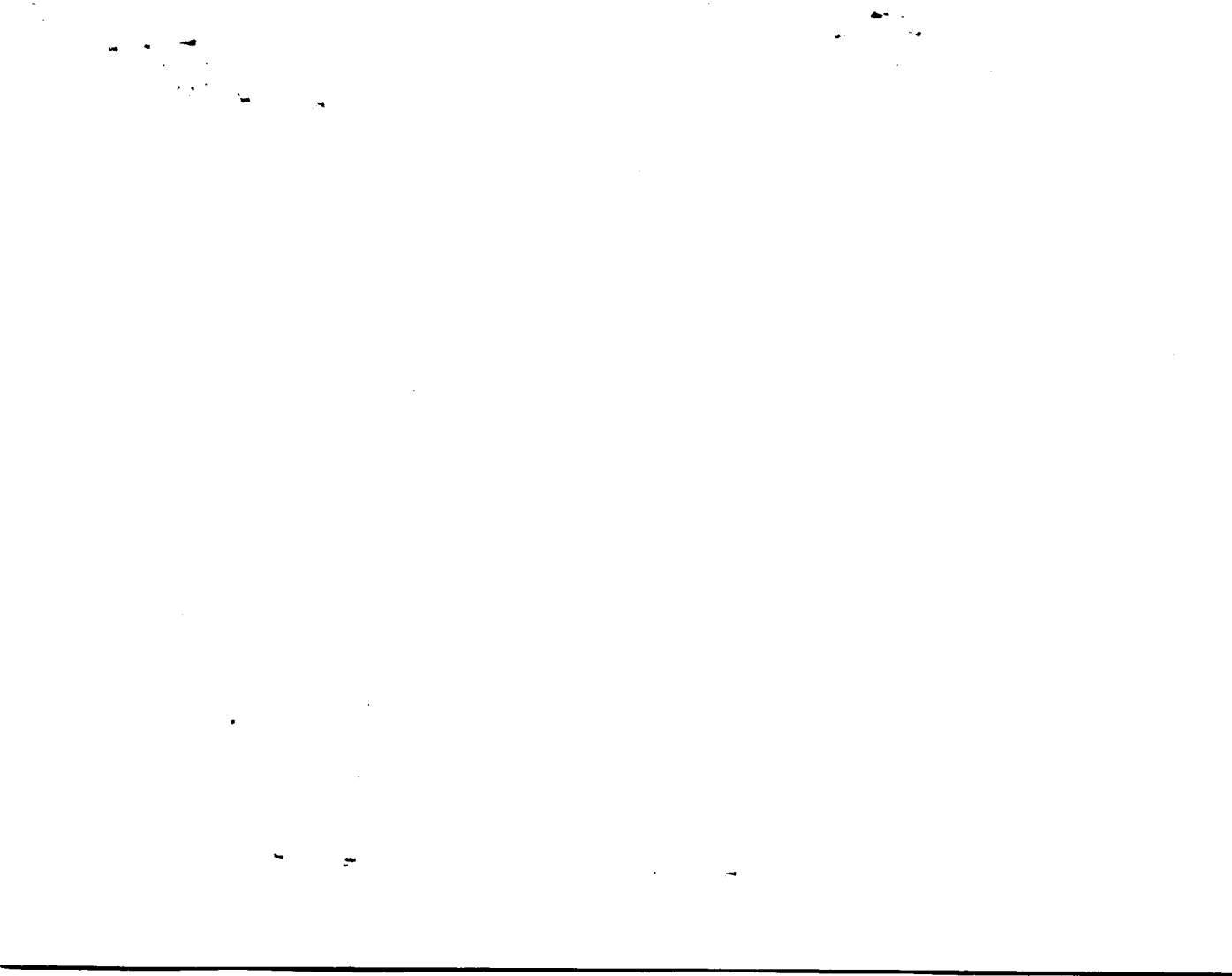
Given names added from a supplemental report.

Address Pocatello - Idaho

Filed June 5, 1920 O. B. Stealy  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Minn. }  
County of Ramsey } ss. Certificate No. 79481  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Cyril Lavoy Crosby who was born on May 22, 1920  
in Pocahontas, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)  
(PLACE OF EVENT) (DATE OF EVENT)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by Records in State at prepared on Dec 29, 1942, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Cyril Lavoy Crosby

Subscribed and sworn to before me this 2nd  
day of January, 1943

Lang Benson  
Notary Public, residing at St Paul  
My commission expires Aug 15-1948  
(SEAL) LOU J. SARGENT, Notary Public, State of Minn.

Signed Mrs. Chas. Crosby  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-  
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
126 Valley St. St Paul Minn.  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Minn. }  
County of Ramsey } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and  
that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd  
day of January, 1943

Lang Benson  
Notary Public, residing at St Paul  
My commission expires Aug 15-1948  
(SEAL)

Signed Charles W Crosby  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
Father  
126 Valley St. St Paul Minn.  
(STREET ADDRESS, CITY, STATE)

Received for filing on Jan 29 1943 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

DEC 3 1971

JAN 11 1943

APR 2 1943



619-221-003-391

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79482

County of PennockCity of PocatelloRegistration District No. 84File No. 59No. Gen. Hosp.

St.

Hospital GeneralPrimary Registration District No. 2161Registered No. 3165

FULL NAME OF CHILD

Doris Pauline Farthing

Sex of Child

femaleTwin  
Triplet  
or other? no

and

Number  
in order  
of birth 1

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

May 2119 20  
(Month) (Day) (Year)

FULL NAME

FATHER

Linke M Farthing

RESIDENCE

Pocatello Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY29  
(Years)FULL  
MAIDEN  
NAME

MOTHER

Lydia Pauline Craft

RESIDENCE

Pocatello Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Columbia Mo.

OCCUPATION

Loco fireman

BIRTHPLACE

Prairie Grove, Ark

OCCUPATION

housewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(Born alive or stillborn)

at L A M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. B. Breezy

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

June 1, 1920

Registrar

Registrar

FEB 8 1944

918-217-003-795

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79483

County of BannockCity of McCammon, IdahoRegistration District No. 84 File No. 59

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161 Registered No. 3164

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 17 1920</u> (Month) (Day) (Year)
--------------------------	---	---------	--------------------------------	----------------------------	--

FULL NAME FATHER  
Joseph G. RayRESIDENCE  
McCammon, IdahoCOLOR white AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE  
South DakotaOCCUPATION  
FarmerFULL MAIDEN NAME MOTHER  
Charlotte A. GreenRESIDENCE  
McCammon, IdahoCOLOR white AGE AT LAST BIRTHDAY 31  
(Years)BIRTHPLACE  
IdahoOCCUPATION  
HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 1:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Wilson J. McNeil  
Physician & Surgeon  
(Physician or midwife)

Given names added from a supplemental report.

Thomas L. Linn 19 \_\_\_\_\_

Address

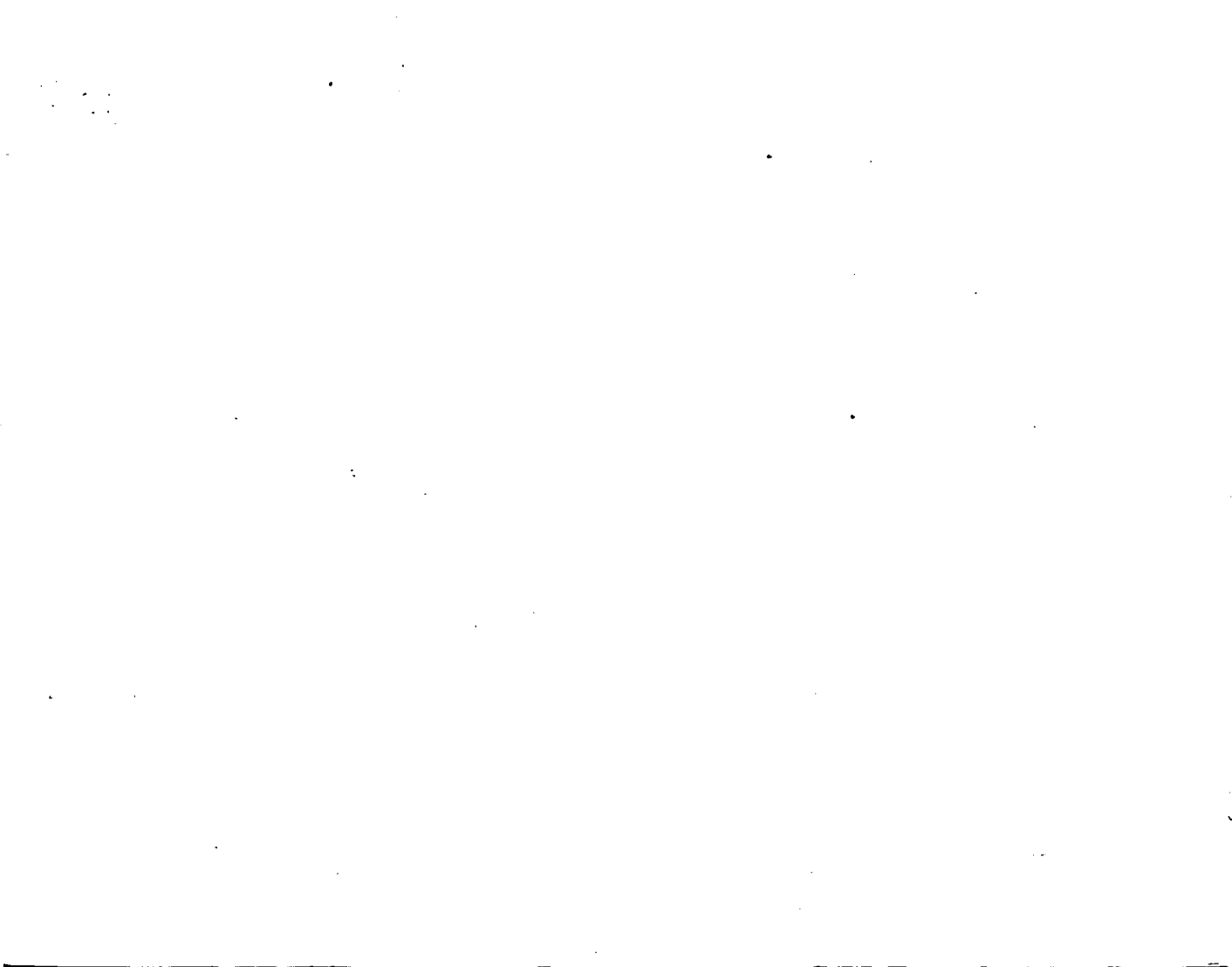
McCammon, Idaho  
Filed June 9, 1920 OT Steele  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866 - 214-003-419

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79485

County of Bannock

City of Druid

No. 646 No Grant Ave

Registration District No. 84

File No. 59

3162

Hospital                     

Primary Registration District No. 2161

Registered No. 5

FULL NAME OF CHILD

Mary Day Hofhine

Sex of Child <u>Female</u>	Twin Triplet or other? <u>                    </u>	and <u>                    </u>	Number in order of birth <u>                    </u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 14 30</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME Rulon H. Hofhine  
RESIDENCE East Lake City - Utah  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Chesterfield, Idaho  
OCCUPATION Hotel Clerk

MOTHER  
FULL MAIDEN NAME Thelma Dameron  
RESIDENCE Same  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Deseret Utah.  
OCCUPATION Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Druid Idaho.

Filed June 5, 1920

Registrar

Registrar J. B. Steele

DEC 8 1959

356-205-003-231

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79487

County of BannockCity of Mc CammonRegistration District No. 84File No. 59

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161Registered No. 3160

Hospital \_\_\_\_\_

FULL NAME OF CHILD Dorothy Lila LewisSex of  
ChildgirlTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?yesDate of  
BirthMay 5 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Delbert LewisFULL  
MAIDEN  
NAMEMOTHER  
Margaret Staley

RESIDENCE

Mc Cammon, Ida

RESIDENCE

Mc Cammon, Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Mc Cammon, Ida  
Auto Mechanic

BIRTHPLACE

Idaho, Ida  
Housewife

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

Alive2:15 A.M.

(Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

Wilson J. Mc Cammon  
Mc Cammon Ida

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Mc Cammon Ida  
June 9 1920  
O. Staley

Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

1A



WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-127-003-719

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 11-C-22m-8-8-17

79488

County of... BannockCity of... PocatelliNo... 211 E. Center St.Hospital... St. Anthony'sRegistration District No. 84File No. 59Primary Registration District No. 21.61Registered No. 3159FULL NAME OF CHILD... Joseph Edward Martinez

Sex of Child

mTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and Number  
in order  
of birthLegiti-  
mate?yesDate of  
BirthMay 27 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
John Martinez

RESIDENCE

211 E. Center

COLOR

wh.AGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Colorado

OCCUPATION

LaborerFULL  
MAIDEN  
NAME

MOTHER

Alice Perea

RESIDENCE

same

COLOR

wh.AGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Wyoming

OCCUPATION

housewifeNumber of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... alive... at... 9.2 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) ... J. P. Young ...

(Physician or midwife)

Given names added from a supplemental report.

Address... Pocatello IdahoFiled... June 2 20 ... O. H. Stee

Registrar

Registrar

OCT 25 1962

693-125-003-433

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79489

County of BenewahCity of PocatelloRegistration District No. 84 File No. 59No. 521 N. Harrison St.Primary Registration District No. 2161 Registered No. 3158

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Frank Ross

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 25</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FATHER  
FULL NAME Frank Robert WilsonRESIDENCE 521 N. Harrison Pocatello, IdahoCOLOR white AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE Pomeroy, OhioOCCUPATION FiremanMOTHER  
FULL MAIDEN NAME Jane Alice McCorkleRESIDENCE 521 N. Harrison, Pocatello, IdahoCOLOR white AGE AT LAST BIRTHDAY 25 (Years)BIRTHPLACE Chaff City, KansasOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 8 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Idaho  
Filed June 1, 1920 Registrar J. H. Stone

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1967

1/30/41 L. B. 2 copies

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-124-003-282

## PLACE OF BIRTH

County of BannockCity of PocatelloNo. 818 So 5 Ave St.

Hospital .....

FULL NAME OF CHILD

Jeddie DeanSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-4-17

## CERTIFICATE OF BIRTH

79490

Registration District No. 84 File No. 59Primary Registration District No. 2161 Registered No. 3157

Sex of Child Male Twin Triplet or other? no and in order of birth 1st Legitimate? yes Date of Birth 5/24/20  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Chas B. McCurdyRESIDENCE 818 So 5 AveCOLOR wh AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE Loma IdaOCCUPATION LaborFULL MAIDEN NAME MOTHER Emma RykerRESIDENCE SameCOLOR wh AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE Ida Falls IdaOCCUPATION housewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:40 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. R. Young

(Physician or midwife)

Address Pocatello IdahoFiled June 7, 1920 O. Steele

Registrar

Registrar

FEB 4 1943

N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395 - 224-003-684  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-2-17

79491

County of Bannock

City of Pocatello

Registration District No. 84

File No. 59

No. St.

Primary Registration District No. 2.1.6.1

Registered No. 3156

Hospital

FULL NAME OF CHILD Bernice Linderman

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>May 24 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------------	------------------------	--

FATHER  
FULL NAME James Linderman  
RESIDENCE Pocatello Ida. 558 So. 2nd  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Springfield Ill.  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Christina Weymach  
RESIDENCE Pocatello Ida.  
COLOR White AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Broadia Neb.  
OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. M. Newton

Given names added from a supplemental report.

(Physician or midwife)

Address Pocatello Idaho

Filed May 20 1920

Registrar

Registrar

AUG 7 1975





OFFICIAL SEAL  
ANITA JONES  
NOTARY PUBLIC - CALIFORNIA  
PRINCIPAL OFFICE IN  
LOS ANGELES COUNTY  
My Commission Expires Jan. 29, 1979



OFFICIAL SEAL  
RICK JACKSON  
NOTARY PUBLIC - CALIFORNIA  
PRINCIPAL OFFICE IN  
LOS ANGELES COUNTY  
My Commission Expires August 7, 1977

RECEIVED  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
JUL 24 1 40 PM '75

# Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of CALIFORNIA

Certificate No. 79491

County of LOS ANGELES

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Linderman (female) who was born on May 24, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by prepared on are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name

Unnamed

Bernice Linderman

Subscribed and sworn to before me this 15th day of

Signed

Eileen Bernstein  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 488 Pier, Santa Monica

My commission expires 8/7/77

(Seal)

10131 Oso, Chatsworth, Ca.  
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA

County of LOS ANGELES

ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of

Signed

(Signature of Any Credible Person)

Notary Public, residing at 7340 Amsterdam, Van Nuys, Ca.

My commission expires 1/29/79

(Seal)

(Street Address, City, State)

SEP 3 1975

Cradle Roll Certificate gives name as Bernice Linderman born May 24, 1920 at Pocatello, Idaho. entered on record April 26, 1924. viewed by V. S.

Certif of Baptism from Catholic church gives name as Bernice Linderman daughter of James Linderman and Christina Dyemich. born May 24, 1920 in Pocatello, Idaho. Baptized June 20, 1941. viewed by V. S.,

895-222-003-168

PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-8-8-17

County of Bannock

CERTIFICATE OF BIRTH

79492

City of Pocatello

Registration District No. 84

File No. 59

No. 1221 N Garfield

Primary Registration District No. 2161

Registered No. 3155

Hospital

FULL NAME OF CHILD Florence Ruby - Nines

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	Date of Birth <u>5 22 20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Benjamin Nines</u>	FATHER
RESIDENCE <u>1221 N Garfield</u>	
COLOR <u>wh.</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Blackfoot Ida</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Hanna Johnson</u>	MOTHER
RESIDENCE <u>same</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Firth - Ida -</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 40 P on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Young

Given names added from a supplemental report.

(Physician or midwife)

19

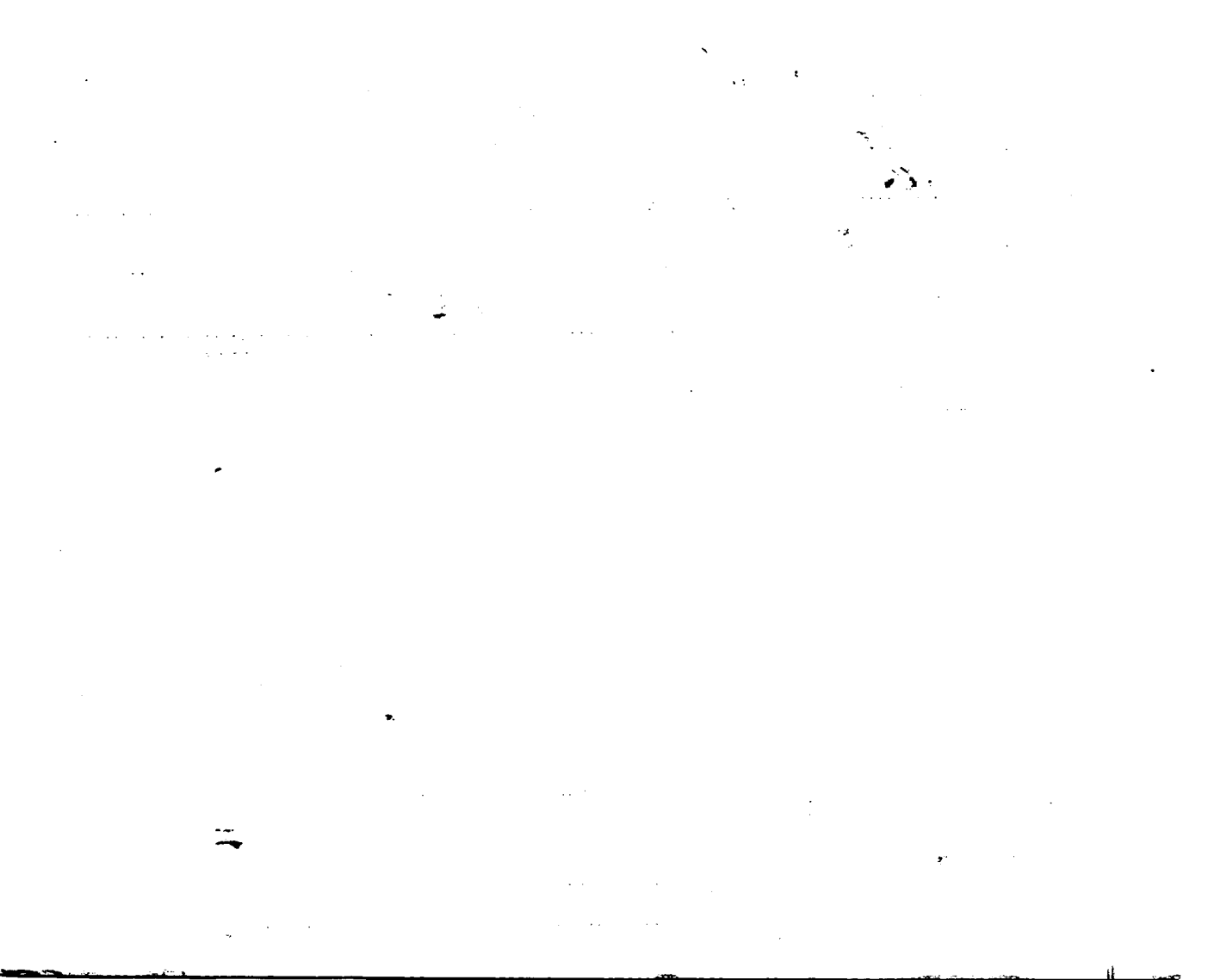
Address Pocatello Idaho

19

File June 2 1920

Registrar

Registrar



235-218-003-818

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-9-8-17

County of PannockCity of PocatelloNo. North Pocatello - St.

## CERTIFICATE OF BIRTH

79493

Registration District No. 84File No. 59Primary Registration District No. 2161Registered No. 3154

Hospital .....

## FULL NAME OF CHILD

Mar. Bell - Stewart

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>5/18</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

## FULL NAME

FATHER  
Carl Stewart

## RESIDENCE

North Pocatello -

## COLOR

wh -

## AGE AT LAST BIRTHDAY

36  
(Years)

## BIRTHPLACE

Montana

## OCCUPATION

Expressman -

## FULL MAIDEN NAME

## MOTHER

Grace Hayes

## RESIDENCE

same

## COLOR

wh -

## AGE AT LAST BIRTHDAY

34  
(Years)

## BIRTHPLACE

Wyoming -

## OCCUPATION

housewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 11:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

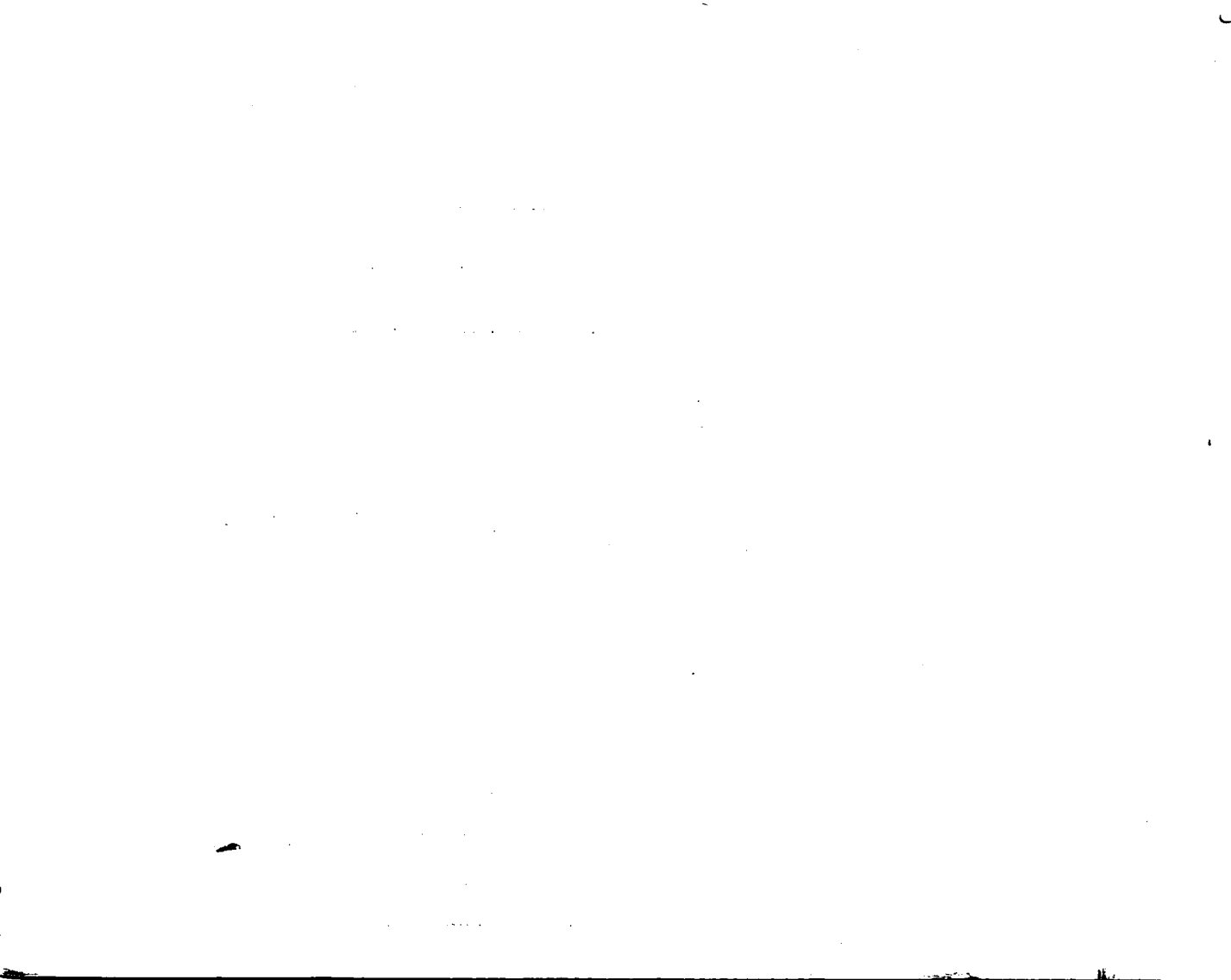
(Signature) J. R. Young

(Physician or midwife)

Address Pocatello, IdahoFiled June 20

Registrar

Registrar



986-113-003-343

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of PrattvilleNo. 321 W. Carter St.Registration District No. 84File No. 59

79494

Hospital \_\_\_\_\_

Primary Registration District No. 2161Registered No. 3153

FULL NAME OF CHILD

Suane Phoder

Sex of Child

maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti  
mate?yes

Date of Birth

May 13  
(Month) (Day)1920  
(Year)

FULL NAME

Fred Ethel Phoder

FULL MAIDEN NAME

Ethel Lee Lucas

RESIDENCE

321 W. Carter, Prattville Idaho

RESIDENCE

321 W. Carter, Prattville Idaho

COLOR

white

AGE AT LAST BIRTHDAY

33  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

26  
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Washington

OCCUPATION

Painter

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, at 1 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. W. Brothers  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Prattville Idaho

Filed

June 1, 1920 O. B. Street

Registrar

Registrar

AUG 4 1975



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

366-210-003-318

## PLACE OF BIRTH

County of GranvilleCity of PocatelloRegistration District No. 84

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Pocatello General Primary Registration District No. 2161File No. 59Registered No. 3152

## FULL NAME OF CHILD

Shirley Lourey

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 10</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

FATHER  
FULL NAME Ernest Eugene Lourey  
RESIDENCE 746 S 9 Ave. Pocatello Idaho  
COLOR white AGE AT LAST BIRTHDAY 43 (Years)  
BIRTHPLACE Manti, Utah  
OCCUPATION Police Officer

MOTHER  
FULL MAIDEN NAME Mathie Taylor  
RESIDENCE 746 S 9 Ave. Pocatello Idaho  
COLOR white AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Neghi, Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. W. Brothman  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address Pocatello IdahoFiled May 31, 1920

Registrar

Registrar

AUG 14 1944

864-210-003-857

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-0-22-3-17

CERTIFICATE OF BIRTH

79496

County of Bannock

City of Paratello

Registration District No. 84

File No. 59

No. 2161

Primary Registration District No. 2161

Registered No. 3151

Hospital Paratello General

FULL NAME OF CHILD Baris May young

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } Legitimate? <u>yes</u>	Date of Birth <u>May 10 1920</u> (Month) (Day) (Year)
----------------------------	---	--

FULL NAME <u>Henry young</u>	FATHER
RESIDENCE <u>Paratello</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Denmark</u>	
OCCUPATION <u>Painter</u>	

FULL MAIDEN NAME <u>Helen Hegland</u>	MOTHER
RESIDENCE <u>Paratello</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Norway</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive or still born at 7 P.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Rao M.D.  
Physician or midwife

Given names added from a supplemental report.

Address Paratello Idaho

Filed May 29 1920

Registrar

Registrar

DEC 19 1973

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

589-212-003-154

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-9-8-17

79497

County of BannockCity of PostelloNo. 825 N. 11 ave St.Registration District No. 84File No. 59Primary Registration District No. 2161Registered No. 3150

Hospital

FULL NAME OF CHILD

Miss Ernestine E. E. E.

Sex of Child <u>Female</u>	Twin Triplet or other? <u>  </u>	Number in order of birth <u>  </u>	Legitimate? <u>yes</u>	Date of Birth <u>April 12 1920</u> (Month) (Day) (Year)
----------------------------	----------------------------------	------------------------------------	------------------------	--

FULL NAME <u>Ernest E. E.</u>	FATHER	FULL MAIDEN NAME <u>Stella Andrews</u>	MOTHER
RESIDENCE <u>825 N. 11 ave</u>		RESIDENCE <u>same</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>4.3</u> (Years)	COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Sweden</u>		BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Laborer</u>		OCCUPATION <u>housewife</u>	

 Number of child of this mother, including present birth 4..... Number of children of this mother now living, including present birth 3.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was alive at 4 N P on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. K. E. E.Address Postello IdahoFiled June 2, 1920

Registrar

Registrar

OCT 19 1942

356-119-003-866

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

79498

County of BannockCity of PocatelloRegistration District No. 84File No. 59No. 650 N. Seventh St.Primary Registration District No. 2161Registered No. 3149Hospital St. Anthony Mercy

## FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>May 19</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	-------------------------------	---

FULL NAME <u>Marion A. Lewis</u>	FATHER
RESIDENCE <u>303 S. 8<sup>th</sup> Ave. - Pocatello, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Oxford, Idaho</u>	
OCCUPATION <u>Car Repairman</u>	

FULL MAIDEN NAME <u>Carman Howell</u>	MOTHER
RESIDENCE <u>303 S. 8<sup>th</sup> Ave. - Pocatello, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Clifton, Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 10:15 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dean Newton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

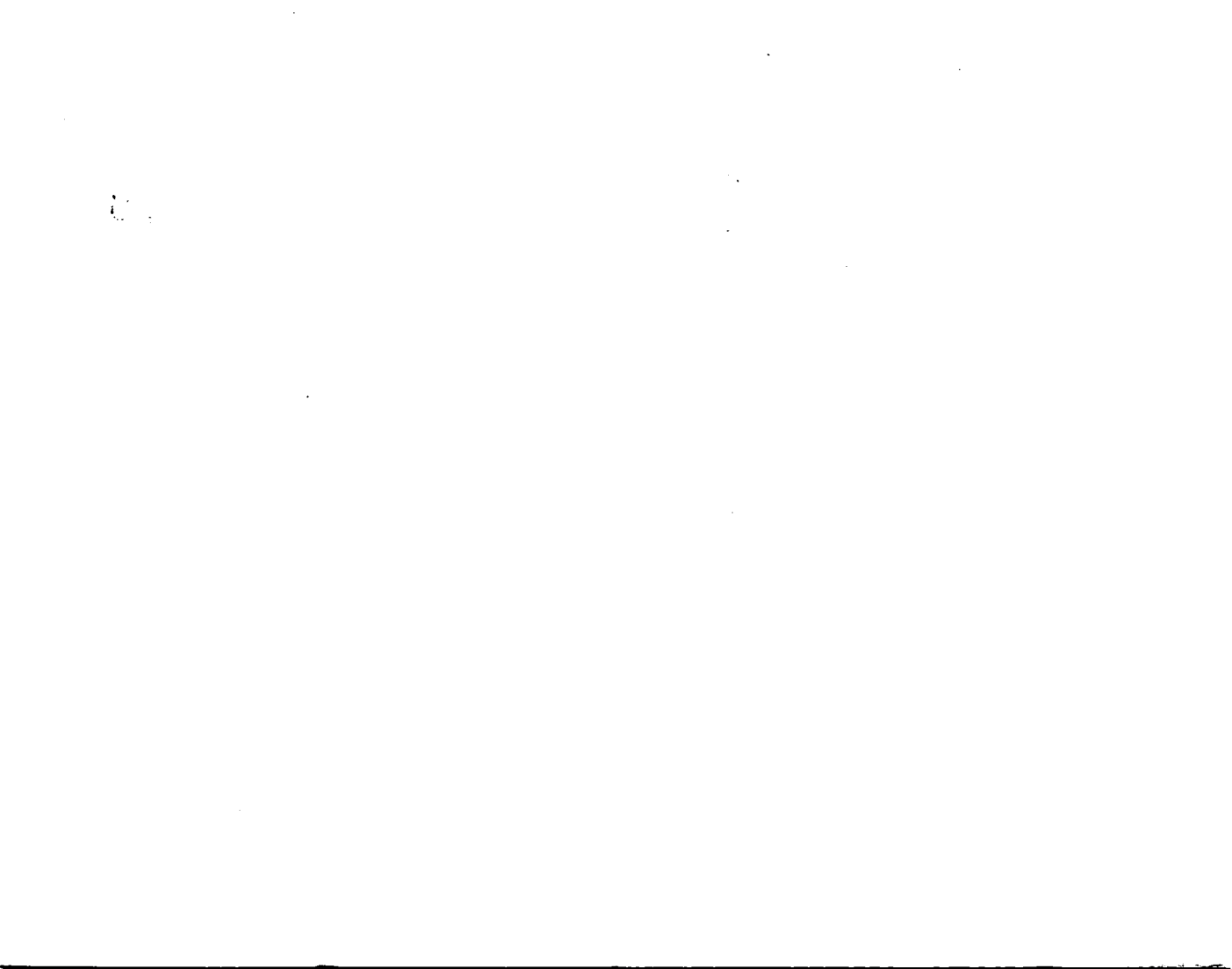
Pocatello, Idaho

Filed

May 20, 1920

Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

295-224-003-265-

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthony Mercy

FULL NAME OF CHILD

Registration District No. 84

File No. 79499  
59

Primary Registration District No. 2161

Registered No. 3148

Lois Irene King

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>April 24</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------	------------------------	--

FATHER  
FULL NAME Jesse Gregg King  
RESIDENCE 447 S. Third Ave. Pocatello, Idaho  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Yard Clerk

MOTHER  
FULL MAIDEN NAME Mabel Bonner  
RESIDENCE 447 S. Third Ave. Pocatello, Idaho  
COLOR White AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Pocatello, Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Newton

Given names added from a supplemental report.

(Physician or midwife)

Address Pocatello, Idaho

Filed May 25 1920 O. B. Stealy

Registrar

Registrar

. . . OCT 18 1972

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of .....  
County of .....  
Certificate No. 79499  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed King (Female) who was born on April 24, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name Unnamed Lois Irene King

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California }  
County of Orange } SS.

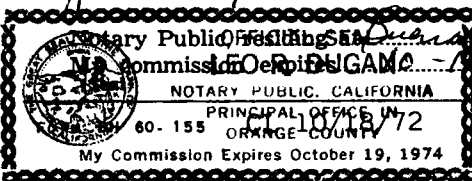
[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of  
January, 1973.

Signed Mrs. Wilma A. King McKin  
(Signature of Any Credible Person)

4834 Tweedy Blvd. South Gate Calif.  
(Street Address, City, State)



*RUSA!!*

Certificate of Marriage from California gives groom's name as Walter James McDonald and Lois Irene King. Dated May 23, 1941. Viewed by V. S. **FEB 7 1973**

Birth Certif. from Bell Mission Hospital of Bell, California gives child's name as Sharon Eileen McDonald daughter of Walter James McDonald and Lois Irene King given as the mother's maiden name. Born April 1, 1942. Viewed by V. S.

335-119-003-667

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79500

County of BannockCity of PocatelloRegistration District No. 84File No. 59No. 650 N. Seventh St.Hospital St. Anthony Mercy Primary Registration District No. 2161Registered No. 3147FULL NAME OF CHILD Donald Raymond Clement

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth in event of plural births	Legitimate? <u>Yes</u>	Date of Birth <u>April 19</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Ray Clement</u>	FATHER
RESIDENCE <u>Pocatello, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Grand Island, Nebraska</u>	
OCCUPATION <u>Dairymen</u>	

FULL MAIDEN NAME <u>Catherine Fox</u>	MOTHER
RESIDENCE <u>Pocatello, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Grand Island, Nebraska</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive at 9<sup>25</sup> A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. M. Newton

(Physician or midwife)

Given names added from a supplemental report.

19

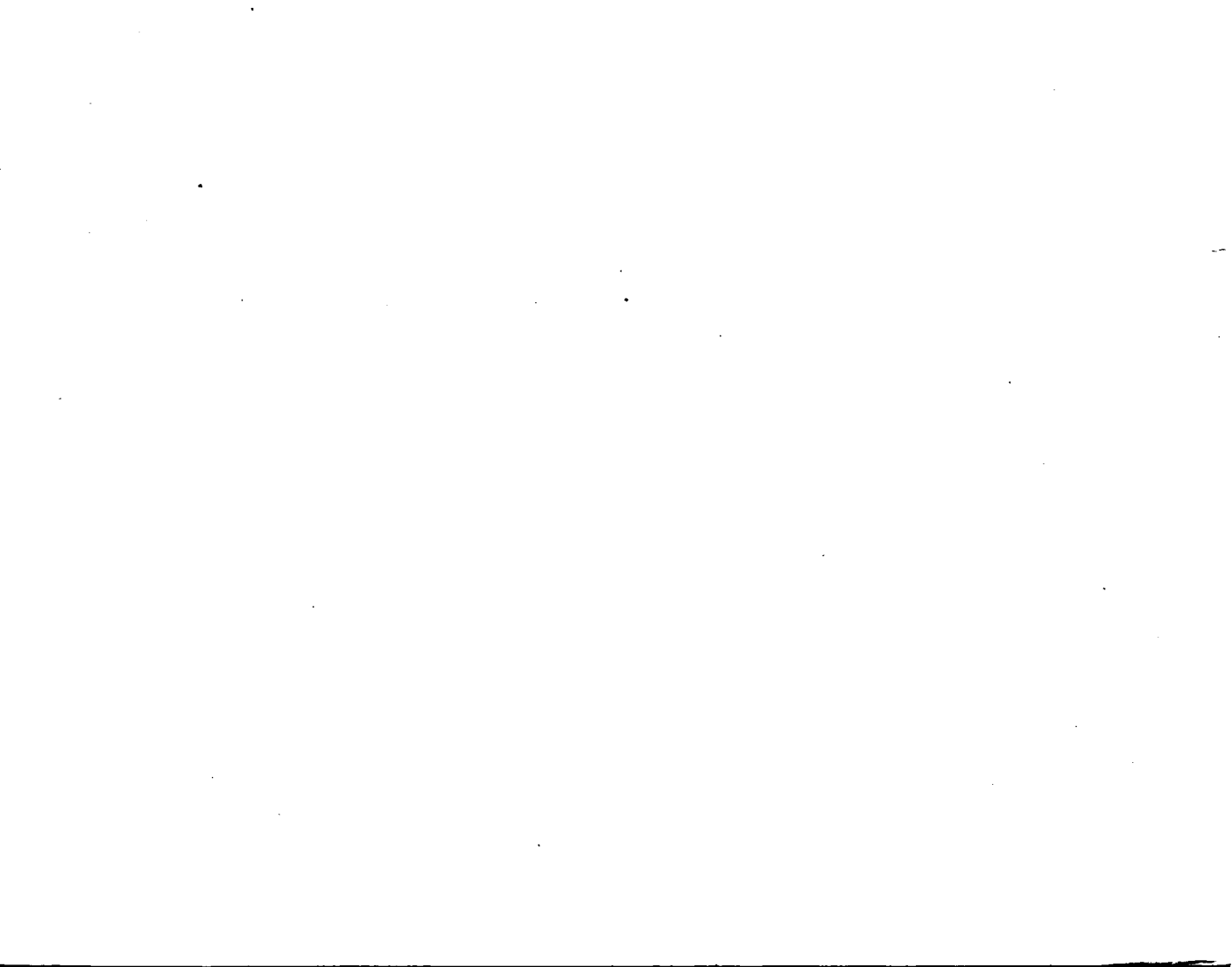
Address Pocatello, IdahoFiled May 25 1920

Registrar

Registrar J. B. Bailey

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

565-216-023-291

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 600 N. Seventh St.

Hospital St. Anthony-Mercy

FULL NAME OF CHILD

Registration District No. 84

Primary Registration District No. 2161

File No. 54

Registered No. 3146

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79501

Sex of Child Female Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth 1 Legitimate? Yes Date of Birth April 16 1920  
(Month) (Day) (Year)

FATHER  
FULL NAME Paul Novosad

RESIDENCE 918 N. Eighth Avenue - Pocatello, Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Bohemia

OCCUPATION Blacksmith - O.S.L.

MOTHER  
FULL MAIDEN NAME Lucie Kralik

RESIDENCE 918 N. Eighth Avenue - Pocatello, Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Bohemia

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6:20 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. A.M. Newton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Pocatello Idaho  
May 20, 1920  
J. B. Peterson  
Registrar

STATE OF OHIO  
COUNTY OF COLUMBIA  
CITY OF COLUMBUS

PLACE OF BIRTH

county

10591

STATE OF OHIO  
COUNTY OF COLUMBIA  
CITY OF COLUMBUS

PLACE OF BIRTH

county



155-209-003-366

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79502

County of BannockCity of PocatelloRegistration District No. 84File No. 59No. 650 N. Seventh St.Hospital St. Anthony MercyPrimary Registration District No. 2161Registered No. 3145

FULL NAME OF CHILD

Evelyn Maurine Jensen

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthApril 91920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Simpson Jensen

RESIDENCE

Pocatello, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY36

(Years)

BIRTHPLACE

Hyrum, Utah

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Ether Coffin

RESIDENCE

Pocatello, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY30

(Years)

BIRTHPLACE

Huntsville, Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive  
(Born alive or stillborn)at 3:52 A.M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. A.M. Newton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello, Idaho

Filed

May 25, 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

SEP 2 1946

519-212-003-813

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79503

County of Bannock

Amended 3/11/76

City of PocatelloRegistration District No. 84File No. 59

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Lynn BrosPrimary Registration District No. 2161Registered No. 3144

FULL NAME OF CHILD

Violet May Earnshaw

Sex of Child

FemaleTwin  
Triplet  
or other?{ and } Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?yesDate of  
BirthMay 12 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

William Earnshaw

RESIDENCE

845 No. Lincoln

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Pennsylvania

OCCUPATION

LaborerFULL  
MAIDEN  
NAME

MOTHER

Margaretta Hatfield

RESIDENCE

845 No. Lincoln

COLOR

WhiteAGE AT LAST  
BIRTHDAY16  
(Years)

BIRTHPLACE

Michigan

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

7:30 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19\_\_\_\_

(Signature)

H. Lynn

(Physician or midwife)

Address

Pocatello, Ida

Filed

May 16 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JAN 8 1976

IDAHO DEPARTMENT OF HEALTH--  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of ..... Certificate No. 79503  
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Ernshaw (female) who was born on May 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name," "Birth Date," "Cause of Death," Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
child's name	Unnamed Ernshaw	Violet May Earnshaw
father's last name	Ernshaw	Earnshaw

Subscribed and sworn to before me this 23 day of  
February, 1976

Signed William Ernshaw Father  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Cottage Grove, Ore.  
My commission expires 2-20-77  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon }  
County of Linn } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of  
February, 1976

Signed Margaret Earnshaw  
(Signature of Any Credible Person)

Notary Public, residing at Cottage Grove, Ore.  
My commission expires 2/20/77  
(Seal)

Shaw Rd. Box 109, Malin, Ore.  
(Street Address, City, State)

*Rush!*

MAR 11 1976

Transcript from Cottage Grove High school, Oregon gives name as Violet Earnshaw from Culp Creek, Ore. parent's name listed as W. M. Earnshaw. dated Sept. 29, 1937 viewed by V. S.

Own child's birth certif from Oregon gives child's name as Melvin Nick Heile born ~~XX~~ Feb 4, 1947 father's name given as Celestine Nick Heile and mother's name as Violet May Earnshaw. viewed by V. S.

Withholding tax Statement for 1960 for Violet N Heile 543 14 6734. worked ~~XX~~ for Stanley C. Brown, Northwest Produce Co., Tulalake, CA 94 133 3633. viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

249-128-003-253

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

79505

County of Bannock.

City of Pocatello.

Registration District No. 84

File No. 59

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Pocatello General Primary Registration District No. 2161 Registered No. 3142

FULL NAME OF CHILD Robert Franklin Burns

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>Apr 28</u> 19 <u>29</u> (Month) (Day) (Year)
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FULL NAME FATHER Fredrick Oliver Burns

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 32  
(Years)

BIRTHPLACE Humansville, Mo

OCCUPATION Salesman

FULL MAIDEN NAME MOTHER Lala Van Betts.

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 36  
(Years)

BIRTHPLACE Telluride Colo.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 10:30 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. Hutton

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho  
Filed May 16 1929 O. B. Hutton  
Registrar

**JAN 23 1942**

**APR 17 1969**



279-125-003-897

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79506

County of BannockCity of PocatelloRegistration District No. 84File No. 59No. 218 So Lincoln St.Hospital Pocatello GeneralPrimary Registration District No. 2161Registered No. 3141FULL NAME OF CHILD Albert Andrew Junior Springmeyer

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes.</u>	Date of Birth <u>April 25 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	---

FULL NAME FATHER <u>Albert Andrew Springmeyer</u>		FULL MAIDEN NAME MOTHER <u>Helen Agnes Higley</u>	
RESIDENCE <u>Pocatello, Idaho</u>		RESIDENCE <u>Pocatello, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>New York City, N.Y.</u>		BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Office Manager W.W.C.</u>		OCCUPATION <u>Housewife</u>	
Number of children of this mother, including present birth <u>1</u>		Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 7:00 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Helen M. Newton

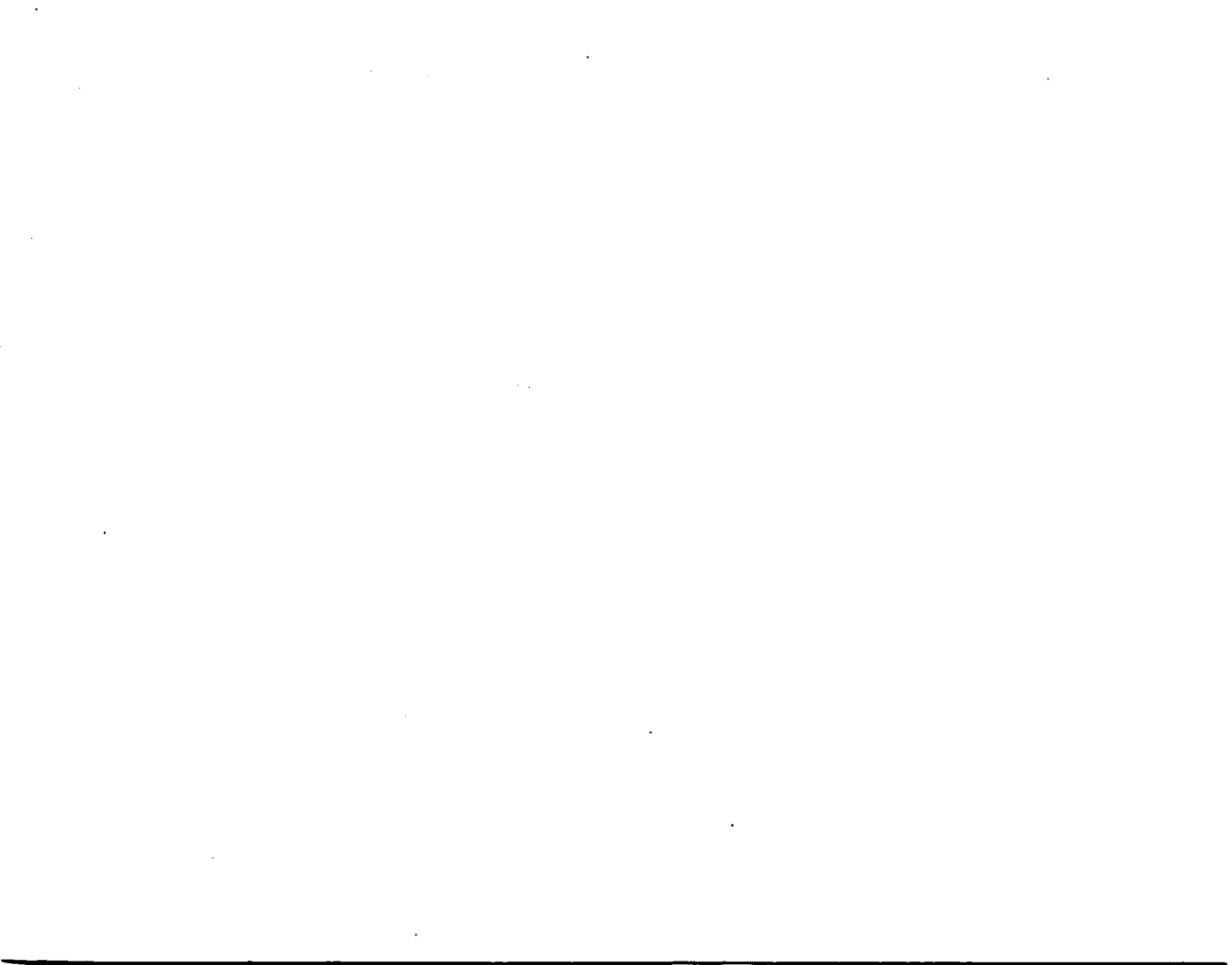
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Idaho  
Filed May 16 1920  
Registrar O. Street

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Amended 10-2-59  
PLACE OF BIRTH

399-104-003-819

County of Bannock

City of Pocatello

No. \_\_\_\_\_ St.

Hospital Pocatello General

Registration District No. 84

File No. 79507

Primary Registration District No. 2161

Registered No. 3140

FULL NAME OF CHILD Robert Julian Criswell

(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u> and {Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of birth <u>March 4, 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

What bactericidal solution was used in eyes?.....

Number of child of this mother, including present birth..... 2 Number of children of this mother now living, including present birth..... 2

FULL NAME FATHER  
Robert Allen Criswell

FULL NAME MOTHER  
Cloee Harris

RESIDENCE Pocatello, Ida.

RESIDENCE Blackfoot, Ida.

COLOR White AGE AT LAST BIRTHDAY 34  
(Years)

COLOR White AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Olluma, Iowa

BIRTHPLACE Beaver, Idaho

OCCUPATION O.S.L. Clerk

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive at 2:20 P. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A.M. Newton

Physician  
(Physician or midwife)

Give names added from a supplemental report.

Address Pocatello, Idaho

Filed May 16, 1920 O.B. Stealy

Registrar.

Registrar.

1. **RECEIVED**  
 2. **DATE**  
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 4. **FROM**  
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 6. **SUBJECT**  
 7. **REMARKS**  
 8. **INITIALS**  
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 242. **INITIALS**  
 243. **SIGNATURE**  
 244. **OFFICE**  
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 246. **TIME**  
 247. **FROM**  
 248. **TO**  
 249. **SUBJECT**  
 250. **REMARKS**  
 251. <

The Creighton University, Omaha, Neb. School Record (College) 1939-1947 gives name as Robert Julian Criswell - viewed by V.S. and a Thermofax Copy of the Rider form from the Prudential Insurance Co. of America, Life Insurance Co., March 30, 1933, #8050333 - gives full name as Robert Julian Criswell viewed by

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**  
State of Colorado } ss. Certificate No. 79507 V.S.  
County of Denver } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth for Robert Criswell who born on March 4, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

**FACTS TO BE CORRECTED** **FROM**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)  
Full Name of Child Robert Criswell Robert Julian Criswell  
TO  
(The Correct Facts)

Subscribed and sworn to before me this 4th day of January, 1959.  
Margaret McNeel  
Notary Public, residing at 1619 Milwaukee  
My commission expires Dec. 4, 1964  
(Seal)

Signed Robert Criswell  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
4332 Lennox Ave Omaha, Neb  
(Street Address, City, State)

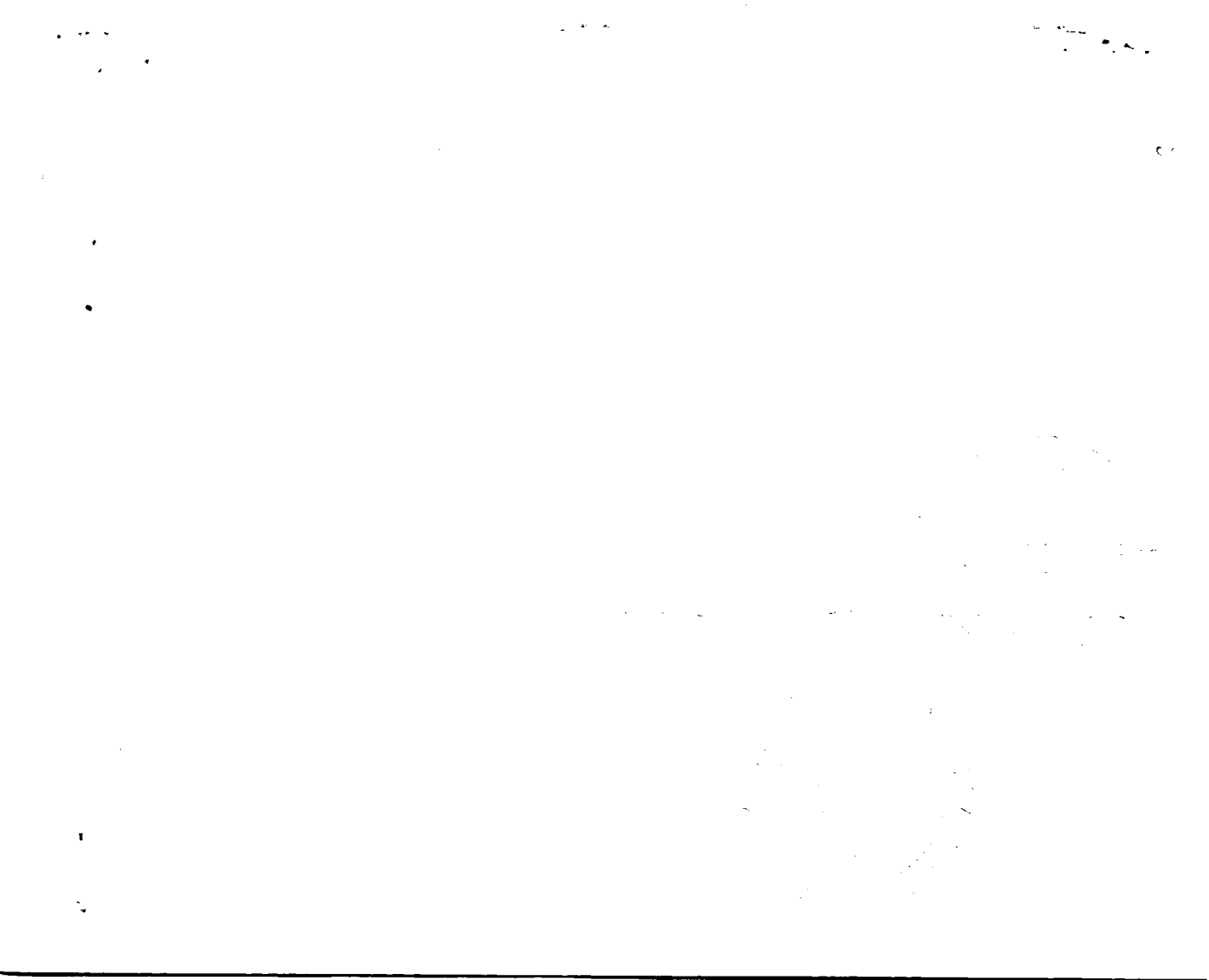
### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss. [This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]  
County of Denver }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of January, 1959.  
Margaret McNeel  
Notary Public, residing at 1619 Milwaukee  
My commission expires Dec. 4, 1964  
(Seal)

Signed Robert A. Criswell  
(Signature of Any Credible Person)  
4332 Lennox Ave Omaha, Neb  
(Street Address, City, State)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-219-003-719

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

79508

County of Bannock

City of Pocatello

Registration District No. 84

File No. 59

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Gen.

Primary Registration District No. 2161

Registered No. 3139

FULL NAME OF CHILD Laure Glandia Marthe Louise Taillet

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth (Month) <u>April</u> (Day) <u>19</u> (Year) <u>1920</u>
----------------------------	---	-----	--------------------------------	-----------------------------	---

FULL NAME — FATHER Louis Taillet

FULL MAIDEN NAME — MOTHER Claudia Garner

RESIDENCE 706 So 4th

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE France

BIRTHPLACE France

OCCUPATION Shupman

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Pauline, at 10:00 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. H. W. Waller

Given names added from a supplemental report.

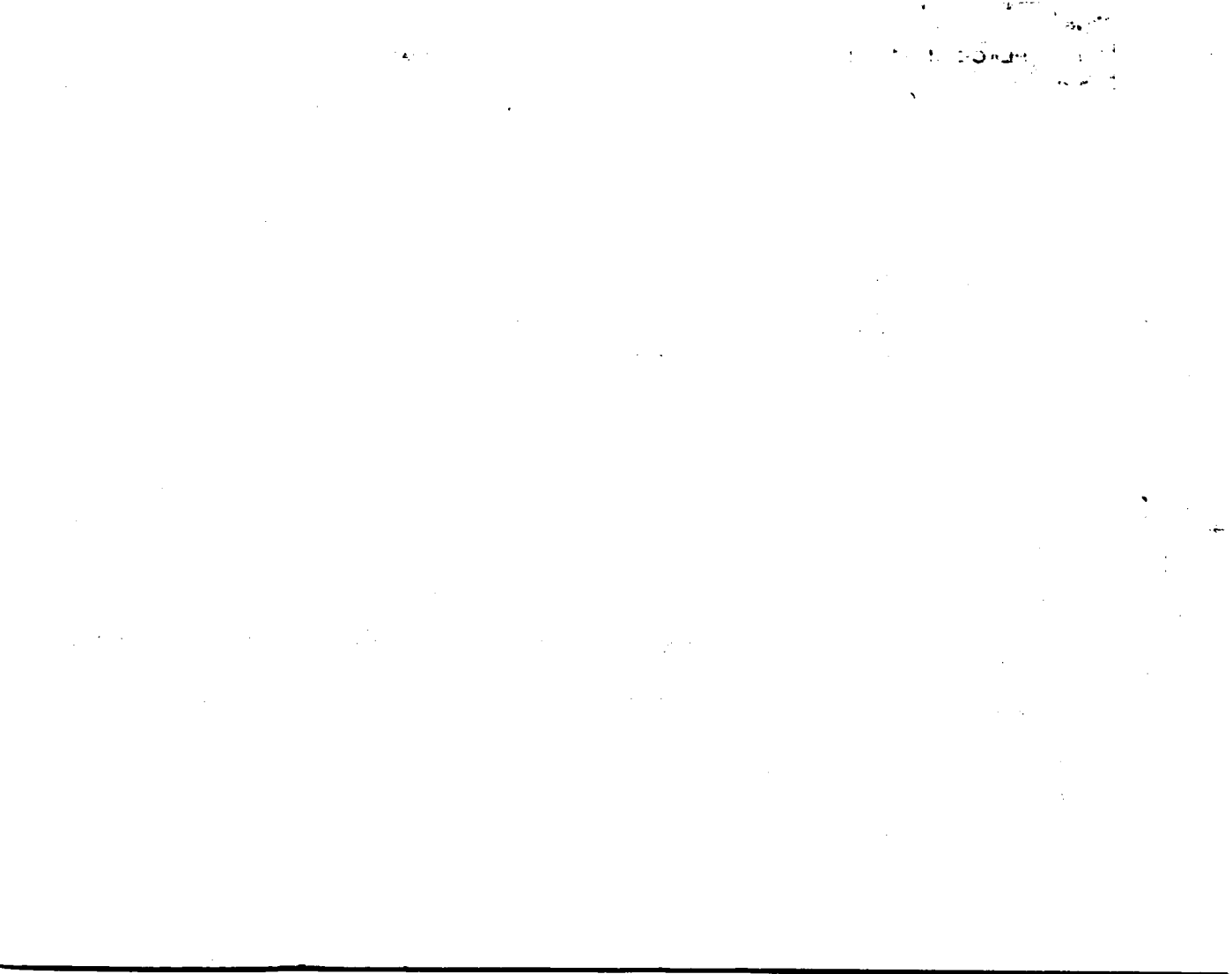
(Physician or midwife)

Address Pocatello Idaho

Filed May 11 1920

Registrar

Registrar





WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD  
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

52-115-004-354  
 BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-4-47

CERTIFICATE OF BIRTH

City Beart Lake  
Raymond

Registration District No. 53

File No. 79509

No. St.

Primary Registration District No. 2136

Registered No. 1

Hospital .....

FULL NAME OF CHILD Vern. Eschler

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 15-26</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FATHER  
 FULL NAME Alma Lehi Eschler  
 RESIDENCE Raymond  
 COLOR White AGE AT LAST BIRTHDAY 31  
 (Years)  
 BIRTHPLACE Garden City  
 OCCUPATION Farmer & Rancher

MOTHER  
 FULL MAIDEN NAME Lyola Marie Teyscher  
 RESIDENCE Raymond  
 COLOR White AGE AT LAST BIRTHDAY 19  
 (Years)  
 BIRTHPLACE Montpelier  
 OCCUPATION House Keeping

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Vern. Eschler at 1-10 afternoon  
 on the date above stated. (born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Alma L. Eschler  
Factor - no Physician  
 (Physician or midwife)

Given names added from a supplemental report.

Address Raymond Ida

Filed 5-31-20

Registrar

Registrar

**FEB 24 1943**

**APR 21 1947**

263-222-004-693

## PLACE OF BIRTH

Form V. S. No. 11-25m-6-16-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Bear LakeCity of Montpelier

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 52File No. 79510

Hospital \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Full Name of Child

Shirley Bolles

SEX OF CHILD

FemaleTwin  
Triplet  
or other?{and} Number  
in order  
of birthLegiti-  
mate?YesDATE OF  
BIRTHApril 22, 20  
(Month) (Day) (Year)FULL  
NAMELeland W. Bolles

FATHER

FULL  
MAIDEN  
NAME

MOTHER

Eda Myrtle Willis

RESIDENCE

Montpelier Ida

RESIDENCE

Montpelier Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY24

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY32

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Utah

OCCUPATION

Carpenter

OCCUPATION

Weber

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at \_\_\_\_\_ M

(Signature)

H. H. H. H. H.  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Montpelier Ida

Filed

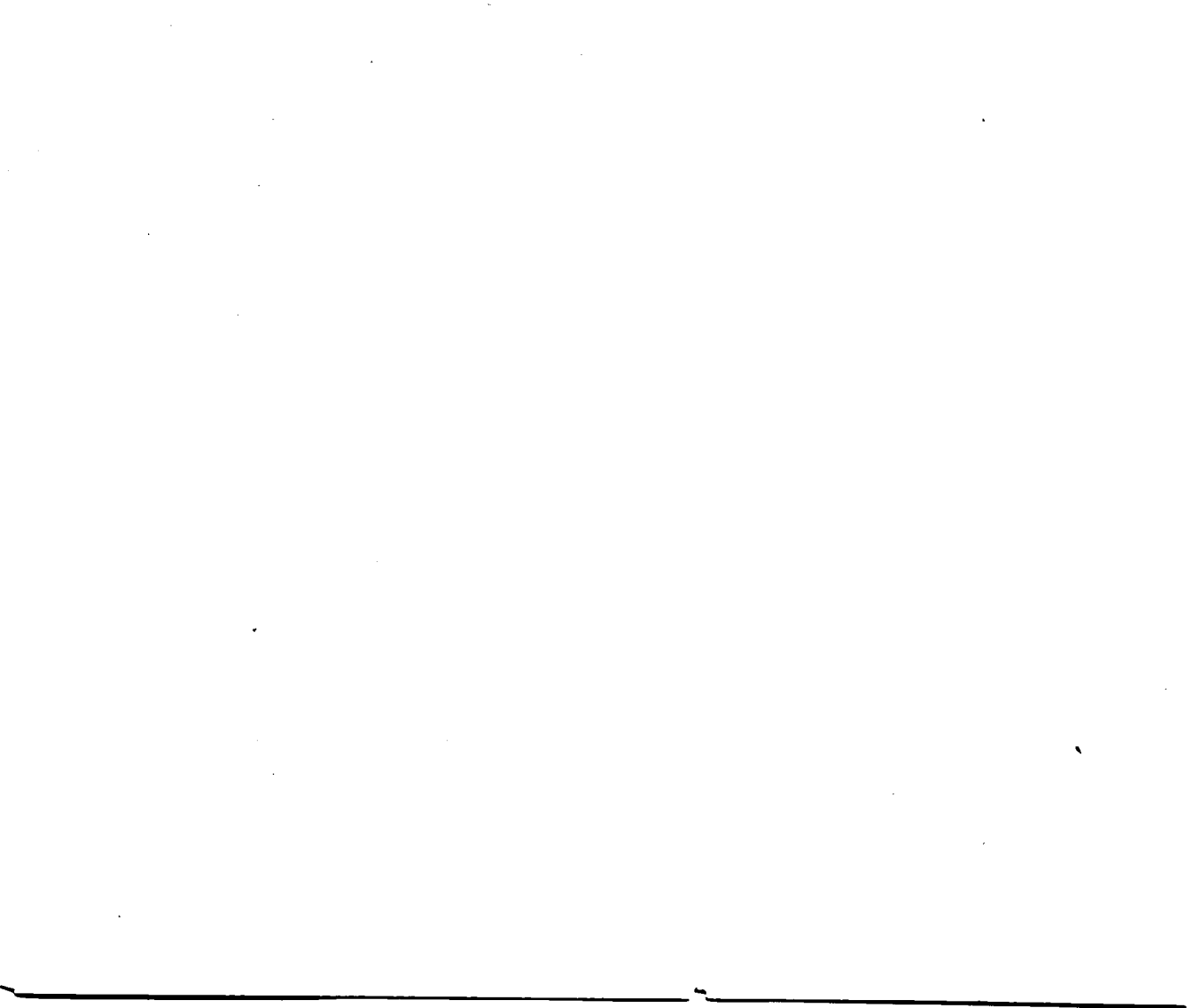
5-3-20

19 \_\_\_\_\_

Registrar

Registrar

N. B. - In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



154-202-5004-818

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of Bear LakeCity of GeorgetownRegistration District No. 52File No. 79511

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Geneva Anderson

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>April 2nd</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Robert S. Anderson</u>	FATHER		FULL MAIDEN NAME <u>Geneva Hoops</u>	MOTHER
RESIDENCE <u>Georgetown, Idaho</u>			RESIDENCE <u>Georgetown, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. King M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier, IdahoFiled 5-31-20



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

794-213-004-245  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 79512

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2130

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Laurine Gruning

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>April 13<sup>th</sup> 1912</u> (Month) (Day) (Year)
FULL NAME <u>Carl Edward Gruning</u>	FATHER		FULL MAIDEN NAME <u>Christina Stunzler</u>	MOTHER
RESIDENCE <u>Montpelier Ida</u>			RESIDENCE <u>Montpelier Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>58</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)
BIRTHPLACE <u>Switzerland</u>			BIRTHPLACE <u>Switzerland</u>	
OCCUPATION <u>Boiler maker. (RR.)</u>			OCCUPATION <u>Imp.</u>	

Number of child of this mother, including present birth. 124

Number of children of this mother now living, including present birth. 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive continuously)

\*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) H. H. Stunzler

Address Montpelier Idaho

Filed 5-31-12

Registrar

Registrar

MAY 2 - 1944



813-228-004-699

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

## CERTIFICATE OF BIRTH

County of Bear LakeCity of BenningtonRegistration District No. 55File No. 79513

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>2-28</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Sam Hall</u>			FULL MAIDEN NAME MOTHER <u>Luez Wright</u>		
RESIDENCE <u>Bennington</u>			RESIDENCE <u>Bennington</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	
BIRTHPLACE <u>Bennington</u>			BIRTHPLACE <u>Bennington</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 4:15 P.M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

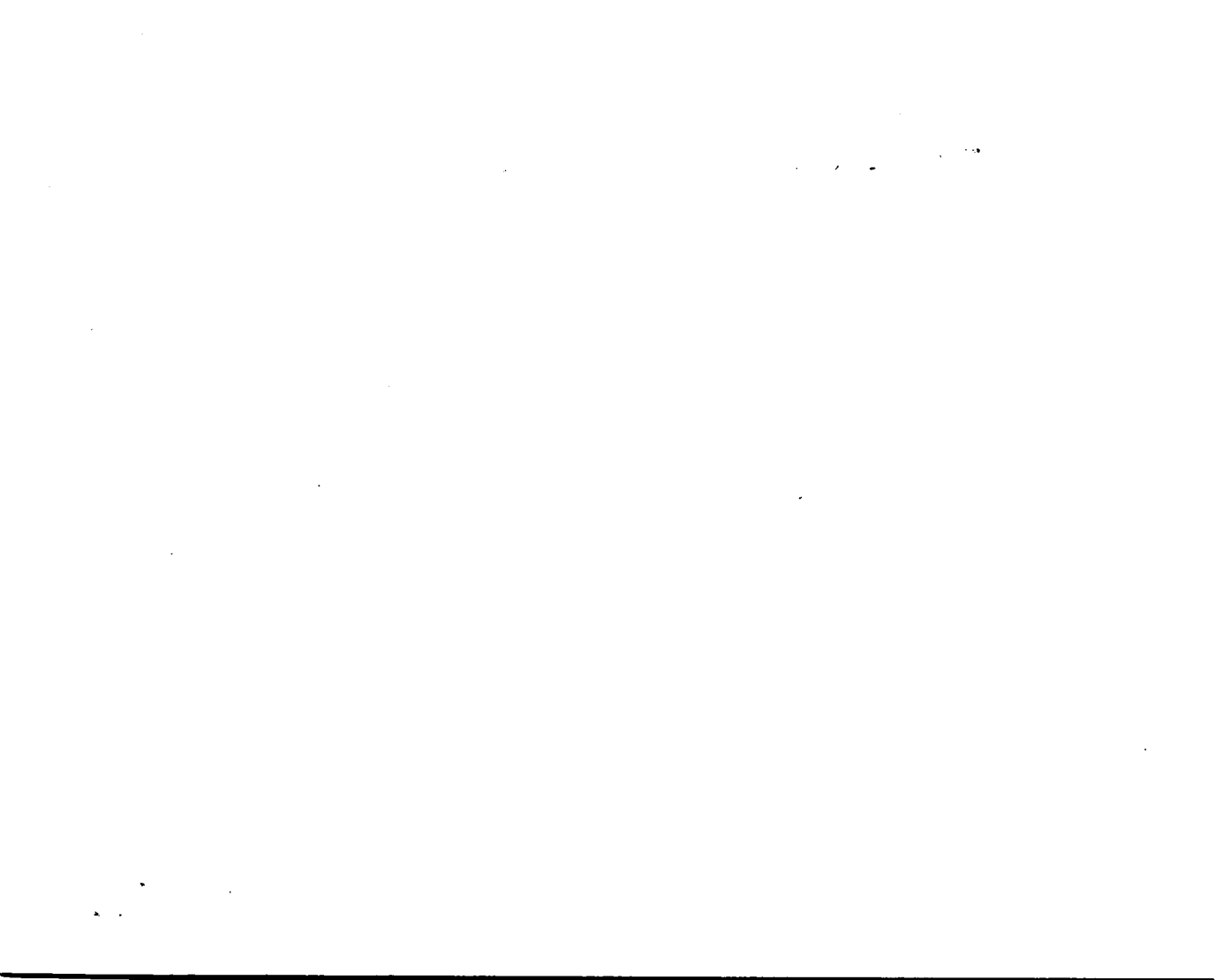
Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 5/20/20

Registrar

Registrar



433-210-004-893

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

## CERTIFICATE OF BIRTH

County of Bear LakeCity of ShingleRegistration District No. 52 (52)File No. 79514

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2136 (2136)

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Jean Elizabeth Mc Cam

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and Number in order of birth _____	Legiti-match <u>yes</u>	Date of Birth <u>3-10-20</u> (Month) (Day) (Year)
----------------------------	---	------------------------------------	-------------------------	--

FULL NAME <u>George Mc Cam</u>	FATHER
RESIDENCE <u>Shingle</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Fish Haven</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Loshia Kildt</u>	MOTHER
RESIDENCE <u>Shingle</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Paris</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth <u>8</u>	Number of children of this mother now living, including present birth <u>7</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive 4-11 A.M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife) \_\_\_\_\_

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 5/1319 20

Registrar

Registrar

FEB 14 1972

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of.....  
County of.....  
The undersigned does solemnly swear that certain facts on the certificate of  
for Unnamed McCann (Female) who was born on March 10, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Dingle, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by.....prepared on....., are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

(Give Date)

**TO**  
(The Correct Facts)

Child's name

Unnamed

Jean Elizabeth McCann

Subscribed and sworn to before me this.....day of  
....., 19.....

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed.....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of.....  
County of..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of  
February, 19 72

Notary Public, residing at Fairfield

My commission expires July 2, 1973

(Seal)

Signed Marge Allen (older sister)

(Signature of Any Credible Person)

Fairfield Mont. 59436  
(Street Address, City, State)

Family group record from LDS Church for Thurland "J" Simkins and Jean Elizabeth McCann. born March 10, 1920. Dated July 9, 1947. Viewed by V. S.

MAR 14 1972

Certificate of Baptism and Confirmation from LDS Church dated July 20, 1929 gives name as Jean Elizabeth McCann daughter of Geo. S. McCann and Sophia Hildt. Born March 10, 1920 at Dingle, Idaho. Was Baptized July 6, 1929 at J. C. Nielson. and confirmed July 7, 1929. Viewed by V. S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING  
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-3-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

331-126-061-285  
No. \_\_\_\_\_ St.

Registration District No. 52

File No. 79515

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Gordon Shepherd Clark

Sex of Child

Male

Twin, Triplet or other?

and

Number in order of birth

7th

Legitimate?

yes

Date of birth

March 26

(Month)

(Day)

(Year)

FULL NAME

Marion Charles Clark

FATHER

FULL MAIDEN NAME

Ella Shepherd

MOTHER

RESIDENCE

Georgetown, Idaho

RESIDENCE

Georgetown, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

35

(Years)

COLOR

white

AGE AT LAST BIRTHDAY

32

(Years)

BIRTHPLACE

Georgetown, Idaho

BIRTHPLACE

Paris, Idaho

OCCUPATION

Merchant

OCCUPATION

Housewife

Number of child of this mother, including present birth. 7th

Number of children, of this mother, now living, including present birth. 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:15 P.M. on the date above stated.  
(Born alive or stillborn)

{When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Emma W. Clark

Midwife  
(Physician or Midwife)

Given names added from a supplemental report

Address

Georgetown, Bear Lake Co., Idaho  
331-126-061-285  
J. H. King  
Registrar

UNITED STATES OF AMERICA  
DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

44-3885

RECEIVED  
FBI  
MAY 19 1964

RECEIVED  
FBI  
MAY 19 1964



697-205-004-815  
PLACE OF BIRTHCounty of Bear LakeCity of Georgetown

No. .... St.

Hospital .....

FULL NAME OF CHILD ..... MARIAL LEONORA WIXOM .....STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-9-8-17

## CERTIFICATE OF BIRTH

Registration District No. 52File No. 79516Primary Registration District No. 2136

Registered No. ....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>April 9</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FATHER		MOTHER	
FULL NAME <u>Joseph Leroy Wixom</u>	FULL MAIDEN NAME <u>Hedwig Marie Hansen</u>	FULL NAME	FULL MAIDEN NAME
RESIDENCE <u>Georgetown Idaho</u>	RESIDENCE <u>Georgetown Idaho</u>	RESIDENCE	RESIDENCE
COLOR <u>white</u>	COLOR <u>white</u>	COLOR	COLOR
AGE AT LAST BIRTHDAY <u>37</u> (Years)	AGE AT LAST BIRTHDAY <u>36</u> (Years)	AGE AT LAST BIRTHDAY	AGE AT LAST BIRTHDAY
BIRTHPLACE <u>Liberty, Idaho</u>	BIRTHPLACE <u>Norway</u>	BIRTHPLACE	BIRTHPLACE
OCCUPATION <u>Farmer (Deceased)</u>	OCCUPATION <u>Housewife</u>	OCCUPATION	OCCUPATION

Number of child of this mother, including present birth... 4 ..... Number of children of this mother now living, including present birth... 4 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

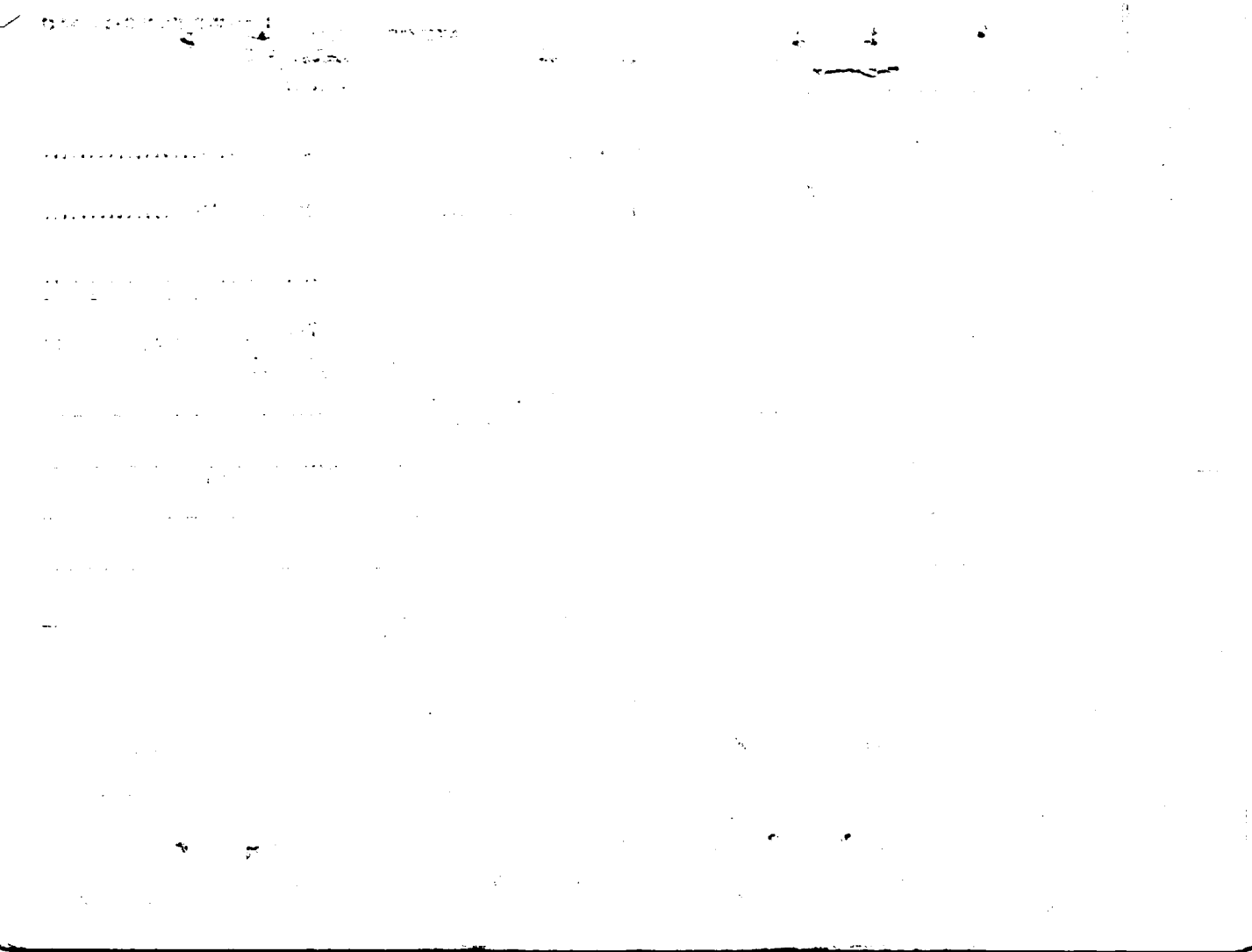
I hereby certify that I attended the birth of this child, who was born alive ..... at 6:15 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Emma W. Clark .....  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address Georgetown Idaho  
5-31 .....  
Filed 19 20 .....  
Registrar W. H. H. H. Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah ss.  
County of Benewake Davis

Certificate No. 79516

Date Filed July 31, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for infant girl Wixom who Born (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on April 9, 1920  
(Date of Event)  
in Georgetown, Idaho (Benewake County) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record prepared on April, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)  
Unnamed

TO  
(The Correct Facts)  
MARIAL LEONORA WIXOM

Marial Leonora Wixom

Subscribed and sworn to before me this 1st  
day of August, 1942  
Leland H. Sessions  
Notary Public, residing at Bountiful  
My commission expires April 17, 1944  
(Seal)

Signed Hedwig H. Wixom  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Bountiful, Utah  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }  
County of Salt Lake } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th  
day of August, 1942  
L. J. Fallon  
Notary Public, residing at Salt Lake City  
My commission expires 9-11-43  
(Seal)

Signed Maudie W. Thompson  
(Signature of Any Credible Person Other Than Previous Year)  
634 S. W. 7<sup>th</sup> 47, Salt Lake City, Ut.  
(Street Address, City, State)

AUG 7 1942

AUG 12 1942

392-203-004-396  
- PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Bear LakeCity of MontpelierAmended 7/15/81Registration District No. 52File No. 79517

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Evelyn

Tibbitts

Sex of Child

FemaleTwin  
Triplet  
or other?{ and } Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthMay 3<sup>rd</sup> 1981  
(Month) (Day) (Year)FULL  
NAMEGeorge S Tibbitts

FATHER

FULL  
MAIDEN  
NAMELenore Brown

MOTHER

RESIDENCE

Montpelier Ida

RESIDENCE

Montpelier Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Car Inspector - 3rd CR

OCCUPATION

WifeNumber of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 1035P M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. H. H. Thompson

(Physician's signature)

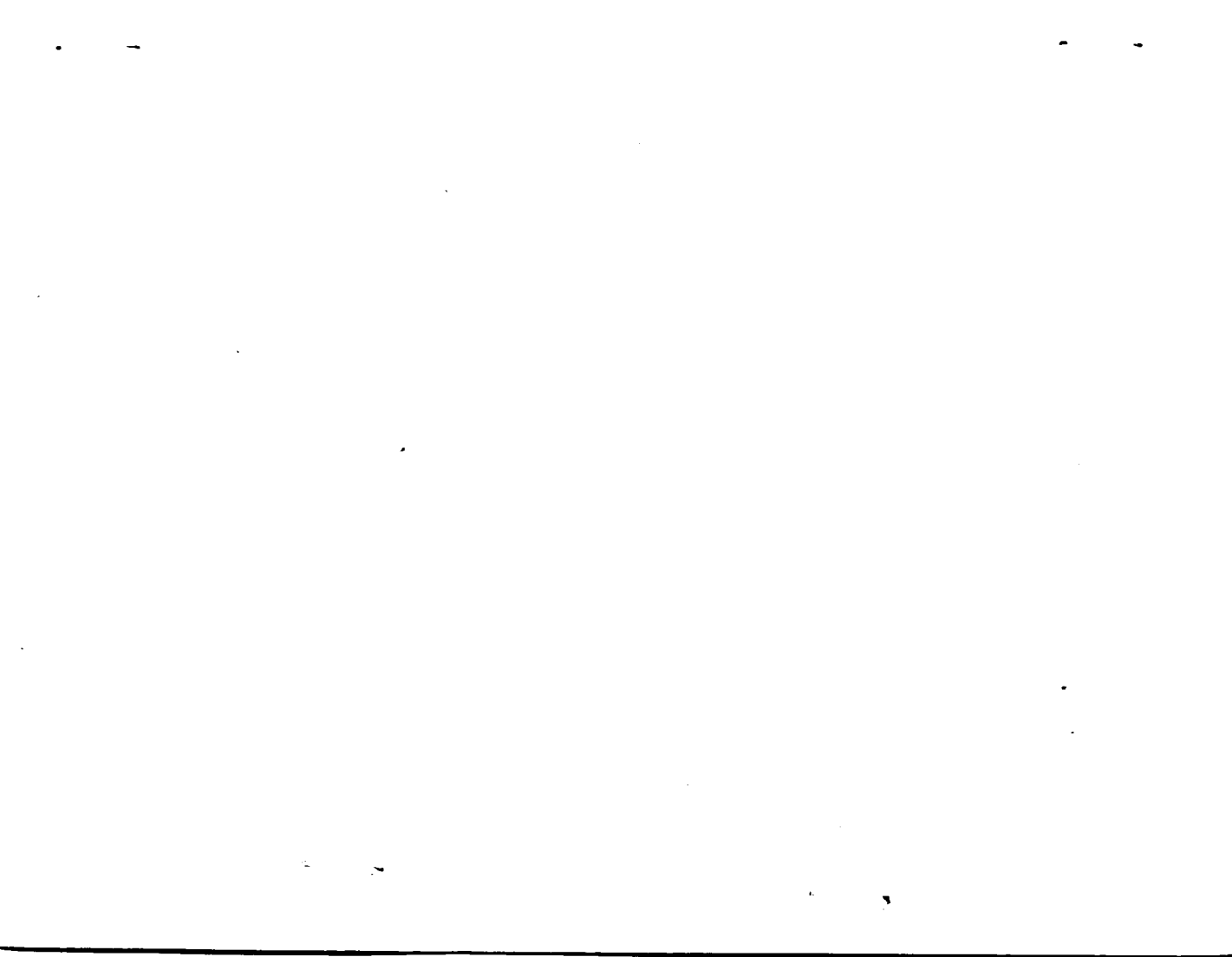
Given names added from a supplemental report.

Address

Montpelier Ida

Filed

5/31/81



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

BUREAU OF VITAL STATISTICS

State of Idaho } ss.  
County of Ada

JUL 15 10 55 AM '81

Certificate No. 79517

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Virginia Tibbetts who was born on May 3, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Montpelier, Idaho (Bear Lake) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>child's name</u>	<u>Virginia</u>	<u>Evelyn</u>

Subscribed and sworn to before me this 15<sup>th</sup> day of

July, 1981.

Notary Public, Linda Adamson

Residing at Nampa

My commission expires April 3, 1985

(Seal)

Evelyn Winterbecker  
Signature of Applicant

2010 So. 276<sup>th</sup> Kent, Wash.  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

in office 7/15/81

- Certificate of Baptism from the LDS Church gives name as Evelyn Tibbetts -  
daughter of George S. Tibbetts and Annie Lenora Brown. born May 3, 1920 in  
Montpelier, Idaho. Baptized Aug 19, 1928 viewed by V. S. JUN 18 1961

Marriage License gives name as Evelyn Tibbitts of Montpelier married to Philip  
Winterholler June 1946 Ada county; ID Viewed by V.S.



231-213-004-397  
PLACE OF BIRTHCounty of Bear LakeCity of Georgetown

No. .... St

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-27

## CERTIFICATE OF BIRTH

Registration District No. 52File No. 79518Primary Registration District No. 2136

Registered No. ....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> } and { Number in order of birth <u>    </u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 13</u> 19 <u>26</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Ambrose Black</u>	FATHER
RESIDENCE <u>Georgetown, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Georgetown, Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alice Pippets</u>	MOTHER
RESIDENCE <u>Georgetown, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Georgetown, Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:25 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. ClarkMidwife

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Georgetown, Bear Lake Co., Idaho

..... 19.....

Filed 5-31-26 N. H. Hines

Registrar

Registrar

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319-116-004-355  
PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *Boise*City of *Montpelier*Registration District No. *52*File No. *79519*

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. *2136*

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

*Lawrence John Larsen*Sex of Child *Male*Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate?*Yes*Date of  
Birth*May 16<sup>th</sup> 1970*  
(Month) (Day) (Year)FULL  
NAME*John L. Larsen*

FATHER

FULL  
MAIDEN  
NAME*Pauline H. Severn*

MOTHER

RESIDENCE

*Montpelier Ida.*

RESIDENCE

*Montpelier Ida.*

COLOR

*White*AGE AT LAST  
BIRTHDAY*27*  
(Years)

COLOR

*White*AGE AT LAST  
BIRTHDAY*24*  
(Years)

BIRTHPLACE

*Denmark*

BIRTHPLACE

*Utah*

OCCUPATION

*Locomotive Fireman*

OCCUPATION

*Cope*

Number of child of this mother, including present birth

*1*

Number of children of this mother now living, including present birth

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.*Norma Olive* *530P*  
(Born alive—stillborn) at \_\_\_\_\_ M.\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

*H. H. King M.D.*

Given names added from a supplemental report.

19

Address

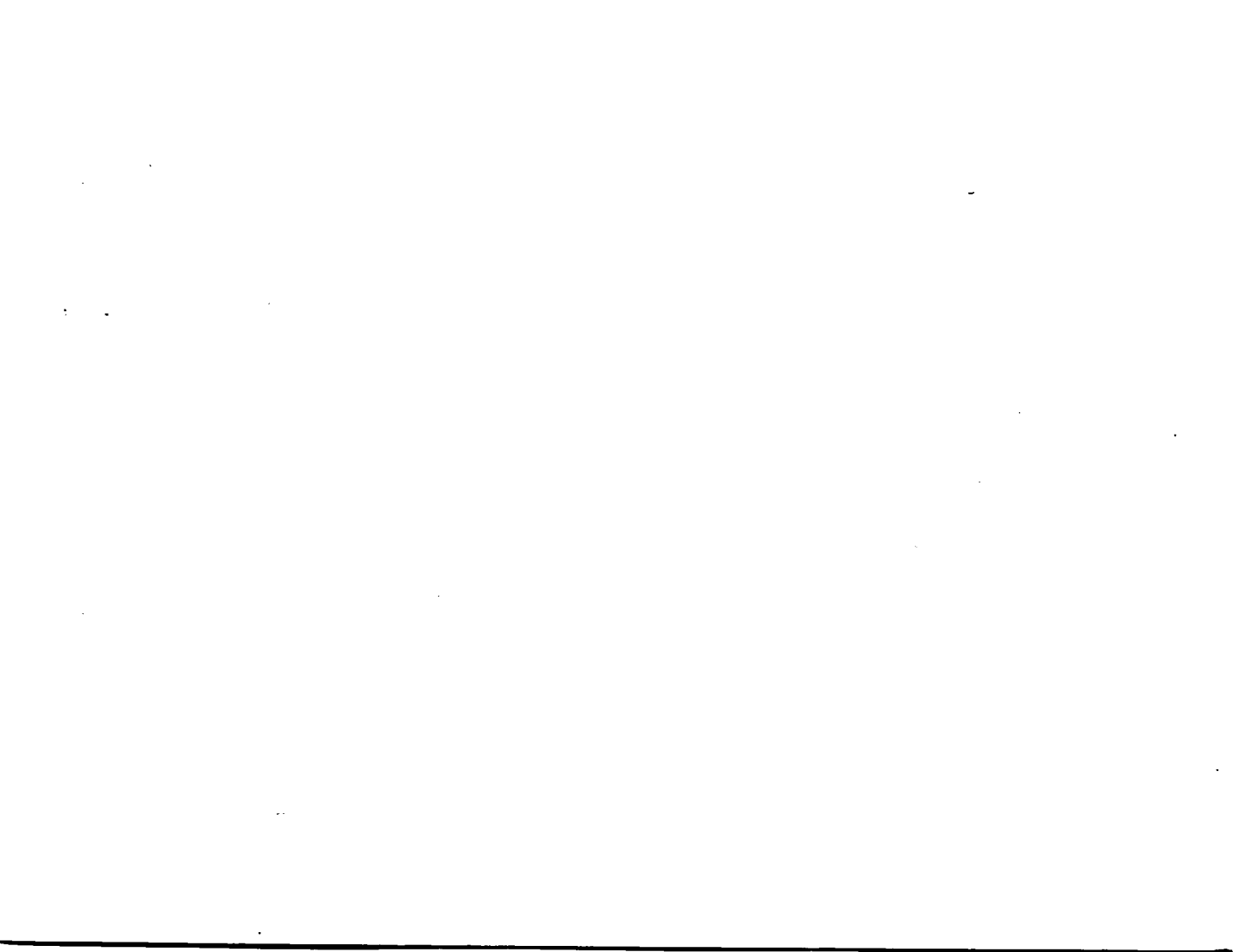
*Montpelier Ida*

Filed

*5-31-1970*

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

53-217-204-496  
 PLACE OF BIRTH **BEAR LAKE** Attended Child's Name **Donna Jean Nelson** STATE OF IDAHO Form V. S. No. 11-C-25m-9-8-17  
 County of **Beauregard** BUREAU OF VITAL STATISTICS  
 City of **Montpelier** CERTIFICATE OF BIRTH  
 Registration District No. **52** File No. **79520**  
 No. **St.** Primary Registration District No. **2136** Registered No. **79520**  
 Hospital **Nelson**  
 FULL NAME OF CHILD **Donna Jean Nelson**

Sex of Child <b>Female</b>	Twin Triplet or other? <b>No</b>	Number in order of birth <b>1</b>	Legitimate? <b>yes</b>	Date of Birth <b>May 17 1920</b> (Month) (Day) (Year)
FULL NAME <b>Geo S. Nelson</b> FATHER			FULL MAIDEN NAME <b>Elma Snodgrass</b> MOTHER	
RESIDENCE <b>Montpelier</b>			RESIDENCE <b>Montpelier</b>	
COLOR <b>white</b>	AGE AT LAST BIRTHDAY <b>27</b> (Years)		COLOR <b>white</b>	AGE AT LAST BIRTHDAY <b>25</b> (Years)
BIRTHPLACE <b>Idaho</b>			BIRTHPLACE <b>Utah</b>	
OCCUPATION <b>Life Insurance Agent</b>			OCCUPATION <b>Housewife</b>	
Number of child of this mother, including present birth <b>3</b>			Number of children of this mother now living, including present birth <b>3</b>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was **Donna Jean Nelson**, at **Montpelier**, on the date above stated. **May 17 1920**  
 (Born alive or stillborn)

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) **Wm. G. Gaer**  
 (Physician or midwife)  
 Address **Montpelier**  
 Filed **531-20**  
 Registrar **Wm. G. Gaer**



12-13-02

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of California } SS.

03 JAN -7 AM 9:47

Certificate No. 20-79520

County of Los Angeles

Date Filed 5-31-20

The undersigned does solemnly swear that certain facts on the certificate of birth

(Birth, Death, Marriage, etc.)

for Baby Girl Nelson who was born on May 17, 1920

(Name on Original Certificate)

(Was Born, Died, etc.)

(Date of Event)

in Montpelier (Bear Lake) Idaho are erroneous or were omitted:

(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

Child's Full Name

Baby Girl Nelson

Donna Jean Nelson

Subscribed and sworn to before me this 3 day of Jan 2003

Notary Public, Caterina Solomon

Residing at 102 N. Brand Glendale CA

My commission expires Jan 28, 2004

(Seal)

Signature of Applicant Donna Scott

Street Address, City, State 104 E. Mountain St Glendale CA 91207

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS.

(Must be completed \_\_\_\_\_)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

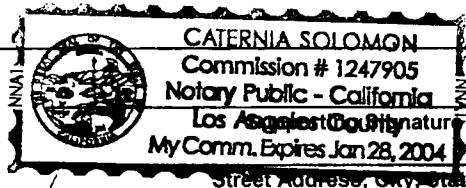
Notary Public, CATERINA SOLOMON

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

CATERINA SOLOMON  
Commission # 1247905  
Notary Public - California  
Los Angeles County  
My Comm. Expires Jan 28, 2004



California Driver's License for Donna Jean Nelson Scott dated 5-18-88  
born on 5-17-1920. Expired 5-17-90. Viewed by V.S.

Los Angeles City Board of Education dated Nov. 1, 1957 for Donna Jean Nelson  
Aldama Grade or Subject B1-B6 from 9-6-26 to 6-16-32.

Date of Birth 5-17-1920, place of birth Idaho. Viewed by V.S.



157-218-004-268  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of *Benewah*City of *Montpelier*Registration District No. *52*File No. *79521*

No. \_\_\_\_\_

St. \_\_\_\_\_

Primary Registration District No. *2136*

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD *Esther Aegerter*Sex of Child *Female*Twin  
Triplet  
or other?and Number  
in order  
of birthLegiti-  
mate? *Yes*Date of  
Birth *May 18 1920*

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAME *Philindrick Aegerter*

FATHER

FULL  
MAIDEN  
NAME *Mary Kohler*

MOTHER

RESIDENCE *Montpelier, Ida.*RESIDENCE *Montpelier, Ida.*COLOR *White*AGE AT LAST  
BIRTHDAY *46*

(Years)

COLOR *White*AGE AT LAST  
BIRTHDAY *36*

(Years)

BIRTHPLACE *Switzerland*BIRTHPLACE *Switzerland*OCCUPATION *Car Inspector*OCCUPATION *Cook*Number of child of this mother, including present birth. *5*Number of children of this mother now living, including present birth. *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated.(Born alive or ~~dead~~)at *4:10 P.* M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. H. Shug*

(Physician or midwife)

Given names added from a supplemental report.

Address *Montpelier, Idaho*Filed *5-31-20*

12-12-41

767-221-504-619

## PLACE OF BIRTH

Form V. S. No. 11--20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Bear LakeCity of MontpelierRegistration District No. 52File No. 79522

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Priscilla Levern PopeSex of Child girlTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birth } 4Legiti-  
mate? yesDate of  
Birth May 21, 1920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Mr. R. R. Pope

RESIDENCE

Montpelier

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Randolph, Wt.

OCCUPATION

R. R. MechanicFULL  
MAIDEN  
NAME

MOTHER

Bertine Farmer

RESIDENCE

Montpelier

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Garden City, Wt.

OCCUPATION

HousekeepingNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 7 A. M.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Elmer E. StrickleyPhysician

(Physician or midwife)

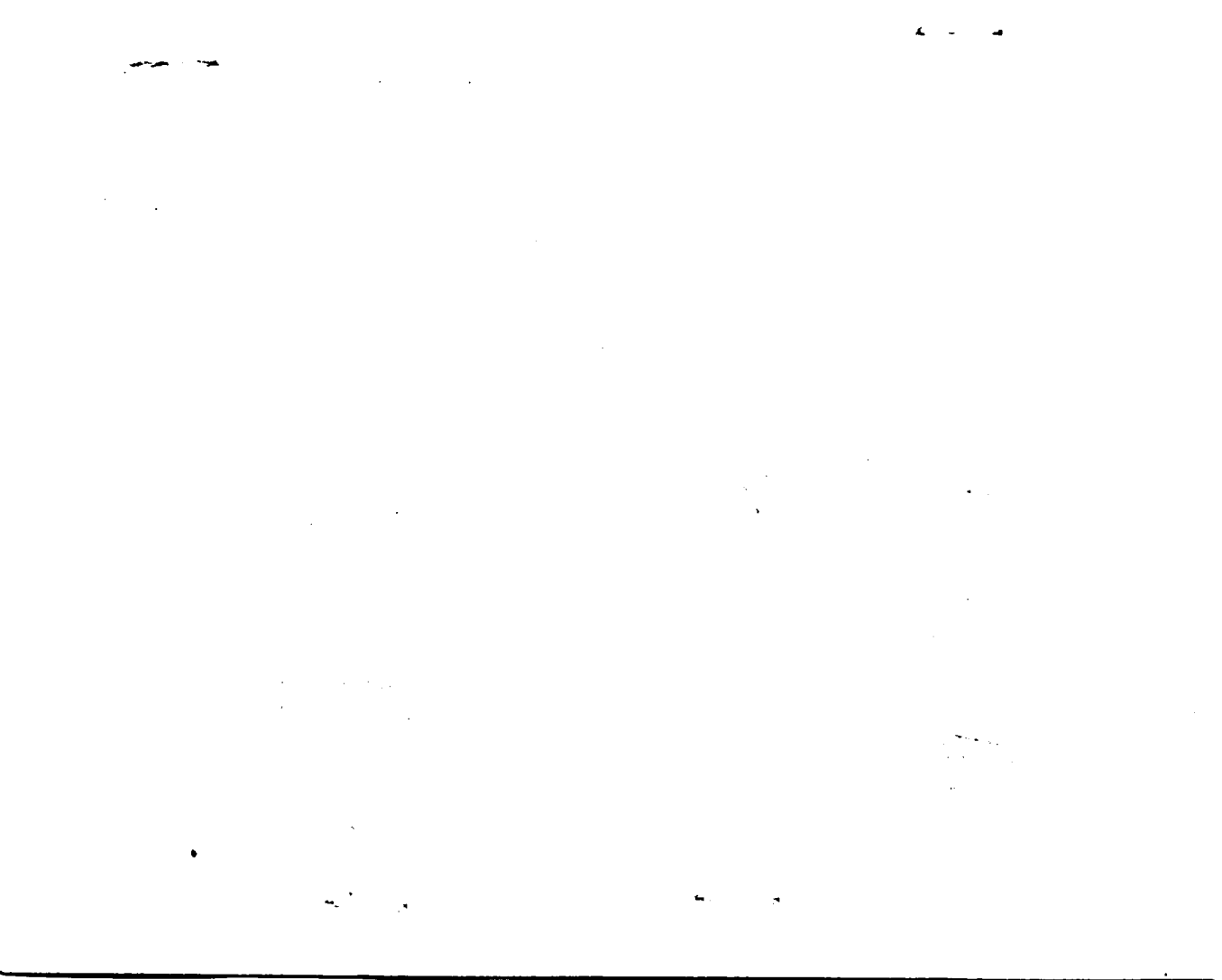
Given names added from a supplemental report.

Address Montpelier, Id.Filed 5-31-20

19 \_\_\_\_\_

Registrar.

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming } ss. Certificate No. 79522  
County of Frederick }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Pricilla Pope who was Born on May 22, 1920 (Birth or Death)  
in Montpelier Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Public Record & personal knowledge prepared on at date of birth, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Pricilla Pricilla LeVerl Pope  
Date May 21st May 22, 1920

Subscribed and sworn to before me this 13  
day of July 1942  
Henry Frank County Clerk by William R. Pope  
(Notary Public, residing at Green River Idaho)  
My commission expires Jan 4-1943  
(Seal) Signed William R. Pope  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss. [This Affidavit **MUST** Also be Executed.  
County of Frederick } (See Chapter 139, 1937 Idaho Session Laws.)  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.  
Subscribed and sworn to before me this 13  
day of July 1942  
Henry Frank County Clerk by Bessie Gertrude Le Pope  
(Notary Public, residing at Green River Idaho)  
My commission expires Jan 4-1943  
(Seal) Signed Bessie Gertrude Le Pope  
(Signature of Any Credible Person Other Than Previous Year)  
Green River Idaho  
(Street Address, City, State)

JUL 14 1942

JUL 15 1942

256-123-004-397

PLACE OF BIRTH

County of *Bear Lake*City of *Georgetown*No. .... *St.*Registration District No. *52*Primary Registration District No. *2136*

Hospital .....

Form V. S. No. 11-C-25m-9-4-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. .... **79523**

Registered No. ....

## FULL NAME OF CHILD .....

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>May 23 1920</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------	--

FULL NAME <i>Isaac Keovene</i>	FATHER
RESIDENCE <i>Georgetown, Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE <i>Montpelier, Idaho</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Emma Van Orman Tippetts</i>	MOTHER
RESIDENCE <i>Georgetown Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>23</i> (Years)
BIRTHPLACE <i>Georgetown, Idaho</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *3*Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive* at *2:25 P.M.* on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Emma W. Clark**Midwife*  
(Physician or midwife)

Given names added from a supplemental report.

Address *Georgetown, Idaho*Filed *5-31-20*

Registrar

Registrar





464-128-004-255  
PLACE OF BIRTH

County of Beauregard  
City of Montpelier

No. .... St.

Registration District No. .... 52

Primary Registration District No. .... 2136

Hospital .....

FULL NAME OF CHILD .....

Moutson

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-17

CERTIFICATE OF BIRTH

File No. .... 79524

Registered No. ....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u> } and { Number in order of birth <u>    </u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 28 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Peter C. Moutson</u>	FATHER
RESIDENCE <u>Montpelier</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)
BIRTHPLACE <u>Denmark</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Martha Berry</u>	MOTHER
RESIDENCE <u>Montpelier</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... 7      Number of children of this mother now living, including present birth ..... 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

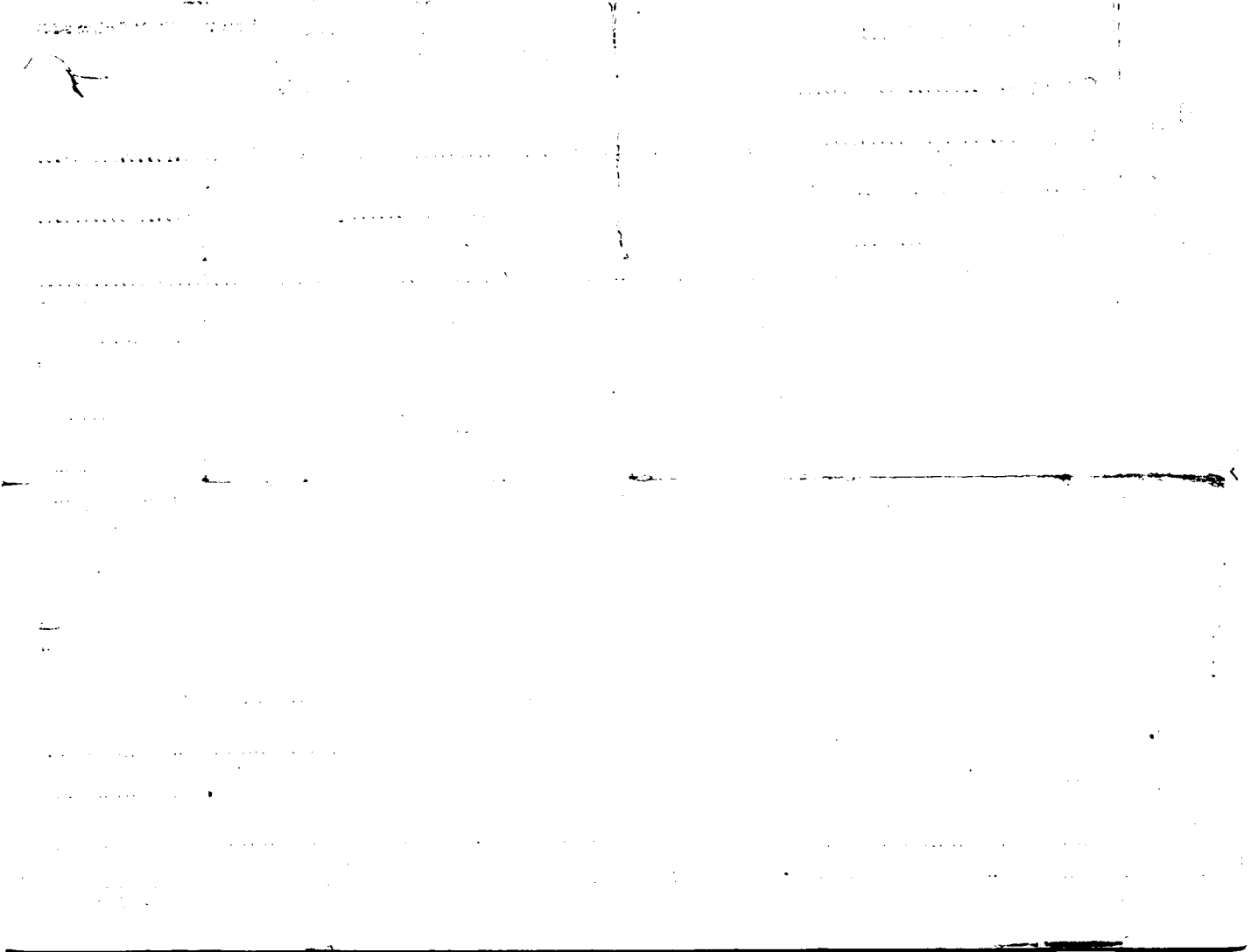
I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at ..... 12 ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... J. P. Gaeremont .....  
.....  
(Physician or midwife)

Given names added from a supplemental report.

Address ..... Montpelier .....  
.....  
Filed ..... 5-31-20 .....  
.....  
Registrar



389-207-004-695

PLACE OF BIRTH

Form V. S. No. 11-25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79525

County of BeauregardCity of St. CharlesRegistration District No. 33

File No.

No. \_\_\_\_\_ St.

Primary Registration District No. 2132

Registered No.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mary Christensen

Sex of Child

FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate?yesDate of  
Birth6-7

(Month)

(Day)

1920  
(Year)FULL  
NAMEHyrum Christensen

FATHER

RESIDENCE

St. Charles

COLOR

whiteAGE AT LAST  
BIRTHDAY32

(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEElsie Windley

MOTHER

RESIDENCE

St. Charles

COLOR

whiteAGE AT LAST  
BIRTHDAY32

(Years)

BIRTHPLACE

St. Charles

OCCUPATION

Housewife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive  
(Born alive or stillborn)7:40 P. M.

(Signature)

John Mattson  
Dr. M.D.  
(Physician or midwife)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

Given names added from a supplemental report.

Address

Paris, Id.

Filed

6/1019 20John Mattson  
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SERVED FOR BIRTH

**NOV 24 1952**

748-225-004-255  
PLACE OF BIRTH

Child's

added 3-7-89 MCM

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Bear LakeCity of St. Charles

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Registration District No. 33Primary Registration District No. 2132

## CERTIFICATE OF BIRTH

File No. 79526

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

MONA OPAL PUGMIRE

Sex of Child <u>female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>May 25 1920</u> (Month) (Day) (Year)
FULL NAME <u>LOUIS THOMAS PUGMIRE</u> FATHER			FULL MAIDEN NAME <u>OPAL ELIZABETH KEETCH</u> MOTHER	
RESIDENCE <u>St. Charles Idaho</u>			RESIDENCE <u>St. Charles, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 11 40 A. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

B. O. Moore M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

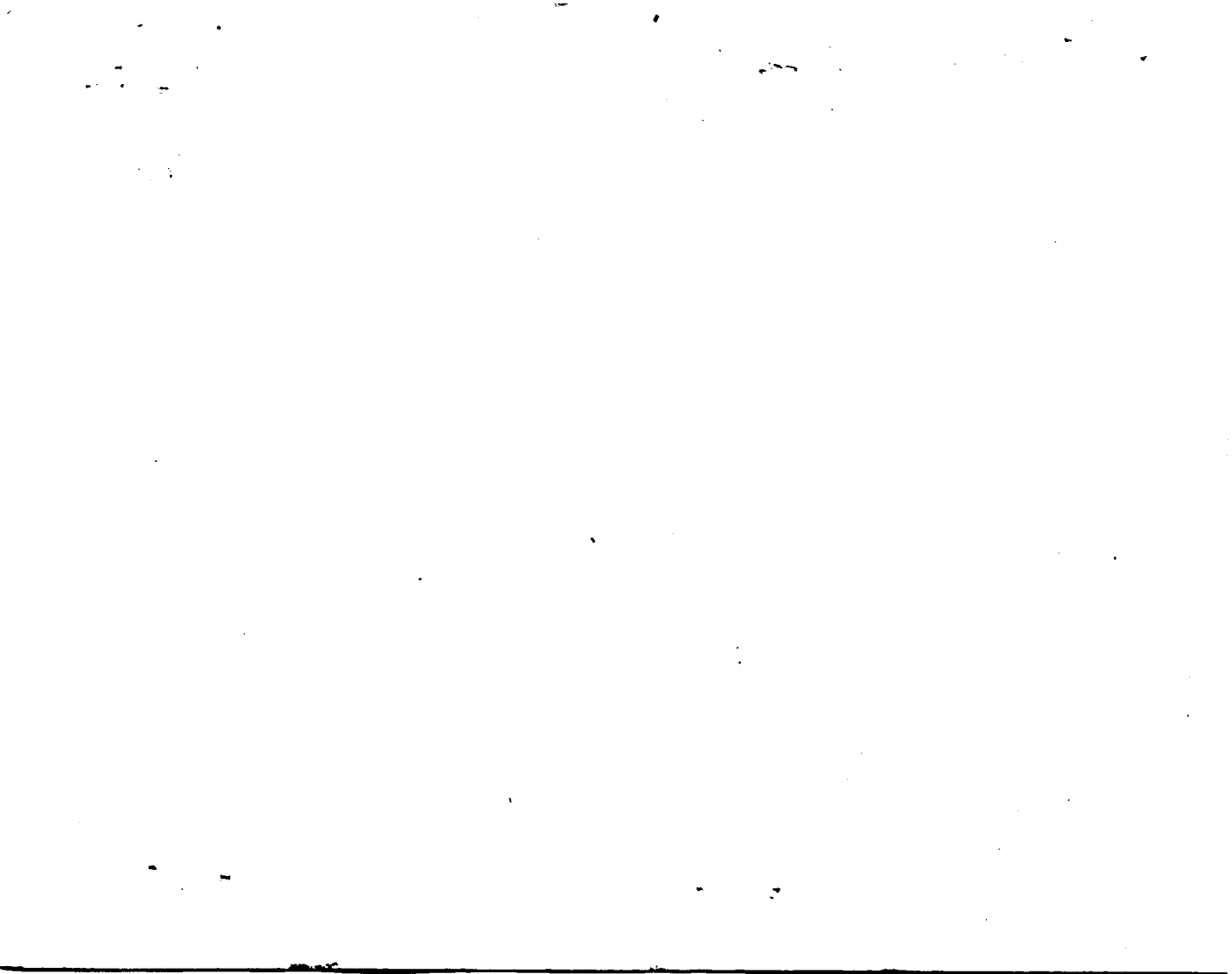
Paris Idaho

Filed

6/101920R. J. Sutton

Registrar

Registrar



3-2-89

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICSState of Idaho } ss.  
County of BEAR LAKE

MAR 7 10 59 AM '89

Certificate No. 20-79526  
Date Filed \_\_\_\_\_The undersigned does solemnly swear that certain facts on the certificate of birthfor Baby Girl Pugmire who was born on May 25, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in St. Charles (Bear Lake) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

Child's name	Baby Girl Pugmire	Mona Opal Pugmire

Subscribed and sworn to before me this 4th day ofMarch 19 89Notary Public, Crystal A. SullerResiding at MontpelierMy commission expires 6/9/93

(Seal)

X Mona Opal Pugmire  
Signature of ApplicantX 1903 Round Valley Dr. Laketown, UT  
Street Address, City, State 84038

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

(Must be completed \_\_\_\_\_)

(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

LDS Membership record shows Mona Opal Pugmire born May 25, 1920 in St. Charles to Louis T Pugmire & Opal E Keetch and blessed June 2, 1920 by Heber C Keetch. Viewed by VS.

MAR 7 1989

LDS Baptism shows Mona Opal Pugmire born May 25, 1920 in St. Charles and baptized June 25, 1928 by Henry E Boman. Viewed by VS.



Form V. S. No. 11-25m-9-8-15

# CERTIFICATE OF BIRTH

County of Bear Lake.

City of High Haven

Registration District No. 33

File No. **79527**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

**FULL NAME OF CHILD**

Sex of Child <i>Male</i>	Twin Triplet or other?	} and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>June 10 1920</i> (Month) (Day) (Year)
(To be answered only in event of plural births)				
FULL NAME <i>John Jensen</i>	FATHER			MOTHER
RESIDENCE <i>Fish Haven</i>				FULL MAIDEN NAME <i>Alice Mortensen</i> RESIDENCE <i>Fish Haven</i>
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>49</i>	COLOR <i>white</i> AGE AT LAST BIRTHDAY <i>28</i>		
(Years)		(Years)		
BIRTHPLACE <i>St Charles</i>	BIRTHPLACE <i>St Charles</i>			
OCCUPATION <i>Farmer</i>	OCCUPATION <i>House wife</i>			

Number of child of this mother, including present birth.....3

Number of children of this mother now living, including present birth.....5-

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was on the date above stated.

Born alive, at 8<sup>00</sup> a.m.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

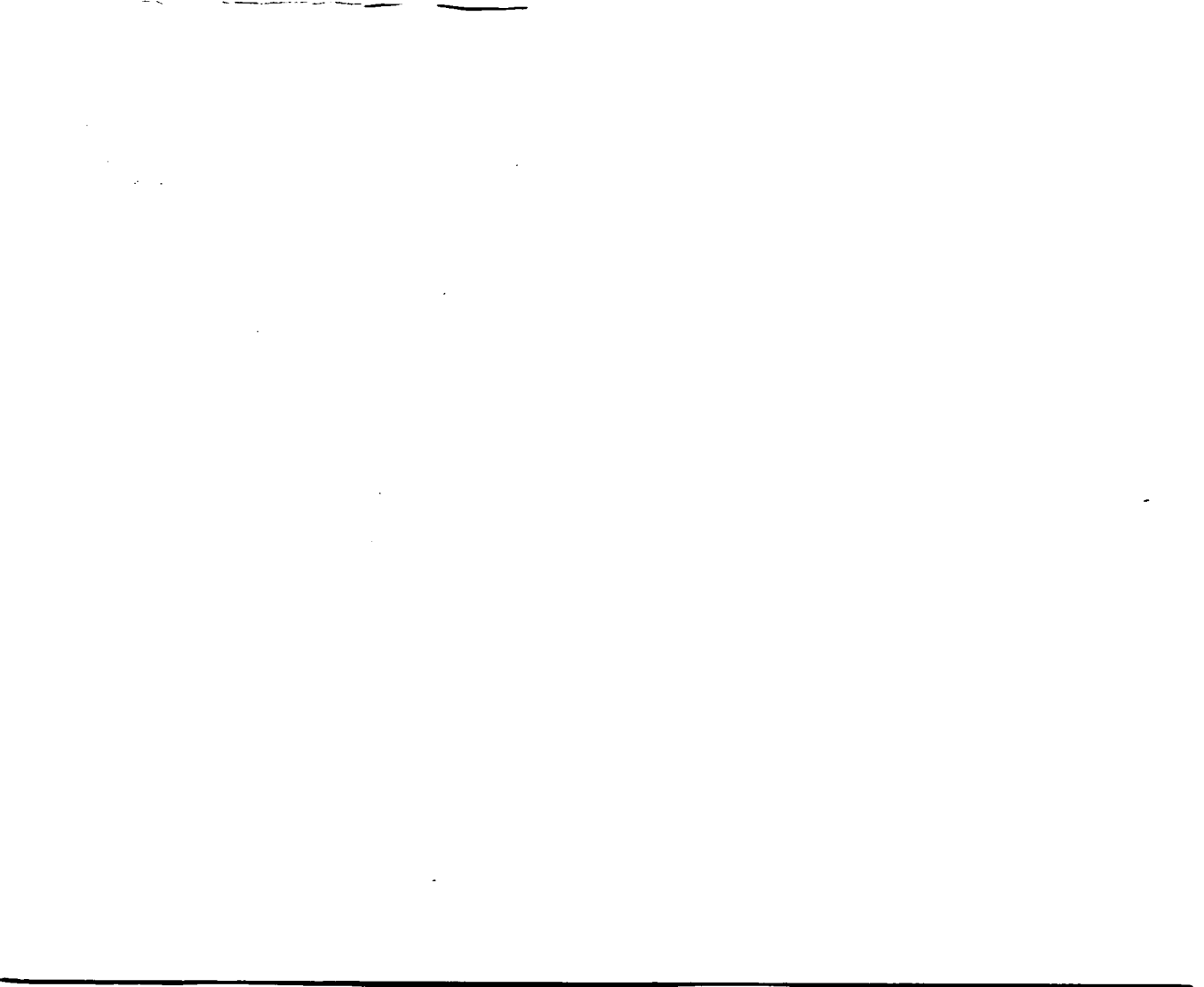
Given names added from a supplemental report.

**Address**

Filed 6/1/8

1930

*Registrar*



753-229-004-632

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

## CERTIFICATE OF BIRTH

County of BeauregardCity of St CharlesRegistration District No. 93File No. 79528No.        St.Primary Registration District No. 9199Registered No.       Hospital       FULL NAME OF CHILD Erma Christina Peterson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>      </u> (To be answered only in event of plural births)	and (Number in order of birth) <u>      </u>	Legitimate? <u>Yes</u>	Date of Birth <u>3-24</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--	------------------------	--

FATHER FULL NAME <u>Augustus Peterson</u>		MOTHER FULL MAIDEN NAME <u>Ellen Olson</u>	
RESIDENCE <u>St Charles</u>		RESIDENCE <u>St Charles</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>St Charles</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth <u>7</u>	Number of children of this mother now living, including present birth <u>7</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Born Alive at 4:20 A. M.  
(Born alive or stillborn)

(Signature)

[Signature]  
(Physician or midwife)

Address

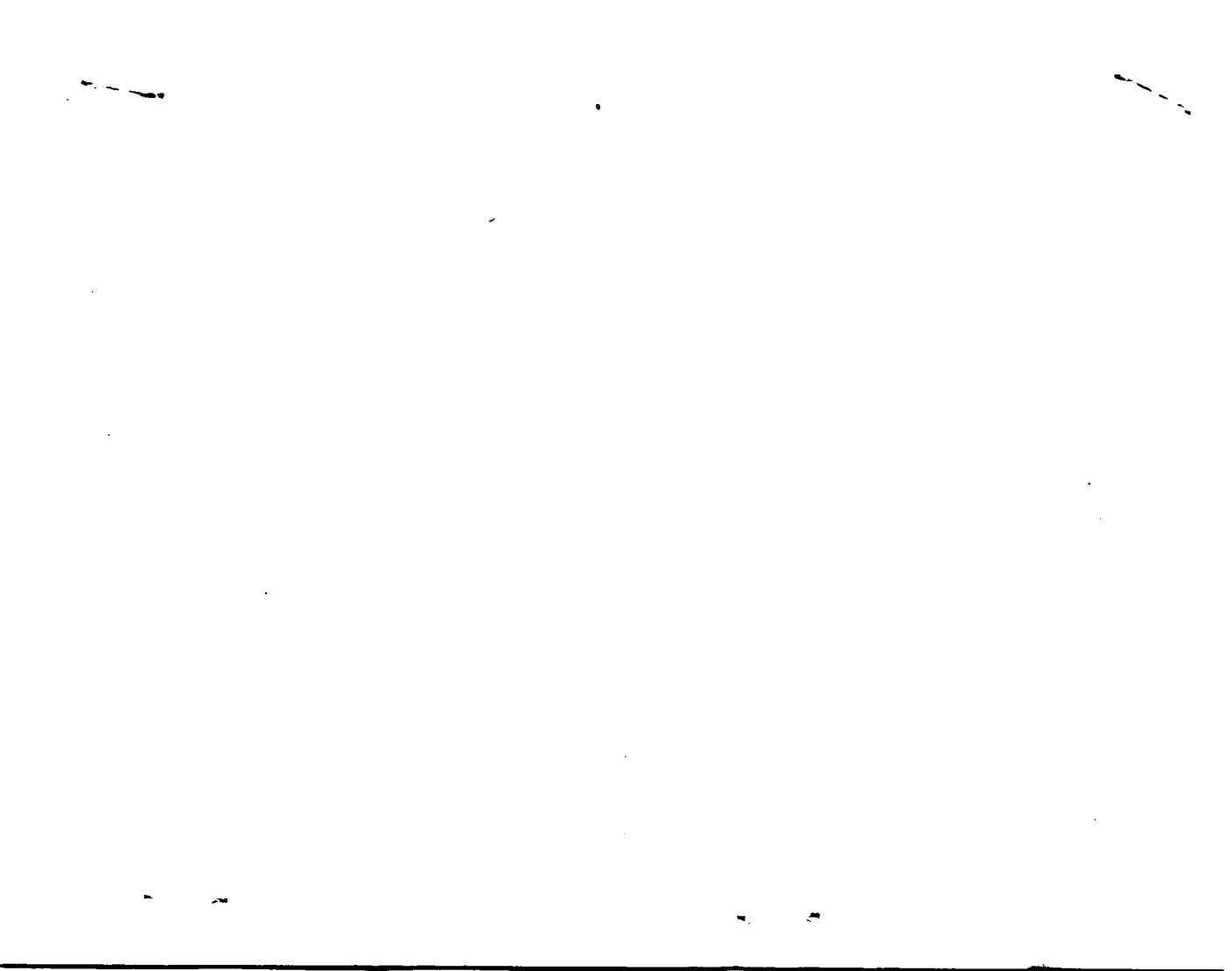
Paris, Id.

Filed

6/10 19 20

Registrar

Registrar



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

### AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 79528  
 County of Bear Lake }  
 The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Erma Christina Peterson who was Born (Birth or Death)  
 in St Charles, Idaho (Name on Original Certificate) (Was Born or Died) on May 29, 1920 (Date of Event)  
 are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts are shown by Bible Record prepared on \_\_\_\_\_, are:  
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)  
Name Unnamed TO  
 (The Correct Facts)  
Erma Christina Peterson

Subscribed and sworn to before me this 8  
 day of April, 1943  
Levi Aland  
 Notary Public, residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 (Seal)

Signed Augustus Peterson father  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
 \_\_\_\_\_  
 (Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
 County of \_\_\_\_\_ } (See Chapter 139, 1937 Idaho Session Laws.)  
 The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
 are true to the best of his knowledge.  
 Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_  
 \_\_\_\_\_  
 Notary Public, residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 (Seal)

Signed \_\_\_\_\_  
 (Signature of Any Credible Person Other Than Previous Year)  
 \_\_\_\_\_  
 (Street Address, City, State)

APR 12 1943

APR 14 1943

312 - 206 - 004 - 855

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of Bear Lake

CERTIFICATE OF BIRTH

City of St Charles

Registration District No. 33

File No. 79529

No. \_\_\_\_\_ St.

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and (Number in order of birth) _____	Legiti-mate? <u>yes</u>	Date of Birth <u>6-6</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Daniel C. Laker</u> RESIDENCE <u>St Charles</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>35</u> (Years) BIRTHPLACE <u>St Charles</u> OCCUPATION <u>Elec. Pump Operator</u>			MOTHER FULL MAIDEN NAME <u>Dora Hemmert</u> RESIDENCE <u>St Charles</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>30</u> (Years) BIRTHPLACE <u>St Charles</u> OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>3</u>			Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

Born alive at 12<sup>26</sup> P. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Paris Id.  
(Physician or midwife)

Given names added from a supplemental report.

Address

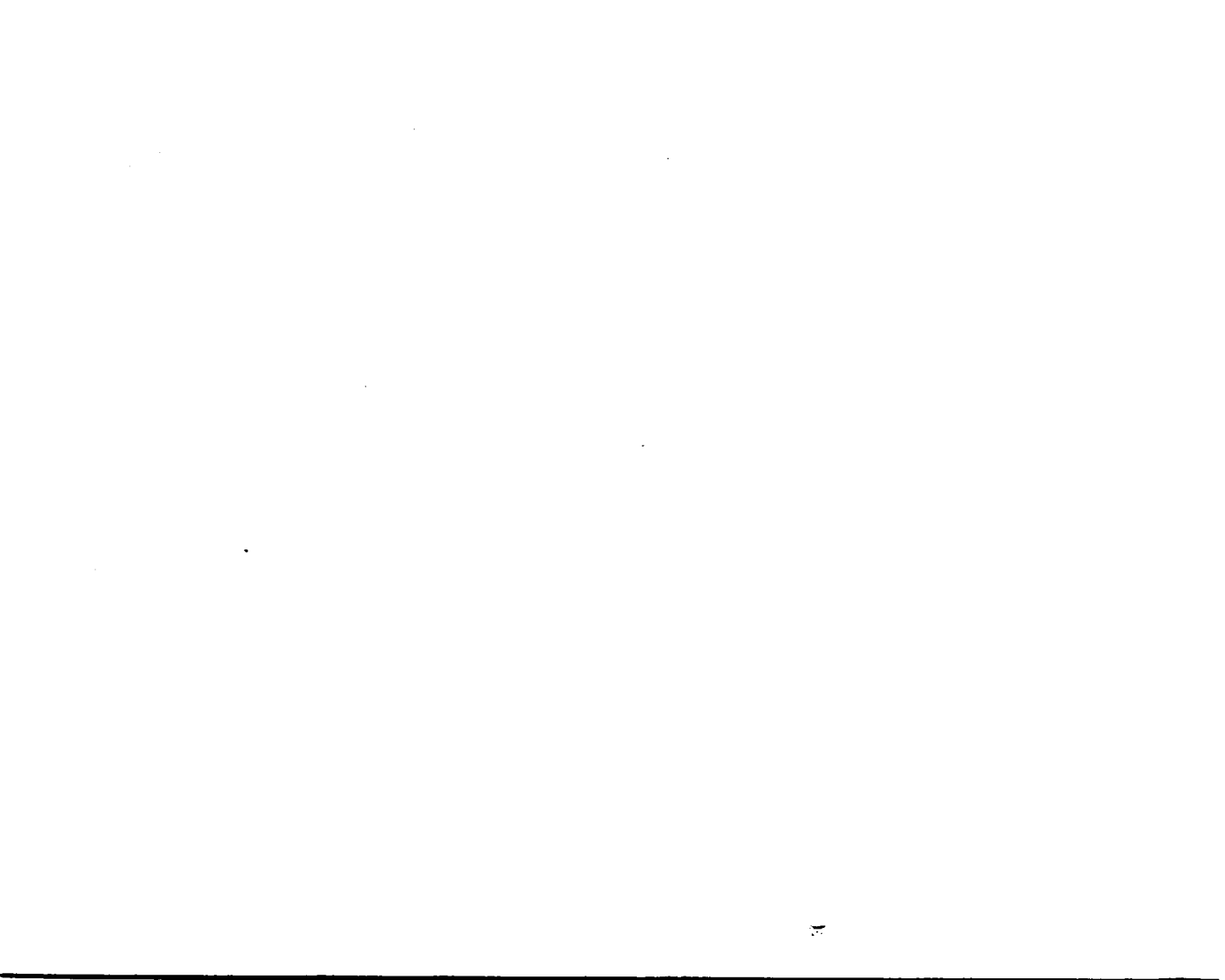
Filed

6/10

19 20

Registrar

Registrar





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-206-004-753

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

Registration District No. 33

File No. 4479530

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 6 1920</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>Walter Roy Findley</u>		FULL MAIDEN NAME <u>MOTHER</u> <u>Leora Martha Peterson</u>		
RESIDENCE <u>Ovid, Idaho</u>		RESIDENCE <u>Ovid Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Merchant</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:00 P.M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

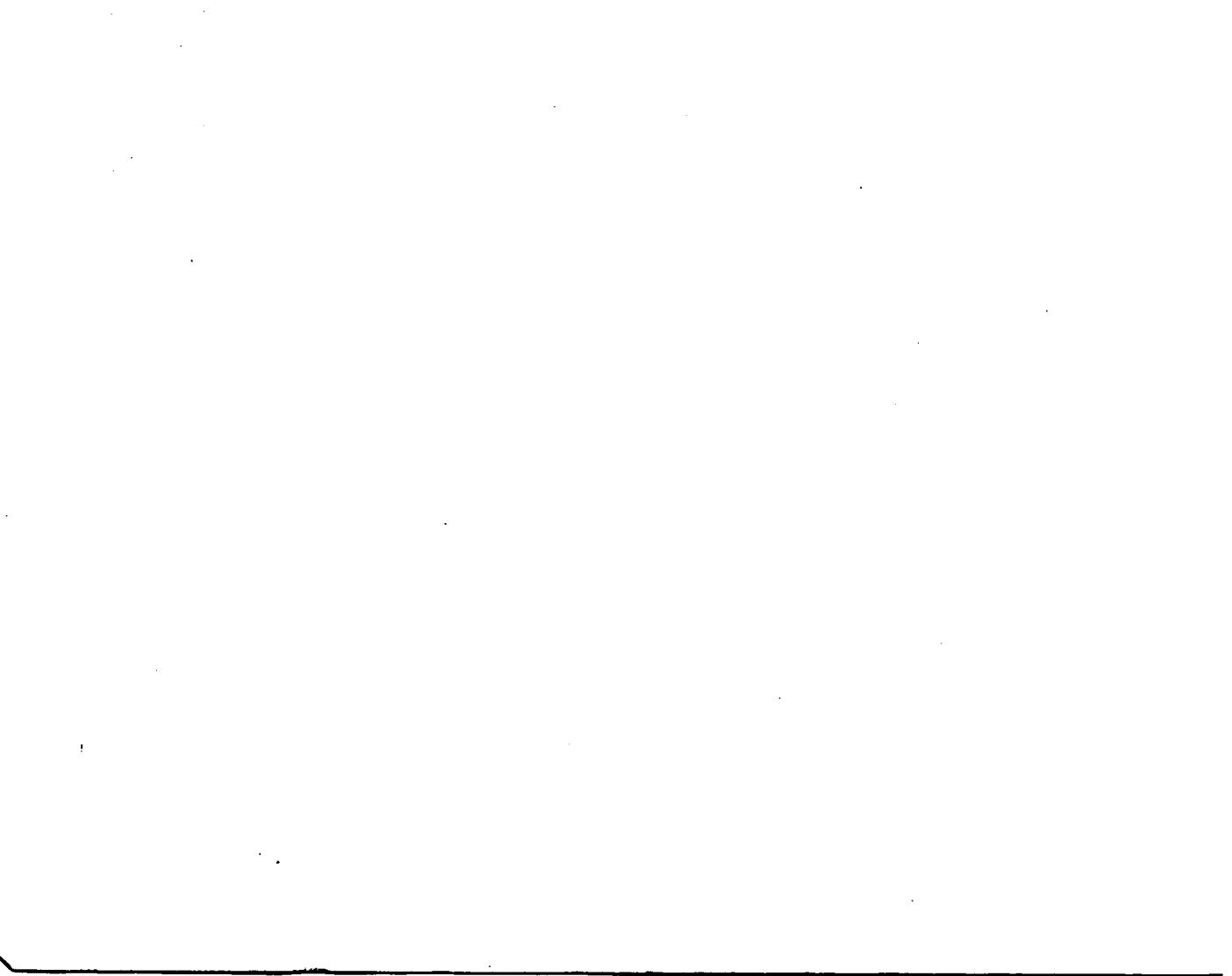
(Signature) C. O. Moore M.D.

Given names added from a supplemental report.

(Physician or midwife)  
Paris, Idaho

Address \_\_\_\_\_

Filed 6/10 1920 R. J. Sutton  
Registrar Registrar



MARGIN RESERVED FOR INDEXING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

954-229-004

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C Jan-9-8-15

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

Registration District No. 33

File No. H 79531

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD ETHEL RUTH ROMERO

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 29 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>James Andrew Romero</u> RESIDENCE <u>Soda Springs, Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>31</u> (Years) BIRTHPLACE <u>Utah</u> OCCUPATION <u>Rancher</u>			MOTHER FULL MAIDEN NAME <u>Leunita Mary Denis</u> RESIDENCE <u>Soda Springs, Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:49 a. m. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M. D.

Given names added from a supplemental report.

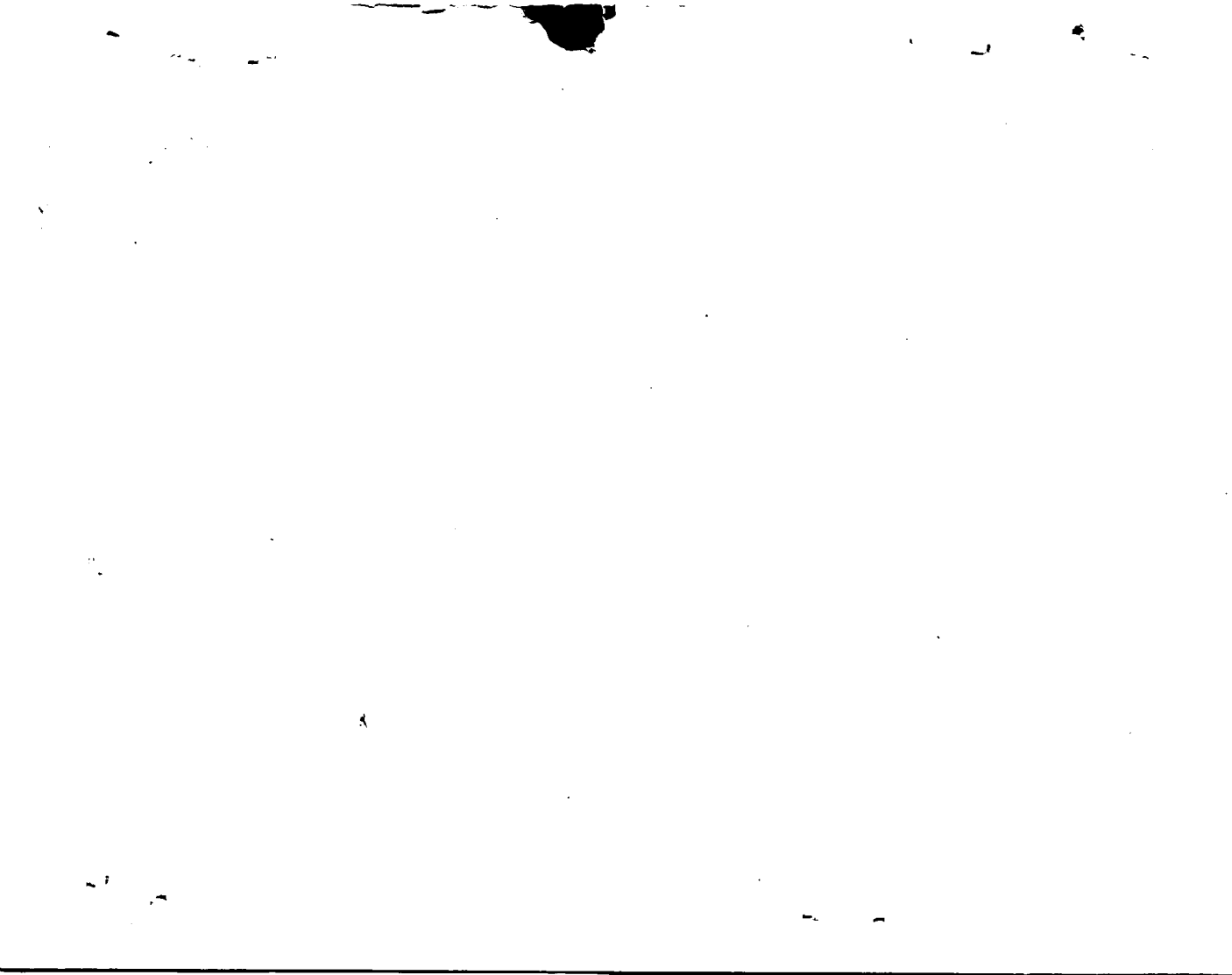
(Physician or midwife)

Address Paris Idaho

Filed 6/10 1920 R. J. Sutton

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Caribou } ss.

NOV 18 1941

Certificate No. 741-21  
Date Filed 11-1-41

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for No Name Given (Name on original certificate) who was born (Was born or died) May 29, 1920 (Date of event) in Paris, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Father prepared on Oct. 8, 1941 (Give date), are:

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Name

Omitted

Ethel Ruth Romero

Subscribed and sworn to before me this 8th day of October, 1941

Signed James A. Romero  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Soda Springs, Id.

My commission expires Aug. 7, 1944  
[SEAL]

SODA SPRINGS, IDAHO  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Caribou } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 8th day of October, 1941

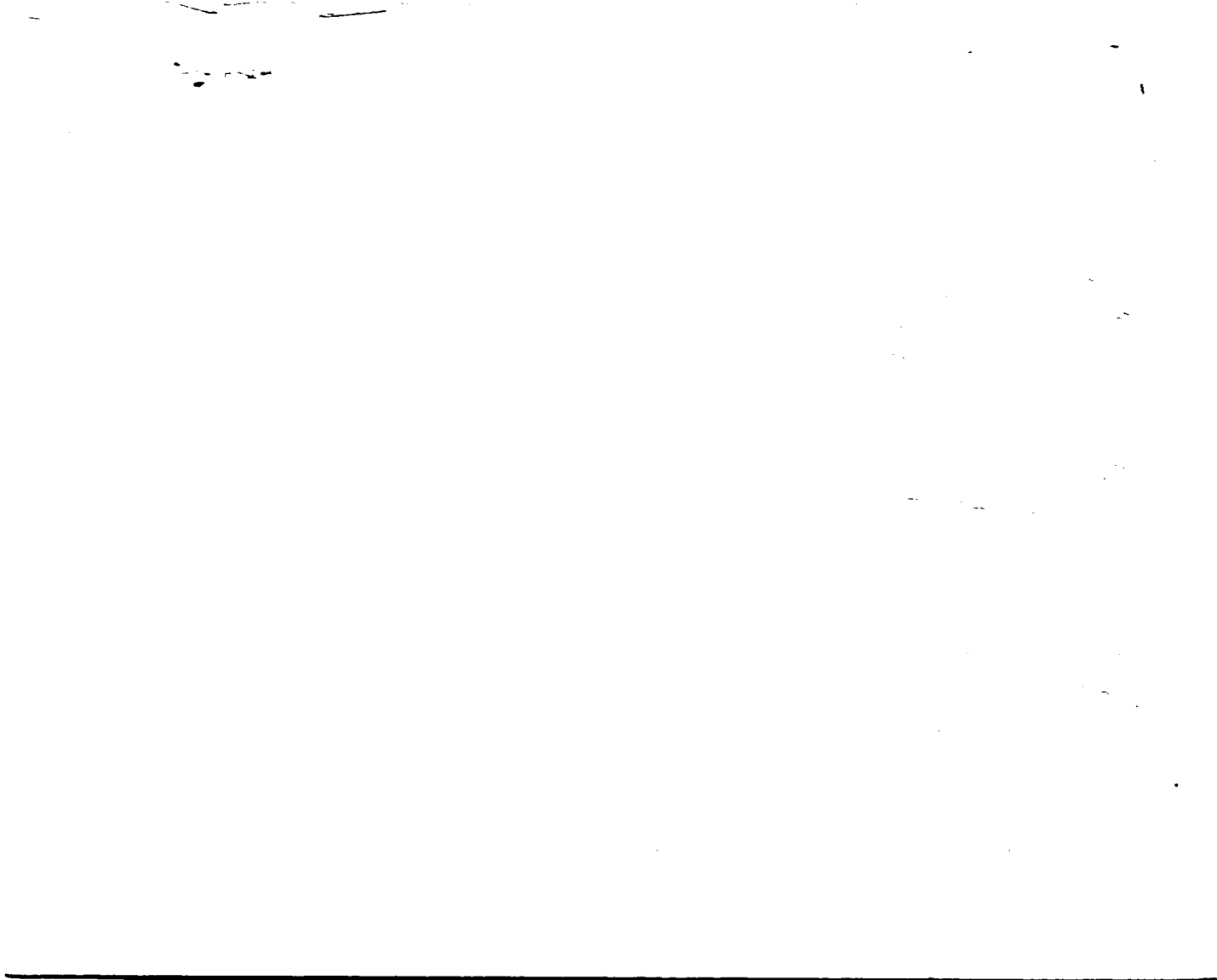
Signed Mrs. Mary Gurnell  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at SODA SPRINGS, IDAHO

My commission expires Aug. 7, 1944  
[SEAL]

SODA SPRINGS, IDAHO  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)



245-101-004-213

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-26m-9-8-15

CERTIFICATE OF BIRTH

County of Bear Lake

City of Lamar

Registration District No. 33

File No. 4479532

No. \_\_\_\_\_ St.

Primary Registration District No. 2139

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legitimate? _____	Date of Birth <u>6-1-1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>John B. Brenn</u> RESIDENCE <u>Lamar</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>29</u> (Years) BIRTHPLACE <u>Paris</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Mable H. Bateman</u> RESIDENCE <u>Lamar</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>19</u> (Years) BIRTHPLACE <u>Bloomington</u> OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:05 P. M.  
(Born alive or stillborn)

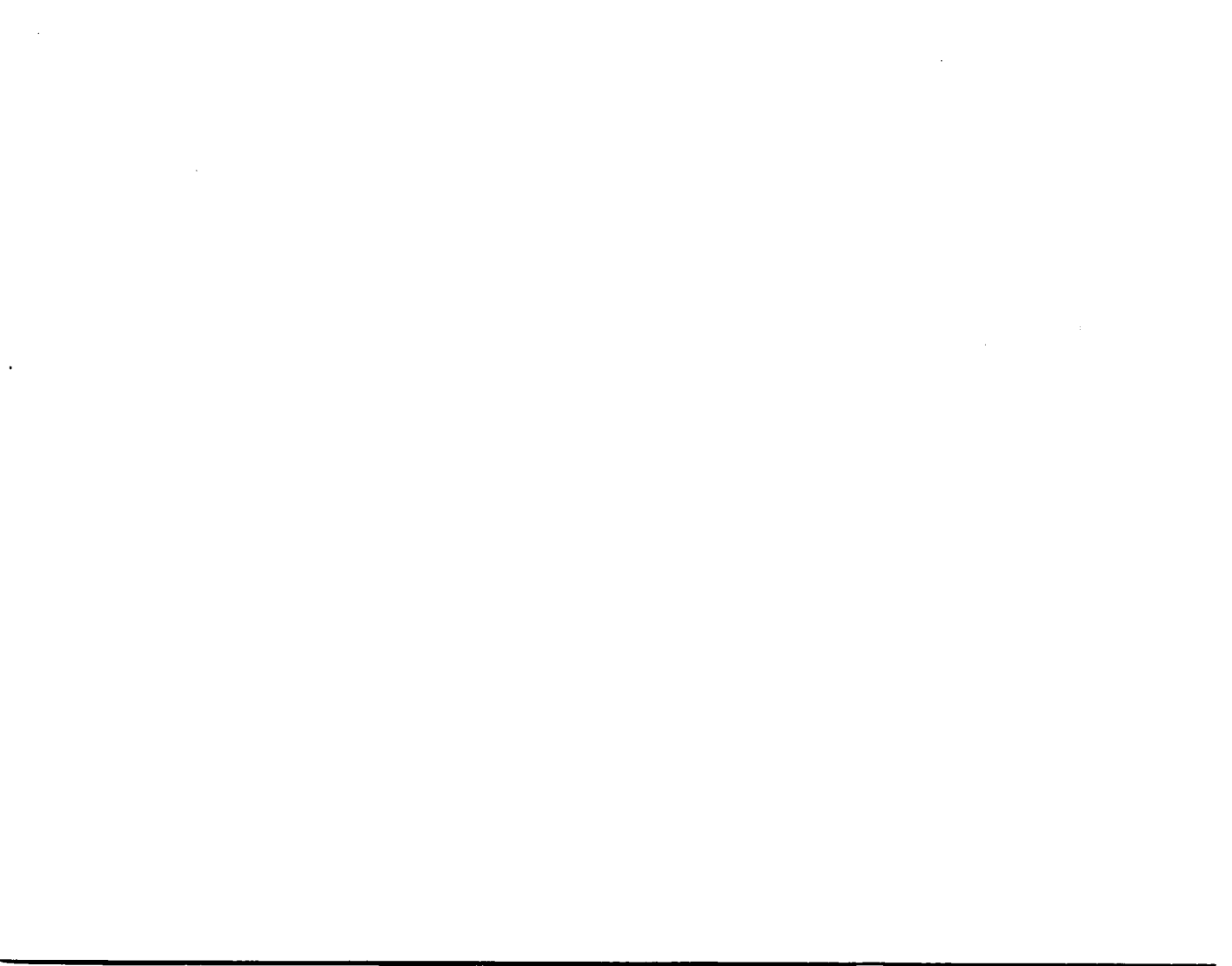
\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 6/10 1920





N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

799-109-004-285

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

Registration District No. 33

File No. 79533

No. \_\_\_\_\_ St.

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD EARL SHEPHERD GRIMMETT

Sex of Child <u>male</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legitimate? <u>yes</u>	Date of Birth <u>6-9-20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Arson H. Grimmett</u>		FULL MAIDEN NAME MOTHER <u>Lillis Shepherd</u>		
RESIDENCE <u>Paris</u>		RESIDENCE <u>Paris</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Paris</u>		
OCCUPATION <u>Carpenter</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

Born alive at 6:50 P. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 6/10 1920

[Signature]  
Registrar

SEP 12 1951

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-217-004-849  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

## CERTIFICATE OF BIRTH

County of Bear LakeCity of BloomingtonRegistration District No. 93File No. 79534  
444

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legitimacy <u>yes</u>	Date of Birth <u>5-17-1900</u> (Month) (Day) (Year)	
FATHER FULL NAME <u>David Shonock</u>	RESIDENCE <u>Bloomington</u>		MOTHER FULL MAIDEN NAME <u>Larsh Chinton</u>	RESIDENCE <u>Bloomington</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	BIRTHPLACE <u>Bloomington</u>	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)	
OCCUPATION <u>farmer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 12:50 A.M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

R. J. Sutton  
m.d.

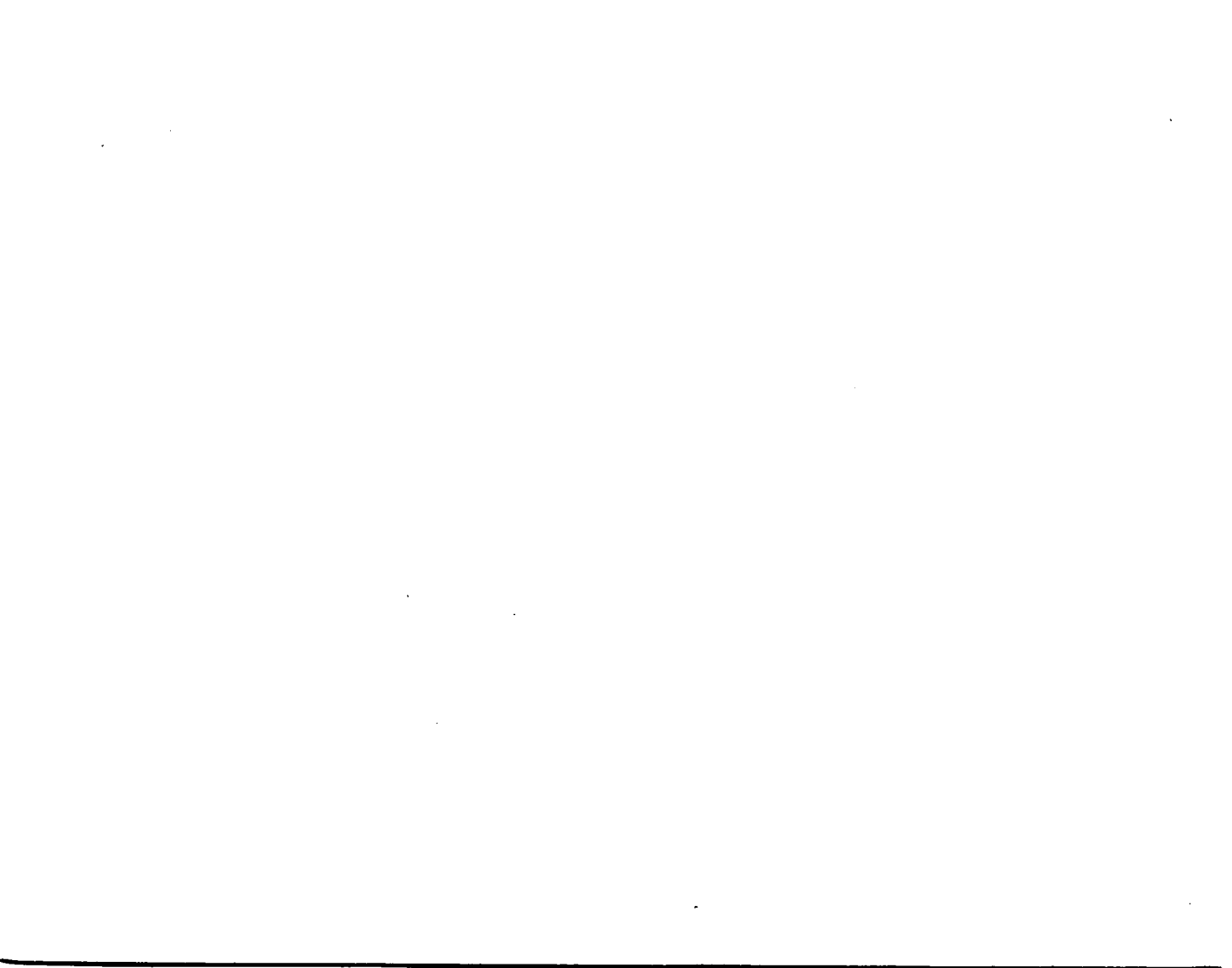
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 6/10 19 20

R. J. Sutton  
Registrar



285-212-004-962 Child's name added 6-14-89 MCM Form V. S. No. 11-25m-9-8-16  
 PLACE OF BIRTH STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS

County of Bear Lake

## CERTIFICATE OF BIRTH

City of Paris

Registration District No. 33

File No. 44679535

No. \_\_\_\_\_ St.

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

BETH SHEPHERD

Sex of Child girl Twin Triplet or other? \_\_\_\_\_ and (Number in order of birth) \_\_\_\_\_ Legitimate? yes Date of Birth 5-12 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
 FULL NAME Edwin L. Shepherd

RESIDENCE Paris

COLOR white AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Paris

OCCUPATION Merchant

MOTHER  
 FULL MAIDEN NAME Eliza Roberts

RESIDENCE Paris

COLOR white AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Liberty

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at the date above stated.

Born alive at 10<sup>25</sup> a. M.  
 (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. J. Sutton  
 M.D.  
 (Physician or midwife)

Given names added from a supplemental report.

Address

Paris Idaho

Filed 6/10

1920

R. J. Sutton  
 Registrar

FEB 12 1970

6-1-89

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICSState of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.Certificate No. 79535

Date Filed \_\_\_\_\_

JUN 9 8 46 AM '89

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Shepherd (female) who was born on May 12, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Paris, Idaho (Bear Lake) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

ITEMS TO BE CORRECTED	FROM	TO
<u>child's name</u>	<u>Unnamed Shepherd</u>	<u>Beth Shepherd</u>

Subscribed and sworn to before me this 6 day ofJune, 19 89Notary Public, Marlene DactorResiding at King Bank & Oddino - P. O. BoxMy commission expires 3-31-92

(Seal)

Beth Shepherd Kindley  
Signature of Applicant  
1515 Homer Dr. Pocatello  
Street Address, City, State  
Idaho

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_\_)

(Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

LDS blessing certificate shows Beth Shephaer born May 12, 1920 in Paris, ID  
to Edwin T Shepherd & Eliza Roberts and blessed July 4, 1920 by John Roberts.  
Viewed by VS.

JUN 2 1963

LDS baptism certificate shows Beth Shepherd born May 12, 1920 in Paris to  
Edwin T Shepherd & Eliza Robert and baptized Aug 4, 1928 by Edwin T Shepherd.  
Viewed by VS.



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-221-004-366

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Basin Lake

City of Bloomington

Registration District No. 33

File No. 447

**79536**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 7132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>5-21</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>Raoul Palmer</u>			FULL MAIDEN NAME <u>Heneretta Cook</u>		
RESIDENCE <u>Bloomington</u>			RESIDENCE <u>Bloomington</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	
BIRTHPLACE <u>Bloomington</u>			BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Ross Alerie at 7:20 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

R. J. Sutton  
(Physician or midwife)

Given names added from a supplemental report.

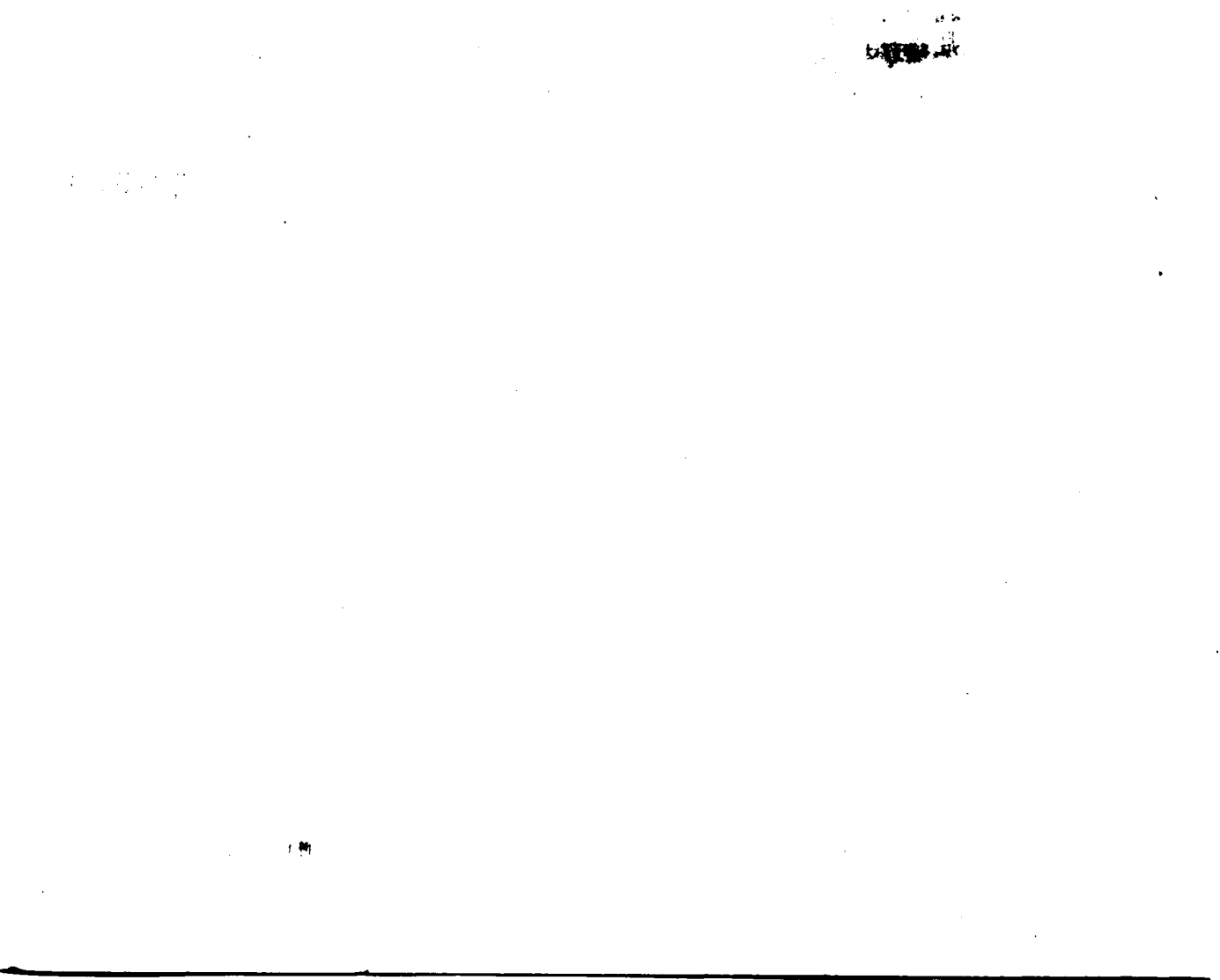
Address \_\_\_\_\_

Paris Idaho

Filed 6/10

19 20

R. J. Sutton  
Registrar



742-226  
005-PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79537

County of Benewah

City of Bliss

Registration District No. 2

File No. 1

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. 13

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mary Roselia Gustafson

Sex of Child

F

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti  
mate?

yes

Date of Birth

April 26 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

Anastha Gustafson

RESIDENCE

Cross d'Alene Res.

COLOR

Indian

AGE AT LAST BIRTHDAY

25  
(Years)

BIRTHPLACE

Bliss

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Mary Philip

RESIDENCE

Cross d'Alene Res.

COLOR

Indian

AGE AT LAST BIRTHDAY

26  
(Years)

BIRTHPLACE

Bliss

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 8 a. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

No physician attended

(Physician or midwife)

Given names added from a supplemental report.

19

Address

J. L. Bihann  
Registrar

Filed

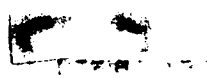
May 6 1920

J. L. Bihann  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



199-216-005-362

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BennettCity of BennettRegistration District No. 31File No. 79538

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_ Registered No. 14

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Julia Aripa

Sex of Child

7.Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthMay 16 1922  
(Month) (Day) (Year)FULL  
NAMELouis Aripa

RESIDENCE

Bennett, Idaho

COLOR

IndianAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Bennett, Idaho

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMary Magdeline Lott

RESIDENCE

Bennett

COLOR

IndianAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Tupame Reservation

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

No physician attended

(Physician or midwife)

Given names added from a supplemental report.

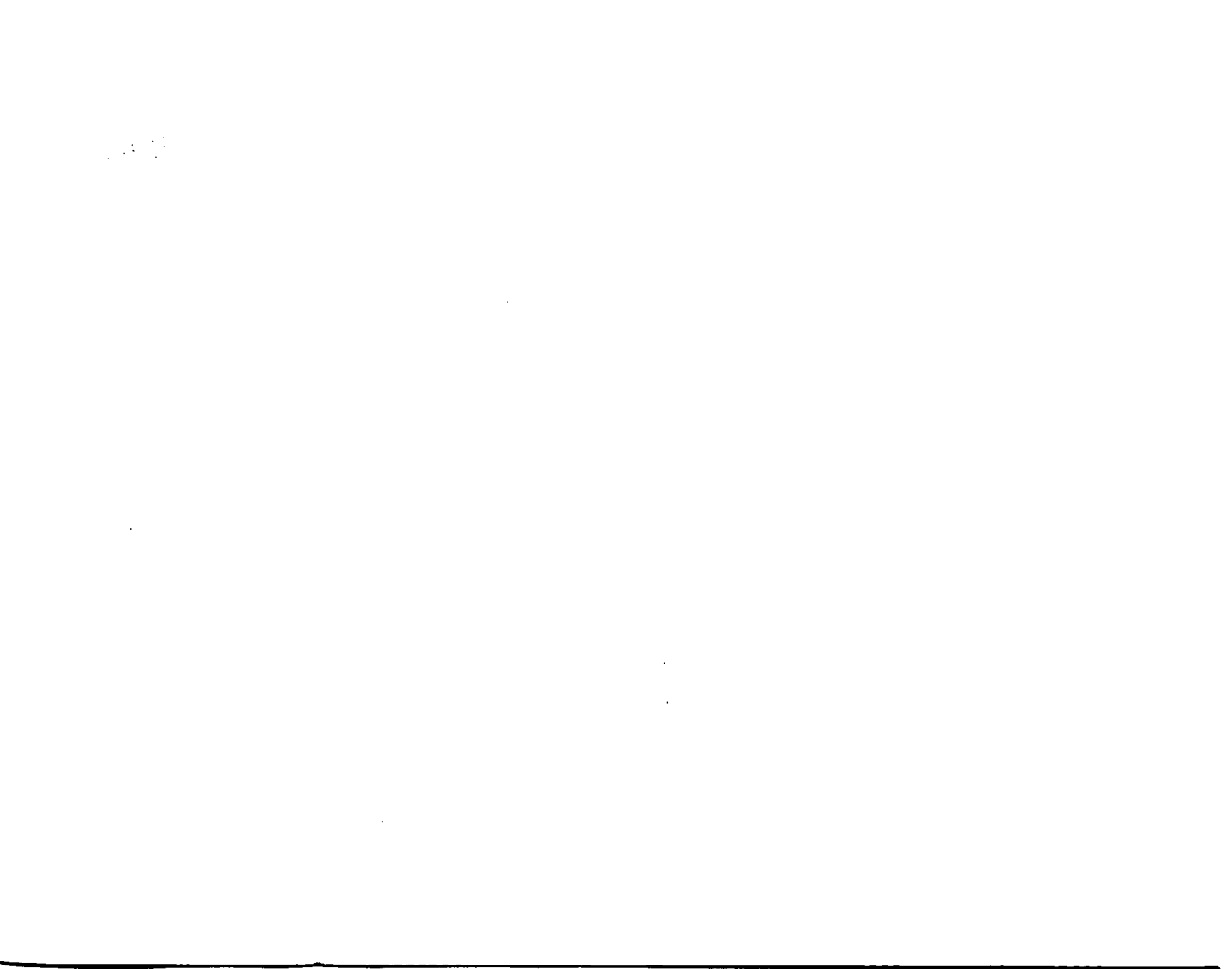
19

Address

Filed May 24 1922

Registrar

Registrar



415-125-805-296

## PLACE OF BIRTH

County of BenevolCity of St. MariesRegistration District No. 32

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2049Registered No. 47

FULL NAME OF CHILD

Ray Homer Davis

Sex of Child

mTwin  
Triplet  
or other?Number  
in order  
of birth6

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

4 25

(Month) (Day)

1920

(Year)

FULL NAME

Walter Davis

FATHER

RESIDENCE

St. Maries Ida

COLOR

w

AGE AT LAST BIRTHDAY

43

(Years)

BIRTHPLACE

Oregon

OCCUPATION

Laborer

FULL MAIDEN NAME

Maud Brown

MOTHER

RESIDENCE

St. Maries Ida

COLOR

w

AGE AT LAST BIRTHDAY

32

(Years)

BIRTHPLACE

Oregon

OCCUPATION

House wifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated.

(Born alive or stillborn)

12-159

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Owen D. PlattPhysician

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

St. Maries Idaho

Filed

June 3 1920A. E. Hays

Registrar

Registrar

5/27/41 L. B.



266-112-005-359

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

BUREAU OF STATISTICS  
CERTIFICATE OF BIRTHCounty of BenewahCity of St. MariesRegistration District No. \_\_\_\_\_ File No. 79540

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2049 Registered No. 48FULL NAME OF CHILD Mark Dean Howell

Sex of Child <u>m</u>	Twin Triplet or other? <u>—</u> and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>5</u> <u>12</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FULL NAME FATHER Leonard D. HowellFULL MAIDEN NAME MOTHER Edna D. TerryRESIDENCE St. Maries IdaRESIDENCE St. Maries IdaCOLOR w AGE AT LAST BIRTHDAY 30  
(Years)COLOR w AGE AT LAST BIRTHDAY 19  
(Years)BIRTHPLACE TexasBIRTHPLACE TexasOCCUPATION FurnaceOCCUPATION House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 11 a M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ed Platt  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address St. Maries IdaFiled June 3 1920 H. E. Smith  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Dec. 16, 1940. E.M.

236-124-005-249

## PLACE OF BIRTH

County of BernewahCity of St. Maries

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD GLENN EDWARDSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

Registration District No. 32File No. 79541Primary Registration District No. 2049Registered No. 49

Sex of Child <u>m.</u>	Twin <u>—</u> Triplet <u>—</u> or other? <u>—</u> and <u>—</u>	Number in order of birth <u>5</u>	Legitimacy? <u>yes</u>	Date of Birth <u>5</u> <u>24</u> <u>20</u> (Month) (Day) (Year)
------------------------	--	-----------------------------------	------------------------	--

FULL NAME Ired FATHER StorkRESIDENCE St Maries, IdaCOLOR w AGE AT LAST BIRTHDAY 39  
(Years)BIRTHPLACE KansasOCCUPATION mill workmanFULL MAIDEN NAME Budence MOTHER SmithRESIDENCE St Maries IdaCOLOR w AGE AT LAST BIRTHDAY 31  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

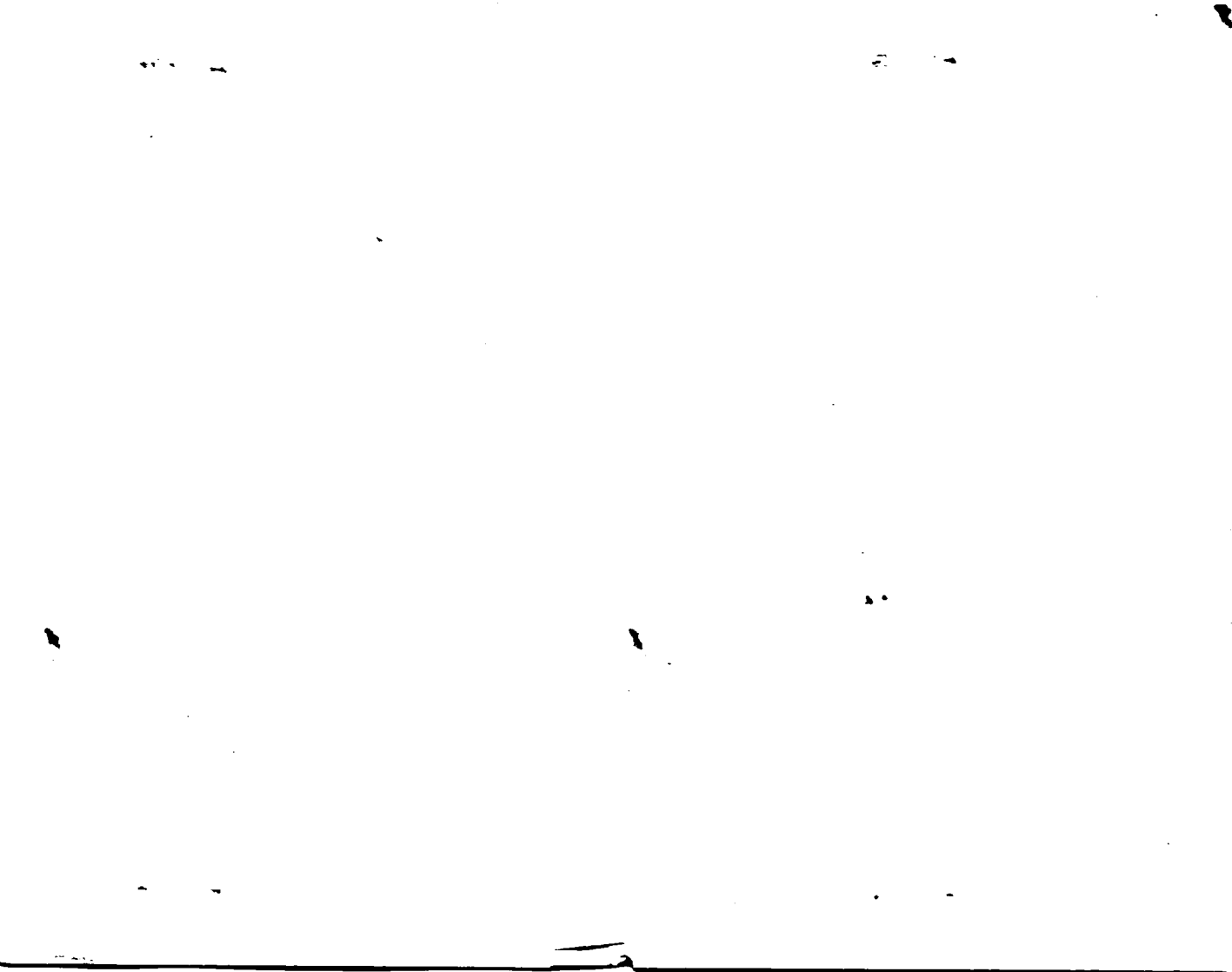
I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 39 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Owen D. Platt  
Physician  
(Physician or midwife)Address St. Maries IdaFiled June 3 1920 H E Kuech  
Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Bennewah } ss. Certificate No. 79541  
Date Filed \_\_\_\_\_

OCT 3 1941  
The undersigned does solemnly swear that certain facts on the certificate of birth  
(Birth or death)  
for Glenn Edward Stork who was born on May 24th 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in St. Maries Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by Mother's word prepared on October 1st. 1941, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO  
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)  
Name Unnamed Stork Glenn Edward Stork

Subscribed and sworn to before me this first  
day of October, 1941.

Notary Public, residing at Marysville  
My commission expires June 19th. 1943  
[SEAL]

Signed Prudence Eliza Stork  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death record;  
or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }  
County of Snohomish } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

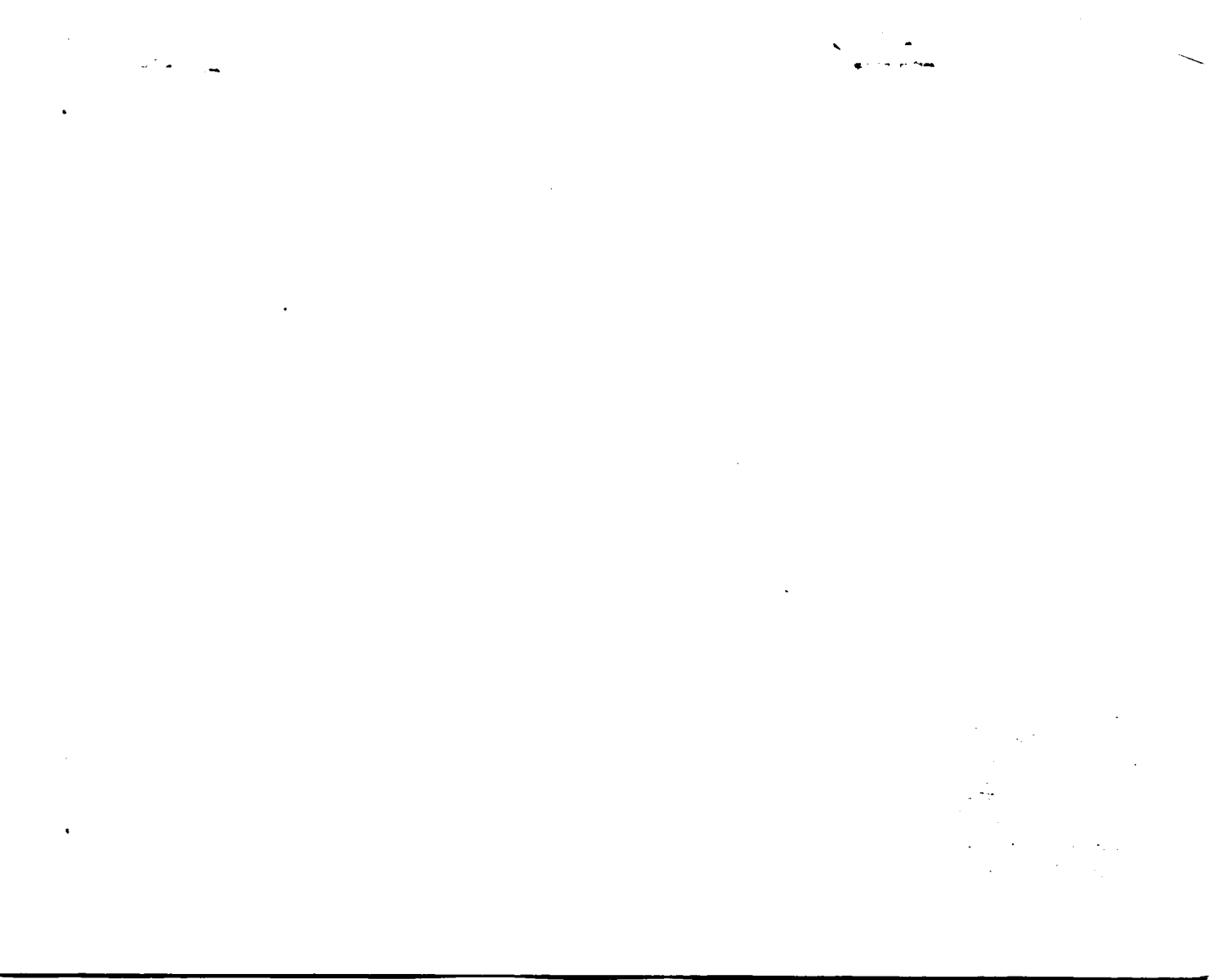
Subscribed and sworn to before me this first  
day of October, 1941.

Signed F. T. Carlstrom  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Marysville  
My commission expires June 19th 1943  
[SEAL]

214 State St. Marysville 203  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

296-125-005-192

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of BenedictCity of St. MarieRegistration District No. 32File No. 79542

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2049Registered No. 50

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Elliott Sherman Brown

Sex of Child

MTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth1  
(To be answered only in event of plural births)Legiti  
mate?yesDate of  
Birth5 25  
(Month) (Day)1920  
(Year)FULL  
NAMEHerman J. Brown

FATHER

FULL  
MAIDEN  
NAMEElena C. Coker

MOTHER

RESIDENCE

St. Marie, Ida

RESIDENCE

St. Marie, Ida

COLOR

WAGE AT LAST  
BIRTHDAY28  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Norway

BIRTHPLACE

No. Dak. to

OCCUPATION

Mis. Workman

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

11. 8. 9 M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

(Signature)

Owen D. PlattPhysician

(Physician or midwife)

Address

St. Marie, Idaho

Filed

June 3 1920H. E. Smith

Registrar

Registrar

MAY 11 1942



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

635-129-005-465

## PLACE OF BIRTH

County of BenedictCity of St. Maries

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

79543

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

51

Sex of  
Child

m

Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

3

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

5

29

19

20

(Month)

(Day)

(Year)

FULL  
NAME

Ira J.

FATHER

Fleming

RESIDENCE

St. Maries Ida

COLOR

w

AGE AT LAST  
BIRTHDAY

35

(Years)

BIRTHPLACE

St. Ida

OCCUPATION

Logger

FULL  
MAIDEN  
NAME

Myrtle D.

MOTHER

Dooley

RESIDENCE

St. Maries Ida

COLOR

w

AGE AT LAST  
BIRTHDAY

31

(Years)

BIRTHPLACE

Pheasanton

OCCUPATION

House wif

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

at

9<sup>th</sup>

M.

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

Given names added from a supplemental report.

19

(Signature)

Owen D. Platt

Physician

(Physician or midwife)

Address

St. Maries Ida

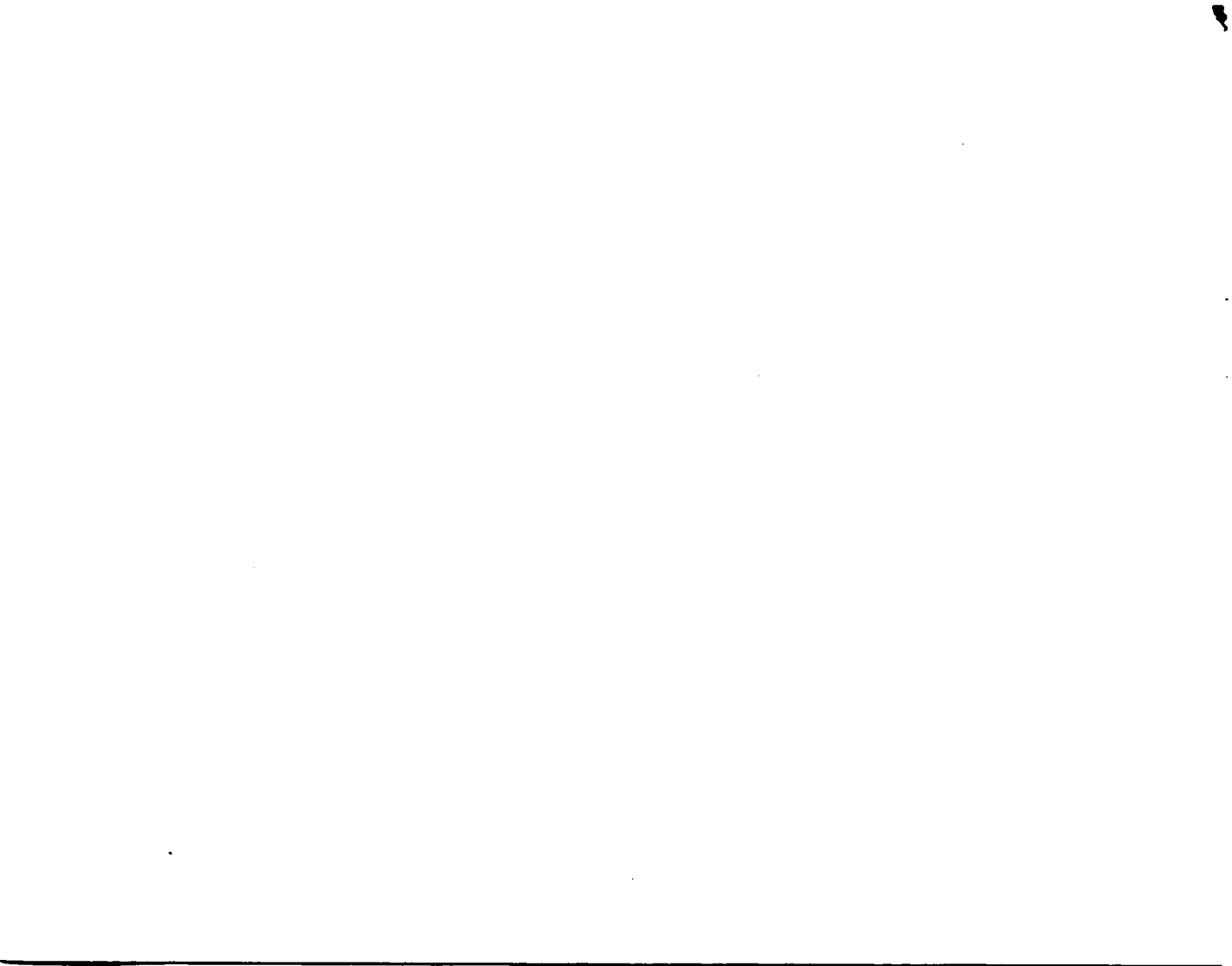
Filed

June 3 1920

H. E. Ernst

Registrar

Registrar



712-227-005-266

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BenewahCity of St. MariesRegistration District No. 32File No. 79544No. main St.Primary Registration District No. 204 Registered No. 42Hospital \_\_\_\_\_FULL NAME OF CHILD Janet Alene Gaskill

Sex of Child <u>Female</u>	Twin <u>✓</u> Triplet <u>✓</u> or other? <u>✓</u> and <u>✓</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>March 27</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME FATHER Thomas Benjamin H. GaskillRESIDENCE St. Maries, Id.COLOR white AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE Mo.OCCUPATION ButcherFULL MAIDEN NAME MOTHER Joella E. BoothRESIDENCE St. Maries, Id.COLOR white AGE AT LAST BIRTHDAY 19 (Years)BIRTHPLACE IowaOCCUPATION House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10:40 a. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

St. Maries, Id.

Filed

May 10 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1949

995-221-005-555

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BenedictCity of St. MariesRegistration District No. 32File No. 79545No.        St.       Primary Registration District No. 2049 Registered No. 43Hospital       FULL NAME OF CHILD Hellen Anette Ringnette

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>April 21</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-------------------------------	--

FATHER  
FULL NAME William Alfred Ringnette  
RESIDENCE Fernwood Idaho  
COLOR white AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Canada  
OCCUPATION Logger

MOTHER  
FULL MAIDEN NAME Blanche M. Veno  
RESIDENCE Fernwood Idaho  
COLOR white AGE AT LAST BIRTHDAY 17 (Years)  
BIRTHPLACE Wis.  
OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.at 4:05 a.m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

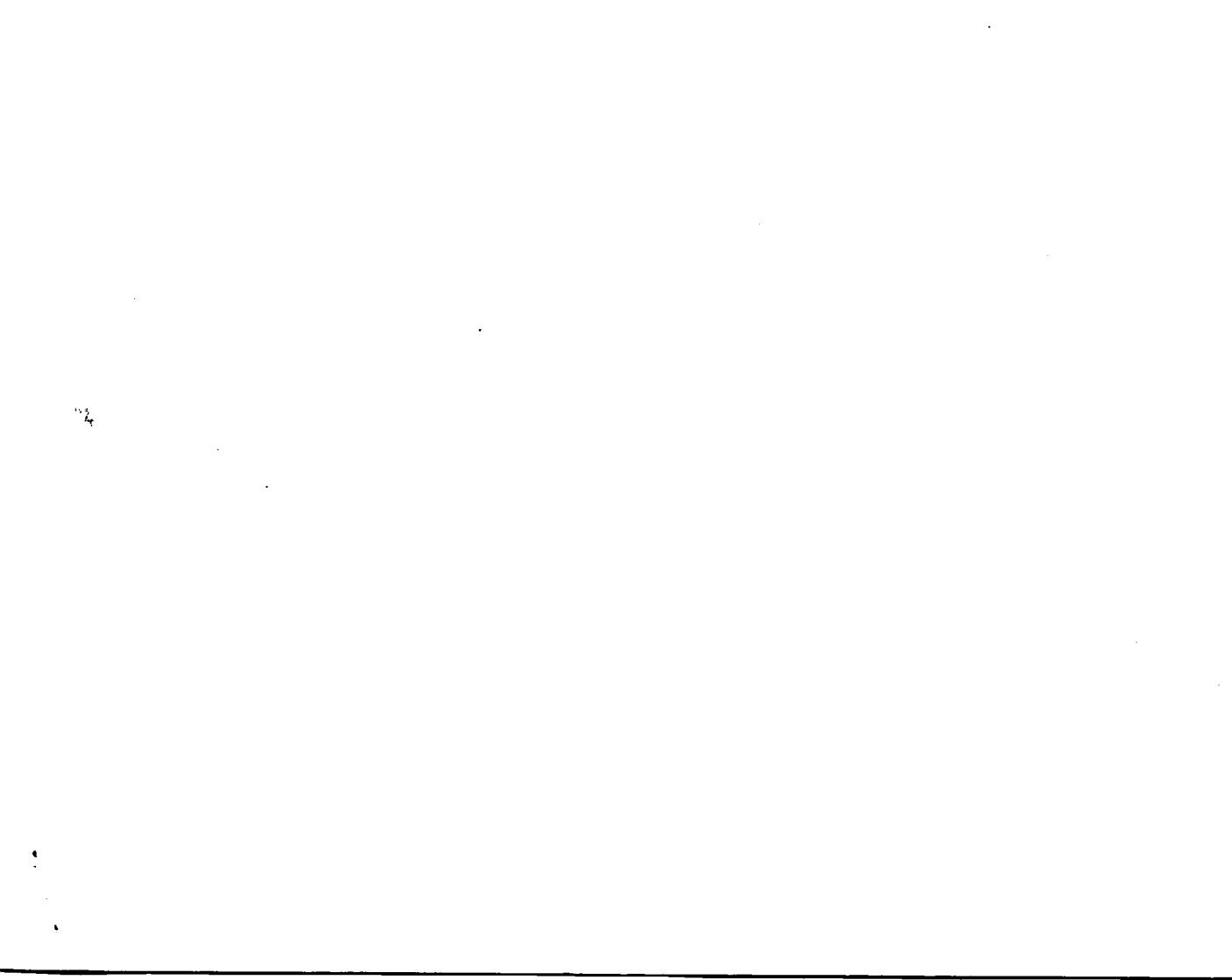
(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address St. Maries, IdahoFiled May 10 1920Registrar [Signature]Registrar [Signature]



859-223-005-349  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. & No. 11-C-22a-2-17

County of Benedict  
City of St. Maries

Registration District No. 3 2 File No. 79546

No. St. Primary Registration District No. 2 049 Registered No. 44

Hospital Margaret  
FULL NAME OF CHILD Margaret Bergert

Sex of Child <u>F. M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number and in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>April 3 1920</u> (Month) (Day) (Year)
---------------------------	---	------------------------------------	-----------------------------	---

FULL NAME <u>John G. Bergert</u>	FATHER	FULL MAIDEN NAME <u>Marie Luss</u>	MOTHER
RESIDENCE <u>St. Maries</u>		RESIDENCE <u>St. Maries</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>3 3</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>3 3</u> (Years)
BIRTHPLACE <u>Russian</u>		BIRTHPLACE <u>Russian</u>	
OCCUPATION <u>Car Man</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

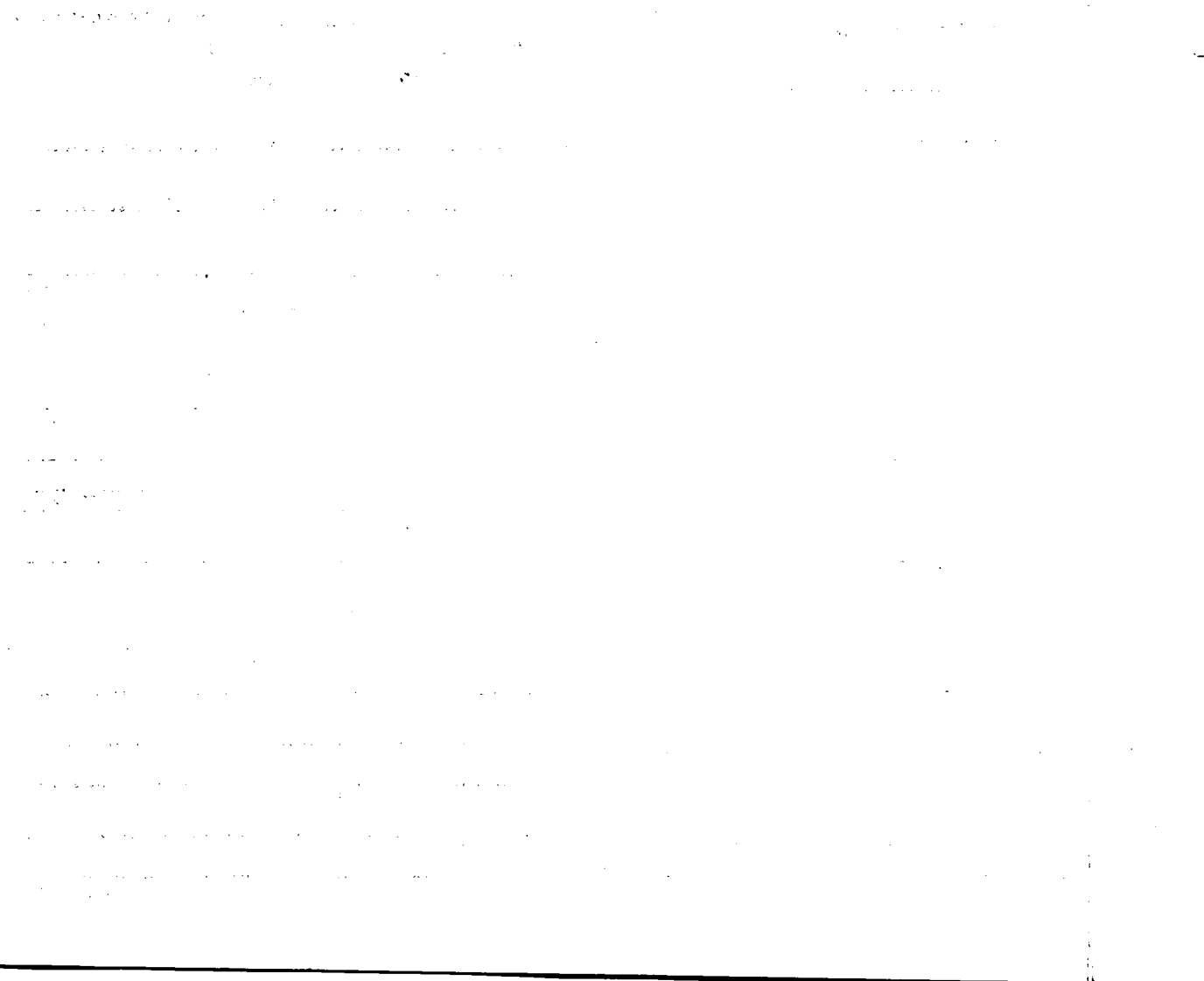
I hereby certify that I attended the birth of this child, who was Born Alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John G. Bergert  
Father  
(Physician or midwife)

Given names added from a supplemental report.

Address St. Maries  
Filed May 19 1920 H. E. Hunt  
Registrar





964-208-005-942

Form V, S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BeneviahCity of St. MariesRegistration District No. 32File No. 79547

No. \_\_\_\_\_ St.

Hospital St. Maries Primary Registration District No. 2049 Registered No. 455

FULL NAME OF CHILD

Jeanette Elizabeth Roddy

Sex of Child <u>Female</u>	Twin <input type="checkbox"/> Triplet <input type="checkbox"/> or other? <input type="checkbox"/>	{ and {	Number in order of birth <u>one</u>	Legitimate? <u>yes</u>	Date of Birth <u>5 8 1920</u> (Month) (Day) (Year)
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FULL NAME FATHER Wm Richard RoddyRESIDENCE St. Maries, IdaCOLOR white AGE AT LAST BIRTHDAY 35  
(Years)BIRTHPLACE Acconts, Wis.OCCUPATION Camp ForemanFULL MAIDEN NAME MOTHER Minnie RuschRESIDENCE St. Maries, Ida.COLOR white AGE AT LAST BIRTHDAY 31  
(Years)BIRTHPLACE Under Hill, Wis.OCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature](Physician ~~midwife~~)

Given names added from a supplemental report.

19

Address St. MariesFiled June 2 1920Registrar [Signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JUL 19 1957

295-216-005-168

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BeneviahCity of St. MariesRegistration District No. 32File No. 79548

No. \_\_\_\_\_ St.

Hospital St. Maries Primary Registration District No. 2049 Registered No. 46FULL NAME OF CHILD Irene Margaret Sinnard

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>5-16-20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER  
FULL NAME Alfred Mansfield Sinnard  
RESIDENCE Fernwood, Idaho  
COLOR white AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Ashland, Wis.  
OCCUPATION clerk

MOTHER  
FULL MAIDEN NAME Amanda Josephine Johnson  
RESIDENCE Fernwood, Idaho  
COLOR white AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Ashland, Wis.  
OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Larry Allen, at 8<sup>05</sup> a. M. on the date above stated. (Born alive or stillborn)

(\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature) L. Cronwall

(Physician or midwife)

Given names added from a supplemental report.

19

Address St. MariesFiled June 2 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1974

466 - 212-005-234

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

County of BennettCity of PlummerRegistration District No. 46File No. 79549

No. .... St.

Primary Registration District No. 2123Registered No. 9

Hospital .....

FULL NAME OF CHILD Luella Elizabeth MoodySex of Child FemaleTwin Single and { Number in order of birth } First  
(To be answered only in event of plural births)Legitimate? yesDate of Birth May 12 1930  
(Month) (Day) (Year)

FULL NAME

Jno R. Moody

FATHER

FULL MAIDEN NAME

Helen Stump

MOTHER

RESIDENCE

near Plummer Idaho

RESIDENCE

near Plummer Idaho

COLOR

white

AGE AT LAST BIRTHDAY

36

(Years)

COLOR

white

AGE AT LAST BIRTHDAY

30

(Years)

BIRTHPLACE

Bremers Iowa

BIRTHPLACE

Minnesota

OCCUPATION

Rancher

OCCUPATION

HousewifeNumber of child of this mother, including present birth one Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive May 12, 1930 at 6:00 P. M.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) J. W. Deddie M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

June 10, 30

Registrar

Registrar

FEB 8 1971

AND 2 DNY

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

*Renewed*

City of Plummer Registration District No. 46 File No. 79551  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. 2123 Registered No. 10

Hospital \_\_\_\_\_

FULL NAME OF CHILD Florence Bruce

Sex of Child <u>F</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 15</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>George Bruce</u>		FULL MAIDEN NAME <u>Florence Simpson</u>		
RESIDENCE <u>Plummer Ida.</u>		RESIDENCE <u>Plummer, Ida.</u>		
COLOR _____	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR _____	AGE AT LAST BIRTHDAY <u>20</u> (Years)	
BIRTHPLACE <u>Wash</u>		BIRTHPLACE <u>Montana</u>		
OCCUPATION <u>Laborer</u>		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 7 30 A. M.  
on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Nelson

(Physician or midwife)

Given names added from a supplemental report.

Address IdahoFiled 6/21 1920

Registrar

Registrar

0001 2 T01



295-203-006-78

No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IOWA  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79552

County of BinghamCity of AberdeenRegistration District No. 116File No. 10No. 2 St.Primary Registration District No. 2195Registered No. 553

Hospital

FULL NAME OF CHILD MARY LUCILLE BREWINGTON

Sex of Child

FemaleTwin  
Triplet  
or other?

— and —

Number  
in order  
of birth

Legitimate?

Yes

Date of Birth

May 3 20

(Month) (Day) (Year)

FULL NAME

James Sherdine Brewington

FATHER

FULL NAME

Rosamund Grey

MOTHER

RESIDENCE

Aberdeen Ida

RESIDENCE

Aberdeen Ida

COLOR

White

AGE AT LAST BIRTHDAY

48

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

38

(Years)

BIRTHPLACE

Missouri

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 3 P. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

M. C. Mockmeyer, M.D.Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Aberdeen Idaho

Filed

May 3 20

19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of \_\_\_\_\_ } ss. **RECEIVED**  
County of \_\_\_\_\_ } **AUG 29 1967**

Certificate No. 79552

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth

for \_\_\_\_\_ unnamed child \_\_\_\_\_ who was born \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in \_\_\_\_\_ Aberdeen, Idaho \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)  
name of child \_\_\_\_\_ unnamed \_\_\_\_\_ **TO**  
(The Correct Facts)  
Mary Lucille Brewington

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

*August 30<sup>th</sup>*  
*Paul J. Hansen*  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed *Mrs. Ida M. Novels*  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Aberdeen, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ } *Bannock*

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

*July 27<sup>th</sup>*  
*Laura J. Edgson*  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed x *Jessie A. Edgson*  
(Signature of Any Credible Person)  
124 W 7th  
(Street Address, City, State)

AUG 29 1967

Membership Certificate from Delta Kappa Gamma Society gives name as Mary Lucille Brewington. Issued March 23, 1946 by M. Margaret Stroh, National Pres. Viewed by V. S.

JUL 16 1968

JAN 7 1975

Appl for N. Y. Life ins. gives name as Mary Lucille Brewington. Policy issued Mar. 27, 1944. Policy #18-606-866 Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-115-006-238

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79553

County of Bingham

City of Aberdeen

Registration District No. 116

File No. 10

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2125

Registered No. 534

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Jesse Henry Wride

Sex of Child Male

Twin  
Triplet  
or other?

— and —  
Number  
in order  
of birth

Legiti  
mate?

Yes

Date of  
Birth

May 15 20  
(Month) (Day) (Year)

FULL  
NAME

FATHER

Angus Wride

RESIDENCE

Aberdeen Ida

COLOR

White

AGE AT LAST  
BIRTHDAY

38  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

MOTHER

Hattie Klinger

RESIDENCE

Aberdeen Ida

COLOR

White

AGE AT LAST  
BIRTHDAY

37  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 9:50 P. M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. C. McKinnon, M.D.

Physician or midwife

Given names added from a supplemental report.

19

Address

Aberdeen Ida

Filed

May 20 20

19

Registrar

Registrar

MAY 6 1981

3-20-81

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO } ss.  
 County of BANNOCK

MAY 26 8 08 AM '81

Certificate No. 79553  
 Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Wride who was born on 5-15-20  
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Aberdeen (Bingham) are erroneous or were omitted:  
 (Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs nameUnnamedJesse Henry Wride

Subscribed and sworn to before me this 24<sup>th</sup> day of

MARCH1981

Notary Public, Jane Parrish  
 Residing at Pocatello, Idaho  
 My commission expires Lifetime  
 (Seal)

Jesse Henry Wride  
 Signature of Applicant  
667 Boyd Pocatello, IDAHO  
 Street Address, City, State 83202

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_

(Must be completed \_\_\_)  
 (Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
 Residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 (Seal)

Supporting Signature

Street Address, City, State

Certificate of ordination to High Priest, Melchizedek  
Priesthood, in L. D. S. Church on Mar 27, 1966.  
Valid by U.S. Name given as Jesse Henry Wride  
MAY 7 1981

Marriage License gives name as Jesse Henry  
Wride married to Linton Cleo Bean married  
on Sept 5, 1942 in Texas -  
Valid by U.S.



693-116-006-849

## PLACE OF BIRTH

County of

City of

No.

St.

Registration District No.

File No.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Sex of Child

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
Number  
in order  
of birth  
(To be answered only in event of plural births)

Legitimate?

Date of Birth

(Month) (Day) (Year)

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

19

Address

Filed

19

Registrar

Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

79554

116

2195

533

Clyde Lorenzo Wilcock

Male

yes

May 16 20

Edward Wilcock

Mary Ann Harriet Hermon

Sterling Ida

Sterling Ida

white

29

white

21

Utah

Utah

farmer 3

housewife 3

JAN 23 1949

333 24 100

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

753-117-006-693  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

County of Bingham

City of Aberdeen

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

AMENDED CERTIFICATE OF BIRTH  
10/6/45

Registration District No. 116 File No. 79555

Primary Registration District No. 2195 Registered No. 556

FULL NAME OF CHILD Laurence Heber Peterson  
(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	} and {	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>May 17</u> 192 <u>0</u>		
					(Month)	(Day)	(Year)

What bacterioidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth... 1 ... Number of children of this mother now living, including present birth... 1

FATHER  
FULL NAME Wilford Peterson  
RESIDENCE Aberdeen, Idaho  
COLOR White AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Edith May Willoughby  
RESIDENCE Aberdeen, Idaho  
COLOR White AGE AT LAST BIRTHDAY 17  
(Years)  
BIRTHPLACE England  
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

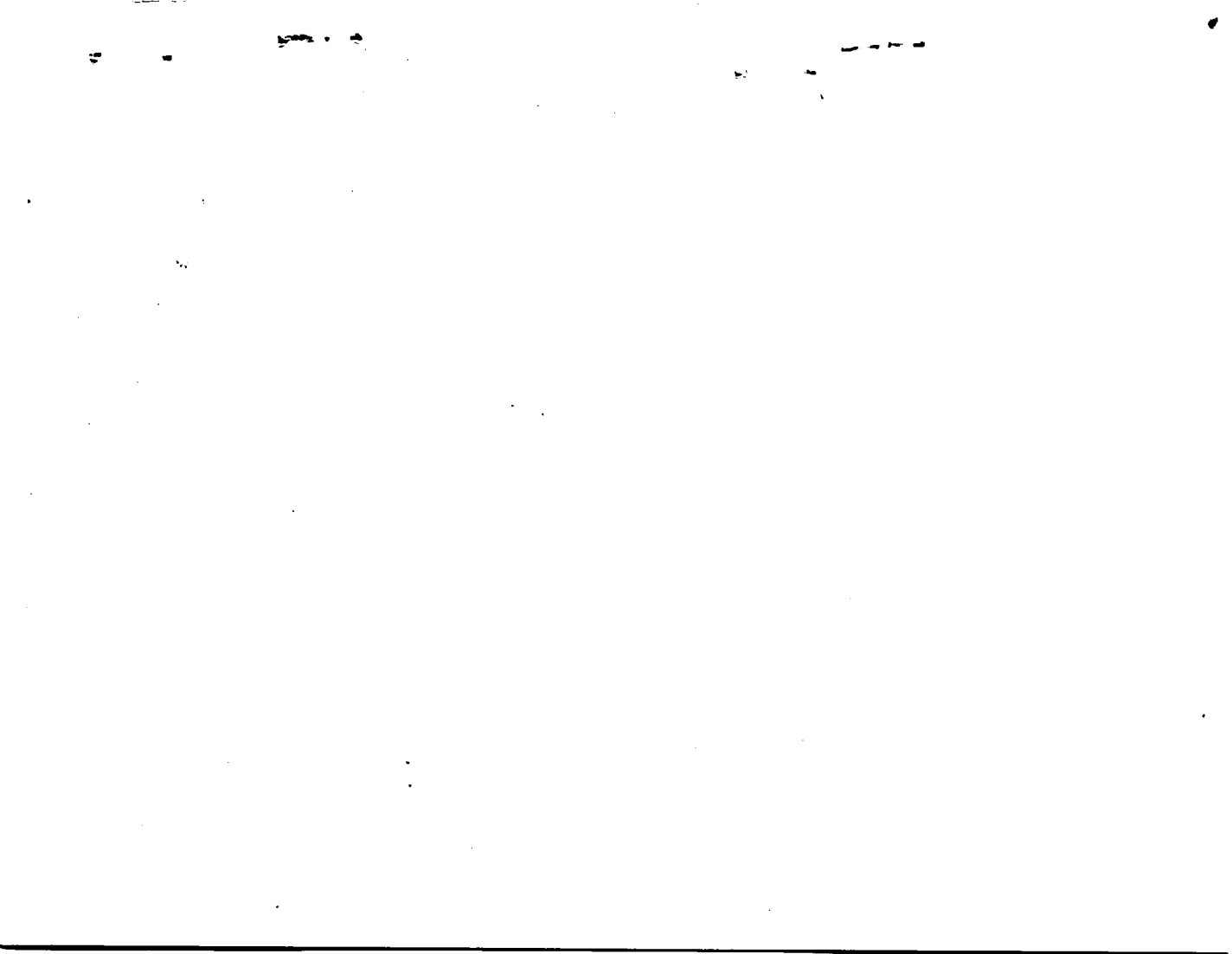
I hereby certify that I attended the birth of this child, who was born alive at 10:25 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKimmon, M. D.  
Physician  
(Physician or midwife)

Give names added from a supplemental report.  
\_\_\_\_\_, 192\_\_\_\_\_  
\_\_\_\_\_, 192\_\_\_\_\_  
Registrar.

Address Aberdeen, Idaho  
Filed 5/20/20 192\_\_\_\_\_  
M. C. McKimmon Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }  
County of Utah } ss. Oct - 3 1945 Certificate No. 79555  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
for Lawrence Heber Peterson (Birth or Death)  
(Name on Original Certificate) who BORN on May 17th 1880  
(Was Born or Died) (Date of Event)  
in..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bancroft, Idaho prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Peterson Laurence Heber Peterson

Subscribed and sworn to before me this 1st  
day of October, 1945.

Notary Public, residing at Spanish Fork, Utah  
My commission expires 12-1-47  
(Seal)

Signed Edith Amy (Willoughby) Peterson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }  
County of Utah } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 1st  
day of October, 1945.

Notary Public, residing at Spanish Fork, Utah  
My commission expires 12-1-47  
(Seal)

Signed James G. H. H. H.  
(Signature of Any Credible Person)  
(Street Address, City, State)

067 6 18/15

JAN 07 1994

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

65-2-118-006-356

PLACE OF BIRTH

County of Bingham

City of Stirling

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 116

Primary Registration District No. 2195

Form V. S. No. 11-C--25m-7-21-19

79556

File No. 10

Registered No. 557

FULL NAME OF CHILD

Sex of Child <u>male</u>	Twin <u>Twin</u> and Triplet <u>and</u> or other? <u>1</u> (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 18 20</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------------	------------------------	--

FATHER  
FULL NAME Clarence Kerschel Westley  
RESIDENCE Stirling Ida  
COLOR white AGE AT LAST BIRTHDAY 45  
(Years)  
BIRTHPLACE Nevada  
OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Viola Una Lewis  
RESIDENCE Stirling Ida  
COLOR white AGE AT LAST BIRTHDAY 30  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8:10 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

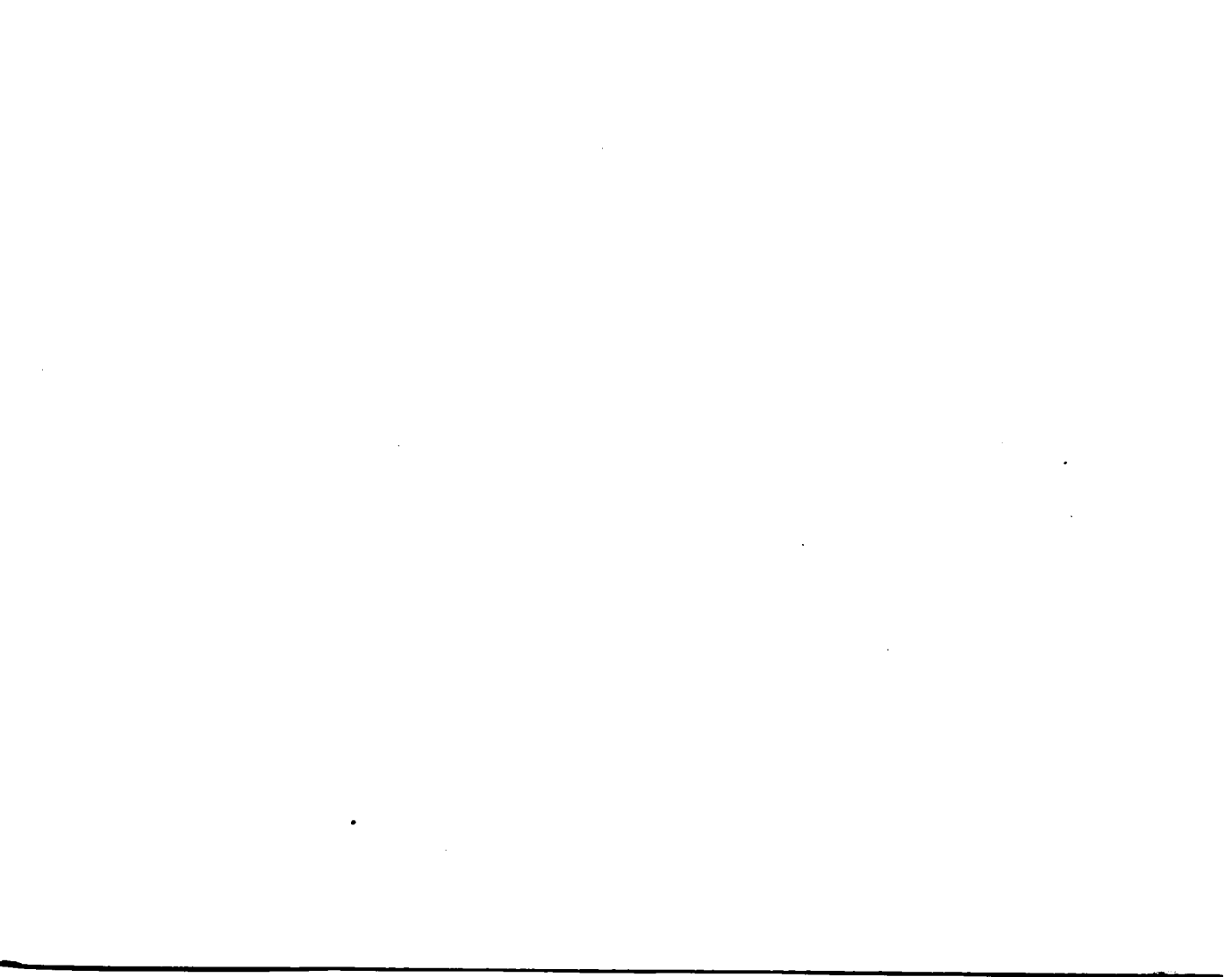
Given names added from a supplemental report.

(Signature) McMurtreins, M.D.  
Physician  
(Physician or midwife)

Address Stirling Ida  
Filed 5/20 20 McMurtreins  
19 \_\_\_\_\_

Registrar

Registrar





65-2-118-006-35-6

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79557

County of BinghamCity of StirlingRegistration District No. 116File No. 10

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2195Registered No. 538

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin <u>Twins</u> and Triplet or other? (To be answered only in event of plural births)	Number in order of birth <u>2</u>	Legiti mate? <u>yes</u>	Date of Birth <u>May 18 20</u> (Month) (Day) (Year)
-------------------------------	---	--	-------------------------------	---

FULL NAME FATHER  
Clarence Marshall UpstleyFULL MAIDEN NAME MOTHER  
Viola Una LewisRESIDENCE  
Stirling IdaRESIDENCE  
Stirling IdaCOLOR  
White AGE AT LAST BIRTHDAY  
45  
(Years)COLOR  
White AGE AT LAST BIRTHDAY  
30  
(Years)BIRTHPLACE  
NevadaBIRTHPLACE  
UtahOCCUPATION  
FarmerOCCUPATION  
HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 8:30 A M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

McMurtre

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Stirling Ida

Filed

5-20

19

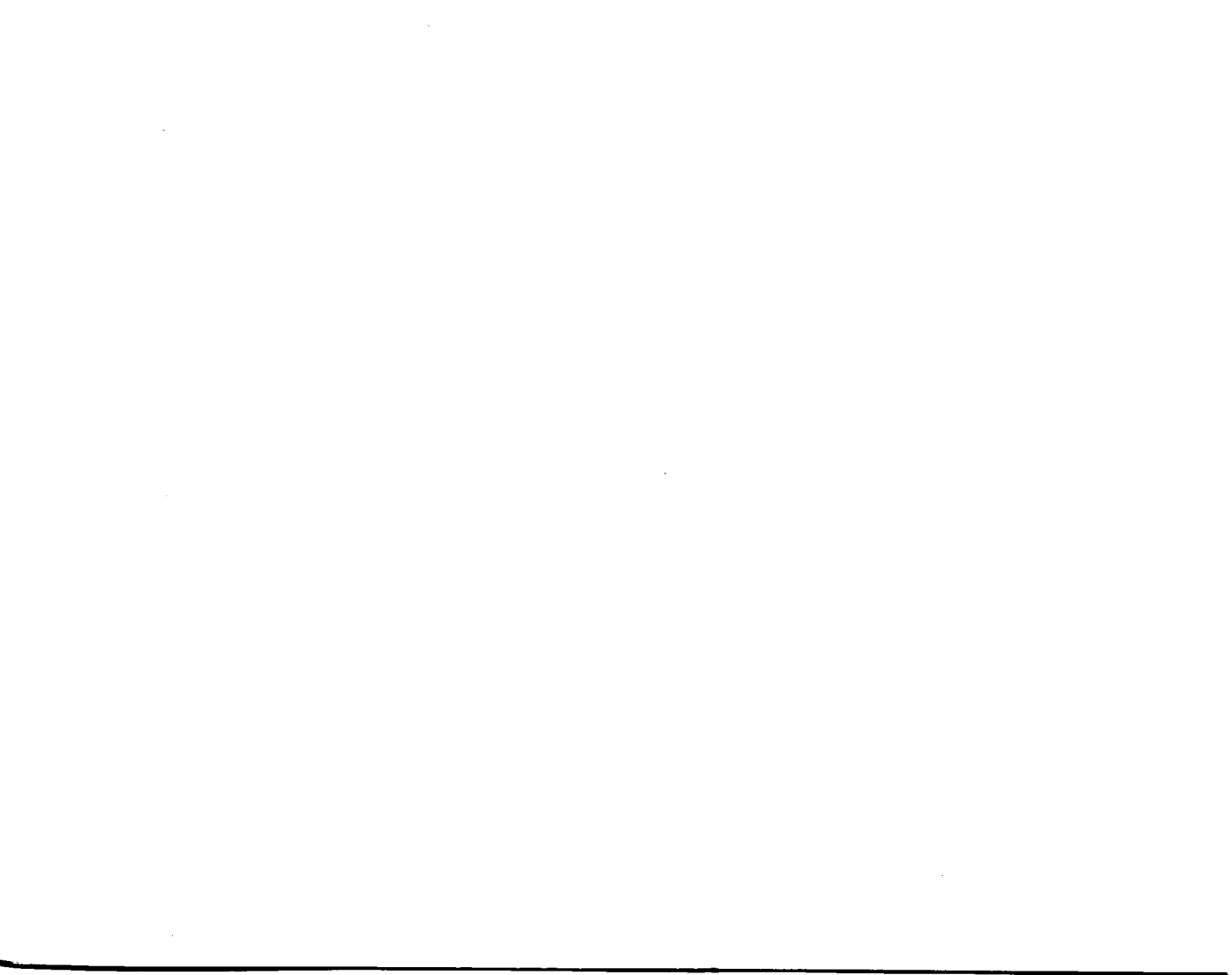
McMurtre

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



369-220-006-331

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

79558

County of BinghamCity of StirlingRegistration District No. 116File No. 10

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2195Registered No. 539

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Verda Viola Corbridge

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{

Legit  
mate?YesDate of  
BirthMay 201920

(Month) (Day) (Year)

FULL  
NAMECharles Nephi Corbridge

FATHER

FULL  
MAIDEN  
NAMESarah Pearl Claypool

MOTHER

RESIDENCE

Stirling Ida

RESIDENCE

Stirling Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY44  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Virginia

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 12:00 A. M.{ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

M. C. McKinnis, M. D.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Aspen Ida

Filed

570 20 Mountain

19 \_\_\_\_\_

Registrar

Registrar

MAY 11 1954

168-123-006-862

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79559

County of BinghamCity of PineRegistration District No. 116File No. 10

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2195-Registered No. 560

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ros Holanson Johanson

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>-</u>	Legiti mate? <u>yes</u>	Date of Birth <u>May 23</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------------	-----	---	----------------------------	---

FULL NAME FATHER Alva Rudolph JohansonRESIDENCE Pine IdaCOLOR white AGE AT LAST BIRTHDAY 36 (Years)BIRTHPLACE UtahOCCUPATION farmerFULL MAIDEN NAME MOTHER Evelyn May HolansonRESIDENCE Pine IdaCOLOR white AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11<sup>30</sup>-P M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

McMurtre

(Physician or midwife)

Given names added from a supplemental report.

19\_\_\_\_

Address

Shedden Ida

Filed

May 28 1920

Registrar

Registrar

5/22/41 L. B.

296-225-006.415

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79560

County of BinghamCity of AberdeenRegistration District No. 116File No. 10

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2193 Registered No. 561

Hospital \_\_\_\_\_

FULL NAME OF CHILD

GERTRUDE BELLE BRODERICK

Sex of Child <u>Female</u>	<input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> or other?	{ and } Number in order of birth	Legitimacy <u>Yes</u>	Date of Birth <u>May 23</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-------------------------------------	-----------------------	--

FULL NAME FATHER Everett Burns BroderickRESIDENCE Aberdeen IdaCOLOR White AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE IllinoisOCCUPATION FarmerFULL MAIDEN NAME MOTHER Nellie Gertrude MannRESIDENCE Aberdeen IdaCOLOR White AGE AT LAST BIRTHDAY 38 (Years)BIRTHPLACE IllinoisOCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

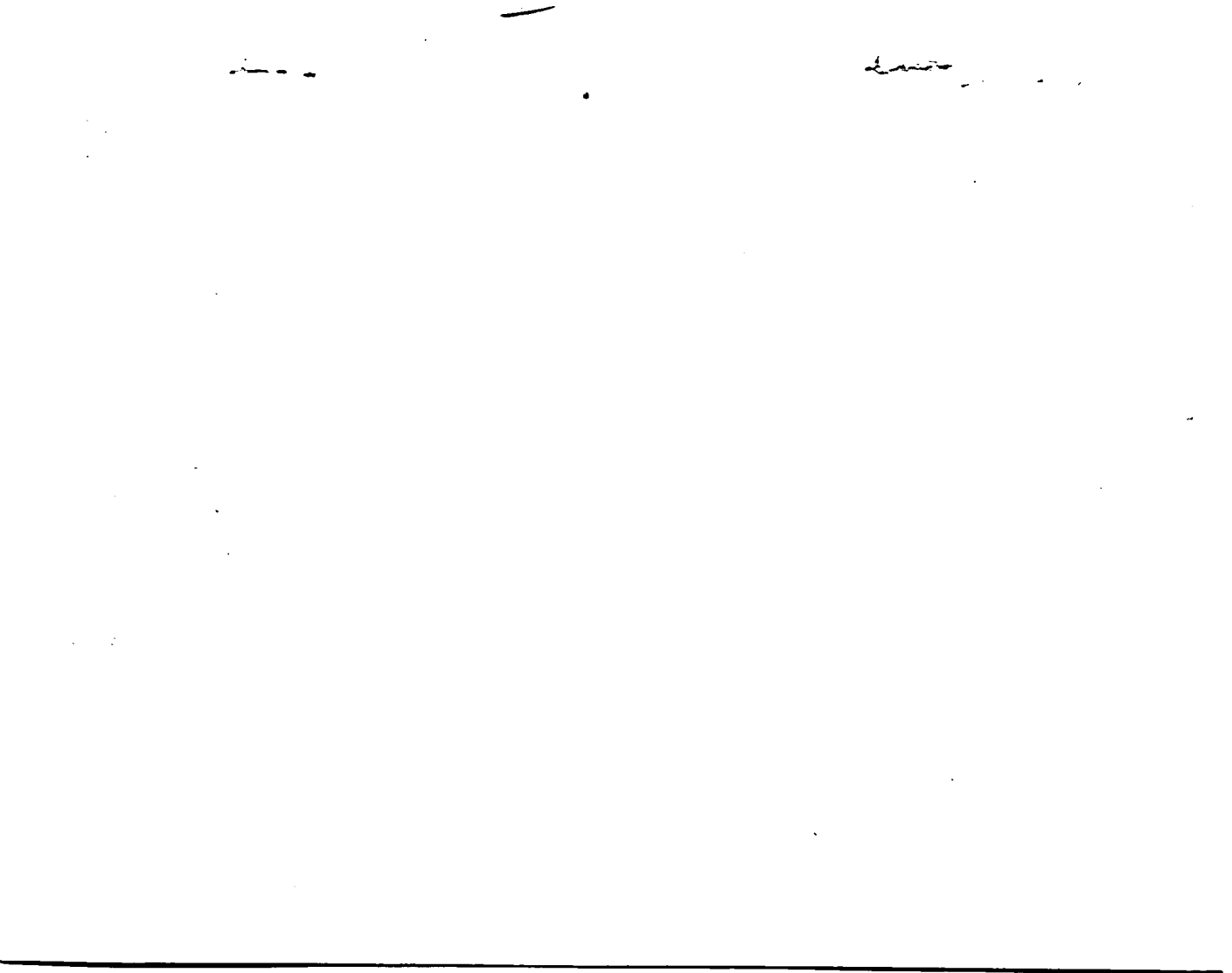
(Signature) M. C. Mackinnon  
PhysicianAddress Aberdeen Ida  
Filed May 28 1920 Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of CALIFORNIA }  
County of SAN DIEGO } ss.

Certificate No. 79560

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for GERTRUDE BELLE BRODERICK who was born on May 25 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in ABERDEEN, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)  
name

**FROM**  
(As on Original)  
unnamed

**TO**  
(The Correct Facts)  
Gertrude Belle Broderick

Subscribed and sworn to before me this 11th  
day of February, 19 51

Signed E. B. Broderick

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at San Diego Calif

My commission expires Nov. 3, 1953  
(Seal)

3025 Reynard Way, San Diego, Calif  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_

(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

FEB 20 1951

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

136 - 229 - 006 - 967 amended 5/21/80

Form V. S. No. 11-C-25m-7-21-10

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Pingree

Registration District No. 116

File No. 79561

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2195 Registered No. 562

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Dale Atwood

Sex of Child <u>female</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legit mate? <u>yes</u>	Date of Birth <u>May 29</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	--------------------------------	------------------------	--

FATHER  
FULL NAME Wilbert Atwood

RESIDENCE Pingree Ida

COLOR white AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Utah

OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Blanche Rogers

RESIDENCE Pingree Ida

COLOR white AGE AT LAST BIRTHDAY 29  
(Years)

BIRTHPLACE Utah

OCCUPATION housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 5:40 P.M.  
on the date above stated. (Born alive or stillborn)

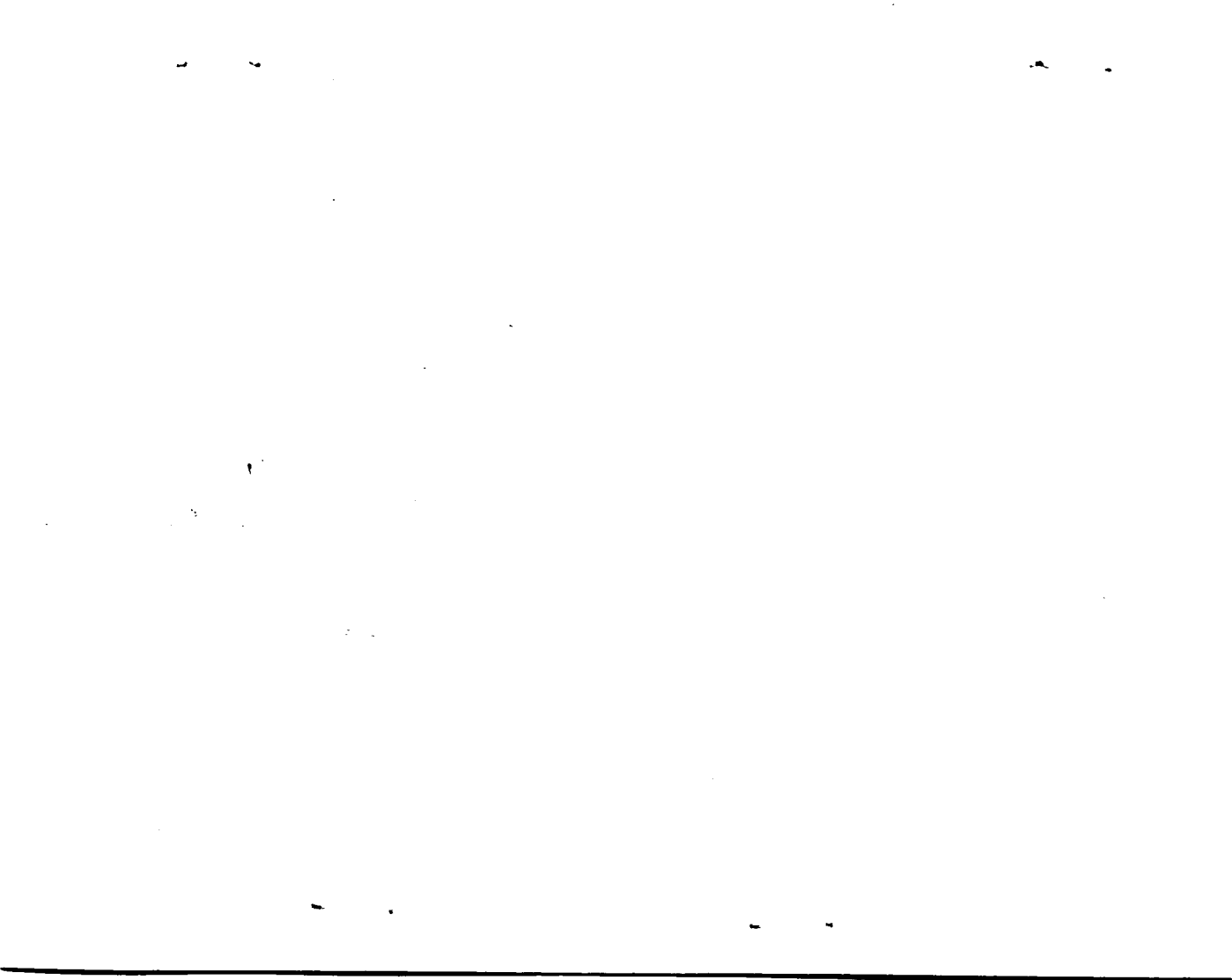
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Markinson, M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Atwood Ida  
May 3, 20  
Filed \_\_\_\_\_ 19 \_\_\_\_\_ Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICS

State of Idaho } ss.  
County of Bingham

APR 30 12 57 PM '80

Certificate No. 79561

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Blanche Dale Atwood who was born on May 29, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Pingree, Idaho (Bingham) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's name	Blanche Dale Atwood	Dale Atwood

Subscribed and sworn to before me this 24 day of April, 1980

Notary Public, Beauregard Williams  
Residing at Blackfoot, Ida  
My commission expires 4-6-82  
(Seal)

Dale Atwood  
Signature of Applicant  
Rt 2 box 242 Blackfoot Id.  
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Bingham

(Must be completed   )

(Is not necessary   )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of April, 1980

Notary Public, Beauregard Williams  
Residing at Blackfoot, Ida  
My commission expires 4-6-82  
(Seal)

Meriel D. Atwood  
Supporting Signature  
340 Lansing #73 Blackfoot, Idaho  
Street Address, City, State

4/22/80 nm

Marriage record from Utah gives nameas Lutie B. Whiting and Dale Atwood.  
married July 22, 1938. viewed by V. Xs

Certif of Blessing from the LDS Church gives nameas Dale Atwood daughter of  
Wilbert Atwood and Blanche C. Roger. born May 28, 1920 at Pingree, Idahl.  
Blessed July 4, 1920. viewed by V. S.

MAY 21 1960

15-201-006-212

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22m-3-3-17

## CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootRegistration District No. 121File No. 79562No. R.D. # 4 St.Primary Registration District No. 2194 Registered No. 149

Hospital .....

FULL NAME OF CHILD Velma Van Orden

Sex of Child <u>Female</u>	Twin Triplet or other? <u>  </u> (To be answered only in event of plural births)	and {Number in order of birth of birth <u>  </u>	Legiti- mate? <u>yes</u>	Date of Birth <u>May 1 1920</u> (Month) (Day) (Year)
----------------------------	---	---	-----------------------------	--

FULL NAME <u>William Joseph Van Orden</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Hazel May Baker</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. BeckPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, IdahoFiled 6-1-1920 Mrs. Helen E. Smith

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 21 1968



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF **RECEIVED** STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of ..... } ss. **DEC 13 8 30 AM '77** Certificate No. **79562**  
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... **birth**  
for **Unnamed VanOrden (female)** ..... who **was born** on **May 1, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Blackfoot, Idaho (Bingham)** ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name ..... **Unnamed** ..... **Velma** **Van Orden**

Subscribed and sworn to before me this **9th** day of  
**December**, 19**77**

Notary Public, residing at .....

My commission expires **August 1979**  
(Seal)

Signed **L. Lina Van Orden Anderson**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

**1222 Willard Ave. Idaho**  
(Street Address, City, State) **83201**

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Idaho** } ss.  
County of **Franklin** }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **9th** day of

Notary Public, residing at .....

My commission expires **August 1979**  
(Seal)

Signed **Janine May Palmer**  
(Signature of Any Credible Person)

**1222 Willard Ave. Id**  
(Street Address, City, State)

Certif of Blessing from the LDS Church gives name as Velma VanOrden daughter of William J. Van Orden and May Baker. born May 1, 1920 at Thomas, Idaho. Blessed June 6, 1920. viewed by V. S.

DEC 13 1977

Velma VanOrden name on Certif of Baptism from the LDS Church ~~XXXXXXXXXXXX~~ father's name as William J. Van Orden and Mother's name as May Baker. born May 1, 1920 at Thomas, Idaho. Baptized Aug. 5, 1928. viewed by V. S.

689 PLACE OF BIRTH 339

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. & No. 11-C-22-43-17

County of Bingham  
City of Gibson

Registration District No. 1-1

File No. 79563

No. ....St.

Primary Registration District No. 1-1-7

Registered No. 10-1

Hospital .....

FULL NAME OF CHILD Annie Saline White

Sex of Child <u>Female</u>	Twin Triplet or other? <u>5</u> and (Number of birth <u>5</u> ) (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>May 1 1910</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FATHER  
FULL NAME James J. White  
RESIDENCE Gibson  
COLOR White AGE AT LAST BIRTHDAY 49  
(Years)  
BIRTHPLACE Missouri  
OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Lillie May Clifton  
RESIDENCE Gibson  
COLOR White AGE AT LAST BIRTHDAY 41  
(Years)  
BIRTHPLACE Missouri  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Beck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

Filed 6-1-10 1910

Registrar

Registrar

SEP 2 1950

PLACE OF BIRTH 433-103-006-669

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 79564

No. ....St.

Primary Registration District No. 1007

Registered No. 101

Hospital William

FULL NAME OF CHILD Samuel Lee McCallough

Sex of Child <u>Male</u>	Twin Triplet or other? <u>Yes</u> and (Number in order of birth) <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 3 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Samuel Leander McCallough</u> RESIDENCE <u>Dead</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>27</u> (Years) BIRTHPLACE <u>Illinois</u> OCCUPATION <u>Laborer</u>		MOTHER FULL MAIDEN NAME <u>Lucy Marie Worth</u> RESIDENCE <u>Blackfoot</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>17</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth...1... Number of children of this mother now living, including present birth...1...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Beck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

Filed 6-10-20 Mrs. Helen E. Patrie

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1964

289-108-006-819  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-2-17

County of BinghamCity of BlackfootNo. R.D.# 4 St.Registration District No. 121File No. 79565Primary Registration District No. 294Registered No. 102

Hospital .....

FULL NAME OF CHILD Evan Shinn

Sex of Child <u>Male</u>	Twin <input type="checkbox"/> Triplet <input type="checkbox"/> or other? <input type="checkbox"/> and (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>May 8</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FATHER		MOTHER	
FULL NAME <u>Ira B. Shinn</u>	FULL MAIDEN NAME <u>Blanche Harper</u>	FULL NAME <u>Blanche Harper</u>	FULL MAIDEN NAME <u>Blanche Harper</u>
RESIDENCE <u>Blackfoot</u>	RESIDENCE <u>Blackfoot</u>	RESIDENCE <u>Blackfoot</u>	RESIDENCE <u>Blackfoot</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>West Virginia</u>	BIRTHPLACE <u>West Virginia</u>	BIRTHPLACE <u>West Virginia</u>	BIRTHPLACE <u>West Virginia</u>
OCCUPATION <u>Farming</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth. 7 Number of children of this mother now living, including present birth. 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

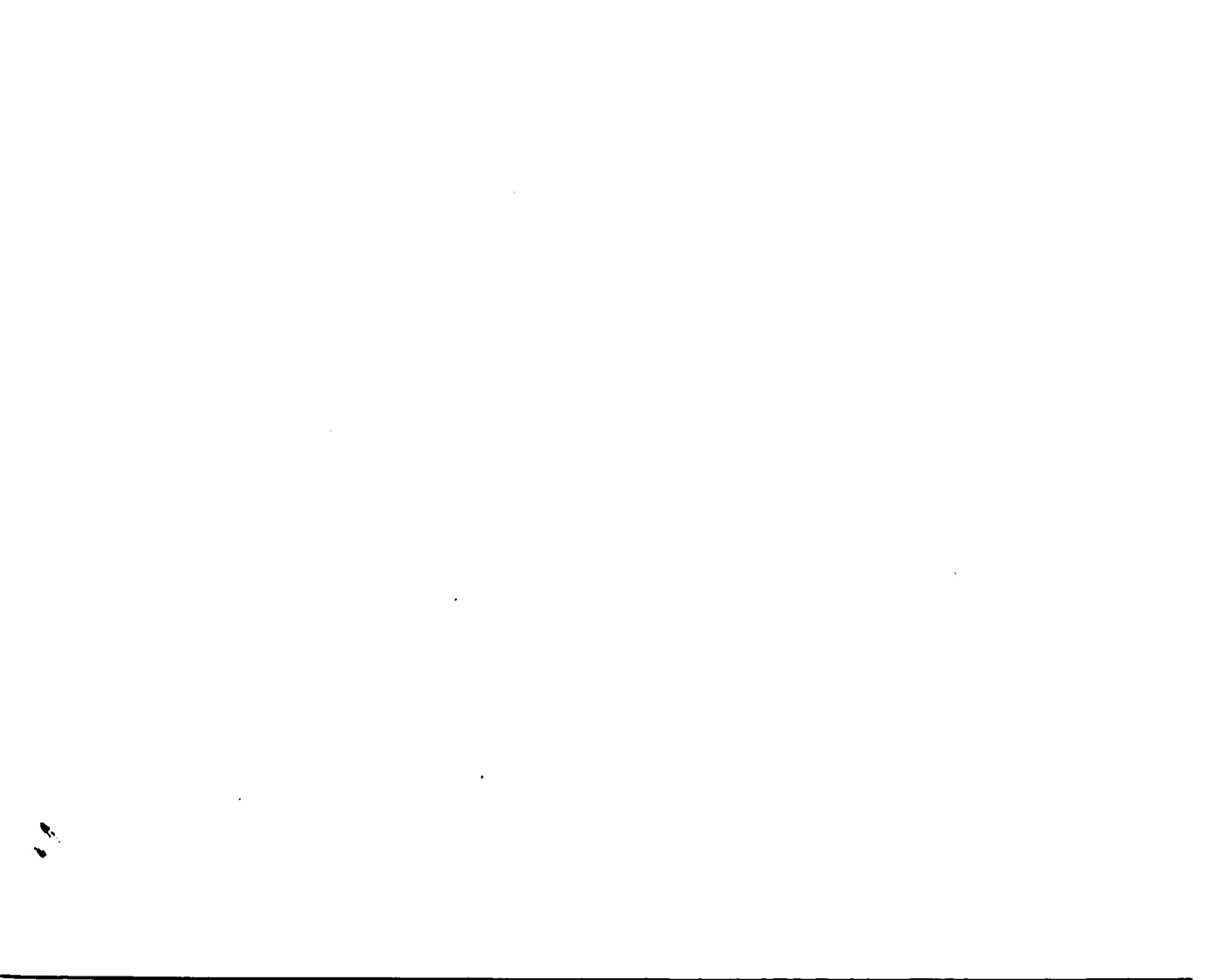
(Signature) W. Beck

Given names added from a supplemental report.

Address Blackfoot, IdahoFiled May 11 1921 Mrs. Thelma S. Taylor

Registrar

Registrar





N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-118-006-253  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. E. No. 11-C—May-24-17

County of Dingham

City of Blackfoot

No. 118 City St.

Registration District No. 1-1

File No. 79566

Primary Registration District No. 1-1

Registered No. 1

Hospital .....

FULL NAME OF CHILD Walters

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 18 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	--------------------------------	---

FULL NAME <u>James Francis Walters</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Larrah Emily Kelsey</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Beck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho  
Filed May 18 1920 Northrup  
Registrar

MAY 17 1967

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-223-4067697  
PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D. # 1 St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. & No. 11-C—Rev. 3-3-17

Registration District No. 1-1

File No. 79567

Primary Registration District No. 1-1-7

Registered No. 1-1-7

FULL NAME OF CHILD Halford

Sex of Child Female Twin Triplet or other? ✓ and Number in order of birth 1 Legitimate yes Date of Birth May 23 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Melvin Halford  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farming

MOTHER  
FULL NAME Clare Orgill  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

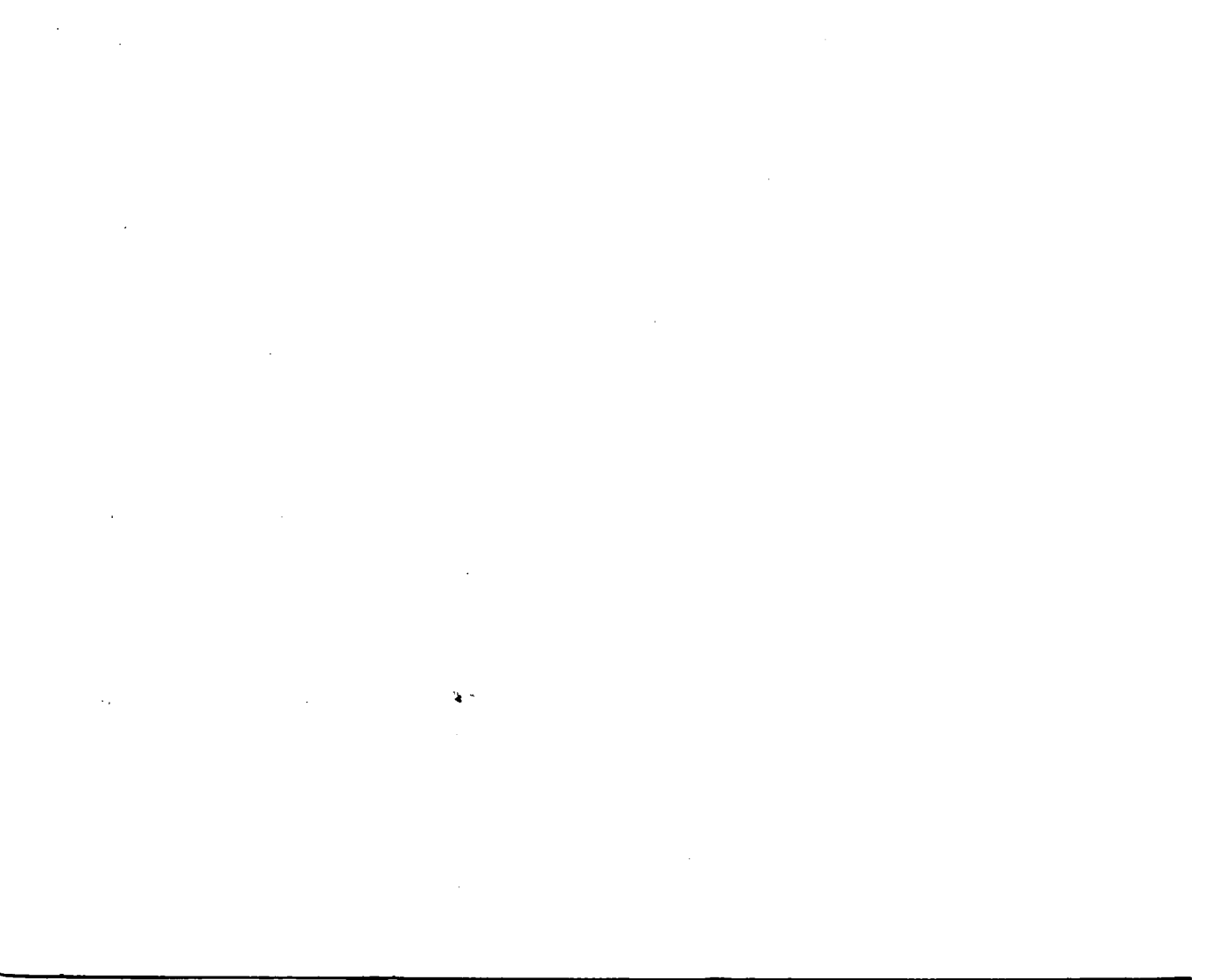
I hereby certify that I attended the birth of this child, who was Born alive at 11:15 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Beck  
Physician or midwife

Given names added from a supplemental report.

Address Blackfoot Idaho  
Filed 6-1-21 19 21 Registrar W. Beck



851-720-006-553

## PLACE OF BIRTH

County of BinghamCity of BlackfootNo. 608 S. Stout St.Registration District No. 1-1Primary Registration District No. 1-17

Form V. &amp; No. 14-0-21m-3-3-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79568

File No. ....

Registered No. 154

Hospital .....

ELMA

FULL NAME OF CHILD ..... Heaton

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { (To be answered only in event of plural births)	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 20 1920</u> (Month) (Day) (Year)
----------------------------	--	-----------------------------	--

FULL NAME <u>John C. Heaton</u>	FATHER	FULL MAIDEN NAME <u>Emily Nelson</u>	MOTHER
RESIDENCE <u>Blackfoot</u>		RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Labourer &amp; Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at 6:30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Dr. W. Beck .....

(Physician or midwife)

Given names added from a supplemental report.

Address ..... Blackfoot, Idaho .....Filed 6-13-20 19..... Wm. Nelson F. Peterson .....

Registrar

Registrar

K

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2

2

2

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho  
County of Bingham } ss.

Certificate No. 79568

Date Filed MAY 28 1942  
birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Elma Heaton who born on May 20, 1920,  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by bible prepared on more than ten years ago, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

name

none given

Elma Heaton

birthdate

May 20, 1920

Subscribed and sworn to before me this 26th  
day of May 19 42.  
A. S. Rasmussen

Notary Public, residing at Shelley, Idaho

My commission expires June 15, 1943.  
(Seal)

Signed Emily Nelsen Heaton (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shelley, Idaho, RFD 2.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho  
County of Bingham } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th  
day of May 19 42.  
A. S. Rasmussen

Notary Public, residing at Shelley, Idaho

My commission expires June 16, 1943.  
(Seal)

Signed J. Bortey Christman  
(Signature of Any Credible Person Other Than Previous Year)

Shelley, Idaho, RFD 2.  
(Street Address, City, State)

JUN 1 1942



866-326-006-561

PLACE OF BIRTH

County of BinghamCity of BlackfootNo. RD # 5 St.Registration District No. 1-1File No. 79569

Hospital

Primary Registration District No. 2-1-7Registered No. 1-0-0

FULL NAME OF CHILD

LETHA MAY

~~XXXXXXXXXXXXXXXXXXXXXXX~~Hofes

Sex of Child

FemaleTwin  
Triplet  
or other?and Number  
in order  
of birth

Legitimate?

yes

Date of Birth

May 26 1926  
(Month) (Day) (Year)

FULL NAME

FATHER

George Hofes

RESIDENCE

Blackfoot

COLOR

White

AGE AT LAST BIRTHDAY

26  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Farming

FULL MAIDEN NAME

MOTHER

Clara Noack

RESIDENCE

Blackfoot

COLOR

White

AGE AT LAST BIRTHDAY

26  
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

(Signature)

W. W. BeckPhysician  
(Physician or midwife)

Address

Blackfoot, Idaho

Filed

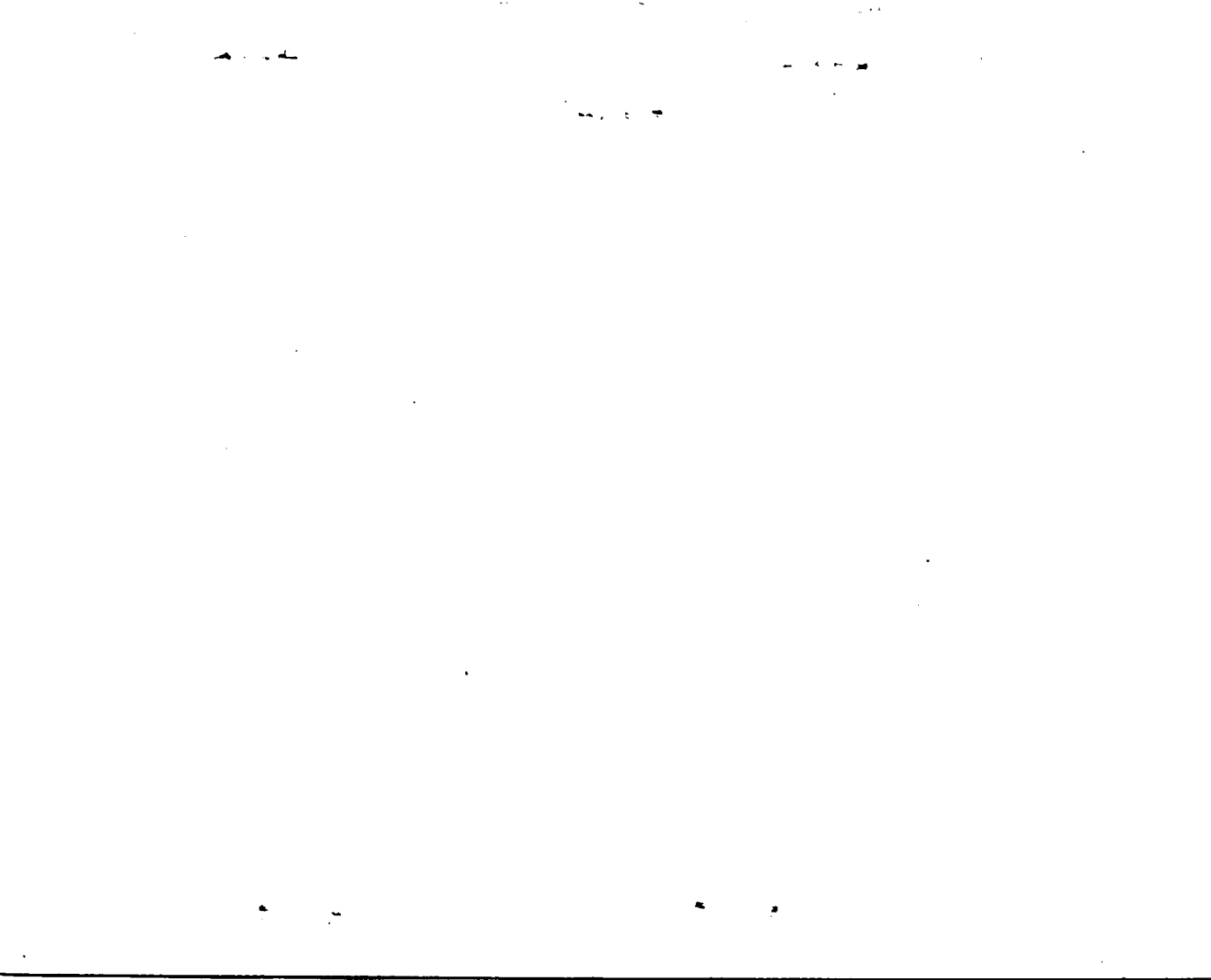
1 1926

Registrar

Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.



MAP 5 1942

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO  
County of BINGHAM } ss.

Certificate No. 79569

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Hofer who was born on May 26, 1920 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record prepared on July 5, 1920 (Give Date), are:

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name unnamed Hofer Letha May Hofer

Subscribed and sworn to before me this 3rd day of March 1942  
Jno. H. Falk, Clerk of the District Court,  
Sixth Judicial District, State of Idaho  
residing at Blackfoot, Idaho  
By Deputy  
My commission expires Jan. 13, 1943.  
(Seal)

Signed Clara N. Hofer (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Route # 3, Blackfoot, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO  
County of BINGHAM } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

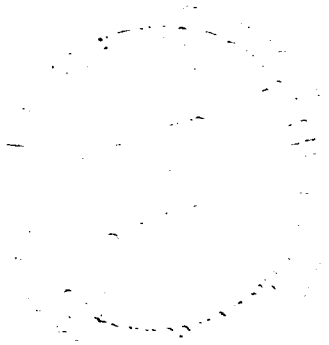
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March 1942  
Jno. H. Falk, Clerk of the District Court,  
Sixth Judicial District, State of Idaho  
residing at Blackfoot, Idaho  
By Deputy  
My commission expires Jan. 13, 1943.  
(Seal)

Signed George Hofer (Father)  
(Signature of Any Credible Person Other Than Previous Year)  
Route # 3, Blackfoot, Idaho  
(Street Address, City, State)

MAR 7

1949



141-229-006-336

## PLACE OF BIRTH

County of BinghamCity of BlackfootNo. RD # 4 St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-0-8-17

Registration District No. 1-1File No. 79570Primary Registration District No. 1-1-1Registered No. 1-1-1FULL NAME OF CHILD Helen Lenore Adams

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 29 1930</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>John Quincy Adams</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Jane Clough</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Given names added from a supplemental report.

Address Blackfoot, IdaFiled 6 1930 Mrs. Helen E. White

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

9 21 73

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_  
County of \_\_\_\_\_

RECEIVED  
BUREAU OF  
VITAL STATISTICS

Certificate No. 79570

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

birth

for \_\_\_\_\_  
(Name on Original Certificate)

who was born \_\_\_\_\_  
(Was Born or Died)

on \_\_\_\_\_  
(Birth or Death)  
May 29, 1920  
(Date of Event)

in \_\_\_\_\_  
(Place of Event)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_

(Bible Record, Insurance Policy, Etc.)

(Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name

Omitted

Helen Lenore

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Sept. 1973  
Florence Curtsight

Notary Public, residing at \_\_\_\_\_

My commission expires 20-74

(Seal)

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

666-19th Ave. Nampa, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_  
County of \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Sept. 1973  
Mary J. Robinson  
Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

2631 S. Hazel St.  
Denver, Colo. 80219  
(Street Address, City, State)

My Commission expires September 10, 1977

State file # 371496

Own child's birth certificate Helen Luiegene Duffer born April 17, 1943  
at Pocatello, Idaho gives mothers name as Helen Lenore Adams.  
Viewed by VS

OCT 25 1973

Certificate of Baptism LDS Church Blackfoot, Idaho Helen Lenore Adams  
born May 29, 1920 at Moreland, Idaho baptized Dec. 31, 1932. Bishop-R.B. Dance  
Viewed by VS



PLACE OF BIRTH

493-229-006-731

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

County of Bingham Amended Child's Name CERTIFICATE OF BIRTH  
 City of Blackfoot 5-23-03 LME  
 No. R.D. # 1 St. Registration District No. 121 File No. 79571  
 Primary Registration District No. 2694 Registered No. 158

Hospital.....

LUCILLE KATHERINE

FULL NAME OF CHILD

~~Erastus Barney~~ Mitchell

Sex of Child

FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Laid-  
mate?YesDate of  
BirthMay 29 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Erastus Barney Mitchell

RESIDENCE

Blackfoot

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmingFULL  
MAIDEN  
NAME

MOTHER

Emma Plant

RESIDENCE

Blackfoot

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth.....1

Number of children of this mother now living, including present birth....1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....Born alive.....at.....6 P.....M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

W. W. Beck

(Physician or midwife)

Address.....

Blackfoot, Idaho

Filed.....

6 10 20 Mr. Helen E. Patrice

Registrar

Registrar

APR 12 1974

Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

03 MAY 12 01:08:25 AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS

Certificate No. 1920-79571  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for \* Mitchell who was born (Birth, Death, Marriage, etc.)  
(Name on Original Certificate) (Was Born, Died, etc.) on May 29, 1920  
in Blackfoot, Idaho (Bingham) are erroneous or were omitted. (Date of Event Reported on Original Certificate)  
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
Child's full name	* Mitchell	Lucille Katherine Mitchell

Subscribed and sworn to before me this 6 day of May, 2003  
Notary Public, Matthew C. Stolz x Cherlene H. Scherer  
Residing at Kalspell Signature of Applicant  
My commission expires 1-23-07 x 680 WISHART RD, KALSPELL, MT 59901  
(Seal) Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } (Must be completed ☐)  
County of \_\_\_\_\_ } SS (Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Notary Public, \_\_\_\_\_ Signature of Applicant  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_ Street Address, City, State and Zip  
(Seal)

4/23/03

Certificate of Blessing for Lucile Katherine Mitchell born on 5-29-1920 was blessed on July 18, 1920 in the Church of Jesus Christ of Latter-day Saints. Viewed by VS

Blackfoot High School, Blackfoot Idaho High School Diploma for Lucille K. Mitchell dated 5-19-1938. Viewed by VS

Marriage License and Certificate for Rubin Raymond Schara and Lucille Katherine Mitchell were married on 5-19-1938. Viewed by VS

Marriage Certificate for the State of Nevada for Gene J. Jaye and Lucille Katherine Schara were married on 7-29-1972. Viewed by VS

LDS Seminaries for Lucille K. Mitchell dated 5-8-1938. Viewed by VS

128-201-006-819  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 11-C—Rev. 9-3-17

County of Bingham  
City of Blackfoot  
No. West Bridge St.Registration District No. 121File No. 79572Primary Registration District No. 1007Registered No. 15-9

Hospital .....

FULL NAME OF CHILD

James Harvey Asher

Sex of Child <u>Female</u>	Twin Triplet or other? <input checked="" type="checkbox"/>	and (Number in order of birth <u>7th</u> )	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 1</u> (Month) (Day) (Year) <u>1917</u>
----------------------------	--	--	-----------------------------	---

FULL NAME <u>James H. Asher</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Painter</u>	

FULL MAIDEN NAME <u>Bella Harrison</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Alabama</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7..... Number of children of this mother now living, including present birth 6.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive..... at Blackfoot.....  
(Born alive or stillborn)

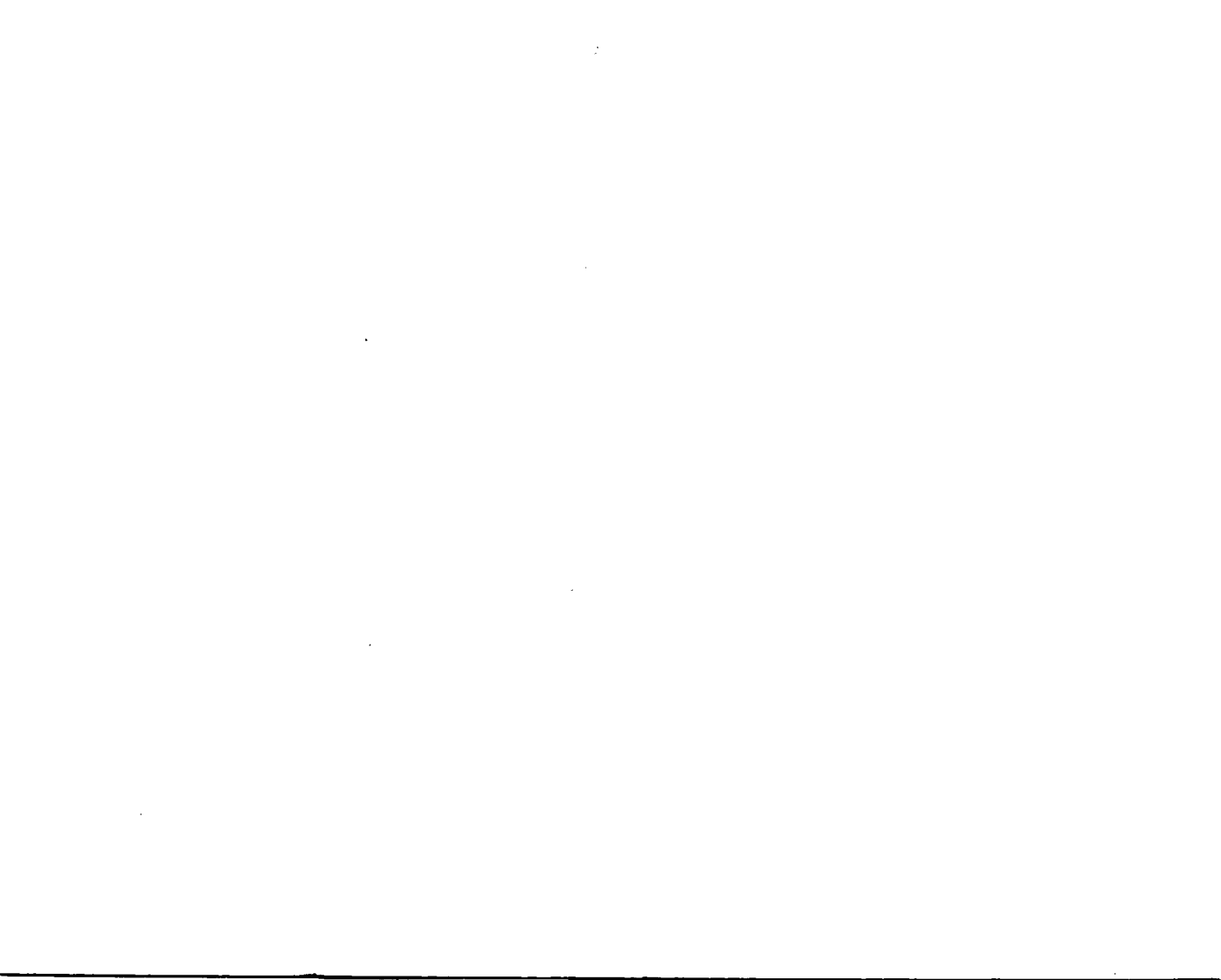
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho  
Filed 6-10 1917 Dr. H. E. Pattee  
Registrar

Registrar



719-202-006-132  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-2-17

## CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootRegistration District No. 121File No. 79573

No. .... St.

Primary Registration District No. 1007Registered No. 160Hospital S. J. TimmonsFULL NAME OF CHILD Rose Mary Gardner

Sex of Child <u>Female</u>	Twin Triplet or other? <u>✓</u> (To be answered only in event of plural births)	Number in order of birth <u>2nd</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 2 - 1927</u> (Month) (Day) (Year)
----------------------------	--	-------------------------------------	------------------------	---

FULL NAME <u>Arnold E. Gardner</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Clerk</u>	

FULL MAIDEN NAME <u>Elizabeth M. Atkinson</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 49 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Timmons

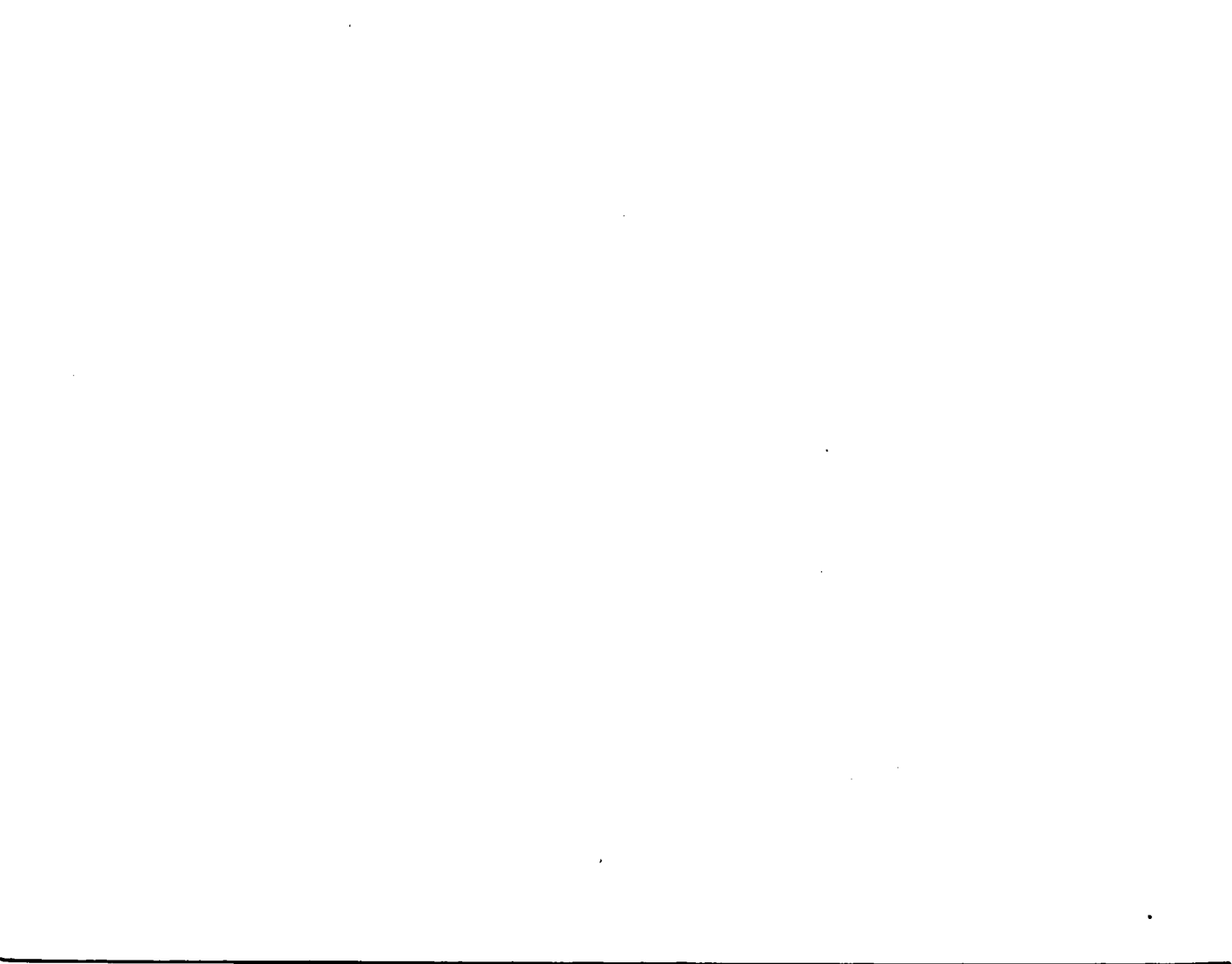
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, IdahoFiled 5-10-27 Mrs. Helen E. Palmer

Registrar

Registrar





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113 - 208-006-386

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-21m-8-8-17

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Parkerville

Registration District No. 121

File No. 79574

Primary Registration District No. 2194

Registered No. 161

Hospital

FULL NAME OF CHILD Thelma Edith Jackson

Sex of Child <u>Female</u>	Twin <u>Trisect</u> <u>no</u>	and { Number in order of birth <u>1</u> }	Legitimate? <u>yes</u>	Date of Birth <u>May 8</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>William H. Jackson</u>	FATHER
RESIDENCE <u>Blackfoot Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Georgia</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Hazel S. Thompson</u>	MOTHER
RESIDENCE <u>Blackfoot Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

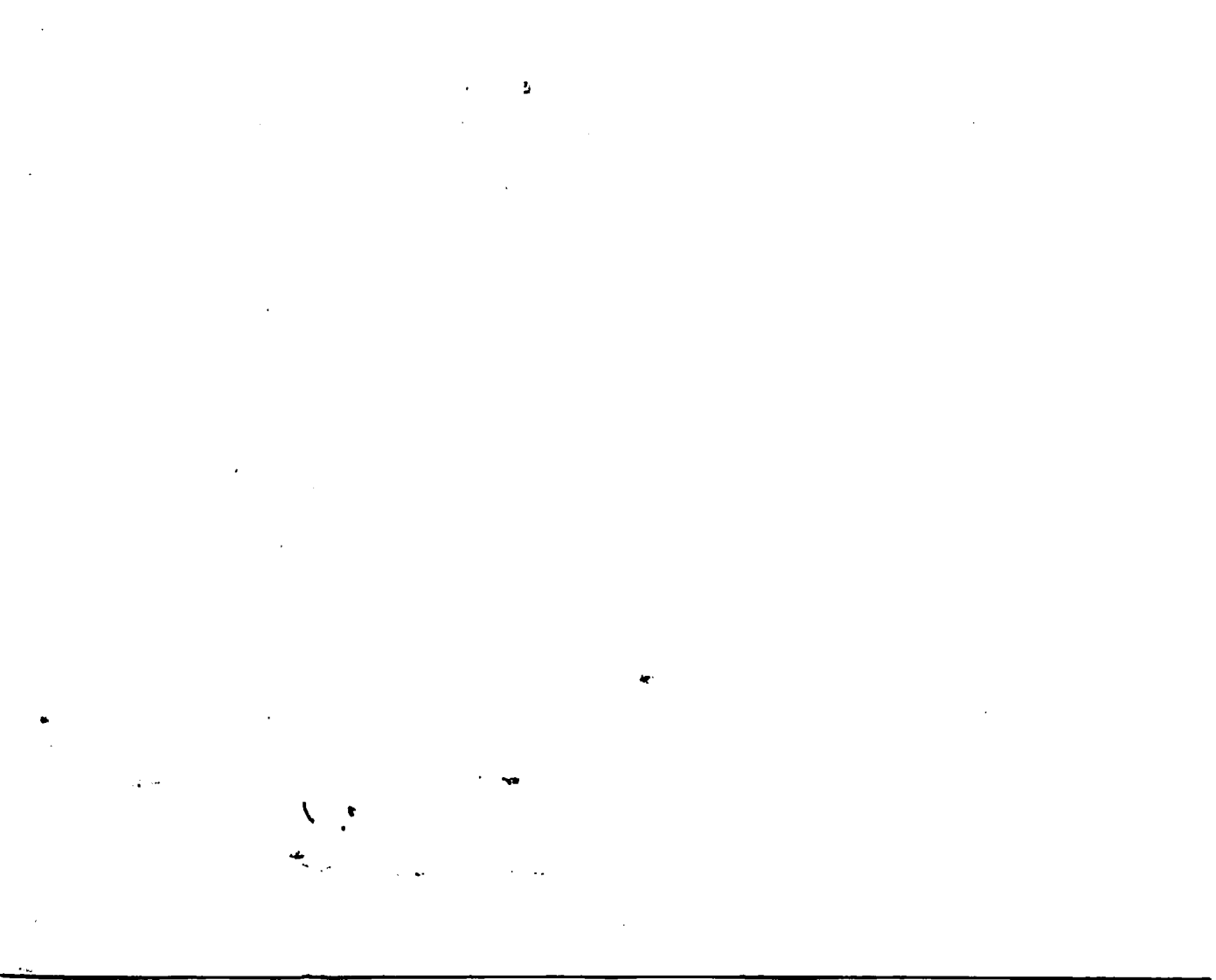
I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho  
Filed 6-10-20 Mrs. Thelma E. Paine  
Registrar



113-208-006-386

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-8-17

County of BinghamCity of BlackfootRegistration District No. 121File No. 79575No. PorteravillePrimary Registration District No. 2194Registered No. 162

Hospital

FULL NAME OF CHILD

Zelma Nancy Jackson

Sex of Child

FemaleType  
Triplet  
or other  
(To be answered only in event of plural births)and { Number  
in order  
of birth2Legiti-  
mate?yesDate of  
BirthMay 8  
(Month) (Day) (Year)FULL  
NAMEZelma Nancy JacksonFULL  
MAIDEN  
NAMEHazel E. Thompson

RESIDENCE

Blackfoot Idaho

RESIDENCE

Blackfoot Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY30  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Georgiana, Blaineville

BIRTHPLACE

Town, LaGrand

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Barn Chive, at 1122 M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

H. J. Simmons  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot Idaho

Filed

6 10 20 Mrs. Helen E. Peterson

Registrar

Registrar

MARGIN KEPT FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 28 1942

APR 1 1955

cc 3/5/51 rml

551-110-006-755  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. M-C-22a-2-17

County of Bingham

City of Blackfoot

No. Wapello - St.

Registration District No. 121

File No. 79576

Primary Registration District No. 2194

Registered No. 163

Hospital

FULL NAME OF CHILD Laverne Evans

Sex of Child <u>Male</u>	Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input checked="" type="checkbox"/> and { Number in order of birth <u>1st</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>May 10</u> - 191 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME <u>Laverne Edward Evan</u>	FATHER
RESIDENCE <u>Wapello</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Edith Peterson</u>	MOTHER
RESIDENCE <u>Wapello</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Blackfoot on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Dinnane

(Physician or midwife)

Given names added from a supplemental report.

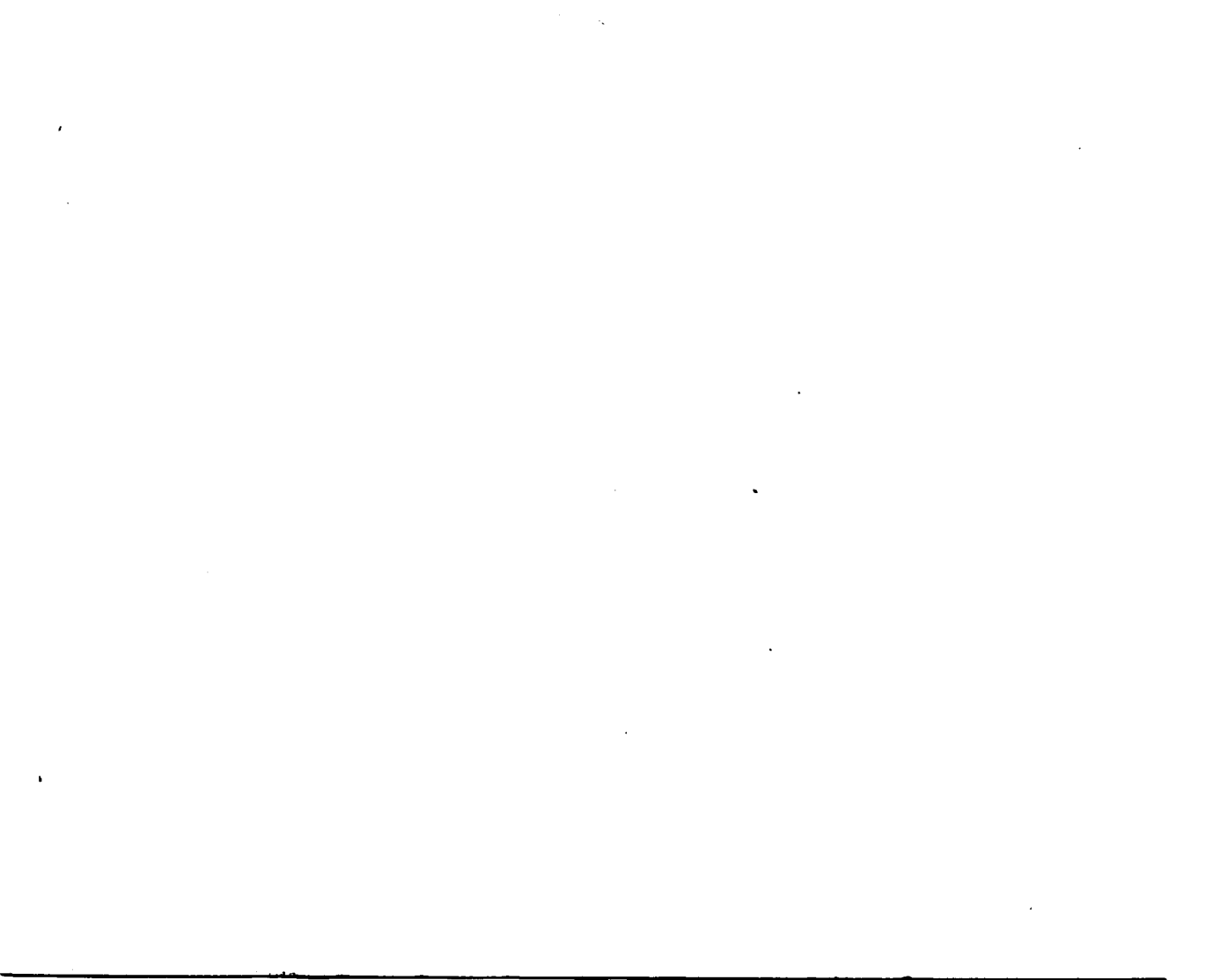
Address Blackfoot Idaho

Filed 6-10-20 Mrs. Helen E. Farnie

Registrar

Registrar

PLAIN. VITALS. RECORDING INK--THIS IS A PERMANENT RECORD  
N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-212-006-25-9

PLACE OF BIRTH Child's name, parents' names amended 03-24-05  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-03-17

County of Burghess  
City of Blackfoot  
Registration District No. 121  
File No. 79577  
No. .... St.  
Primary Registration District No. 2194  
Registered No. 164  
Hospital Klea Earleen  
FULL NAME OF CHILD  Evelyn Keweenaw Wray

Sex of Child Female Twin Triplet ✓ and ✓ Number in order of birth 1st Legitimate? Yes Date of Birth May 12 - 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Golden Kimba FATHER  
Kimball Wray  
RESIDENCE Riverside  
COLOR white AGE AT LAST BIRTHDAY 21  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

FULL MAIDEN NAME MOTHER  
Mary Klea Kiriwan  
RESIDENCE Riverside  
COLOR white AGE AT LAST BIRTHDAY 21  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth. 1st Number of children of this mother now living, including present birth. 1st

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3d M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. J. Sullivan

(Physician or midwife)

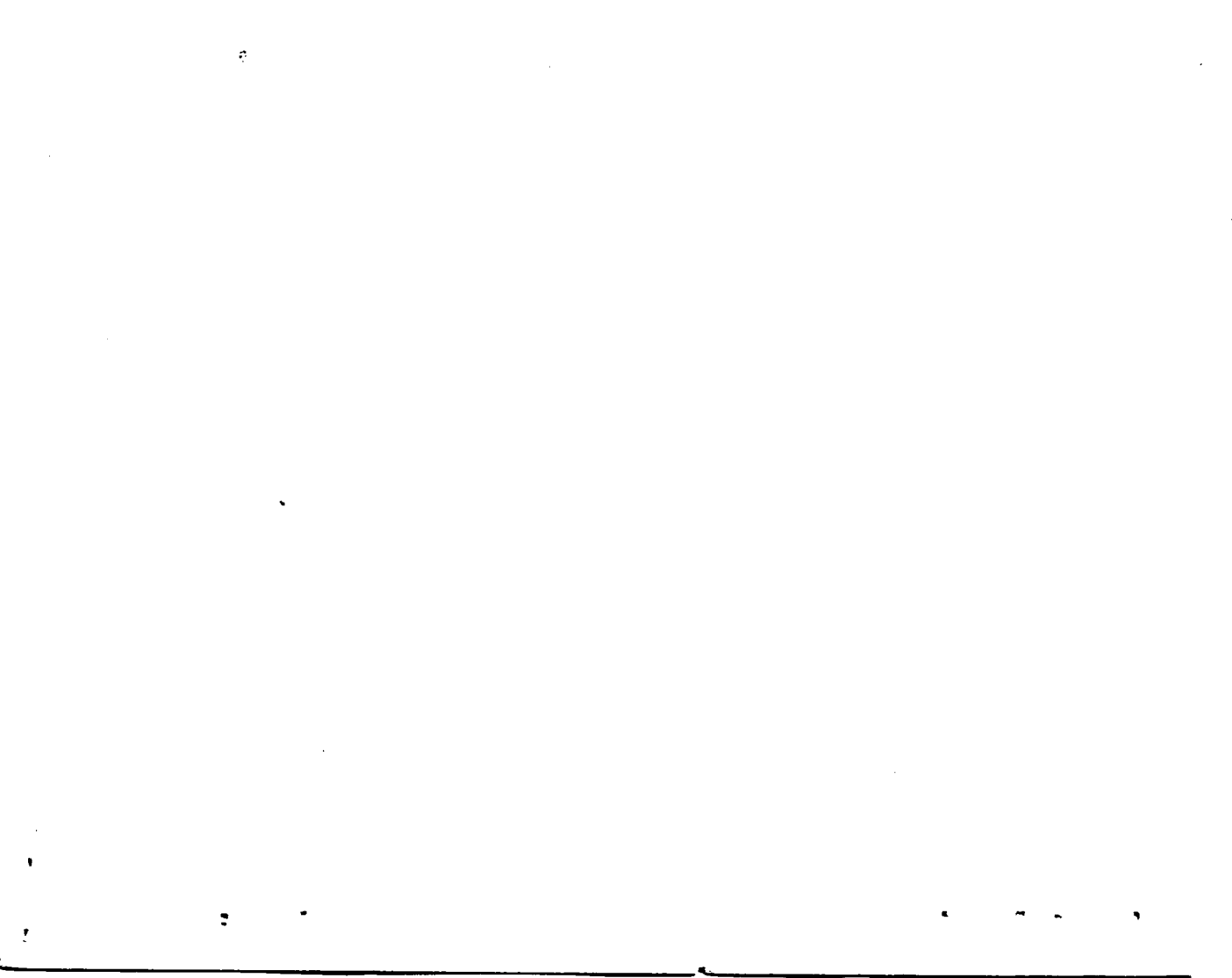
Given names added from a supplemental report.

Address Blackfoot Idaho

Filed 6-10-20 Dr. M. E. E. E. E.

Registrar

Registrar





RECEIVED  
VITAL STATISTICS

05 MAR 24 AM 9:37

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS

Certificate No. 20-79577

Date Filed June 10, 1920

The undersigned does solemnly swear that certain facts on the certificate of

for Evelyn Kerwin Wray who was born on May 12, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Blackfoot (Bingham Co.) are erroneous or were omitted.  
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

Child's first name	Evelyn	Klea
Child's middle name	Kerwin	Earleen
Father's given name	Kimball	Golden Kimball
Mother's given name	Klea	Mary Klea
Mother's surname	Kerwin	Kirwan

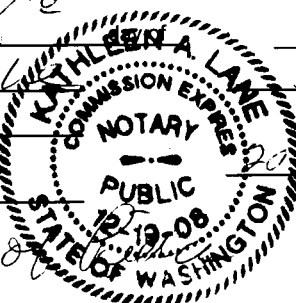
Subscribed and sworn to before me this

Notary Public, Kathleen A. Law

Residing at Bonney Lake

My commission expires 12-19-08  
(Seal)

State of WA County of Franklin



March 2005  
Earleen M. Freitas  
Signature of Applicant  
20704 Island Pkwy, Sumner, WA 98390  
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS

(Must be completed ☐ )

(Is not necessary ☒ )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, \_\_\_\_\_

Signature of Applicant

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Street Address, City, State and Zip

03-02-05

Revised 3.10.03

LDS CERTIFICATE OF BLESSING BOR KLEA EARLEEN WRAY BORN MAY 11, 1920 IN BINGHAM CO  
DATED JULY 4, 1920 SHOWING PARENTS AS GOLDEN K WRAY AND M KLEA KIRWAN. VIEWED BY VS

LDS CERTIFICATE OF MEMBERSHIP FOR KLEA EARLEEN WRAY BORN MAY 11, 1920 IN BINGHAM CO  
DATED OCTOBER 2, 1938 SHOWING PARENTS NAMES AS GOLDEN K WRAY AND KLEA KIRWAN. VIEWED BY VS

ID BIRTH CERTIFICATE FOR GOLDEN KIMBALL WRAY BORN MAY 11, 1927 IN BLACKFOOT (BINGHAM CO)  
SHOWING PARENTS AS MARY KLEA KIRWAN AND GOLDEN K WRAY. VIEWED BY VS

ID BIRTH CERTIFICATE FOR MARY LOUISE WRAY BORN JULY 10 1922 IN BLACKFOOT (BINGHAM CO)  
SHOWING FATHER'S NAME AS G KIMBALL WRAY. VIEWED BY VS



156-223-006-813

PLACE OF BIRTH

Form V. S. No. 11-C-25m-2-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BlaineCity of BlackfootRegistration District No. 121File No. 79578No. West BridgePrimary Registration District No. 1007Registered No. 165

Hospital .....

FULL NAME OF CHILD

Ellen Jewett

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)☒

and

Number  
in order  
of birth1st

Legitimate?

yes

Date of Birth

May 23 1912  
(Month) (Day) (Year)

FULL NAME

FATHER  
Ed Earl Jewett

RESIDENCE

Blackfoot

COLOR

white

AGE AT LAST BIRTHDAY

20  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farming

FULL MAIDEN NAME

MOTHER  
Edna Hatch

RESIDENCE

Blackfoot Idaho

COLOR

white

AGE AT LAST BIRTHDAY

19  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Maria Alice at 12:00 M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. J. ...  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot Idaho

Filed

6-10-12  
Dr. H. J. ...

Registrar

Registrar

MARGIN RESERVED FOR BOUNDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

**JAN 24 1962**

865-715-506-763

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22nd Ed.

County of Bingham

City of Blackfoot

No. 200 St. 2

Hospital No.

Registration District No. 121

Primary Registration District No. 2194

File No. 79979

Registered No. 166

FULL NAME OF CHILD Dean Moore

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>5th 1924</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Ralph Moore  
RESIDENCE Blackfoot Idaho  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Lilla Robinson  
RESIDENCE Blackfoot Idaho  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth, first. Number of children of this mother now living, including present birth, first.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

Filed 6-10-24 Mrs. Helen E. Farnum

Registrar

Registrar

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294-222-006-542

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

## CERTIFICATE OF BIRTH

County of *Bingham*City of *Blackfoot*No. *526 University St.*Registration District No. *121*File No. **79580**Hospital *N.A.*Primary Registration District No. *1007*Registered No. *167*FULL NAME OF CHILD *Henriette Simon*Sex of Child *Girl*Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegitimate?  
*Yes*Date of Birth *5th 22nd 1920*  
(Month) (Day) (Year)

FULL NAME	FATHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	
OCCUPATION	

FULL MAIDEN NAME	MOTHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	
OCCUPATION	

Number of child of this mother, including present birth. *five*Number of children of this mother now living, including present birth. *five*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive*, at *5th* M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Mrs. L. P. Batway*  
*Midwife*  
(Physician or midwife)

Given names added from a supplemental report.

Address *1510 1st St.*Filed *6-10-20* *Mrs. Phyllis E. H. H.*

Registrar

Registrar

342



162-210-006-264

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootRegistration District No. 121File No. 79581

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1027Registered No. 168Hospital CentralFULL NAME OF CHILD Lucile Elizabeth Joslin

Sex of Child	1	Twin Triplet or other?	1	and	Number in order of birth	1	Legitimate?	Yes	Date of Birth	May 10, 1920	
									(Month)	(Day)	(Year)

FULL NAME FATHER  
Bedna M. JoslinFULL MAIDEN NAME MOTHER  
Ivey Juanita BouckRESIDENCE BlackfootRESIDENCE BlackfootCOLOR White AGE AT LAST BIRTHDAY 34  
(Years)COLOR White AGE AT LAST BIRTHDAY 18  
(Years)BIRTHPLACE ArkansasBIRTHPLACE AlbertaOCCUPATION Cook and SheepshearerOCCUPATION HousewifeNumber of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive

(Born alive or stillborn)

at 11 P. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. N. Jackson, M. D.

(Physician or midwife)

Given names added from a supplemental report.

Blackfoot, Ida.

Address

Filed

6-10

19

20 Mrs. Helen E. Fetter

Registrar

S-Y-CO 38071

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1942

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RETURN  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-215-006-213

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-37

CERTIFICATE OF BIRTH

County of Bingham

City of Bellevue

Registration District No. 171

File No. 79582

No. R T D 2 St.

Primary Registration District No. 2194

Registered No. 167

Hospital

FULL NAME OF CHILD

Emaline Patrayas

Sex of Child

F

Twin  
Triplet  
or other?

X

and  
(Number  
in order  
of birth)

X

Legiti-  
mate?

yes

Date of  
Birth

Apr 15

1917

(Month) (Day) (Year)

FULL  
NAME

FATHER

Joe V. Patrayas

RESIDENCE

Bellevue R T D 2

COLOR

W

AGE AT LAST  
BIRTHDAY

39

(Years)

BIRTHPLACE

Portugal

OCCUPATION

farmer

FULL  
MAIDEN  
NAME

MOTHER

Antonia Salmeida

RESIDENCE

Bellevue R T D 2

COLOR

W

AGE AT LAST  
BIRTHDAY

49

(Years)

BIRTHPLACE

Portugal

OCCUPATION

housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born on the date above stated.

at 6:30 P.M.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J B Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Bellevue R T D 2

Filed

6-10-17

Registrar

Registrar

OCT 31 1963

364-123-006-289

Form V. S. No. 11-C-25m-9-8-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BugetCity of BugetNo. RFD 4 St.Registration District No. 121File No. 79583Primary Registration District No. 2174Registered No. 170

Hospital .....

## FULL NAME OF CHILD

John Southworth

Sex of Child <u>m</u>	Twin Triplet or other? <u>X</u> and {	Number in order of birth <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>Apr 73</u> 191 <u>20</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER  
FULL NAME John SouthworthRESIDENCE Buget RFD 4COLOR W AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE IndianaOCCUPATION farmerMOTHER  
FULL MAIDEN NAME Fay HillRESIDENCE Buget RFD 4COLOR W AGE AT LAST BIRTHDAY 18 (Years)BIRTHPLACE West VirginiaOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Boon at 7 A M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Adams MD

(Physician or midwife)

Given names added from a supplemental report.

Address 121st St. N. IdahoFiled 6-10-20 Wm. H. F. Fitch

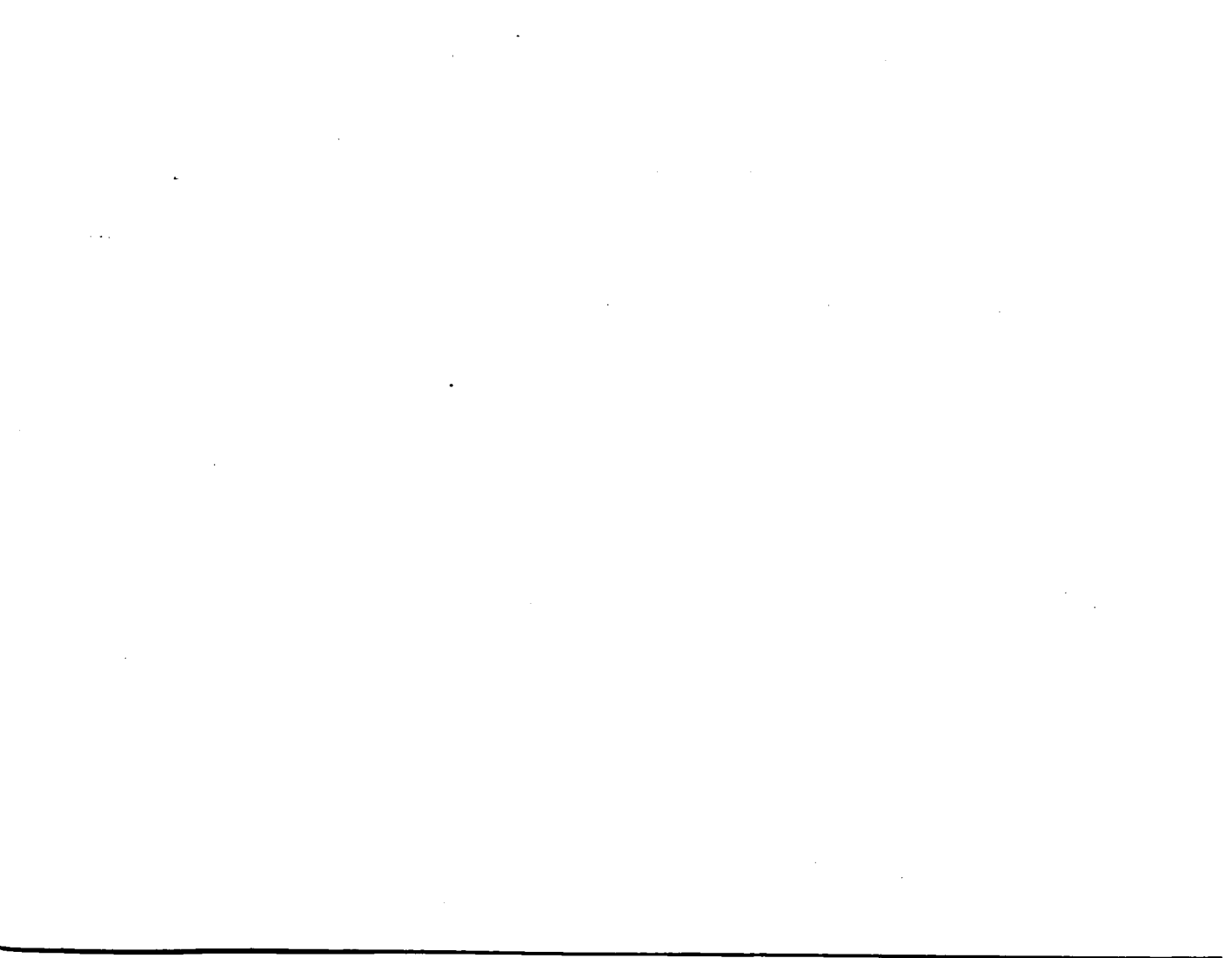
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



CLACK record typewriter ribbon in completing this certificate. This certificate MUST be filed with the  
in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address  
ION OF VITAL STATISTICS, BOISE, IDAHO.

765-212-006-765 (Be sure the information is complete and accurate)  
Amended December 5, 1968

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

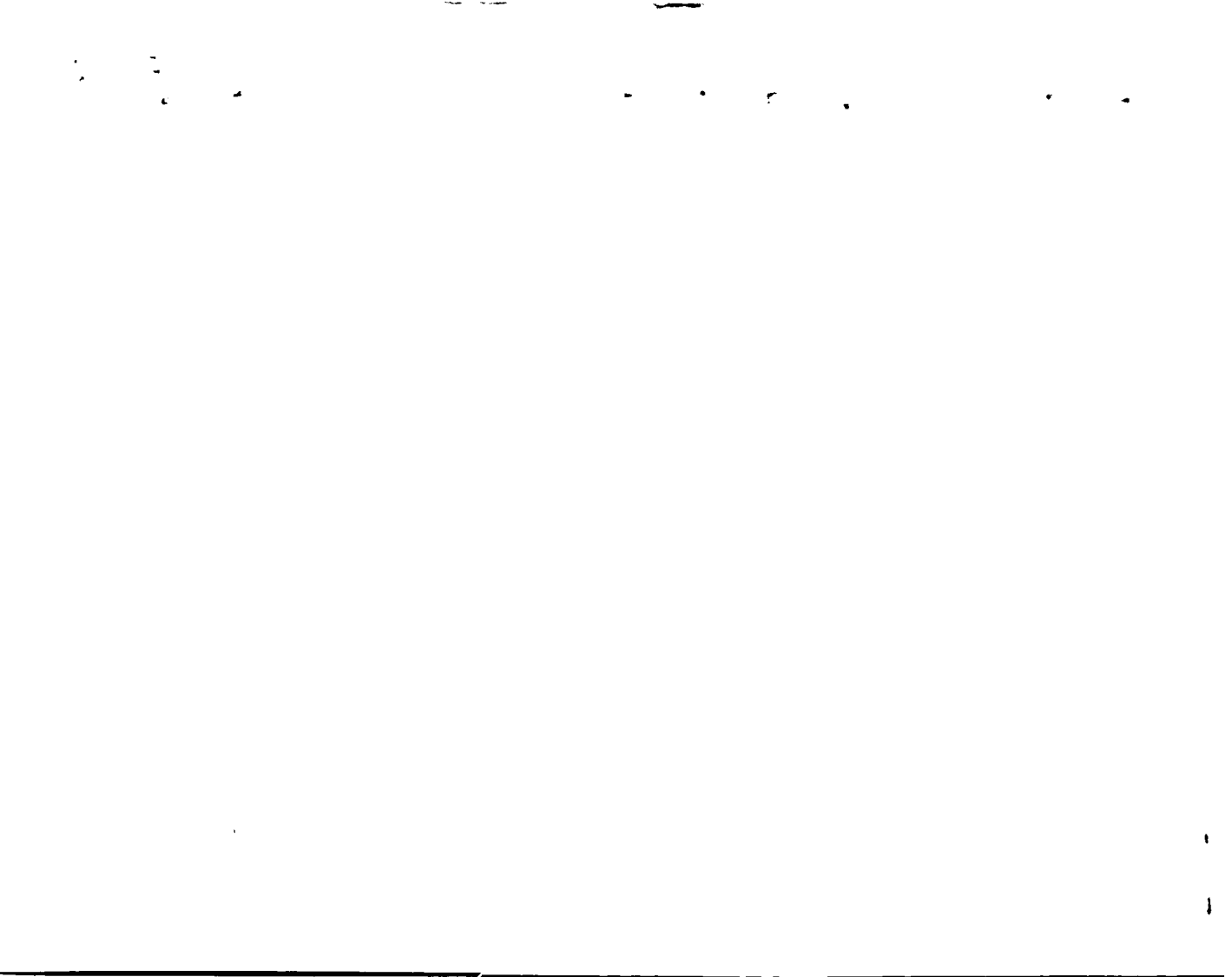
State File No. **79584**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. \_\_\_\_\_

<b>1. PLACE OF BIRTH</b> a. COUNTY <b>Bingham</b>		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Bingham</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blackfoot</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blackfoot</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b> (Type or print) a. (First) <b>Domitila</b> b. (Middle) c. (Last) <b>Gonzales</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) <b>May 12, 1920</b>
<b>FATHER OF CHILD</b>			
7. FULL NAME a. (First) <b>Pascual</b> b. (Middle) c. (Last) <b>Gonzales</b>			
8. AGE (At time of this birth) <b>26</b> YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) <b>Mexico</b>	10. USUAL OCCUPATION <b>Labor (Beet)</b>	11. KIND OF BUSINESS OR INDUSTRY
<b>MOTHER OF CHILD</b>			
12. FULL MAIDEN NAME a. (First) <b>Antonia</b> b. (Middle) c. (Last) <b>Gonzales</b>			
13. AGE (At time of this birth) <b>24</b> YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) <b>Mexico</b>	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <b>1</b> b. How many OTHER children were born alive but are now dead? c. How many children were stillborn (born dead after 20 wks. pregnancy)?	
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		17. SIGNATURE <b>J. B. Davis, M.D.</b>	
I hereby certify that this child was born alive on the date stated above.		18. ATTENDANT AT BIRTH M.D. _____ MIDWIFE _____ OTHER (Specify) _____	
		19. ADDRESS <b>Blackfoot, Idaho</b>	
20. DATE SIGNED		21. DATE REC'D BY LOCAL REG. <b>June 10, 1920</b>	
22. REGISTRAR'S SIGNATURE <b>Mrs. Walter E. Patrie</b>		23. DATE ON WHICH GIVEN NAME ADDED BY _____ Registrar	

**FOR MEDICAL AND HEALTH USE ONLY**

Was a test for phenylketonuria performed? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

Was a blood chemical test for phenylketonuria performed? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_





(Individual)



STATE OF CALIFORNIA

COUNTY OF Los Angeles

} SS.

On December 3, 1968 before me, the undersigned, a Notary Public in and for said State, personally appeared Antonia Gonzalez and Arturo Gonzalez,

\_\_\_\_\_, known to me

to be the person S whose name S are subscribed to the within instrument and acknowledged that they executed the same.

WITNESS my hand and official seal.

Signature

IRENE E. SMITH

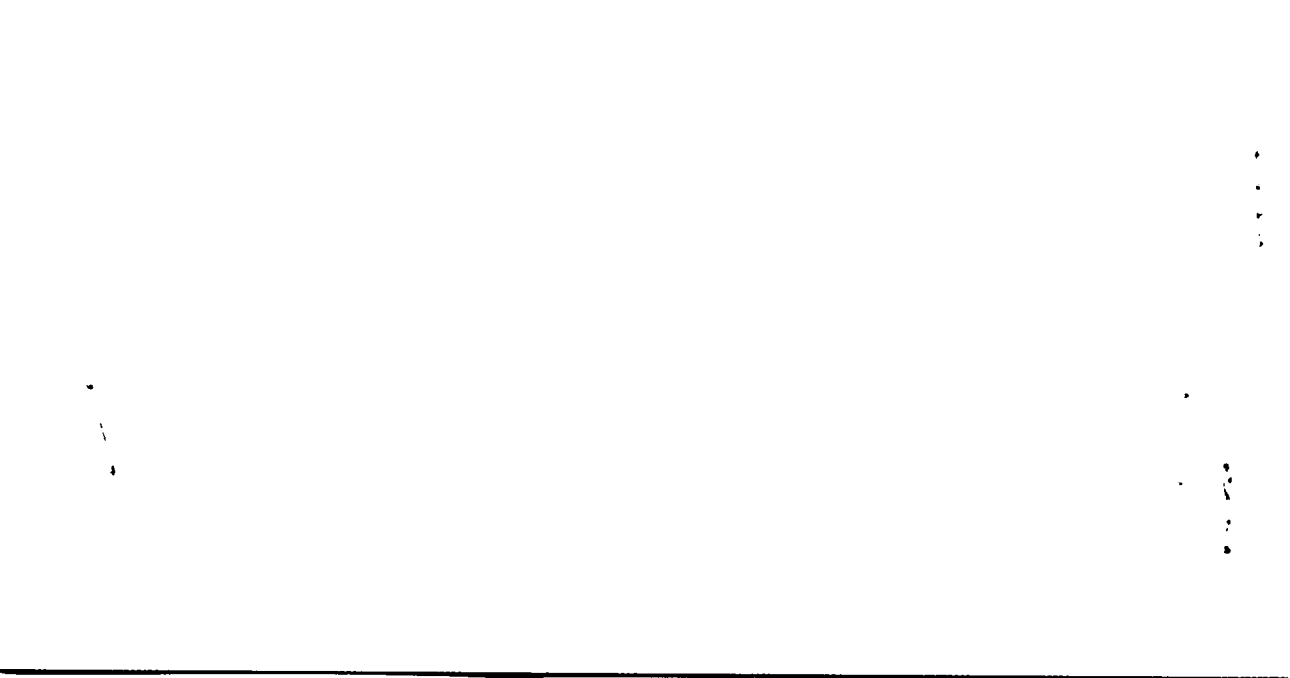
**My Commission Expires June 11, 1970**

Name (Typed or Printed)



OFFICIAL SEAL  
IRENE E. SMITH  
NOTARY PUBLIC-CALIFORNIA  
PRINCIPAL OFFICE IN  
LOS ANGELES COUNTY

(This area for official notarial seal)



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of .....  
County of .....  
Certificate No. 79584  
Date Filed.....  
Birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Damitila Pascual (Name on Original Certificate) who was born (Birth or Death)  
in Blackfoot, Idaho (Place of Event) (Was Born or Died) on May 12, 1920 (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by..... prepared on..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Name of Child Damitila Pascual Demitila Gonzales  
Father Gonsales Gonzales

Subscribed and sworn to before me this 3rd day of  
December, 1968  
Notary Public, residing at  
My commission expires June 11, 1970  
(Seal)

Signed, Antonia Gonzales  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
11819 So. Painter Ave. Whittier, Ca.,  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California }  
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of  
December, 1968  
Notary Public, residing at Los Angeles, Calif.  
My commission expires June 11, 1970  
(Seal)

Signed, Arturo Gonzalez  
(Signature of Any Credible Person)  
3206 181st St, Gardena, Ca.  
(Street Address, City, State)

Baptismal record gives name as Maria Demitilda Gonsales born May 12, -1920 -  
& baptized Nov 14, 1920 in the Catholic Church at Pocatello, Idaho. viewed by VS

Notarized statement regarding school records issued by Jonathan Swan, Records  
Storage Clerk Pupil Records and Microfilming Unit, Los Angeles City School Districts  
Los Angeles, California June 28, 1968 gives the following:

Donatilia Gonzales born May 14, 1920. Father Pascual Gonzales. attending school  
from 8-31-1931 to 6-17-1932. viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-121-006-719

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. & No. 11-O-M-3-17

CERTIFICATE OF BIRTH

County of Burghan

City of Bessey

No. R F D 3 St.

Registration District No. 121

File No. 79585

Primary Registration District No. 2194

Registered No. 172

Hospital .....

FULL NAME OF CHILD Unmarried Peterson

Sex of Child <u>M</u>	Twin Triplet or other? <u>X</u> and { Number in order of birth <u>X</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>May 21 - 1920</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FATHER  
FULL NAME James Peterson  
RESIDENCE Bessey R F D 3  
COLOR W AGE AT LAST BIRTHDAY 45 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Geneva Parter  
RESIDENCE Bessey R F D 3  
COLOR W AGE AT LAST BIRTHDAY 43 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 2:05 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Davis M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Beaumont, Idaho  
Filed 6-10-20 Mrs. Helen E. Fisher  
Registrar



238-124-006-755  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. A. No. 11-C-22a-9-17

County of... BrighamCity of... BerksNo. RFD 4 St.Registration District No. 121File No. 79586Primary Registration District No. 2194Registered No. 173

Hospital

FULL NAME OF CHILD

ALBERT AMELSchaffer

Sex of Child

MTwin  
Triplet  
or other?X{ Number  
in order  
of birthX

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthMay 141920

(Month) (Day) (Year)

FULL  
NAMEJohn Schaffer

FATHER

RESIDENCE

Berks RFD 4

COLOR

WAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Russia

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMinnie Geelner

MOTHER

RESIDENCE

Berks RFD 4

COLOR

WAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Russia

OCCUPATION

HousewifeNumber of child of this mother, including present birth... 7Number of children of this mother now living, including present birth... 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....Born alive.....at 1:30 A.M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

James H. Schaffer

(Physician or midwife)

Given names added from a supplemental report.

Address

Wheat Creek, Idaho

Filed

6-1-201920

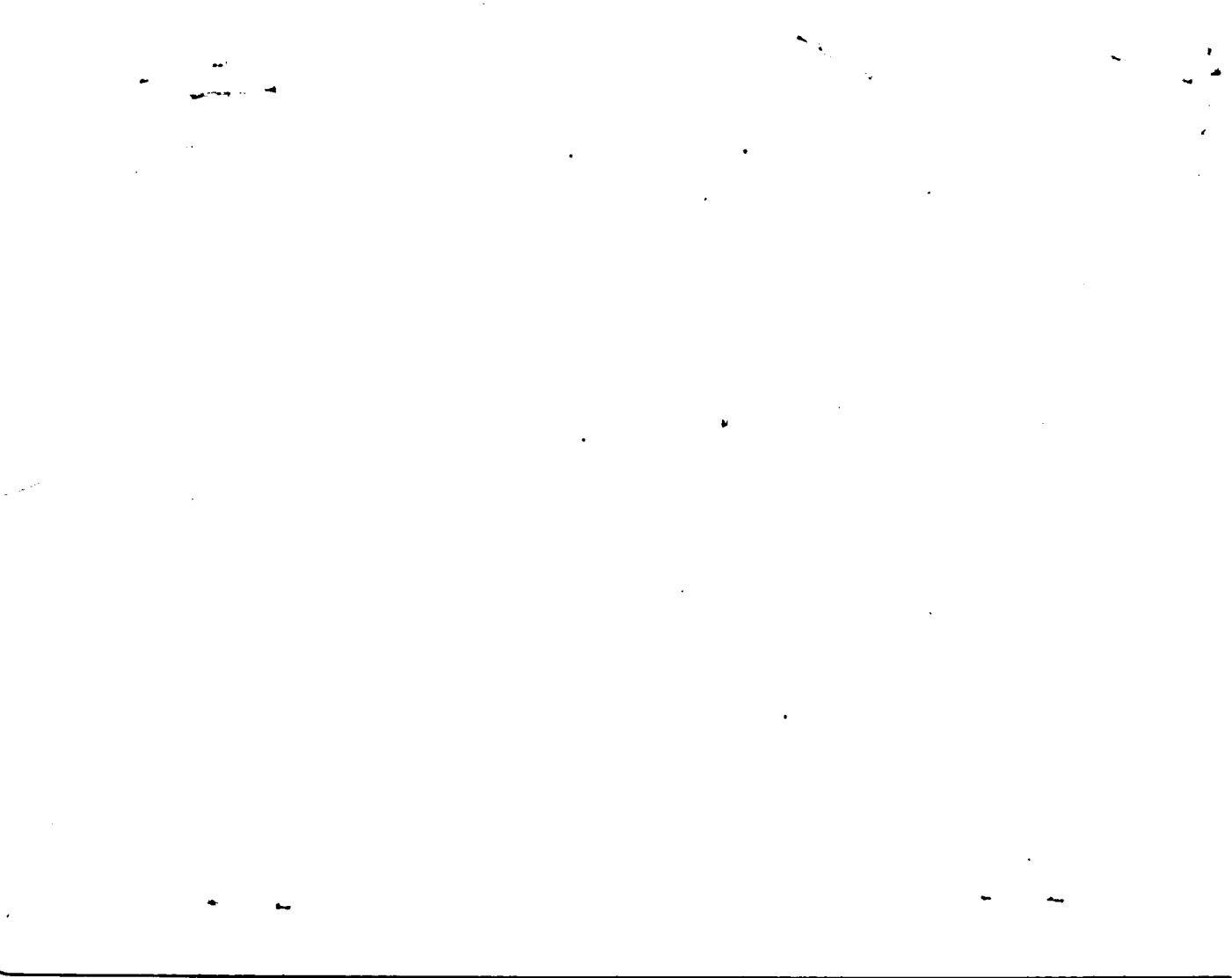
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }  
County of Clark } ss. Certificate No. 79586  
Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Albert Amel Schaffer who was born on May 24th 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by father, has bible records prepared on this date, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

Name

FROM

(AS ON ORIGINAL)

Unnamed Schaffer

TO

(THE CORRECT FACTS)

Albert Amel Schaffer

Albert Amel Schaffer

Subscribed and sworn to before me this 2nd  
day of January, 19 42.

Signed Albert Amel Schaffer  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Pattle Ground, Wn.

My commission expires September 26th 1945 Pattle Ground, Washington  
(SEAL) (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }  
County of Clark } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd  
day of January, 19 42.

Signed John M. Schaffer  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Pattle Ground, Wn. Battle Ground, Washington, Route #2  
My commission expires September 25th 1945 Box #228  
(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on                      By                       
(REGISTRAR'S SIGNATURE)

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N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-127-006-618

PLACE OF BIRTH

County of Bingham

City of Berger

No. RFD 1 St.

Hospital

FULL NAME OF CHILD

Registration District No. 121

Primary Registration District No. 2191

Form V. S. No. 11-0-22m-2-2-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 79587

Registered No. 174

Gerald E. Brown

Sex of Child <u>M</u>	Twin Triplet or other? <u>X</u> and { Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 27</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Joseph Brown  
RESIDENCE Berger RFD 1  
COLOR W AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Nellie Fay  
RESIDENCE Berger RFD 1  
COLOR W AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Iowa  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive at 145 a on the date above stated.  
(Born alive or stillborn)

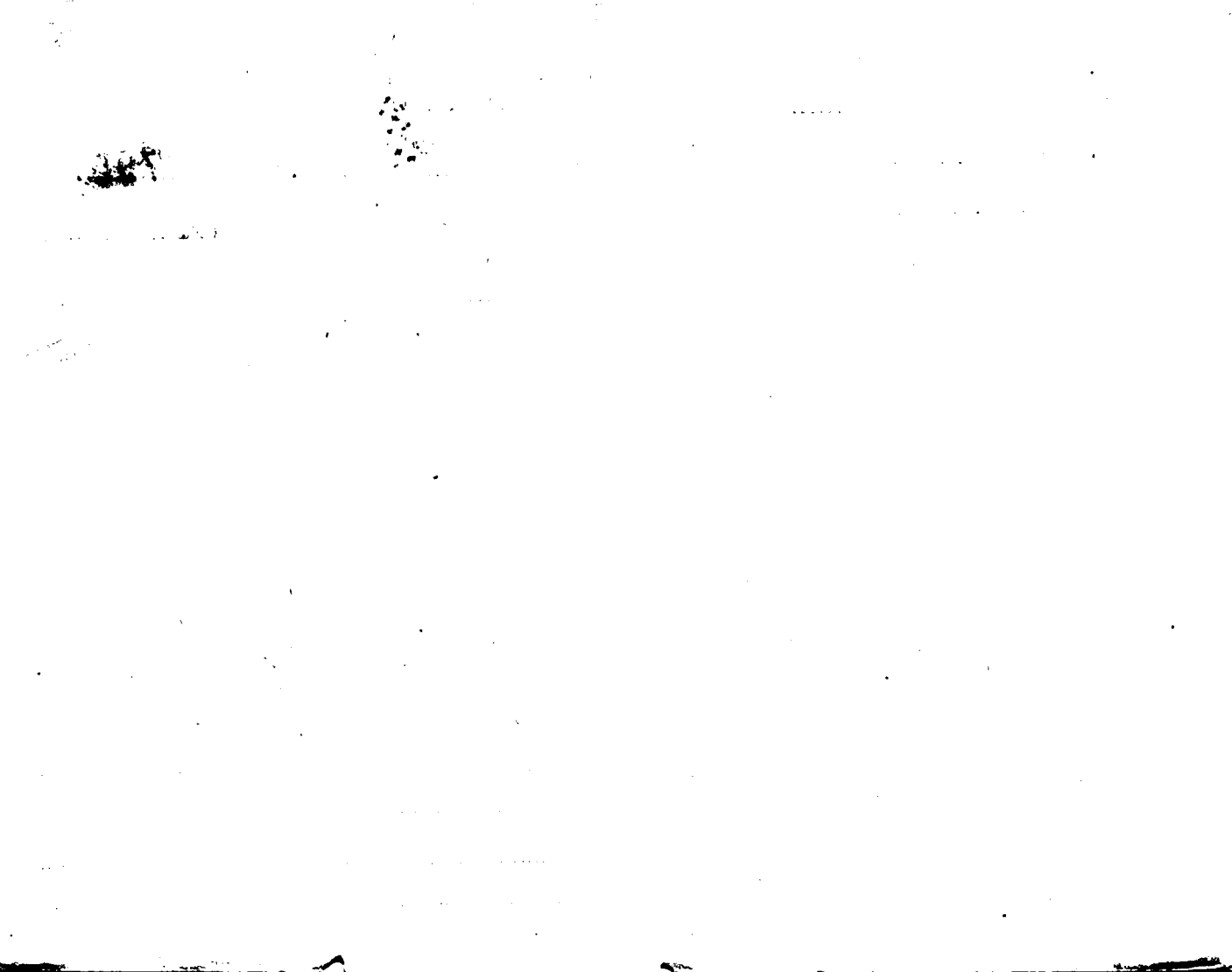
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....  
Registrar

Address Berger RFD 1  
Filed 6-11-20 at Montpelier, Idaho  
Registrar



211-130-006-231  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—Rev. 3-3-17

County of BuighanCity of BelferNo. E. Judicia St.Registration District No. 1-1File No. 79588Primary Registration District No. 107Registered No. 173

Hospital .....

FULL NAME OF CHILD John Boyd Kaas

Sex of Child <u>M</u>	Twin Triplet or other? <u>X</u> and { Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 30 1910</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Edwards KaasRESIDENCE Belfer E. JudiciaCOLOR W AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE UtahOCCUPATION on water worksMOTHER  
FULL MAIDEN NAME Ellen StanleyRESIDENCE Belfer E. JudiciaCOLOR W AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 7:10 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Buighan, Idaho

.....19.....

Filed 6-1-11 Wm. H. H. H. H. H.

Registrar

Registrar

✓

ADAM STAN

100

619-223-006-355

PLACE OF BIRTH

County of... Bear River

City of... Moreland

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

Registration District No. .... 121

Primary Registration District No. .... 2194

File No. .... 79589

Registered No. .... 176

Vera Forsusworth

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>4</u>	Legitimate? <u>(X)</u>	Date of Birth <u>5 / 23 / 20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME Lee C Forsusworth

FATHER

RESIDENCE Moreland

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Blueville Utah

OCCUPATION laborer

FULL MAIDEN NAME Ocella Seneatt

MOTHER

RESIDENCE Moreland

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Lewiston Utah

OCCUPATION Housewife

Number of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... alive... at... P. A. M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch

(Born alive or stillborn)

Given names added from a supplemental report.

(Physician or midwife)

Address... Moreland

.....10.....

Filed 6-14-20 Mrs Helen E. Tatro

Registrar

Registrar





695-102-006-753

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. A. No. 110-2-24-11

## CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootRegistration District No. 121File No. 79590No. ..... St.Primary Registration District No. 2194Registered No. 177Hospital .....FULL NAME OF CHILD Med. Peterson Treckleton

Sex of Child <u>male</u>	Twin Triplet or other? <u>.....</u> (To be answered only in event of plural births)	Number in order of birth <u>.....</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 2</u> (Month) (Day) (Year)
--------------------------	--	---------------------------------------	------------------------	--

FULL NAME <u>Leland S. Treckleton</u>	FATHER	FULL MAIDEN NAME <u>Gerne A. Peterson</u>	MOTHER
RESIDENCE <u>Blackfoot Ida</u>		RESIDENCE <u>Blackfoot Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth, 3 Number of children of this mother now living, including present birth, 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12 M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hampton  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida  
Filed 5-10-20 Mrs. Helen E. Palmer  
Registrar

Registrar

Dup of 1920-3/8864

693-129-006-866  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. M-O-22-2-17

County of BinghamCity of BlackfootRegistration District No. 121File No. 79591

No. .... St.

Primary Registration District No. 2194Registered No. 178

Hospital .....

FULL NAME OF CHILD Ross Larneth Williams

Sex of Child <u>male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	(Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>May 29</u> (Month) <u>29</u> (Day) <u>1928</u> (Year)
FATHER			MOTHER	
FULL NAME <u>Joseph L. Williams</u>			FULL MAIDEN NAME <u>Elthen M. Horvich</u>	
RESIDENCE <u>Blackfoot # 2</u>			RESIDENCE <u>Blackfoot Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>30</u> (Years)		
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 p.m. on the date above stated. (Born alive or stillborn)

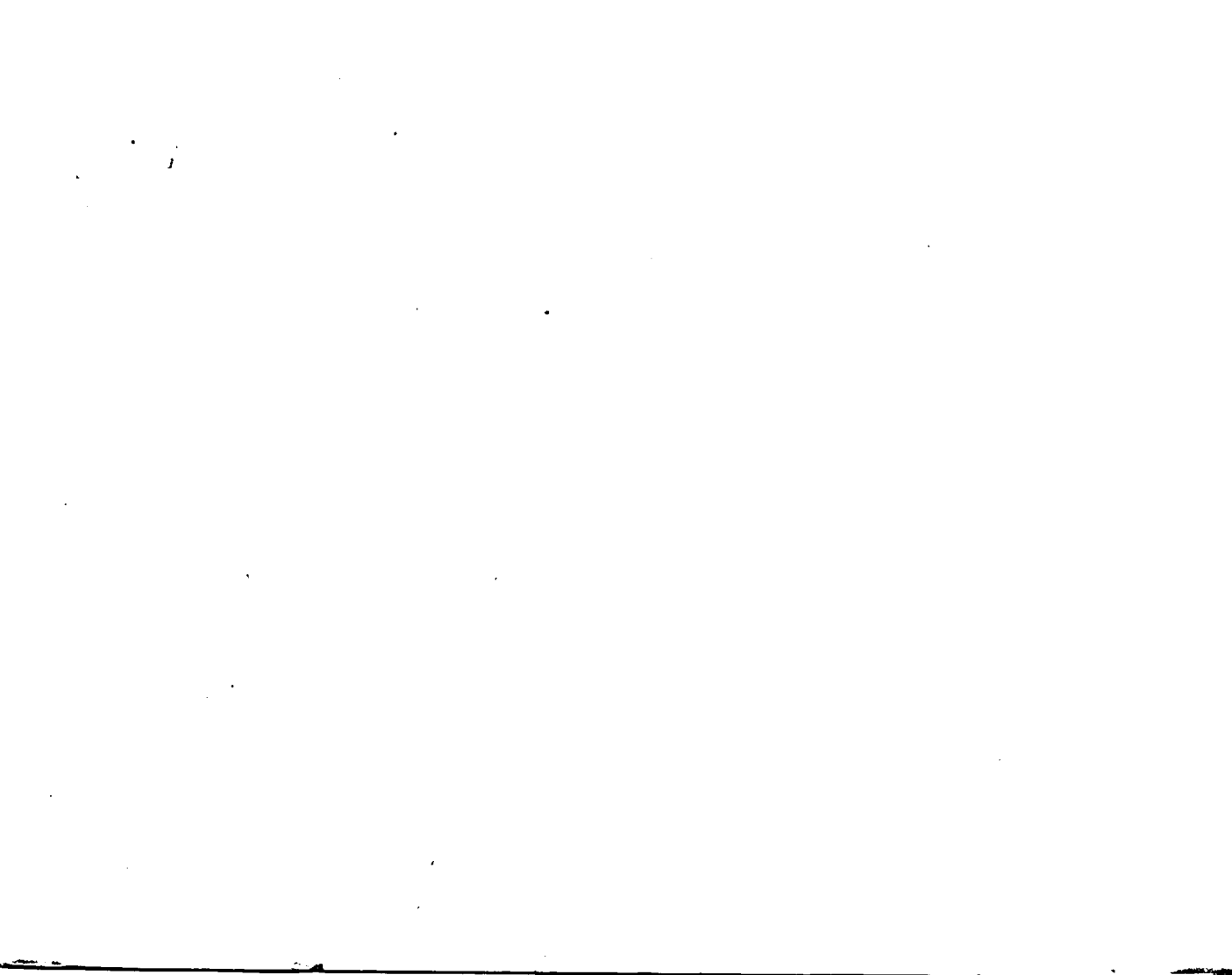
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Humphreys, M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida  
Filed 6-11-28 Wm. Nelson E. Patrick  
Registrar

Registrar



962-130-006-449

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 14-C-22m-2-17

County of BinghamCity of BlackfootRegistration District No. 121File No. 79592

No. .... St.

Primary Registration District No. 1007Registered No. 179

Hospital .....

FULL NAME OF CHILD Roscoe Eugene Roberts

Sex of Child <u>male</u>	Twin Triplet or other? <u>no</u>	and { Number in order of birth <u>1</u> }	Legitimate? <u>yes</u>	Date of Birth <u>May 30 1927</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Walter R. Roberts</u>			FULL MAIDEN NAME <u>Mellie B. Murphy</u>	
RESIDENCE <u>Blackfoot Ida</u>			RESIDENCE <u>Blackfoot Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>32</u> (Years)		
BIRTHPLACE <u>Iowa</u>			BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Mechanic</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth, 5 Number of children of this mother now living, including present birth, 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Blackfoot, Ida. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hamplain M.D.  
(Physician or midwife)

Given names added from a supplemental report.

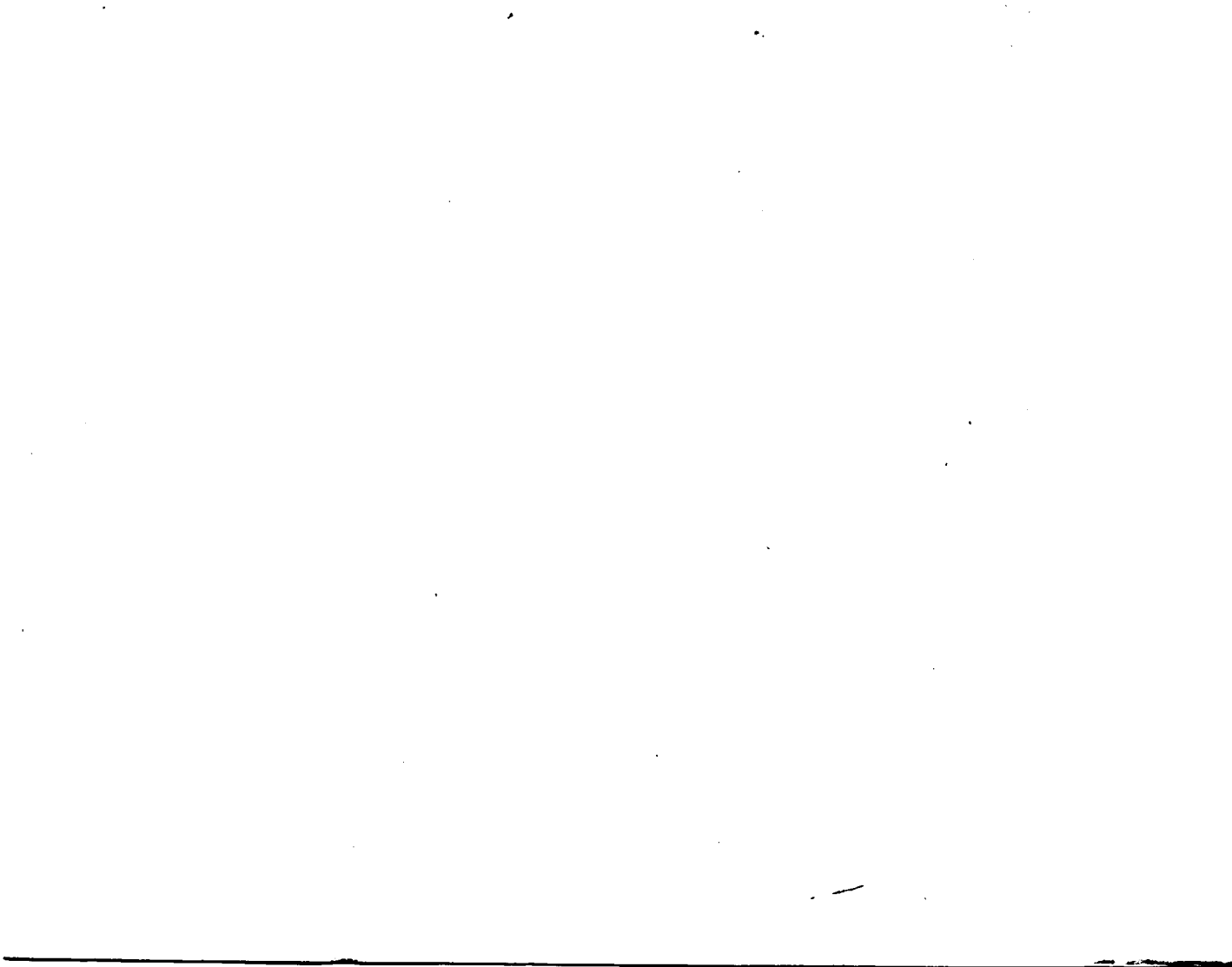
Address Blackfoot IdaFiled 6-15-27

Registrar

Miss Helen E. Patrick  
Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

625-214-006-859

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bingham

City of Tabor

Registration District No. 121

File No. 79593

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2194

Registered No. 180

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Nelma Obergefell

Sex of Child

Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

1  
(To be answered only in event of plural births)

Legit  
mate?

yes

Date of Birth

Apr 14 2  
(Month) (Day) (Year)

FULL NAME

Mattias Obergefell

RESIDENCE

Tabor Ida

COLOR

W

AGE AT LAST BIRTHDAY

44  
(Years)

BIRTHPLACE

Russia

OCCUPATION

Farmer

FULL MAIDEN NAME

Cecilia Yerk

RESIDENCE

Tabor Ida

COLOR

W

AGE AT LAST BIRTHDAY

37  
(Years)

BIRTHPLACE

Russia

OCCUPATION

Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated.

Born alive at 11 a M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. E. Patrie M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

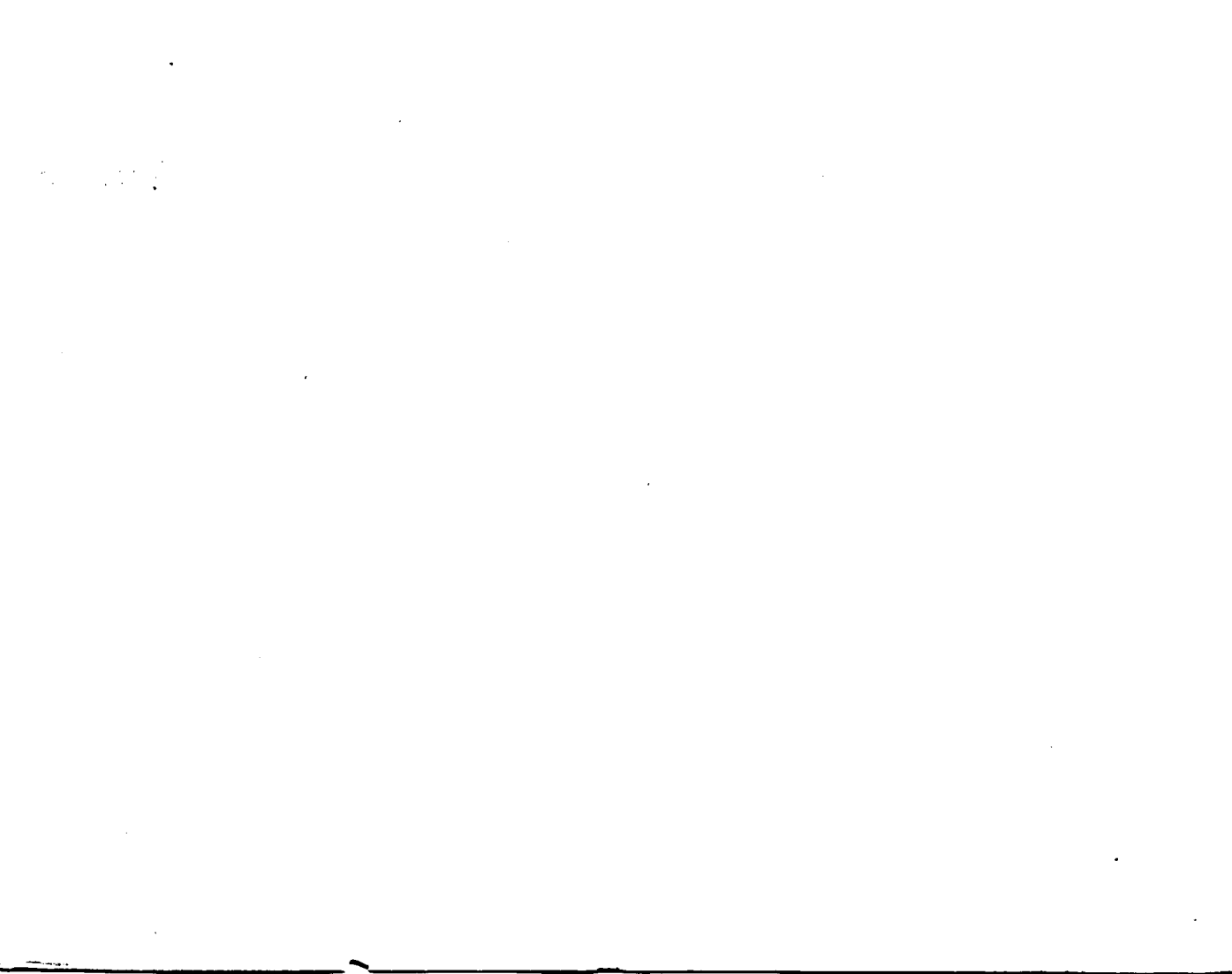
Blanchford Ave

Filed

May 30 1926

Registrar

Registrar





625-214-006-859

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PanghamCity of LaborRegistration District No. 121File No. 79594

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2194 Registered No. 181

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Melva Obergfell

Sex of Child

FemaleTwo or more?  
(To be answered only in event of plural births)

and

Number in order of birth

2

Legitimate?

Yes

Date of Birth

April 14, 1920  
(Month) (Day) (Year)

FULL NAME

Mattias Obergfell

FATHER

FULL MAIDEN NAME

Cecilia Jerse

MOTHER

RESIDENCE

Labor Idaho

RESIDENCE

Labor Idaho

COLOR

W

AGE AT LAST BIRTHDAY

44  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

37  
(Years)

BIRTHPLACE

Russia

BIRTHPLACE

Russia

OCCUPATION

Farming

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 1:30 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. E. Pattee M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bluefoot Idaho

File

May 30 1920 Mrs. Melva Obergfell

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1966

842-105-006-947

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22m-2-27

## CERTIFICATE OF BIRTH

County of BrighamCity of Bluff, IdahoRegistration District No. 121File No. 79595No. 20 North Ave. St.Primary Registration District No. 1007Registered No. 182Hospital St. CharlesFULL NAME OF CHILD Charles Hubler Jr.

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yes

Date of Birth

May 5 1920  
(Month) (Day) (Year)

FULL NAME

Charles Hubler

FATHER

FULL MAIDEN NAME

Emma Rupp

MOTHER

RESIDENCE

Bluff, Idaho

RESIDENCE

Bluff, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

32  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

25  
(Years)

BIRTHPLACE

Okla.

BIRTHPLACE

Okla.

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth, 3Number of children of this mother now living, including present birth, 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:00 A.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Bluff, Idaho

.....19.....

Filed June 16 1920 Wm. Hubler E. Hubler

Registrar

Registrar

OCT 24 1955

MAR 5 1963

238-109-006-255

## PLACE OF BIRTH

County of BrighamCity of BlackfootNo. in Idaho Idaho St.STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-9-3-17

## CERTIFICATE OF BIRTH

Registration District No. 121File No. 79596Primary Registration District No. 1007Registered No. 183

Hospital .....

FULL NAME OF CHILD Harman Ralph Schmidt

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 9 1922</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME FATHER Carlton R. SchmidtFULL MAIDEN NAME MOTHER Mamie G. KendallRESIDENCE Blackfoot, IdahoRESIDENCE Blackfoot, IdahoCOLOR white AGE AT LAST BIRTHDAY 23  
(Years)COLOR white AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE CalumetBIRTHPLACE IdahoOCCUPATION Automobile MechanicOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Boy, at 5 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

Given names added from a supplemental report.

.....19.....

Address Blackfoot, Idaho

.....19.....

Filed 6-16-20 Mrs. Helen E. Halsey

Registrar

Registrar

**FEB 21 1942**

751-217-006--743

## PLACE OF BIRTH

County of BinghamCity of BlackfootNo. 4 St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-27

## CERTIFICATE OF BIRTH

Registration District No. 121File No. 79597Primary Registration District No. 1007Registered No. 184FULL NAME OF CHILD Thelma Vivian Pearson

Sex <u>Female</u>	Twin Triplet or other? <u>no</u>	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 17</u> <u>1920</u> (Month) (Day) (Year)
-------------------	--	--------------------------------------	-----------------------------	---

FULL NAME FATHER Wm. B. PearsonRESIDENCE Moore IdahoCOLOR white AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL MAIDEN NAME MOTHER Ellice PutnamRESIDENCE Moore IdahoCOLOR white AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:4 A.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitton M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot IdahoFiled 6-16-20 Mr. Haler E. T. Patric

Registrar

Registrar

JAN 11 1961



413-120-006-213

## PLACE OF BIRTH

County of *Bringham*City of *Blackfoot*No. *Wood #14* St.

Hospital .....

FULL NAME OF CHILD *Alvin Macadus*STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

Registration District No. *121*File No. *79598*Primary Registration District No. *1007*Registered No. *185*

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mated <i>yes</i>	Date of Birth <i>May 20 1928</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <i>Peter Macadus</i>	FATHER
RESIDENCE <i>Blackfoot</i>	
COLOR <i>Mexican</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)
BIRTHPLACE <i>Mexico</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Gorah Salazar</i>	MOTHER
RESIDENCE <i>Blackfoot, Idaho</i>	
COLOR <i>Mexican</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)
BIRTHPLACE <i>Mexico</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *5*..... Number of children of this mother now living, including present birth *2*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Born alive*..... at *4 P. M.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. W. Mitchell M. D.*

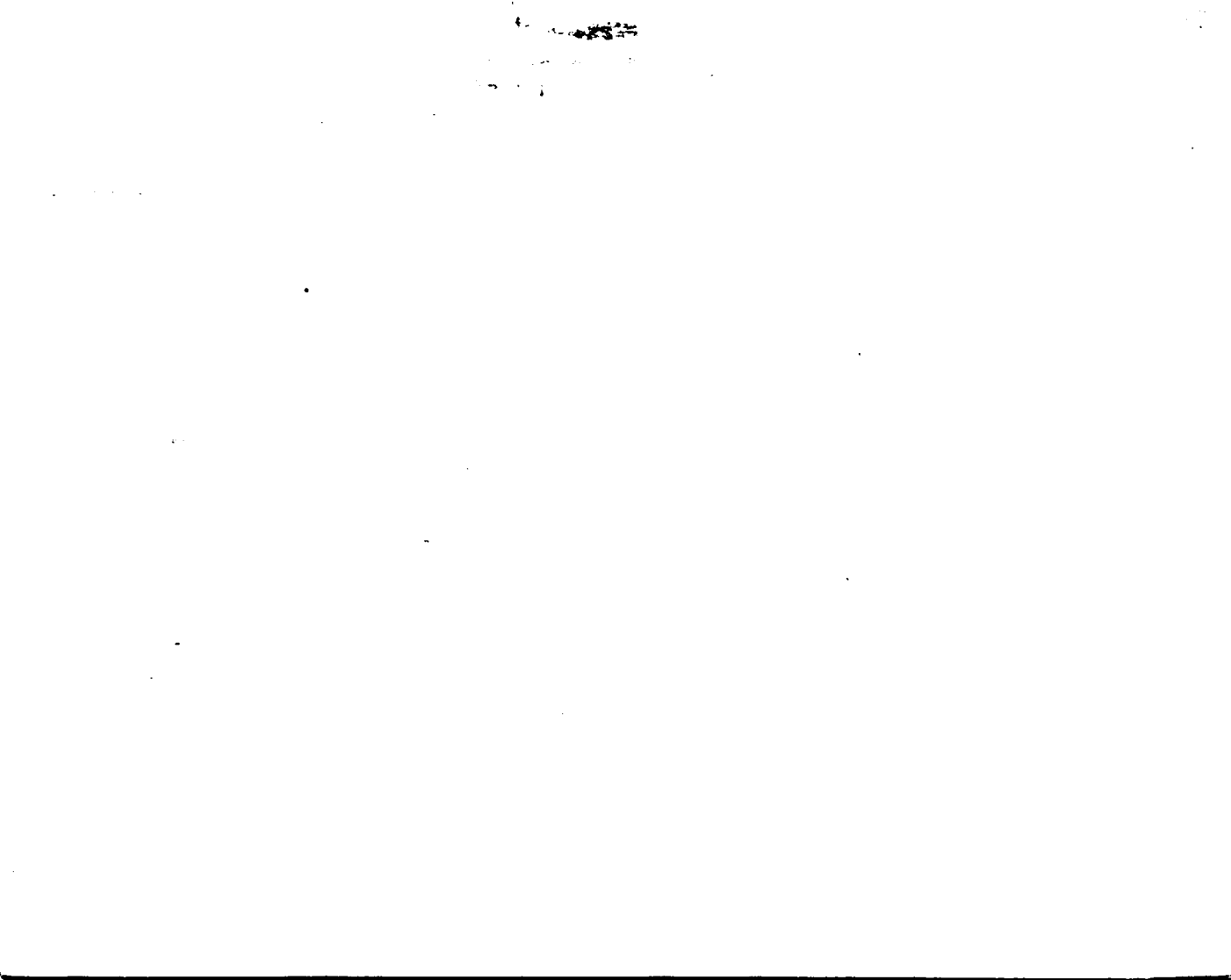
(Physician or midwife)

Given names added from a supplemental report.

Address *Blackfoot, Idaho*Filed *6-16-28* *Mrs. Helen E. Petri*

Registrar

Registrar



Given names added from a supplemental report.

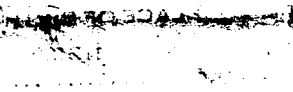
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Address.....  
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Filed.....  
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.....  
.....

Registrar  
*Robert H. Wright*

(Physician or midwife)  
*Carey Lee*



103

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah } ss.  
 County of Salt Lake

DEC 4 11 55 AM '81

Certificate No. 79599Date Filed \_\_\_\_\_  
 birth \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for Unnamed Wilde who was born on 5-3-20  
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Carey (Blaine) are erroneous or were omitted:  
 (Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameUnnamedJean Welsh Wilde

Subscribed and sworn to before me this 30<sup>th</sup> day of  
November, 1981

Notary Public, Elda R. BaerResiding at 6545 So. 2425 E.My commission expires Sept. 28, 1985

(Seal)

Jean W. Wilde

Signature of Applicant

6540 S. 2300 E. SLC, Utah 84121

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.  
 County of Salt Lake

(Must be completed \_)

(Is not necessary \_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30<sup>th</sup> day of  
November, 1981

Notary Public, Elda R. BaerResiding at 6545 So. 2425 E.My commission expires Sept. 28, 1985

(Seal)

Paul R. Hick

Supporting Signature

834 N. Shadow Wood Dr

Street Address, City, State

1 cc pd

MURRAY, Utah 84107

Certificate of birth from LDS Church gives Jean Welsh Wilde.  
born 5-3-20 in Carey to Benjamin C Wilde and Mary May Welsh.  
Entered on record June 6, 1920. Viewed by V.S.

**JUN 9 1982**

Army Separation Record gives Jean W Wilde born 5-3-20 was discharged  
7-30-45. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
Form V. S. No. 11-C-22m-4-3-17

**CERTIFICATE OF BIRTH**

County of Blaine  
City of Carey  
253-112-007-674  
No. St.

Registration District No. 21 File No. 13600

Primary Registration District No. 2075 Registered No. 45

Hospital                     

FULL NAME OF CHILD Mylo La Mar Peterson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>                    </u> and Number in order of birth <u>                    </u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>5 12 20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Arthur Oliver Peterson</u>	FATHER	FULL MAIDEN NAME <u>Helen J Ogden</u>	MOTHER
RESIDENCE <u>Carey</u>		RESIDENCE <u><del>Hooper</del> Carey</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Mont.</u>		BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

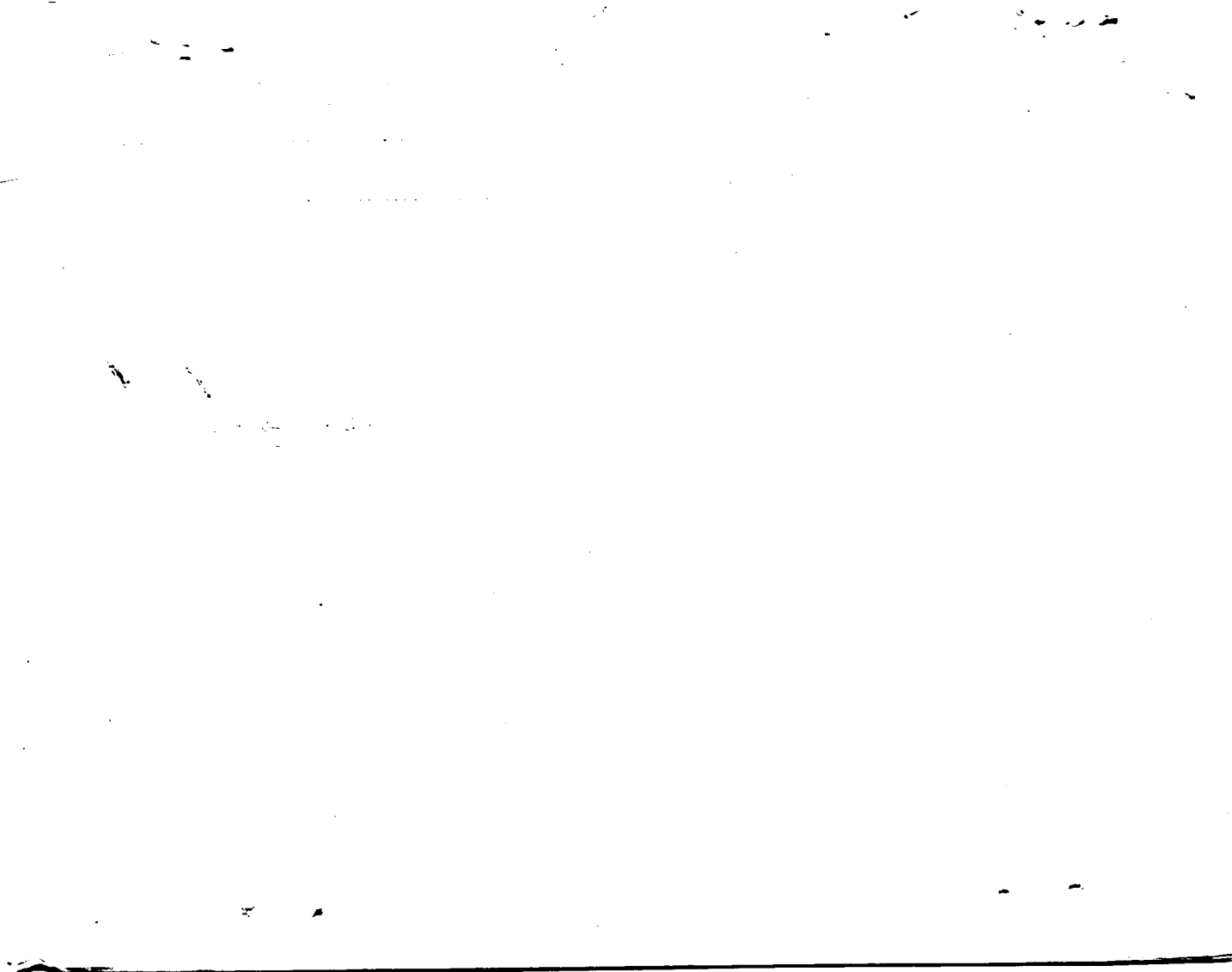
I hereby certify that I attended the birth of this child, who was Born alive, at 11:55 A.M.  
on the date above stated. (Born alive or stillborn)

(Signature) Houston Snyder  
Physician  
(Physician or midwife)

Given names added from a supplemental report.                     

Address Carey Idaho

Filed 5-119-20 Robert H. Wright  
Registrar





BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Carey Registered No. 45  
Street and House No. \_\_\_\_\_  
County Blaine Registration Dist. No. 57

Sex of Child Male  
Date of Birth 5 12 19120  
                    MONTH DAY YEAR  
Father Arthur E. Peterson  
                    FULL NAME  
Mother Helen T. Ogden  
                    FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Mylo La Mar Peterson  
                    GIVEN NAME IN FULL SURNAME  
as reported by Mrs. Peterson  
                    FATHER OR MOTHER  
R. H. Wright  
                    LOCAL REGISTRAR

AUG 27 1942

County of Blaine

City of Carey

No. 753-213-007-796

No. St.

Hospital Name added 10-2-81

Registration District No. 21

Primary Registration District No. 2075

File No. 79601

Registered No. 46

FULL NAME OF CHILD Alice Leah Peterson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	(Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>5 13 1920</u> (Month) (Day) (Year)
----------------------------	---	----------------------------	------------------------	--

FULL NAME FATHER Minton M. Peterson

RESIDENCE Carey

COLOR White AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE Utah

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Hazel Gifford

RESIDENCE Carey

COLOR White AGE AT LAST BIRTHDAY 22  
(Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:50 a.m. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Carey, Idaho

Filed 5-19-20 Robert H. Wright  
Registrar

Registrar

Registrar

DECEASED

**RECEIVED**  
IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

AUG 17 1981

## Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of \_\_\_\_\_ } ss. Bureau of Vital Statistics Certificate No. 79601  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for Unnamed Peterson (female) who was born on May 13, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Carey, Idaho (Blaine) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name

Unnamed

Alice Leha Peterson

Subscribed and sworn to before me this 12th day of

August 1981

Notary Public, residing at Carey, Idaho

My commission expires March 24, 1985  
(Seal)

Signed \_\_\_\_\_

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1744 Poplar, Idaho  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Blaine }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of

August 1981

Notary Public, residing at Carey, Idaho

My commission expires March 24, 1981  
(Seal)

Signed \_\_\_\_\_

(Signature of Any Credible Person)

Carey Idaho 83320  
(Street Address, City, State)

LDS Church Cert of Baptism gives Alice Leah Petersen born 5-13-20 in Carey,  
to Minton M Petersen and Hazel Gifford; baptised 9-1-28 at Carey Ward.  
Viewed by V.S.

Family Record recorded with L.D.S. records in Salt Lake City, on June 26, 1956.  
This record gives name as Alice Leah Peterson born May 13, 1920, in Carey, Idaho  
Born to Minton M. Peterson and Hazel Gifford.  
Viewed by V.S.

## PLACE OF BIRTH

County of BlaineCity of Carey  
132-114-007-959  
No. .... St.Registration District No. .... 21File No. .... 79602Primary Registration District No. .... 2075Registered No. .... 47

Hospital .....

FULL NAME OF CHILD .... Chester Ray Albrethson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u>	} and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>5 14 20</u> (Month) (Day) (Year)
--------------------------	--	--	-----------------------------	---

(To be answered only in event of plural births)

FULL NAME <u>Alfred Albrethson</u>	FATHER
RESIDENCE <u>Carey</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Neva Maud Ivie</u>	MOTHER
RESIDENCE <u>Carey</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Carey Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .... 1 Number of children of this mother now living, including present birth .... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 11:15 a.m.

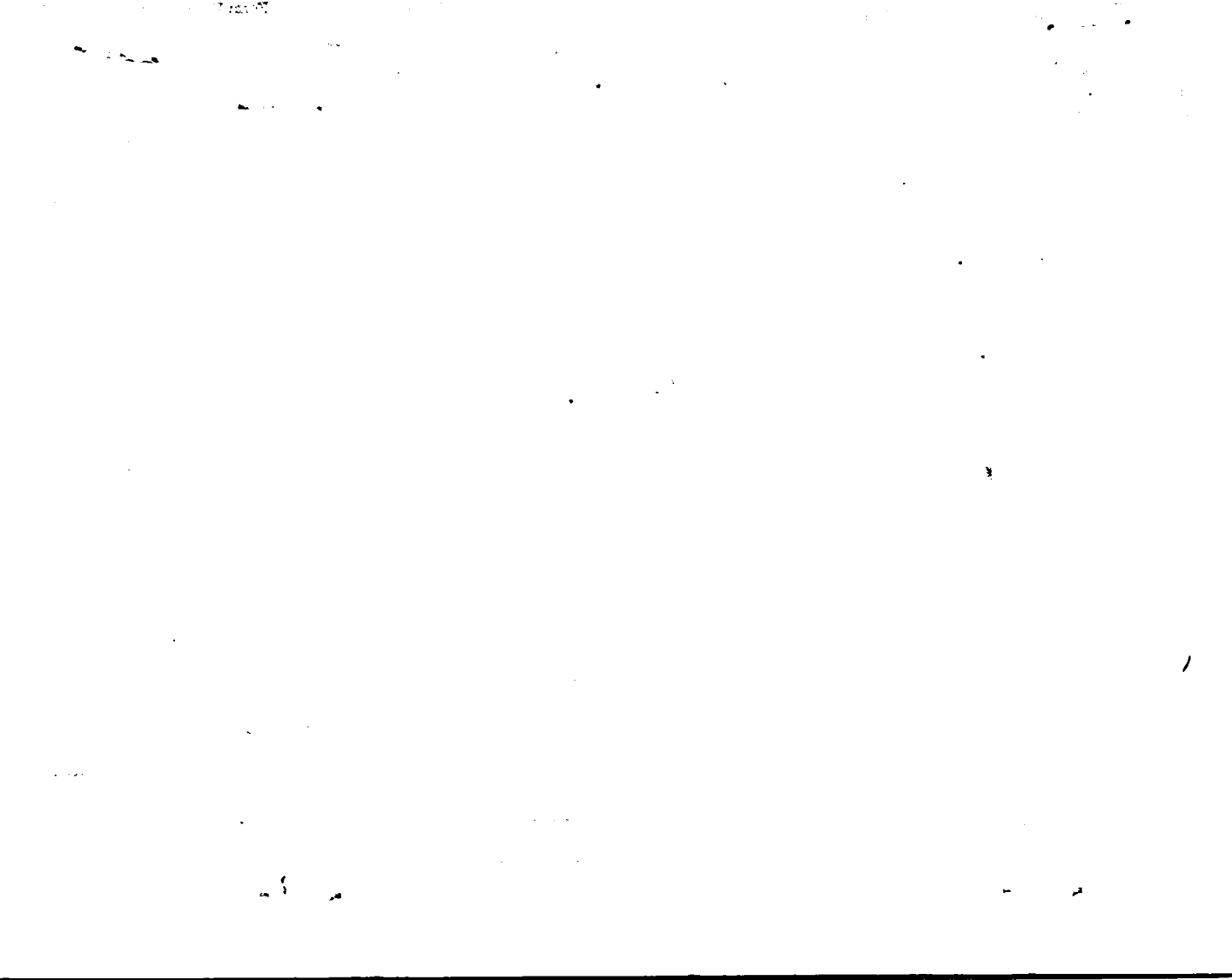
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston C. Hyder

Physician or midwife

Given names added from a supplemental report.

Chester Ray Albrethson ..... 19.....Address Carey IdahoW. L. Murphy ..... RegistrarFiled 5-19-20 Robert H. Wright ..... Registrar





BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTHPlace  
of Birth

City

Carey

Street and House No.

County

Blaine

Registered No.

47

Registration Dist. No.

57

Sex of Child

Male

Date of Birth

5

14

1912

Father

Alfred Albrechtsen

Mother

Neva Maud Lue

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Chester Ray Albrechtsen

GIVEN NAME IN FULL

SURNAME

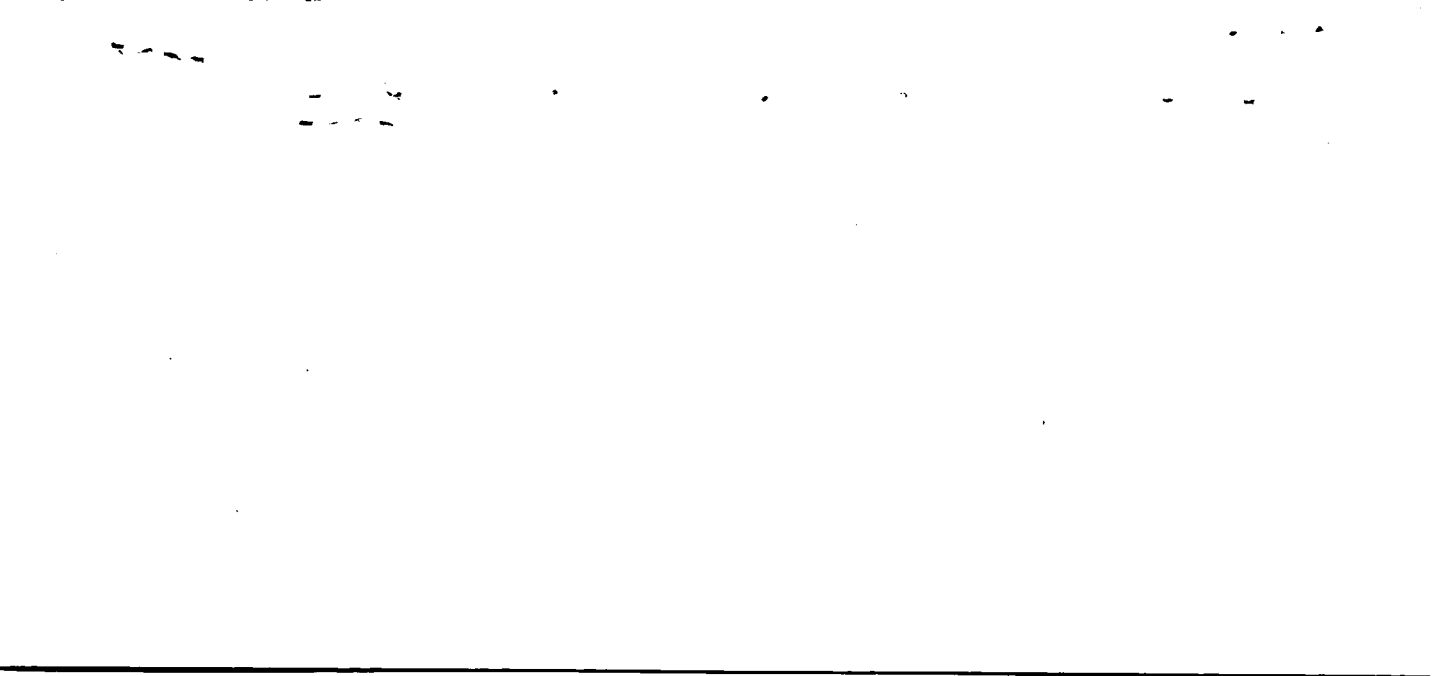
as reported by

Neva Albrechtsen

Robert H. Wright

FATHER OR MOTHER

LOCAL REGISTRAR



PLACE OF BIRTH

County of BlaineCity of Carey

231-116-007-959

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .... 21

File No. .... 796.03

Primary Registration District No. .... 2075

Registered No. .... 48

Sex of Child MaleTwin  
Triplet  
or other?} and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
Birth5 16 20  
(Month) (Day) (Year)FULL  
NAMEJoseph Sedley Stanford

FATHER

RESIDENCE

Carey

COLOR

WhiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Utah

OCCUPATION

School teacherFULL  
MAIDEN  
NAMEIda Pearl Trice

MOTHER

RESIDENCE

Carey

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Larnald at 7:00 a.m.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

Houston S. Snyder  
Physician and  
Midwife

Given names added from a supplemental report.

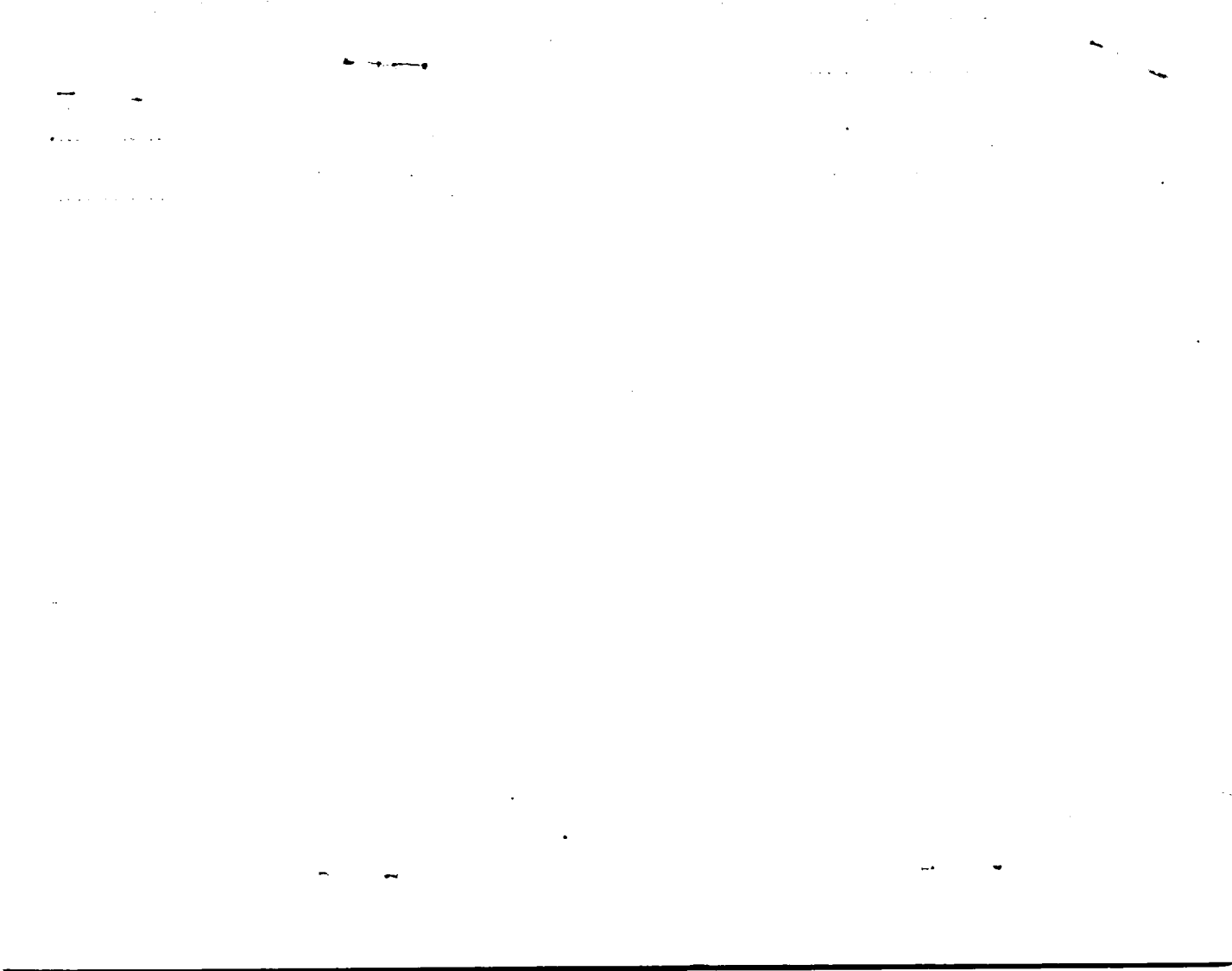
Address .....

Carey Idaho

Filed .....

5-19-20Robert H. Wright  
Registrar

Registrar



STATE OF IDAHO

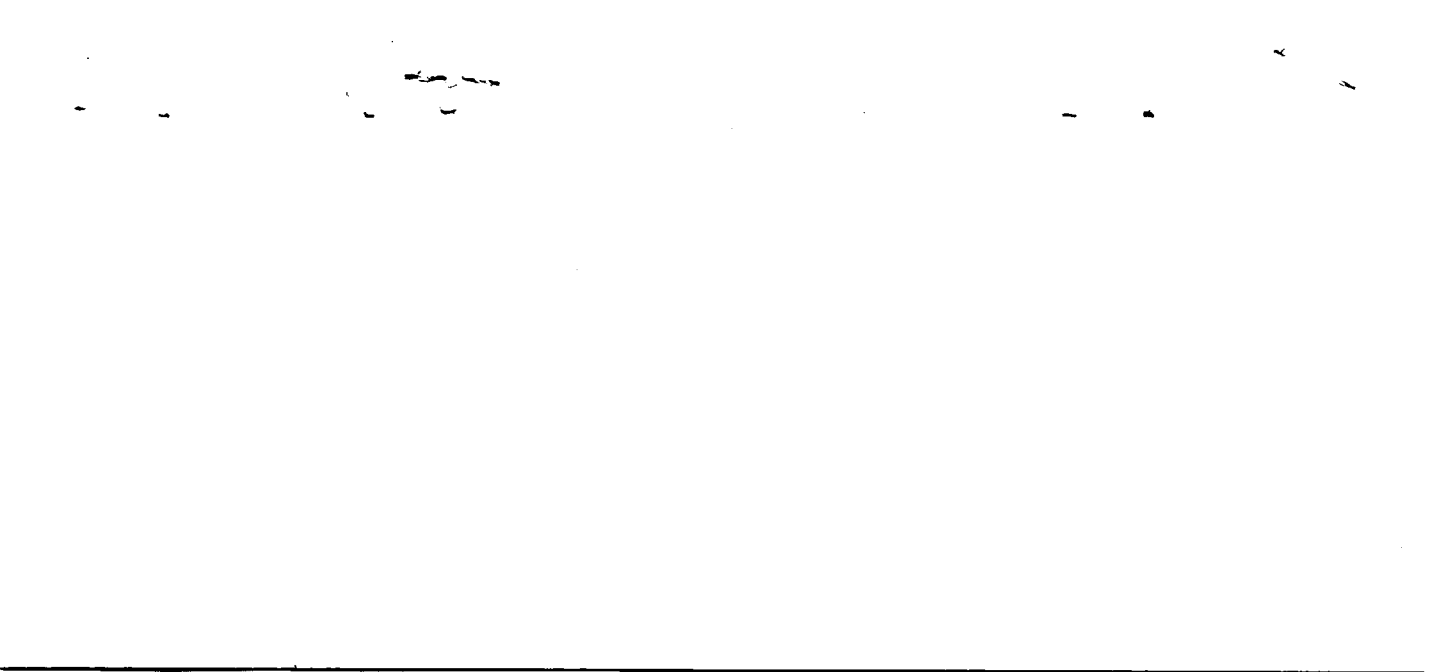
BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Carey Registered No. 48  
Street and House No. \_\_\_\_\_  
County Blaine Registration Dist. No. 59

Sex of Child Male  
Date of Birth 5 16 1912  
MONTH DAY YEAR  
Father Joseph S. Stanford  
FULL NAME  
Mother Ida P. Lrie  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Stephen Sedley Stanford  
GIVEN NAME IN FULL SURNAME  
as reported by Mrs. Stanford  
FATHER OR MOTHER  
Robert H. Wright  
LOCAL REGISTRAR



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-219-207-796

County of MaineCity of Barry

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

Registration District No. .... 21

Primary Registration District No. .... 2075

File No. .... 79604

Registered No. .... 49

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u>	and { Number in order of birth <u>    </u>	Legitimate? <u>yes</u>	Date of Birth <u>5 18 20</u> (Month) (Day) (Year)
FULL NAME <u>Ruben C Peterson</u> FATHER			FULL MAIDEN NAME <u>Pauline Gifford</u> MOTHER	
RESIDENCE <u>Barry</u>			RESIDENCE <u>Barry</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Montana</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:20 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston C SnyderPhysician

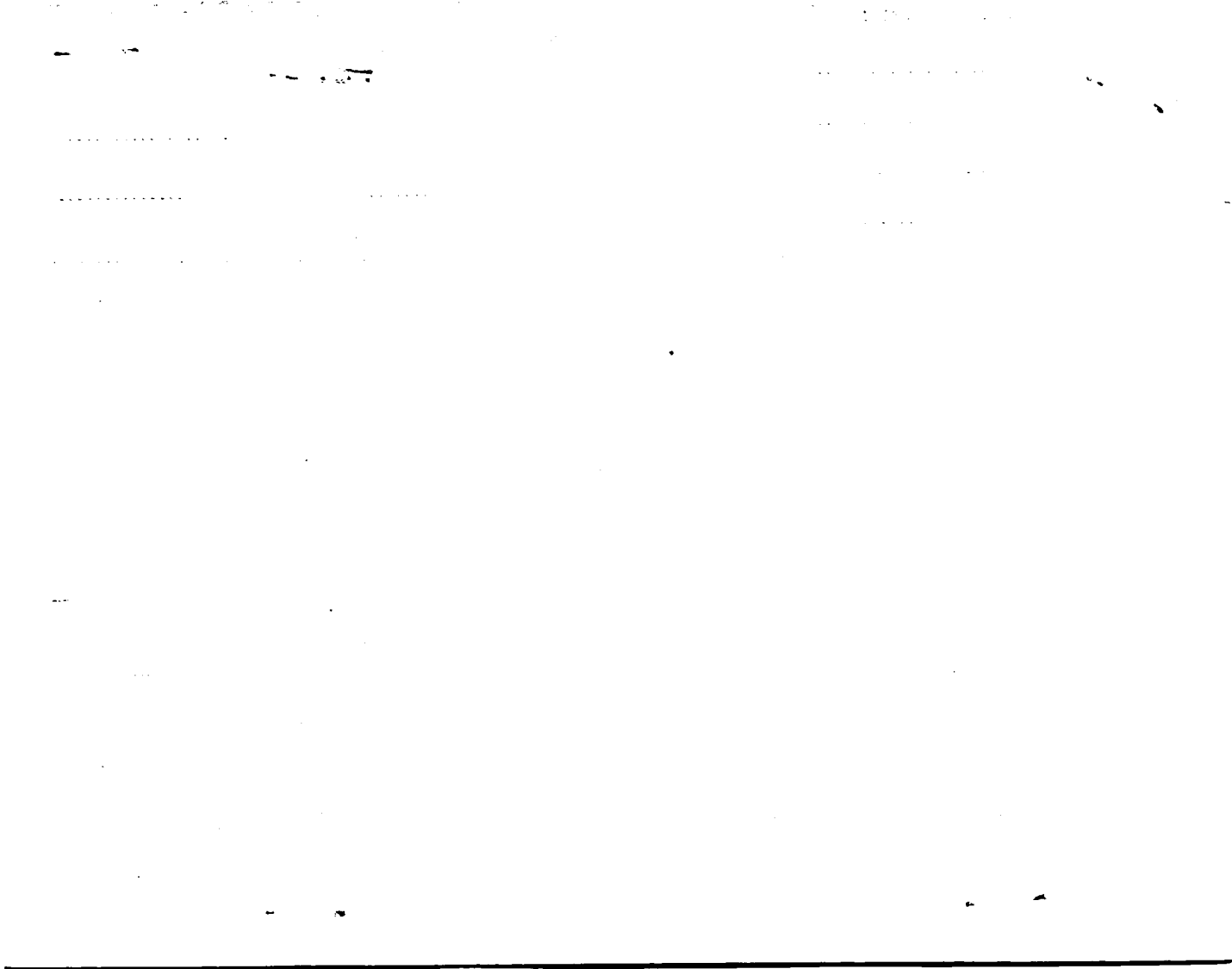
(Physician or midwife)

Given names added from a supplemental report.

Address Barry, IdahoFiled 5-19-20 Robert H. Wright

Registrar

Registrar





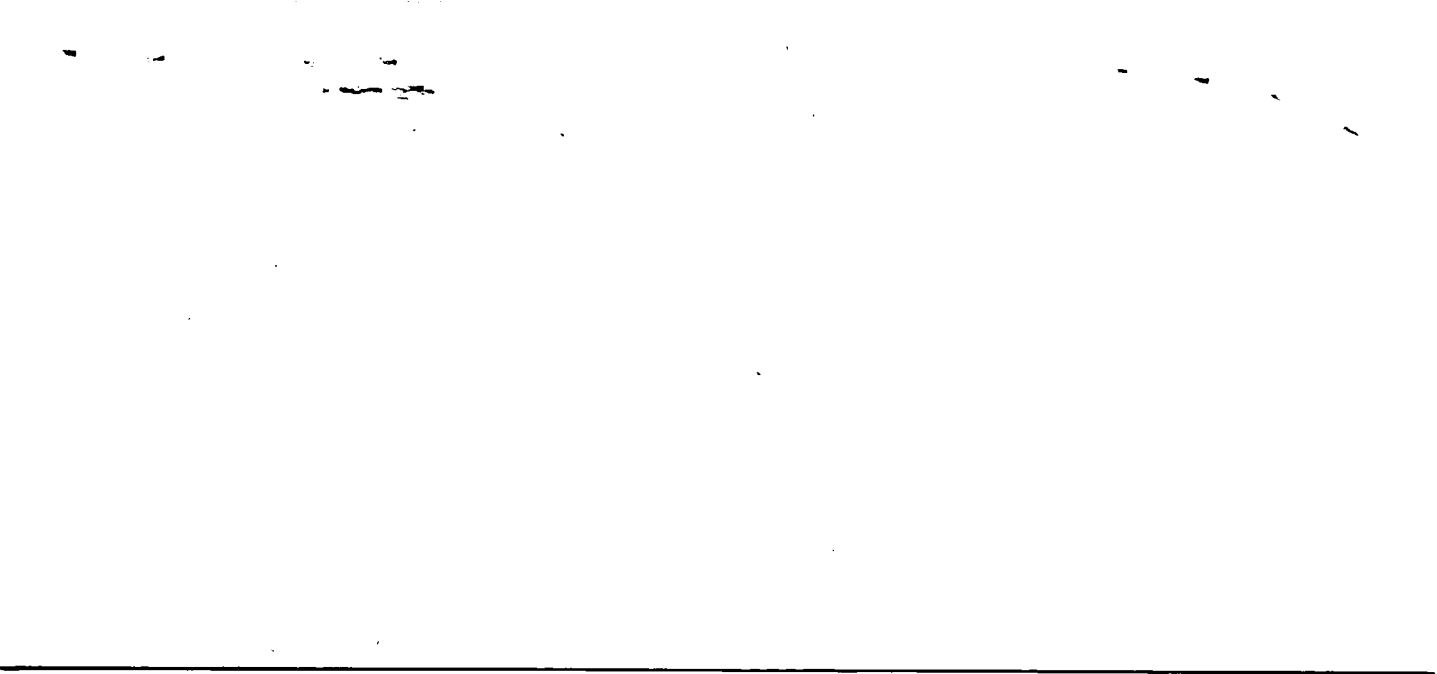
BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Carey Registered No. 49  
Street and House No. \_\_\_\_\_  
County Blaine Registration Dist. No. 57

Sex of Child Female  
Date of Birth 5 18 1912  
MONTH DAY YEAR  
Father Ruben C. Peterson  
FULL NAME  
Mother Pauline Gifford  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Esther Irene Peterson  
GIVEN NAME IN FULL SURNAME  
as reported by Mrs. Peterson.  
FATHER OR MOTHER  
R. H. Wright  
LOCAL REGISTRAR



132-105-007-231

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

## CERTIFICATE OF BIRTH

County of BlairstownCity of GannettRegistration District No. 21File No. 79605

No. .... St.

Primary Registration District No. 2072Registered No. 50

Hospital .....

FULL NAME OF CHILD Martin James Albrethsen

Sex of Child <u>Male</u>	Twin, Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 5</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	-----------------------------------	---------------------------------------	------------------------	---

FULL NAME FATHER <u>Oliver Albrethsen</u>	FULL MAIDEN NAME MOTHER <u>Emma J. Albrethsen</u>
RESIDENCE <u>Gannett, Ida</u>	RESIDENCE <u>Gannett</u>
COLOR <u>N-Lite</u> AGE AT LAST BIRTHDAY <u>75</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>94</u> (Years)
BIRTHPLACE <u>Gannett, Ida</u>	BIRTHPLACE <u>Peato Ida</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth... 2... Number of children of this mother now living, including present birth... 2...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

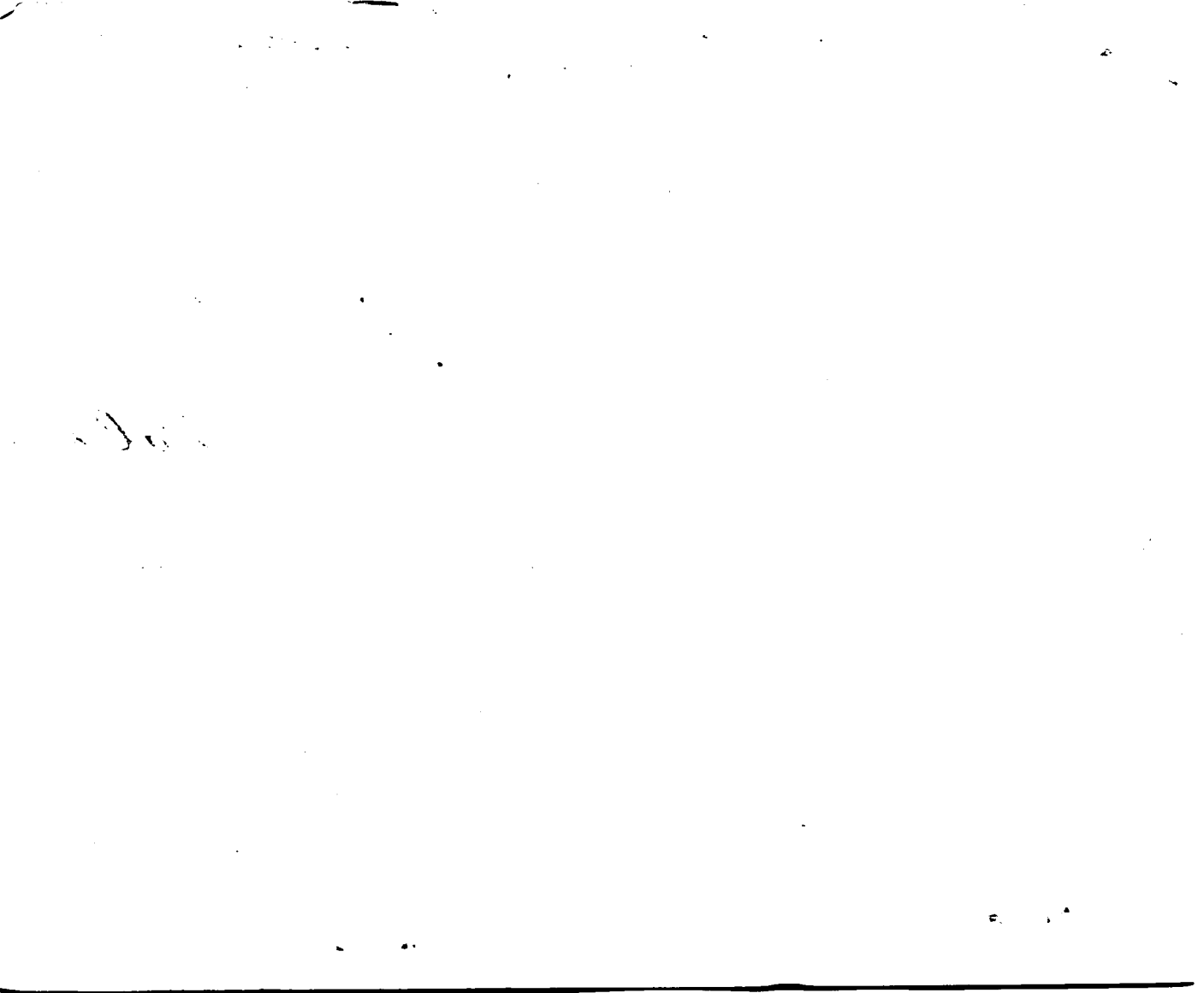
I hereby certify that I attended the birth of this child, who was born alive, at 4:50 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Murphy

Given names added from supplemental report.

Martin James Albrethsen 19...  
W. H. Murphy State Registrar
Address Belemer, IdaFiled 5-12-20 1920 Robert H. Wright Registrar



BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Lanett Registered No. 50  
Street and House No. \_\_\_\_\_  
County Blaine Registration Dist. No. 657

Sex of Child Male  
Date of Birth 5 5 1912  
MONTH DAY YEAR  
Father Holger Albrechtsen  
FULL NAME  
Mother Emma J. Slater  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Martin James Albrechtsen  
GIVEN NAME FULL SURNAME  
as reported by Emma J. Albrechtsen  
FATHER OR MOTHER  
Robert H. Wright  
LOCAL REGISTRAR

c.c. 5/24/41. r.h.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

**N. B.** In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

**PLACE OF BIRTH**STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

100-442686-100

County of... San Diego

City of Bailey...

Registration District No. ....

File No. .... 79607.

No. Doc 311.....St

Primary Registration District No. 2044

Registered No. ....

Hospital . . . . .

**FULL NAME OF CHILD**

Sex of Child Female

### Twin Triplet or other?

Number in order of birth *Second*

**Legitimate?**

Date of Birth.....Mar 24 19120  
(Month) (Day) (Year)

**FULL  
NAME**

## FATHER

**RESIDENCE**

**COLOR**

AGE AT LAST

**BR7HPLACE**

### OCCUPATION

**FULL  
MAIDEN  
NAME**

**MOTIVATION**

**RESIDENCE**

**COLOR**

AGE AT LAST

## BIRTHPLACE

### **OCCUPATION**

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR NURSE**

I hereby certify that I attended the birth of this child, who was....., at.....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn-child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... *Done by Ida* .....  
(Physician or midwife)

Given names added from a supplemental report.

Address.....  
Filed 5-18-20 Robert H. Wright  
Register

**Registrar**

## Register

五

APR 7 1943

18 1957

JUN 30 1959



WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-229-007-625

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25-4-5

CERTIFICATE OF BIRTH

County of Blaine

City of Ketchum

Registration District No. 21

File No. 79608

No. 2022 St.

Primary Registration District No. 2022

Registered No. 53

Hospital

FULL NAME OF CHILD Barbara Mabel Mc Coy

Sex of Child <u>Female</u>	Twin Triplet or other? <u>First</u>	and Number in order of birth <u>1st</u>	Legitimate? <u>yes</u>	Date of Birth <u>March 29 1924</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>Arnold Emery McCoy</u>	FATHER
RESIDENCE <u>Ketchum Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Ketchum Idaho</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Mabel Bencham</u>	MOTHER
RESIDENCE <u>Ketchum Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Bellevue Idaho</u>	
OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 7 a on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright  
(Physician or midwife)

Given names added from a supplemental report.

Address 5-18-20 Robert H. Wright  
Filed 1924 Registrar

DEC 21 1973

AUG 1 1958

314-120-007-695

PLACE OF BIRTH  
 County of Blaine  
 City of Hailey  
 No. .... St. ....  
 Hospital .....  
 FULL NAME OF CHILD Ronald Field Lambert  
 Registration District No. ....  
 Primary Registration District No. 2022  
 File No. .... 79609  
 Registered No. .... 54

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Mar. 30 1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Custin Abram Lambert</u>		FULL MAIDEN NAME MOTHER <u>Karoline Fern Fuld</u>		
RESIDENCE <u>Hailey, Idaho</u>		RESIDENCE <u>Hailey, Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	
BIRTHPLACE <u>Yorkshire, England</u>		BIRTHPLACE <u>Hailey, Idaho</u>		
OCCUPATION <u>Postmaster</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth third Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Hailey, Idaho on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert A. Wright  
Hailey, Idaho  
 (Physician or midwife)

Given names added from a supplemental report.

Address .....  
 Filed 5-18-20 Robert A. Wright  
 Registrar

JUN 3 1942

335-127-007-281

PLACE OF BIRTH

County of Blaine

City of Gannett

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. .... 21

File No. .... 79611

Primary Registration District No. .... 2022

Registered No. .... 56

James Wesley Clements

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>5 27 1920</u> (Month) (Day) (Year)
FULL NAME <u>A. B. Clements</u> RESIDENCE <u>Gannett, Ida</u>		FULL MAIDEN NAME <u>Mary C. Shannon</u> RESIDENCE <u>Gannett, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Iowa</u>		BIRTHPLACE <u>Wyoming</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... 3 Number of children of this mother now living, including present birth ..... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. .... at 2:30 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright, M.D.  
(Born alive or stillborn) Born alive  
(Physician or midwife)

Given names added from a supplemental report.

James Wesley Clements  
W. C. Mumford State Registrar

Address Hailey, Ida  
Filed 5/29 1920 Robert H. Wright  
Registrar

SEP 30 1952

STATE OF IDAHO

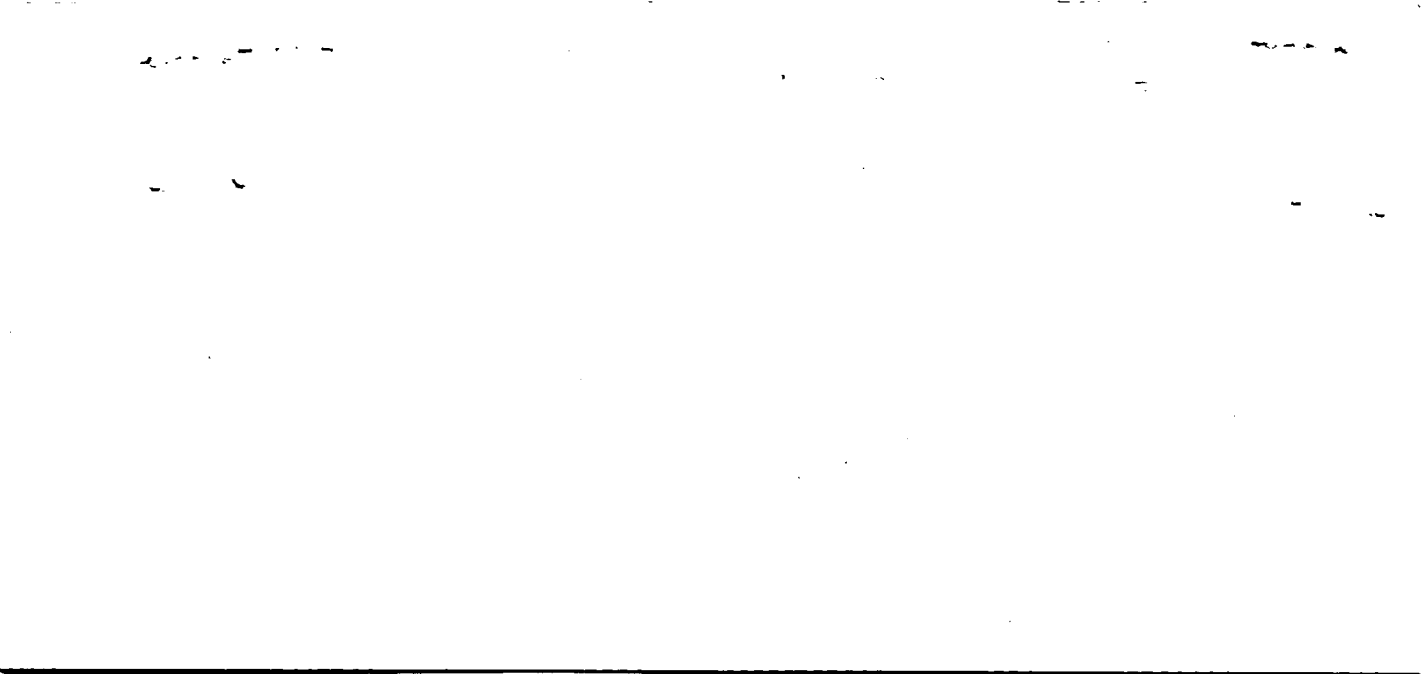
BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

City Gannett Registered No. 56  
Place of Birth { Street and House No. \_\_\_\_\_  
County Blaine Registration Dist. No. 57

Sex of Child Male  
Date of Birth 5 27 1912  
MONTH DAY YEAR  
Father A. B. Clements  
FULL NAME  
Mother Mary C. Shannon  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

James Wesley Clements  
GIVEN NAME IN FULL SURNAME  
as reported by Mrs. A. B. Clements  
FATHER OR MOTHER  
Robert H. Wright  
LOCAL REGISTRAR





219-212-009-113

Form V. E. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnerCity of SandpointNo. Chase St.Registration District No. 78 File No. 79612Hospital Camden King Primary Registration District No. 2155 Registered No. \_\_\_\_\_FULL NAME OF CHILD Cathryn Rose Barcus

Sex of Child <u>F.</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>May 12</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	--	-----	--------------------------------	---------------------------	---

FULL NAME FATHER James R. BarcusRESIDENCE Samuel IdahoCOLOR White AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE VirginiaOCCUPATION RancherFULL MAIDEN NAME MOTHER Nellie JacksonRESIDENCE Samuel IdahoCOLOR White AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE Dayton WashOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 4-45 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint IdahoFiled June 8 1920 FLOYD G. WENDLE  
Registrar

DEC 14 1971

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

1445-131-009-396

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m.7-21-19

County of Bonner

City of Sandpoint

No. 5747 1/2 St.

Hospital \_\_\_\_\_

Registration District No. 78 File No. 79613

Primary Registration District No. 2155 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Theodore Mervyn Dunkle

Sex of Child M. Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legit mate? Yes Date of Birth May 31 1926  
(Month) (Day) (Year)

FULL NAME FATHER Mervyn Byron Dunkle

FULL MAIDEN NAME MOTHER Ada Tiffany

RESIDENCE Sandpoint Idaho

RESIDENCE Sandpoint Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Meadville Pa.

BIRTHPLACE Eureka S.D.

OCCUPATION High school Principal

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 5:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Ellender

(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho

Filed June 8 1926 FLOYD G. WENDLE

Registrar

Registrar

JUL 3 1942

SEP 1 1942

795-205-009-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of BannerAmended  
4/4/78

CERTIFICATE OF BIRTH

City of SandpointRegistration District No. 78File No. 79615

No. \_\_\_\_\_ St.

Primary Registration District No. 2153 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Harriet K.PinkertonSex of  
Child MTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birth  
1stLegiti  
mate? yesDate of  
Birth June 81920  
(Month) (Day) (Year)FULL  
NAME Augusta Ann J. Pinkerton

FATHER

RESIDENCE

FULL  
MAIDEN  
NAME Augusta Wilson

MOTHER

RESIDENCE Railroad Ave Sandpoint Ida.COLOR WhiteAGE AT LAST  
BIRTHDAY 42

(Years)

COLOR WhiteAGE AT LAST  
BIRTHDAY 35

(Years)

BIRTHPLACE IowaBIRTHPLACE Montgomery Ida.OCCUPATION FarmerOCCUPATION LawyerNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 4 P M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Floyd Wendle

(Physician or midwife)

Given names added from a supplemental report.

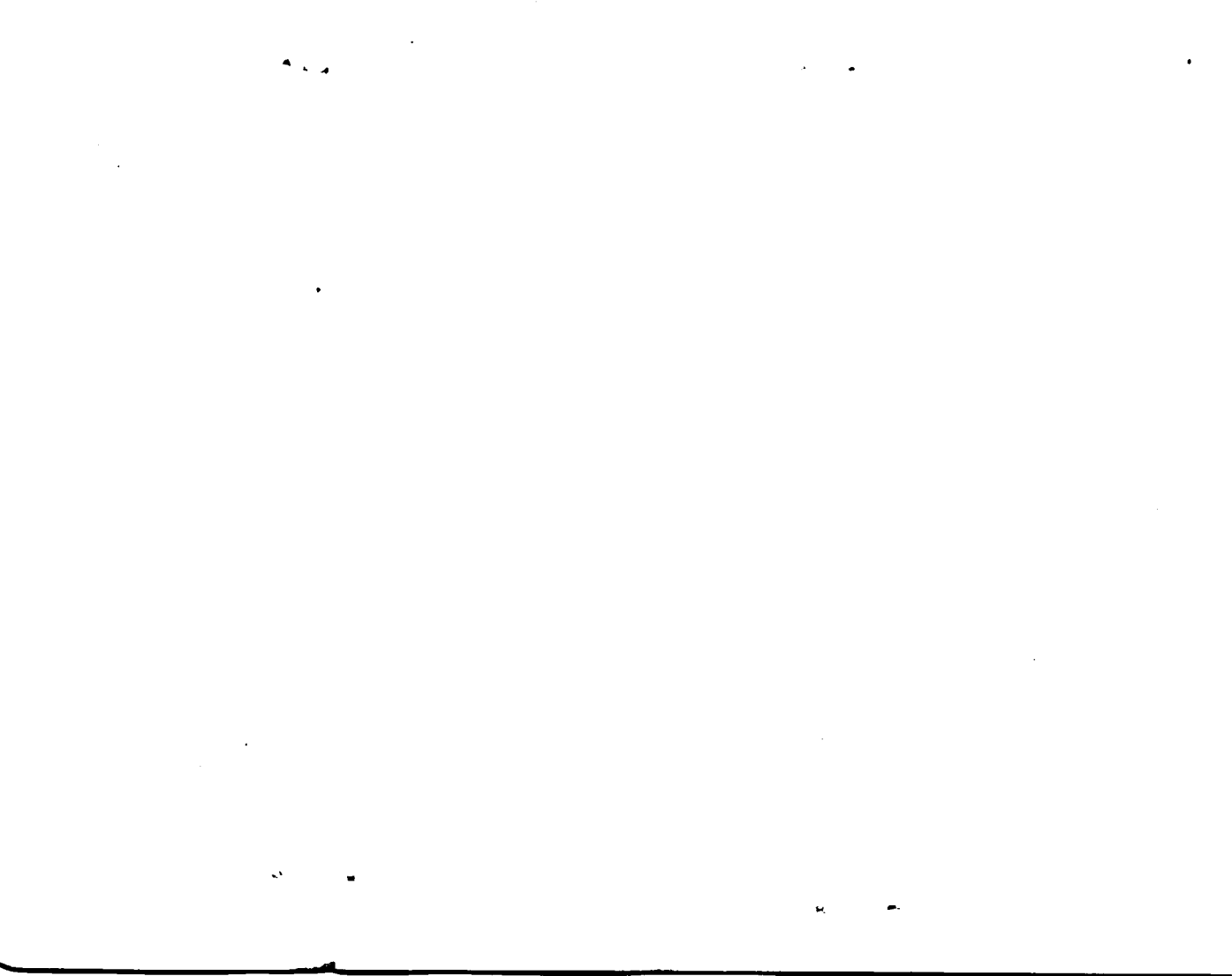
19

Address Sandpoint IdahoFiled June 8 1920

FLOYD G. WENDLE

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of WASHINGTON }  
County of SPOKANE } ss. Certificate No. 79615  
Date Filed 1

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Pinkerton (female) who was born on June 5, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Sandpoint, Idaho (Bonner) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by prepared on are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name Unnamed Harriet Katherine  
Pinkerton

Subscribed and sworn to before me this 13 day of  
MARCH, 19 28

Notary Public, residing at SPOKANE, IDA.  
My commission expires                       
(Seal)

Signed Fred L. Pinkerton  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of                      }  
County of                      } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this                      day of  
                    , 19                     

Signed                       
(Signature of Any Credible Person)

Notary Public, residing at                       
My commission expires                       
(Seal)

(Street Address, City, State)

APR 4 1978

Letter from Spokane Public Schools, Dist No. 81 gives name as Harriet Pinkerton, attended Edison El~~em~~ school. date of birth as 6-5-20. parent listed as Augusta Pinkerton. taken from Edison Census Records for 1927. viewed by V. S.

Census record for 1930 in Spokane, Washington gives name as Harriett K. Pinkerton daaughter of Augusta Pinkerton. born in Idaho. viewed by V. S.



795-105-009-693

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of SandpointNo. Railroad Ave St.Registration District No. 78File No. 79616

Hospital \_\_\_\_\_

Primary Registration District No. 2155 Registered No. \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Pinkerton

Sex of Child

MaleTwin  
Triplet  
or other  
(To be answered only in event of plural births)and { Number  
in order  
of birth  
2ndLegiti  
mate?Yes

Date of Birth

June 5 1930  
(Month) (Day) (Year)

FULL NAME

Wm. T. Pinkerton

FATHER

RESIDENCE

FULL MAIDEN NAME

Augusta Wilson

MOTHER

RESIDENCE

Sandpoint Idaho

COLOR

White

AGE AT LAST BIRTHDAY

42  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

35  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Montgomery Ala

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Alive  
(Born alive or stillborn)at 4-15 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Floyd Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint IdahoFiled June 8 1930FLOYD G. WENDLE

Registrar

Registrar



118-106-009-689

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnerCity of SandpointRegistration District No. 78File No. 79617No. Superior St.Hospital LeicesterPrimary Registration District No. 2155

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

William David JeynerSex of  
ChildMaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthJune 61920  
(Month) (Day) (Year)FULL  
NAMEJollie T. Jeyner

FATHER

RESIDENCE

Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Tenn.

OCCUPATION

Mill workerFULL  
MAIDEN  
NAMEDone Whicmont

MOTHER

RESIDENCE

Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Stamerville Mo.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 2-15 a.m.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Floyd Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint Idaho

Filed

June 8 1920

FLOYD G. WENDLE

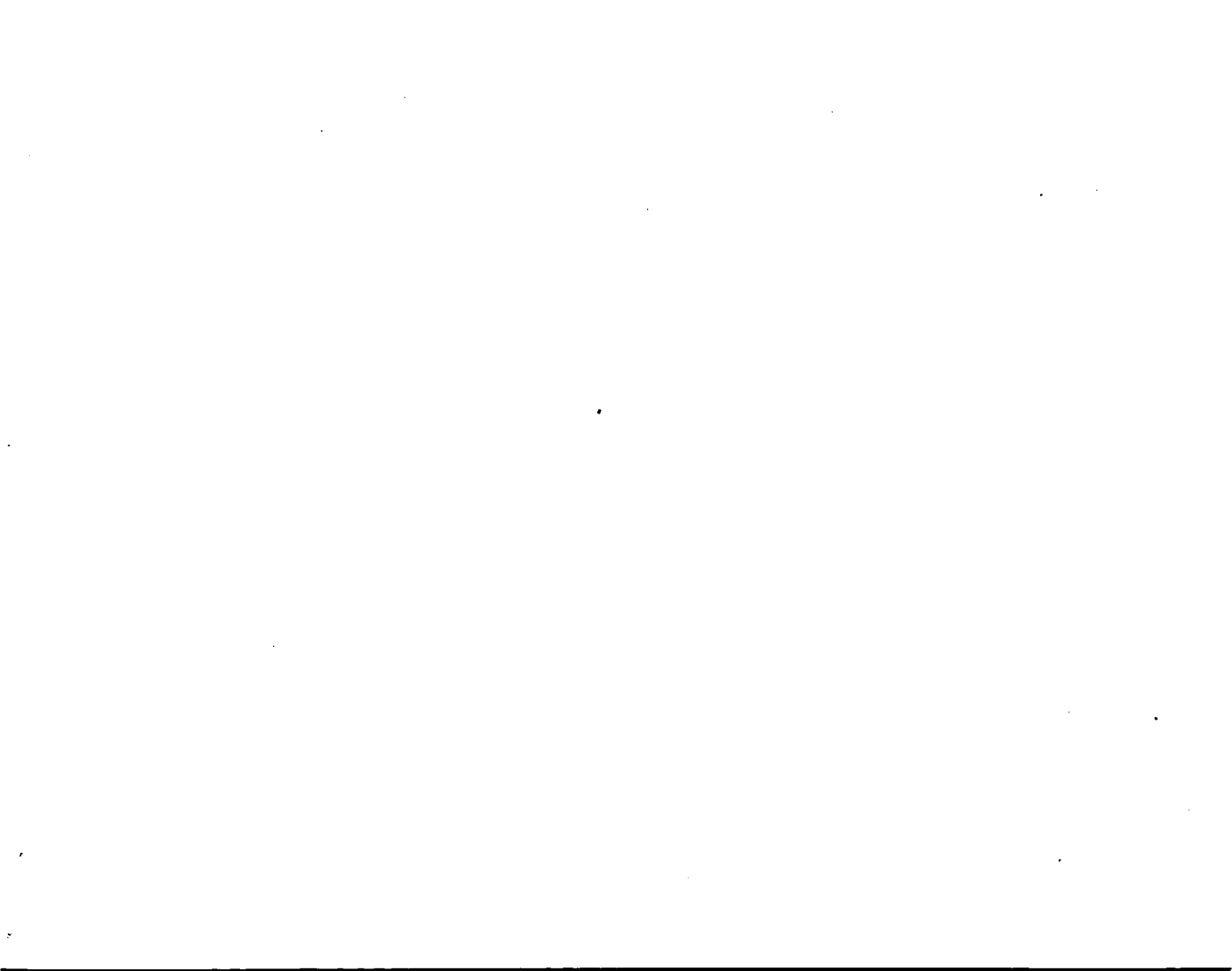
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

5



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

132-204-009-619

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bonne

City of Ponderay

No. \_\_\_\_\_ St.

Registration District No. 70

File No. 79618

Hospital \_\_\_\_\_

Primary Registration District No. 2155 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Bonna Ackerman

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>June 6</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	-----	---	----------------------------	--

FULL NAME <u>George H. Ackerman</u>	FATHER
RESIDENCE <u>Ponderay</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Lo. Fireman</u>	

FULL MAIDEN NAME <u>Edith Ward</u>	MOTHER
RESIDENCE <u>Ponderay</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Franklin Co. Minn.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Male, at 11-25 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) Floyd G. Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address Shoupville Idaho

Filed June 8 1920 FLOYD G. WENDLE  
Registrar

Registrar

**SEP 15 1972**

814-115-009-281

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnerCity of PostvilleRegistration District No. 78File No. 79619

No. \_\_\_\_\_ St.

Primary Registration District No. 2111 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Glen Herbert Hamor

Sex of Child <u>M.</u>	Twin Triplet or other (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 15</u> (Month) (Day) (Year) <u>1920</u>
------------------------	--	-----	--------------------------------	----------------------------	---

FULL NAME FATHER Samuel C HamorRESIDENCE Postville IdahoCOLOR White AGE AT LAST BIRTHDAY 42  
(Years)BIRTHPLACE Greenwich Penn.OCCUPATION MachinistFULL MAIDEN NAME MOTHER Della SharpRESIDENCE Postville IdahoCOLOR White AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE Caldwell HanOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 12-35 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint IdahoFiled June 8 1920

FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Certified copy issued Nov. 6, 1940. E.W.

MAR 1 1944



249-102-009-217

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannerCity of MortenRegistration District No. 78File No. 79620

No. \_\_\_\_\_ St.

Primary Registration District No. 2155 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Edward SmithSex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate? YesDate of Birth June 2 1920  
(Month) (Day) (Year)

FULL NAME FATHER

Carl E. Smith

RESIDENCE

Morten, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY 29  
(Years)

BIRTHPLACE

Washington

OCCUPATION

Farmer

FULL MAIDEN NAME MOTHER

Ruby Sage

RESIDENCE

Morten, Idaho.

COLOR

WhiteAGE AT LAST  
BIRTHDAY 24  
(Years)

BIRTHPLACE

Idaho.

OCCUPATION

House wifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8:05 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. F. Page M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho.Filed June 8 1920FLOYD G. WENDLE  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Dup of 1920-134254

922-103-009-235

n-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BlaineCity of SandpointRegistration District No. 78

File

79621

No. \_\_\_\_\_ St.

Primary Registration District No. 2155

Registr.

Hospital \_\_\_\_\_

FULL NAME OF CHILD GALE STANLEY Labrad

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>6-3-20</u> (Month)
--------------------------	------------------------------	-----------	--------------------------------	------------------------	--

FULL NAME FATHER Boone LabradRESIDENCE SandpointCOLOR White AGE AT LAST BIRTHDAY 75  
(Years)BIRTHPLACE IowaOCCUPATION LaborerFULL MAIDEN NAME MOTHER Goldie StepphensRESIDENCE SandpointCOLOR White AGE AT LAST BIRTHDAY 19BIRTHPLACE WisOCCUPATION WifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

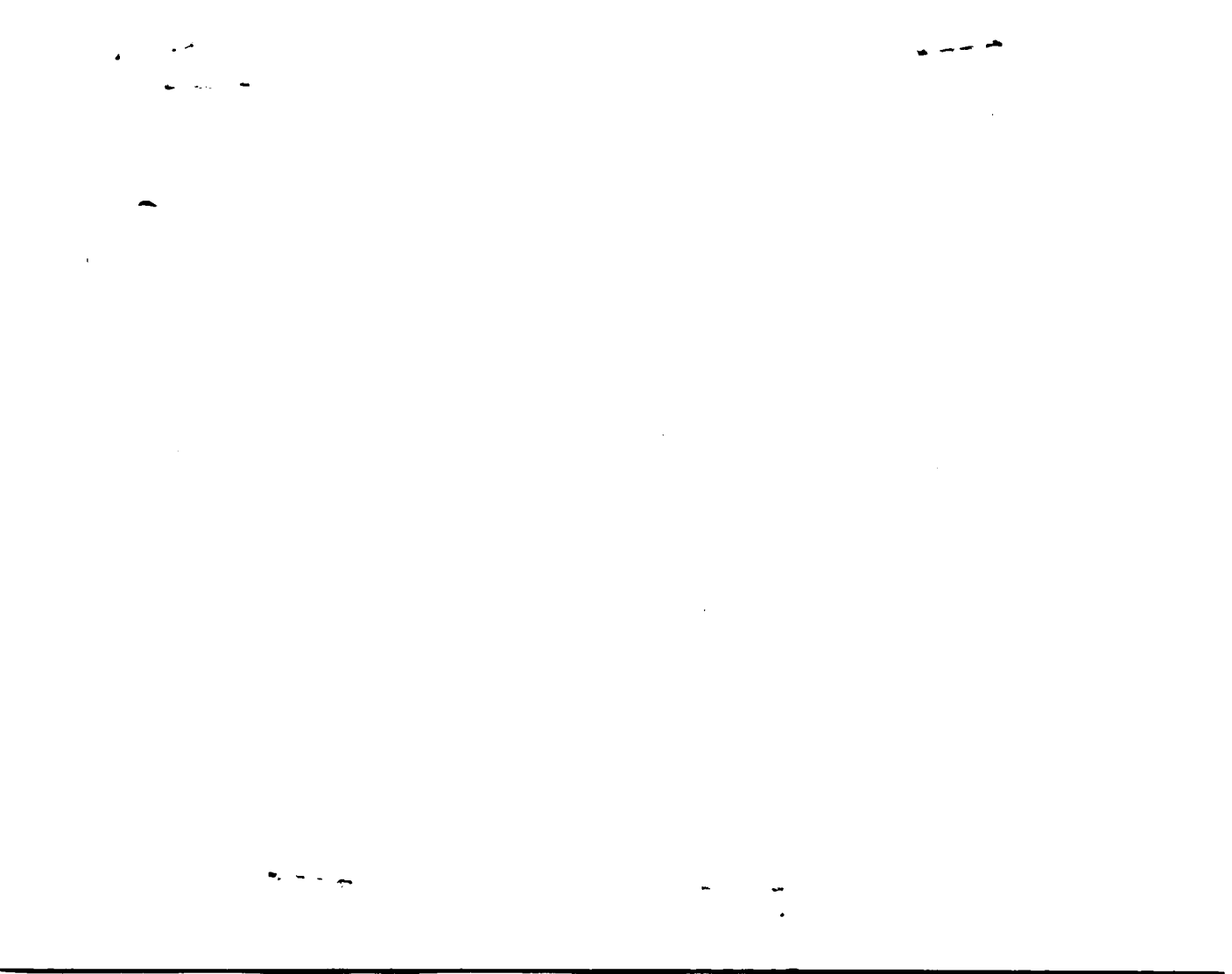
Registrar

Filed June 8 1920 FLOYD G. WENDLE

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington, }  
County of Spokane, } ss. JAN 14 1942 Certificate No. 79621  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed Male Isbell who was born on June 3, 1920  
(Name on original certificate) (Was born or died) (Birth or death) (Date of event)  
in Sandpoint, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by affidavit attached prepared on January 12, 1942, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

given name

unnamed Isbell

Gale Stanley Isbell

Subscribed and sworn to before me this 12th  
day of January, 19 42.

Signed Goulda Bower  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

E. B. Bower  
Notary Public, residing at Spokane, Washington  
My commission expires 6-16-43  
[SEAL]

Endicott, Washington  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. [This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
[SEAL]

\_\_\_\_\_  
(Street Address, City, State)

Received for filing on JAN 14 1942 By \_\_\_\_\_  
(Registrar's signature)

1942

113 - 203  
069 - 463

Form V. K. No. 2-C-22m-2-27

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of .....

Registration District No. 78

File No. 79622

No. .... St.

Primary Registration District No. 2155

Registered No. ....

Hospital .....  
FULL NAME OF CHILD Helen Jackie

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>2</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 3, 1920</u> (Month) (Day) (Year)
----------------------------	-----------------------------------	-----------------------------------	------------------------	---

FATHER  
FULL NAME Harvey W. Jacknis  
RESIDENCE near Spirit Lake, Id.  
COLOR white AGE AT LAST BIRTHDAY 46 (Years)  
BIRTHPLACE Minn.  
OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Caroline S. Moland  
RESIDENCE near Spirit Lake, Id.  
COLOR white AGE AT LAST BIRTHDAY 42 (Years)  
BIRTHPLACE Norway  
OCCUPATION housewife

Number of child of this mother, including present birth. .... 6. Number of children of this mother now living, including present birth. .... 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:00 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Henry  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Ratholm, Idaho

.....19.....

Filed June 8, 1920

FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[REDACTED]



168-217-209-966

## PLACE OF BIRTH

County of BannerSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22m-9-2-17

## CERTIFICATE OF BIRTH

City of .....

Registration District No. 78File No. 79623

No. ....St.

Primary Registration District No. 2155

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Edith Odell JohnsonSex of  
ChildfemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthMay 17, 1920  
(Month) (Day) (Year)FULL  
NAMEHenry Johnson

FATHER

RESIDENCE

Granite, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Wis.

OCCUPATION

farmerFULL  
MAIDEN  
NAMEOphe L. Rooks

MOTHER

RESIDENCE

Granite, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Ma

OCCUPATION

housewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.born alive  
(Born alive or stillborn)2:45 P  
at .....

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Frank P. King  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Re. Holman, Ida.

Filed

June 8, 1920

FLOYD G. WENDLE

Registrar

Registrar

SEP 28 1944

265-201-009-266

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of BonnerCity of DoverRegistration District No. 7D

File No.

79624

No. \_\_\_\_\_ St.

Primary Registration District No. 2195

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Martha KoethkeSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJuneI19 20

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Otto Henry Koethke

RESIDENCE

Dover, Idaho.

COLOR

White

AGE AT LAST

BIRTHDAY

36

(Years)

BIRTHPLACE

Germany

OCCUPATION

LaborerFULL  
MAIDEN  
NAME

MOTHER

Mary Catharine Boomgarden

RESIDENCE

Dover, Idaho

COLOR

White

AGE AT LAST

BIRTHDAY

28

(Years)

BIRTHPLACE

South Dakota

OCCUPATION

House wifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2:15 A.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho.

Filed

June 8 1920

FLOYD G. WENDLE

Registrar

Registrar

AUG 10 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

615-225-009-814

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Kootenai

Registration District No. 78

File No. **79625**

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2154 Registered No. \_\_\_\_\_

FULL NAME OF CHILD Eva Filomana Marie Santhausen

Sex of Child <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>May 25 1920</u> (Month) (Day) (Year)
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FULL NAME Gottfried Santhausen  
RESIDENCE Kootenai Ida  
COLOR White AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Tirol Austria  
OCCUPATION Carmen

FULL MAIDEN NAME Amalia Hammerle  
RESIDENCE Kootenai  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Tirol Austria  
OCCUPATION Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive 8:25-20, at 2:25 pm. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Gottfried Santhausen

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Kootenai Ida

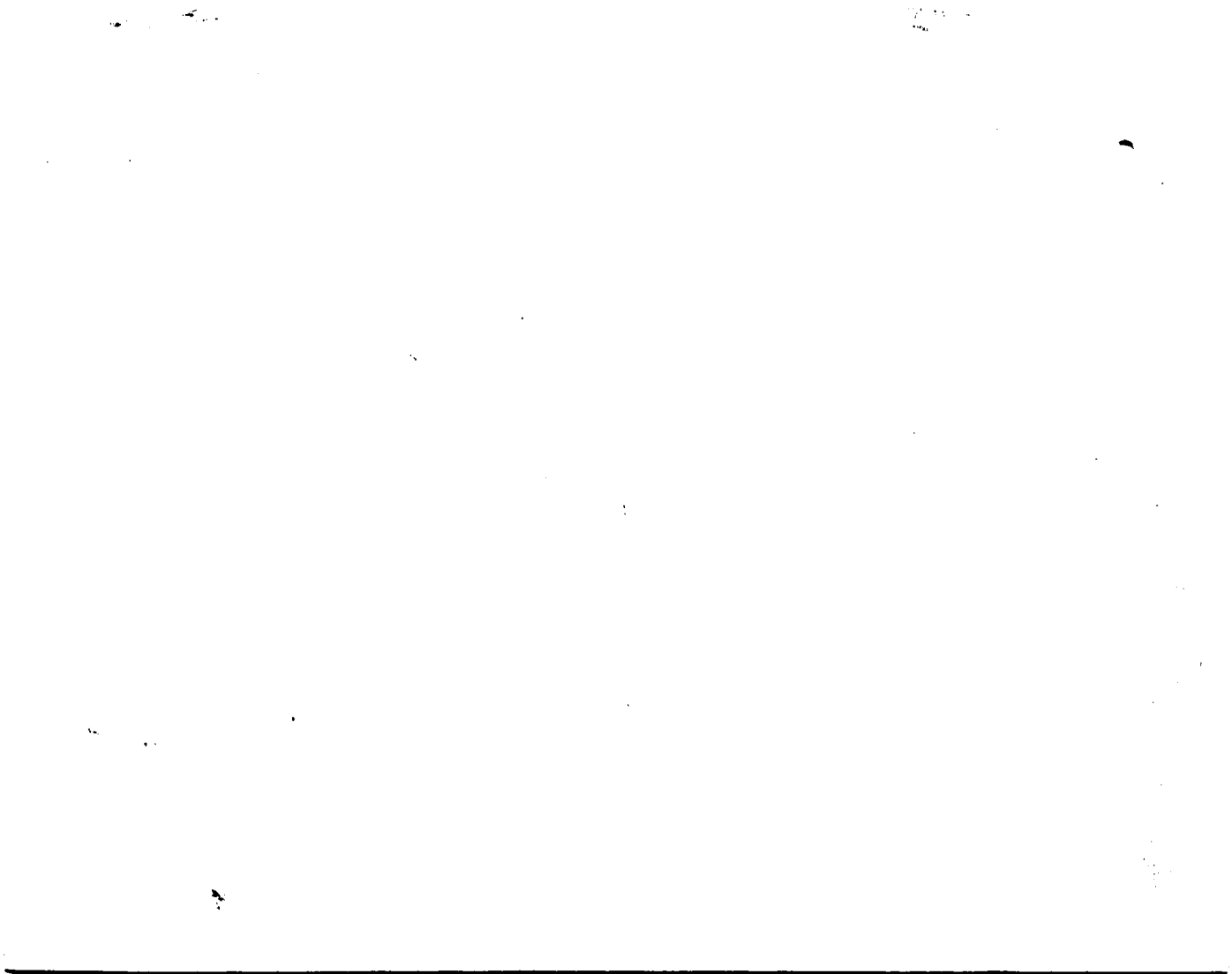
Filed

June 8 1920

**FLOYD G. WENDLE**

Registrar

Registrar



791-205-009-261

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County ~~Bonner~~ BonnerCity of Sandpoint, IdahoRegistration District No. 18

File No.

79626

No. \_\_\_\_\_ St.

Primary Registration District No. 2155

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

IRENE MAE

GravelinSex of Child GirlTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate? YesDate of  
BirthMay51920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Jane L. Gravelin

RESIDENCE

Sandpoint, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY35

(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

LaborerFULL  
MAIDEN  
NAME

MOTHER

Anna Swanson

RESIDENCE

Sandpoint, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY34

(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

House wife.Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

G. F. Payne, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho

Filed

June 8 1920

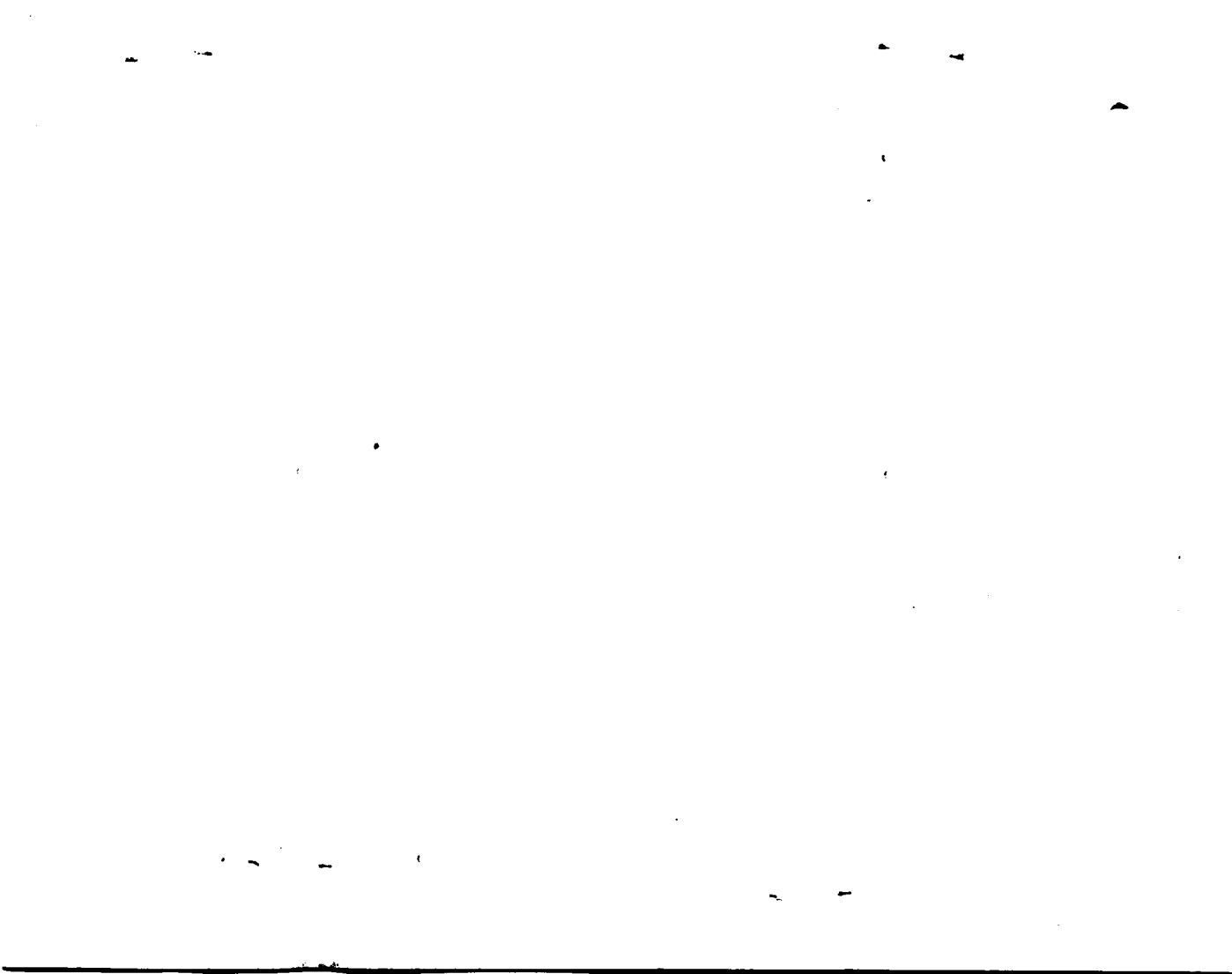
FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 79626  
County of Multnomah }

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Irene Mae Gravelin who was Born on May 5th 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)  
in Sandpoint, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT) (DATE OF EVENT)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM  
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) (AS ON ORIGINAL)  
Name \_\_\_\_\_ Unnamed \_\_\_\_\_ TO  
\_\_\_\_\_ Irene Mae Gravelin  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me this 1st  
day of March, 19 43

B. J. Frasier  
Notary Public, residing at Portland, Oregon  
My commission expires July 6th, 1945  
(SEAL)

Signed Anna B. Swanson  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
8521 N. H. Lewis Ave. Portland, Ore  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.  
County of Multnomah }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd  
day of March, 19 43

B. J. Frasier  
Notary Public, residing at Portland  
My commission expires July 6, 1945  
(SEAL)

Signed Mrs. Thelma Valery Taylor  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
8422 N. Willemette Blvd  
(STREET ADDRESS, CITY, STATE)  
Portland, Oregon

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

MAR 6 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

249-227-009-462

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Banner

City of Dover

Registration District No. 72

File No. 79627

No. \_\_\_\_\_ St.

Primary Registration District No. 155

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Burt

Sex of Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti  
mate?

Yes

Date of  
Birth

May

27

1920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

John D. Burt

RESIDENCE

Dover, Idaho.

COLOR

White

AGE AT LAST

BIRTHDAY

39

(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

Engineer

FULL  
MAIDEN  
NAME

MOTHER

Minnie Debroth

RESIDENCE

Dover, Idaho.

COLOR

White

AGE AT LAST

BIRTHDAY

25

(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6:50 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho.

Filed

June 8 1920

FLOYD G. WENDLE

Registrar

Registrar

SEP 6 1967

SEP 23 1969

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-128-009-864  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 79628

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_ Primary Registration District No. 255 Registered No. \_\_\_\_\_

FULL NAME OF CHILD William Filmore Trombley

Sex of Child <u>Male</u>	Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input checked="" type="checkbox"/> and { Number in order of birth _____ (To be answered only in event of plural births) }	Legitimacy <u>Just</u>	Date of Birth <u>5</u> <u>18</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME William F. Trombley FATHER

RESIDENCE Sandpoint

COLOR White AGE AT LAST BIRTHDAY 22  
(Years)

BIRTHPLACE Wis.

OCCUPATION Fireman

FULL MAIDEN NAME Allegoria Hoover MOTHER

RESIDENCE Sandpoint Idaho

COLOR White AGE AT LAST BIRTHDAY 19  
(Years)

BIRTHPLACE Michigan

OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11:20 A.M. on the date above stated. (born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Wenden  
Physician Sandpoint  
(Physician or midwife)

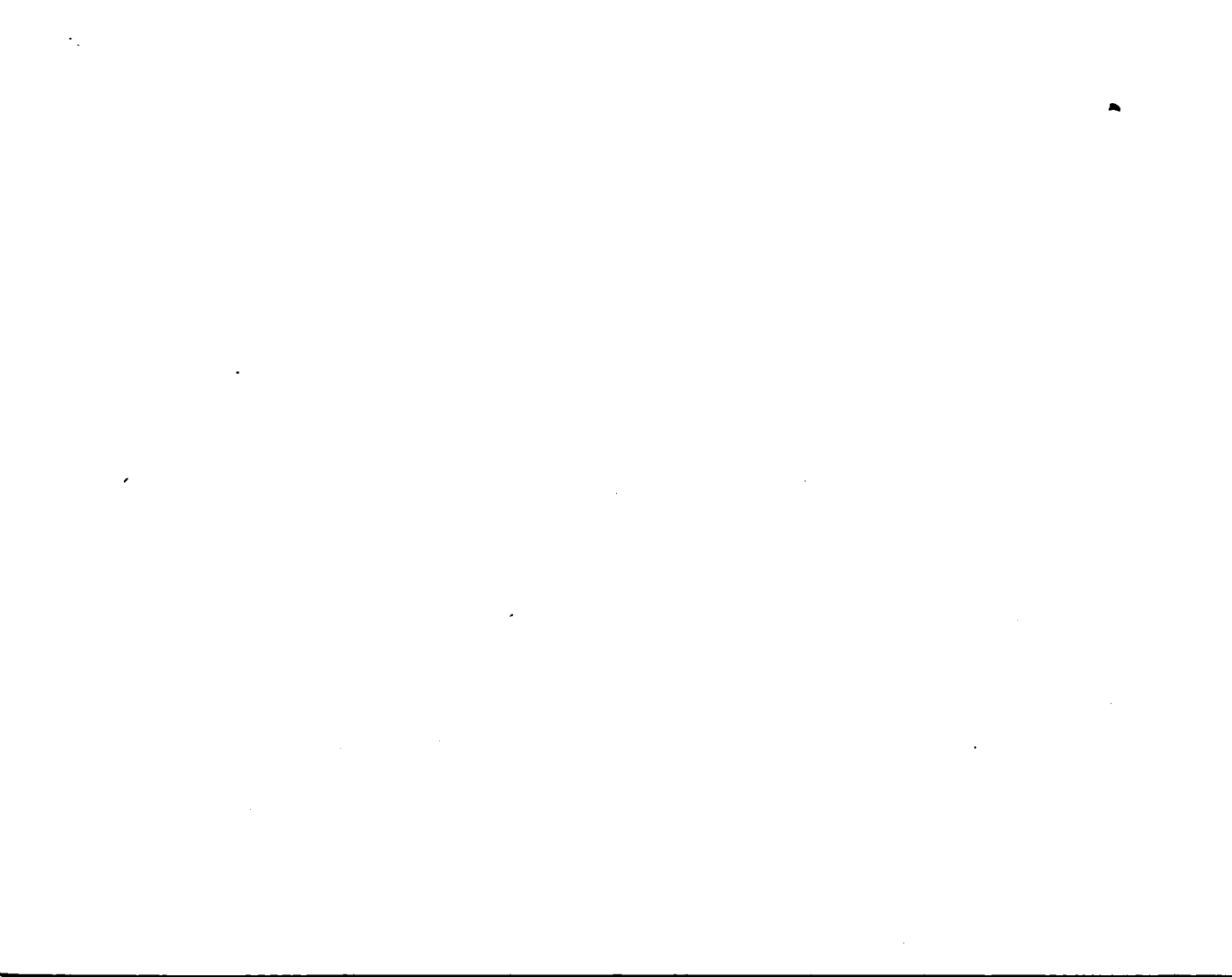
Given names added from a supplemental report.

Address \_\_\_\_\_

Filed June 9 1920

FLOYD G. WENDLE  
Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

395-223-009-245  
 PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of \_\_\_\_\_

City of Woodman IdaRegistration District No. 78File No. 79629

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2155

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Kathryn Lind

Sex of Child

FTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?Yes

Date of Birth

Jan 29  
(Month) (Day)1920  
(Year)

FULL NAME

FATHER

Andres Bernard Lind

FULL MAIDEN NAME

MOTHER

Alice May Bungay

RESIDENCE

Woodman, Idaho

RESIDENCE

Woodman Idaho

COLOR

White

AGE AT LAST BIRTHDAY

29  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

28  
(Years)

BIRTHPLACE

Livingston Mont.

BIRTHPLACE

Loon Lake, Wash.

OCCUPATION

Dairyman

OCCUPATION

Housewife.Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2:00 A.M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

(Signature)

A. B. Lind

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Woodman, Idaho

Filed

June 8 1920

FLOYD G. WENDLE

Registrar

Registrar

APR 12 1965



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

692-211-009-359

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannerCity of KootenaiRegistration District No. 78File No. 79630

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2155 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Evalyn FischerSex of  
Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate? YesDate of  
Birth May 11 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Carl L. Fischer

RESIDENCE

Kootenai, Idaho.

COLOR

WhiteAGE AT LAST  
BIRTHDAY 33

(Years)

BIRTHPLACE

South Dakota

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Margaret Leishman

RESIDENCE

Kootenai, Idaho.

COLOR

WhiteAGE AT LAST  
BIRTHDAY 24

(Years)

BIRTHPLACE

Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 10:10 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Sandpoint, Idaho.Filed June 8 1920

FLOYD G. WENDLE

Registrar

Registrar

APR 27 1954

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-226-009-699

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

79633

County of Bonner

City of Post Park

Registration District No. RS

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2185

Registered No. 27

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Hazel Marie Pierson

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legit mate? <u>yes</u>	Date of Birth <u>May 26</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

FATHER  
FULL NAME Axel Pierson  
RESIDENCE Post Park Ida  
COLOR White AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Sweden  
OCCUPATION Saw mill laborer

MOTHER  
FULL MAIDEN NAME Ellen. Frisen  
RESIDENCE Post Park Ida  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Sweden  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10.15 p.m. on the date above stated. (Born alive or stillborn)

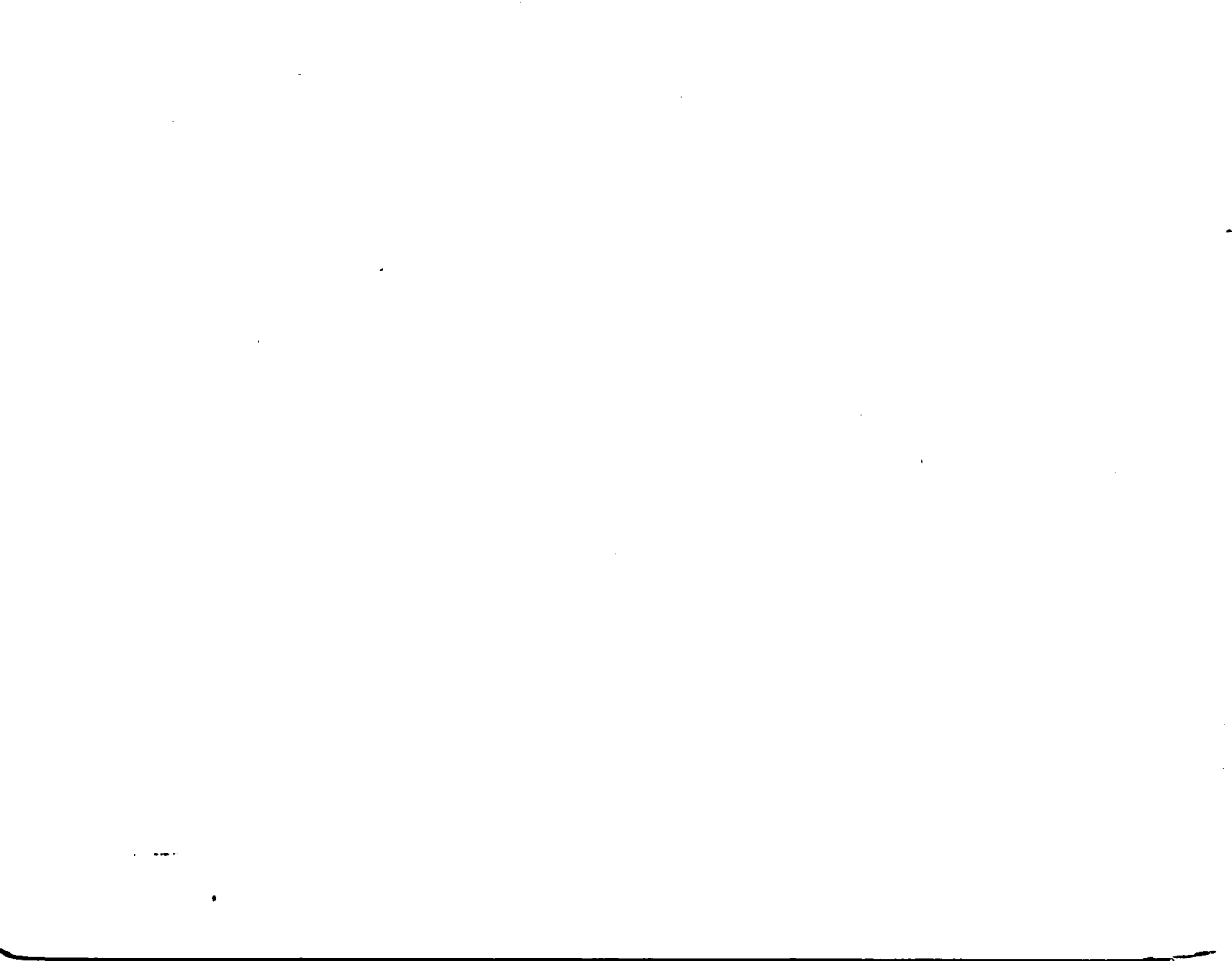
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Gettiff M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Post Park Ida  
Filed June 1 1920 Registrar

Registrar



PLACE O

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

County of Is.City of Preston454-278-009-456

No.

St.

Registration District No. 55

File No.

79634Primary Registration District No. 2183Registered No. 26

Hospital

FULL NAME OF CHILD

Luella Bell Underwood

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?yes

Date of Birth

May 181920

(Month) (Day) (Year)

FULL NAME

Vernon Underwood

FATHER

RESIDENCE

Preston River

COLOR

White

AGE AT LAST BIRTHDAY

35  
(Years)

BIRTHPLACE

Penn.

OCCUPATION

Millwright

FULL MAIDEN NAME

Addie McWilliams

MOTHER

RESIDENCE

Preston River

COLOR

White

AGE AT LAST BIRTHDAY

26  
(Years)

BIRTHPLACE

Whi

OCCUPATION

Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
 on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

Preston River

Filed

May 18 1920

Registrar

Registrar

MAY 15 1944

the number of each in order of birth, stated.

PLACE OF BIRTH		DATE OF BIRTH	
County of <u>Bismarck</u>	BUREAU OF VITAL STATISTICS		
City of <u>Newport</u>	CERTIFICATE OF BIRTH		
Town of <u>Newport</u>	IDAHO		
Registration Dist. No. <u>366-210-009-413</u>	(No. ....)	St.; .....	Ward) .....
FULL NAME OF CHILD <u>Dorothy Mae Cook</u> { If child is not yet named, make supplemental report, as directed.			
Sex of Child <u>Female</u>	Twin, Triplet or other? <u>1</u> } and { Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 10</u> , 19 <u>20</u> (Month) (Day) (Year)
FATHER		MOTHER	
Full Name <u>Ora S Cook</u>		Full Maiden Name <u>Cora Matz</u>	
Residence <u>Newport Ida</u>		Residence <u>Newport Ida</u>	
Color <u>white</u>	Age at last Birthday <u>39</u> (Years)	Color <u>white</u>	Age at last Birthday <u>38</u> (Years)
Birthplace <u>Illinois</u>		Birthplace <u>Iowa</u>	
(State or Country)		(State or Country)	
Occupation <u>Farmer</u>		Occupation <u>domestic</u>	
Number of child of this mother <u>3</u>		Number of children, this mother, now living <u>3</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

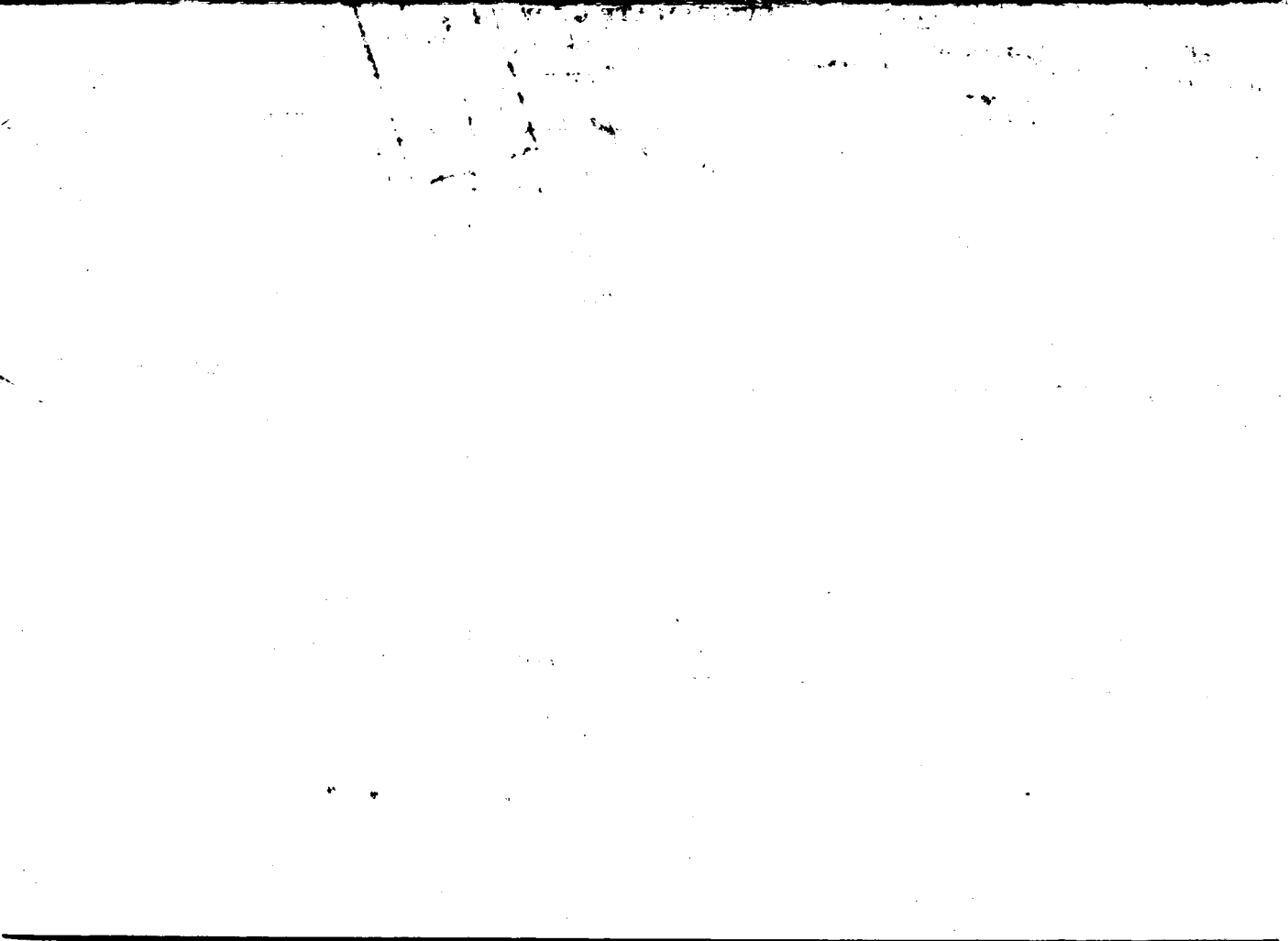
I hereby certify that I attended the birth of this child, who was { born alive } † and that it occurred on Feb 10, 19 20, at 7 4 M.  
{ or midwife, then the father, householder, etc., }  
{ should make this return. } (Signature) W S Wallace

Give name added from a supplemental report ..... (Physician or Midwife) .....

Address .....  
Filed Apr 2 1920 L P Gifford  
Registrar. Registrar.

† Indicate which by drawing line through superfluous word.

May 6 1920





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonneville

City of Idaho Falls

893-116-010-144

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 13

File No. 79637

Hospital \_\_\_\_\_

Primary Registration District No. 2100

Registered No. 4f

FULL NAME OF CHILD

Hill

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>4</u> <u>16</u> <u>1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME Albert Hill  
RESIDENCE Idaho Falls  
COLOR White AGE AT LAST BIRTHDAY 26  
(Years)  
BIRTHPLACE London England  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Florence Andray  
RESIDENCE Idaho Falls  
COLOR White AGE AT LAST BIRTHDAY 21  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 5:20 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

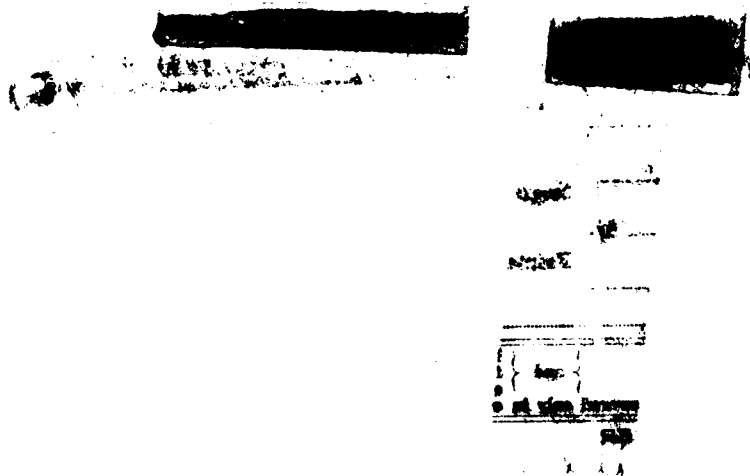
(Physician or midwife)

Given names added from a supplemental report.

Address Suite 210, Smith Building

Filed

Idaho Falls  
123/20  
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

195-116-1010-449  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BennettCity of Idaho FallsRegistration District No. 1

File No.

79638

No. 215 Pine St.Primary Registration District No. 2147Registered No. 47

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Aubrey Campbell Ainsworth

Sex of Child

maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)1

and

Number  
in order  
of birth1Legiti  
mate?yesDate of  
BirthApril 16,  
(Month) (Day)1920  
(Year)FULL  
NAME

FATHER

Aubrey Campbell Ainsworth

RESIDENCE

215 Pine St. Idaho Falls

COLOR

whiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Odessa Mo.

OCCUPATION

Auto Driver.FULL  
MAIDEN  
NAME

MOTHER

Marie M. Murphree

RESIDENCE

215 Pine St. Idaho Falls

COLOR

whiteAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Chicago Ill.

OCCUPATION

Housewife.Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9:25 a.m. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

James M. M. M.

(Physician or midwife)

PhysicianIdaho Falls

Given names added from a supplemental report.

19

Address

Filed

Apr 2319 20Compensated

Registrar

Registrar

1/20/48 L. E.



253-109-010-635

## PLACE OF BIRTH

STATE OF IOWA  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-Mm-2-17

County of *Bernice*City of *Miles*Registration District No. *7*File No. *78639*

No. .... St.

Primary Registration District No. *2*Registered No. *76*Hospital *Home*FULL NAME OF CHILD *Eliza James Keller*Sex of  
Child *m*Twin  
Triplet  
or other?and  
in order  
of birthLegiti-  
mate? *Yes*Date of  
Birth*May 9 20*  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

*Eli Thomas Keller*FULL  
MAIDEN  
NAME

MOTHER

*Maretha Olson*

RESIDENCE

*Miles Iowa*

RESIDENCE

*Miles Ia*

COLOR

*White*AGE AT LAST  
BIRTHDAY*28*  
(Years)

COLOR

*white*AGE AT LAST  
BIRTHDAY*23*  
(Years)

BIRTHPLACE

*Beyers Utah*

BIRTHPLACE

*Ovid Iowa*

OCCUPATION

*Farmer*

OCCUPATION

*Home*Number of child of this mother, including present birth *6* Number of children of this mother now living, including present birth *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at *6 P.*  
on the date above stated. (Born alive or still born)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

*Okell m d*

Given names added from a supplemental report.

(Physician or midwife)

Address

*Mary Miles*

Filed

*June 10 1920*

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

110 23 1948

652-219-010-453

## PLACE OF BIRTH

County of BonnervilleCity of Heon

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Registration District No. 73File No. 79640Primary Registration District No. 213Registered No. 21Erma May WebbSex of  
ChildFemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth5-19-1920

(Month) (Day) (Year)

FULL  
NAMEMr Roland Webb.

FATHER

RESIDENCE

Heon Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

American Fork Utah

OCCUPATION

LaborerFULL  
MAIDEN  
NAMEIda May McNeal,

MOTHER

RESIDENCE

Heon Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Idaho Idaho

OCCUPATION

House WifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Childat 4:49 A.M.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Laborer Webb

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho Falls

Filed

June 2 1920W. J. McNeal

Registrar

Registrar

JUN 28 1949



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-131-010-165

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Ucon

Registration District No. 7.3

File No. \_\_\_\_\_

79641

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2142

Registered No. 14

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>Male's</u>	Twin <u>Twin</u> and <u>1</u> Triplet or other? (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>5</u> <u>31</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FATHER  
FULL NAME Frank W. Doran  
RESIDENCE Ucon Idaho  
COLOR White AGE AT LAST BIRTHDAY 40  
(Years)  
BIRTHPLACE Liverpool England  
OCCUPATION Painter

MOTHER  
FULL MAIDEN NAME Alice Emily Jones  
RESIDENCE Ucon Idaho  
COLOR White AGE AT LAST BIRTHDAY 41  
(Years)  
BIRTHPLACE Strand England  
OCCUPATION House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

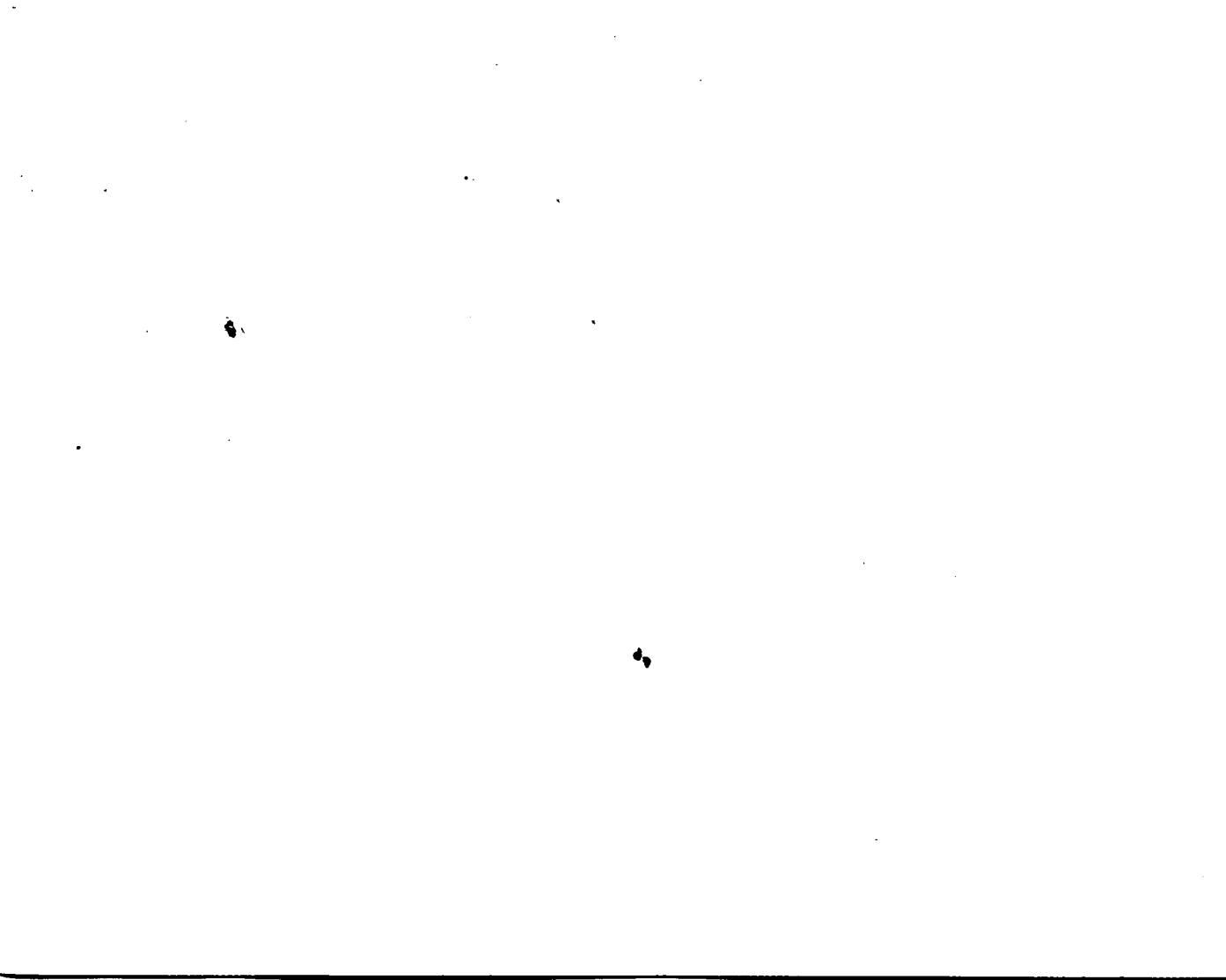
I hereby certify that I attended the birth of this child, who was alive at 7 30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez W. St.  
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls  
Filed June 2 19 20 W. K. Marshall Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

769-131-010-145-

PLACE OF BIRTH

County of Bonner

City of Hepp

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 73

File No. 79642

Primary Registration District No. 2176

Registered No. 23

Willard Lawrence Gordon

Sex of Child <u>Male</u>	Twin <u>from</u> and { Number in order of birth <u>2</u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb 21</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER  
FULL NAME Frank Gordon  
RESIDENCE Hepp Idaho  
COLOR White AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE England  
OCCUPATION Painter

MOTHER  
FULL MAIDEN NAME Alice Emily Jones  
RESIDENCE Hepp Idaho  
COLOR White AGE AT LAST BIRTHDAY 41 (Years)  
BIRTHPLACE Strand England  
OCCUPATION House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 740 am on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Mosh  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed June 2 1920 W. K. Mendenhall Registrar

Registrar

MAR 18 1943

For correction in mother's name see # 78041

ISS-111-010-651  
PLACE OF BIRTH

Amended 8-12-81

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22-3-31

CERTIFICATE OF BIRTH

County of Bonneville

City of Heon

Registration District No. 7.3

File No. 79643

No. ..... St.

Primary Registration District No. 2.1.4.7.9

Registered No. f2

Hospital Home

FULL NAME OF CHILD Marvin Harding Jensen

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> and Number in order of birth <u>.....</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>March 20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER  
FULL NAME Thomas Mervin Jensen  
RESIDENCE Heon

COLOR white AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Eva D. Solstrom  
RESIDENCE Heon

COLOR white AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 11:25 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Simmons  
midwife  
(Physician or midwife)

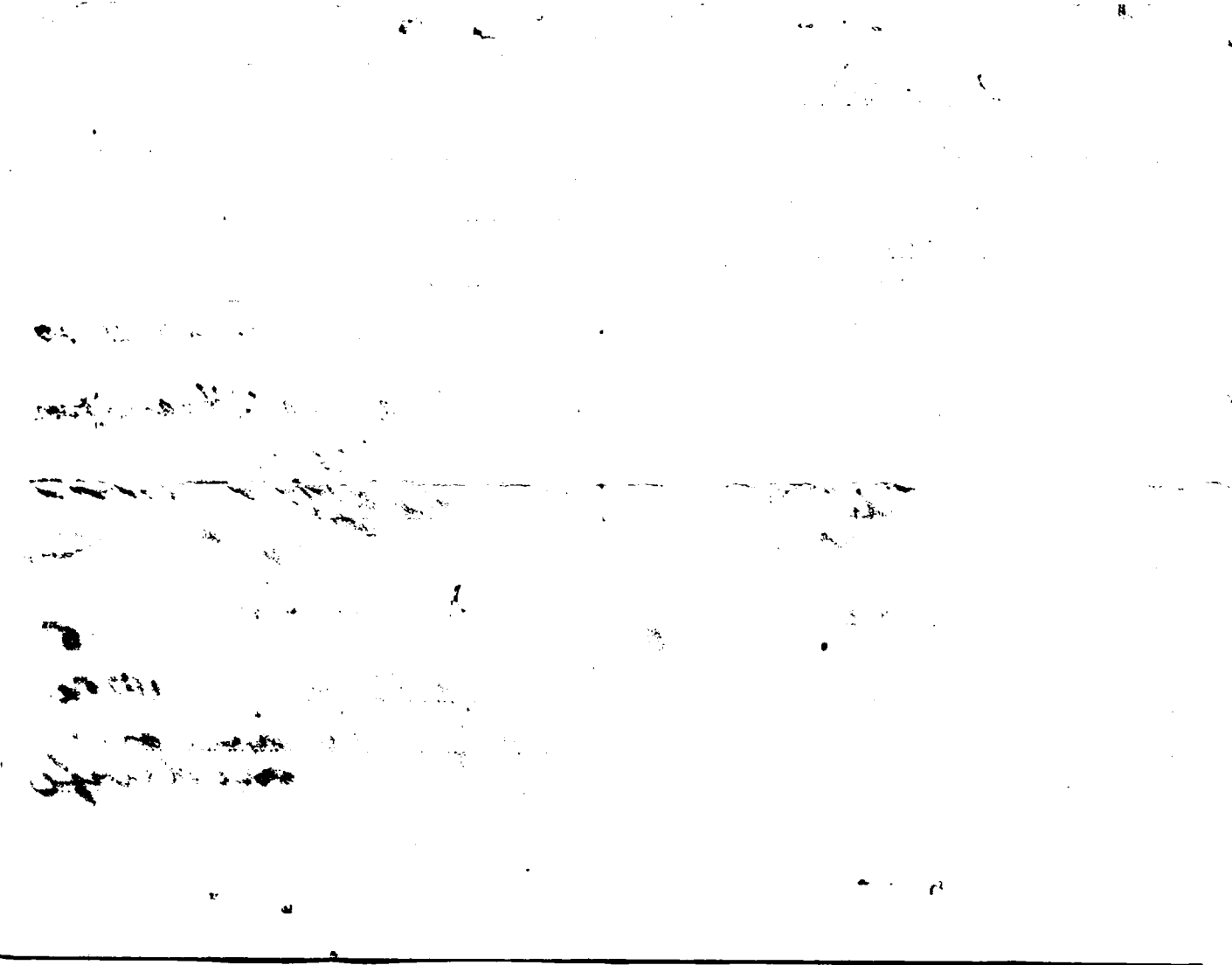
Given names added from a supplemental report.

Address Heon Id.  
Filed June 2 1926  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



**RECEIVED**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics  
JUL 9 1984

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ } ss. Bureau of Vital Statistics Certificate No. 79643  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Jensen (Male) who was born on March 11, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Ucon, Idaho (Bonneville, CO.) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>child's name</u>	<u>Unnamed</u>	<u>Marvin Harding Jensen</u>

Subscribed and sworn to before me this 30 day of June, 1984  
Jeresa L. Clench Notary Public, Boise, Idaho  
Residing at Boise, Idaho  
My commission expires April 3, 1985  
(Seal)

Marvin H. Jensen Signature of Applicant  
7307 N. 300 E. Spanish Fork Street Address, City, State  
Ut.

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss. \_\_\_\_\_ (Must be completed \_\_)  
County of \_\_\_\_\_ } (Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_ Supporting Signature \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
Street Address, City, State \_\_\_\_\_

(Seal) In office 6/30/81

300 place # 8025

AUG 12 1981

State of Utah Certificate of Birth for Allen Harding Jensen born 9-10-40 shows fathers name as Marvin Harding Jensen, age 20 born Ucon, ID . Viewed by V.S.

Honorable Discharge for the United States Navy # C2796671 shows Marvin Harding Jensen discharged on 3-4-46. Shows date and place of birth as 3-11-20 in Ucon, ID. Viewed by V.S.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of UconRegistration District No. 13File No. 79644

No. .... St.

Primary Registration District No. 21.1.1-aRegistered No. 21Hospital House

Harold George

FULL NAME OF CHILD

Harold George Munsen

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birth

Legitimate?

yes

Date of Birth

Apr. 18  
(Month) (Day)

FULL NAME

FATHER

Iwen Munsen

RESIDENCE

Ucon

COLOR

whiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Sweden

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Carrie Elizabeth

RESIDENCE

Ucon

COLOR

whiteAGE AT LAST  
BIRTHDAY

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 5 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

S. J. Lissman  
midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address

Ucon

Filed

June 20

Registrar

Registrar



County of Bonneville } SS.  
The undersigned does solemnly swear that certain facts in the certificate of Birth  
for Harold George Munson was born on April 19, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Ucon, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by Bible Record prepared on Oct 19, 1920, are:  
(Bible record, insurance policy, etc.) (Date)  
FACTS TO BE CORRECTED FROM TO  
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)

Date of Birth April 19, 1920  
Subscribed and sworn to before me this 4th  
day of August, 1941 Geo. W. Edgington Signed Lennie E. Ostergard (Mother)  
Geo. W. Edgington Signature of parent or attendant if correcting a birth record; of  
Notary Public, residing at Idaho Falls, Idaho attendant, funeral director, informant if correcting a death  
My commission expires 11/5/43 record; or other credible person)  
[SEAL] Coltman, Ida;  
(Street Address, City, State)

### Supporting Affidavit of a Second Person

State of Idaho } SS.  
County of Bonneville  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.  
Subscribed and sworn to before me this 4th  
day of August, 1941 Geo. W. Edgington Signed M. S. Hatch  
Geo. W. Edgington (Signature of any credible person other than the previous affiant)  
Notary Public, residing at Idaho Falls, Idaho 5589 Street  
My commission expires 11/5/43 (Street Address, City, State)  
[SEAL] Idaho Falls, Idaho

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

CONFIDENTIAL - SECURITY INFORMATION  
DO NOT DISCLOSE TO ANYONE

NOV 27 1984

Handwritten signature

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-119-010-231  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-9-17

County of Bonneville  
City of Ucon Registration District No. 7.3 File No. 79645  
No. .... St. Primary Registration District No. 2.1.V.8 Registered No. 1  
Hospital Home  
FULL NAME OF CHILD Harold Raymond Clayton

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>March 7</u> (Month) (Day)
FATHER FULL NAME <u>Samuel Thomas Clayton</u> RESIDENCE <u>Ucon</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>42</u> (Years) BIRTHPLACE <u>North Carolina</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Nola Olevia Slaughter</u> RESIDENCE <u>Ucon</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>32</u> (Years) BIRTHPLACE <u>North Carolina</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 7 ... Number of children of this mother now living, including present birth... 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 10:30 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address Ucon Ida.  
Filed June 2 1926  
Registrar

JUL 22 1974

JUL 24 1974

FEB 2 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

789-122-010-219  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

County of *Bonneville*

City of *Heon*

Registration District No. *73*

File No. *79646*

No. .... St.

Primary Registration District No. *2150*

Registered No. *79*

Hospital *Home*

FULL NAME OF CHILD *Eugene L. Roy Phillips*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>and</i> Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>Feb 28</i> (Month) (Day)
--------------------------	---	------------------------	--

FATHER  
FULL NAME *Cliff James Phillips*

RESIDENCE *Heon*

COLOR *white* AGE AT LAST BIRTHDAY *40*  
(Years)

BIRTHPLACE *Utah*

OCCUPATION *Farmer*

MOTHER  
FULL MAIDEN NAME *Frances Jane*

RESIDENCE *Heon*

COLOR *white* AGE AT LAST BIRTHDAY *40*  
(Years)

BIRTHPLACE *Idaho*

OCCUPATION *Housewife*

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* at *Heon* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

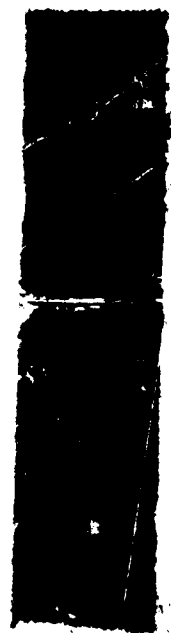
(Signature) *S. J. Simmons*  
*midwife*  
(Physician or midwife)

Given names added from a supplemental report.

Address *Heon, Id.*  
Filed *June 2 1920*  
Registrar

K

JUN 16 1948





55-5-105-010-512  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-O-22-2-17

County of Bonneville

City of Heon

No. .... St.

Hospital Home

Registration District No. .... 3

Primary Registration District No. .... 2142

File No. .... **79647**

Registered No. .... 7.6

FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>April 5</u> (Month) (Day) (Year)
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FATHER  
FULL NAME James Henry Everett

RESIDENCE Heon

COLOR white AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Bessie Mae Nap

RESIDENCE Heon

COLOR white AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth .... 7 Number of children of this mother now living, including present birth .... 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 6 PM on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. J. Simmons  
midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address Heon Idaho  
Filed June 2 1920  
Registrar W. J. Simmons

Registrar

Registrar

MARGIN RESERVED FOR BINDER  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1000  
1000

1000

1000

1000

113-42-010-695

## PLACE OF BIRTH

County of Bonneville  
City of Idaho FallsSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

79648

Registration District No. 73 File No. \_\_\_\_\_  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital \_\_\_\_\_ Primary Registration District No. 2140 Registered No. 77FULL NAME OF CHILD Glen Frew JacksonSex of Child Male { Twin Triplet or other? } and { Number in order of birth } Legiti mate? yes Date of Birth May 12 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME FATHER Harvey E. JacksonRESIDENCE Idaho FallsCOLOR White AGE AT LAST BIRTHDAY 38 (Years)BIRTHPLACE KansasOCCUPATION FarmerFULL MAIDEN NAME MOTHER Helen FrewRESIDENCE Idaho FallsCOLOR White AGE AT LAST BIRTHDAY 36 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth. 6 Number of children of this mother now living, including present birth. 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:20 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Occellus

(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls IdahoFiled May 14 1920

Registrar

Registrar

مؤلف: الشيخ محمد بن عبد الله

Aeronautics License, Student Pilot - #SC-63005, April 1, 1952, gives name as  
Glen Frew Jackson, viewed by V.S.  
IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

### Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 79648  
County of Booneville }

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed who born on May 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by medical record prepared on June 28, 1920 (check up) are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child Unnamed Glen Frew Jackson

Glen Frew Jackson 5/12/20 Unnamed Glen Frew Jackson

Subscribed and sworn to before me this 19th day of

Signed [Signature]  
(Signature of parent or attendant if correcting birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho Falls, Idaho

My commission expires 6-1-59

(Seal)

Idaho Falls, Idaho  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Booneville }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of

Signed Agnes Jackson Torgg  
(older sister)  
(Signature of Any Credible Person)

Notary Public, residing at Booneville, Idaho

My commission expires May 19, 1959

(Seal)

1216 Center Ave Booneville, Idaho  
(Street Address, City, State)

SEP 22 1958

243-117-010-866

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnevilleCity of Idaho Falls

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 73File No. 79649

Hospital \_\_\_\_\_

Primary Registration District No. 21 70 Registered No. 76

## FULL NAME OF CHILD

Edwin James Buck

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>May 17</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	--

FULL NAME <u>James Buck Jr.</u>	FATHER
RESIDENCE <u>Idaho Falls Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Clia Howard</u>	MOTHER
RESIDENCE <u>Idaho Falls, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chellis

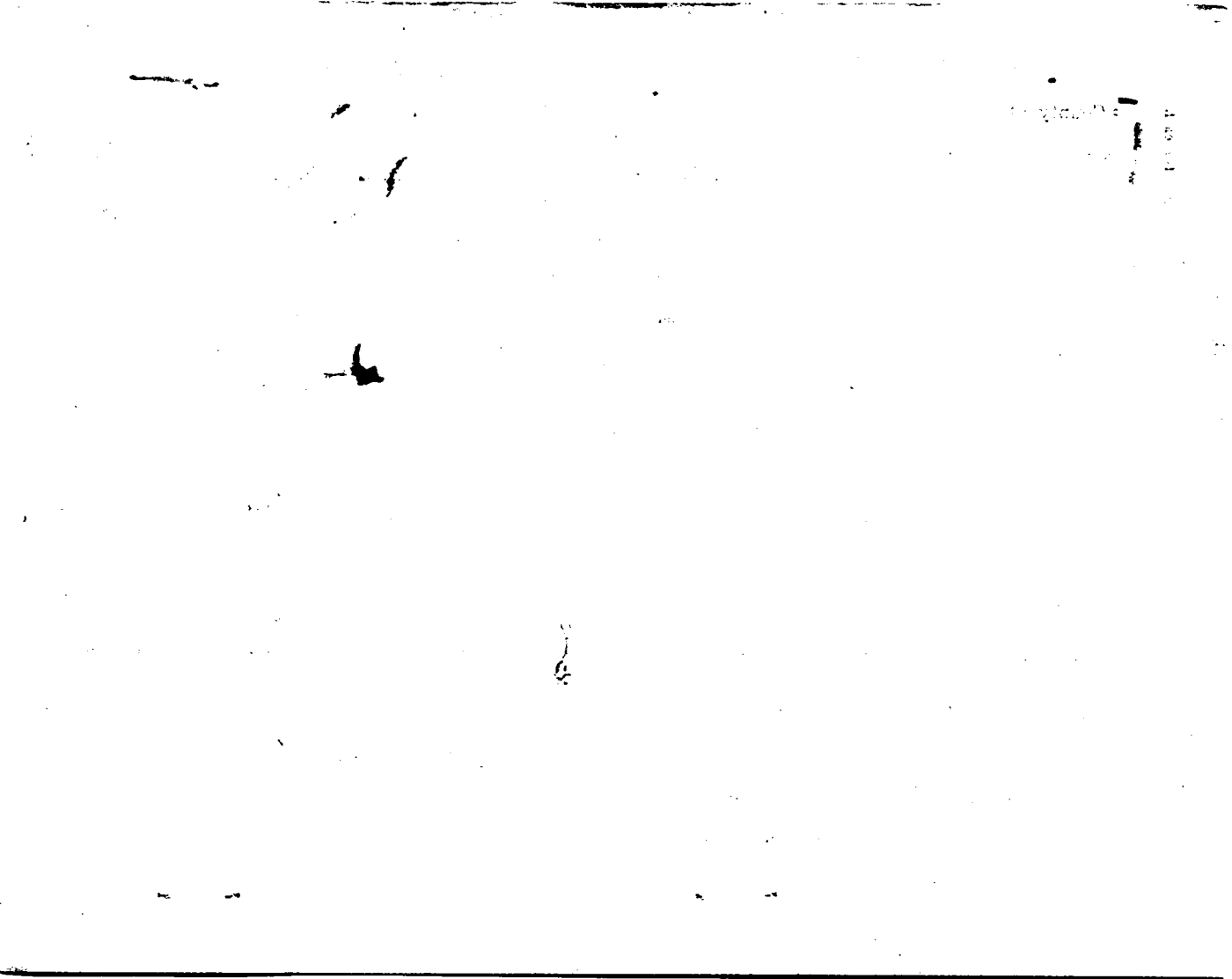
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Ida.Filed May 18 1920

Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Bonneville } ss. Certificate No. 79649  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Edwin James Buck who was born (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on May 17 1920  
in Shelton (Place of Event) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
NAME none given

Subscribed and sworn to before me this 28th.  
day of February, 1945

O. H. Hansen  
Notary Public, residing at Idaho Falls  
My commission expires January 1 1959  
(Seal)

Signed Ella M. Buck  
(Signature of parent or attendant if correcting a birth re-  
cord; of attendant, funeral director, informant if correcting  
a death record; or other credible person.)  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Bonneville } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.

Subscribed and sworn to before me this 28th  
day of February, 1945

O. H. Hansen  
Notary Public, residing at Idaho Falls, Ida.  
My commission expires January 1 1949  
(Seal) O. H. Hansen

Signed H. S. Howard  
(Signature of Any Credible Person)  
347 So Blvd.  
(Street Address, City, State)  
Idaho Falls, Idaho

MAH 16 1945

Amended 3-26-64

(Be sure the information is complete and accurate)

State File No. 79650

Federal Security Agency  
United States Public Health ServiceCERTIFICATE OF BIRTH  
STATE OF IDAHO

Local Reg. No. 75

Reg. Dist. No. 73

<b>1. PLACE OF BIRTH</b>		<b>2. USUAL RESIDENCE OF MOTHER (Where does mother live?)</b>	
a. COUNTY <b>Bonneville</b>		a. STATE <b>Idaho</b>	b. COUNTY <b>Bonneville</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Idaho Falls</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Idaho Falls</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b>			
a. (First) <b>Margaret</b>	b. (Middle) <b>Elise</b>	c. (Last) <b>Smith</b>	
<b>4. SEX</b> <b>Female</b>	<b>5a. THIS BIRTH</b> SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	<b>5b. IF TWIN OR TRIPLET (This child born)</b> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<b>6. DATE OF BIRTH</b> (Month) (Day) (Year) <b>April 29, 1920</b>
<b>FATHER OF CHILD</b>			
<b>7. FULL NAME</b>		<b>8. COLOR OR RACE</b>	
a. (First) <b>Daniel</b>	b. (Middle) <b>B.</b>	c. (Last) <b>Smith</b>	<b>White</b>
<b>9. AGE (At time of this birth)</b> <b>27 YEARS</b>	<b>10. BIRTHPLACE (State or foreign country) (City or Town)</b> <b>Idaho</b>	<b>11a. USUAL OCCUPATION</b> <b>Truck Driver</b>	<b>11b. KIND OF BUSINESS OR INDUSTRY</b>
<b>MOTHER OF CHILD</b>			
<b>12. FULL MAIDEN NAME</b>		<b>13. COLOR OR RACE</b>	
a. (First) <b>Gladys</b>	b. (Middle)	c. (Last) <b>Thomas</b>	<b>White</b>
<b>14. AGE (At time of this birth)</b> <b>24 YEARS</b>	<b>15. BIRTHPLACE (State or foreign country) (City or Town)</b> <b>Idaho</b>	<b>16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)</b>	
		a. How many OTHER children are now living? <b>1</b>	
		b. How many OTHER children were born alive but are now dead? <b>0</b>	
		c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME (Relationship)</b>			
<b>18a. SIGNATURE</b> <b>C. M. Cline</b>		<b>18b. ATTENDANT AT BIRTH</b>	
<b>18c. ADDRESS</b> <b>Idaho Falls, Idaho</b>		M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
		<b>18d. DATE SIGNED</b>	
<b>19. DATE REC'D BY LOCAL REG.</b> <b>May 18, 1920</b>		<b>20. REGISTRAR'S SIGNATURE</b> <b>W. Kinnaird</b>	
		<b>21. DATE ON WHICH GIVEN NAME ADDED BY</b> <b>(Registrar)</b>	

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there is no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by local ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \* \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....  
.....

(b) Labor: Complication.....

.....  
..... Induced? .....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

etna Life Insurance Policy, photo copy, No. N1 570 803, dated April 16, 1948 gives full name of insured as Margaret Elise Weismann, age 27, beneficiary is given as Gladys Thomas Smith, mother - viewed by DAHO, DEPARTMENT OF HEALTH  
Photo Copy of Page from Family Bible, gives one child's full name as Margaret Elise Smith born April 29, 1920 at Idaho Falls, IDAHO, DEPARTMENT OF VITAL STATISTICS  
Idaho - married Robert Jergen Weisman on June 1, 1930 and married John Oliva May 31, 1948  
viewed by I.S.  
State of California } ss.  
County of Los Angeles }  
JUN 14 1963  
Bureau of Vital Statistics  
Certificate No. 79650  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Smith (female child) who was born on April 29, 1930  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Insurance prepared on April 29, 1920 + April 16, 1948 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Margaret Elise Smith

Subscribed and sworn to before me this 11 day of June 19 63  
Carol C. Cross CAROL C. CROSS  
Notary Public, residing at Los Angeles County  
My commission expires February 7, 1966  
(Seal)

Signed Gladys May Thomas Smith  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1014 W. Broadway, Whittier, Calif.  
(Street Address, City, State)

#### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... } ss.  
County of..... }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of....., 19.....

Signed.....  
(Signature of Any Credible Person)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

.....  
(Street Address, City, State)

received letter 3-25-64 requesting that date of birth be corrected from April  
29, 1930 to April 29, 1920 - bf ok'd correction - no affidavit required  
and no documents required -

**MAR 20 1964**

693 - 204-010-355

## PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnervilleCity of Idaho Falls

No. \_\_\_\_\_ St.

Registration District No. 73File No. 79651

Hospital \_\_\_\_\_

Primary Registration District No. 2102Registered No. 74

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? <u>  </u> (To be answered only in event of plural births)	and	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>5. 4</u> <u>19</u> <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	-----------------------------------	------------------------	---

FATHER  
FULL NAME James L. WilsonRESIDENCE Idaho FallsCOLOR W AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE IdahoOCCUPATION LaborMOTHER  
FULL MAIDEN NAME Maud LeeRESIDENCE Idaho FallsCOLOR W AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was yes at 1.45 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho FallsFiled May 10 19 20

Registrar.

Registrar.

AUG 11 1967



319-110-010-553

PLACE OF BIRTH

First &amp; Middle name

STATE OF IDAHO

Form V. S. No. 11-0-25m-9-27

BUREAU OF VITAL STATISTICS

added Feb. 4, 1985

CERTIFICATE OF BIRTH

County of BonnevilleCity of Idaho FallsRegistration District No. 73File No. 79652No. 1 St.Primary Registration District No. 21-1-0Registered No. 73

Hospital

FULL NAME OF CHILD MARVIN VERNAL CARLSON

Sex of Child

MaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthMay 10 1920

(Month) (Day) (Year)

FULL  
NAMEFATHER Ernest Carlson

RESIDENCE

Idaho Falls Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Sweden

OCCUPATION

RancherFULL  
MAIDEN  
NAMEMOTHER Augusta Nelson

RESIDENCE

Idaho Falls Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Idaho Falls Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. P. LodigianPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Idaho Falls Idaho

Filed

May 10 1920W. C. [unclear]

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED

BUREAU OF  
VITAL STATISTICS

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 79652

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth

for \_\_\_\_\_ Unnamed Carlson \_\_\_\_\_ who was born \_\_\_\_\_ on May 10, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Idaho Falls, Bonneville \_\_\_\_\_ are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED  
child's name

FROM  
omitted

TO  
Marvin Vernal Carlson

Subscribed and sworn to before me this 4th day of February, 1985  
Notary Public, Florence Curtright  
Residing at Boise  
My commission expires 4-20-86  
(Seal)

Signature of Applicant: Marvin D. Carlson  
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_\_\_\_)

(Is not necessary \_\_\_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Supporting Signature  
Street Address, City, State

Social Security Card issued in June of 1938 gives name as Marvin Vernal Carlson. # 518 20 4436.  
Viewed by V.S.

Own child's birth certificate on file with Vital Statistics, Boise, Idaho # 50-12142, gives father's name as Marvin Vernal Carlson. born in Idaho Falls, Idaho. Child also born in Idaho Falls, state file # 50-12142.  
Viewed by V. S.

269-112-010-569

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnevilleCity of Idaho FallsRegistration District No. 73File No. 79653

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2150 Registered No. 72

Hospital \_\_\_\_\_

FULL NAME OF CHILD Merle L. Borrowman

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>5</u> <u>12</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME Louis P. Borrowman  
FATHERFULL MAIDEN NAME Violet M. Norton  
MOTHERRESIDENCE Sugar CityRESIDENCE Sugar CityCOLOR White AGE AT LAST BIRTHDAY 28  
(Years)COLOR White AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE Nephi UtahBIRTHPLACE Idaho IdahoOCCUPATION MachinistOCCUPATION House WifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) 10 30 a.m.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez W. [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho FallsFiled May 10 19 20

Registrar

Registrar

ALL 10 12-13

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

633 - 112-010-993  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-26-19

County of Bonneville

City of Idaho Falls

Registration District No. 3

File No. 79654

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 911-0

Registered No. 71

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>5-12-20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	------------------------	--

FATHER  
FULL NAME Vern Otterson  
RESIDENCE Idaho Falls  
COLOR White AGE AT LAST BIRTHDAY 20  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Naoma Ricks  
RESIDENCE Idaho Falls  
COLOR White AGE AT LAST BIRTHDAY 21  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION House Wife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19 \_\_\_\_\_

(Signature) \_\_\_\_\_

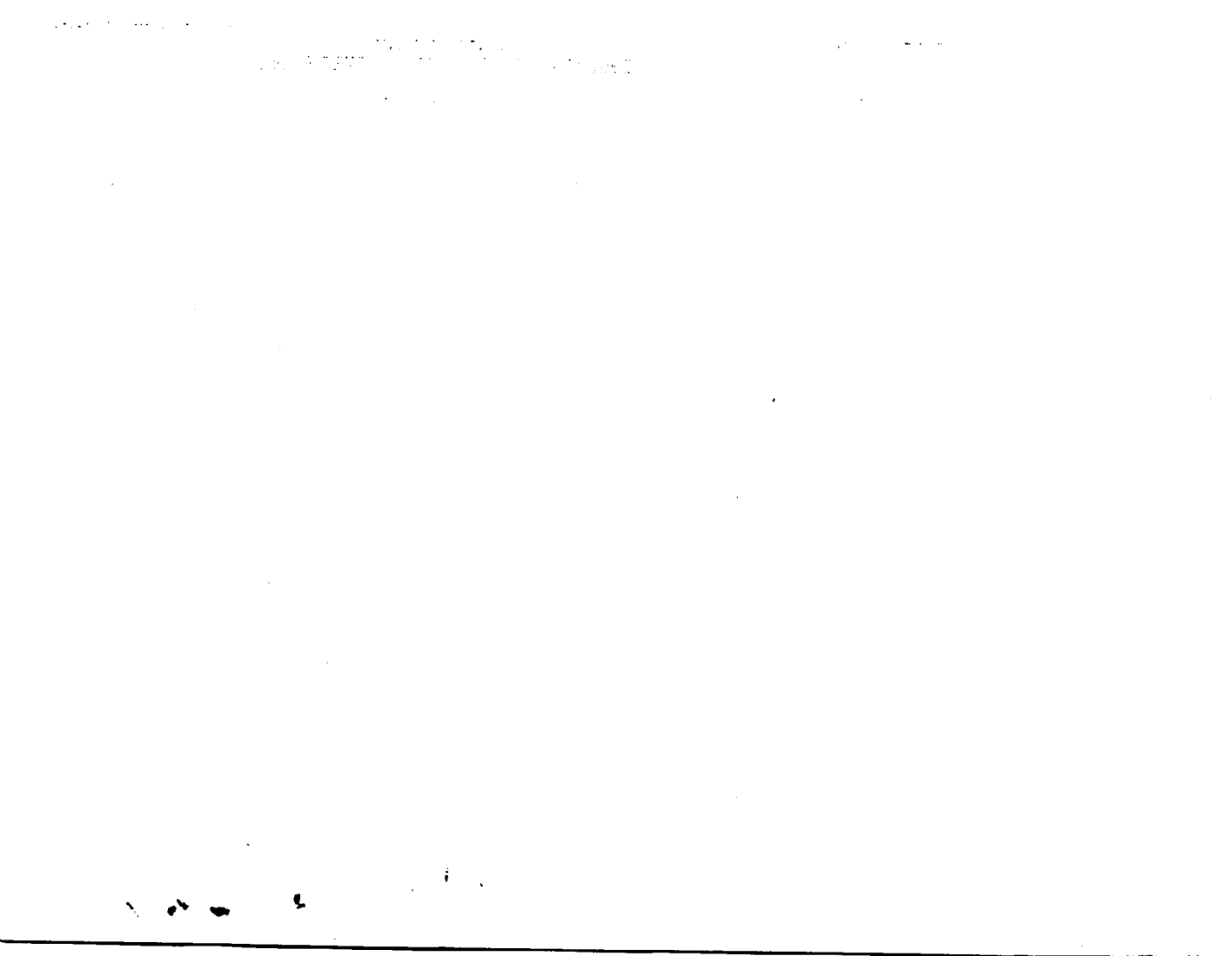
(Physician or midwife)

Address Idaho Falls, Id.

Filed May 10 - 1920

Registrar.

Registrar.





866 - 225-010-815

## PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Bannock

Amended 10/31/74

City of LunaRegistration District No. 73

File No.

79655

No. \_\_\_\_\_ St.

Primary Registration District No. 21 - 0 Registered No. 76

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Nora Athalie Howell

Sex of Child

GirlTwin  
Triplet  
or other?  
(To be answered

} and

(Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?Date of  
Birth4 25 20  
(Month) (Day) (Year)FULL  
NAMEFATHER Chas. P. HowellFULL  
MAIDEN  
NAME

MOTHER

Verna Hansen

RESIDENCE

Luna

RESIDENCE

Luna

COLOR

WhiteAGE AT LAST  
BIRTHDAY

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

Maryland

BIRTHPLACE

Utah

OCCUPATION

Labor

OCCUPATION

Hausen

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19\_\_\_\_

(Signature)

(Born alive or stillborn)

(Physician or midwife)

Address

Filed

May 10 1920

Registrar.

Registrar.

OCT 16 1974

*[Handwritten signature]*

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS.

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. 79655  
County of ..... }  
Date Filed. ....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Howells (female) who was born on April 25, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Lincoln, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
child's name Unnamed Nora Athalie Howell

Subscribed and sworn to before me this 26<sup>th</sup> day of  
October, 1974

Notary Public, residing at Hyde Park, Utah  
My commission expires 22 May 1977  
(Seal)

Signed Nora Athalie Howell  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
110 E. Center  
(Street Address, City, State) Hyde Park, Utah

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... } ss.  
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26<sup>th</sup> day of  
October, 1974

Notary Public, residing at Hyde Park, Utah  
My commission expires 22 May 1977  
(Seal)

Signed David E. Olsen Husband  
(Signature of Any Credible Person)  
458 So 7th W Brigham Utah  
(Street Address, City, State)

Certif. of Baptism and Confirmation from the LDS Church gives ~~name~~ names as  
Nora Athalie Howell daughter of Chas. Rueben and Verua M. Hansen. Born April 25,  
1920 at Lincoln, Idaho. Was Baptized Juen 2, 1928. viewed by V. S.

**OCT 31 1974**

Certif. of birth from LDS Church gives name as Nora Athalie Howell born April 25,  
1920 at Lincoln, Idaho. Father's name given ~~xxx~~ as Charles Rueben Howell and the  
mother's maiden name given as Verna M. Hansen. entered on record June 3, 1928.  
Viewed by V. S.

458-226-010-365

PLACE OF BIRTH

Form V. S. No. 11--20m-7-28-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of BonnerCity of GranRegistration District No. 73File No. 79656

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 21 V 3Registered No. 69

Hospital \_\_\_\_\_

FULL NAME OF CHILD Alma Minnie Meyer

Sex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth 4 26 20  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Albert J. Meyer FATHERFULL MAIDEN NAME Gertrude MOTHERRESIDENCE Bone IdaRESIDENCE Bone IdaCOLOR Wk AGE AT LAST BIRTHDAY 34  
(Years)COLOR Wk AGE AT LAST BIRTHDAY 36  
(Years)BIRTHPLACE IdahoBIRTHPLACE IdahoOCCUPATION RancherOCCUPATION HousewifeNumber of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth 348

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

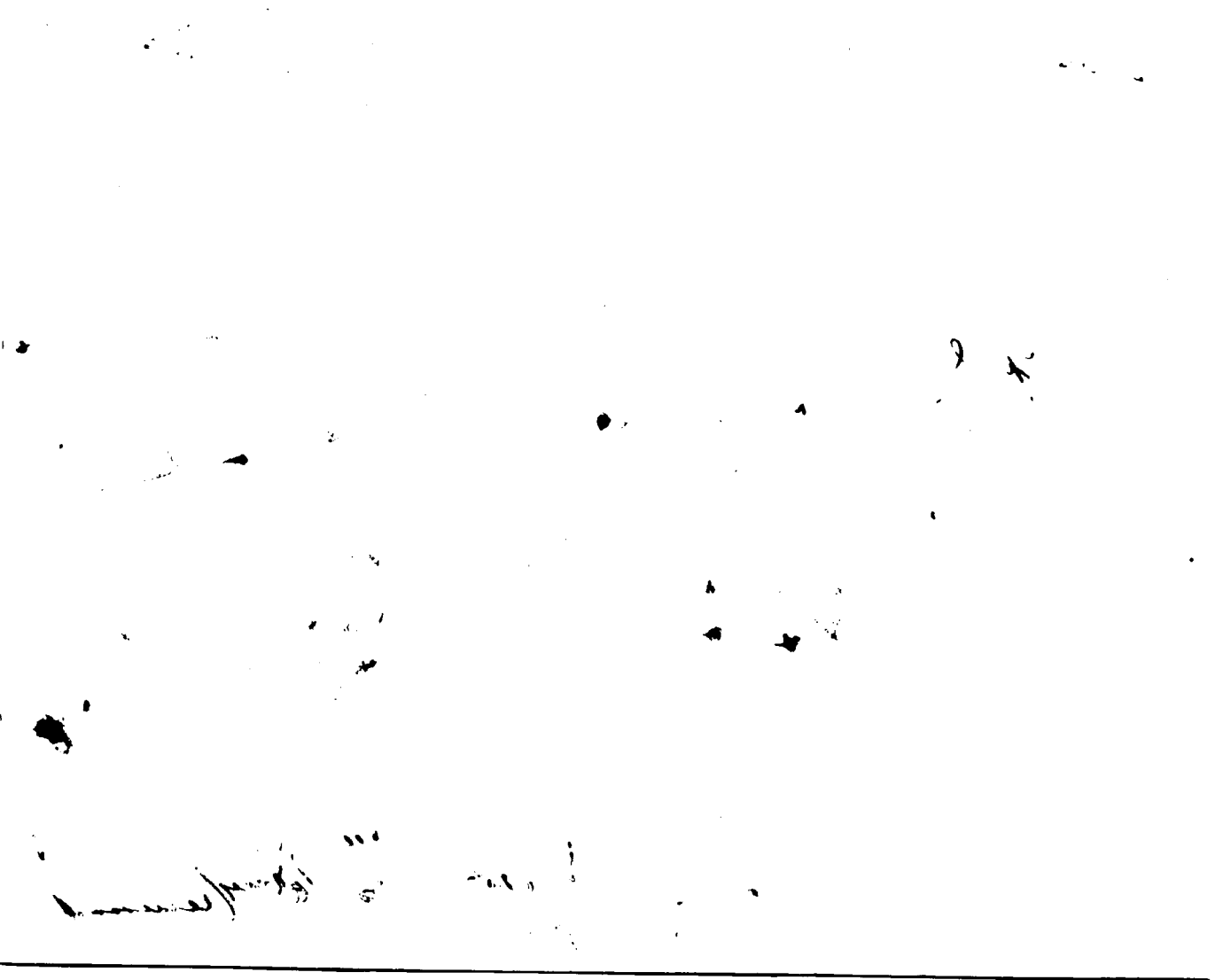
Address Idaho Falls IdaFiled May 1 V19 20

Registrar. \_\_\_\_\_

Registrar. \_\_\_\_\_

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }  
County of Merced } ss.

Certificate No. 79656

Date Filed April 10

The undersigned does solemnly swear that certain facts on the certificate of  
for Alma Minnie Mayer who was born on April 26, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by High School diploma prepared on June 9, 1937, at:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name unnamed Alma Minnie Mayer

Subscribed and sworn to before me this 10  
day of April 1942  
Lynn Lesham  
Notary Public, residing at Merced, California  
My commission expires May 12, 1942  
(Seal)

Signed A. G. Meyer  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Rt. 2 Box 522 - Merced, Calif.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }  
County of Merced } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 18  
day of April 1942  
Lynn Lesham  
Notary Public, residing at Merced, Calif.  
My commission expires May 12, 1942  
(Seal)

Signed V. Lustre  
(Signature of Any Credible Person Other Than Previous Year)  
Rt 2 Box 476 Merced Calif.  
(Street Address, City, State)

APR 27 1942

JUN 9 1942

JUN 9 1948

JUN 31 1955



434-114-010-366

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PomeroyCity of Idaho FallsNo. RD 207

St.

Registration District No. 73File No. 79657

Hospital \_\_\_\_\_

Primary Registration District No. 21170 Registered No. 64FULL NAME OF CHILD Dale Cook M<sup>c</sup>DonaldSex of Child MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?Date of  
BirthFeb 161920FULL  
NAME

FATHER

Eustace C. M DonaldFULL  
MAIDEN  
NAME

MOTHER

Bertie M. Cook

RESIDENCE

Idaho Falls

RESIDENCE

Idaho Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY31  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Cooper Utah

BIRTHPLACE

Idaho Falls Utah

OCCUPATION

Farmer

OCCUPATION

House Work

Number of child of this mother, including present birth. \_\_\_\_\_ Number of children of this mother now living, including present birth. \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. D. [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls IdahoFiled May 12 1920

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

IN CASE TO BE USED IN ORDER TO PREPARE RECORD WHILE PENDING INK—THIS IS A PERMANENT RECORD  
 AND THE NUMBER TO BE USED IN ORDER TO PREPARE RECORD

PLACE OF BIRTH

County of

City of

No. St.

Hospital

FULL NAME OF CHILD

Sex of Child

Twins  
 Triplet  
 or other?

and in order of birth  
 (To be answered only in event of plural births)

Legit  
 mate?

Date of Birth

10 (Year)

(Day)

(Month)

MOTHER

FULL  
 MAIDEN  
 NAME

RESIDENCE

AGE AT LAST  
 BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FATHER

FULL  
 NAME

RESIDENCE

AGE AT LAST  
 BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn)

(Physician or midwife)

(Signature)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address

Filed

Register

Register

18

CERTIFICATE OF BIRTH  
 BUREAU OF VITAL STATISTICS  
 STATE OF IDAHO

202 4 1 YK

File No.

Registered No.

Primary Registration District No.

Registration District No.

694-216-010-815

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of Idaho FallsRegistration District No. 73 File No. 79658

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 01170 Registered No. 67

Hospital \_\_\_\_\_

FULL NAME OF CHILD X Flourance AnneSex of Child FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?Date of  
BirthFeb  
(Month)16  
(Day)1920  
(Year)

(To be answered only in event of plural births)

FULL  
NAME X

FATHER

Gilbert Lehas Anne

RESIDENCE

Idaho FallsCOLOR XwhiteAGE AT LAST  
BIRTHDAY X28  
(Years)

BIRTHPLACE

X Toolle, Utah

OCCUPATION

X StockmanFULL  
MAIDEN  
NAME X

MOTHER

Elsa Harigfeld

RESIDENCE

X Idaho FallsCOLOR XwhiteAGE AT LAST  
BIRTHDAY X24  
(Years)

BIRTHPLACE

X Hoskins Neb.

OCCUPATION

X House WifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. D. Junkin  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho Falls, Idaho

Filed

Dec 12 1920

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MARLIN RESERVED FOR DISTRICT

**JAN 24 1972**

**CERTIFICATE OF BIRTH**  
**BUREAU OF VITAL STATISTICS**  
**STATE OF IDAHO**

Hospital \_\_\_\_\_  
No. \_\_\_\_\_  
City of \_\_\_\_\_  
County of \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

**FULL NAME OF CHILD..**

Sex of Child	Twin or other?	Birth or other?	Number in order of birth	and	in order of birth	in event of plural births	Left last	Date of Birth	19	10					
								(Month)	(Day)	(Year)					
FATHER	FULL NAME	RESIDENCE	COLOR	AGE AT LAST BIRTHDAY	(Years)	BIRTHPLACE	OCCUPATION	MOTHER	FULL NAME	RESIDENCE	COLOR	AGE AT LAST BIRTHDAY	(Years)	BIRTHPLACE	OCCUPATION

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

er.

**အမှတ် ၁**

## Register

## Register

**উদ্ভিদ**

**er...**

(Physician to midwife)

(Signature)

(Born alive or stillborn)

WILEY EUGENIA WITH CLEVERNESS IN A PERSONAL RECORD  
 A CHILD OF THE FUTURE  
 WILEY EUGENIA WITH CLEVERNESS IN A PERSONAL RECORD  
 A CHILD OF THE FUTURE

519-131-010-219

## PLACE OF BIRTH

County of BonnerCity of Idaho Falls

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD Boyle Grant EarleSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 73 File No. 79659Primary Registration District No. 2150 Registered No. 66

Sex of Child <u>male</u>	Twin <u>-</u> Triplet <u>-</u> or other? <u>-</u>	and	Number in order of birth <u>6</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 21</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME Channery EarleRESIDENCE Lincoln IdaCOLOR white AGE AT LAST BIRTHDAY 41  
(Years)BIRTHPLACE UtahOCCUPATION FarmMOTHER  
FULL MAIDEN NAME Martha BarlowRESIDENCE Lincoln IdaCOLOR white AGE AT LAST BIRTHDAY 36  
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 9 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Ralph E. Drennie  
Physician  
(Physician or midwife)Address Idaho Falls IdahoFiled May 8 1920 W. J. ...  
Registrar Registrar

K

FEB 15 1973

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-228-010-168

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 79660

No. \_\_\_\_\_ St.

Primary Registration District No. 2150

Registered No. 6V

Hospital \_\_\_\_\_

FULL NAME OF CHILD Nanda Myrtle Mc Mueller

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>8</u>	Legitimacy <u>legit</u>	Date of Birth <u>April 28</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---------------------------------	-----	-----------------------------------	-------------------------	--

FATHER  
FULL NAME W. E. Mc Mueller

RESIDENCE Lincoln

COLOR white AGE AT LAST BIRTHDAY 36  
(Years)

BIRTHPLACE Utah

OCCUPATION Laborman

MOTHER  
FULL MAIDEN NAME Myrtle Johnson

RESIDENCE Lincoln

COLOR white AGE AT LAST BIRTHDAY 32  
(Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 2 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph T. Brumley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Filed May 6 1920 W. E. Mc Mueller  
Registrar Registrar

JAN 29 1942



553-129-010-818  
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnevilleCity of Idaho FallsRegistration District No. 73File No. 79661

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2140 Registered No. 64

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Russell Albert Nelson

Sex of Child <u>male</u>	Twin <u>-</u> Triplet <u>-</u> or other? <u>-</u> (To be answered only in event of plural births)	and	Number in order of birth <u>3</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Jan 29</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----	-----------------------------------	-------------------------	--

FULL NAME <u>Albert Nelson</u>	FATHER
RESIDENCE <u>Idaho Falls</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Rose H. Haynes</u>	MOTHER
RESIDENCE <u>Idaho Falls</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>England</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 4 a. M. on the date above stated. (Born alive or Stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph T. Minnie  
Phys.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls, IdahoFiled May 5 1920

Registrar

Registrar

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3-4-77  
1977  
3-4-77  
1977  
3-4-77

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## SUMMARY

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1. The most recent information received from the [redacted] is that the [redacted] is now in the [redacted] and is being [redacted] by the [redacted].

RECEIVED 12-10-64

10-10-64

1. The first of these is the fact that the  
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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-125  
011-745 PLACE OF BIRTH

Form V. S. No. 11--20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BonanzaCity of CopelandRegistration District No. 79File No. 79662

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2156 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Vernon Vane Collins

Sex of Child Male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? yes  
(To be answered only in event of plural births)

Date of Birth Mar. 25 1920  
(Month) (Day) (Year)

FULL NAME FATHER Darrel Jennings CollinsFULL MAIDEN NAME MOTHER Russel Viola PanchotRESIDENCE Copeland, Ida.RESIDENCE Copeland, Ida.

COLOR white AGE AT LAST BIRTHDAY 26  
(Years)

COLOR white AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE MinnesotaBIRTHPLACE Mo.OCCUPATION FarmerOCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:40 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ellen Gudbaur

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Copeland, Idaho

Filed

May 2 1920

Registrar.

Registrar.



MAY 22 1950

JUN 14 1954

432 - 105 - 011 - 392

Form V. S. No. 11-C-26m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BoundaryCity of Bonner FerryRegistration District No. 79File No. 79663

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2156

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Wm. William McKee

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthMay 5th 1920FULL  
NAMEWilliam McKee

FATHER

FULL  
MAIDEN  
NAMEEthel Viola Gibbels

MOTHER

RESIDENCE

Sandpoint, Ida.

RESIDENCE

Sandpoint, Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY38

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY23

(Years)

BIRTHPLACE

Ill.

BIRTHPLACE

Wis.

OCCUPATION

Auto Truck Driver

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born aliveat 4:45 A.M.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

S. E. Fry

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bonner Ferry, Ida.

Filed

5/10/

19

20

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

249-108-611-373  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

County of Boundary

City of Bonnars Ferry

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

AMENDED

CERTIFICATE OF BIRTH

Aug. 16, 1946

Registration District No. \_\_\_\_\_

79

File No. 79664

Primary Registration District No. 2156

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Robert Bruce Burns

(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate?  Yes	Date of birth <u>May 8</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	--	-----------------------------	--

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

FATHER  
FULL NAME James Henry Burns

MOTHER  
FULL MAIDEN NAME Maybell May Hall

RESIDENCE  
Bonnars Ferry

RESIDENCE  
Bonnars Ferry

COLOR White AGE AT LAST BIRTHDAY 48  
(Years)

COLOR White AGE AT LAST BIRTHDAY 35  
(Years)

BIRTHPLACE  
Canada

BIRTHPLACE  
Mich.

OCCUPATION  
Restaurant Prop.

OCCUPATION  
Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10:35 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician  
(Physician or midwife)

Give names added from a supplemental report.

Address Bonnars Ferry, Idaho

Filed 5/9/1920 E. E. Fry

Registrar.

Registrar.





JUN 12 1944

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho  
County of Kootenai } ss.

Certificate No. 79664

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Ruel Burns who was born on May 8th, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Bombers Ferry, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name Ruel Burns Robert Bruce Burns

Subscribed and sworn to before me this 8th  
day of June, 1944

Signed Mrs. Mabel Stone Mother  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Coeur d Alene, Ida.

My commission expires 11/15/45  
(Seal)

2403 Sherman St., Coeur d Alene, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho  
County of Kootenai } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th  
day of June, 1944

Signed M. Roland W. Stone  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Coeur d Alene, Ida.

My commission expires 11/15/45  
(Seal)

2403 Sherman St., Coeur d Alene, Idaho  
(Street Address, City, State)

JUN 16 1944

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho  
County of Bonner } ss.

Certificate No. 79664

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Ruel Burns who born on May. 8th 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Bonniers Ferry Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible record prepared on May. 8th 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

name Ruel Burns  
mother's name Mapel E. Hall

Robert Bruce Burns  
Maybell May Hall

Maybell May Hall

Subscribed and sworn to before me this 7th  
day of August 19 46

Signed Gladys Burns Kasalek  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Priest River, Ida.

My commission expires Aug. 1st 1950  
(Seal)

Priest River, Idaho.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho  
County of Bonner } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th  
day of August 19 46

Signed Gladys Burns Kasalek  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Priest River, Ida.

Priest River, Ida.  
(Street Address, City, State)

My commission expires Aug. 1st 1950  
(Seal)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

141-109-011-351

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bondary  
City of Bonners Ferry Registration District No. 71 File No. 79665  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital Bonners Ferry Hospital Primary Registration District No. 2156 Registered No. \_\_\_\_\_  
FULL NAME OF CHILD James Robert Adair

Sex of Child Male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? Yes Date of Birth May 9 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Frank Adair  
RESIDENCE Bonners Ferry Ida  
COLOR White AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Tressa Crawford  
RESIDENCE Bonners Ferry Ida  
COLOR White AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at P. A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. G. Hauer  
(Physician or midwife)

Given names added from a supplemental report.

Address Bonners Ferry Ida  
Filed May 10 - 1920 E. J. Fry  
Registrar

SEP 10 1947

168-110-011-235-

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BoundaryCity of Bonner Ferry

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 79File No. 79666

Hospital \_\_\_\_\_

Primary Registration District No. 2156, Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Robert Samuel Johnson.

Sex of Child

maleTwin  
Triplet  
or other?

- } and {

Number  
in order  
of birth

- }

Legiti  
mate?yesDate of  
BirthMay 10th 1920

(Month) (Day) (Year)

FULL  
NAMEFATHER  
Samuel L. Johnson.

RESIDENCE

Meadow Creek, Ida.

COLOR

white

AGE AT LAST

BIRTHDAY

28

(Years)

BIRTHPLACE

Idaho.

OCCUPATION

woodman foremanFULL  
MAIDEN  
NAMEMOTHER  
Marie Stephens

RESIDENCE

Meadow Creek, Ida.

COLOR

white

AGE AT LAST

BIRTHDAY

19

(Years)

BIRTHPLACE

Idaho.

OCCUPATION

housewife.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 9 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

E. B. Fry  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bonner Ferry, Ida.

Filed

May 14/1920

Registrar

Registrar

5/27/41 L. B.



719-113-011-366

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BoundaryCity of Bonners FerryRegistration District No. 79File No. 79667

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2156

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Norman Lee Parker

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthMay 131920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAMEJ. C. Parker

FATHER

FULL  
MAIDEN  
NAMEPearl Coons

MOTHER

RESIDENCE

Bonners Ferry Ida

RESIDENCE

Bonners Ferry Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY35  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Tennesse

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive or stillborn at 5:30 p. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

S. T. H. H. H.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bonners Ferry Ida

Filed

May 14 - 1920

Registrar

Registrar

SEP 3 1942

396-221-011-444

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BoundaryCity of Meadow CreekRegistration District No. 79File No. 79668

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2156 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Virginia Fay Grossman

Sex of Child

FemaleTwin  
Triplet  
or other? \_\_\_\_\_

and \_\_\_\_\_

Number  
in order  
of birth \_\_\_\_\_Legiti  
mate? \_\_\_\_\_yesDate of  
BirthMay 21st 1920

(Month) (Day) (Year)

FULL  
NAMEFATHER  
Geo. C. GrossmanFULL  
MAIDEN  
NAMEMOTHER  
Ida Dumas

RESIDENCE

Meadow Creek, Ida.

RESIDENCE

Meadow Creek, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY25  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Ida.

BIRTHPLACE

Ida.

OCCUPATION

woodsman

OCCUPATION

H.W.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 8.40 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

E. E. Fry  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bonners Ferry, Ida.

Filed

5/21/20

19

E. E. Fry  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

OCT 7 1947

239-223-011-243

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BoundaryCity of HaplesRegistration District No. 29File No. 79669

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2156 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

CECELIA ESTHER STRONG

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u>	and	Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 23 - 1920</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME Fred E. Strong  
RESIDENCE Haples, Idaho  
COLOR white AGE AT LAST BIRTHDAY 36 (Years)  
BIRTHPLACE Mich.  
OCCUPATION R.R. Telegrapher

MOTHER  
FULL MAIDEN NAME Agnes Butler  
RESIDENCE Haples, Idaho  
COLOR white AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Wash.  
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive, at 9:52 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

19 20

Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7

JUN 1 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

759-227-011-698

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Boundary  
City of Bonner Ferry Registration District No. 79 File No. 79670  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital \_\_\_\_\_ Primary Registration District No. 2156 Registered No. \_\_\_\_\_  
FULL NAME OF CHILD Lois Imogene Perry

Sex of Child Female Twin Triplet or other? - and { Number in order of birth - Legiti mate? yes Date of Birth May 27-1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Archie Laeth Perry FATHER  
RESIDENCE Bonner Ferry, Ida.  
COLOR white AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Iowa  
OCCUPATION Auto Mech Driver

FULL MAIDEN NAME Anna Luovive Fry MOTHER  
RESIDENCE Bonner Ferry  
COLOR white AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Idaho  
OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

8:45 A.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Registrar

DECEASED



381-101-011-214

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BoundaryCity of CopelandRegistration District No. 79File No. 79871

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2156

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

James Dorothy Chapin, Jr.

Sex of Child

maleTwin  
Triplet  
or other? -

and

Number  
in order  
of birth -Legiti  
mate? yesDate of  
BirthJune 1st 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEJames D. Chapin

FATHER

RESIDENCE

Copeland, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

Stat. EngineerFULL  
MAIDEN  
NAMELucile Samon

MOTHER

RESIDENCE

Copeland, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Can.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive  
(Born alive or stillborn)at 5:25 A.M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) \_\_\_\_\_

S. D. Fry  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bonner Ferry, Ida.

Filed

June 1 1920

Registrar

JUL 8 1969

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF SHOSHONE

-----

In the Matter of the Application	)	
	)	
of	)	<u>AMENDED ORDER CHANGING</u>
	)	
JAMES D. CHAPIN JR. for Change	)	<u>NAME NUNC PRO TUNC</u>
of Name	)	

-----

The application of JAMES D. CHAPIN JR. praying for an order of Court changing his name to JOHN D. CHAPEN, in place of his present name, came regularly on to be heard this 13th day of October, 1969, and proof having been made to the satisfaction of the court that notice of hearing hereon was given in the manner and form required by law and order of this court, and no objections having been filed by any person, and the court being satisfied that there is no reasonable objection to petitioner assuming the name proposed.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED, that petitioner's name of JAMES D. CHAPIN JR. be, and the same is hereby changed to JOHN D. CHAPEN.

Dated this 13th day of October, 1969.

James G. Towles  
District Judge

STATE OF IDAHO } ss.  
COUNTY OF SHOSHONE }

I do hereby certify that the foregoing is a true

copy of the original Amended Order Changing Name  
on file in my office  
Dated at Wallace, Idaho, this

OCT 16 1969

Victoria White  
Clerk of the District Court

First Judicial District Court for  
Shoshone County, Idaho

By Margaret Lindley  
Deputy

FILED OCT 16 1969

at 10 O'clock P. M.

Victoria White  
Clerk District Court

By Margaret Lindley  
Deputy Clerk

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT IN THE  
STATE OF ILL., IN AND FOR THE COUNTY OF SHARPE

of the matter of the application  
of  
JAMES D. CHAPIN, JR., Plaintiff,  
vs.  
JAMES D. CHAPIN, JR., Defendant.

The application of JAMES D. CHAPIN, JR., praying for an order of  
Court changing his name to JOHN L. CHAPIN, in place of his present name,  
was filed on to be heard on the 13th day of October, 1969, and on that  
date the court did not hold a hearing thereon and  
no order was made to the effect that notice of hearing thereon was  
given in the manner and form required by law and order of this court, and no  
objections having been filed by any person, and the court being satisfied that  
there is no reasonable objection to petitioner changing the name proposed,  
IT IS THEREFORE ORDERED, ADJUDGED AND DECREED, that  
petitioner's name of JAMES D. CHAPIN, JR. be and the same is hereby  
changed to JOHN L. CHAPIN, JR.  
Dated the 13th day of October, 1969.

James D. Chapin, Jr.

Plaintiff

BY \_\_\_\_\_  
Attorney for Plaintiff

STATE OF ILL.  
COUNTY OF SHARPE  
JAMES D. CHAPIN, JR.  
Plaintiff  
vs.  
JAMES D. CHAPIN, JR.  
Defendant  
Dated the 13th day of October, 1969.  
BY \_\_\_\_\_  
Attorney for Defendant

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

695-230-012-714

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Latta

City of Arco

Registration District No. 59

File No. 79672

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2129

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mildred Winger

Sex of Child

F

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and  
Number  
in order  
of birth

Legiti  
mate?

Y

Date of Birth

May 30 1920  
(Month) (Day) (Year)

FULL NAME

Chris Winger

FATHER

RESIDENCE

Arco

COLOR

W

AGE AT LAST  
BIRTHDAY

25  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

Flossie Garnett

MOTHER

RESIDENCE

Arco

COLOR

W

AGE AT LAST  
BIRTHDAY

23  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

alive  
(Born alive or stillborn)

10-45 A.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

A. McAnnon

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Arco, Idaho

Filed

May 31 1920

Eustice

Registrar

Registrar



1961

1961

1961

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

513-215-012-213

## PLACE OF BIRTH

County of ButteCity of ButteAmended 6-25-81  
No. \_\_\_\_\_ St. \_\_\_\_\_STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

Registration District No. 09File No. 79673

Hospital \_\_\_\_\_

Primary Registration District No. 2129 Registered No. \_\_\_\_\_

Margaret Ola

FULL NAME OF CHILD

Eaton

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>5</u> <u>15</u> <u>1920</u> (Month) (Day) (Year)
-------------------------------	---	-----	--------------------------------	-------------------------------	---

FATHER  
FULL NAME Ray Jenkins EatonRESIDENCE Butte, IdahoCOLOR white AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE KansasOCCUPATION farmerMOTHER  
FULL MAIDEN NAME Goldie BallardRESIDENCE Butte, IdahoCOLOR white AGE AT LAST BIRTHDAY 19  
(Years)BIRTHPLACE OklahomaOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) E. W. B.

(Physician or midwife)

Given names added from a supplemental report.

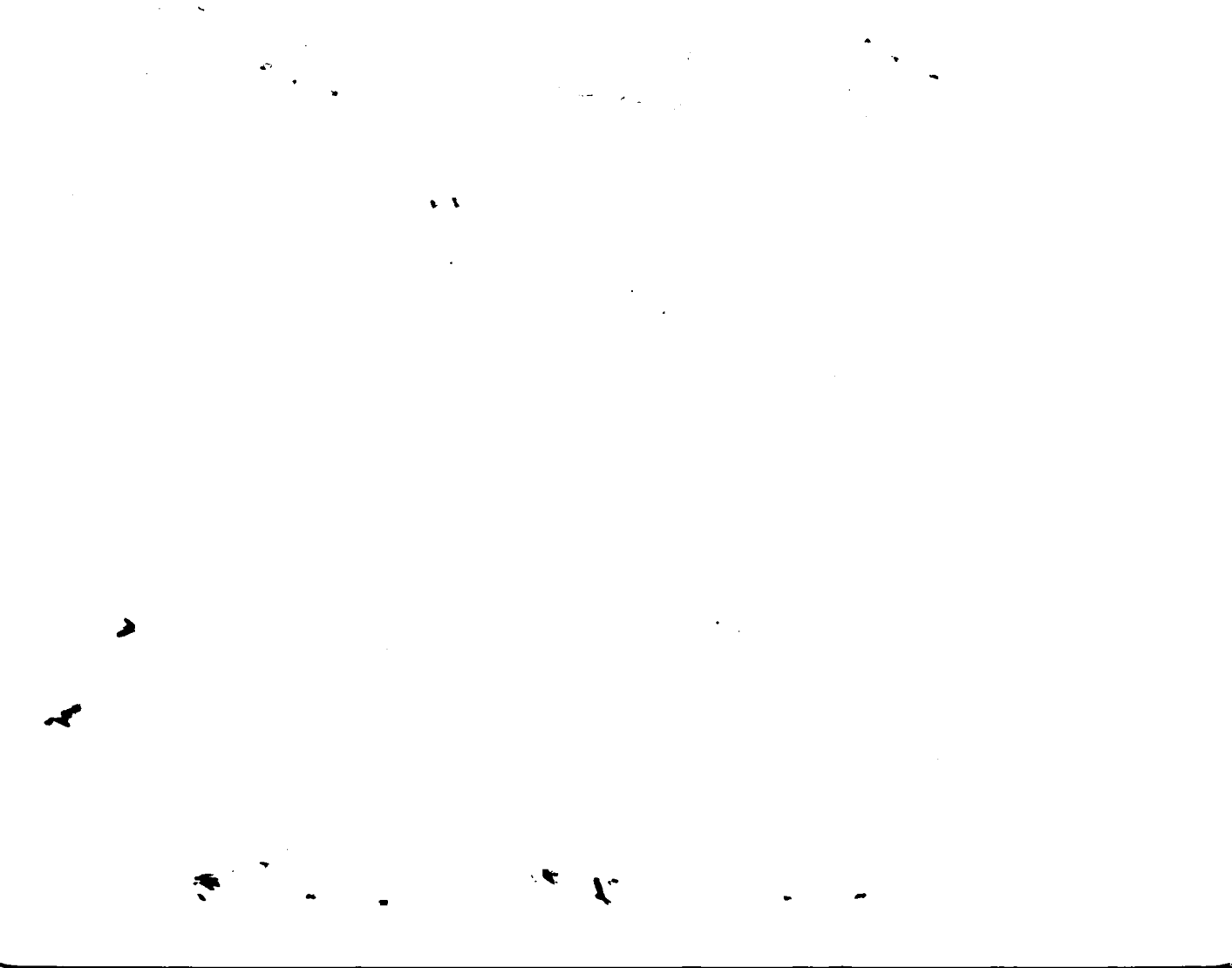
19

Address Butte, IdahoFiled 5/17

19

Registrar

Registrar





1-14-80

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

RECEIVED  
 AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE  
 VITAL STATISTICS

State of Oregon } ss.  
 County of Multnomah

APR 24 3 54 PM '80

Certificate No. 79673  
 Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Eaton who was born on May 16, 1920  
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Sweet Sage (Butte) are erroneous or were omitted:  
 (Place of Event)

## ITEMS TO BE CORRECTED

childs name

## FROM

omitted

## TO

~~Ola Margaret Eaton~~  
Margaret Ola Eaton

~~Birth Date~~

5-16-1920

5-15-1920

Birth Date

Subscribed and sworn to before me this 11th day of

Feb, 1980

Notary Public, Dean Becker

Residing at 1611 NE Felton St. Portland, Ore 97230

My commission expires 11-16-82

(Seal)

Gulcia Arbels  
 Signature of Applicant  
5830 77 E 109 Portland Ore  
 Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.

(Must be completed \_\_\_\_\_)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

family Bible record gives nameas Margret Ola Eaton born May 15, 1920.  
viewed by V. S.

Certificate of Marriage issued by the Kootenai County Recorder, Harold E.  
Peterson, gives name as Ola Margaret McGlophlin, maiden name Eaton.  
Married February 23, 1968.  
Viewed by V.S.

JUN 23 1981

A child's birth certificate issued by the Washington State Vital Statistics Office  
gives name of mother as Ola Margaret Eaton. Child Sharon Lea McClothlin was  
born August 22, 1950, in King County, Washington.  
Viewed by V.S.

418-114-012-312

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of ButteCity of ArcoRegistration District No. 59File No. 79674

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2129 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Anthony Daniel Maher

Sex of Child

MTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthMay 141920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAME

FATHER

Daniel Joseph MaherFULL  
MAIDEN  
NAME

MOTHER

May Casey

RESIDENCE

Arco

RESIDENCE

Arco

COLOR

WAGE AT LAST  
BIRTHDAY48

(Years)

COLOR

WAGE AT LAST  
BIRTHDAY39

(Years)

BIRTHPLACE

Woburn Mass

BIRTHPLACE

Boston Mass

OCCUPATION

Farmer

OCCUPATION

Harv.Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 2:0 P.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

P. M. C.annen

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Arco Ida

File

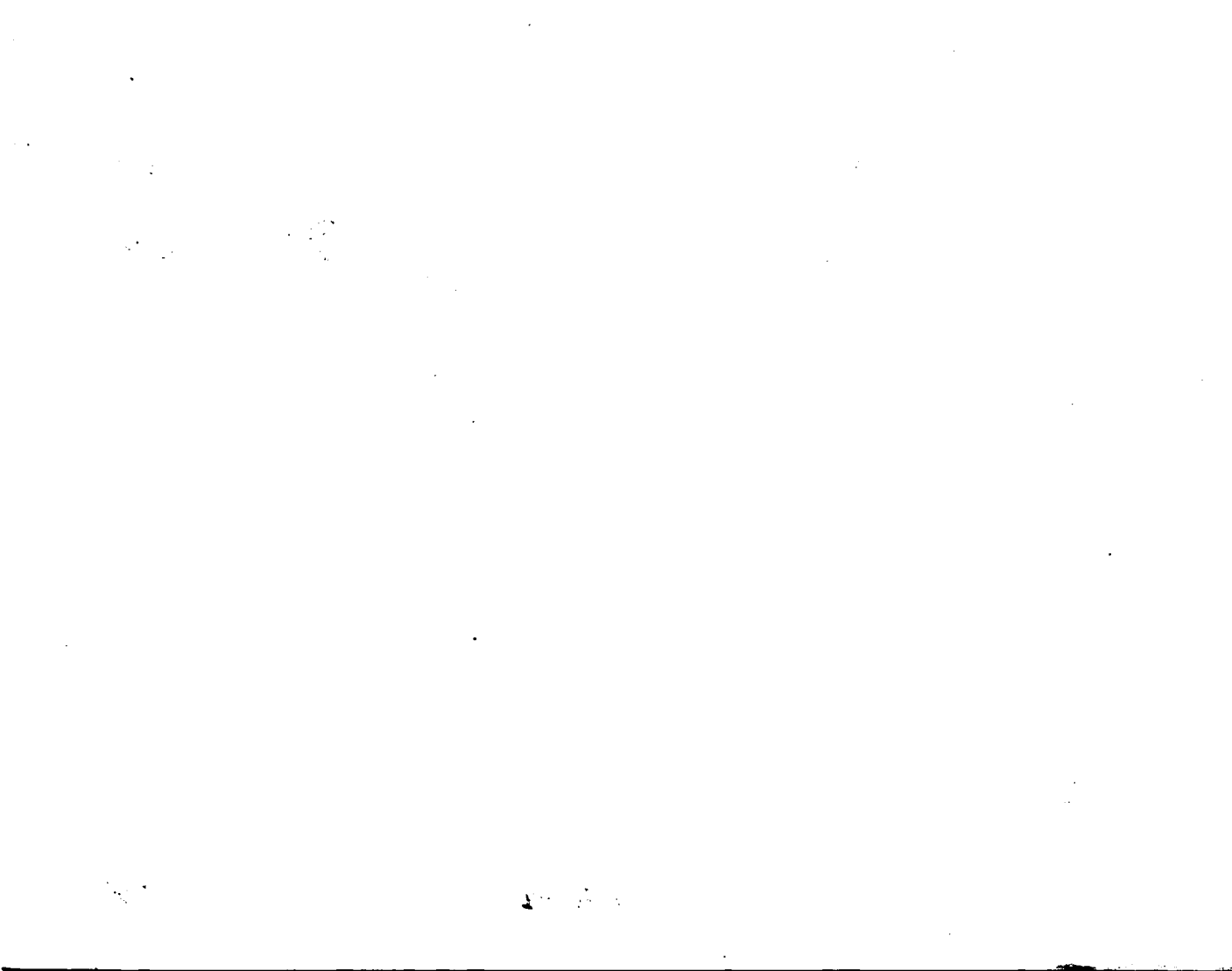
May 16 1920E. W. Fox

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



416-105-012-215

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of ButteCity of ArcoRegistration District No. 59File No. 79675

No. \_\_\_\_\_

St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2129

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Clarence Sanders DawsonSex of  
Child MTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and } Number  
in order  
of birthLegiti  
mate? yesDate of  
BirthMay 5  
(Month) (Day)1920  
(Year)FULL  
NAME

FATHER

RESIDENCE

COLOR WAGE AT LAST  
BIRTHDAY 31  
(Years)BIRTHPLACE UtahOCCUPATION FarmerFULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR WAGE AT LAST  
BIRTHDAY 31  
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 3:30 a.m.  
on the date above stated. (Born alive or stillborn){ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }(Signature) A. P. Harrison

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Arco, IdahoFiled 5/619 20

Registrar \_\_\_\_\_

Registrar E. S. Fox

JUL 1 1943

JAN 9 1963

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of <u>Clyde</u>		Registration District No. <u>1</u>		File No. <u>2129</u>
No. <u>693-124-012-613</u>		St. <u>Idaho</u>		Registered No. <u>9</u>
Hospital _____				
FULL NAME OF CHILD <u>Irwin L. Williams</u>				
Sex of Child <u>Male</u>	Twin, Triplet, or other? _____	and (Number in order of birth) _____		Date of birth <u>April</u> (month) (19 <u>21</u> )
(To be answered only in event of plural births)				
FULL NAME FATHER <u>Edward J. Williams</u>		FULL NAME MOTHER <u>Minnie N. Wall</u>		
RESIDENCE <u>Clyde, Idaho</u>		RESIDENCE <u>Clyde, Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>4-1</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY _____	
BIRTHPLACE <u>Lansing Michigan</u>		BIRTHPLACE <u>Elmo, Missouri</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Teacher</u>		
Number of child of this mother, including present birth <u>1</u> .....		Number of children, of this mother, now living, including present <u>1</u> .....		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at Clyde, Idaho on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

Emily Radinger  
midwife  
(Physician or Midwife)

Given names added from a supplemental report

19 \_\_\_\_\_

Address Clyde, IdahoFiled 5/11

19 \_\_\_\_\_

SEP 19 1953

APR 12 1961

DEC 2 1961



861-204-014-316

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

name added

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

11/18/80

CERTIFICATE OF BIRTH

County of CanyonRegistration District No. 3File No. 79677No. Ch # 2 St.Primary Registration District No. 2005 Registered No. 139

Hospital

FULL NAME OF CHILD

Marjorie Fern Hoagland

Sex of  
ChildfemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthJune 16 1920  
(Month) (Day) (Year)FULL  
NAMEC. M. Hoagland

FATHER

FULL  
MAIDEN  
NAMEFrancis Low

MOTHER

RESIDENCE

Huston Route #1

RESIDENCE

Huston Rt #1

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

South Africa

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 7:20 P.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Levi M. ColePhysician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Caldwell Idaho

Filed

6-8-1920 John W. Meyer  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho } ss.  
County of Ada

Certificate No. 79677  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hoagland (female) who was born on June 11, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Huston, Idaho (Canyon) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

ITEMS TO BE CORRECTED	FROM	TO
<u>child's name</u>	<u>Unnamed</u>	<u>Marjorie Fern Hoagland</u>

Subscribed and sworn to before me this 2 day of

Notary Public, Frank L. Cunningham  
Residing at Idaho Falls  
My commission expires 1980  
(Seal)

Marjorie Fern Hoagland  
Signature of Applicant  
414 E. 1st Nampa, Idaho  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

(Must be completed \_\_\_)  
(Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Supporting Signature  
\_\_\_\_\_  
Street Address, City, State

11/18/80

Social Secuorty card #518 56 0641 gives name as Marjroie Fern Smith viewed by VS

Own child birth certif on file in Idaho gives child's name as Janet Amelia Smith  
born Sept 18, 1948 at Cascade, Idaho. father's name as Luther Glenn Smith and mother's  
name as Marjorie Fern Hoagland. viewed by V. S

DEC 18 1980

519-105-014-514  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25a-8-17

County of CanyonCity of CaldwellRegistration District No. 3File No. 79678No. 1314 Arthur St.Primary Registration District No. 1005Registered No. 140

Hospital .....

FULL NAME OF CHILD

Martin EarnerSex of  
ChildMaleTwin  
Triplet  
or other?} and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthJune 5 - 20  
(Month) (Day) (Year)FULL  
NAMEFATHER  
John M. EarnerFULL  
MAIDEN  
NAMEMOTHER  
Lucy Earner

RESIDENCE

Caldwell, Idaho

RESIDENCE

Caldwell, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY51

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY43

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Nebraska

OCCUPATION

Farming

OCCUPATION

HousewifeNumber of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 1-9 M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

John S. Meyers

(Physician or midwife)

Given names added from a supplemental report.

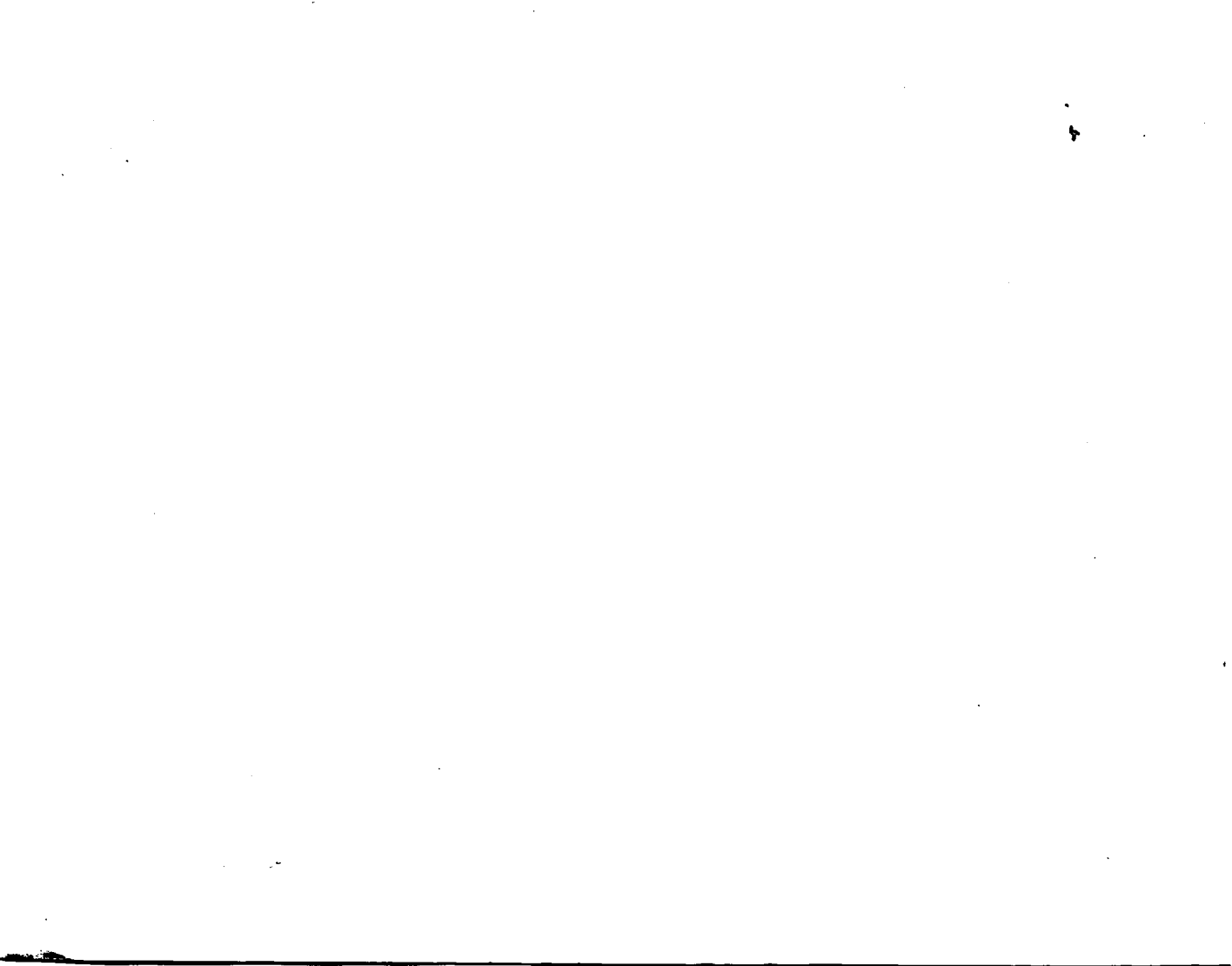
Address

Caldwell, Idaho

Filed

6-5-20John S. Meyers  
Registrar

Registrar



466-107-014-653

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of anyon

City of Greendale

Registration District No. 3

File No. 79679

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2005

Registered No. 141

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Joel Royal Moon

Sex of Child

Male

Twin  
Triplet  
or other

and { Number  
in order  
of birth

Legiti  
mate

Date of  
Birth

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 7:45 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. C. M. Haley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

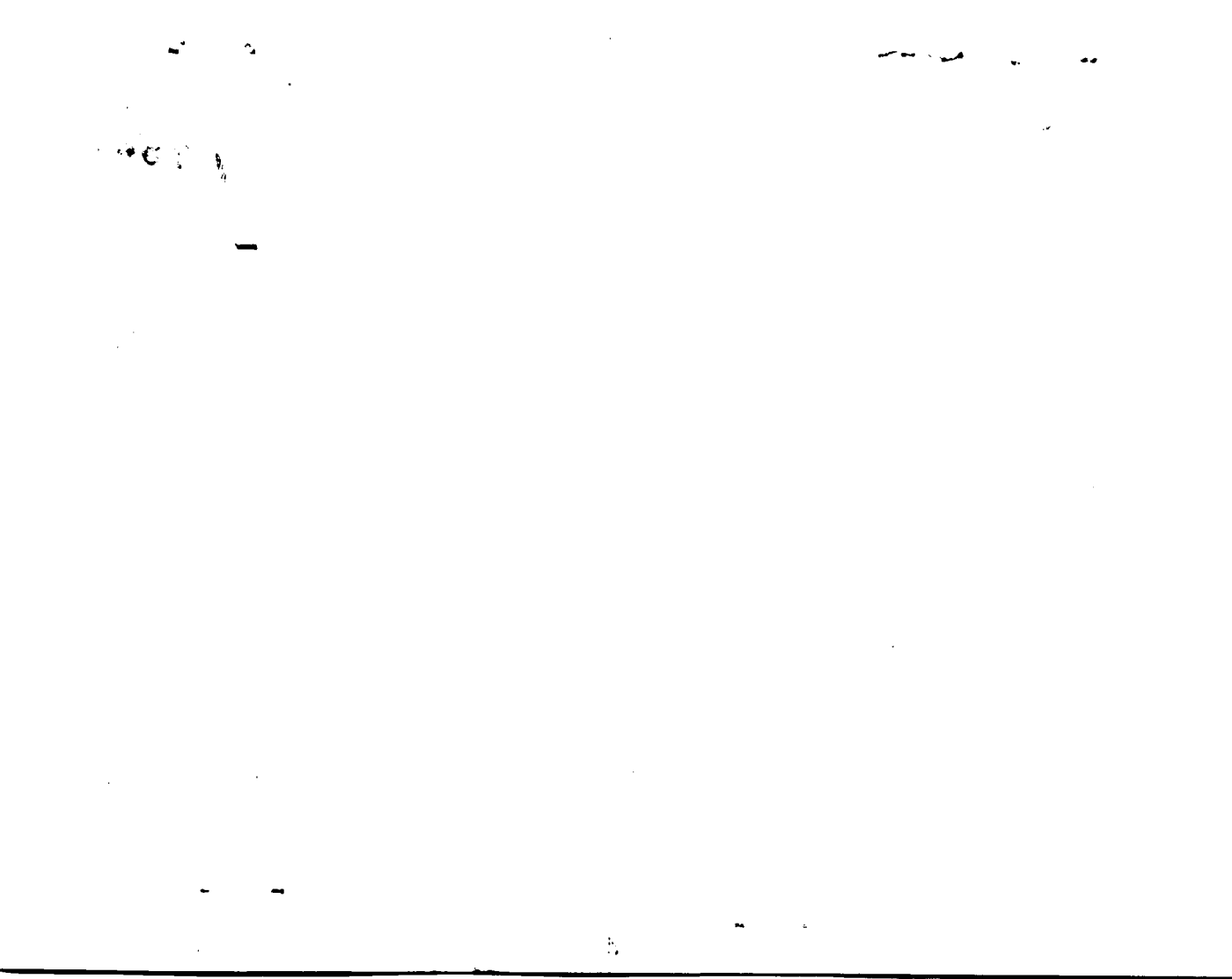
19

Address

Caldwell, Idaho

Filed

B-8- 1920 John H. Meyer  
Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS  
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho }  
County of Ada } ss.

Certificate No. 79679  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth for no name given who came born on June 7-1920 in Greenleaf (Name on original certificate) (Was born or died) (Date of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by own knowledge (Place of event) prepared on bible - about June 10 1920 are: (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

name to be added none given Loor Royal Moon

Subscribed and sworn to before me this 27 day of June 19 41

Signed Mrs. P.J. Moon  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at Beauregard  
My commission expires Apr. 12, 1943  
[SEAL]

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho }  
County of Ada } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of June 19 41

Signed Paul L. Daniels  
(Signature of any credible person other than the previous affiant)

Notary Public, residing at Beauregard  
My commission expires Apr. 12, 1943  
[SEAL]

(Street Address, City, State)

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

AUG 22 1975



449-104-014-413

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79680

County of CanyonCity of CaldwellRegistration District No. 3

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Caldwell-Santa Anna Primary Registration District No. 2005 Registered No. 138FULL NAME OF CHILD William Mathew Murphy

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and {	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>June 4</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME Charles Clinton Murphy  
RESIDENCE Baker Ore.  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Opal Paralle Matthews  
RESIDENCE Baker Ore.  
COLOR White AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Oregon  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 10:00 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho  
Filed 6-5-1920 John H. Meizer  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1946

APR 7 1960

DECLASSIFIED

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-1202-0151-5  
Amended 7/18/69  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V-B No. 11-C-25m-9-5-17

County of Canyon

City of Caldwell

No. Rural #1 St.

Registration District No. 3

File No. 79681

Primary Registration District No. 2005

Registered No. 137

Hospital

FULL NAME OF CHILD IQNA. GRACE. BROCK

Sex of Child <u>female</u>	Twin Triplet or other? <u>S</u> } and { Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 2</u> 19 <u>69</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>John F. Brock</u>	FATHER
RESIDENCE <u>Notus Ida. - Route 1</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Shells Knob - Mo.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Emily Embrey</u>	MOTHER
RESIDENCE <u>Notus Ida. - Route 1</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Drupuyer - Mont.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 2:35 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Brock

Given names added from a supplemental report.

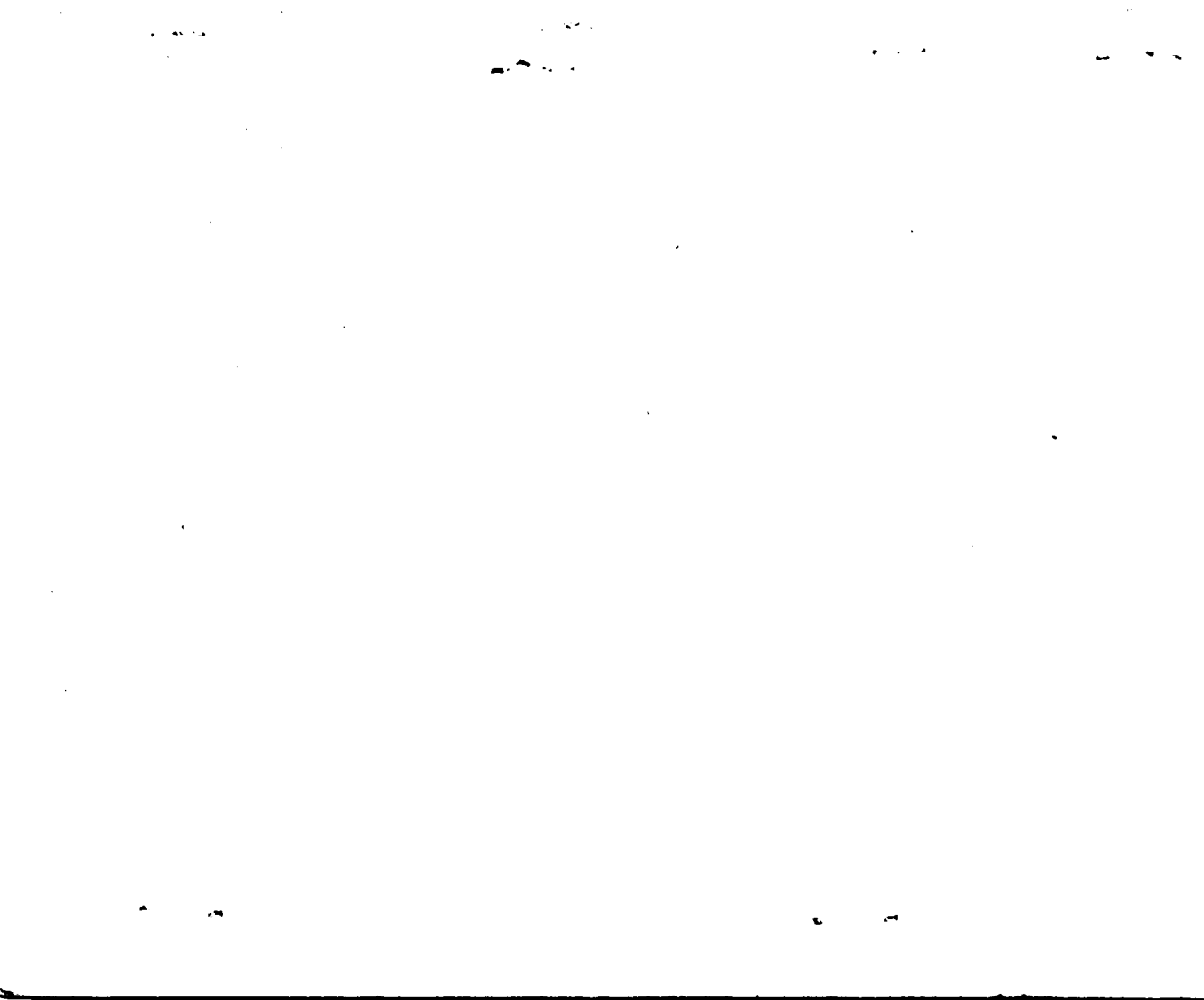
(Physician or midwife)

Address Caldwell

Filed 6-4-1970

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss.

Certificate No. 79681  
Date Filed June 4, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Iona Grace Brock who born on June 2, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Name no name Iona Grace Brock

Subscribed and sworn to before me this 24 day of February, 1920  
Joseph L. Stalbert  
Notary Public, residing at Cagle, Idaho  
My commission expires Sept 28, 1922  
(Seal)

X Signed Charles F. Brock  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1213 So. Phillips Boise  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington }  
County of Craig } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of Feb, 1920  
John C. Bladen  
Notary Public, residing at Bladen  
My commission expires 8-22-22  
(Seal)

Signed Harry C. Nelson  
(Signature of Any Credible Person)  
6504 - 225TH PL S.W.  
(Street Address, City, State)  
Mount Alto Terrace, N.W.

JUL 18 1969

Notification of Birth Reg. fro Daniel Lance Richardson gives mother's name as Iona Grace Brock. Dated Nov. 5, 1942. Viewed by V. S.

Iona Grace Richardson name on Marriage certificate to Harry Curtis Nelson. Dated April 6, 1962. X Signed by Randall Emy. Viewed by V. S. On File 62-34134



795-102-014-997

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of CaldwellRegistration District No. 3

File No.

79682No. Route #2 St.Primary Registration District No. 2005 Registered No. 136

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and {	Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>June 2</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-------	---	----------------------------	--

FATHER  
FULL NAME Leonard Carson Gray  
RESIDENCE Caldwell, Route #2  
COLOR White AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Anna May Repley  
RESIDENCE Caldwell, Ida. Route #2  
COLOR White AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Nebraska  
OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 10:05 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell, IdahoFiled 6-5-20

1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 20-33, 384

299-302-014-819

Form V. S. Nov. 16, 1916-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of BlountRegistration District No. 3File No. 79683No. Route 1 St.Primary Registration District No. 2005 Registered No. 135

Hospital \_\_\_\_\_

FULL NAME OF CHILD

JEAN CLARE KIRKPATRICK

Sex of  
ChildfemaleTwin  
Triplet  
or other? \_\_\_\_\_

and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate? \_\_\_\_\_Date of  
BirthJune 2  
(Month) (Day)1920  
(Year)FULL  
NAMEFATHER  
Ralph R. Kirkpatrick

RESIDENCE

Blount Route #1

COLOR

WhiteAGE AT LAST  
BIRTHDAY42  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
Bessie Harpe Kirkpatrick

RESIDENCE

Blount Route #1

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 7:00 a M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Dr. C. M. Kaley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Calldwell, Idaho  
6-5- 1920 John S. Meyer  
Registrar

Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS**  
**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. \_\_\_\_\_  
County of Ada } Date Filed May 5, 1941  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Jean Clare Kirkpatrick who Was born on June 2, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Huston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED (“Name”, “birth date”, “cause of death”, etc.)	FROM (As on original)	TO (The correct facts)
Name of child given as	name of mother	
mother's name	Jean Clare Kirkpatrick - given as/	Jean Clare Kirkpatrick
	Bessie Harper Kirkpatrick -	is name of child
Subscribed and sworn to before me this <u>5th</u> day of <u>May</u> , 19 <u>41</u>	omitted	Bessie Harper Kirkpatrick
Signed <u>B.R. Kirkpatrick</u> (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)		

Myron F. Brewer  
Notary Public, residing at Boise  
My commission expires April 1, 1945  
[SEAL]

Huston, Idaho  
(Street Address, City, State)  
(Calumet, Ar. 4. P.O.)

**Supporting Affidavit of a Second Person**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_  
Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
[SEAL]

\_\_\_\_\_  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)



618-231-014-695-

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-2-15-46

## CERTIFICATE OF BIRTH

County of CanyonCity of CaldwellNo. 1310 Dearborn St.

Registration District No. \_\_\_\_\_

File No. 79684Primary Registration District No. 2005Registered No. 134

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lama Marie Levere Day

Sex of Child

FemaleTwin  
Triplet  
or other? Singleand { Number  
in order  
of birth 4Legiti-  
mate? Yes

Date of Birth

May 31 1942

FULL NAME

Lynne D. Day

FATHER

FULL MAIDEN NAME

Fern C. Field

MOTHER

RESIDENCE

1310 Dearborn St Caldwell

RESIDENCE

1310 Dearborn St Caldwell

COLOR

White

AGE AT LAST BIRTHDAY

36 (Years)

COLOR

White

AGE AT LAST BIRTHDAY

37 (Years)

BIRTHPLACE

West Branch Mich.

BIRTHPLACE

Pomona, Cal

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:40 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dora A. Heymerich  
Physician D.O.  
(Physician or midwife)

Given names added from a supplemental report

Address

Caldwell, Idaho

Filed

6-2-1942 John V. Innes  
Registrar

RECEIVED  
FBI  
MAR 23 1971

MAR 23 1971

DECEASED



245-130-014-695  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. & No. 11-0-2km-4-3-17

County of Canyon

City of Caldwell

No. Rur. 3 St.

Hospital

FULL NAME OF CHILD

Registration District No. 3

File No. 79685

Primary Registration District No. 2005

Registered No. 133

Theodore Rollin Kunke

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 30 - 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>William C. Kunke</u>	FATHER
RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lessie Kate Winslow</u>	MOTHER
RESIDENCE <u>Caldwell Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>H. W.</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4:55 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D. Ineyes, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

Filed 5-30-1920 John D. Ineyes, M.D.  
Registrar

JAN 88 1954

343-014-413

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of CaldwellNo. Route 2 St.Registration District No. 3File No. 79686

Hospital \_\_\_\_\_

Primary Registration District No. 2005 Registered No. 132

FULL NAME OF CHILD

Marjorie Anita Tucker

Sex of Child

femaleTwin  
Triplet  
or other

and

Number  
in order  
of birth

Legitimacy?

yes

Date of Birth

May 30 1920  
(Month) (Day) (Year)

FULL NAME

Alvin J. Tucker

FATHER

RESIDENCE

Caldwell, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

30  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

Farmer

FULL MAIDEN NAME

Edith M. Jackson

MOTHER

RESIDENCE

Caldwell, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

28  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

H. W.Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 12:30 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. KaleyPhysician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell, IdahoFiled 6-5-1920John L. Myers

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 28 1945

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California }  
County of Los Angeles } ss.

Certificate No. 79686

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Marjorie Anita Tucker

(Birth or death)

for..... who..... born..... on.....  
(Name on original certificate) (Was born or died) (Date of event)

in Caldwell, Idaho..... ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true  
(Place of event)

facts as shown by Bible record..... prepared on June 12<sup>th</sup>..... 1920..... are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO  
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)

Name..... no name given..... Marjorie Anita Tucker

Subscribed and sworn to before me this 28  
day of August, 1941

Signed Edith M. Tucker (mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at Huntington Park

My commission expires April 22, 1945  
[SEAL] M. CARTER, NOTARY PUBLIC

6128 1/2 Seville, Huntington Park  
(Street Address, City, State) Calif.

Supporting Affidavit of a Second Person

State of California }  
County of Los Angeles } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28  
day of August, 1941

Signed us R. Hagan  
(Signature of any credible person other than the previous affiant)

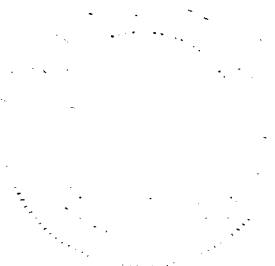
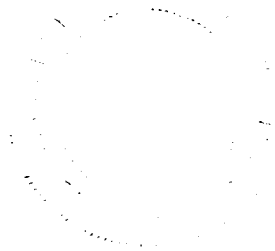
Notary Public, residing at Huntington Park

My commission expires April 22, 1945  
[SEAL] M. CARTER, NOTARY PUBLIC

6306 Pacific R. Huntington Park  
(Street Address, City, State) Calif.

Received for filing on..... by.....  
(Registrar's signature)

AUG 28 1945



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

632-224-014-365

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. NO. 11-C-25m-7-21-19

County of Canyon

City of Caladwell

No. Loganville St.

Hospital Antennae

Registration District No. 3 File No. 79687

Primary Registration District No. 2005 Registered No. 131

FULL NAME OF CHILD FAITH ISABELLE OLSEN

Sex of Child <u>female</u>	Twin Triplet or other	and { Number in order of birth {	Legiti mate? <u>yes</u>	Date of Birth <u>May 26 1920</u> (Month) (Day) (Year)
	(To be answered only in event of plural births)			

FATHER  
FULL NAME Norman Olsen

RESIDENCE Huston Park 2

COLOR white AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Ara Cox

RESIDENCE Huston Park 2

COLOR white AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 3:00 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

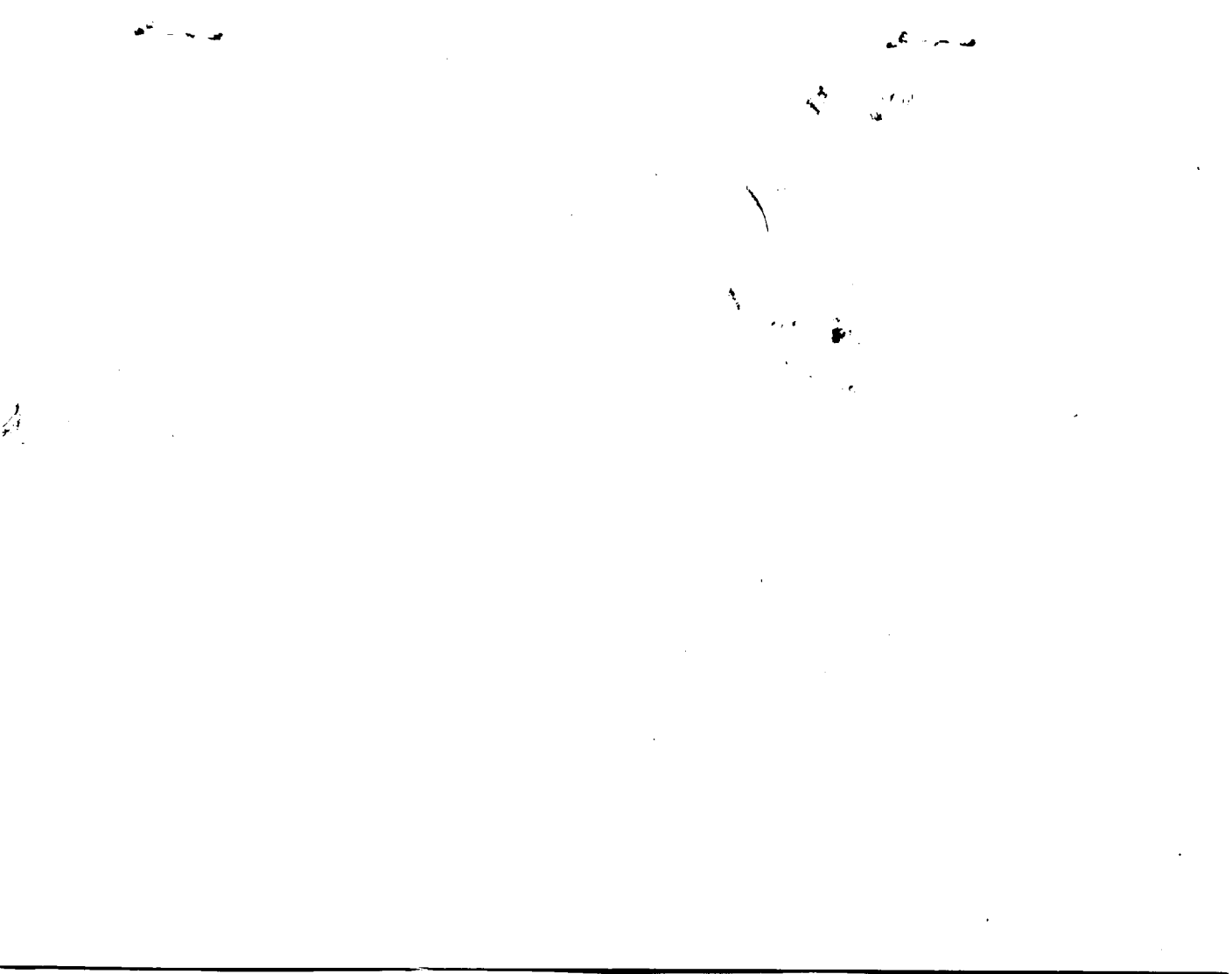
(Signature) Dr. T. M. Cole  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_  
Filed 6-5-1920 John H. Meyer  
Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 79687

County of Canyon } Date Filed Just

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for Unmarried who born on May 26, 1920

in Caldwell, Ida (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

(PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

Name Omitted Faith Isabelle  
Surnames Olsen Olsen

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed [Signature]  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-  
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)

MAR 1942

MAR 1942

APR 30 1975

632-226-04-365  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. 2. May 24-C-25m-7-21-19

County of CanyonCity of CaldwellRegistration District No. 3

File No.

79688No. Logan St.Primary Registration District No. 2005Registered No. 130Hospital Caldwell Lutheran

FAYE ANNABELLE OLSEN

FULL NAME OF CHILD

Sex of Child <u>female.</u>	Twin <u>twins</u> and { Triplet or other? (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth Month <u>May</u> Day <u>26</u> Year <u>1920</u>
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FULL NAME <u>Norman Olsen</u>	FATHER
RESIDENCE <u>Caldwell Rt 2</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer.</u>	

FULL MAIDEN NAME <u>Ada Cox</u>	MOTHER
RESIDENCE <u>Caldwell Rt 2</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

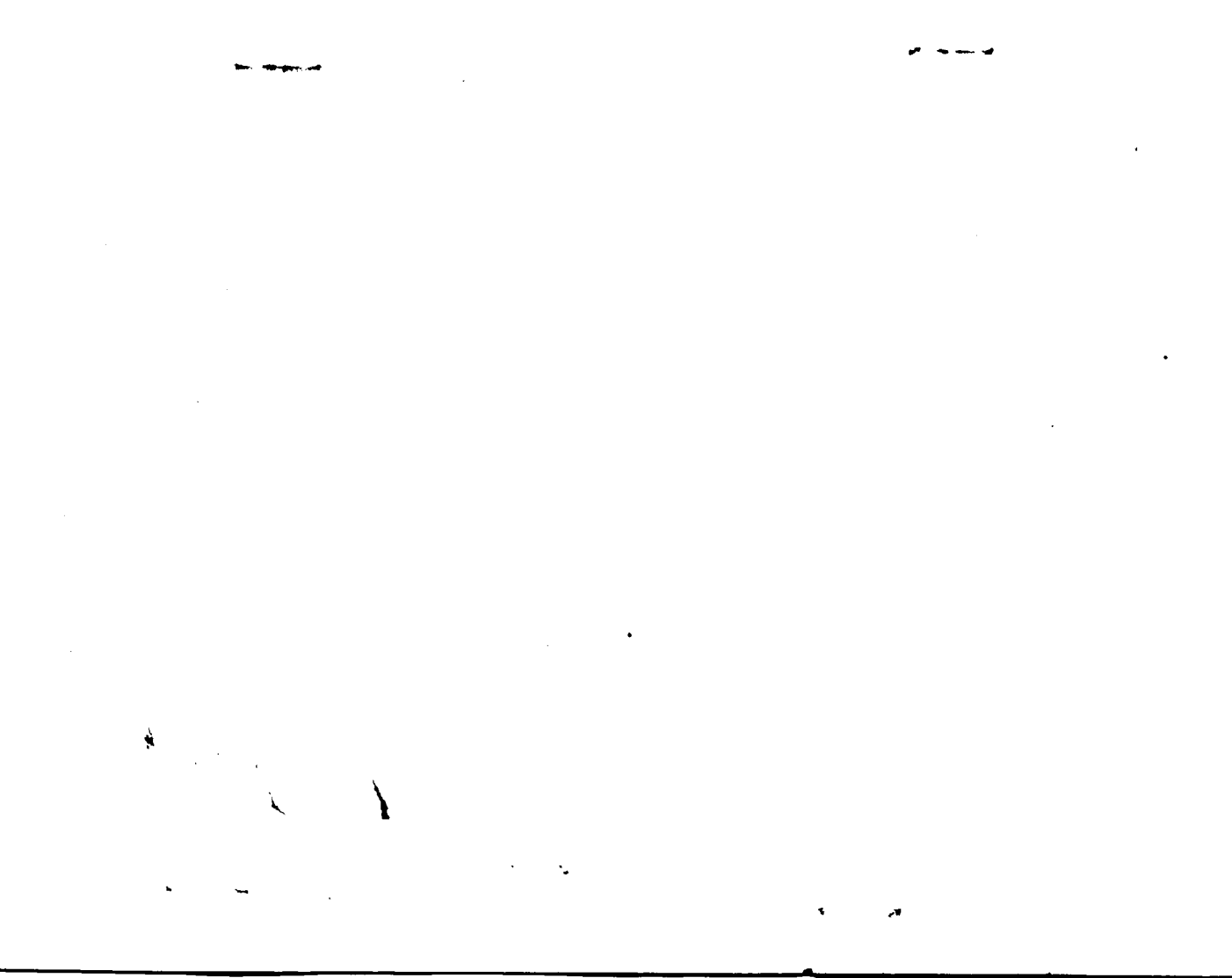
I hereby certify that I attended the birth of this child, who was alive, on the date above stated. (Born alive or stillborn) yes

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. T. M. Cole  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho  
Filed 6-5-1920 John J. Meyer  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Canyon } ss.  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unmarried who born on May 26, 1920  
in Caldwell, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
(PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
<u>Name</u>	<u>Unmarried</u>	<u>Married</u>
<u>Surname</u>	<u>Olsen</u>	<u>Olsen</u>

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL)

Signed [Signature]  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
Caldwell, Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL)

Signed \_\_\_\_\_  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
\_\_\_\_\_  
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 7 1921 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

FEB 14 1942

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-124-04-851

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CassiaCity of CaldwellNo. Route #3 St.Registration District No. 3

File No.

79689

Hospital \_\_\_\_\_

Primary Registration District No. 2005 Registered No. 129

FULL NAME OF CHILD

Clyde Herbert Matlock

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy?

yes

Date of Birth

May 24 1920  
(Month) (Day) (Year)

FULL NAME

James William Matlock

FATHER

RESIDENCE

Caldwell, Idaho Route #

COLOR

White

AGE AT LAST BIRTHDAY

28  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

Lulu Heard

MOTHER

RESIDENCE

Caldwell Route #

COLOR

White

AGE AT LAST BIRTHDAY

25  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 5:30 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. KaleyPhysician  
(Physician or midwife)

Given names added from a supplemental report.

19

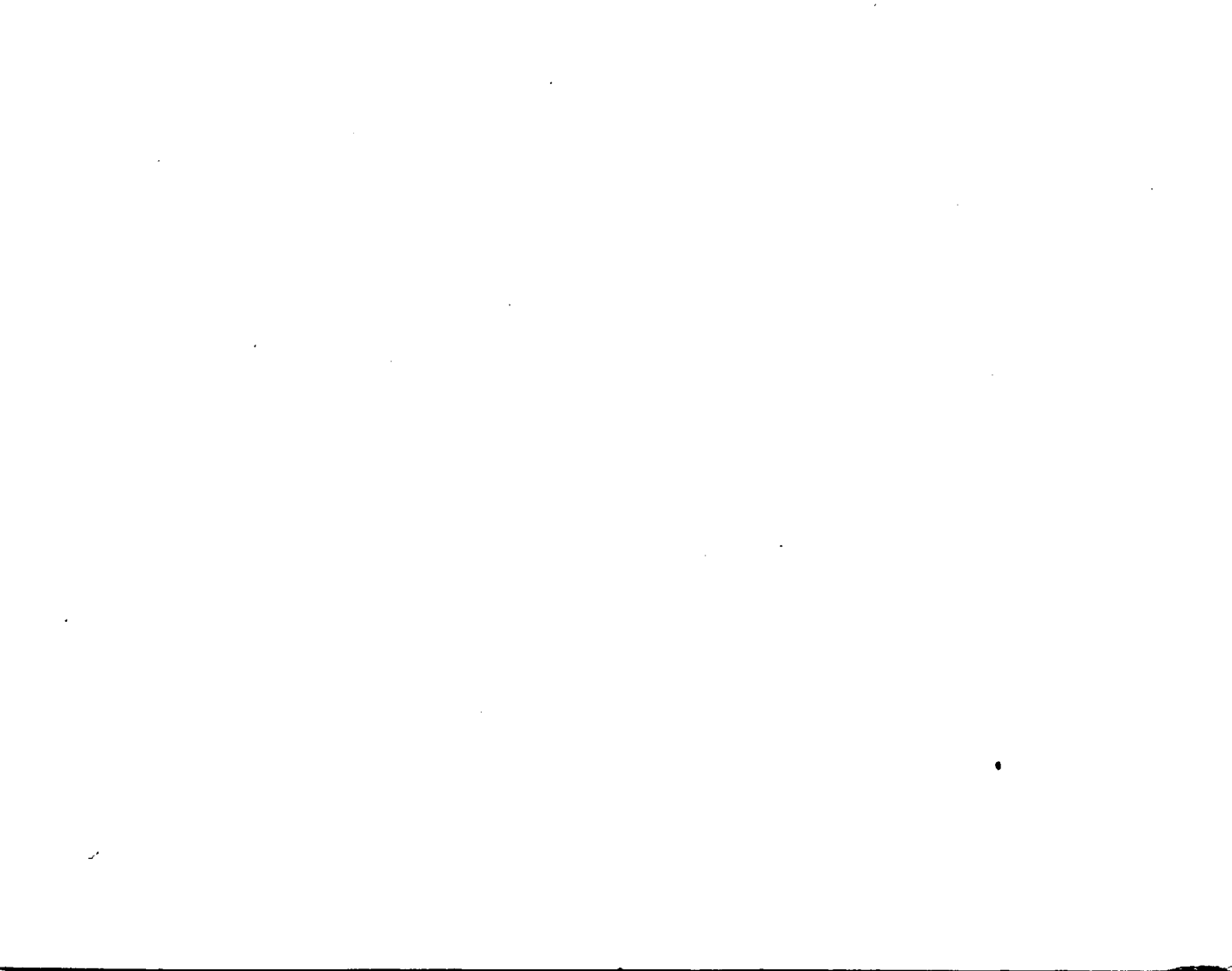
Address

Caldwell, Idaho

Filed

6-5-1920 John L. Meyer  
Registrar

Registrar





WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

966-121-014-437

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CanyonCity of CaldwellNo. Rt. # 2 St.Registration District No. 3File No. 79690

Hospital \_\_\_\_\_

Primary Registration District No. 2004 Registered No. 128

## FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u>	and	Number in order of birth <u>—</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>May 21</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---------------------------------------	-----	--	-----------------------------	--

FATHER  
FULL NAME Lee Rowland  
RESIDENCE Caldwell R # 2  
COLOR White AGE AT LAST BIRTHDAY 38  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Myrtle M. Grier  
RESIDENCE Caldwell R # 2  
COLOR White AGE AT LAST BIRTHDAY 31  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

 Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was alive at 2:00 P.M. on the date above stated. (Born alive or stillborn)

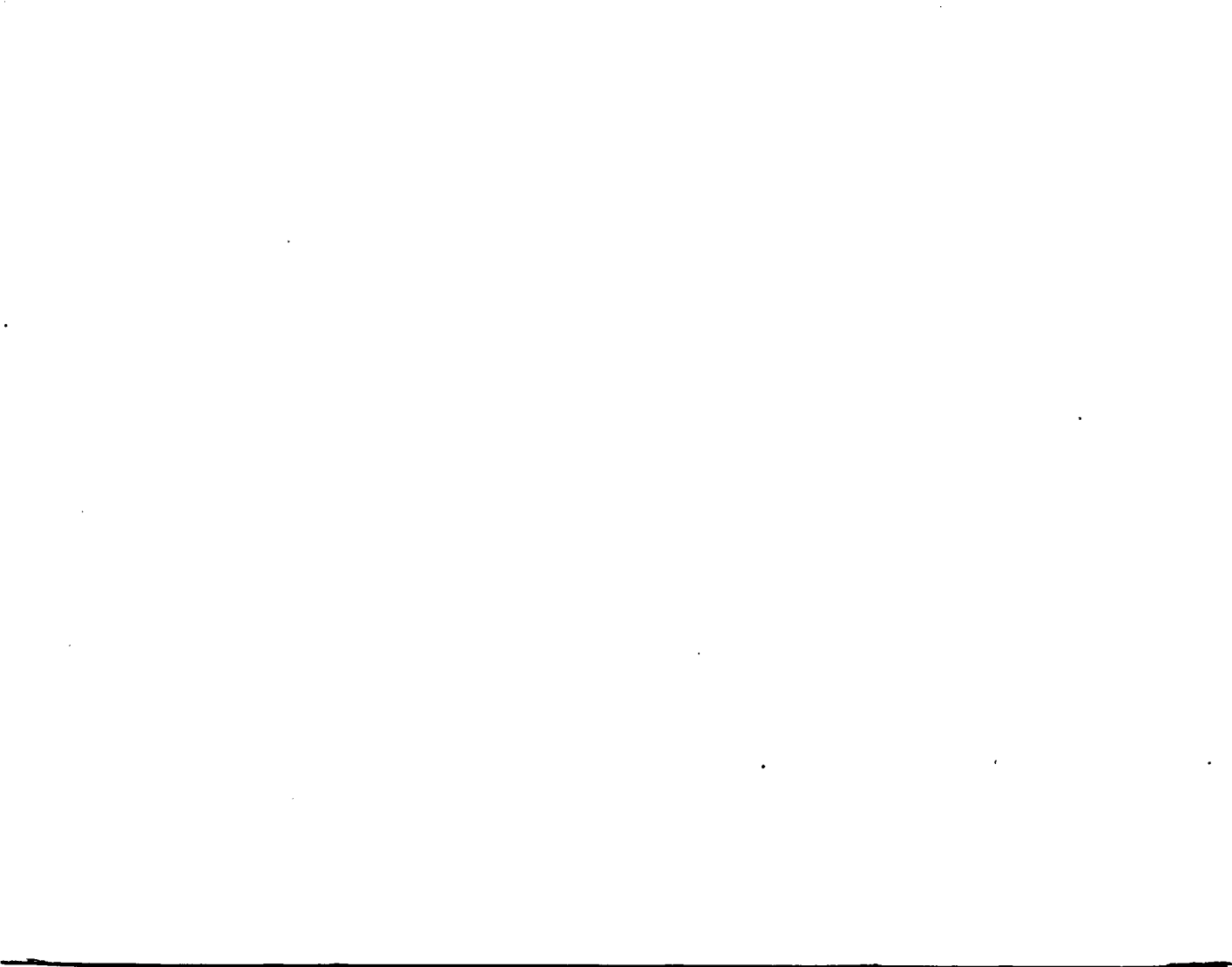
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

 (Signature) Dr. F. M. Cole  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

 Address Caldwell, Idaho  
Filed 5-24-1920 John B. Meyer  
Registrar

Registrar



55-1-221-014-249

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

County of Canyon  
City of Caldwell, Ida.

## CERTIFICATE OF BIRTH

Registration District No. 3 File No. 79691No. \_\_\_\_\_ St. \_\_\_\_\_  
Primary Registration District No. 2005 Registered No. 127Hospital \_\_\_\_\_  
FULL NAME OF CHILD Ida May CoaneSex of Child Female { 2nd } and { 2nd } Legiti- yes Date of Birth May 21 1920  
(To be answered only in event of plural births) (Day) (Year)FULL NAME FATHER Major Bennett CoaneFULL MAIDEN NAME MOTHER Mary Flora BurkRESIDENCE Caldwell, Ida.RESIDENCE Caldwell, Ida.COLOR white AGE AT LAST BIRTHDAY 30 (Years)COLOR white AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE Mo.BIRTHPLACE Mo.OCCUPATION Farmer.OCCUPATION Housekeeper.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on above date at 12:30 P. M.  
on the date above stated.

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

J. M. Henry

(Physician or midwife)

Given names added from a supplemental report.

Address

Caldwell, Ida.

Filed

5-29-20 John V. Meyer.

Registrar

FEB - 7 1947

STATE DEPARTMENT

RECEIVED

REPORT

DATE

BY

TO

FROM

SUBJECT

REMARKS

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

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RECEIVED

455-221-037-997

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of OwensCity of HomedaleRegistration District No. 3File No. 79692

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital HomePrimary Registration District No. 2005 Registered No. 126

FULL NAME OF CHILD

Dorothy May

Sex of  
ChildGirlTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthMay 21  
(Month) (Day)1920  
(Year)FULL  
NAMEO. R. Wheel

FATHER

RESIDENCE

Homedale

COLOR

WhiteAGE AT LAST  
BIRTHDAY4 2  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMary Riggs

MOTHER

RESIDENCE

Homedale

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 8Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive, at 8:55 P.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. B. Borch  
W. B.

(Physician or midwife)

Given names added from a supplemental report.

19\_\_\_\_

Address

W. B. Borch

Filed

5-25-20 John V. Meyer

Registrar

Registrar



11

12

13

14

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Canyon } ss.

Certificate No. 79692

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed who was born on May 21, 1920 (Birth or Death)  
in Owyhee County, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

Name

Unnamed

Dorothy May Deel

Subscribed and sworn to before me this 15th  
day of October, 1942.  
Emma E Thompson  
Notary Public, residing at Caldwell, Idaho  
My commission expires October 5, 1945  
(Seal)

Signed Viola M Dodge "sister"  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Parma, Idaho RFD 1  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Canyon } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th  
day of October, 1942.

Signed Mrs Inice S Sayre  
(Signature of Any Credible Person Other Than Previous Year)

Emma E Thompson  
Notary Public, residing at Caldwell, Idaho

My commission expires Oct. 5, 1945  
(Seal)

(Street Address, City, State)

DEC 8

1954



386-121-014-519

PLACE OF BIRTH

STATE OF **IDAHO**  
BUREAU OF VITAL RECORDS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-21m-8-17

County of CanyonCity of CaldwellNo. 1578 Everett St.

Registration District No. ....

File No. .... **79693**Primary Registration District No. .... 1005Registered No. .... 125

Hospital .....

FULL NAME OF CHILD

Frank ThomasSex of Child MaleTwin  
Triplet  
or other?and (Number  
in order  
of birth  
(To be answered only in event of plural births))Legiti-  
mate? YesDate of Birth May 21 - 20  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Lonnie Thomas

RESIDENCE

Caldwell, Idaho

COLOR

White AGE AT LAST  
BIRTHDAY 28  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

States MasterFULL  
MAIDEN  
NAME

MOTHER

Ira R. Earnes

RESIDENCE

Caldwell, Idaho

COLOR

White AGE AT LAST  
BIRTHDAY 20  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:30 A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

John S. Meyers, M.D.

(Physician or midwife)


Given names added from a supplemental report.

Address .....

Caldwell, IdahoFiled 5 - 21 - 1922

Registrar

John S. Meyers  
Registrar



SEP 8 1954

SEP 25 1941

235-119-014-391

Amended 11-21-62

(Be sure the information is complete and accurate)

State File No. 79694

Federal Security Agency  
United States Public Health Service

## CERTIFICATE OF BIRTH

Local Reg. No. 124

STATE OF IDAHO

Reg. Dist. No. 3

1. PLACE OF BIRTH a. COUNTY <b>Canyon</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Canyon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Huston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Huston</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route #3</b>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME a. (First) <b>James</b> (Type or print)		b. (Middle) <b>Elmore</b> c. (Last) <b>Bledsoe</b>	
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) <b>May 19, 1920</b>
FATHER OF CHILD			
7. FULL NAME a. (First) <b>Homer</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Bledsoe</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>22</b> YEARS	10. BIRTHPLACE (State or foreign country) (City or Town) <b>Missouri</b>	11a. USUAL OCCUPATION <b>Farmer</b>	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <b>Daisy</b> b. (Middle) <b>Marie</b> c. (Last) <b>Crawford</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>20</b> YEARS	15. BIRTHPLACE (State or foreign country) (City or Town) <b>Missouri</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <b>0</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME (Relationship)			
18a. SIGNATURE <b>Dr. C. M. Kaley</b>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
18c. ADDRESS <b>Caldwell, Idaho</b>		18d. DATE SIGNED	
19. DATE REC'D BY LOCAL REG. <b>5-24-1920</b>	20. REGISTRAR'S SIGNATURE <b>John S. Meyer</b>	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	
<div style="display: flex; justify-content: space-between;"> <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 2em;">DECEASED</div> <div>             FOR MEDICAL AND HEALTH USE ONLY              (This section MUST be filled out)  <b>4-28-2005</b>  <b>Wg</b>  <b>05-55212</b> </div> </div>			

DIVISION OF VITAL STATISTICS, BUTTE, MONT.

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this act with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in any case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by any local ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \* \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT (Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....  
.....

(b) Labor: Complication.....

.....  
..... Induced?.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

## Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss. Certificate No. 79694  
 County of Walla Walla } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
 for James Elmer Bledsoe who was born on May 20, 1920  
 (Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Huston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of Event)

true facts are shown by Census Record & Draft prepared on 4-1-30 and 7-1-41 respectively are:  
 (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
 ("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
 (As on Original)

**TO**  
 (The Correct Facts)

Full Name of Child James Elmer Bledsoe James Elmore Bledsoe  
 Child's Date of Birth May 20, 1920 May 19, 1920

Subscribed and sworn to before me this 10<sup>th</sup> day of  
AUGUST 1962

Signed Daisy M. Bledsoe  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Walla Walla

My commission expires JUNE 30, 1966  
 (Seal)

1312 S. 3rd St., Dayton, Washington  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.  
 County of Walla Walla }

[This Affidavit MUST Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of  
Sept. 1962

Signed Grace T. Lurie  
 (Signature of Any Credible Person)

Notary Public, residing at Walla Walla

My commission expires \_\_\_\_\_  
 (Seal)

322 Catherine Walla Walla, Wn  
 (Street Address, City, State)

~~Statement from Selective Service,~~

Statement from State Headquarters for Selective Service, Boise, Idaho, written by Annabel R. Woodmore, Chief, Administrative Division, statement written August 27, 1962 - states "This is to certify that James Elmore Bledsoe registered for Selective Service on July 1, 1941 at Caldwell, Idaho. At that time he gave May 19, 1920, as his date of birth and Huston, Idaho as his place of birth." - viewed by V.S.

Social Security Application, dated April 23, 1946 - #538-26-5905 gives full name as James Elmore Bledsoe, born May 19, 1920 at Caldwell, Idaho to Homer Franklin Bledsoe and Daisy Marie Crawford - viewed by V.S.

255-219-014-234  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. 8. No. 11-C-25m-4-8-17

## CERTIFICATE OF BIRTH

County of CanyonCity of CaldwellRegistration District No. 3File No. 79695No.        St.       Primary Registration District No. 1005Registered No. 123Hospital VictoriaFULL NAME OF CHILD Louise Kunkel

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>8</u> and (Number in order of birth <u>3</u> ) (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>5/19/20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Louis Kunkel</u>	FATHER
RESIDENCE <u>Caldwell</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Chicago Ill</u>	
OCCUPATION <u>Contractor</u>	

FULL MAIDEN NAME <u>Elsie Shoup</u>	MOTHER
RESIDENCE <u>Caldwell</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Louisville Kans</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

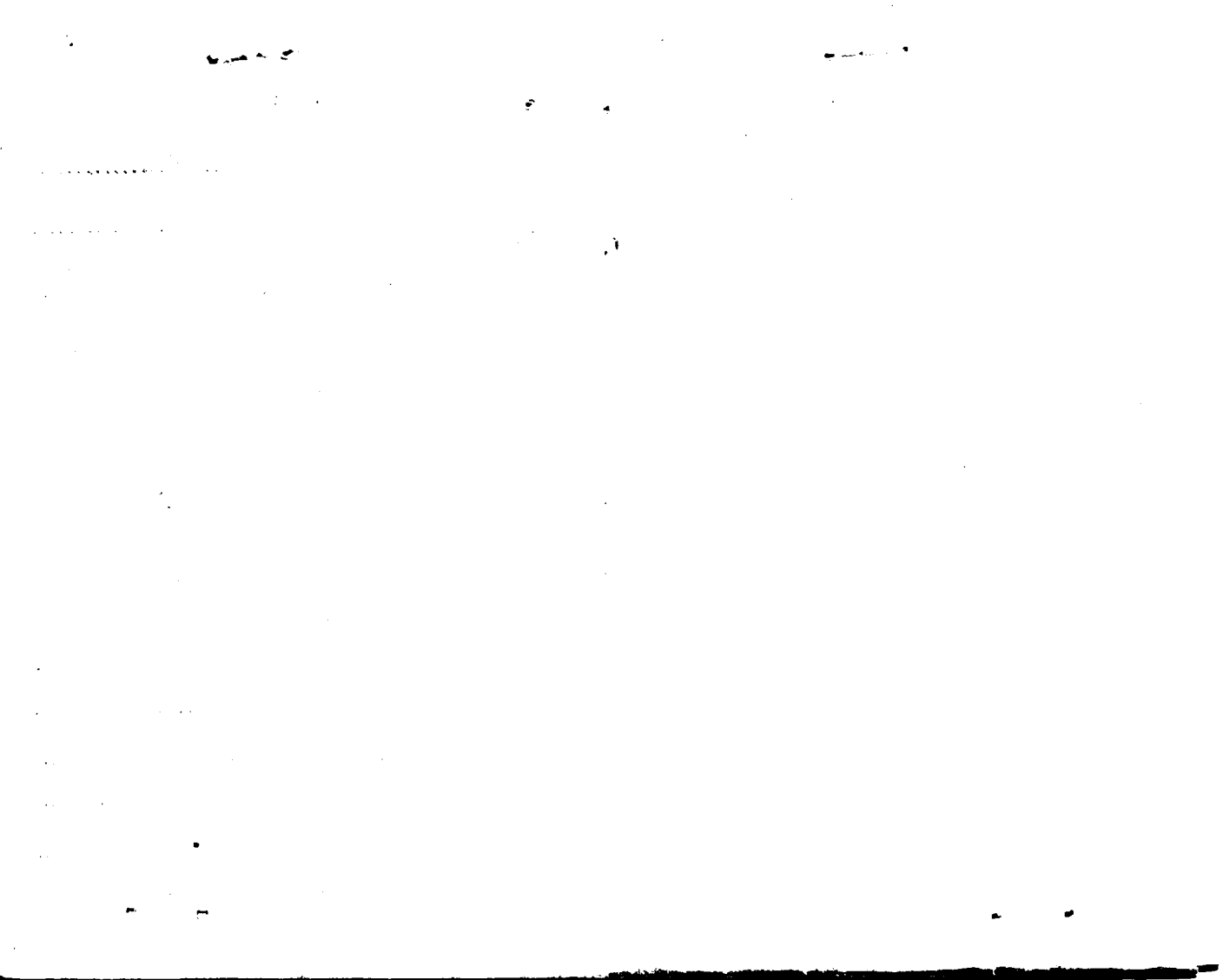
I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Meyer, M.D.

Given names added from a supplemental report.

Address Caldwell (Physician or midwife)Filed 5-28-20 John H. Meyer  
Registrar





594-116-014-168

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CanyonCity of ATulsaRegistration District No. 3

File No.

79696

No. \_\_\_\_\_ St.

Hospital HonacPrimary Registration District No. 2005 Registered No. 122

FULL NAME OF CHILD

James EedenmillerSex of Child MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthMay 16 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY40  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY40  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 11 30 P.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

DEC 22 1941

FEB 19 1968

AUG 14 1972

Amended 7-13-67

(Be sure the information is complete and accurate)

**CERTIFICATE OF BIRTH  
 STATE OF IDAHO**

State File No. **79697**

Local Reg. No. **121**

Reg. Dist. No. **3**

**1. PLACE OF BIRTH**

a. COUNTY

**Canyon**

b. CITY (If outside corporate limits, write RURAL and give township)  
 OR  
 TOWN

**Caldwell**

c. FULL NAME OF (If NOT in hospital or institution, give street address or location)  
 HOSPITAL OR  
 INSTITUTION

**2. USUAL RESIDENCE OF MOTHER (Where does mother live?)**

a. STATE

**Idaho**

b. COUNTY

**Canyon**

c. CITY (If outside corporate limits, write RURAL and give township)  
 OR  
 TOWN

**Caldwell**

d. STREET ADDRESS (If rural, give location)

**3. CHILD'S NAME  
 (Type or print)**

a. (First)

**Robert**

b. (Middle)

**Ralsamore**

c. (Last)

**Wilson**

4. SEX

**Male**

5a. THIS BIRTH

SINGLE ☒ TWIN \_\_\_\_\_ TRIPLET \_\_\_\_\_

5b. IF TWIN OR TRIPLET (This child born)

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

6. DATE OF BIRTH

(Month) (Day) (Year)

**May 15, 1920**

**FATHER OF CHILD**

**7. FULL NAME**

a. (First)

**John**

b. (Middle)

**William**

c. (Last)

**Wilson**

8. AGE (At time of this birth)

**31** YEARS

9. BIRTHPLACE (State or foreign country)  
 (City or Town)

**Indiana**

10. USUAL OCCUPATION

**Farmer**

11. KIND OF BUSINESS OR INDUSTRY

**MOTHER OF CHILD**

**12. FULL MAIDEN NAME**

a. (First)

**Mabel**

b. (Middle)

c. (Last)

**Kiser**

13. AGE (At time of this birth)

**27** YEARS

14. BIRTHPLACE (State or foreign country)  
 (City or Town)

**Indiana**

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

**1**

b. How many OTHER children were born alive but are now dead?

**0**

c. How many children were stillborn (born dead after 20 wks. pregnancy)?

**0**

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

*I hereby certify that this child was born alive on the date stated above.*

**17. SIGNATURE**

**Dr. C. M. Kaley**

19. ADDRESS

**Caldwell, Idaho**

**18. ATTENDANT AT BIRTH**

M.D. ☒ MIDWIFE \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.

**5-20-1920**

22. REGISTRAR'S SIGNATURE

**John S. Meyer**

23. DATE ON WHICH GIVEN NAME ADDED BY \_\_\_\_\_ Registrar

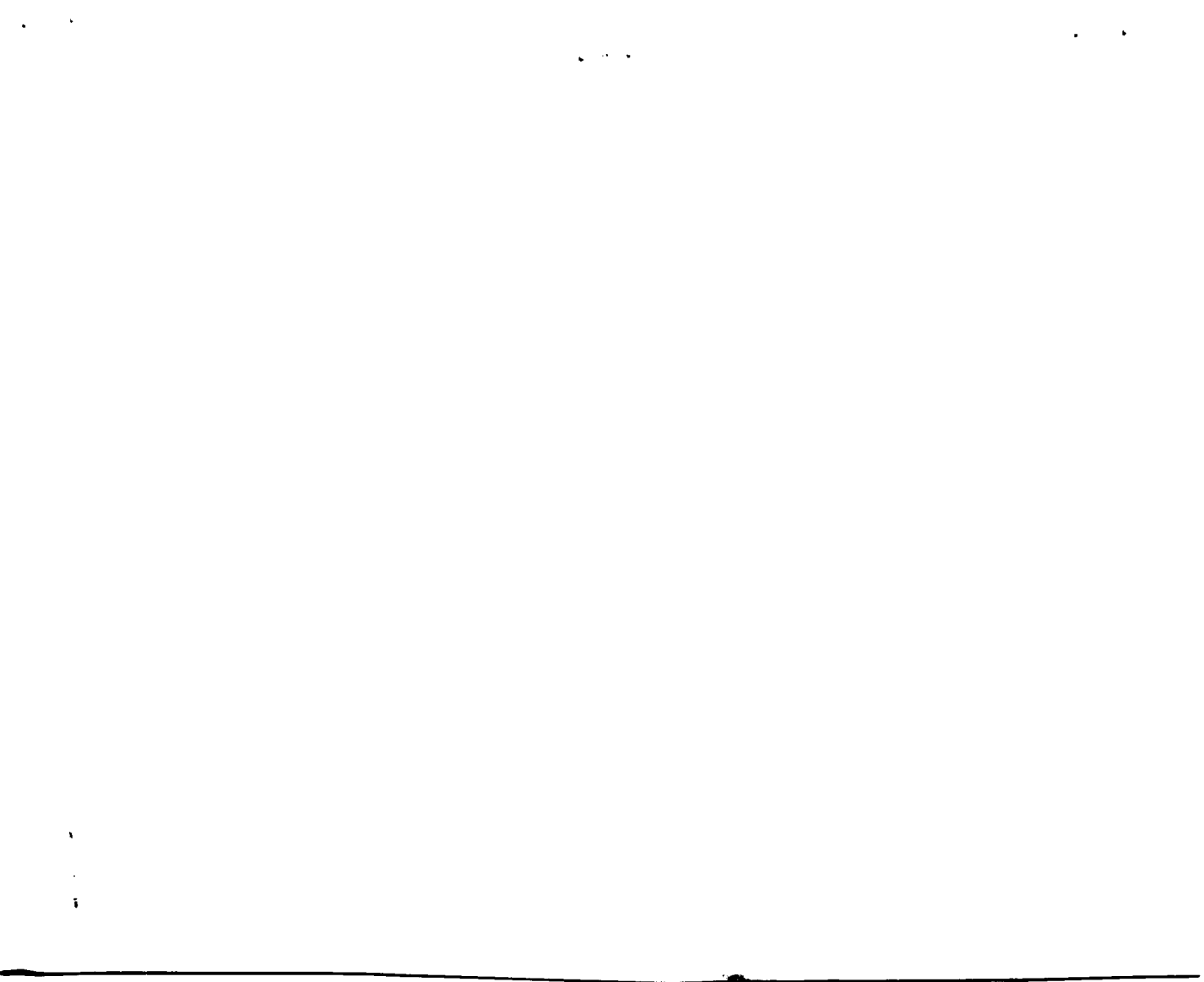
**FOR MEDICAL AND HEALTH USE ONLY**

Was a test for phenylketonuria performed?

YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

Was a standard serological test for syphilis performed?

YES \_\_\_\_\_ NO \_\_\_\_\_ APPROXIMATE DATE \_\_\_\_\_



## BUREAU OF VITAL STATISTICS

## Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of..... } ss. **RECEIVED JUL 12 1967**  
 County of..... } Bureau of Vital Statistics

Certificate No. 79697

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Robert Ralsamore Wilson who was born (Birth or Death)  
 (Name on Original Certificate) (Was Born or Died) on May 14, 1920 (Date of Event)

in Caldwell are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of Event)

true facts are shown by..... prepared on..... are:  
 (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
 ("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
 (As on Original)

**TO**  
 (The Correct Facts)

Date of Birth May 14, 1920

May 15, 1920

Subscribed and sworn to before me this 12<sup>th</sup> day of

July, 1967

Notary Public, residing at Boise, Idaho

My commission expires Nov. 18, 1967  
 (Seal)

Signed Robert Ralsamore Wilson  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Middleton, Idaho Box 63  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... } ss.  
 County of..... }

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of  
 ....., 19.....

Signed.....  
 (Signature of Any Credible Person)

Notary Public, residing at.....  
 My commission expires.....  
 (Seal)

(Street Address, City, State)

Bible Record gives date of birth as May 15, 1920 for Robert R Isamore Wilson son of John William Wilson and Mabel Kiser. Bible Record obviously old.  
Viewed by V. S.

Insurance policy issued by Northern Life Co. on Nov. 14, 1956 gives date of birth as May 15, 1920.  
Viewed by V. S.

253-114-014-213

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. E. No. 20-22a-2429

County of Cassia...City of Calawell...No. 925-114-014-213...Registration District No. .... 3 .....File No. .... 78608 .....Primary Registration District No. .... 2005 .....Registered No. .... 120 .....

Hospital .....

FULL NAME OF CHILD ..... Kenneth Clay Bell .....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u> and { Number in order of birth <u>—</u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 14</u> 191 <u>2</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>John Clarence Bell</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Jean Paul Ballinger</u>		
RESIDENCE <u>Calawell, Idaho</u>	RESIDENCE <u>Calawell, Idaho</u>		
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>34</u> (Years)		
BIRTHPLACE <u>Illinois</u>	BIRTHPLACE <u>Missouri</u>		
OCCUPATION <u>Rancher</u>	OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth .... 4 .... Number of children of this mother now living, including present birth .... 4 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

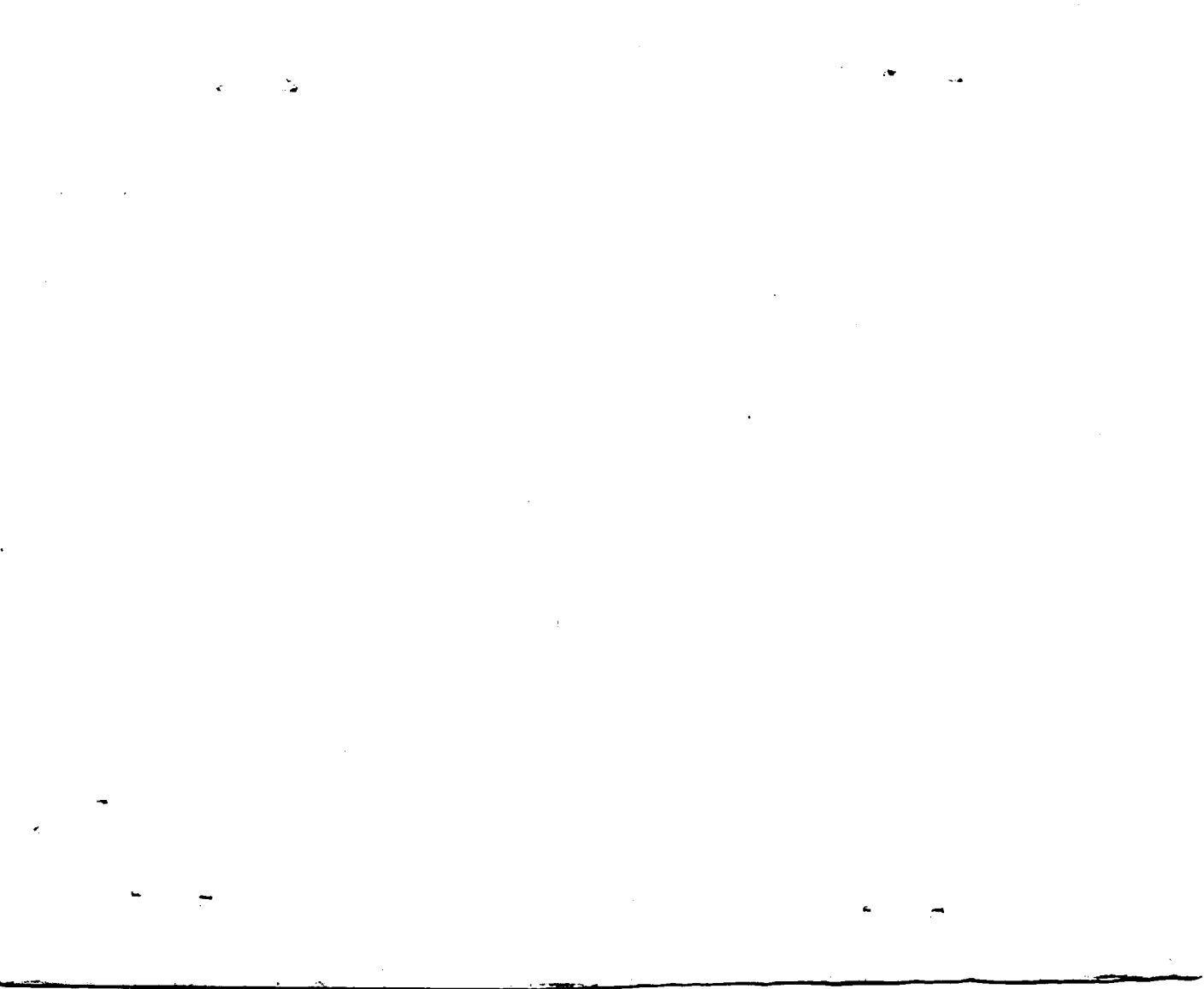
I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:15 A.M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... Dr. C. M. Haley .....  
Physician  
 (Physician or midwife)

Given names added from a supplemental report.

Address Calawell, Idaho  
 Filed 5-20-1920 John B. Meyer  
 Registrar





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss.

Certificate No. 79698

Date Filed.....

Birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Unnamed Bell who was born on May 14, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Childs name

omitted

Kenneth Clay Bell

Subscribed and sworn to before me this 10<sup>th</sup> day of

Signed

Lera Bell  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise

My commission expires 4-20-76

(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of  
....., 19.....

Signed.....

(Signature of Any Credible Person)

Notary Public, residing at.....

My commission expires.....

(Seal)

(Street Address, City, State)

Own child's birth certificate on file with the State of Idaho, # 49-11744 gives name of father as Kenneth Clay Bell. Child born October 4, 1949. -  
Viewed by V.S.

Social Security Card issued July 1944 gives name as Kenneth Clay Bell, # 519 16 5696 issued by the Social Security Administration.  
Viewed by V.S

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

718-211-014-213

PLACE OF BIRTH

County of... *Canyon*...

City of... *Caldwell*...

No. *2nd & Everett St.*

Hospital *Caldwell Sanitarium*

FULL NAME OF CHILD *Edna Maxine Paynter*

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-21a-2-27

Registration District No. *3*

File No. *79699*

Primary Registration District No. *1005*

Registered No. *119*

Sex of Child *girl* Twin Triplet or other? *and* (Number in order of birth) Legitimate? *yes* Date of Birth *May 11 1920*  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER *William M. Paynter*

RESIDENCE *Caldwell*

COLOR *White* AGE AT LAST BIRTHDAY *33*  
(Years)

BIRTHPLACE *Idaho*

OCCUPATION *Plumber*

FULL MAIDEN NAME MOTHER *Lillian E. Ballenger*

RESIDENCE *Caldwell*

COLOR *White* AGE AT LAST BIRTHDAY *23*  
(Years)

BIRTHPLACE *Missouri*

OCCUPATION *Housewife*

Number of child of this mother, including present birth... *4* Number of children of this mother now living, including present birth... *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... *alive* (Born alive or stillborn) At... *1:45 P.M.*  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *C. M. Kaley*  
*Physician*  
(Physician or midwife)

Given names added from a supplemental report.

Address... *Caldwell Idaho*  
Filed... *5-20-20* *John D. Meyer*  
Registrar

AUG 9 1971

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend Original Certificate of Birth or Death**

State of Idaho Certificate No. 79699  
County of Canyon Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Paynter (Female) who was born on May 11, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)  
Child's name Unnamed Paynter Edna Maxine Paynter  
(The Correct Facts)

Subscribed and sworn to before me this 30th day of  
August, 19 71.

Notary Public, residing at Caldwell, Idaho  
My commission expires 6/10/75  
(Seal)

Signed Mrs. Wm. Paynter  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington } ss.  
County of King

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of  
November, 19 71.

Signed James Paynter  
(Signature of Any Credible Person)

Notary Public, residing at Seattle  
My commission expires April 4, 1974  
(Seal)

20630 4th Ave S. Seattle  
(Street Address, City, State)

Own child's birth certificate on file with City of Seattle, Washington  
Department of Health, Volume # 1947 Registered # 1345 gives name of mother  
as Edna Maxine Paynter. Child born Feb 19, 1947  
Viewed by V.S

NOV 18 1971

Marriage Record give name as Edna Maxine Paynter married Jan 9, 1939 in  
Caldwell, Idaho.  
Viewed by V.S

459-110-014-362  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22-2222

County of Carson

City of Caldwell

Registration District No. 3

File No. 79700

No. ..... St.

Primary Registration District No. 1005

Registered No. 118

Hospital .....

FULL NAME OF CHILD Olmer Clement

Sex of Child <u>male</u>	Twin <u>single</u> or other? <u>.....</u>	and { Number in order of birth <u>4</u> }	Legitimate? <u>yes</u>	Date of Birth <u>May 10</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

FATHER  
FULL NAME Oscar Clement  
RESIDENCE Caldwell Ida.  
COLOR white AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Caldwell Ida.  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Olea Gokson  
RESIDENCE Caldwell Ida.  
COLOR white AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Ill.  
OCCUPATION Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on abridate at 7 a. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Given names added from a supplemental report.

(Physician or midwife)

Address Caldwell Ida.

Filed 5-15-20 John H. Meyers

Registrar

Registrar

OCT 5 195



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

213-207  
014-713

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-2m-2-27

City of Madison

No. Conte # 2 St.

Registration District No. 9

File No. 79701

Hospital St. Luke's

Primary Registration District No. 2005

Registered No. 117

FULL NAME OF CHILD Beulah LoRayne Bates

Sex of Child <u>Female</u>	Twin <u>X</u> Triplet <u>X</u> or other? <u>X</u> and { Number in order of birth <u>X</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>May 7</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>ROLLY FATHER</u>	FULL MAIDEN NAME <u>MOTHER</u>		
RESIDENCE <u>Rolla, H. Bates</u>	RESIDENCE <u>Gladys Palmer</u>		
COLOR <u>White</u>	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Wisconsin</u>	BIRTHPLACE <u>Oregon</u>		
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:00 A.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. M. Kaley

Given names added from a supplemental report.

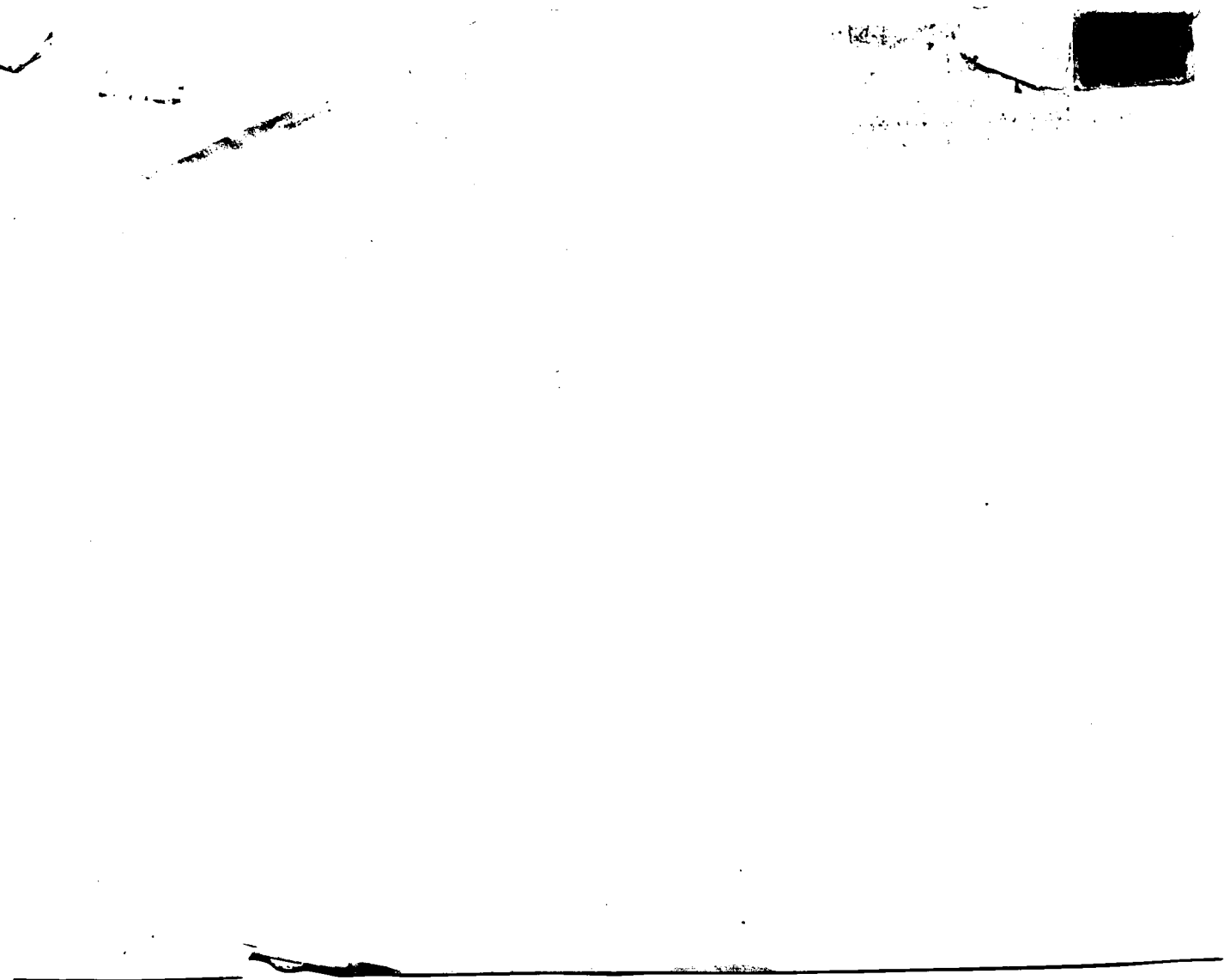
(Physician or midwife) Calderhead, Ida

Address Idaho

Filed May 8 - 1920

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of ..... } Certificate No. 79701

County of ..... } SS. Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of .....  
(BIRTH OR DEATH)

for ..... who ..... on .....  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

in ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)

true facts as shown by ..... prepared on ..... are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) FROM (AS ON ORIGINAL)

**TO**

(THE CORRECT FACTS)

*Father's name*  
*name*

*Rockley*  
*none given*

*Rockley H. Bates*  
*Burke H. Bates*

Subscribed and sworn to before me this .....  
day of *March*, 19 *43*

Signed x *Mrs R. H. Bates*  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at *Boss*  
My commission expires *1/14/47*  
(SEAL)

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....  
day of ..... 19 .....

Signed.....  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at.....  
My commission expires.....  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on..... By .....  
(REGISTRAR'S SIGNATURE)

MAR 1



FEB 14 1969



433-105

014-279

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. H-C-22-3-37

County of SanyonCity of SalduellRegistration District No. 3File No. 79702No. 814 S. Cleveland BlvdPrimary Registration District No. 1005Registered No. 116Hospital CLIFFORDFULL NAME OF CHILD Robert Clifford McLean

Sex of Child <u>Male</u>	Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input checked="" type="checkbox"/> and { Number in order of birth of birth (To be answered only in event of plural births) <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 5</u> 19 <u>28</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>FATHER</u> <u>James A. McLean</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Harriett Sprague</u>
RESIDENCE <u>814 S. Cleveland Blvd. Salduell Id</u>	RESIDENCE <u>814 Cleveland Blvd. Salduell Id</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Minnesota</u>	BIRTHPLACE <u>Minnesota</u>
OCCUPATION <u>Gasoline Engine Mechanic</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth... 1... Number of children of this mother now living, including present birth... 1...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

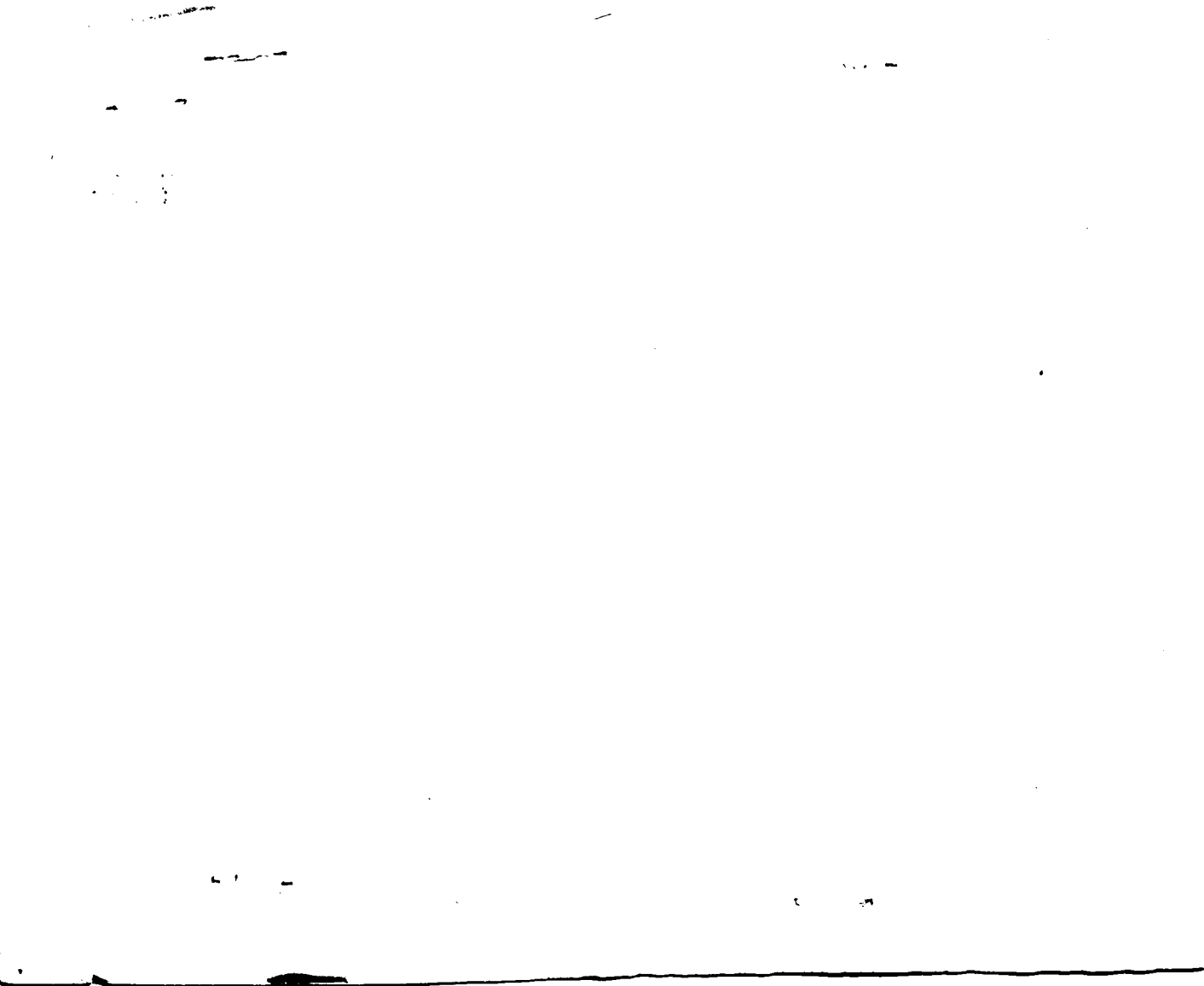
I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 2:30 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature) Dr. J. M. Cole  
Physician & Surgeon  
(Physician or midwife)

Given names added from a supplemental report.

Address Salduell Id  
Filed 5-8-20 1920  
John P. Greys  
Registrar



## STATE OF IDAHO

FEB 26 1942

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Minnesota }  
 County of Watonwan } ss.

Certificate No. 79702

Date Filed \_\_\_\_\_

Birth

(Birth or Death)

The undersigned does solemnly swear that certain facts on the certificate of Robert David McLean who born on May 6th, 1920  
 for Caldwell, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
 in Bible Record are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of Event)  
 true facts are shown by Bible Record prepared on May 6th, 1920, are:  
 (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
 ("Name", "Birth Date", "Cause of Death", Etc.)  
name

FROM  
 (As on Original)

TO  
 (The Correct Facts)

Robert David McLeanRobert Clifford McLean

Subscribed and sworn to before me this 20th  
 day of February, 1942  
B. F. Daley

Notary Public, residing at Madelia,

My commission expires May 11th, 1946,  
 (Seal)

Signed James P. McLean Father  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Madelia, Minn.

(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
 (Seal)

(Street Address, City, State)

FEB 28 1942



466-184-014-219

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CanyonCity of WilderRegistration District No. 3File No. 79703

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital same Primary Registration District No. 2005 Registered No. 115FULL NAME OF CHILD Walter Kenneth Moore

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>May 4</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>Ray Theodore Moore</u>	FATHER
RESIDENCE <u>Wilder Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Caldwell Ida</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Grace M. Bassett</u>	MOTHER
RESIDENCE <u>Wilder Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Lincoln Neb.</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 225 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address WilderFiled 5-25- 1920

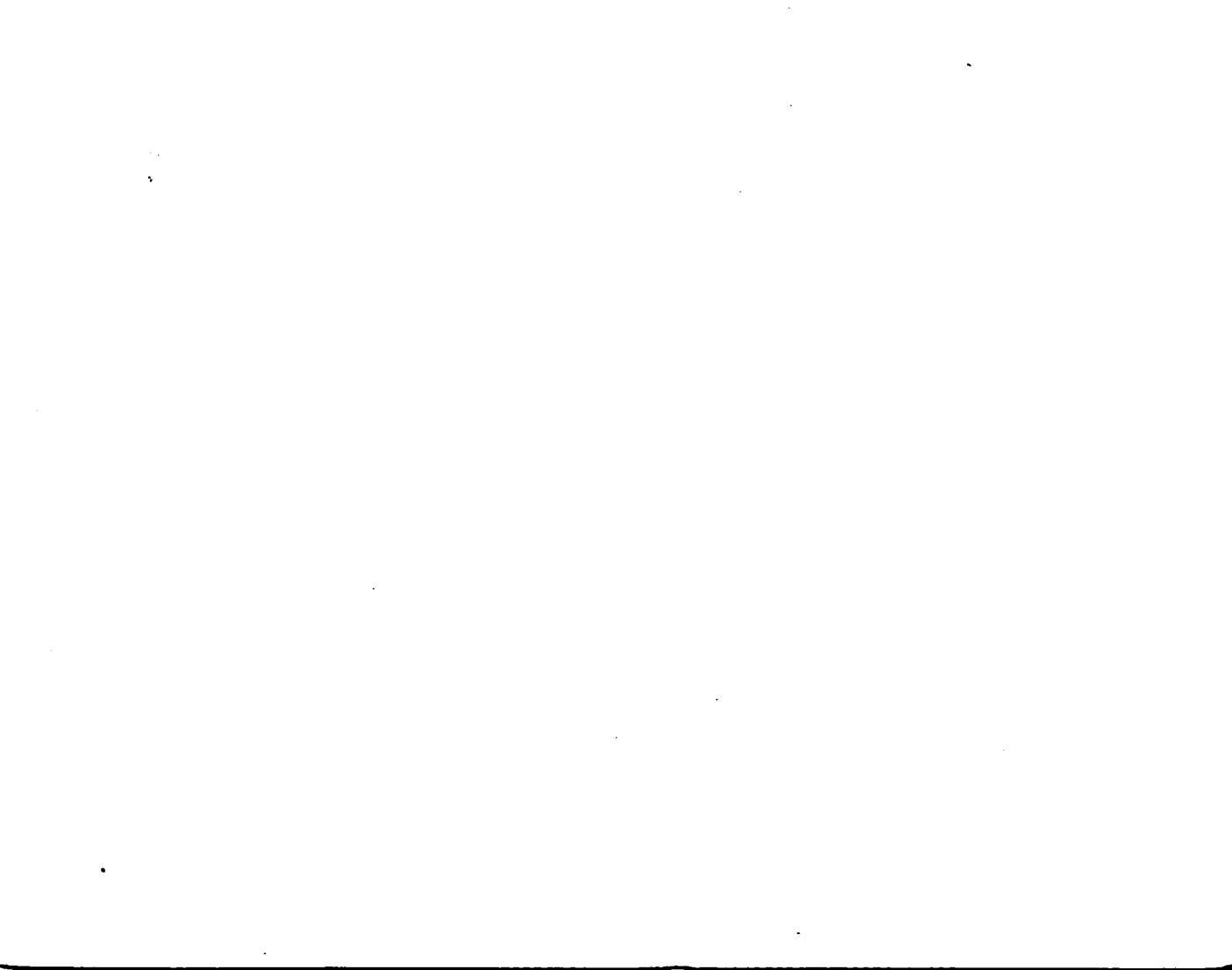
Registrar

Registrar [Signature]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

759-102-064-816

PLACE OF BIRTH amend 4-1-32

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of CanyonCity of WildesRegistration District No. 3File No. 79704

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital samePrimary Registration District No. 2005Registered No. 114FULL NAME OF CHILD Marvin V Perkel

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>May 2 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>John B</u>	FATHER <u>Perkel</u>
RESIDENCE <u>Houston 2011</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Boise</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alice Hawley</u>	MOTHER
RESIDENCE <u>Houston 2011</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>S Dakota</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4:10 a. m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

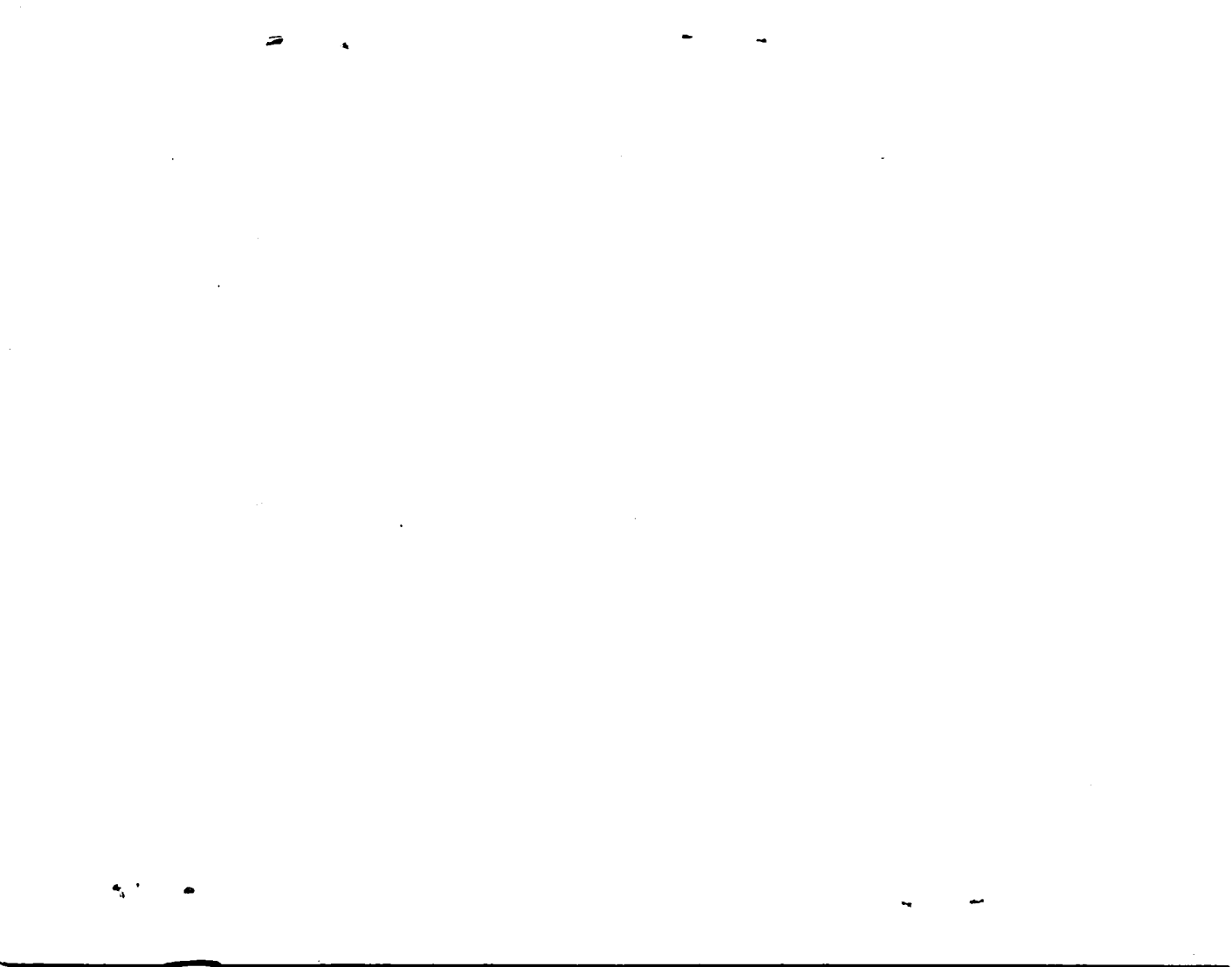
Given names added from a supplemental report.

(Signature) Carl J. Frank  
M D  
(Physician or midwife)

Address Wildes IdahoFiled 5-25-20 John V. Meyer

Registrar

Registrar



2-25-82

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Wash } ss.  
County of Spokane

MAR 12 12 11 PM '82

Certificate No. 79704

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Perkle who was born on 5-2-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Wilder (Canyon) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameUnnamed PerkleMarvin V. Perkelfathers last namePerklePerkelSubscribed and sworn to before me this 1 day ofMarch, 1982Notary Public, Lela M. McHughResiding at Spokane, Wash.My commission expires July 25, 1983

(Seal)

Signature of Applicant

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.  
County of Spokane(Must be completed ☐)(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day ofMarch, 1982Notary Public, Lela M. McHughResiding at Spokane, Wash.My commission expires July 25, 1982

(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

95921

Marriage Certificate gives John Barnett Perkel and Alice May Hawley  
were married 11-8-09 in Victoria B.C. Viewed by V.S. **APR 1 1982**

Honorable Discharge from ARMY of the United States gives Marvin V  
Perkel was discharged December 1945. Viewed by V.S.

Statement from Superintendent of School from District 105 in  
Yakima Washington shows School census in 1927 District 50-Puena gives  
Marvin Perkel born 5-2-20. Record is signed by Mrs. John Perkel.  
Viewed by V.S.

Aetna Ins Co gives J.B. Perkel and Alice Perkel as insureds  
policy is dated 9-7-61. Viewed By V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-201-014-795

## PLACE OF BIRTH

County of CanyonCity of HomedaleRegistration District No. 3

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital HomePrimary Registration District No. 2005Registered No. 113

FULL NAME OF CHILD

Elsie May SampleSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti-  
mate?yesDate of  
BirthMay 1

(Month) (Day)

1920  
(Year)FULL  
NAMEWm. E. Sample

FATHER

RESIDENCE

Homedale Id.

COLOR

WhiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Modale Iowa

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEFlora Green

MOTHER

RESIDENCE

Homedale Id.

COLOR

WhiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Custer S. D.

OCCUPATION

Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8<sup>15</sup> P M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature)

W. H. Meyer  
W. H. Meyer

(Physician or midwife)

Given names added from a supplemental report.

19

Address

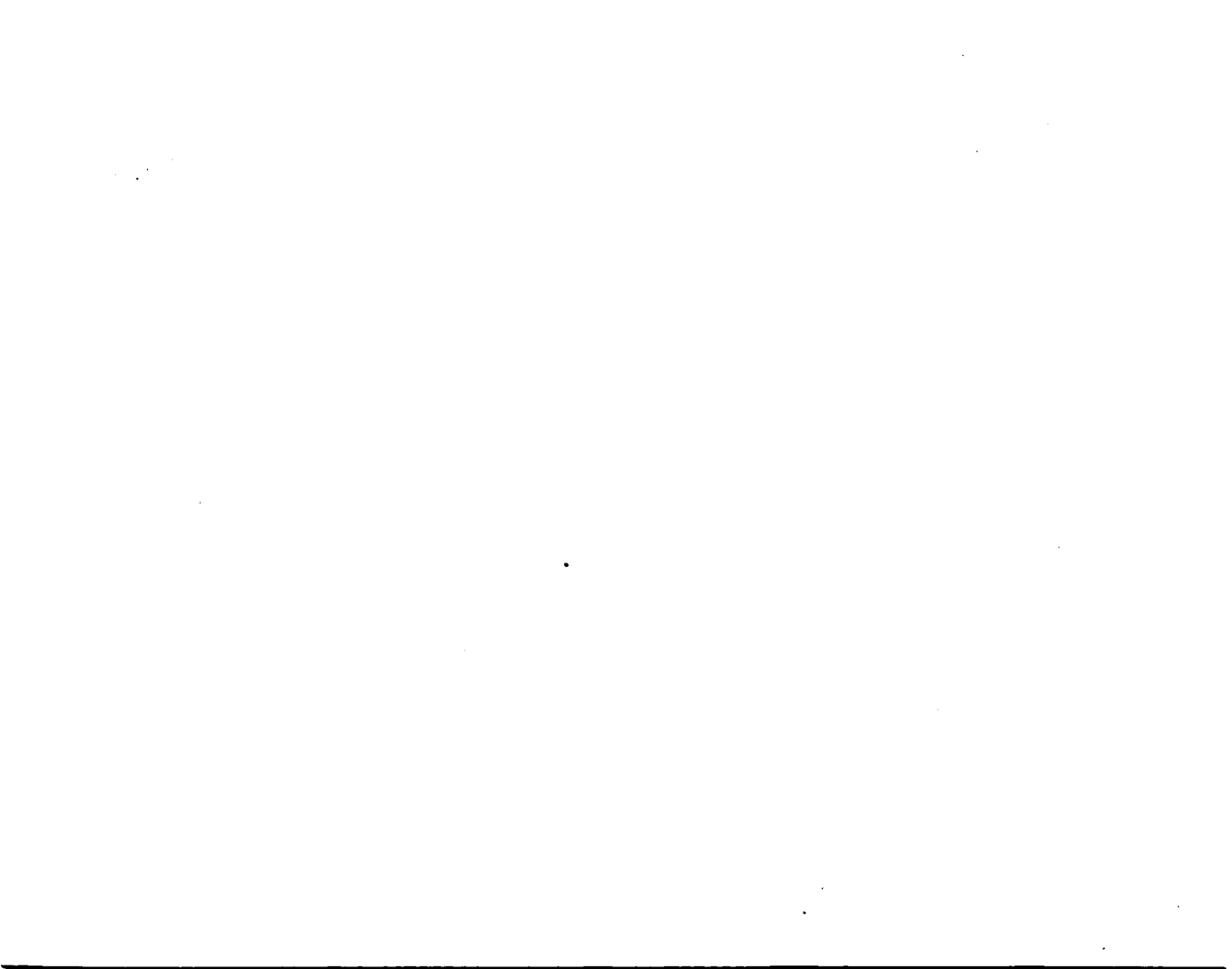
W. H. Meyer

Filed

5-28 1920

Registrar

John H. Meyer  
Registrar





253-230-014-419

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of CanyonCity of ThillerRegistration District No. 3File No. 79706

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital HomePrimary Registration District No. 2005 Registered No. 112

FULL NAME OF CHILD

Marjorie Ruth

Sex of Child GirlTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?Date of  
BirthApril 30 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 am on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

5-25-1920

Registrar

Registrar

OCT 4 1954

APR 15 1971

234-125-014-693

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CanyonCity of WilderRegistration District No. 3File No. 79707

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Home Primary Registration District No. 2005 Registered No. 111FULL NAME OF CHILD Ronald Gay Black

Sex of Child <u>Mal</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Birth male? <u>Yes</u>	Date of Birth (Month) <u>April</u> (Day) <u>25</u> (Year) <u>1920</u>
-------------------------	---	-----	--------------------------------	---------------------------	--

FULL NAME FATHER Erster Gay BlackRESIDENCE Wilder IdahoCOLOR White AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE IowaOCCUPATION MinisterFULL MAIDEN NAME MOTHER Oran Maude WilliamsRESIDENCE Wilder IdahoCOLOR White AGE AT LAST BIRTHDAY 36 (Years)BIRTHPLACE IowaOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 11 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Wilder Idaho  
Filed 5-28-1920 John V. Meyer  
Registrar

Registrar

MAR 13 1974

AUG 27 1952

466 - 213 - 014 - 241

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of Canyon

City of Apple Valley Precinct  
Registration District No. 8

CERTIFICATE OF BIRTH

File No. 79708

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2007

Registered No. 34

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Dooms

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____ (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 18</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Geo. A. Dooms</u> RESIDENCE <u>Panna R. 2.</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>30</u> (Years) BIRTHPLACE <u>Mo.</u> OCCUPATION <u>farm laborer</u>		MOTHER FULL MAIDEN NAME <u>Ida Smallwood</u> RESIDENCE <u>Panna R. 2.</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>21</u> (Years) BIRTHPLACE <u>Mo.</u> OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at the date above stated.

born alive

(Born alive or stillborn)

at 3:25 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. B. Allen, M.D.

(Physician or midwife)

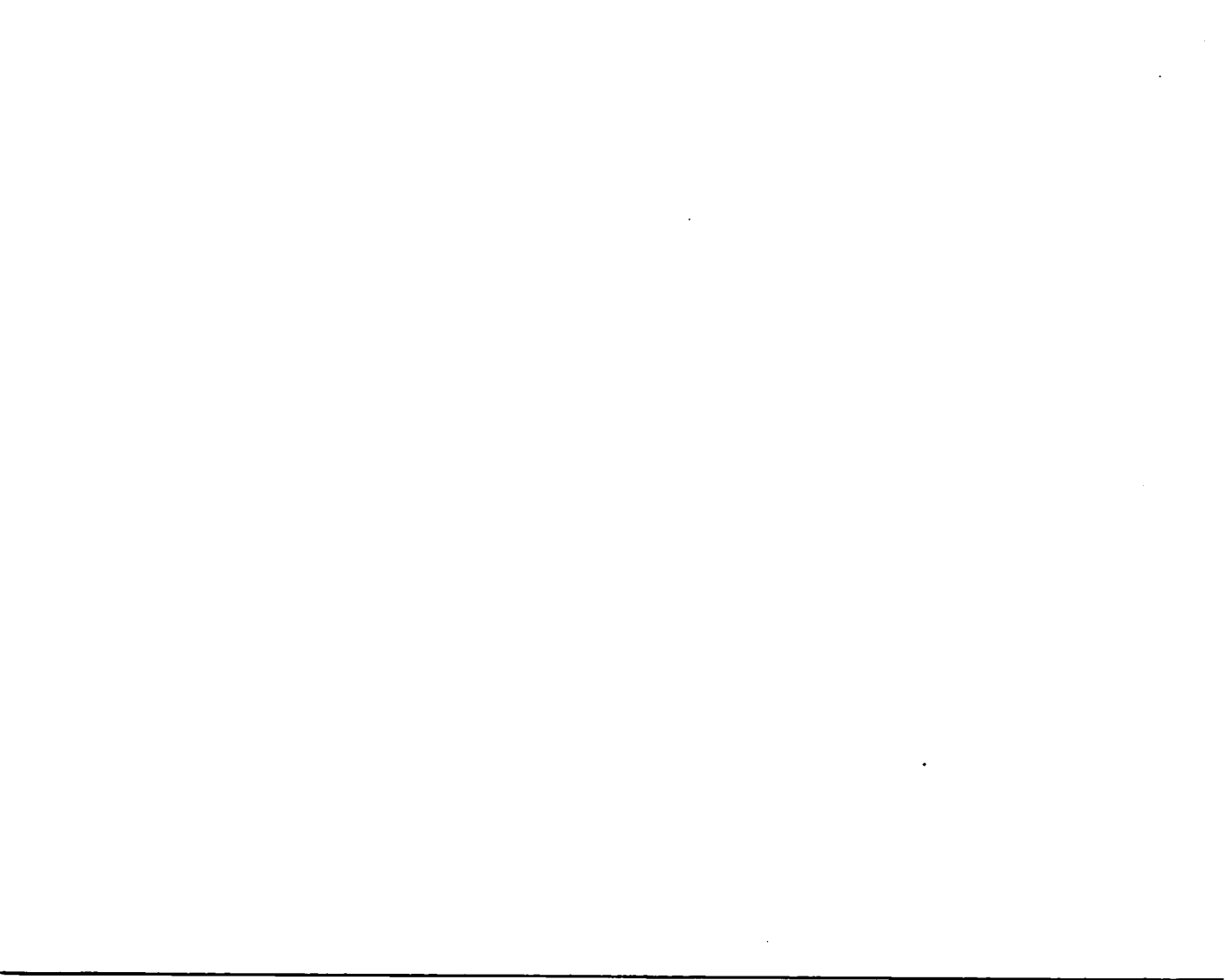
Given names added from a supplemental report.

Address

Panna

Filed

June 1 1920 Ida Smallwood  
Registrar



689-112-04-165

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-9-8-17

County of CanyonCity of ParmaRegistration District No. 3File No. 79709

No. .... St.

Primary Registration District No. 1007Registered No. 30

Hospital .....

FULL NAME OF CHILD Edwin Robt White

Sex of Child <u>M</u>	Twin Triplet or other? <u>  </u> and { Number in order of birth <u>  </u> (To be answered only in event of plural births)	Legiti-mate? <u>yes</u>	Date of Birth <u>May 2</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-------------------------	---

FULL NAME FATHER Edwin L WhiteRESIDENCE ParmaCOLOR W AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE neb.OCCUPATION Bank clerkFULL MAIDEN NAME MOTHER Bertha M Jones

RESIDENCE

COLOR W AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE WashOCCUPATION HW

Number of child of this mother, including present birth ..... / ... Number of children of this mother now living, including present birth ..... /

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 4 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Haldrop

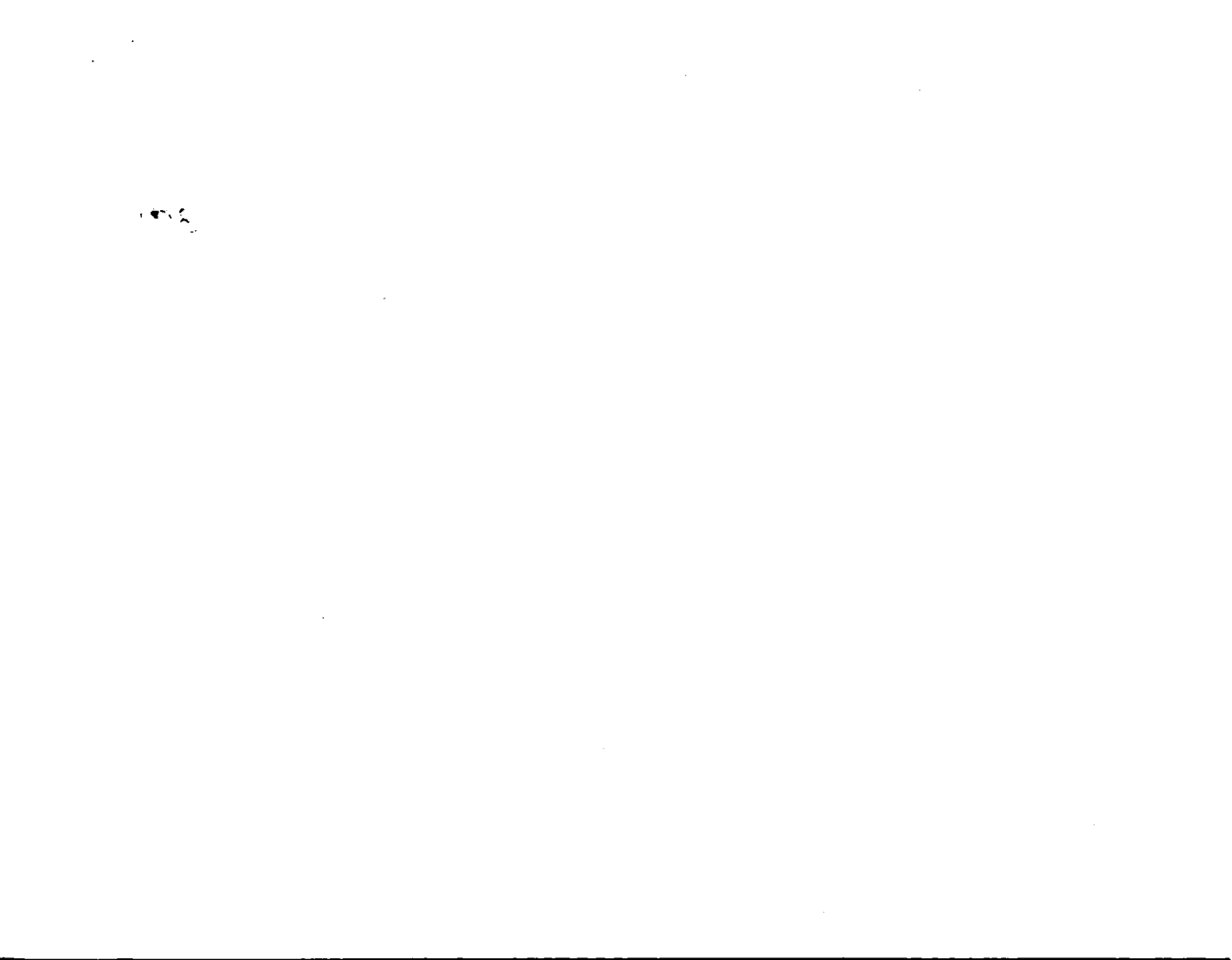
(Physician or midwife)

Given names added from a supplemental report.

Address ParmaFiled May 15 1920 Lulu Haldrop

Registrar

Registrar





962 - 103 - 014 - 363

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of ParmaRegistration District No. 3 File No. 79710

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2007 Registered No. 392FULL NAME OF CHILD Rayton Robinson ROBINSON

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>May 3</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	---	-----	---	----------------------------	--

FULL NAME FATHER Geo. H. RobinsonRESIDENCE Parma, Ida.COLOR W AGE AT LAST BIRTHDAY 29  
(Years)BIRTHPLACE Philbrook, Minn.OCCUPATION U.S.R.S. MechanicFULL MAIDEN NAME MOTHER Nettie CottonRESIDENCE Parma, Ida.COLOR W AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE Linton, U.S.OCCUPATION H-wifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 a. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don S. Chambers  
P. & S.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Parma, Ida.Filed June 5 1920

Registrar

Registrar Paula Waldrop

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Dup of 1920-89304

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-213-014-281

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Canyon

City of Notus

Registration District No. 3

File No. 79711

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2007

Registered No. 31

Hospital \_\_\_\_\_

FULL NAME OF CHILD Jewel Irene Sanders

Sex of Child <u>female</u>	Twin Triplet or other? _____ and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Apr.</u> <u>13</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FATHER  
FULL NAME Wm. M. Sanders  
RESIDENCE Notus  
COLOR W. AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Mo.  
OCCUPATION restaurant keeper

MOTHER  
FULL MAIDEN NAME Carrie Sharp  
RESIDENCE Notus  
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Mo.  
OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1:20 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Panna  
Filed June 1 19 20 John W. Ewald  
Registrar

FEB 10 1975

Dup of 1919-98035

336-209-014-437  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

County of Canyon

City of Parma

Registration District No. 9

File No. 79712

No. .... St.

Primary Registration District No. 2007

Registered No. 30

Hospital .....

FULL NAME OF CHILD Kleona Evelyn Claude

Sex of Child <u>Female</u>	Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input checked="" type="checkbox"/> and { Number of birth <u>1</u> }	Legitimate? <u>yes</u>	Date of Birth <u>Apr. 9</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <u>Clive E. Claude</u>	FATHER
RESIDENCE <u>Parma</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Minn.</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Burtha McPherson</u>	MOTHER
RESIDENCE <u>Parma</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Wis.</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth...1..... Number of children of this mother now living, including present birth...1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... Born ..... at 1 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

Address.....

Filed May 11 1920 Pauls Haldrop

Registrar

Registrar

SEP 17 1941

76

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

236-231-014-314

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Canyon

City of Apple Valley precinct

Registration District No. 9

File No. 79713

No. \_\_\_\_\_ St.

Primary Registration District No. 2007

Registered No. 29

Hospital \_\_\_\_\_

FULL NAME OF CHILD NORMA CHRISTINE Stout

Sex of Child <u>female</u>	Twin Triplet or other? _____ } and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb 31</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>J. Stanley Stout</u> RESIDENCE <u>Parma R. 2.</u>		MOTHER FULL MAIDEN NAME <u>Marnie Campbell</u> RESIDENCE <u>Parma R. 2.</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Perm.</u>		BIRTHPLACE <u>Perm.</u>	
OCCUPATION <u>farmlaborer</u>		OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:25 P. M. on the date above stated.  
(Born alive or stillborn)

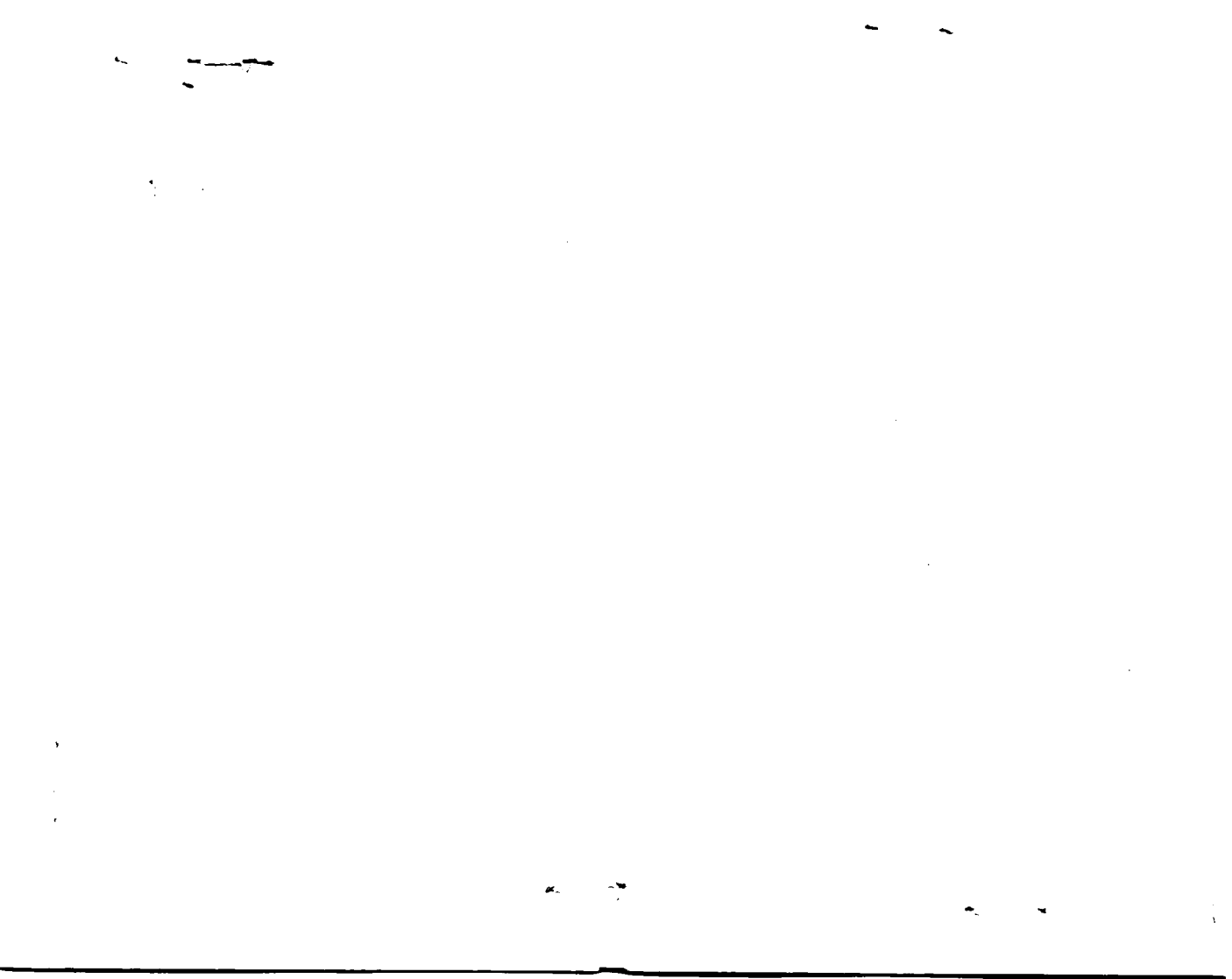
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Parma  
Filed Jan 1 1920 Julius Kaldorf  
Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 79713  
County of Canyon }  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Stout who born on March 31, 1920  
in Parma, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)  
Name Unnamed TO Norma Christine Stout  
(The Correct Facts)

Subscribed and sworn to before me this 10<sup>th</sup>  
day of August 1943  
W. A. Ackland  
Notary Public, residing at Parma, Ida  
My commission expires May 1, 1944  
(Seal)

Signed Marye S. Stout  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
County of \_\_\_\_\_ }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

AUG 17 1943

NOV 15 1960

445-224-14-693

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-37

County of LanyonCity of ParmaRegistration District No. 3File No. 79714

No. ....St.

Primary Registration District No. 2.007Registered No. 28

Hospital .....

FULL NAME OF CHILD

Dorothy Louise DunnSex of  
ChildFemaleTwin  
Triplet  
or other?1

and

Number  
in order  
of birth2Legiti-  
mate?yesDate of  
BirthMar 24 1920  
(Month) (Day) (Year)FULL  
NAMECoil Dunn

FATHER

FULL  
MAIDEN  
NAMEEva Wilson

MOTHER

RESIDENCE

Parma

RESIDENCE

Parma

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Iowa

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 9 P.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

D. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

Address

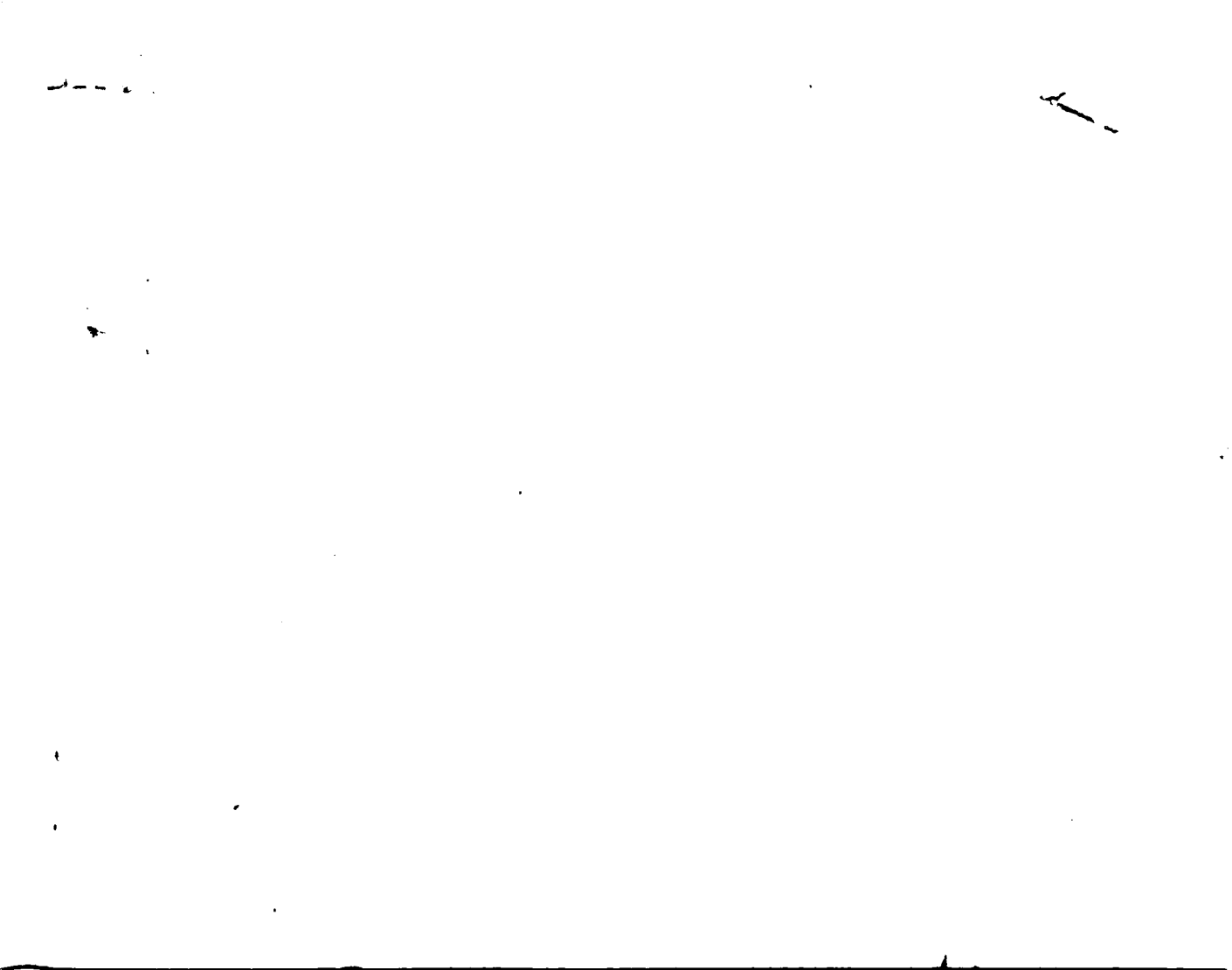
Filed

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



JUL 1 1944

## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
 County of Canyon } ss. Certificate No. 79714  
 Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
 for \_\_\_\_\_ (Name on Original Certificate) who born (Birth or Death) on March 24, 1921  
 in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
 ("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

name none given

Dorothy Louise Dunn

Subscribed and sworn to before me this 29th  
 day of June, 1944  
Ernest Anderson  
 Notary Public, residing at Parma, Idaho.  
 My commission expires Feb. 11, 1946  
 (Seal)

Signed J. M. Mitchell M.D.  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Parma, Idaho.  
 (Street Address, City, State) \*

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
 County of Canyon } ss.

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
 Subscribed and sworn to before me this 29th  
 day of June, 1944  
Ernest Anderson  
 Notary Public, residing at Parma, Idaho.  
 My commission expires Feb. 11, 1946  
 (Seal)

Signed Lila A. Wilson  
 (Signature of Any Credible Person)  
Parma, Idaho.  
 (Street Address, City, State)

1944 JUL 6

493-217-014-814

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CanyonCity of Parma RRRegistration District No. 3File No. 79715

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2007Registered No. 27FULL NAME OF CHILD Lorina Fay Mielsof

Sex of Child <u>+</u>	Twin <u>yes</u> Triplet <u>no</u> or other? <u>no</u>	and {	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 17, 1920</u> (Month) (Day) (Year)
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FULL NAME FATHER Paul W. MielsofRESIDENCE Parma, Ida.COLOR W AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE Knock C. Mo.OCCUPATION FarmingFULL MAIDEN NAME MOTHER Mollie HammondRESIDENCE Parma, Ida.COLOR W AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE St. LouisOCCUPATION House wifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature) Don S. Minter  
Physician  
(Physician or midwife)Address Parma, Ida.Filed June 5, 1920

Registrar

Registrar Rubens

FEB 3 1943



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

493-217-014-814

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Parrish

City of Canyon

Registration District No. 2

File No.

79716

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_ Primary Registration District No. 2007 Registered No. 26

FULL NAME OF CHILD

Lorena May Willasap

Sex of Child <u>F</u>	Twin <u>yes</u> Triplet <u>no</u> or other?	and	Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 17</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	---	-----	--	------------------------	--

FULL NAME FATHER Paul W. Willasap

RESIDENCE Parrish, Ida.

COLOR W AGE AT LAST BIRTHDAY 26  
(Years)

BIRTHPLACE Knox Co. Mo.

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Mollie Hammond

RESIDENCE Parrish, Ida.

COLOR W AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE St Louis

OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P. M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Don S. Mumford  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

June 5 1920 Lulu Haldorf  
Registrar

Registrar

FEB 3 1943

853-102-014-795

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-2-37

## CERTIFICATE OF BIRTH

County of *Camden*City of *Parma*Registration District No. *8*File No. *79717*

No. .... St.

Primary Registration District No. *2007*Registered No. *25*

Hospital .....

FULL NAME OF CHILD

*Lyle David Helfer*Sex of  
Child*Male*Twin  
Triplet  
or other?*X*and { Number  
in order  
of birth*1*Legiti-  
mate?*yes*Date of  
Birth*Nov. 2 1977*

(Month) (Day) (Year)

FULL  
NAME

FATHER

*Homer Helfer*

RESIDENCE

*Parma ID.*FULL  
MAIDEN  
NAME

MOTHER

*Ana Pierce*

RESIDENCE

*Parma*

COLOR

*White*AGE AT LAST  
BIRTHDAY*25*  
(Years)

COLOR

*White*AGE AT LAST  
BIRTHDAY*18*  
(Years)

BIRTHPLACE

*Iowa*

BIRTHPLACE

*Idaho*

OCCUPATION

*Farmer*

OCCUPATION

*Housewife*Number of child of this mother, including present birth *1*..... Number of children of this mother now living, including present birth *1*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born* at *991 M.*  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

*B. M. Mitchell MD*

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed *May 11 1978*

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

K

APR 15 1942

962-101-014-495  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R.F.D.

Registration District No. 3

File No. 79718

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2007

Registered No. 24

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Donald Bruce Robertson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u>	Number and in order of birth <u>—</u>	Legitimate? <u>yes</u>	Date of Birth <u>March 1, 1920</u> (Month) (Day) (Year)	
FULL NAME <u>Dale Robertson</u>	FATHER		FULL MAIDEN NAME <u>Marguerite Drenth</u>	MOTHER	
RESIDENCE <u>P</u>			RESIDENCE <u>Parma, Idaho</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	
BIRTHPLACE (Country) <u>Indiana</u>			BIRTHPLACE (Country) <u>Nebraska</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 6<sup>30</sup> a.m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. Chambers  
Phys. & Surg.  
(Physician or midwife)

Given names added from a supplemental report.

Address Parma, Idaho

Filed June 5, 1920 Lucy Waldrop  
Registrar

MAR 18 1969

MAY 8 1942

213-212-014-219

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of WildleyRegistration District No. 3File No. 79720

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Home Primary Registration District No. 2007 Registered No. 86FULL NAME OF CHILD Emma May TzattSex of Child Girl Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? Yes Date of Birth May 12 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME FATHER John Wilkins TzattRESIDENCE Parnass R.I.COLOR White AGE AT LAST BIRTHDAY 37 (Years)BIRTHPLACE Salt Lake UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Elizabeth Ann KarnoRESIDENCE Parnass R.I.COLOR White AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE S DakotaOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:50 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Tzatt

(Physician or midwife)

Given names added from a supplemental report.

19

Address Wildley IdahoFiled June 1 1920 hulu kaldi

Registrar

Regd

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 28 1942 343

FEB 16 1943

FEB 19 1943

MAY 21 1943



415-109-014-456

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of ButteCity of WildorNo. Box 77 St.Registration District No. 3 File No. 79721Hospital HomePrimary Registration District No. 2007 Registered No. 86

## FULL NAME OF CHILD

Walker Seth ManningSex of Child Male ☒ Twin ☐ Triplet ☐ or other? ☐ { and } Number in order of birth ☐ Legitimacy? Yes Date of Birth May 9 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME Seth Albert Manning FATHERFULL MAIDEN NAME Mildred Mary De France MOTHERRESIDENCE WildorRESIDENCE WildorCOLOR White AGE AT LAST BIRTHDAY 22 (Years)COLOR White AGE AT LAST BIRTHDAY 18 (Years)BIRTHPLACE Provo, UtahBIRTHPLACE Fairbury NebOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P. M.  
on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) W. D. Bauer  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Wildor IdahoFiled June 1 1920 Lulu Walker

Registrar

Registrar

DEC 17 1941

NOV 26 1941

NOV 4 1949

863-118-014-819

PLACE OF BIRTH  
paer 15101County of CanyonCity of WILDER

No. \_\_\_\_\_ St.

Hospital HOME

FULL NAME OF CHILD

Registration District No. \_\_\_\_\_ File No. 79722Primary Registration District No. 2007 Registered No. 87Jay Edwin HOLTON

Sex of Child <u>MALE</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimacy? <u>YES</u>	Date of Birth <u>MAY 18</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	------------------------	--

FULL NAME FATHER  
JAY GOULD HOLTONRESIDENCE  
WILDER, IDAHOCOLOR WHITE AGE AT LAST BIRTHDAY 31  
(Years)BIRTHPLACE  
KANSASOCCUPATION  
FARMERFULL MAIDEN NAME MOTHER  
IVA HARLANDRESIDENCE  
WILDER, IDACOLOR WHITE AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE  
NEBRASKAOCCUPATION  
HOUSEWIFENumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6 30 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) WILLIAM WALDO BAUER  
PHYSICIAN  
(Physician or midwife)

Given names added from a supplemental report.

Address WILDER (Box 17) IDAHOFiled June 1 1920 Lula Waldorf  
Registrar Registrar

JUL 24 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

143-224-014-285  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of CanyonCity of ampaNo. Plumets add. St.Registration District No. 7

File No.

79723Primary Registration District No. 1006

Registered No.

Hospital

FULL NAME OF CHILD

Virginia Francis Jackson

Sex of Child

femaleTwin  
Triplet  
or other?

— and —

Number  
in order  
of birthLegiti-  
mate?yesDate of  
BirthMay 241920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Leonard Jackson

RESIDENCE

ampa Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Utah

OCCUPATION

LaborerFULL  
MAIDEN  
NAME

MOTHER

Minnie Shepard

RESIDENCE

ampa Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY16  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ampa on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Les N. Thilton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

ampa Idaho

Filed

June 10 1920 Pearle Dodds

Registrar.

Registrar.

AUG 27 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-128-014-619  
PLACE OF BIRTH

Form V. S. No. 11—Rev. 7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 7

File No. **79724**

Hospital \_\_\_\_\_

Primary Registration District No. 1006

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Mack

Sex of Child Male { Twin or other? } and { Number in order of birth } Legitimate? yes Date of Birth May 28 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Earl Mack  
RESIDENCE Nampa  
COLOR White AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Montana  
OCCUPATION Stage Manager

MOTHER  
FULL MAIDEN NAME Blanche Ward  
RESIDENCE Nampa  
COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

born alive at 3 P. M.  
(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Registrar.

Filed May 29 1920 Pearle Dodds Registrar.

FEB 16 1970



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

142-123-037-613  
OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of OwyheeCity of WilsonRegistration District No. 7

File No.

79725

No. \_\_\_\_\_ St.

Primary Registration District No. 2006

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Albert Kenneth AustinSex of  
ChildMaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti-  
mate?yesDate of  
BirthMay 23 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Herbert W. Austin

RESIDENCE

Wilson

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Nevada

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
Mary Gladys Walker

RESIDENCE

Wilson

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born aliveat 9:10 A. M.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

George R. Proctor  
Phys.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed May 26 1920Pearle Dodds

Registrar.

Registrar.



1-2

JUL 21 1944 STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Owyhee } ss.

Certificate No. 79725

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

birth

(Birth or Death)

for unnamed  
(Name on Original Certificate)

who was born  
(Was Born or Died)

on May 23, 1920  
(Date of Event)

in Wilson, Idaho  
(Place of Event)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by affiant is mother  
(Bible Record, Insurance Policy, Etc.)

prepared on \_\_\_\_\_, are:  
(Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name

Unnamed

Albert Kenneth Austin

Subscribed and sworn to before me this 26th  
day of July, 19 44.

Notary Public, residing at Murphy, Idaho.

My commission expires Nov. 13, 1947  
(Seal)

Signed Mary G. Austin (mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Route, Melba, Idaho.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Owyhee } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th  
day of July, 19 44.

Notary Public, residing at Murphy, Idaho.

My commission expires Nov. 13, 1947  
(Seal)

Signed Lydia J. Mitchell  
(Signature of Any Credible Person Other Than Previous Year)

Murphy, Idaho

(Street Address, City, State)

JUL 25 1944



253-127-014-437  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CongressCity of HampdenRegistration District No. 7File No. 79726

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Mercy-HampdenPrimary Registration District No. 1006

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Kelley

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 27</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Charles Fred KelleyRESIDENCE Hampden, IdahoCOLOR White AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE IdahoOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Emma A. PheetersRESIDENCE Hampden, IdahoCOLOR White AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

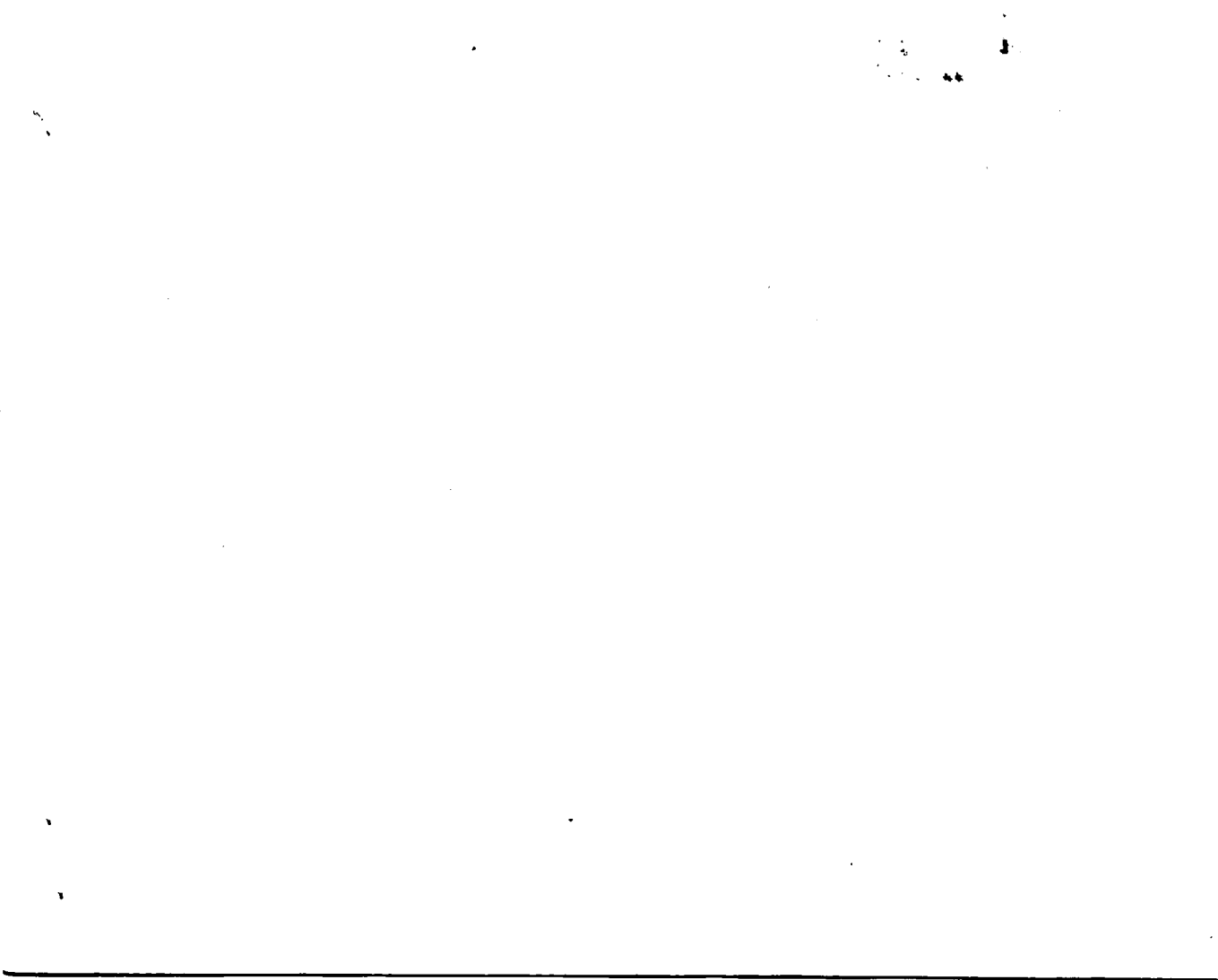
George B. Proctor 6:10 A. M.  
(Born alive or stillborn)

(Physician or midwife)

Address \_\_\_\_\_

Filed May 27 1920 Pearle Dadds  
Registrar. Registrar.

Registrar.



TH

Form V. S. No. 11—20m-7-22-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of Nampa168-112-014-866  
No. \_\_\_\_\_ St.Registration District No. 7File No. 79727

Hospital \_\_\_\_\_

Primary Registration District No. 1006

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Sam P.

JohnsonSex of Child Male Twin Triplet or other? } and { Number in order of birth }  
(To be answered only in event of plural births)Legitimate? YesDate of Birth May 12 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

Samuel Johnson

RESIDENCE

Nampa

COLOR

White

AGE AT LAST BIRTHDAY

4 3  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Concrete Laborer

FULL MAIDEN NAME

MOTHER

Savannah Howard

RESIDENCE

Nampa

COLOR

White

AGE AT LAST BIRTHDAY

3 8  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 7:15 A. M.  
(Born alive or stillborn)

(Signature)

George R. Proctor

(Physician or midwife)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

May 26 1920 Pearle Dodds  
Registrar. Registrar.

THE UNITED STATES OF AMERICA  
DEPARTMENT OF THE ARMY  
OFFICE OF THE CHIEF OF STAFF  
WASHINGTON, D. C.

15

**द्वितीयः**

1941



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 79727  
County of Canyon }

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed Johnson who was born on May 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by prepared on are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
name of child unnamed Johnson Sam P. Johnson

Subscribed and sworn to before me this 10th day of  
August 19 62  
Notary Public, residing at Nampa  
My commission expires August 15, 1965  
(Seal)

Signed Savannah E. Johnson (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
919-10th Avenue North, Nampa, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of  
August 19 62

Al Harris  
Notary Public, residing at Nampa, Idaho  
My commission expires 8-11-62  
(Seal)

(This Affidavit MUST Also be Executed.  
(See Chapter 169, 1937 Idaho Session Laws.)  
Signed Al Harris  
(Signature of Any Credible Person)  
220-14th Avenue South, Nampa, Idaho  
(Street Address, City, State)

Marriage License gives name as Sam P. Johnson. Dated May 2, 1957. Viewed by V.S.

Drivers License gives name as Sam P. Johnson, Dated October 19, 1937.  
Viewed by V.S.

**AUG 14 1962**

863-117-0745381  
PLACE OF BIRTH

Form V. S. No. 11--20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CaribouCity of NampaRegistration District No. 7

File No.

**79728**

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Primary Registration District No. 1006

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Stanley George Holmes

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)} and { Number  
in order  
of birthLegiti-  
mate?YesDate of  
BirthMay 17, 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Rolph L. Holmes

RESIDENCE

Nampa

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Illinois

OCCUPATION

GardenerFULL  
MAIDEN  
NAMEMOTHER  
Alice May Chapman

RESIDENCE

Nampa

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Born alive at 5:40 A.M.  
(Born alive or stillborn)  
Geo. R. Proctor  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed May 26, 1920 Pearle Dadds  
Registrar.

SEP 21 1945

NOV 4 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

344-220-014-796  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-28-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of CanyonCity of HamletRegistration District No. 7File No. 79729

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2006 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Helen Geneva Cummings

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

Legitimate?

yes

Date of Birth

May 20 1920

(Month)

(Day)

(Year)

FULL NAME

FATHER

Elmer E. Cummings

FULL MAIDEN NAME

MOTHER

Vera Groves

RESIDENCE

Hamlet

RESIDENCE

Hamlet

COLOR

White

AGE AT LAST BIRTHDAY

23  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

19  
(Years)

BIRTHPLACE

Nebraska

BIRTHPLACE

Missouri

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 2:30 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. B. Proctor

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed

May 26 1920 Pearle Dodds

Registrar.

Registrar.

K

SEP 1 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

254 - 216 - 014 - 444  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-28-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Campbell

City of Nampa

Registration District No. 7

File No.

**79730**

No. \_\_\_\_\_ St.

Primary Registration District No. 1006

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Alice May Bedell

Sex of Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti-  
mate? yes

Date of Birth May 16 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER  
Oliver Lloyd Bedell

RESIDENCE

Nampa

COLOR

White

AGE AT LAST  
BIRTHDAY

28  
(Years)

BIRTHPLACE

Montana

OCCUPATION

Boiler Maker

FULL  
MAIDEN  
NAME

MOTHER  
Clara Clarino Mumford

RESIDENCE

Nampa

COLOR

White

AGE AT LAST  
BIRTHDAY

27  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive 9:30 P. M.  
(Born alive or stillborn)

(Signature)

Geo. A. Proctor  
Phys.  
(Physician or midwife)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

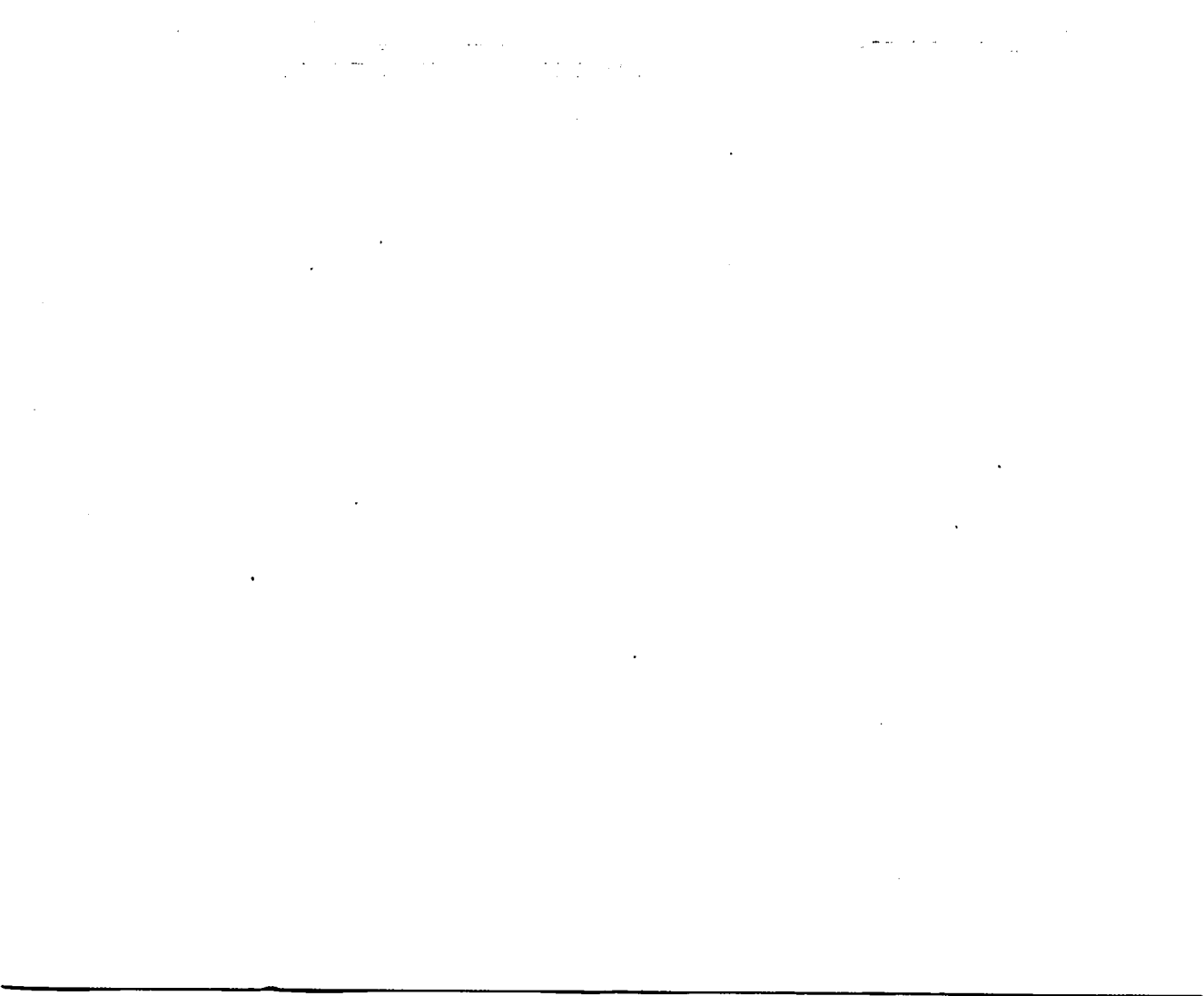
19 \_\_\_\_\_

Address \_\_\_\_\_

Filed

May 26 1920 Pearle Dodds  
Registrar.

Registrar.





319-223-014-394

PLACE OF BIRTH

Name added 2-19-82

County of Canyon

City of Nampa

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ferne Evelyn Carter

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 79731

Primary Registration District No. 2086

Registered No. \_\_\_\_\_

Sex of Child Female { and { Number in order of birth 1 Legitimate? Yes Date of Birth May 23 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Rex Carter  
RESIDENCE Nampa Ida.  
COLOR White AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Kentucky  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Nellie Thawell  
RESIDENCE Nampa Idaho  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Indian Territory  
OCCUPATION House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

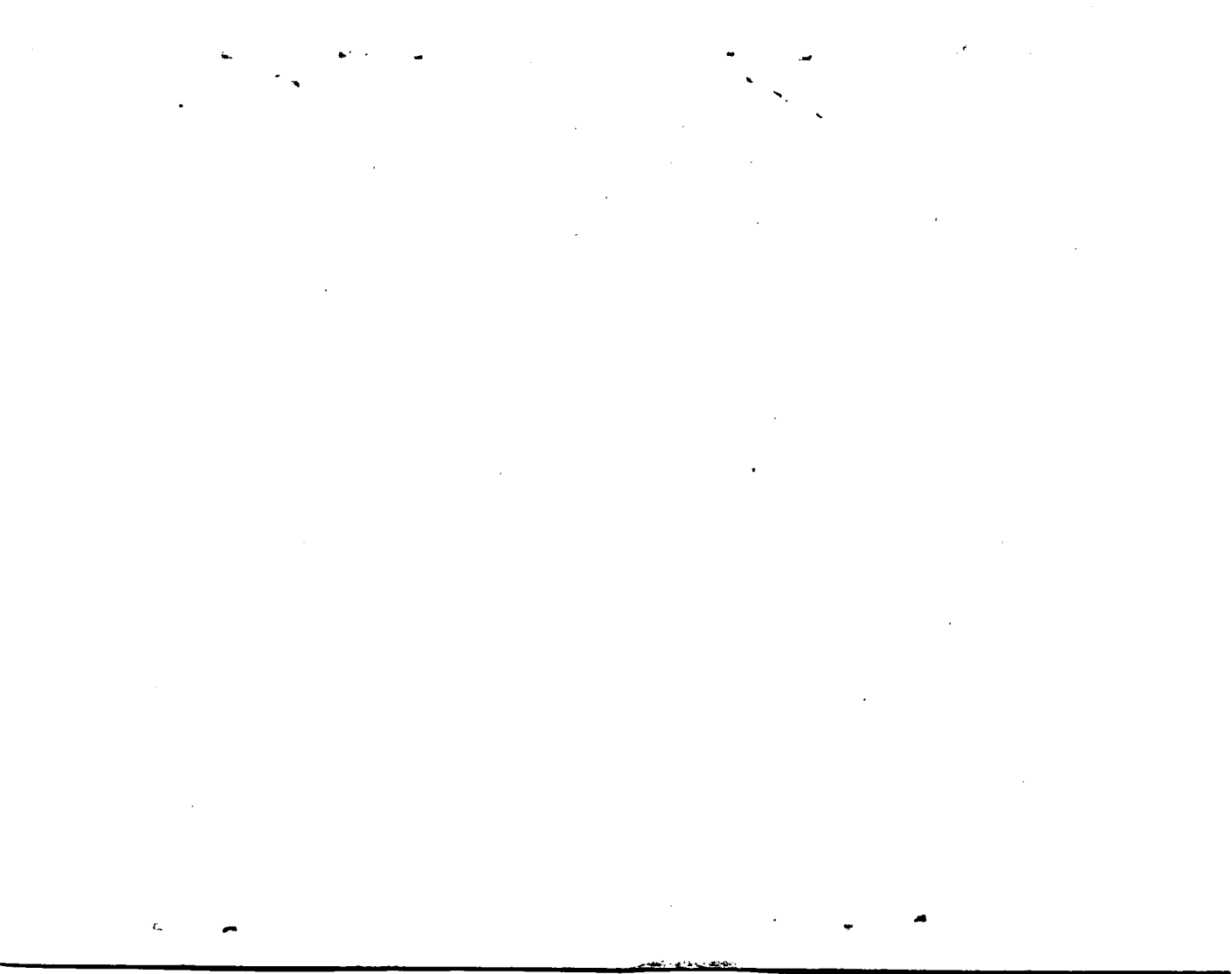
F. B. Smith M.D.  
Phys. & R.

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed June 10 1920 Pearle Dodds



2-10-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho } ss.  
County of Canyon

Certificate No. 79731  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Carter who was born on 5-23-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Nampa (Canyon) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

childs name

Unnamed

Fern Evelyn Carter

20

Subscribed and sworn to before me this 19<sup>th</sup> day of

February, 1982

Notary Public, Melba Carter

Residing at Caldwell, Ida

My commission expires April - 1985

(Seal)

Fern Evelyn Carter  
Signature of Applicant  
Thomas  
56823 McKenna Hwy, McKenna, Or  
Street Address, City, State  
97401

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Canyon

(Must be completed \_\_)

(Is not necessary +)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19<sup>th</sup> day of

February, 1982

Notary Public, Melba Carter

Residing at Caldwell, Idaho

My commission expires April - 1985

(Seal)

1 cc pd

Lester E. Carter  
Supporting Signature  
2410 Po. 10<sup>th</sup> Caldwell, Idaho  
Street Address, City, State  
83005

Social Security Card issued by the Social Security Administration gives name as Ferne Evelyn Thomas # 519 07 0707 Card issued July 1954.  
Viewed by V.S.

Marriage License and certificate issued on October 7th 1940 gives name as Ferne Evelyn Carter married to George Arte Thomas. Married Oct. 7, 1940. Recorded in Book 21 of marriages at page 90 # 254952. Canyon County.  
Viewed by V.S.

231-219-014-314

PLACE OF BIRTH

County of Carver

City of Manpa

No. Rosevelt St.

Hospital

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

Registration District No. 7

File No. 79732

Primary Registration District No. 1006

Registered No.

Full Name of Child Florence Rowena Blakeslee

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>May 19 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Roy Battle Blakeslee</u>		MOTHER FULL MAIDEN NAME <u>Florence Jamkin</u>		
RESIDENCE <u>Manpa, Idaho</u>		RESIDENCE <u>Manpa, Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)	
BIRTHPLACE <u>Illinois</u>		BIRTHPLACE <u>Minnesota</u>		
OCCUPATION <u>Salesman</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth one (Number of children of this mother now living, including present birth one)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2-15 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Davis  
Physician  
(Physician or midwife)

Given names added from a supplemental report

Address Manpa, Idaho  
File June 12 1920 Pearle Dodds  
Registrar

SEP 21 1943

331-207-014-653  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

79733

County of CanyonCity of NampaRegistration District No. 7

File No. \_\_\_\_\_

No. 914-14Ans St.Primary Registration District No. 1006

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Nadane Loraine Clanton

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>May 7</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------------	---

FULL NAME <u>Geo Clanton</u>	FATHER	FULL MAIDEN NAME <u>Loraine Wells</u>	MOTHER
RESIDENCE <u>Nampa Ida</u>		RESIDENCE <u>Nampa Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Iowa</u>		BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Insurance Agent</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. <u>2</u>	Number of children of this mother now living, including present birth. <u>2</u>
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L B Smith M.D.  
By A.R.

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

File \_\_\_\_\_

June 10 1920 Pearle Dodds  
Registrar

17/10/41



118-221514-289  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. C. No. 11-C-25m-9-8-15

County of Canyon

City of Nampa

Registration District No. 7

File No. 79734

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1006

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD MARY  
Hanna Catherine Jay

Sex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number of birth \_\_\_\_\_ Legitimate? yes Date of Birth May 21 1920  
(Month) (Day) (Year)  
(To be answered only in event of plural births)

FATHER  
FULL NAME Alonzo A. Jay  
RESIDENCE Nampa Idaho  
COLOR white AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Oklahoma  
OCCUPATION Carpenter

MOTHER  
FULL MAIDEN NAME Hattie D. Shilling  
RESIDENCE Nampa Idaho  
COLOR white AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Tatoe, Mo.  
OCCUPATION House wife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6.9 M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

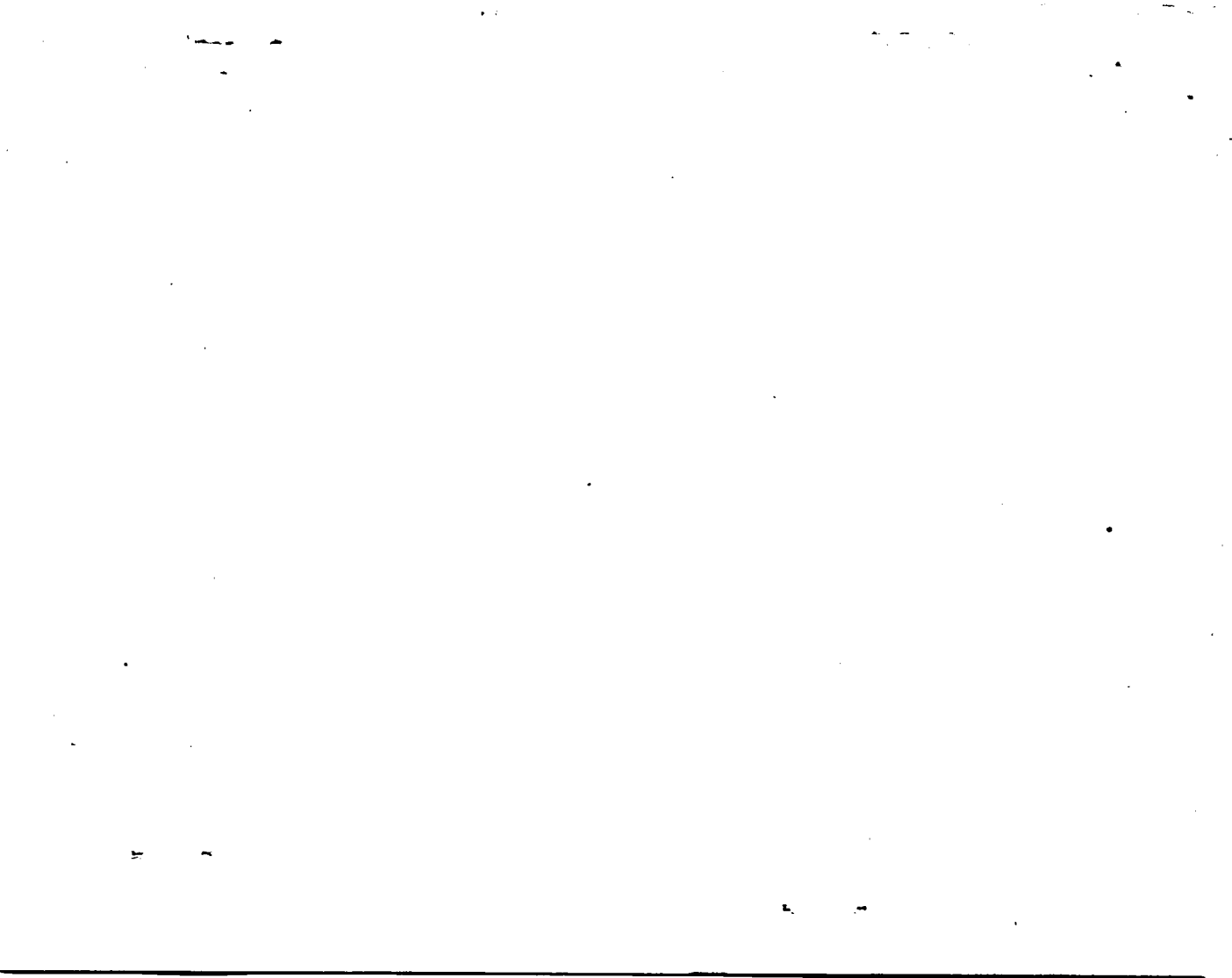
(Signature) Wes. E. Morgan M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Id.  
Filed June 10 1920 Pearle Dodds  
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oklahoma } ss. Certificate No. 79734  
County of Oklahoma }

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Hanna Catherine Jay who Born on May 21, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Family Bible Record prepared on May 26, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) TO  
(The Correct Facts)  
Name Hanna Catherine Jay Mary Catherine Jay

Subscribed and sworn to before me this 13  
day of July, 1942

Maile Jones  
Notary Public, residing at Oklahoma City, Okla.  
My commission expires Mar. 10, 1944  
(Seal)

Signed Mrs Hattie L. Jay  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant correcting a death record; or other credible person.)  
1732 E. Park pl. Okla City  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed Mrs E. A. Rawlings  
(Signature of Any Credible Person Other Than Previous Year)  
1520 N.E. 26th St  
(Street Address, City, State)  
Oklahoma City, Okla

JUL 16 1942

JUL 17 1942

762-203-014-363

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of CanyonCity of TampaRegistration District No. 7File No. 79735

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1006

Registered No. \_\_\_\_\_

Hospital Bozeman HospitalFULL NAME OF CHILD Baby Roberts

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>June 3</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>J. S. Robert</u>			MOTHER FULL MAIDEN NAME <u>Dorothy Collins</u>	
RESIDENCE <u>Tampa Ida</u>			RESIDENCE <u>Tampa</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Tennessee Ida</u>			BIRTHPLACE <u>Brooklyn N.Y.</u>	
OCCUPATION <u>Retail Merchant</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth oneNumber of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Alive at 1:30 P. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bliss E. Mangum M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Tampa IdaFile June 6 1920Pearle Dodds

Registrar

Dup of 1920 - 83010

468-230-014-523  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of CanyonCity of NampaRegistration District No. 7File No. 79736

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1006

Registered No. \_\_\_\_\_

Hospital Nezarsen HospitalFULL NAME OF CHILD Marion Lucille Doyle

Sex of Child <u>female</u>	Twin Triplet or other? <u>-</u>	and { Number in order of birth <u>-</u> }	Legitimate? <u>yes</u>	Date of Birth <u>May 30-1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Chas E. Doyle  
RESIDENCE Nampa  
COLOR white AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Loomis S. D.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Vera Esterley  
RESIDENCE Nampa  
COLOR white AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Palo Del.  
OCCUPATION Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was alive, at 12 M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas E. Mangum M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa - Id.

Filed June 10 1920 Pearle Dodds  
Registrar

Dup of 1920-83009



154-210-014-319

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CanyonCity of ManapaNo. San Del St.Registration District No. 7File No. 79737Primary Registration District No. 1086

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Geraldine Andrews

Sex of Child <u>F.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>5-10-1920</u> (Month) (Day) (Year)
------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Andrews, Edward Gilbert</u>	FATHER	FULL MAIDEN NAME <u>Mina Carter</u>	MOTHER
RESIDENCE <u>San Del. Manapa</u>		RESIDENCE <u>San Del. Manapa</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>House Wife</u>		OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 11:08 P.M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Meredith D.D.Manapa  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed June 10 1920 Pearle Dodds

DEC 24 1968

OCT 1 5 113

11

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

266-014-264

## PLACE OF BIRTH

Form V. S. No. 11--20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Canyon  
City of ampa  
No. 402-19 Am St.

Registration District No. 7 File No. 79738

Hospital \_\_\_\_\_ Primary Registration District No. 1086 Registered No. \_\_\_\_\_

FULL NAME OF CHILD Robt Brown Jr.

Sex of Child male Twin Triplet or other? - and {Number in order of birth - Legitimate? yes Date of Birth May 17 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Robt E. Brown  
RESIDENCE ampa, Ida  
COLOR White AGE AT LAST BIRTHDAY 46 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Minnie Boder  
RESIDENCE ampa, Ida  
COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE evada  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 3 a. m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

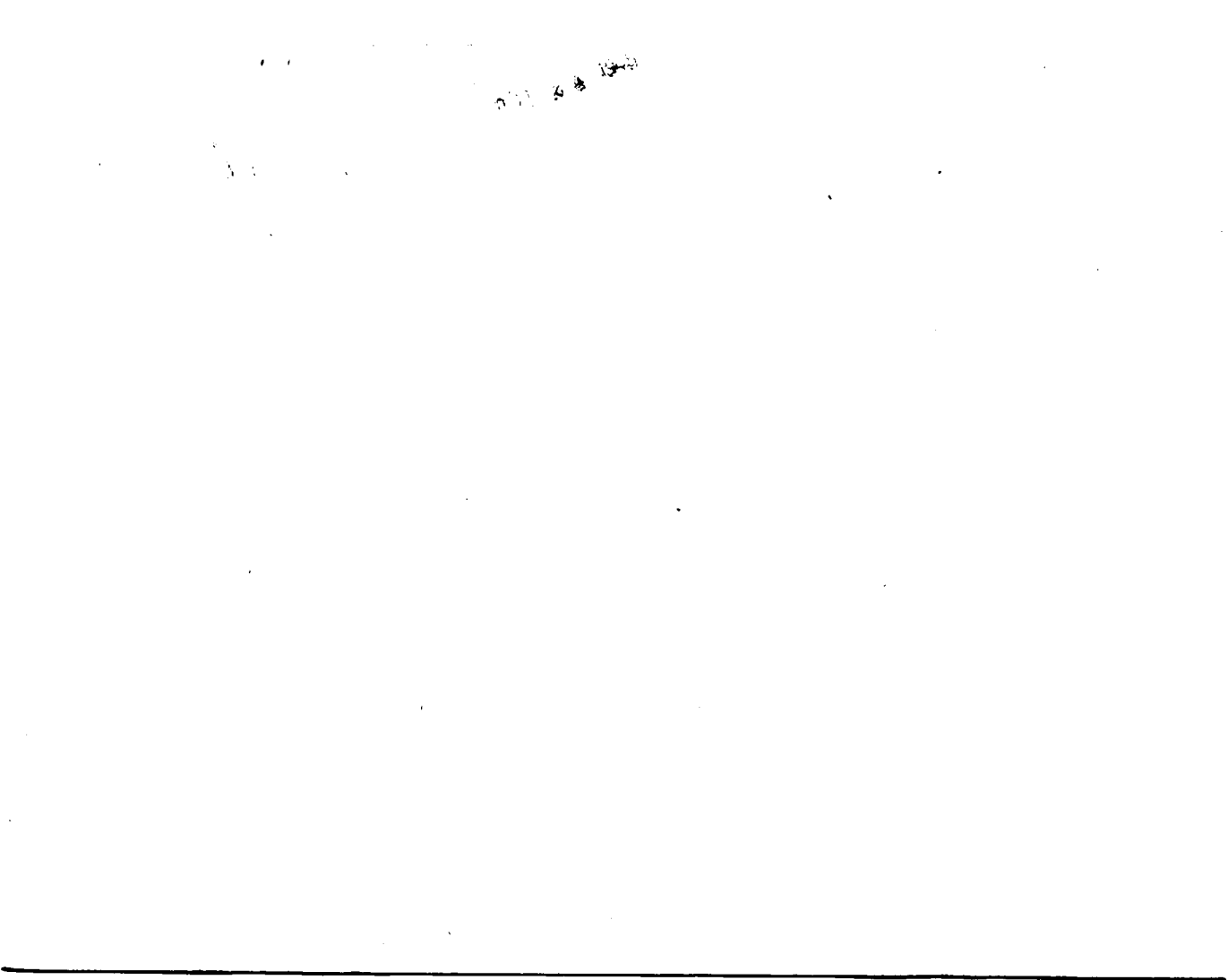
(Signature) Leo W Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19 \_\_\_\_\_

Address ampa Ida

Filed June 18 1920 Pearle Dodds  
Registrar. Registrar.



214-224-014-891

## PLACE OF BIRTH

County of BenonCity of NampaNo. Elder St.

Hospital \_\_\_\_\_

Full Name of Child

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

Registration District No. 7File No. 79739Primary Registration District No. 1006

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>yes</u>	DATE OF BIRTH <u>May 24</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>Carl Lee Baum</u>	FATHER		FULL MAIDEN NAME <u>Augusta Hiatt</u>	MOTHER
RESIDENCE <u>Nampa, Idaho</u>			RESIDENCE <u>Nampa, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Illinois</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Sweety Clerk</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4..... Number of children of this mother now living, including present birth 4.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 P.M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature)..... G.R. Davis D.O.  
..... Physician  
(Physician or midwife)

Address..... Nampa, IdahoFile..... June 13 1920 Bearle Dadds  
Registrar Registrar

SEP 27 1967

MAY 13 1944

795-223-014-795-  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of ampaNo. 403-174 carro St.Registration District No. 7File No. 79740Hospital \_\_\_\_\_Primary Registration District No. 1884Registered No. \_\_\_\_\_FULL NAME OF CHILD Helen Margaret GineusSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)- } and { Number  
in order  
of birthLegiti-  
mate? yesDate of  
Birth May 23 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Granville GineusFULL  
MAIDEN  
NAME

MOTHER

Margaret Gineus

RESIDENCE

ampa Idaho

RESIDENCE

ampa Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY 36  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY 25  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Illinois

OCCUPATION

Salesman, ampa "D"

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Gara Alin at 12:30 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Leo W. Chilton

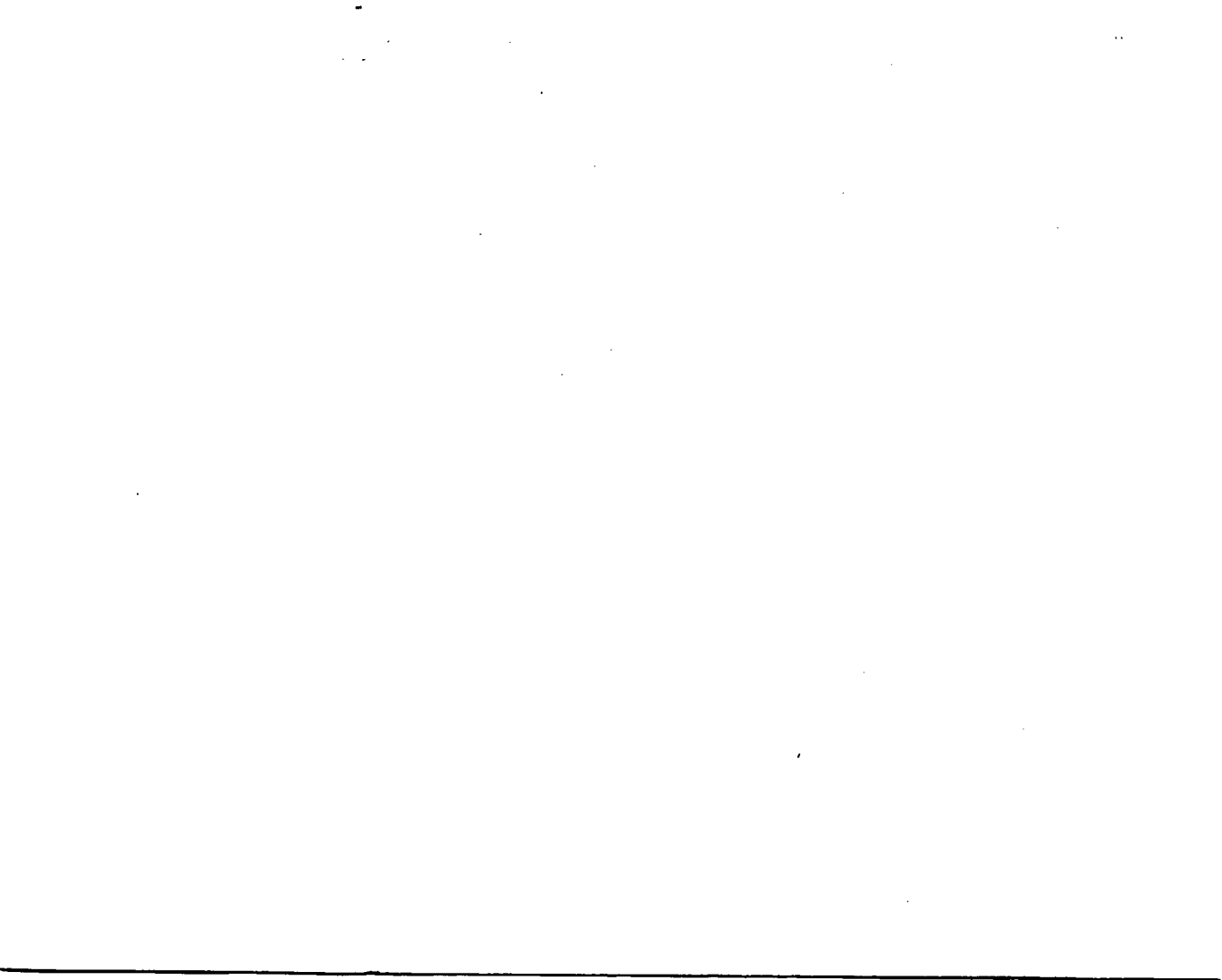
(Physician or midwife)

Given names added from a supplemental report.

Address ampa IdahoFiled June 10 1920 Pearle Dodds

Registrar.

Registrar.





434-204-014-466

## PLACE OF BIRTH

County of ConzonCity of NampaNo. 808-12 Ave S St.

Hospital

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-15-18

## CERTIFICATE OF BIRTH

Registration District No. 7File No. 79741Primary Registration District No. 1886

Registered No.

Full Name of Child Erma Geta W. Mahan

SEX OF CHILD

GirlTwin  
Triplet  
or other?XNumber  
in order  
of birthXLegiti-  
mate?yesDATE OF  
BIRTHJune 4 1920  
(Month) (Day) (Year)FULL  
NAMEFather  
Leland W. MahanFULL  
MAIDEN  
NAMEMOTHER  
May Moore

RESIDENCE

Nampa Ida

RESIDENCE

Nampa Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY 26  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY 28  
(Years)

BIRTHPLACE

Nebraska

BIRTHPLACE

Texas

OCCUPATION

Truck driver

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 6 1/2 M  
on the date above stated. (Born alive or stillborn) at 6 1/2 M\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. H. Murray

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Nampa Ida

Filed

June 10 1920 Pearle Dodds

Registrar

Reg.

CONFIDENTIAL

[illegible]

2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 2682, 2683, 26

100

1

363-118-0141-641  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-24-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of IdahoNo. 6 mi so of City St.Registration District No. 7File No. 79742

Hospital \_\_\_\_\_

Primary Registration District No. 2006

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Winifred Arnold ColemanSex of Child maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

- } and {

Number  
in order  
of birth  
- }Legiti-  
mate? yesDate of  
Birth May 18  
(Month) (Day) (Year)FULL  
NAMEWm Coleman

FATHER

FULL  
MAIDEN  
NAMELola Frank

MOTHER

RESIDENCE

Campa Ida

RESIDENCE

Campa Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

mo.

BIRTHPLACE

mo.

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Bury Aline at 10<sup>30</sup> P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Leo N. Chittom

(Physician or midwife)

Given names added from a supplemental report.

19

Address Campa IdahoFiled June 10 1920Charles Dodds

Registrar.

Registrar.

1-10-10

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

799-115-014-236  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-26-19

County of Canyon

City Idaho Falls  
No. 184 An + 3rd St So St.

Registration District No. 7

File No. 79743

Hospital

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD

Chas Wm Prince

Sex of  
Child

male

Twin  
Triplet  
or other?

-

and

Number  
in order  
of birth

-

Legiti-  
mate?

yes

Date of  
Birth

May 15 1920

(Month)

(Day)

(Year)

FULL  
NAME

L. F. Prince

FATHER

FULL  
MAIDEN  
NAME

Evelyn Stone

MOTHER

RESIDENCE

Idaho Falls

RESIDENCE

Idaho Falls

COLOR

White

AGE AT LAST  
BIRTHDAY

27  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

18  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Colo

OCCUPATION

Deputy

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive at 11 A. M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Leo W. Clifton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho Falls

Filed

June 18

19

Pearle Dodds

Registrar.

Registrar.

MAY 27 1942

1

MT.

133-223-014-693  
PLACE OF BIRTHSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S. No. 11—20m-7-26-19

County of CanyonCity of NauphaRegistration District No. 7

File No.

79744

No. \_\_\_\_\_ St.

Hospital Mercy Primary Registration District No. 1006 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Georgia Dolores Altizer

Sex of Child

femaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

(Number  
in order  
of birth)Legiti-  
mate?yesDate of  
BirthMay 231920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Harold L. Altizer

RESIDENCE

Naupha Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Illinois

OCCUPATION

Ditch RiderFULL  
MAIDEN  
NAME

MOTHER

Georgia Williamson

RESIDENCE

Naupha Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY16  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 2 A. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Leo H. Chilton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Naupha Ida

Filed

June 101920Pearle Dodds

Registrar.

Registrar.

17-19 (1000) 1000-1000



892-219-014-791

## PLACE OF BIRTH

County of CoeurCity of HamperNo. R.R. No. 5 St.

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-4-15-18

Registration District No. 7File No. 79745Primary Registration District No. 2006

Registered No. \_\_\_\_\_

Full Name of Child WINNIFRED RUTH Hibbard

SEX OF CHILD <u>girl</u>	Twin Triplet or other? <u>X</u>	{and} Number in order of birth <u>X</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 18</u> (Month) (Day) (Year)
FULL NAME <u>Earl Hubbard</u>	FATHER			FULL MAIDEN NAME <u>Ruth Gray</u>
RESIDENCE <u>Hamper Ida.</u>	RESIDENCE			<u>Hamper Ida.</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>		
BIRTHPLACE <u>Kansas</u>	BIRTHPLACE			<u>Coeur</u>
OCCUPATION <u>Farmer</u>	OCCUPATION			<u>Housewife</u>

Number of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... Born alive 72° a  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray  
(Physician or midwife)

Given names added from a supplemental report.

Address Hamper Ida.  
Filed June 10 1920 Pearle Dodds  
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN. 6, 1943

Named from card 1/6/43 E.J.

619-212-014-943

## PLACE OF BIRTH

County of CarsonCity of NampaNo. Bureau No 4 St.

Hospital \_\_\_\_\_

Registration District No. 7Primary Registration District No. 2006STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-4-15-12

File No. 79746

Registered No. \_\_\_\_\_

Full Name of Child Icei Lorraine Farley

SEX OF CHILD

GirlTwin  
Triplet  
or other?

X

and Number  
in order  
of birth

X

Legiti-  
mate?YesDATE OF  
BIRTHMay 12  
(Month) (Day)FULL  
NAMEThor A Farley

FATHER

RESIDENCE

Nampa Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY40

(Years)

BIRTHPLACE

Mo.

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEAnna Russell

MOTHER

RESIDENCE

Nampa Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY32

(Years)

BIRTHPLACE

Tenn.

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 4..... Number of children of this mother now living, including present birth. 4.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive..... at Idaho..... M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature).....

J. Murray  
M.D.

(Physician or midwife)

Address.....

Nampa Ida

Filed.....

June 10 1920Pearle Dodds

Registrar

Registrar

PLACE OF BIRTH

County of

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form No. 1

12-10-1918

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. 79746  
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Farley who was born on May 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible prepared on 7-2-12-15 (Bible date)  
(Bible Record, Insurance Policy, Etc.) (Give Date) 5-12-38 are:

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Name of child Unnamed Farley Icel Lorraine Farley

Subscribed and sworn to before me this 13 day of  
December, 1965

Signed Anna R. Frincher  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
635 River St Payette  
(Street Address, City, State)

Notary Public, residing at Caldwell, Idaho  
My commission expires 12-4-67  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of  
December, 1965

Signed Mary E. Gardner  
(Signature of Any Credible Person)  
Route 4 Caldwell Idaho  
(Street Address, City, State)

Notary Public, residing at Caldwell Idaho  
My commission expires 12-4-67  
(Seal)

Own Child's Birth Cert. on file: (Idaho Birth) #409362 gives full maiden name of mother as Icel Lorraine Farley - viewed by V.S.

AUG 19 1966

Certificate of Marriage, married July 11, 1936 at Payette, Idaho gives full name of bride as Icel Lorraine Farley and full name of groom as Clarence Saul Weygandt - viewed by V.S.

689-120-014-619

PLACE OF BIRTH

County of CheneyCity of HamptonNo. R.R. 23 St.Hospital ✓Registration District No. 7Primary Registration District No. 2006

Full Name of Child

Ray White

SEX OF CHILD

BoyTwin  
Triplet  
or other?NoneNumber  
and in order  
of birth1st

Legitimate?

Yes

DATE OF BIRTH

May 20 1920  
(Month) (Day) (Year)

FULL NAME

J. M. White

FATHER

RESIDENCE

Hampton - Rural

COLOR

White

AGE AT LAST BIRTHDAY

47

(Years)

BIRTHPLACE

Utah

OCCUPATION

Farmer

FULL MAIDEN NAME

Corelia Wardell

MOTHER

RESIDENCE

Hampton - Rural

COLOR

White

AGE AT LAST BIRTHDAY

40

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 8Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 10:20 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. Murray  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Hampton, Ida

Filed

June 10, 1920

Registrar

Registrar

# MINIMUM DATA REPORT

PROCESSED BY THE BUREAU OF VITAL STATISTICS, STATE OF IDAHO

DATE OF BIRTH: 1944-04-10

PLACE OF BIRTH

Camp of ...

Name of Child

Other

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

(Signature)

CERTIFICATE OF BIRTH  
BUREAU OF VITAL STATISTICS  
STATE OF IDAHO

File No.

Registration No.

...

...

...

...

...

(Date)

...

...

...

...

...

...

...



689-120-014-619

## PLACE OF BIRTH

County of San JuanCity of NampaNo. B. H. No. 3 St.

Hospital \_\_\_\_\_

Full Name of Child \_\_\_\_\_

Registration District No. 7Primary Registration District No. 2006STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-18-18

File No. 79748

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Boy</u>	Twin Triplet or other? <u>twin</u> and Number in order of birth <u>2nd</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	DATE OF BIRTH <u>May 20</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>J. H. White</u>	FATHER <u>J. H. White</u>	FULL MAIDEN NAME <u>Ardelia Wardell</u>	MOTHER <u>Ardelia Wardell</u>
RESIDENCE <u>Nampa - Rural</u>		RESIDENCE <u>Nampa - Rural</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 9..... Number of children of this mother now living, including present birth 9.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10:50 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa, Ida.Filed June 18, 1920

Registrar

Registrar

MAR 13 1944

165-102  
014-291

PLACE OF BIRTH

County of Canyon

City of Hamlet

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Harvey

Full Name of Child Roland Morris Jones

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-4-18-18

Registration District No. 7

Primary Registration District No. 1886

File No. 79749

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Boy</u>	Twin Triplet or other? <input checked="" type="checkbox"/>	and	Number in order of birth <u>&lt;</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 2 1920</u> (Month) (Day) (Year)
FULL NAME <u>O. W. Jones</u>	FATHER			FULL MAIDEN NAME <u>Mary Bradley</u>	MOTHER
RESIDENCE <u>Hamlet Ida</u>				RESIDENCE <u>Hamlet Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)			COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Moine</u>				BIRTHPLACE <u>N.Y.</u>	
OCCUPATION <u>Supt. Milk Condensery</u>				OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

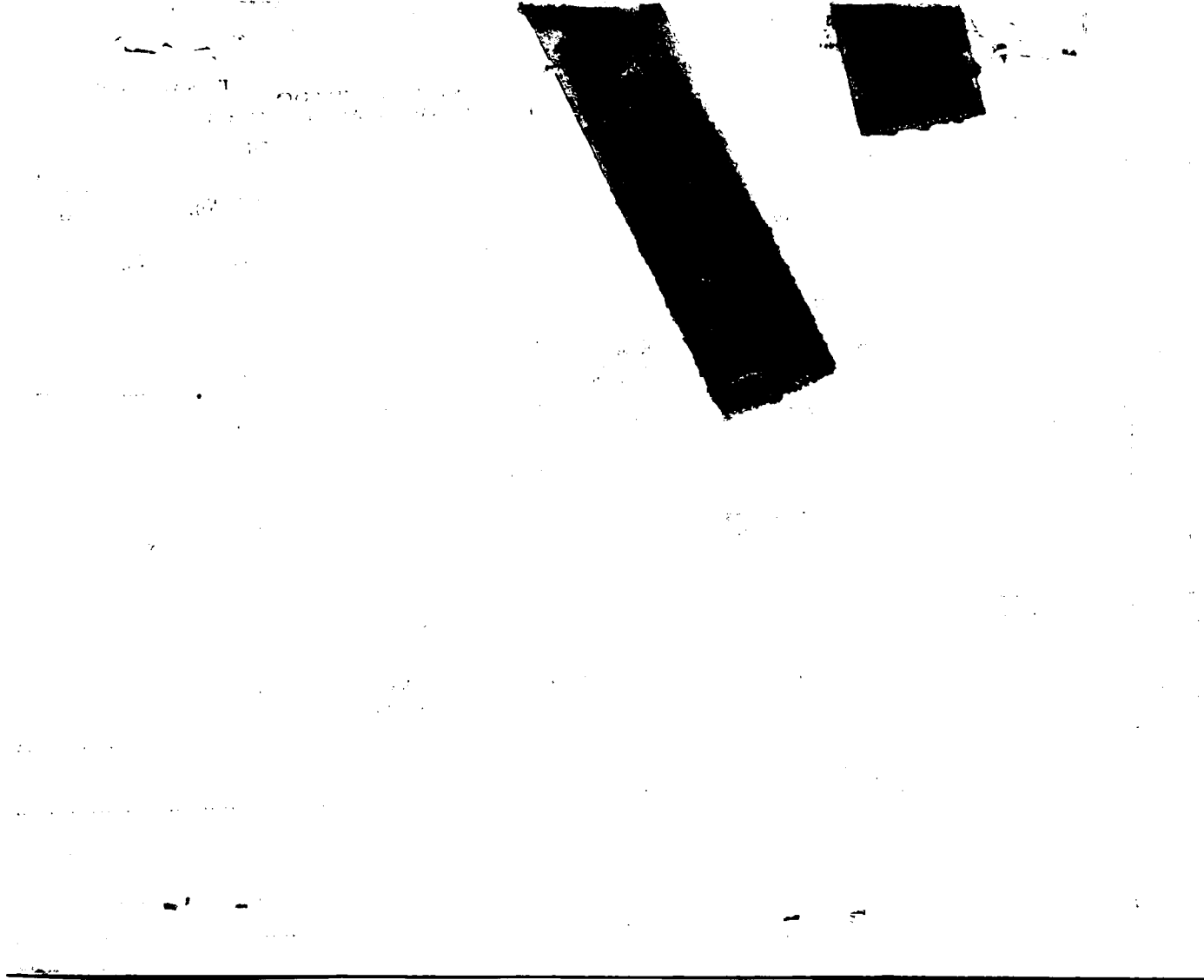
I hereby certify that I attended the birth of this child, who was Born alive, at 11:45 P. M on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray  
(Physician or midwife)

Given names added from a supplemental report.  
\_\_\_\_\_ 19\_\_\_\_

Address Hamlet Ida  
Filed June 10 1920 Pearle Dadds  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Ada } ss. Certificate No. 79749  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Jones who born on May 2, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Father prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name _____	Unnamed Jones _____	Roland Morris Jones _____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 9th  
day of July, 19 42

Marion E. Orr  
Notary Public, residing at Boise, Idaho

My commission expires 6-24-45  
(SEAL)

Signed \_\_\_\_\_

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

\_\_\_\_\_  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

\_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

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264-130  
015-318

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. 9, No. 11-0-25m-9-8-17

County of Blaine  
City of Soda Spring Id. Registration District No. 11 File No. 79750  
No. St. Primary Registration District No. 2048 Registered No. 14  
Hospital .....  
FULL NAME OF CHILD — GARRETT FRANK SOMSEN

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> { Number in order of birth <u>-</u> }	Legitimate? <u>yes</u>	Date of Birth <u>May 30, 1911</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Garrett Somesen</u>		FULL MAIDEN NAME MOTHER <u>Mattie Tagland</u>	
RESIDENCE <u>Wagon</u>		RESIDENCE <u>Wagon</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Wyo.</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Precher</u>		OCCUPATION <u>Wagon</u>	

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 29 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Karsley

Given names added from a supplemental report.

(Physician or midwife)

Address Soda Spring Id.

Filed May 31, 1911

Registrar

Registrar

2002

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STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Caribou } ss. Certificate No. 79750  
Date Filed MAY 30 1944

The undersigned does solemnly swear that certain facts on the certificate of BIRTH  
for GARRETT FRANK SOMSEN who was born on MAY 30, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)  
in Soda Springs, Idaho ~~SEE AFFIDAVIT OF~~ were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT) (DATE OF EVENT)  
true facts as shown by PERSONAL KNOWLEDGE prepared on MY MEMORY ON MAY 30, 1940, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM	TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)	(THE CORRECT FACTS)
name	unnamed	
<u>GARRETT FRANK SOMSEN</u>	<u>Garrett Frank Somsen</u>	

Subscribed and sworn to before me this 28th  
day of March, 1944.  
S. Brantley  
Notary Public, residing at Soda Springs, Idaho  
My commission expires Aug 2, 1944  
(SEAL)

Signed Mattie Somsen  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
Mayan, Idaho  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Caribou } ss.  
[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 28th  
day of March, 1944.  
S. Brantley  
Notary Public, residing at Soda Springs, Idaho  
My commission expires Aug 2, 1944  
(SEAL)

Signed Garrett W. Somsen FATHER  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
Mayan, Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on..... By .....  
(REGISTRAR'S SIGNATURE)

DEC 15 1969

154-229-015-313  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-5-17

County of BonanzaCity of Soda SpringsRegistration District No. 11File No. 79751

No. .... St.

Primary Registration District No. 2048Registered No. 16

Hospital .....

FULL NAME OF CHILD Kathryn Elizabeth Andrews

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 29</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER AndrewsRESIDENCE GraceCOLOR WAGE AT LAST BIRTHDAY 32 (Years)BIRTHPLACE IdahoOCCUPATION RancherFULL MAIDEN NAME MOTHER BallineRESIDENCE GraceCOLOR WAGE AT LAST BIRTHDAY 35 (Years)BIRTHPLACE IdahoOCCUPATION WifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 11:4 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Karsley

Given names added from a supplemental report.

(Physician or midwife)

..... 19.....

Address Soda Springs IdahoE. K. Karsley RegistrarFiled May 31 1920 E. K. Karsley Registrar

MAR 12 1984

693-112-015-522  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-37

County of CarletonCity of Soda Springs, IdhRegistration District No. 11File No. 79752No.        St.       Primary Registration District No. 2048Registered No. 15Hospital       FULL NAME OF CHILD Wesley William Wilder

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 12</u> 191 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Ervin Wilder</u>	FATHER
RESIDENCE <u>Wagon</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Recher</u>	

FULL MAIDEN NAME <u>Dora J. Eskelson</u>	MOTHER
RESIDENCE <u>Wagon</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was       , at 49 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ervin Wilder

(Physician or midwife)

Given names added from a supplemental report.

Ervin Wilder 19         
RegistrarAddress Soda Springs, Idh  
Filed May 31 19 20 Ervin Wilder  
Registrar

APR 13 1976

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-113-028-25  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of KootenaiCity of HarmonRegistration District No. 126File No. 4 79753

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2204Registered No. 64Hospital SawtoothFULL NAME OF CHILD Samuel Lawrence Bridgeman

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Mar 13 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Claude E. Bridgeman</u>	FATHER	FULL MAIDEN NAME <u>Louisa M. E. Barron</u>	MOTHER
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RESIDENCE <u>Springerton</u>	FATHER	RESIDENCE <u>Springerton</u>	MOTHER
------------------------------	--------	------------------------------	--------

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
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BIRTHPLACE <u>Wash</u>	FATHER	BIRTHPLACE <u>London Eng</u>	MOTHER
------------------------	--------	------------------------------	--------

OCCUPATION <u>Com labor</u>	FATHER	OCCUPATION <u>Housewife</u>	MOTHER
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Number of child of this mother, including present birth <u>1</u>	Number of children of this mother now living, including present birth <u>1</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive Mar 13 - 20 at 12400 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Timmy  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Harmon  
Filed June 1 1920 J. M. Timmy  
Registrar

7-8-41



294-207-208-753  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-15

County of KootenaiCity of Rose Lake

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 124File No. 79755Primary Registration District No. 2204Registered No. 73

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Edna Hope Kidder

Sex of Child <u>female</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 7, 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Willard Kidder</u>	FATHER
RESIDENCE <u>Rose Lake</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Miles City, Montana</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Eva Augusta Peterson</u>	MOTHER
RESIDENCE <u>Rose Lake</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Wisconsin</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth fourNumber of children of this mother now living, including present birth four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, on the date above stated.

born alive, at 11:30 AM  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householders, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Staufferphysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Rose Lake, IdahoFiled June 1, 1920

Registrar

Registrar

APR 13 1971

695-218-028-449  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of KootenaiCity of Rose LakeRegistration District No. 124File No. 79756

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2207Registered No. 74

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Julia Margaret Finel

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 18, 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>James S. Finel</u> RESIDENCE <u>Rose Lake</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Yamhill County, Oregon</u> OCCUPATION <u>Laborer</u>			MOTHER FULL MAIDEN NAME <u>Zula C. Durand</u> RESIDENCE <u>Rose Lake</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>19</u> (Years) BIRTHPLACE <u>Bates County, Missouri</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. oneNumber of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive  
(Born alive or stillborn)5:45 A. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

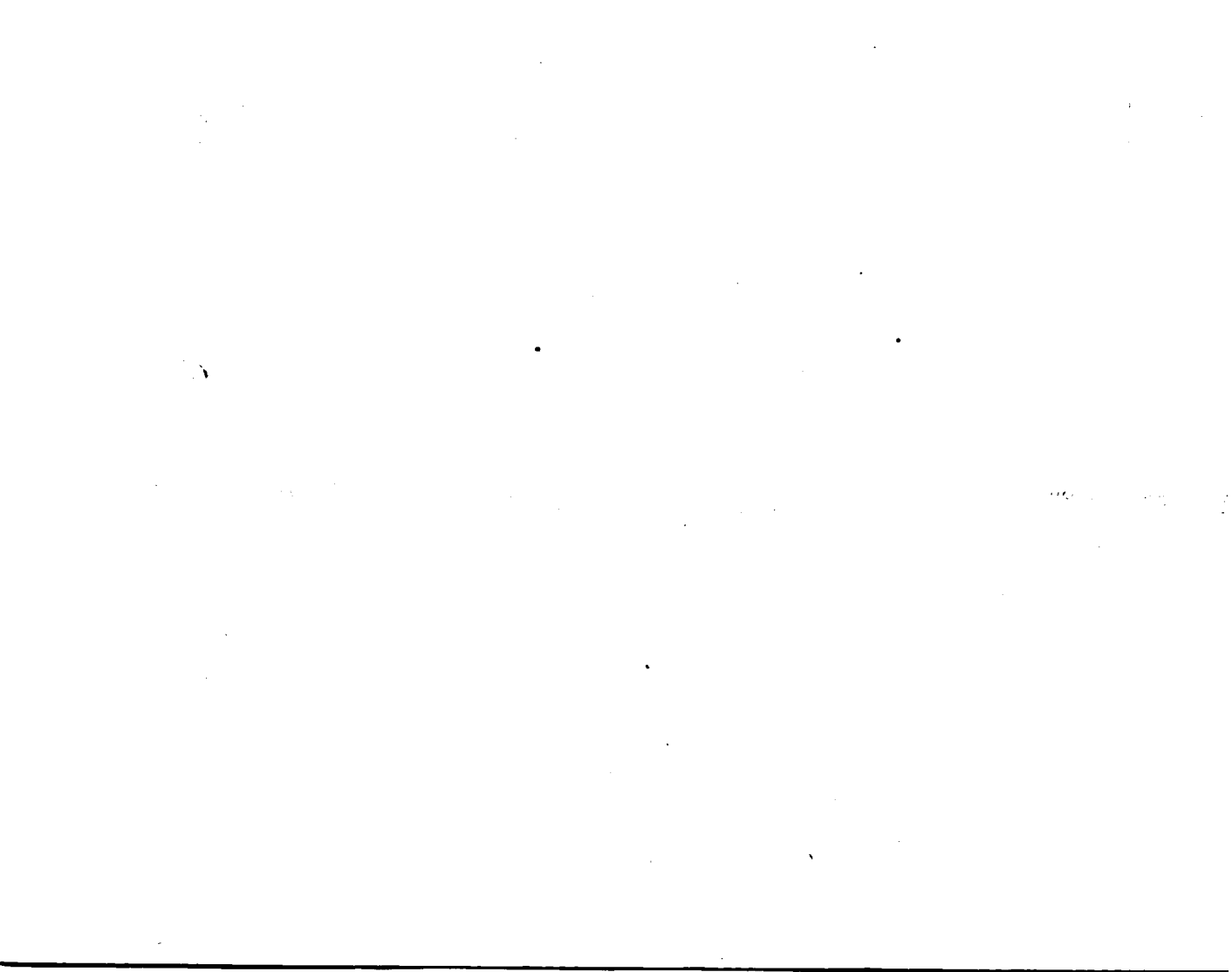
L. J. Stauffer  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

865-221-028-168  
 PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

79757

County of Kootenai

City of Harrison

Registration District No. 126

File No. 4

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2204

Registered No. 15

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth _____	Legitimacy <u>Yes</u>	Date of Birth <u>May 21 1920</u> (Month) (Day) (Year)
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FATHER FULL NAME <u>Wm Horsowely</u>	MOTHER FULL MAIDEN NAME <u>Celia Johnson</u>
RESIDENCE <u>Harrison Ida</u>	RESIDENCE <u>Harrison Ida</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Mich</u>	BIRTHPLACE <u>Mich</u>
OCCUPATION <u>Plumberman</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth. 6 Number of children of this mother now living, including present birth. 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive May 21-20 at 645'0 M.  
 on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

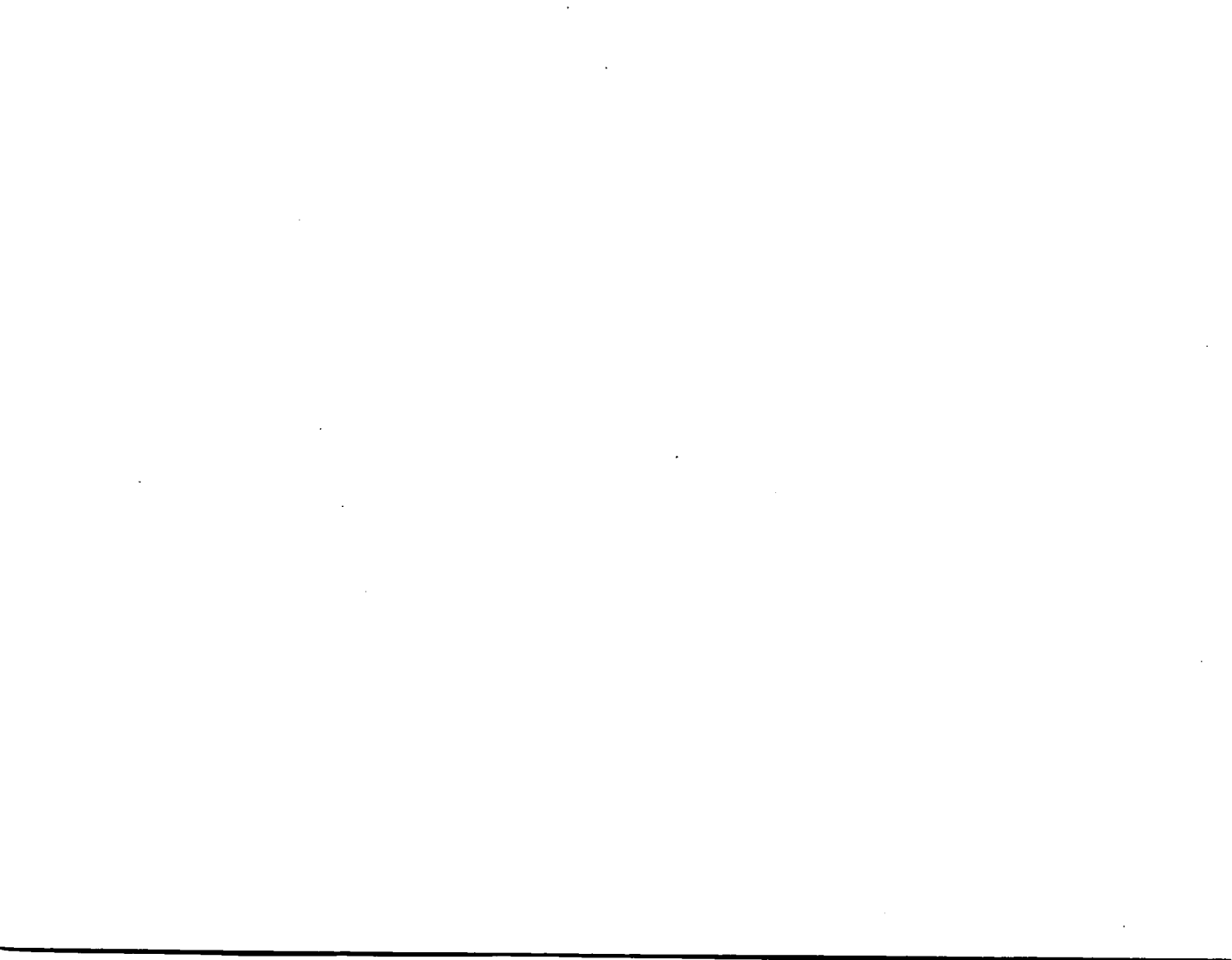
(Signature) John E. Barry

(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida

Filed July 1 1920 John E. Barry



632-204-016-791

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

79758

County of Cassia

Amended 1/7/76

City of BurleyRegistration District No. 117

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196Registered No. 1579

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Doris MayAlsonSex of Child FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthMay 4  
(Month) (Day)1928  
(Year)FULL  
NAMEC. M. Olson

FATHER

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY53  
(Years)

BIRTHPLACE

Denmark

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEPhoe Granberg

MOTHER

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7:40 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

D. J. C. Patterson  
M. J.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida

Filed

May 10 19 28 D. J. C. Patterson  
Registrar

Registrar



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IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. Certificate No. 79758  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Olsen who was born on May 4, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name \_\_\_\_\_

Unnamed Olsen \_\_\_\_\_

Doris May Olson \_\_\_\_\_

Subscribed and sworn to before me this 3 day of January, 1977  
Notary Public, residing at Burley, Idaho  
My commission expires 7-4-80  
(Seal)

Signed Tuland Ray Olson (Signature)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Route 3 Box 242 Burley, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Cassia }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of January, 1977  
Notary Public, residing at Burley, Idaho  
My commission expires 7-4-80  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Sandrae Baumgartner (Signature of Any Credible Person)  
Rt 2 Box 196 B Burley, Idaho  
(Street Address, City, State)

JAN 7 1977

School Census Marshall's report gives name as Doris Olsen. father's name  
as C. M. Olsen. born 4-5-20. viewed by V. S.

Certif of Birth from the LDS Church given name as Doris May Olson. born  
May 4, 1920. in Burley, Idah. father's name as Charles M. Olson and mother's  
name as Alice A. Gransbury. entered on record June 6, 1920. viewed by V. S.

55-205-014-269

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CassiaCity of BurleyRegistration District No. 117File No. **79759**No. 7 St.Primary Registration District No. 2196 Registered No. 1580

Hospital

FULL NAME OF CHILD **BEATRICE PEARLE** EvansSex of Child Female { Twin Triplet or other? } and { Number in order of birth } Legiti mate? yes Date of Birth May 5 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME J. C. Evans FATHER  
RESIDENCE Burley Ida  
COLOR White AGE AT LAST BIRTHDAY 40  
(Years)  
BIRTHPLACE Colo.  
OCCUPATION FarmerFULL MAIDEN NAME Ida Sorensen MOTHER  
RESIDENCE Burley Ida  
COLOR White AGE AT LAST BIRTHDAY 32  
(Years)  
BIRTHPLACE Utah  
OCCUPATION HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 11 a M.  
on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) D. J. C. Patterson  
M. P.

(Physician or midwife)

Given names added from a supplemental report.

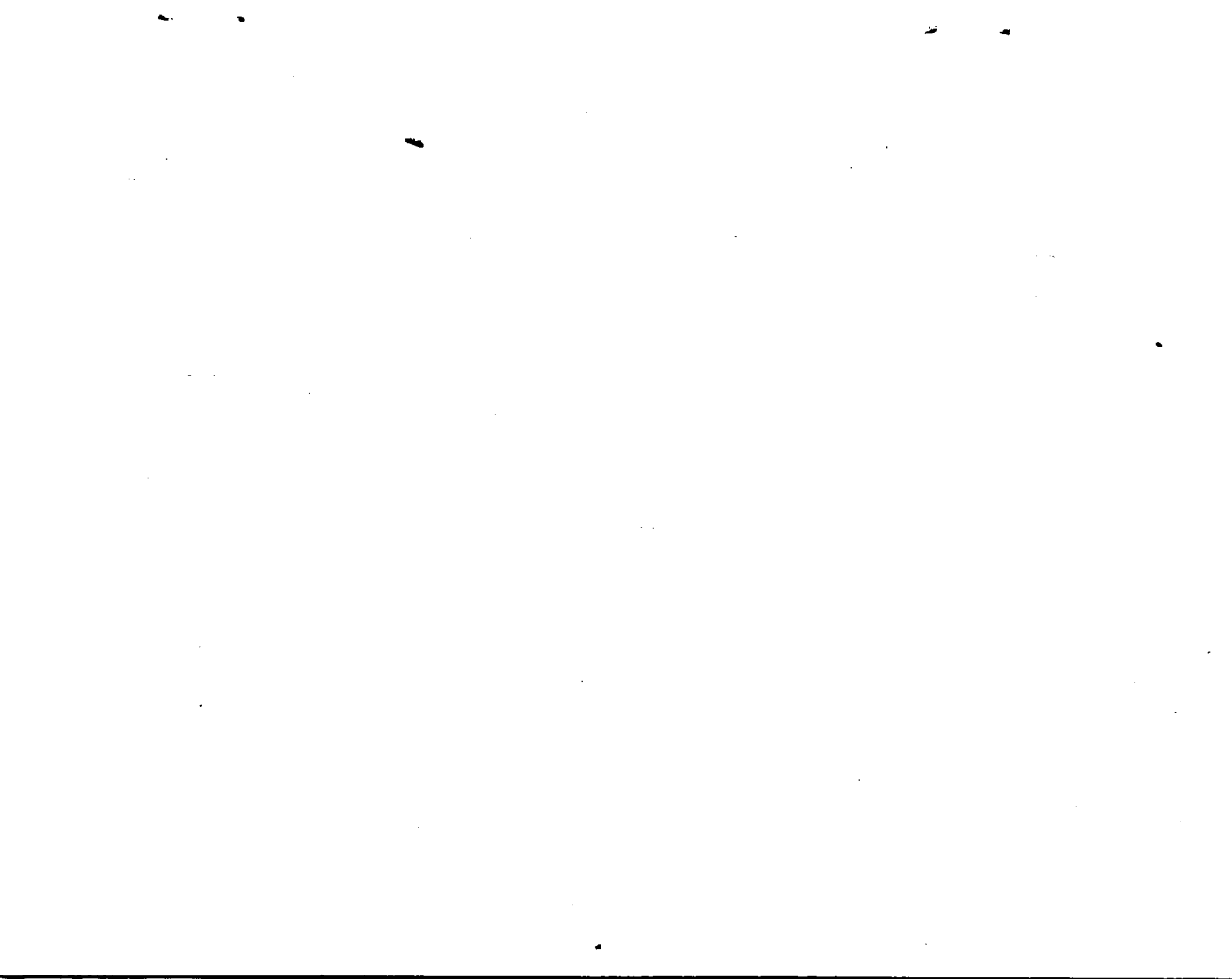
19

Address Burley, IdaFiled May 10 1920 D. J. C. Patterson  
Registrar Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Utah } ss.

County of Summit }  
The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Beatrice Pearl Evans who born on May 3, 1920 (BIRTH OR DEATH)  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Birth Record prepared on Sept 2, 1928, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

<b>FACTS TO BE CORRECTED</b> ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	<b>FROM</b> (AS ON ORIGINAL)
name _____	unnamed Evans _____
_____	Beatrice Pearl Evans _____
_____	_____

Subscribed and sworn to before me this 1st,  
day of April, 19 42.  
James Paulsen  
Notary Public, residing at Park City, Utah  
My commission expires March 4, 1944  
(SEAL)

Signed Mrs. Louis Olsen (older sister)  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

\_\_\_\_\_  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss.  
County of Summit }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st,  
day of April, 19 42.  
James Paulsen

Notary Public, residing at Park City, Utah  
My commission expires March 4, 1944  
(SEAL)

Signed William H. Smith  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT)  
1209 Park Ave., Park City, Utah  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

APR 9 1942

JUN 11 1942

793-107-016-155

Form V. S. No. 11-C-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 79760

No. \_\_\_\_\_ St.

Primary Registration District No. 2186

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Harmer Franklin Gillette

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>May 7</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>L. F. Gillette</u>	FATHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Farmer.</u>	

FULL MAIDEN NAME <u>Mary Jensen</u>	MOTHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 9 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. C. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley, IdaFiled May 10 1920 H. J. C. Patterson  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1964



813-109-016-793

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CassiaCity of Burley

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 117File No. 79761

Hospital \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1582

FULL NAME OF CHILD

Rex Pickett Hall

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 9</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>H. O. Hall</u>	FATHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Real Estate</u>	

FULL MAIDEN NAME <u>Leona Pickett</u>	MOTHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8:35 P.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. C. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

Filed

June 2 1920 Dr. J. C. Patterson

Registrar

Registrar

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STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 79761  
County of Cassia } JAN 8 1942 Date Filed Birth  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Hall who bore on May 2, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Parents prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
Name Omitted Rex Pickett Hall

Subscribed and sworn to before me this 3rd  
day of January, 1942. Signed Howard O'Hall  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-  
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
Notary Public, residing at Burley, Idaho  
My commission expires Feb. 20, 1942  
(SEAL) (STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
County of Cassia } (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and  
that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 3rd  
day of January, 1942. Signed Rex Pickett Hall  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
Notary Public, residing at Burley, Idaho  
My commission expires Feb. 20, 1942  
(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 8 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

JAN 6 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-13-016-279  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. \_\_\_\_\_ St.

Registration District No. 117

File No. 79762

Primary Registration District No. 2196 Registered No. 1384

Hospital \_\_\_\_\_  
FULL NAME OF CHILD Winona Ross Anderson

Sex of Child Female { Twin Triplet or other? } and { Number in order of birth } Legitt mate? yes Date of Birth May 13 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME W. A. Anderson  
RESIDENCE Burley Ida  
COLOR White AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Utah  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Ruby S. Gray  
RESIDENCE Burley  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 9:50 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M.D.  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19\_\_\_\_

Address Burley, Ida  
Filed May 20 1920 Dr. J. C. Patterson  
Registrar

K

JUL 13 1973

361-117-016-819

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 79763

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2146 Registered No. 15835-

Hospital \_\_\_\_\_

FULL NAME OF CHILD

JunjioIwasakiSex of  
ChildMaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthMay 1719 20

(Month) (Day) (Year)

FULL  
NAMEBunjiro Iwasaki

FATHER

RESIDENCE

Burley Ida.

COLOR

JapaneseAGE AT LAST  
BIRTHDAY42  
(Years)

BIRTHPLACE

Japan

OCCUPATION

Pool Hall Prop.FULL  
MAIDEN  
NAMEFari Haraguchi

MOTHER

RESIDENCE

Burley Idaho

COLOR

JapaneseAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Japan

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4L 1 Photostat copy 5/28/42  
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFEI hereby certify that I attended the birth of this child, who was born alive,  
on the date above stated.

(Born alive or stillborn)

at 12:30 P.M.{ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Dr. J. C. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.  
1st copy issued, 11-10-41, 19

Address

Burley, Ida.

Filed

May 20 19 20 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MAY 28 1944

DEC 3 1951



168-119-016-583

Form V. S. No. 11-C--25m-7-21-10

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79764

County of CassiaCity of BurleyRegistration District No. 117

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2196Registered No. 1586FULL NAME OF CHILD Gordon Dell Johnson

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>May 19</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Gate J. JohnsonRESIDENCE Burley IdaCOLOR White AGE AT LAST BIRTHDAY 34  
(Years)BIRTHPLACE NebrOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Freda F. EhlersRESIDENCE Burley IdaCOLOR White AGE AT LAST BIRTHDAY 29  
(Years)BIRTHPLACE SwitzerlandOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

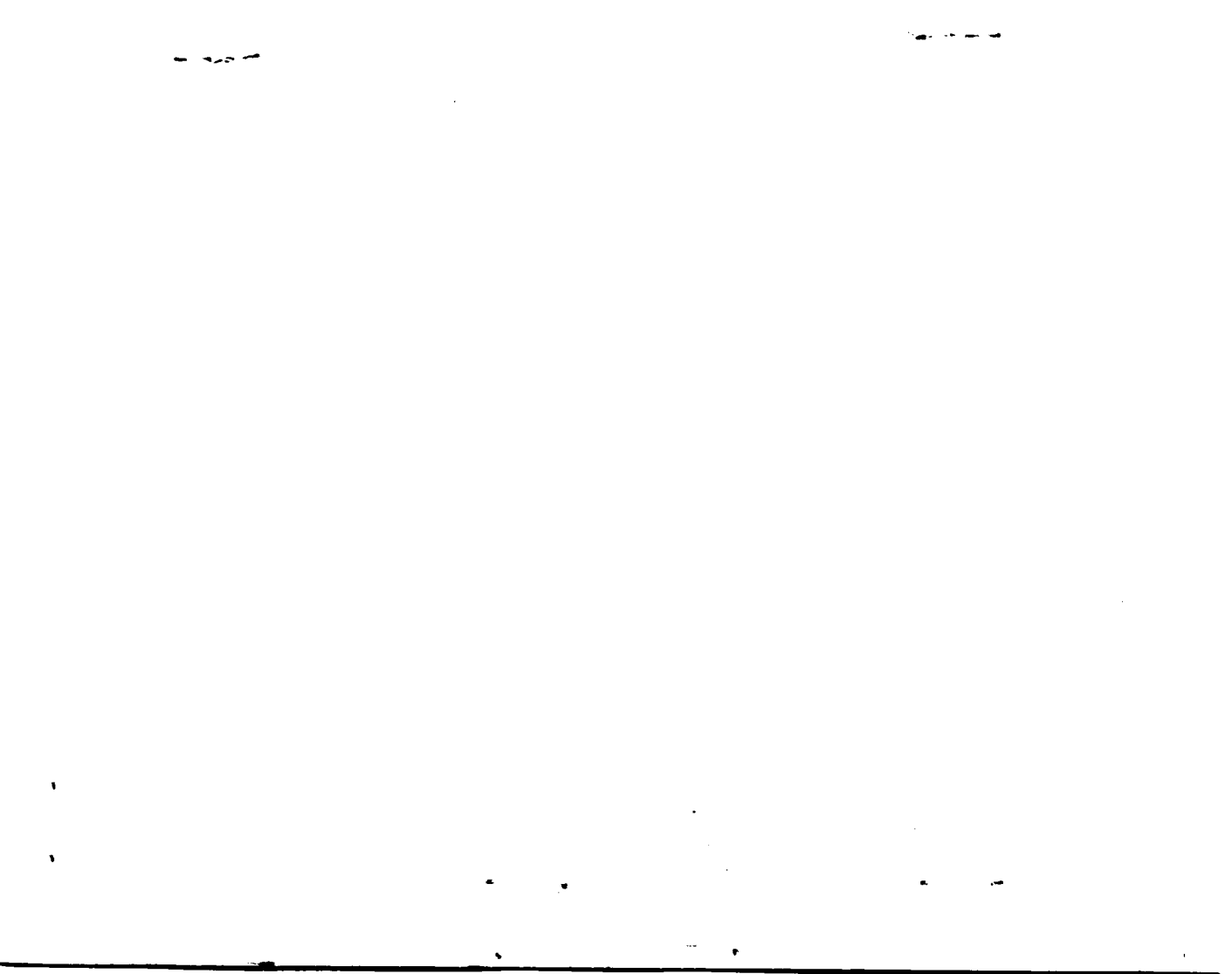
(Signature) Dr. J. C. Patterson  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley IdaFiled June 2 1920 Dr. J. C. Patterson  
Registrar Registrar


MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

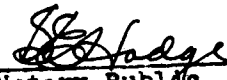


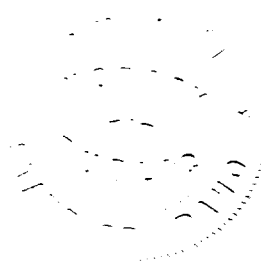
Shelley, Idaho  
August 26, 1941

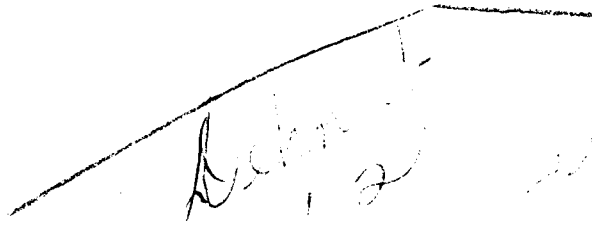
This I certify that I, Nate T. Johnson, am the father of Gordon Dell Johnson and that he was born at Burley, Idaho on May 19, 1920.

  
\_\_\_\_\_  
Nate T. Johnson

Subscribed and sworn to before me, S. E. Hodge, Notary Public in and for the State of Idaho this 26th day of August, 1941.

  
\_\_\_\_\_  
Notary Public  
Shelley, Idaho





- OCT-23 1945

1000

1000

1000

245-250-016-319  
PLACE OF BIRTH

Form V. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CassiaCity of BurleyRegistration District No. 117File No. 79765

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1587

Hospital \_\_\_\_\_

FULL NAME OF CHILD HELEN ELIZABETH Sundborg

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 20</u> 19 <u>20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME Oscar H. Sundborg  
RESIDENCE Burley Ida  
COLOR White AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Sweden  
OCCUPATION Musician

MOTHER  
FULL MAIDEN NAME Thora Carlsson  
RESIDENCE Burley Ida  
COLOR white AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Sweden  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida  
Filed May 30 1920 Dr. J. C. Patterson  
Registrar

Registrar

DECEASED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }  
County of Los Angeles } ss. Certificate No. 79765  
Date Filed 1942

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Helen Elizabeth Sundborg who was born on May 20, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by newspaper clipping from Burley Bulletin  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE), are:

FACTS TO BE CORRECTED	FROM	TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)	(THE CORRECT FACTS)
<u>name</u>	<u>unnamed Sundborg</u>	<u>Helen Elizabeth Sundborg</u>
<u>father's name</u>	<u>Oscar F. Sundborg</u>	<u>Oscar F. Sundborg</u>

Subscribed and sworn to before me this 28th  
day of March, 1942

Signed Oscar F. Sundborg  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-  
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
DEATH RECORD; OR OTHER CREDIBLE PERSON.)

T. F. Linhart  
Notary Public, residing at Beverly Hills, Calif.  
My commission expires February 28, 1946  
(SEAL)

1930 S. Spaulding Ave  
(STREET ADDRESS, CITY, STATE)  
Los Angeles

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }  
County of Los Angeles } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and  
that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th  
day of March, 1942

Signed Mrs. Adelia Phillips  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

T. F. Linhart  
Notary Public, residing at see above  
My commission expires see above  
(SEAL)

241 S. Crescent Dr  
(STREET ADDRESS, CITY, STATE)  
Beverly Hills Calif  
(REGISTRAR'S SIGNATURE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

JAN 12 1955

APR 1 1942

MAR 3 1942



WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

433-272-016-613  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of CassiaCity of BurleyRegistration District No. 117File No. 79766

No. \_\_\_\_\_ St.

Primary Registration District No. 2194 Registered No. 1588

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Margaret Mc CainSex of Child Female { Twin Triplet } and { Number in order of birth }  
(To be answered only in event of plural births)Legitimacy? yesDate of Birth May 22 1920  
(Month) (Day) (Year)

FULL NAME

W. B. Mc Cain

RESIDENCE

Burley Ida

COLOR

White

AGE AT LAST BIRTHDAY

46

(Years)

BIRTHPLACE

Kansas

OCCUPATION

Farmer

FULL MAIDEN NAME

Minnie Waldren

RESIDENCE

Burley Ida

COLOR

White

AGE AT LAST BIRTHDAY

38

(Years)

BIRTHPLACE

Nebs.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. C. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley Ida

Filed

June 10 1920 Dr. J. C. Patterson  
Registrar

Registrar

JUL 6 1972

418-131-016-249

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79767

County of CassiaCity of BurleyRegistration District No. 117

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196Registered No. 1589

Hospital \_\_\_\_\_

FULL NAME OF CHILD Burns Richard Dayley

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth	19 <u>20</u>
				<u>yes</u>	<u>May 31</u> (Month) (Day)	(Year)

FULL NAME <u>Emmett M. Wayley</u>	FATHER
RESIDENCE <u>Burley Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer.</u>	

FULL MAIDEN NAME <u>Alcis May Burns</u>	MOTHER
RESIDENCE <u>Burley Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Wis.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. J. C. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Burley, Ida.

Filed

June 10

19

D. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/11/41 L. B.

696-227-016-219

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79768

County of CassiaCity of BurleyRegistration District No. 117 File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1590

Hospital \_\_\_\_\_

FULL NAME OF CHILD Mary Josena Frost.

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Feb 27<sup>th</sup> 20</u> (Month) (Day) (Year)
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FULL NAME <u>I. L. Frost</u>	FATHER
RESIDENCE <u>Burley Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Mary Barty</u>	MOTHER
RESIDENCE <u>Burley Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. C. Patterson  
M. H.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley, Ida.Filed June 10 19 20 D. J. C. Patterson  
Registrar Registrar

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

Statement from Notary from the Old Family Bible it gives the Childs Name as Mary-Josena Frost, Sept. 10, 1958. and Statement from Declo High School Principal Lovell J. Turner, from school records comes the IDAHO STATE BOARD OF HEALTH Child's Name as Mary Josena DIVISION OF VITAL STATISTICS Frost, viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 79768  
County of Blaine } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Frost who born on Feb. 27, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in Burley are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are: (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Child's Name Unnamed Mary Josena Frost

Subscribed and sworn to before me this 7<sup>th</sup> day of August, 1958.  
B. S. Hutchins  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed Mary Josena Frost  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
658 Cable Ave. Burley, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Blaine }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7<sup>th</sup> day of August, 1958.  
B. S. Hutchins  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed Lovell J. Turner  
(Signature of Any Credible Person)  
Declo, Idaho, Blaine, Idaho  
(Street Address, City, State)

SEP 22 1958



15-15-31-076-296 NAME INDEX 9-10-87 01

Form V. S. No. 11-0-22m-4-4-37

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 79769No. StPrimary Registration District No. 2196Registered No. 1591

Hospital

FULL NAME OF CHILD Baby Sanders FLORA MAE SANDERS

Sex of Child

girlTwin  
Triplet  
or other?and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?yesDate of  
Birthmay 31 1922  
(Month) (Day) (Year)FULL  
NAME

FATHER

George SandersFULL  
MAIDEN  
NAME

MOTHER

Ethel Brown

RESIDENCE

Burley Idaho

RESIDENCE

Burley Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY33  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Old Mexico

BIRTHPLACE

Wisconsin

OCCUPATION

Laborer

OCCUPATION

housewifeNumber of child of this mother, including present birth 2..... Number of children of this mother now living, including present birth 2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive..... at 5-2..... M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

F. H. Cutler  
Burley Idaho  
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

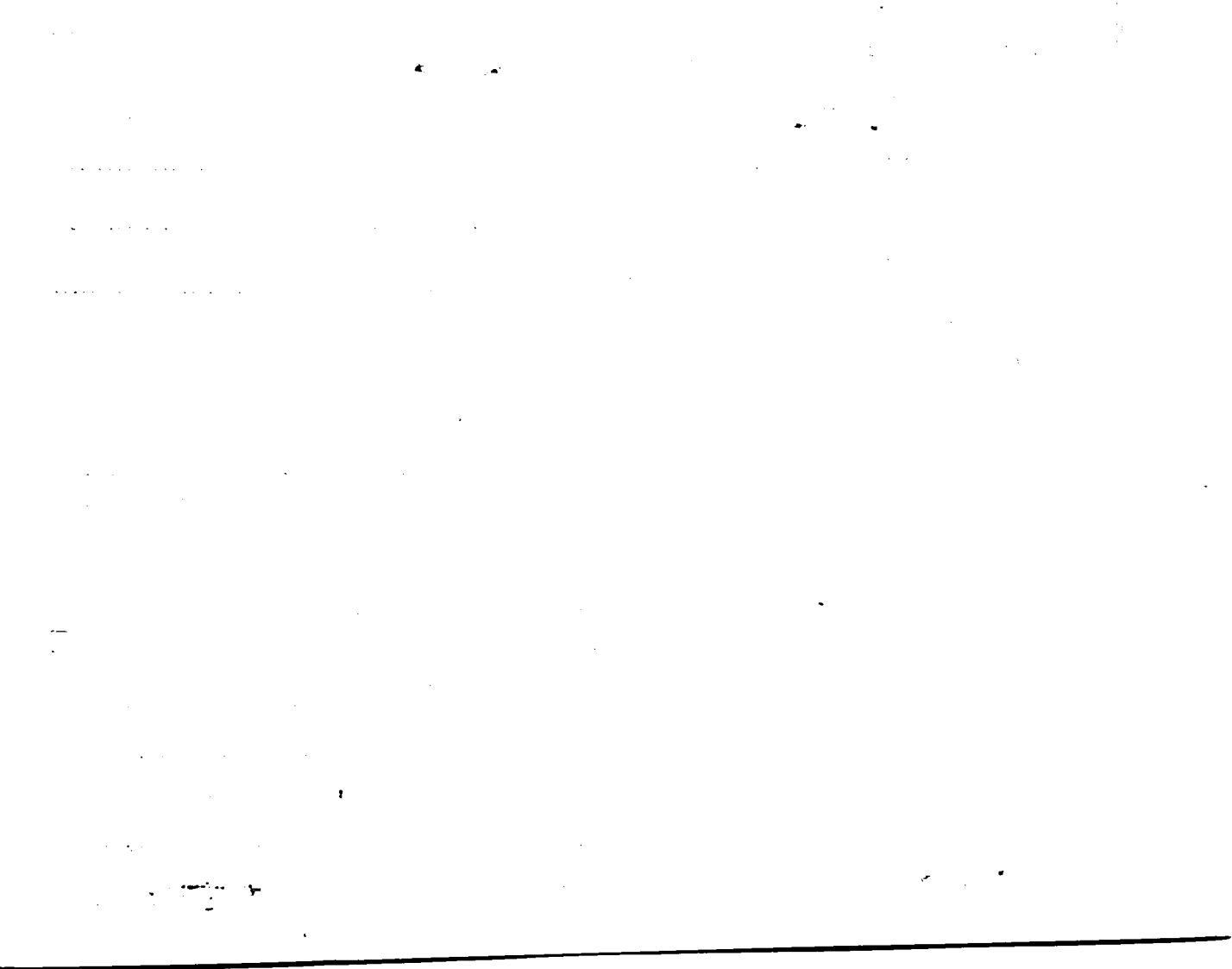
June 9 1922Dr. J. C. Patterson  
Registrar

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



9-10-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho } ss.  
County of Ada

RECEIVED  
BUREAU OF  
VITAL STATISTICS  
SEP 10 3 16 PM '87

Certificate No. 79769  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Sanders who was born on May 31, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Burley (Cassia) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Unnamed</u>	<u>Flora Mae</u>

Subscribed and sworn to before me this 10th day of Sept, 1987.  
Notary Public, Barbara Howard  
Residing at Burley, ID  
My commission expires Jan 19, 1993  
(Seal)

L. J. Mae, Hildan  
Signature of Applicant  
2916 So. Cole Rd. Boise ID 83709  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

(Must be completed \_\_)  
(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Supporting Signature  
\_\_\_\_\_  
Street Address, City, State

Soc Sec Records lists Flora Mae Sanders born 5-21-20 in Burley  
Dated 8-18-78

SEP 10 1987

LDs Church lists Flora Mae Sanders born 5-31-20 in Burley to George Henry Sanders and Ethel Mae Brown. Dated July 10, 1976. Viewed by V.S.

715-209-016-363  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-23m-9-8-37

County of... *Cassia* .....City of... *Burley* .....Registration District No. .... *117* .....File No. .... **79770** .....No. .... *St.* .....Primary Registration District No. .... *2196* .....Registered No. .... *1592* .....

Hospital .....

FULL NAME OF CHILD ..... *Panel Eleanora* .....

Sex of Child <i>Female</i>	Twin Triplet or other? <i>and</i> { Number in order of birth	Legitimate? <i>Yes</i>	Date of Birth <i>May 7</i> 192 <i>2</i> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <i>Marion Panel</i>	FATHER
RESIDENCE <i>Burley</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE <i>North Carolina</i>	
OCCUPATION <i>Laborer</i>	

FULL MAIDEN NAME <i>Ernie Lockyer</i>	MOTHER
RESIDENCE <i>Burley Lockyer</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>19</i> (Years)
BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth...../..... Number of children of this mother now living, including present birth...../.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... *born alive* ..... at... *St. Burley* ..... on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. H. Cutler* .....  
*MM*  
 (Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address *Burley Id*

.....19.....

Filed *June 9* 192*2* *Dr. J. C. Patterson*

Registrar

Registrar

FEB 15 1961

268 - 1041-016-635

PLACE OF BIRTH

County of Cassia

City of Burley

No. .... St.

Hospital Bellevue

FULL NAME OF CHILD

Registration District No. .... 11.7

Primary Registration District No. .... 2196

File No. ....

Registered No. .... 1597

79775

Francis William Boyer

Sex of Child <u>M</u>	Twin Triplet or other? <u>1</u> and (Number in order of birth) <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 4 1920</u> (Month) (Day) (Year)
-----------------------	---	------------------------	---

FULL NAME <u>Louis James Boyer</u>	FATHER
RESIDENCE <u>Logan Utah</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>76</u> (Years)
BIRTHPLACE <u>Springville Utah</u>	
OCCUPATION <u>Insurance</u>	

FULL MAIDEN NAME <u>Oral Fletcher</u>	MOTHER
RESIDENCE <u>same</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>93</u> (Years)
BIRTHPLACE <u>Verona Utah</u>	
OCCUPATION <u>House</u>	

Number of child of this mother, including present birth... 2 ... Number of children of this mother now living, including present birth... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 a on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Smith M.D.

Given names added from a supplemental report.

(Physician or midwife)

.....19.....

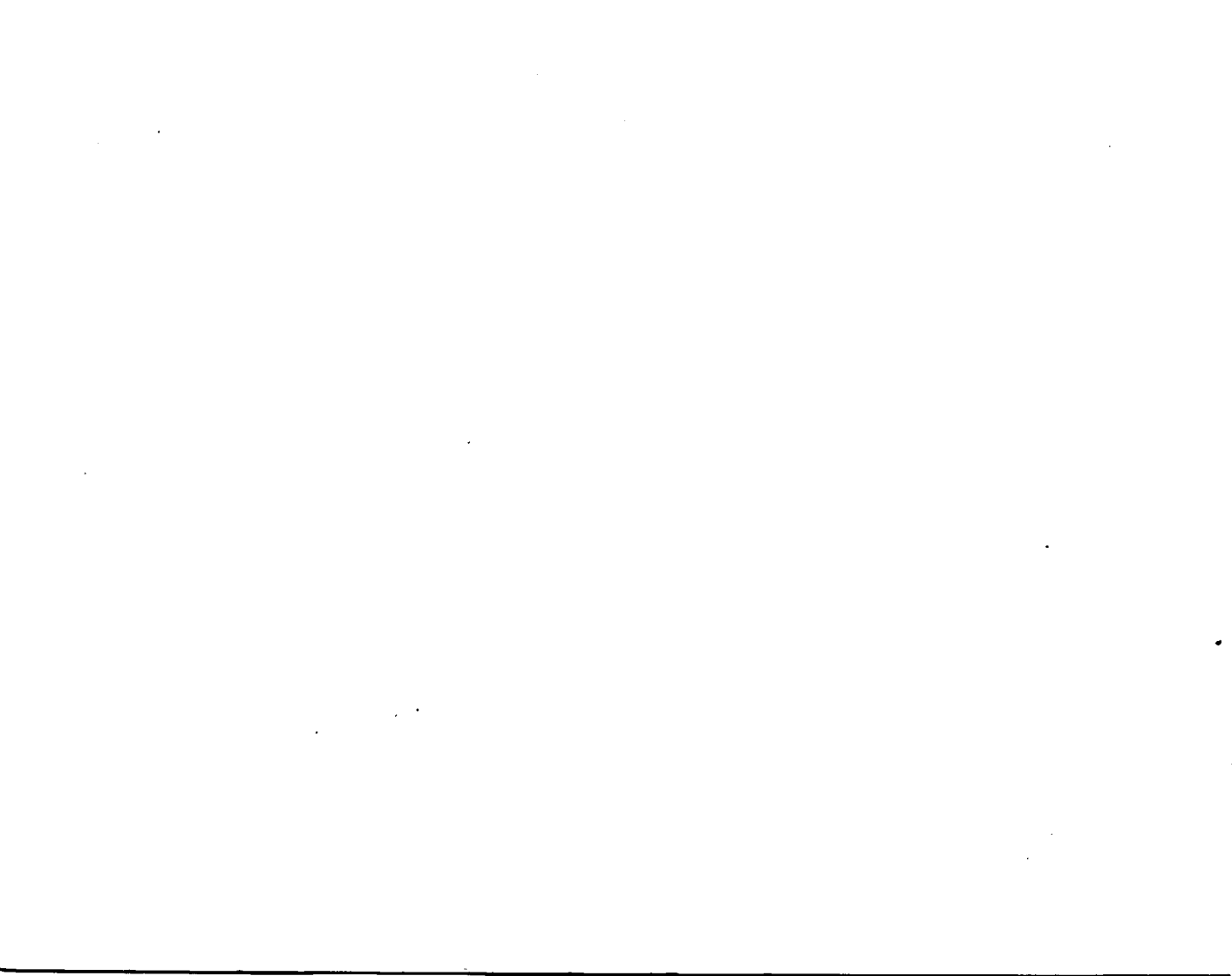
Address Burley Idaho

.....

Filed June 12 1920 Dr. J. C. Patterson

Registrar

Registrar





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-125-016-261  
PLACE OF BIRTH

STATE OF KANSAS Form V. B. No. 23-5-22-4-17  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Cassia  
City of Burley Registration District No. 117 File No. 79776  
No. .... St.  
Hospital Bellvue Primary Registration District No. 2196 Registered No. 1598  
FULL NAME OF CHILD Geo. Robbins Hoffman

Sex of Child <u>M</u>	Twin Triplet or other? <u>1</u> and { Number in order of birth (To be answered only in event of plural births) <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 25 30</u> (Month) (Day) (Year)
FULL NAME <u>Geo. L. Hoffman</u> FATHER		FULL MAIDEN NAME <u>Martha Swaller</u> MOTHER	
RESIDENCE <u>Minidoka Dam Ida</u>		RESIDENCE <u>same</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Kansas</u>		BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Electrical Engineer</u>		OCCUPATION <u>None</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at NF M. on the date above stated.  
(Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) W. P. Smith M.D.  
(Physician or midwife)

Given names added from a supplemental report.  
..... 19.....  
Address Burley Idaho  
Filed June 12 1920 Dr. J. C. Patterson  
Registrar Registrar

JUN 17 1947

313-103-016-319

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79777

County of CassiaCity of BurleyRegistration District No. 117File No. 79777No.        St.       Primary Registration District No. 2196 Registered No. 1577Hospital       FULL NAME OF CHILD Joseph Dale Caldwell

Sex of Child <u>Male</u>	Twin Triplet or other? <u>      </u>	and <u>      </u>	Number in order of birth <u>      </u>	Legiti mate? <u>yes</u>	Date of Birth <u>May 3rd 1920</u> (Month) (Day) (Year)
--------------------------	--------------------------------------	-------------------	--	-------------------------	---

FULL NAME Charles CaldwellRESIDENCE Burley IdaCOLOR White AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE UtahOCCUPATION PlastererFULL MAIDEN NAME Lottie CarlsonRESIDENCE Burley IdaCOLOR White AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE SwedenOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. C. Patterson  
D. J. C.

(Physician or midwife)

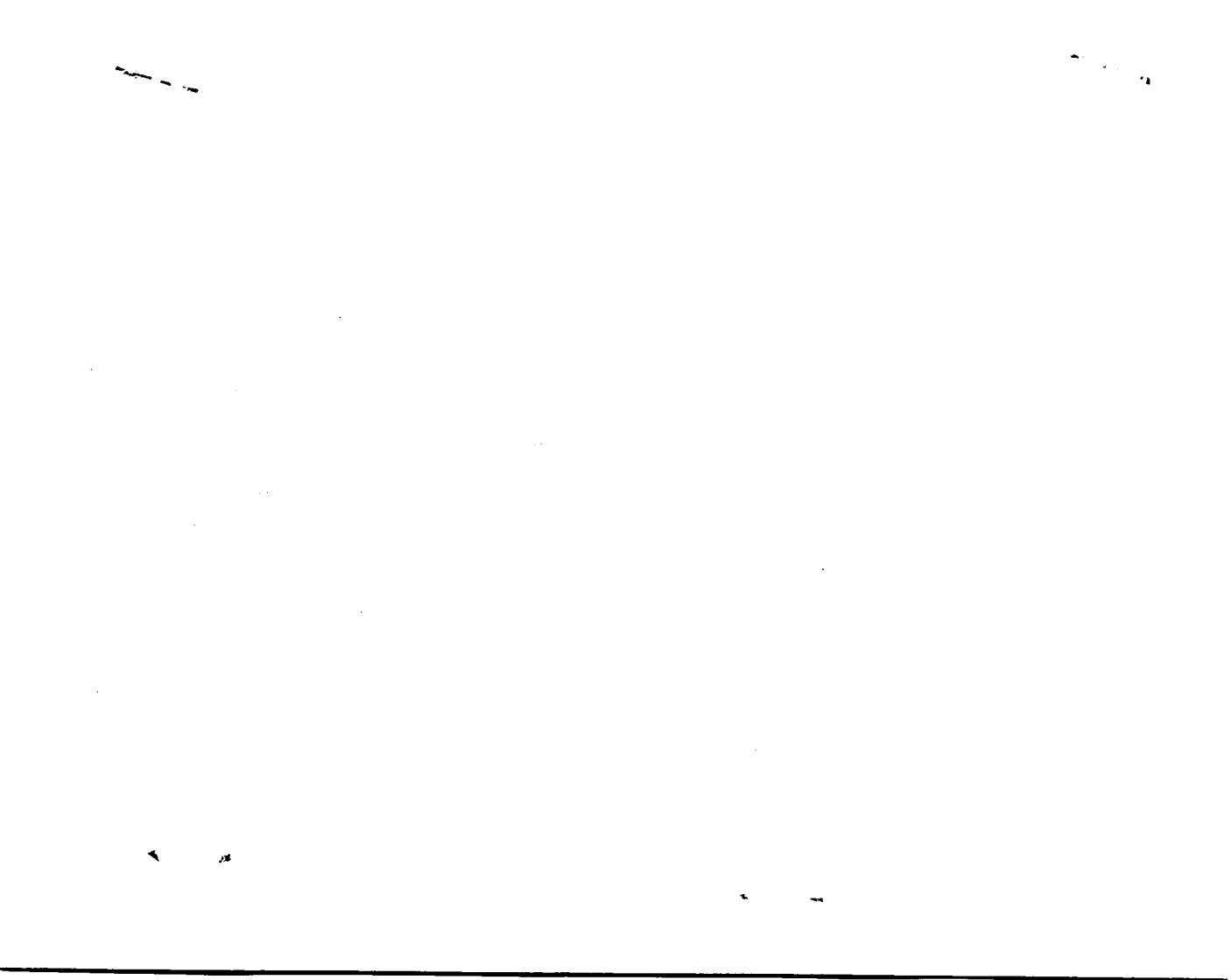
Given names added from a supplemental report.

Address Burley, Ida.Filed May 10 1920 D. J. C. Patterson  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }  
County of Los Angeles } ss. Certificate No. 79777  
Date Filed 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for \_\_\_\_\_ who Born on May 3<sup>rd</sup> 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Bible Record prepared on June 4<sup>th</sup> 1920, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
name unnamed Caldwell Joseph Dale Caldwell

Subscribed and sworn to before me this 11th  
day of April, 19 42

Signed Charles Caldwell  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at 7122 Compton Ave.  
My commission expires Oct. 8th 1945  
(SEAL)

1166 E 65th Los Angeles, Calif  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }  
County of Los Angeles } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th  
day of April, 19 42

Signed Ellis Flores  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at 7122 Compton Ave  
My commission expires Oct. 8th 1945  
(SEAL)

1661 1/2 E 64th Los Angeles Cal  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

APR 20 1942

766-104-016-365

Form V. S. No. 11-C-25a-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 79778

No. \_\_\_\_\_ St.

Primary Registration District No. 2196 Registered No. 1578

Hospital \_\_\_\_\_

FULL NAME OF CHILD

DON. L.

Powell

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthMay 4 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEW. J. Powell

FATHER

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Manager of Stage RouteFULL  
MAIDEN  
NAME

MOTHER

Isabelle Loveland

RESIDENCE

Burley Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. J. C. Patterson  
M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address

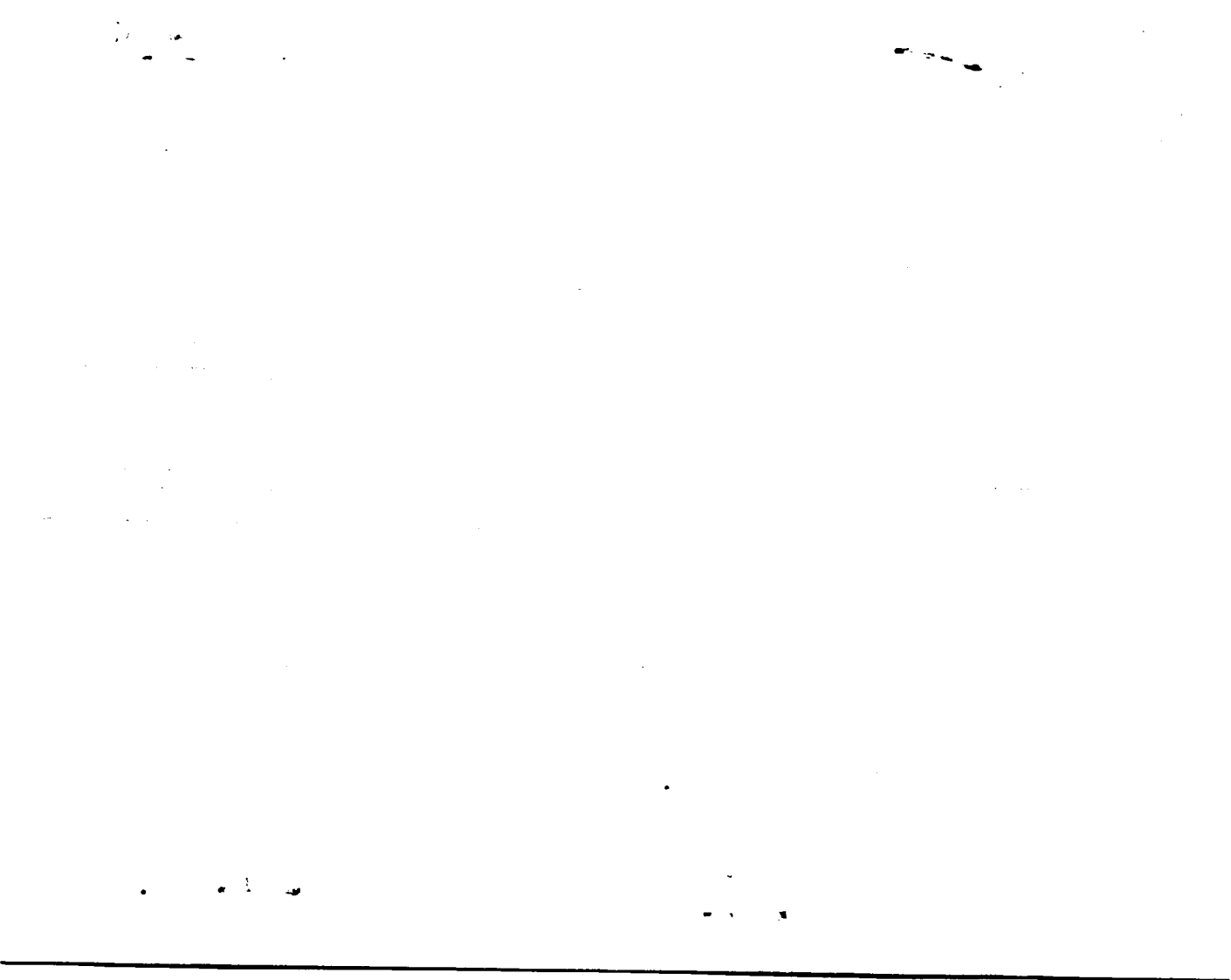
Burley, Ida.

Filed

May 10 1920D. J. C. Patterson  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





IDAHO  
DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. DEC 3 1941 Certificate No. 79778  
County of Cassia } Date Filed Burley

The undersigned does solemnly swear that certain facts on the certificate of Burley (Birth or death)  
for Donald Powell who was born on May 4, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by Bible record prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Name

Donald Powell

Don L. Powell

Subscribed and sworn to before me this 1st

day of December, 1941

Notary Public, residing at Burley, Ida.

My commission expires June 1, 1942

[SEAL]

Signed D. L. Powell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Cassia }

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st

day of December, 1941

Notary Public, residing at Burley, Ida.

My commission expires June 1, 1942

[SEAL]

Signed \_\_\_\_\_

(Signature of any credible person other than the previous affiant.)

Burley, Idaho  
(Street Address, City, State)

Received for filing on \_\_\_\_\_

By \_\_\_\_\_

(Registrar's signature)

APR 13 1976

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

612-113-016-294  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Cassia

City of Almo

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital At home

FULL NAME OF CHILD \_\_\_\_\_

Registration District No. 119

File No. 79779

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Roger Ray Wake

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>May 13 20</u> (Month) (Day) (Year)
--------------------------	---	-----------	---	----------------------------	---

FULL NAME <u>Joel Henry Wake</u>	FATHER
RESIDENCE <u>Almo Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Almo Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Dorothy Marian Brinck</u>	MOTHER
RESIDENCE <u>Almo Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Grant Co. New Mexico</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 5 A. M.  
(Born alive or stillborn)

(Signature) E. J. Sater, M.D.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. \_\_\_\_\_ 19. \_\_\_\_\_

(Physician or midwife)  
Address Malta Idaho

Filed June 17 20 E. J. Sater  
19 \_\_\_\_\_

Registrar

Registrar

P. C. 6 - 20 - 41

683-211-016-137

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of ElbaRegistration District No. 119File No. 79780

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital At home

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Della Wickel

Sex of Child <u>Female</u>	Twin Triplet or other? <u>no</u>	and	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>May 11</u> 19 <u>26</u> (Month) (Day) (Year)
----------------------------	----------------------------------	-----	-----------------------------------	-------------------------	--

FULL NAME <u>Henry W. Wickel</u>	FATHER
RESIDENCE <u>Elba Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Anna May Alphin</u>	MOTHER
RESIDENCE <u>Elba Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Elba Ida</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Sater MD

Given names added from a supplemental report.

19

Address Malta IdahoFiled June 17 1926 E. J. Sater

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

h

APR 1 1970

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

448-205-016-993

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CassiaCity of Elba Ida

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital at homeRegistration District No. 119File No. 79781

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Norma Udy

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	and	Number in order of birth <u>—</u> (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>May 5</u> (Month) (Day) (Year) <u>1925</u>
----------------------------	--	-----	--	----------------------------	---

FULL NAME <u>Lat S. Udy</u>	FATHER
RESIDENCE <u>Elba Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Elba Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Etta Eveline Rich</u>	MOTHER
RESIDENCE <u>Elba Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Janet Idaho</u>	
OCCUPATION <u>House wife</u>	

 Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was born alive, at 3:10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) B. J. Sater M.D.

(Physician or midwife)

Address Malta IdahoFiled June 17 1925

Registrar

Registrar

DECEASED



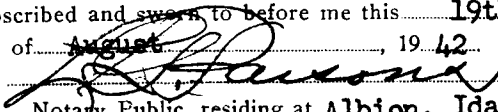
STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 79791  
County of Cassia }

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Norma Udy who was on May 5, 1920 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Elba, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name", "Birth Date", "Cause of Death", Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
Name _____	Unnamed _____	Norma Udy _____

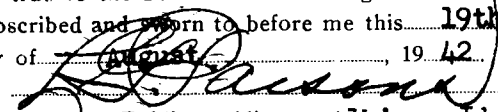
Subscribed and sworn to before me this 19th  
day of August, 19 42  
  
Notary Public, residing at Albion, Idaho  
My commission expires Jan. 10, 1943  
(Seal)

Signed Etta Udy  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Elba, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Cassia }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th  
day of August, 19 42  
  
Notary Public, residing at Albion, Idaho  
My commission expires Jan. 10, 1943  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed E. J. Sater MD  
(Signature of Any Credible Person Other Than Previous Year)  
Albion, Idaho  
(Street Address, City, State)

DEC 29 1944

613-202-618-613  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ClearwaterCity of AshtonRegistration District No. 90File No. 79783

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2168Registered No. 31

Hospital \_\_\_\_\_

FULL NAME OF CHILD Florence Olive WalkerSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?Date of  
Birth May 2

(Month) / (Day)

1927  
(Year)FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 41

(Years)

COLOR

AGE AT LAST  
BIRTHDAY 36

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 a.m.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) J. M. Fairley

(Physician or midwife)

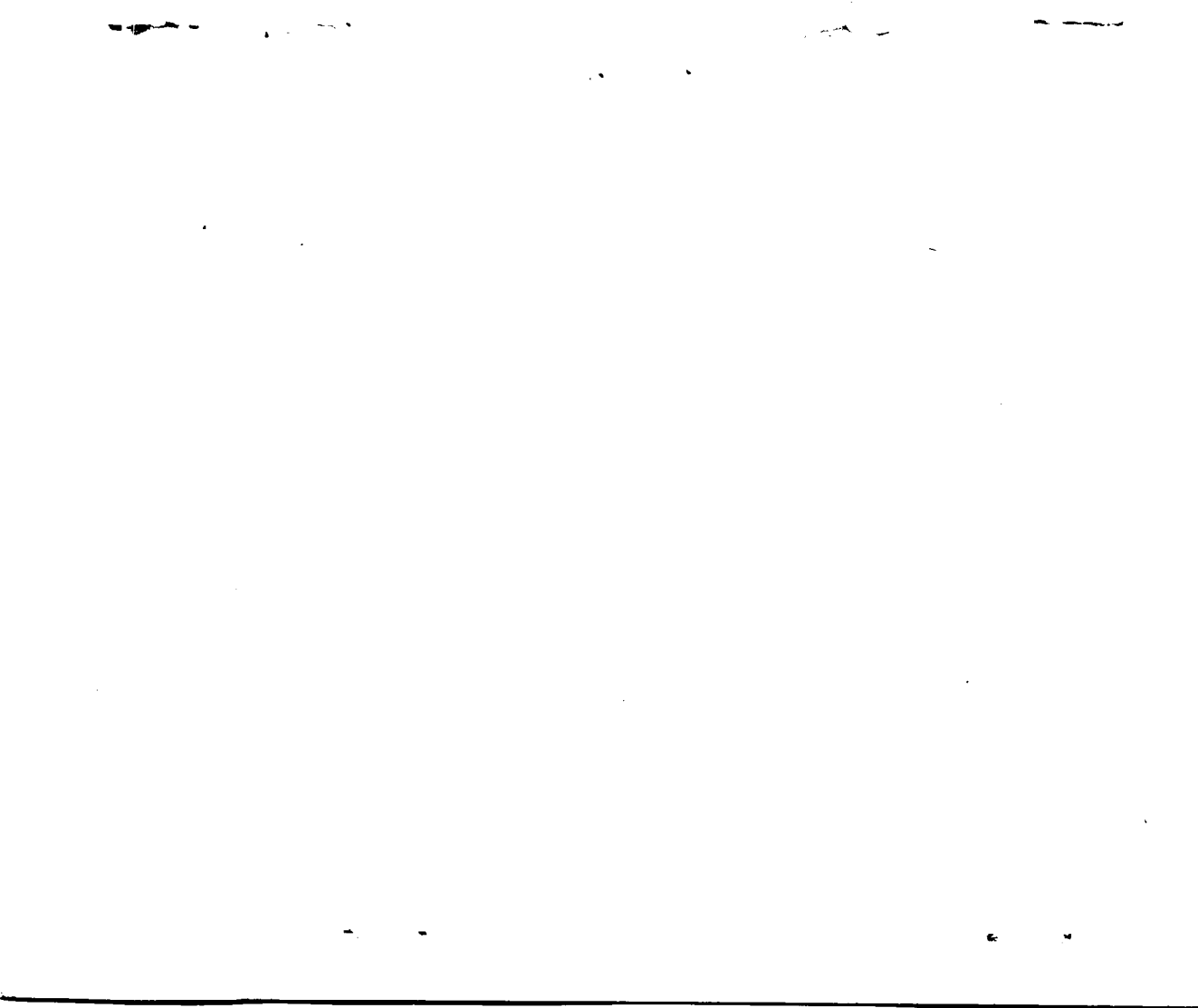
Address Ashton, IdahoFiled May 2 1927

Registrar

Given names added from a supplemental report.

Florence Olive Walker 19W. C. Murphy State Registrar

N. B.—In case of more than one child a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

# BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

7978-

Place  
of Birth

City

Alsatka

Registered No.

90

Street and House No.

County

Clearwater

Registration Dist. No.

90

Sex of Child

Female

Date of Birth

May 2 1970

MONTH

DAY

YEAR

Father

Leroy M. Walker

FULL NAME

Mother

Leona Walker

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Norma Olive Walker

GIVEN NAME IN FULL

SURNAME

as reported by

Leona Walker

FATHER OR MOTHER

J. M. Smith

LOCAL REGISTRAR

AUG 16 1943

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-208-013-249  
PLACE OF BIRTH

IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Camas

CERTIFICATE OF BIRTH

City of Blaine

Registration District No. 58d

File No. 79784

No. 3 Miles North St.  
2 " East

Primary Registration District No. 2138

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Beatrice Shoux

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes.</u>	Date of Birth <u>May 8</u> 19 <u>30</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Claude Richter Shoux  
RESIDENCE Blaine, Idaho  
COLOR white AGE AT LAST BIRTHDAY 36 (Years)  
BIRTHPLACE Illinois  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Cordia Burner  
RESIDENCE Blaine, Idaho  
COLOR white AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Illinois  
OCCUPATION Housewife

Number of child of this mother, including present birth 10  
Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive at 10<sup>30</sup> P. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Willencheck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho  
Filed May 14 1930  
L Willencheck  
Registrar





665-113-013-271  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25th Feb 15

## CERTIFICATE OF BIRTH

County of CamasCity of FairfieldRegistration District No. 58<sup>d</sup>File No. 79785

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2138

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Max Owens ~~Robert~~

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 13</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Max Owens</u>	FATHER
RESIDENCE <u>Fairfield Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Clerk</u>	

FULL MAIDEN NAME <u>Ruth Spackman</u>	MOTHER
RESIDENCE <u>Fairfield Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>1st</u>	Number of children of this mother now living, including present birth <u>1</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

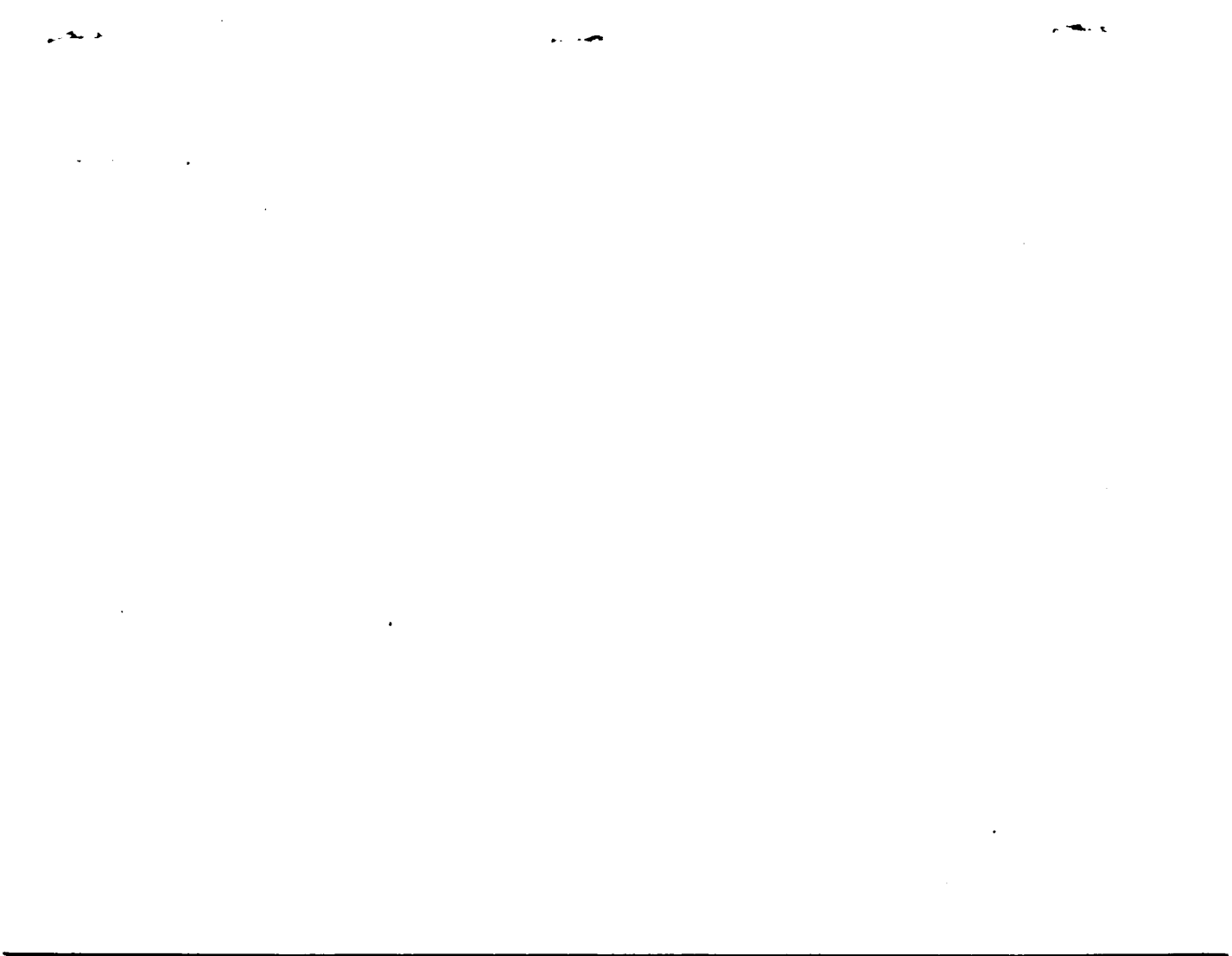
I hereby certify that I attended the birth of this child, who was Born alive at 6:00 P.M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L WillencheckPhys.  
(Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, IdahoFiled May 15 19 20 L Willencheck  
Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } **RECEIVED**  
County of JEROME } **AUG 22 1967**  
Certificate No. 79785  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on certificate of \_\_\_\_\_ Birth  
for Unnamed Owens (male child) who was born on May 13, 1920  
(Name on Original Certificate) (Birth or Death)  
in Fairfield, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) SCHOOL RECORDS - 21 Novem. 1945  
true facts are shown by ARMY SEPARATION RECORD prepared on 27 SEPT. 1945 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Max Owens

Subscribed and sworn to before me this 22nd day of July, 1967  
R. E. Shand  
Notary Public, residing at JEROME, IDAHO  
My commission expires FEB. 23, 1968  
(Seal)

Signed Mrs. Ruth Hopkins  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
520 E. Main, Jerome, Ida  
(Street Address, City, State) **(MOTHER)**

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of JEROME } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of July, 1967  
R. E. Shand  
Notary Public, residing at JEROME, IDAHO  
My commission expires FEB. 23, 1968  
(Seal)

Signed Mrs. Ruth Hopkins  
(Signature of Any Credible Person)  
520 EAST MAIN, JEROME  
(Street Address, City, State)

Separation Qualification Record, U.S. Army, dated Sept. 27, 1945 gives full name as Max Owens, born May 13, 1920, date of entry into active service Sept. 16, 1940 - viewed by V.S.

AUG 30 1967

Photo Copy of Permanent Final Record, Jerome High School, Jerome, Idaho - dated Nov. 21, 1945 gives full name of student as Max Owens, Jr., born May 13, 1920 - viewed by V.S.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-118-013-595-  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Cassia

City of Fairfield

Registration District No. 58<sup>th</sup>

File No. 79786

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2138

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Dale Lewis Adams

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 18</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Louis Adams  
RESIDENCE Fairfield, Idaho  
COLOR white AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Utah  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Hazel Nelson  
RESIDENCE Fairfield, Idaho  
COLOR white AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 4<sup>th</sup> Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

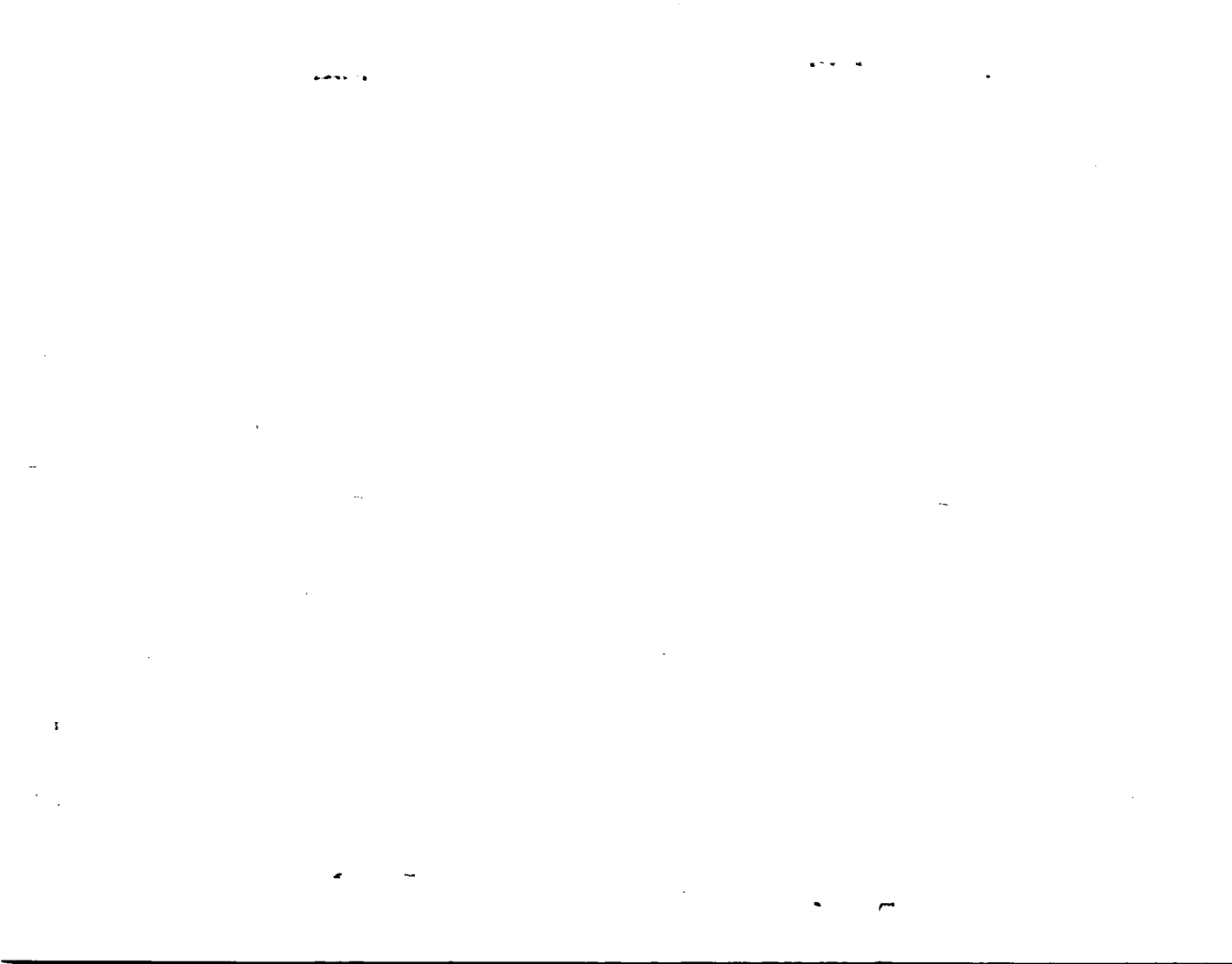
I hereby certify that I attended the birth of this child, who was Born alive at 3:00 A. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Willencheck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho  
Filed June 2 1920  
L. Willencheck  
Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... }  
County of..... } ss. Certificate No. 79786  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Adams (Male) who was born on May 18, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Fairfield, Idaho (Camas) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name

omitted

Dale Lewis Adams

Subscribed and sworn to before me this 18th day of October 1977

Notary Public, residing at.....

My commission expires 7/1/79  
(Seal)

Signed.....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } ss.

(This Affidavit MUST also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.))

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of....., 19.....

Signed.....

(Signature of Any Credible Person)

Notary Public, residing at.....

My commission expires.....  
(Seal)

(Street Address, City, State)

Honorable Discharge from the U.S. Army Oct 18, 1943 gives name as Dale L. Adams. viewed by V. S.

Own daughter's birth certificate on file in Idaho (File No. 61-12292)  
born 9-21-61 in twin Falls gives father's name as Dale Lewis Adams.  
viewed by V. S.

OCT 18 1977



112-118-013-293  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of LawsonCity of FairfieldNo. 4 Mills West St.Registration District No. 58thFile No. 79787

Hospital \_\_\_\_\_

Primary Registration District No. 2138

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Dale Eugene Asa

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 18 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Fed Asa</u>	FATHER
RESIDENCE <u>Fairfield, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Norway</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Gladys Mauida Bickle</u>	MOTHER
RESIDENCE <u>Fairfield, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>3d</u>	Number of children of this mother now living, including present birth <u>3</u>
---	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 P. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wilencheck  
Phys  
(Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, IdahoFiled May 24 1920 L. Wilencheck

SEP 17 1941

495-119-013-431  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-4-8-16

## CERTIFICATE OF BIRTH

County of BamaCity of FairfieldRegistration District No. 58<sup>ch</sup>File No. 79788

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2128

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Blair M<sup>c</sup>alister Dietrich

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 19 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Blair M<sup>c</sup>alister Dietrich</u>			MOTHER FULL MAIDEN NAME <u>M<sup>c</sup>alister</u>	
RESIDENCE <u>Fairfield, Idaho</u>			RESIDENCE <u>Fairfield, Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Missouri</u>			BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Rancher</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>1<sup>st</sup></u>			Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 9:30 A. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. W. LenchPhys.

(Physician or midwife)

Given names added from a supplemental report.

Address

Fairfield, Idaho

Filed

May 28 1920L. W. Lench

Registrar

FEB 6 1942

3/13/41 Z.J!

165-122-013-552  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of CamasCity of FairfieldNo. 2 Miles West St.1 1/2 Mile North

Hospital \_\_\_\_\_

Registration District No. 58dFile No. 79789Primary Registration District No. 2138

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Harold William Jones

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 22, 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FATHER FULL NAME <u>Harold W Jones</u>	MOTHER FULL MAIDEN NAME <u>Marie Nestell</u>
RESIDENCE <u>Fairfield, Idaho</u>	RESIDENCE <u>Fairfield, Idaho</u>
COLOR <u>white</u>	COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>25</u> (Years)	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Utah</u>
OCCUPATION <u>Rancher</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth <u>2d</u>	Number of children of this mother now living, including present birth <u>2</u>
---	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 7:00 a.m.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L Wilencheck  
Physician

Given names added from a supplemental report.

Address

Fairfield, Idaho

Filed

May 28, 1920L Wilencheck

JUN 13 1963

MAY 13 1943

622-230-013-475

PLACE OF BIRTH  
Amended 11/18/80

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-15

CERTIFICATE OF BIRTH

County of Camas

City of Soldier

No. 1/2 mile West St.  
3 miles North

Hospital \_\_\_\_\_

Registration District No. 58<sup>th</sup>

File No. 79790

Primary Registration District No. 2138

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Phyllis Lee Osborne

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 30</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FATHER  
FULL NAME Allen C. Osborne  
RESIDENCE Soldier, Idaho  
COLOR white AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE Virginia  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Gertude Mink  
RESIDENCE Soldier, Idaho  
COLOR white AGE AT LAST BIRTHDAY 36 (Years)  
BIRTHPLACE Virginia  
OCCUPATION Housewife

Number of child of this mother, including present birth 6<sup>th</sup> Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 A. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wilencheck  
Phys.  
(Physician or midwife)

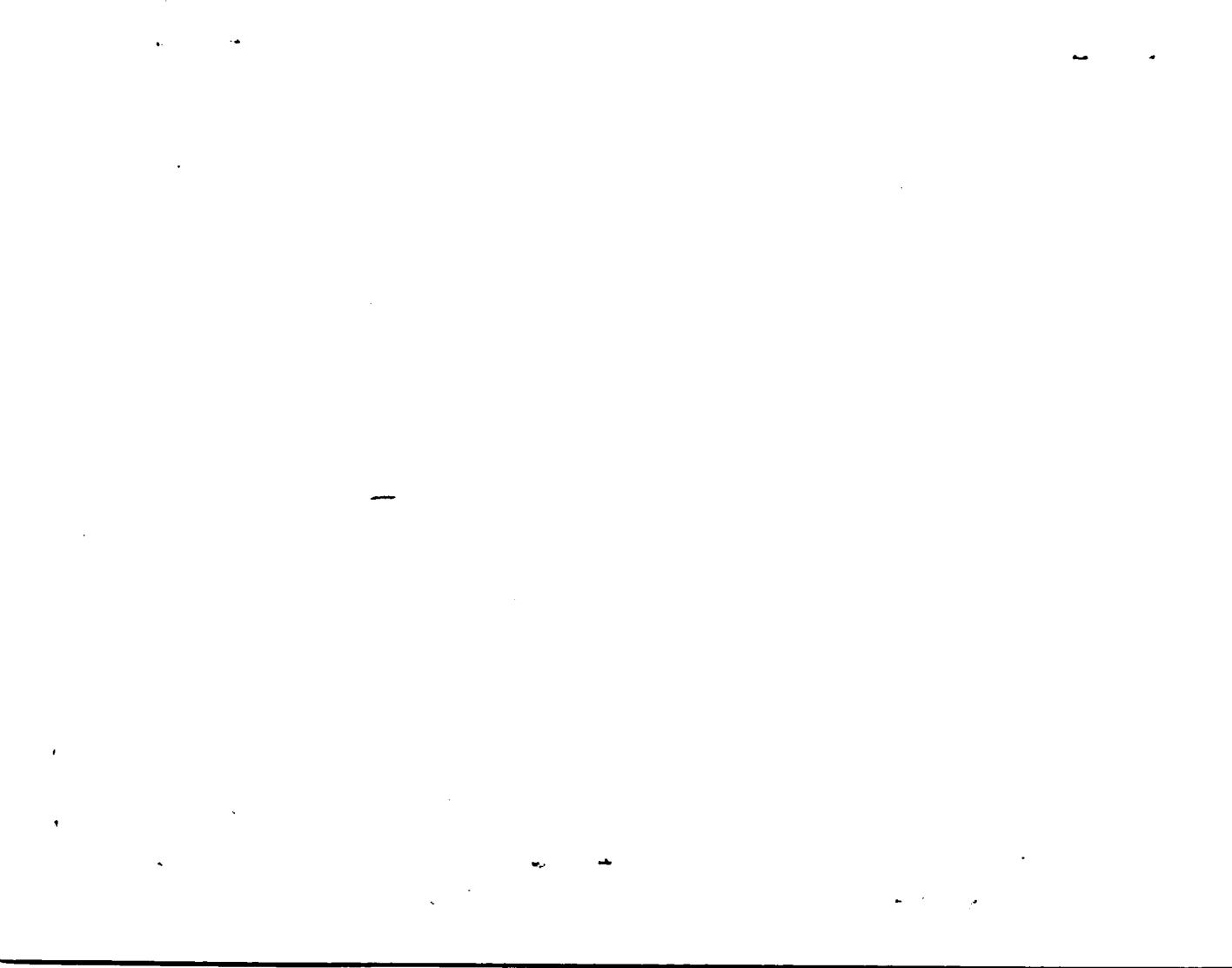
Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

Address Fairfield, Idaho.

\_\_\_\_\_ 19 \_\_\_\_\_

Filed June 1 19 20. L. Wilencheck  
Registrar





4/28/80

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 79790  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Osborne who was born on 5/30/20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Soldier, Idaho are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

Name	Omitted	Phyllis Lee Osborne
Father's name	Allen C. Osborn	Allen C. Osborne

Subscribed and sworn to before me this 17 day of

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Phyllis Lee Osborne  
Signature of Applicant  
229-3rd Ave. East Hoising  
Street Address, City, State Idaho

83350

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_)  
(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Supporting Signature

Street Address, City, State

Own child's birth certificate on file Idaho #292694 for daughter born  
May 3, 1940 gives mother as Phyllis Lee Osborne -- viewed by VS.

**NOV 18 1980**

Marriage License issued to Chester Eugene Jones and Phyllis Lee Osborne  
in Camas County, Idaho on April 1, 1939 by John Edwards, Recorder --  
viewed by VS.

Hospital record from St. Luke's Hospital, originally dated Feb. 26, 1936  
gives father's name as Allen C. Osborne.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-130-013-316  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Bannock

City of Soldier

No. 8 miles East St.  
1 1/2 miles North

Hospital \_\_\_\_\_

Registration District No. 28

Primary Registration District No. 2138

File No. 79791

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Peck

Sex of Child <u>male</u>	Twin Triplet or other? _____ and _____ (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 30</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER  
FULL NAME William Henry Peck  
RESIDENCE Fairfield, Idaho  
COLOR white  
AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Laura Elizabeth Lambert  
RESIDENCE Fairfield, Idaho  
COLOR white  
AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 40 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Luchick  
Phys.  
(Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho  
Filed May 31 1920 L. W. Luchick  
Registrar

1000

349-212-019-299

PLACE OF BIRTH

ST. LOUIS, MO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-8-15

CERTIFICATE OF BIRTH

79792

County of Custer

City of Mackay

Registration District No. 16

File No. 70

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2153

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Gladie May Turner

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____ }	Legitimate? <u>Yes</u>	Date of Birth <u>May 12</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--	------------------------	--

FATHER  
FULL NAME Jack Turner  
RESIDENCE Mackay  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Labour

MOTHER  
FULL MAIDEN NAME Maudie Bricker  
RESIDENCE Mackay  
COLOR White AGE AT LAST BIRTHDAY 16 (Years)  
BIRTHPLACE Idaho  
OCCUPATION House wife

Number of child of this mother, including present birth. 1

Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

born alive at 3 a. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

M. J. Daniel M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address \_\_\_\_\_

Mackay, Id.

Filed \_\_\_\_\_

6/12 1920

K. R. C. Nowacki

Registrar

MAY 27 1940

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-225-019-599  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-45

County of Cassia

City of Leslie

Registration District No. 76

File No. 69 **79793**

No. \_\_\_\_\_ St.

Primary Registration District No. 2153

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Baby Jensen Stella Marie Jensen

Sex of Child <u>M</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>4 25 1912</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Herman Jensen  
RESIDENCE Leslie, Idaho  
COLOR wh AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Utah  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Ruth Erickson  
RESIDENCE Leslie, Idaho  
COLOR wh AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 P. M. on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

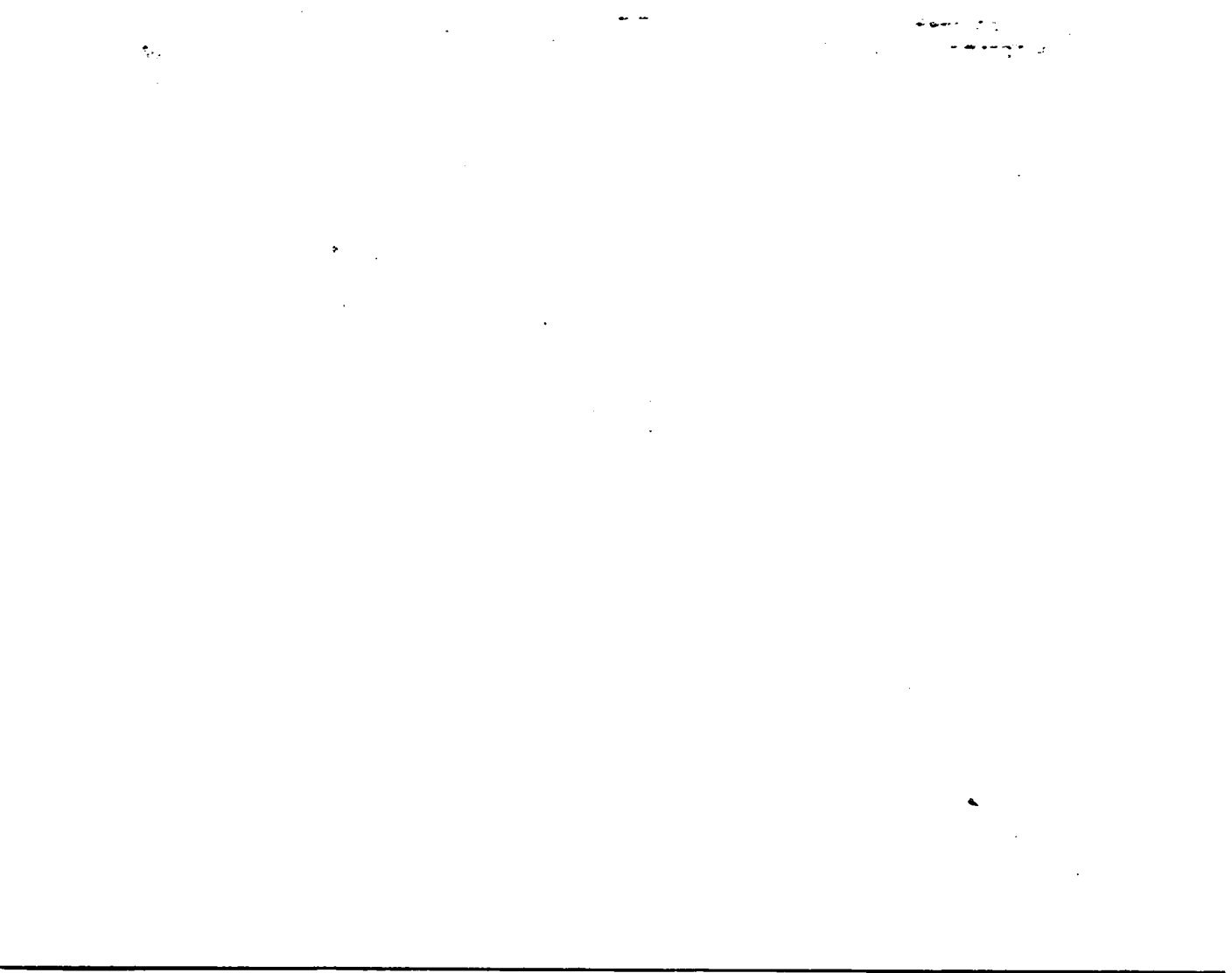
(Signature) A. P. Richards  
(Born alive or stillborn) \_\_\_\_\_

M. R.  
(Physician or midwife)

Given names added from a supplemental report.

Address Mackay, Idaho

Filed 6/12 1921 Rose Nowacki





PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Custer  
City of White Knob  
318-123-019-693  
No. \_\_\_\_\_ St.Registration District No. 76File No. 68**79794**Primary Registration District No. 2153

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_  
FULL NAME OF CHILD ELMO ELMER TAYLORSex of Child Male { and { Number in order of birth { Legitimate? Yes Date of Birth Feb 3 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME H. S. Taylor  
RESIDENCE White Knob  
COLOR White AGE AT LAST BIRTHDAY 48 (Years)  
BIRTHPLACE Texas  
OCCUPATION IronworkerFULL MAIDEN NAME Mina Mahon  
RESIDENCE White Knob  
COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Texas  
OCCUPATION H. W.Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5-a. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Janel M. D.

Given names added from a supplemental report.

Address WachapreagueFiled 6/12 1920 Rose N. N. N. N.

APR 22 1948

JUN 4 1942

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366 - 208 - 019 - 625

Form V. S. No. 11-25a-1-1-18

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

County of Custer

CERTIFICATE OF BIRTH

City of Leslie

Registration District No. 76

File No. 67

No.        St.       

Primary Registration District No. 2153

Registered No. **79795**

Hospital       

FULL NAME OF CHILD Sillie Cook

Sex of Child <u>Male</u>	Twin Triplet or other? <u>Twin</u>	and	Number in order of birth <u>24</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>April 8</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	--	-----	--	-----------------------------	--

FULL NAME E. C. Cook

FULL MAIDEN NAME Mary Okey

RESIDENCE Leslie

RESIDENCE Leslie

COLOR White AGE AT LAST BIRTHDAY 32  
(Years)

COLOR White AGE AT LAST BIRTHDAY 26  
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Idaho

OCCUPATION Farmer

OCCUPATION House wife

Number of child of this mother, including present birth 24

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Farrell M.D.

Given names added from a supplemental report.

(Physician or midwife)  
Mackay Idaho

Address 6/12 1920  
Filed 6/12 1920 Kew. No. wa. k.

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366-208-019-625

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 21—Rev. 1-1-18

## CERTIFICATE OF BIRTH

County of Custer,City of Leslie,Registration District No. 76File No. 66

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2153Registered No. 73796

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sena Cook

Sex of Child

Female.Twin  
Triplet  
or other?Trin

and

Number  
in order  
of birth4Legiti-  
mate?Yes.

Date of Birth

April 8 1920  
(Month) (Day) (Year)

FULL NAME

E. C. Cook.

FATHER

FULL MAIDEN NAME

Mary Okey.

MOTHER

RESIDENCE

Leslie

RESIDENCE

Leslie

COLOR

White

AGE AT LAST BIRTHDAY

3 2  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

26  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer.

OCCUPATION

House wife.Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ a.m. on the date above stated.

Tom Allen  
(Born alive or stillborn)6 a.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. H. Farrell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Nackay Idaho.

Filed

6/12 1920Rose Nowacka  
Registrar

MAY 13 1964

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N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

336-104-019-334

Form V. S. No. 11—Mar-1-15

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Carleton

City of Chilly

Registration District No. 76

File No. 65

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2153

Registered No. 79797

Hospital \_\_\_\_\_

FULL NAME OF CHILD

George S. Cloward

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 4 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Geo S. Cloward

MOTHER  
FULL MAIDEN NAME Ruth Clark

RESIDENCE Chilly

RESIDENCE Chilly

COLOR White AGE AT LAST BIRTHDAY 30  
(Years)

COLOR White AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE Utah

BIRTHPLACE Idaho

OCCUPATION Farmer

OCCUPATION H. Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

born alive at 5:00  
(Born alive or still born)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Farrell md

Given names added from a supplemental report.

(Physician or midwife)

Address \_\_\_\_\_

Address Wacker Rd.

Filed \_\_\_\_\_

Filed 12 1920 Roe Newcomb





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

893-204-020-655

PLACE OF BIRTH

STATE OF IOWA  
BUREAU OF VITAL STATISTICS

U. S. No. 11-0-25m-7-21-19

CERTIFICATE OF BIRTH

County of ElmhorCity of Wm HornRegistration District No. 34 File No. 79798No. — St. —Hospital — Primary Registration District No. 2020 Registered No. 32

FULL NAME OF CHILD

Hitchcock, Helen Douglas

Sex of Child <u>Female</u>	Twin <u>—</u> Triplet <u>—</u> or other? <u>—</u> (To be answered only in event of plural births)	and	Number in order of birth <u>—</u> (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>May 4</u> , 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-----	--	-------------------------	---

FULL NAME FATHER H. G. HitchcockRESIDENCE Wm Horn IdaCOLOR White AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE WisconsinOCCUPATION FarmingFULL MAIDEN NAME MOTHER Florence E. HicksRESIDENCE Wm Horn IdaCOLOR White AGE AT LAST BIRTHDAY 18 (Years)BIRTHPLACE Mo.

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 7:20 A M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. E. Evans  
M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Wm Horn Ida

Filed

6/2019 20B. W. Althaus  
Registrar

Registrar

Certified Copy issued Jan. 22, 1941. E.W.  
Certified copy issued Jan. 29, 1941. E.W.

863-212-020-781

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of ElmoreCity of Mtn HomeRegistration District No. 34File No. 79799No. — St. —Primary Registration District No. 2020Registered No. 33Hospital —

FULL NAME OF CHILD

HolgateEdith May

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti-  
mate?Yes

Date of Birth

4-12-1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
M E HolgateFULL  
MAIDEN  
NAME

MOTHER

Ruth Ryan

RESIDENCE

Mtn Home Ida

RESIDENCE

Mtn Home Ida

COLOR

White

AGE AT LAST

28

BIRTHDAY

(Years)

COLOR

White

AGE AT LAST

22

BIRTHDAY

(Years)

BIRTHPLACE

Oregon

BIRTHPLACE

Idaho

OCCUPATION

Machinist

OCCUPATION

Wife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive9:30 A.M.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. E. Evans

(Physician or midwife)

Given names added from a supplemental report.

Address

Mtn Home Ida

Filed

6/20 1920B. W. Mather

Registrar

11

12

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Oregon } ss. APR 12 1943 Certificate No. 79799  
County of Deschutes }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Edith May Holgate who was born on April 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Mountain Home, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record prepared on May, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Edith May Holgate

Subscribed and sworn to before me this 10th  
day of April, 1943.  
M. R. Cumming  
Notary Public, residing at Redmond, Oregon  
My commission expires August 12, 1944  
(Seal)

Signed Ruth Holgate (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon } ss.  
County of Deschutes }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 10th  
day of April, 1943.  
M. R. Cumming  
Notary Public, residing at Redmond, Or  
My commission expires Aug 12, 1944  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Mary Dale  
(Signature of Any Credible Person Other Than Previous Year)

Redmond, Oregon  
(Street Address, City, State)

APR 14 1948

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

597-217-020-219

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ElmoreCity of Mtn HomeRegistration District No. 4File No. 79800

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2000 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Glee Adele NixonSex of  
Child7Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?yesDate of  
BirthMay 17<sup>th</sup>1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Hugh H. Nixon

RESIDENCE

Mtn Home

COLOR

W.AGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Minn.

OCCUPATION

Supt. of SchoolsFULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

Margaret Barron  
Mtn Home

COLOR

W.AGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Minn.

OCCUPATION

WifeNumber of child of this mother, including present birth 4 Number of children of this mother now living including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 2<sup>15</sup>P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

B. W. Mather

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Mtn Home

Filed

5/2019 20B. W. Mather

Registrar

Registrar

OCT 7 1942

JAN 13 1969



985-205-020-254

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of ElmoreCity of Mountain HomeRegistration District No. 34File No. 79801

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2020Registered No. 31

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Thelma Marion Ryerson

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>5-5-1912</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Raymond Ryerson</u>	FATHER
RESIDENCE <u>Boyerda Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Ill</u>	
OCCUPATION <u>Telegrapher</u>	

FULL MAIDEN NAME <u>Minnie M Bement</u>	MOTHER
RESIDENCE <u>Boyerda Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 5Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at the date above stated.

(Born alive or stillborn)

at 4:50 P. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. C. Evans

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Mtn Home Ida

Filed

6/20 1920B. W. Mather

Registrar

MAY 28 1957



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1889-546-20-24  
PLACE OF BIRTH

STATE OF IDAHO  
Bureau of Vital Statistics  
CERTIFICATE OF BIRTH

Form V. S. No. 11—Jan-6-30-11

County of Elmore

City of Elmer's Ferry

Registration District No. 35

File No. 79802

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 3021

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Roberta Zeborn Sheppard

Sex of Child <u>Female</u>	Twin, Triplet, or other? <u>Single</u> (To be answered only in event of plural births)	and { Number in order of birth <u>4</u>	Legitimate? <u>yes</u>	Date of birth <u>May 6</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	---	------------------------	---

FATHER  
FULL NAME Arthur Sheppard  
RESIDENCE Elmer's Ferry, Idaho  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE America  
OCCUPATION Switchman

MOTHER  
FULL MAIDEN NAME Florence Ramsay  
RESIDENCE Elmer's Ferry, Idaho  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE America  
OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated. (Born alive congenitally)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.  
Physician  
(Physician or Midwife)

Given name added from a supplemental report

Address Elmer's Ferry, Idaho  
Filed May 16 1920 J. W. Davis  
Registrar

FEB 20 1974

8 AOM

DECEMBER

STATE OF IDAHO

Form V. B. No. 11—10m-6-20-17

Bureau of Vital Statistics

## CERTIFICATE OF BIRTH

County of ElmoreCity of Elmer's FerryRegistration District No. 35File No. 79803

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2021

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Holland Jean Bury

Sex of Child <u>Female</u>	Twin, Triplet, or other? <u>Single</u>	and (Number in order of birth) <u>1</u>	Legitimate? <u>yes</u>	Date of birth <u>May 19</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	---	------------------------	--

FATHER FULL NAME <u>Frank A. Bury</u>	MOTHER FULL MAIDEN NAME <u>Nabel Morrison</u>
RESIDENCE <u>Elmer's Ferry Idaho</u>	RESIDENCE <u>Elmer's Ferry Idaho</u>
COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>35</u> (Years)	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>America</u>	BIRTHPLACE <u>America</u>
OCCUPATION <u>Rancher</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 1Number of children, of this mother, now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Date May 19 1920 at 3:30 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

J. W. Davis M.D.  
Physician

(Physician or Midwife)

Given name added from a supplemental report

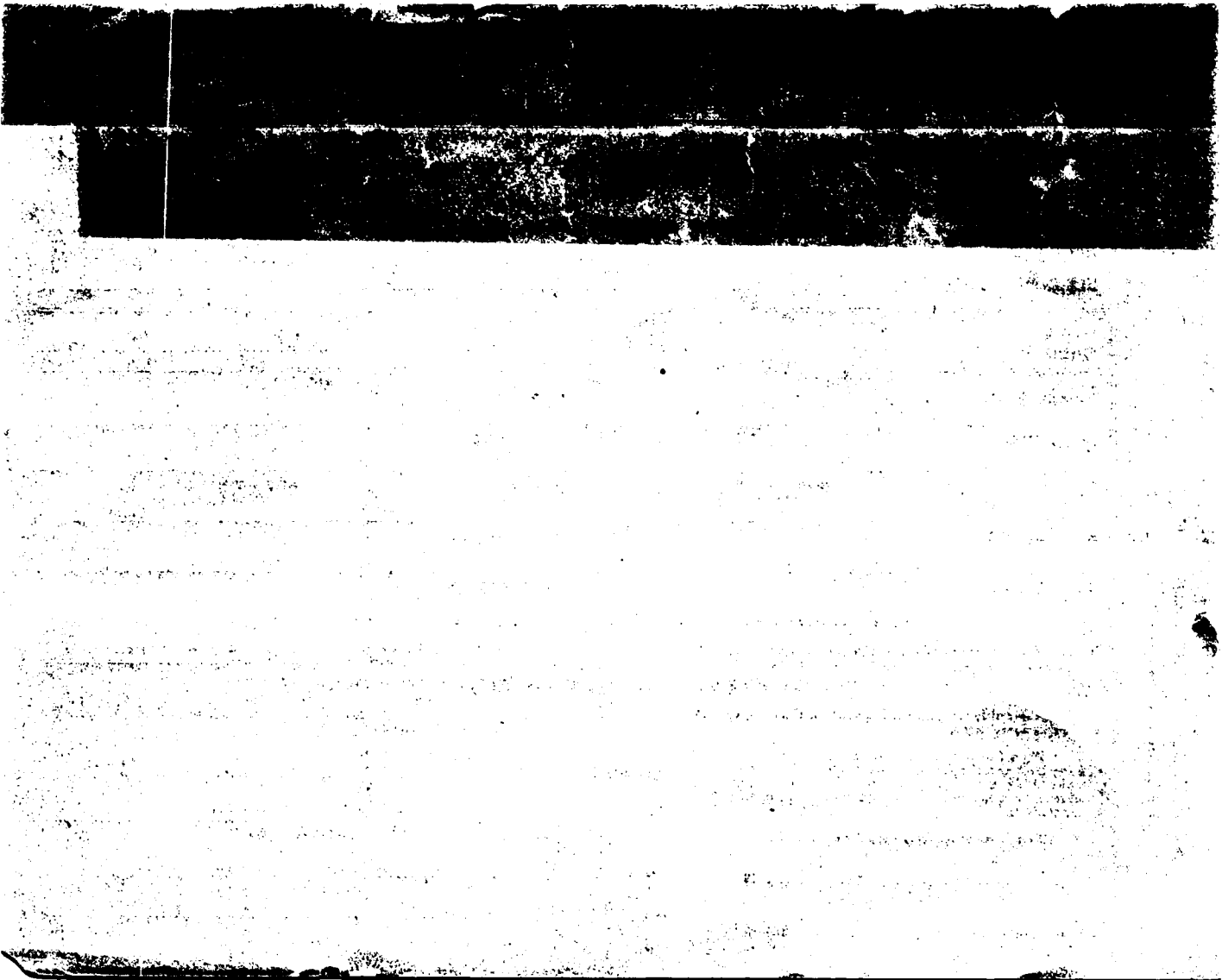
Address \_\_\_\_\_

Elmer's Ferry Idaho

Filed \_\_\_\_\_

May 24 1920 J. W. Davis

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-231-003-261

PLACE OF BIRTH

Idaho

Form V. S. No. 11-C-25m-7-21-19

STATE OF ~~Idaho~~  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

City of Oxford  
No. Name added 3-20-81 St.

Registration District No. 27 File No. 79804

Hospital \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 155

FULL NAME OF CHILD

Belva Lewis

Sex of Child	Female	Twin Triplet or other?	and	Number in order of birth	Legitimate?	yes	Date of Birth	May 3	1920
(To be answered only in event of plural births)							(Month)	(Day)	(Year)

FULL NAME FATHER  
G. L. Lewis

RESIDENCE  
Oxford Idaho

COLOR White AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE Richmond Utah

OCCUPATION Mail Carrier

FULL MAIDEN NAME MOTHER  
Sarah Swainston

RESIDENCE  
Oxford Idaho

COLOR White AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE Whitney Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 5.30 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Blair Kutt

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Ad Preston Idaho

Filed

6/7

19

20

Blair Kutt  
Registrar

Registrar

ON FILE

Barre

of

IE v

DECEASED



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. **4 10 05 AM '81** Certificate No. **79804**  
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Lewis (female) who was born on May 31, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Oxford, Idaho (Bannock) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name

Unnamed

Belva Lewis

Subscribed and sworn to before me this ..... day of  
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of

Sept.

1978

Notary Public, residing at Pocatello, Idaho

My commission expires April 16, 1978

(Seal)

Signed Rosetta H. Lewis  
(Signature of Any Credible Person)

711 N 6 th Ave.

Pocatello, Idaho.

(Street Address, City, State)

Certificate of Blessing gives name as Belva Lewis daughter of Gerald Leroy Lewis  
and Sarah Swainston born May 31, 1920 at Oxford, Idaho. Blessed in L.D.S.  
Church on July 4, 1920.  
Viewed by v.S.

MAR 21 1981

Certificate of Baptism and Confirmation gives name as Belva Lewis daughter  
of Gerald Leroy Lewis and Sarah Swainston, born May 31, 1920 at  
Oxford, Idaho Baptized June 2, 1928, in L.D.S. Church.  
Viewed by V.S.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Franklin  
TreasuratonCity of 764-201-021-363  
No. \_\_\_\_\_ St.Name added 7/20/81  
Hospital \_\_\_\_\_Registration District No. 27File No. 79805Primary Registration District No. 2119 Registered No. 156

## FULL NAME OF CHILD

Ruth Godderidge

Sex of  
ChildFemaleTwin  
Triplet  
or other?

(To be answered only in event of plural births)

and { Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 1,1920

(Month) (Day) (Year)

FULL  
NAME

FATHER

John Gunderidge Goddendge

RESIDENCE

Treasuraton Idaho

COLOR

White

AGE AT LAST

30

BIRTHDAY (Years)

BIRTHPLACE

England

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Annie Amelia Collins

RESIDENCE

Treasuraton Idaho

COLOR

White

AGE AT LAST

26

BIRTHDAY (Years)

BIRTHPLACE

England

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 1.40 P. M.  
on the date above stated. (Born alive or stillborn)

(Signature)

Allen R. CurtisPhysician

(Physician or midwife)

Preston Idaho

Address

Filed

6/7

19

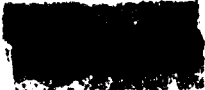
Allen R. Curtis

Registrar

Registrar

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.



JUL 20 1981

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_ }

MAY 26 8 40 AM '81

Certificate No. 79805

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Goddebge who was born on 6-1-20  
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Treasureton(Franklin) are erroneous or were omitted:  
 (Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs name

Unnamed

Ruth Goddendge

Ruth Godderidge

Subscribed and sworn to before me this 19th day of

May, 1981.

Notary Public, Marilyn Westwood

Residing at Hooper, Utah

My commission expires April 21, 1985

(Seal)

Ruth Benson

Signature of Applicant

5488 So 800 East -

Street Address, City, State

So 800 East 84007  
Utah

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.  
 County of Utah }

(Must be completed ☐)(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of

May, 1981.

Notary Public, Marilyn Westwood

Residing at Hooper, Utah

My commission expires April 21, 1985

(Seal)

Diane Benson

Supporting Signature

21924. 4400 So. Roy Ct.  
84007

Street Address, City, State

Marriage license gives name as Ruth Godderidge  
bride and Henry Benson as groom. Married  
Sept 29, 1939, Logan, Utah.  
Viewed by V.S.

Family Record, obviously, old gives name as  
Ruth Godderidge born June 1, 1920, at Treasurton,  
Idaho. Parents - John and Annie Godderidge.  
Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

475-116-021-415

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27

File No. 79806

No. \_\_\_\_\_ St.

Primary Registration District No. 21 Registered No. 154

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>May 16 1920</u> (Month) (Day) (Year)
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FULL NAME FATHER  
Irvin Davis

RESIDENCE  
Preston Idaho.

COLOR White AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE  
Clifton Idaho.

OCCUPATION  
Farmer

FULL MAIDEN NAME MOTHER  
Viola Manning

RESIDENCE  
Preston Idaho.

COLOR White AGE AT LAST BIRTHDAY 20  
(Years)

BIRTHPLACE  
Preston Idaho.

OCCUPATION  
Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7.30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen K. Cutler

Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

Filed 6/7 19 20 Allen K. Cutler  
Registrar

Registrar

NOV 5 1969



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

695-116-021-331

PLACE OF BIRTH

County of Franklin

City of Preston

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 27

File No. 79807

Primary Registration District No. 2119

Registered No. 153

FULL NAME OF CHILD Kenneth LaVar Winn

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>May 16, 1920</u> (Month) (Day) (Year)
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FULL NAME FATHER George Samuel Winn

FULL MAIDEN NAME MOTHER Lulu Leola Clayton

RESIDENCE Preston Idaho

RESIDENCE Preston Idaho

COLOR White AGE AT LAST BIRTHDAY 36  
(Years)

COLOR White AGE AT LAST BIRTHDAY 35  
(Years)

BIRTHPLACE Preston/Idaho

BIRTHPLACE Preston Idaho.

OCCUPATION Merchant

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

Filed

6/7

19

20 Dr. K. Curtis

Registrar

Registrar

c.c. 6/3/41. w.h.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261-222-021-413

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Winder

Registration District No. 27

File No. 79808

No. \_\_\_\_\_ St.

Primary Registration District No. 2119 Registered No. 152

Hospital \_\_\_\_\_

FULL NAME OF CHILD LAURA SWAINSTON

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>May 22 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-----------------	--

FULL NAME FATHER  
William Swainston

RESIDENCE Winder Idaho

COLOR White AGE AT LAST BIRTHDAY 36  
(Years)

BIRTHPLACE Ogden Utah

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER  
Harriet Dalley

RESIDENCE Winder Idaho

COLOR White AGE AT LAST BIRTHDAY 34  
(Years)

BIRTHPLACE Parawen Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10.50 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Preston Idaho

Address \_\_\_\_\_  
Filed 6/7 19 20 Dr. Allen Cutler  
Registrar

Registrar

JUN 1 1951

STATE BOARD OF HEALTH FILE NO.

## PLACE OF BIRTH

## CERTIFICATE OF BIRTH,

County of FranklinPrecinct of 449-212-021-512STATE OF IdahoTown or Village of Fairview

Street and No. ....

City of Franklin

If in Hospital or other Institution, give its name instead of Street and number.

79809

FULL NAME OF CHILD

Rocko Murakami

If child is not yet named, make supplemental report as directed

Sex of Child <u>female</u>	Twin, Triplet, or Other? <u>  </u>	and { Number in Order of Birth <u>  </u> }	Legitimate? <u>yes</u>	Date of Birth <u>May 12</u> , 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Isaaki Murakami</u>		MOTHER FULL MOTHER NAME <u>Isai Nakamura</u>		
RESIDENCE <u>Fairview Idaho</u>		RESIDENCE <u>Fairview Idaho</u>		
COLOR <u>Yellow</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)	COLOR <u>Yellow</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	
BIRTHPLACE <u>Japan</u>		BIRTHPLACE <u>Japan</u>		
OCCUPATION <u>Farming</u>		OCCUPATION <u>House Keeping</u>		
Number of Child of this Mother <u>2</u>		Number of children of this Mother now living <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, and that it occurred on May 12, 1920 at 3 P. M.Premature No or Still Birth? No (Yes or No)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

[Signature] W. B. Patterson Jr.Date    19  [Physician or Midwife] W. B. Patterson Jr.

Give name added from supplemental report

Address of Physician or Midwife Leiston UtahFiled 6/7, 1920Registered No. 139

REGISTRAR.

REGISTRAR.

# Information for Physicians, Midwives, Parents and Others Required to Report Births

Section 2036x3, Compiled Laws of Utah, 1907. That all births that occur in the State shall be immediately registered in the district in which they occur, as hereinafter provided.

## REPORTS.

Sec. 2036x4, Compiled Laws of Utah, 1907. That it shall be the duty of the Attending Physician or Midwife to file a certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occurred, to file said certificate of birth with the local registrar within three days after the birth.

## EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blank from local registrar and make return of name as soon as child is named.

## DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 2036x8, Compiled Laws of Utah, 1907, provides that: \* \* \* "All Physicians, Midwives, Informants \* \* \* connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through the local registrar." \* \* \* The State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 13 shall strike out the words "I hereby certify that I attended the birth of above child," and write in lieu thereof the words "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as parent, householder, etc., in the case may be, with his address.

## INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number and make a copy of the original certificate for your local record. If the name of the child is not reported give the person who made the return a blank for supplemental report of name and direct that it be sent you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the later report as soon as received after entering name or other fact on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

## PENALTY.

Sec. 2036x12, Compiled Laws of Utah, 1907. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 13 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar within the time required by this Act, shall be deemed guilty of a misdemeanor. \* \* \* And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and direction of the State Registrar, shall be deemed guilty of a misdemeanor. \* \* \* Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

751-209-021-559

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

## CERTIFICATE OF BIRTH

County of.....**Franklin**.....City of.....**Preston**.....Registration District No.....**2**.....File No.....**79810**.....No.....**St**.....Primary Registration District No.....**2119**.....Registered No.....**15-8**.....

Hospital.....

FULL NAME OF CHILD.....

**Dorothy Geddes**Sex of  
Child**Female**Twin  
Triplet  
or other?} and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?**Yes**Date of  
Birth.....**May 9 1920**  
(Month) (Day) (Year)FULL  
NAME**FATHER  
Moses Peterson Geddes**FULL  
MAIDEN  
NAME**MOTHER  
Mary Lever Reid**

RESIDENCE

**Banida Idaho**

RESIDENCE

**Banida Idaho**

COLOR

**White**AGE AT LAST  
BIRTHDAY**25**  
(Years)

COLOR

**White**AGE AT LAST  
BIRTHDAY**25**  
(Years)

BIRTHPLACE

**Preston Idaho**

BIRTHPLACE

**Dover Utah**

OCCUPATION

**Farmer**

OCCUPATION

**Teacher and Housewife**Number of child of this mother, including present birth.....**1**..... Number of children of this mother now living, including present birth.....**1**.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....**Born alive**....., at **9:20 A.M.**  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature).....

**G. W. States****Physician**

(Physician or midwife)

Given names added from a supplemental report.

Address.....

**Preston Idaho**

Filed.....

**6/8 1920**

Registrar

Registrar

SEP 10 1964



399-126-021-689

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of FranklinCity of PrestonRegistration District No. 27File No. 79811

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 160

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of  
Child mTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate? yesDate of  
Birth May 26 19 20

(Month) (Day) (Year)

FULL  
NAME Leola W. Carbridge

FATHER

FULL  
MAIDEN  
NAME Margaret Whitehead

MOTHER

RESIDENCE PrestonRESIDENCE PrestonCOLOR WAGE AT LAST  
BIRTHDAY 25  
(Years)COLOR WAGE AT LAST  
BIRTHDAY 22  
(Years)BIRTHPLACE PrestonBIRTHPLACE Franklin, IdaOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:58 M. on the date above stated.

(Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) R. R. Cutler

(Physician or midwife)

Given names added from a supplemental report.

Address Preston, Ida.Filed 8/6 1928Registrar R. R. Cutler

Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

\* WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-338663

613-110-021-243

## PLACE OF BIRTH

County of **Franklin**City of **Preston.**

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

Registration District No. .... **27**File No. .... **79812**Primary Registration District No. .... **2119**Registered No. .... **171**FULL NAME OF CHILD ..... **FORREST LYNN FACKRELL**

Sex of Child <b>Male.</b>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <b>Yes.</b>	Date of Birth <b>May</b> ..... <b>10</b> ..... <b>1920</b> (Month) (Day) (Year)
---------------------------	---	--------------------------------------	------------------------------	---

FULL NAME **Forrest FATHER FACKRELL**  
**Forest Alford Fackrell.**FULL MAIDEN NAME **MOTHER**  
**Wealthy Sutton,**

## RESIDENCE

**Preston Idaho.**

## RESIDENCE

**Preston Idaho.**

## COLOR

**White.**

## AGE AT LAST

BIRTHDAY

**25**

(Years)

## COLOR

**White.**

## AGE AT LAST

BIRTHDAY

**32.**

(Years)

## BIRTHPLACE

**Randolph Utah.**

## BIRTHPLACE

**Paris Idaho.**

## OCCUPATION

**Carpenter.**

## OCCUPATION

**Housewife.**Number of child of this mother, including present birth ..... **3** ..... Number of children of this mother now living, including present birth ..... **3** .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... **Born alive.** ..... at **3:30 P.M.**  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... **G. W. States** .....**Physician**

(Physician or midwife)

Given names added from a supplemental report.

Address ..... **Preston Idaho.** .....Filed ..... **6/8 28** ..... **W. M. Cull** .....

Registrar

Registrar

DECEASED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Franklin } ss.

Certificate No. 79812

Date Filed JUN 8 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)  
for Forrest Lynn Fackrell who was born on May 10th, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Preston, Idaho, are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record, prepared on May 10th, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
father's name Forest Alfred Fackerell, Forrest Alford Fackrell

Subscribed and sworn to before me this fifth  
day of June, 19 42.

J. J. Evans  
Notary Public, residing at Preston, Idaho.

My commission expires Jan. 1st, 1943.  
(Seal)

Signed Forrest Alford Fackrell  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Father,  
315 W. 1st North, Preston, Idaho.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Franklin } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this fifth  
day of June, 19 42.

J. J. Evans  
Notary Public, residing at Preston, Idaho,

My commission expires Jan. 1st, 1943.  
(Seal)

Signed Healthy Ann Sutton  
(Signature of Any Credible Person Other Than Previous Year)

Mother,  
315 W. 1st N. St., Preston, Idaho.  
(Street Address, City, State)

JUN 22 1942

459-106-021-235

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-28m-2-3-37

## CERTIFICATE OF BIRTH

79813

County of... **Franklin**.....City of... **Preston**.....Registration District No. .... **27** .....

File No. ....

No. .... **St** .....Primary Registration District No. .... **2119** .....Registered No. .... **162** .....

Hospital .....

FULL NAME OF CHILD .....

**Orrin S. Merrill**

Sex of Child <b>Male.</b>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <b>Yes.</b>	Date of Birth <b>May, 6, 1928</b> (Month) (Day) (Year)
---------------------------	---	---	------------------------------	--

<b>FATHER</b> FULL NAME <b>Orrin S. Merrill,</b> RESIDENCE <b>Preston Idaho.</b> COLOR <b>White.</b> AGE AT LAST BIRTHDAY <b>48.</b> (Years) BIRTHPLACE <b>Smithfield Utah.</b> OCCUPATION <b>Farmer.</b>		<b>MOTHER</b> FULL MAIDEN NAME <b>Alice Stephenson.</b> RESIDENCE <b>Preston Idaho.</b> COLOR <b>White.</b> AGE AT LAST BIRTHDAY <b>39.</b> (Years) BIRTHPLACE <b>Lewiston Utah.</b> OCCUPATION <b>Housewife.</b>	
---	--	---	--

 Number of child of this mother, including present birth... **6**..... Number of children of this mother now living, including present birth... **6**.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was..... **Born alive.**..... at **5:40 A.M.**  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... **W. S. Stiles**.....
**Physician.**  
 (Physician or midwife)

Given names added from a supplemental report.

Address..... **Preston Idaho.**.....Filed..... **6/8 20**..... **D. L. Custer**.....

Registrar

Registrar

cc 2/18/41 rmf



742-130-021-259

named added 1/12/84tc  
 PLACE OF BIRTH father's named 1/12/84tc

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

County of **Franklin.**

## CERTIFICATE OF BIRTH

City of **Treasureton.**Registration District No. **27**File No. **79814**No. **St.**Primary Registration District No. **2119**Registered No. **163**

Hospital

FULL NAME OF CHILD **Herbert Julius Gustafson**

Sex of Child <b>Male.</b>	Twin Triplet or other? <b>and</b> Number in order of birth <b>1</b> (To be answered only in event of plural births)	Legitimate? <b>Yes.</b>	Date of Birth <b>May, 30, 1920</b> (Month) (Day) (Year)
---------------------------	--	-------------------------	--

FATHER **Gustafson**  
 FULL NAME **Carl A. Gustafson**  
 RESIDENCE **Treasureton Idaho.**  
 COLOR **White.** AGE AT LAST BIRTHDAY **44**  
 (Years)  
 BIRTHPLACE **Sweden.**  
 OCCUPATION **Farmer.**

MOTHER **Kvistberg**  
 FULL MAIDEN NAME **Anna Kvistberg**  
 RESIDENCE **Treasureton Idaho.**  
 COLOR **White.** AGE AT LAST BIRTHDAY **40**  
 (Years)  
 BIRTHPLACE **Sweden.**  
 OCCUPATION **Housewife.**

Number of child of this mother, including present birth... **9**..... Number of children of this mother now living, including present birth... **8**.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was **Born alive.** at **1:20 P.M.** on the date above stated.  
 (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **G. W. Sturges**

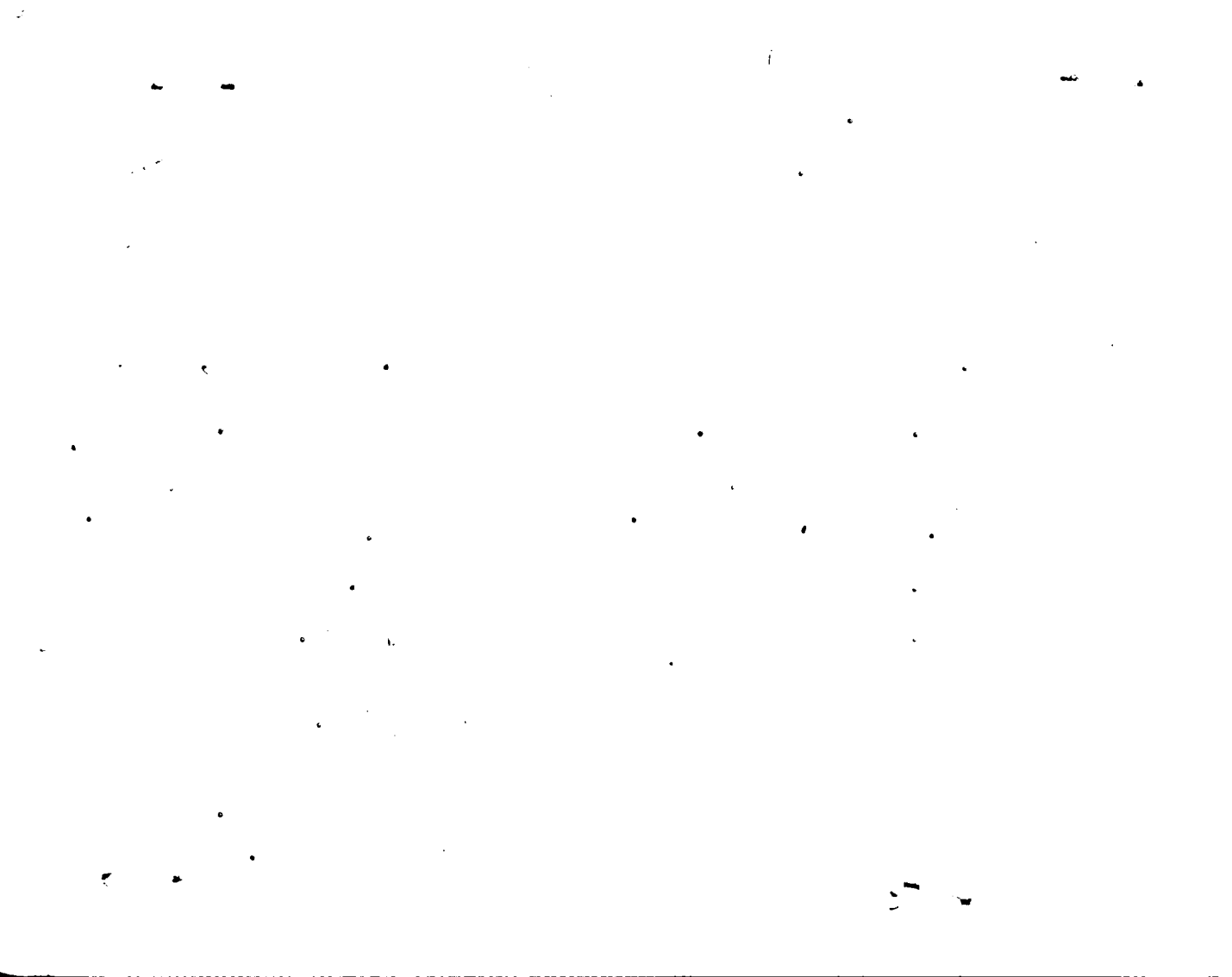
**Physician.**  
 (Physician or midwife)

Given names added from a supplemental report.

**Preston Idaho.**Address **618**Filed **11-25-20** **D. E. R. Cullen**

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho }  
County of ada } ss.

Certificate No. 79814  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Gustaffesen (Male) who was born on May 30, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Treasureton, Idaho are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>child's name</u>	<u>Unnamed</u>	<u>Herbert Julius Gustafson</u>
<u>father's last name</u>	<u>Gustaffesen</u>	<u>Gustafson</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 12 day of  
January, 1984.  
Notary Public, Lessa A. Cleverly  
Residing at Boise, Idaho  
My commission expires April 3, 1985  
(Seal)

X Herbert J. Gustafson  
Signature of Applicant  
X 2207 Berkeley St Salt Lake City  
Street Address, City, State Utah 84104

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_\_)  
(Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Supporting Signature  
\_\_\_\_\_  
Street Address, City, State

Certificate of Baptism from the LDS Church gives name as Herbert Gustafson  
born May 30,1920 in Treasureton, Idaho. father's name as Carl A. Gustafson and  
mother's name as Anna Kvistberg. Baptized June 2, 1928 in Idaho, viewed by tc

JAN 12 1984

Certificate of Blessing from the LDS Church gives name as Herbert Julius Gustafson  
born May 30,1920 in Treasureton, Idaho. father's name as Carl A. Gustafson and  
mother's name as Annie C. Kvistberg. Blessed July 4, 1920. viewed by tc

553-226 021-386  
Amended 5/15/79

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-37

## CERTIFICATE OF BIRTH

County of **Franklin**City of **Preston.**Registration District No. **27**File No. **79815**

No. .... St.

Primary Registration District No. **2119**Registered No. **159**

Hospital .....

FULL NAME OF CHILD **Audra Hope Nelson**

Sex of Child <b>Female.</b>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <b>Yes.</b>	Date of Birth <b>May, 26, 1920.</b> (Month) (Day) (Year)
-----------------------------	---	--------------------------------------	------------------------------	--

FULL NAME <b>Vern Nelson.</b>	FATHER	FULL MAIDEN NAME <b>Lucia Thomander.</b>	MOTHER
RESIDENCE <b>Glendale Idaho.</b>		RESIDENCE <b>Glendale Idaho.</b>	
COLOR <b>White.</b>	AGE AT LAST BIRTHDAY <b>24.</b> (Years)	COLOR <b>White.</b>	AGE AT LAST BIRTHDAY <b>23.</b> (Years)
BIRTHPLACE <b>Glendale Idaho.</b>		BIRTHPLACE <b>Spring City Utah.</b>	
OCCUPATION <b>Farmer.</b>		OCCUPATION <b>Housewife.</b>	

Number of child of this mother, including present birth **2** ..... Number of children of this mother now living, including present birth **2** .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was **Born alive.** at **12:40 A. M.**  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **G. W. Stiles****Physician.**  
(Physician or midwife)

Given names added from a supplemental report.

Address **Preston Idaho.**Filed **6/8** **1924** **D. H. Critch**  
Registrar

SL. 12 1966

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICS

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 79815

Date Filed \_\_\_\_\_

MAR 30 11 09 AM '79

The undersigned does solemnly swear that certain facts on the certificate of birth

for Vio May Nelson (Female) who was born on May 26, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Preston (Franklin) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's name

Vio May Nelson

Audra Hope Nelson

Subscribed and sworn to before me this 21st day of  
March, 1979

Notary Public, [Signature]

Residing at Preston, Idaho

My commission expires Life

(Seal)

Hope M. Workman

Signature of Applicant

1043 Buccaner Dr., Salt Lake City

Street Address, City, State

Utah 84116

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }  
County of Franklin } ss.

(Must be completed \_\_\_\_\_)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of  
March, 1979

Notary Public, [Signature]

Residing at Preston, Idaho

My commission expires Life

(Seal)

June N. Palmer

Supporting Signature

242 So. 3rd East Preston, Idaho

Street Address, City, State

83263

Certif of Blessing from the LDS Church gives name as Audra Hope Nelson  
daughter of Severine Vern Nelson and Lucia E. Thomander. born May 26, 1920 at  
Preston, Idaho. Blessed July 4, 1920. viewed by V. S. **MAY 15 1979**

Certif of Baptism from the LDS Church gives name as Audra Hope Nelson daughter  
of Sinerence V. Nelson and Lucia E. Thomander. born May 26, 1920 at Pre ton  
Idaho. Baptized Sept 18, 1928. viwed by V. S



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

318-204-021-713 name added 8-13-84 dl  
Form V. S. No. 11-C-25m-7-21-19  
PLACE OF BIRTH  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
COUNTY OF Franklin  
CERTIFICATE OF BIRTH  
City of Preston Registration District No. Q7 File No. 79816  
No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. 2119 Registered No. 133  
Hospital \_\_\_\_\_  
FULL NAME OF CHILD La Priele Taylor

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>5</u> <u>4</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>W. G. Taylor</u>	FATHER			FULL MAIDEN NAME <u>Anna B. Packer</u>	MOTHER
RESIDENCE <u>Preston</u>				RESIDENCE <u>Preston</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)			COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Mapleton Ida</u>				BIRTHPLACE <u>Franklin</u>	
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>2</u>			Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Born alive at 9 45 PM  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

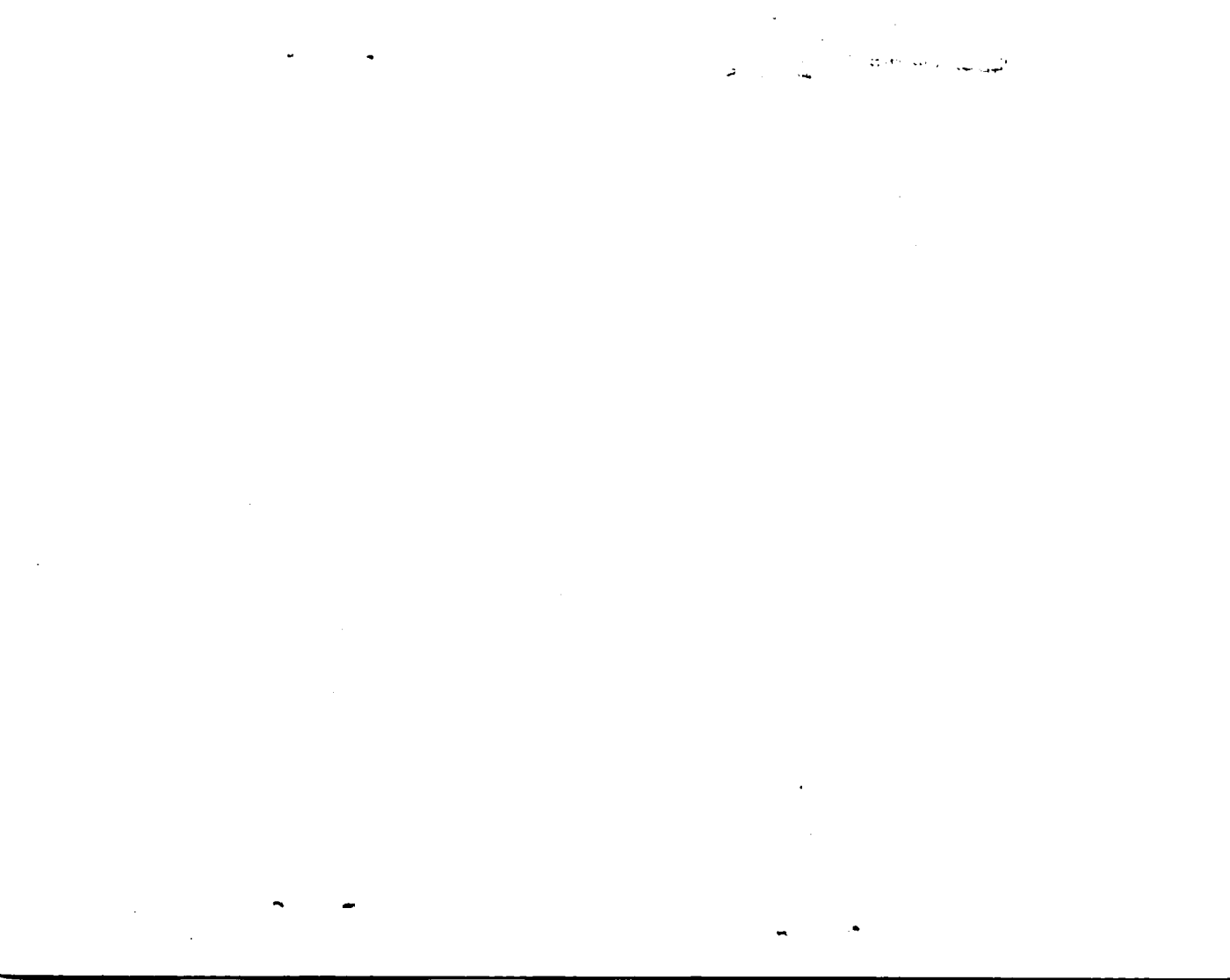
(Physician or midwife)

Address

Filed

Registrar

Registrar



7-24-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 79816

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Taylor who was born on May 4, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Preston (Franklin) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	<del>Lorraine</del> Packer Taylor

Subscribed and sworn to before me this 1 day of Aug 1984

Notary Public, [Signature]

Residing at [Signature]

My commission expires My Commission Expires March 8, 1987

(Seal)

X J. Lynn Packer  
Signature of Applicant  
X 37 No 300 W - Logan, Utah 84321  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_\_)

(Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

Blessing Record lists La Priele Taylor born May 4, 1920  
in Preston and was blessed July 4, 1920. Viewed by V.S.  
**AUG 18 1984**

Baptism Certificate lists La Priele Taylor born May 4, 1920  
in Preston and was baptised in LDS Church on May 22, 1928  
Viewed by V.S.

356-131  
003-856

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bannock

City of Suan Lake

Registration District No. 27

File No. 79817

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 157

Hospital \_\_\_\_\_

FULL NAME OF CHILD Dean Albert Lewis

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>May 31</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	-----------------	--

FATHER  
FULL NAME Albert M. Lewis  
RESIDENCE Suan Lake  
COLOR W AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Ropetta Ryderson  
RESIDENCE Suan Lake  
COLOR W AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Ida  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 2:00 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler  
(Physician or midwife)

Given names added from a supplemental report.

Address Princeton, Ida.  
Filed 6/17 1920 S. R. Cutler  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECORD OF BIRTH

led 9-29-77  
IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. Certificate No. 79817  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... birth  
for Unnamed Lewis (Male) ..... who was born ..... on May 31, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Swan Falls, Idaho (Bonneville) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name ..... omitted ..... Dean Albert Lewis  
mother

Subscribed and sworn to before me this 10<sup>th</sup> day of

Signed X Rosetta H Lewis  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

(Street Address, City, State)

Marriage certificate from Utah gives groom's name as Dean Albert Lewis and the bride's name as Iva Loo Jones. dated June 19, 1941. viewed by V. S.

Certif of Blessin from the LDS Church gives name as Dean Albert Lewis son of Albert Marion Lewis and Rosetta Henderson. born May 31, 1920 at Swan Lake, Idaho. Blessed July 4, 1920. viewed by V. S.

NOV 8 1977



912-204-021-912

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-13

County of Franklin

## CERTIFICATE OF BIRTH

City of monk creekRegistration District No. 27File No. 79818

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119Registered No. 138

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lizyia RasmussenSex of  
ChildFemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthMay 4 1940  
(Month) (Day) (Year)FULL  
NAME

FATHER

Orlando RasmussenFULL  
MAIDEN  
NAME

MOTHER

Sarah Rasmussen

RESIDENCE

monk creek

RESIDENCE

monk creek

COLOR

WhiteAGE AT LAST  
BIRTHDAY28  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

monk creek

BIRTHPLACE

monk creek

OCCUPATION

Farmer

OCCUPATION

House WifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive at 3:20 P.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) Mary Rasmussen

(Physician or midwife)

Given names added from a supplemental report.

Address monk creekFiled 6/7 - 1940B-1 3-20m m  
S-Y CO. 24688

Registrar

Registrar

Sarah Rasmussen  
RAA

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED 10 JAN 1954  
U.S. AIR FORCE  
HEADQUARTERS  
AIR FORCE  
WASHINGTON, D.C.

10 JAN 1954

OFFICE OF  
THE SECRETARY OF  
DEFENSE

10 JAN 1954



LETTER TO THE CHIEF

TO THE

CHIEF

OF THE

ARMY

AND

NAVY

DEPARTMENT OF DEFENSE

DEPT OF DEFENSE  
WASHINGTON, D.C.

WASHINGTON, D.C.

WASHINGTON, D.C.

OFFICE OF THE SECRETARY OF DEFENSE

1933-240-024-253  
PLACE OF BIRTH amend 6-8-83

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of FranklinCity of PrestonNo. 5th Ward St.Registration District No. 21File No. 79819

Hospital \_\_\_\_\_

Primary Registration District No. 2119Registered No. 140FULL NAME OF CHILD Mona Ivone Allred

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>May 30</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	-------------------------------	---

FULL NAME FATHER William Edsie AllredRESIDENCE Preston, IdahoCOLOR W AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Eula Bernette BecksteadRESIDENCE Preston, IdahoCOLOR W AGE AT LAST BIRTHDAY 34  
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 P M.  
on the date above stated. (Born alive or stillborn)(Signature) Curtis Hand

(Physician or midwife)

Address Preston, IdahoFiled 6/7 1920 D. H. Cutler

Registrar

Registrar

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

MAR 2 1976

# Affidavit to Correct or Amend An Original Certificate of Birth or Death

Date Filed:

4/21/76

~~Index of XXXXXX XXXXXX XXXXXX~~

JUN 8 1983

Certificate of Baptism from LDS Church gives Mona Ivane Allred born May 30, 1920 in Oneida County to William E Allred and Lulu Beckstead and was baptised July 6, 1929. Viewed by V.S.

Certificate of Marriage from State of Utah gives William E Allred and Lulu B Beckstead were married in Logan, Utah on June 14 1905. Viewed by V.S.

Marriage License from County of Binham State of Idaho gives John H Hall and Mona Ivane Allred were married in Blackfoot on May 7, 1929. Viewed by V.S.

396-117-021-294

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of Merton IdahoRegistration District No. 27 File No. 79820

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 141

Hospital \_\_\_\_\_

FULL NAME OF CHILD Royal Abraham Crockett

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth <u>4</u>	Legiti mate? <u>yes</u>	Date of Birth <u>May 17</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-------	--	----------------------------	--

FATHER		MOTHER	
FULL NAME <u>Royal Abraham Crockett</u>	FULL MAIDEN NAME <u>Florence Simmons</u>	FULL NAME <u>Royal Abraham Crockett</u>	FULL MAIDEN NAME <u>Florence Simmons</u>
RESIDENCE <u>Merton</u>	RESIDENCE <u>Merton Idaho</u>	RESIDENCE <u>Merton</u>	RESIDENCE <u>Merton Idaho</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Merton Idaho</u>	BIRTHPLACE <u>Merton Idaho</u>	BIRTHPLACE <u>Merton Idaho</u>	BIRTHPLACE <u>Merton Idaho</u>
OCCUPATION <u>Car-Repairer</u>	OCCUPATION <u>House Keeper</u>	OCCUPATION <u>Car-Repairer</u>	OCCUPATION <u>House Keeper</u>

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. B. Holder  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Merton IdahoFiled 6/7 1920 D. R. D. D. D.

Registrar

Registrar

OCT 9 1959



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

713-125-021-695

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

## CERTIFICATE OF BIRTH

79821

County of FranklinCity of NashvilleRegistration District No. 27

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 151

Hospital \_\_\_\_\_

FULL NAME OF CHILD

ELLIS REED PACKER

Sex of  
ChildMTwin  
Triplet  
or other?  
(To be answered only in event of plural births)} and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?1/20Date of  
BirthMay 25  
(Month) (Day) (Year)FULL  
NAMEPhilando Packer

FATHER

FULL  
MAIDEN  
NAMEVeressa Winward

MOTHER

RESIDENCE

Nashville Idaho

RESIDENCE

Nashville Idaho

COLOR

WAGE AT LAST  
BIRTHDAY33  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 2:15 A M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Curtis PlandPhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

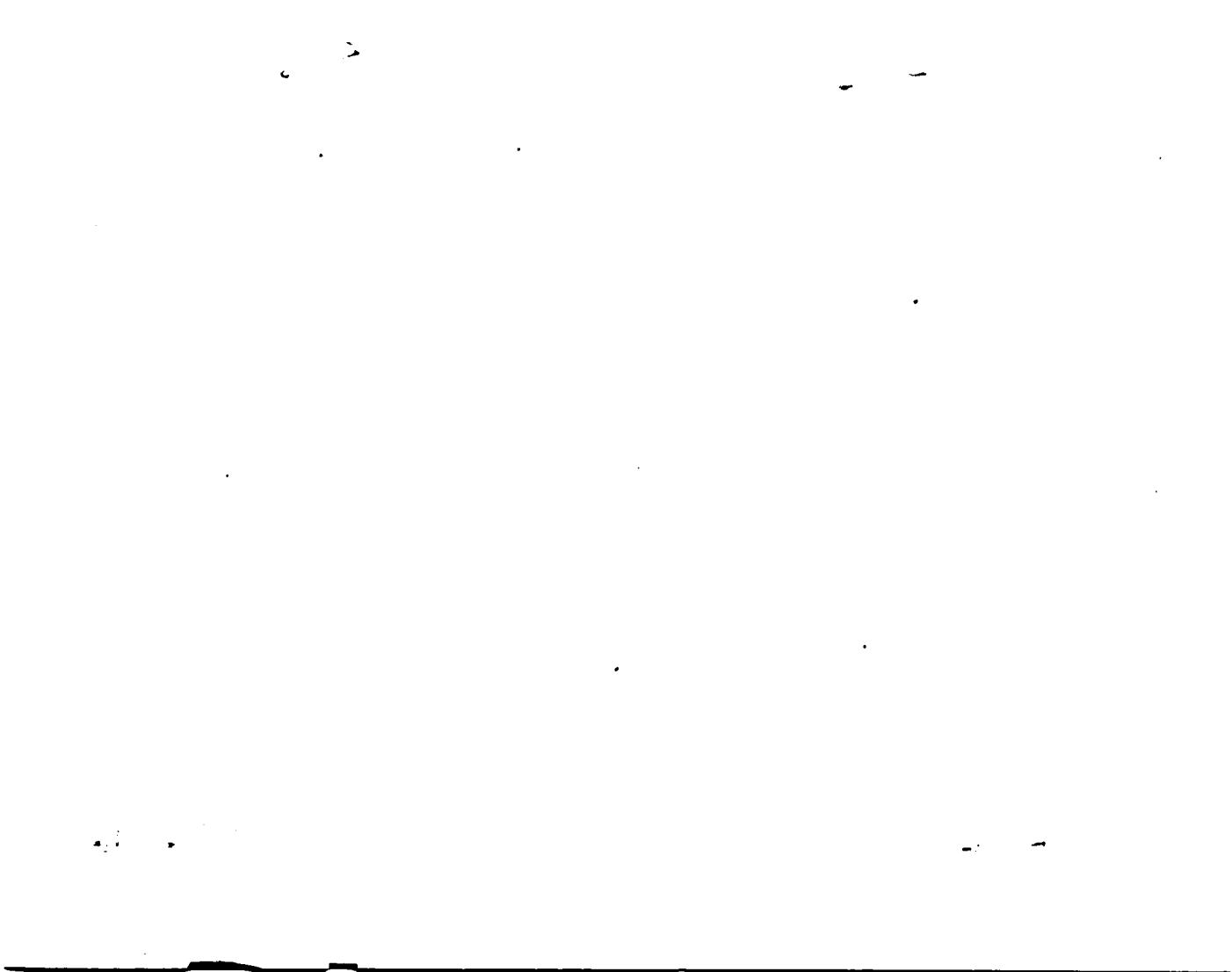
Preston Idaho

Filed

6/71920Dr. C. C. C. C.

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Virginia }  
County of Arlington } ss. **RECEIVED**  
VITAL STATISTICS  
Certificate No. 79821  
Date Filed May 25, 1980  
EB J 9 19 AM '78

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Packer (Male) who was born on May 25, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Nashville, Idaho (Franklin) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) MURCH RECD  
true facts are shown by INS. POLICY / NEW LIFE prepared on JUNE, 1920 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name Unnamed Packer Ellis Reed Packer

Subscribed and sworn to before me this 29th day of  
January 1978

Signed Jane S. Mason  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Blanche E. Spilsbury  
Notary Public, residing at 3401 N. Kensington St., Arlington, VA

My commission expires Dec. 26, 1980  
(Seal)

531 S. Jefferson St. Arlington, VA, 22204  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Virginia }  
County of Arlington } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of  
January 1978

Signed C. Phyll Korne  
(Signature of Any Credible Person)

Blanche E. Spilsbury  
Notary Public, residing at 3401 N. Kensington St.

My commission expires December 26, 1980  
(Seal)

5841 Glen Forest Dr. Fairfax, VA  
(Street Address, City, State)

Application to the New York Life Insurance Company lists name as  
Ellis Reed Packer, born May 25, 1920, in Franklin, Idaho. Application  
dated July 25, 1935. # 12 662 139.  
Viewed by V.S.

Church record gives name as Ellis Reed Packer son of Philando Perkins  
Packer and Harriet Veressa Winward. Ellis was married November 16, 1944  
at Highfield, Maryland, to Emilie Irene McFerren.  
Viewed by V.S.

916-121-021-692

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of FranklinCity of FairviewRegistration District No. 27File No. 79822

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119Registered No. 1351

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>M</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>May 21</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-------	--------------------------	-------------------------	--

FULL NAME <u>Oscar Hawkins</u>	FATHER
RESIDENCE <u>Fairview Idaho</u>	
COLOR <u>M</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Navella Wiser</u>	MOTHER
RESIDENCE <u>Fairview Idaho</u>	
COLOR <u>M</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

born alive, at 8:20 A. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

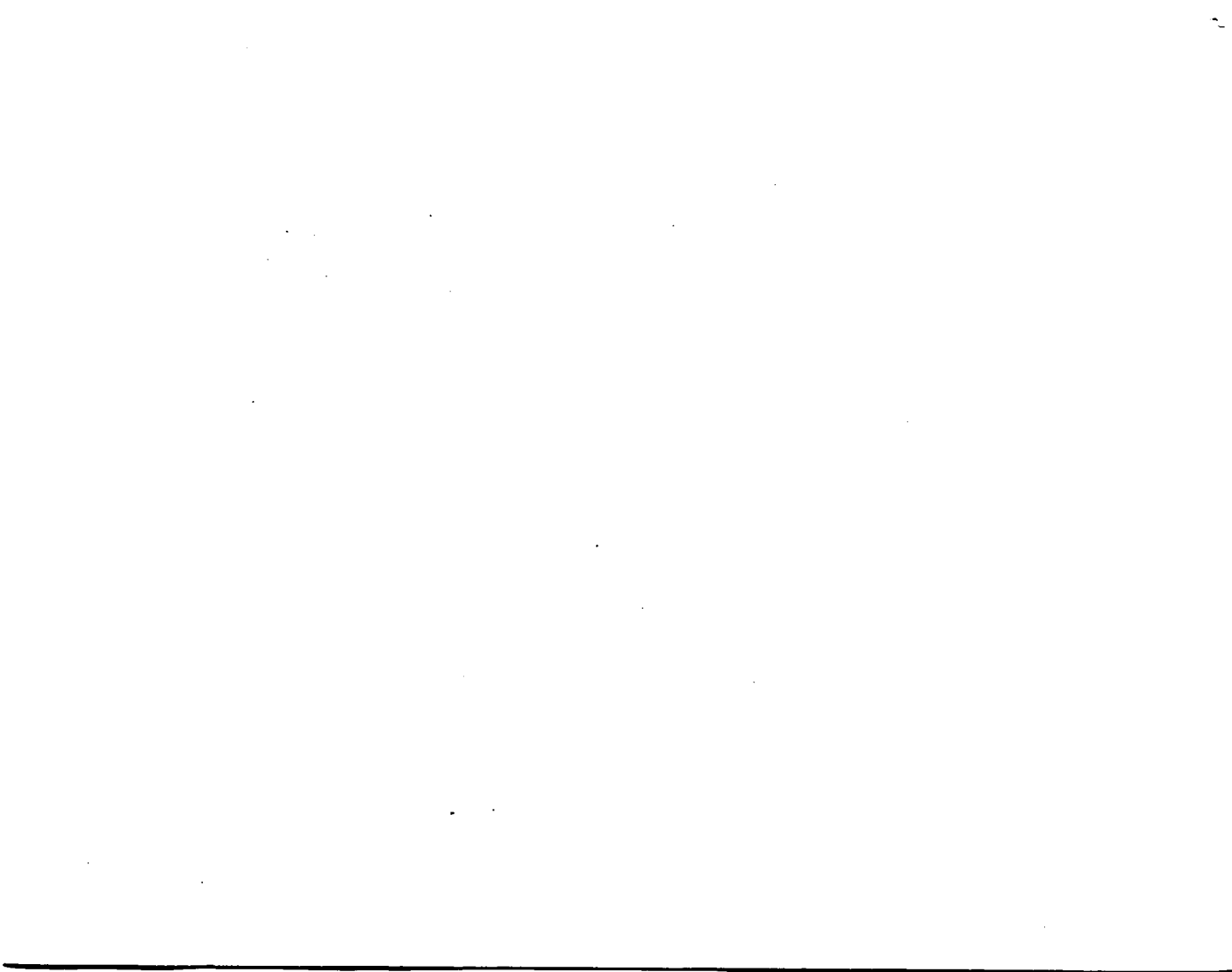
Address \_\_\_\_\_

Filed \_\_\_\_\_

1920

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_



815-218-021-613

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of FranklinCity of FranklinRegistration District No. 27File No. 79823

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 145

Hospital \_\_\_\_\_

FULL NAME OF CHILD

HELEN LUCY HANDY

Sex of  
ChildFTwin  
Triplet  
or other?  
(To be answeredand { Number  
in order  
of birth  
only in event of plural births)Legiti  
mate?YesDate of  
BirthMay 18  
(Month) (Day) 1920 (Year)FULL  
NAMEElgin Day Handy

FATHER

FULL  
MAIDEN  
NAMEMargaret Jane Watson

MOTHER

RESIDENCE

Franklin Idaho

RESIDENCE

Franklin Idaho

COLOR

WAGE AT LAST  
BIRTHDAY28  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Mechanic

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 M.  
on the date above stated. (Born alive or stillborn)

(Signature)

Ernest Hand  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Franklin Idaho

Filed

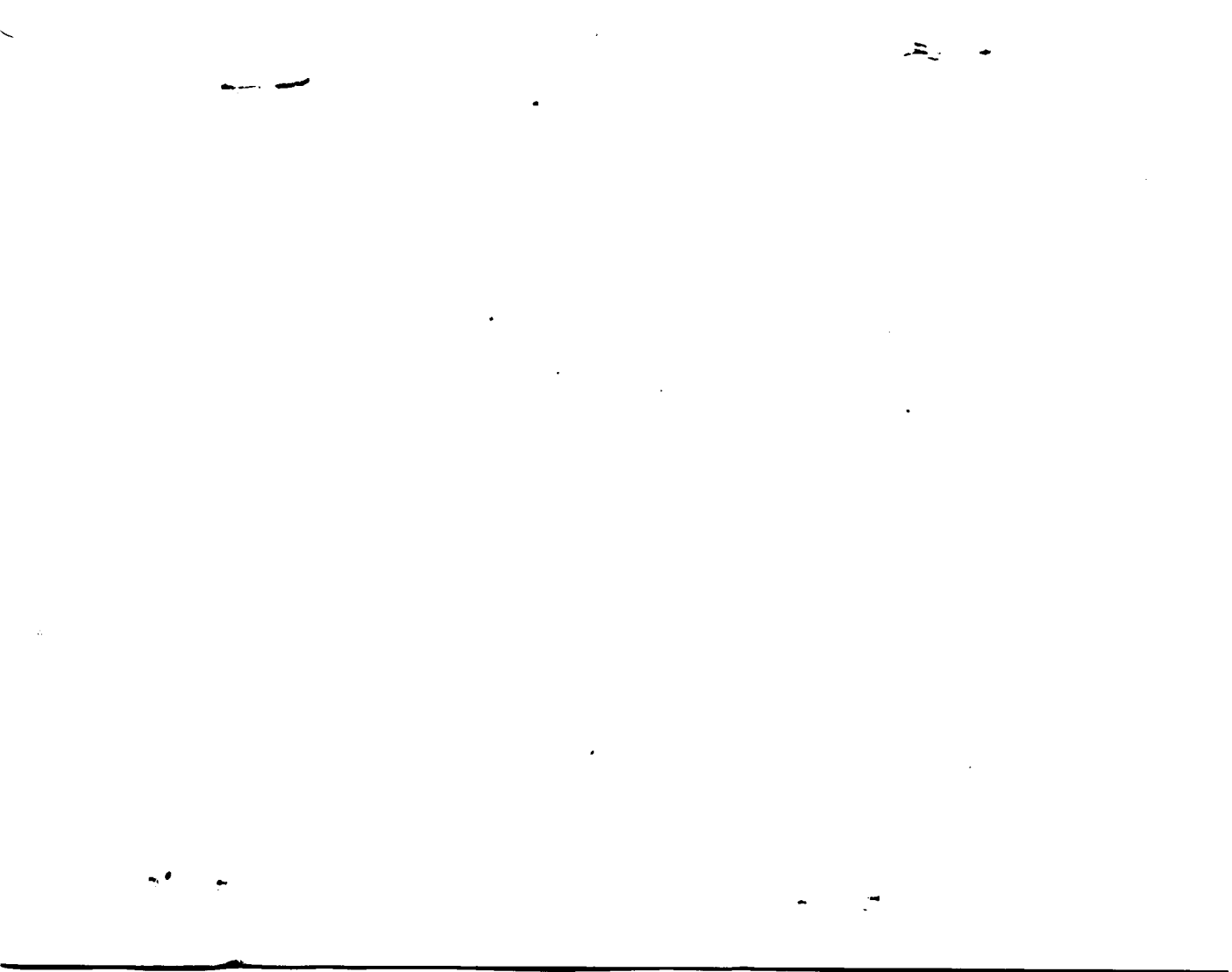
6/17 1920 Dr. R. C. Cullen

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Utah }  
County of Davis } ss. Certificate No. 79823  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Helen Lucy Handy who born on May 18, 1926  
in Franklin, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
(PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by Church Records prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**

(AS ON ORIGINAL)

**TO**

(THE CORRECT FACTS)

name

unnamed

Helen Lucy Handy

Subscribed and sworn to before me this 14th  
day of April 1942

Signed \_\_\_\_\_

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Bountiful, Utah

My commission expires March 22, 1945  
(SEAL)

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah }  
County of Davis } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 120, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th  
day of April 1942

Signed \_\_\_\_\_

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Bountiful, Utah

My commission expires March 22, 1945  
(SEAL)

Bountiful, Utah

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 14 1942

By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)

100-100000

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-217-021-643

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. \_\_\_\_\_ St.

Registration District No. 27

File No. 79824

Primary Registration District No. 2119 Registered No. 146

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>F</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>May 17</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	------------------------------	-----------	--------------------------------	------------------------	--

FATHER		MOTHER	
FULL NAME <u>William Wood</u>	FULL MAIDEN NAME <u>Ethel Fullmer</u>		
RESIDENCE <u>Preston Idaho</u>	RESIDENCE <u>Preston Idaho</u>		
COLOR <u>N</u>	COLOR <u>N</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Pool Hall Owner</u>	OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:18 P.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Curtis Hand  
Physician

(Physician or midwife)  
Preston Idaho

Address Preston Idaho  
Filed 6/7 19 20 Idaho  
Registrar

Registrar

NOV 23 1971

6-1

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

389-122-021-155  
PLACE OF BIRTH amended 7-1-82

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Franklin

City of \_\_\_\_\_

Registration District No. 27

File No. 79825

No. Honor Hall St.

Hospital \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 149

FULL NAME OF CHILD

Hyrum Ray Christensen

Sex of Child

M

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

Legiti  
mate?

Yes

Date of  
Birth

May 27 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER  
Hyrum Wilford Christensen

FULL  
MAIDEN  
NAME

MOTHER  
Leta Marion Jensen

RESIDENCE

Honor Idaho

RESIDENCE

Honor Idaho

COLOR

R

AGE AT LAST  
BIRTHDAY

27  
(Years)

COLOR

R

AGE AT LAST  
BIRTHDAY

28  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive, at 11 A M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Charles Blank

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

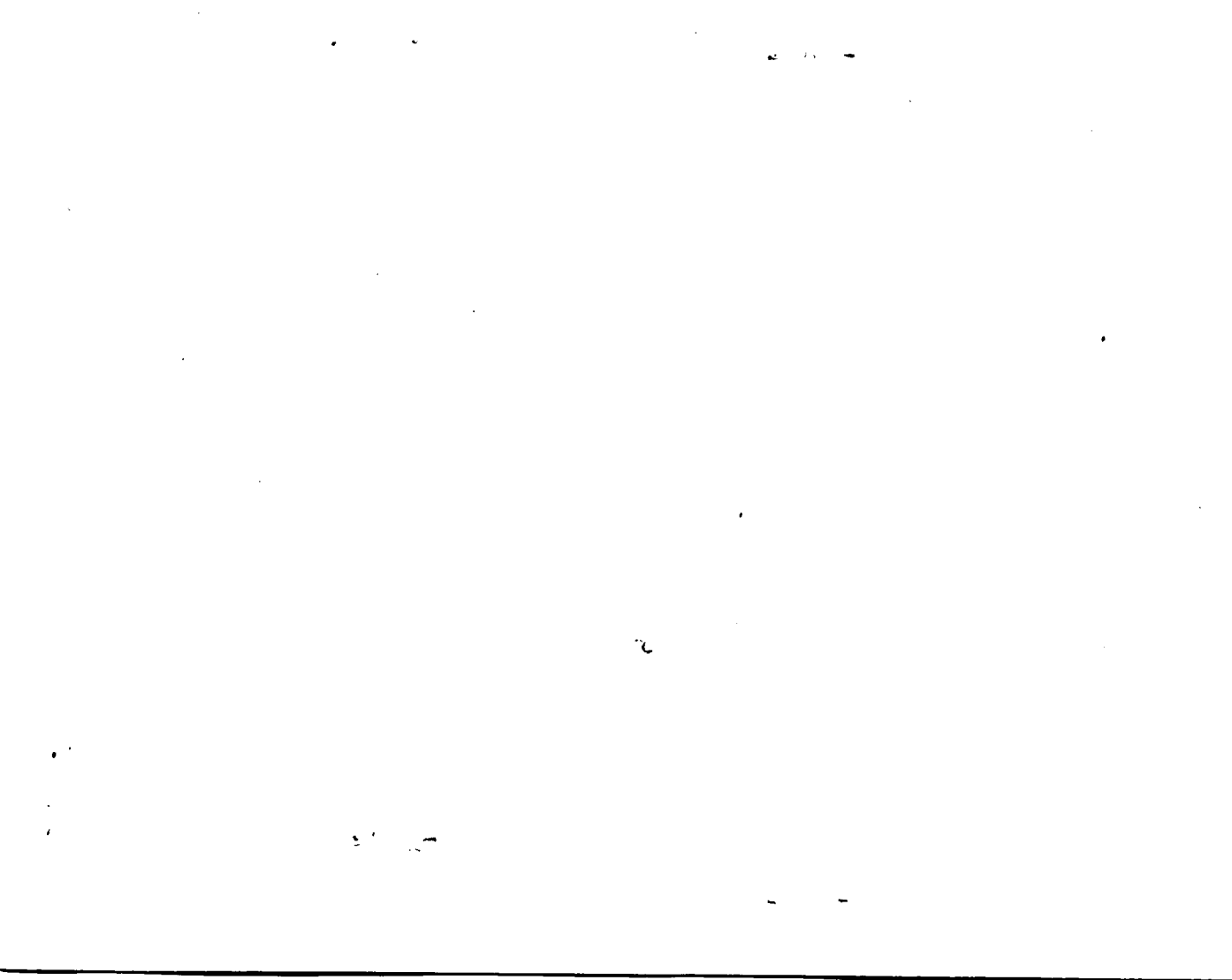
Preston Idaho

Filed

6/7 21

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 9825

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Hyrum Wilford Christensen who was born on 5-22-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Franklin County are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs middle name</u>	<u>Wilford</u>	<u>Ray</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 22 day of

June, 1982  
Notary Public, Trissa L. Cleverly  
Residing at Boise, Idaho  
My commission expires April 3, 1985  
(Seal)

Ray Christensen  
Signature of Applicant  
Ray, Wilford, Ida.  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Supporting Signature  
\_\_\_\_\_  
Street Address, City, State

Cert of Birth from State of Idaho gives Linda-Maren Christensen born 7-27-44 in Gooding to Hyrum Ray Christensen and Ruth Huffaker. State file # 393774. Viewed by V.S.

**JUL 1 1982**

Marriage Certificate from State of Utah County of Salt Lake gives Hyrum Ray Christensen and Ruth Lorraine Huffaker were married 5-13-43. Viewed by V.S.



259-206-021-253  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FranklinCity of PrestonNo. 2nd St.Registration District No. 27File No. 79826

Hospital \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 142

## FULL NAME OF CHILD

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 6</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Samuel Arthur KershawFULL MAIDEN NAME MOTHER Laverne BecksteadRESIDENCE Preston IdahoRESIDENCE Preston IdahoCOLOR N AGE AT LAST BIRTHDAY 30  
(Years)COLOR N AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE IdahoBIRTHPLACE IdahoOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

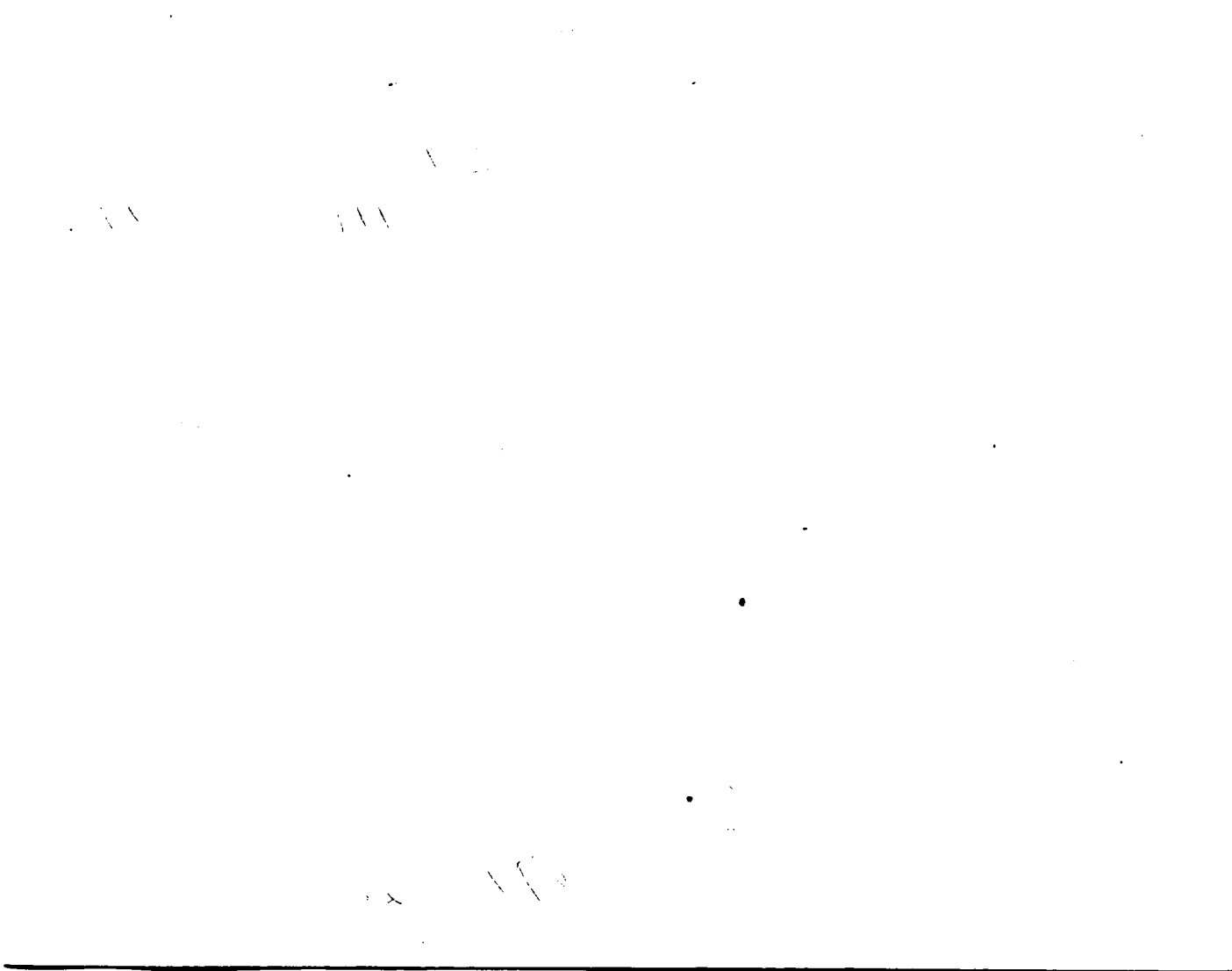
I hereby certify that I attended the birth of this child, who was born alive at 10:56 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Shank  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho  
Filed 6/7 1920 D. A. Beckstead  
Registrar



319 -105-821-381 name added 1-25-82

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of FranklinCity of PrestonRegistration District No. 27File No. 79827No. 2nd and St.Primary Registration District No. 2/19Registered No. 143

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Denzil Moroni CazierSex of  
ChildMTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthMay 5

(Month)

(Day)

1920  
(Year)FULL  
NAME

FATHER

Delbert Maroni CazierFULL  
MAIDEN  
NAME

MOTHER

Thelma Helen Chapman

RESIDENCE

Preston Idaho

RESIDENCE

Preston Idaho

COLOR

WAGE AT LAST  
BIRTHDAY33  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive

(Born alive or stillborn)

at 4:15 A. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Lucia RandPhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

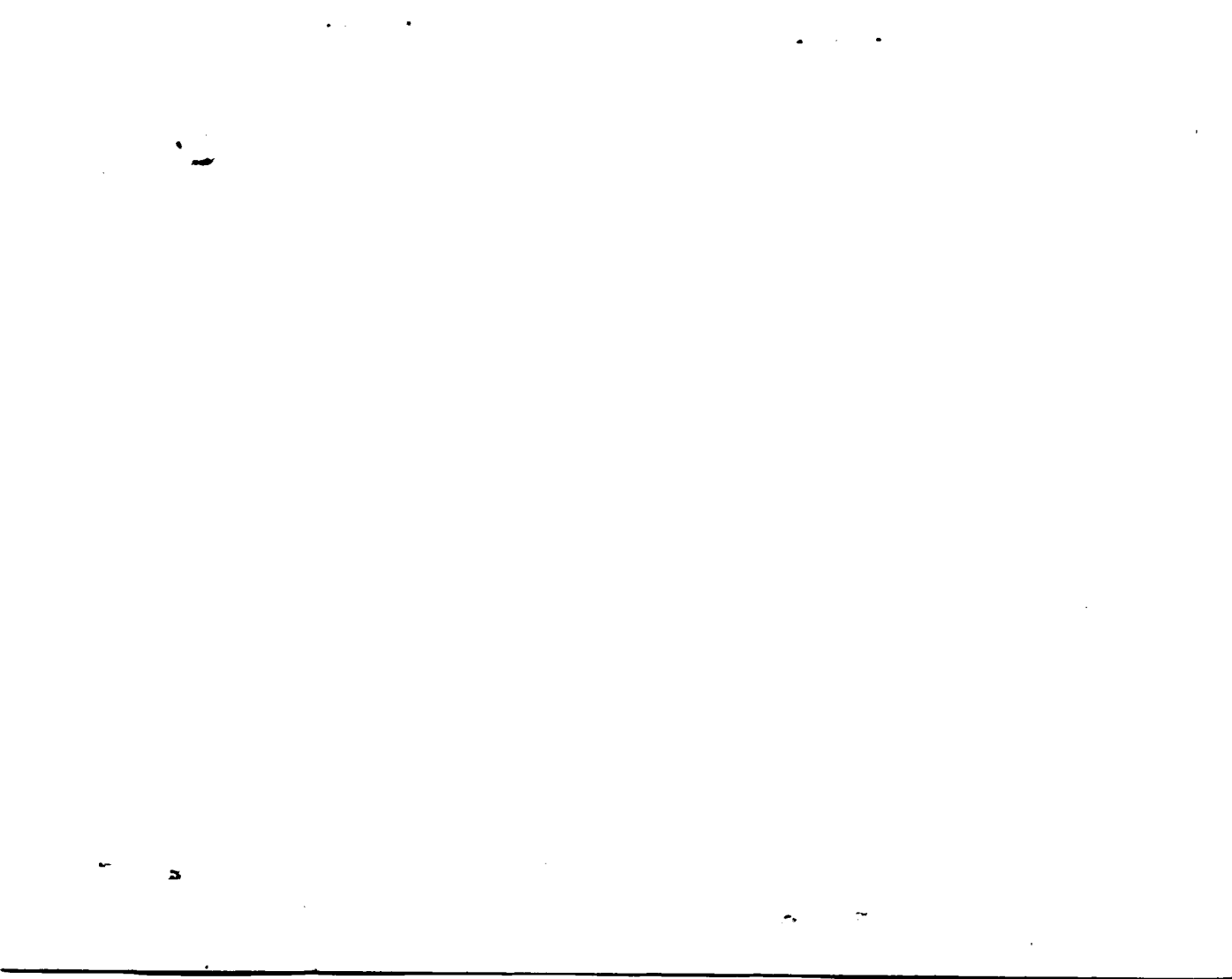
Preston Idaho

Filed

6/7 1920

Registrar

Registrar



1-8-82

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

RECEIVED  
Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

JAN 2 2 1982

State of Utah  
County of Salt Lake } ss.

Bureau of Vital Statistics

Certificate No. 79827  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Cazier who was born on 5-5-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Preston (Franklin) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>Unnamed</u>	<u>Denzil Moroni Cazier</u>

Subscribed and sworn to before me this 18th day of  
January, 1982.

Notary Public, Margaret W. BeckhamResiding at Salt Lake City, UtahMy commission expires 3-30-83

(Seal)

X Maudie V. Meekam  
Signature of Applicant

2363 Surrey Rd. Salt Lake City  
Street Address, City, State  
Utah

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah  
County of Salt Lake } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of  
January, 1982.

Notary Public, Margaret W. BeckhamResiding at Salt Lake City, UtahMy commission expires 3-30-83

(Seal)

Adalicio H. Coyier  
Supporting Signature

974 West 6th St.  
Street Address, City, State  
Salt Lake City, Utah

1 cc pd

Certificate of Birth from LDS Church gives Denzil Moroni Cazier born 5-5-20 in Preston to Delbert M Cazier and Mabel H Chapman. Entered on Record 6-13-20. Viewed by V.S.

Honorable Discharge paper from U.S. Armed Forces gives Denzil M Cazier born 5-5-20 in Preston, Idaho was discharged 3-26-46. Viewed by V.S.

**JAN 25 1982**

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815 - 202-021-613

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Franklin

City of Mink Creek

Name added 11-30-81

Registration District No. 27

File No. 79828

No. \_\_\_\_\_ St.

Primary Registration District No. 2119

Registered No. 144

Hospital \_\_\_\_\_

FULL NAME OF CHILD DOROTHY HANSEN

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>May 2</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-------	---	----------------------------	---

FULL NAME Christen Hansen  
RESIDENCE Mink Creek, Idaho  
COLOR W AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Persis Ellen Watson  
RESIDENCE Mink Creek Idaho  
COLOR W AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1:20 P. M.  
on the date above stated. (Born alive or stillborn)

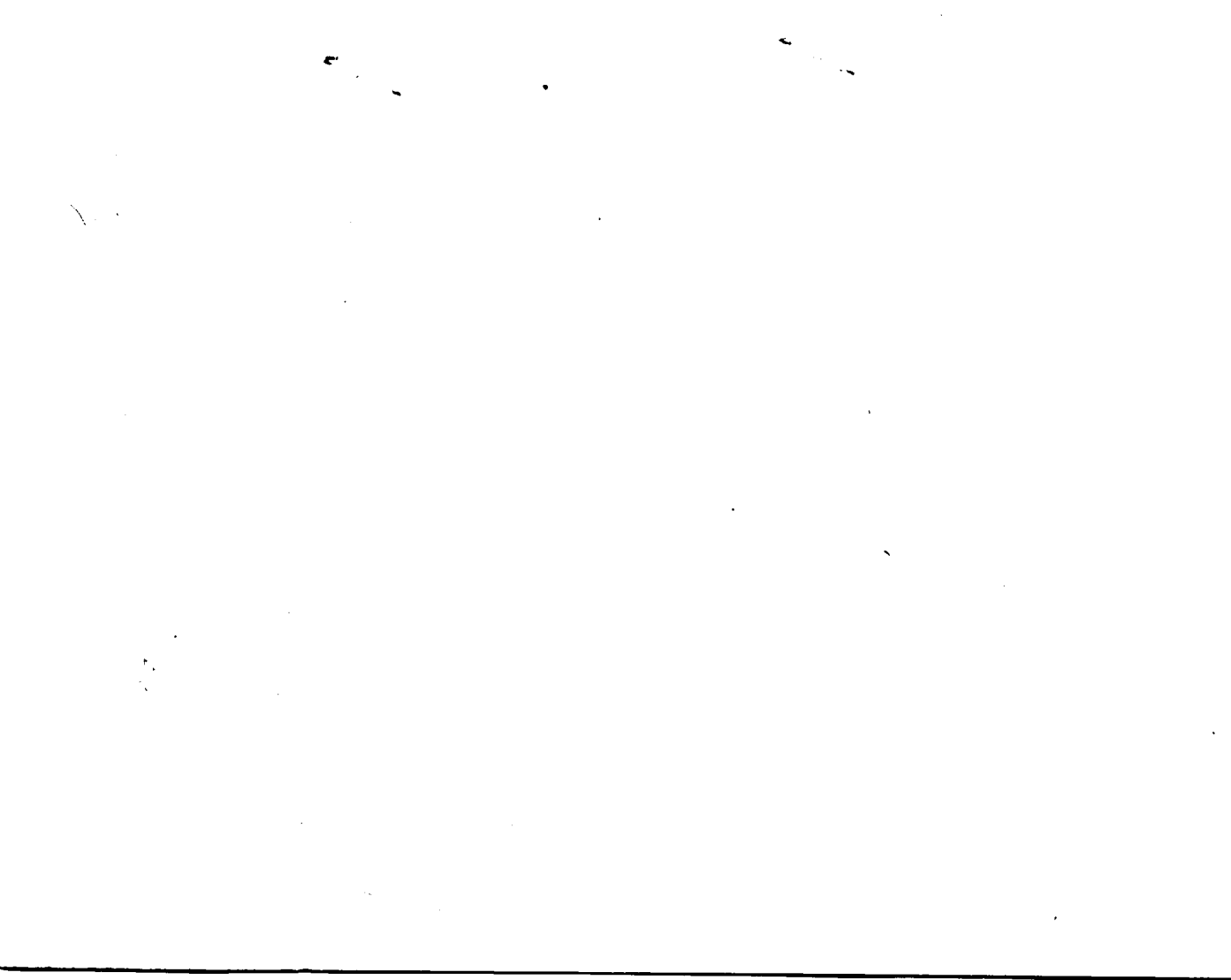
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bertis Bland  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Preston, Idaho  
Filed 6/7 1920 Dr. B. C. C. C.  
Registrar

Registrar





11/19/81

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICSState of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.Certificate No. 79828

Date Filed \_\_\_\_\_

NOV 30 3 18 PM '81

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth

for Unnamed Hansen (female) who was born on May 2, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)in Mink Creek, Idaho (Franklin) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

child's name

Unnamed

Dorothy Hansen

Subscribed and sworn to before me this 19 day ofNovember, 1981Notary Public, Jessie S. CleverlyResiding at Boise, IdahoMy commission expires April 3, 1985

(Seal)

Signature of Applicant

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Supporting Signature \_\_\_\_\_

Certificate of Blessing gives name as Dorothy Hansen daughter of Christen Hansen and Persis Ellen Watts. born May 2, 1920 at Mink Creek, Idaho (Oneida County) Blessed June 13, 1920 in L.D.S.Church.

Viewed by VS,

Marriage Certificate issued by County of Cache, Utah certifies that Dorothy Hansen and Marve Packer were married November 14, 1939, in Cache County, Utah.

Estas M. Packer, Hyrum W. Jepsen, Witnesses.

Viewed by V.S.

915-221-021-466

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Franklin

City of \_\_\_\_\_

Registration District No. 27File No. 79829

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2117Registered No. 148

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of  
ChildFTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthMay 21

(Month) (Day) (Year)

FULL  
NAMEJohn Austin Ransord

FATHER

RESIDENCE

Franklin Co, Idaho

COLOR

WAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Agnes May Moore

RESIDENCE

Franklin Co, Idaho

COLOR

WAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

England

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 12 M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Curtis Rand

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Preston Idaho

Filed

6/7 28

Registrar

Registrar

DECLASSIFIED

319-200-021-319

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FranklinCity of WhitneyNo. Whitney Road St.Registration District No. 27File No. 79830

Hospital \_\_\_\_\_

Primary Registration District No. 2119Registered No. 147FULL NAME OF CHILD Eugene May LarsenSex of Child MTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?

Date of Birth

(Month)

(Day)

1920  
(Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P M.  
on the date above stated.

(Born alive or stillborn)

(Signature)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

Filed

6/7 1920

Registrar

Registrar

1. 1. 1.

2. 2. 2.

3. 3. 3.

4. 4. 4.

5. 5. 5.

155-212-022-465

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF VITAL STATISTICSCounty of Fremont

## CERTIFICATE OF BIRTH

City of TetonRegistration District No. 99File No. 79831

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2177

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Lela Jensen

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Apr 13</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>James Jensen</u>	FATHER
RESIDENCE <u>Teton</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>Denmark</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Emil Donaldson</u>	MOTHER
RESIDENCE <u>Teton</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 4:00 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. James  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Teton City Ida  
Filed May 10 1920 Registrar W. S. Wick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 15 1961



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-127-022-386

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of TremontCity of St AnthonyRegistration District No. 99File No. 79832

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_ Primary Registration District No. 2122 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Everald Raymond SmithSex of Child MaleTwin  
Triplet  
or other?{ and } Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?Date of  
BirthApr 2719 20

(Month) (Day) (Year)

FULL  
NAMEEverald Smith

RESIDENCE

St Anthony, Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY3 0  
(Years)

BIRTHPLACE

Mo

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMargaret Isabell Thompson

RESIDENCE

St Anthony

COLOR

WhiteAGE AT LAST  
BIRTHDAY3 0  
(Years)

BIRTHPLACE

Mo

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

at 8:30 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. A. Wood

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

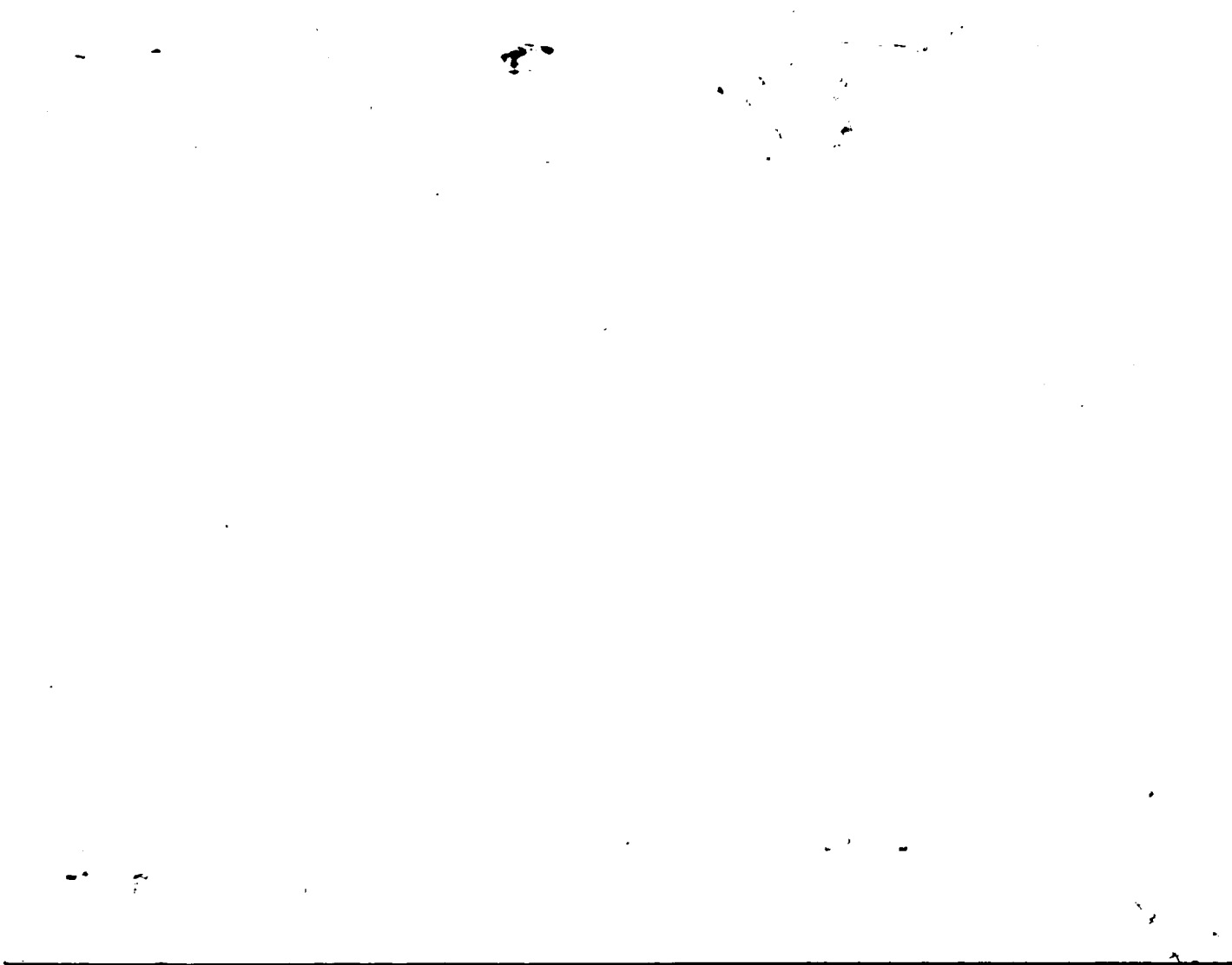
Address \_\_\_\_\_

Filed

May 1 1920W. A. Wood

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. **RECEIVED**  
County of Freeman }  
The undersigned does solemnly swear that certain facts on the certificate of Everald Raymond Smith  
for Smith who was born or died on April 27, 1920  
in St. Anthony, Idaho (Name on original certificate) (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED FROM TO  
(Name, "birth date", "cause of death", etc.) (As on original) (The correct facts)

name no name given  
mother's maiden name Margaret Isabell Thompson

Subscribed and sworn to before me this 21  
day of June, 1941

Signed X Elsie Willett  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) Gordon

Notary Public, residing at 1112 Lafayette  
My commission expires July 15th, 1944  
[SEAL]

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.  
County of Freeman }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

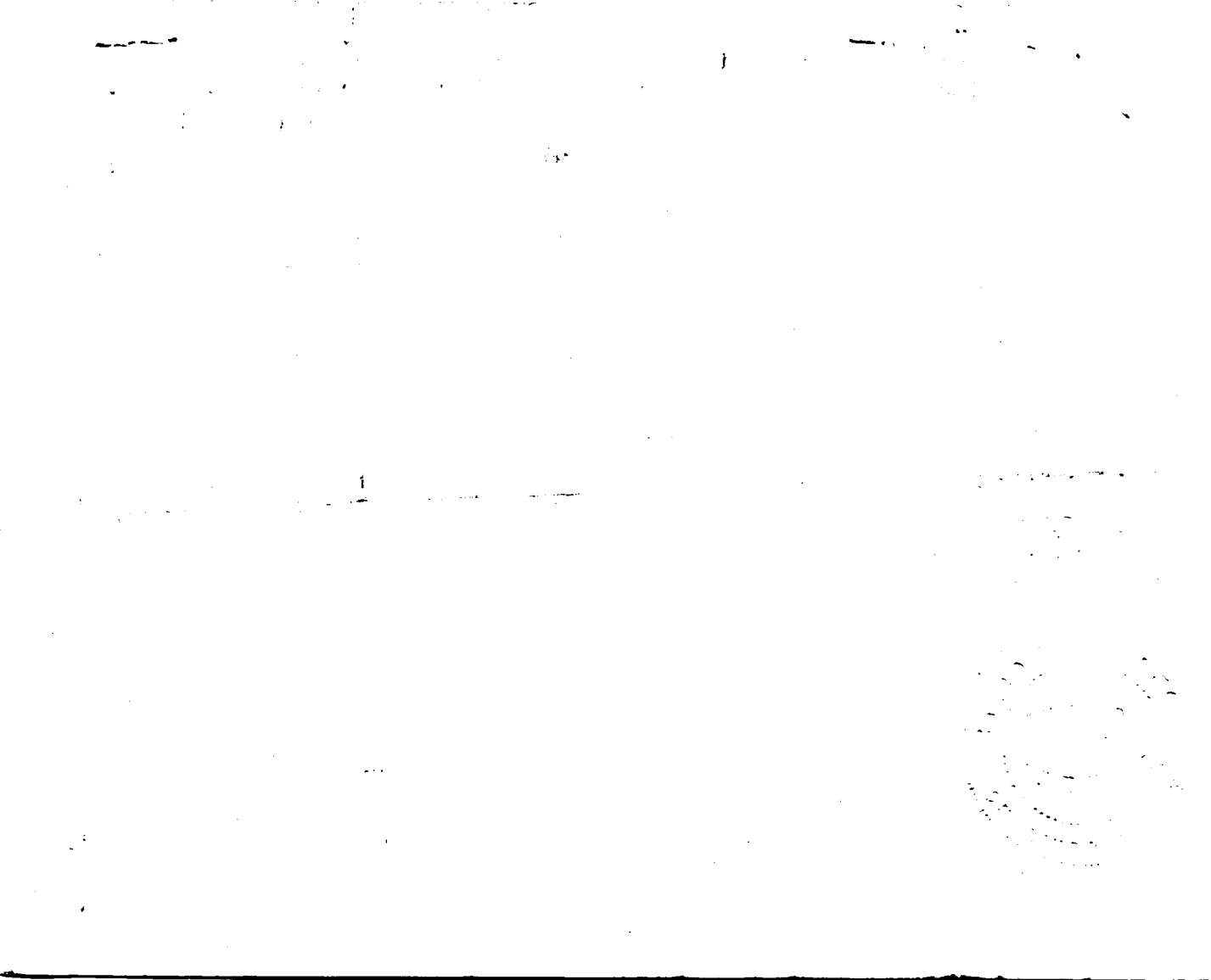
Subscribed and sworn to before me this 21  
day of June, 1941

Signed Wm. Houston  
(Signature of any credible person other than the previous affiant)

Notary Public, residing at 1112 Lafayette  
My commission expires July 15th, 1944  
[SEAL]

(Street Address, City, State)

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)



799-126-022-819

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FremontCity of TetonRegistration District No. 99File No. **79833**

No. \_\_\_\_\_ St.

Primary Registration District No. 2177

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Rail L. GriggSex of Child maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegit  
mate? yesDate of Birth Mar 26 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
James Wilford Grigg

RESIDENCE

Newdale

COLOR

whiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Utah

OCCUPATION

LaborerFULL  
MAIDEN  
NAMEMOTHER  
Sarah Deneice Harris

RESIDENCE

Newdale

COLOR

whiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

St Anthony

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8:20 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

E. E. Egan

(Physician or midwife)

Given names added from a supplemental report.

19

Address

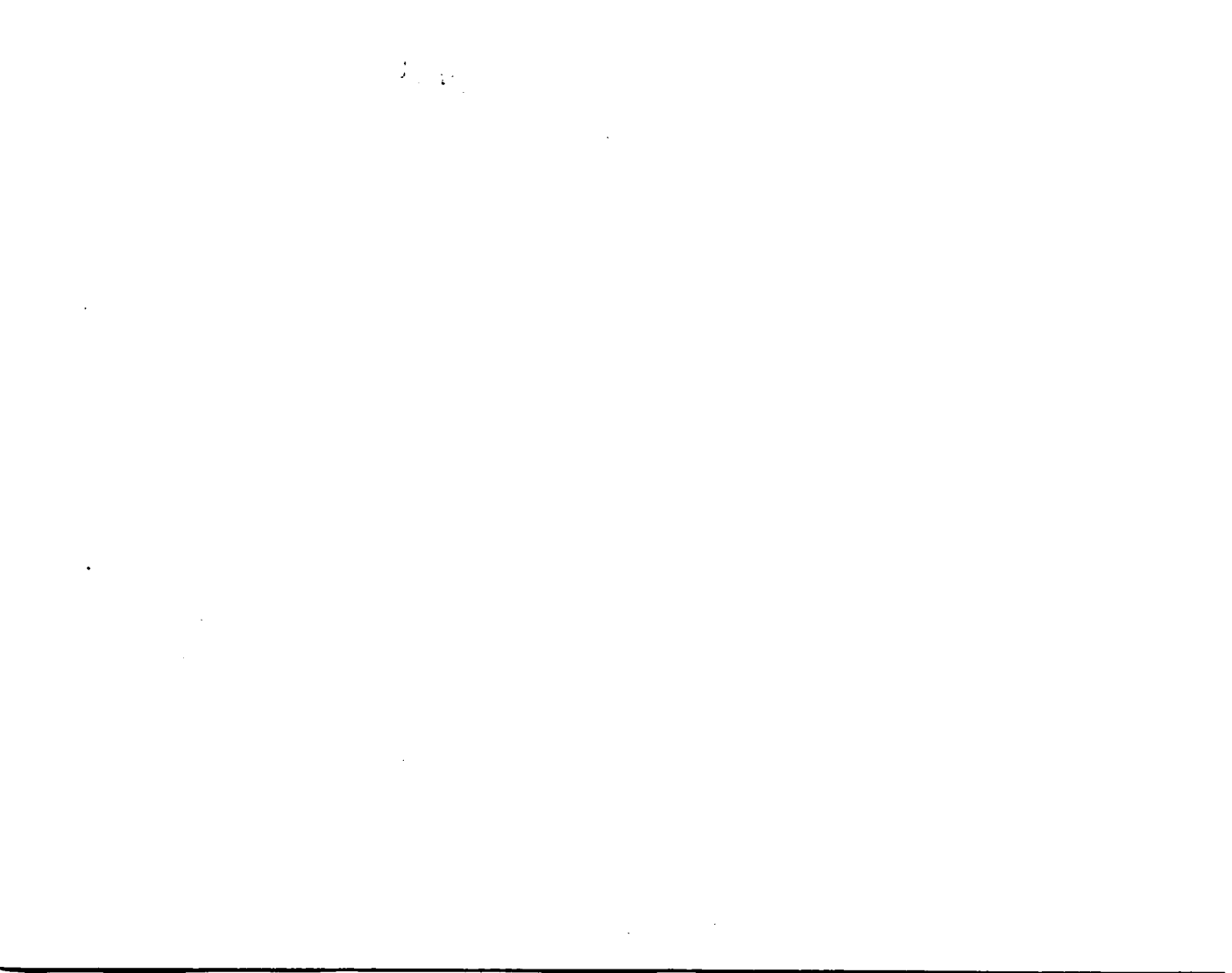
Teton City, Id.Filed May 10 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



442-220-023-4420  
PLACE OF BIRTH

Form V. S. No. 11-0-22m-6-67

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of GemCity of EmmettRegistration District No. 1024File No. 79834No. St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD LOIS ROBERTA

Sex of Child <u>female</u>	Twin Triplet or other? <u>-</u>	and { Number in order of birth <u>-</u> }	Legitimate? <u>yes</u>	Date of Birth <u>5-20-20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME FATHER Robert H. DuaneFULL MAIDEN NAME MOTHER Nettie DuaneRESIDENCE Cascade Ida.RESIDENCE Cascade Ida.COLOR W AGE AT LAST BIRTHDAY 33COLOR W AGE AT LAST BIRTHDAY 27BIRTHPLACE Ar KansasBIRTHPLACE Ida.OCCUPATION merchantOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 a M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Barton O. Clark

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed 6/2 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3'24/41 Z.J.



297-126-023-263

PLACE OF BIRTH

STATE OF IOWA  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-8-8-27

## CERTIFICATE OF BIRTH

County of LinnCity of EmmettRegistration District No. 107File No. 79835No. St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Leo David HigginsSex of Child maleTwin  
Triplet  
or other?Number  
in order  
of birthLegiti-  
mate?Date of  
Birth5-26-20  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY43  
(Years)

COLOR

AGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 12:30 a.m. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Barton O'Flaherty, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address St.Filed 5-24-20

Registrar

Registrar

MARGIN RESERVED FOR BONDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



966-126-235

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-20m-2-27

## CERTIFICATE OF BIRTH

County of GemCity of EmmettRegistration District No. 10 MFile No. 79836No. St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Ernest Leroy Rowland

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u>	and {	Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>5-26</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------	-------	-----------------------------------	------------------------	---

FULL NAME <u>Arthur Rowland</u>	FATHER
RESIDENCE <u>Emmett</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Ido</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary Alice Stevenson</u>	MOTHER
RESIDENCE <u>Emmett</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Ido</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 5 ..... Number of children of this mother now living, including present birth... 5 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Barton D. Clark

(Physician or midwife)

Given names added from a supplemental report.

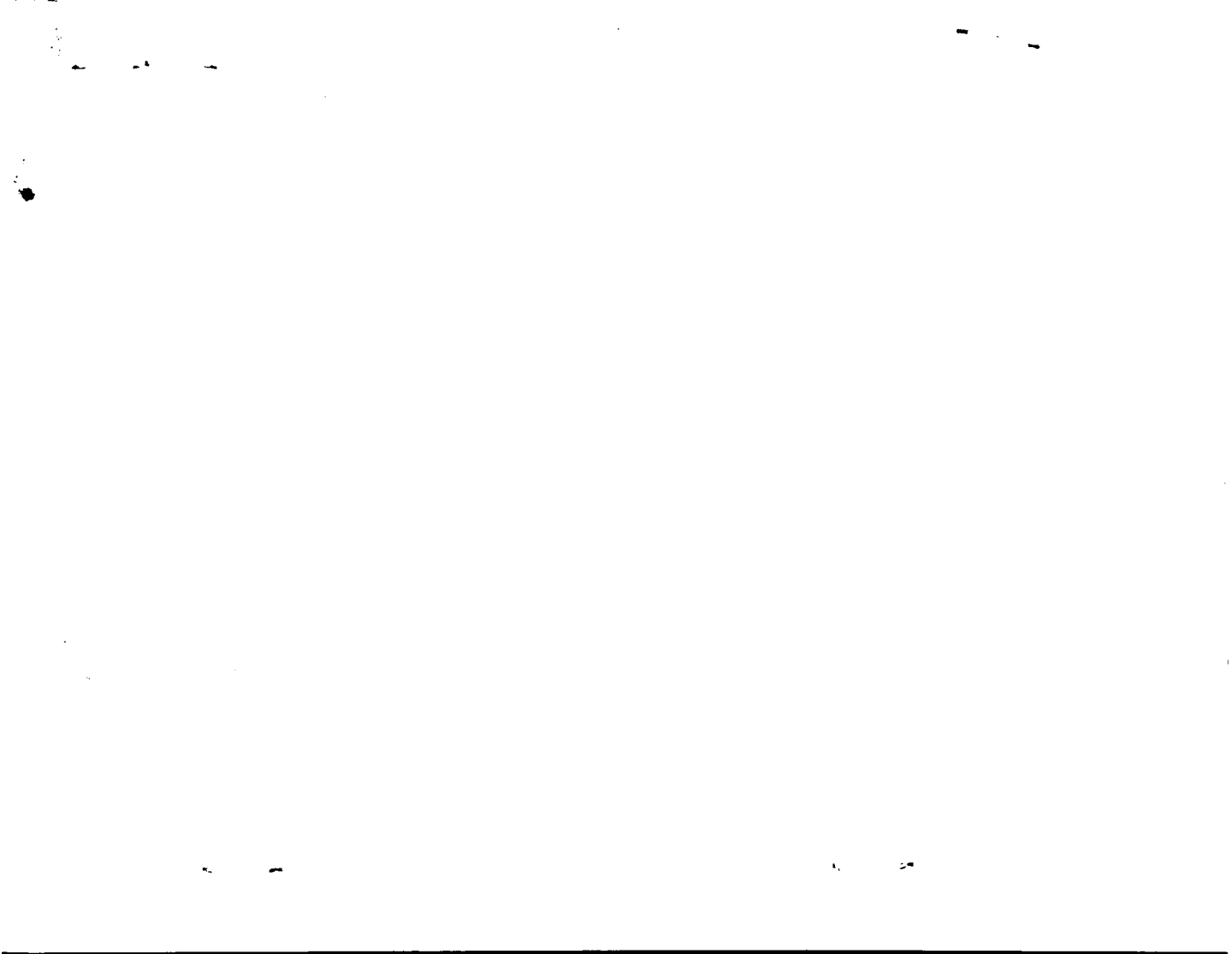
Address .....

Filed 6/2 1920

Registrar

J. P. Reynolds  
Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho }  
County of Ada } ss.

Certificate No. 79836  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
(Birth or death)  
for no name Rowland who was born on May 26, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Emmett, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by father prepared on Aug 22, 1941 are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

gone of child omitted Ernest L. Ray Rowland

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death  
record; or other credible person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
[SEAL]

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho }  
County of Ada } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.

Subscribed and sworn to before me this 23d  
day of August, 1941

Signed Arthur Rowland  
(Signature of any credible person other than the previous affiant)

Notary Public, residing at \_\_\_\_\_  
My commission expires April 1, 1945  
[SEAL]

907 Grant St. Caldwell  
(Street Address, City, State) Idaho

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

11/11/1911

11/11/1911

11/11/1911

689-208-023-997  
PLACE OF BIRTH

County of Lem

City of Emmett 470

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Registration District No. 1020

Primary Registration District No. \_\_\_\_\_

File No. 79837

Registered No. \_\_\_\_\_

Full Name of Child Maxine Hope Whiteside

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	(and) Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Jan 8 1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Clad Campbell Whiteside</u>		FULL MAIDEN NAME MOTHER <u>Hester Nellie Riggs</u>		
RESIDENCE <u>Emmett</u>		RESIDENCE <u>Emmett</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>Chilicathe Mo</u>		BIRTHPLACE <u>Emmett Idaho</u>		
OCCUPATION <u>Rancher</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:15 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. A. Cummings

(Physician or midwife)

Given names added from a supplemental report.

Address Emmett

Filed 6/3/1920 J. L. Reynolds  
Registrar

STATE OF OHIO  
DEPARTMENT OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

SEP 18 1970

MAR 10 1943



363-212-023-449  
PLACE OF BIRTHCounty of SernCity of Emmett

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Full Name of Child \_\_\_\_\_

STATE  
BUREAU OF  
CERTIFICATIONRegistration District No. 10

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth { and }	Legitimate? <u>yes</u>	DATE OF BIRTH <u>1 12 20</u> (Month) (Day) (Year)
FULL NAME <u>William A Cole</u>	FATHER		FULL MAIDEN NAME <u>Alice R. Murphy</u>	MOTHER
RESIDENCE <u>Emmett</u>			RESIDENCE <u>Emmett</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Grant Dacho</u>			BIRTHPLACE <u>Schofield Utah</u>	
OCCUPATION <u>Rancher</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Born alive at 8:10 P. M.  
(Born alive or stillborn)

(Signature)

R. N. Cummings

(Physician or midwife)

Address

EmmettFiled 6/31920J. D. Reynolds

Registrar

Registrar

19

Given names added from a supplemental report.



433 133-033-397 PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

County of Jersey

City of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 10 M

File No. 79839

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child Chester Lee McLaren

SEX OF CHILD <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth _____ (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>1 22 20</u> (Month) (Day) (Year)
--------------------------	---	---	------------------------	--

FATHER  
FULL NAME Lewey McLaren  
RESIDENCE Juntura Ore  
COLOR White AGE AT LAST BIRTHDAY 20  
(Years)  
BIRTHPLACE So Oregon  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Irene Lipton  
RESIDENCE Juntura Ore  
COLOR White AGE AT LAST BIRTHDAY 16  
(Years)  
BIRTHPLACE Harney Ore  
OCCUPATION Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 7 50 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Cummings

Given names added from a supplemental report.

(Physician or midwife)

Address Emmett

Filed 6/3 1921 J. H. Reynolds  
Registrar

AUG 10 1957

235-225-023-868  
PLACE OF BIRTH

County of Gen

City of Ola

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Full Name of Child \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 107

File No. 79840

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH... <u>1</u> <u>25</u> <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Halter E Blessinger</u>	FATHER			FULL MAIDEN NAME <u>Evelyn Hays</u>
RESIDENCE <u>Ola</u>				RESIDENCE <u>Ola Ida</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY... <u>25</u> (Years)	COLOR <u>white</u>		
BIRTHPLACE <u>Star Lasho</u>	AGE AT LAST BIRTHDAY... <u>25</u> (Years)			
OCCUPATION <u>Rancher</u>	BIRTHPLACE <u>Balfour Colo</u>			
		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... Born alive... at 11:20 A M  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R A Cummings

Given names added from a supplemental report.

(Physician or midwife)

Address Emmett Ida

Filed 6/3 1920

Registrar

Registrar

DEC 13 1971

855-230-273-866

County of YernCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 10 10

Primary Registration District No. \_\_\_\_\_

File No. 79841

Registered No. \_\_\_\_\_

Frances Isabel Henderson

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 30 20</u> Month (Day) (Year)
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FULL NAME <u>James Henderson</u>	FATHER
RESIDENCE <u>Emmett</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Montrose Scotland</u>	
OCCUPATION <u>Sawyer</u>	

FULL MAIDEN NAME <u>Mabel M. Hooper</u>	MOTHER
RESIDENCE <u>Emmett</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Mound Valley Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 32 a M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. R. Cummings

(Physician or midwife)

Other names added from a supplemental report.

Address

EmmettFiled 4/31920

Registrar

J. H. Reynolds

Registrar

Verified Copy issued Oct. 28, 1940. E.W.



269-131-023-893  
PLACE OF BIRTHCounty of YemCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Frank Patrick SoranSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 1010File No. 79842

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>1 31 20</u> (Month) (Day) (Year)
FULL NAME <u>John J. Soran</u>	FATHER		FULL MAIDEN NAME <u>Ruth Hill</u>	MOTHER
RESIDENCE <u>Emmett Ida</u>			RESIDENCE <u>Emmett</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Denver Co</u>			BIRTHPLACE <u>Keellogg Iowa</u>	
OCCUPATION <u>Rancher</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cummings

(Born alive or stillborn)

Given names added from a supplemental report.

(Physician or midwife)

Address EmmettFiled 6/3 1920Registrar J. R. R. R.

Registrar

DEC 21 1973

PLACE OF BIRTH

755-101-023-791

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25-16-18-18

County of IdahoCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 1070File No. **79843**

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child

RALPH FRANCIS PEEBLES

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 7 1920</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Rindley Peebles</u>			FULL MAIDEN NAME <u>Bessie Graham</u>	
RESIDENCE <u>Emmett Ida</u>			RESIDENCE <u>Emmett Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Council Ida</u>			BIRTHPLACE <u>Payette Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive 11:20 A  
(Born alive or stillborn), at \_\_\_\_\_ M

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

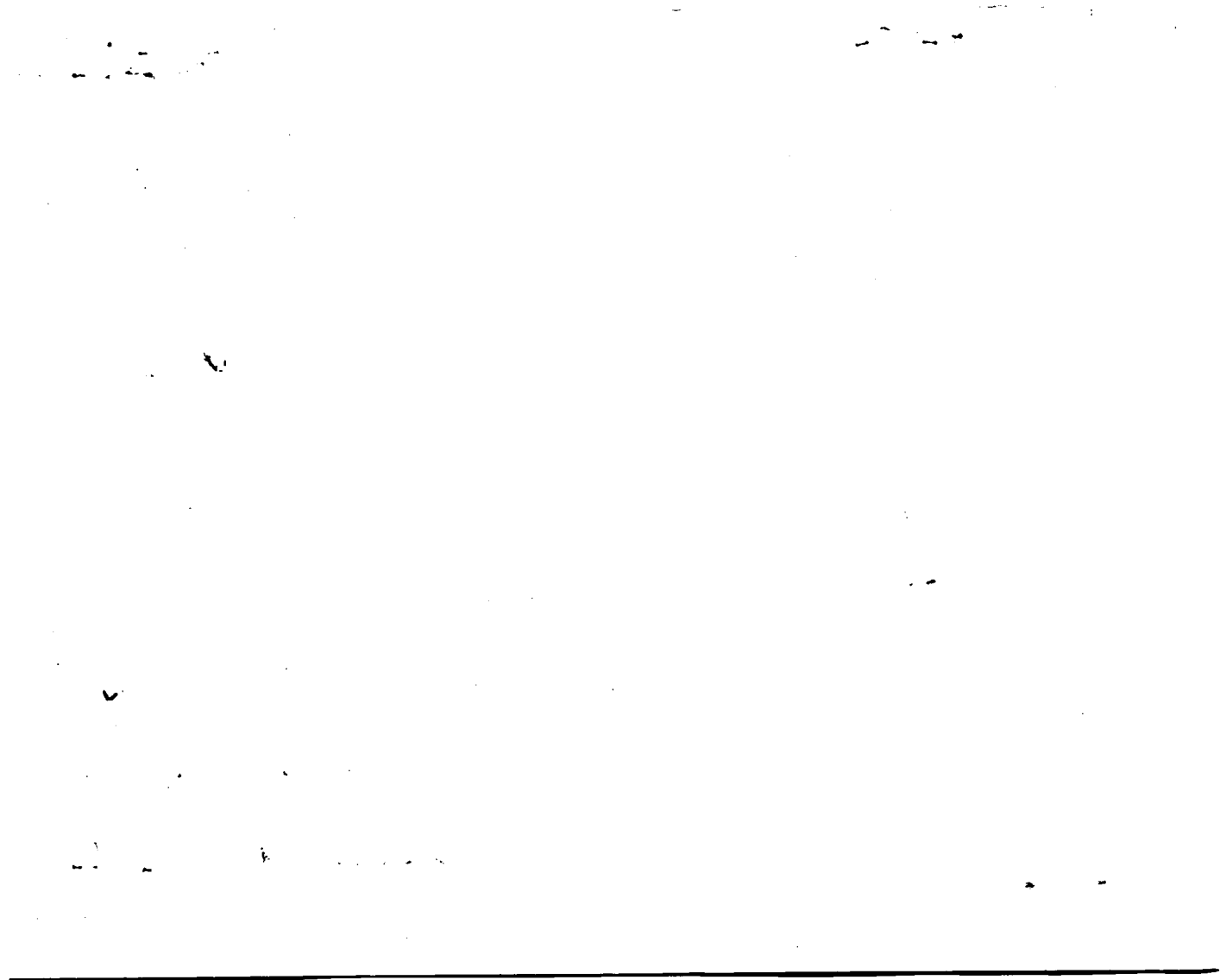
(Physician or midwife)

Given names added from a supplemental report.

Address EmmettFiled 6/3 1920 J. H. Reynolds

Registrar

Registrar



Pa'd  
L.B.  
12-20-44

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 17 1945 Certificate No. 79843

County of Gem } Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Babies who born on Feb. 1, 1920

in Emmett, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Parents prepared on \_\_\_\_\_, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS),

None

Omitted

Ralph Francis

Reckless

Subscribed and sworn to before me this 11<sup>th</sup>

day of January, 19 42

Elsa Salasko

Notary Public, residing at Emmett, Idaho

My commission expires March 14, 1945

(SEAL)

Signed Bessie A. Bessie

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Emmett Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Gem }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15<sup>th</sup>

day of January, 19 42

Elsa Salasko

Notary Public, residing at Emmett, Idaho

My commission expires March 14, 1945

(SEAL)

Signed R. E. Cummings M.D.

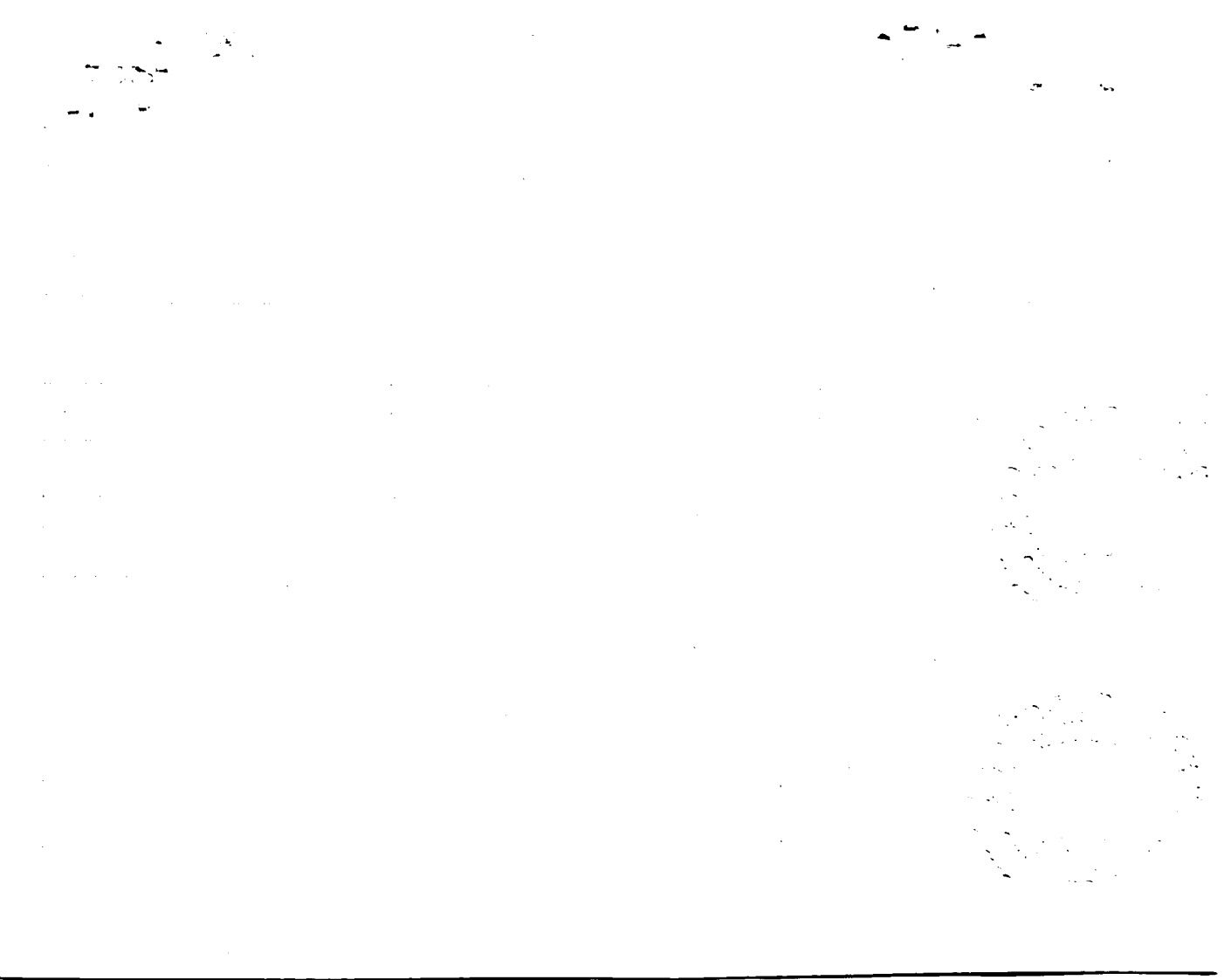
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Emmett Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 17 1945 By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

86-102-023-367  
PLACE OF BIRTH

Amended

July 27, 1951

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. \_\_\_\_\_ St.

Registration District No. 1090

File No. 79844

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD MERLIN MILTON HOFFMAN

(Certificate of no value without full name of child.)

Sex of Child <u>MALE</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>YES</u>	Date of birth <u>FEB.</u> <u>2</u> <u>1920</u> (Month) (Day) (Year)
-----------------------------	---	---	--------------------------------	---

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER  
FULL NAME William T. Hoffman

MOTHER  
FULL MAIDEN NAME Florence Copeland

RESIDENCE  
Emmett

RESIDENCE  
Emmett

COLOR white AGE AT LAST BIRTHDAY 25  
(Years)

COLOR white AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE  
Hermansville, Mich.

BIRTHPLACE  
Pomeroy, Wash.

OCCUPATION  
Farmer

OCCUPATION  
Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4:15 p. m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

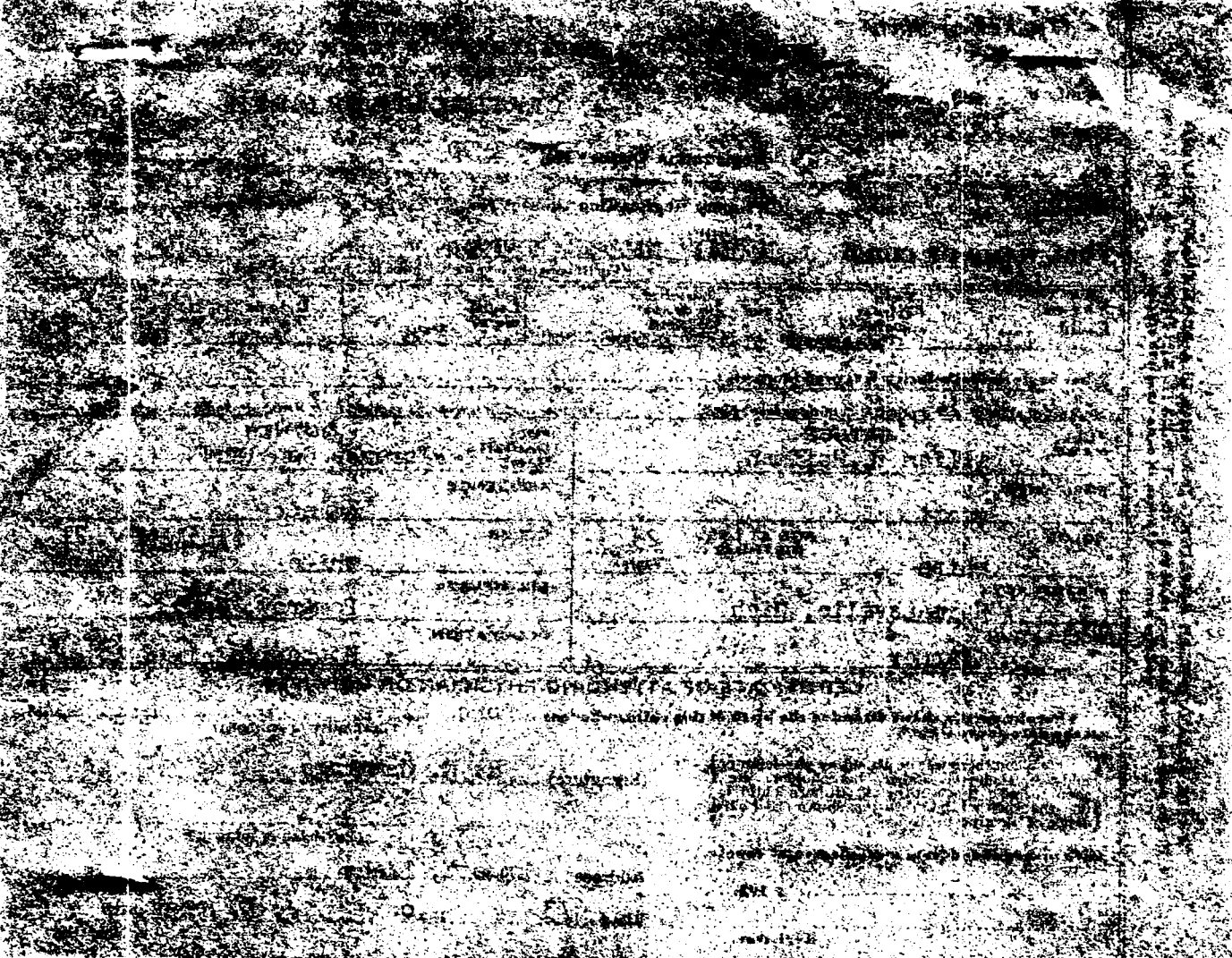
Give names added from a supplemental report.

Address Emmett, Idaho

Filed 6/3 1920 J. L. Reynolds

Registrar.

Registrar.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... }  
County of..... } ss. Certificate No. 79814  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Howard Hoffman who was born on Feb 2, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Emmett, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record prepared on March 1, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name Howard Hoffman Merlin Milton Hoffman

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed Florence Copeland Wilson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Shoshone } ss.

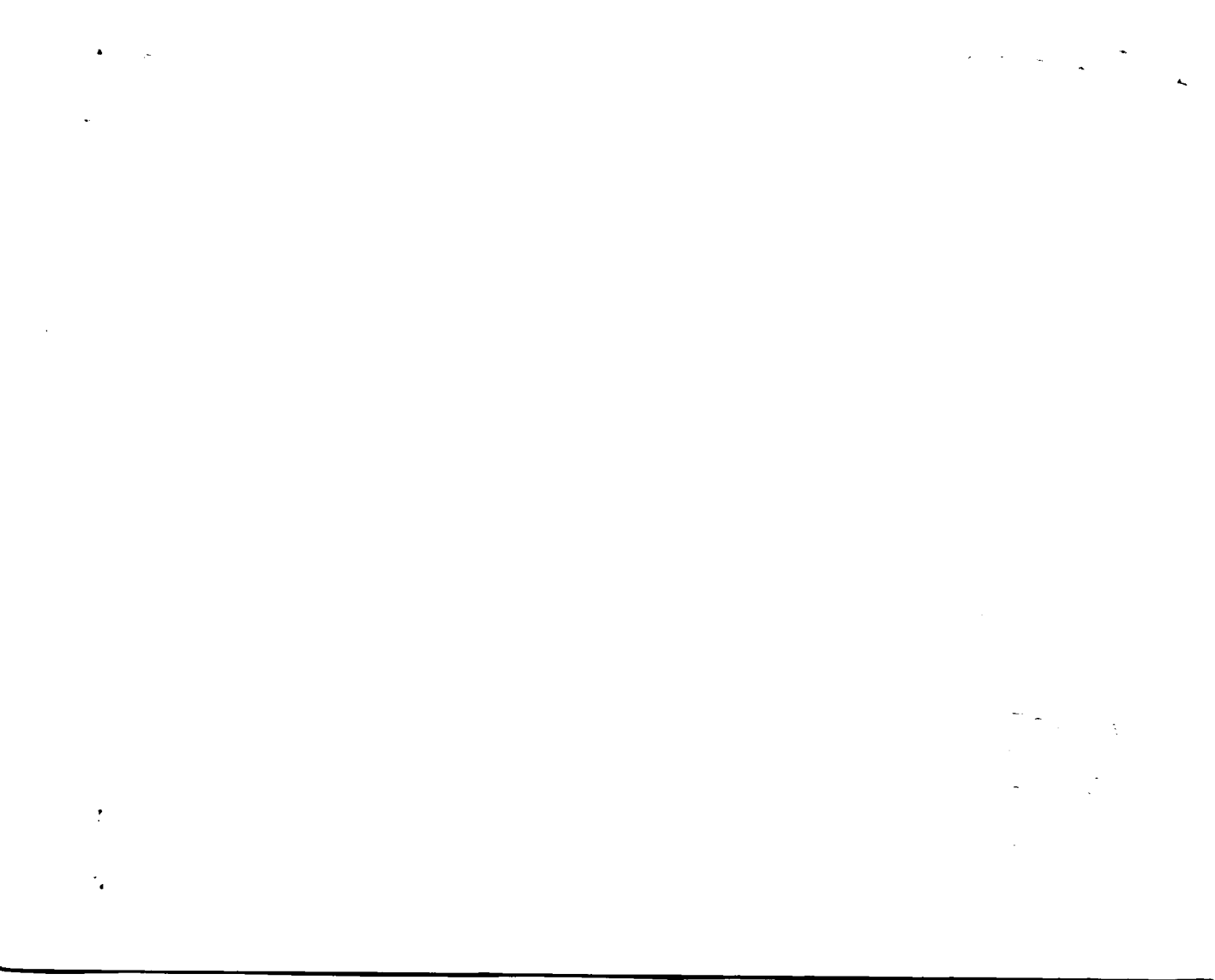
[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24<sup>th</sup> day of  
July, 19 51

Signed Florence Copeland Wilson  
(Signature of Any Credible Person)  
615 B S Division, Kellogg  
(Street Address, City, State) Idaho

Notary Public, residing at Kellogg, Idaho  
My commission expires October 23 - 1954  
(Seal)



464-225-023-365  
PLACE OF BIRTHCounty of YumaCity of Montour

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 1020

Primary Registration District No. \_\_\_\_\_

File No. 79845

Registered No. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. 253-1-1917

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth _____ and _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>2</u> <u>25</u> <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Linous J. Douglass</u>	FATHER		FULL MAIDEN NAME <u>Mary Emiline Cornwall</u>	MOTHER
RESIDENCE <u>Montour</u>			RESIDENCE <u>Montour</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Clay Co mo</u>			BIRTHPLACE <u>Salt Lake Co Utah</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 3.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8:05 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. A. Cummings

(Physician or midwife)

Given names added from a supplemental report.

Address

Emmett

Filed

6/3 1920 J. H. Reynolds  
Registrar

Registrar

JUL 16 1949

259-203-023-243  
PLACE OF BIRTHCounty of IdahoCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 1010

Primary Registration District No. \_\_\_\_\_

File No. 79846

Registered No. \_\_\_\_\_

Full Name of Child ESTER ALMIRA KERSEY

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Mich 3 20</u> (Month) (Day) (Year)
FULL NAME <u>Joseph Neil Kersey</u>	FATHER		FULL MAIDEN NAME <u>Elizabeth May Kuckku</u>	MOTHER
RESIDENCE <u>Emmett Ida</u>			RESIDENCE <u>Emmett Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Path Pontauritmic Co Kans.</u>			BIRTHPLACE <u>Cumina Co Nebr</u>	
OCCUPATION <u>Rancher</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive

(Born alive or stillborn)

at 1010 A M

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

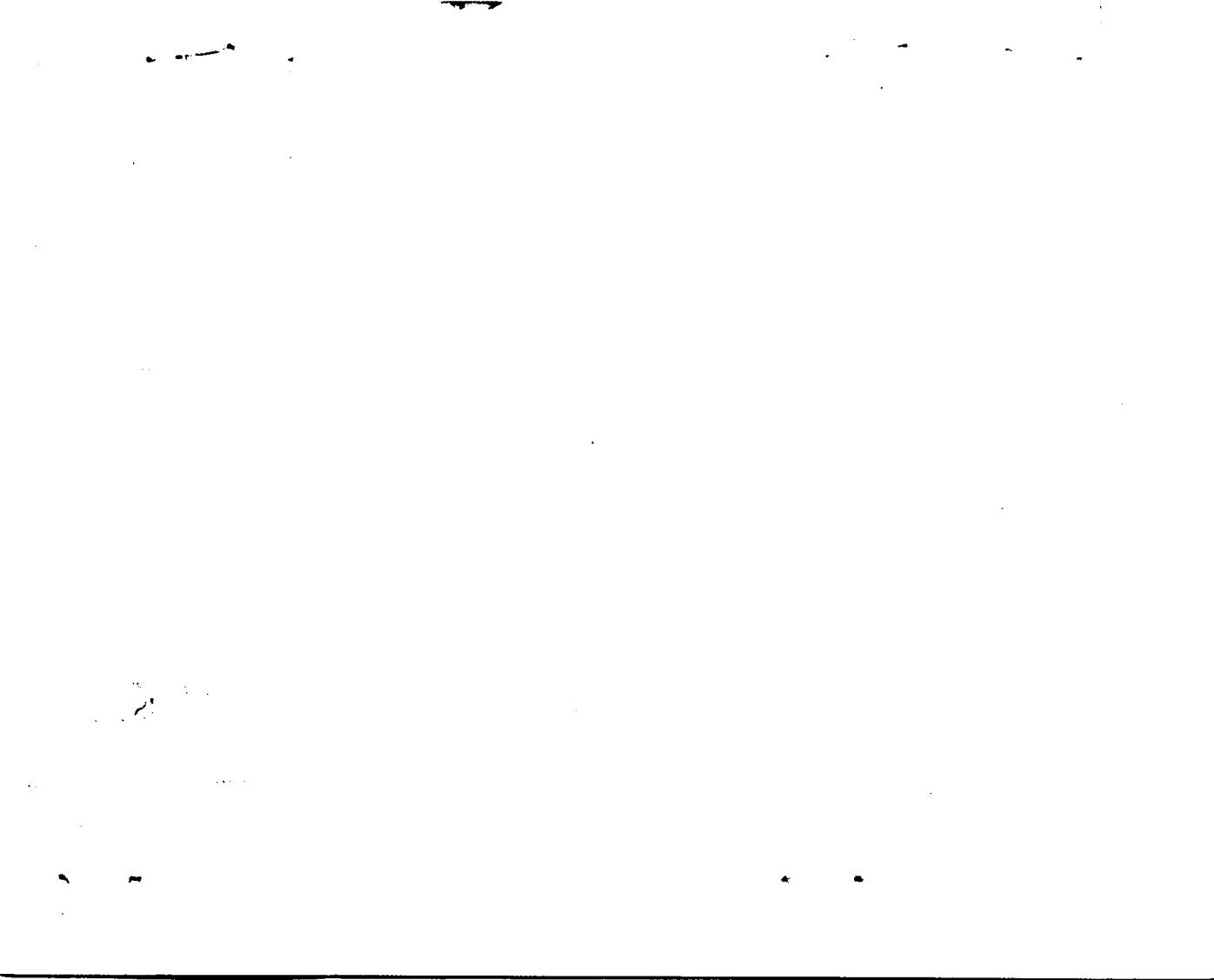
(Physician or midwife)

Given names added from a supplemental report.

Address Emmett IdaFiled 6/3 1920

Registrar

J. D. Reynolds  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Gem } ss.

Certificate No. 79846

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth for unnamed Kersey who was born March 3, 1910 in Emmett, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Personal knowledge prepared on April 1, 1943, are: (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

name

none given

Ester Almira Kersey

Subscribed and sworn to before me this 1st day of April, 1943

Signed Elizabeth May Kersey  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Notary Public, residing at Emmett, Idaho

My commission expires Oct. 13, 1944  
(Seal)

Emmett, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

APR 5 1943



569-109-023-419  
PLACE OF BIRTHCounty of—YamCity of—Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child George Alvin NorwoodSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-18-18

Registration District No. 1020File No. 79847

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth {and}	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>March 9, 20</u> (Month) (Day) (Year)
FULL NAME <u>Henry Alvin Norwood</u>	FATHER		FULL MAIDEN NAME <u>Florence Martin</u>	MOTHER
RESIDENCE <u>Emmett Ida</u>			RESIDENCE <u>Emmett Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Madera Calif</u>			BIRTHPLACE <u>Emmett Idaho</u>	
OCCUPATION <u>Rancher</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1... Number of children of this mother now living, including present birth... 1...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... Born alive 6<sup>20</sup> 6<sup>20</sup> 9... at... M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cunningham

Given names added from a supplemental report.

(Physician or midwife)

Address EmmettFiled 6/3 19 20 J. B. Reynolds

Registrar

Registrar

SECRETARY OF THE ARMY

DEPARTMENT OF THE ARMY

WASHINGTON, D. C.

OFFICE OF THE SECRETARY

DEC 19 1941



RECEIVED

OFFICE OF THE SECRETARY

RECEIVED

RECEIVED

RECEIVED

866-140-023-391  
PLACE OF BIRTHCounty of GenCity of Emmett

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Full Name of Child Richard Daniel HowardSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-16-18

## CERTIFICATE OF BIRTH

Registration District No. 10 20File No. 79848

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH... <u>3</u> <u>10</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>James Cones Howard</u>	FATHER			FULL MAIDEN NAME <u>Mabel Crank</u>
RESIDENCE <u>Emmett Ida</u>				RESIDENCE <u>Emmett Ida</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY... <u>29</u> (Years)	COLOR <u>white</u>		
BIRTHPLACE <u>Fork Benton Mont</u>	BIRTHDAY... <u>26</u> (Years)			BIRTHPLACE <u>Carrollton Mo</u>
OCCUPATION <u>Rancher</u>	OCCUPATION <u>Housewife</u>			

Number of child of this mother, including present birth... 4 Number of children of this mother now living, including present birth... 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 10 a  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

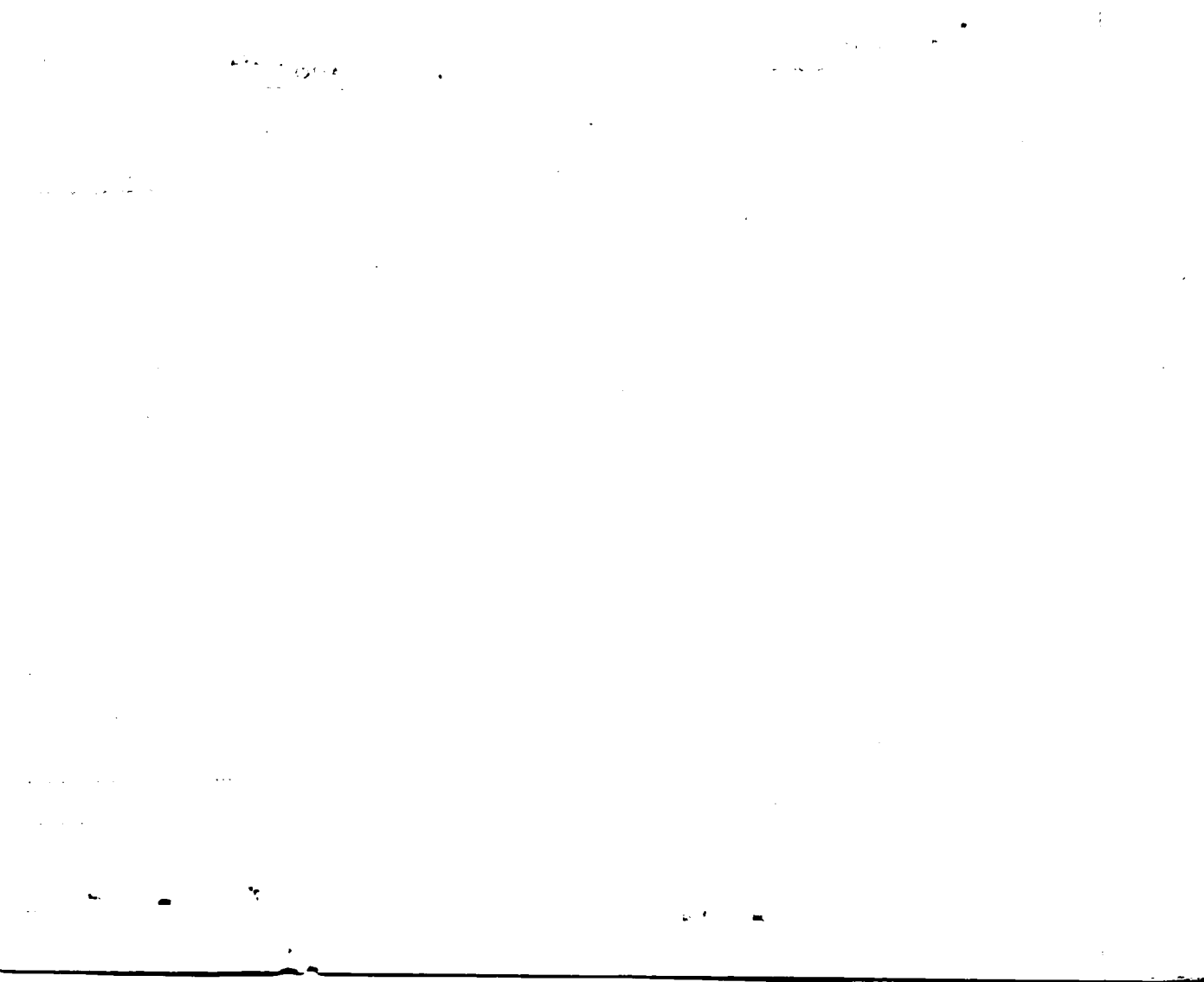
(Signature) R. J. Cummings

(Physician or midwife)

Given names added from a supplemental report.

Address EmmettFiled 6/3 1920Registrar J. H. Reynolds

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_  
County of \_\_\_\_\_

ss.

UG 12 10 46 AM '77

Certificate No. 79848

Date Filed \_\_\_\_\_

Birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Unnamed Howard who was born on March 10, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Emmett, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name \_\_\_\_\_

Unnamed Howard \_\_\_\_\_

Richard Daniel Howard \_\_\_\_\_

Subscribed and sworn to before me this 23rd day of \_\_\_\_\_

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Signed \_\_\_\_\_

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Box 96-J-Emmett Idaho  
(Street Address, City, State) 83617

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho

County of Adams

ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of \_\_\_\_\_

Notary Public, residing at \_\_\_\_\_

My commission expires April 7, 78

(Seal)

Signed \_\_\_\_\_

(Signature of Any Credible Person)

Box 205 New Meadows, Idaho  
(Street Address, City, State)

Application to Equitable Life Assurance Society of the U.S. gives name as Richard D. Howard. dated June 27, 1942. viewed by V. S.

Honorable discharge from U.S. Navy gives name as Richard Daniel Howard. dated May 19, 1946. born March 10, 1920 in Emmett, Idaho. viewed by V. S.

SEP 9 1977

455-211-023-355  
PLACE OF BIRTHCounty of LemCity of Emmett

No. \_\_\_\_\_ St.

Registration District No. 1020

Primary Registration District No. \_\_\_\_\_

Hospital \_\_\_\_\_

File No. 79849

Registered No. \_\_\_\_\_

Full Name of Child Marion Juanita Denton

SEX OF CHILD <u>7</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>3 11 20</u> (Month) (Day) (Year)
-----------------------	---	---	-----------------------------	---

FULL NAME <u>Daniel Harry Denton</u>	FATHER
--	--------

RESIDENCE <u>Emmett</u>	
----------------------------	--

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
-----------------------	--

BIRTHPLACE <u>Johnson City Tenn</u>	
--	--

OCCUPATION <u>Pond man</u>	
-------------------------------	--

FULL MAIDEN NAME <u>Eleanor Denton</u>	MOTHER
---	--------

RESIDENCE <u>Emmett</u>	
----------------------------	--

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
-----------------------	--

BIRTHPLACE <u>Cameron Idaho</u>	
------------------------------------	--

OCCUPATION <u>Housewife</u>	
--------------------------------	--

Number of child of this mother, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4:15 a  
on the date above stated. (Born alive or stillborn)

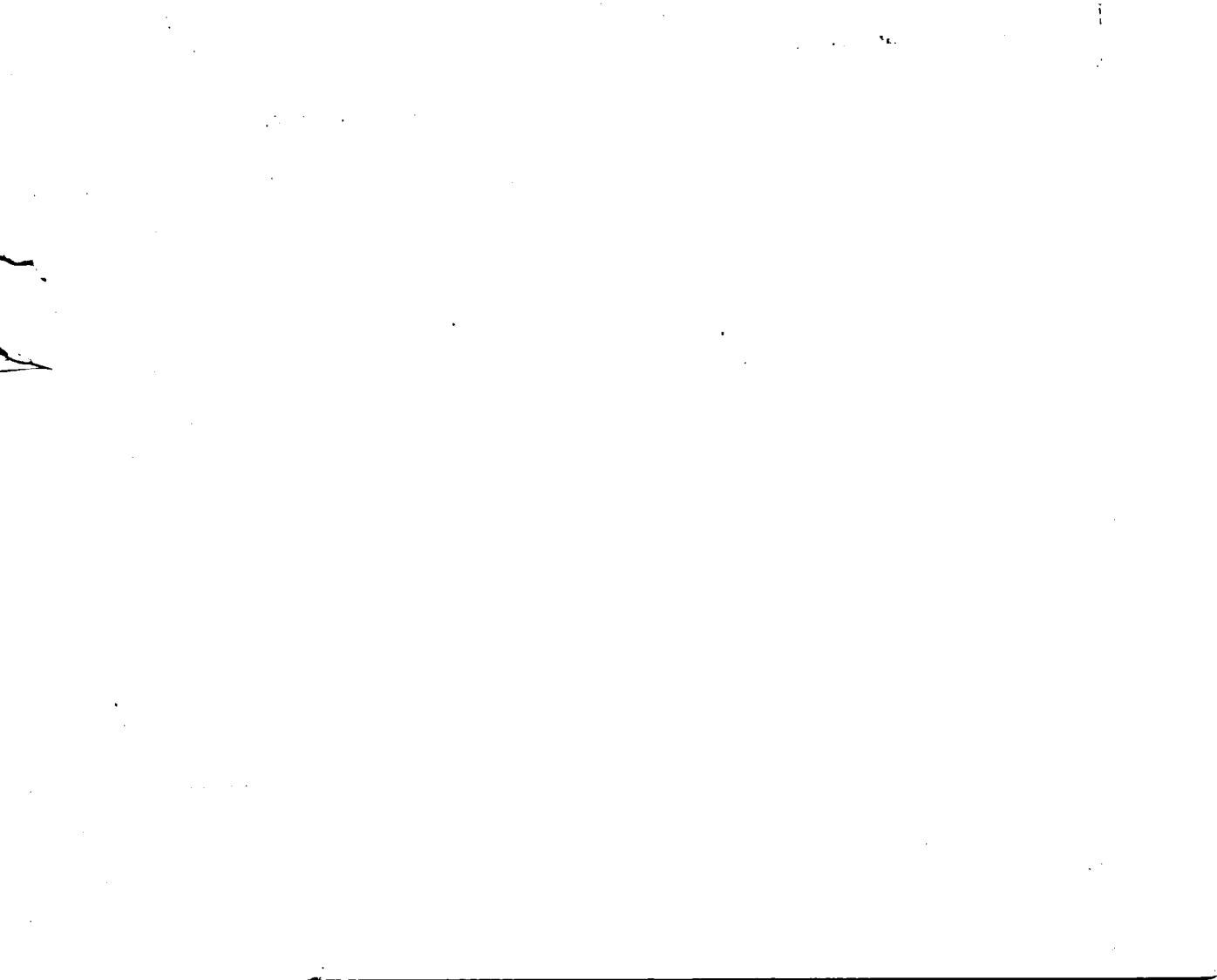
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cummings

Given names added from a supplemental report.

(Physician or midwife)  
Emmett  
Address \_\_\_\_\_  
Filed 6/3 1920 J. D. Reynolds  
Registrar

Registrar





363-214-023-958  
PLACE OF BIRTHCounty of GenCity of Letha

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 10 W

Primary Registration District No. \_\_\_\_\_

File No. 79850

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth { and }	Legitimate? <u>yes</u>	DATE OF BIRTH <u>3 14 20</u> (Month) (Day) (Year)
----------------------------	---	---	---------------------------	--

FULL NAME Edward Homer BottRESIDENCE Letha IdaCOLOR white AGE AT LAST BIRTHDAY 42  
(Years)BIRTHPLACE IowaOCCUPATION RancherFULL MAIDEN NAME Nellie May ReynoldsRESIDENCE LethaCOLOR white AGE AT LAST BIRTHDAY 29  
(Years)BIRTHPLACE Owray ColoOCCUPATION HousewifeNumber of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 15 a M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

Address Cummins  
Filed 6/3 1920 J. A. Reynolds  
Registrar

Registrar

MAR 6 1942

PLACE OF BIRTH 666-118-023-815

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

11-18-1920

County of Emmett

City of Horse Shoe Bend

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 1070

File No. 79851

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child GAIL SHERIDAN WOODS

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth { and }	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>3</u> <u>18</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>Rosa S Woods</u>	FATHER		FULL MAIDEN NAME <u>Minnie E Hansen</u>	MOTHER
RESIDENCE <u>Horse Shoe Bend Ida</u>			RESIDENCE <u>H. S. Bend Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Arkansas</u>			BIRTHPLACE <u>Horse Shoe Bend Idaho</u>	
OCCUPATION <u>Raucher</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 A M on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

Given names added from a supplemental report.

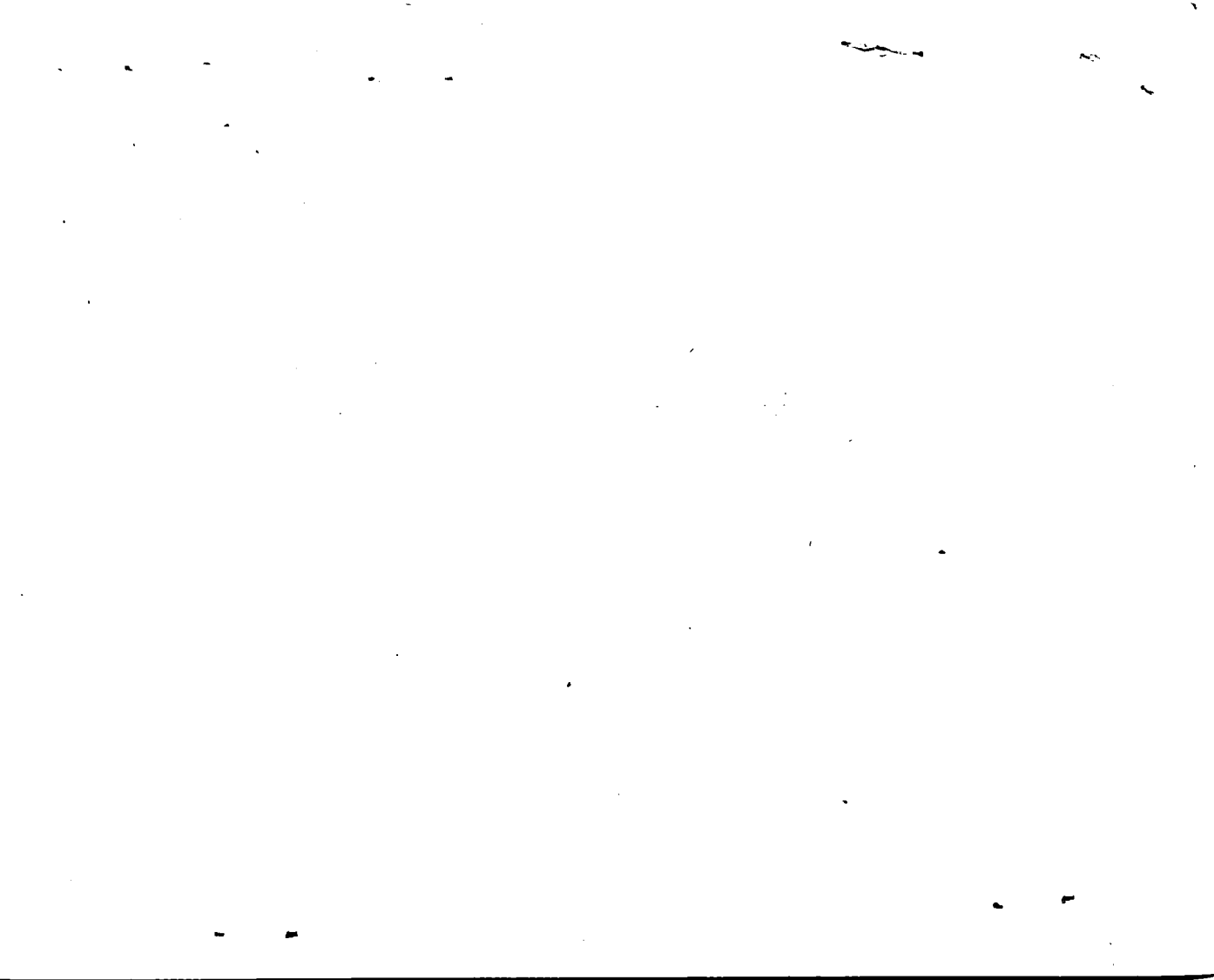
(Physician or midwife)

Address Emmett

Filed 6/3 1920

Registrar

Registrar



393-121-023-133

PLACE OF BIRTH

County of GemCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 10 70File No. 79852

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child Halter Edward Little

SEX OF CHILD <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth _____ and _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>3 21 20</u> (Month) (Day) (Year)
FULL NAME <u>Halter Caruthers Little</u>	FATHER		FULL MAIDEN NAME <u>Ellen Allen</u>	MOTHER
RESIDENCE <u>Emmett</u>			RESIDENCE <u>Emmett</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>white</u>		AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Moffatt Scotland</u>	BIRTHPLACE <u>Emmett</u>			
OCCUPATION <u>Stock Grower</u>	OCCUPATION <u>Housewife</u>			

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 7:50 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

Given names added from a supplemental report.

(Physician or midwife)

Address EmmettFiled 4/3 19 20

Registrar

Registrar J. B. Reynolds

DEC 29 1941

JUL 28 1942

PLACE OF BIRTH

County of

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25-4-1-18

## CERTIFICATE OF BIRTH

City of

No.

Registration District No.

File No.

79853

Hospital

Primary Registration District No.

Registered No.

Full Name of Child

SEX OF CHILD

Female

Twin  
Triplet  
or other?Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

yes

DATE OF  
BIRTH3 22 20  
(Month) (Day) (Year)FULL  
NAME

Chas. F Austin

FATHER

RESIDENCE

Horseshoe Bend Ida

COLOR

White

AGE AT LAST  
BIRTHDAY

42

(Years)

BIRTHPLACE

Mechanicsburg Pa

OCCUPATION

Post master

FULL  
MAIDEN  
NAME

Clara Bell Longspear

MOTHER

RESIDENCE

Horseshoe Bend Ida

COLOR

White

AGE AT LAST  
BIRTHDAY

26

(Years)

BIRTHPLACE

Crystal Lake Id

OCCUPATION

Housewife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

at 6:05 P

M

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R N Currence

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Evanston

Filed

6/3 1920

19

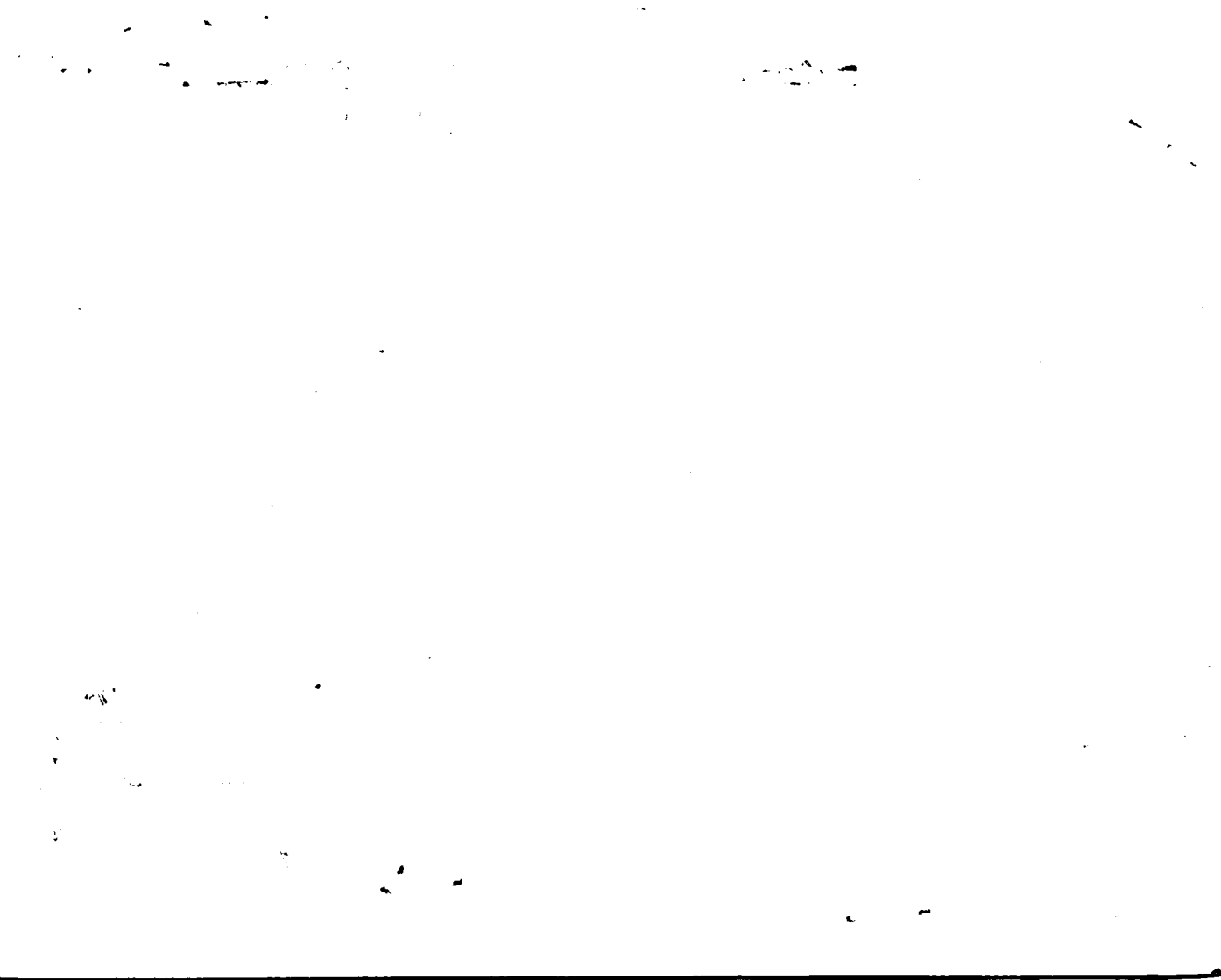
Registrar

J H Reynolds

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Illinois }  
County of Cook } ss.

Certificate No. 79853  
Date Filed Sept 30-1941  
(Birth or death)  
on March 22-1920  
(Date of event)

The undersigned does solemnly swear that certain facts on the certificate of Jane Penfield Austin  
for Jane Austin who (Was born ~~and~~ died)  
in Stone Shore Bend are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event) Idaho  
true facts as shown by Records prepared on Mar 30-1920, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Name

Jane Austin

Jane Penfield Austin

Mother's maiden name

Clara Belle Forest

Clara Belle Lanphear

Subscribed and sworn to before me this 30  
day of Sept, 1941

Signed Perine Le Lachance  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Chicago Ill

My commission expires Dec 10-41  
[SEAL]

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant.)

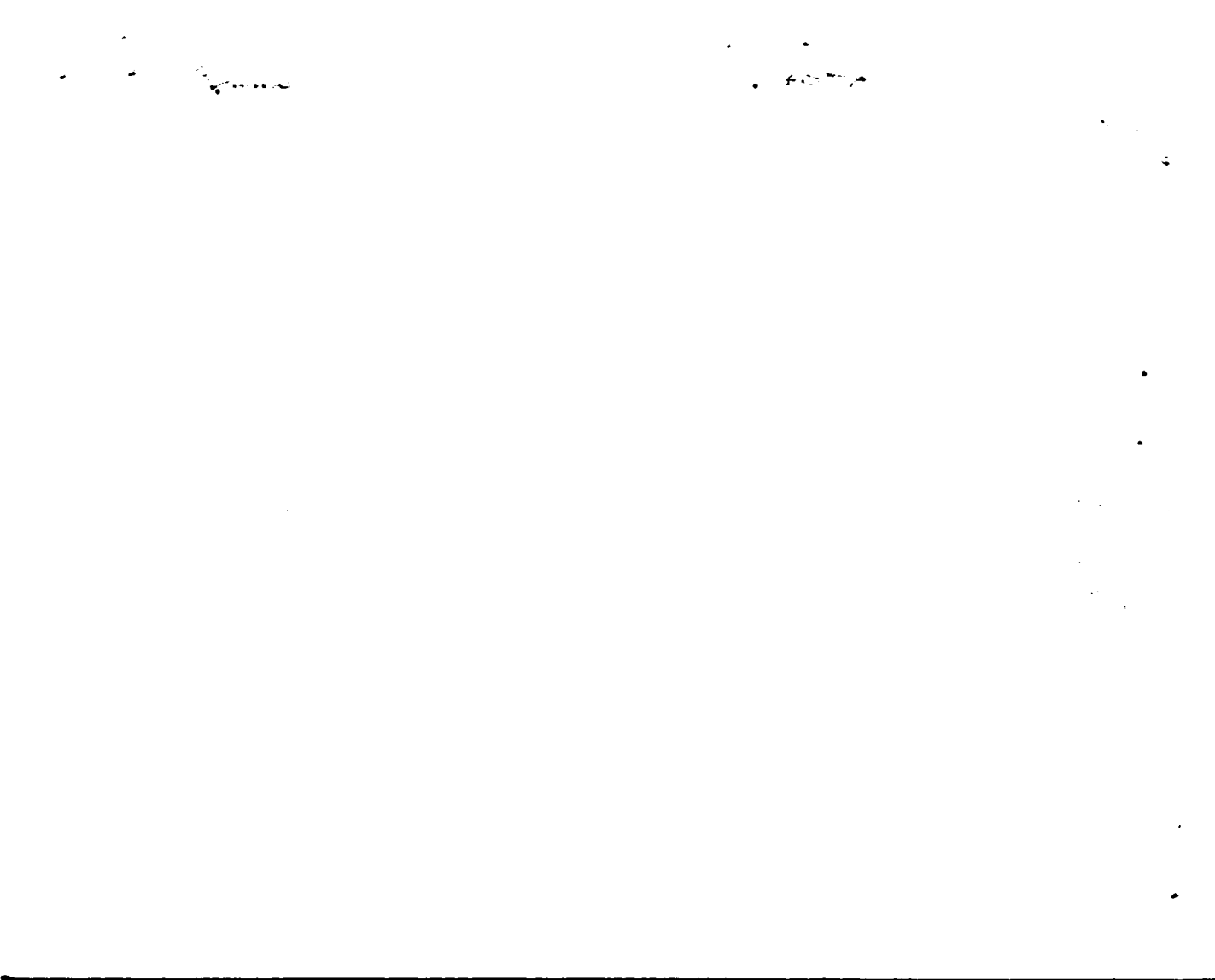
Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
[SEAL]

(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

(Registrar's signature)



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF ~~BIRTH OR DEATH~~**

State of..... }  
County of..... } ss. Certificate No. 79853  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or death)  
for Jane Austin who born on March 22 - 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in House Stone Bend Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by Bible prepared on Mar. 30 - 1920, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Name	Jane Austin	Jane Penfield Austin
Father's age	44	42
Father's birthplace	Harrisburg, Pa.	Mechanicsburg, Pa.
Mother's age and birthplace	3 and Chicago, Ill	36 yrs. Crystal Lake, Ill.

Subscribed and sworn to before me this 14 day of May, 1941  
[Signature]  
Notary Public, residing at 7006 Belmont  
My commission expires 1943  
[SEAL]

Signed Louis C. De Lachaux  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } ss. [This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....  
day of....., 19.....  
Signed.....  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at.....  
My commission expires.....  
[SEAL].....  
(Street Address, City, State)

Received for filing on..... By.....  
(Registrar's signature)

DEC 29 1941

NOV 4 1941

MAKING RESERVE FOR BINJING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-205-023-155  
PLACE OF BIRTH

County of Emery

City of Eagle

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child TRESSA JOSEPHINE YOUNG

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-4-15-18

Registration District No. 1070

File No. 79854

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth { and }	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>4 5 20</u> (Month) (Day) (Year)
FULL NAME <u>Joseph Watson Young</u>	FATHER		FULL MAIDEN NAME <u>Rose Ethel Jenkins</u>	MOTHER
RESIDENCE <u>Eagle Idaho</u>			RESIDENCE <u>Eagle</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Wall Lake City</u>			BIRTHPLACE <u>Springville Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1... Number of children of this mother now living, including present birth... 1...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was Born alive at 8:45 am  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Cummings

Given names added from a supplemental report.

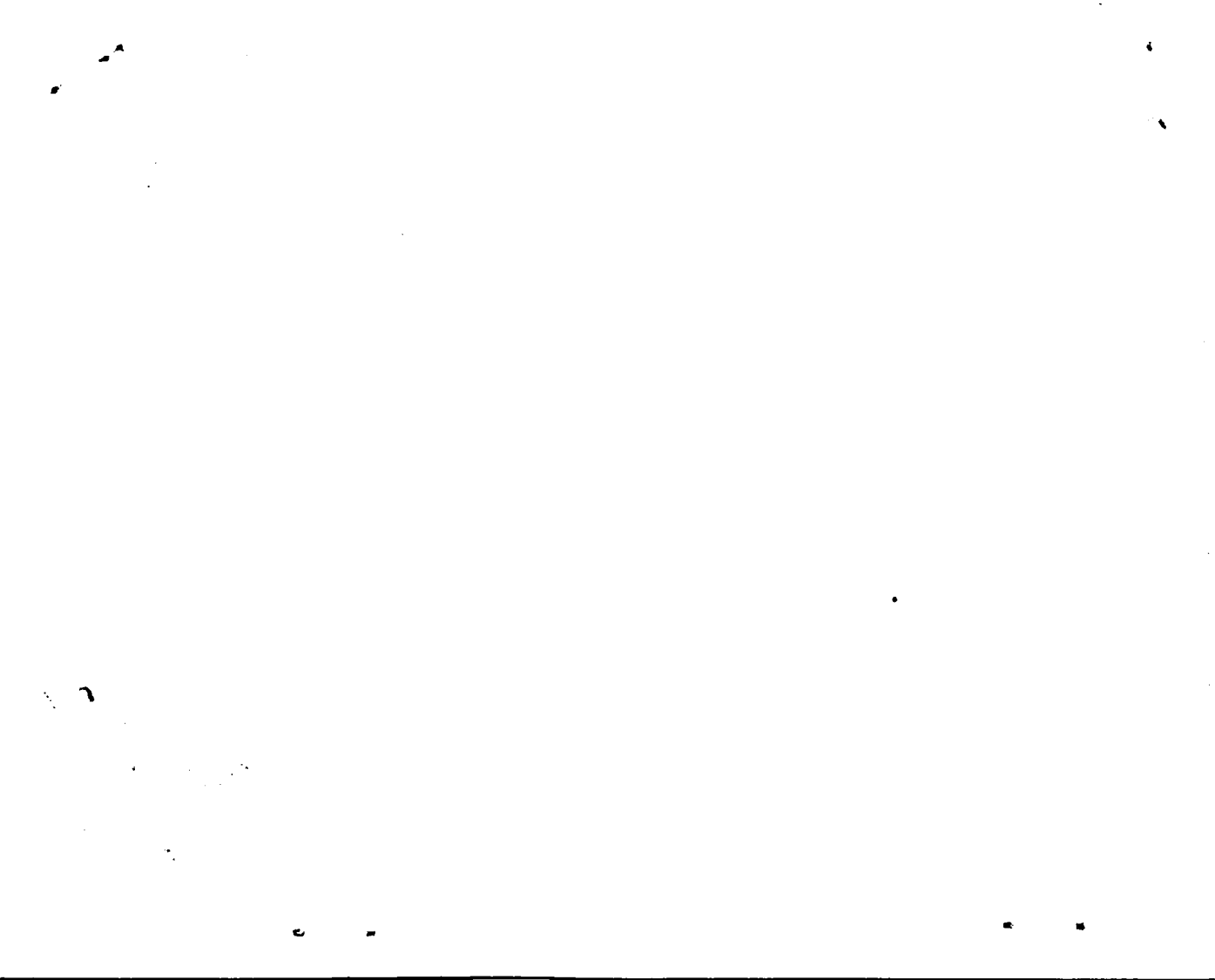
(Physician or midwife)  
Cummings

Address \_\_\_\_\_

Filed 6/3 1920 J. H. Reynolds

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.  
County of Los Angeles }  
The undersigned does solemnly swear that certain facts on the certificate of Tressa Josephine Young  
for Tressa Josephine Young who Birth on April 5, 1920  
(Name on Original Certificate) (Was Born on ~~Birth~~) (Date of Event)  
in Emmett, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by birth certificate prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "~~Place of Birth~~", Etc.) (As on Original)  
Name Unnamed TO  
(The Correct Facts)

Tressa Josephine Young Tressa Josephine Young

Subscribed and sworn to before me this 13  
day of July 1946  
Burton R. Eldredge  
Notary Public, residing at 1441 E. 7th St., Long Beach, Calif.  
My commission expires June 10, 1946  
(Seal)

Signed Beth R. Young [Mother]  
(Signature of parent or attendant correcting a birth record; of attendant, funeral director, informant if correcting death record or other credible person.)  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.  
County of Los Angeles }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 13  
day of July 1946  
Burton R. Eldredge  
Notary Public, residing at 1441 E. 7th St., Long Beach  
My commission expires June 10, 1946  
(Seal)

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Joseph W. Young [Father]  
(Signature of Any Credible Person Other Than Previous Year)  
1441 E. 7th St., Calif.  
(Street Address, City, State)

JUL 20 1942



534-208-023-142  
PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of IdahoCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 10 20File No. 79855

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child Geraldine Elder

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>4 8 20</u> (Month) (Day) (Year)
FULL NAME <u>Ired Elder</u>	FATHER		FULL MAIDEN NAME <u>Helia Vernice Adams</u>	MOTHER
RESIDENCE <u>Emmett Ida</u>			RESIDENCE <u>Emmett Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Heppner</u>			BIRTHPLACE <u>Heppner Ore</u>	
OCCUPATION <u>Barber</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1... Number of children of this mother now living, including present birth... 1...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 20 9 M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

Address EmmettFiled 6/3 1920

Registrar

Registrar J H Reynolds

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 22 1971  
OCT 1 1958

250 00 0001

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

194-216-023-318  
PLACE OF BIRTH

County of Gen

City of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-18-18

Registration District No. 1026

File No. 79856

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child Kathleen Alice Armstrong

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>4</u> <u>16</u> <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Timothy Armstrong</u>	FATHER			FULL MAIDEN NAME <u>Edith Cayford</u>
RESIDENCE <u>Emmett Ida</u>				RESIDENCE <u>Emmett Ida</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>white</u>		
BIRTHPLACE <u>Kings Co Ireland</u>	BIRTHDAY <u>20</u> (Years)			BIRTHPLACE <u>Denver Colo</u>
OCCUPATION <u>machinist</u>				OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Born alive, at 140 N. M  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

Given names added from a supplemental report.

(Physician or midwife)  
Emmett

Address Emmett  
Filed 1920 J. H. Reynolds  
Registrar

OCT 13 1948

65 2-23-419  
PLACE OF BIRTHCounty of IdahoCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 1020File No. 79857

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child

Ruth Mary Westermuel

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth { and } _____	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>4</u> <u>23</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	---	-----------------------------	---

FULL NAME <u>Albert A. Westermuel</u>	FATHER
RESIDENCE <u>Emmett Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Albany N.Y.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Oliver B Martin</u>	MOTHER
RESIDENCE <u>Emmett Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Gary Nebraska</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was Born alive at 1400 M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Cummings

Given names added from a supplemental report.

(Physician or midwife) Emmett

Address \_\_\_\_\_

Filed 6/3 1920 J. A. Reynolds

Registrar

Registrar

DEC 28 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

43-225-023-893  
PLACE OF BIRTH

County of Yem

City of Emmett

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

File No. **79858**

Registered No. \_\_\_\_\_

Full Name of Child Marilyn Fern Fuller

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (and)	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>4 25 20</u> (Month) (Day) (Year)
FULL NAME <u>Ward M Fuller</u>	FATHER		FULL MAIDEN NAME <u>Fern Hill</u>	MOTHER
RESIDENCE <u>Emmett Id</u>			RESIDENCE <u>Emmett Id</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>2.8</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>2.6</u> (Years)
BIRTHPLACE <u>Eril Id</u>			BIRTHPLACE <u>Kellogg Iowa</u>	
OCCUPATION <u>Raucher</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. \_\_\_\_\_ Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9 40 P M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummins

Given names added from a supplemental report.

(Physician or midwife)

Address Emmett

Filed 6/3 1920

Registrar

Registrar

AUG 29 1972

JUN 24 1942

NOV 9 1948



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH 307-127-023-386

STATE OF IDAHO

County of Gem

DEPARTMENT OF PUBLIC WELFARE

City of Emmett

BUREAU OF VITAL STATISTICS

No. \_\_\_\_\_ St. \_\_\_\_\_

CERTIFICATE OF BIRTH

79859

(If born in hospital or institution  
give name.)

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Donn Morgan Cork

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti- mate? Yes _____	Date of birth <u>April 27</u> <u>1920</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth. 1 (a) Born alive and now living... 1

Born alive but now dead. \_\_\_\_\_ Stillborn \_\_\_\_\_

FATHER FULL NAME <u>Robert L. Cork</u>	MOTHER FULL MAIDEN NAME <u>Laurene Thomas</u>
---	--

Residence (Usual place of abode) <u>Butte, Montana</u>	Residence (Usual place of abode) <u>Emmett, Idaho</u>
--	---

If non-resident, give place and State _____	If non-resident, give place and State _____
---	---

Color or race <u>Wh</u> Age at last Birthday <u>39</u>	Color or race <u>White</u> Age at last Birthday <u>22</u>
(Years)	(Years)

Birthplace <u>Genesee, Wisconsin</u>	Birthplace <u>Shelton, Nebraska</u>
(City and State or County)	(City and State or County)

Occupation <u>Dist. Mgr. Mason Shoe Co.</u>	Occupation <u>Housewife</u>
---	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11:50 A. M.  
on the date above stated.

(Signature) R. J. Cummings

(Physician or midwife)

Address Emmett, Idaho

Filed June 3 1920

Registrar. J. L. Reynolds

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

I, Henry Curtis, do hereby certify that I attended the birth of this child, who was

1. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(11) to (12) (13)

7-10-1947

\_\_\_\_\_

\_\_\_\_\_

IDENTA

Number of child of this mother including present birth

WALL, HENRY H. 1910-1974

(Year) (Day) (Month) (Time) (Date) (Time)

10-10-68

8-78 140167

Registration District No. State File No.

DATE OF BIRTH

PLATE OF NORTH

BUREAU OF VITAL STATISTICS  
DEPARTMENT OF PUBLIC HEALTH

**Page 7**

## PLACE OF BIRTH

Form V. S. No. 11—25m-6-16-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of JeremCity of Emmett113 - 207 - 023 - 230  
No. St.Registration District No. 109cFile No. 79860

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child Eleanor Marie Jackson

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>5</u> <u>7</u> <u>1920</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Leonard Jackson</u>			FULL MAIDEN NAME <u>Mary Schrecongost</u>	
RESIDENCE <u>Glenn's Ferry</u>			RESIDENCE <u>Glenn's Ferry</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)		
BIRTHPLACE <u>Salina Utah</u>			BIRTHPLACE <u>Old Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:00 a  
on the date above stated. (Born alive or stillborn) M

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

Given names added from a supplemental report.

(Physician or midwife)

Address EmmettFiled 6/3 1920 J. L. Reynolds  
Registrar Registrar

• NORTH Y. & N.O. 11-22-41

**JUL 2 1973**

415-25

893-112-023-281  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-4-18-18

County of LatahCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 10 WFile No. 79861

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child Harren John Hillery

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 12 20</u> (Month) (Day) (Year)
FULL NAME <u>Ralph S Hillery</u>	FATHER		FULL MAIDEN NAME <u>Ruth Shaw</u>	MOTHER
RESIDENCE <u>Emmett Ida</u>			RESIDENCE <u>Emmett</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Sauk City Iowa</u>			BIRTHPLACE <u>Elmira Ore</u>	
OCCUPATION <u>Rancher</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5:10 P. M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

Given names added from a supplemental report.

(Physician or midwife)

Address EmmettFiled 6/3 1920 J. H. Reynolds

Registrar

Registrar

MAY 9 1975

344-115-023-958  
PLACE OF BIRTHCounty of LinCity of Emmett

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Full Name of Child Dorothy Dean CummingsSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-14-18

## CERTIFICATE OF BIRTH

Registration District No. 1010File No. 79862

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth { and }	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>5 15 20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>R N Cummings</u>		FULL MAIDEN NAME MOTHER <u>Harriet Reynolds</u>		
RESIDENCE <u>Emmett</u>		RESIDENCE <u>Emmett</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	
BIRTHPLACE <u>Kimberly Ark</u>		BIRTHPLACE <u>Brownsville Tex</u>		
OCCUPATION <u>Physician</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was...  
on the date above stated.Born alive 17:00 P  
(Born alive or stillborn) at \_\_\_\_\_ M

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

Given names added from a supplemental report.

(Physician or midwife)

Address EmmettFiled E/3 19 20 J. D. Reynolds

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1944

MAY 4 1944



455-72 PLACE OF BIRTH 389

County of LemCity of Emmett

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-14-18

Registration District No. 10 10File No. 79863

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child OSCAR MASON DENNEY, JR.

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (and)	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>5 28 20</u> (Month) (Day) (Year)
FULL NAME <u>Oscar Mason Denney</u>	FATHER		FULL MAIDEN NAME <u>Iva E. Thrall</u>	MOTHER
RESIDENCE <u>Emmett</u>			RESIDENCE <u>Emmett</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Cambridge Ida</u>			BIRTHPLACE <u>Banner Co Nebr</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 830 P M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

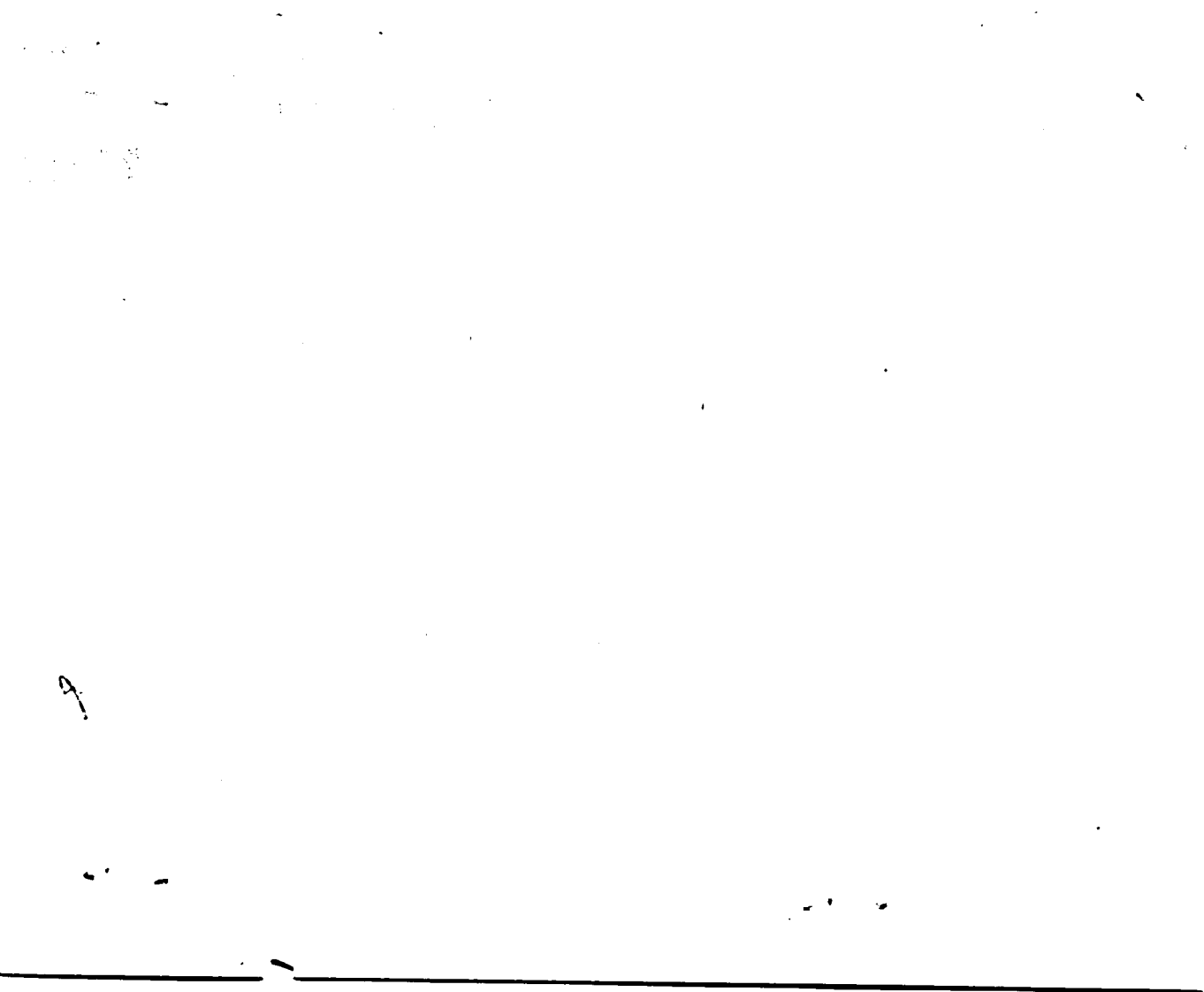
(Signature) R N Emmett

(Physician or midwife)

Given names added from a supplemental report.

Address EmmettFiled 6/3 19 20Registrar J. H. Reynolds

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 79863  
County of Clearwater }

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for unnamed Denney who was on May 25, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Emmett Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by no record prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Oscar Mason Denney, Jr.

Subscribed and sworn to before me this 16th  
day of June, 1942  
Samuel T. Swaine  
Notary Public, residing at Crofton, Ida.  
My commission expires Nov 17, 1942  
(Seal)

Signed Oscar M Denney Jr  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Dent, Ida.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Clearwater }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th  
day of June, 1942  
Samuel T. Swaine  
Notary Public, residing at Crofton, Ida.  
My commission expires Nov 17, 1942  
(Seal)

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Ira L Denney  
(Signature of Any Credible Person Other Than Previous Year)  
Dent, Ida.  
(Street Address, City, State)

JUN 24 1942

Corrected Z.J.

385-218-023-359  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-27

County of Bennett

City of Emmett

Registration District No. 1020

File No. 79864

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD ..... ROSINA PEARL CHENEY

Sex of Child <u>female</u>	Twin Triplet or other? <u>—</u>	and { Number in order of birth —	Legiti- mate? <u>yes</u>	Date of Birth <u>5-18-90</u> (Month) (Day) (Year)
----------------------------	---------------------------------------	---	-----------------------------	--

FATHER  
FULL NAME E. Stoyell Cheney  
RESIDENCE Emmett Ida  
COLOR W AGE AT LAST BIRTHDAY 40  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Rosina Leichter  
RESIDENCE same  
COLOR W AGE AT LAST BIRTHDAY 38  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth... 6 ..... Number of children of this mother now living, including present birth... 5 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Barton O'Clark  
(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address.....  
..... 19.....  
Registrar Filed 4/2 1911 J. D. Reynolds  
Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

8 21 73

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. 79864  
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Cheney, who was born on May 18, 1920  
(Name on Original Certificate) (Was Born or Died)  
in Emmett, Idaho, are erroneous or were omitted; and that to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Church Membership Record prepared on 6th June 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name Omitted Rosina Pearl Cheney

Subscribed and sworn to before me this 21st day of August, 1973

Signed *Will Robinson*  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1203 Vista Dr Emmett, Idaho  
(Street Address, City, State)

Notary Public, residing at  
My commission expires 4-20-74  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Ben }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of December, 1973

Signed *Leino L. Thernosh* (Clerk)  
(Signature of Any Credible Person)

405 S. Moffatt Emmett, Idaho  
(Street Address, City, State)

Notary Public, residing at Emmett, Idaho  
My commission expires April 15, 1976  
(Seal)

Certificate of Baptism & Confirmation LDS Church Baptized June 30, 1928  
Bishop George F. Smith Rosina Pearl Cheney born May 18, 1920 at Emmett, Idaho.

Viewed by VS

DEC 28 1973

Certificate of Baptism and Confirmation gives name as Rosina Pearl Cheney daughter  
of E. Stoyell Cheney and Rosina E. Luchty born May 18, 1920 at Emmett, Idaho.  
Baptized June 20, 1928 in L.D.S.Church.

Viewed by V.S



419-113-023-793  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-23a-8-27

County of GemCity of FalkRegistration District No. 1020File No. 79865No. 51

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD

John Lewis MarkerSex of Child maleTwin  
Triplet  
or other?

- }

and {

Number  
in order  
of birth

- }

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
Birth5-13-1920

(Month) (Day) (Year)

FULL  
NAMEWifred Marker

FATHER

RESIDENCE

Emmett Id.FULL  
MAIDEN  
NAME

MOTHER

Grace T. Gilliam

RESIDENCE

same

COLOR

W

AGE AT LAST

BIRTHDAY

29

(Years)

COLOR

W

AGE AT LAST

BIRTHDAY

27

(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Mo.

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive  
on the date above stated.at 11:30 9 A.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

(Born alive or stillborn)

Burt O. Clark M.D.

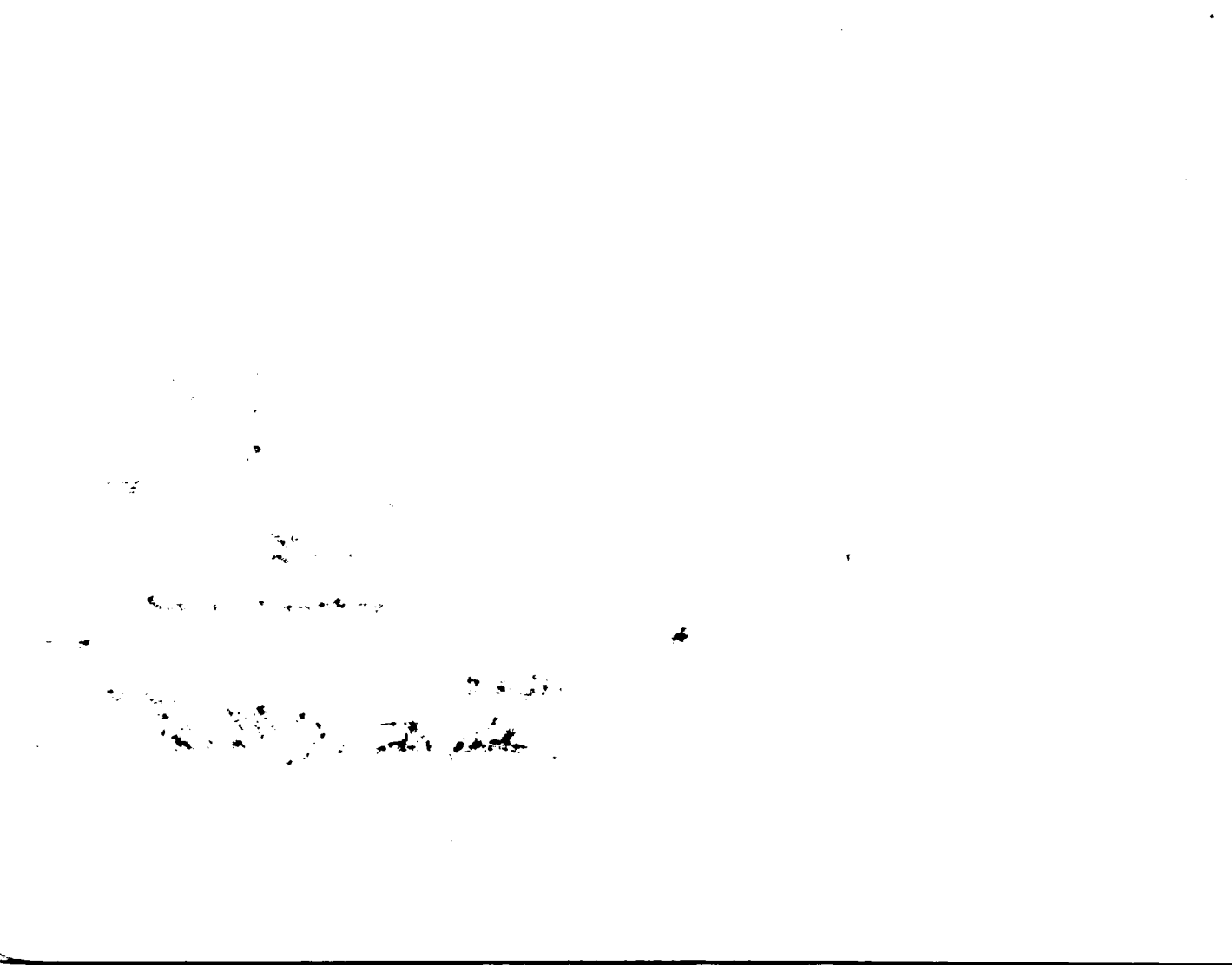
(Physician or midwife)

Given names added from a supplemental report.

Address .....

Registrar

Filed 6/2 1920J. H. Reynolds  
Registrar



791-206-023-291

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-27

County of GermCity of EmmettRegistration District No. 1020File No. 79866

No. .... St.

Primary Registration District No. .... Registered No. ....

Hospital .....

FULL NAME OF CHILD Esther Evangaline Pratt

Sex of Child <u>female</u>	Twin Triplet or other? <u>—</u> and { Number in order of birth <u>—</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>5-6-20</u> (Month) (Day) (Year)
----------------------------	---	-----------------------------	--

FULL NAME <u>Harry T. Pratt</u>	FATHER	FULL MAIDEN NAME <u>Margaret Bradley</u>	MOTHER
---------------------------------	--------	--	--------

RESIDENCE <u>Emmett Ida</u>		RESIDENCE <u>same</u>	
-----------------------------	--	-----------------------	--

GOLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
--------------------	--	--------------------	--

BIRTHPLACE <u>Calif.</u>		BIRTHPLACE <u>Ariz.</u>	
--------------------------	--	-------------------------	--

OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	
--------------------------	--	-----------------------------	--

Number of child of this mother, including present birth <u>6</u>	Number of children of this mother now living, including present birth <u>6</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 6:25 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burtin O'Flack MD

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed 9/9 1924

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1967

369 PLACE OF BIRTH 589

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 11-O-25m-9-27

County of GemCity of EmmettRegistration District No. 10.20File No. 79867

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Marvin Le Roy Twilegar

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> }	Legitimate? <u>yes</u>	Date of Birth <u>5-1-20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>FATHER</u> <u>Harry E. Twilegar</u>
RESIDENCE <u>Emmett Id.</u>
COLOR <u>wh</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Mo.</u>
OCCUPATION <u>Labourer</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Edna M. Edmundson</u>
RESIDENCE <u>Emmett</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Oreg.</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth. 2..... Number of children of this mother now living, including present birth. 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:10 P. M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Emmett

Registrar

Filed 5/30 19 20

Registrar

WA 1 9 1962

JUN 11 1953

OCT 20 1959

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-121-023-819

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. E. No. 11-C-22a-3-17

## CERTIFICATE OF BIRTH

County of SanCity of EmmettRegistration District No. 1020File No. 79868

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Lee Grant Rose

Sex of Child <u>male</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and { Number in order of birth <u>    </u> }	Legitimate? <u>yes</u>	Date of Birth <u>4/21</u> (Month) (Day) (Year) <u>1921</u>
--------------------------	---	--	------------------------	---

FULL NAME <u>Elmer Rose</u>	FATHER
RESIDENCE <u>Emmett 2du</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mabel Harrison</u>	MOTHER
RESIDENCE <u>Same</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth... 8 ..... Number of children of this mother now living, including present birth... 8 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

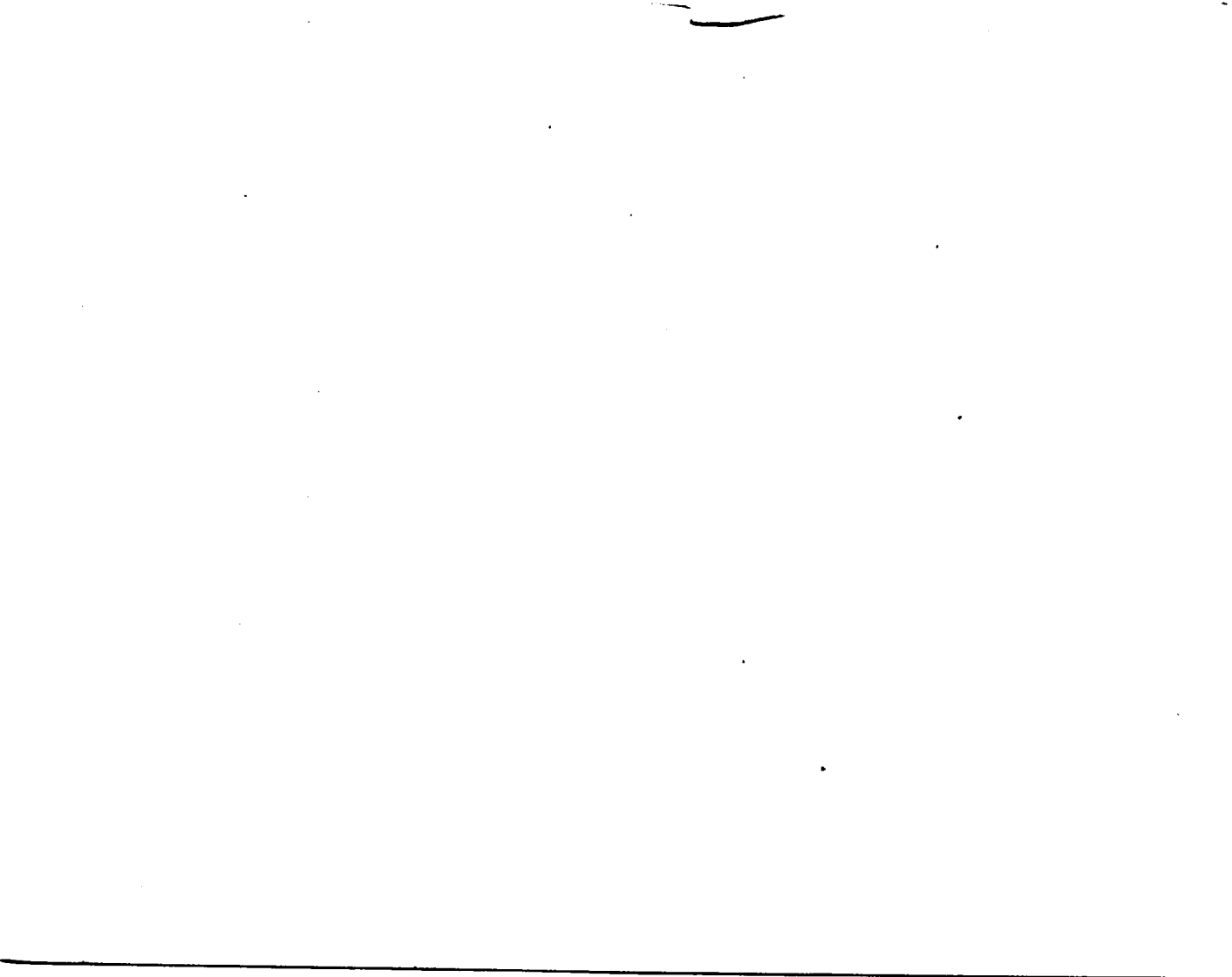
I hereby certify that I attended the birth of this child, who was alive at 1 a M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Reynolds  
(Physician or midwife)

Given names added from a supplemental report.

Address Emmett 2du  
Filed 4/21 1921  
Registrar J. D. Reynolds Registrar





231-208-023-243  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

## CERTIFICATE OF BIRTH

79869

County of YumaCity of EmmettRegistration District No. 10 20

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Sarah Elizabeth Blankinship

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legitimate? <u>Yes</u>	Date of Birth <u>4</u> <u>8</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	------------------------------	--	------------------------	--

FATHER		MOTHER	
FULL NAME <u>Ara Blankinship</u>	FULL MAIDEN NAME <u>Mary Butler</u>	FULL NAME <u>Ara Blankinship</u>	FULL MAIDEN NAME <u>Mary Butler</u>
RESIDENCE <u>Emmett Ida</u>	RESIDENCE <u>Idaho</u>	RESIDENCE <u>Idaho</u>	RESIDENCE <u>Idaho</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Mo</u>	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Depot Clerk</u>	OCCUPATION <u>House wife</u>	OCCUPATION <u>Depot Clerk</u>	OCCUPATION <u>House wife</u>

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 1 30 p M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

Address Emmett IdaFiled 5/12 1920 J. H. Reynolds

Registrar

JAN 8 1943

286-208-023-469  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Gern

City of Emmett

Registration District No. 10 10

File No. 79870

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Mary Lois Shough

Sex of Child <u>Female</u>	Twin Triplet or other? _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 5</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Vinyl Elzia Shough</u>		MOTHER FULL MAIDEN NAME <u>Alice Elizabeth Morrison</u>		
RESIDENCE <u>Emmett Ida</u>		RESIDENCE <u>same</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	
BIRTHPLACE <u>Oregon</u>		BIRTHPLACE <u>Colorado</u>		
OCCUPATION <u>mill labor</u>		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at P. P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds  
(Physician or midwife)

Given names added from a supplemental report.

Address Emmett Ida  
Filed 5/10/1920  
Registrar J. L. Reynolds

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1953

816-023-023-133

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-3-3-15

## CERTIFICATE OF BIRTH

County of JeremCity of EmmettRegistration District No. 1020File No. 79871

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Jennie Louise Hawkins

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of Birth <u>May 3</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Earl Alba Hawkins</u>	FATHER			FULL MAIDEN NAME <u>Lela Elizabeth Allen</u>	MOTHER
RESIDENCE <u>Emmett Ida</u>				RESIDENCE <u>Emmett Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)			COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Idaho</u>				BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farm Labor</u>				OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive, at 9<sup>30</sup> a. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

Address EmmettFiled 5/7 1920

Registrar

Registrar

MAY 4 1962

SEP 22 1944

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-202-023-216

PLACE OF BIRTH

name added

3-3-83

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-8-8-15

## CERTIFICATE OF BIRTH

County of JeremCity of EmmettRegistration District No. 1010File No. 79872

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Thomas Sliman

Sex of Child <u>Boy</u>	Twin Triplet or other? _____ } and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 2</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>White Sliman</u>		FULL MAIDEN NAME <u>Annie Sawaya</u>	
RESIDENCE <u>Emmett Idaho</u>		RESIDENCE <u>same</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Syria</u>		BIRTHPLACE <u>Colorado</u>	
OCCUPATION <u>Saw mill labor</u>		OCCUPATION <u>House wife</u>	
Number of child of this mother, including present birth <u>4<sup>th</sup></u>		Number of children of this mother now living, including present birth <u>4<sup>th</sup></u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

alive at 8 9 M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

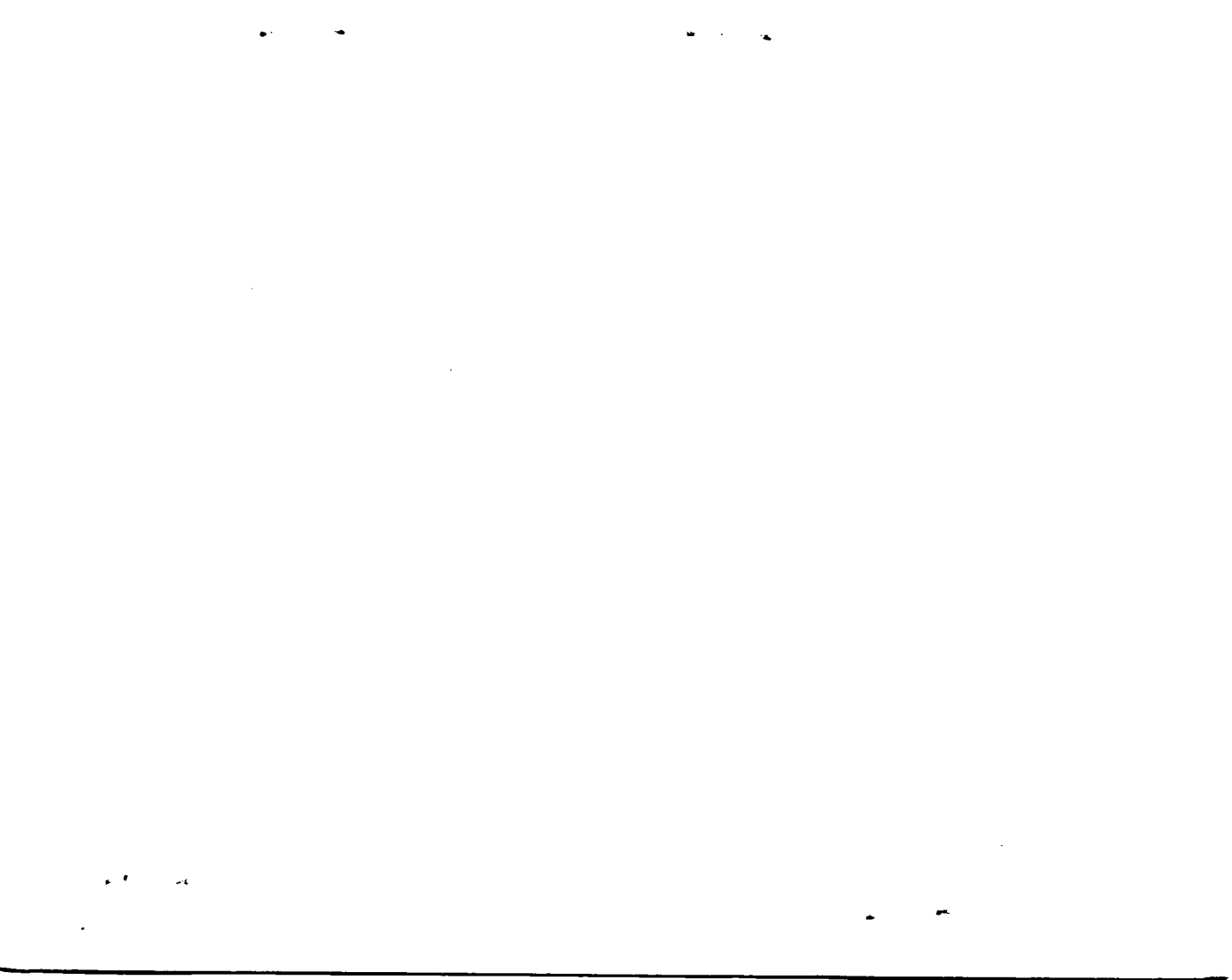
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar





## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO  
County of GEM } ss.Certificate No. 79872

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Sliman who was born on May 2, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Emmett (Gem) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameUnnamed~~Thomas Sliman~~Thomas Michael Sliman, Sr.Subscribed and sworn to before me this 20th day of Feb.Notary Public, Harold E. KrumResiding at EmmettMy commission expires Life

(Seal)

Thomas M. Sliman Sr.  
Signature of Applicant  
802 So. 12th Ave. Yakima, Wa.Street Address, City, State 98902

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO  
County of GEM } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of Feb.Notary Public, Harold E. KrumResiding at EmmettMy commission expires Life

(Seal)

Bessie Aucutt  
Supporting Signature619 E. 4th St. Emmett, Id.Street Address, City, State 83617

Baptism Certificate gives Thomas Sliman child of Mike and Annie Sliman was born in Emmett on May 2, 1920 and was baptised May 23, 1920 in the Church of St. Pauls, Roman Catholic in Nampa, Idaho. Viewed by V.S.

MAR 3 1983

Certificate from Diocese of Boise certifies that Thomas Sliman of Emmett grade 5 passed the Diocesan Written Examination in No 2 Baltimore Catechism Lessons . Dated June 4, 1931. Viewed by V.S.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-267-23-469

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Jersey

City of Emmett

Registration District No. 10

File No. 79873

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Doratha Letha Byers

Sex of Child <u>Girl</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 15</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>Theodore Leonard Byers</u>			FULL MAIDEN NAME <u>Laura Lillian Morrison</u>		
RESIDENCE <u>Emmett Ida</u>			RESIDENCE <u>Emmett Ida</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)	
BIRTHPLACE <u>Kansas</u>			BIRTHPLACE <u>Colorado</u>		
OCCUPATION <u>Common Labor</u>			OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:50 A. M.  
on the date above stated. (Born alive or stillborn)

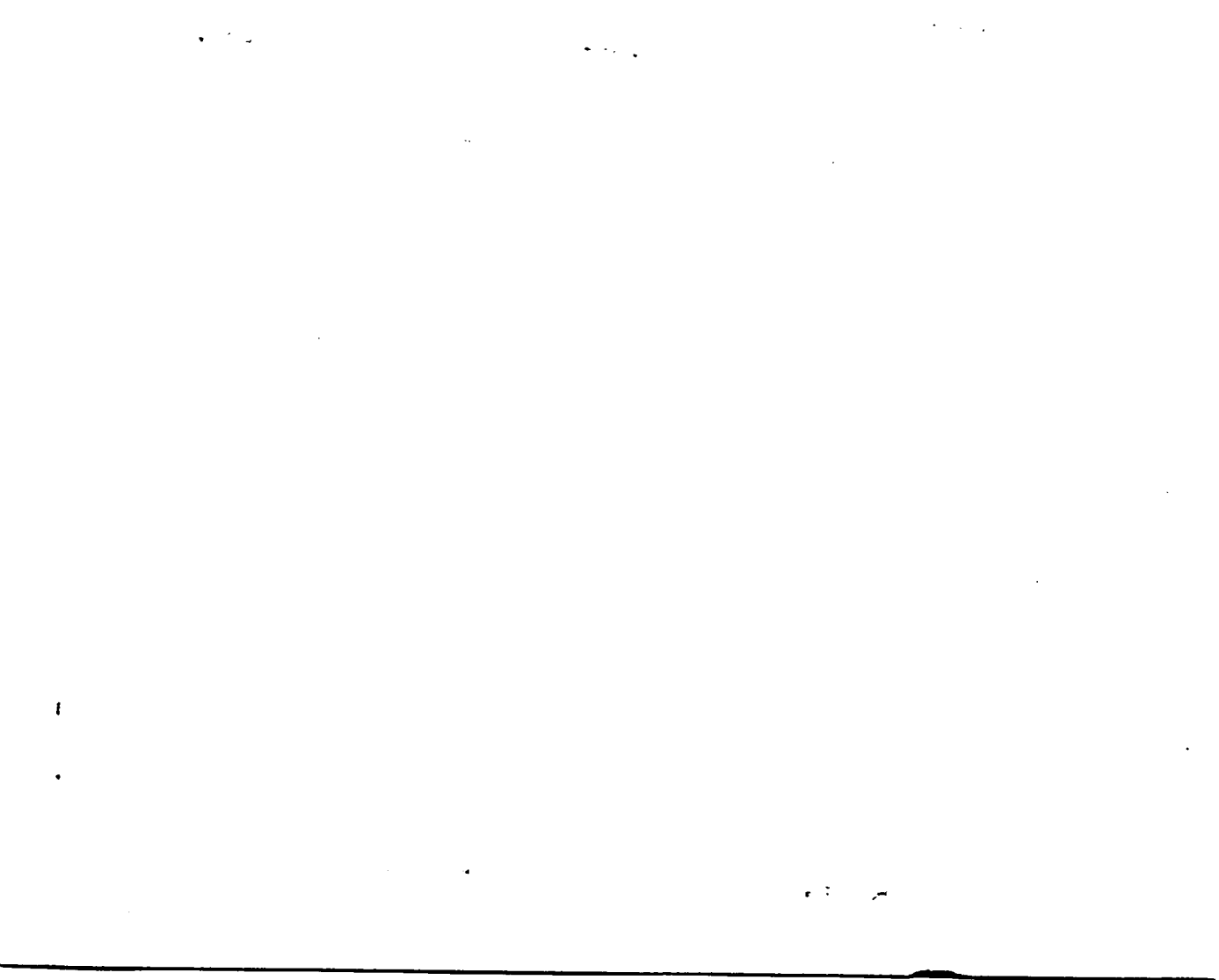
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. L. Reynolds  
(Physician or midwife)

Address Emmett Idaho

Filed 5/17 1920 J. L. Reynolds  
Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. **VITAL STATISTICS** Certificate No. **79873**  
**MAY 12 11 36 AM '72** Date Filed \_\_\_\_\_  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Byer (Female) who was born (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on May 15, 1920  
in Emmett, Idaho (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name Unnamed Doratha Letha Byers

Subscribed and sworn to before me this 9th day of

Signed Doratha Letha Rossi  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

MAY 12 1972  
Notary Public, residing at THE DALLES, OREGON  
My commission expires 2-13-76  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of

Signed Donald B. Shipp  
(Signature of Any Credible Person)

MAY 12 1972  
Notary Public, residing at The Dalles, Oregon  
My commission expires 2-13-76  
(Seal)

801 E 14 P.O. Box 686 The Dalles, OR 97058  
(Street Address, City, State)

JUN 16 1972

Employee's Request for change in records (social Security) gives name as Doratha Letha Byers Gibbs. date of birth given as May 15, 1920. Place of birth is Emmett, Idaho. Date signed Jan. 4, 1939. Viewed by V. S. Viewed by V. S.

North Pacific Insurance Co., Portland, Oregon gives name as Doratha L. Rossi. Policy # 19501. Issued 1967.  
Viewed by V.S.

Service Permit Identification Card issued by Oregon Liquor Control Commission # 18098 gives name as Doratha Letha Rossi born May 15, 1920.  
Card expires June 30, 1965.  
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-125-023-354  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. & No. 11-C-25m-9-8-17

County of Ben

City of Emmett

Registration District No. 1.0.4a

File No. 79874

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD William Herbert Bruce

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u> and {Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>4-25-1912</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FATHER  
FULL NAME Herbert E Bruce  
RESIDENCE Emmett  
COLOR W AGE AT LAST BIRTHDAY 32  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Sue Ledbetter  
RESIDENCE same  
COLOR W AGE AT LAST BIRTHDAY 27  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:40 P  
on the date above stated. (born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burtin O. Clark M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address .....  
Filed 4/28/12 Registrar J. H. Reynolds

5/7/41 Z.J.

JAN 1 1956

JAN 17 1956



791-128-025-261  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-23m-3-3-37

County of Germ.

City of Sweet

Registration District No. 1020

File No. **79875**

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD William E Pratt

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u>	and { Number in order of birth <u>-</u> }	Legitimate? <u>yes</u>	Date of Birth <u>4-28-20</u> (Month) (Day) (Year)
--------------------------	---------------------------------	---	------------------------	--

FATHER  
FULL NAME William E Pratt

RESIDENCE Sweet Ida

COLOR W AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Miss.

OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Merna A. Swatman

RESIDENCE same

COLOR W AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 6 (Number of children of this mother now living, including present birth 6)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

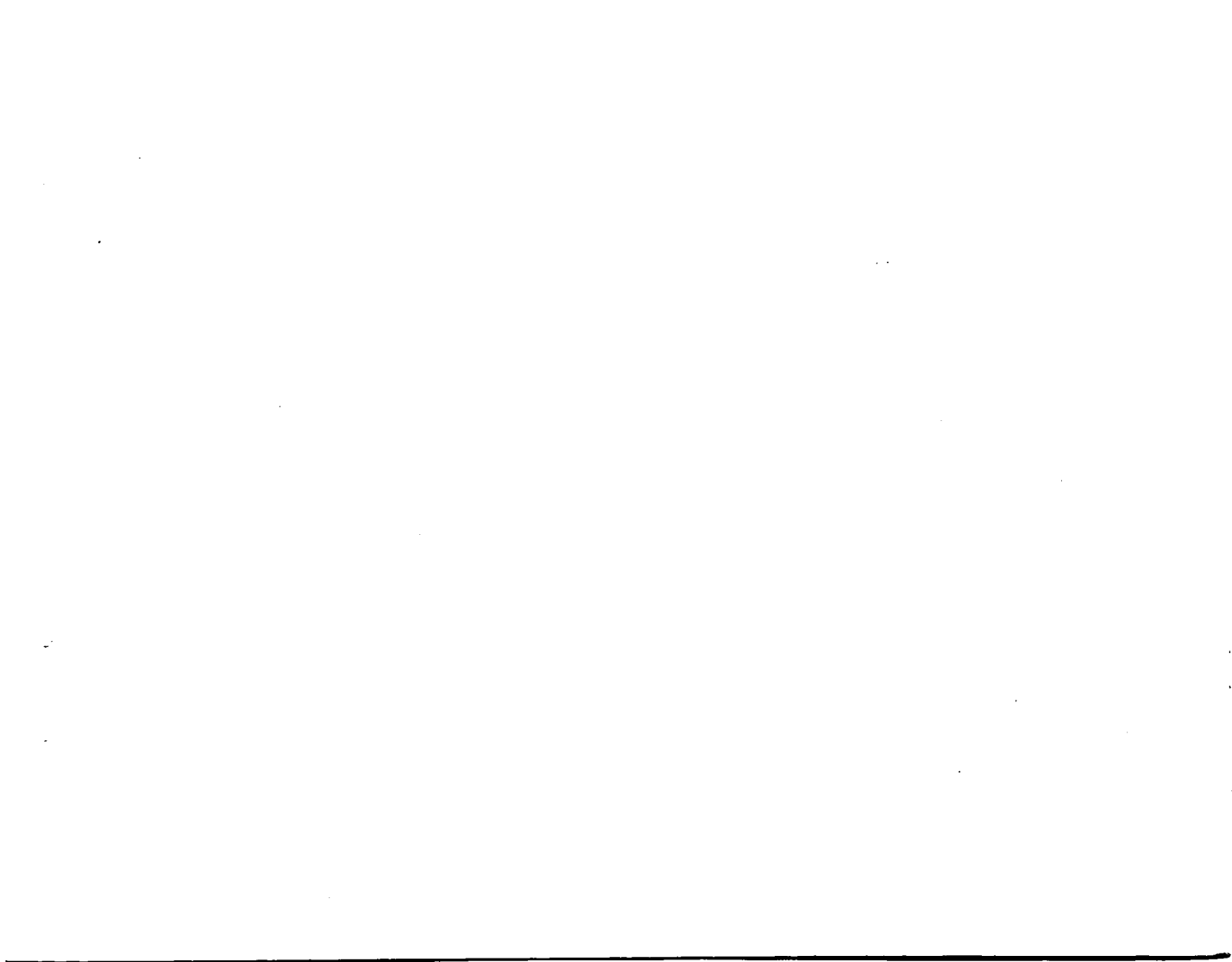
I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated.

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Burt O. Clark M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address .....  
Filed 4/29/20 J. D. Reynolds  
Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-122-023-229

PLACE OF BIRTH

amend 8-26-82

Form V. S. No. 11-C-25m-9-3-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ben

City of Emmett

Registration District No. 1.0.1.0

File No. 79876

No. St.

Primary Registration District No. ....

Registered No. ....

Hospital .....  
FULL NAME OF CHILD Verle Hugh Lively

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u>	and { Number in order of birth <u>-</u> }	Legitimate? <u>yes</u>	Date of Birth <u>4-22-20</u> (Month) (Day) (Year)
--------------------------	---------------------------------	---	------------------------	--

FULL NAME <u>Elmer H Lively</u>	FATHER
RESIDENCE <u>Emmett</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>clerk</u>	

FULL MAIDEN NAME <u>Sarah M. Lively</u>	MOTHER
RESIDENCE <u>Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Colo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 2:15 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benton O'Flaherty, M.D.

(Physician or midwife)

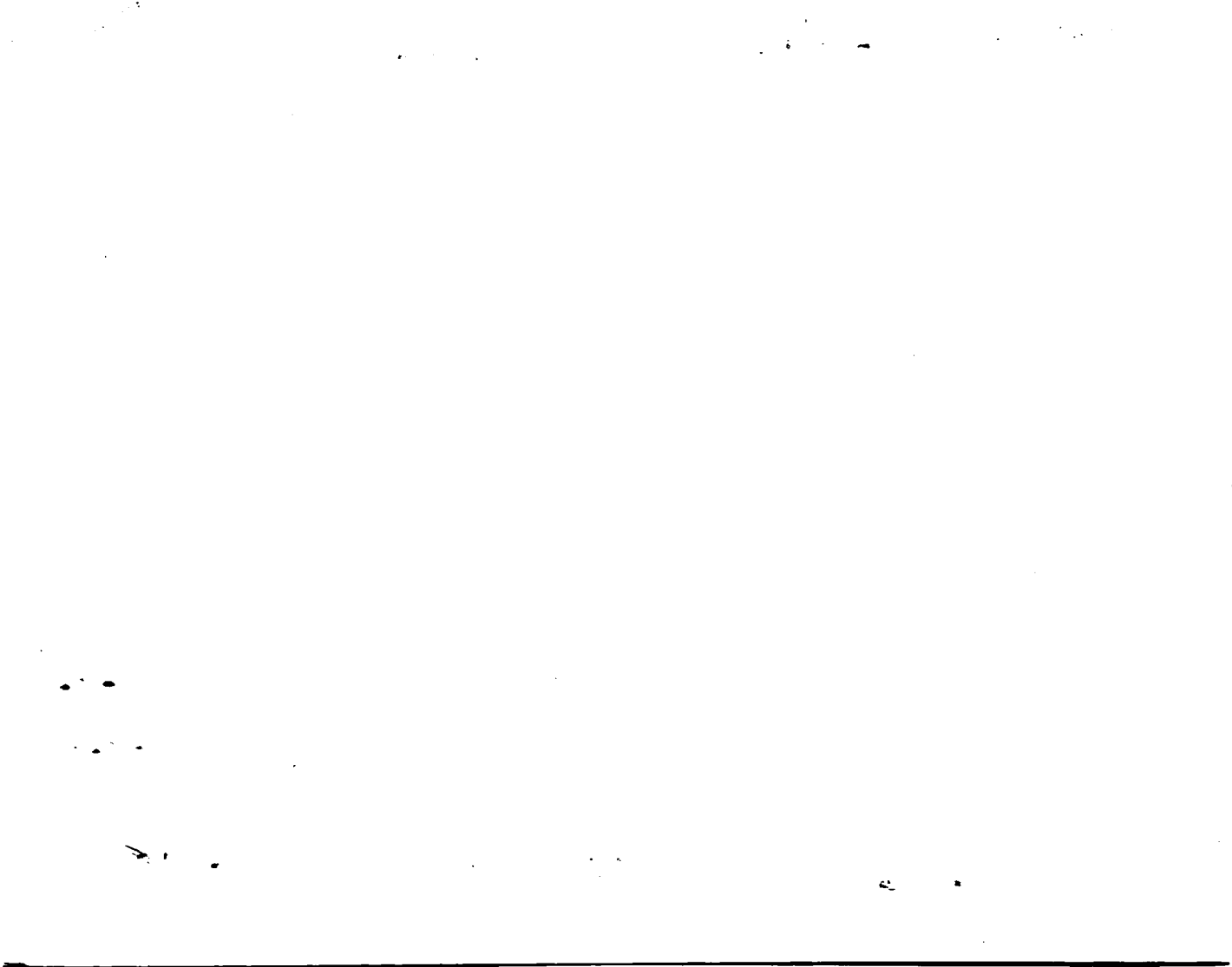
Given names added from a supplemental report.

Address .....

Filed 4/29 1920

Registrar

Registrar



7-23-82

**IDAHO DEPARTMENT OF HEALTH AND WELFARE**  
**Bureau of Vital Statistics, Standards, and Local Health Services**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.

Certificate No. 79876  
 Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
 for Verle Hugh Lively who was born on 4-22-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Emmett (Gem) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED****FROM****TO**

ITEMS TO BE CORRECTED	FROM	TO
<u>fathers last name</u>	<u>Kline</u>	<u>Lively</u>

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

x Verle H. Lively  
Signature of Applicant  
358 Kenwood Ave. Coloff Springs Colo  
Street Address, City, State 80910

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Colorado }  
 County of Grand } ss.

(Must be completed \_\_\_\_\_)

(Is not necessary \_\_\_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of

August, 1982

Notary Public, Norma D. Hoffinger

Residing at 926 Grand Ave. Grand Lake, Co

My commission expires 11-21-82

(Seal)

1 cc credit

Viola R. Hawkin  
Supporting Signature  
925 E. 1st St. Grand Lake, Co  
Street Address, City, State

Birth Certificate for Elmer Alvin Lively born 12-24-18 in Caldwell  
Idaho to Elmer Huston Lively and Sarah Martha Kline, state  
file #64806. Viewed by V.S.

**AUG 26 1982**

Decree of Divorce from State of Colorado County of Yuma gives  
Plaintiff as Sarah M Lively and Defendant as Elmer H Lively.  
Decree issued on April 23, 1936. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

**N. B.** In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

**PLACE OF BIRTH**

County of Alameda

City of .....

Registration District No. .... 1070 .....

File No. .... 79877.

**No. .... St.**

Primary Registration District No. ....

Registered No. ....

**Hospital**.....

**FULL NAME OF CHILD..**Ernest Alfred Honey

Sex of Child <i>male</i>	Twin Triplet or other? <i>—</i>	and { Number in order of birth <i>—</i>	Legitimate? <i>yes</i>	Date of Birth. <i>4-22-98</i>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FULL NAME *Adin S. Honey* FATHER *Emmett*  
RESIDENCE *Idaho*  
COLOR *W* AGE AT LAST BIRTHDAY *71* (Years)

FULL MAIDEN NAME *Anna M. Bull.* MOTHER  
RESIDENCE *Same*  
COLOR *W* AGE AT LAST BIRTHDAY *36*  
(Years)

Number of child of this mother, including present birth.....5..... Number of children of this mother now living, including present birth.....5.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

I hereby certify that I attended the birth of this child, who was..... alive ..... at 1124 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... *Justin Blackmer* .....

**Given names added from a supplemental report.**

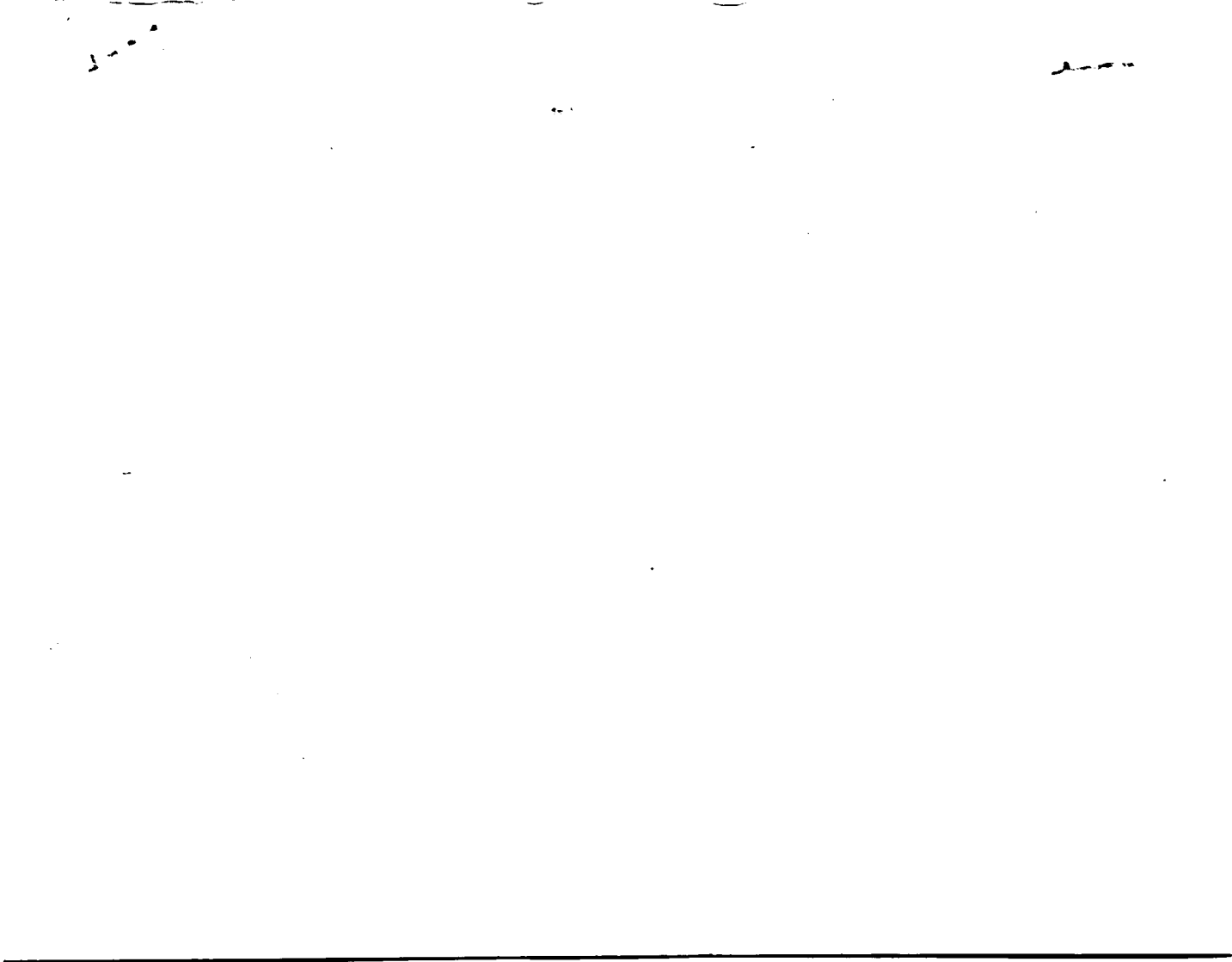
.....  
(Physician or midwife)

**Address:** .....

Filed: 1/24/90 ..... J. J. Kerns

## Register

## Register





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } SS.  
County of Ada }

Certificate No. 19877  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Ernest Alfred Hamey (BIRTH OR DEATH)  
for Ernest Alfred Hamey who born on Apr. 22, 1920 (WAS BORN OR DIED) (DATE OF EVENT)  
in Sew. Co., Ida. are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED** **FROM** **TO**  
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
Name Omitted Ernest Alfred Hamey

Subscribed and sworn to before me this 5th  
day of January, 19 42  
Marion E. Orr  
Notary Public, residing at Boise, Idaho.  
My commission expires 6-24-45  
(SEAL)

Signed Mrs. Hollie Medley  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
\_\_\_\_\_  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } SS.  
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th  
day of January, 19 42  
Marion E. Orr  
Notary Public, residing at Boise, Idaho  
My commission expires 6-24-45  
(SEAL)

Signed Isom Carl Medley  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
\_\_\_\_\_  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

JAN 8 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-114-023-43  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-28m-3-3-17

County of Gen

City of Emmett

Registration District No. 1010

File No. 79878

No. St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Alvin Raymond Cornwall

Sex of Child

Male

Twin  
Triplet  
or other?

—

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

4-14-20  
(Month) (Day) (Year)

FULL NAME

William Cornwall

FATHER

RESIDENCE

Emmett Ida.

COLOR

W

AGE AT LAST BIRTHDAY

27  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Clark

FULL MAIDEN NAME

Vida P. Malstrom

MOTHER

RESIDENCE

same

COLOR

W

AGE AT LAST BIRTHDAY

21  
(Years)

BIRTHPLACE

Ida.

OCCUPATION

Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Born alive or stillborn)

Benton O'Flark M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address.....

Filed.....

4/29.....

Registrar

J. R. Reynolds  
Registrar

AUG 30 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412-114-023-459  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-8-8-37

County of Ben

City of [REDACTED]

Registration District No. 1024

File No. 79879

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Ray E. Mabey

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u> (To be answered only in event of plural births)	and { Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>4-14-20</u> (Month) (Day) (Year)
FULL NAME <u>Ray E. Mabey</u> FATHER		FULL MAIDEN NAME <u>Grella M. Merwin</u> MOTHER		
RESIDENCE <u>Sweet Ida.</u>		RESIDENCE <u>same</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)	
BIRTHPLACE <u>Kans.</u>		BIRTHPLACE <u>Mo.</u>		
OCCUPATION <u>Rancher</u>		OCCUPATION <u>housewife</u>		

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....  
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:15 A. M. on the date above stated. (Born alive or stillborn)

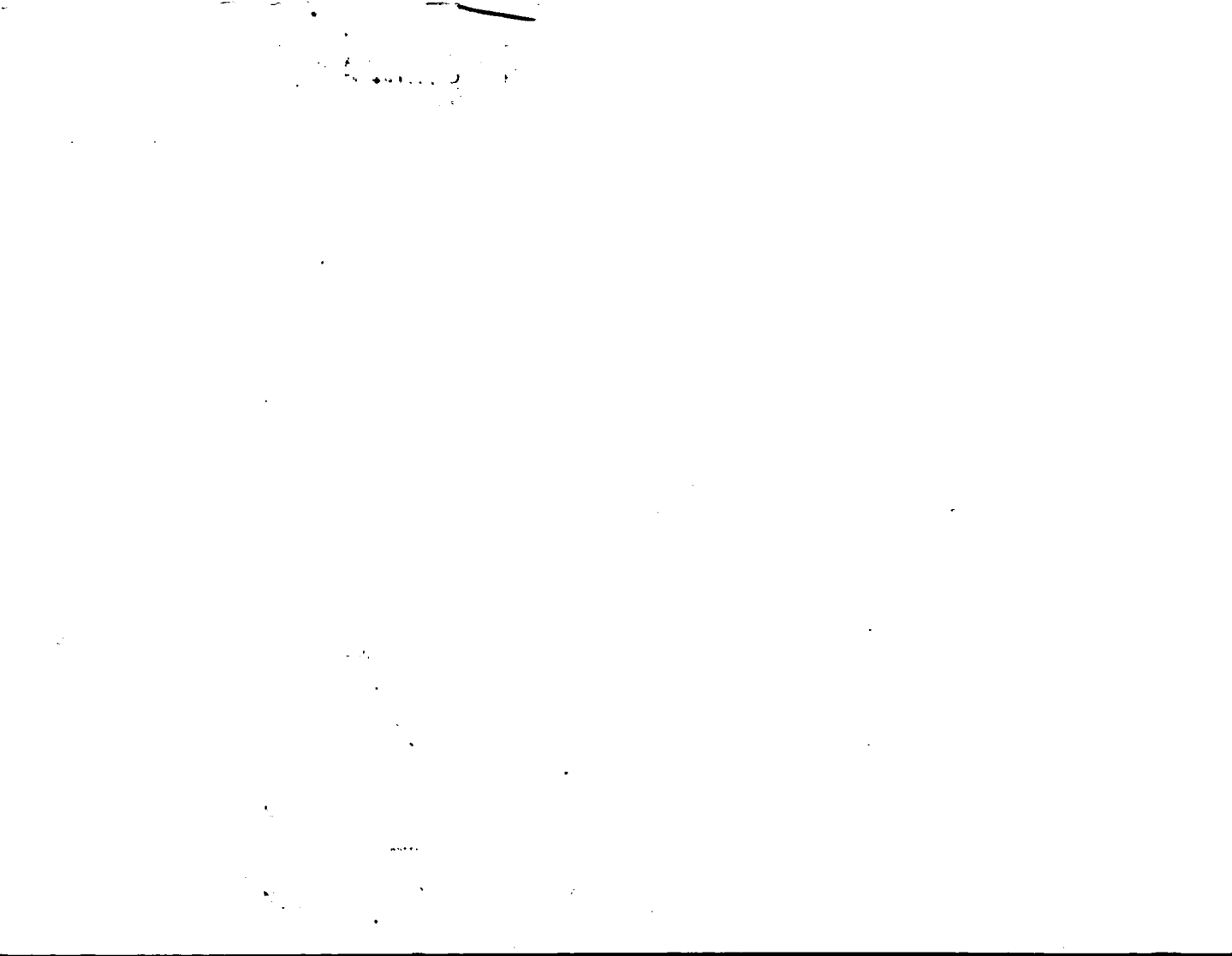
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burt O. Clark M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Emmett

Filed 4/29 1920  
Registrar J. H. Reynolds



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

144 - 201-024-815

PLACE OF BIRTH

STATE OF  
BUREAU OF VITALS

U. S. No. 11-C-25m-7-21-19

County of Gooding

CERTIFICATE OF BIRTH

City of Nagerman

Registration District No. ....

File No. ....

79880

No. .... St. ....

Primary Registration District No. 21

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Jane Judd

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth	19 <u>20</u>
				<u>Yes</u>	<u>June</u> (Month)	<u>1</u> (Day)

FATHER  
FULL NAME Earl R Judd  
RESIDENCE Nagerman  
COLOR White AGE AT LAST BIRTHDAY 29  
(Years)  
BIRTHPLACE Wyoming  
OCCUPATION Pool hall Prop

MOTHER  
FULL MAIDEN NAME Emma Hamman  
RESIDENCE Nagerman  
COLOR White AGE AT LAST BIRTHDAY 26  
(Years)  
BIRTHPLACE Neb.  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 3 20 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Nagerman  
Filed June 3 1920 R N Greene  
Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

113-231-024-994 AMENDED CHILD'S NAME 9-14-99 MS Form V. S. No. 11-C-25m-7-21-19  
PLACE OF BIRTH STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
COUNTY OF Gooding CERTIFICATE OF BIRTH

City of Hagerman Registration District No. \_\_\_\_\_ File No. 79883  
No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 21 Registered No. \_\_\_\_\_  
KATHLEEN

FULL NAME OF CHILD Violet Cathelyn Jacobson

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? _____	Date of Birth <u>May 31</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	--------------------------------	-------------------	--

FULL NAME <u>Leland A Jacobson</u>	FATHER
RESIDENCE <u>Hagerman</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Violet Rider</u>	MOTHER
RESIDENCE <u>Hagerman</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Okla.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Aline at 7 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Hagerman  
Filed June 2 1920 R N Greene  
Registrar

Registrar

AUG 7 1967

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Center for Vital Statistics  
and Health Policy

8-18-99

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho  
County of Canyon

RECEIVED  
VITAL STATISTICS  
1999 SEP -9 PM 2:52

Certificate No. 1920-79883  
Date Filed JUNE 2, 1920

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for VIOLET CATHELYN JACOBSON who WAS BORN on MAY 31, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in HAGERMAN (GOODING) ID are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

CHILD'S NAME

VIOLET CATHELYN JACOBSON

VIOLET KATHLEEN JACOBSON

Subscribed and sworn to before me this 2nd day of

Sept 1999  
Notary Public, 2088  
Residing at Meridian, Idaho  
My commission expires 10-8-03

x Kathleen Burnie  
Signature of Applicant  
x 16574 Burnie Dr. rampald  
Street Address, City, State  
83651

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho  
County of Idaho } ss.

(Must be completed )  
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_

Supporting Signature

Street Address, City, State

(Seal)

1cc pd

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 9/14/1936 FILE #1936-246418  
SHOWS BONNIE FAY BURNIE BORN JULY 19, 1936 IN PAYETTE COUNTY IDAHO TO  
VIOLET KATHLEEN JACOBSON AND BOYD BURNIE VIEWED VS.

STATE OF IDAHO CLASS D DRIVER'S LICENSE ISSUED TO VIOLET KATHLEEN BURNIE  
BORN MAY 30, 1920 ON MAY 30, 1996 VIEWED VS.

391-118-024-144

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of GoodingCity of Nagerman

Registration District No. ....

File No. 79886

No. .... St. ....

Primary Registration District No. 24

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Foster CraneSex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJan 18 1920  
(Month) (Day) (Year)FULL  
NAMEF. Crane

FATHER

FULL  
MAIDEN  
NAMEBertha Addie

MOTHER

RESIDENCE

Nagerman

RESIDENCE

Nagerman

COLOR

WhiteAGE AT LAST  
BIRTHDAY47  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Texas

BIRTHPLACE

Kansas

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 1 A M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

R N Greene M.D  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Nagerman

Filed

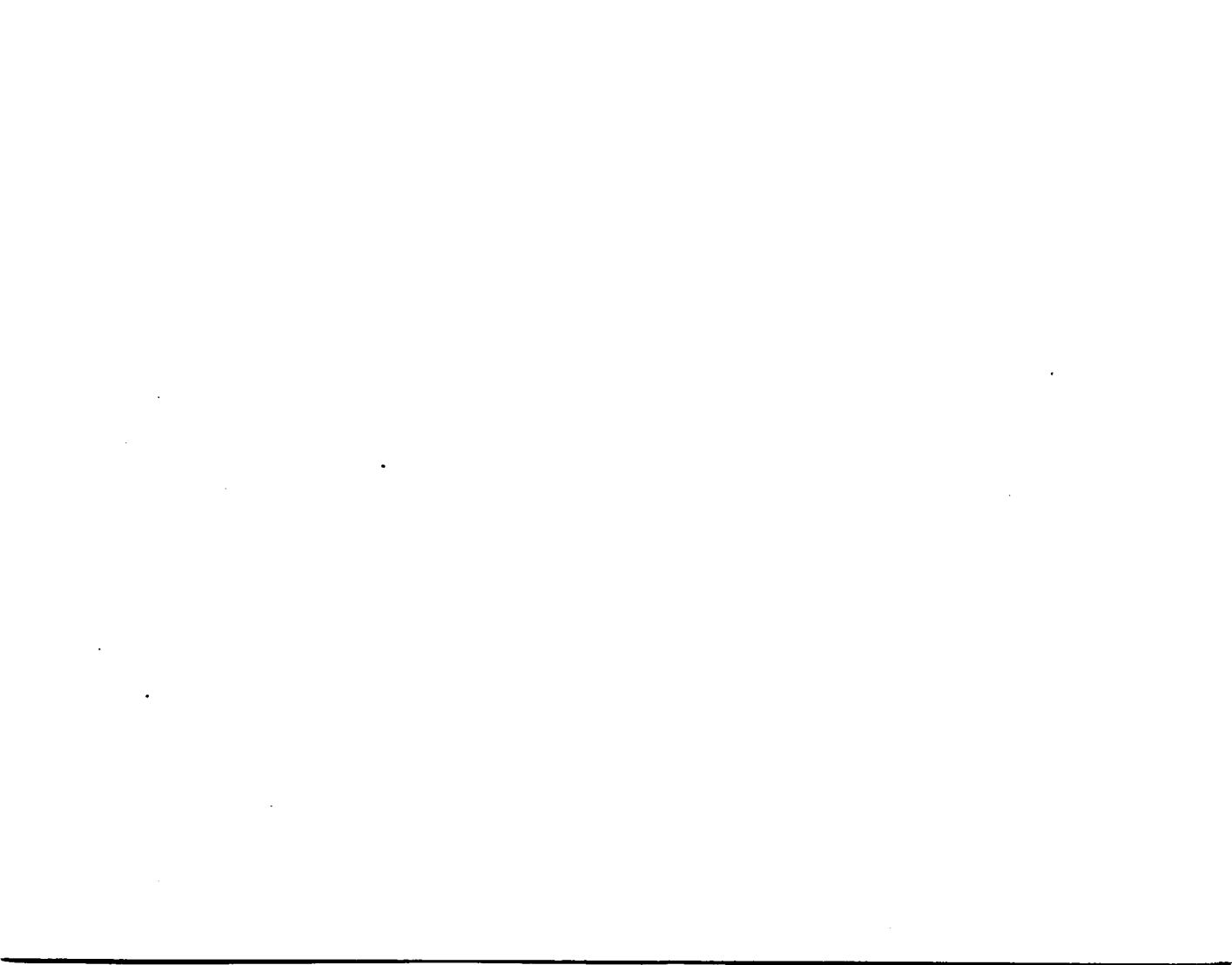
Jan 20 1920R N Greene

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



365 - 231-024-793

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79887

County of GoodingCity of Hagerman

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 21 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sarah Marion ConditSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJan 31 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Silas J Condit

RESIDENCE

Hagerman

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Mary Revere Gilmore

RESIDENCE

Hagerman

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Oklahoma

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R H Greene M.D

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Hagerman

Filed

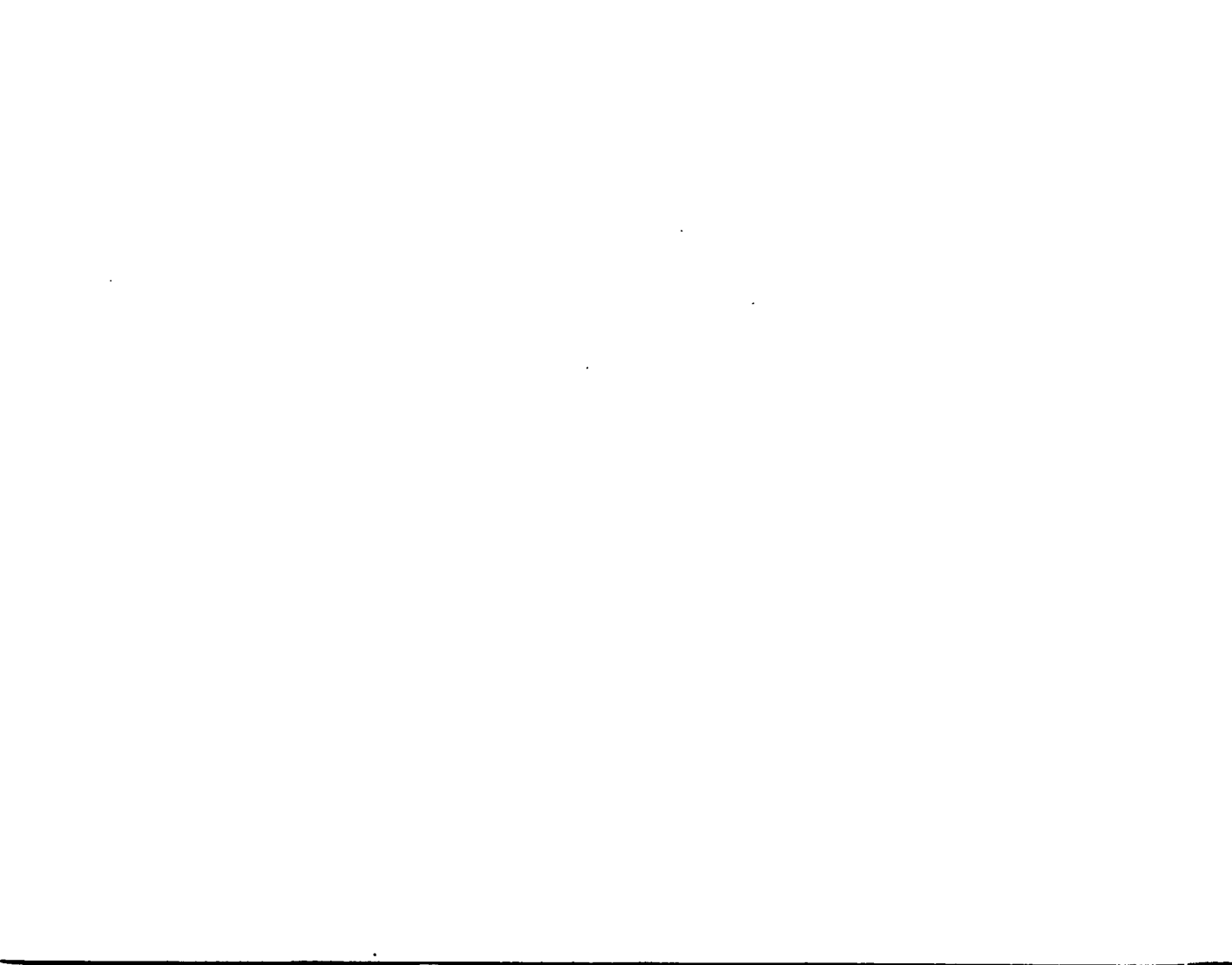
Feb 10 1920R H Greene

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





268-228-024-799

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of GoodingCity of HagermanRegistration District No. \_\_\_\_\_ File No. 79888

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 21 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Marie Catherine Boyer

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>Jan 25 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-------------------------	--

FULL NAME <u>GB Boyer</u>	FATHER
RESIDENCE <u>Hagerman</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Ill</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ella Erickson</u>	MOTHER
RESIDENCE <u>Hagerman</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Iud</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 11:20 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address HagermanFiled Jan 30 1920 R N Greene  
Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 11 1966

DECEASED

249-216-024-522

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79889

County of GoodingCity of Bliss

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 24 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Unice Marie SmithSex of Child FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate? jcDate of  
BirthMar 161920

(Month)

(Day)

(Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

R N Greene  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Mar 20 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

APR 27 1966

365-119-024-797

## PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

Sex of  
Child

male

Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?Date of  
BirthMar 19  
(Month) (Day)1920  
(Year)FULL  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FATHER

AGE AT LAST  
BIRTHDAY

(Years)

FULL  
MAIDEN  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

AGE AT LAST  
BIRTHDAY

(Years)

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Address

Filed

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

79890

Registration District No.

File No.

Primary Registration District No.

Registered No.

James Hiram Loving

Ira J. Loving

Hagerman

Louisiana

Farmer

Clara Gibson

Hagerman

Alabama

Housewife

Alive, at 11 P. M.  
(Born alive or stillborn)

(Signature)

R. H. Greene  
Physician  
(Physician or midwife)

Hagerman

Mar 24 1920

R. H. Greene

Registrar

DEC 22 1953

JUL 17 2007

495-120-024-219

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of GoodingCity of Hagerman

Registration District No. \_\_\_\_\_

File No. 79891

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Halter Ches Minner

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mateYesDate of  
BirthMar 20 19 20  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Chas Edward Minner

RESIDENCE

Hagerman

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Farmer & CarpenterFULL  
MAIDEN  
NAMEMOTHER  
Edith Ella Barton

RESIDENCE

Hagerman

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Neb.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Alice, at 9:15 a. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

R. H. Greene  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Hagerman

Filed

Mar 20 1920R. H. Greene

Registrar

Registrar

C.C. 4/29/41. wh.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

386-219-024-795

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

79892

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of  
Child

female

Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?

Geo

Date of  
Birth

Feb 19

(Month) (Day)

1920 (Year)

FULL  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FATHER

Fred Thompson

Hagerman

AGE AT LAST  
BIRTHDAY33  
(Years)

Idaho

Carpenter

FULL  
MAIDEN  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

Mabel A Green

Hagerman

White

Idaho

Housewife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature)

at 830 P M.  
(Born alive or stillborn)

Charlotte Green

(Physician or midwife)

Address

Hagerman

Filed

May 28 1920

Registrar

Dup of 1920-220993

795-112-024-399

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

70893

County of LooduyCity of Hagerman

Registration District No. ....

File No. ....

No. .... St. ....

Primary Registration District No. 21

Registered No. ....

Hospital .....

FULL NAME OF CHILD Lee Ann Green

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimacy? <u>Leg</u>	Date of Birth <u>Jan 12 1920</u> (Month) (Day) (Year)
--------------------------	-----------------------------------	-----------------------------------	------------------------	--

FULL NAME <u>John H Green</u>	FATHER
RESIDENCE <u>Hagerman</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ellen Christ</u>	MOTHER
RESIDENCE <u>Hagerman</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 39 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charlotte Green  
Midwife  
(Physician or midwife)

Given names added from a supplemental report. ....

Address HagermanFiled May 28 1920 R N Green

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1972

755 - 118-024-843

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of GoodingCity of NagerRegistration District No. \_\_\_\_\_ File No. **79894**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 21 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD, George John Penfold

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>24</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 18 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	------------------------------------	------------------------	--

FULL NAME <u>Parley Penfold</u>	FATHER
RESIDENCE <u>Utah Nager</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Grace N. Hulme</u>	MOTHER
RESIDENCE <u>Nager</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at N.P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Greene  
Physician  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

Address Nager  
Filed May 20 1920 R. N. Greene  
Registrar Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 4 1967

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-205-024-652

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79895

County of Gooding

City of Nager

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Hildeo Beard HILDA FERN BEARD

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 5</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	--------------------------------	------------------------	---

FATHER  
FULL NAME Herbert Beard  
RESIDENCE Nager  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Mo  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Mattie M. Webb  
RESIDENCE Nagerman  
COLOR White AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

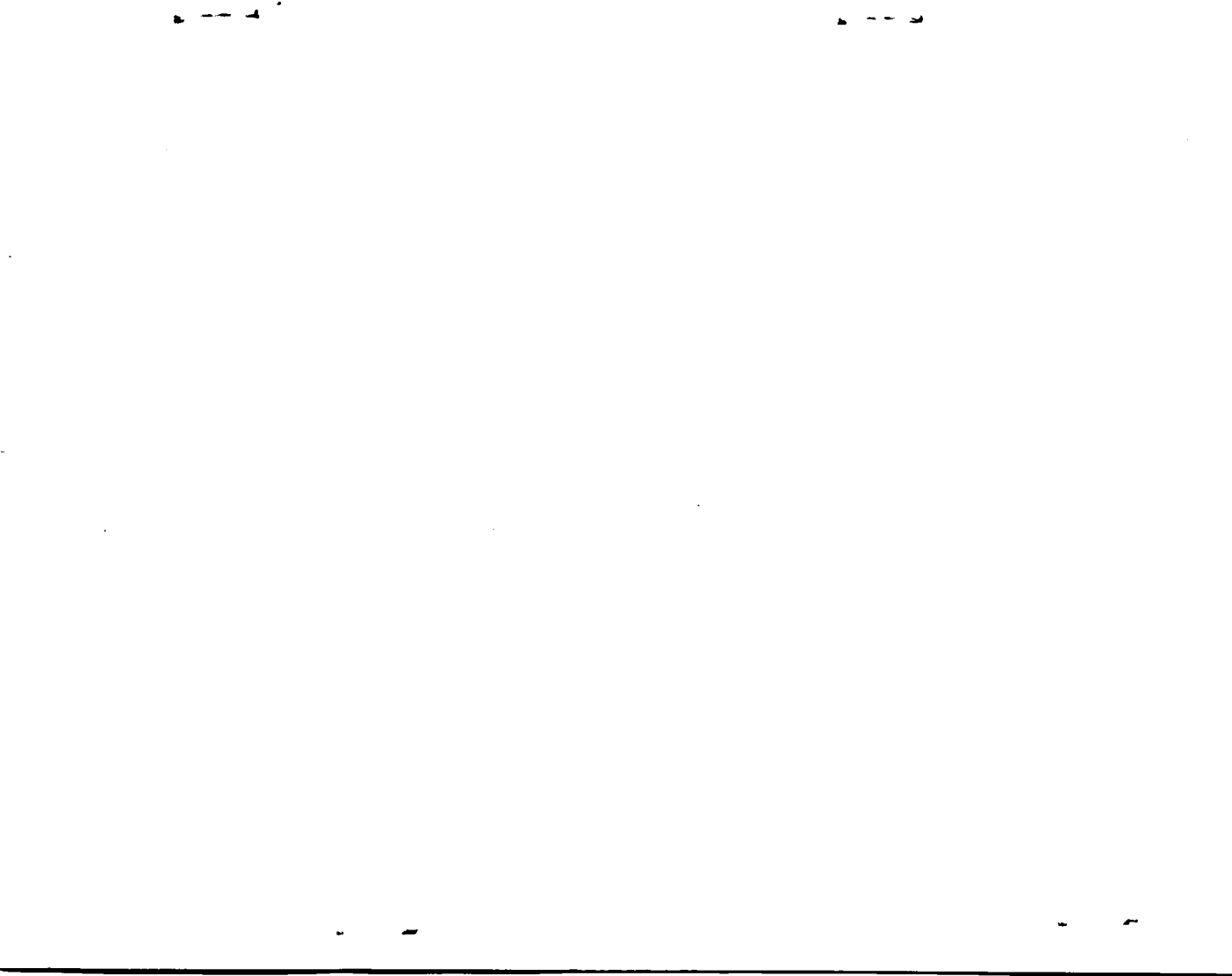
I hereby certify that I attended the birth of this child, who was Alive, at 10-8 M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Greene  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Nagerman  
Filed May 10 1920 R. H. Greene  
Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Twin Falls } ss. Certificate No. 79895  
Date Filed April 5th 1920

The undersigned does solemnly swear that certain facts on the certificate of Born  
for Hilda Fern Beard who Born on April 5th 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Hagerman, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
Name Hilda Hilda Fern Beard

Subscribed and sworn to before me this 27th  
day of January, 1943

E. J. Buhl  
Notary Public, residing at Buhl, Idaho  
My commission expires March 15, 1945  
(SEAL)

Signed Mollie Beard  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
205 S. 7th St. Buhl, Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL)

Signed \_\_\_\_\_  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
\_\_\_\_\_  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

FEB 3 1943

315-222-024-312

Form V, S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79896

County of GoodingCity of Nagerman

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 24 Registered No. \_\_\_\_\_FULL NAME OF CHILD Leon Carlos

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 22 1920</u> (Month) (Day) (Year)
----------------------------	----------------------------------	-----	-----------------------------------	------------------------	--

FULL NAME <u>Ralph L. Carlos</u>	FATHER	FULL MAIDEN NAME <u>Minnie Laberombie</u>	MOTHER
RESIDENCE <u>Nagerman</u>		RESIDENCE <u>Nagerman</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Colo</u>		BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>Labourer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 5-2 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address NagermanFiled Apr 28-1920

Registrar

Registrar R N Greene

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

**OCT 28 1971**

359-203-024-353

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of GoodingCity of Hagerman

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

79897

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Lila Belle Terry

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth _____	Legitt mate? <u>Yes</u>	Date of Birth <u>Mar 3</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-------------------------	---

FULL NAME FATHER Robt G TerryRESIDENCE HagermanCOLOR White AGE AT LAST BIRTHDAY 38 (Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL MAIDEN NAME MOTHER Florence E SelmanRESIDENCE HagermanCOLOR White AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

1920

Registrar \_\_\_\_\_

Registrar R H Greene



613-111-024-539

## PLACE OF BIRTH

County of GoodingCity of Hagerman

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Vern Edward FallinSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

Primary Registration District No. 21 Registered No. \_\_\_\_\_

79898

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Geo</u>	Date of Birth <u>May 11</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>Ralph N Fallin</u>	FATHER
RESIDENCE <u>Hagerman</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Nora Elison</u>	MOTHER
RESIDENCE <u>Hagerman</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 6:2 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene  
(Physician or midwife)

Given names added from a supplemental report.

Address HagermanFiled May 10 1920 R N Greene  
Registrar Registrar

Registrar

JAN 22 1971

NOV 26 1941



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

County of Gooding  
City of Gooding  
446-125-0241-695  
No. Sl

24 CERTIFICATE OF BIRTH

Registration District No. ....

File No. .... **79899**

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD .....

Duff

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 25</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Earl Duff</u>	MOTHER FULL MAIDEN NAME <u>Bertha French</u>		
RESIDENCE <u>Bliss</u>	RESIDENCE <u>Bliss</u>		
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>21</u> (Years)		
BIRTHPLACE <u>Kansas</u>	BIRTHPLACE <u>Kansas</u>		
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

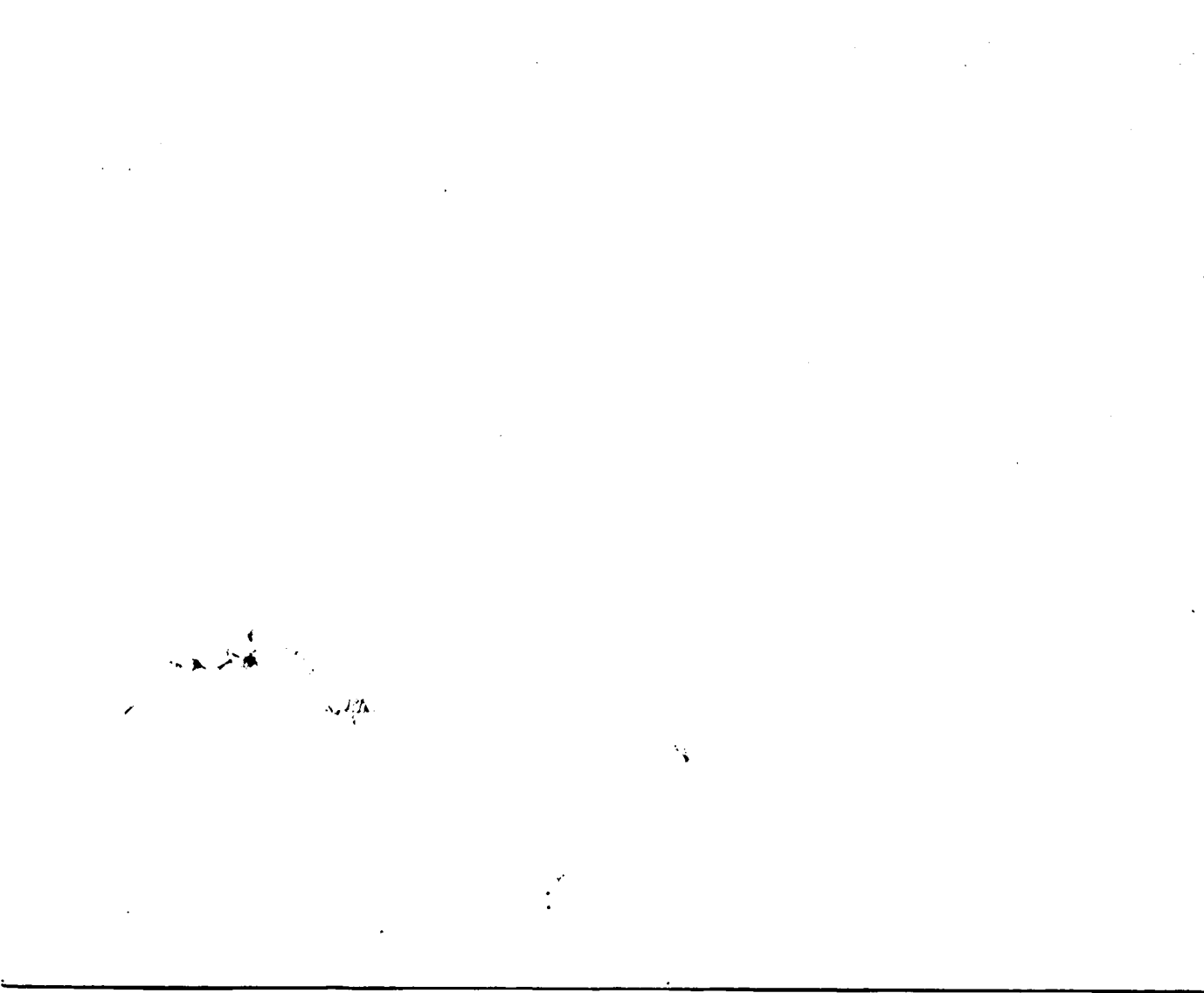
I hereby certify that I attended the birth of this child, who was alive at 11:40 A. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. E. Lander  
per A. J. Jorg  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....  
.....  
Registrar 6-8-1920 F. J. Cary M.D.  
Registrar



255-224-024-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-Rev-9-3-27

County of Gooding

City of Gooding

Registration District No. ....

File No. 79900

No. ....

Primary Registration District No. ....

Registered No. ....

Hospital ....

FULL NAME OF CHILD EDITH EVELYN Beeson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u>	and { Number in order of birth <u>    </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>May 24</u> <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Ray Beeson  
RESIDENCE Gooding  
COLOR White AGE AT LAST BIRTHDAY 29  
(Years)  
BIRTHPLACE Farmer Kansas  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Edith Wilson  
RESIDENCE Gooding  
COLOR White AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Washington  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

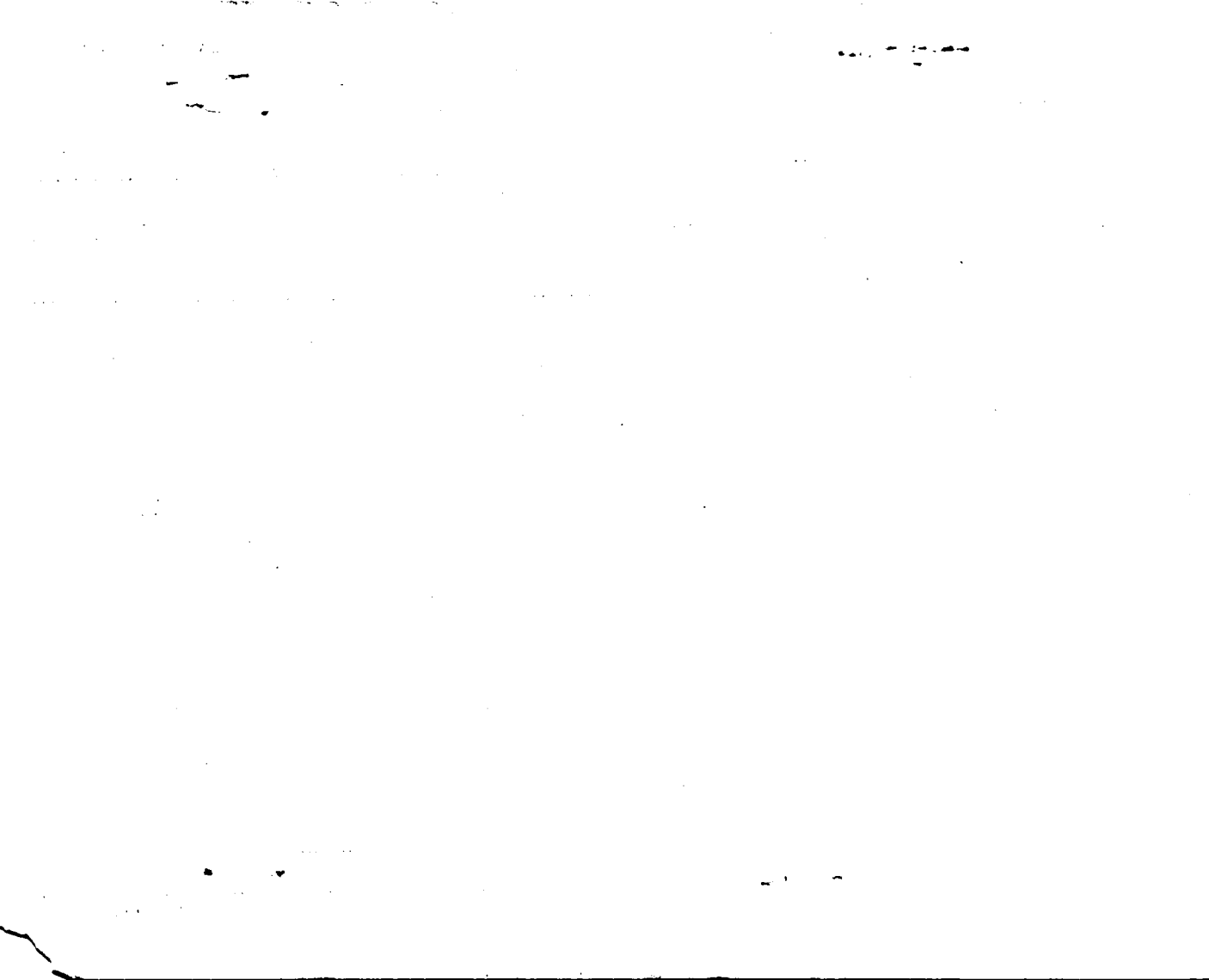
I hereby certify that I attended the birth of this child, who was alive 7:40 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb  
pei a. z  
(Physician or midwife)

Given names added from a supplemental report.

Address Gooding  
Filed 6-8-19-20 77. Cary  
Registrar



MAY 4 1943

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Owyhee } ss.

Certificate No. 79900

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)  
for Edith Evelyn Beeson who was born on May 24th. 1920 (Date of Event)  
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Bible Record Insurance Policy prepared on Nov 9, 1936 (Give Date), are:

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Edith Evelyn Beeson

Subscribed and sworn to before me this 30th.  
day of April, 19 43

Notary Public, residing at Caldwell, Idaho.

My commission expires June 15th. 1944.  
(Seal)

Signed Mrs Roy Beeson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Homedale, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Boise } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3  
day of May, 19 43

Notary Public, residing at Boise, Idaho

My commission expires April 8, 1946  
(Seal)

Signed Mrs Ella Beeson  
(Signature of Any Credible Person Other Than Previous Year)  
Rt 3 Boise, Idaho.  
(Street Address, City, State)

MAY 4 1943

MAY



695-216-024-114

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-3-3-17

County of Gooding

City of Gooding

No. 31

Registration District No. ....

File No. 79901

Hospital .....

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD

Minters

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>May 16 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Fred Minters</u>	FATHER
RESIDENCE <u>Utah Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lilly Lamatt</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>76</u> (Years)
BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 11 A. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. Lamb  
per Alice Zingg  
(Physician or midwife)

Given names added from a supplemental report.

Address Gooding

Filed 6-8-1920

Registrar

Registrar

1944-1945

HTS

[REDACTED]



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

204-213-024-813  
PLACE OF BIRTH

BUREAU OF

U. S. No. 11-0-22m-22-27

CERTIFICATE OF BIRTH

County of Gooding  
City of Gooding  
No. 35 St.

Registration District No. ....

File No. 79902

Hospital .....

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD Norma Paula

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	(Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>May 13 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Fred J. Pauls</u> RESIDENCE <u>Gooding</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>18</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Helen Hall</u> RESIDENCE <u>Gooding</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>18</u> (Years) BIRTHPLACE <u>Michigan</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. 3:20 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb  
per deuce jing  
(Physician or midwife)

Given names added from a supplemental report.

.....19..... Address.....  
..... Filed 6-8-1920 F. T. Cary M.D.  
Registrar Registrar



759-205-024-994

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-Rev-9-17

## CERTIFICATE OF BIRTH

79903

County of GoodingCity of Gooding

Registration District No. ....

File No. ....

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD EVELYN JANEPerry

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	(Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>May 5 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Yes. Perry</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Elizabeth Riddle</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>South Dakota</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 12 M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

N. E. Hambl  
Reva. J. J. J.  
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 6-8-1920

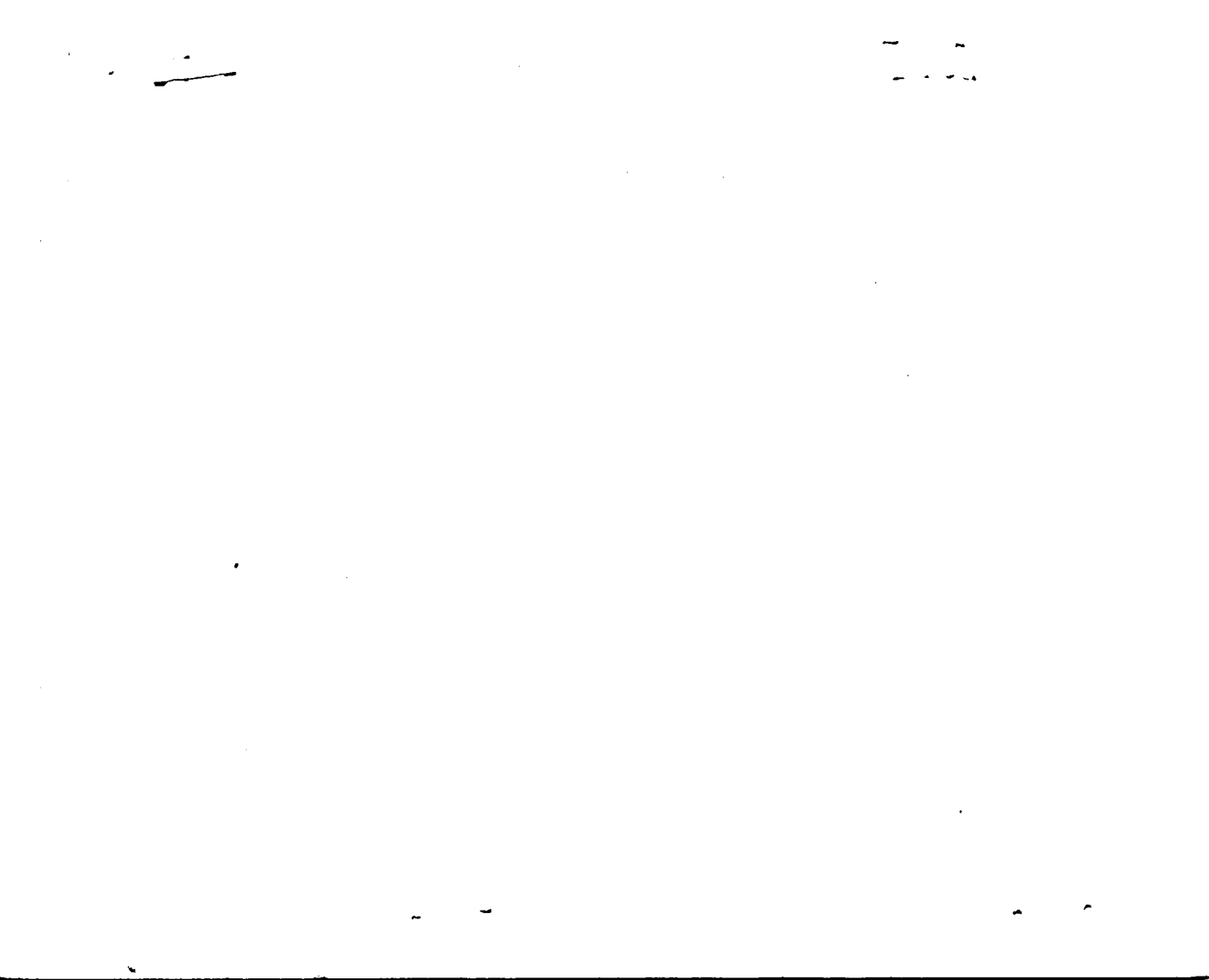
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO -  
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.  
County of Gooding  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Evelyn Jane Perry who was born on may 5 1920  
in Gooding (Name on Original Certificate) (Was Born or Died) (Date of Event)  
Gooding (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by mother prepared on may 7 1943, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)  
Name

FROM  
(As on Original)  
Unnamed

TO  
(The Correct Facts)  
Evelyn Jane Perry

Subscribed and sworn to before me this 7  
day of MAY, 1943  
Rest Barber, Clerk Dist Court  
Notary Public, residing at Gooding, Idaho  
My commission expires  
(Seal)

Signed Mrs Elizabeth Perry  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

(Street Address, City, State)

My commission expires \_\_\_\_\_  
(Seal)

MAY 18 1948

235-101-024-893

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of GoodingCity of Gooding

No. .... St.

Registration District No. ....

File No. .... 79904

Hospital William

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD Hice Steenis

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>May 1 1920</u> (Month) (Day) (Year)
--------------------------	----------------------------------	--------------------------------	------------------------	---

FULL NAME <u>James Steenis</u>	FATHER
--------------------------------	--------

FULL MAIDEN NAME <u>Adeline Hice</u>	MOTHER
--------------------------------------	--------

RESIDENCE <u>Bliss</u>	
------------------------	--

RESIDENCE <u>Bliss</u>	
------------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
--------------------	---

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
--------------------	---

BIRTHPLACE <u>Nebraska</u>	
----------------------------	--

BIRTHPLACE <u>Colorado</u>	
----------------------------	--

OCCUPATION <u>Farmer</u>	
--------------------------	--

OCCUPATION <u>Housewife</u>	
-----------------------------	--

Number of child of this mother, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 A. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Karch

(Physician or midwife)

Given names added from a supplemental report.

Address GoodingFiled 6-8-1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





MARGIN RESERVED FOR BONDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-227-024-863

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-2-3-17

County of Gooding  
City of Gooding  
No. .... St.

Registration District No. ....

File No. .... **7.9905.**

Hospital .....

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD ..... **HELEN Fordice**

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	} and { Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 27 1920</u>		
				(Month)	(Day)	(Year)

FATHER  
FULL NAME Sherman Fordice  
RESIDENCE Gooding  
COLOR White AGE AT LAST BIRTHDAY 44 (Years)  
BIRTHPLACE Iowa  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Ellie Holmquist  
RESIDENCE Gooding  
COLOR White AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Illinois  
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 A. M. on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. E. Lamb  
for Alice Zingg  
(Physician or midwife)

Given names added from a supplemental report.

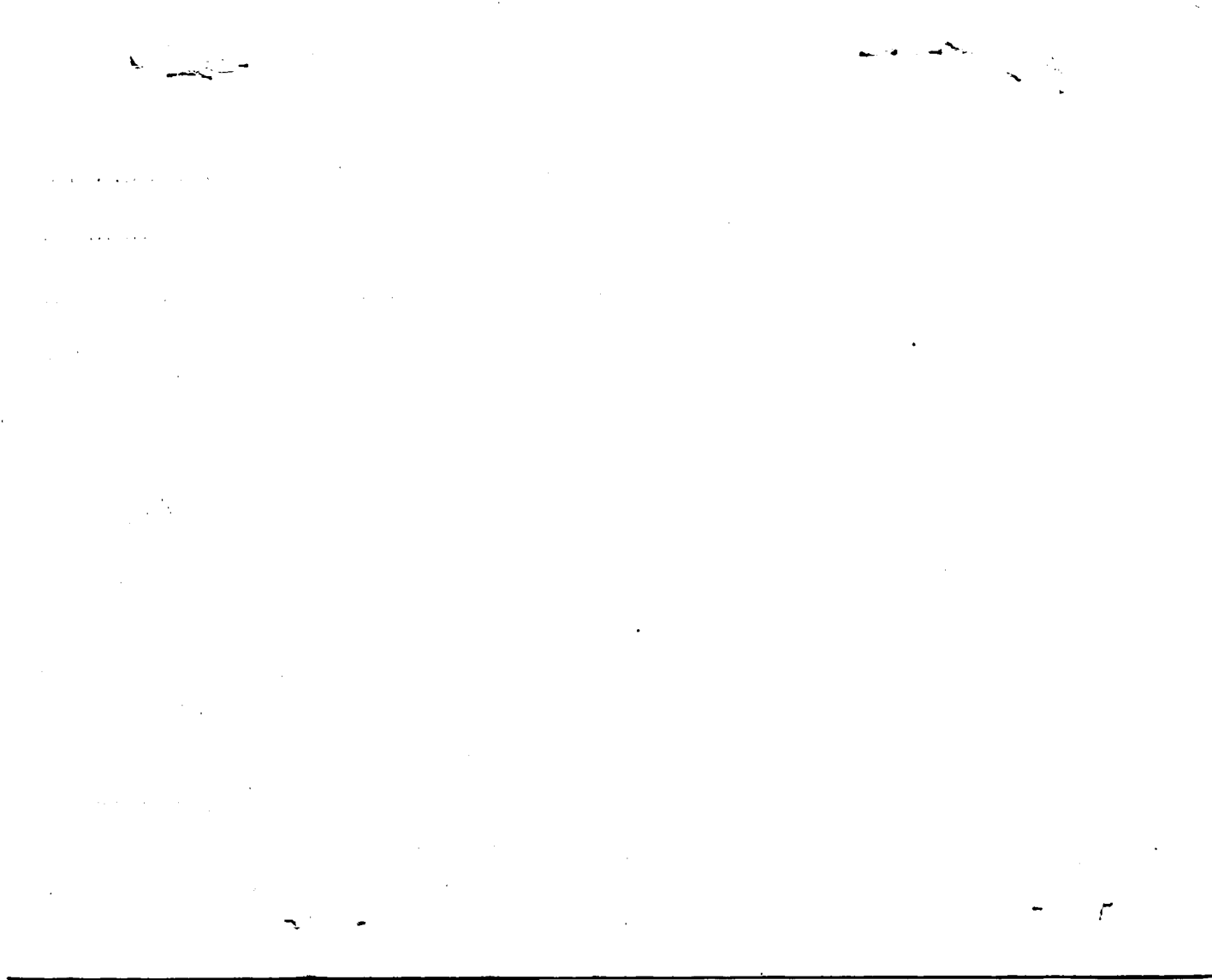
..... 19.....

Address .....

Registrar

Filed 6-8-20

W. C. Carney M. D.  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 79905  
County of Ada }

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Helen Fordice who was born on April 27, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Gooding, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name unnamed Fordice Helen Fordice

Subscribed and sworn to before me this 31st  
day of March, 1942  
*[Signature]*  
Notary Public, residing at Meridian, Ida.  
My commission expires July 25, 1944  
(Seal)

Signed Tillie Fordice (mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

1

1990

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

344-116-024-433

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-4-27

County of Gooding

City of Gooding

Registration District No. ....

File No. 79906

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Harold Arvil Cunningham

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and { Number in order of birth <u>    </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Mar 16 20</u> (Month) (Day) (Year)
--------------------------	---	--	------------------------	--

FULL NAME <u>Willard A Cunningham</u>	FATHER
RESIDENCE <u>Nendell -</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Dotie Ulick</u>	MOTHER
RESIDENCE <u>Nendell</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive 6 P on the date above stated. (Born alive or stillborn) at ..... M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. E. Landis  
per Arvil Cunningham  
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address.....

.....

Filed 6-8-1920 77 Cary M. S.

Registrar

Registrar

MAR 27 1952

12/5/40 L. B.

712-214-025-753

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of GrangevilleRegistration District No. 103

File No.

79908

No. \_\_\_\_\_ St.

Primary Registration District No. 1001Registered No. 33

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Eleanor Valentin Gabriel

Sex of Child

7Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthFeb 141920

(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEElling Gabriel

FATHER

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY53  
(Years)

BIRTHPLACE

Norway

OCCUPATION

StockmanFULL  
MAIDEN  
NAMEBessie Peters

MOTHER

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Minn.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 84, M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

(Signature)

R. J. Alcorn

(Physician or midwife)

Address


Grangeville

Filed

June 7 1920G. D. Stockton

Registrar

Registrar



AUG 4 1959

JUL 6 1960



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

513 224-025-389

CHILD'S DOB AMENDED 9-7-2010 CMW

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Jacks

City of Mayfield

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 103 File No. 79909

Hospital Alcon

Primary Registration District No. 1001 Registered No. 32

FULL NAME OF CHILD

Melba Solz

Sex of Child F

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and  
Number  
in order  
of birth

Legiti  
mate?

Date of Birth MAY 24 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alcon, at 8 1 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

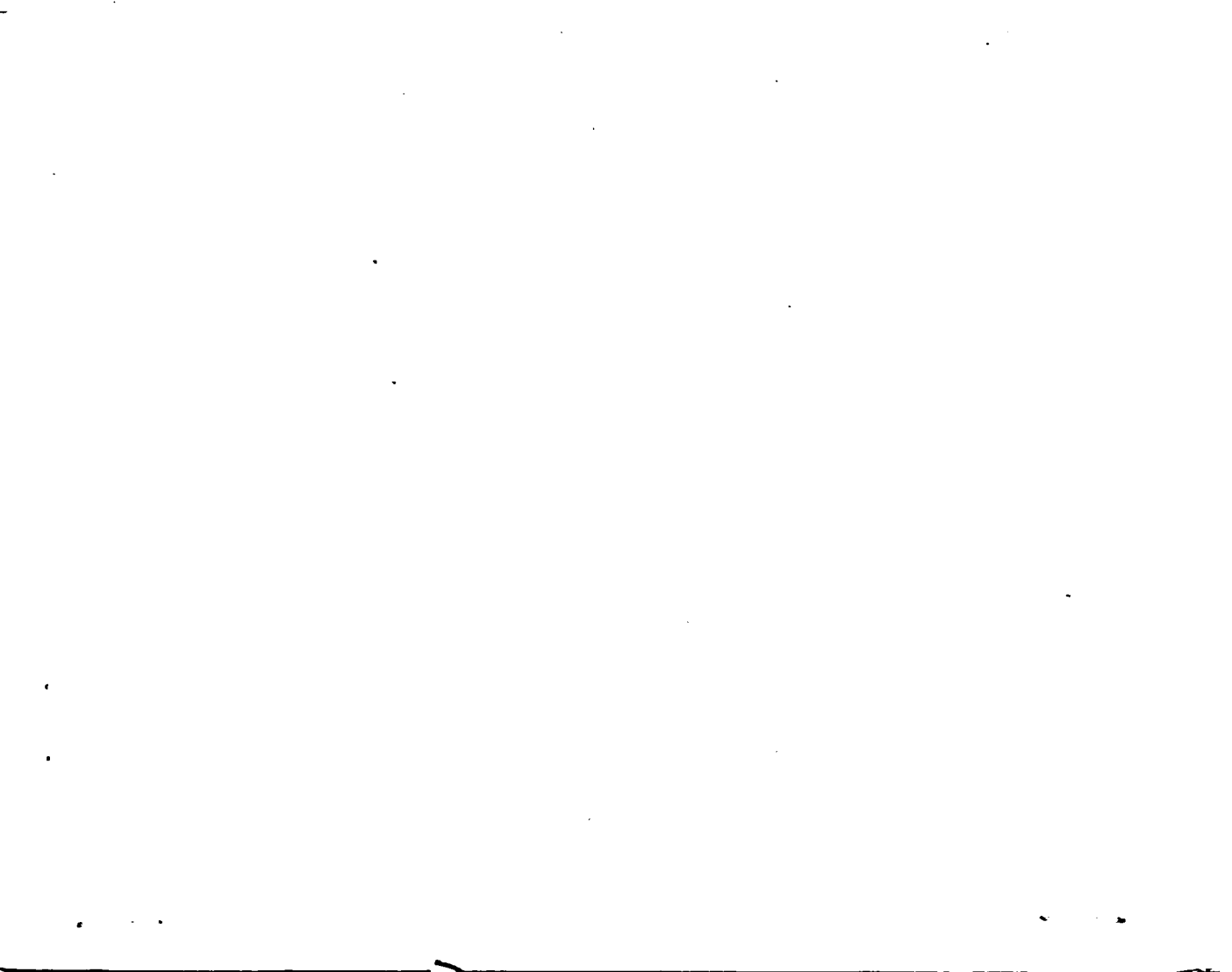
19

Address

Filed

Registrar

Registrar



RECEIVED

SEP 02 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

Colorado  
State of Idaho }  
County of Mesa } SS  
Idaho

Certificate No. 79909  
Date Filed 06/07/1920

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
Birth \_\_\_\_\_  
(Birth, Death, Marriage, etc.)  
for Melva Volz who was born on 05/24/  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Grangeville (Idaho Co), Id.  
(Place of Event)  
are erroneous or were omitted.

ITEMS TO BE CORRECTED

FROM

TO

ITEMS TO BE CORRECTED	FROM	TO
child's birthdate	May 24	May 24, 1920

Subscribed and sworn to before me this 31<sup>st</sup> day of August, 2010

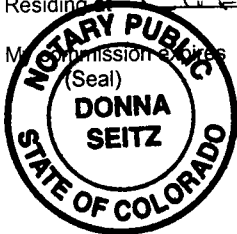
Notary Public, Donna Seitz

Residing at Clifton, CO

My commission expires 2-12-11

Melva Thacker  
Signature of Applicant

486 33rd Clifton, CO 81520  
Street Address, City, State and Zip



SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ (Must be completed ☐ )

County of \_\_\_\_\_ (Is not necessary ☒ )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Signature of Applicant

Street Address, City, State and Zip

August 27, 2010

SOCIAL SECURITY RECORD MELVA M THACKER DATE OF BIRTH: 5-4-1920  
ENTITLED: 5/1985 VIEWED BY VS  
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. MELVA M THACKER DATE  
OF BIRTH: 5-24-1920 ADMISSION DATE: 12-10-2004 VIEWED BY VS



Amended 6-22-71

(Be sure the information is complete and accurate)

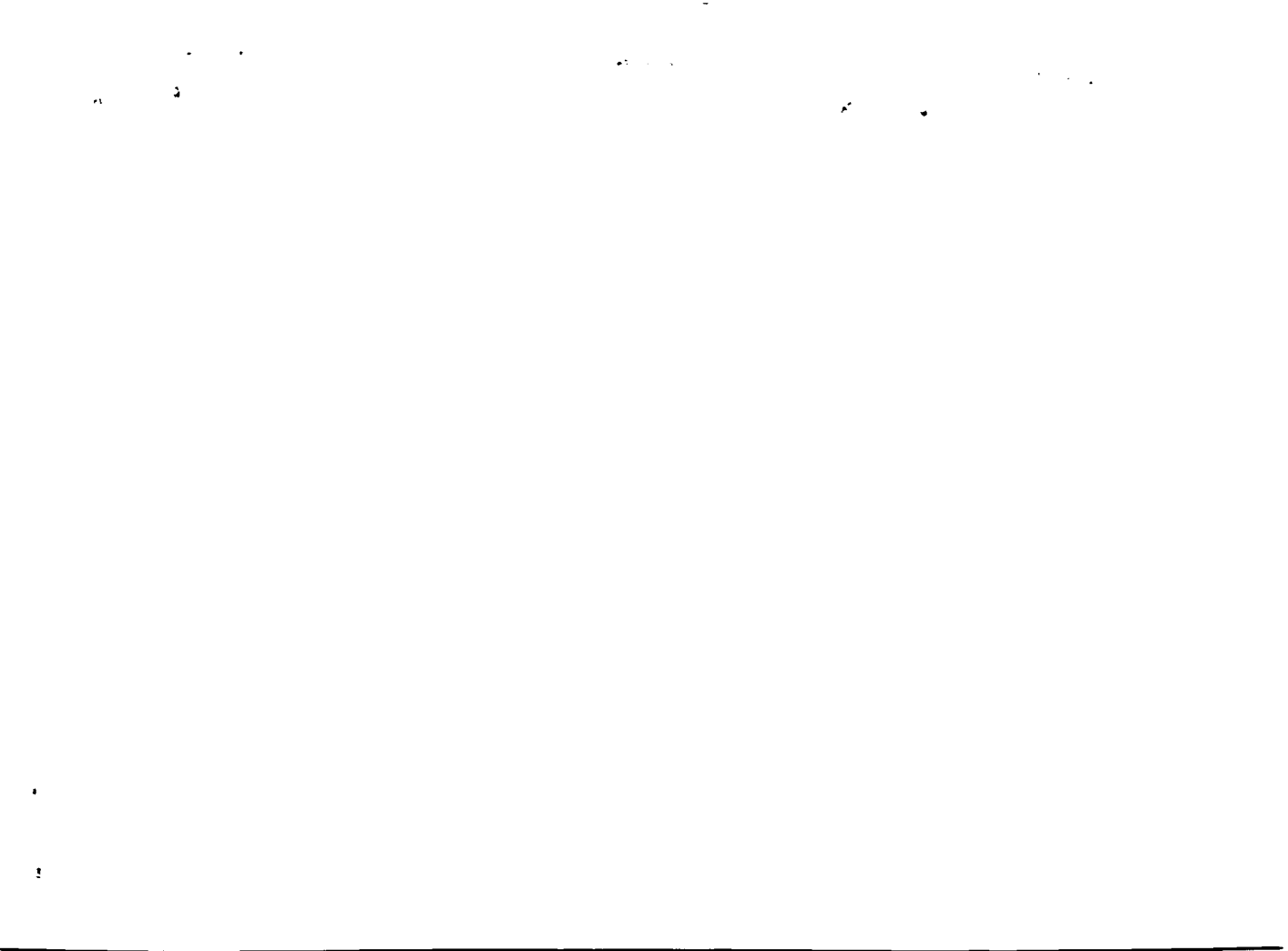
State File No. 79910

Local Reg. No. 31

Reg. Dist. No. 2181

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

<b>1. PLACE OF BIRTH</b>		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?)	
a. COUNTY <b>Idaho</b>		a. STATE <b>Idaho</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grangeville</b>		b. COUNTY <b>Idaho</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grangeville</b>	
d. STREET ADDRESS		(If rural, give location)	
<b>3. CHILD'S NAME</b>			
a. (First) <b>Howard</b>		b. (Middle) <b>Harold</b>	
c. (Last) <b>Altman</b>			
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) <b>May 7, 1920</b>
<b>FATHER OF CHILD</b>			
<b>7. FULL NAME</b>			
a. (First) <b>J.</b>		b. (Middle) <b>H.</b>	
c. (Last) <b>Altman</b>			
8. AGE (At time of this birth) <b>22</b> YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) <b>Illinois</b>	10. USUAL OCCUPATION <b>Farmer</b>	11. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>
<b>MOTHER OF CHILD</b>			
<b>12. FULL MAIDEN NAME</b>			
a. (First) <b>Cassie</b>		b. (Middle) <b>Schmadeka</b>	
c. (Last)			
13. AGE (At time of this birth) <b>17</b> YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) <b>Grangeville, Idaho</b>	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		a. How many OTHER children are now living? <b>0</b>	b. How many OTHER children were born alive but are now dead? <b>0</b>
c. How many children were stillborn (born dead after 20 wks. pregnancy?) <b>0</b>			
<i>I hereby certify that this child was born alive on the date stated above.</i>		<b>17. SIGNATURE</b> <b>R. J. Alcorn</b>	
<b>19. ADDRESS</b> <b>Grangeville</b>		<b>18. ATTENDANT AT BIRTH</b> M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____	
<b>21. DATE REC'D BY LOCAL REG.</b> <b>June 7, 1920</b>		<b>20. DATE SIGNED</b> <b>June 7, 1920</b>	
<b>22. REGISTRAR'S SIGNATURE</b> <b>G. S. Stockton</b>		<b>23. DATE ON WHICH GIVEN NAME ADDED</b> BY _____ Registrar	



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. Certificate No. **79910**  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of **birth**  
for **Harold Altman** who **was born** on **May 7, 1920**  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in **Grangeville, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)  
**Child's name**

**FROM**  
(As on Original)  
**Harold Altman**

**TO**  
(The Correct Facts)  
**Howard Harold Altman**

Subscribed and sworn to before me this **7th** day of

Signed **Cassie Alma Stilwell**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at **Clarkston**  
My commission expires **2-10-74**  
(Seal)

**1503 So 7th Clarkston Id**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed **H. H. Altman**  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

**Idaho**  
(Street Address, City, State)

Honorable Discharge US Army Dated November 2, 1945 gives name as  
Howard H. Altman signed Earl G. Linhart Major Ord Dept. Separation  
Center Fort Douglas, Utah . Birthdate as May 7, 1920.  
Viewed by VS

Baby Book by Mother Mrs. Joe H. Altman gives birthdate May 7, 1920  
on the Brockman Place Grangeville, Idaho name as Howard Harold Altman.  
Baby Book of Howard Harold Altman, obviously old.

Viewed by VS



381.-208-025-313

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of GrangevilleRegistration District No. 103 File No. 79911

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2181 Registered No. 30

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

June ChaseSex of  
ChildFemaleTwin  
Triplet  
or other?and { Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthMay 5 1920  
(Month) (Day) (Year)FULL  
NAMEGeorge R Chase

FATHER

FULL  
MAIDEN  
NAMEMary Callan

MOTHER

RESIDENCE

Grangeville Ida

RESIDENCE

Grangeville Ida

COLOR

White AGE AT LAST  
BIRTHDAY 34  
(Years)

COLOR

White AGE AT LAST  
BIRTHDAY 32  
(Years)

BIRTHPLACE

Idaho Co. Idaho

BIRTHPLACE

Albion S.D.

OCCUPATION

Rancher

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1: P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

B Chipman  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Grangeville Ida.

Filed

June 3 1920 Y O Stockton

Registrar

Registrar

**AUG 31 1964**

799-101-025-154

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of IdahoCity of GrangevilleRegistration District No. 103File No. 79912

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 1001 Registered No. 29

FULL NAME OF CHILD

Delmer Wilbert PriestSex of  
ChildMaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthMay 1 - 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Delmer Lindly PriestFULL  
MAIDEN  
NAME

MOTHER

Estella Ann Andrew

RESIDENCE

Grangeville

RESIDENCE

Grangeville

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Dayton Wash.

BIRTHPLACE

Conrail Idaho

OCCUPATION

Rancher

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

B. Chipman  
Physician  
(Physician or midwife)

Gloss names added from a supplemental report.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
B. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1944

362-101-025-244

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of IdahoCity of GrangerRegistration District No. 103File No. 79913

No. \_\_\_\_\_ St.

Primary Registration District No. 2181 Registered No. 23

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Albert Stockton Cosand

Sex of Child

MTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJune 1 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEAlbert S Cosand

FATHER

RESIDENCE

Granger

COLOR

WAGE AT LAST  
BIRTHDAY53  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

FarmerFULL  
MAIDEN  
NAMELena V Sumpter

MOTHER

RESIDENCE

Granger

COLOR

WAGE AT LAST  
BIRTHDAY43  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 12:45 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

G S Stockton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Granger Idaho

Filed

June 2 1920 G S Stockton

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

APR 10 1942

152-231-025-993

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of GrangevilleRegistration District No. 103File No. 79914

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1001 Registered No. 27

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Violet Jessen

Sex of Child

7Twin  
Triplet  
or other?  
(To be answered only in event of plural births){ and }  
Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthMay 31 20  
(Month) (Day) (Year)FULL  
NAMEWm H Jessen

FATHER

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY43  
(Years)

BIRTHPLACE

Mo.

OCCUPATION

LaborerFULL  
MAIDEN  
NAMENellie M Rice

MOTHER

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 7:35 P M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

(Signature)

G S Stricklin

(Physician or midwife)

Address

Grangeville Idaho

Filed

June 2 1920G S Stricklin

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

APR 13 1955



152-125-025-996

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of GrangevilleRegistration District No. 103File No. 79915

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2181 Registered No. 26

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 25</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>P. J. Jesse</u>	FATHER
RESIDENCE <u>Grangeville</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>MO -</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Louie E. Dowin</u>	MOTHER
RESIDENCE <u>Grangeville</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>MO -</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10-20 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) \_\_\_\_\_

(Physician or midwife)

Address \_\_\_\_\_

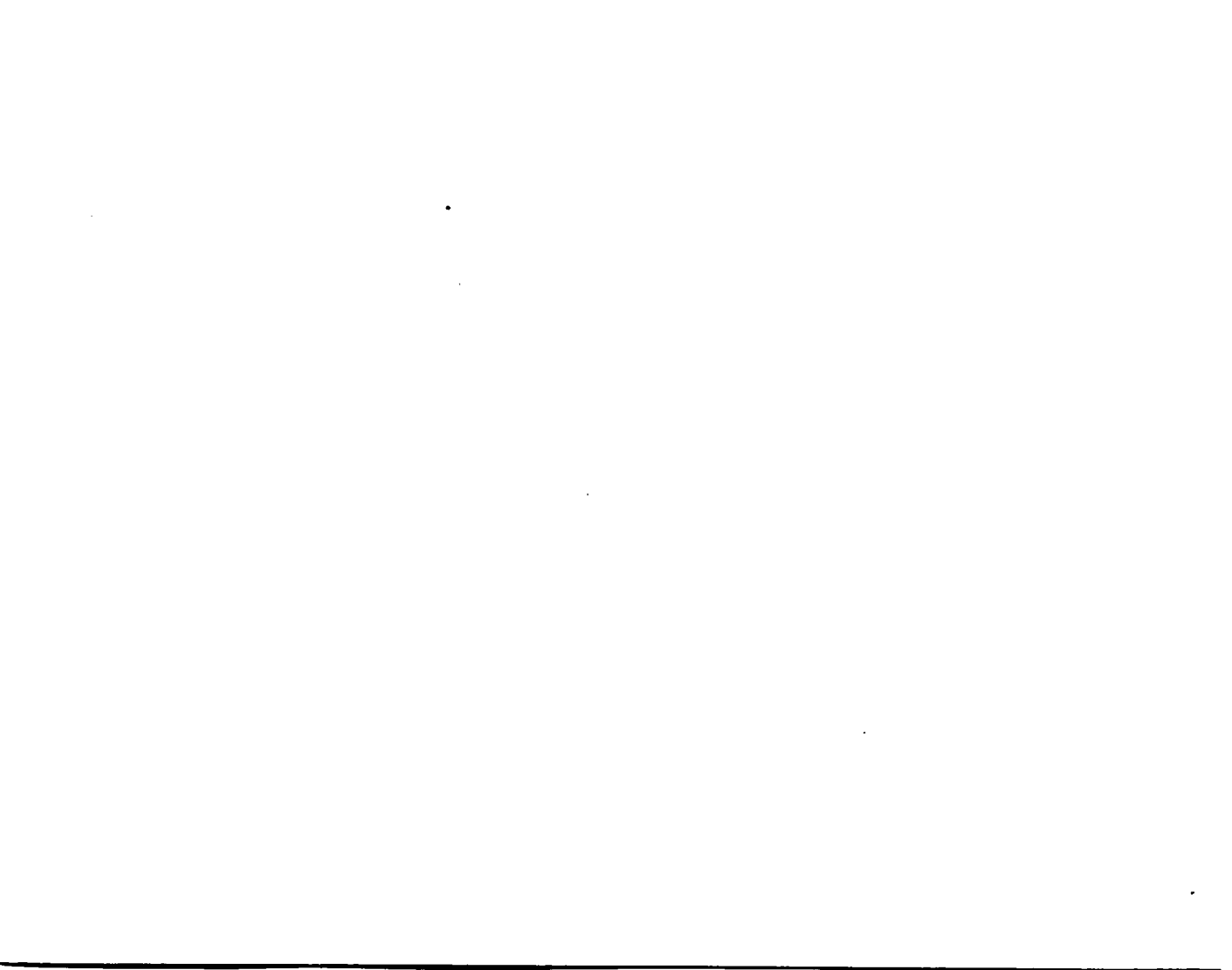
Filed \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



958-207-025-958

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of GrangevilleRegistration District No. 103 File No. 79916

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2181 Registered No. 25

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Arrothy Louise Zehner

Sex of Child

FTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthMay 7 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Carl C Zehner

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Ill.

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
Mary B Zehner

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Arkansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:15 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

G S Stockton  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Grangeville Ida

Filed

June 1 1920G S Stockton

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

NOV 4 1960

893-209-025-459

PLACE OF BIRTH

Amended Middle Name of Child, Father

Form V. S. No. 11-C-25m-7-21-19

3-25-04 LME

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

County of Idaho

CERTIFICATE OF BIRTH

City of \_\_\_\_\_

Registration District No. 104File No. 79917

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Helen Fayetta HillSex of  
ChildfemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{ }

Legiti  
mate?YesDate of  
BirthApril 9

(Month) (Day)

1930  
(Year)FULL  
NAMEDaniel Hank HillFATHER  
Hanks

RESIDENCE

Joseph - Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Eugene - Oregon

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEGertie Olive Unzicker

MOTHER

RESIDENCE

Joseph

COLOR

WhiteAGE AT LAST  
BIRTHDAY39  
(Years)

BIRTHPLACE

Emporia Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 8:30 A.M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Ellie B. Wilson  
Nurse

(Physician or midwife)

Given names added from a supplemental report.

19

Address

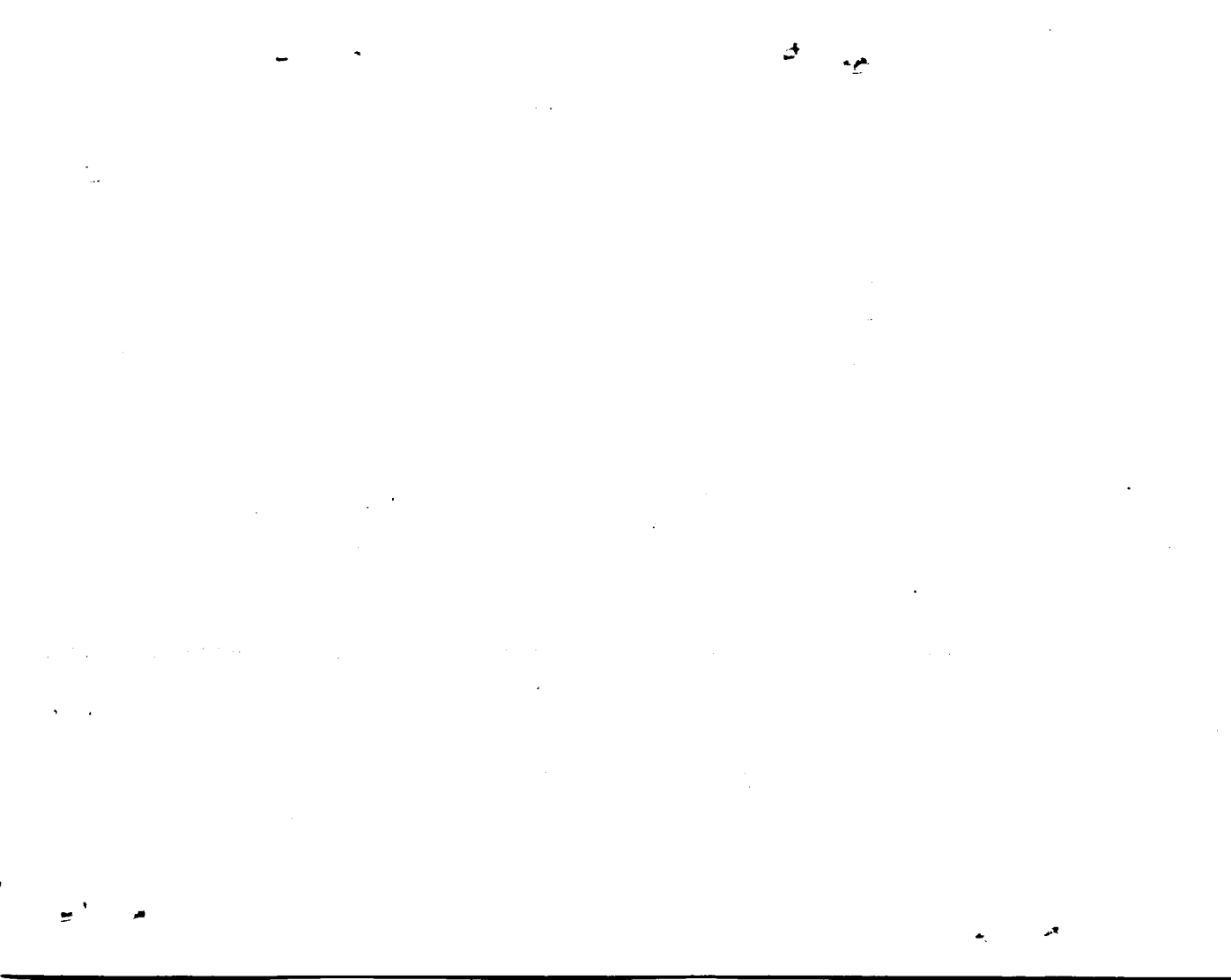
Spring Camp, Ida

Filed

Apr 1930W.A. Foster

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

VITAL STATISTICS

04 MAR 23 11:21

State of WASHINGTON

County of SNOHOMISH

SS

Certificate No. 1920-79917

Date Filed 4-20-1920

The undersigned does solemnly swear that certain facts on the certificate of birth

for Helen Faetta Hill  
(Name on Original Certificate)

who was born  
(Was Born, Died, etc.)

(Birth, Death, Marriage, etc.)

on 4-9-1920

(Date of Event Reported on Original Certificate)

in Idaho County, Idaho  
(Place of Event)

are erroneous or were omitted.

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

Middle Name of Child

Faetta

Fayette

Middle Name of Father

Hank

Hanks

Subscribed and sworn to before me this

18<sup>th</sup>

day of

March

2004

Notary Public,

Maryka V. Hebert

Residing

Arlington WA 98223

My commission expires

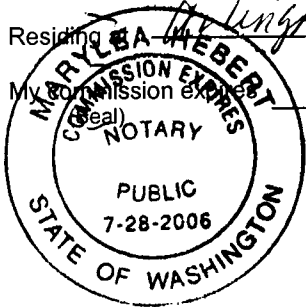
7-28-06

Signature of Applicant

Helen Fayette Peterson

Street Address, City, State and Zip

13528 180<sup>th</sup> NE Arlington Wash 98223



**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_

SS

County of \_\_\_\_\_

(Must be completed ☐)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_

Notary Public, \_\_\_\_\_

Signature of Applicant

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Street Address, City, State and Zip

Marriage Certificate for Ralph Edward Tautfest and Helen Fayette Hill legally married on 12-24-1937 at Ferdinand, Idaho. Sealed as husband and wife on 8-21-1956 in the Church of Jesus Christ of Latter-day Saints. Viewed by VS

Certificate of Baptism and Confirmation for Helen Fayette Hill Tautfest daughter of Daniel Henry Hill and Olive Unzicker born on 4-9-1920 in Joseph, Idaho, Idaho County was baptized on April 30, 1955 and confirmed on May 1, 1955 in The Church of Jesus Christ of Latter-day Saints. Viewed by VS

Idaho Live Birth for Cora Viola Hill born on 3-10-1911 states father's full name as Daniel Hanks Hill, Delayed Birth Certificate 1911- D68-0354. Viewed by VS



354-114-825-55.2

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdaCity of —Registration District No. 104File No. 79918No. — St. —Primary Registration District No. —Registered No. —Hospital —

FULL NAME OF CHILD

Colby Erskine Semons

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yes

Date of Birth

April 14 1930  
(Month) (Day) (Year)

FULL NAME

Walter Semons

FATHER

RESIDENCE

Boles

COLOR

whiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

RancherFULL  
MAIDEN  
NAME

MOTHER

alice Erskine

RESIDENCE

Boles

COLOR

whiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 4-P: M.  
on the date above stated. (Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

W. A. Foskett M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

White Bird

Filed

May19 20W. A. Foskett

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

AUG 27 1961

DEC 7 1962

253 - 229 - 025 - 814

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of IdaCity of White BirdRegistration District No. 104 File No. 79919

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD Elenore Cleone Bell

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>May 29</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FATHER

FULL NAME John W. Bell

RESIDENCE White Bird

COLOR White AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Mond Utah

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Rachel J. Hamilton

RESIDENCE White Bird

COLOR White AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Cedar City Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive, at 8 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. FoskettPhysician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed June 1920

Registrar \_\_\_\_\_

Registrar W. A. Foskett

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



164-215-025-349

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of LucileRegistration District No. 104File No. 79920No. — St. —Hospital —Primary Registration District No. —Registered No. —FULL NAME OF CHILD Mary Louise JoubertSex of  
ChildFemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthApril 16- 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

Ed Marcell Joubert

RESIDENCE

Lucile - Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

France

OCCUPATION

RancherFULL  
MAIDEN  
NAME

MOTHER

Caroline Francis Turnbull

RESIDENCE

Lucile Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Lucile - Ida

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 P. M.  
on the date above stated. (Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Mrs. A. M. Loomis  
neighbor  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

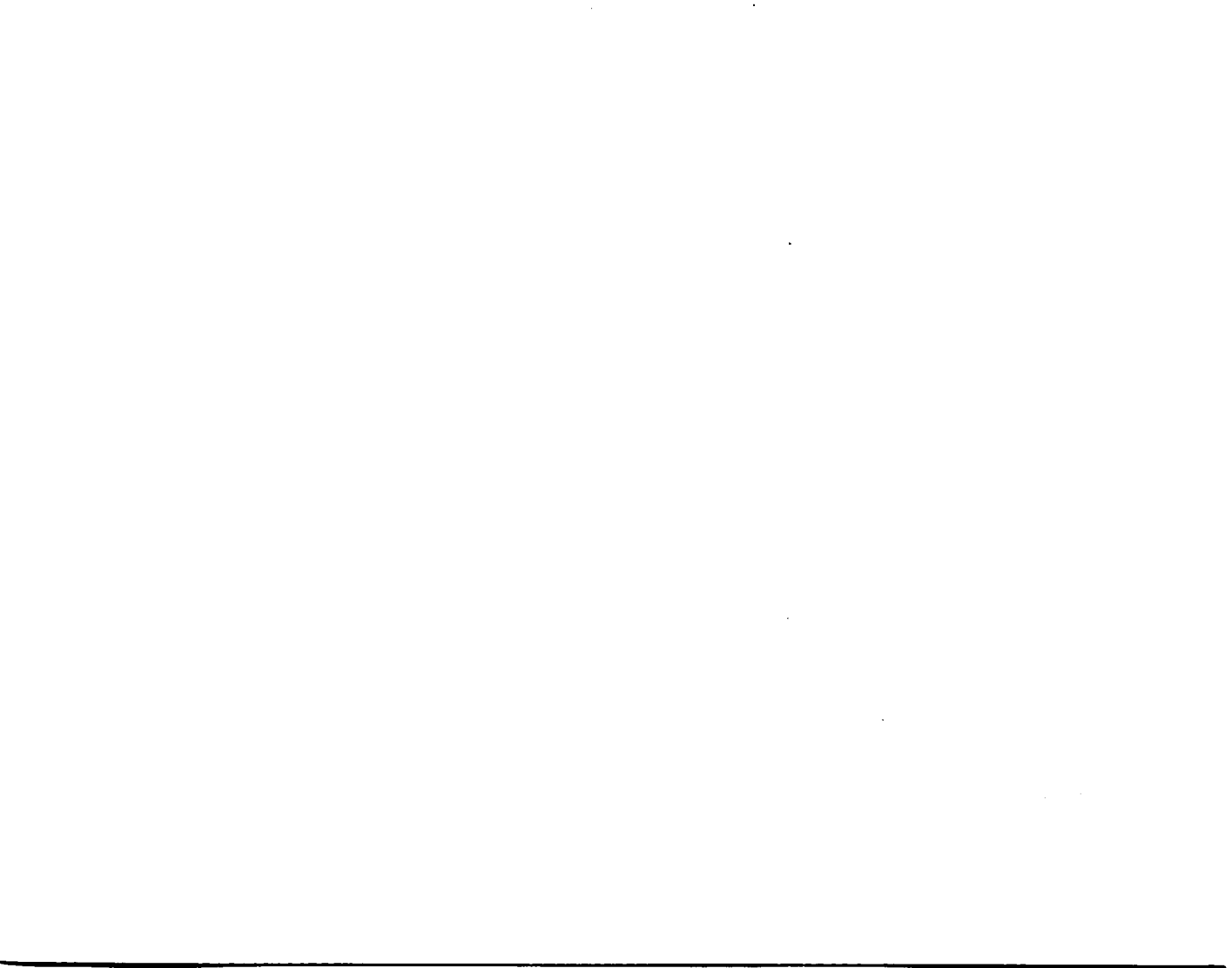
Lucile - Ida

Filed

apn 1920 W. A. Foskett

Registrar

Registrar



392-196-025-763

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of IdahoCity of WestlakeRegistration District No. 105File No. 4079921

No. \_\_\_\_\_ St.

Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Edwin Clare LisherSex of  
ChildmaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthMay 61920

(Month) (Day) (Year)

FULL  
NAMEForest E Lisher

FATHER

FULL  
MAIDEN  
NAMEFrances Lola Pollock

MOTHER

RESIDENCE

Westlake Idaho

RESIDENCE

Same

COLOR

whiteAGE AT LAST  
BIRTHDAY27  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Mo.

BIRTHPLACE

Ark.

OCCUPATION

Farming

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

H. H. BlakePhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

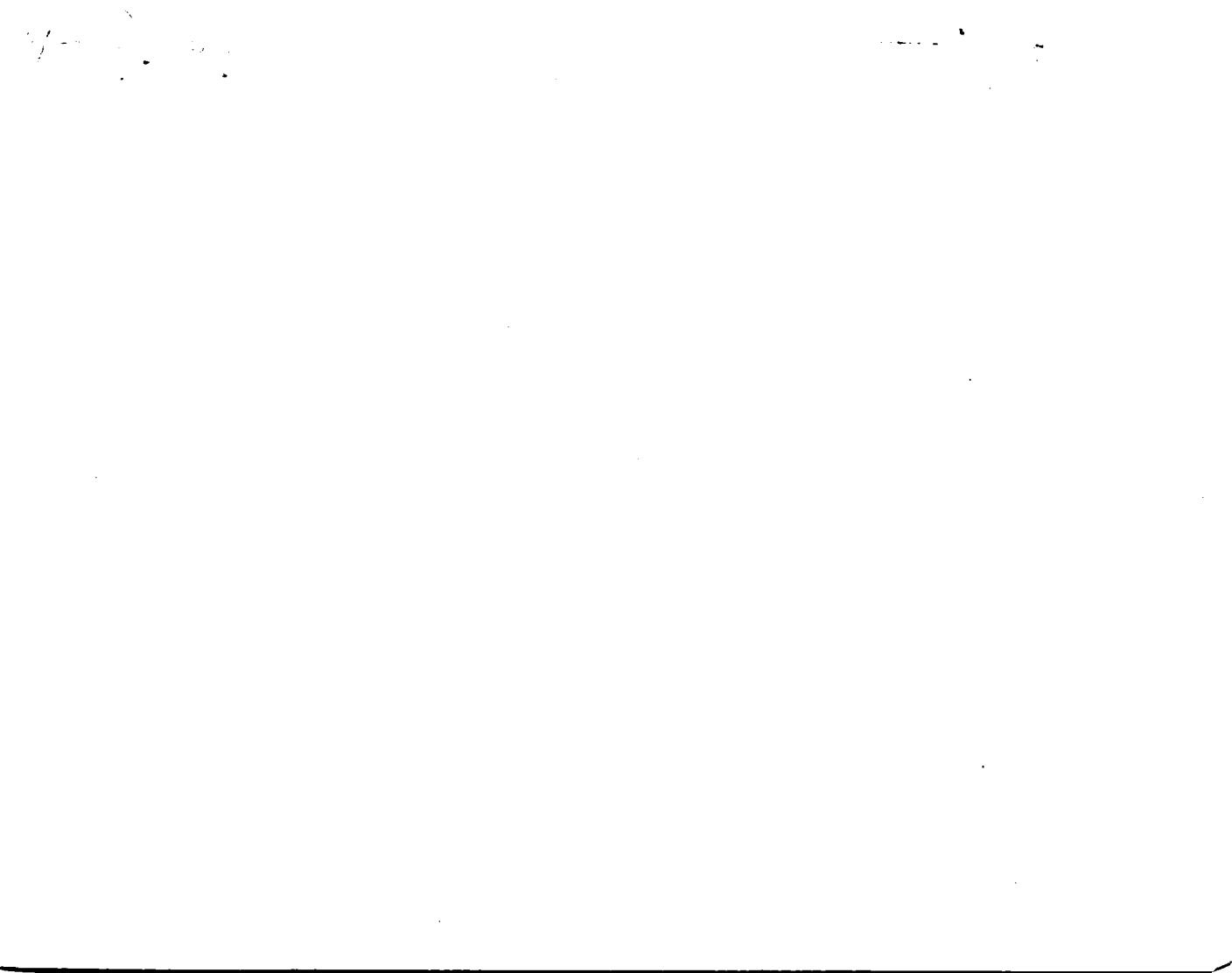
Cottonwood Idaho

Filed

May 7 1920

Registrar

Registrar





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

County of IdahoCity of Cottonwood

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate?yes

Date of Birth

May 11920

FULL NAME

Frank Albers

RESIDENCE

Cottonwood

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Book keeperFULL  
MAIDEN  
NAMECecilia Schachel

RESIDENCE

Cottonwood

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Neb.

OCCUPATION

House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A. M.,  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. Wesley Orr

(Physician or midwife)

Given names added from a supplemental report.

James Theodore Albers 19

Address

Cottonwood Idaho

Filed

May 22 1920W. B. BlakeW. C. Murphy State Registrar

Registrar

APR 28 1942

## BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

79922

Place  
of BirthCity Cottonwood Idaho

Street and House No. \_\_\_\_\_

County IdahoRegistered No. 41Registration Dist. No. 105Sex of Child maleDate of Birth May 1 1920  
MONTH DAY YEARFather Frank Albers  
FULL NAMEMother Gertrude Schaecher  
FULL MAIDEN NAMEI Hereby Certify that the child described herein  
has been named:James Theodore Albers  
GIVEN NAME IN FULL SURNAMEas reported by Father  
FATHER OR MOTHERH B Blake  
LOCAL REGISTRAR

1871

1872

1873

1874

1875

455-230-025-415

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-27

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79923

County of IdahoCity of CottonwoodRegistration District No. 105File No. 42

No. .... St.

Primary Registration District No. 2183

Registered No. ....

Hospital .....

## FULL NAME OF CHILD

ALICE BERNICE DENIGER

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>April 30 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Frank Deniger</u>	FATHER	FULL MAIDEN NAME <u>Arcina Manwaring</u>	MOTHER
RESIDENCE <u>Cottonwood, Ida.</u>		RESIDENCE <u>Cottonwood, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Ore.</u>	
OCCUPATION <u>Laborer</u>		OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr

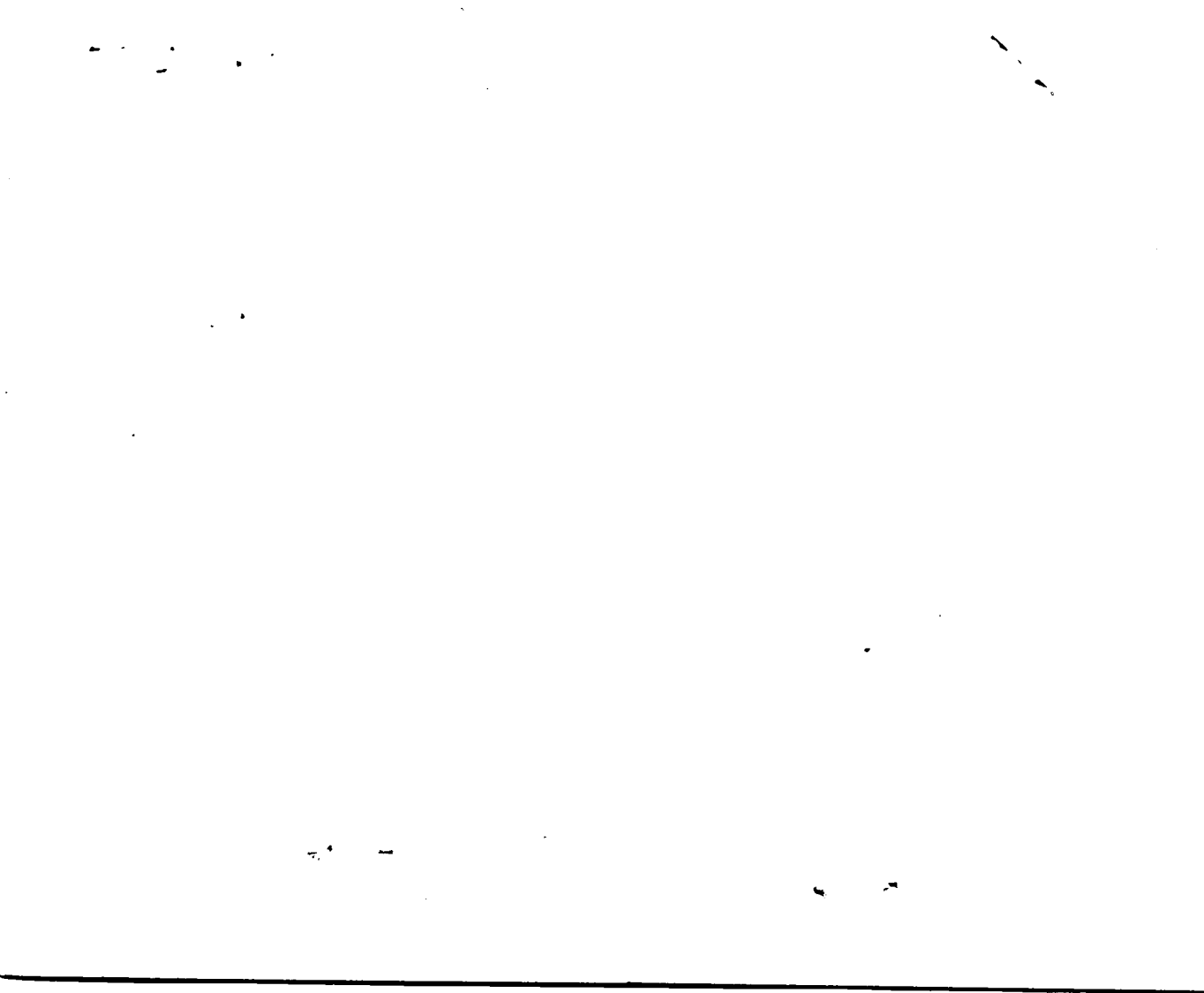
Given names added from a supplemental report.

Address Cottonwood, IdahoFiled May 22 1920

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.County of Nez PerceCertificate No. 79923Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Alice Bernice Deniger who born on Apr. 20, 1928 (Was born or died) (Date of event) in Clatskanie, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by          prepared on          (Give date), are:

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Name

Unnamed Deniger

Alice Bernice Deniger

Subscribed and sworn to before me this 13 day of Dec., 1941

John L. Phillips  
Notary Public, residing at Leuceton

My commission expires 6-21-45  
[SEAL]

Signed Frank Deniger  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt #2 Leuceton, Ida  
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.County of Nez Perce

[This affidavit MUST also be executed.  
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of Dec., 1941

John L. Phillips  
Notary Public, residing at Leuceton

My commission expires 6-21-41  
[SEAL]

Signed Frank Deniger  
(Signature of any credible person other than the previous affiant.)

Same  
(Street Address, City, State)

Received for filing on DEC 23 1941

By         

(Registrar's signature)

DEC 17 1941



948-106-025-694

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79924

County of IdahoCity of CottonwoodRegistration District No. 105File No. 43No. - St. -Primary Registration District No. 2183Registered No. -Hospital -

FULL NAME OF CHILD

Richard Andrew Ruhoff

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

May 61920

FULL NAME

Anton B. Ruhoff

FATHER

FULL MAIDEN NAME

Christina Fidler

MOTHER

RESIDENCE

Cottonwood

RESIDENCE

Cottonwood

COLOR

White

AGE AT LAST BIRTHDAY

38  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

38  
(Years)

BIRTHPLACE

Wis.

BIRTHPLACE

Minnesota

OCCUPATION

Carpenter

OCCUPATION

House wifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Wesley Orr

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Cottonwood Idaho

Filed

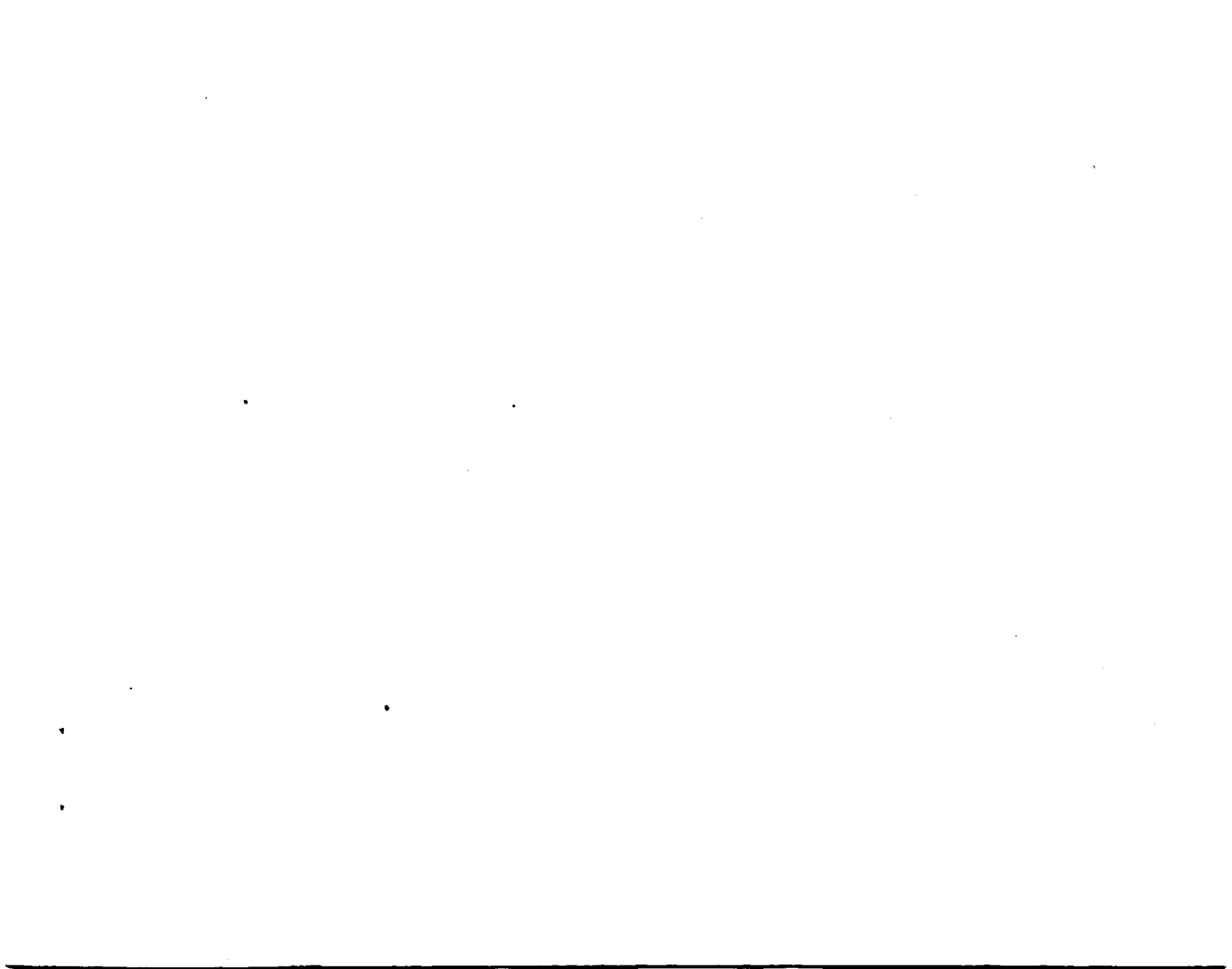
May 25 1920W. B. Blake

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



195-102-025-547

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-9-3-17

County of Idaho

## CERTIFICATE OF BIRTH

City of Queen CreekRegistration District No. 10579925  
44  
File No.No. 1 St.Primary Registration District No. 2183

Registered No.

Hospital —

## FULL NAME OF CHILD

Felix Henry Aruzen

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yes

Date of Birth

May 2  
(Month) (Day)19128  
(Year)

FULL NAME

FATHER  
Joseph Aruzen

RESIDENCE

Queen Creek

COLOR

White

AGE AT LAST BIRTHDAY

32  
(Years)

BIRTHPLACE

Ill.

OCCUPATION

Farming

FULL MAIDEN NAME

MOTHER  
Berndini Muxell

RESIDENCE

Queen Creek

COLOR

White

AGE AT LAST BIRTHDAY

26  
(Years)

BIRTHPLACE

Bottomwood Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

Address

Bottomwood Ida

Filed

May 23 1928

Registrar

Registrar

APR 16 1943

613-121-025-238

## PLACE OF BIRTH

County of IdahoCity of Green Creek

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Registration District No. 105 File No. 45Primary Registration District No. 2183 Registered No. \_\_\_\_\_Robert John Waldmann

Sex of Child

maleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthMay 211920

(Month) (Day) (Year)

FULL  
NAMEClemens Waldmann

FATHER

RESIDENCE

Green Creek Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY48  
(Years)

BIRTHPLACE

U.S.

OCCUPATION

FarmingFULL  
MAIDEN  
NAMEMargaret Schaefer

MOTHER

RESIDENCE

same

COLOR

whiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

U.S.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 9Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive,  
on the date above stated.

(Born alive or stillborn)

at 10 M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

H. H. BlakePhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Cottonwood Idaho

Filed

May 29 1920

Registrar

Registrar

MAR 19 1953

266-218-025-565

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79927

County of IdahoCity of FennRegistration District No. 105 File No. 46

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Bern Evelyn Bowman

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 18</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------------	---	-----	---	---------------------------	---

FULL NAME FATHER  
Louis BowmanFULL MAIDEN NAME MOTHER  
Myrtle vonBargenRESIDENCE  
FennRESIDENCE  
FennCOLOR white AGE AT LAST BIRTHDAY 28  
(Years)COLOR white AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE  
Grangeville Ida.BIRTHPLACE  
Cottonwood Ida.OCCUPATION  
farmingOCCUPATION  
housewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7 A.M. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood, Ida.

Filed

May 31 1920

Registrar

Registrar

FEB 7 1942



165-214-025-565

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

79928

County of IdahoCity of CottonwoodRegistration District No. 105File No. 47

No. \_\_\_\_\_ St.

Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Margery Lillian Jones

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 14</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	---------------------------	--

FULL NAME FATHER  
Oliver JonesFULL MAIDEN NAME MOTHER  
Lily vonBargenRESIDENCE  
Cottonwood, Ida.RESIDENCE  
Cottonwood, Ida.COLOR white AGE AT LAST BIRTHDAY 27  
(Years)COLOR white AGE AT LAST BIRTHDAY 19  
(Years)BIRTHPLACE  
OhioBIRTHPLACE  
Cottonwood, Ida.OCCUPATION  
farmingOCCUPATION  
housewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P.M. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr  
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood, Ida.Filed May 31 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

OCT 15 1965

955-120-025-243

## PLACE OF BIRTH

County of CottonwoodCity of Idaho

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

79929

Registration District No. 105 File No. 48Primary Registration District No. 2103 Registered No. \_\_\_\_\_FULL NAME OF CHILD Marion Ludwig Joseph Renggli

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 20</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	---------------------------	--

FATHER  
FULL NAME Emil Renggli  
RESIDENCE Cottonwood  
COLOR white AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Schwitzerland  
OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Josephine Kuther  
RESIDENCE Cottonwood  
COLOR white AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Ill.  
OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9. A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Wesley F. Orr

(Physician or midwife)

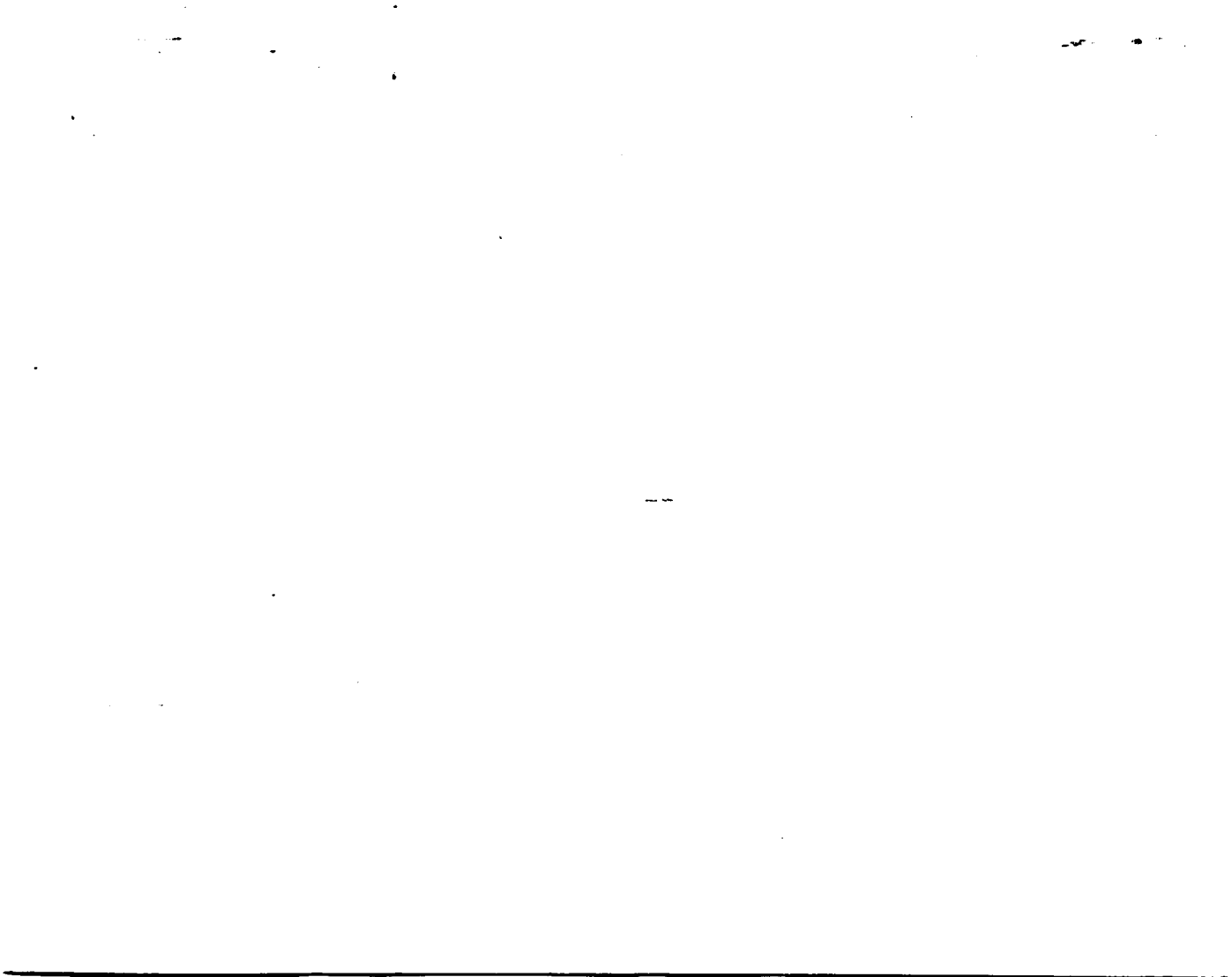
Given names added from a supplemental report.

19

Address Cottonwood, Ida.Filed May 31 1920

Registrar

Registrar H. B. Blake



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-129-025-523

PLACE OF BIRTH

County of Idaho

City of Fenn

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 105

Primary Registration District No. 2183

Unnamed Robert Estill Crea

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 1-6-35m-7-21-19

79930

File No. 49

Registered No. \_\_\_\_\_

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>May 29</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-------------------------	--

FULL NAME James Crea  
RESIDENCE Fenn  
COLOR white AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Grangeville Ida.  
OCCUPATION Farming

FULL MAIDEN NAME Orra Estille  
RESIDENCE Fenn  
COLOR white AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Cal.  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 12.30 A. M. on the date above stated.  
(Born alive or stillborn)

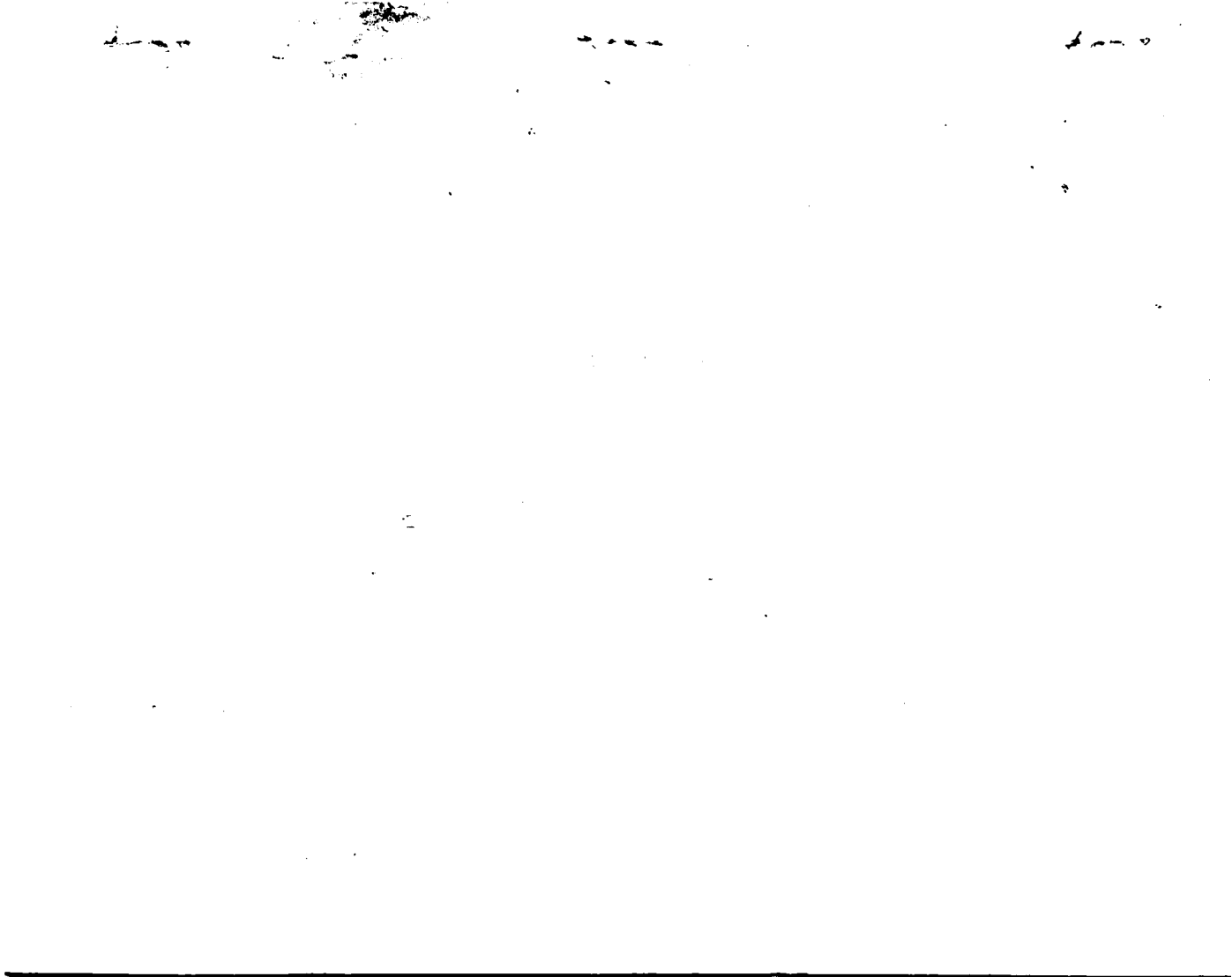
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr  
(Physician or midwife)

Given names added from a supplemental report.  
Robert Estill Crea 19\_\_\_\_  
W. C. Murphy State Registrar

Address Cottonwood Ida.  
Filed May 31 1920 H. B. Blake Registrar

K



BOARD OF HEALTH - BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

17-9930-

Place of Birth { City Jenn  
Street and House No. \_\_\_\_\_  
County Idaho

Registered No. 49

Registration Dist. No. \_\_\_\_\_

Sex of Child Male  
Date of Birth May 29 1920  
                    MONTH           DAY           YEAR  
Father James Crea  
                    FULL NAME  
Mother Orra Estill  
                    FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Robert Estill Crea  
GIVEN NAME IN FULL                      SURNAME

as reported by Father  
FATHER OR MOTHER  
W. H. Blake  
LOCAL REGISTRAR

APR 30 1964



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

165-27-025-655

PLACE OF BIRTH

Amended 7-16-56

County of Idaho

City of Ferdinand, Ida.

No. St.

Hospital

Registration District No. 105

File No. 79931

Primary Registration District No. 2183

Registered No. 50

FULL NAME OF CHILD

Muriel Jean Jones

(Certificate of no value without full name of child.)

Sex of Child Female	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? Yes	Date of birth May 17 1920 (Month) (Day) (Year)
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What bactericidal solution was used in eyes?.....

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

FATHER  
FULL NAME Edward J. Jones  
RESIDENCE Ferdinand, Ida.  
COLOR White AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE England  
OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Carrie Weechald  
RESIDENCE Ferdinand, Ida.  
COLOR White AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Ohio  
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Give names added from a supplemental report.

Address Cottonwood, Idaho

Filed May 31 1920 H. R. Blake

Registrar.

Registrar.

100-100000

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

NOV 10 1964

TO :

FROM :

SUBJECT :

RE :

DATE :

BY :

FOR :

REMARKS :

INITIALS :

SIGNATURE :

DATE :

100-100000

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of IDAHO }  
County of IDAHO } ss. Certificate No. 79931  
Date Filed May 17, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Mary Jane Jones who was born May 17, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Ferdinand, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) Child's birth certificate Idaho File #292910  
true facts are shown by Life Insurance Policy prepared on Idaho File #292910, are:  
(Bible Record, Insurance Policy, Etc.) (Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name Mary Jane Muriel Jean Jones

Subscribed and sworn to before me this 6th day of July, 19 56

George R. Bernard  
Notary Public, residing at Grangeville, Idaho  
My commission expires March 16, 1957  
(Seal)

Signed Carolyn Jones  
(Signature of parent or attendant if correcting a birth record; of attendant funeral director, informant if correcting a death record; or other credible person.)  
120 S. 5th Grangeville, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of IDAHO }  
County of IDAHO } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of July, 19 56

George R. Bernard  
Notary Public, residing at Grangeville, Idaho  
My commission expires March 16, 1957  
(Seal)

Signed Edw J Jones  
(Signature of Any Credible Person)  
120 S. 5th Grangeville, Idaho  
(Street Address, City, State)

March 16, 1951  
Grandview, Ia.  
50

March 16, 1951  
Grandview, Ia.  
50

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

695-124-22 B-653

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of Idaho

CERTIFICATE OF BIRTH

79932

City of Keurterville

Registration District No. 105 File No. 51

No. \_\_\_\_\_ St.

Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Joseph William Frei

Sex of Child <u>male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>yes</u>	Legiti mate? <u>yes</u>	Date of Birth <u>May 24 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	-------------------------------------	-------------------------	--

FATHER  
FULL NAME August Frei  
RESIDENCE Keurterville Ida.  
COLOR white AGE AT LAST BIRTHDAY 30  
(Years)  
BIRTHPLACE Schwitzerland  
OCCUPATION farming

MOTHER  
FULL MAIDEN NAME Helena Wellnitz  
RESIDENCE Keurterville Ida.  
COLOR white AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Wis.  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4. A.M. m.  
on the date above stated. (Born alive or stillborn)

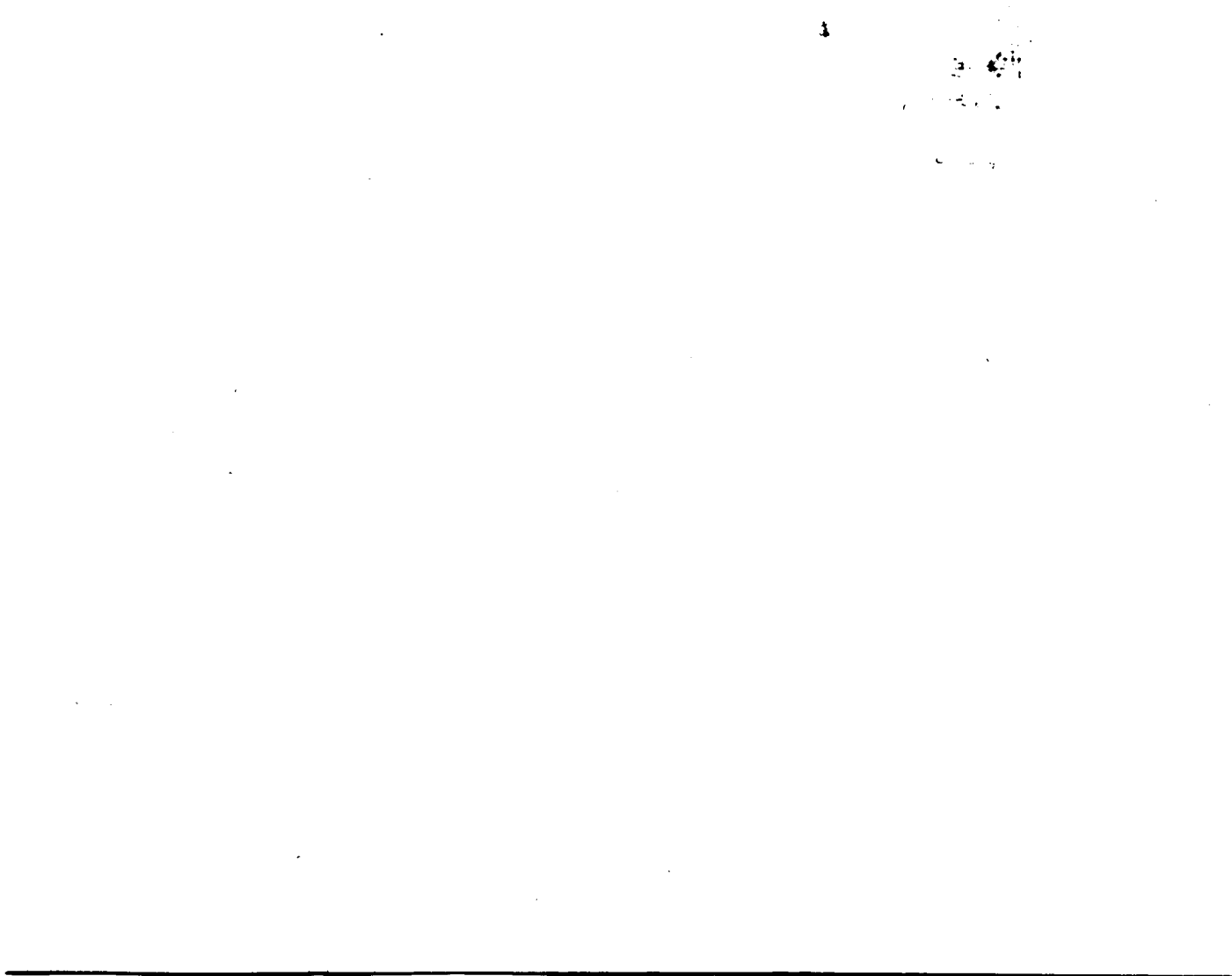
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr  
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood, Ida.

Filed May 31 1920 H B Blake  
Registrar



PLACE OF BIRTH

291-223-032-291

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79934

County of PresidentCity of AshtonRegistration District No. 106File No. 1

No. \_\_\_\_\_ St.

Primary Registration District No. 6Registered No. 9

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Nellie Scelia

Branson

Sex of  
ChildFemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate?yesDate of  
Birth5-221926

(Month)

(Day)

(Year)

FULL  
NAME

Nixon Branson

FATHER

RESIDENCE

Ashton, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY29

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

Julia L. Branson

MOTHER

RESIDENCE

Ashton, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY21

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive 3:00 P. M.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Ashton, Idaho

Filed

5/22/26

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

RECEIVED  
FEB 10 1968  
U.S. AIR FORCE  
HONOLULU, HAWAII

FEB 9 1968



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho } ss. MAY 6 1 04 PM '75  
County of Bannock }  
Certificate No. 79934  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Branson (female) who was born on May 22, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Ashton, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)  
child's name \_\_\_\_\_

**FROM**  
(As on Original)  
Unnamed

**TO**  
(The Correct Facts)  
Nellie Celia Branson

Subscribed and sworn to before me this 26<sup>th</sup> day of April 1975

Notary Public, residing at Ashton, Idaho  
My commission expires 7/31/77  
(Seal)

Signed Blanche Baum  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bannock }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22<sup>nd</sup> day of April 1975

Notary Public, residing at Louiseville, Idaho  
My commission expires Apr 27-76  
(Seal)

Signed Georget F. Barnett  
(Signature of Any Credible Person)  
841 Wat Bridge, Boise, Idaho  
(Street Address, City, State)

Certificate of Blessing from the LDS Church gives name as Nellie Scelia Branson daughter of Dixon Branson and Julia Hibbard. born May 22, 1920 at Marysville, Idaho. Blessed Aug. 1, 1920. viewed by V.S.

JUN 2 1975

Membership record from the LDS Church gives name as Nellie Scelia Barnett born May 22, 1920. father's name as Dixon Branson and mother's name as Julia Lemon Hibbard. Blessed Aug. 1, 1920 and Baptized Sept. 2, 1928. viewed by V. S.

284-112-022 - 284  
PLACE OF BIRTH

Form V. S. No. 11--20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79935

County of GrimontCity of AshtonRegistration District No. 106File No. 1No. — St.Primary Registration District No. 6Registered No. 8Hospital —FULL NAME OF CHILD RAYMOND ODELL SHULTS

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>5-12-20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-----------------------------	---

FULL NAME <u>Burtan Shults</u>	FATHER
RESIDENCE <u>Lamont, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Vera Shults</u>	MOTHER
RESIDENCE <u>Lamont Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth —

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:15 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

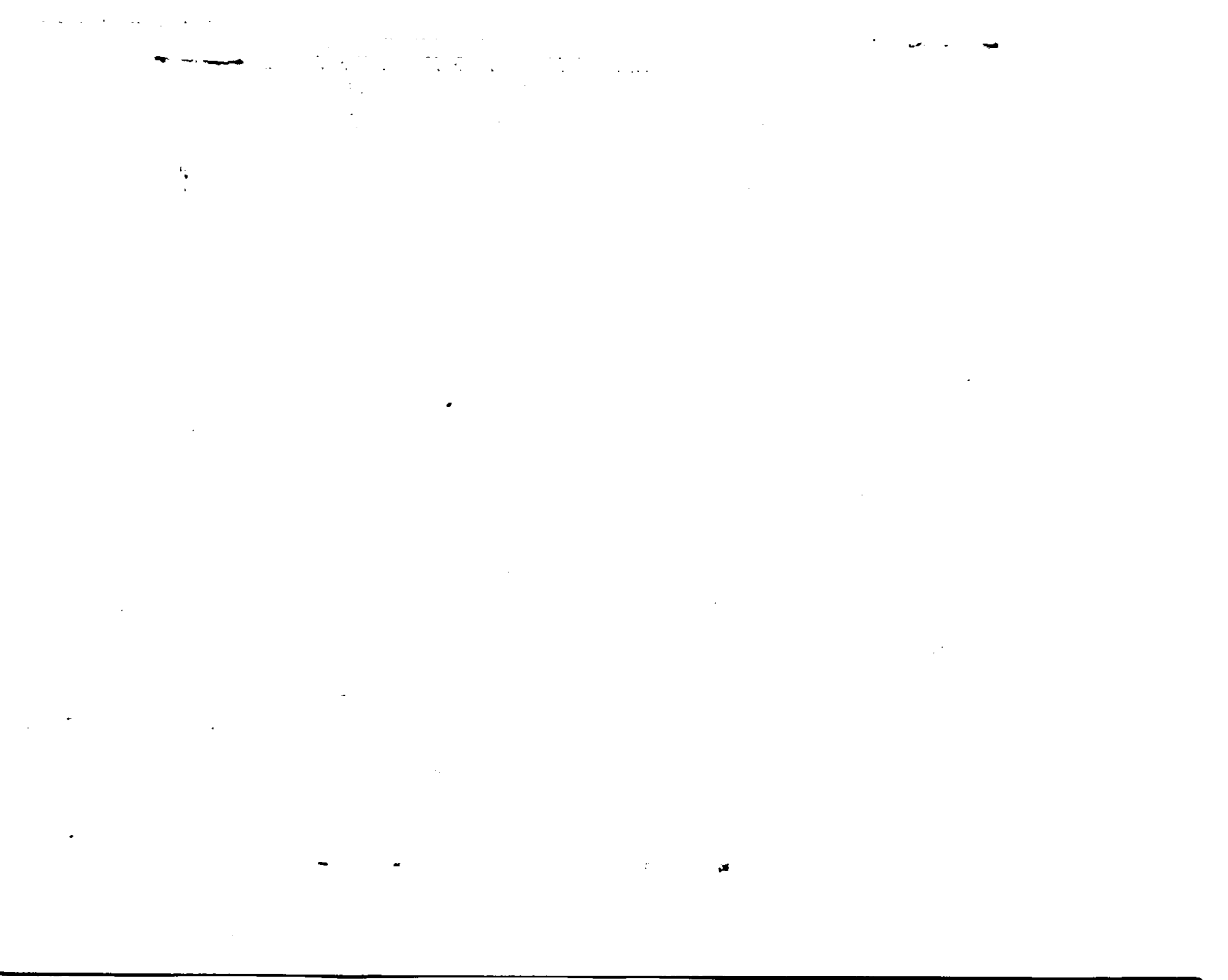
(Signature) Q. M. LachmanPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Ashton, IdahoFiled 5/12 19 20

Registrar.

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS—  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Oregon }  
County of Jackson } ss.

Certificate No. 79935

Date Filed Raymond Odell Shultz  
(Birth or death)  
May 12 - 1920  
(Date of event)

The undersigned does solemnly swear that certain facts on the certificate of unnamed Shultz who born on May 12 - 1920 (Birth or death) (Was born or died) in Ashton Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible records prepared on June 15 - 1921 (Give date), are:

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Name Ray 12-1920 Shultz  
Ashton Idaho

Unnamed Shultz  
unnamed Shultz

Raymond Shultz  
Raymond Odell Shultz

Subscribed and sworn to before me this 10  
day of November, 1941

Signed Burton Shultz, father  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Medford, Ore.

423 Plum St  
Medford, Ore.  
(Street Address, City, State)

My commission expires March 12, 1944  
[SEAL]

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

[This affidavit MUST also be executed.  
(See Chapter 189, 1937 Idaho Session Laws.)]

State of Oregon }  
County of Jackson } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10  
day of November, 1941

Signed E. N. Shultz  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Medford, Ore.

220 N Bartlett medford Ore  
(Street Address, City, State)

My commission expires March 12, 1944  
[SEAL]

MAY 10 1949

445-225

PLACE OF BIRTH

025-367

County of IdahoCity of Kooskia

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

Registration District No. .... 106

Primary Registration District No. .... 2184

File No. ....

Registered No. .... 34

Form V. B. No. 11-0-25m-8-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

79936

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 25</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Sam Dunham</u>	FATHER
RESIDENCE <u>Kooskia - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Ohio</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mildred Capwell</u>	MOTHER
RESIDENCE <u>Kooskia - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Pennsylvania</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 7 ..... Number of children of this mother now living, including present birth... 6 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive ..... at 6 P ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Werberkuers .....  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Kooskia - Idaho .....  
File June 1 1920 J. M. Werberkuers .....  
Registrar Registrar

FEB 28 1942



JUN 6 1973





OCT 9 1942

469-117-025-695

Form V. S. No. 11-0-25a-9-6-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of IdahoCity of HarpsterRegistration District No. 106File No. 79938No.        St.Primary Registration District No. 2184Registered No. 32Hospital       FULL NAME OF CHILD Donald Franklyn Morrow

Sex of Child <u>Male</u>	Twin Triplet or other? <u>      </u> and { Number in order of birth of birth <u>      </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>May 17 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Douglas A Morrow</u>	FATHER	FULL MAIDEN NAME <u>Emma S. Nichols</u>	MOTHER
RESIDENCE <u>Harpster</u>		RESIDENCE <u>Harpster</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Rancher</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 6:45 P. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wintersmith M.D.

Given names added from a supplemental report.

Address Stets - IdaFiled June 1 1920

Registrar

Registrar

MARGIN RESERVED FOR BOUNDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/20/41 L. B.

285-112-025-154

PLACE OF BIRTH

County of IdahoCity of Kooskia

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. .... 106

Primary Registration District No. .... 2184

Form V. A. No. 11-0-22a-33-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. .... 79939

Registered No. .... 31

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>May 12, 1920</u> (Month) (Day) (Year)
FULL NAME <u>Ray Hopkins Shoemaker</u>	FATHER	FULL MAIDEN NAME <u>Sarah Anderson</u>	MOTHER
RESIDENCE <u>Kooskia - Idaho</u>		RESIDENCE <u>Kooskia Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Minnesota</u>		BIRTHPLACE <u>Pennsylvania</u>	
OCCUPATION <u>Civil Engineer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .... 1 .... Number of children of this mother now living, including present birth .... 1 ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. M. WabakuraAddress Kooskia - IdahoFiled June 1, 1920 J. M. Wabakura

Registrar

Registrar

JUN 8 1942

JUL 6 1955  
JUN 22 1959

214 - 205 - 025 - 493  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25-3-3-17

County of IdahoCity of WinonaRegistration District No. 106File No. 79941No. St.Primary Registration District No. 2184Registered No. 29

Hospital

FULL NAME OF CHILD Goris Vivian Samuel

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> {Number in order of birth}	Legitimate? <u>yes</u>	Date of Birth <u>May 5</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Lawrence Samuel</u>	FATHER
RESIDENCE <u>Winona -</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lilas Mitchell</u>	MOTHER
RESIDENCE <u>Winona - Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 a.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

Address Winona - IdahoFiled June 1 1920 J. M. Kuroki

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR UNFADING INK - THIS IS A PERMANENT RECORD

✓ APR 18 1942

5-



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685-117-025-114

PLACE OF BIRTH

County of Idaho

City of Stites

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

Alfred Wheeler

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-3-17

Registration District No. .... 10 6 ....

File No. .... 79942 ....

Primary Registration District No. .... 2184 ....

Registered No. .... 28 ....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 17 20</u> (Month) (Day) (Year)
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FULL NAME <u>Father</u> <u>Harry Wheeler</u>
RESIDENCE <u>Isakka Ida</u>
COLOR <u>Red</u> AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Rancher</u>

FULL MAIDEN NAME <u>Mother</u> <u>Ida James</u>
RESIDENCE <u>Isakka</u>
COLOR <u>Red</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth .... 3 .... Number of children of this mother now living, including present birth .... 3 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

\*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... H. W. W. Smith M.D. ....

Given names added from a supplemental report.

Address Stites Idaho

Filed June 1 20 Registrar J. W. W. Smith

Midwife  
H. W. W.

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

745-202-025-386

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22m-3-5-17

County of Idaho

City of States

Registration District No. 106

File No. 79943

No. .... St.

Primary Registration District No. 2181

Registered No. 27

Hospital .....

FULL NAME OF CHILD Eleanor Genevieve Gunter

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>APR 2 20</u> (Month) (Day) (Year)
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FULL NAME <u>Willard Gunter</u>	FATHER
RESIDENCE <u>States</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>General work</u>	

FULL MAIDEN NAME <u>Katie Thompson</u>	MOTHER
RESIDENCE <u>States</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... on the date above stated.

\*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Born alive 2<sup>10</sup> a  
(Born alive or stillborn) M.

(Signature) H. W. Wentworth M.D.

Given names added from supplemental report.

(Physician or midwife)

Miss H. W. Wentworth  
..... 19.....  
Registrar

Address States Idaho  
Filed June 1 1920 J. W. Wentworth  
Registrar

Form 7-2 No. 110-3-2-2-11

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

SEP 4 1942

PLACE OF BIRTH

NAME

SEP 13 1948

FEB 5 1969

1942

PLACE OF BIRTH

County of

City of

296-126-026-312 Regist

No.

St.

Prim

Hospital

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

## CERTIFICATE OF BIRTH

No.

98

File No.

79844

District No.

2176

Registered No.

56

Full Name of Child Lloyd Duncan Browning

SEX OF CHILD

M

Twin  
Triplet  
or other?{and} Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

yes

DATE OF  
BIRTH

April 26 20

(Month) (Day) (Year)

FULL  
NAMEFATHER  
Fred D. BrowningFULL  
MAIDEN  
NAME

MOTHER

Nancy Casper

RESIDENCE

Annis

RESIDENCE

Annis

COLOR

WAGE AT LAST  
BIRTHDAY41

(Years)

COLOR

WAGE AT LAST  
BIRTHDAY34

(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

7

Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive

(Born alive or stillborn)

at 7<sup>30</sup> a

M

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Menan

Filed

5/10 20

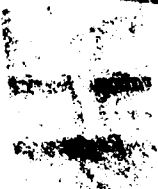
19

Ray H. Fisher

Registrar

Registrar

4480



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Jefferson } ss.

Certificate No. 79944

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth

for \_\_\_\_\_ who was born on April 26th 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Lorenzo Route #1. are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by family record prepared on at time of birth; are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

Name Unnamed Browning Lloyd Duncan Browning

Subscribed and sworn to before me this 27th  
day of March, 19 42.

George M. Larsen  
Notary Public, residing at Menan, Idaho.

My commission expires Dec. 12th 1943  
(Seal)

Signed Nancy Elizabeth Browning  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lorenzo Route #1.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Jefferson } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th  
day of March, 19 42.

George M. Larsen  
Notary Public, residing at Menan, Idaho.

My commission expires Dec. 12, 1943.  
(Seal)

Signed Wm A. Tall  
(Signature of Any Credible Person Other Than Previous Year)

High Idaho  
(Street Address, City, State)

NOV 1 1949

100



Amended 9-19-63

(Be sure the information is complete and accurate)

State File No. 79945

Local Reg. No. 55

Reg. Dist. No. 98

Federal Security Agency  
United States Public Health ServiceCERTIFICATE OF BIRTH  
STATE OF IDAHO

1. PLACE OF BIRTH a. COUNTY <b>Jefferson</b>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Jefferson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ucon</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ucon</b>		
c. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or print)		a. (First)	b. (Middle)	c. (Last)	
		<b>Delbert</b>	<b>Deloy</b>	<b>Miller</b>	
4. SEX <b>M.</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF BIRTH (Month) (Day) (Year) <b>5 - 18 - 1920</b>	
FATHER OF CHILD					
7. FULL NAME a. (First)		b. (Middle)		c. (Last)	
<b>Henry</b>		<b>E.</b>		<b>Miller</b>	
8. COLOR OR RACE <b>W.</b>					
9. AGE (At time of this birth) <b>34</b> YEARS		10. BIRTHPLACE (State or foreign country) (City or Town) <b>Utah</b>		11a. USUAL OCCUPATION <b>Mechanic</b>	
		11b. KIND OF BUSINESS OR INDUSTRY			
MOTHER OF CHILD					
12. FULL MAIDEN NAME a. (First)		b. (Middle)		c. (Last)	
<b>Caroline</b>				<b>Gneiting</b>	
13. COLOR OR RACE <b>W.</b>					
14. AGE (At time of this birth) <b>29</b> YEARS		15. BIRTHPLACE (State or foreign country) (City or Town) <b>Idaho</b>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
				a. How many OTHER children are now living? <b>4</b>	
				b. How many OTHER children were born alive but are now dead? <b>1</b>	
				c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME (Relationship)					
I hereby certify that this child was born alive on the date stated above.		18a. SIGNATURE <b>Chas. S. Moody</b>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
		18c. ADDRESS <b>Menan, Idaho</b>		18d. DATE SIGNED	
19. DATE REC'D BY LOCAL REG. <b>5/10/1920</b>		20. REGISTRAR'S SIGNATURE <b>Ray H. Fisher</b>		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

RECEIVED BY DIVISION OF VITAL STATISTICS, BOISE, IDAHO

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \* \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT (Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....  
.....

(b) Labor: Complication.....

.....  
..... Induced?.....  
.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

documents listed on back -  
IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. MAR 12 1963 Certificate No. 79945  
County of Jefferson } Date Filed \_\_\_\_\_

**Bureau of Vital Statistics**  
The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ **Birth**  
for Unnamed Miller (male child) who was born on May 18, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Ucon, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Delbert Deloy Miller  
Full Maiden Name of Mother Caroline Gneistiva Caroline Gneiting

Subscribed and sworn to before me this 8th day of  
March, 1963  
Notary Public, residing at Menan, Idaho  
My commission expires January 26, 1966  
(Seal)

Signed Caroline Miller  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Rt 1, Lorenzo, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss. [This Affidavit MUST Also be Executed.  
County of Jefferson } (See Chapter 139, 1937 Idaho Session Laws.)  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 8th day of  
March, 1963  
Notary Public, residing at Menan, Idaho  
My commission expires January 26, 1966  
(Seal)  
Signed Tha Kathryn Paale  
(Signature of Any Credible Person)  
Menan, Idaho  
(Street Address, City, State)

Another Child's Birth Cert. on file: (Idaho Birth) #38845 gives full maiden name of **mother** as Caroline Gneiting - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 5, 1923 gives full name as Elden James Miller, son of Henry E. Miller and Caroline Gneiting, born Sept. 4, 1914 at Garfield, Idaho - viewed by V.S. (This doc. accepted to correct mother's maiden name.)

L.D.S. Church Cert. of Blessing, July 4, 1920 gives full name as Delbert Deloy Miller, son of Henry E. Miller and Caroline Gneiting, born May 18, 1920 at Ucon, Idaho - viewed by V.S.

L.D.S. Church Cert. of Record of Membership, baptized Aug. 3, 1929 gives full name as Delbert Deloy Miller, son of Henry E. Miller and Caroline Gneiting, born May 18, 1920 at Ucon, Idaho - viewed by V.S.

992-127-026-395

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-437

County of Jefferson  
City of Monterview

Registration District No. 125- File No. 79946

No. 2203 St. 2203 Primary Registration District No. 2203 Registered No. 2203

Hospital .....

FULL NAME OF CHILD Roger Charles Rising

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> and { Number in order of birth <u>.....</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 27 1922</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Fred Rising  
RESIDENCE Monterview ID  
COLOR White AGE AT LAST BIRTHDAY 50 (Years)  
BIRTHPLACE Nebr  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME May Lemley  
RESIDENCE Monterview ID  
COLOR White AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Nebr  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 6:30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Jones MD  
(Physician or midwife)

Given names added from a supplemental report.

Address .....  
Filed May 28 1922  
Registrar C. E. Jones MD

1944

9 NOV

NOV 20 1944

356-120-026-759

## PLACE OF BIRTH

County of Jefferson  
City of Menan

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

## Full Name of Child

Registration District No. 98Primary Registration District No. 2176

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 79948Registered No. 62

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Mch 20</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>Earl B. Lewis</u>	FATHER		FULL MAIDEN NAME <u>Hattie L. Geisler</u>	MOTHER
RESIDENCE <u>Menan</u>			RESIDENCE <u>Menan</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 A M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report.

19

Address MenanFiled 5/10 19 20

Registrar

Ray H. Fisher  
Registrar

APR 8 1948



## PLACE OF BIRTH

County of Jefferson  
City of Menan

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98Primary Registration District No. 2176

Hospital \_\_\_\_\_

Full Name of Child Robert Emmett SmithSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

## CERTIFICATE OF BIRTH

File No. 79949Registered No. 28

SEX OF CHILD <u>M</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Mar 2</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>Emmett O. Smith</u>	FATHER		FULL MAIDEN NAME <u>Esther Fox</u>	MOTHER
RESIDENCE <u>Menan</u>			RESIDENCE <u>Menan</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Nebr.</u>	
OCCUPATION <u>Merchant</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1 ..... Number of children of this mother now living, including present birth... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody

(Physician or midwife)

Given names added from a supplemental report

Address Menan Idaho  
Filed May 19 20 Ray H Fisher  
Registrar

Certified Copy issued Jan. 17, 1941. -E.W.

512-201-026-145

## PLACE OF BIRTH

County of

Jefferson

City of

Meridian

No.

St.

Registration District No.

98

Primary Registration District No.

2176

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No.

79954

Registered No.

54

Hospital

Full Name of Child

May Nakagawa

SEX OF CHILD

I

Twin  
Triplet  
or other?{and} Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?

yes

DATE OF  
BIRTH5-1-20  
(Month) (Day) (Year)FULL  
NAME

H. Nakagawa

FATHER

RESIDENCE

Meridian

COLOR

yellow

AGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Japan

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

Kuma Ameranga

MOTHER

RESIDENCE

Meridian

COLOR

Yellow

AGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Japan

OCCUPATION

Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, 12<sup>30</sup> a.m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report

19

Address

Meridian

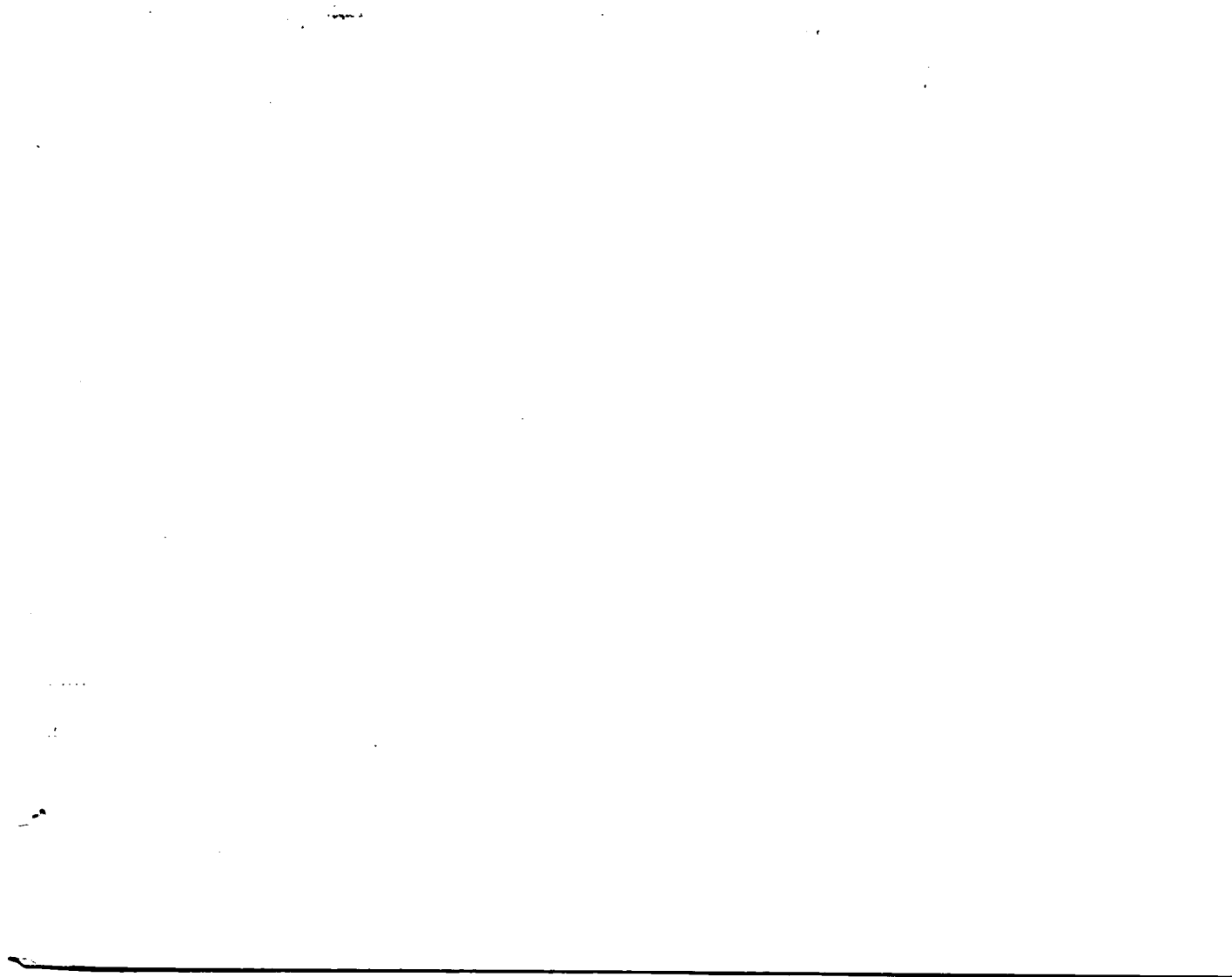
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5/10/20

Ray H. Fisher

Registrar

Registrar



819-213-026-365

## PLACE OF BIRTH

County of Jefferson  
 City of Rigby R #3  
 No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98Primary Registration District No. 2176

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 79955Registered No. 53

Hospital \_\_\_\_\_

Full Name of Child

Vinnie Viola Harrington

SEX OF CHILD <u>I</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Mch 13, 20</u> (Month) (Day) (Year)
FULL NAME <u>John B. Harrington</u>	FATHER		FULL MAIDEN NAME <u>Mary Alice Conrad</u>	MOTHER
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Rigby</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 1<sup>00</sup> A.M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Geo. S. Humphreys

(Physician or midwife)

Given names added from a supplemental report

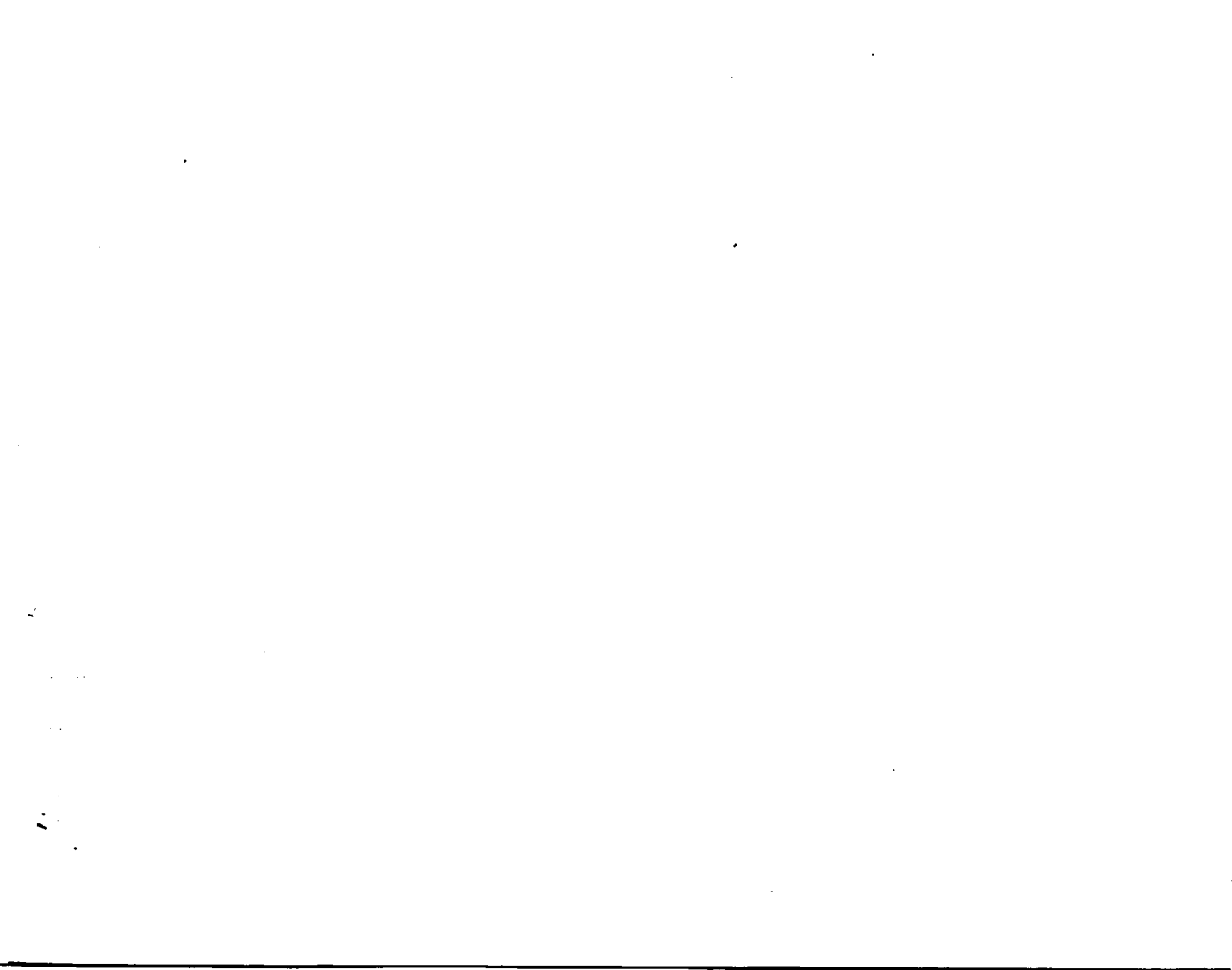
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Address

RigbyFiled 5/10 1920J. Ray Fisher

Registrar

Registrar



293-101-026-413

## PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of JeffersonCity of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98File No. 79956Primary Registration District No. 2176Registered No. 52

Hospital \_\_\_\_\_

Full Name of Child

Gordon Ray Billings

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH..... <u>Mch 1</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>alfred V. Billings</u>	FATHER		FULL MAIDEN NAME <u>Gladys Macbeth</u>	MOTHER
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Rigby</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY..... <u>22</u> (Years)		COLOR <u>w</u>	AGE AT LAST BIRTHDAY..... <u>20</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Mechanic</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.Born alive ..... at 3<sup>20</sup>a M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

G. S. Humphreys

(Physician or midwife)

Given names added from a supplemental report

..... 19 .....

Address

Filed

5/10 1920Ray Fisher

Registrar

Registrar

JAN 16 1942

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DEC 3



342 -116 -212

## PLACE OF BIRTH

County of JeffersonCity of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

## CERTIFICATE OF BIRTH

Registration District No. 98File No. 79957Primary Registration District No. 2176Registered No. 51Full Name of Child Nobuto Fukunaga

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 16 20</u> (Month) (Day) (Year)
FULL NAME <u>Torasaku Fukunaga</u>	FATHER			FULL MAIDEN NAME <u>Kito Sakata</u>
RESIDENCE <u>Rigby</u>				RESIDENCE <u>Rigby</u>
COLOR <u>yellow</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)	COLOR <u>yellow</u>		
BIRTHPLACE <u>Japan</u>	BIRTHPLACE <u>Japan</u>			AGE AT LAST BIRTHDAY <u>32</u> (Years)
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>			

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. S. Humphreys

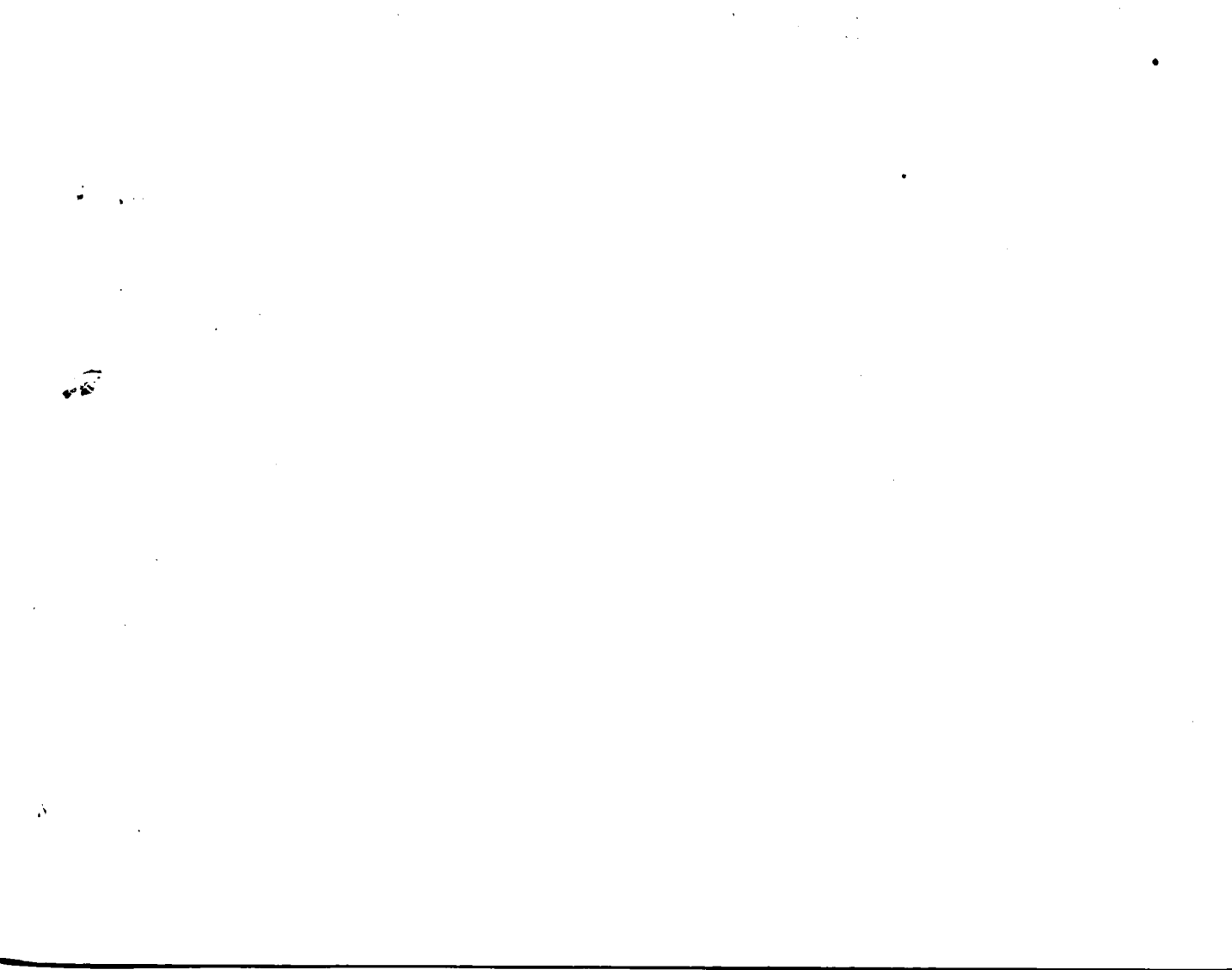
(Physician or midwife)

Given names added from a supplemental report

Address RigbyFiled 5/10 1920

Registrar

Registrar



217-217-026-993

## PLACE OF BIRTH

County of JeffersonCity of Ucon

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 98Primary Registration District No. 2176STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

## CERTIFICATE OF BIRTH

File No. 79958Registered No. 50

SEX OF CHILD

ITwin  
Triplet  
or other?{ and } Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate?

yes

DATE OF BIRTH

Jan 17  
(Month) (Day) (Year)

FULL NAME

FATHER  
Archibald Barrie

RESIDENCE

Ucon

COLOR

W

AGE AT LAST BIRTHDAY

43  
(Years)

BIRTHPLACE

Scotland

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER  
Esther Richie

RESIDENCE

Ucon

COLOR

W

AGE AT LAST BIRTHDAY

31  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 5:30 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo. S. Humphreys

(Physician or midwife)

Given names added from a supplemental report

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Address

Highway

Filed

5/10/20

Registrar

Ray H Fisher

Registrar

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DUP OF 20-046-1031

219-116-026-285

## PLACE OF BIRTH

County of JeffersonCity of RigbyNo. St.Hospital -----STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

## CERTIFICATE OF BIRTH

Registration District No. 98File No. 79959Primary Registration District No. 2176Registered No. 49

Full Name of Child

Sherwood Arnold Barrow

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Feb 16 20</u> (Month) (Day) (Year)
FULL NAME <u>Glen A. Barrow</u>	FATHER		FULL MAIDEN NAME <u>Helen M Sherwood</u>	MOTHER
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Rigby</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)		COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Neb.</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.6:10 P. at M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Humphreys

(Physician or midwife)

Given names added from a supplemental report

19 20Address RigbyFiled 5-11-20

Registrar

Registrar Ray H. Fisher

MARGIN RESERVED FOR BOUNDING

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2000

239-118-026 555

## PLACE OF BIRTH

County of JeffersonCity of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

Registration District No. 98Primary Registration District No. 2176File No. 79960Registered No. 41

## Full Name of Child \_\_\_\_\_

SEX OF CHILD <u>M</u>	Twin Triplet or other? <u>Twin</u>	and	Number in order of birth <u>2nd</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Feb 18 20</u> (Month) (Day) (Year)
FULL NAME <u>Godfrey Klingler</u>			FULL MAIDEN NAME <u>Mabel Lee</u>		
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Rigby</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>W</u>		AGE AT LAST BIRTHDAY <u>25</u> (Years)	
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11:00 P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. S. Humphreys

(Physician or midwife)

Given names added from a supplemental report

Address Rigby  
Filed 5/10 1920 Ray Fisher  
Registrar

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

1917

1918

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239-118-22-355

## PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of JeffersonCity of RigbyNo. S.Registration District No. 98File No. 79961Primary Registration District No. 2176Registered No. 47Hospital Full Name of Child Elmer Klingler

SEX OF CHILD <u>M</u>	Twin Triplet or other? <u>Twin</u>	Number in order of birth <u>1st</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Feb 18</u>	<u>20</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)
FULL NAME <u>Godfrey Klingler</u>	FATHER		FULL MAIDEN NAME <u>Mabel Lee</u>	MOTHER	
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Rigby</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u>	(Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u>	(Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

George Humphrys

(Physician or midwife)

Given names added from a supplemental report

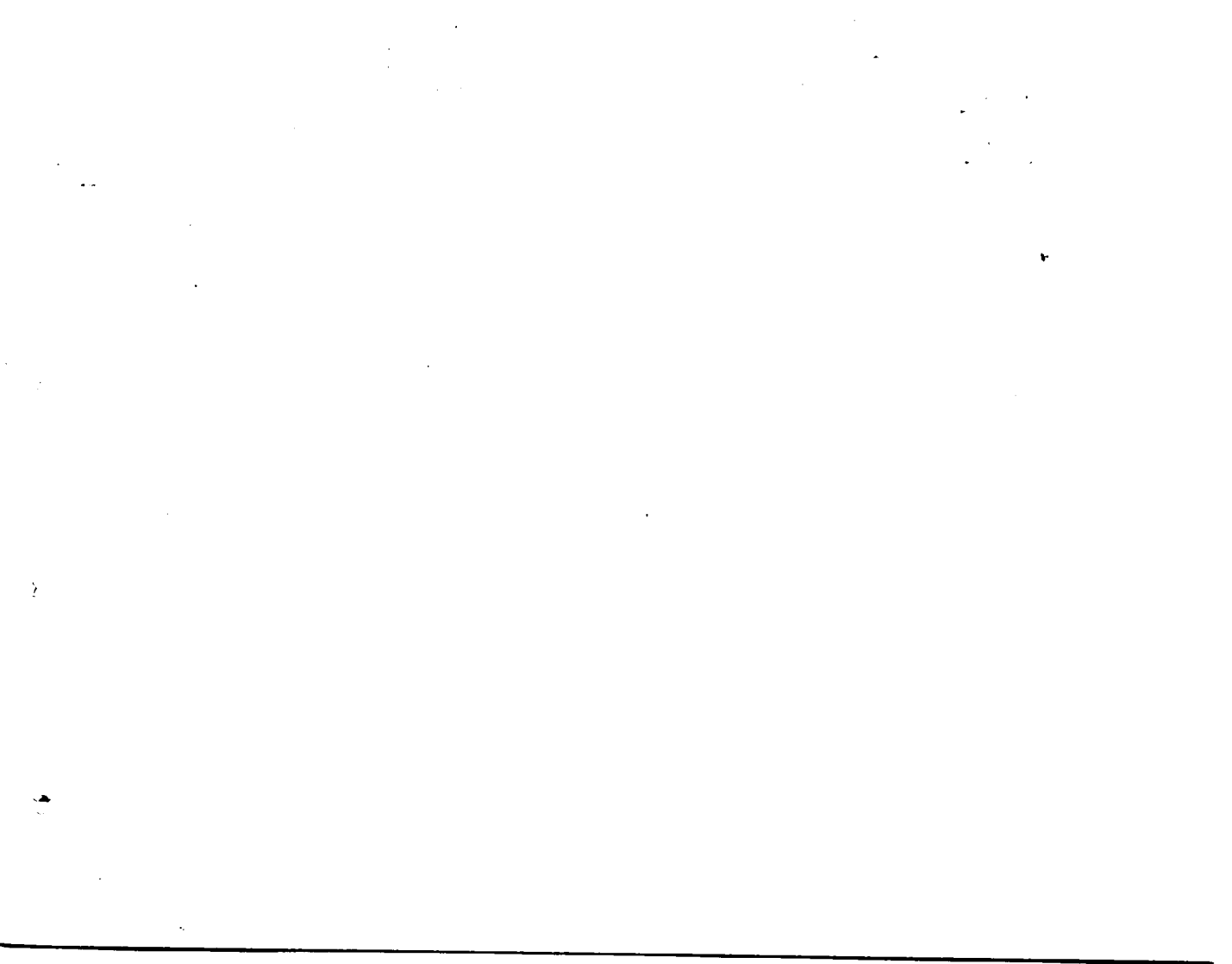
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Address RigbyFiled 5/10/20

Registrar

Ray H. Fisher

Registrar



335-114-026-293

OF BIRTH

County JeffersonCity of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 98File No. 79962Primary Registration District No. 2176Registered No. 46Full Name of Child Gale Halber Cleveland

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number { and } in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 14 20</u> (Month) (Day) (Year)
FULL NAME <u>Halber H. Cleveland</u>	FATHER		FULL MAIDEN NAME <u>Lucy J. Killian</u>	MOTHER
RESIDENCE <u>Rigby</u>	RESIDENCE <u>Rigby</u>		RESIDENCE <u>Rigby</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)	COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>15</u> (Years)	
BIRTHPLACE <u>S. C.</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Tailor</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:15 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. S. Humphreys

(Physician or midwife)

Given names added from a supplemental report

Address RigbyFiled 5/11 1920

Registrar

Registrar

3/26/1941 RMF

915-221-024-493

## PLACE OF BIRTH

County of JeffersonCity of Paris

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 98Primary Registration District No. 2176

NELLIE

VIRGINIA

Oral May Rands

Form V. S. No. 11-25m-4-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 79963Registered No. 45

SEX OF CHILD <u>I</u>	Twin Triplet or other? (To be answered only in event of plural births)	{and} Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 21, 20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Clarence R. Rands</u>		FULL MAIDEN NAME MOTHER <u>May Miller</u>		
RESIDENCE <u>Rigby Route 3</u>		RESIDENCE <u>Same</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>S. D.</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 7:30 a.m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo S. Humphreys

(Physician or midwife)

Given names added from a supplemental report

19\_\_\_\_

Address

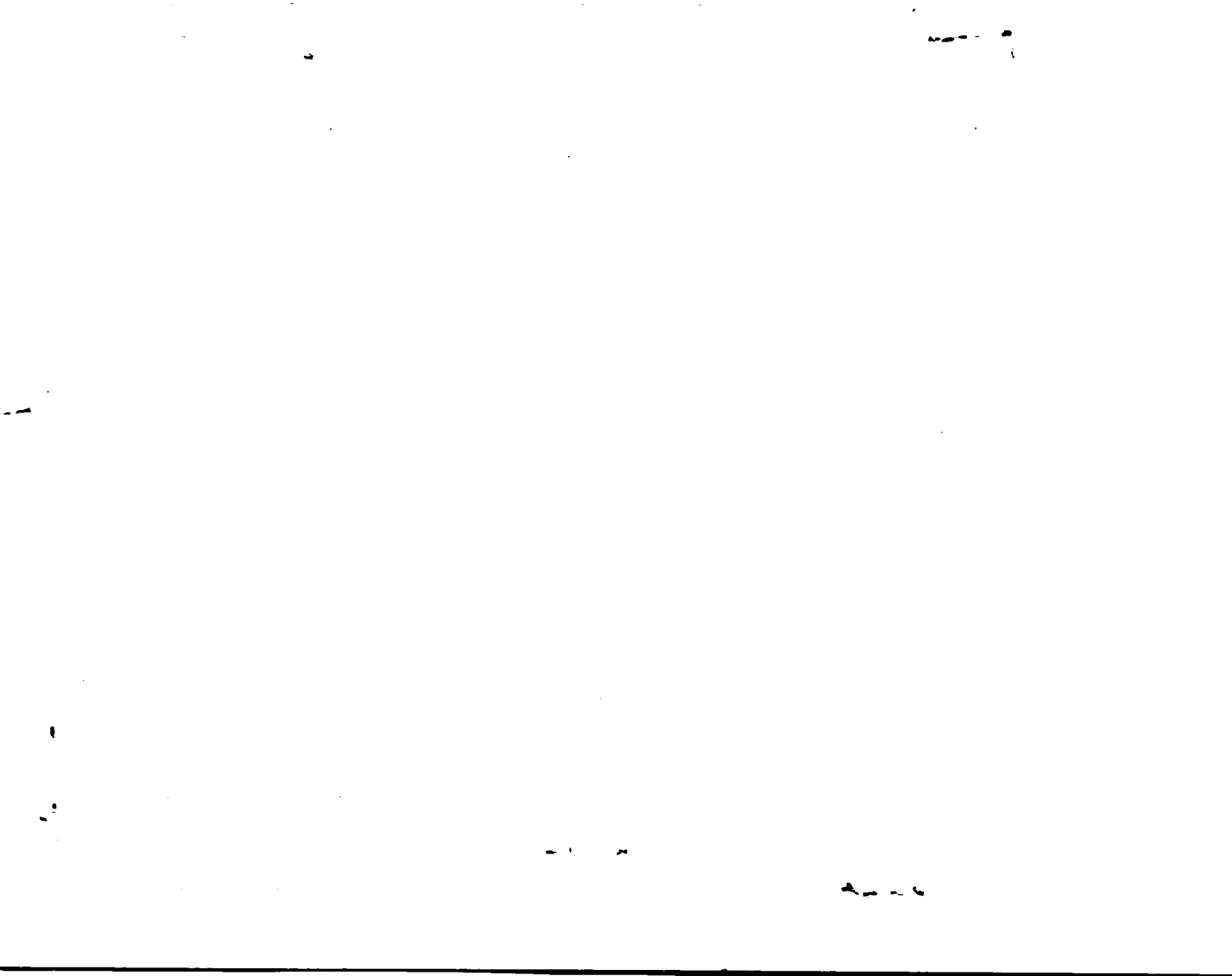
Filed

5/101930

Registrar

Ray H. Fisher

Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Jefferson } ss.

Certificate No. 79963

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Oral May who was born on Jan. 21, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

in Ririe, Idaho. are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Family Record prepared on Time of birth, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

**FROM**

**TO**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

Name

Oral May

Nellie Virginia Rands

Subscribed and sworn to before me this 9th  
day of January, 19 43

Signed

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

George M. Linsen  
Notary Public, residing at Menan, Idaho.

My commission expires Dec. 12, 1943  
(SEAL)

Rigby Idaho IDAHO  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Jefferson } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th  
day of January, 19 43

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

George M. Linsen  
Notary Public, residing at Menan, Idaho.

My commission expires Dec. 12, 1943  
(SEAL)

Rigby, Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)

JAN 14 1943

NOV 18 1959



749-220-026-551

## PLACE OF BIRTH

County of

Jefferson

City of

Rigby

No.

Registration District No.

98

File No.

79964

Hospital

Primary Registration District No.

2176

Registered No.

446

Full Name of Child

Olive Wilma Purser

SEX OF CHILD

I

Twin  
Triplet  
or other?{ and } Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

yes

DATE OF  
BIRTH

Apr 20 20

(Month) (Day) (Year)

FULL  
NAME

Le Roy Purser

FATHER

RESIDENCE

Rigby

COLOR

W

AGE AT LAST  
BIRTHDAY

36

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Laborer

FULL  
MAIDEN  
NAME

Martha A. Evans

MOTHER

RESIDENCE

Rigby

COLOR

W

AGE AT LAST  
BIRTHDAY

32

(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth

4

Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

alive

on the date above stated.

(Born alive or stillborn)

at 5 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Helen Purser Kite

Given names added from a supplemental report

19

Address

Rigby Box 111

Filed

5/10/20

(Physician or midwife)

Ray H. Fisher

Registrar

Registrar

1442

243-108-026-967

## PLACE OF BIRTH

County of

Jefferson

City of

Rigby

No.

St.

Registration District No.

98

File No.

79966

Hospital

Primary Registration District No.

2176

Registered No.

42

Full Name of Child

Mervin Isaiah Butterworth

SEX OF CHILD

M

Twin  
Triplet  
or other?{and} Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?

yes

DATE OF  
BIRTHMch 8 20  
(Month) (Day) (Year)FULL  
NAME

Edmund I Butterworth

FATHER

FULL  
MAIDEN  
NAME

Gladys Rogers

MOTHER

RESIDENCE

Rigby

RESIDENCE

Rigby

COLOR

W

AGE AT LAST  
BIRTHDAY27  
(Years)

COLOR

W

AGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Arizona

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 9:10 a.m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

George Humphreys

(Physician or midwife)

Given names added from a supplemental report

19

Address

Rigby

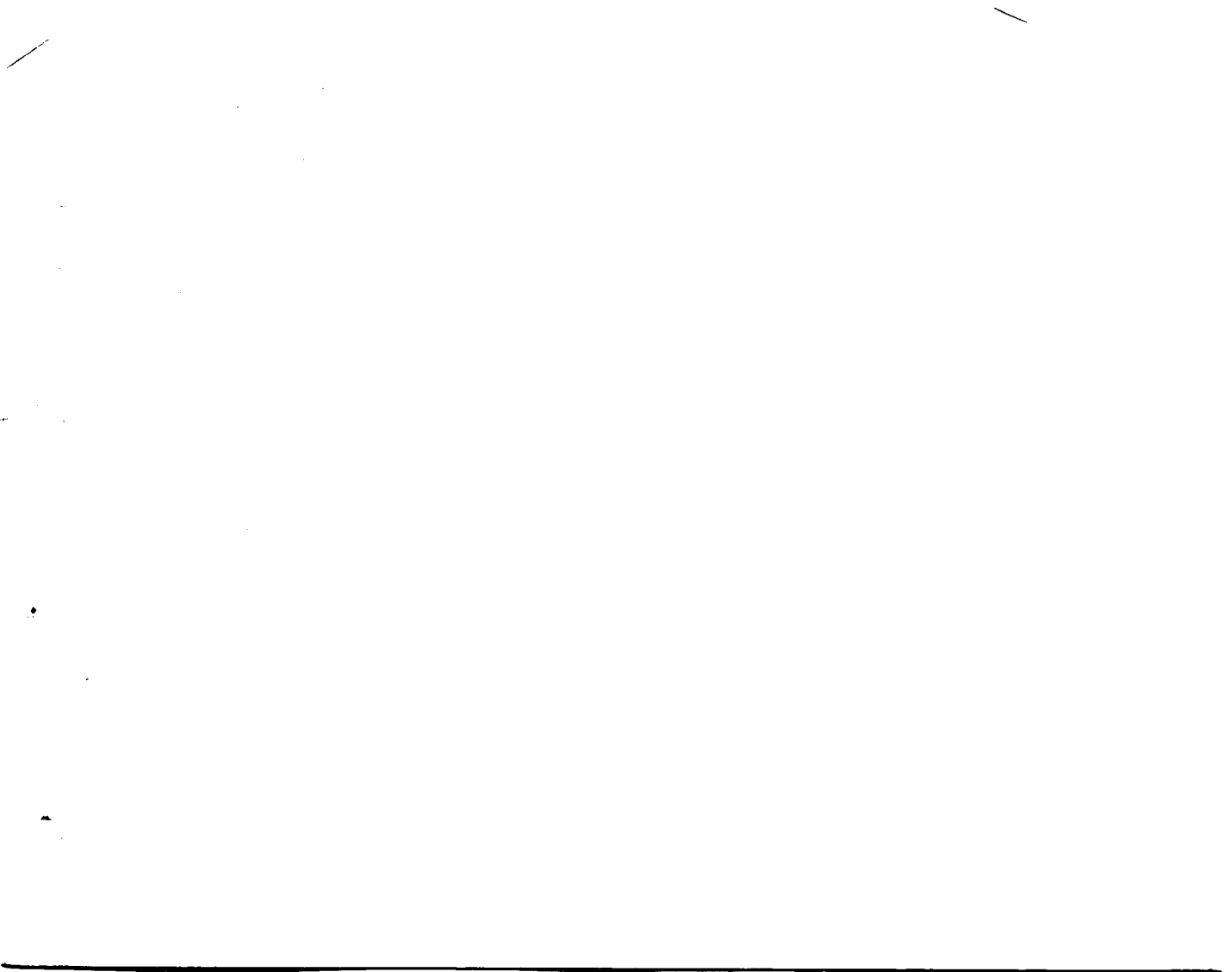
Filed

5/10 19

Ray H. Fisher

Registrar

Registrar



766-218-026-85  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

County of JeffersonCity of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98File No. 79967

Hospital \_\_\_\_\_

Primary Registration District No. 2176Registered No. 41

Full Name of Child

Elaine Goodwin

SEX OF CHILD <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 18, 20</u> (Month) (Day) (Year)
FULL NAME <u>Harold I. Goodwin</u>	FATHER		FULL MAIDEN NAME <u>Emma V. Hankins</u>	MOTHER
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Same</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Teacher</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1... Number of children of this mother now living, including present birth... 1...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report

19

Address RigbyFiled 5/1019 20

Registrar

Registrar Ray H. Fisher

MAP 6000

319-105-026-653

## PLACE OF BIRTH

County of JeffersonCity of Menan

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 98Primary Registration District No. 2176STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

## CERTIFICATE OF BIRTH

File No.

79968

Registered No.

40

SEX OF CHILD <u>m</u>	Twin Triplet or other? _____	{and} Number in order of birth _____	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>4-3-20</u> (Month) (Day) (Year)
FULL NAME <u>Blondo J. Carr</u>		FULL MAIDEN NAME <u>Susan Welbor</u>		
RESIDENCE <u>Menan</u>		RESIDENCE <u>Same</u>		
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>3-2</u> (Years)	COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)	
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 11 A. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report

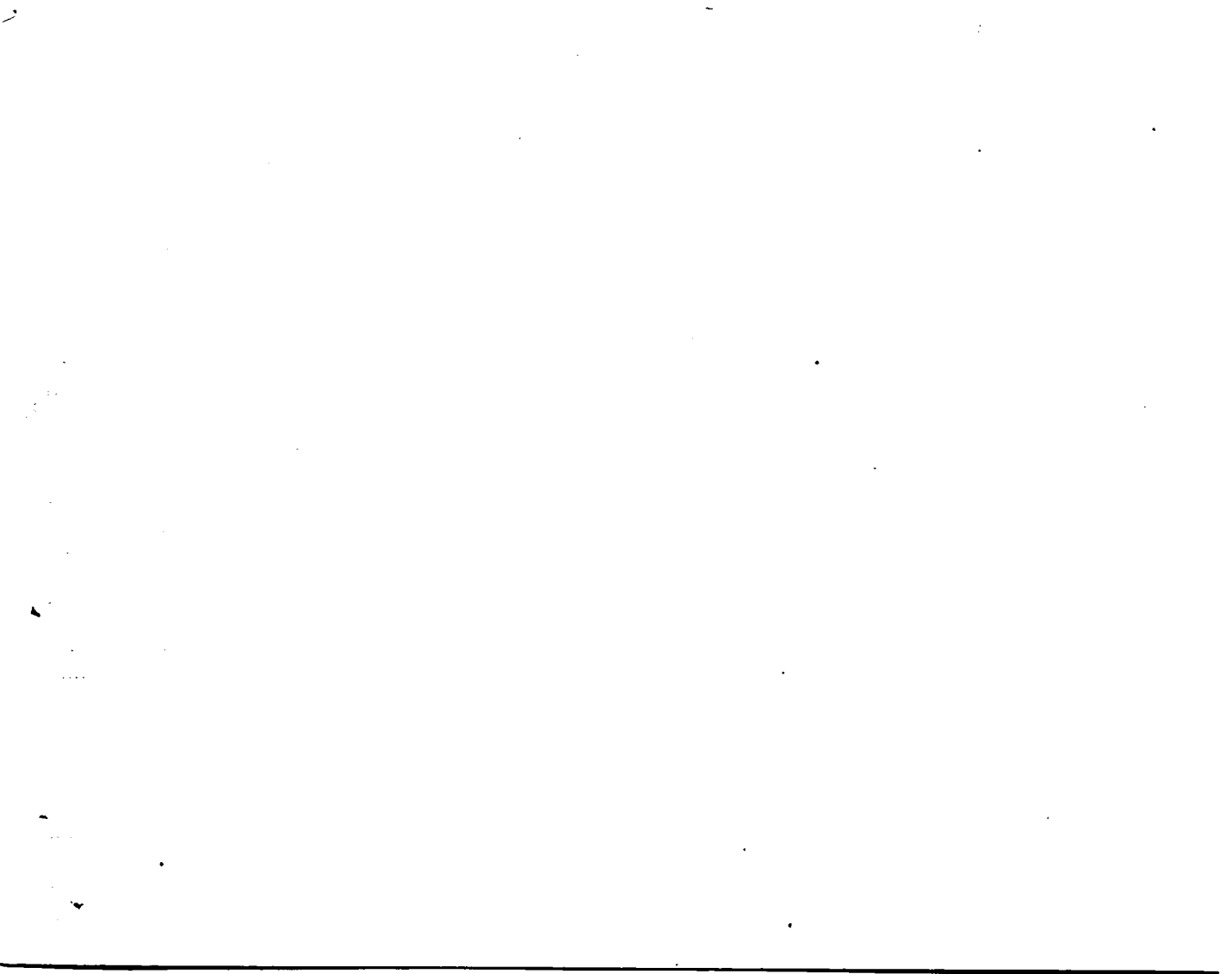
Address \_\_\_\_\_

Filed 5/10/20

Registrar

MenanRay H. Fisher

Registrar





PLACE OF BIRTH  
Amended 5-19680County of JeffersonCity of Annis

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-4-15-18

## CERTIFICATE OF BIRTH

Registration District No. 98File No. 79969Primary Registration District No. 2176Registered No. 39Full Name of Child EVERETT OSCAR ORSTROM

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>yes</u>	DATE OF BIRTH <u>4-7-20</u> (Month) (Day) (Year)
FULL NAME <u>Oscar J Orstrom</u> FATHER			FULL MAIDEN NAME <u>Nora Green</u> MOTHER	
RESIDENCE <u>Annis</u>			RESIDENCE <u>Annis</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>20</u> (Years)		
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

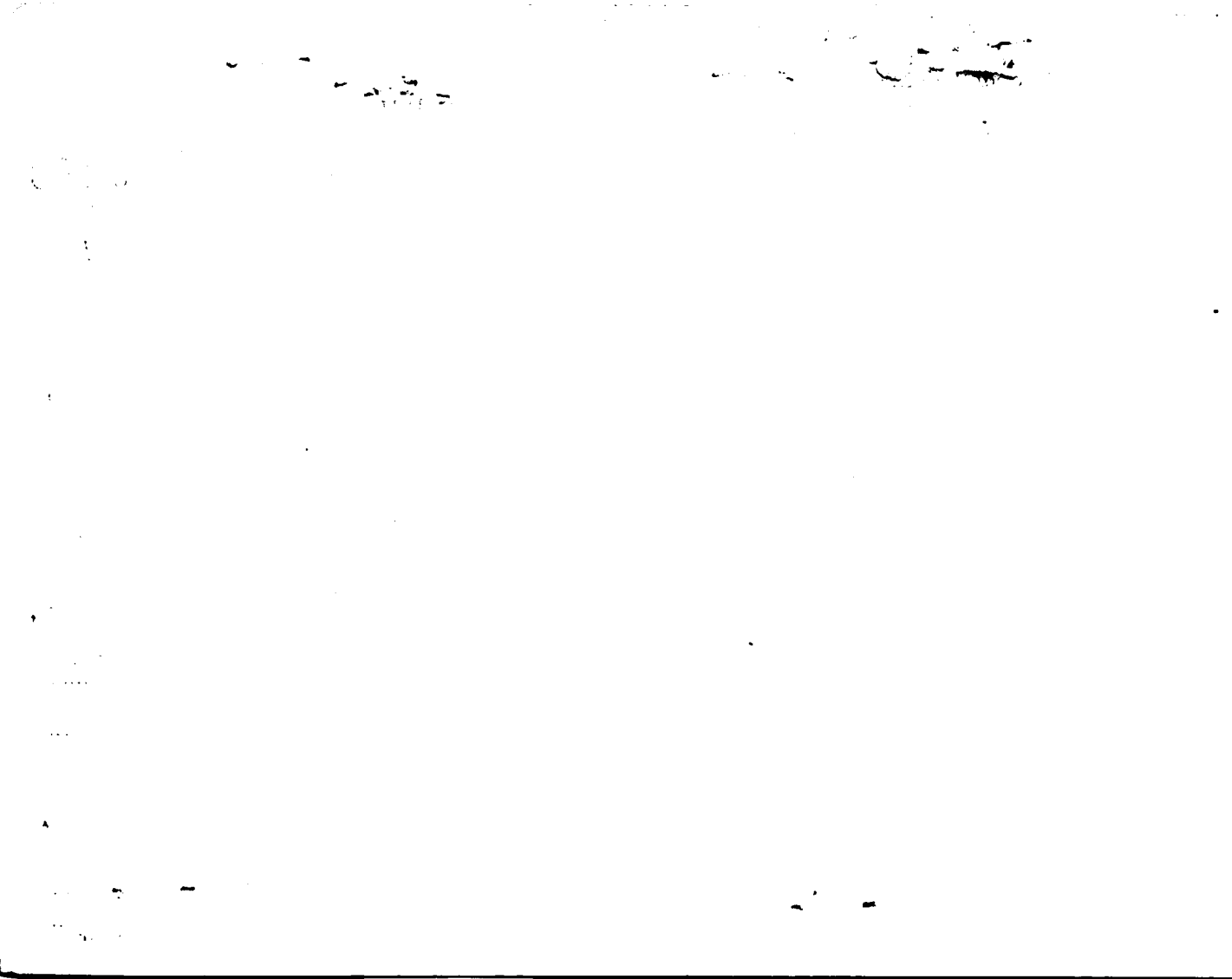
(Physician or midwife)

Given names added from a supplemental report

Address MenanFiled 5/10/20 Ray H Fisher

Registrar

Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Jefferson } ss. Certificate No. 79969  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed on Original who was born on April 7, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)  
in Annis, Jefferson Co. are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT) (DATE OF EVENT)  
true facts as shown by Idaho Church Record prepared on June - 1920, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**

(AS ON ORIGINAL)

**TO**

(THE CORRECT FACTS)

Everett Oscar Orstrom

Subscribed and sworn to before me this 10th  
day of February 1942  
To Note

Notary Public, residing at Ribby, Idaho

My commission expires June 10, 1944  
(SEAL)

Signed \_\_\_\_\_

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ribby, Idaho

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Jefferson } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th  
day of February 1942  
To Note

Signed \_\_\_\_\_

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Ribby, Idaho

My commission expires June 10, 1944  
(SEAL)

Ribby, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 18 1942 By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)

FEB 27 1969

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.  
 County of Ada }

Certificate No. 79969

Date Filed \_\_\_\_\_

JUN 20 2 09 PM '80

The undersigned does solemnly swear that certain facts on the certificate of birth

for Everett Oscar Orstrom who was born on April 7, 1920  
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Menan are erroneous or were omitted:  
 (Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

Place of birth Menan Annis

Place of residence of parents Menan Annis

Subscribed and sworn to before me this 19th day of  
June, 1980.

Notary Public, Gloria BurtrichtResiding at BoraiMy commission expires lifetime

(Seal)

X Zenda Savage  
 Signature of Applicant

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_ }

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
 \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

Supporting Signature

Certificate of Baptism issued by L. D. S. Church gives name of child as Everett Oscar Orstrom son of Oscar Orstrom and NOra Green, born April 7, 1920 at Annis, Idaho and Baptized June 2, 1928. Issued June 3, 1928.

Viewed by V.S.

Church record of Blessings gives name as Everett Oscar Orstrom born to Oscar and Nora Green Orstrom on April 7, 1920. On file in Rigby Stake, Annis Ward, Record of Births and Blessings, 1920, Pages 1506 and 1507. Born in Annis, Idaho.

339-203-026-134

## PLACE OF BIRTH

County of

City of

No.

St.

Hospital

Full Name of Child Fontell CliffordSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

## CERTIFICATE OF BIRTH

Registration District No.

File No.

Primary Registration District No.

Registered No.

SEX OF CHILD

Twin  
Triplet  
or other?{and} Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?DATE OF  
BIRTH

(Month) (Day) (Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Born alive or stillborn)

Given names added from a supplemental report

(Physician or midwife)

Address

Filed

Registrar

Registrar

23 1970



289-214-026-631

## PLACE OF BIRTH

County of JeffersonCity of Menan

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 98File No. 79971Primary Registration District No. 2176Registered No. 37

## Full Name of Child \_\_\_\_\_

SEX OF CHILD <u>I</u>	Twin Triplet or other? (To be answered only in event of plural births)	{and} Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>4-14-20</u> (Month) (Day) (Year)
FULL NAME <u>Benny R. Shippen</u>	FATHER		FULL MAIDEN NAME <u>Annie Olavison</u>	MOTHER
RESIDENCE <u>Menan</u>			RESIDENCE <u>Menan</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. S. Moody

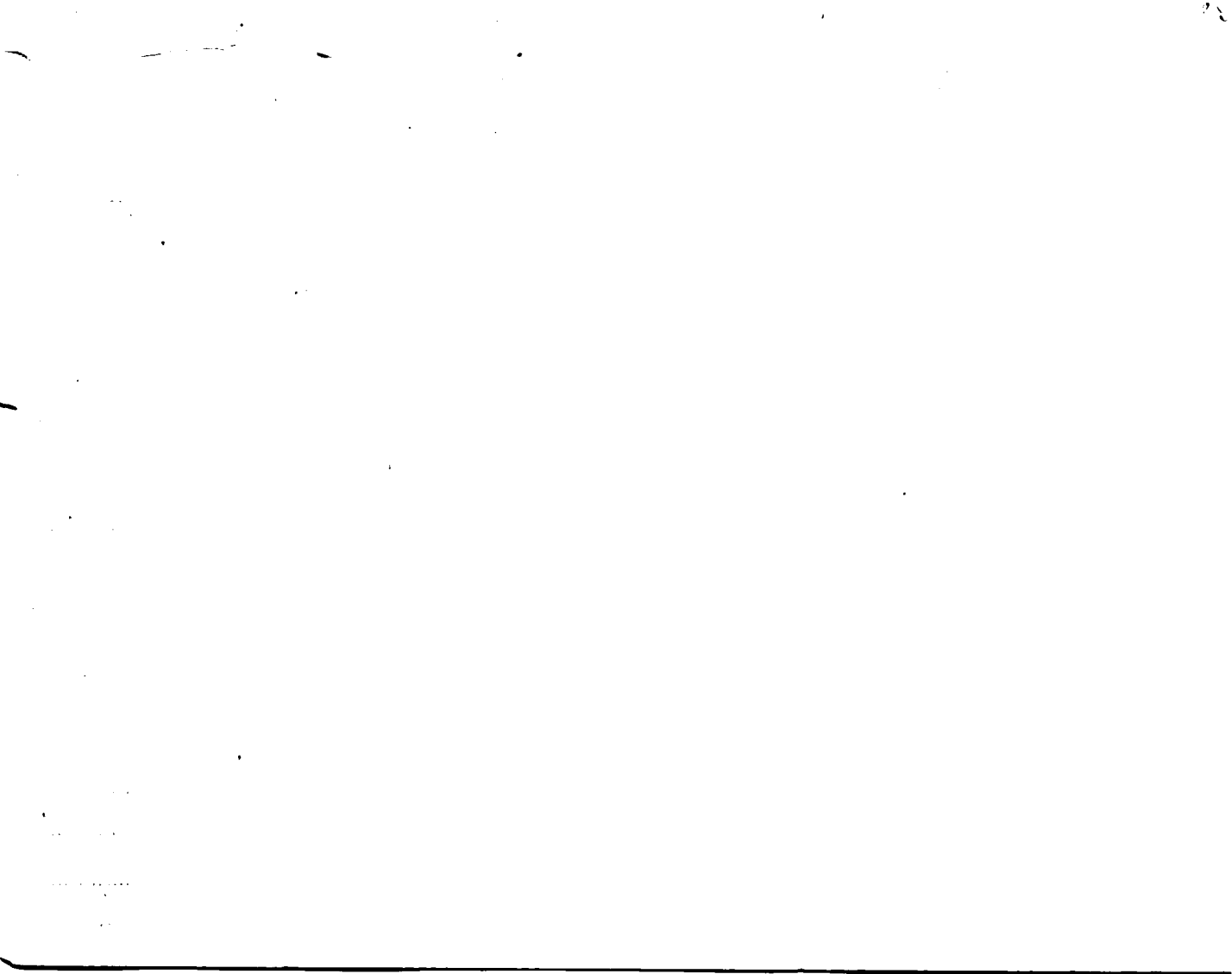
(Physician or midwife)

Given names added from a supplemental report

Address MenanFiled 5/10 1920

Registrar

Ray H. Fisher  
Registrar



Certificate Amended 01/27/1943

Form V. S. No. 11—2005-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of JeffersonCity of Menan

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98File No. 79972Primary Registration District No. 2176Registered No. 36

Hospital \_\_\_\_\_

Full Name of Child DOROTHY MAY JOHNSTON

SEX OF CHILD <u>I</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>yes</u>	DATE OF BIRTH <u>4-23-20</u> (Month) (Day) (Year)
FULL NAME <u>Thomas R. Johnston</u>	FATHER		FULL MAIDEN NAME <u>May M Lewis</u>	MOTHER
RESIDENCE <u>Menan</u>			RESIDENCE <u>Menan</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Arizona</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10<sup>30</sup> A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or midwife)

Given names added from a supplemental report

19....

Address MenanFiled 5/10/20 19....

Registrar

Ray H. Fisher  
Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V.S. No. 1

IDENTIFICATION NUMBER 171823

County of \_\_\_\_\_

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STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }  
County of Deschutes } ss. Certificate No. 79972  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
(BIRTH OR DEATH)  
for ..... who ..... on .....  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by ..... prepared on ..... are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM	TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)	(THE CORRECT FACTS)
Surname <u>Johnson</u>	<u>Johnston</u>	
Name <u>Unnamed</u>	<u>Dorothy May Johnston</u>	

Subscribed and sworn to before me this 25th  
day of January, 19 43

Signed Mrs. Dorothy Bessey  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Redmond, Oregon  
My commission expires 12-30-45  
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }  
County of..... } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....  
day of....., 19.....  
Signed.....  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at.....  
My commission expires.....  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 27 1943 By .....  
(REGISTRAR'S SIGNATURE)

JAN 27 1943

613 -129-026-133

PLACE OF BIRTH amend 3-8-82

County of Jefferson  
City of Lewisville

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Garth Talmage Walker

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

## CERTIFICATE OF BIRTH

Registration District No. 98File No. 79973Primary Registration District No. 2176Registered No. 35

SEX OF CHILD <u>M</u>	Twin Triplet or other?	{and} Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jan 29 1920</u> (Month) (Day) (Year)
FULL NAME <u>Wm P. Walker</u>	FATHER		FULL MAIDEN NAME <u>Ella M. Allen</u>	MOTHER
RESIDENCE <u>Lewisville</u>			RESIDENCE <u>Lewisville</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 1435 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or midwife)

Given names added from a supplemental report

Address MenanFiled 5/10/20

Registrar

Registrar

THE F. L. A. A.

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1/21/82

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF  
VITAL STATISTICSState of Colorado } ss.  
County of Monte

FEB 19 10 47 AM '82

Certificate No. 79973

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Walker who was born on Jan. 24, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Lewisville, ID Jefferson are erroneous or were omitted:  
(Place of Event)ITEMS TO BE CORRECTED  
DATE OF BIRTHFROM  
JAN. 24, 1920TO  
JAN. 29, 1920

Full Name of Child

omitted

Garth Talmage Walker

Subscribed and sworn to before me this 28th day ofJanuary, 1982.Notary Public, Larry A. ShippResiding at 1840 NO. 12th - Grand St. Co. 81501My commission expires 9-13-85

(Seal)

Garth Walker  
Signature of Applicant  
531 Piene Rd - Montrose, Colo.  
Street Address, City, State 81401

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.  
County of Monte

(Must be completed \_\_\_)

(Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day ofJanuary, 1982.Notary Public, Larry A. ShippResiding at 1840 NO. 12th - Grand St. Co. 81501My commission expires 9-13-85

(Seal)

Wanda Holding  
Supporting Signature  
104 N. Easter Hill, Grand Junction, Colo.  
Street Address, City, State

Cert of Record from LDS Church gives Garth-Talmage Walker born 1-29-20 in Lewisville, Id to William Perrin Walker and Ella May Allen and was baptised 3-3-28. Viewed by V.S.

**MAR 8 1982**

Marriage Certificate from State of Idaho State file #M66-4410 gives Garth T. Walker born in Lewisville, Idaho on 1-29-20. Was Married in Pocatello on 5-31-66. Viewed by V.S.

312-125-026-815

## PLACE OF BIRTH

County of JeffersonCity of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98Primary Registration District No. 2176

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

## CERTIFICATE OF BIRTH

File No. 79974Registered No. 34

## Full Name of Child \_\_\_\_\_

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>2-25-20</u> (Month) (Day) (Year)
FULL NAME <u>Earl E. Casper</u>	FATHER		FULL MAIDEN NAME <u>Sophia Yancey</u>	MOTHER
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Rigby</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. S. Moody

(Physician or midwife)

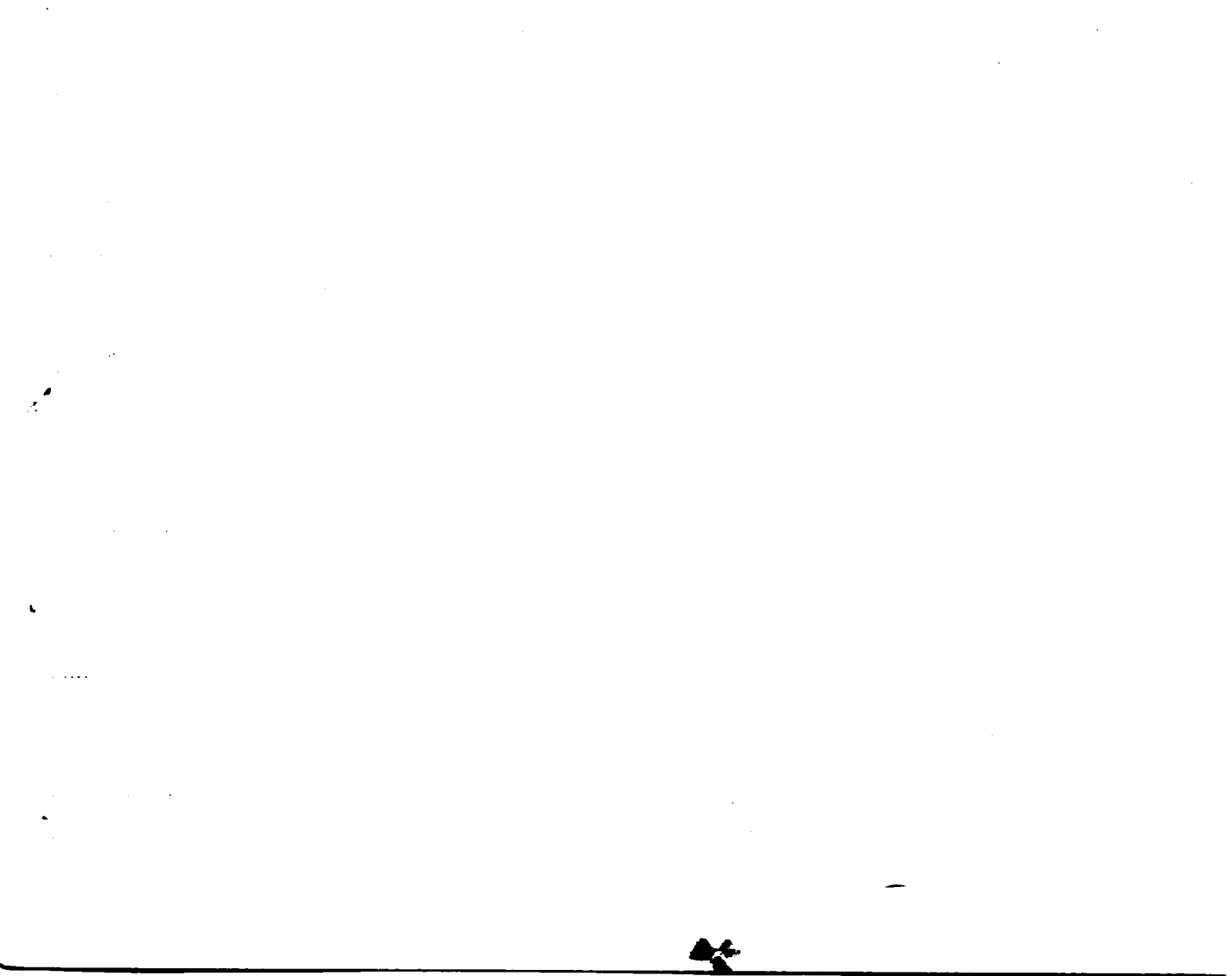
Given names added from a supplemental report

19\_\_\_\_

Address MenonFiled 5/10/20

Registrar

Registrar



434-120-026-236

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98

File No. 79975

Primary Registration District No. 2176

Registered No. 33

Hospital \_\_\_\_\_

Full Name of Child

Jay Clarence M<sup>c</sup> Murtry

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth { and }	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>1-20-20</u> (Month) (Day) (Year)
FULL NAME <u>Clarence M<sup>c</sup> Murtry</u>	FATHER		FULL MAIDEN NAME <u>Mabel S. Scott</u>	MOTHER
RESIDENCE <u>Menan</u>			RESIDENCE <u>Menan</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>W</u>		AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Idaho</u>			
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>			

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report

Address Menan

Filed 5/10/20 Ray H. Fisher

Registrar

Registrar

FORWARD OF VEHICLE

100-100000

745-120-026-231

## PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

County of JeffersonCity of Menan

## CERTIFICATE OF BIRTH

Registration District No. 98File No. 79976

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2176Registered No. 32

Hospital \_\_\_\_\_

Full Name of Child Grant Jay Sunderson

SEX OF CHILD <u>M</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number {and} in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>1-20-20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Edward C. Sunderson</u>		FULL MAIDEN NAME MOTHER <u>Rosetta Stay</u>		
RESIDENCE <u>Menan</u>		RESIDENCE <u>Menan</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1230 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report

Address Menan  
Filed 5/10/20 Ray H. Fisher  
Registrar

Registrar



MADE IN U.S.A.

Certified Copy issued Jan. 20, 1941. E.W.



631-248-026-213

## PLACE OF BIRTH

County of JeffersonCity of Menan

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

## Full Name of Child

Registration District No. 98File No. 79977Primary Registration District No. 2176Registered No. 31Donna Marie Olaveson

SEX OF CHILD <u>I</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>1-18-20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Chris Olaveson</u>			FULL MAIDEN NAME MOTHER <u>Bertha Ballentine</u>		
RESIDENCE <u>Menan</u>			RESIDENCE <u>Menan</u>		
COLOR <u>W</u>		AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR <u>W</u>	
BIRTHPLACE <u>Utah</u>		AGE AT LAST BIRTHDAY <u>21</u> (Years)		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 530 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. J. Moody

(Physician or midwife)

Given names added from a supplemental report

Address

Menan

Filed

5/10/20Ray H. Fisher

Registrar

Registrar

JAN 22 1975

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. \_\_\_\_\_  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

Certificate No. 79977

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Dona Marie Olavison who was born on Jan. 18, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Menan, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name Dona Marie Olavison Donna Marie Olaveson  
father's last name Olavison Olaveson

Subscribed and sworn to before me this 9 day of

Signed Bertha B. Olaveson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho Falls, Ida.  
My commission expires June 1978  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss. \_\_\_\_\_  
County of Bonneville }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of

Signed Leopold Thaddeus  
(Signature of Any Credible Person)

Notary Public, residing at Idaho Falls, Ida.  
My commission expires June 1978  
(Seal)

269-10th Ide, Falls  
(Street Address, City, State)

Certif of Baptism from LD<sup>s</sup> Church for Bertha Carline Olaveson gives father's name as Carl Chris. Olaveson. Baptized Sept 6, 1924. viewed by V. S.

Certif of Blessing fro Bertha Carlene Olaveson born Sept 5, 1916 gives g father's name as Carl E. Olaveson. Blessed Dec 3, 1916. viewed by V. S.

Diploma from LDS Seminaries gives name as Donna Marie Olaveson dated May 8, 1938 viewed by V. S.

NOV 30 1977

967-127-026-265

## PLACE OF BIRTH

amend 12-21-81

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

County of JeffersonCity of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98File No. 10078Primary Registration District No. 2176Registered No. 30

Hospital \_\_\_\_\_

Full Name of Child Harold Lewis Rogers

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>2-27-20</u> (Month) (Day) (Year)
FULL NAME <u>Fred L. Rogers</u>	FATHER			FULL MAIDEN NAME <u>Hannah E. Bore</u>	MOTHER
RESIDENCE <u>Rigby</u>				RESIDENCE <u>Rigby</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)			COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Utah</u>				BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report

19

Address MenapFiled 5/10/20

Registrar

Registrar

STORY

..G

born No.

LAST  
NAME

11

bl

11-17-81

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.  
 County of Jefferson

RECEIVED  
 DEC 18 4 36 PM '81  
 BUREAU OF  
 VITAL STATISTICS

Certificate No. 79978

Date Filed \_\_\_\_\_  
 birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for Unnamed Rogers who was born on 2-27-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Rigby (Jefferson) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameUnnamedHarold Lewis Rogers

Subscribed and sworn to before me this 17th day of  
December, 1981.

Notary Public, Margaret E. Treasure  
 Residing at Rigby, Idaho  
 My commission expires 6-15-83  
 (Seal)

x Vida Rogers  
 Signature of Applicant  
190 W. Short St. Rigby Idaho  
 Street Address, City, State  
83442

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_

(Must be completed \_)

(Is not necessary +)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
 \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
 Residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 (Seal)

Supporting Signature

Street Address, City, State

1 cc pd

Cert of Baptism from LDS Church gives Harold Lewis Rogers born  
2-27-20 in Rigby to Fred L Rogers and Hannah E Bone was baptised  
3-3-28 . Viewed By V.S.

**DEC 21 1981**

Cert of Blessing from LDS Church gives Harold Lewis Rogers born  
2-27-20 in Rigby to Fred L Rogers and Hanna E Bone was blessed  
6-6-20. Viewed by V.S.



155-207-026-345

## PLACE OF BIRTH

County of Jefferson  
City of Hammer

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 98Primary Registration District No. 2176

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHFile No. 79970Registered No. 65Thelma Jensen

SEX OF CHILD <u>I</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Apr 7 1920</u> (Month) (Day) (Year)
FULL NAME <u>Ezra P. Jensen</u>			FULL MAIDEN NAME <u>Loventge Lundlie</u>	
RESIDENCE <u>Hammer</u>			RESIDENCE <u>Hammer</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Norway</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 8 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ezra P. Jensen  
Father  
(Physician or midwife)

Given names added from a supplemental report.

Address Hammer Idaho  
Filed June 19 1920 Ray Fisher  
Registrar

27

689-207-026-386

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of JeffersonCity of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98File No. 79980Primary Registration District No. 2176Registered No. 64

Hospital \_\_\_\_\_

Full Name of Child Alice Whitaker

SEX OF CHILD <u>I</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>June 7, 20</u> (Month) (Day) (Year)
FULL NAME <u>James Whitaker</u>	FATHER		FULL MAIDEN NAME <u>Stella Thorngren</u>	MOTHER
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Rigby</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 3 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Given names added from a supplemental report.

Address RigbyFiled June 10, 20 Ray H. Fisher

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. \_\_\_\_\_  
Certificate No. 79980  
Date Filed \_\_\_\_\_

**RECEIVED**  
**JUL 26 1968**  
The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
for Unnamed Whitaker (Female Child) who was born on June 7, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Rigby, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Rose Alice Whitaker

Subscribed and sworn to before me this 25<sup>th</sup> day of July 1968  
Charles W. Morris  
Notary Public, residing at Medford, Ore.  
My commission expires 10-18-69  
(Seal)

James M. Whitaker  
Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
908 W. 10th Medford, Ore.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon }  
County of TACSON } ss. \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25<sup>th</sup> day of July, 1968

Signed Charles W. Morris  
(Signature of Any Credible Person)  
715 W. MAIN ST Medford, Ore.  
(Street Address, City, State)

Notary Public, residing at Medford, Ore.  
My commission expires 10-18-69  
(Seal)

Family Bible Record, appears old and unaltered, gives name as Alic Whitaker, born June 7, 1920 - viewed by VS.

DEC 12 1968

School Record Statement, Twin Falls School District #411, gives name as Alice Whitaker born June 7, 1920, entered Sept. 1929, age 9 years, father's name as J. M. Whitaker, signed by J. T. Anderson, Clerk - viewed by VS.

449-225-016-912

## PLACE OF BIRTH

County of JeffersonCity of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98File No. 79981

Hospital \_\_\_\_\_

Primary Registration District No. 2176Registered No. 63

## Full Name of Child

Evelyn Murphy

SEX OF CHILD

ITwin  
Triplet  
or other?

{and}

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDATE OF  
BIRTHJan 25 20  
Month) (Day) (Year)FULL  
NAMEAsael B Murphy

FATHER

FULL  
MAIDEN  
NAMEVesta Rasmussen

MOTHER

RESIDENCE

Rigby

RESIDENCE

Rigby

COLOR

WAGE AT LAST  
BIRTHDAY24

(Years)

COLOR

WAGE AT LAST  
BIRTHDAY23

(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Teacher

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive  
(Born alive or stillborn)HA  
at \_\_\_\_\_ M\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

O. J. Call

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Rigby

Filed

19 \_\_\_\_\_

Ray H. Fisher

Registrar

Registrar

5-41.

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م

SEP 2 1949



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 5-5863-223-026-719  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Heise

No. \_\_\_\_\_ St.

Registration District No. 98

File No. 79982

Hospital \_\_\_\_\_

Primary Registration District No. 2176

Registered No. 75

FULL NAME OF CHILD Madge Holt

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and { (Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>April 23</u> , 192 <u>0</u> (Month) (Day) (Year)
----------------------------	---	--	-----------------------------	---

What bacterioidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth... 6 ... Number of children of this mother now living, including present birth... 6 ...

FULL NAME <u>Matthew E. Holt</u>	FATHER
RESIDENCE <u>Heise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Louise Gardener</u>	MOTHER
RESIDENCE <u>Heise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call  
Physician  
(Physician or midwife)

Give names added from a supplemental report.

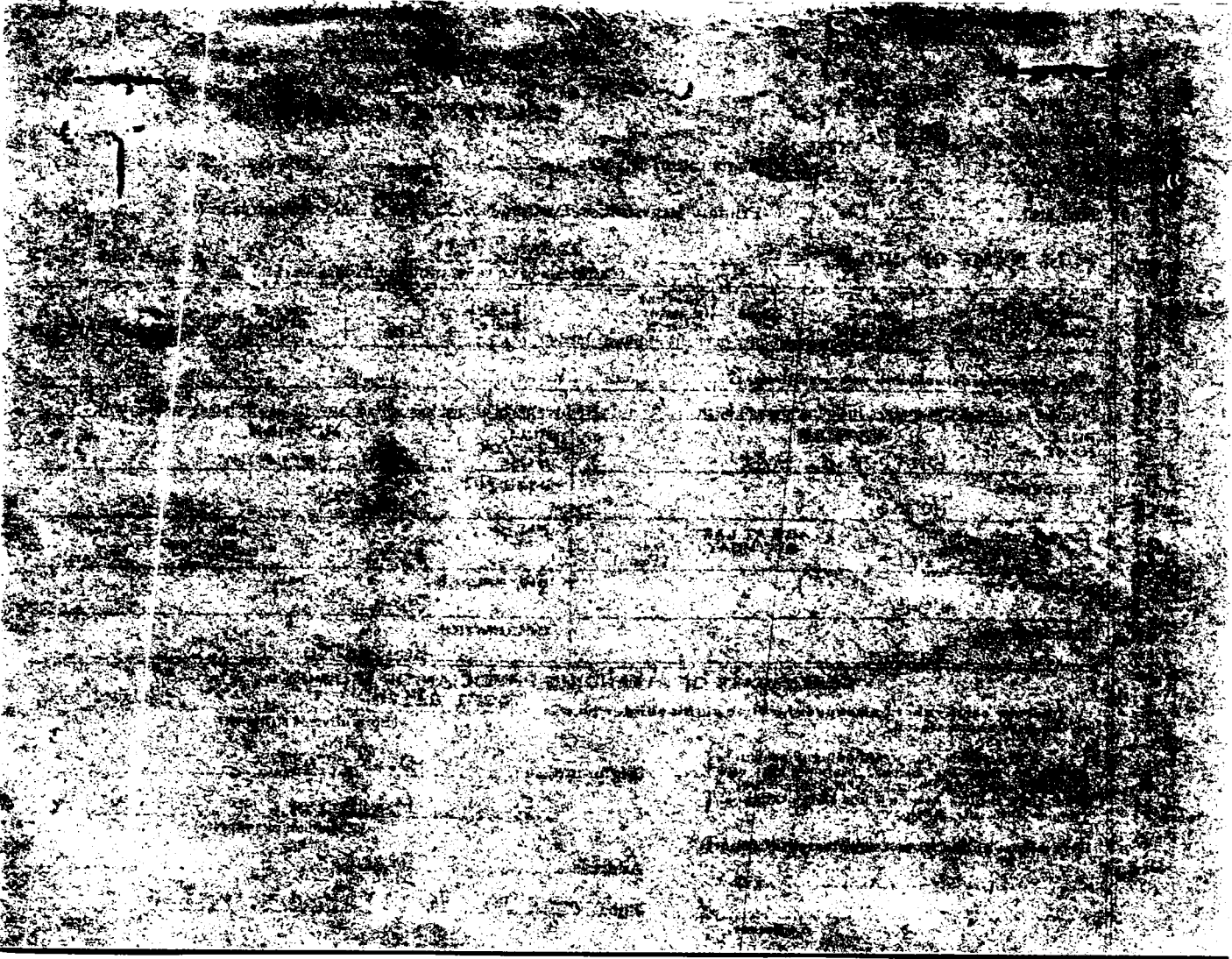
Address Rigby

\_\_\_\_\_ 192 \_\_\_\_\_

Filed June 10 1920 Ray H. Fisher

\_\_\_\_\_  
Registrar.

Registrar.



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

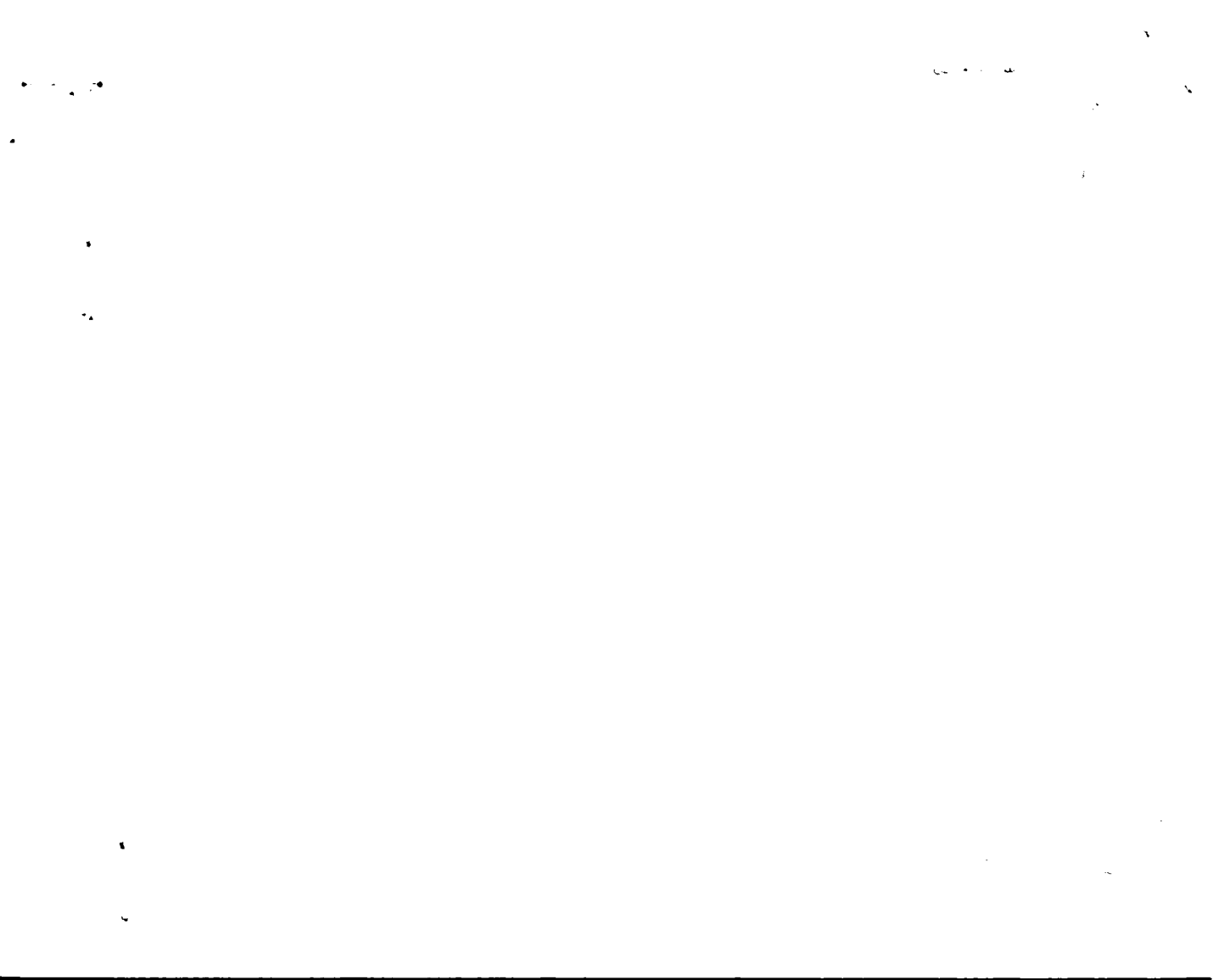
State of ..... }  
County of ..... } ss. Certificate No. 79982  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... birth  
for ..... Unnamed Holt ..... who was born ..... on 4-22-20  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in ..... Heise ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... School Record ..... prepared on year of 1937  
Cert. of Baptism (Bible Record, Insurance Policy, Etc.)  
Aug. 2, 1930 (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) Viewed by V.S. (The Correct Facts)

Child's Name ..... Unnamed ..... Madge ..... Holt  
Birth Date ..... 4-22-20 ..... 4-23-20  
Subscribed and sworn to before me this 16<sup>th</sup> day of  
19 57  
Notary Public, residing at .....  
My commission expires 11-10-57  
(Seal)  
Signed: M Eugene Holt  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Ririe, Heise Route, Idaho.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Blaine } ss. [This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.  
Subscribed and sworn to before me this 16<sup>th</sup> day of  
19 57  
Notary Public, residing at .....  
My commission expires 11-10-57  
(Seal)  
Signed: S. Louisa Gardner Holt  
(Signature of Any Credible Person)  
Ririe, Heise Route, Idaho  
(Street Address, City, State)



268-110-026-256  
PLACE OF BIRTHCounty of JeffersonCity of Ririe

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child ROBERT EARL BOWENSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-19

## CERTIFICATE OF BIRTH

Registration District No. 98File No. 79983Primary Registration District No. 2176Registered No. 74

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>yes</u>	DATE OF BIRTH <u>4-10-20</u> (Month) (Day) (Year)
FULL NAME <u>James W. Bowen</u>	FATHER		FULL MAIDEN NAME <u>Alta</u>	MOTHER <u>Bowley</u>
RESIDENCE <u>Ririe</u>			RESIDENCE <u>Ririe</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>56</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Iowa</u>			BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>teacher</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9 a M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Call

Given names added from a supplemental report

(Physician or midwife)

Address RirieFiled 6-10-20 Ray H. Fisher  
Registrar

Registrar

DEC 7 1949

218-107-026-795  
PLACE OF BIRTHCounty of JeffersonCity of RigbyNo. S.Registration District No. 98File No. 79984Hospital \_\_\_\_\_Primary Registration District No. 2176Registered No. 73

Full Name of Child

Alma Lamar Sayer

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>4-7-20</u> (Month) (Day) (Year)
FULL NAME <u>John R. Sayer</u>	FATHER		FULL MAIDEN NAME <u>Margaret Green</u>	MOTHER
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Rigby</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. F. Call

Given names added from a supplemental report

19

Address

Rigby (Physician or midwife)

Filed

6-10-20Ray H. Fisher

Registrar

Registrar

1761 2 1761



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-227-026-612  
PLACE OF BIRTH

County of Jefferson

City of Ridgely Registration District No. 98

No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. 2176

Hospital \_\_\_\_\_

Full Name of Child Frances Louise Bronson

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

File No. 79985

Registered No. 72

SEX OF CHILD <u>I</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>yes</u>	DATE OF BIRTH <u>3-27-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Frederic Bronson</u>		MOTHER FULL MAIDEN NAME <u>Effie Wakeman</u>		
RESIDENCE <u>Ridgely</u>		RESIDENCE <u>Ridgely</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	
BIRTHPLACE <u>Iowa</u>		BIRTHPLACE <u>Kansas</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		
Number of child of this mother, including present birth. <u>3</u>		Number of children of this mother now living, including present birth. <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) O. F. Call

(Physician or midwife)

Address Ridgely

Filed 6-19-20

Registrar

Registrar Ray Fisher



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Colorado } **RECEIVED**  
County of Weld } **BUREAU OF VITAL STATISTICS**  
Certificate No. 79985  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Unnamed Bronson (female) who was born on Mar. 27, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rigby, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
child's name Unnamed Frances Louise Bronson

Subscribed and sworn to before me this 15<sup>th</sup> day of  
September, 1976  
Jonda K. Shremaker  
Notary Public, residing at  Greeley, Colo  
My commission expires 7-26-77  
(Seal)

Signed Frances Louise Bronson Darland  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1614-16<sup>th</sup> St., Greeley, Co 80631  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Colorado }  
County of Weld } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15<sup>th</sup> day of  
September, 1976  
Jonda K. Shremaker  
Notary Public, residing at  Greeley, Colo  
My commission expires 7-26-77  
(Seal)

Signed Charles D. McKinnon  
(Signature of Any Credible Person)  
1624 Fairacres Dr., Greeley, Co 80631  
(Street Address, City, State)

OCT 6 1976

35' 40" 00" 00" 00"

666-127-026-3/12  
PLACE OF BIRTHCounty of Jefferson  
City of Kirie

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98File No. 79986Primary Registration District No. 2176Registered No. 71

Hospital \_\_\_\_\_

## Full Name of Child \_\_\_\_\_

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH..... <u>3-27-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Richard W. Fowler</u>			MOTHER FULL MAIDEN NAME <u>Georgia Labrum</u>		
RESIDENCE <u>Kirie</u>			RESIDENCE <u>Kirie</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY..... <u>33</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY..... <u>27</u> (Years)	
BIRTHPLACE <u>Indiana</u>			BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Merchant</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth.....5 Number of children of this mother now living, including present birth.....5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 11<sup>30</sup> a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Call

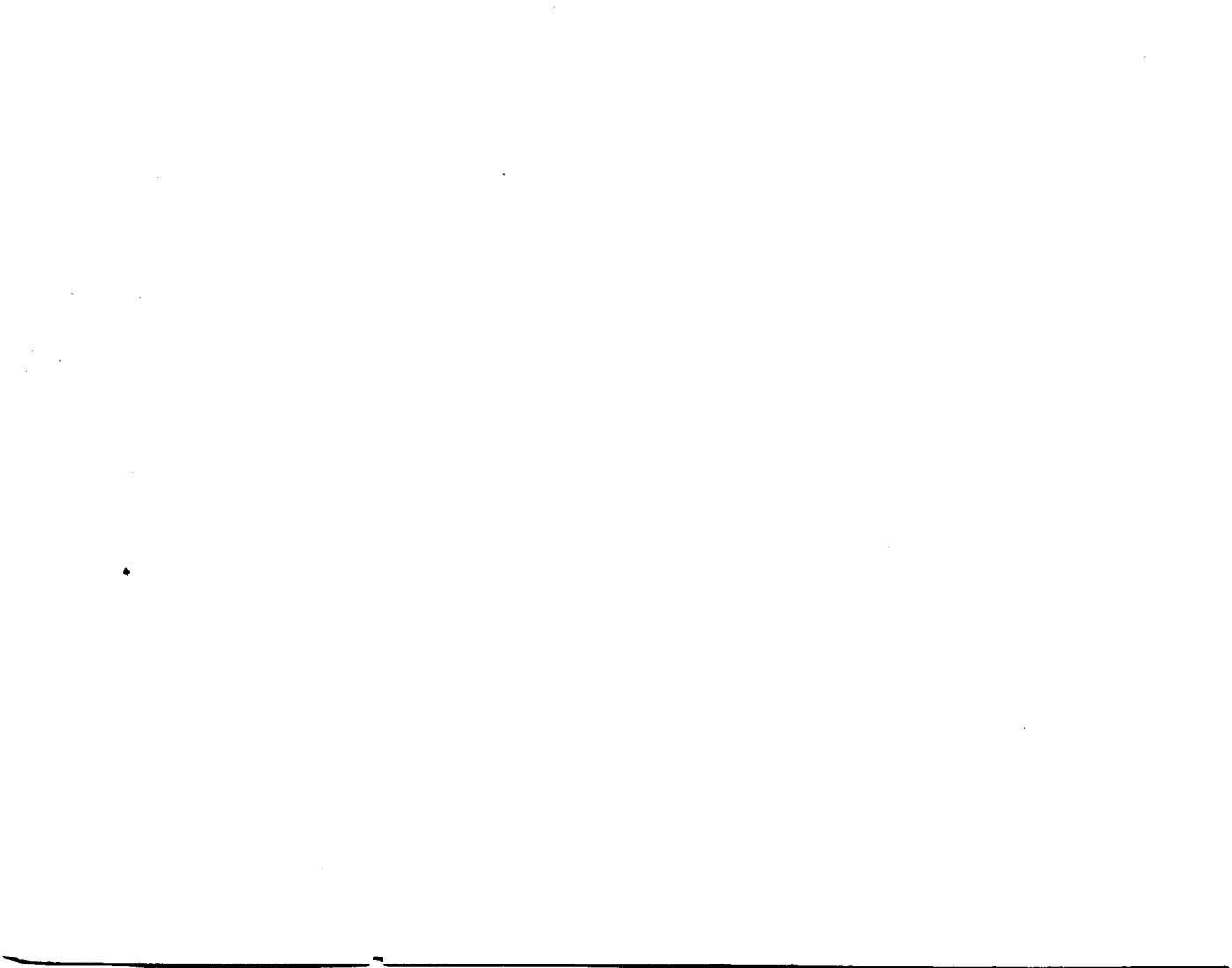
Given names added from a supplemental report

(Physician or midwife)

Address RegbyFiled 6-10-19-20

Registrar

Registrar Ray Fisher



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

342-215-026-527  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

AMENDED

Aug. 19, 1946

Registration District No. \_\_\_\_\_

CERTIFICATE OF BIRTH

98

79987

File No. \_\_\_\_\_

Primary Registration District No. 2176

Registered No. 70

FULL NAME OF CHILD \_\_\_\_\_

Anna M. Luke

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 15, 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------------	--

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER  
FULL NAME Melvin Luke

RESIDENCE  
Rigby

COLOR W AGE AT LAST BIRTHDAY 36  
(Years)

BIRTHPLACE  
Utah

OCCUPATION

Co. Agriculture Agent

MOTHER  
FULL MAIDEN NAME Clariase Kaplan

RESIDENCE  
Rigby

COLOR W AGE AT LAST BIRTHDAY 40  
(Years)

BIRTHPLACE  
Utah

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:20A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

Physician  
(Physician or midwife)

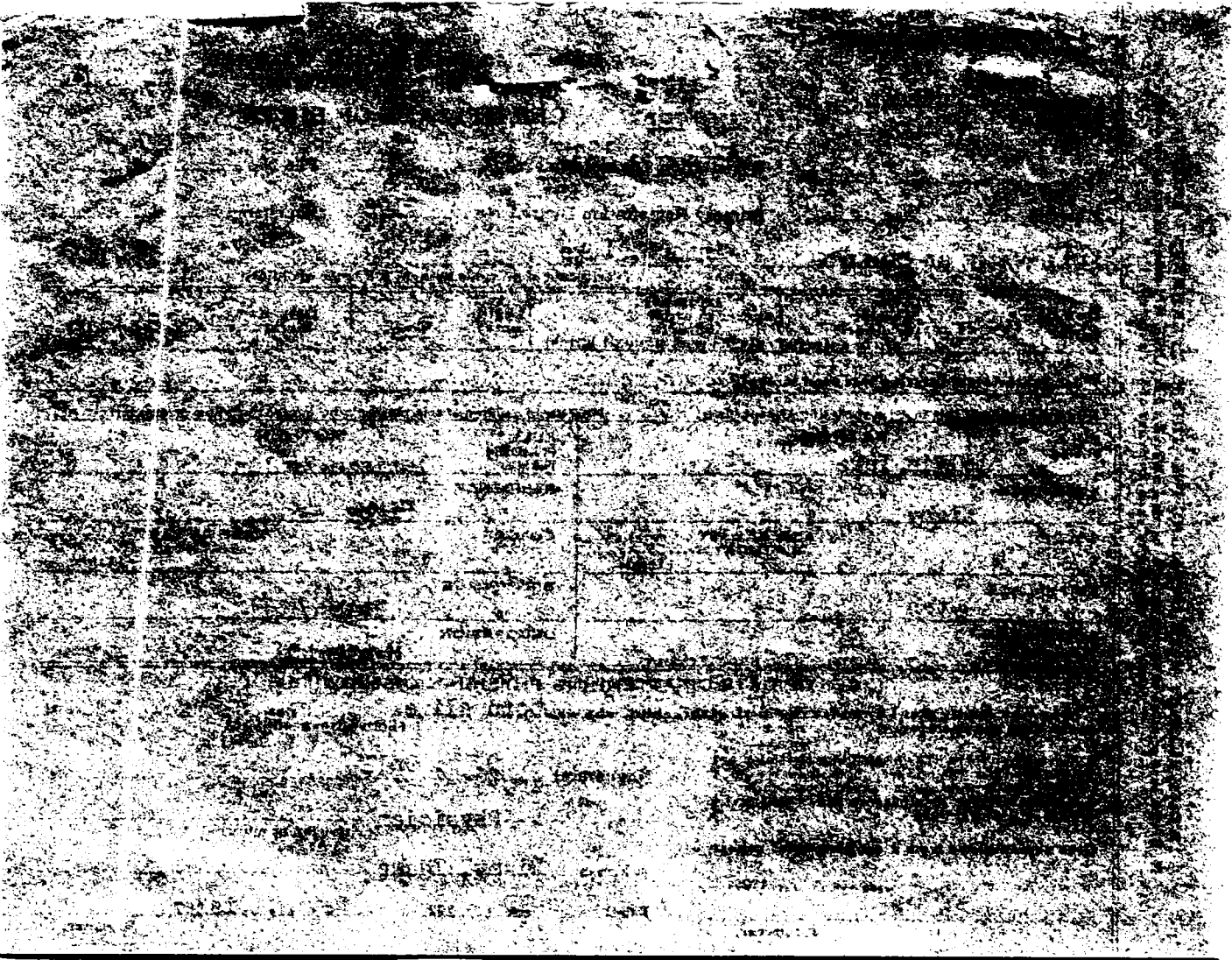
Give names added from a supplemental report.

Address Rigby, Idaho

Filed June 10 1920 Ray H. Fisher

Registrar.

Registrar.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of..... }  
County of..... } ss. Certificate No. 79987  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
(Birth or Death)  
for..... who..... on.....  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on....., Etc.:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)	(As on Original)	(The Correct Facts)
Birth date.....	January 14, 1920	January 15, 1920
Name.....	Anna Luke	Anna M. Luke

Subscribed and sworn to before me this 12th day of August 1946  
Notary Public, residing at.....  
My commission expires.....  
(Seal)

Signed *Melvin Luke*  
Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
R. D. No. 2, Rexburg, Idaho.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Madison } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.) ]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of August 1946  
Notary Public, residing at.....  
My commission expires.....  
(Seal)

Signed *Charissa E. Luke*  
(Signature of Any Credible Person)  
R D No. 2 Rexburg, Idaho  
(Street Address, City, State)

June 20 1945

557-202-026-215

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-0-25m-2-17

County of JeffersonCity of MenanRegistration District No. 98File No. 79988No.          St.         Primary Registration District No. 2176Registered No. 69Hospital         FULL NAME OF CHILD         

Sex of Child <u>I</u>	Twin Triplet or other? <u>        </u>	and Number in order of birth <u>        </u>	Legitimate? <u>yes</u>	Date of Birth <u>6-2-20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				
FATHER FULL NAME <u>I Negrete</u>			MOTHER FULL MAIDEN NAME <u>Petra Banda</u>	
RESIDENCE <u>Menan</u>			RESIDENCE <u>Menan</u>	
COLOR <u>Copper</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>Copper</u> AGE AT LAST BIRTHDAY <u>20</u> (Years)		
BIRTHPLACE <u>Mexico</u>		BIRTHPLACE <u>Mexico</u>		
OCCUPATION <u>Labourer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Moody

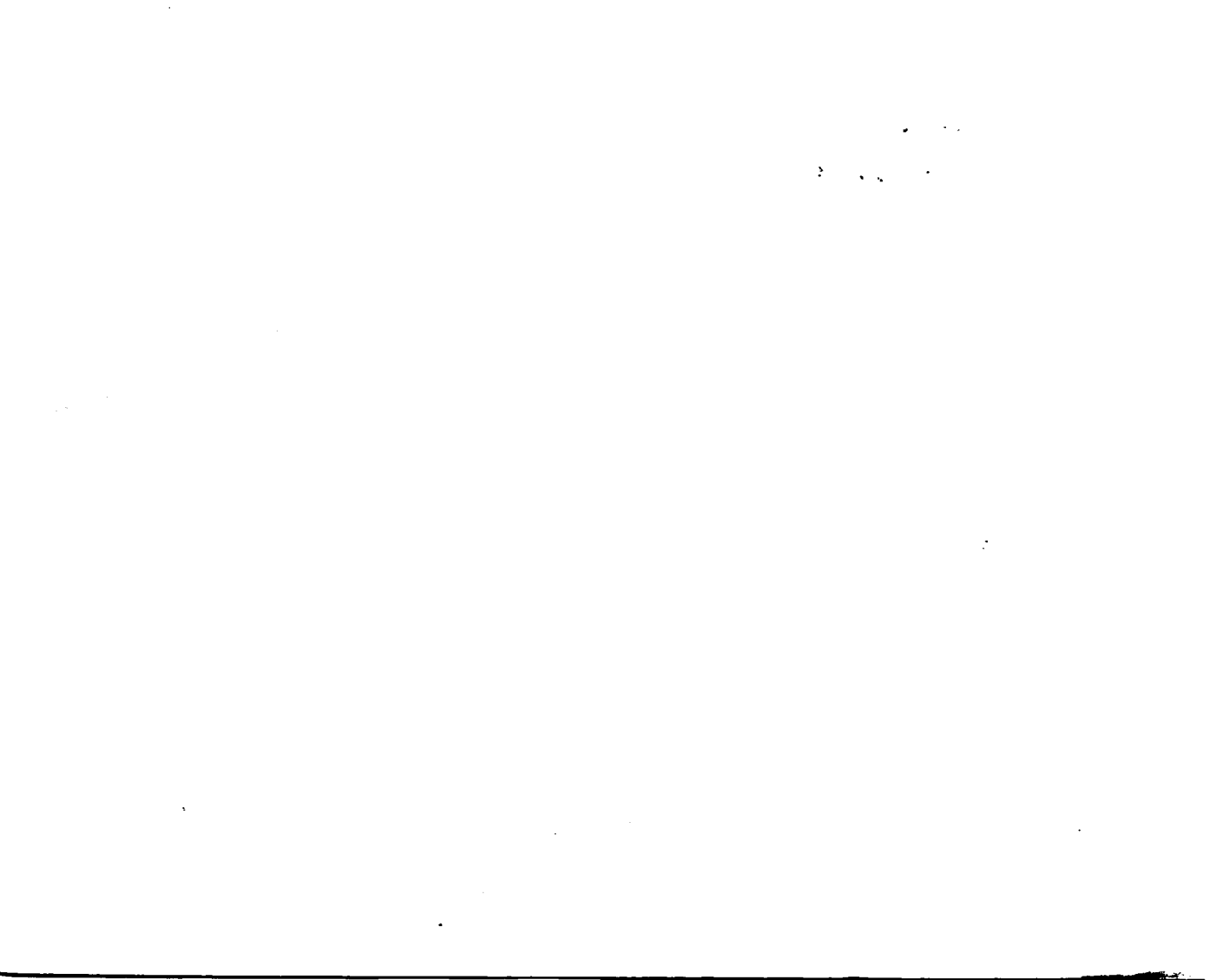
(Physician or midwife)

Given names added from a supplemental report.

Address MenanFiled 6-10-20 Ray Fisher

Registrar

Registrar



312-223-026-213

Form V. S. No. 11-C-21a-5-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of.....*Jefferson*City of.....*Menan*Registration District No.....*98*File No.....*79989*No.....*St.*Primary Registration District No.....*2176*Registered No.....*68*

Hospital.....

FULL NAME OF CHILD.....*Sarah Elmore Lake*Sex of  
Child*I*Twin  
Triplet  
or other?and (Number  
in order  
of birthLegiti-  
mate?*yes*Date of  
Birth*May 23 1920*  
(Month) (Day) (Year)FULL  
NAME

FATHER

*Frank Lake*

RESIDENCE

*Menan*

COLOR

*W*AGE AT LAST  
BIRTHDAY*38*  
(Years)

BIRTHPLACE

*Arizona*

OCCUPATION

*Farmer*FULL  
MAIDEN  
NAME

MOTHER

*Frances Ballentine*

RESIDENCE

*Menan*

COLOR

*W*AGE AT LAST  
BIRTHDAY*26*  
(Years)

BIRTHPLACE

*Idaho*

OCCUPATION

*Housewife*Number of child of this mother, including present birth.....*2* Number of children of this mother now living, including present birth.....*2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....*alive*.....at.....*10:20 P*  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

*Chas. S. Moody*

(Physician or midwife)

Given names added from a supplemental report.

Address

*Menan*

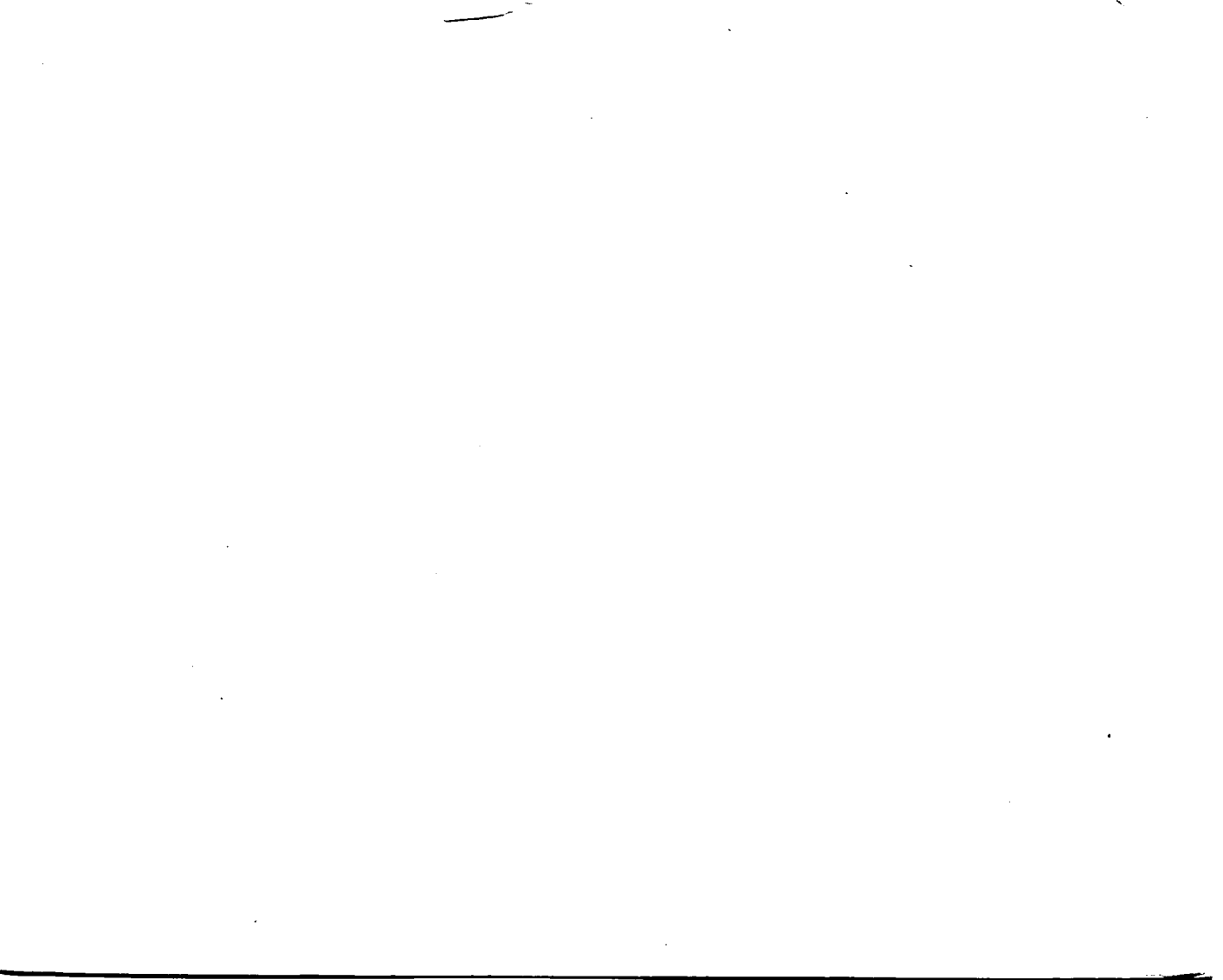
Filed

*6-10-20 Ray H. Fisher*

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



962-206-026-346

PLACE OF BIRTH

Amended 10/30/78

County of

Jefferson

City of

Annis

No.

St.

Registration District No.

98

File No.

79990

Hospital

Primary Registration District No.

2176

Registered No.

29

Full Name of Child

Edith Rose

SEX OF CHILD

I

Twin  
Triplet  
or other?

{and}

Number  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

yes

DATE OF  
BIRTH

Mar 6 20

(Month) (Day) (Year)

FULL  
NAME

FATHER

Adma Rose

RESIDENCE

Annis

COLOR

W

AGE AT LAST  
BIRTHDAY

30

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

MOTHER

Verna M Lufkin

RESIDENCE

Annis

COLOR

W

AGE AT LAST  
BIRTHDAY

22

(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

at

9<sup>50</sup> A.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. S. Moody

(Physician or midwife)

Given names added from a supplemental report

19

Address

Menan, Idaho

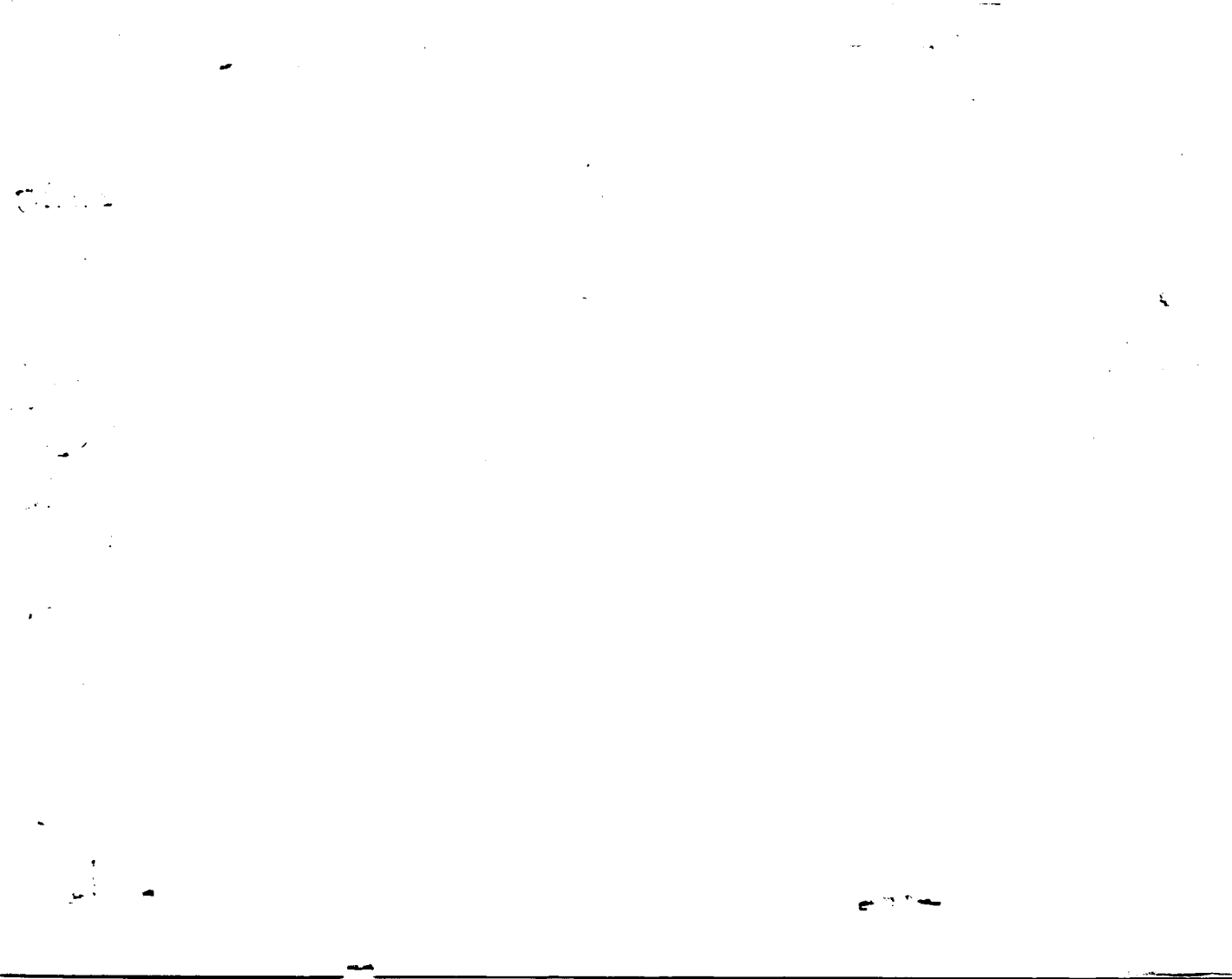
Filed

May 10 20

Ray H. Fisher

Registrar

Registrar





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. **SEP 20 9 32 AM '78**  
Certificate No. 79990  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Rose (female) who was born on March 6, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Annis, Idaho (person) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are as follows:

prepared on ..... are:  
Bible Record, Insurance Policy, Etc.) (Give Date)  
FROM TO  
(As on Original) (The Correct Facts)

child's name Unnamed Edith Rose  
Commission Expires Nov. 1, 1981  
Subscribed and sworn to before me this 11th day of Sept 1978  
Notary Public, residing at 245 N. University Ave. Pocatello  
My commission expires Nov. 1, 1981  
(Seal) 29 W. Southern Ave. Mesa, Az.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss. [This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.  
Subscribed and sworn to before me this 11th day of Sept 1978  
Commission Expires Nov. 1, 1981  
Notary Public, residing at 245 N. University Ave. Pocatello  
My commission expires Nov. 1, 1981  
(Seal) 29 W. Southern Ave. Mesa, Az.  
(Street Address, City, State)

Own child's Birth Certif on file in Idaho gives name as Kay  
Barney born July 1, 1948. File No**x** 48-10460. fathe's name as  
Clarence O. Barney and mother's name as Edith Rose. viewed b y VS

OCT 31 1978

Family group record for Clarence owen Barney and Edith Rose.(Edith born  
May 6, 1920 at Annis, Idaho. viewed by V. S.

464-103-026-419

PLACE OF BIRTH

County of Jefferson

City of Menan

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-14-18

Registration District No. 98

File No. 79991

Primary Registration District No. 2176

Registered No. 67

Full Name of Child \_\_\_\_\_

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>yes</u>	DATE OF BIRTH <u>6-3-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>James Dougan</u> RESIDENCE <u>Menan</u> COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>50</u> (Years) BIRTHPLACE <u>England</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Margaret Martin</u> RESIDENCE <u>Menan</u> COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>43</u> (Years) BIRTHPLACE <u>Utah</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 236 M on the date above stated.

(Born alive or stillborn)

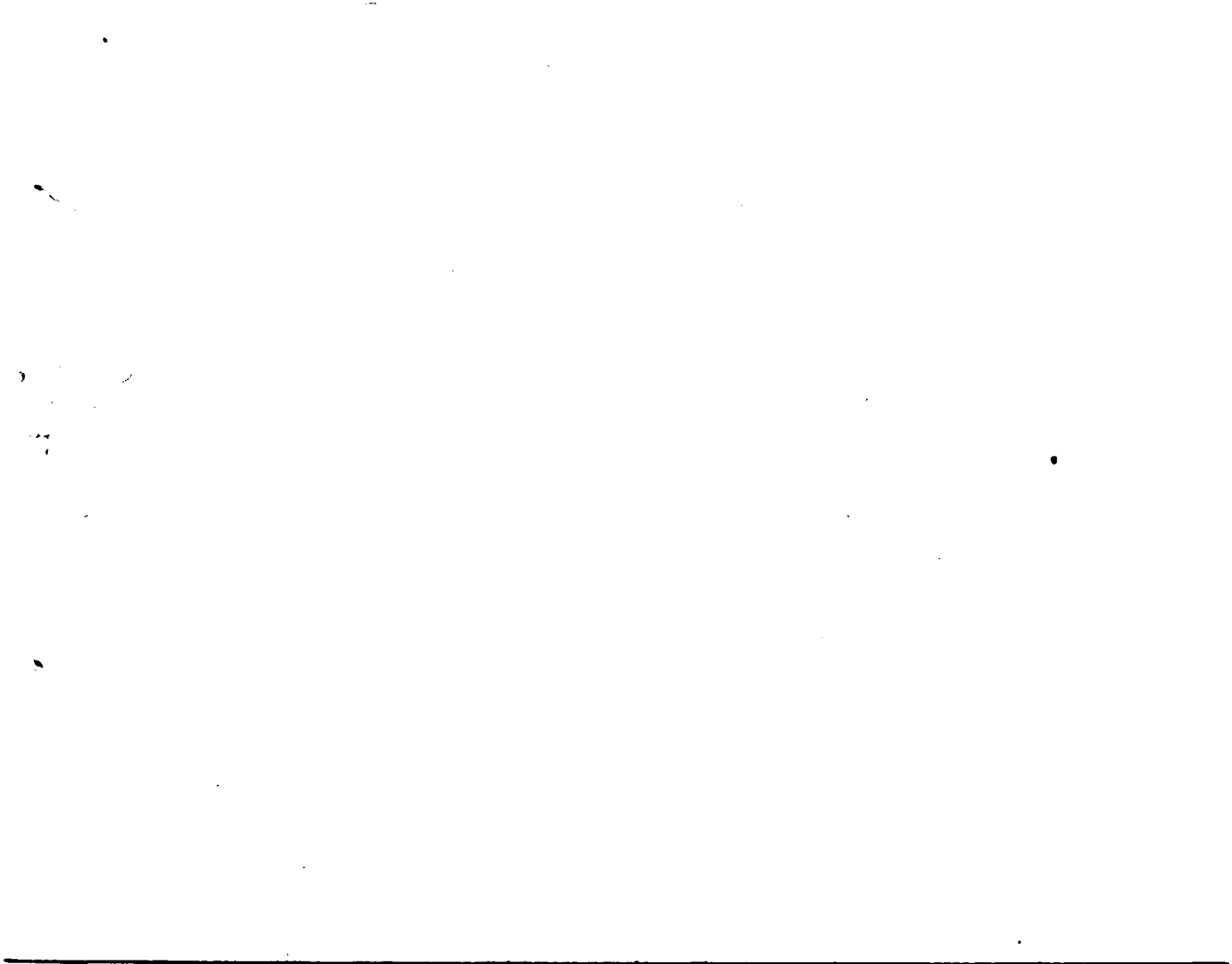
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody  
(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_  
19\_\_\_\_\_  
Registrar

Address Menan  
Filed 6-10-20 19\_\_\_\_\_  
Ray H. Fisher  
Registrar



751-218-026-753

## PLACE OF BIRTH

County of JeffersonCity of Paplar

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

Registration District No. 98File No. 79992Primary Registration District No. 2176Registered No. 66

Full Name of Child

Imogene Naomi Pearson

SEX OF CHILD

FTwin  
Triplet  
or other?and  
Number  
in order  
of birth

Legitimate?

yes

DATE OF BIRTH

Mch 18, 20  
(Month) (Day) (Year)

FULL NAME

FATHER

Clarence N. Pearson

FULL MAIDEN NAME

MOTHER

Johanna Peterson

RESIDENCE

Paplar

RESIDENCE

same

COLOR

W

AGE AT LAST BIRTHDAY

33  
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

31  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Sweden

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 6 a m  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. N. Peterson  
Father  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

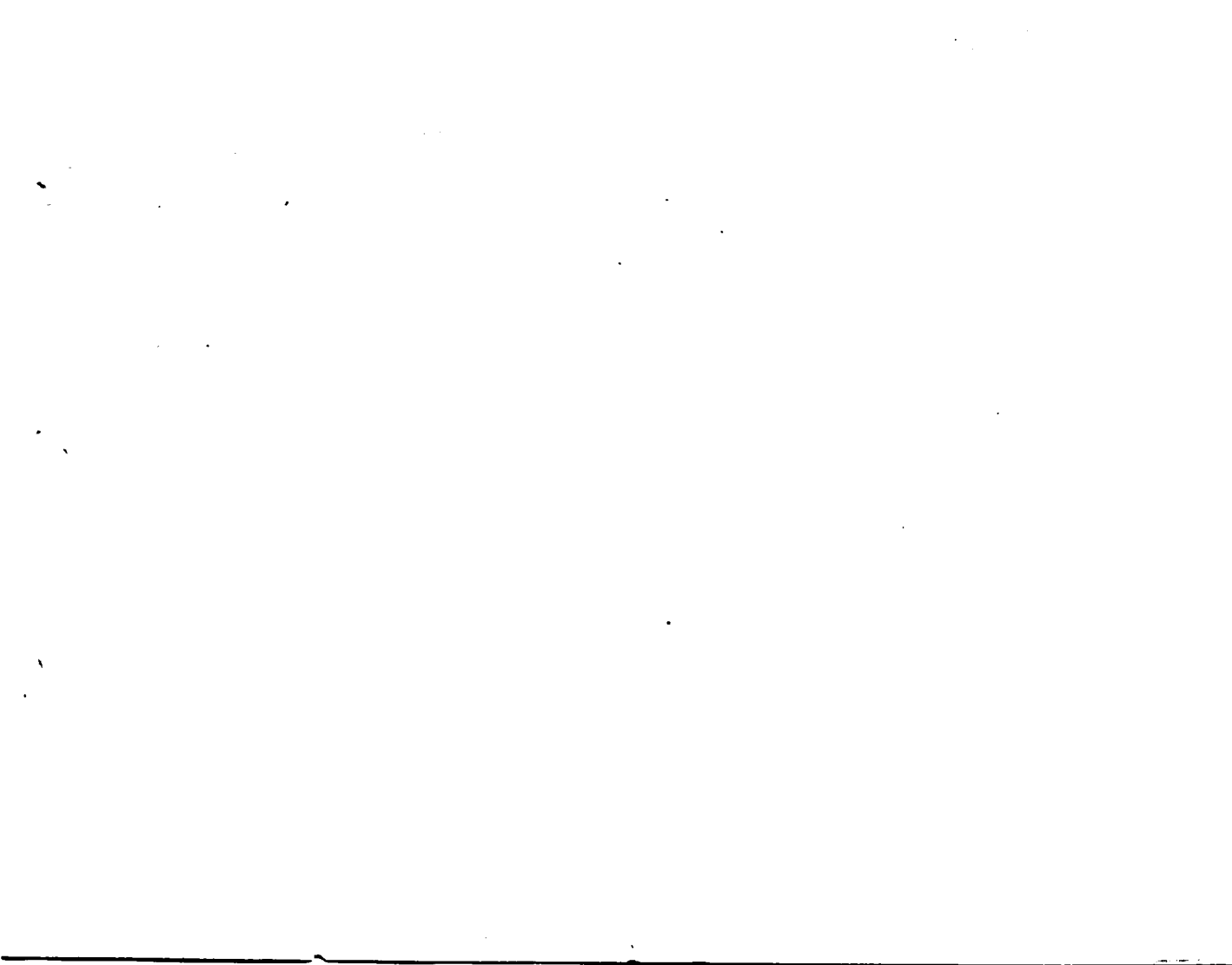
Paplar Idaho

Filed

June 19, 20Ray H. Fisher

Registrar

Registrar



## PLACE OF BIRTH

County of JeffersonCity of Ridgely

No. \_\_\_\_\_ St \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

## CERTIFICATE OF BIRTH

Registration District No. 98File No. 79993Primary Registration District No. 2176Registered No. 85

## Full Name of Child \_\_\_\_\_

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>no</u>	DATE OF BIRTH <u>4-14-20</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME			FULL MAIDEN NAME	
RESIDENCE <u>Unknown</u>			RESIDENCE <u>Ridgely</u>	
COLOR			COLOR <u>W</u>	
AGE AT LAST BIRTHDAY (Years)			AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE			BIRTHPLACE <u>Idaho</u>	
OCCUPATION			OCCUPATION <u>School Girl</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth ..... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at Idaho on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

(Physician or midwife)

Given names added from a supplemental report

Address RidgelyFiled 6-10-20 Ray H Fisher

Registrar

Registrar

Dup of 1920-19965

1207



942-209-026-799  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. St.

Registration District No. 98

File No. 79994

Primary Registration District No. 2176

Registered No. 84

Hospital \_\_\_\_\_

Full Name of Child

SEX OF CHILD <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>5-9-20</u> (Month) (Day) (Year)
FULL NAME <u>Charles Russell</u>	FATHER		FULL MAIDEN NAME <u>Beatrice Price</u>	MOTHER
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Rigby</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 1020 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

Given names added from a supplemental report

(Physician or midwife)

Address Rigby

Filed 6-10-20 J Ray H. Fisher

Registrar

Registrar

must at birth, a SEPARATE RETURN must be made for each and the number of each, in case of birth stated.

N. B. - In case

APR 25 1974

44-107-026-381  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

County of JeffersonCity of RigbyNo. StRegistration District No. 98File No. 79995Primary Registration District No. 2176Registered No. 83

Hospital \_\_\_\_\_

Full Name of Child

Harold Lowe Dowdle

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>5-7-20</u> (Month) (Day) (Year)
FULL NAME <u>R. H. Dowdle</u>	FATHER		FULL MAIDEN NAME <u>Lydia Chapman</u>	MOTHER
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Rigby</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Carpenter</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 6 a M.  
on the date above stated. (Born alive or stillborn)

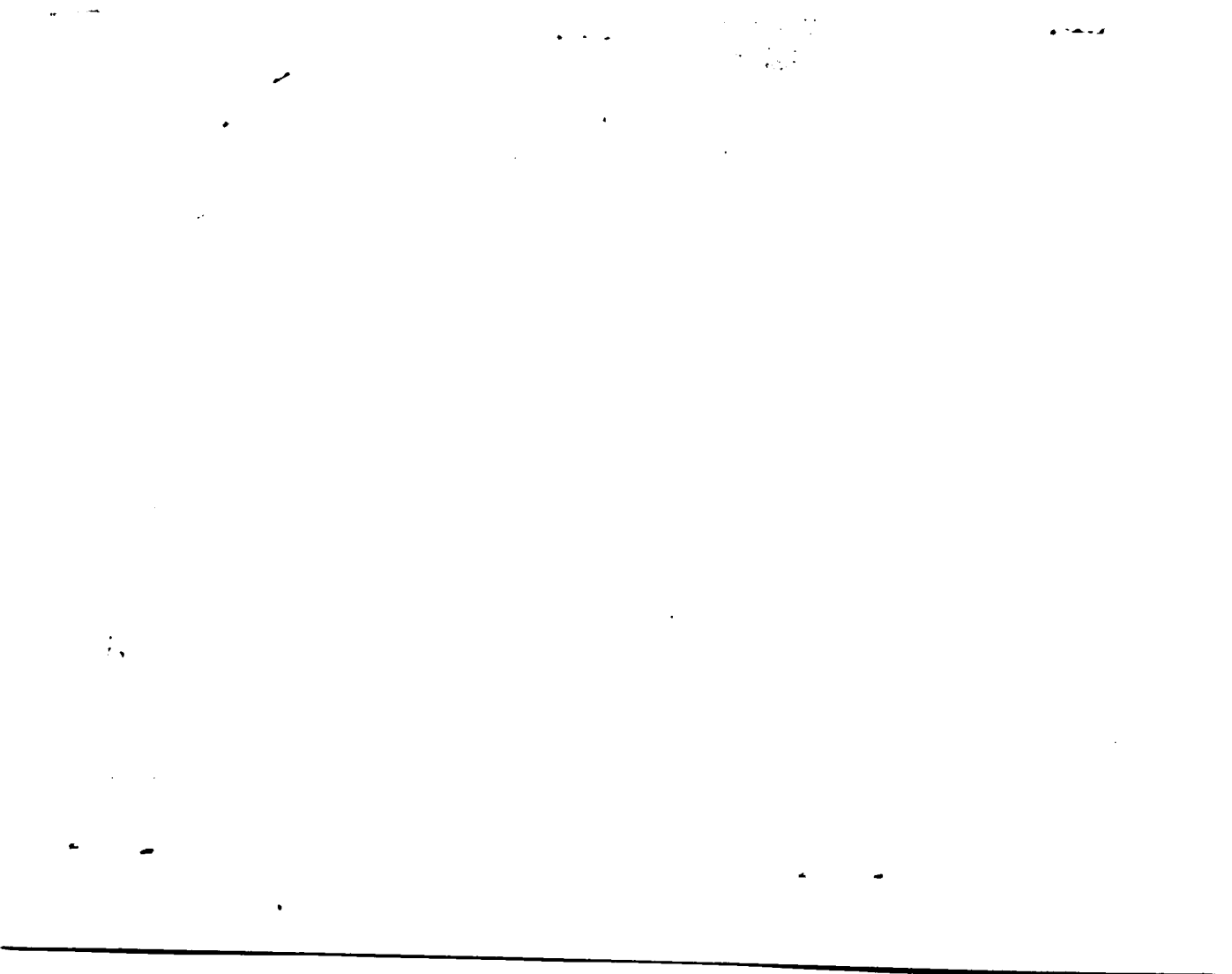
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

Given names added from a supplemental report

19Address RigbyFiled 6-10-20Registrar Ray H Fisher

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of \_\_\_\_\_  
County of \_\_\_\_\_

ss.

Certificate No. 79995

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Unnamed Dowdle (male child) who was born on May 7, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rigby, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child

Unnamed

Harold Lowe Dowdle

Subscribed and sworn to before me this 10th day of  
October, 1966

Notary Public, residing at Murray, Utah

My commission expires 6-22-67

(Seal)

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah  
County of Salt Lake } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of  
October, 1966

Notary Public, residing at 6-22-67

My commission expires Murray, Utah

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

-L.D.S. Church Cert. of Blessing, June 6, 1920 gives full name as Harold Lowe Dowdle, son of Robert H. Dowdle and Lydia Chapman, born May 7, 1920 at Rigby, Idaho - viewed by V.S.

AUG 21 1967

The Leland Stanford Junior Univeristy, Degree of Doctor of Philosophy, State of California, dated June 13, 1954 gives full name as Harold Lowe Dowdle - viewed by V.S.

969-124-599

## PLACE OF BIRTH

County of

Jefferson

City of

Lorenzo

No.

St.

Registration District No.

98

File No.

79998

Hospital

Primary Registration District No.

2176

Registered No.

80

Full Name of Child

John Charless Morgan

SEX OF CHILD

m

Twin  
Triplet  
or other?{and} Number  
in order  
of birthLegiti-  
mate?

yes

DATE OF  
BIRTH5-24-20  
(Month) (Day) (Year)FULL  
NAME

FATHER

Rubin W. Morgan

FULL  
MAIDEN  
NAME

MOTHER

Johanna Rebecca Erickson

RESIDENCE

Lorenzo

RESIDENCE

Lorenzo

COLOR

w

AGE AT LAST  
BIRTHDAY48  
(Years)

COLOR

w

AGE AT LAST  
BIRTHDAY41  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

10

Number of children of this mother now living, including present birth

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

alive

at 2 a. M.

on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. F. Call

(Physician or midwife)

Given names added from a supplemental report

19

Address

Regby

Filed

6-10

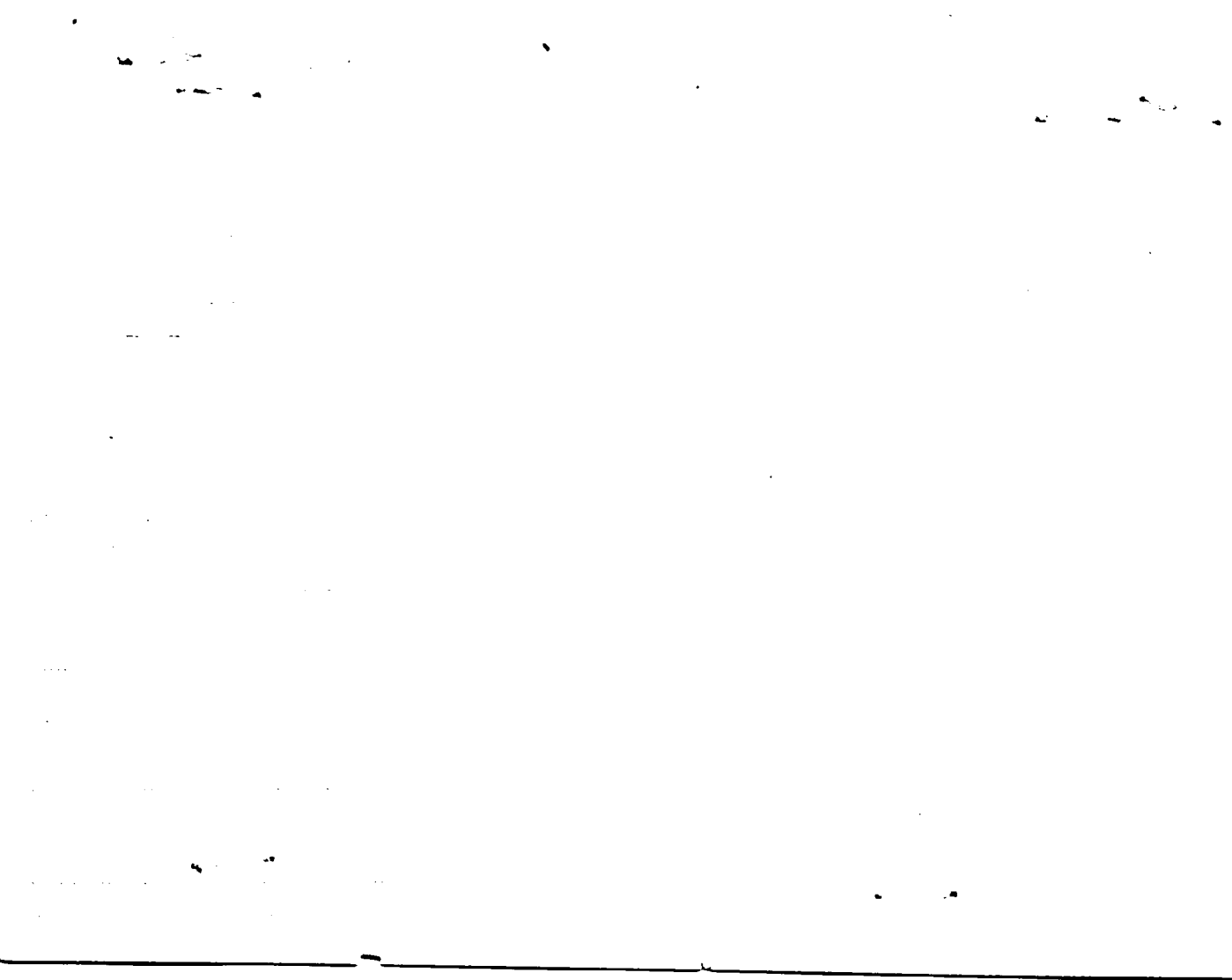
19

20

Ray Fisher

Registrar

Registrar





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
 County of Jefferson } SS.  
 Certificate No. 79998  
 Date Filed Birth  
 The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for John Charles Morgan who 24-May on 1920  
 in Labell, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
 are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts as shown by Bible Record prepared on date of birth, are:  
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM	TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)	(THE CORRECT FACTS)
Name <u>John Charles Morgan</u>	Unnamed	<u>John Charles Morgan</u>
Date <u>May 22nd</u>	<u>May 22nd</u>	<u>May 24, 1920</u>
Mother's name <u>Haira</u>	<u>Haira</u>	<u>Johannah Rebecca Erickson</u>

Subscribed and sworn to before me this 8th  
 day of January, 1943  
 Signed Johannah Rebecca Erickson  
 (SIGNATURE OF PERSON OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
 Notary Public, residing at Right, Idaho  
 My commission expires April 7th 1943  
 (SEAL) Lorenzo R. D. I. Idaho  
 (STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
 County of Jefferson } SS.  
 [THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
 (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]  
 The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and  
 that they are true to the best of his knowledge.  
 Subscribed and sworn to before me this 8th  
 day of January, 1943  
 Signed John M. Morgan By the  
 (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
 Notary Public, residing at Right, Idaho  
 My commission expires April 7th 1943  
 (SEAL) R. D. I. - Lorenzo, Idaho  
 (STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (REGISTRAR'S SIGNATURE)

DEC 16 1944

414-114-026-533  
PLACE OF BIRTH

name added 3-23-82

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

County of JeffersonCity of Rigby

No. \_\_\_\_\_ St.

Registration District No. 98File No. 79999Primary Registration District No. 2176Registered No. 79

Hospital \_\_\_\_\_

Full Name of Child

Robert Ellsworth Madsen

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	{and} Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>5-14</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Loyal M. Madsen</u>	FATHER		FULL MAIDEN NAME <u>Eileen Ellsworth</u>	MOTHER
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Rigby</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)		COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive 24 a  
on the date above stated. (Born alive or stillborn) at \_\_\_\_\_

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

O. F. Call

Given names added from a supplemental report

(Physician or midwife)

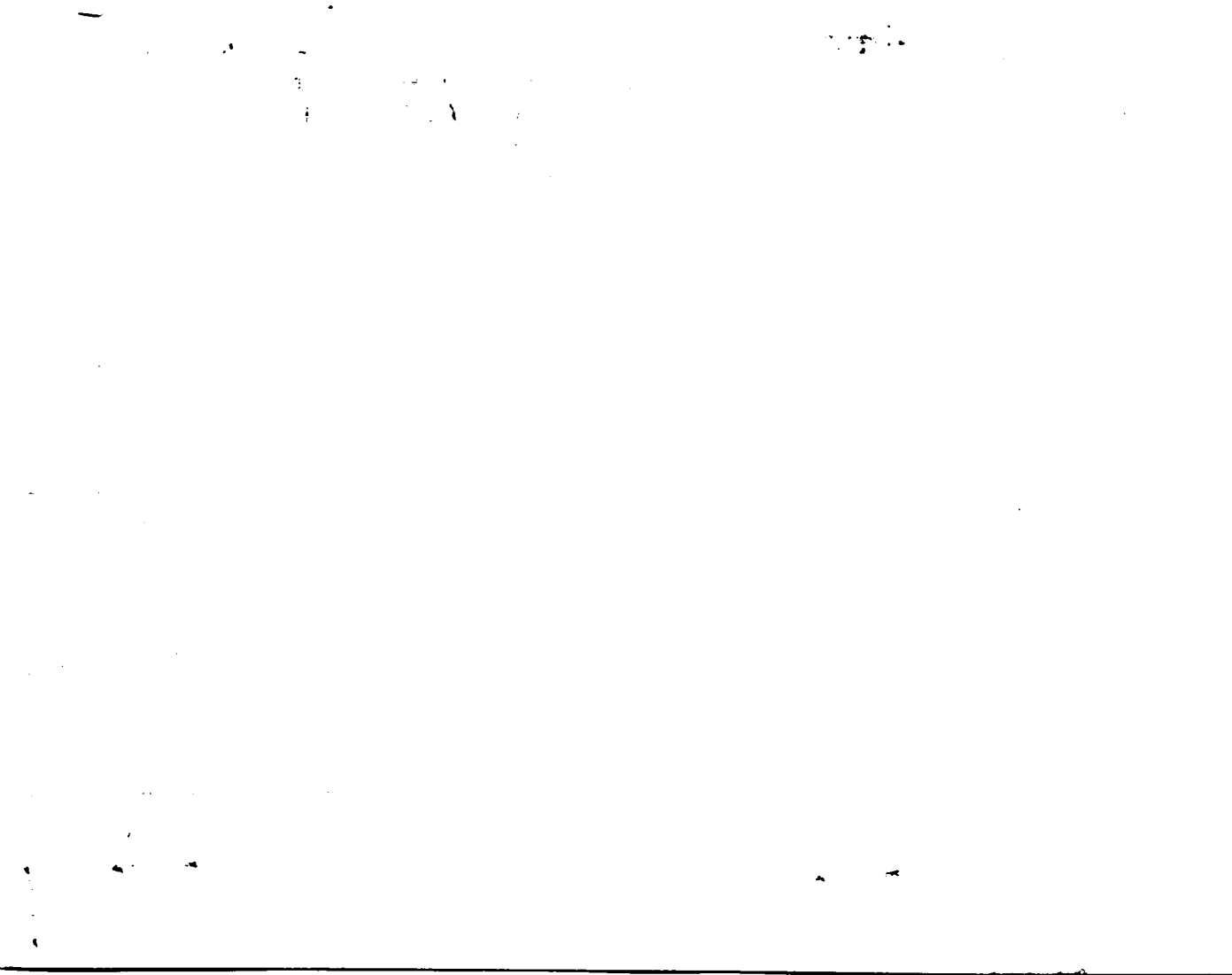
Address \_\_\_\_\_

Filed 6-10-20

Registrar

Ray H. Fisher  
Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

3-1-82

400-7228

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

APR 19 11 04 AM '82

Certificate No. 79999  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth \_\_\_\_\_

for Unnamed Madsen who was born on 5-14-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Rigby (Jefferson) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

childs name	Unnamed	Robert Ellsworth Madsen

Subscribed and sworn to before me this 11 day of

March, 1982

Notary Public, Robert J. Barnes

Residing at Lawrenceville

My commission expires May 26, 1984

(Seal)

Robert J. Barnes  
Signature of Applicant  
198 N 3rd W  
Street Address, City, State  
Rigby Id 83442

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Jefferson }

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of

March, 1982

Notary Public, Robert J. Barnes

Residing at Lawrenceville

My commission expires May 26, 1984

(Seal)

Eileen Madsen  
Supporting Signature  
Pte 3 - Box A - 7 Rigby Id  
Street Address, City, State  
83442

LDS Church records gives Robert Ellsworth Madsen born 5-14-20  
at Rigby to Loyal M Madsen and Eileen Ellsworth was blessed 4-3-21.  
Viewed by V.S.

MAR 23 1982

Marriage License Affidavit gives Robert Ellsworth Madsen and  
Betty Ruth Lindsay applied for Marriage License on 8-15-41.  
Viewed by V.S. State of Idaho, County of Bonneville

313-107-026-796

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

County of JeffersonCity of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98File No. 80000Primary Registration District No. 2176Registered No. 78

Hospital \_\_\_\_\_

Full Name of Child Eugene Reed Later

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 7, 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Athol E. Later</u>			MOTHER FULL MAIDEN NAME <u>Louis Protheroe</u>	
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Rigby</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>20</u> (Years)		
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Colorado</u>	
OCCUPATION <u>Lawyer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 1<sup>st</sup> a.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Call

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address RigbyFiled 6-10-20

Registrar

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STATE OF IOWA  
CERTIFICATE OF BIRTH

MAY 28 1942

File No.

Name of

NAME  
FULL

COLOR

COMPLEXION

HEIGHT

WEIGHT

HAIR

EYES

TEETH

SKIN

OTHER

(Year)

REMARKS

THIS CERTIFICATE IS VALID FOR THE PURPOSES OF THE IOWA VITAL STATISTICS ACT

STATE OF IOWA



205-205-0261052  
PLACE OF BIRTH

County of

City of

No.

St.

Hospital

Full Name of Child

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 1 (2-22-13)

Registration District No.

File No.

Primary Registration District No.

Registered No.

SEX OF CHILD

Twin  
Triplet  
or other?{and} Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?

DATE OF BIRTH

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth... 3

Number of children of this mother now living, including present birth... 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report

19

Address

Filed

Registrar

(Physician or midwife)

Registrar

APR 8 8

STATE OF MASSACHUSETTS  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

*Jefferson*  
*Rigby*  
Registration Distric: No. *98* File No. *80002*  
Primary Registration District No. *2176* Registered No. *76*  
Hospital \_\_\_\_\_  
Full Name of Child *Verla Dickens*

SEX OF CHILD <i>I</i>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <i>yes</i>	DATE OF BIRTH <i>5-1-20</i> (Month) (Day) (Year)
FATHER FULL NAME <i>James Dickens</i>			MOTHER FULL MAIDEN NAME <i>Mada Hill</i>	
RESIDENCE <i>Rigby</i>			RESIDENCE <i>Rigby</i>	
COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)	COLOR <i>W</i> AGE AT LAST BIRTHDAY <i>26</i> (Years)		
BIRTHPLACE <i>N.Y.</i>			BIRTHPLACE <i>Rigby</i>	
OCCUPATION <i>Blacksmith</i>			OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* at *1:15 a.m.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *O. J. Call*

Given names added from a supplemental report

(Physician or midwife)

Address *Rigby*

Filed *6-10-20* 19 *Ray H. Fisher*

Registrar

Registrar

CERTIFICATE OF BIRTH

FILE

1961

State of Ohio

TSA  
(A0H)

RECORDED

693-123-026-294

PLACE OF BIRTH

County of JeffersonCity of Ririe

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98File No. 80003

Hospital \_\_\_\_\_

Primary Registration District No. 2176Registered No. 97

Willard Bringham Wilkinson

Full Name of Child Willard Bringham Wilkinson

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	{and} Number in order of birth	Legitimate? <u>yes</u>	DATE OF BIRTH <u>Apr 23 20</u> (Month) (Day) (Year)
FULL NAME <u>Stephen R. Wilkinson</u>	FATHER		FULL MAIDEN NAME <u>Veda Bringham</u>	MOTHER
RESIDENCE <u>Ririe</u>			RESIDENCE <u>Ririe</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Arizona</u>	
OCCUPATION <u>Bookkeeper</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive  
(Born alive or stillborn)at 3:10 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

O. F. Call

(Physician or midwife)

Given names added from a supplemental report

Address \_\_\_\_\_

Filed 6-10-20

Registrar \_\_\_\_\_

Registrar Ray H. Fisher

100-100000-1

JAN 31 1972

1/17/41

SEP 19 1952

119-122-026-412

PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

County of JeffersonCity of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98Primary Registration District No. 2176

Hospital \_\_\_\_\_

## CERTIFICATE OF BIRTH

Child's name

added 1-8-90 MCM

File No. 80004Registered No. 94Full Name of Child ALFRED RICHARD JARDINE

SEX OF CHILD

mTwin  
Triplet  
or other?{and} Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDATE OF  
BIRTHJan 22 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

James LeofardineFULL  
MAIDEN  
NAME

MOTHER

Laura Dabell

RESIDENCE

Rigby

RESIDENCE

Rigby

COLOR

wAGE AT LAST  
BIRTHDAY43  
(Years)

COLOR

wAGE AT LAST  
BIRTHDAY42  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive  
(Born alive or stillborn)130 P  
at \_\_\_\_\_ M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report

19 \_\_\_\_\_

Address RigbyFiled 6-10-20

19 \_\_\_\_\_

Registrar

Registrar

INDIVIDUAL RECORD

THIS IS A PERMANENT RECORD

do not

PLACE OF BIRTH

County of

STATISTICAL

CERTIFICATE OF BIRTH

Child's name

Age

File No.

Register

Register

DATE OF BIRTH

MO: YEAR

DATE AT BIRTH

1

Register



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

VITAL STATISTICS UNIT

State of Idaho } ss.  
County of Bligham

Certificate No. 80004  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jardine who was born on Jan 22, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Rigby (Jefferson) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Unnamed</u>	<u>Alfred Richard Jardine</u>

Subscribed and sworn to before me this \_\_\_\_\_ day of

12-22, 1989

Notary Public, Arline Ogden

Residing at Blackfoot

My commission expires 4-27-95

(Seal)

Alfred Richard Jardine  
Signature of Applicant  
1735 Dennis Blackfoot Idaho 83221  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bligham

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of

Dec, 1989

Notary Public, Arline Ogden

Residing at Blackfoot

My commission expires 4-27-95

(Seal)

Hattie F. Davis  
Supporting Signature  
176 E. Ida. Blackfoot, Ida.  
Street Address, City, State 83221

LDS birth certificate shows Alfred Richard Jardine born Jan 22, 1920 in Rigby to James Lee Jardine & Anna Laura Dabell taken from baptism record dated Dec 28, 1929. Viewed by VS.

JAN 8 1990

ID marriage certificate shows Alfred Richard Jardine & Pauline Sargent were married Feb 10, 1946 in Arco by Alton L Braithwaite. Viewed by Vs.

299-202-026-386

PLACE OF BIRTH

AMENDED MOTHER'S MAIDEN NAME 2-17-2000  
STATE OF IDAHO

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of JeffersonCity of RugbyNo. St.Registration District No. 98File No. 80006Hospital \_\_\_\_\_Primary Registration District No. 2176Registered No. 92

Full Name of Child

Lillis Birch

SEX OF CHILD

ITwin  
Triplet  
or other?  
(To be answered only in event of plural births){and} Number  
in order  
of birthLegiti-  
mate?yes

DATE OF BIRTH

4-22-20  
(Month) (Day) (Year)

FULL NAME

FATHER

John Birch

FULL MAIDEN NAME

MOTHER

Bertha Thompson

RESIDENCE

Rugby

RESIDENCE

Rugby

COLOR

W AGE AT LAST BIRTHDAY 35  
(Years)

COLOR

W AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive  
on the date above stated.(Born alive or stillborn) 72 M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smithan

Given names added from a supplemental report

Address RugbyFiled 6-10-20

Registrar

Registrar

STATE OF IDAHO  
JULY 2 1951  
JULY 2 1951

MAY 22 1951



8  
Registered

1951  
(1951)

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Center for Vital Statistics  
and Health Policy

2-17-2000

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho } ss.  
County of Ada

Certificate No. 1920-80006  
Date Filed JUNE 10, 1920

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for LILLIS BIRCH who WAS BORN on APR. 22, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in RIGBY (JEFFERSON) ID are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**  
MOTHER'S MAIDEN NAME

**FROM**  
BERTHA THOMSON

**TO**  
BERTHA THOMPSON

Subscribed and sworn to before me this 17th day of June, 2000  
Notary Public, Shirley Schneider  
Residing at Blanchard  
My commission expires 2-16-2006  
(Seal)  
STATE OF IDAHO

Lillis Johnson  
Signature of Applicant  
406 W. 1st St. Anthony ID  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

(Must be completed \_\_\_\_)  
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Supporting Signature

Street Address, City, State

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 8/1/1916 FILE #1916-41354  
SHOWS THE MOTHER'S MAIDEN NAME AS BERTHA THOMPSON VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 6/8/1927 FILE #1927-57638  
SHOWS BERTHA VILATE BIRCH DIED MAY 22, 1927 IN RIGBY (JEFFERSON) ID  
FATHER'S NAME JAMES M. THOMPSON VIEWED VS.

356-120-026-313  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. 15-18

County of Jefferson  
City of Ridgby  
No. 6 St.Registration District No. 98File No. 80007Primary Registration District No. 2176Registered No. 91

Hospital \_\_\_\_\_

Full Name of Child

Kenneth Later Lewis

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	{and} Number in order of birth	Legitimate? <u>no</u>	DATE OF BIRTH <u>4-20-20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Clarence Lewis</u>	FULL MAIDEN NAME MOTHER <u>Thelma Late</u>			
RESIDENCE <u>Mich</u>	RESIDENCE <u>Ridgby</u>			
COLOR <u>w</u> AGE AT LAST BIRTHDAY <u>19</u> (Years)	COLOR <u>w</u> AGE AT LAST BIRTHDAY <u>19</u> (Years)			
BIRTHPLACE <u>Mich</u>	BIRTHPLACE <u>Utah</u>			
OCCUPATION <u>chauffeur</u>	OCCUPATION <u>House maid</u>			

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 230 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mary Smithson

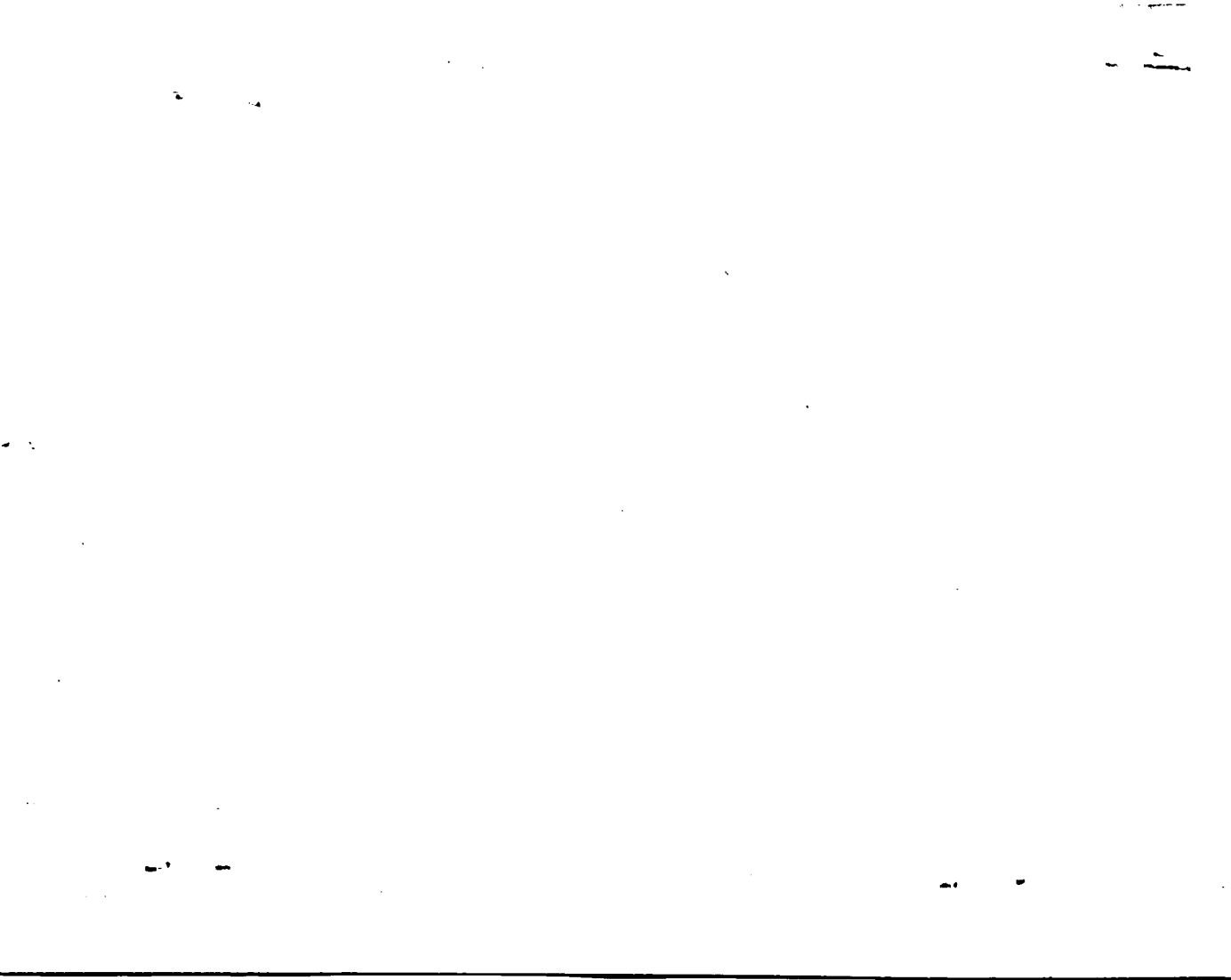
(Physician or midwife)

Given names added from a supplemental report

Address RidgbyFiled 6-10-20

Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 80007

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or Death)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

Birth date Apr. 19 - Apr. 20 - 1920

Subscribed and sworn to before me this 30<sup>th</sup>  
day of Aug., 19 23

Signed x Dillon W. Lister  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)



599-103  
026-816

PLACE OF BIRTH [REDACTED]

Form V. S. No. 11—25m-6-15-18

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

Registration District No. 98

File No. 80008

No. SA

Primary Registration District No. 2176

Registered No. 90

Hospital \_\_\_\_\_

Full Name of Child Grant Virgin

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and; in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>2-3-20</u> (Month) (Day) (Year)
FULL NAME <u>Lehi Virgin</u>	FATHER		FULL MAIDEN NAME <u>Bergetta Hanson</u>	MOTHER
RESIDENCE <u>Rigby</u>			RESIDENCE <u>Rigby</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 230 a M.  
on the date above stated. (Born alive or stillborn)

(Signature) Mary Smitham

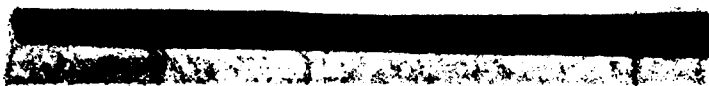
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

Address Rigby

Filed 6-10-20

Registrar Ray H Fisher



1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

5. [Illegible text]

6. [Illegible text]

7. [Illegible text]

8. [Illegible text]

9. [Illegible text]

10. [Illegible text]

11. [Illegible text]

12. [Illegible text]

13. [Illegible text]

638-115-026-794  
PLACE OF BIRTH

County of

City of

No.

St.

Registration District No.

Primary Registration District No.

Hospital

Full Name of Child

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

## CERTIFICATE OF BIRTH

File No.

Registered No.

SEX OF  
CHILDTwin  
Triplet  
or other?{and} Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?DATE OF  
BIRTH

(Month) (Day) (Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.

(Born alive or stillborn)

at..... M.

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature).....

Given names added from a supplemental report

19.....

Registrar

Address.....

Filed.....

6-10-20

Registrar

SEP 2 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-219-026-119  
PLACE OF BIRTH

County of Jefferson

City of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Jean Gardine Birch

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98

File No. 80010

Primary Registration District No. 2176

Registered No. 88

SEX OF CHILD <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number (and) in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>3-19-20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>W. Lyman Birch</u>		FULL MAIDEN NAME MOTHER <u>Mary Gardine</u>		
RESIDENCE <u>Rigby</u>		RESIDENCE <u>Rigby</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smitham

Given names added from a supplemental report

Address Rigby

Filed 6-10-20 Jo Ray Fisher  
Registrar





963-103-026-613

PLACE OF BIRTH

County of

City of

No.

Hospital

Full Name of Child

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No.

File No.

Primary Registration District No.

Registered No.

SEX OF CHILD

Twin  
Triplet  
or other?{and} Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?DATE OF  
BIRTHFULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Given names added from a supplemental report

19

Address

Filed

Registrar

(Physician or midwife)

Registrar

UNITED STATES  
DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

100-100000-100000

Amended 1-19-66

(Be sure the information is complete and accurate)

**CERTIFICATE OF BIRTH  
STATE OF IDAHO**

State File No. **80012**

Local Reg. No. **86**

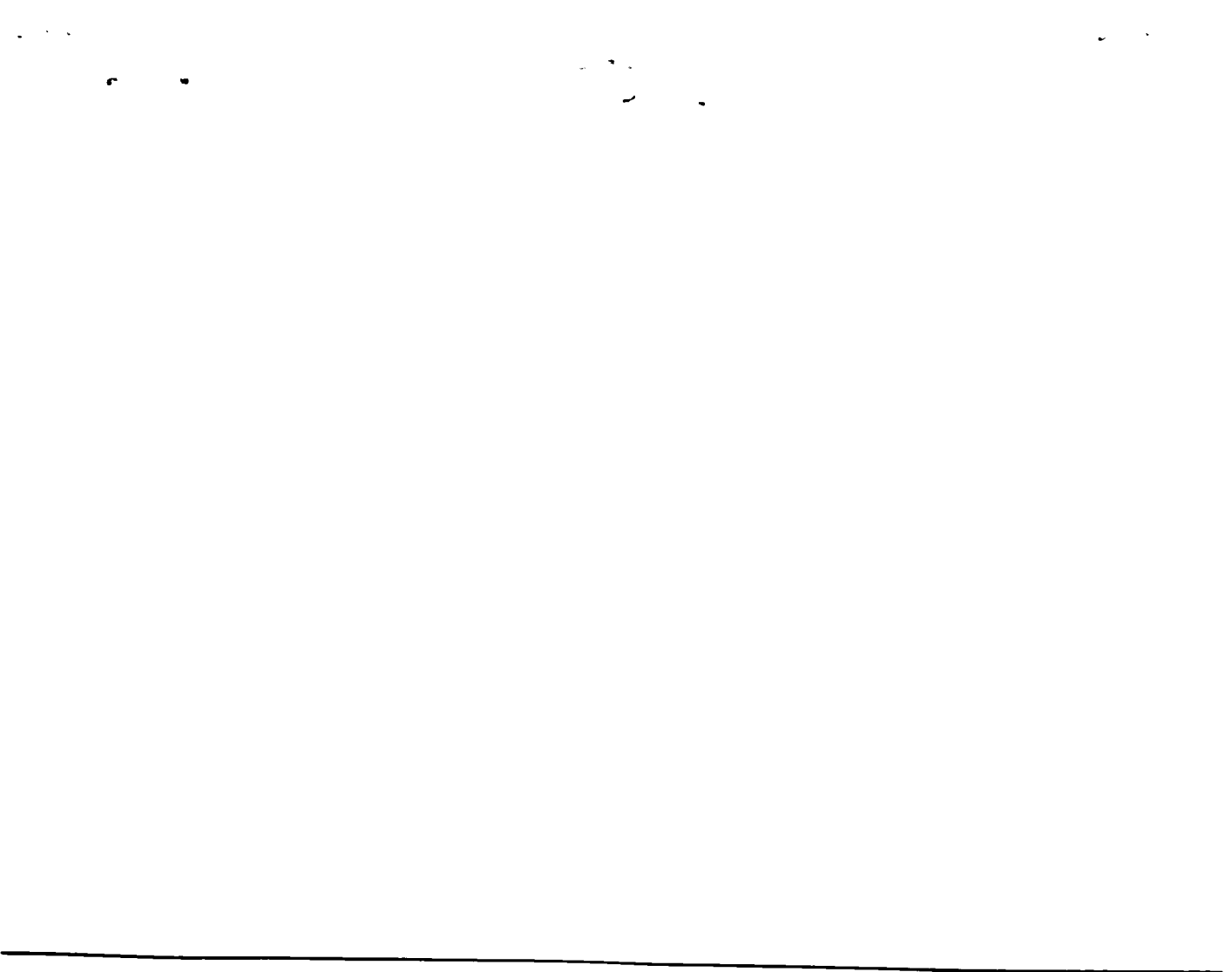
Reg. Dist. No. **98**

<b>1. PLACE OF BIRTH</b> a. COUNTY <p style="text-align: center; font-size: 1.2em;"><b>Jefferson</b></p>		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?) a. STATE <p style="text-align: center; font-size: 1.2em;"><b>Idaho</b></p> b. COUNTY <p style="text-align: center; font-size: 1.2em;"><b>Jefferson</b></p>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center; font-size: 1.2em;"><b>Rigby</b></p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center; font-size: 1.2em;"><b>Rigby</b></p>				
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)				
<b>3. CHILD'S NAME</b> (Type or print)						
a. (First) <b>Harold</b>		b. (Middle) <b>Chandler</b>				
c. (Last) <b>Tolley</b>						
4. SEX  <p style="text-align: center; font-size: 1.2em;"><b>M.</b></p>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) <p style="text-align: center; font-size: 1.2em;"><b>4 - 5 - 1920</b></p>			
<b>FATHER OF CHILD</b>						
<b>7. FULL NAME</b> a. (First) b. (Middle) c. (Last) <p style="text-align: center; font-size: 1.2em;"><b>Ernest Tolley</b></p>						
8. AGE (At time of this birth) <p style="text-align: center; font-size: 1.2em;"><b>22</b> YEARS</p>	9. BIRTHPLACE (State of foreign country) (City or Town) <p style="text-align: center; font-size: 1.2em;"><b>Utah</b></p>	10. USUAL OCCUPATION <p style="text-align: center; font-size: 1.2em;"><b>Farmer</b></p>	11. KIND OF BUSINESS OR INDUSTRY			
<b>MOTHER OF CHILD</b>						
<b>12. FULL MAIDEN NAME</b> a. (First) b. (Middle) c. (Last) <p style="text-align: center; font-size: 1.2em;"><b>June Chandler</b></p>						
13. AGE (At time of this birth) <p style="text-align: center; font-size: 1.2em;"><b>19</b> YEARS</p>	14. BIRTHPLACE (State or foreign country) (City or Town) <p style="text-align: center; font-size: 1.2em;"><b>Utah</b></p>	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">a. How many OTHER children are now living? <p style="text-align: center; font-size: 1.2em;"><b>0</b></p></td> <td style="width: 33%;">b. How many OTHER children were born alive but are now dead? <p style="text-align: center; font-size: 1.2em;"><b>0</b></p></td> <td style="width: 33%;">c. How many children were stillborn (born dead after 20 wks. pregnancy)? <p style="text-align: center; font-size: 1.2em;"><b>0</b></p></td> </tr> </table>		a. How many OTHER children are now living? <p style="text-align: center; font-size: 1.2em;"><b>0</b></p>	b. How many OTHER children were born alive but are now dead? <p style="text-align: center; font-size: 1.2em;"><b>0</b></p>	c. How many children were stillborn (born dead after 20 wks. pregnancy)? <p style="text-align: center; font-size: 1.2em;"><b>0</b></p>
a. How many OTHER children are now living? <p style="text-align: center; font-size: 1.2em;"><b>0</b></p>	b. How many OTHER children were born alive but are now dead? <p style="text-align: center; font-size: 1.2em;"><b>0</b></p>	c. How many children were stillborn (born dead after 20 wks. pregnancy)? <p style="text-align: center; font-size: 1.2em;"><b>0</b></p>				
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		17. SIGNATURE <p style="text-align: center; font-size: 1.2em;"><b>Mary Smitham</b></p>				
18. ATTENDANT AT BIRTH M.D. _____ MIDWIFE <input checked="" type="checkbox"/> OTHER (Specify) _____		19. ADDRESS <p style="text-align: center; font-size: 1.2em;"><b>Rigby, Idaho</b></p>				
20. DATE SIGNED		21. DATE REC'D BY LOCAL REG. <p style="text-align: center; font-size: 1.2em;"><b>6-10-1920</b></p>				
22. REGISTRAR'S SIGNATURE <p style="text-align: center; font-size: 1.2em;"><b>Ray H. Fisher</b></p>		23. DATE ON WHICH GIVEN NAME ADDED BY _____ <p style="text-align: right;">Registrar</p>				

**FOR MEDICAL AND HEALTH USE ONLY**

Was a test for phenylketonuria performed?

YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 80012  
County of Gooding } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth for Unnamed Trolley (male child) who was born on April 5, 1920 in Rigby, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism prepared on June 3, 1928 are:

**FACTS TO BE CORRECTED** **FROM**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)  
Full Name of Child Unnamed Harold Chandler Tolley  
Full Name of Father Ernest Trolley Ernest Tolley

Subscribed and sworn to before me this 3 day of January, 1966  
Notary Public, residing at Idaho Falls  
My commission expires July 13, 1967  
(Seal)

Signed Ernest Tolley  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Salt Lake }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Dec. 28 day of December, 1965  
Notary Public, residing at Salt Lake City  
My commission expires \_\_\_\_\_  
(Seal)

Signed Ada B. Doman  
(Signature of Any Credible Person)  
1915 So. 2600 East - Salt Lake City, Utah  
(Street Address, City, State)

L.D.S. Church Cert. of Baptism and Confirmation, June 3, 1928 gives full name as Harold Chandler Tolley, son of Ernest Tolley and June Chandler, born April 5, 1920 at Rigby, Idaho - viewed by V.S.

L.D.S. Church Cert. of Ordination, Sept. to the Holy Priesthood as an Elder, Sept. 7, 1947 gives full name as Harold Chandler Tolley, born April 5, 1920 at Rigby, Idaho to Ernest T. Tolley and Vera June Chandler - viewed by V.S.

213-202-026-489  
PLACE OF BIRTH

County of

City of

No.

St.

Hospital

Full Name of Child

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

## CERTIFICATE OF BIRTH

Registration District No.

File No.

Primary Registration District No.

Registered No.

SEX OF  
CHILDTwin  
Triplet  
or other?{and} Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?DATE OF  
BIRTH

(Month) (Day) (Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth.....7..... Number of children of this mother now living, including present birth.....7.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.

(Born alive or stillborn)

at

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Given names added from a supplemental report

19.....

Address

Filed

Registrar

(Physician or midwife)

Registrar

100

100

100

100

100

100

100

100

100



154-123-024-759

PLACE OF BIRTH

(name added 2-25-82)

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

County of JeffersonCity of Clark

No. \_\_\_\_\_ St.

Registration District No. 98File No. 80014

Hospital \_\_\_\_\_

Primary Registration District No. 2176Registered No. 106

Full Name of Child

Harold Jay Anderson

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 13, 30</u> (Month) (Day) (Year)
FULL NAME <u>James C. Anderson</u>	FATHER		FULL MAIDEN NAME <u>Maud Perry</u>	MOTHER
RESIDENCE <u>Clark</u>			RESIDENCE <u>Clark</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... 6 Number of children of this mother now living, including present birth ..... 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... alive ..... at ..... 9:45 P. M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Call

(Physician or midwife)

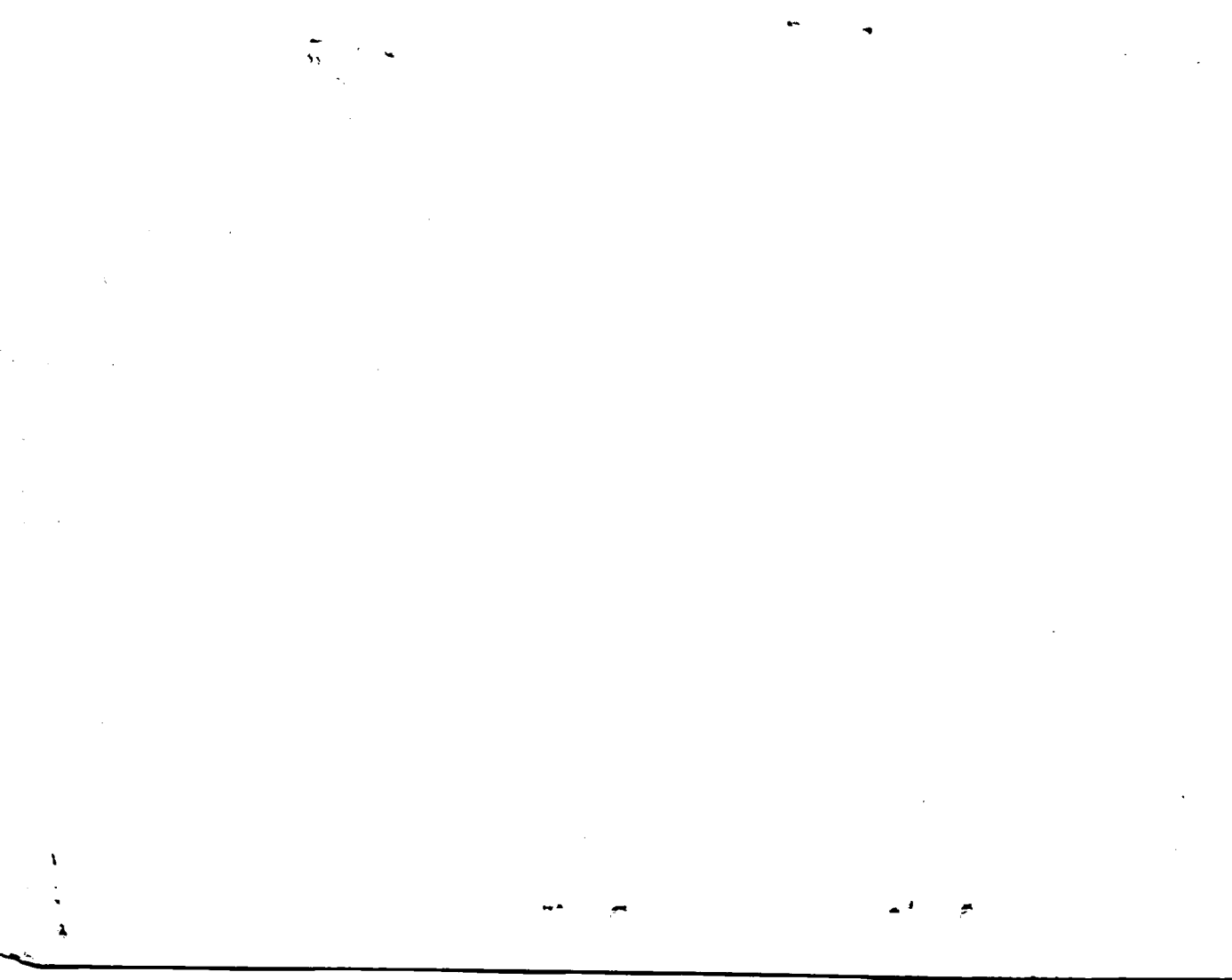
Given names added from a supplemental report

19.....

Address RegbyFiled 6-10-30

Registrar

Registrar



## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of IDAHO  
County of BONNEVILLE } ss.

FEB 23 11 51 AM '82

Certificate No. 0014

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Anderson who was born on 5-13-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Clark (Jefferson) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

<u>childs name</u>	<u>Unnamed</u>	<u>Harold J. Anderson</u>

Subscribed and sworn to before me this 18 day ofFeb, 1982Notary Public, N. D. BensonResiding at Idaho Falls, Id.My commission expires 5-18-84

(Seal)

Harold J. Anderson  
Signature of Applicant  
365 W. 16. Idaho Falls, Id.  
Street Address, City, State 83402

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO  
County of BONNEVILLE } ss.

(Must be completed \_)

(Is not necessary \_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day ofFeb, 1982Notary Public, N. D. BensonResiding at Idaho Falls, Id.My commission expires 5-18-84

(Seal)

Garry J. Anderson  
Supporting Signature  
1652 Johnson Idaho Falls, Id.  
Street Address, City, State

Certificate of Ordination to the Office of Teacher from LDS Church gives Harold Jay Anderson son of James C Anderson and Martha Maud Perry born 5-13-20 in Clark was ordained a Teacher on 4-7-35.  
Viewed by V.S.

FEB 25 1982

Beneficial Life Ins. Co. Policy gives Harold Jay Anderson as insured. Born Rigby, Idaho on 5-13-20. Policy dated 7-12-55.  
Viewed by V.S.

755 PLACE OF BIRTH 213-026-194

County of JeffersonCity of Kirie

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child RUTH REEDSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. 8. No. 11-25m-6-15-18

## CERTIFICATE OF BIRTH

Registration District No. 98File No. 80015Primary Registration District No. 2176Registered No. 105

SEX OF CHILD <u>f</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>4-12-20</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>James H. Reed</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Maud Armstrong</u>			
RESIDENCE <u>Kirie</u>	RESIDENCE <u>Kirie</u>			
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Utah</u>			
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>			

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 1 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

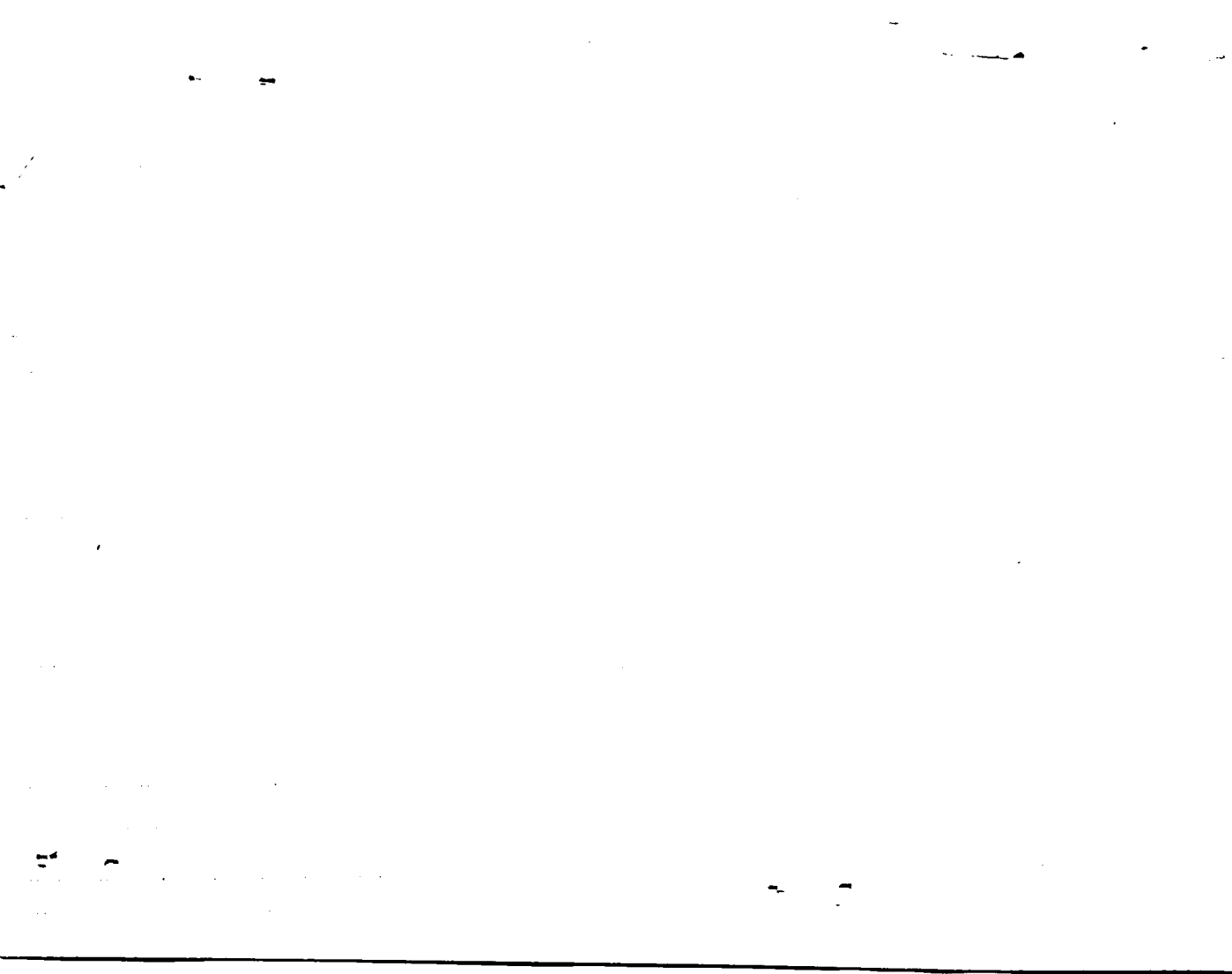
(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report

Address RigbyFiled 6-10-20Registrar Ray H. Fisher

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 80015  
County of Salt Lake Date Filed MAY 27 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Ruth Reed who Born on April 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pirie, Utah at Highgate are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Records Insurance prepared on Insurance Schedule Aug 28 1925 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Ruth Reed

Subscribed and sworn to before me this 18th

May 1942

Notary Public, residing at Garfield, Utah

My commission expires July 17, 1939

(Seal) Notary Public

Signed James H Reed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Highgate, Utah  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

State of Utah } ss.  
County of Salt Lake

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd

May 1942

day of May

Notary Public, residing at Garfield, Utah

My commission expires Aug 19, 1945

(Seal)

Signed Shuman W. Withers

(Signature of Any Credible Person Other Than Previous Year)

Garfield, Utah  
(Street Address, City, State)

JUN 1 1942





## PLACE OF BIRTH

County of JeffersonCity of Annis365-217-026-466  
No. \_\_\_\_\_ St.Registration District No. 98Primary Registration District No. 2176ANNA ~~BUT~~

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 80016Registered No. 104

Hospital \_\_\_\_\_

Full Name of Child Wm Conger

SEX OF CHILD

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and } Number  
in order  
of birthLegiti-  
mate?yesDATE OF  
BIRTH2-17-20  
(Month) (Day) (Year)FULL  
NAMEWm J. Conger

FATHER

RESIDENCE

Annis

COLOR

W AGE AT LAST  
BIRTHDAY 3.6  
(Years)

BIRTHPLACE

Wyoming

OCCUPATION

MerchantFULL  
MAIDEN  
NAMEHelen Moor

MOTHER

RESIDENCE

Annis

COLOR

W AGE AT LAST  
BIRTHDAY 33  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## STATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended at this child, who was alive 29 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, mother, or other person should make this return. If the child is one that neither breathes nor shows evidence of life after birth.

(Signature) O. F. Calk

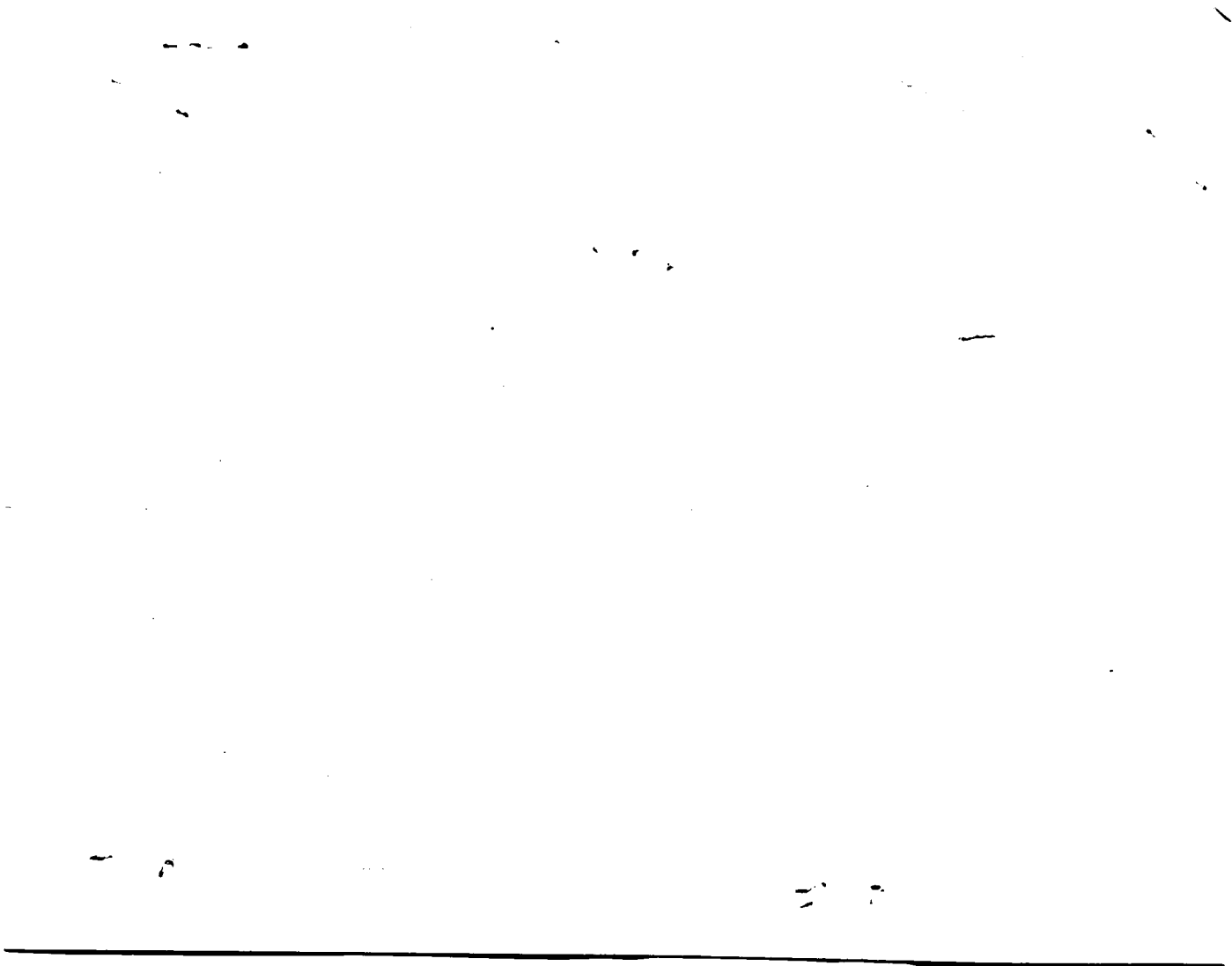
Given names added from a supplemental report

19

Registrar

(Physician or midwife)

Rugby  
Ray H. Fisher  
Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 80016  
 County of Jefferson }

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)  
 for Anna Ruth Conger who was born on February 17, 1920 (Was Born or Died)  
 in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts are shown by Bible Record prepared on March 7, 1920 (Give Date), are:  
 (Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED (“Name”, “Birth Date”, “Cause of Death”, Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>Name</u> <u>Wm.</u>		<u>Anna Ruth Conger</u>
<u>Sex</u> <u>Male</u>		<u>Female</u>

Subscribed and sworn to before me this 14th  
 day of August, 1942  
Ed. Purigen  
 Notary Public, residing at Victor  
 My commission expires Feb. 7, 1945  
 (Seal)

Signed Harriet R. Conger (Mother)  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Victor, Idaho  
 (Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
 County of Bannock }

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th  
 day of August, 1942  
Ed. Purigen

Signed O. F. Ball  
 (Signature of Any Credible Person Other Than Previous Year)  
Pocatello, Idaho  
 (Street Address, City, State)

Notary Public, residing at Pocatello Idaho  
 My commission expires Feb 2, 1943  
 (Seal)

**AUG 20 1942**

JAN - 7 1943

569 PLACE OF BIRTH 128-1326-462

County of JeffersonCity of Rigby

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 98File No. 80017

Hospital \_\_\_\_\_

Primary Registration District No. 2176Registered No. 103Full Name of Child MAX C. NortonSEX OF CHILD MTwin  
Triplet  
or other?{ and } Number  
in order  
of birthLegiti-  
mate? yesDATE OF BIRTH Feb 20, 20

(Month) (Day) (Year)

FULL  
NAME

FATHER

Robert L. NortonFULL  
MAIDEN  
NAME

MOTHER

Alise Ida Moss

RESIDENCE

Rigby

RESIDENCE

Rigby

COLOR

W AGE AT LAST BIRTHDAY 30  
(Years)

COLOR

W AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Ida

OCCUPATION

Farmer

OCCUPATION

House wifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn)at 2 a.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

Given names added from a supplemental report

19 \_\_\_\_\_

Address RigbyFiled 6-10-10Registrar Ray H. Fisher

Registrar

FEB 21 1968

oil

er

236-106-026-766  
PLACE OF BIRTHCounty of JeffersonCity of Idaho

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 98Primary Registration District No. 2176

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHFile No. 80018Registered No. 102

## Full Name of Child \_\_\_\_\_

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Apr 6 1920</u> (Month) (Day) (Year)
FULL NAME <u>Isaac C. Scott</u>	FATHER		FULL MAIDEN NAME <u>Nettie M. Pool</u>	MOTHER
RESIDENCE <u>Annis</u>	RESIDENCE		RESIDENCE <u>Annis</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	
BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Idaho</u>			
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>			

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 12:30 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

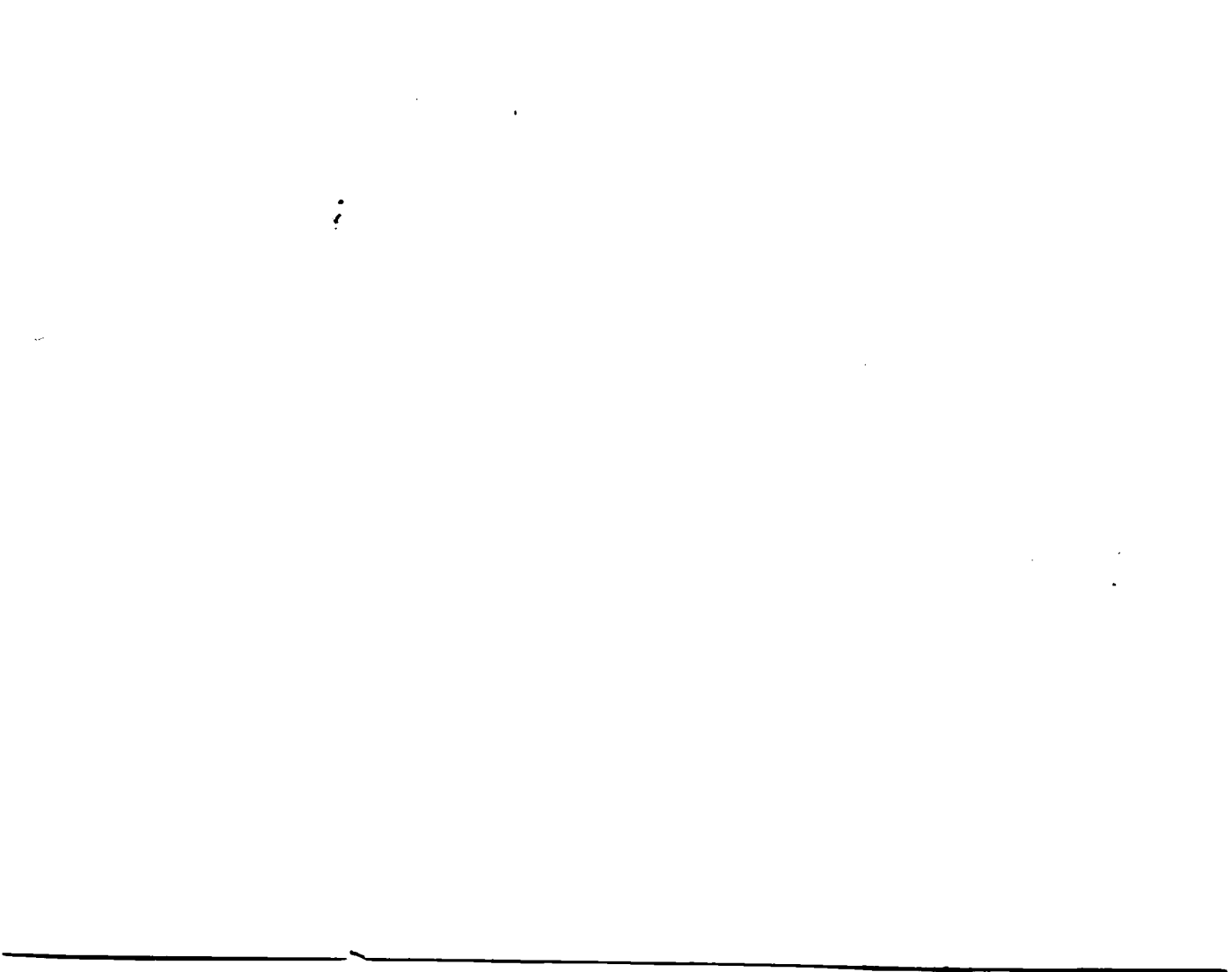
(Signature) O. F. Call

Given names added from a supplemental report

(Physician or midwife)

Address RegbyFiled 6-10-20Registrar Ray H. Fisher

Registrar





PLACE

622-222-026-29

Form V. S. No. 11-25m-6-15-18

STATE OF MISSISSIPPI  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of

City of

Registration District No.

File No.

No.

St.

Primary Registration District No.

Registered No.

Hospital

Full Name of Child

ETHEL LUCILLE

Osborne

SEX OF  
CHILD

F

Twin  
Triplet  
or other?  
(To be answered only in event of plural births){and} Number  
in order  
of birthLegiti-  
mate?

yes

DATE OF  
BIRTHJan 22 20  
(Month) (Day) (Year)FULL  
NAME

Geo. Osborne

FATHER

FULL  
MAIDEN  
NAME

Bessie Brown

MOTHER

RESIDENCE

Labelle

RESIDENCE

Labelle

COLOR

W

AGE AT LAST  
BIRTHDAY33  
(Years)

COLOR

W

AGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Arkansas

BIRTHPLACE

Mont.

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.alive  
(Born alive or stillborn)

3'0 a

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

O. J. Call

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed

6-10

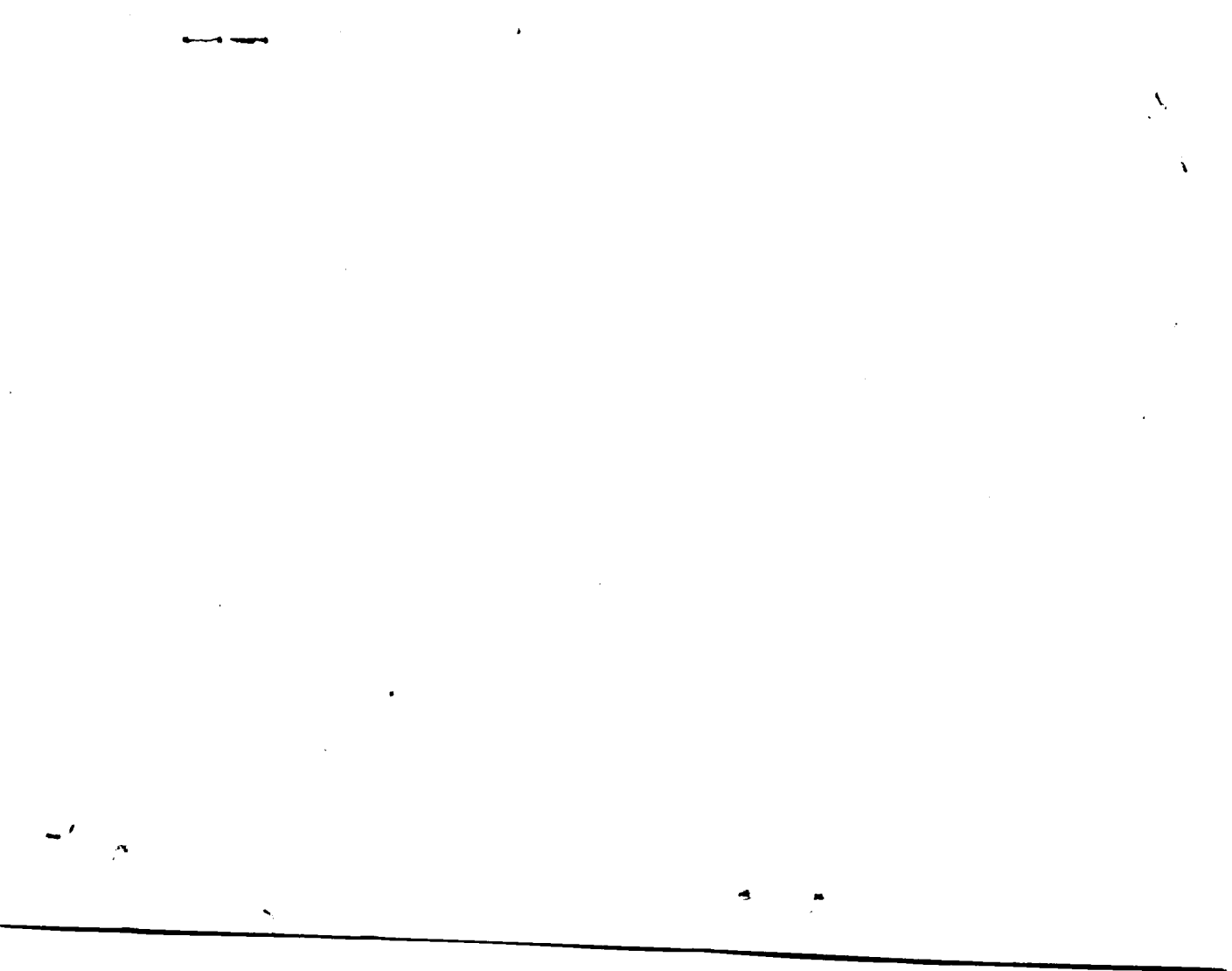
1920

(Physician or midwife)

Ray H. Fisher

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 80019  
County of Twin Falls Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Lucile Osborne (Birth or Death)  
for Lucile Osborne who was born on Jan. 22-1920 (Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rigby, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name", "Birth Date", "Cause of Death", Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
<u>Name</u>	<u>Lucile</u>	<u>Ethel Lucille Osborne</u>

Subscribed and sworn to before me this 2nd  
day of Sept 19 42  
Ethel D. Payton  
Notary Public, residing at Twin Falls, Idaho  
My commission expires Oct. 22nd 1943  
(Seal)

Signed Bessie Brown Osborne  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record, or other credible person.)  
R. 1 - Twin Falls, Idaho Mother  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
County of \_\_\_\_\_] (See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

\_\_\_\_\_  
(Street Address, City, State)

JUN 5 1942

JUN 8 1942

753 PLATE OF BIRTH

026-986

County of

City of

No.

Hospital

Full Name of Child

name added 1-17-85

amend

dl

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

Registration District No.

File No.

Primary Registration District No.

Registered No.

Wayne Stanley Pettingill

SEX OF CHILD

M

Twin  
Triplet  
or other?{and} Number  
in order  
of birthLegiti-  
mate?

yes

DATE OF  
BIRTHMch 5 7 20  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

alive

at 15 1/2 M.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. F. Call

Given names added from a supplemental report

Address

Filed

Registrar

(Physician or midwife)

Rigby  
Ray Fisher  
Registrar

THE UNIVERSITY OF CHICAGO  
LIBRARY

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IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho }  
County of Jefferson } ss.

BUREAU OF  
VITAL STATISTICS

SEP 13 12 44 PM '84

Certificate No. 80020

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Pettingill who was born on March 4, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Clark (Jefferson) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Unnamed</u>	<u>Wayne Stanley Pettingill</u>
<u>birth date</u>	<u>March 5</u>	<u>March 7</u>

Subscribed and sworn to before me this 21st day of  
August, 19 84

Notary Public Linda Grover  
Residing at Rigby, Idaho  
My commission expires \_\_\_\_\_  
(Seal)

Wayne Pettingill  
Signature of Applicant  
X 127 So 1 W Rigby Ida  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19 \_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Supporting Signature

Street Address, City, State

Application for Life Ins. lists insured as Wayne S. Pettingill  
born March 7, 1920 in Rigby, Idaho. Policy dated Jan 26, 1951.  
Viewed by V.S.

**JAN 17 1985**

IRA Application lists Wayne Stanley Pettingill born  
March 7, 1920. Dated March 4, 1975. Viewed by V.S.



154-106-026-863  
PLACE OF BIRTH

County of Jefferson

City of Clark

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Elma Lorenzo Anderson

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 98

File No. 80021

Primary Registration District No. 2176

Registered No. 99

SEX OF CHILD <u>m</u>	Twin Triplet or other? _____	and Number in order of birth _____	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Feb 6, 20</u> (Month) (Day) (Year)
-----------------------	------------------------------------	--	-----------------------------	---

FULL NAME <u>Elias Anderson</u>	FATHER
RESIDENCE <u>Clark</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Belva M. Holer</u>	MOTHER
RESIDENCE <u>Clark</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report

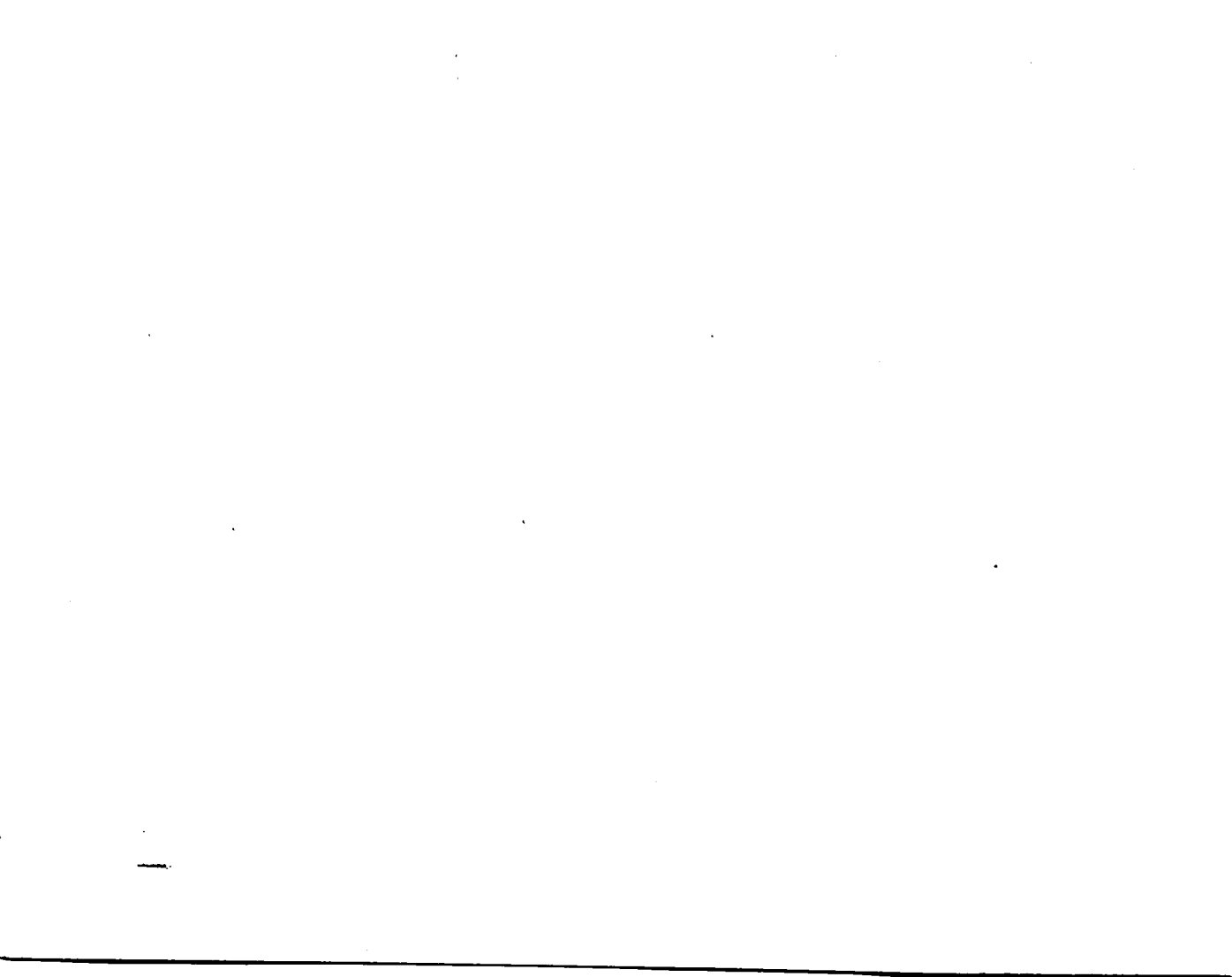
19

Address Regby

Filed 6-10-20 May H. Fisher

Registrar

Registrar



## PLACE OF BIRTH

845-118-026814

County of

City of

No.

St.

Registration District No.

Primary Registration District No.

Hospital

Full Name of Child

Melvin Hamilton Hunter

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

## CERTIFICATE OF BIRTH

File No.

80022

Registered No.

98

SEX OF CHILD <i>m</i>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <i>yes</i>	DATE OF BIRTH (Month) (Day) (Year) <i>Mich 18 20</i>
FULL NAME <i>Daniel W. Hunter</i>	FATHER		FULL MAIDEN NAME <i>Ruth H. Hamilton</i>	MOTHER
RESIDENCE <i>Regby</i>			RESIDENCE <i>Regby</i>	
COLOR <i>w</i>	AGE AT LAST BIRTHDAY <i>37</i> (Years)		COLOR <i>w</i>	AGE AT LAST BIRTHDAY <i>32</i> (Years)
BIRTHPLACE <i>Utah</i>			BIRTHPLACE <i>Utah</i>	
OCCUPATION <i>Teacher</i>			OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth.....4

Number of children of this mother now living, including present birth.....4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....*alive*.....at.....*1 a*.....M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*O. J. Call*

(Physician or midwife)

Given names added from a supplemental report

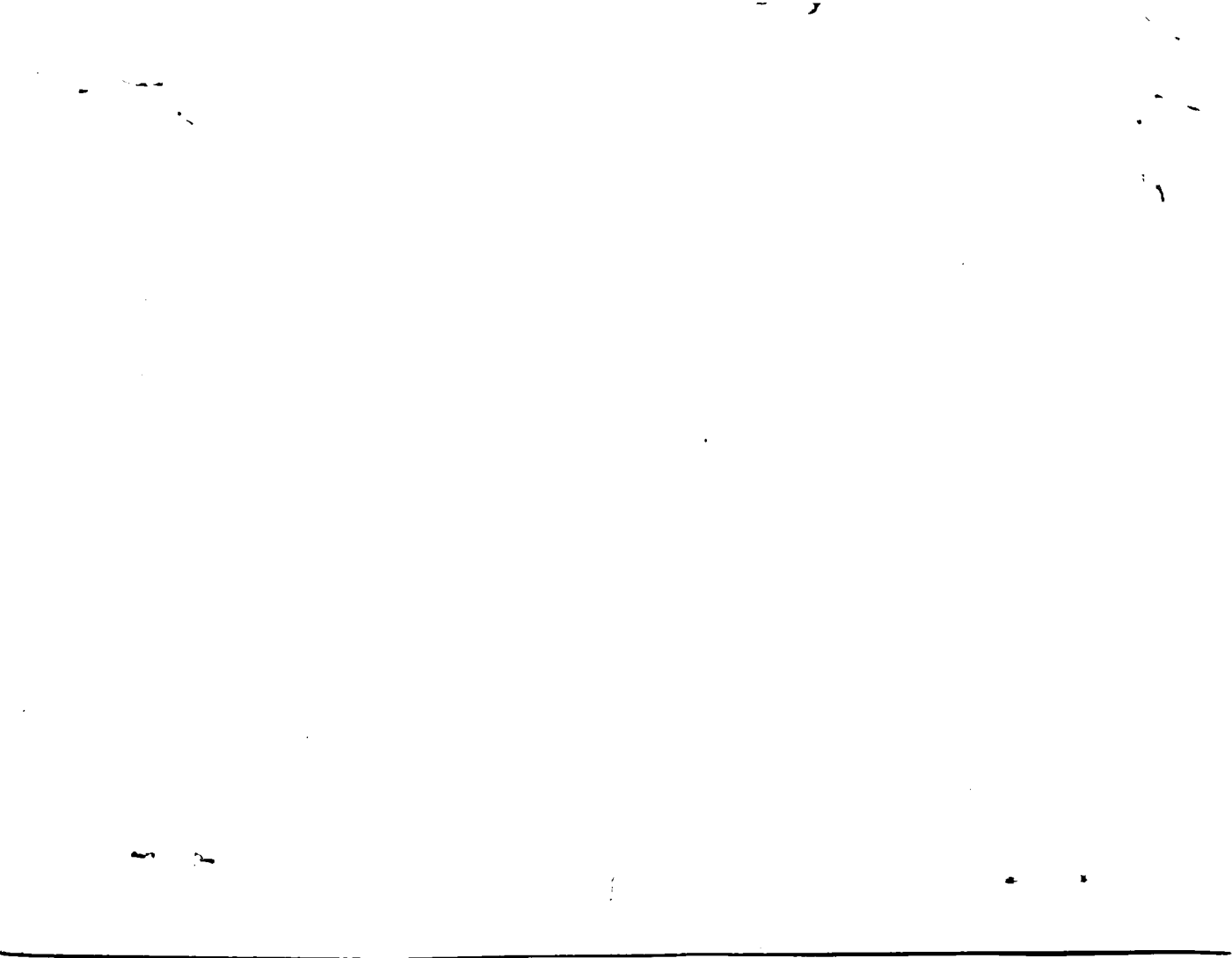
19.....

Address

Filed

*Regby*  
*Ray H. Fisher*  
Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.  
County of Placer

Certificate No. 80022

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Melvin Hamilton Hunter who was born on March 18, 1920 (Date of Event) for Rigby, Idaho (Name on Original Certificate) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record prepared on May 1920 (Bible Record, Insurance Policy, Etc.) (Give Date), are: FACTS TO BE CORRECTED FROM TO ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

name

none given

Melvin Hamilton Hunter

Subscribed and sworn to before me this 27th day of November, 1943

Medred C. Grey  
Notary Public, residing at Lincoln

My commission expires Feb. 11, 1945  
(Seal)

Signed Dan W. Hunter  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1 Box 414, Roseville, Calif.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.  
County of Placer

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of November, 1943

Signed Edward J. Hunter  
(Signature of Any Credible Person Other Than Previous Year)

Edw. J. Hunter  
Notary Public, residing at 650 E. 1st St.

My commission expires  
(Seal)

6-1947

(Street Address, City, State)

DEC 6 1948

APR 12 1948

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

969-230-027-556

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

City of Eden

Registration District No. 23

File No. 80023

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Lola Christine Rice

Sex of Child 7

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth 4

Legiti  
mate? Yes

Date of Birth

May 30 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

Chester Claude Rice

RESIDENCE

Eden, Ida.

COLOR

W

AGE AT LAST BIRTHDAY

34  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Lena Margaret Newby

RESIDENCE

Eden, Ida.

COLOR

W

AGE AT LAST BIRTHDAY

28  
(Years)

BIRTHPLACE

Colo

OCCUPATION

Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

live  
(Born alive or stillborn)

at 5 30 PM

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. L. Berry M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Hazleton, Ida.

Filed

6/8

1920

E. E. P. M. D.

Registrar

Registrar

MAR 3 1942





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-204-027-25

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH
County of JeromeCity of HazletRegistration District No. 23File No. 80025

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child 7Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth 3Legiti  
mate? yesDate of Birth June 4 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 24  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 22  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was skin, at 1 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. L. Berry  
Hazlet  
(Physician or midwife)

Given names added from a supplemental report.

19

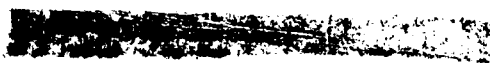
Address

Filed

6/8 1920 EDP per M.D.

Registrar

Registrar



962-224-027-466

B. No. 11-C-35a-7-19

## PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of JeromeCity of JeromeRegistration District No. 23

File No.

80026

No. \_\_\_\_\_ St.

Primary Registration District No. 1017-2017

Registered No. \_\_\_\_\_

Hospital Home

FULL NAME OF CHILD

Jean Elizabeth Roberts

Sex of Child

FTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthApr 241920  
(Month) (Day) (Year)FULL  
NAMER. Lloyd Roberts

FATHER

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST  
BIRTHDAY32

(Years)

BIRTHPLACE

Wales

OCCUPATION

Presby. MinisterFULL  
MAIDEN  
NAMEMrs. Jane Dowdall

MOTHER

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST  
BIRTHDAY30

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, at 11 20 a. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. Chas. F. Zeller  
Jerome, Ida.  
(Physician or midwife)

Given names added from a supplemental report.

19

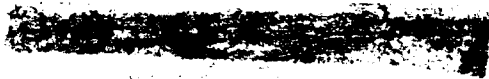
Address

Filed 6/8 1920 E.D. Phipps  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



964-176-027-819

Form V. S. No. 11-C-25a-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty JeromeCity of JeromeRegistration District No. 23File No. 80027

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 167-2817

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Rader, Robert James

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>May 26</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	---	-------------------------------	--

FULL NAME <u>William M. Rader</u>	FATHER
RESIDENCE <u>Jerome</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Kentucky</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Helen Esther Harbin</u>	MOTHER
RESIDENCE <u>Jerome</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>1</u>	Number of children of this mother now living, including present birth <u>1</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 9<sup>20</sup> M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Zeller  
Jerome, Ida.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 6/8 1920 E. A. Piper  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-224-027-248

## PLACE OF BIRTH

 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of JeromeCity of JeromeRegistration District No. 23

File No.

80028

No. \_\_\_\_\_ St.

Hospital RomePrimary Registration District No. 10-17-2017

Registered No. \_\_\_\_\_

## FULL NAME OF CHILD

Doughty

Sex of Child

7Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

} and {

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthMay 2419 20

(Month) (Day) (Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Colorado

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

W.AGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Mo.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 30 M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

(Signature)

Dr. Chas. F. Zeller

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

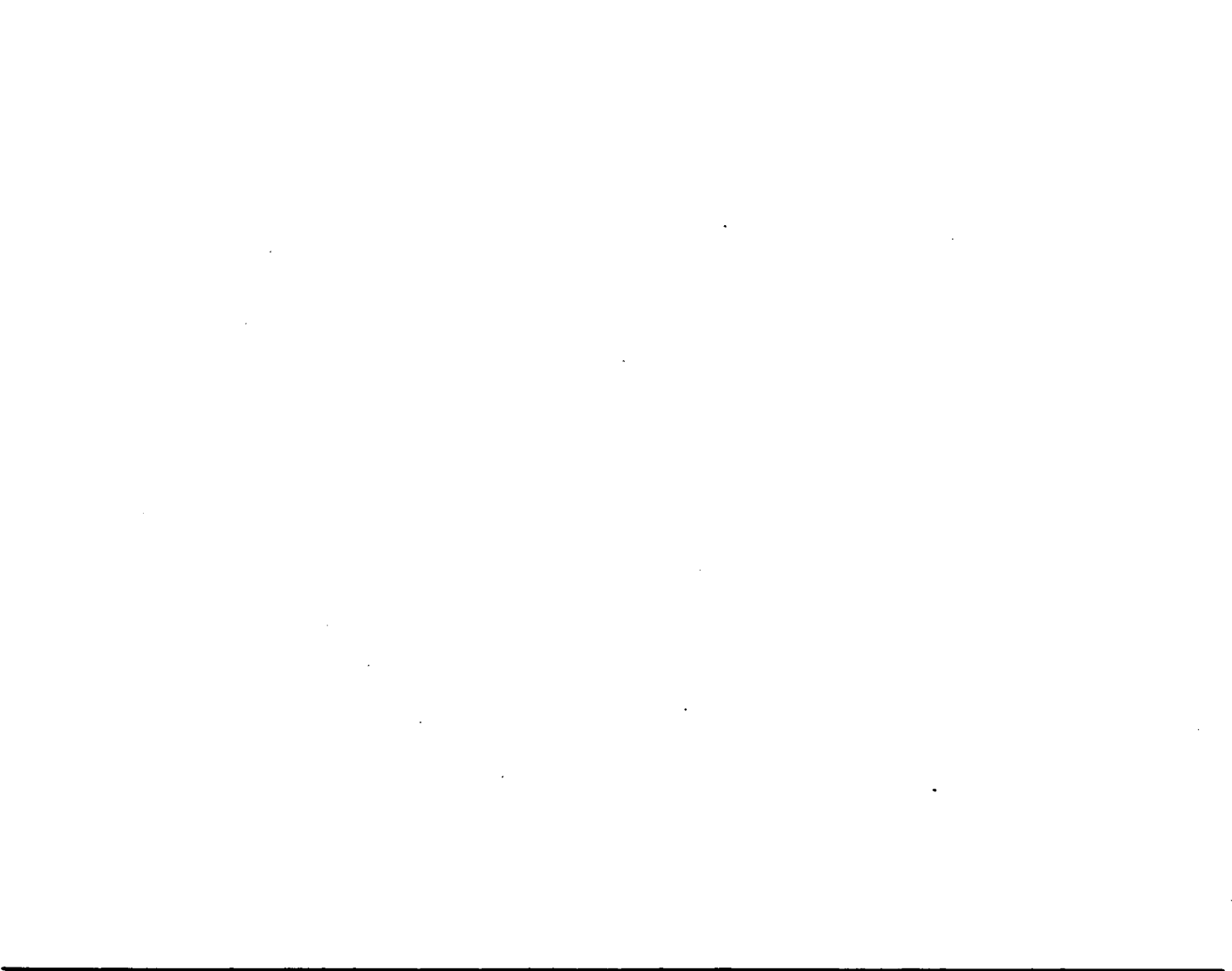
6/8

19

20E. D. Pike, M.D.

Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-126-027-493

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23

File No. 80029

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 1017

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Anton Weston Shuler

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>3 26 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME A. B. Shuler FATHER  
RESIDENCE Jerome, Ida.  
COLOR White AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)  
BIRTHPLACE Ohio  
OCCUPATION Manager Lumber Co

FULL MAIDEN NAME Ema Miller MOTHER  
RESIDENCE Jerome Ida  
COLOR White AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)  
BIRTHPLACE Ohio Iowa  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. D. Piker

(Physician or midwife)

Given names added from a supplemental report.

Address Jerome Ida

Filed Mar 29 1920 E. D. P. Piker

Registrar

Registrar

Page 1 of 1  
Date: 4/2/2010 1:25:10 PM  
User: [illegible]

STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Madras CERTIFICATE OF BIRTHCity of Coeur d'Alene, Ida.  
444-209-028-453 Registration District No. 29 File No. 80030.  
No. \_\_\_\_\_ St. \_\_\_\_\_Hospital \_\_\_\_\_ Primary Registration District No. 1050 Registered No. 47

FULL NAME OF CHILD

Virginia May Mudge.Sex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimacy Yes Date of Birth May 9, 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FATHER  
FULL NAME Wm. Mudge  
RESIDENCE Coeur d'Alene, Idaho.  
COLOR White AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE Michigan  
OCCUPATION Laborer.MOTHER  
FULL MAIDEN NAME Lella Doones.  
RESIDENCE Same.  
COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Wisconsin  
OCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 11 P.  
on the date above stated. (Born alive or stillborn)


\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John P. Wood  
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene, Ida.  
Filed June 4, 1920 Gus Nelson  
Registrar

Registrar



DEC 30 1941

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of KootenaiCity of Coeur d'Alene, IdahoRegistration District No. 29File No. 80031

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 1050Registered No. 416FULL NAME OF CHILD Coelwyn Louise HarrisSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti  
mate? YesDate of  
Birth May 5 19 20

(Month) (Day) (Year)

FULL  
NAME Ischie D. Harris

FATHER

FULL  
MAIDEN  
NAME Ophelia Schaenfer

MOTHER

RESIDENCE Coeur d'Alene, IdahoRESIDENCE Coeur d'Alene, IdahoCOLOR WhiteAGE AT LAST  
BIRTHDAY 40

(Years)

COLOR WhiteAGE AT LAST  
BIRTHDAY 41

(Years)

BIRTHPLACE IdahoBIRTHPLACE Chicago IllOCCUPATION FiremanOCCUPATION NursewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at Idaho M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Wood, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Coeur d'Alene, IdahoFiled June 4 19 20

Registrar

Registrar Gus Nelson

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1944

419-212-028-256

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of KootenaiCity of Coeur d'AleneRegistration District No. 29File No. 80033

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1030Registered No. 44

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Dorothy May Knox McMartin

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 12</u> (Month) (Day) 19 <u>20</u> (Year)
----------------------------	---	-----	--------------------------------	-------------------------------	---

FULL NAME FATHER George F. McMartinRESIDENCE Coeur d'AleneCOLOR White AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE Wisc.OCCUPATION P.O. Chief Mailing ClerkFULL MAIDEN NAME MOTHER Blanche M. KnoxRESIDENCE Coeur d'AleneCOLOR white AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE Minn.OCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Shreve PHYSICIAN  
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene, Idaho  
Filed June 4 1920 Gus Nelson  
Registrar

Registrar

Registrar

FEB 7 1942



815-225-028-152

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of KootenaiCity of Coeur d'AleneRegistration District No. 29File No. 80034

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 150Registered No. 43

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Anna Barbara Hamm

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthMay 2519 20

(Month) (Day) (Year)

FULL  
NAMEFATHER  
Frank J. Hamm

RESIDENCE

Thermwood, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Wisc.

OCCUPATION

ScorerFULL  
MAIDEN  
NAMEMOTHER  
Nora M. Jessen

RESIDENCE

Coeur d'Alene

COLOR

whiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Wash.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

Born alive  
(Born alive or stillborn)4 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. C. Meyer  
Physician  
(Physician or midwife)Per DCH

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Coeur d'Alene, Idaho

Filed

June 4 1920Gus Nelson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/13/41/ EA

299-226-028-416

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MootenaiCity of Coeur d'AleneRegistration District No. 29File No. 80035

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1050Registered No. 42

Hospital \_\_\_\_\_

FULL NAME OF CHILD Nancy Ellen Kirchvol

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>March 26</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------------------	------------------------	--

FULL NAME FATHER Robert F. KirchvolRESIDENCE Coeur d'Alene, Ida.COLOR white AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE Wash. D.C.OCCUPATION Dep. County AuditorFULL MAIDEN NAME MOTHER Katherine A. DawsonRESIDENCE Coeur d'AleneCOLOR white AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE Wisc.OCCUPATION housewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Sawyer Per J. C. Sawyer  
J. C. Sawyer  
(Physician or midwife)

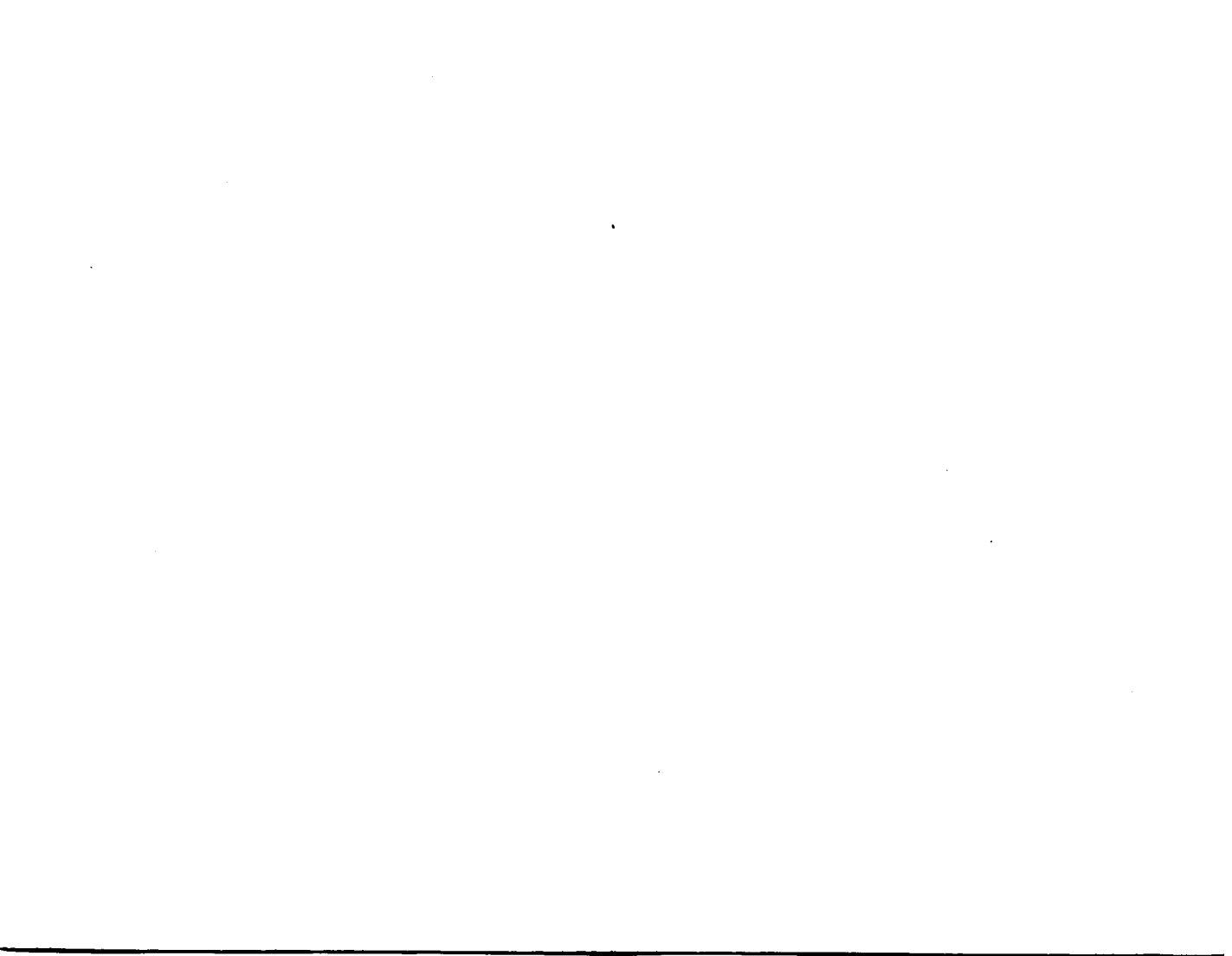
Given names added from a supplemental report.

Address Coeur d'Alene, Idaho  
Filed June 4 19 20 Gus Nelson  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



466-225-028-854

## PLACE OF BIRTH

County of *Kootenai*City of *Coeur d'Alene*

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child *Velma Elaine Mooney*STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-16-18

## CERTIFICATE OF BIRTH

Registration District No. *29*File No. *80036*Primary Registration District No. *1050*Registered No. *41*

SEX OF CHILD <i>Female</i>	Twin Triplet or other? <i>one</i>	(and) in order of birth <i>one</i>	Legitimate? <i>yes</i>	DATE OF BIRTH <i>Apr 25</i> (Month) (Day) (Year)
FULL NAME <i>Leahurst E. Mooney</i>	FATHER		FULL MAIDEN NAME <i>Ara Hedglen</i>	MOTHER
RESIDENCE <i>Coeur d'Alene</i>			RESIDENCE <i>Coeur d'Alene</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>22</i> (Years)		COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>19</i> (Years)
BIRTHPLACE <i>Minnesota</i>			BIRTHPLACE <i>Michigan</i>	
OCCUPATION <i>Lawman</i>			OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *12 a* M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

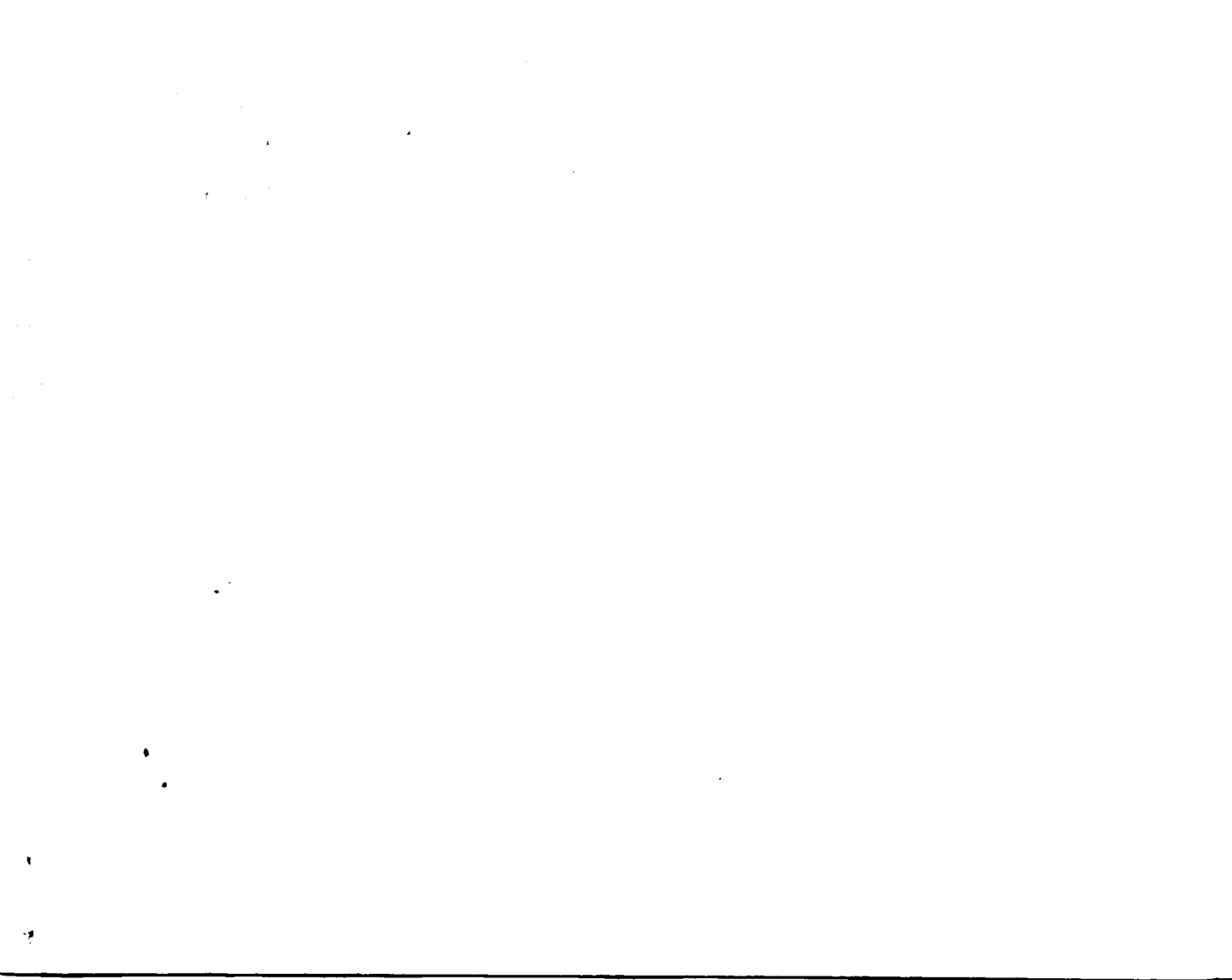
(Signature) *W. H. Hedglen*

Given names added from a supplemental report.

Address *Coeur d'Alene, Id.*Filed *June 4* 19 *20* *Gus Nelson* Registrar

Registrar

Registrar



314-114-028-666

## PLACE OF BIRTH

County of KootenaiCity of Coeur d'Alene

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Robert Sheldon CampbellSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-4-18-18

## CERTIFICATE OF BIRTH

Registration District No. 29File No. 80037Primary Registration District No. 1050Registered No. 40

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>one</u> (To be answered only in event of plural births)	Number in order of birth <u>one</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 14</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>Robert J Campbell</u>	FATHER		FULL MAIDEN NAME <u>Clara Edith Woods</u>	MOTHER
RESIDENCE <u>Coeur d'Alene Ida</u>			RESIDENCE <u>Coeur d'Alene Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Missouri</u>			BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>carpenter</u>			OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth... 1... Number of children of this mother now living, including present birth... 1...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... Born alive... at 1:30 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)..... W. H. HoedemPhysician  
(Physician or midwife)Address Coeur d'Alene IdaFiled June 4 1920 Gus Nelson

Registrar

Registrar

927 8 1945

47.



693 - 210 - 028 - 769

## PLACE OF BIRTH

County of KootenaiCity of Coeur d'Alene

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 29Primary Registration District No. 1050

Hospital \_\_\_\_\_

File No. 80038Registered No. 99

Full Name of Child

Geraldine Fitzgerald

SEX OF CHILD

FemaleTwin  
Triplet  
or other?one

{and}

Number  
in order  
of birthoneLegiti-  
mate?yesDATE OF  
BIRTHMay 10 (Month) (Day) (Year)FULL  
NAMEEd. J. Fitzgerald

FATHER

FULL  
MAIDEN  
NAMEViolet Poirier

MOTHER,

RESIDENCE

Coeur d'Alene

RESIDENCE

Coeur d'Alene Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY22 (Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY18 (Years)

BIRTHPLACE

Minnesota

BIRTHPLACE

Minnesota

OCCUPATION

Mill worker

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive (Born alive or stillborn)9:00 P M

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. H. Kolder

Given names added from a supplemental report.

Address

Coeur d'Alene Idaho

Filed

June 4 1920

Registrar

Filed

June 4 1920Physician  
(Physician or midwife)Gus Nelson

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-14-18

## CERTIFICATE OF BIRTH

**SEP 4 1943**

623-209-028-154

## PLACE OF BIRTH

County of *Kootenai*City of *Coeur d'Alene*

No. .... St.

Registration District No. *36*Primary Registration District No. *1051*

Form V. S. No. 11-0-22a-33-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. .... *8.0.039*Registered No. .... *752*

Hospital .....

FULL NAME OF CHILD

*Charlotte Marie**Ostrom*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i>	and Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>May 9 1922</i> (Month) (Day) (Year)
----------------------------	----------------------------------	---------------------------------------	------------------------	---

FULL NAME <i>Robert Ostrom</i>	FATHER	FULL MAIDEN NAME <i>Evangeline Anderson</i>	MOTHER
RESIDENCE <i>Ch. Street 7 Coeur d'Alene</i>		RESIDENCE <i>Coeur d'Alene</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>26</i> (Years)
BIRTHPLACE <i>Minn.</i>		BIRTHPLACE <i>Minn.</i>	
OCCUPATION <i>Auto Mechanic</i>		OCCUPATION <i>Her</i>	

Number of child of this mother, including present birth *4* ..... Number of children of this mother now living, including present birth *4* .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Alene* at *9:00* M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) *A. D. Brennan M.D.*

Given names added from a supplemental report.

Address *Coeur d'Alene Ida* (Physician or midwife)

Filed *June 21 1922* *W. D. Brennan* Registrar

SEP 9 1943

294-225-028-394

Form V. S. No. 11-C-22a-3-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of KootenaiCity of Coeur d'AleneRegistration District No. 30File No. 80040

No. .... St.

Primary Registration District No. 1051Registered No. 762Hospital .....  
FULL NAME OF CHILD May June Brunelle

Sex of Child <u>4</u>	Twin Triplet or other? <u>and</u> (Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>May 25</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME <u>Leo Brunelle</u>	FATHER
RESIDENCE <u>Coeur d'Alene</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Mich.</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Helena Truedean</u>	MOTHER
RESIDENCE <u>Coeur d'Alene</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Mich.</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) at H. E. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan M.D.

Given names added from a supplemental report.

.....19.....

Address Coeur d'Alene Ida

.....19.....

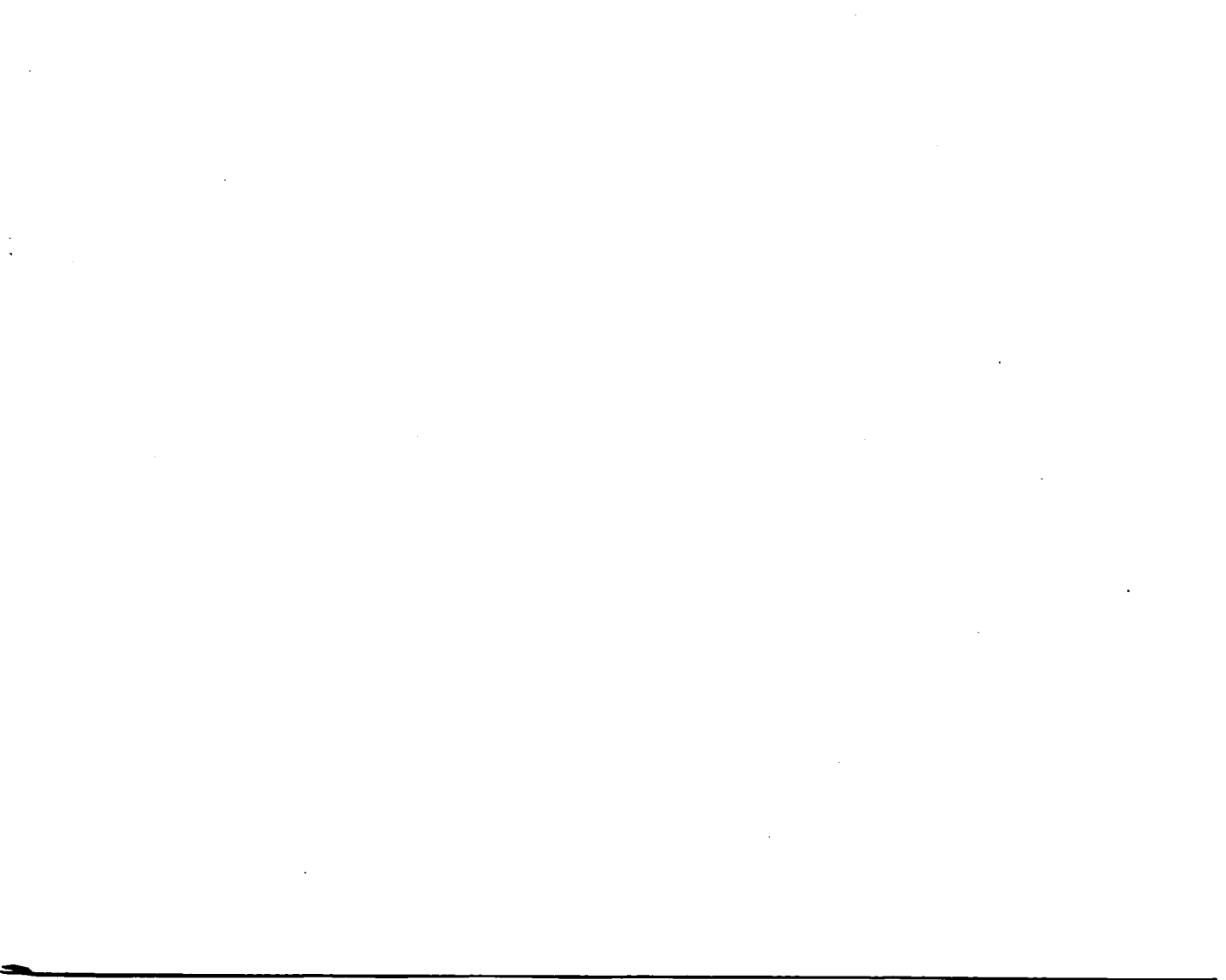
Filed June 9 1921 D. D. Drennan

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



386-122-028-316

Form V. S. No. 11-0-25a-4-3-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *Kootenai*City of *Coeur d'Alene*Registration District No. *30*File No. *80041*No. *.....* St. *.....*Primary Registration District No. *1051*Registered No. *761*Hospital *.....*

FULL NAME OF CHILD

*Infant Thomas*

Sex of Child

*male*Twin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate?

*yes*

Date of Birth

*May 22 1922*  
(Month) (Day) (Year)

FULL NAME

*David*

FATHER

*Thomas*

FULL MAIDEN NAME

*Lora Lawrence*

MOTHER

RESIDENCE

*Coeur d'Alene*

RESIDENCE

*Coeur d'Alene*

COLOR

*white*

AGE AT LAST BIRTHDAY

*42*  
(Years)

COLOR

*white*

AGE AT LAST BIRTHDAY

*36*  
(Years)

BIRTHPLACE

*Iowa*

BIRTHPLACE

*Missouri*

OCCUPATION

*mill worker*

OCCUPATION

*House wife*Number of child of this mother, including present birth *12*. Number of children of this mother now living, including present birth *8*.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive*, at *11:15 a.m.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*Wm. K. Maento**nurse*

(Physician or midwife)

Given names added from a supplemental report.

Address

*511 Indiana and Cd.*

Filed

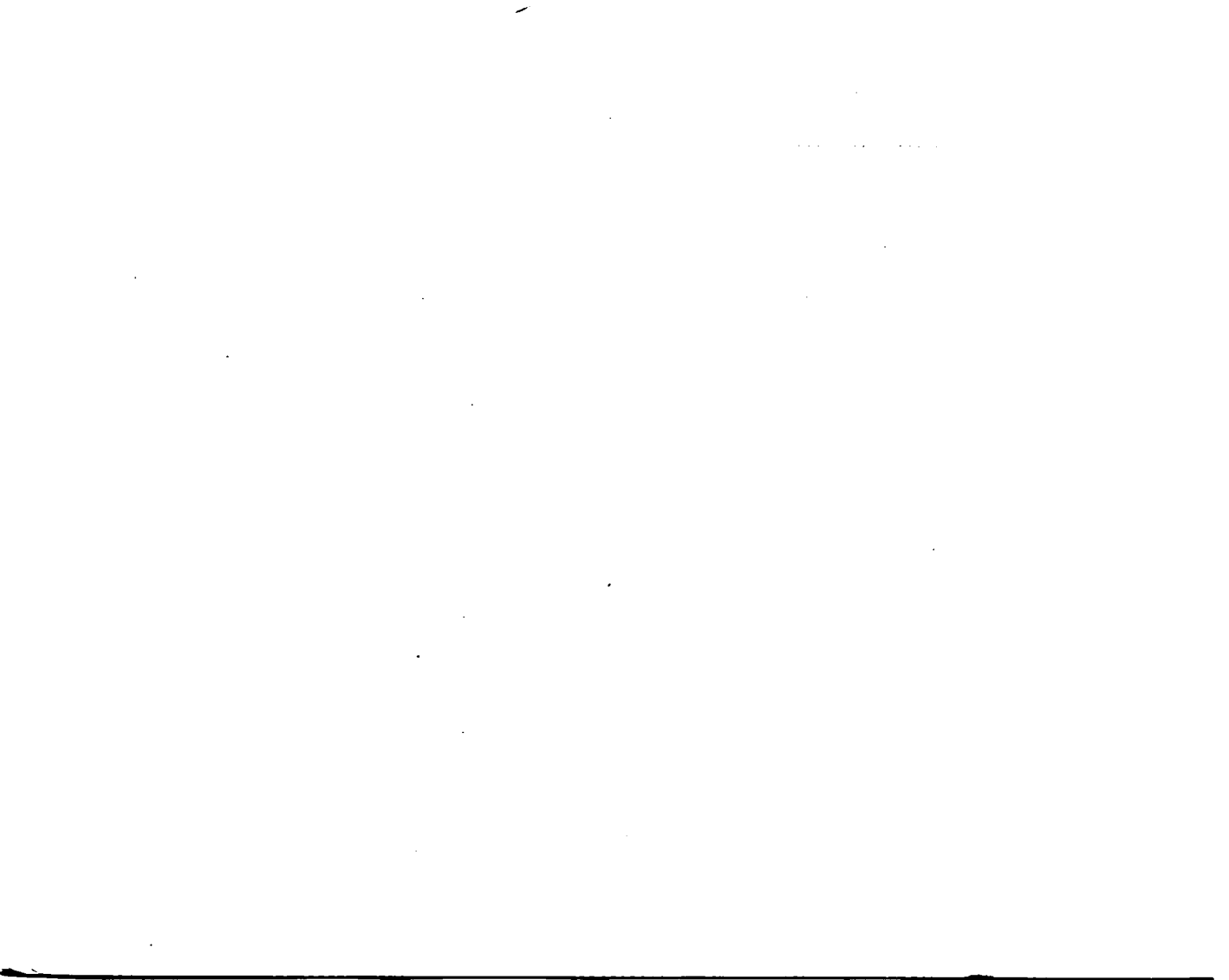
*June 2 1922*

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





219-221-028-695

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22a-03-17

## CERTIFICATE OF BIRTH

County of *Montana*City of *Butterfield*Registration District No. *30*File No. *80042*

No. .... St.

Primary Registration District No. *2057*Registered No. *760*

Hospital .....

FULL NAME OF CHILD *Viola Edna Bailey*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>and</i> (To be answered only in event of plural births)	Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>May 21 1912</i> (Month) (Day) (Year)
----------------------------	---	--------------------------	------------------------	--

FULL NAME <i>R. B. Bailey</i>	FATHER
RESIDENCE <i>Butterfield</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)
BIRTHPLACE <i>Mont.</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Edna Jane Lee</i>	MOTHER
RESIDENCE <i>Butterfield</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>22</i> (Years)
BIRTHPLACE <i>Mont.</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Alive* at *1 P.M.* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. D. Drennon, M.D.*

Given names added from a supplemental report.

Address *Coeur d'Alene, Ida.*

Filed *June 9, 1912* *H. D. Drennon*

Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME  
CHANGE

Dup of 1920-174949

Amended. 12/14/70

249-127-028-942  
PLACE OF BIRTH

Form V. S. No. 11-25m-1

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of KootenaiCity of CornwallRegistration District No. 30File No. 80043

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1057Registered No. 763Hospital ResidenceFULL NAME OF CHILD Melford Frederick Smith

Sex of Child <u>Male</u>	Twin Triplet or other? <u>S.</u>	and	Number in order of birth <u>1st</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 27</u> 19 <u>20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME Frederick M SmithRESIDENCE 2018 N 4thCOLOR White AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE MissouriOCCUPATION LaborerMOTHER  
FULL MAIDEN NAME Ethel Ruby GlascockRESIDENCE 2018 N 4thCOLOR White AGE AT LAST BIRTHDAY 19 (Years)BIRTHPLACE CaliforniaOCCUPATION HousewifeNumber of child of this mother, including present birth. One Number of children of this mother now living, including present birth. One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Montgomer  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Cornwall and Alene Ida  
Filed June 2, 1920 D. D. Brennan  
Registrar

OCT 3 1952

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....  
County of.....

RECEIVED

Certificate No. 80043

Date Filed.....

NOV 16 1970

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Milford Frederick Smith Bureau of Vital Statistics was born on May 27, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Coeur d'Alene, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Birth certificates Aug 7-49 & July 16 1958, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name," "Birth Date," "Cause of Death," Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

Full Name of Child

Milford Frederick Smith

Melford Fredrick Smith

Subscribed and sworn to before me this 2nd day of November, 1970

Notary Public, residing at Fort Bragg, Calif.  
My commission expires 10/25/74  
(Seal)

Signed Mrs. Ethel R. Hassack Smith, Mother  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
111 N. Everett  
Glendale, California  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....  
County of.....

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of November, 1970

Signed Marley C. Smith (Brother)  
(Signature of Any Credible Person)

Notary Public, residing at...  
My commission expires Jan. 15, 1972  
(Seal)

3225 Potlume Blvd. no.  
(Street Address, City, State)  
Potlume Calif 94952

Certificate of Live Birth from State of California. State file No. 49-145298.  
Gives child's name as Nicky Dale Smith, born Aug. 5, 1949 at Willits, Calif.  
Mother's name as Janice J. Strock and the father's name as Melford Fredrick Smith.  
Viewed by V. S.

DEC 22 1970

Family record gives child's name as Meleese Babette Smith born July 16, 1958 at Ukiah, Calif., mother's name as Janice J. Strock and father's name as Melford Fredrick Smith. Viewed by V. S.

275-203-028-466

## PLACE OF BIRTH

County of KootenaiCity of Rathdrum

No. .... St.

Hospital .....

FULL NAME OF CHILD

Sex of Child

femaleTwin  
Triplet  
or other?

} and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthMay 3.

(Month) (Day) (Year)

1920FULL  
NAMECharles W. Speakman

FATHER

RESIDENCE

Bayview, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY42

(Years)

BIRTHPLACE

Mich.

OCCUPATION

Stationary EngineerFULL  
MAIDEN  
NAMECharles J. Noon

MOTHER

RESIDENCE

Bayview, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY37

(Years)

BIRTHPLACE

Ind.

OCCUPATION

housewifeNumber of child of this mother, including present birth.....3Number of children of this mother now living, including present birth.....2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:45 P.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Frank W. King

(Physician or midwife)

Given names added from a supplemental report.

Address

Rathdrum, Ida.

Filed

6/11920Frank W. King

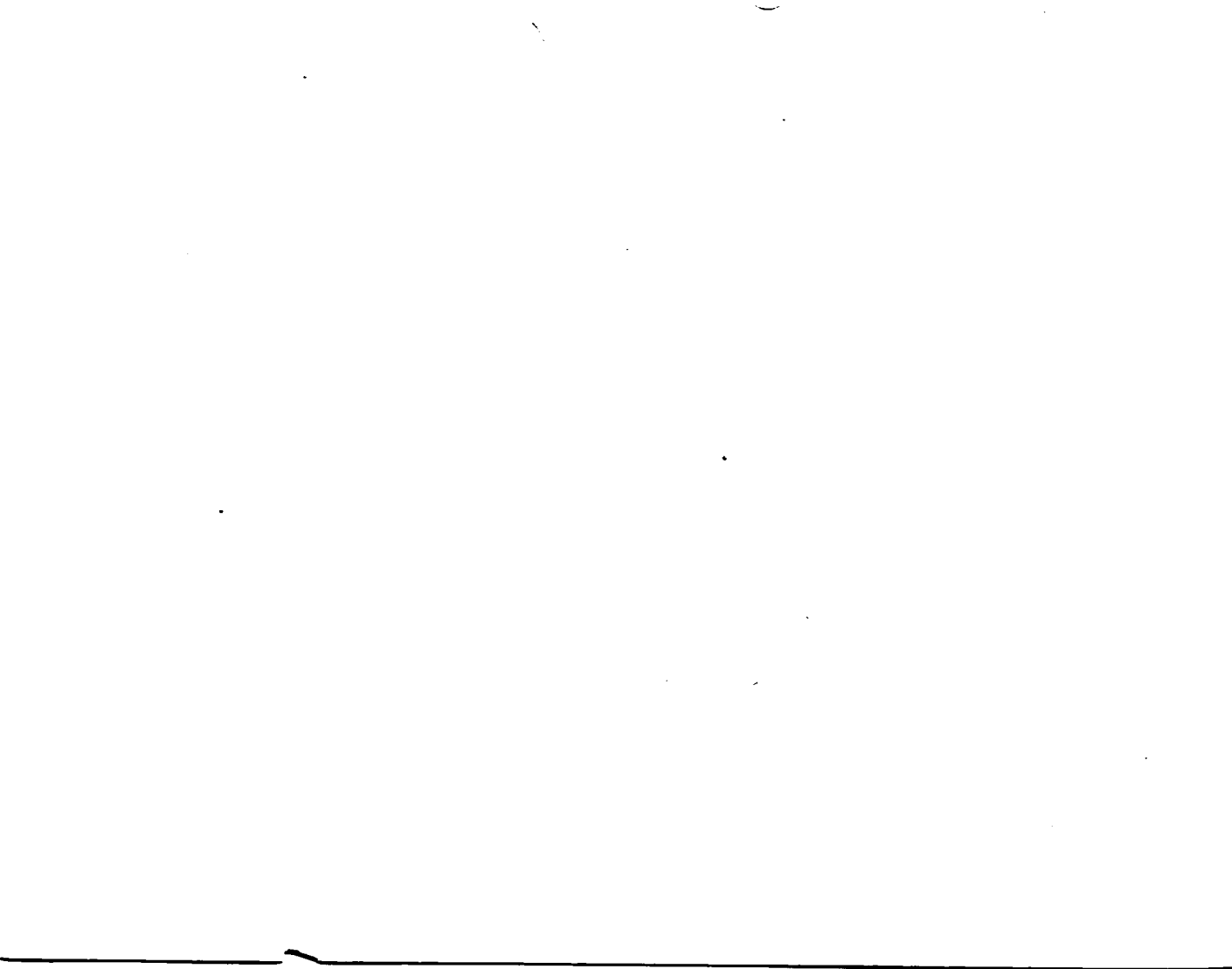
Registrar

Registrar

Form V. & No. 150-22-3-17  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 30File No. 180.044Primary Registration District No. 1051-2051Registered No. 18

MARGIN RESERVED FOR BINDER  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





796-112-028-619

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-17

County of *Kootenai*

City of .....

Registration District No. *30*File No. *80045*

No. ....St.

Primary Registration District No. *1057-2051*Registered No. *19*

Hospital .....

FULL NAME OF CHILD

*Rose Grove*Sex of  
Child*male*Twin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?*yes*Date of  
Birth*May 12, 1920*  
(Month) (Day) (Year)FULL  
NAME*Mason Rose Grove*

FATHER

RESIDENCE

*Chiles, Ida.*

COLOR

*white*AGE AT LAST  
BIRTHDAY*31*

(Years)

BIRTHPLACE

*Kans.*

OCCUPATION

*farmer*FULL  
MAIDEN  
NAME*Ethel A. Farwell*

MOTHER

RESIDENCE

*Chiles, Ida.*

COLOR

*white*AGE AT LAST  
BIRTHDAY*23*

(Years)

BIRTHPLACE

*Ore.*

OCCUPATION

*housewife*Number of child of this mother, including present birth *4*Number of children of this mother now living, including present birth *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated.

(Born alive or stillborn)

at *1:30 P.M.*

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*Frank H. Hargis*

(Physician or midwife)

Given names added from a supplemental report.

Address

*Rathdrum, Ida.*

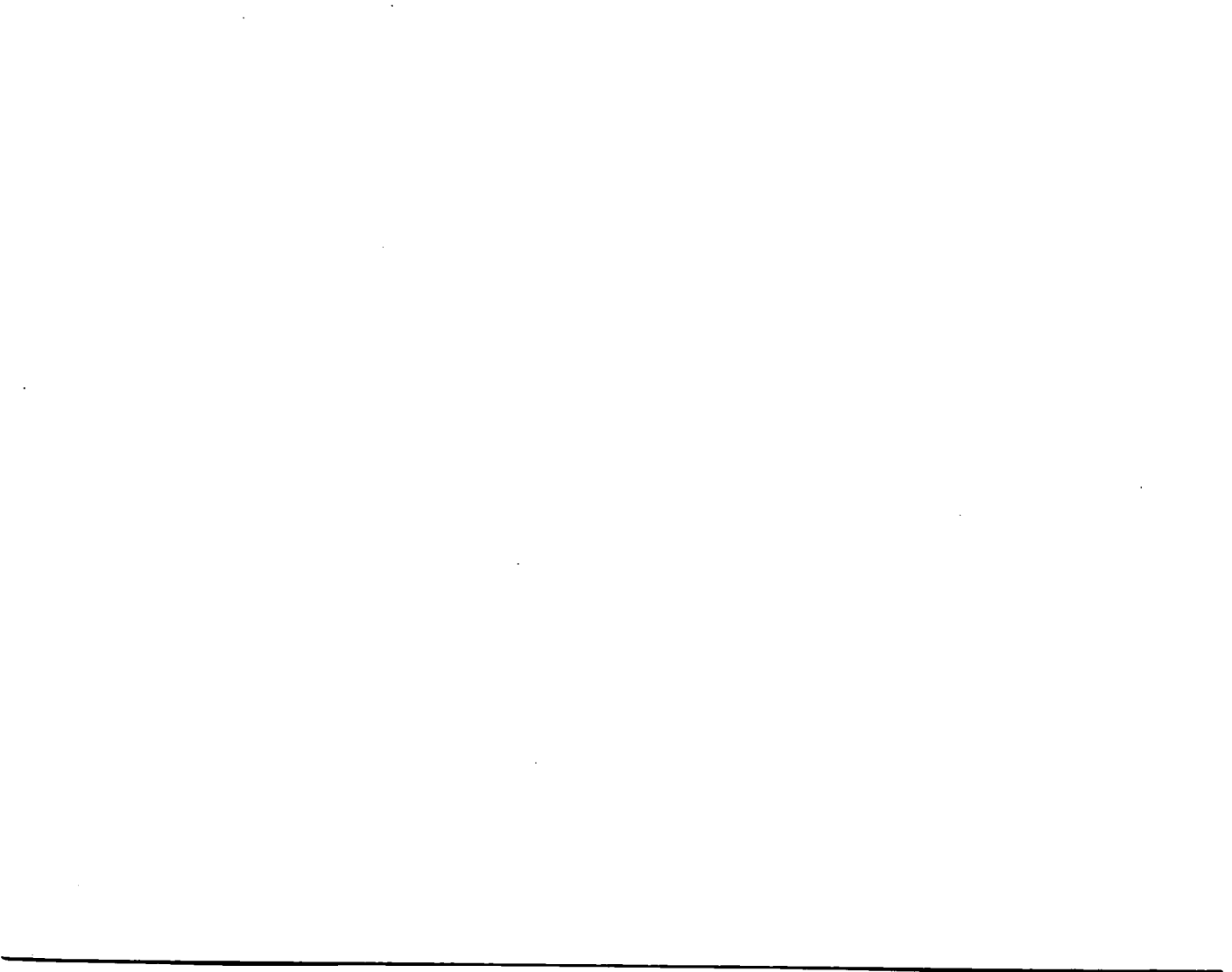
Filed

*6/11/20*

Registrar

*Frank H. Hargis*

Registrar



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-118-028-713

## PLACE OF BIRTH

County of KootenaiCity of Athol

No. .... St.

Hospital .....

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. E. No. 15-2-20-3-3-3

Registration District No. .... 30

File No. .... 80046

Primary Registration District No. 1051 + 7051

Registered No. .... 20

FULL NAME OF CHILD Edward Warren Mc DanielsSex of Child maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)Legiti-  
mate? yesDate of Birth May 18, 1920  
(Month) (Day) (Year)FULL NAME FATHER William T. Mc DanielsRESIDENCE Athol - Ida.COLOR white AGE AT LAST BIRTHDAY 43  
(Years)BIRTHPLACE Ore.OCCUPATION blacksmithFULL MAIDEN NAME MOTHER Bella M. SatesRESIDENCE Athol, Ida.COLOR white AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE Mo.OCCUPATION housewife

Number of child of this mother, including present birth ..... 6. Number of children of this mother now living, including present birth ..... 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8:00 p.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Frank StearnsPhysician or  
(Physician or midwife)Address Rathbun, IdahoFiled 6/11/20 Frank Stearns  
Registrar

SEP 21 1968

154-123-028-593

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 24—Rev. 1-17

## CERTIFICATE OF BIRTH

County of *Kootenai*City of *Bayview*Registration District No. *30*File No. *80047*

No. ....St.

Primary Registration District No. *1051 & 2051*Registered No. *21*

Hospital .....

FULL NAME OF CHILD *William Anderson*

Sex of Child <i>male</i>	Twin Triplet or other?	and (Number in order of birth (To be answered only in event of plural births))	Legiti- mate?	Date of Birth <i>May 23 1920</i> (Month) (Day) (Year)
--------------------------	------------------------------	---	------------------	--

FULL NAME FATHER *William H. Anderson*FULL MAIDEN NAME MOTHER *Kobal B. Pickerson*RESIDENCE *Bayview*RESIDENCE *Bayview Ida.*COLOR *white* AGE AT LAST BIRTHDAY *33*  
(Years)COLOR *white* AGE AT LAST BIRTHDAY *22*  
(Years)BIRTHPLACE *Arkans.*BIRTHPLACE *Kans.*OCCUPATION *teamster*OCCUPATION *housewife*Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive* at *5:00 P.M.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Frank W. [unclear]*  
*Physician*  
(Physician or midwife)

Given names added from a supplemental report.

Address *Rathlene, Idaho*Filed *6/1 1920* *Frank W. [unclear]*  
Registrar

Registrar

DEC 23 1974

743-201-028-236

## PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of HooteniaCity of Spinit Lake.Registration District No. 45File No. 80048

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Martha Ellen Gentry

SEX OF CHILD <u>Girl</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth _____	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>5/1</u> - <u>1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Wesley Gentry</u>			MOTHER FULL MAIDEN NAME <u>Lela Elma Bloom</u>	
RESIDENCE <u>Spinit Lake Ida</u>			RESIDENCE <u>Spinit Lake Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>33</u> (Years)		
BIRTHPLACE <u>Butler Mo.</u>		BIRTHPLACE <u>Love Oregon</u>		
OCCUPATION <u>Boiler Maker</u>		OCCUPATION _____		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 5:30 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

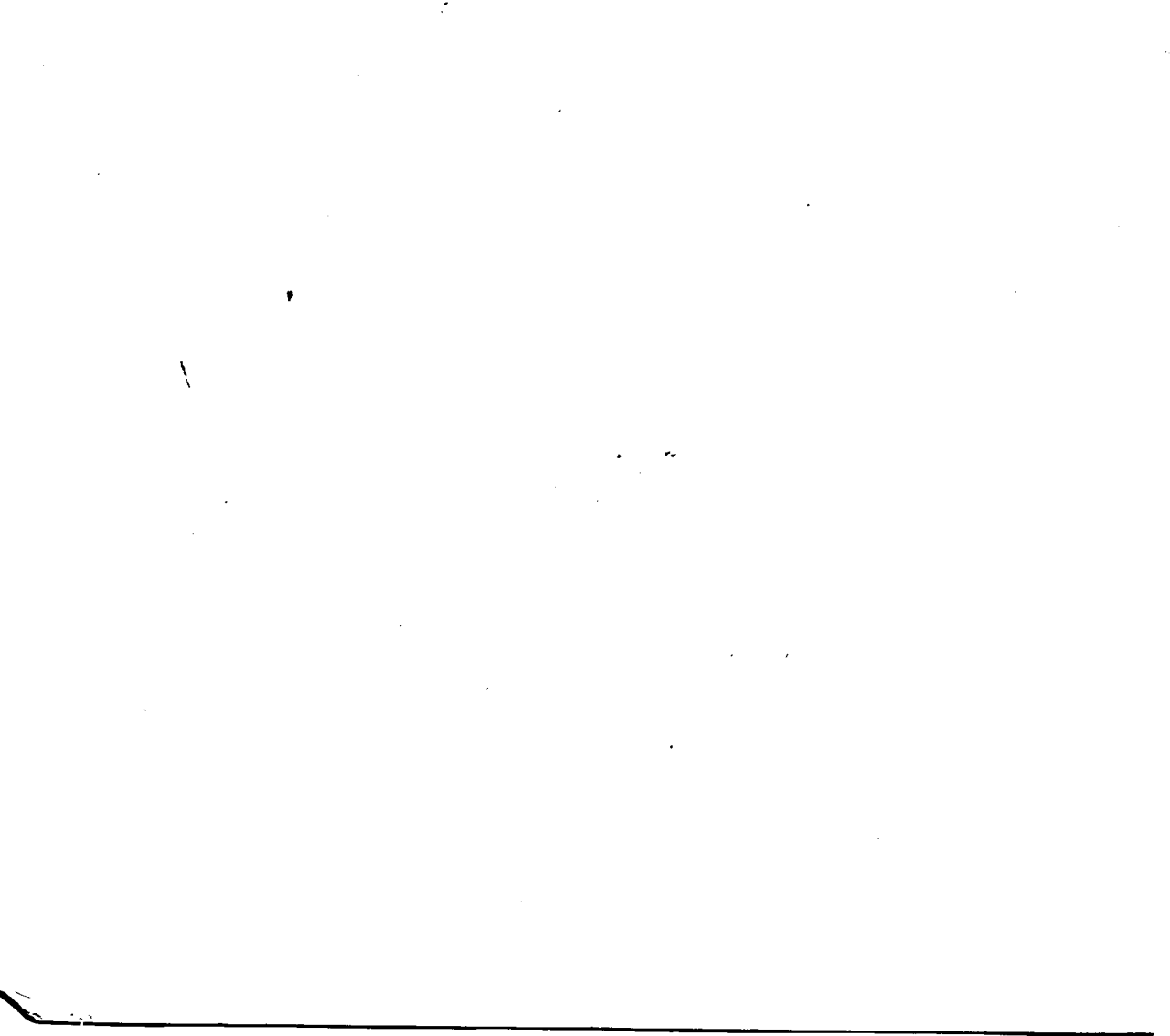
Given names added from a supplemental report.

(Signature) Sarah J. Gentry  
midwife  
(Physician or midwife)

Thomas K. Henshaw  
Registrar

Address 170 19 20 Thomas K. Henshaw  
Filed 170 19 20 Thomas K. Henshaw  
Registrar

K





319-226-028-149

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MoskowitzCity of IdahoRegistration District No. 45-File No. 80049

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Baby Carpenter

Sex of Child

FemaleTwin  
Triplet  
or other?1

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YDate of  
Birth3-26  
(Month) (Day)1920  
(Year)FULL  
NAMEEd Carpenter

FATHER

RESIDENCE

Idaho

COLOR

WhAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Lebanon Syria

OCCUPATION

LaborerFULL  
MAIDEN  
NAMEMary Jurchy

MOTHER

RESIDENCE

Idaho

COLOR

WhAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Lebanon Syria

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 12 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. S. Prindle M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

5/3

19

2020

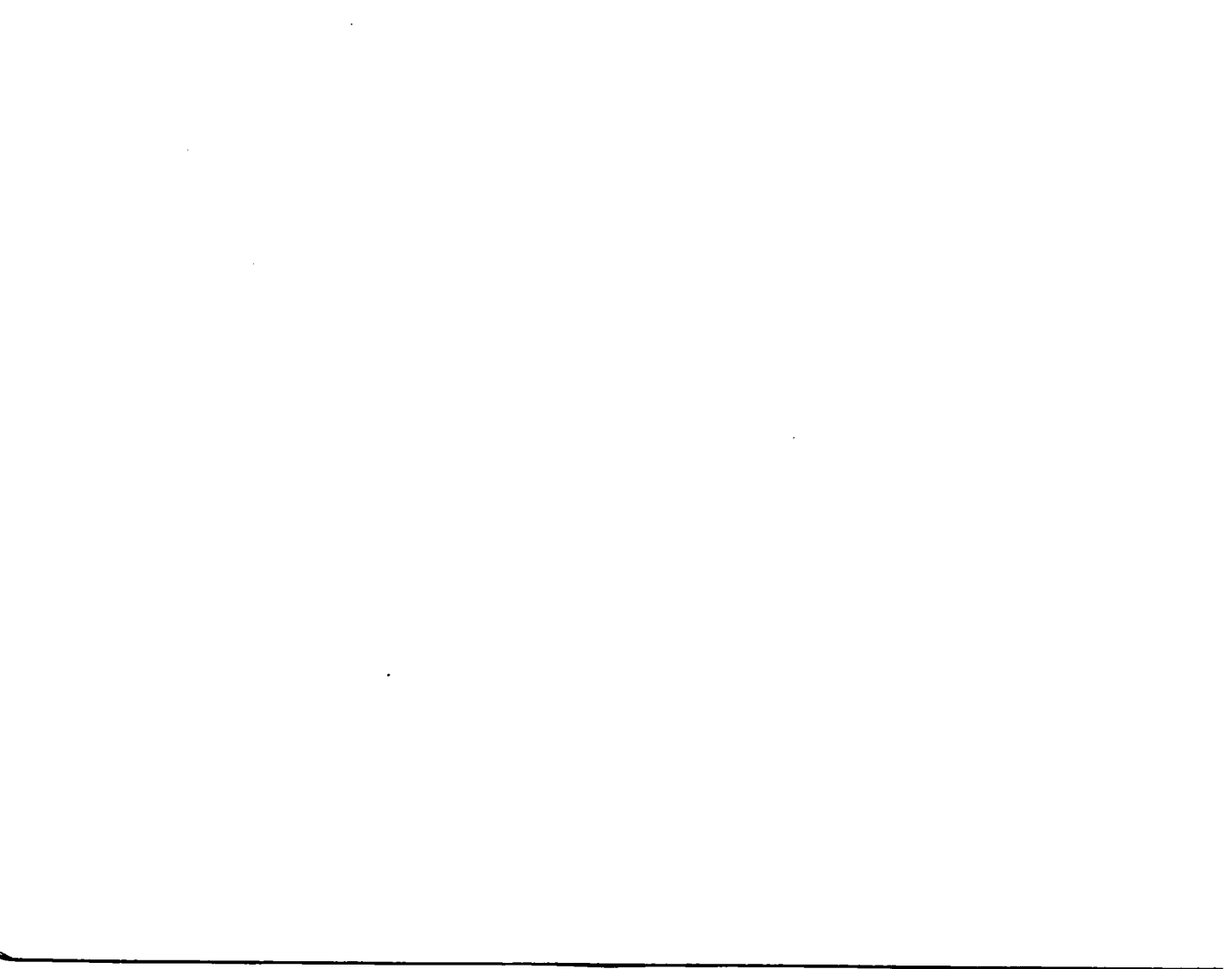
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



791-118-028-565

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of MadisonCity of BoiseRegistration District No. 40File No. 80050

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Myron R. Graham

Myron R. Graham

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)1 { and {Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthMar 18  
(Month) (Day)1920  
(Year)FULL  
NAMEJohn Graham

FATHER

FULL  
MAIDEN  
NAMEMay Roe

MOTHER

RESIDENCE

Spokane

RESIDENCE

Spokane

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Mo

BIRTHPLACE

Ky

OCCUPATION

Boiler maker

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Earl S. Smith MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

1920

Registrar

Registrar

1943

OCT 6

DEC 13 1957

144-110-028-863

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ShoshoneCity of Spokane

Registration District No. \_\_\_\_\_

File No. 80052

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Allen Raymond Robert Amos

Sex of Child <u>Male</u>	Twin Triplet or other? <u>1</u> and <u>1</u> Number in order of birth <u>1</u>	Legitimate? <u>ys</u>	Date of Birth <u>Apr 10</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----------------------	--

FULL NAME <u>Raymond Amos</u>	FATHER
RESIDENCE <u>Spokane Lake, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Susan Hockett</u>	MOTHER
RESIDENCE <u>Spokane</u>	
COLOR <u>Wh.</u>	AGE AT LAST BIRTHDAY <u>15</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 2 p M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl J. Pringle M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed 6/3 1920

Registrar

Registrar Thomas H. Haeckel

DEC 11 1942

312-210-028-335

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of KootenaiCity of IdahoRegistration District No. 40File No. 80053

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Doreen May Labo (DOREEN MAY LABO)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>1</u>	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Apr 10th 1920</u> (Month) (Day) (Year)
----------------------------	---------------------------------------	-----	--------------------------------	----------------------------	--

FULL NAME <u>Leonard P Labo</u>	FATHER
RESIDENCE <u>Spirit Lake Ida</u>	
COLOR <u>Wh.</u>	AGE AT LAST BIRTHDAY <u>49</u> (Years)
BIRTHPLACE <u>Ohio</u>	
OCCUPATION <u>Labo</u>	

FULL MAIDEN NAME <u>Mabel E. Cleaver</u>	MOTHER
RESIDENCE <u>Spirit Lake Ida</u>	
COLOR <u>Wh.</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Pa.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 505 A M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S. Brant

(Physician or midwife)

Given names added from a supplemental report.

Earl S. Brant 19\_\_\_\_  
Registrar

Address \_\_\_\_\_

Filed 5/3 19 20Registrar Earl S. Brant

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1942



# STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

### AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }  
County of King } ss. Certificate No. 80053

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Doreen May Labo who was born on April 10, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Spirit Lake, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Doreen May Labo  
Date April 7th April 10, 1920

Subscribed and sworn to before me this 26th  
day of October, 19 42  
Edith Goulder  
Notary Public, residing at Seattle  
My commission expires Nov. 25, 1942.  
(Seal)

Signed Leonard S Labo (Father)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
2016-1st Ave., Seattle, Wash.  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_  
Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)

OCT 30 1942

292-119-028-149

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ShoshoneCity of Sp. LakeRegistration District No. 45File No. 80055

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Baby Kiblin MITCHELL KIBLIN

Sex of Child. <u>M.</u>	Twin Triplet or other? <u>1</u>	and	Number in order of birth —	Legiti mate? <u>yes</u>	Date of Birth <u>Apr 19</u> (Month) (Day) (Year) <u>1920</u>
(To be answered only in event of plural births)					

FULL NAME <u>Joe Kiblin</u>	FATHER
RESIDENCE <u>Sp. Lake Id</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Lebanon Syria</u>	
OCCUPATION <u>Merchant</u>	

FULL MAIDEN NAME <u>Emma Jurek</u>	MOTHER
RESIDENCE <u>Sp. Lake</u>	
COLOR <u>Wh.</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Lebanon Syria</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 12:45 p M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edith I. Prindle M.D.

(Physician or midwife)

Given names added from a supplemental report.

4/301930Address Sp. Lake IdFiled 4/301930

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1943

JAN 18 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

412-106-  
022-918  
PLACE OF BIRTH Amended 12/5/51

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

No. \_\_\_\_\_ St. \_\_\_\_\_ Registration District No. 45 File No. 80058

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD JOE EUGENE MASON

(Certificate of no value without full name of child.)

Sex of Child <u>male</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>Jan.</u> <u>6</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 2 ...

FATHER  
FULL NAME Charles George Mason  
RESIDENCE Spirit Lake, Ida.  
COLOR white AGE AT LAST BIRTHDAY 59 (Years)  
BIRTHPLACE Ireland  
OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Mary Raininen  
RESIDENCE Spirit Lake, Ida.  
COLOR white AGE AT LAST BIRTHDAY 42 (Years)  
BIRTHPLACE Finland  
OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11:00 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

physician  
(Physician or midwife)

Give names added from a supplemental report.

Address Rathdrum, Idaho

Filed 5/3 1920 Chas. Kadish

Registrar.

Registrar.

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STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of California } ss. Certificate No. 80058  
County of Fresno } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Josephine Eugene Mason who was born (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on Jan. 6, 1920  
(Date of Event)  
in Spirit Lake, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by personal knowledge of affiant who is mother of Joe E. Mason are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
Child's 1st name	<u>Josephine</u>	<u>Josephine</u>	<u>Joseph Eugene</u>
Father's name	<u>Charles L. Mason</u>	<u>Charles L. Mason</u>	<u>Charles George Mason</u>
Mother's name	<u>Mary Rienia</u>	<u>Mary Rienia</u>	<u>Mary Margaret Riehman</u>
Subscribed and sworn to before me this	<u>first</u> day of		<u>Raininen</u>
	<u>December 19 51</u>		
Notary Public, residing at	<u>Shawfield</u>		
My commission expires	<u>Oct 11, 1952</u>		
(Seal)			
		<u>293 Poplar Ave., Fresno, California</u>	
		(Street Address, City, State)	

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
County of \_\_\_\_\_ } (See Chapter 139, 1937 Idaho Session Laws.)]

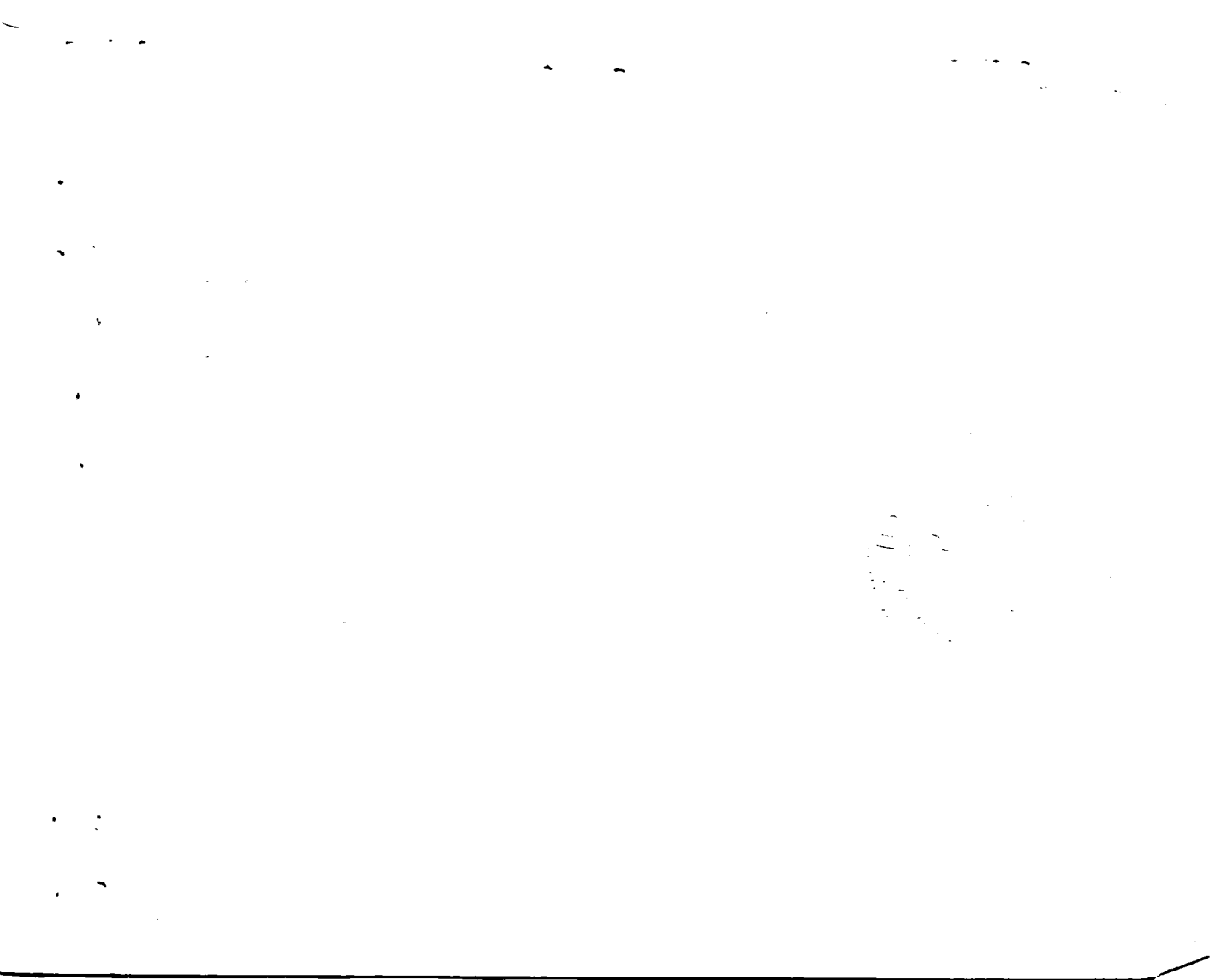
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

749 - 227-038-155

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21

County of KootenaiCity of Spirit Lake, Ida.Registration District No. 45File No. 80059

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Baby Pairier, Kathryn Corene

Sex of Child

FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth5-271920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Edw PairierFULL  
MAIDEN  
NAMEMOTHER  
Jennie Jensen

RESIDENCE

Blanchard Id

RESIDENCE

Blanchard

COLOR

WhAGE AT LAST  
BIRTHDAY28  
(Years)

COLOR

WhAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Rathdrum Id

BIRTHPLACE

Norway

OCCUPATION

Auto Truck driver

OCCUPATION

HSwy.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:02 A.M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Earl J. Smith MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

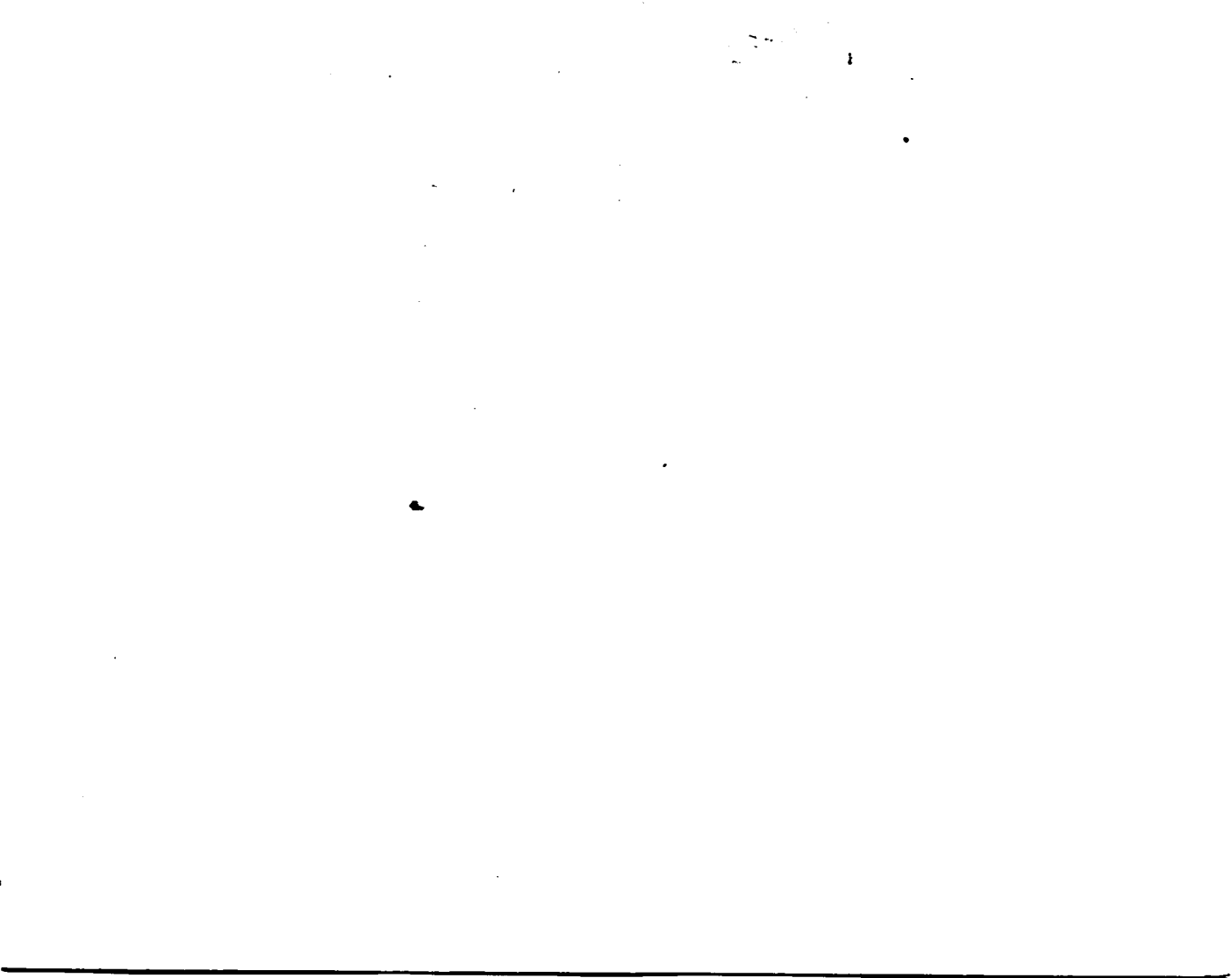
Spirit Lake, Ida.

Filed

6/31920John H. Smith

Registrar

Registrar



862-12  
029-412  
PLAC

County of \_\_\_\_\_  
City of 7 miles East  
No. of Moscow St.  
Hospital \_\_\_\_\_  
Registration District No. 61 File No. 80060  
Primary Registration District No. 2143 Registered No. 234  
FULL NAME OF CHILD Kenneth Hoseid

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>May 22</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Kenneth Hoseid</u>		FULL MAIDEN NAME MOTHER _____	
RESIDENCE <u>7 miles east of Moscow</u>		RESIDENCE <u>Agnes Danielson</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Norway</u>		BIRTHPLACE <u>Gemmer Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. at 10:15 A.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Born alive or stillborn)  
(Signature) F. M. Leitch

Given names added from a supplemental report

(Physician or midwife)

Address Moscow Idaho  
Filed 5/30 1920 N. H. Caruthers  
Registrar

MAR 11 1958

FEB 16 1953

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of MoscowRegistration District No. 61File No. 80061

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2141Registered No. 239

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Opal Alberta ElliottSex of Child FTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legit-  
mate? yes

Date of Birth

Feb 9th 1920

(Month)

(Day)

(Year)

FULL NAME

FATHER

Eugene Elliott

RESIDENCE

Moscow, Idaho.

COLOR

White

AGE AT LAST BIRTHDAY

26  
(Years)

BIRTHPLACE

Idaho.

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Minnie Mae Kiefferling

RESIDENCE

Moscow, Idaho.

COLOR

White

AGE AT LAST BIRTHDAY

22  
(Years)

BIRTHPLACE

Virginia.

OCCUPATION

House WifeNumber of child of this mother, including present birth. TwoNumber of children of this mother now living, including present birth. Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

2:30 A

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. J. Harrington, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Moscow, Idaho.

Filed

June 2 1920M. H. Carithers

Registrar

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517-215-029-895

S. No. 11-C-25m-1-1-18

## PLACE OF BIRTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of hahahCity of MoscowRegistration District No. 61File No. 80062

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1001Registered No. 241

Hospital \_\_\_\_\_

FULL NAME OF CHILD Marion May NagelsSex of  
ChildTwin  
Triplet  
or other?and (Number  
in order  
of birth)Legit-  
mate?Date of  
Birth

(To be answered only in event of plural births)

19120FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth ThreeNumber of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive on the date above stated.

(Born alive or stillborn)

at 5-0 M

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DAVID L. BROWN, 250 MILL ST.,  
CHICAGO, ILL. 60601

CONFIDENTIAL

2014年12月

W-7-TAP

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ATTENTION: THE FBI HAS MADE THE FOLLOWING REQUEST TO THE FBI:

100-443887-100

1998



625-230-029-862

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of IdahoCity of MoscowRegistration District No. 61File No. 80063No. 319 N. Jefferson St.Primary Registration District No. 1011Registered No. 242

Hospital

FULL NAME OF CHILD Virgil Beatrice Belumburg ~~242~~

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>May 30 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Oscar Albert Belumburg</u>	FATHER
---	--------

FULL MAIDEN NAME <u>Rea Constance Hoseid</u>	MOTHER
--	--------

RESIDENCE 319 N. Jefferson St. Moscow IdahoRESIDENCE SameCOLOR White AGE AT LAST BIRTHDAY 32 (Years)COLOR White AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE Orshawa MinnesotaBIRTHPLACE Beldenville Wis.OCCUPATION Grocery ClerkOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive, at 3:30 AM. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Moscow IdahoFiled June 2 1920 M. H. Carothers

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1974

231-203-029-993

No. 11-C-25m-1-1-18

## PLACE OF BIRTH

STATE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LatahCity of MoscowRegistration District No. 11File No. 80064

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1011Registered No. 240

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Corretta Mae Stautow

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate <u>yes</u>	Date of Birth <u>May 3rd</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>James T. Stautow</u>	FATHER		FULL MAIDEN NAME <u>Hattie L. Riley</u>	MOTHER
RESIDENCE <u>Weg-Cree, Idaho</u>			RESIDENCE <u>Weg-Cree, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>53</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)
BIRTHPLACE <u>Illinois</u>			BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Domestic House Keeper</u>	

Number of child of this mother, including present birth SevenNumber of children of this mother now living, including present birth Eight

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. J. Himmelfarb, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Moscow, Idaho

Filed

June 2nd 1920N. H. Carithers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/2/41

2



[The main body of the document contains several paragraphs of text that are almost entirely illegible due to extreme noise and heavy redaction. Faint fragments of text are visible, including "WILLIAM" and "THEY" in the middle section, and "THEY" and "THEY" in the lower section.]

267-116-029-267

## PLACE OF BIRTH

County of *Latah*City of *Moscow*No. *720 So. Main* St.Hospital *The Grinnell*

## FULL NAME OF CHILD

*Robert Anthony Koppes*STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHRegistration District No. *61* File No. *80065*Primary Registration District No. *1A11* Registered No. *238*

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legitimate? <i>Yes</i>	Date of Birth <i>May 16 - 20</i> (Month) (Day) (Year)
--------------------------	---	---	------------------------	--

FATHER		MOTHER	
FULL NAME <i>John H. Koppes</i>	FULL MAIDEN NAME <i>Marion Koppes</i>	FULL NAME <i>John H. Koppes</i>	FULL MAIDEN NAME <i>Marion Koppes</i>
RESIDENCE <i>Moscow, Idaho</i>	RESIDENCE <i>Moscow, Idaho</i>	RESIDENCE <i>Moscow, Idaho</i>	RESIDENCE <i>Moscow, Idaho</i>
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>23</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>19</i> (Years)
BIRTHPLACE <i>Brice, Idaho</i>	BIRTHPLACE <i>Pullman, Wash</i>	BIRTHPLACE <i>Pullman, Wash</i>	BIRTHPLACE <i>Pullman, Wash</i>
OCCUPATION <i>Labourer</i>	OCCUPATION <i>Housewife</i>	OCCUPATION <i>Housewife</i>	OCCUPATION <i>Housewife</i>

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at *2:00 P.* M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *R. H. Clark, M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address *Moscow, Idaho*Filed *May 50* *N. H. Carithers*

Registrar

Registrar

APR 15 1942

155-158-029-265

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22-2-17

## CERTIFICATE OF BIRTH

County of SalahCity of MoscowRegistration District No. b1File No. 80066No. R.T.D. St.Primary Registration District No. 1011Registered No. 231Hospital I. G. HospitalFULL NAME OF CHILD Harold Kenneth Jensen

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	Date of Birth <u>May - 9</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	--------------------------------	---

FULL NAME <u>Samuel J. Jensen</u>	FATHER
RESIDENCE <u>Moscow R.S.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>South Dakota</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Elizabeth A. Bonton</u>	MOTHER
RESIDENCE <u>Moscow R.S.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3..... Number of children of this mother now living, including present birth. 3.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Helchert  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Moscow IdahoFiled May 9 1920 W. H. Carothers

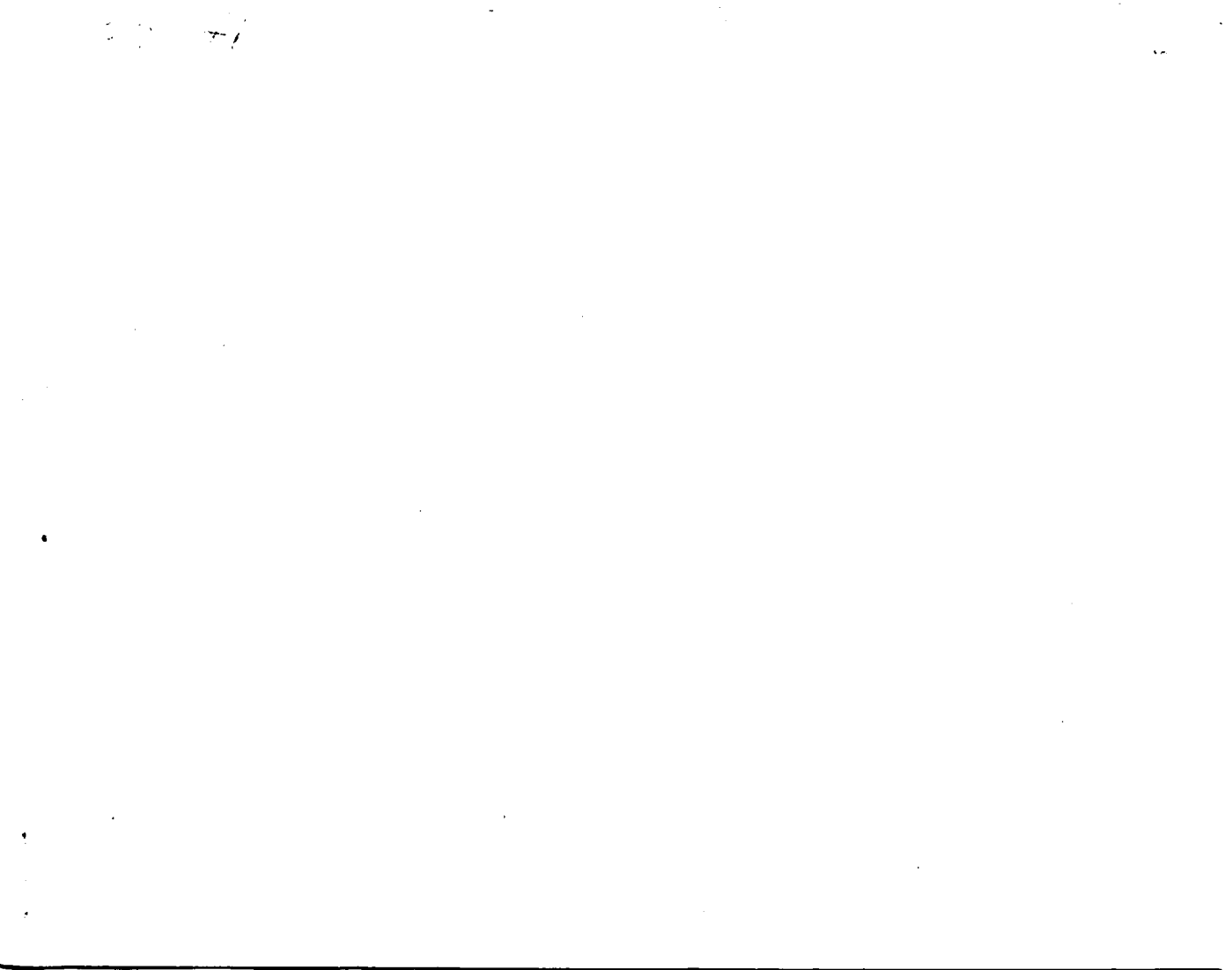
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

City of Moscow Registration District No. 61 File No. 80067  
 No. 723 Mason Ave Primary Registration District No. 1011 Registered No. 236  
 Hospital \_\_\_\_\_  
 FULL NAME OF CHILD Robert Francis Komp

Sex of Child Male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth May 12 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME <u>Paul J. Komp</u>	FULL MAIDEN NAME <u>Norma K. Woodcock</u>		
RESIDENCE <u>723 Mason Ave. Moscow Ida</u>	RESIDENCE <u>Same</u>		
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>30</u> (Years)		
BIRTHPLACE <u>Mt. Angel, Oregon</u>	BIRTHPLACE <u>Payville S Dak.</u>		
OCCUPATION <u>Foreman in Brick yard</u>	OCCUPATION <u>Housewife</u>		
Number of child of this mother, including present birth <u>5</u>		Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Virgil M. Gehrke  
Physician  
 (Physician or midwife)

Given names added from a supplemental report.

19

Address

Moscow, Idaho

Filed

May 121920M. H. Carothers

Registrar

Registrar

1948

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of California  
County of San Bernardino } ss.

Certificate No. 80067

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Francis Komp who was born on May 10, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Moscow are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by marriage certificate Oct. 19, 1943 prepared on January 22, 1946, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's Name

Francis Komp

Robert Francis Komp

Subscribed and sworn to before me this 9 day of

Signed Mrs. Willie L. Perdue  
Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person

Notary Public, residing at NOTARY PUBLIC in and for the County of

My commission expires San Bernardino, State of California

(Seal)

My Commission Expires August 9, 1960

1505 N. Mira Monte, Ontario, Cal.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California  
County of San Bernardino } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of

Signed Mrs. Nora R. Perdue  
(Signature of Any Credible Person)

Notary Public, residing at NOTARY PUBLIC in and for the County of

My commission expires San Bernardino, State of California

(Seal)

My Commission Expires August 9, 1960

1505 N. Mira Monte, Ontario, Cal.  
(Street Address, City, State)

MAR 18 1957

464-121-029-693

## PLACE OF BIRTH

County of *Butte*City of  *Moscow*No. *722* *W. Main St.*Hospital *The Grtman*

FULL NAME OF CHILD

Registration District No. *61*Primary Registration District No. *1011*File No. *80068*Registered No. *235**James Brian Douglass*

Sex of Child

*Male*Twin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?*Yes*Date of  
Birth*May 21 20*

(Month) (Day) (Year)

FULL  
NAME*FATHER Aubrey W. Douglass*

RESIDENCE

*Pullman, Wn.*

COLOR

*White*AGE AT LAST  
BIRTHDAY*33*  
(Years)

BIRTHPLACE

*Kansas*

OCCUPATION

*Asst Prof of Education W.S.U.*FULL  
MAIDEN  
NAME*MOTHER Evelyn Simmons*

RESIDENCE

*Pullman, Wash.*

COLOR

*White*AGE AT LAST  
BIRTHDAY*33*  
(Years)

BIRTHPLACE

*Massachusetts*

OCCUPATION

*Housewife*

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn) at *3:30 A.M.* on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*Chas. L. Grtman M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address

*Moscow Idaho*

Filed

*5/30 1920**W. H. Carithers*

Registrar

Registrar

SEP 14 1971

MAR 21 1952

SEP 1 1971

231-123-029-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form 7. S. No. 11-C-22

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 770 So Main St.

Hospital The Enterprise

Registration District No. 21

File No. 80069

Primary Registration District No. 1011

Registered No. 233

FULL NAME OF CHILD James Alfred Blair

Sex of Child <u>Male</u>	Twin Triplet or other?	and in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 23</u> (Month) (Day) (Year) <u>1912</u>
--------------------------	------------------------------	-----------------------------	-----------------------------	---

FATHER

FULL NAME Cyrus Alfred Blair

RESIDENCE Palouse, Wash.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Kansas

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Ruth Belle Wiley

RESIDENCE Palouse, Wash.

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 4:27 P.M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Entwistle M.D.

(Physician or midwife)

Given names added from a supplemental report.

James Alfred Blair 19

To C. Murphy State Registrar

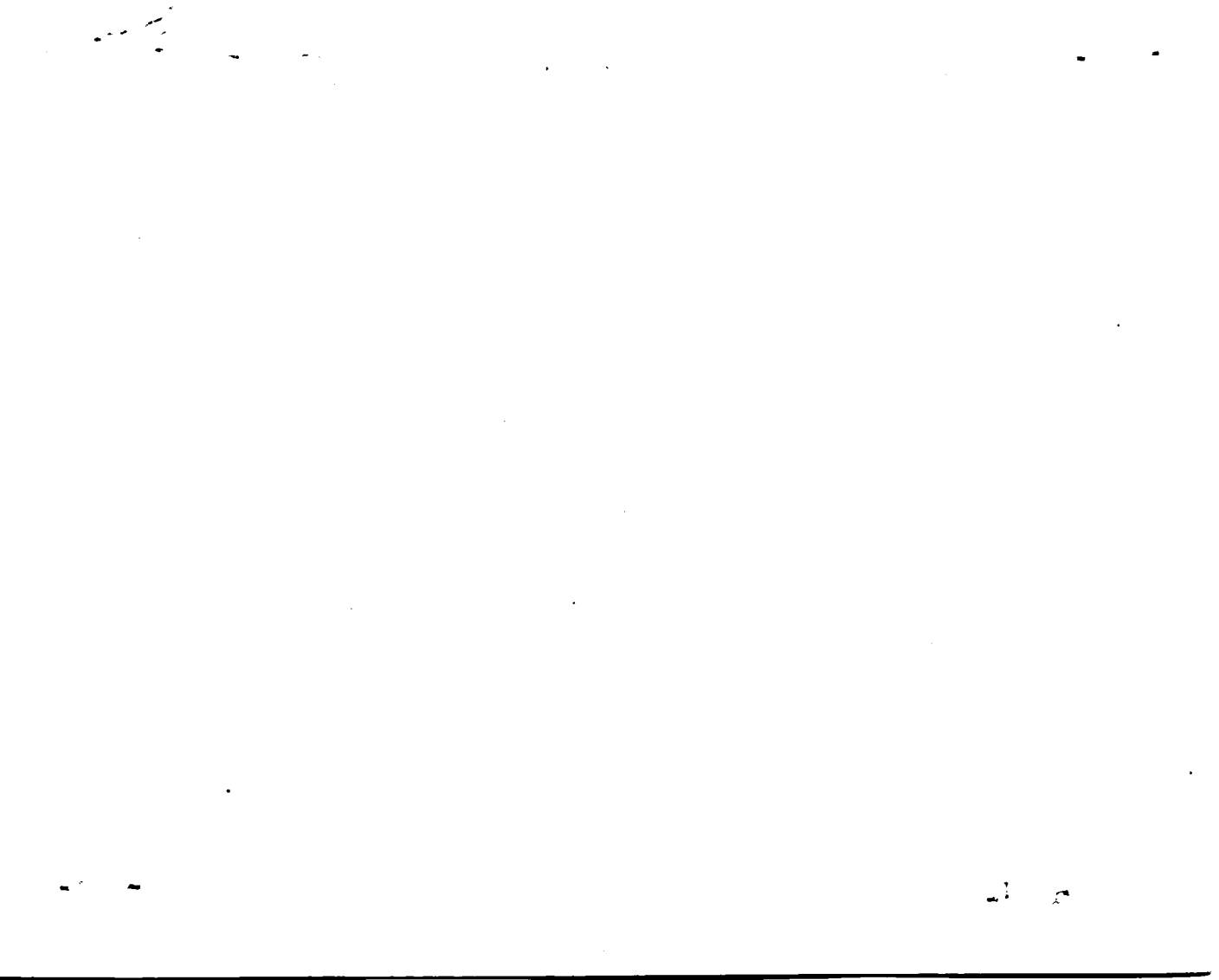
Address Moscow, Idaho

Filed 5/30 1912 W. H. Carithers Registrar

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF IDAHO

## BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

70069

## SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City MOSCOW  
Street and House No. Gutman Hosp  
County Latah

Registered No. 61Registration Dist. No. 1011Sex of Child maleDate of Birth May 23 1920  
MONTH DAY YEARFather Cyrus Alfred Blair  
FULL NAMEMother Ruth Belle Wiley  
FULL MAIDEN NAME

**I Hereby Certify** that the child described herein  
has been named:

James Alfred Blair  
GIVEN NAME IN FULL SURNAME

as reported by C. A. Blair  
FATHER OR MOTHERW. H. Carithers  
LOCAL REGISTRAR

FEB 9 1942

653-226-029-743

PLACE OF BIRTH

County of Latot

City of Muscow

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Marion R. Wells

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25-4-14-18

Registration District No. 6

File No. 80070

Primary Registration District No. 1011

Registered No. 232

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>April 26</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>O. G. Wells</u>	FATHER		FULL MAIDEN NAME <u>Mary B. Putter</u>	MOTHER
RESIDENCE <u>Muscow</u>			RESIDENCE <u>Muscow</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Kan.</u>			BIRTHPLACE <u>Kan.</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Home wife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke  
m. o.  
(Physician or midwife)

Given names added from a supplemental report.

Address Muscow  
Filed 5750 1920 H. H. Caruthers  
Registrar

MAY 10 1968

815-228-629-352

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

Full Name of Child

Registration District No.

Primary Registration District No.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

File No. 80071

Registered No. 231

SEX OF CHILD <i>Female</i>	Twin Triplet or other? <input type="checkbox"/>	Number and in order of birth <i>1st</i>	Legitimate? <i>yes</i>	DATE OF BIRTH <i>April 20 1920</i> (Month) (Day) (Year)
FATHER FULL NAME <i>Finley D. Hanna</i> RESIDENCE <i>Moscow</i> COLOR <i>white</i> AGE AT LAST BIRTHDAY <i>21</i> (Years) BIRTHPLACE <i>Idaho</i> OCCUPATION <i>laborer</i>			MOTHER FULL MAIDEN NAME <i>Ada L. Leslie</i> RESIDENCE <i>Moscow</i> COLOR <i>white</i> AGE AT LAST BIRTHDAY <i>21</i> (Years) BIRTHPLACE <i>Montana</i> OCCUPATION <i>house wife</i>	

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *6-9-M*  
on the date above stated. (Born alive or stillborn) at

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Born alive or stillborn)

at 6-9-M

Given names added from a supplemental report.

(Physician or midwife)

Address

Filed

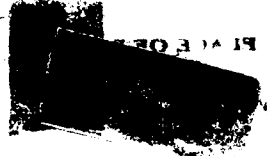
1920

Registrar

Registrar

SEP 2 7 1961

Consular Office, New York, New York, U.S.A. (Consular District of New York)



County

PLACE OF

**CERTIFICATE OF BIRTH**

STATE OF NEW YORK  
BUREAU OF VITAL RECORDS

File No.

Registered No.

**Full Name of Child**

FATHER

DATE OF BIRTH  
MOTHER

Legal Name

LEGAL NAME

RESIDENCE

OCCUPATION

AGE AT LAST BIRTHDAY

SEX

AGE AT LAST BIRTHDAY

COLOR

RELIGION

EDUCATION

Whereof the mother has the power to sign

TESTIMONY OF STATE OF NEW YORK

It is hereby certified that I am the birth of the child

and that the child is the child of the mother and father

and that the child is the child of the mother and father

and that the child is the child of the mother and father

and that the child is the child of the mother and father

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS  
**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Washington } ss. **SEP 12 1941** Certificate No. 80071  
County of Spokane } Date Filed \_\_\_\_\_  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or death)  
for Margaret Linnia Hanna who was born on April 28 - 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Moscow, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by Bible Record prepared on April 28 - 1920 are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "birth date", "cause of death", etc.)	(As on original)	(The correct facts)
Date of birth	April 26, 1920	April 28, 1920
Date of Birth	April 26, 1920	April 28, 1920

Subscribed and sworn to before me this 11  
day of Sept 1941

Signed Ada L. Hanna (mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at Spokane  
My commission expires Mar. 13, 1942  
[SEAL]

W-320 Spafford Ave Spokane, Wash  
(Street Address, City, State)

**Supporting Affidavit of a Second Person**

State of Washington } ss.  
County of Spokane }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

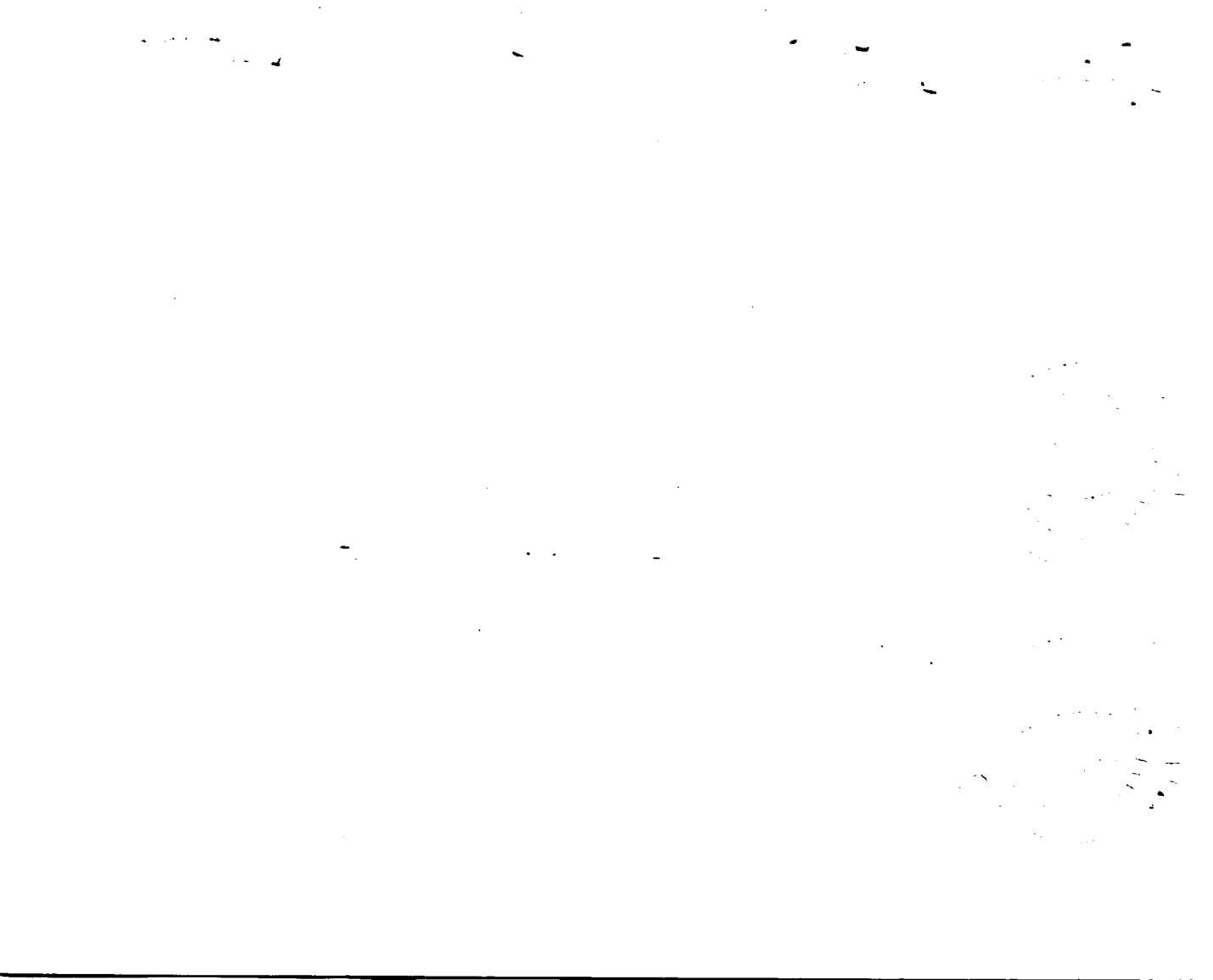
Subscribed and sworn to before me this 11  
day of Sept 1941

Signed Genevieve Martin  
(Signature of any credible person other than the previous affiant)

Notary Public, residing at Spokane  
My commission expires Mar. 13, 1942  
[SEAL]

2107 E. 7th Ave. Spokane, Wash  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)





955-219-029-363

## PLACE OF BIRTH

County of LatahCity of Moscow

No. \_\_\_\_\_ St. \_\_\_\_\_

## STATE OF IDAHO

Bureau of Vital Statistics

## CERTIFICATE OF BIRTH

Form 7, No. 11-C-10a-5-1931

Registration District No. 61File No. 80072Primary Registration District No. 1011Registered No. 230

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Anna Cole Reed

Sex of

Child

FemaleTwin,  
Triplet  
or other?

(To be answered only in event of plural births)

Number  
in order  
of birthLegiti-  
mate?yes

Date of

birth

Apr 19 1900  
(Month) (Day) (Year)

FULL

NAME

FATHER

Horner Glosser Reed

FULL

MAIDEN

MOTHER

Anna Cole

RESIDENCE

Moscow, Ida

RESIDENCE

Moscow, Ida

COLOR

white

AGE AT LAST

BIRTHDAY

34  
(Years)

COLOR

white

AGE AT LAST

BIRTHDAY

36  
(Years)

BIRTHPLACE

Ohio

BIRTHPLACE

Indiana

OCCUPATION

Teacher

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4thNumber of children, of this mother, now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.Born alive  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. W. Stevenson  
Physician  
(Physician or Midwife)

Given names added from a supplemental report

Address

Moscow, Ida.Filed May 20 1900N. H. Carithers  
Registrar

CHIEF OF POLICE, NEW YORK CITY

RECEIVED MAY 24 1944

MAY 24 1944

CERTIFICATE OF MARRIAGE

IN

Form with multiple lines for text entry, including fields for names, dates, and locations. The text is heavily obscured by noise and artifacts.

CERTIFICATE OF MARRIAGE

(Signature)

(Signature)

238-121-029-279

## PLACE OF BIRTH

County of *Idaho*City of *Kenner*

No. .... St.

Hospital .....

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-27

## CERTIFICATE OF BIRTH

Registration District No. ....

File No. ....

80073

Primary Registration District No. ....

Registered No. ....

10

Sex of Child <i>M</i>	Twin Triplet or other? <i>3</i>	Number and in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>May 21, 1920</i>
FULL NAME <i>Louis Scharnhorst</i>			FULL MAIDEN NAME <i>Mary Springer</i>	
RESIDENCE <i>Kenner</i>			RESIDENCE <i>Kenner</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>75</i>	COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>78</i>		
BIRTHPLACE <i>Idaho</i>		BIRTHPLACE <i>Idaho</i>		
OCCUPATION <i>Farmer</i>		OCCUPATION <i>Housewife</i>		

Number of child of this mother, including present birth....*2*..... Number of children of this mother now living, including present birth....*2*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....*born*..... at.....*10:38*..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... *W. T. Ehem* .....

Given names added from a supplemental report.

(Physician or midwife)

.....*19*.....

Address.....

.....*1920*.....Filed.....*May 21, 1920*.....

Registrar

Registrar

14-51-41

319-604-029-553

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-43

County of... Latah.....City of... Iron.....Registration District No. .... 64.....File No. .... 80074.....No. .... 1..... St.Primary Registration District No. .... 2144.....

Registered No. ....

Hospital.....

FULL NAME OF CHILD Oscar Leroy Carlson

Sex of Child <u>male</u>	Twin Triplet or other? <u>5</u>	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth... <u>May 4</u> <u>20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>Oscar H. Carlson</u>	FATHER
RESIDENCE <u>Iron Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY ... <u>40</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Zetha Nelson</u>	MOTHER
RESIDENCE <u>Iron Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY ... <u>34</u> (Years)
BIRTHPLACE <u>South Dakota</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth... 5... Number of children of this mother now living, including present birth... 4...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... Born alive... at... 5 a.m.... on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... J. E. Pickard.....

Given names added from a supplemental report.

Name 4... 1920  
J. E. Pickard...  
RegistrarAddress... Iron Idaho...  
Filed June 4... 1920...  
J. E. Pickard...  
Registrar

DEC 17 1975

Amended 1-17-68

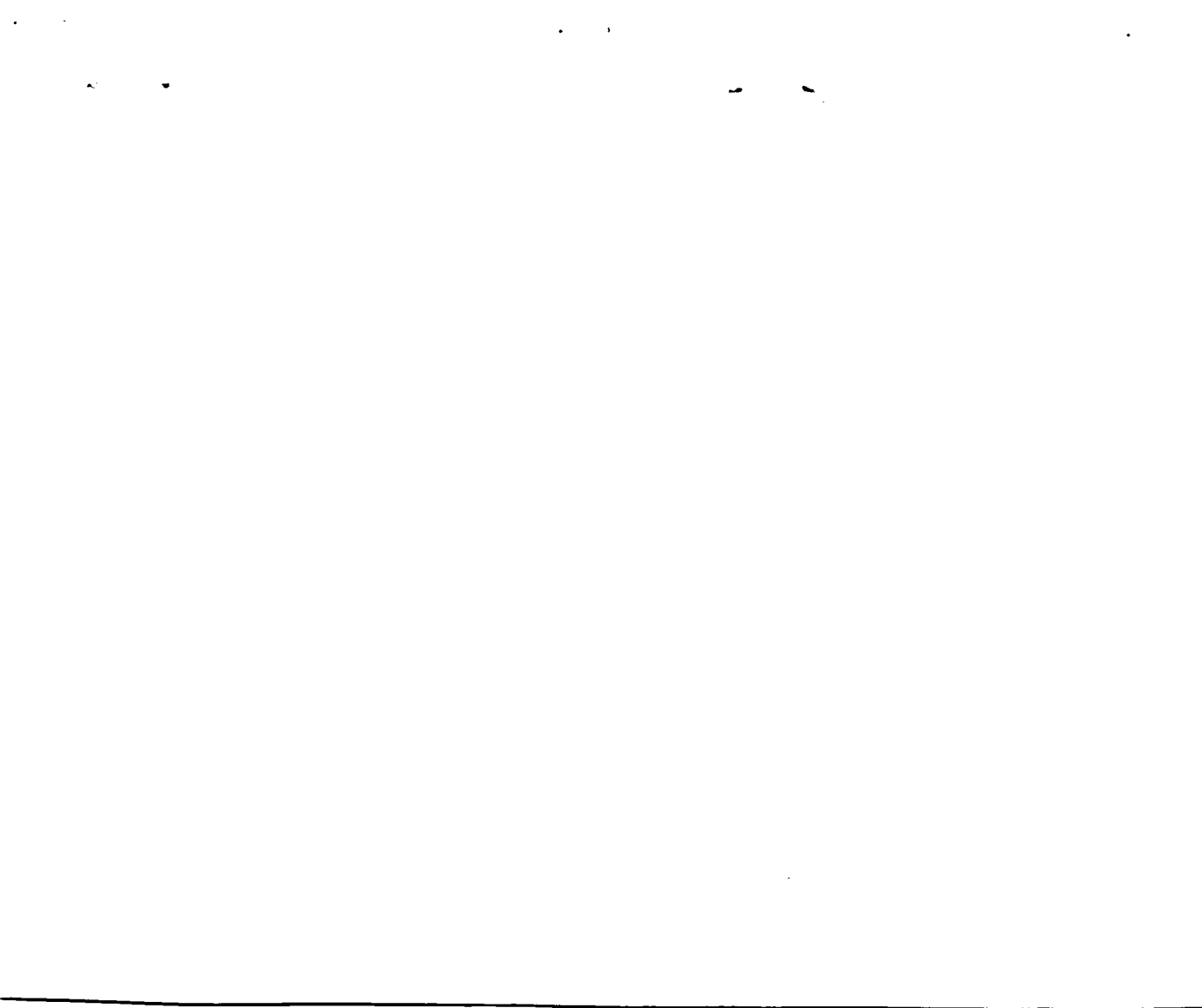
(Be sure the information is complete and accurate)

**CERTIFICATE OF BIRTH  
STATE OF IDAHO**

State File No. **80075**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. **64**

<b>1. PLACE OF BIRTH</b> a. COUNTY <b>Latah</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Troy</b> c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Latah</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Troy</b> d. STREET ADDRESS (If rural, give location) _____	
<b>3. CHILD'S NAME</b> a. (First) <b>Stanley</b> b. (Middle) <b>Arnold</b> c. (Last) <b>Anderson</b> (Type or print)			
<b>4. SEX</b> <b>Male</b>	<b>5a. THIS BIRTH</b> SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	<b>5b. IF TWIN OR TRIPLET</b> (This child born) 1st _____ 2nd _____ 3rd _____	<b>6. DATE OF BIRTH</b> (Month) (Day) (Year) <b>May 3, 1920</b>
<b>FATHER OF CHILD</b>			
<b>7. FULL NAME</b> a. (First) <b>Carl</b> b. (Middle) <b>S.</b> c. (Last) <b>Anderson</b>			
<b>8. AGE</b> (At time of this birth) <b>49</b> YEARS	<b>9. BIRTHPLACE</b> (State or foreign country) (City or Town) <b>Sweden</b>	<b>10. USUAL OCCUPATION</b> <b>Farmer</b>	<b>11. KIND OF BUSINESS OR INDUSTRY</b>
<b>MOTHER OF CHILD</b>			
<b>12. FULL MAIDEN NAME</b> a. (First) <b>Ida</b> b. (Middle) _____ c. (Last) <b>Carlson</b>			
<b>13. AGE</b> (At time of this birth) <b>43</b> YEARS	<b>14. BIRTHPLACE</b> (State or foreign country) (City or Town) <b>Sweden</b>	<b>15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER</b> (Do NOT include this child) a. How many OTHER children are now living? <b>4</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead after 20 wks. pregnancy?) <b>0</b>	
<b>16. INFORMANT'S SIGNATURE OR NAME</b> (Relationship) _____		<b>17. SIGNATURE</b> <b>J. M. McCall</b> <b>19. ADDRESS</b> <b>Troy, Idaho</b>	
<b>18. ATTENDANT AT BIRTH</b> M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____		<b>20. DATE SIGNED</b> _____	
<b>21. DATE REC'D BY LOCAL REG.</b> <b>June 4, 1920</b>	<b>22. REGISTRAR'S SIGNATURE</b> <b>J. E. Pickard</b>		<b>23. DATE ON WHICH GIVEN NAME ADDED</b> BY _____ REGISTRAR _____
<b>FOR MEDICAL AND HEALTH USE ONLY</b>			
Was a test for phenylketonuria performed?		YES _____ NO _____	DATE _____
Was a standard serological test for syphilis performed?		YES _____ NO _____	APPROXIMATE DATE _____

*I hereby certify that this child was born alive on the date stated above.*





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ ss. **OCT 23 1981** Certificate No. **80075**  
County of \_\_\_\_\_ Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for **Arnold Stanley Anderson** who **was born** on **May 3, 1920**  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in **Troy, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child

**Arnold Stanley Anderson**

**Stanley Arnold Anderson**

Subscribed and sworn to before me this **20th** day of **October**, 19**81**

Notary Public, residing at **Seattle, Wash**

My commission expires **8-7-70**

(Seal)

Signed **Sigra E. Pearson**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

**18535 64th Pl. N.E. Seattle, Wn.**

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Idaho** } ss.  
County of **Latah**

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **7th** day of **October**, 19**81**

Notary Public, residing at **Troy, Idaho**

My commission expires **8-1-1969**

(Seal)

Signed **R. Anderson**  
(Signature of Any Credible Person)

**Troy, Idaho**  
(Street Address, City, State)

Own child's birth certificate, on file Washington, State File #57-976, child's name Karla Renee Anderson, born Jan. 7, 1957, gives full name of father as Stanley Arnold Anderson, age 37, born Idaho Mxx - viewed by V.S.

Social Security Card, Account Number 518-18-8943, gives full name as Stanley Arnold Anderson, date of issue, 5-24-39 - viewed by V.S.

261-102-029-265-  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of Latah

City of Truy

Registration District No. 64

File No. 80076

No. .... St.

Primary Registration District No. 2144

Registered No. ....

Hospital .....

FULL NAME OF CHILD Fred Melvin Swanson

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 2</u> 191... (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Fred Swanson</u>	FATHER
RESIDENCE <u>Truy Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Augusta Swanson</u>	MOTHER
RESIDENCE <u>Truy Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Sweden</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

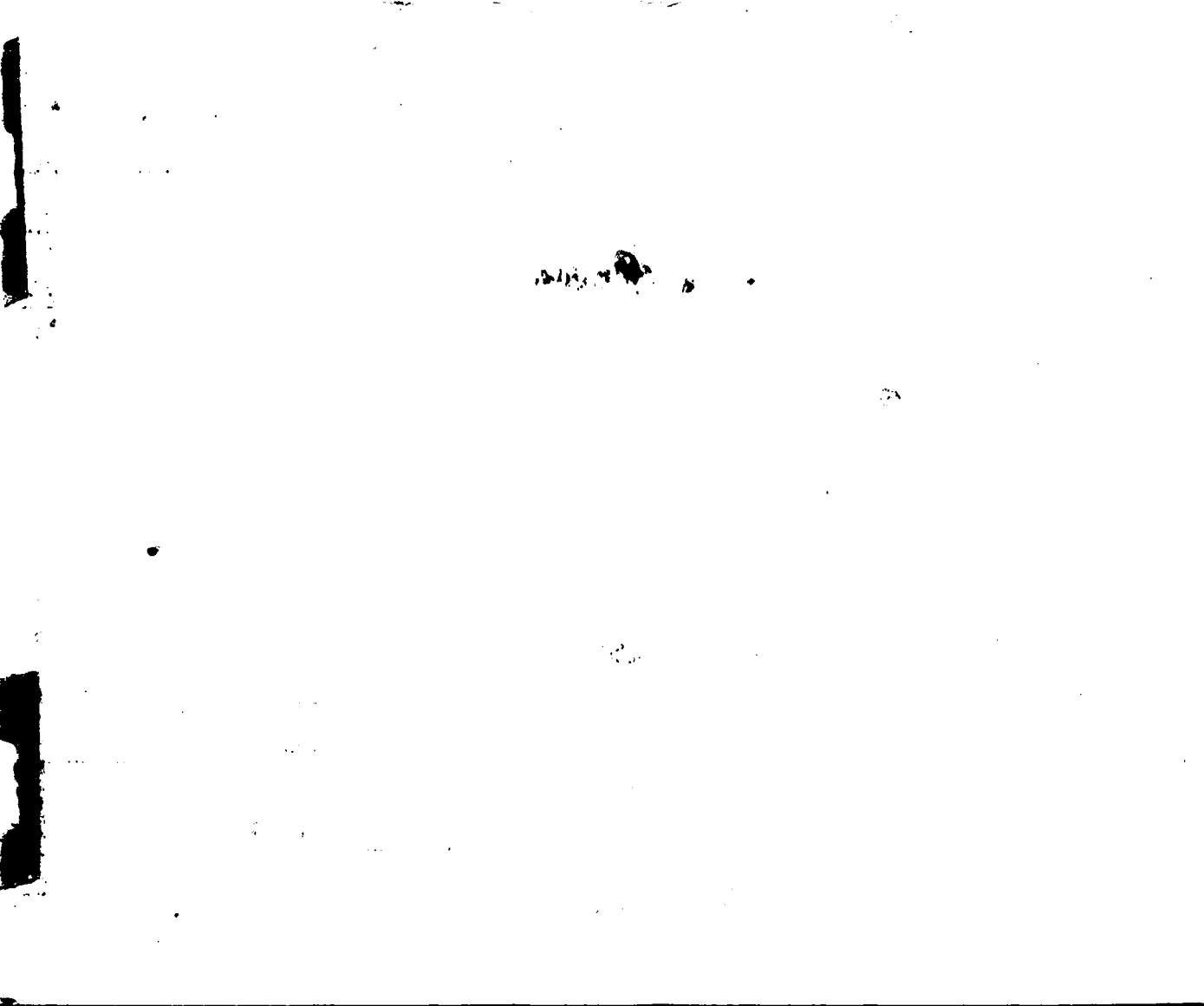
I hereby certify that I attended the birth of this child, who was Born alive at 6 a. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Physician  
(Physician or midwife)

Given names added from a supplemental report.

June 4 1920 Address Truy Idaho  
J. E. Pickard Filed June 4 1920  
Registrar Registrar



437-105-029-843  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Latah

City of \_\_\_\_\_

Registration District No. \_\_\_\_\_

65

File No. \_\_\_\_\_

80077

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

2145

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Edson LeVerne

FULL NAME OF CHILD \_\_\_\_\_

Harvard Infant, Mc Gee

Sex of Child <u>Male</u>	Twin Triplet or other? <u>r</u>	and {	Number in order of birth <u>r</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 5 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Ray Mc Gee</u> RESIDENCE <u>3 mi. S. Pothatch</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>29</u> (Years) BIRTHPLACE <u>Wisconsin</u> OCCUPATION <u>Farmer</u>				MOTHER FULL MAIDEN NAME <u>Florence Hull Mc Gee</u> RESIDENCE <u>Same</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>26</u> (Years) BIRTHPLACE <u>Ohio</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth, \_\_\_\_\_

Number of children of this mother now living, including present birth, \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Alive  
(Born alive or stillborn)

at 4:30 A. M.

\* When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

E. K. Wolf, M.D.

(Physician or midwife)

Given names added from a supplemental report.

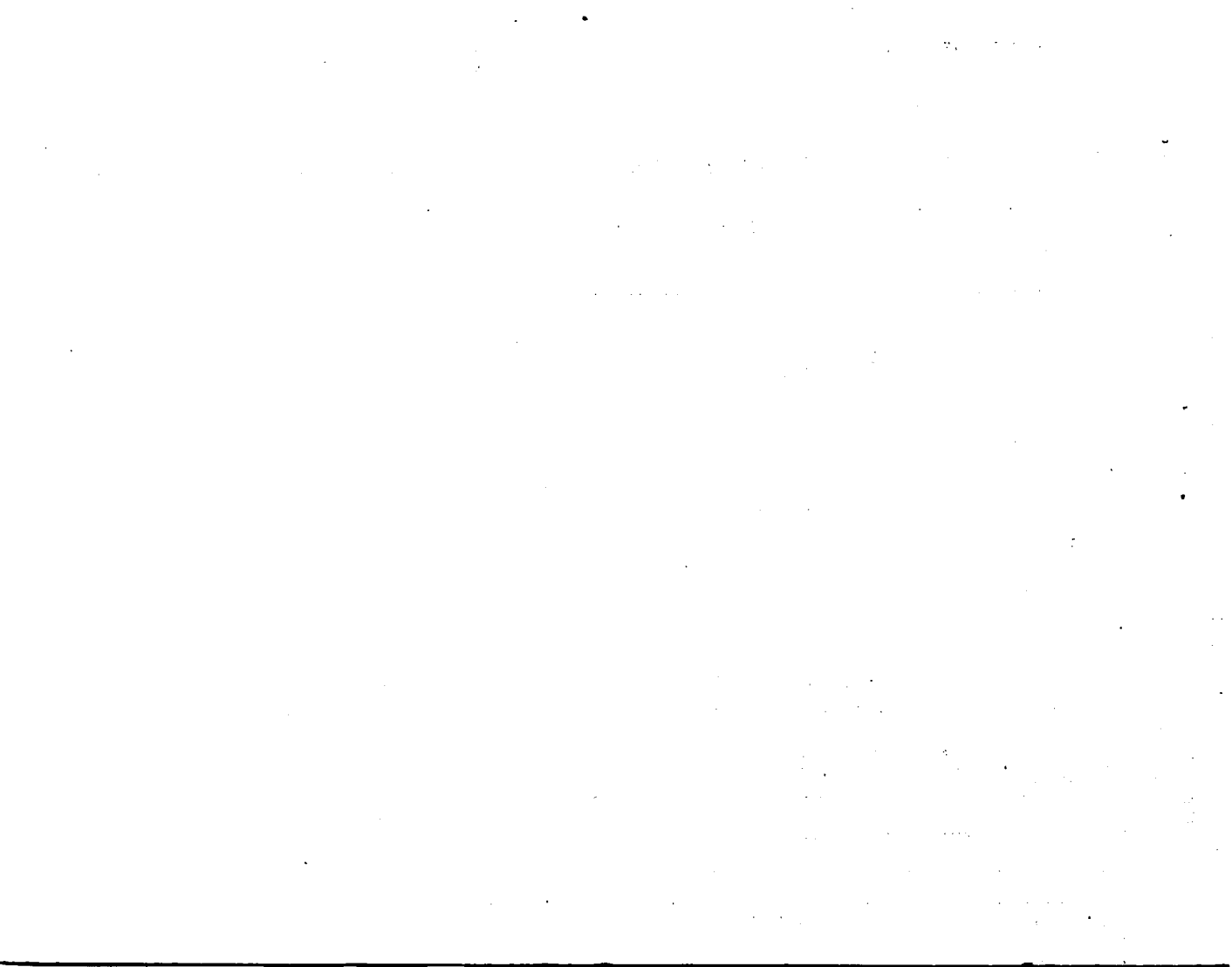
Address \_\_\_\_\_

Palouse

Filed \_\_\_\_\_

June 8 1920 J. W. Thompson

per J. W. Thompson  
Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-120-029-155-  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

Country of Idaho

City of Boise

Registration District No. 65

File No. 80078

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2145

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ray James Cole

Sex of Child <u>Male</u>	Twin Triplet or other? <u>r</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 20 1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------	-----------------------------------	------------------------	--

FATHER  
FULL NAME James B. Cole  
RESIDENCE 2 1/2 mi. N.E. Pothatch  
COLOR White  
AGE AT LAST BIRTHDAY 38  
(Years)  
BIRTHPLACE Kansas  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Virginia Jenks  
RESIDENCE Same  
COLOR White  
AGE AT LAST BIRTHDAY 32  
(Years)  
BIRTHPLACE Wash  
OCCUPATION Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated.

Alive at 5 P. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Wolfe M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Calouse, Wash

Filed June 8 1920 J. W. Thompson  
Registrar

APR 28 1942

24. 1. 1942



263-203-029-395

PLACE OF BIRTH

County of LatahSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

City of \_\_\_\_\_

Registration District No. \_\_\_\_\_

65

File No. \_\_\_\_\_

80079

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

2145

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Charlotte Louise Boller

Sex of Child <u>Female</u>	Twin Triplet or other? <u>r</u>	and { in order of birth <u>r</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 3</u> 19 <u>20</u>
(To be answered only in event of plural births)			(Month) (Day) (Year)	

FATHER FULL NAME <u>Wm Boller</u>	MOTHER FULL MAIDEN NAME <u>Emma Lienhart</u>
RESIDENCE <u>Ernie N. E. Palouse</u>	RESIDENCE <u>Same</u>
COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>35</u> (Years)	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Kansas</u>	BIRTHPLACE <u>Switzerland</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

E. K. Wolfe M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Palouse, Wash.

Filed \_\_\_\_\_

June 7 1920J. W. Thompsonper P. J. L. Registrar

Registrar

JUN 30 1942

281-101-029-892

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of PotlatchRegistration District No. 65File No. 80080

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2145 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Stanley Oscar ShadduckSex of  
ChildmaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthJune 1

(Month) (Day)

1920

(Year)

FULL  
NAME

FATHER

John F. ShadduckFULL  
MAIDEN  
NAME

MOTHER

Sylvia B. Hibbard

RESIDENCE

Potlatch, Idaho

RESIDENCE

Potlatch, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY31

(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY31

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Wisconsin

OCCUPATION

farmer

OCCUPATION

housewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive  
(Born alive or stillborn)at 6 40 P. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Paul J. Lewis

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Potlatch, Idaho

Filed

June 7 1920J. W. Thompson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JAN 1 1 1945

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-114-029-632

PLACE OF BIRTH

County of Idaho

City of .....

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .... 65

File No. .... 80081

Primary Registration District No. .... 2145

Registered No. ....

Foren Leonard Borgstrom

Sex of Child <u>male</u>	Twin Triplet or other? <u>  </u>	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>illegitimate</u>	Date of Birth <u>May 14</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	---	--------------------------------------	--

FULL NAME <u>asked - but not given</u>	FATHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	
OCCUPATION	

FULL MAIDEN NAME <u>Marie Olson</u>	MOTHER
RESIDENCE <u>Pocatello Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>black</u>	

Number of child of this mother, including present birth. 2nd... Number of children of this mother now living, including present birth. 2nd...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... Emmett Henric (Physician or midwife)

Given names added from a supplemental report.

Address 283 Palouse Wash.

Filed May 31 1920 J. W. Thompson Registrar

Registrar

per Aff

MAY 14 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-8-17

County of *Blatach*

City of *Pollatch*

No. *640 6th* St.

Registration District No. *65*

File No. *80082*

Primary Registration District No. *2145*

Registered No. ....

Hospital .....

FULL NAME OF CHILD

*Robert Ray Anderson*

Sex of Child <i>male</i>	Twin Triplet or other? <i>3</i>	and Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>May 15 1920</i> (Month) (Day) (Year)
--------------------------	---------------------------------	---------------------------------------	------------------------	--

FULL NAME FATHER *Andrew Arthur Anderson*

FULL MAIDEN NAME MOTHER *Florence Knigquist*

RESIDENCE *640 6th Pollatch*

RESIDENCE *Pollatch*

COLOR *white* AGE AT LAST BIRTHDAY *27*  
(Years)

COLOR *white* AGE AT LAST BIRTHDAY *29*  
(Years)

BIRTHPLACE *Mich*

BIRTHPLACE *Minn*

OCCUPATION *Fire Keeper*

OCCUPATION *Housewife*

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at *8209* M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Emmett Henri*

*203 Palouse Wash*  
(Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed *May 31 1920* *J. W. Thompson*  
per *P. E. L.* Registrar

Registrar

MAY 14 1970



MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-110-029-512  
PLACE OF BIRTH  
County of *Katah*  
City of *Pollatch*  
No. .... St.  
Hospital .....  
Registration District No. .... *La 5* ..... File No. .... *8.0.083* .....  
Primary Registration District No. .... *2145* ..... Registered No. ....  
FULL NAME OF CHILD *Haruo Nakamura*

Sex of Child <i>male</i>	Twin Triplet } and { Number or other? } in order (To be answered only in event of plural births)	Legiti- mate? <i>yes</i>	Date of Birth <i>May 10 1924</i> (Month) (Day) (Year)
FULL NAME FATHER <i>Toukichi Nakamura</i>	FULL MAIDEN NAME MOTHER <i>Kayo Nakamura</i>		
RESIDENCE <i>Pollatch Ido</i>	RESIDENCE <i>Pollatch Ido</i>		
COLOR <i>Brown</i> AGE AT LAST BIRTHDAY <i>42</i> (Years)	COLOR <i>Brown</i> AGE AT LAST BIRTHDAY <i>38</i> (Years)		
BIRTHPLACE <i>Kyo - Japan</i>	BIRTHPLACE <i>Japan</i>		
OCCUPATION <i>Laborer</i>	OCCUPATION <i>Housewife</i>		

Number of child of this mother, including present birth .... *3* ..... Number of children of this mother now living, including present birth .... *2* .....

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... *alive* ..... at ..... *11:45 P. M.* on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... *Emel Steier* .....

(Physician or midwife)

Given names added from a supplemental report.

Address ..... *203 Palouse, Wash* .....

Filed *May 31 1924* ..... *J. W. Thompson* .....  
per *P. J. H.* Registrar

Registrar

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED JANUARY 19 1964

RECEIVED JANUARY 19 1964

RECEIVED JANUARY 19 1964

RECEIVED JANUARY 19 1964

UNITED STATES DEPARTMENT OF JUSTICE  
BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

INVESTIGATION OF THE ACTS OF

RECEIVED JANUARY 19 1964

RECEIVED JANUARY 19 1964

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243-104-029-275-

Fo

JUN-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PatahCity of PotlatchRegistration District No. 65File No. 80084

No. \_\_\_\_\_ St.

Primary Registration District No. 2145 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Glenn Lewis Beaton

Sex of Child

maleTwins  
Triplet  
or other?  
(To be answered only in event of plural births)

- { and {

Number  
in order  
of birth  
- {

Legitimate?

—

Date of Birth

June 41920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Harvey O Button

RESIDENCE

Potlatch, Id.

COLOR

whiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Michigan

OCCUPATION

farmer

FULL MAIDEN NAME

MOTHER  
Lou E. Spencer

RESIDENCE

Potlatch, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

housewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 11:05 P. M.

(Signature)

D and J. Lewis  
M.D.

(Physician or midwife)

Address

Potlatch, Idaho

Filed

June 8 1920J. W. Thompson  
Registrar

Registrar

and the number of each, in order of birth stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.



STATE OF IDAHO

## BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

80284

City

Pottatch

Registered No.

65

Street and House No.

County

Latah

Registration Dist. No.

2145

Child

male

Birth

June

4

1920

MONTH

DAY

YEAR

Harry O. Button

FULL NAME

Lou E. Spencer

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named: - middle name changed from

Button, Glenn Ewer

GIVEN NAME IN FULL

SURNAME

as reported by

FATHER OR MOTHER

J. W. Thompson M.D.

LOCAL REGISTRAR

per A. J. H.

Place  
of Birth

Sex of C

Date of

Father..

Mother..

be changed by *Verminth*  
~~not~~ *Efficient*

265-206-029-386

Form V. S. No. 11-0-22m-0-0-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *Idaho*City of *Deary*Registration District No. *2147*File No. *80085*

No. .... St.

Primary Registration District No. *47*Registered No. *32*

Hospital .....

FULL NAME OF CHILD *Verle Eljeane Swecker*

Sex of Child <i>F.</i>	Twin Triplet or other? <i>N</i>	and { Number in order of birth <i>1</i> }	Legitimate? <i>yes</i>	Date of Birth <i>May 6 1920</i> (Month) (Day) (Year)
------------------------	---------------------------------	---	------------------------	---

FULL NAME <i>Charles W. Swecker</i>	FATHER	FULL MAIDEN NAME <i>Ellen Thompson</i>	MOTHER
-------------------------------------	--------	--	--------

RESIDENCE <i>Deary</i>	RESIDENCE <i>Deary</i>
------------------------	------------------------

COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>26</i> (Years)	COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>30</i> (Years)
-----------------	---	-----------------	---

BIRTHPLACE <i>Tenn.</i>	BIRTHPLACE <i>Idaho</i>
-------------------------	-------------------------

OCCUPATION <i>woodman</i>	OCCUPATION <i>H.V.</i>
---------------------------	------------------------

Number of child of this mother, including present birth.....☒ Number of children of this mother now living, including present birth.....☒

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn) at *Gill* M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *P. O. Tanc*

(Physician or midwife)

Address *Deary*Filed *5-15-20*St. Registrar *W. S. Mumphy*

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



111



80085

STATE OF IDAHO  
BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Boary  
Street and House No.   
County Latah

Registered Number 2147  
Registration District No. 67

Sex of Child F.  
Date of Birth May 6 1920  
(Month) (Day) (Year)

Full Name Charles D. Swecker  
Father

Full Maiden Name Esther Thompson  
Mother

I HEREBY CERTIFY that the child described herein has been named:

Kerle Eljane Swecker  
(Given name in full) (Surname)

as reported by W. C. Swecker  
(Father or Mother)

R. C. Faust  
(Local Registrar)

MAR 2 1945

366-131-029-391

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

80086

County of ButteCity Arvon P.I.Registration District No. 2147

File No. ....

No. .... St.

Primary Registration District No. 67Registered No. 33

Hospital .....

FULL NAME OF CHILD Wayne Ronald Loomis

Sex of Child <u>M.</u>	Twin Triplet or other? <u>✓</u> and (Number in order of birth <u>✓</u> ) (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>May 31 20</u> (Month) (Day) (Year)
------------------------	---	------------------------	--

FULL NAME <u>FATHER John E. Loomis</u>	FULL MAIDEN NAME <u>MOTHER Elsie Craine</u>
--	---

RESIDENCE <u>Arvon P.I.</u>	RESIDENCE <u>Arvon P.I.</u>
-----------------------------	-----------------------------

COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
-----------------	---	-----------------	---

BIRTHPLACE <u>Kas.</u>	BIRTHPLACE <u>Minn.</u>
------------------------	-------------------------

OCCUPATION <u>farmer</u>	OCCUPATION <u>AW.</u>
--------------------------	-----------------------

Number of child of this mother, including present birth... 6 ... Number of children of this mother now living, including present birth... 6 ...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

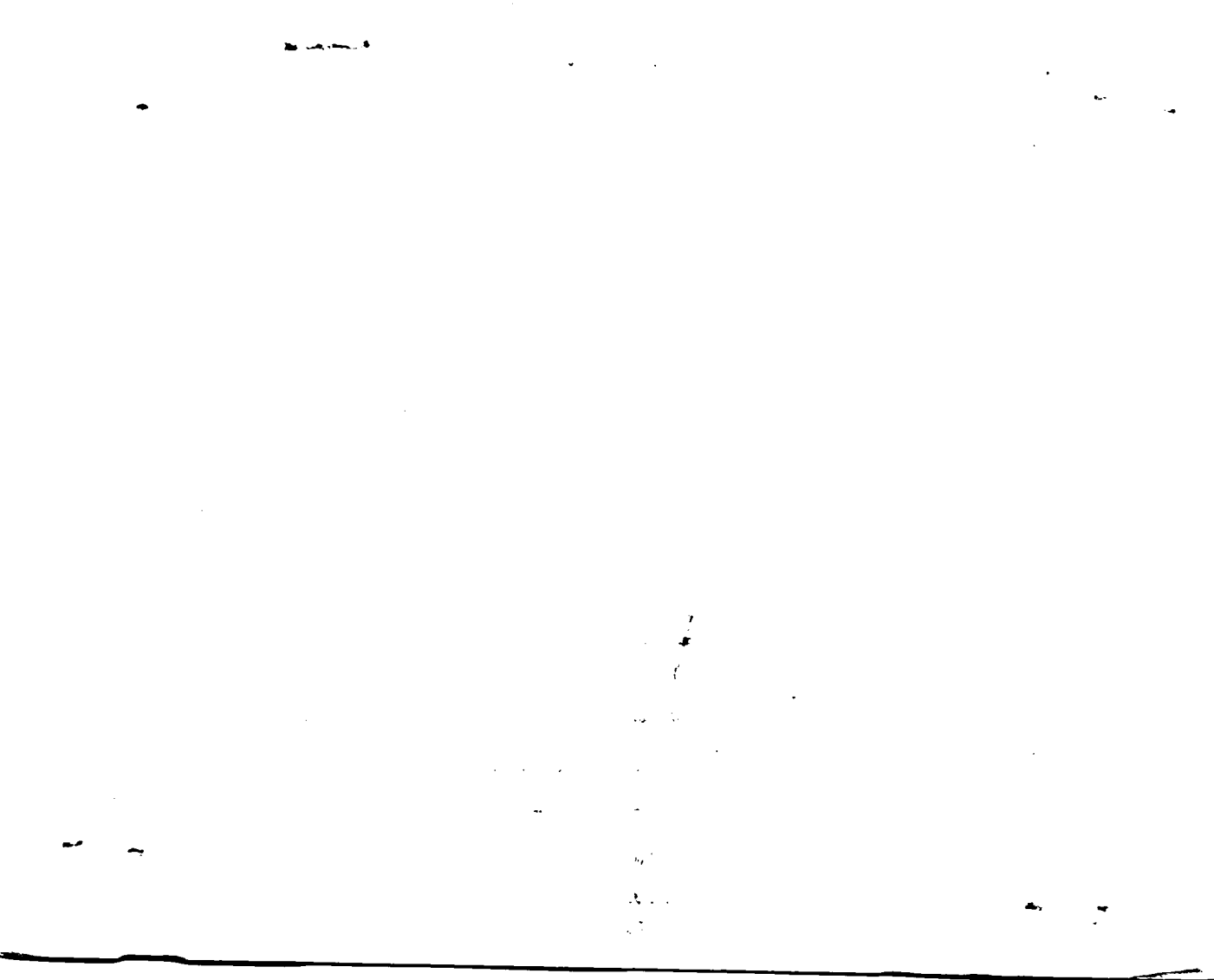
(Signature) Dr. Faust

(Physician or midwife)

Given names added from a supplemental report of

Address Dr. FaustFiled 6/14 20 Dr. Faust  
Registrar

W. S. Murphy



STATE OF IDAHO  
BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

80086

## SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City

Arvon

Street and House No.

County

Latah

Registered Number

2147

Registration District No.

67

Sex of Child

M

Date of Birth

May 31

1920

(Month)

(Day)

(Year)

Full Name

Father

Full Maiden Name

Mother

I HEREBY CERTIFY that the child described herein has been named:

(Given name in full)

(Surname)

as reported by

(Father or Mother)

(Local Registrar)

NOV 17 1941

249-102-029-753

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-47

County of

City of

No.

Hospital

FULL NAME OF CHILD

## CERTIFICATE OF BIRTH

Registration District No.

Primary Registration District No.

File No.

Registered No.

80087

5

2147

67

34

34

Vernon Douglas Burkland

Sex of Child

M.

Twin  
Triplet  
or other?

4

and

Number  
in order  
of birth

6

Legiti-  
mate?

yes

Date of Birth

June 2 20

(Month) (Day) (Year)

FULL NAME

FATHER Axel Burkland

FULL MAIDEN NAME

MOTHER Melia Peterson

RESIDENCE

Deary

RESIDENCE

Deary

COLOR

W.

AGE AT LAST BIRTHDAY

26 (Years)

COLOR

W.

AGE AT LAST BIRTHDAY

19 (Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

mechanic

OCCUPATION

H.V.

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7:15 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

P. E. Farnet  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Vernon Douglas Burkland  
P. E. Farnet  
W. C. Murphy  
Registrar

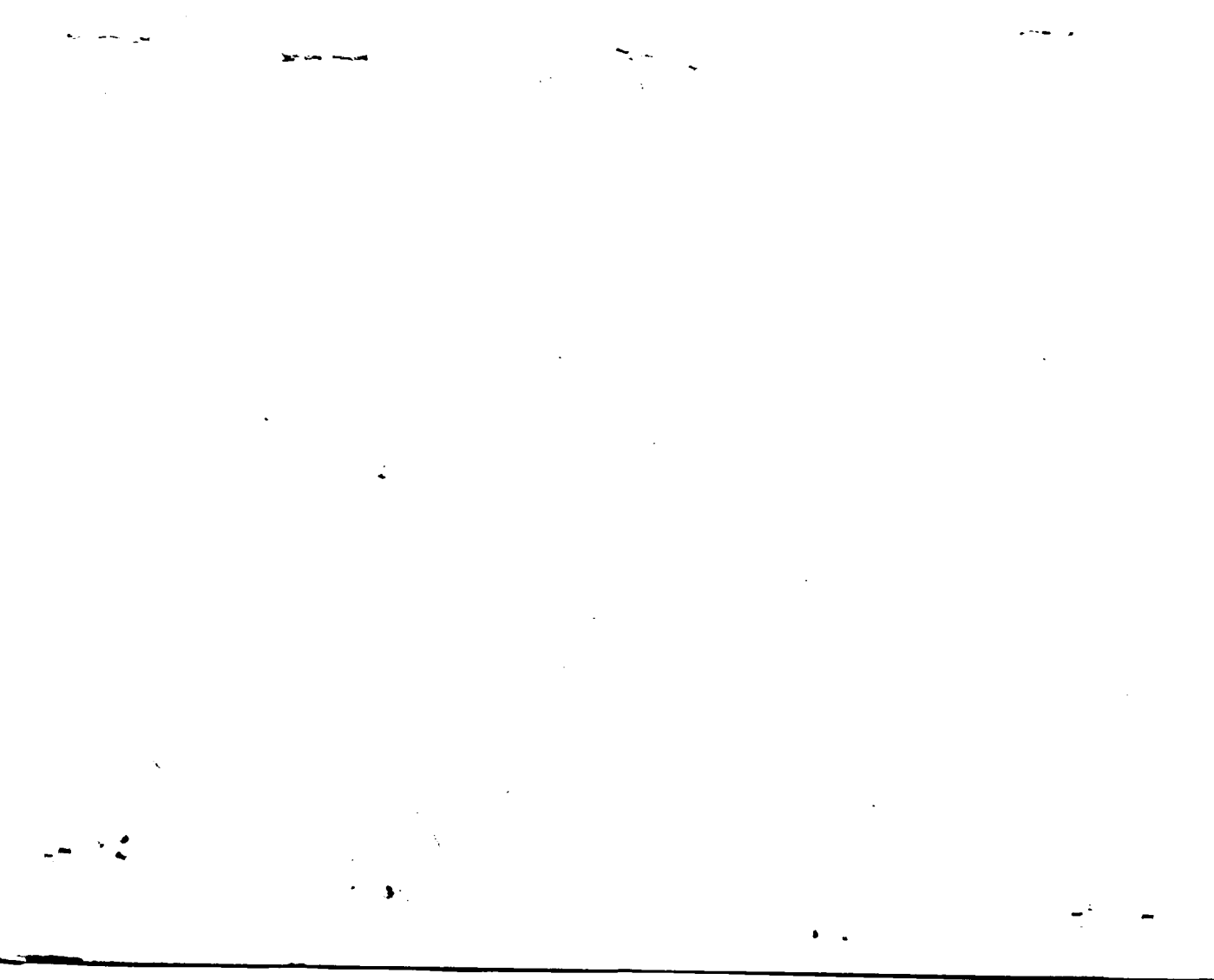
Address

Deary

Filed

6/14/20

P. E. Farnet  
Registrar





STATE OF IDAHO  
BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

80087

# SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Reary  
Street and House No. \_\_\_\_\_  
County Idaho

Registered Number 2147  
Registration District No. 67

Sex of Child M.  
Date of Birth, June 2 1912  
(Month) (Day) (Year)  
Full Name of Father Carl Burkland  
Full Maiden Name of Mother Millie Peterson

I HEREBY CERTIFY that the child described herein has  
been named:

Kernon Douglas Burkland  
(Given name in full) (Surname)  
as reported by Mrs. Burkland  
(Father or Mother)  
P. E. Farnet  
(Local Registrar)

SEP 28 1962

County of Salah CERTIFICATE OF BIRTH 80088  
 City of Deary Registration District No. 2147 File No. 5  
 No. .... St. Primary Registration District No. 67 Registered No. 33  
 Hospital .....

FULL NAME OF CHILD ..... EDNA ROZELLA MATHISON .....

Sex of Child <u>F.</u>	Twin <u>✓</u> Triplet <u>✓</u> or other? <u>✓</u>	Number in order of birth <u>✓</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 4 1913</u> (Month) (Day) (Year)
FULL NAME <u>Mike Mathison</u>	FATHER		FULL MAIDEN NAME <u>Edna Sturman</u>	MOTHER
RESIDENCE <u>Deary</u>			RESIDENCE <u>Deary</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)		COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>W. Dak.</u>			BIRTHPLACE <u>Cal.</u>	
OCCUPATION <u>farmer</u>			OCCUPATION <u>H.V.</u>	
Number of child of this mother, including present birth... <u>3</u>			Number of children of this mother now living, including present birth... <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) 11:30 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Jarrett  
physician  
 (Physician or midwife)

Given names added from a supplemental report.

R. E. Jarrett Address Deary  
 Filed 6/14/20  
 Registrar

151 27-42-214

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... } ss. 1 8 24 AM '77  
County of.....

Certificate No. 80088

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... birth

for **Unnamed Mathison (female)** who **was born** on **June 4, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Deary, Idaho (Latah)** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

**child's name**

**Unnamed**

**Edna Rozella Mathison**

Subscribed and sworn to before me this..... 9 day of

Signed **Mary E. Mathison**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at **Idaho**  
My commission expires **8-1-79**  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Idaho** } ss.  
County of **Latah**

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... 28<sup>th</sup> day of

Signed **James W. Elton**  
(Signature of Any Credible Person)

Notary Public, residing at **Idaho**  
My commission expires **8-12-78**  
(Seal)

**Box 298 Tula, Idaho**  
(Street Address, City, State) **83525**

Diploma issued by th Johnson High School gives name of graduate as  
Edna Rozella Mathison completed the course of study June 3, 1938. R. M. Ruehlman,  
superintendent.  
Viewed by V.S.

Childs birth certificate issued by the Hosiptal of Cottonwood, Idahogives name  
as Edna Rozella Mathison as mother of child. Child born December 17, 1954  
in Cottonwood, Idaho. Edna was born June 4, 1920 in Deary , Idaho.  
Viewed by ✓ S.

753-208-029-154

## PLACE OF BIRTH

County of.....

City of.....

No.....St.

Hospital.....

FULL NAME OF CHILD.....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

Registration District No. ....

File No. ....

Primary Registration District No. ....

Registered No. ....

Sex of Child <i>F</i>	Twin Triplet or other? <i>L</i> } and { Number in order of birth <i>1</i>	Legitimate? <i>Yes</i>	Date of Birth <i>June 8 20</i> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FULL NAME <i>Philip G. Peterson</i>	FATHER	FULL MAIDEN NAME <i>Mabel Anderson</i>	MOTHER
RESIDENCE <i>Deary</i>		RESIDENCE <i>Deary</i>	
COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>35</i> (Years)	COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>26</i> (Years)
BIRTHPLACE <i>Iowa</i>		BIRTHPLACE <i>Ida</i>	
OCCUPATION <i>woodman</i>		OCCUPATION <i>H.V.</i>	

Number of child of this mother, including present birth... *3*      Number of children of this mother now living, including present birth... *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

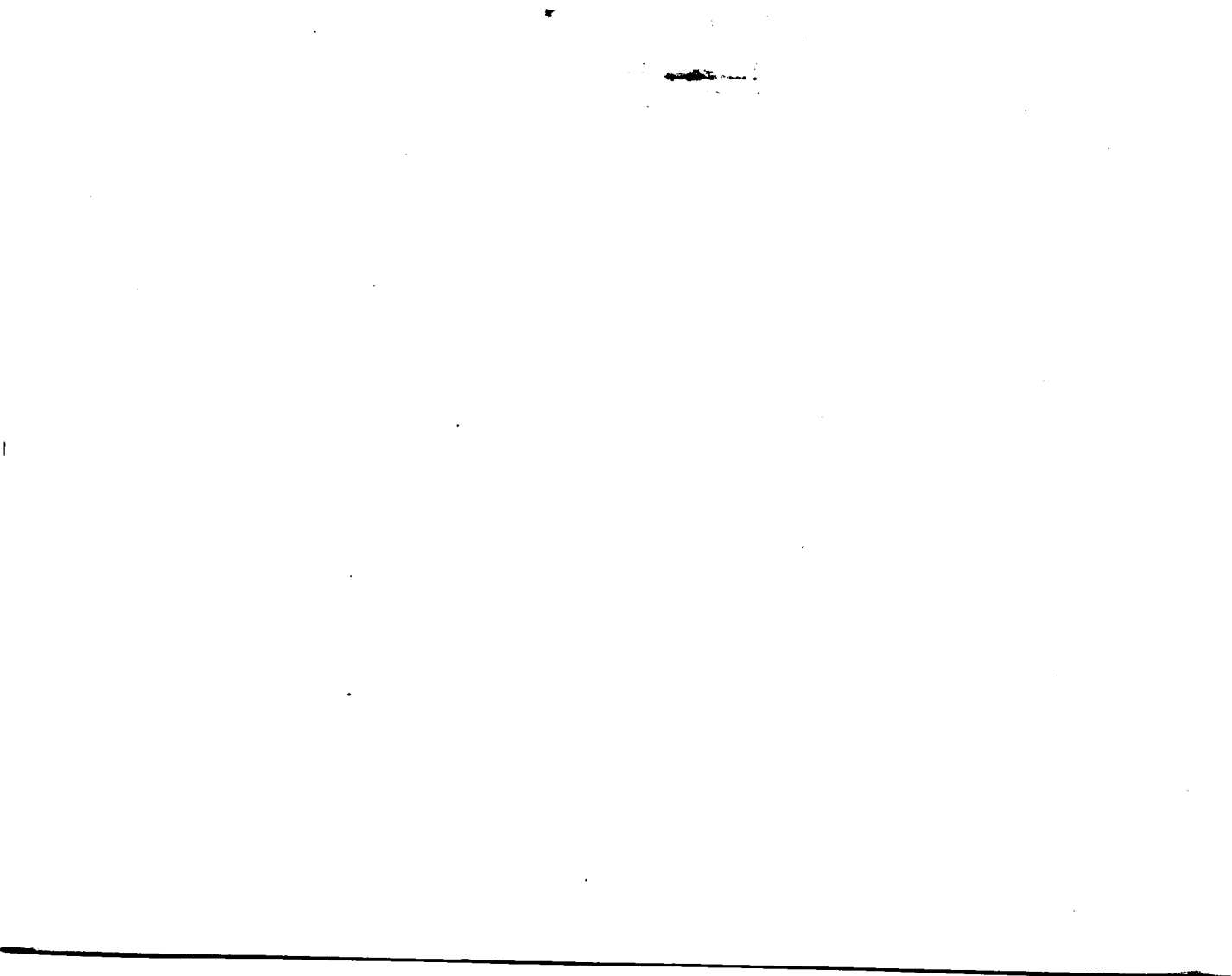
I hereby certify that I attended the birth of this child, who was..... *alive*..... at..... *8:10 P.* M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... *Dr. J. J. Jans*  
..... *Physician*  
(Physician or midwife)

Given names added from a supplemental report.

Address..... *Deary*  
Filed..... *6/14/20*  
..... *Dr. J. J. Jans*  
Registrar





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 2-24-61

PLACE OF BIRTH

958 -118-029-281

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Juliaetta

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 68

File No. 80091

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Alvin Arthur Rehm

(Certificate of no value without full name of child.)

Sex of  
Child

Male

Twin  
Triplet  
or other?

} and {  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

Yes

Date of  
birth

April 18, 1920

(Month)

(Day)

(Year)

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth.....1

Number of children of this mother now living, including present birth...1

FULL  
NAME

FATHER

A. H. Rehm

FULL  
MAIDEN  
NAME

MOTHER

Mary Ellen Bealer

RESIDENCE

Juliaetta, Idaho

RESIDENCE

Juliaetta, Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

26

(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

19

(Years)

BIRTHPLACE

Wisconsin

BIRTHPLACE

Kirkland, Ill.

OCCUPATION

Farmer

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born Alive

8:30

P. M.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) \_\_\_\_\_

J. H. Kelly

Physician

(Physician or midwife)

Give names added from a supplemental report.

Address \_\_\_\_\_

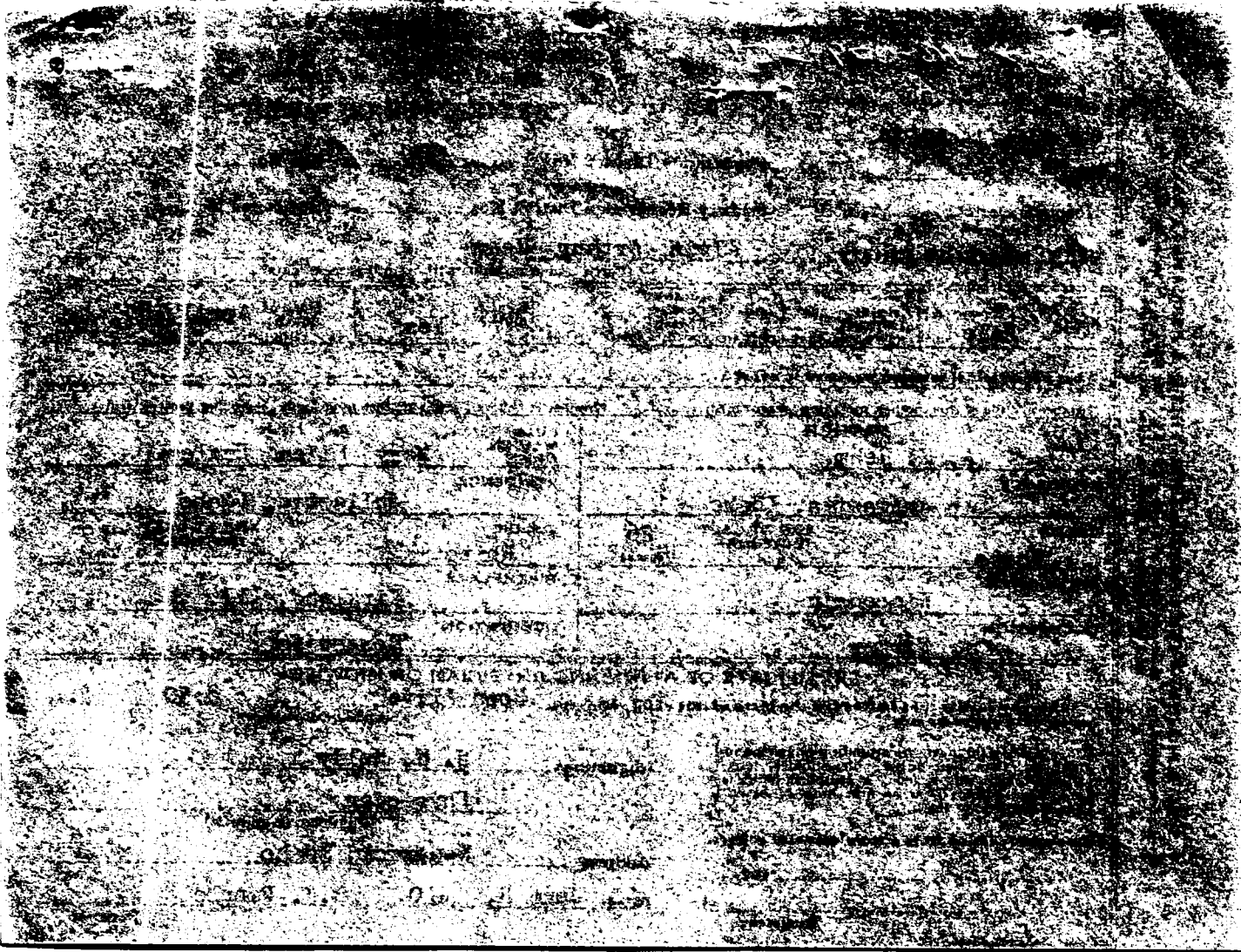
Kendrick, Idaho

Filed June 4, 1920

R. F. Pepple

Registrar.

Registrar.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

RECEIVED  
FEB 20 1961

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Washington } ss.  
County of Spokane }

Certificate No. 80091

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Alvin Auther Rehm who was born on April 18, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Juliaetta, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) **TO**  
(The Correct Facts)  
Full Name of Child Alvin Auther Rehm Alvin Arthur Rehm

Subscribed and sworn to before me this 15th day of February 1961  
Elmer W. Muly  
Notary Public, residing at Spokane, Wash.  
My commission expires May 20, 1962  
(Seal)

Signed Alvin Arthur Rehm  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
2115 E. Pioneer St. Spokane 25, Wash.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

Social Security Card, 5-5-38, #518-14-5469 gives full name as Alvin Arthur Rehm - viewed by V.S.

Cradle Roll Certificate, Church of Christ Bible School, Dec. 8, 1920 gives full name of child as Alvin Arthur Rehm, born April 18, 1920 - viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

386-128-055-753

PLACE OF BIRTH

STATE  
BUREAU OF

Form V. S. No. 11-C-25m-7-21-19

County of My Peru

City of Leland

CERTIFICATE OF BIRTH

Registration District No. 68

File No. 80092

No. \_\_\_\_\_ St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Beonard Kelley Thornton

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth <u>11</u>	Legit mate? <u>yes</u>	Date of Birth <u>Apr 28</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	------------------------------------	------------------------	--

FATHER  
FULL NAME Albert F. Thornton

RESIDENCE Leland Ida.

COLOR White AGE AT LAST BIRTHDAY 45  
(Years)

BIRTHPLACE Mexico Mo.

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Sadie C. Gilbert

RESIDENCE Leland Idaho

COLOR White AGE AT LAST BIRTHDAY 43  
(Years)

BIRTHPLACE Iowa

OCCUPATION House wife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 7:10 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

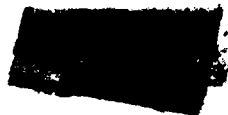
(Signature)

Address

Filed

Registrar

J. F. Kelly  
(Physician or midwife)  
Henrietta Idaho  
Jun 4 1920 R. F. Pepple  
Julesville Ida.  
Registrar



11-1-1982

11-1-1982

11-1-1982

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

55-1-103-035-962

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

County of Nepre

City of Jubletta

Registration District No. 68

File No. 80093

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Robert Henry Evans

Sex of Child <u>Male</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>20</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 3 1920</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME Sy. Weston Evans  
RESIDENCE Jubletta Idaho  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Biggutha Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Harnott Robinson  
RESIDENCE Jubletta Idaho  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Sandy Mark N. Car  
OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was above, at 5:30 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. H. Kelly  
(Physician or midwife)

Address Wendricks Idaho  
Filed June 4 1920 R. F. Pepple  
Registrar





N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County Idaho  
 City of Julesburg  
 Registration District No. 10  
 No.        St.         
 Primary Registration District No.        Registered No.       

Hospital         
 FULL NAME OF CHILD Dorothy Ellen Colwell

Sex of Child Female Twin Triplet or other?        and Number in order of birth        Legitimate? yes Date of Birth May 11 19120  
 (Month) (Day) (Year)

FULL NAME Thomas John Colwell FATHER

RESIDENCE Juliaetta Idaho

COLOR white AGE AT LAST BIRTHDAY 32  
 (Years)

BIRTHPLACE Canada

OCCUPATION Agent Telegrapher

FULL MAIDEN NAME Margaret Burke MOTHER

RESIDENCE Juliaetta Idaho

COLOR white AGE AT LAST BIRTHDAY 23  
 (Years)

BIRTHPLACE Montana

OCCUPATION House wife

Number of Child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. 8:05 a.m.  
 (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Heudrick Idaho

Filed May 16 20 R. F. Apple

APR 15 1968

DECEASED

389-116-035-699

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of Nez Perce

City of St. Leon

Registration District No. 68

File No.

80095

No. \_\_\_\_\_ St.

Primary Registration District No.

Registered No.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Herman Le Roy Christensen

Sex of Child

Male

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

yes

Date of Birth

May 16 1920  
(Month) (Day) (Year)

FULL NAME

George I. Christensen

FATHER

RESIDENCE

Southwest Idaho

COLOR

White

AGE AT LAST BIRTHDAY

32  
(Years)

BIRTHPLACE

Washington

OCCUPATION

Farmer

FULL MAIDEN NAME

Madeline Wright

MOTHER

RESIDENCE

Southwest Idaho

COLOR

White

AGE AT LAST BIRTHDAY

27  
(Years)

BIRTHPLACE

West Virginia

OCCUPATION

Housewife

Number of child of this mother, including present birth.

5

Number of children of this mother now living, including present birth.

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

born alive

at 1.45 A.M.

(Born alive or stillborn)

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

W. C. Rafter

(Physician or midwife)

Given names added from a supplemental report.

19

Address

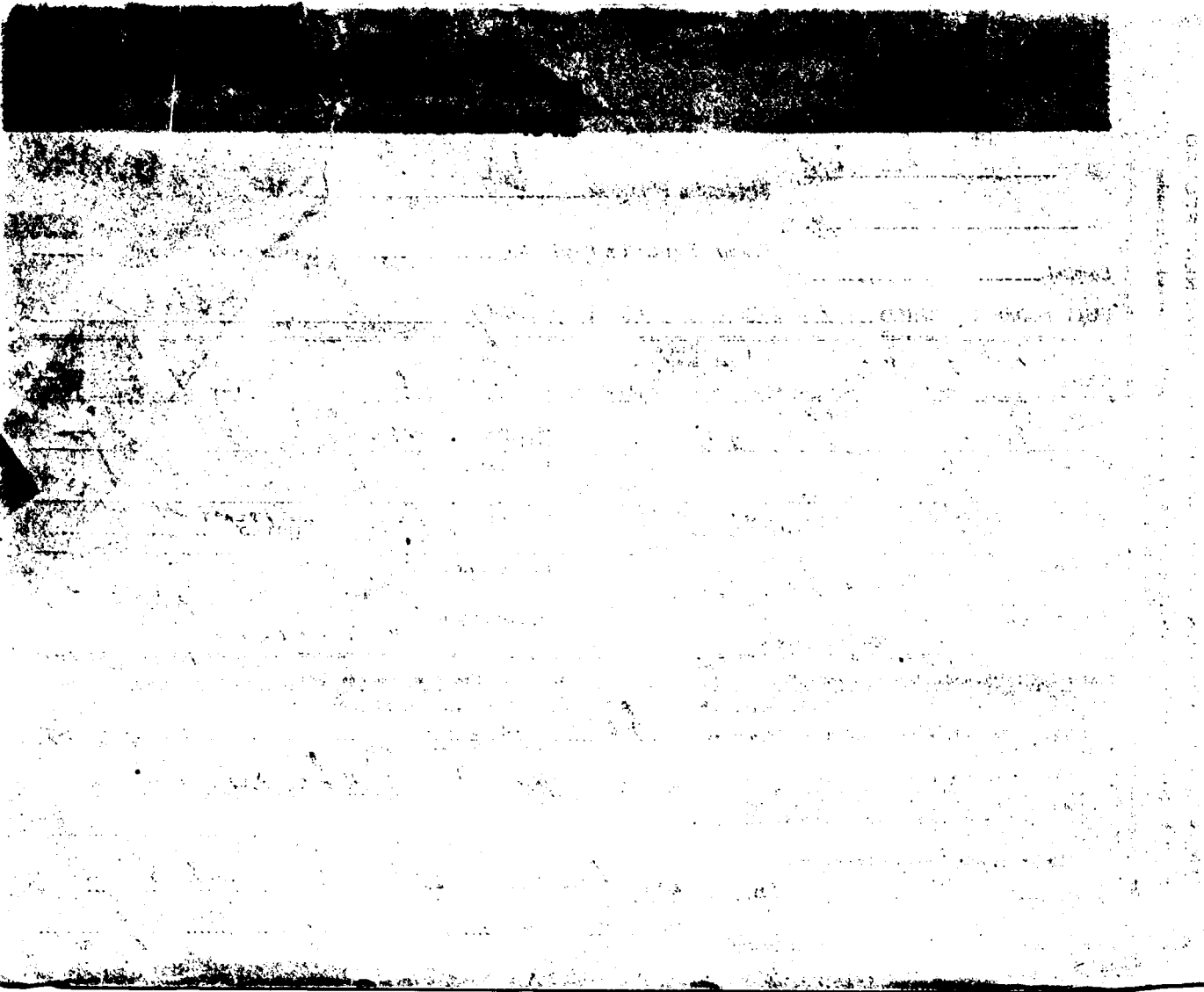
Kendrick Idaho

Filed

May 16 1920

R. F. Peppers

Registrar



STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80096

County of KendrickCity of KendrickRegistration District No. 68

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Wanda Jane Johnson

Sex of Child <u>Female</u>	Twins, Triplet or other? _____	and { Number in order of birth _____ }	Legitimate? <u>yes</u>	Date of Birth <u>May 17</u> 19 <u>20</u>
(To be answered only in event of plural births)			(Yes) _____ (No) _____	(Month) _____ (Day) _____ (Year) _____

FULL NAME <u>John L. Johnson</u>	FATHER
RESIDENCE <u>Kendrick Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>49</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Florence Stephens</u>	MOTHER
RESIDENCE <u>Kendrick Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>9</u>	Number of children of this mother now living, including present birth <u>9</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 P. on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) W. A. Rothwell M.D.

Given names added from a supplemental report.

(Physician or midwife) Kendrick Idaho

Address Kendrick Idaho

Filed June 3, 1920 R. P. Pepplee Registrar

Julianster

1941

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

744-218-030-355  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-4

County of Glacier

City of Salmon

Registration District No. 41

File No. 80097

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2116

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Laura Lee Goodell

Sex of Child

Female

Twin  
Triplet  
or other?

and { Number  
in order  
of birth

Legiti-  
mate?

yes

Date of  
Birth

May 18th 1920  
(Month) (Day) (Year)

FULL  
NAME

Byron Goodell

FATHER

FULL  
MAIDEN  
NAME

Crystal Lee

MOTHER

RESIDENCE

Salmon

RESIDENCE

Salmon

COLOR

Wln

AGE AT LAST  
BIRTHDAY

28  
(Years)

COLOR

Wln

AGE AT LAST  
BIRTHDAY

27  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M.  
on the date above stated.

(Born alive or stillborn)

{ \*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Dr. Wm. H. Smith

(Physician or midwife)

Given names added from a supplemental report.

Address

Salmon

Filed

6/10 1920

Leola Noddings  
Deputy Registrar

DR  
ATTEST  
INC

PLACE OF BIRTH

1961  
FEB 19 1961

County of

BUREAU OF VITAL STATISTICS  
STATE OF CALIFORNIA

CERTIFICATE OF BIRTH



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-106 030-652  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-15

CERTIFICATE OF BIRTH

County of Franklin

City of Salmon

Registration District No. 41

File No. 80098

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2116

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

John Edward Fitz-Randolph

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>ye</u>	Date of Birth <u>June 6th 1920</u> (Month) (Day) (Year)
--------------------------	------------------------------	--------------------------------------	-----------------------	--

FATHER  
FULL NAME Edward Bell Randolph  
RESIDENCE Salmon  
COLOR wh AGE AT LAST BIRTHDAY 57 (Years)  
BIRTHPLACE Michigan  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Martha E. Weber  
RESIDENCE Salmon  
COLOR wh AGE AT LAST BIRTHDAY 41 (Years)  
BIRTHPLACE Colo  
OCCUPATION At work

Number of child of this mother, including present birth. 6

Number of children of this mother now living, including present birth. 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

at 2:45 P M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. B. Wright

(Physician or midwife)

Given names added from a supplemental report.

Address

Salmon

Filed

6/10 1920

Leola Noddings  
Deputy Registrar

MAR 29 1945

259-201-030-274

## PLACE OF BIRTH

County of LemhiCity of Salmon

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 41Primary Registration District No. 2116

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 80099

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Rose Seras

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>June 1<sup>st</sup> 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------------------	------------------------	---

FULL NAME <u>Joseph Seras</u>	FATHER
RESIDENCE <u>Salmon</u>	
COLOR <u>Wht</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Spain</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Junita Sturriaga</u>	MOTHER
RESIDENCE <u>Salmon</u>	
COLOR <u>Wht</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Spain</u>	
OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 3-20-20 on the date above stated.(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Wright

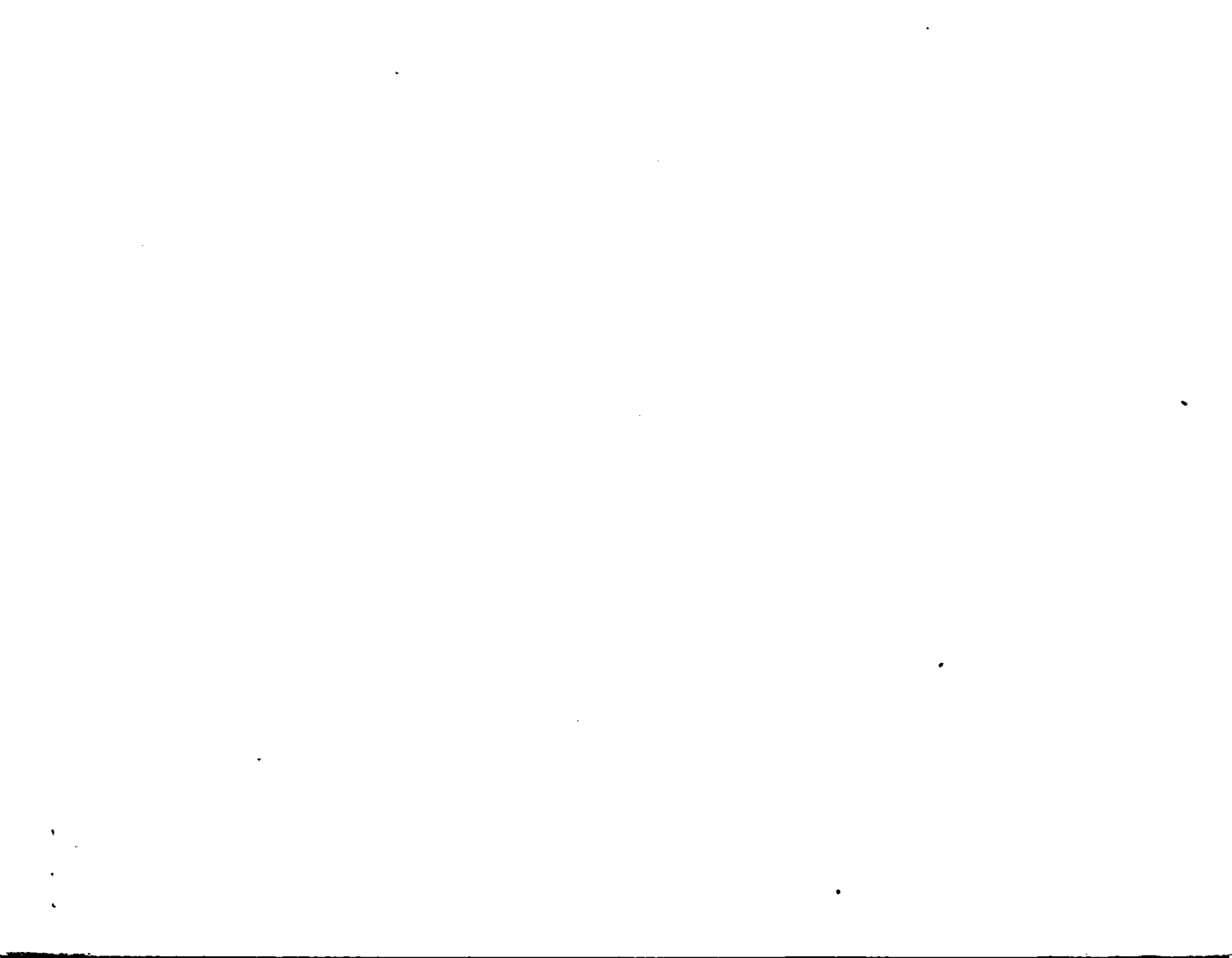
(Physician or midwife)

Given names added from a supplemental report.

Address SalmonFiled 6/10 1920
Lesla Noddings 19  
Lesla Noddings  
 Registrar

S-Y-CO 38071

Lesla Noddings  
 Registrar



299-127-830 - 865  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of LemhiCity of LeadoreRegistration District No. H 2File No. 80101

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2153Registered No. 9

Hospital \_\_\_\_\_

FULL NAME OF CHILD Virgil Milton Birdzell

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u>	{ and } Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 27</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---------------------------------	---	------------------------	--

FATHER  
FULL NAME Wilde Milton Birdzell  
RESIDENCE Leadore, Ida  
COLOR white AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Meera Junction, Col.  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME India Elizabeth Howe  
RESIDENCE Leadore, Ida.  
COLOR white AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Osborne, Kansas  
OCCUPATION Housewife

Number of child of this mother, including present birth. 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 A. M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvin B. Keller  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

June 15th 1920  
I B Keller

Address Leadore, Idaho  
Filed 6/15 1920 I B Keller

OCT 9 1941

035-212

031-79

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 21-C-22m-2-17

## CERTIFICATE OF BIRTH

80102

County of Lewis

City of Craigmont (Vollmer)

Registration District No. 30

File No.

No. St.

Primary Registration District No. 2129

Registered No. 14

Hospital

FULL NAME OF CHILD

M. Lucille Stephenson

Sex of Child Female

Twin  
Triplet  
or other?and  
{ Number  
in order  
of birthLegiti-  
mate?

yes

Date of Birth

May 12, 1920

(Month) (Day) (Year)

FULL  
NAMEFATHER  
William Butler StephensonFULL  
MAIDEN  
NAMEMOTHER  
Ethie Pardee

RESIDENCE

Vollmer  
Craigmont, Ida.

RESIDENCE

(Vollmer)  
Craigmont, Ida.

COLOR

white

AGE AT LAST  
BIRTHDAY27  
(Years)

COLOR

white

AGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Pullman, Wash.

BIRTHPLACE

Pullman Wash.

OCCUPATION

Flour packer

OCCUPATION

Housewife

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 P.M.  
on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

John J. Sarby, M.D.  
Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

Craigmont, Idaho

Filed

1/4 1920

Registrar

Registrar

RECEIVED  
FEB 10 1964  
U.S. AIR FORCE



1. *[Faint, illegible text]*

2. *[Faint, illegible text]*

3. *[Faint, illegible text]*

4. *[Faint, illegible text]*

5. *[Faint, illegible text]*

6. *[Faint, illegible text]*



Oct 20 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }  
County of Glacier } ss.

Certificate No. 80102

Date Filed May 14, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth

(Birth or Death)

for Unnamed Stephenson who was born on May 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Craigmont, Idaho Vollmera are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by 1920 prepared on 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name", "Birth Date", "Cause of Death", Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
<u>Name</u>	<u>Unnamed</u>	<u>M. Lucille Stephenson</u>

Subscribed and sworn to before me this 16th  
day of October, 1944

Signed Ethie Stephenson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record, or other credible person.)

Notary Public, residing at Cut Bank Mont.

My commission expires March 25th 1947  
(Seal)

Cut Bank Montana  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }  
County of Glacier } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th  
day of October, 1944

Signed W. B. Stephenson  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Cut Bank Mont.

My commission expires March 25th 1947  
(Seal)

Cut Bank Montana  
(Street Address, City, State)

OCT 23 1944

242-113-031-232

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF  
name added  
County of *Lehigh*  
City of *Nez*  
No. .... St. ....  
Primary Registration District No. *2129* Registered No. *13*  
Hospital .....  
FULL NAME OF CHILD *Rita Catherine Bubel*

Sex of Child <i>male</i>	Twin Triplet or other? <i>—</i> and { Number in order of birth <i>—</i>	Legitimate? <i>yes</i>	Date of Birth <i>6-13-20</i> (Month) (Day) (Year)
FATHER FULL NAME <i>Carl Joseph Bubel</i>		MOTHER FULL MAIDEN NAME <i>Therese Kottmann Shoen</i>	
RESIDENCE <i>Kreifers RD.</i>		RESIDENCE <i>Nez RD.</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)	COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>26</i> (Years)
BIRTHPLACE <i>S Dobson</i>		BIRTHPLACE <i>Wading An.</i>	
OCCUPATION <i>Warehouse manager</i>		OCCUPATION <i>Housewife</i>	
Number of child of this mother, including present birth, <i>3</i>		Number of children of this mother now living, including present birth, <i>3</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* at *12:39* M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *P. E. Dumlup*  
(Physician or midwife)

Given names added from a supplemental report.

Address *1111*  
Filed *5/16* *24* *P. E. Dumlup*  
Registrar

K



1947-1948

3-8-82

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Idaho }  
County of Lewis } ss.

MAR 15 11 59 AM '82

Certificate No. 80103  
Date Filed \_\_\_\_\_The undersigned does solemnly swear that certain facts on the certificate of Birthfor Unnamed Bubel who was born on 5-13-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Lewis County are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

Childs name	Unnamed	Rita Catherine Bubel

Subscribed and sworn to before me this 13th day ofMarch, 1982Notary Public, Michael S. NashoResiding at Nezperce IdahoMy commission expires perpetual

(Seal)

x Les. J. Fuchs

Signature of Applicant

501 Walnut Nezperce Idaho 83543

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Lewis } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day ofMarch, 1982Notary Public, Michael S. NashoResiding at Nezperce IdahoMy commission expires perpetual

(Seal)

Dorothy M. Fuchs

Supporting Signature

501 Walnut Nezperce Idaho 83543

Street Address, City, State

1 cc pd

Baptism Certificate from Holy Trinity Church of Nezperce, ID gives Rita Catherine Bubel daughter of Carl Bubel and Catherine Scherer was born in Nezperce, Idaho on 5-13-20 and was baptised 5-16-20. Viewed by V.S.

**MAR 17 1982**

Marriage License and Certificate gives Larry T. Jacobs and Rita C Bubel were married 3-4-46 in Nezperce, Idaho. Viewed by V.S.

689-115-031-251

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-47

County of *Lemhi*City of *Coeur d'Alene*Registration District No. *3V*File No. *20404*

No. .... St.

Primary Registration District No. *2129*Registered No. *16*

Hospital .....

FULL NAME OF CHILD *Richard Leo White*Sex of Child *male*Twin  
Triplet  
or other?and (Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate? *Yes*Date of  
Birth *5-5-20*

(Month) (Day) (Year)

FULL  
NAME *Richard L. White*

FATHER

FULL  
MAIDEN  
NAME *Melvin Evelyn Baumbach*

MOTHER

RESIDENCE *Coeur d'Alene, Id.*RESIDENCE *Coeur d'Alene, Id.*COLOR *white*AGE AT LAST  
BIRTHDAY *26*

(Years)

COLOR *white*AGE AT LAST  
BIRTHDAY *24*

(Years)

BIRTHPLACE *Calouse Wash*BIRTHPLACE *Chicago, Ill.*OCCUPATION *farmer*OCCUPATION *housewife*

Number of children of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *R. E. Dunlap*

(Physician or midwife)

Given names added from a supplemental report.

Address *See above*Filed *6/17*

Registrar

Registrar

MAR 25 1952

FEB 21 1947



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-227-031-366  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

Registration District No. 47

File No. 80105

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. 90

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Maudella Cleone Caldwell

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April 27, 1920</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Alvin Adams Caldwell</u>			FULL MAIDEN NAME <u>Wagon Bellows Cook</u>	
RESIDENCE <u>Nezperce Ida</u>			RESIDENCE <u>Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)		
BIRTHPLACE <u>Watahump Wash</u>			BIRTHPLACE <u>Coeur d'Alene Wash</u>	
OCCUPATION <u>Retail Clerk</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>2nd</u>			Number of children of this mother now living, including present birth <u>2nd</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Alvin Adams Caldwell  
(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 6-12-20 1920

Dup of 1920-DS4-166

299 -110 -031 -259

## PLACE OF BIRTH

County of LaramieCity of Neyper

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Delvin Thomas KeithSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

Registration District No. 47File No. 80106

Primary Registration District No. \_\_\_\_\_

Registered No. 91

Sex of Child

maleTwin  
Triplet  
or other?and Number  
in order  
of birthLegiti-  
mate?Date of  
BirthMay-10 19120  
(Month) (Day) (Year)

FULL NAME

Arthur Clifford KeithFULL  
MAIDEN  
NAME

MOTHER

Ila Bees Berry

RESIDENCE

Neyper, Id.

RESIDENCE

Lame

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Pullman Wash.

BIRTHPLACE

Melrose, Id.

OCCUPATION

Drayman

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 2ndNumber of children of this mother now living, including present birth 2nd

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

Alive

(Born alive or stillborn)

4-30 A. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John F. Gies

(Physician or midwife)

Given names added from a supplemental report.

Address

Neyper Idaho

Filed

6-12-1920

Registrar

JUN 5 1972

437-202-031-366  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of LatahCity of StettinRegistration District No. 47File No. 80107

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 92

Hospital \_\_\_\_\_

FULL NAME OF CHILD Vernon Lewis Mc Gee

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June - 2 - 1920</u> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	--------------------------------	------------------------	--

FATHER		MOTHER	
FULL NAME <u>Leola Earl Mc Gee</u>	FULL MAIDEN NAME <u>Leola Earl Mc Gee</u>	FULL NAME <u>Leola Earl Mc Gee</u>	FULL MAIDEN NAME <u>Leola Earl Mc Gee</u>
RESIDENCE <u>Neppen Idaho</u>	RESIDENCE <u>Neppen Idaho</u>	RESIDENCE <u>Neppen Idaho</u>	RESIDENCE <u>Neppen Idaho</u>
COLOR <u>White</u>	COLOR <u>White</u>	COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>20</u> (Years)	AGE AT LAST BIRTHDAY <u>20</u> (Years)	AGE AT LAST BIRTHDAY <u>19</u> (Years)	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Missouri</u>	BIRTHPLACE <u>Missouri</u>	BIRTHPLACE <u>Missouri</u>	BIRTHPLACE <u>Missouri</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth <u>1st</u>	Number of children of this mother now living, including present birth <u>1st</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 2:30 P. M.  
on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John T. Galt

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Neppen Idaho

Filed \_\_\_\_\_

6-17-2019 20Albert Huff

Registrar

Registrar



96-2-112-031-369  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Lewis

City of Mayfield

Registration District No. 47

File No. 80108

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 93

Hospital \_\_\_\_\_

FULL NAME OF CHILD George William Robertson

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 12 1920</u> (Month) (Day) (Year)
FULL NAME <u>Geo Lawrence Robertson</u>	FATHER		FULL MAIDEN NAME <u>Ora May Lorenson</u>	MOTHER
RESIDENCE <u>Mayfield Idaho</u>			RESIDENCE <u>Mayfield</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Cleawater Idaho</u>			BIRTHPLACE <u>Portland Oregon</u>	
OCCUPATION <u>Druggist</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

Alive at 8:30 M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gustafson  
(Physician or midwife)

Given names added from a supplemental report.

Albert Huff 19\_\_\_\_\_  
Registrar

Address Mayfield Idaho  
Filed 6-12 1920 Albert Huff  
Registrar

JUN 16 1943



113-224-025-793

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County IdahoCity ColtonwoodRegistration District No. 47File No. 80109

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. 89

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Northallan Jacobs

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April - 24</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------------------	------------------------	--

FULL NAME <u>Lawrence H. Jacobs</u>	FATHER
RESIDENCE <u>Coltonwood Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Union Town - Wash.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lucy Catherine Gilbert</u>	MOTHER
RESIDENCE <u>Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 44Number of children of this mother now living, including present birth. 44

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

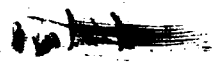
John F. Gist M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed 6-12 1920

MAR 17 1969



439-116-025-296

Form V. S. No. 11-25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Idaho Amended 7/15/74

CERTIFICATE OF BIRTH

City of KamiahRegistration District No. 49

File No.

80110

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2428

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mc Roberts, Lewis EdwardSex of Child MaleTwin  
Triplet  
or other?{ and { Number  
in order  
of birth4

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth

5161920

(Month) (Day) (Year)

FULL NAME FATHER William Mc RobertsFULL MAIDEN NAME MOTHER Grace BrowningRESIDENCE KamiahRESIDENCE KamiahCOLOR White

AGE AT LAST BIRTHDAY

33

(Years)

COLOR White

AGE AT LAST BIRTHDAY

26

(Years)

BIRTHPLACE MOBIRTHPLACE WashingtonOCCUPATION FarmerOCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 1 P M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

G. Taylor M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Kamiah IdahoFiled 6/719 20

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho Certificate No. 80110  
County of Blaine Date Filed APR 3 11 54 AM '74

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed McRoberts (Male) who was born on May 14, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Kamiah, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>child's name</u>	<u>Unnamed</u>	<u>Lewis Edward McRoberts</u>
<u>date of birth</u>	<u>May 14, 1920</u>	<u>May 16, 1920</u>

Subscribed and sworn to before me this 6<sup>th</sup> day of March, 1974  
Notary Public, residing at  
My commission expires Feb 1, 1975  
(Seal)

Signed Edna George Blackley  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Rt 2 Box B Orofino Idaho  
(Street Address, City, State) 83544

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Clearwater } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 6<sup>th</sup> day of March, 1974  
Notary Public, residing at  
My commission expires Feb 1, 1975  
(Seal)

Signed Bernice Franklin  
(Signature of Any Credible Person)  
Rt 2 Box 60 Orofino Idaho  
(Street Address, City, State) 83544

Letter from Clearwater County, Idaho gives name as Lewis McRoberts attended school in Dist. No. 10 and was 11 years old. date of birth ~~date~~ as May 16, 1904. viewed by VS

JUL 15 1974

Marriage License from Idaho gives groom's name as Lewis Edward McRoberts and the bride's name as Laydia Juanita Yates. dated Nov. 10, 1941. viewed by V. S.

Own child's birth certifi. on file in Idaho (# 49-9731) ~~gives~~ gives father's name as Lewis Edward McRoberts. viewed by V. S.

286-109  
031-649

PLACE OF BIRTH name added  
5/15/80

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Lewis  
City of Kamiah

Registration District No. 49 File No. 80111

No. \_\_\_\_\_ St. \_\_\_\_\_  
Primary Registration District No. 2428 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_  
FULL NAME OF CHILD Shores, Clarence Asa

Sex of Child Male Twin Triplet or other? \_\_\_\_\_ and Number in order of birth 3 Legitimate? \_\_\_\_\_ Date of Birth 5-9-20  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Asa Shores  
RESIDENCE Kamiah  
COLOR White AGE AT LAST BIRTHDAY 60  
(Years)  
BIRTHPLACE Arkansas  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Elyline Hargerty  
RESIDENCE Kamiah  
COLOR Indian AGE AT LAST BIRTHDAY 40  
(Years)  
BIRTHPLACE Washington  
OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

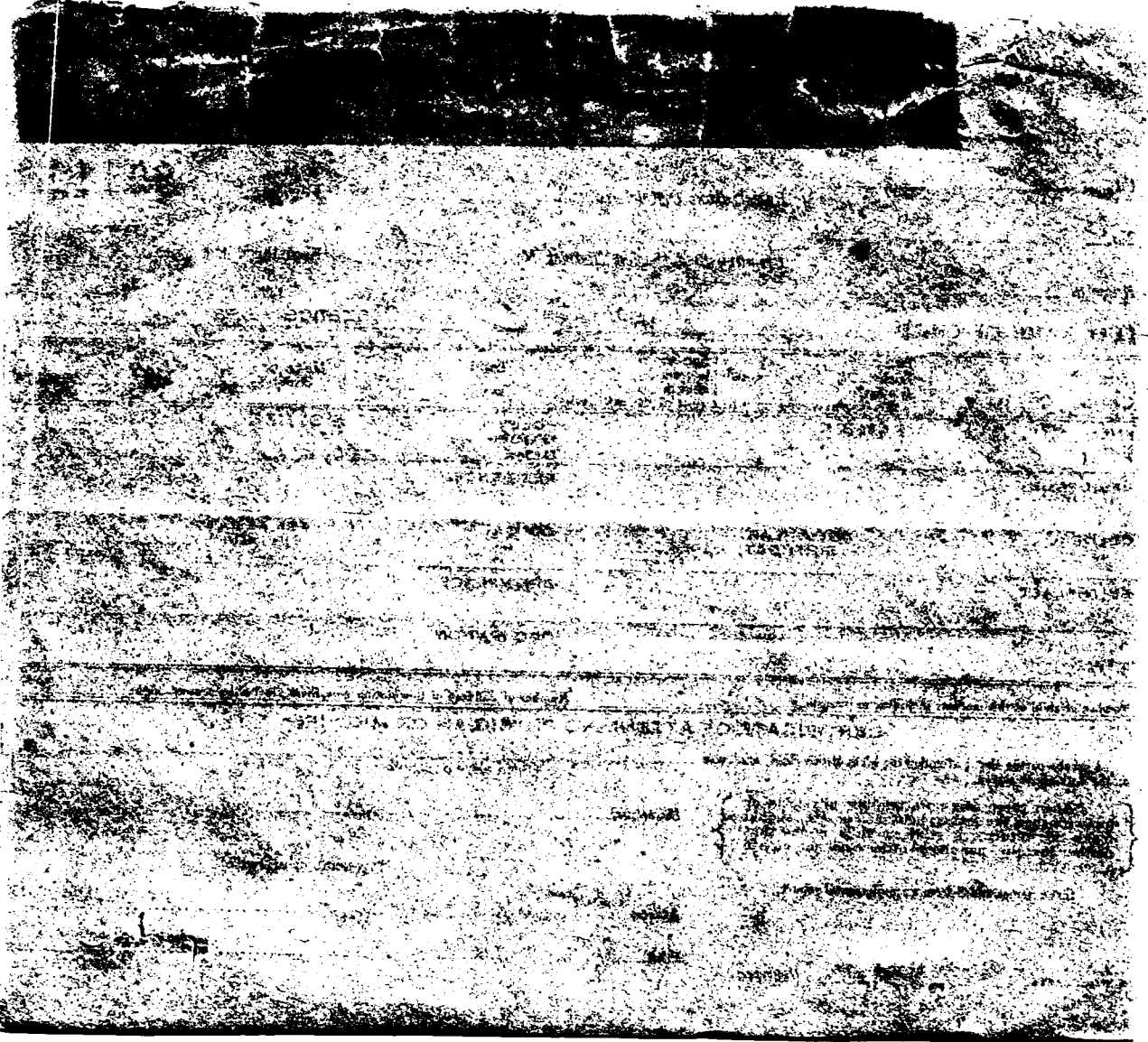
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:05 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Born alive 10:05  
E. Taylor  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_  
Address Kamiah, Idaho  
Filed 97 20 \_\_\_\_\_  
Registrar





## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICSState of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

APR 17 12 45 PM '80

Certificate No. 80111  
Date Filed \_\_\_\_\_The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Shores who was born on May 9, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Kamiah (Lewis) are erroneous or were omitted:  
(Place of Event)ITEMS TO BE CORRECTED  
childs nameFROM  
omittedTO  
Clarence Asa ShoresSubscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Clarence A. Shores  
Signature of Applicant\_\_\_\_\_  
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }  
County of Alameda } ss.

(Must be completed \_\_\_\_\_)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of  
April, 1980.Notary Public, Audrey E. RuyterResiding at Alameda, Cal. Po Box 658My commission expires 3-6-1982

(Seal)

\_\_\_\_\_  
Supporting Signature\_\_\_\_\_  
Street Address, City, State

Record issued by the U. S. Department of Interior, Bureau of Indian Affairs gives name as Clarence Asa Shores is listed on the Nez Perce Base Roll Dated December 31, 1956, and was born May 8, 1920.

Viewed by V.S.

MAY 15 1980

Certif of Baptsim from the LDS Church gives nameas Clarence A. Shores . Baptized Jan 30, 1949 at First Christian Church, of Monte Vista, Colorado. vied by V. S.

819-105-03-557

PLACE OF BIRTH

Form V, S. No. 11-25m-1-1-13

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LewisCity of KamiahRegistration District No. 49File No. 80112

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2428

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Curtis HarschieSex of Child MaleTwin  
Triplet  
or other?Number  
in order  
of birthLegiti-  
mate? yesDate of  
Birth 6-5-20

(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAME Red Harschie

FATHER

RESIDENCE Pendleton OregonCOLOR RedAGE AT LAST  
BIRTHDAY 2:04  
(Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL  
MAIDEN  
NAME Louise Tomis

MOTHER

RESIDENCE Pendleton OregonCOLOR RedAGE AT LAST  
BIRTHDAY 19  
(Years)BIRTHPLACE IdahoOCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

(Signature) W. Taylor M.D.

(Physician or midwife)

"When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth."

Given names added from a supplemental report.

19

Address of Kamiah IdahoFiled 71920

Registrar

Registrar



693-228-031-355

Form V. S. No. 11-25m-1-1-18

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LewisCity of Kamiah

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 49File No. 80113Primary Registration District No. 2421

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Wilson, Marjorie MaeSex of Child FemaleTwin  
Triplet  
or other? } and { Number  
in order  
of birth 5-  
(To be answered only in event of plural births)Legiti-  
mate? YesDate of Birth 4-28 1920  
(Month) (Day) (Year)FULL NAME FATHER Thomas WilsonRESIDENCE KamiahCOLOR White AGE AT LAST BIRTHDAY 40 (Years)BIRTHPLACE LorwayOCCUPATION LabourerFULL MAIDEN NAME MOTHER Rosie LeeRESIDENCE KamiahCOLOR White AGE AT LAST BIRTHDAY 32 (Years)BIRTHPLACE IdahoOCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Alma 11 ar  
Wilson

(Physician or midwife)

Given names added from a supplemental report.

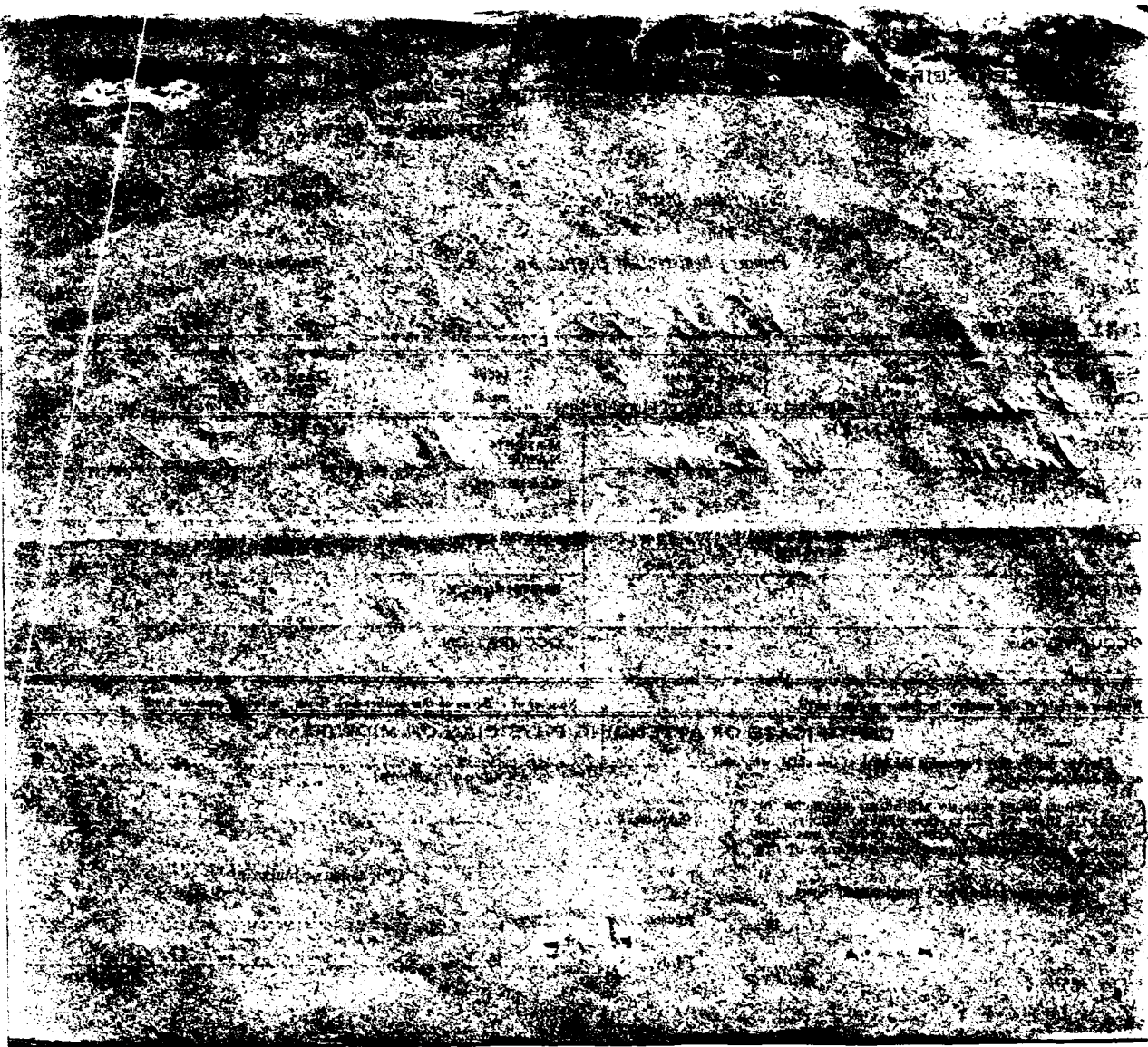
Address

Kamiah Idaho

Filed

5/7 1920Sp Johnson

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho WASHINGTON Certificate No. 80113  
County of Lincoln KING ss. Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for \_\_\_\_\_ who born on April 28, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Namiah, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
(Name, "Birth Date", "Cause of Death", Etc.) (As on Original) TO  
(The Correct Facts)  
Name Unnamed Marjorie Mae Wilson

Subscribed and sworn to before me this 7<sup>th</sup>  
day of August, 1944.  
Warren L. Cook  
Notary Public, residing at Seattle, Wn  
My commission expires June 23, 1945  
(Seal)

Signed X Rose Wilson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
415 Miller St. Lewiston Ida.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON }  
County of WASHINGTON KING } ss.  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7<sup>th</sup>  
day of August, 1944.  
Warren L. Cook  
Notary Public, residing at Seattle  
My commission expires June 23, 1945  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed X Mrs. Robert W. Hanson  
(Signature of Any Credible Person Other Than Previous Year)  
1314 Ray St. Seattle Wash.  
(Street Address, City, State)

OCT 31 1944



599-228-032-719

## PLACE OF BIRTH

County of FranklinCity of Shoshone

No. \_\_\_\_\_ St.

Hospital DeerSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-4-15-1

Registration District No. 16File No. 80114Primary Registration District No. 1016Registered No. 3Full Name of Child Anna Carrae Erickson

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>—</u>	{and} Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>May 28 1920</u> (Month) (Day) (Year)
----------------------------	---------------------------------	---	------------------------	--

FATHER	MOTHER
FULL NAME <u>George Erickson</u>	FULL MAIDEN NAME <u>Carrae Garner</u>
RESIDENCE <u>Shoshone</u>	RESIDENCE <u>Shoshone</u>
COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>28</u> (Years)	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Wife</u>

FULL NAME	MOTHER
FULL MAIDEN NAME	FULL NAME
RESIDENCE	RESIDENCE
COLOR	COLOR
AGE AT LAST BIRTHDAY	AGE AT LAST BIRTHDAY
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was live at 8 30 P on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Born alive or stillborn)

(Signature) E. J. J. J.

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho

Filed June 2 1920 J. H. J. J.

Registrar

APR 30 1956

~~APR 27 1956~~

653-130-032-794

## PLACE OF BIRTH

County of LincolnCity of Shoshone

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 16File No. 80115Primary Registration District No. 1016Registered No. 30

FULL NAME OF CHILD

James Edson WeltonSex of  
ChildMTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthMay 301920

(To be answered only in event of plural births)

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Arthur W Welton

RESIDENCE

Shoshone

COLOR

W

AGE AT LAST

BIRTHDAY

50

(Years)

BIRTHPLACE

Nich

OCCUPATION

farmerFULL  
MAIDEN  
NAME

MOTHER

Minty Grubb

RESIDENCE

Shoshone

COLOR

W

AGE AT LAST

BIRTHDAY

38

(Years)

BIRTHPLACE

Ill

OCCUPATION

housewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 4 A M\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

B P Jones

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

1920

Registrar

Registrar

10-8-40

C

349-128-032-795

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LincolnCity of DietrichRegistration District No. 16File No. 80116

No. \_\_\_\_\_ St.

Primary Registration District No. 2016Registered No. 29

Hospital \_\_\_\_\_

FULL NAME OF CHILD Charles L Turner

Sex of Child <u>M</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>May 28</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME <u>Charles L Turner</u>	FATHER
RESIDENCE <u>Dietrich</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Hattie Piergina</u>	MOTHER
RESIDENCE <u>Dietrich</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Minn.</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 9 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B P Jones

(Physician or midwife)

Given names added from a supplemental report.

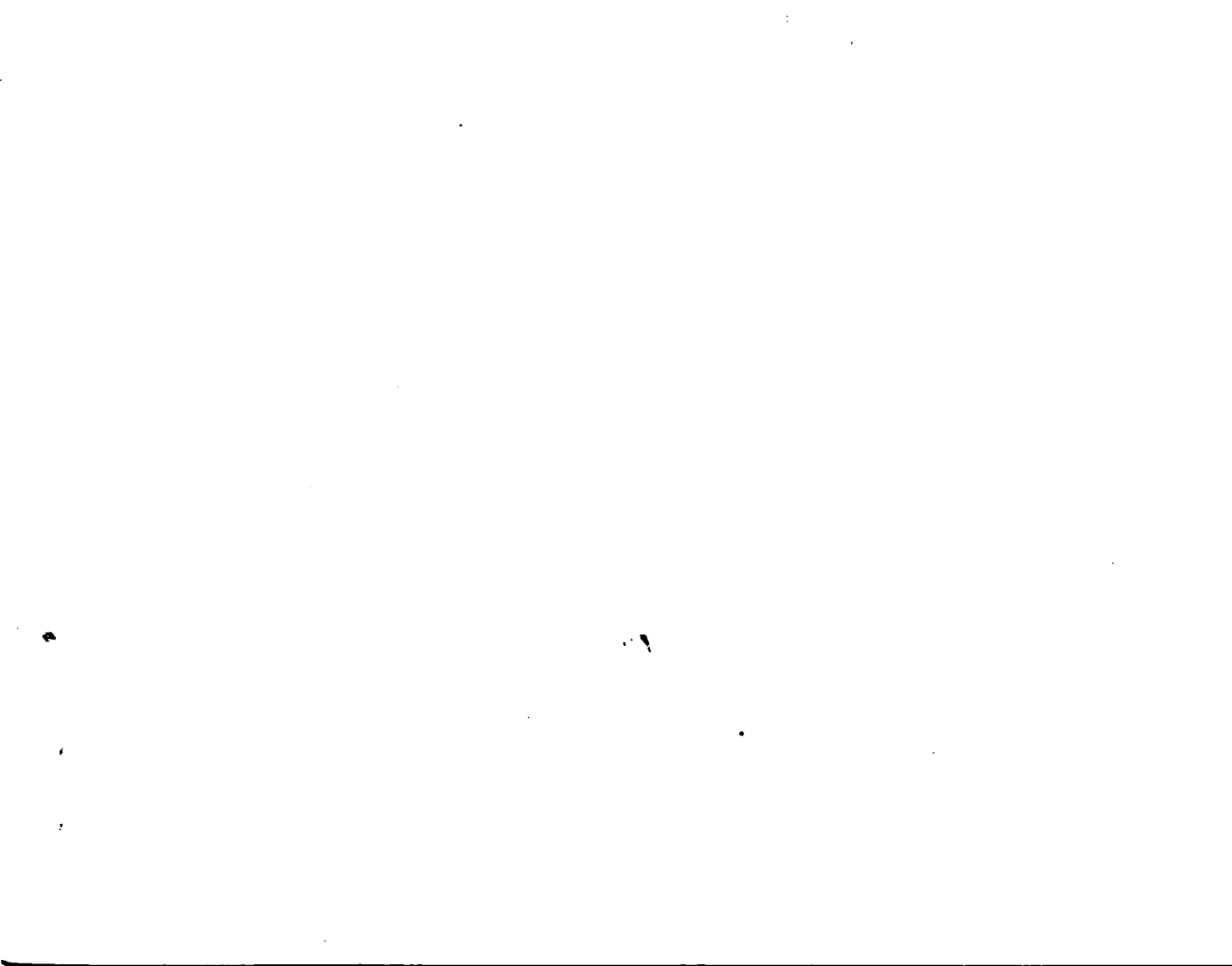
19

Address

Filed May 29 1920

Registrar

Registrar J H Fuller



499-127-032-153

## PLACE OF BIRTH

County of LincolnCity of Shoshone

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

JOHN

Registration District No. 16Primary Registration District No. 1016File No. 80117Registered No. 28STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-

## CERTIFICATE OF BIRTH

SEX OF CHILD

MaleTwin  
Triplet  
or other?{ and } Number  
in order  
of birth

2

Legiti-  
mate?yesDATE OF  
BIRTHMay 27 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Ramsey Whitebrasscoe

RESIDENCE

Shoshone

COLOR

WhiteAGE AT LAST  
BIRTHDAY30

(Years)

BIRTHPLACE

Spain

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
Justa Anchusteguy

RESIDENCE

Shoshone

COLOR

WhiteAGE AT LAST  
BIRTHDAY27

(Years)

BIRTHPLACE

Spain

OCCUPATION

WifeNumber of child of this mother, including present birth... 2Number of children of this mother now living, including present birth... 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

alive

(Born alive or stillborn)

at 8:30 M

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

Edie M. D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

May 29 1920

Registrar

J. H. Fuller  
Registrar

Registrar





213-117-032-413

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of LincolnCity of ShoshoneRegistration District No. 16File No. 80118

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2016Registered No. 27Hospital ShoshoneFULL NAME OF CHILD Leo Arthur Ballard

Sex of Child <u>M</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 17</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	--	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME Stephen BallardRESIDENCE DietrichCOLOR W AGE AT LAST BIRTHDAY 29  
(Years)BIRTHPLACE EnglandOCCUPATION farmerMOTHER  
FULL MAIDEN NAME Carrie M. ThisRESIDENCE DietrichCOLOR W AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE IowaOCCUPATION housewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. P. Jones  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed May 29 1920 J. L. Fuller  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1952

981-215-032-767

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LincolnCity of ShoshoneRegistration District No. 16File No. 80119

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1016Registered No. 26

Hospital \_\_\_\_\_

FULL NAME OF CHILD Katherine Lucile Ryan

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>May 15</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	---	-----	---	----------------------------	--

FATHER

FULL NAME Tanner Ryan

RESIDENCE Shoshone

COLOR W AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE Ark

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Abeth Pope

RESIDENCE Shoshone

COLOR W AGE AT LAST BIRTHDAY 17  
(Years)

BIRTHPLACE Mo

OCCUPATION housewife

Number of child of this mother, including present birth 1 / Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 11 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Registrar

FEB 19 1942

NOV 14 1951

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

962-265-632-493

1. PLACE OF BIRTH  
County of Lincoln  
City of Shoshone  
No. 2 St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

80120

CERTIFICATE OF BIRTH

Registration District No. 16 State File No. 80120

Prim. Registration District No. 1016 Local Registrar's No. 25

Grace Eileen  
Ross

2. FULL NAME OF CHILD

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....	6. Premature..... Full term.....	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>May 5, 1920</u> (Month, Day, Year)
-------------------------	--	-------------------------------------	--------------------------------	--

9. Full name <u>John D. Ross</u>	FATHER	18. Full maiden name <u>Mabel Mills</u>	MOTHER
--	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Reynolds</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Reynolds</u>
---	---

11. Color or race <u>Wh</u>	12. Age at last birthday <u>24</u> (years)	20. Color or race <u>Wh</u>	21. Age at last birthday <u>27</u> (years)
-----------------------------	--	-----------------------------	--

13. Birthplace (city or place) (State or Country) <u>Idaho</u>	22. Birthplace (city or place) (State or Country) <u>Wisconsin</u>
---	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work <u>19</u>		17. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation.....	{ months or weeks	30. Cause of Stillbirth .....	{ During labor..... Before labor.....
---	----------------------	-------------------------------	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 1:00 at P. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician  
or midwife, then the father, householder, etc.,  
should make this return.

Give name added from  
a supplemental report .....

(Date of)

Registrar.

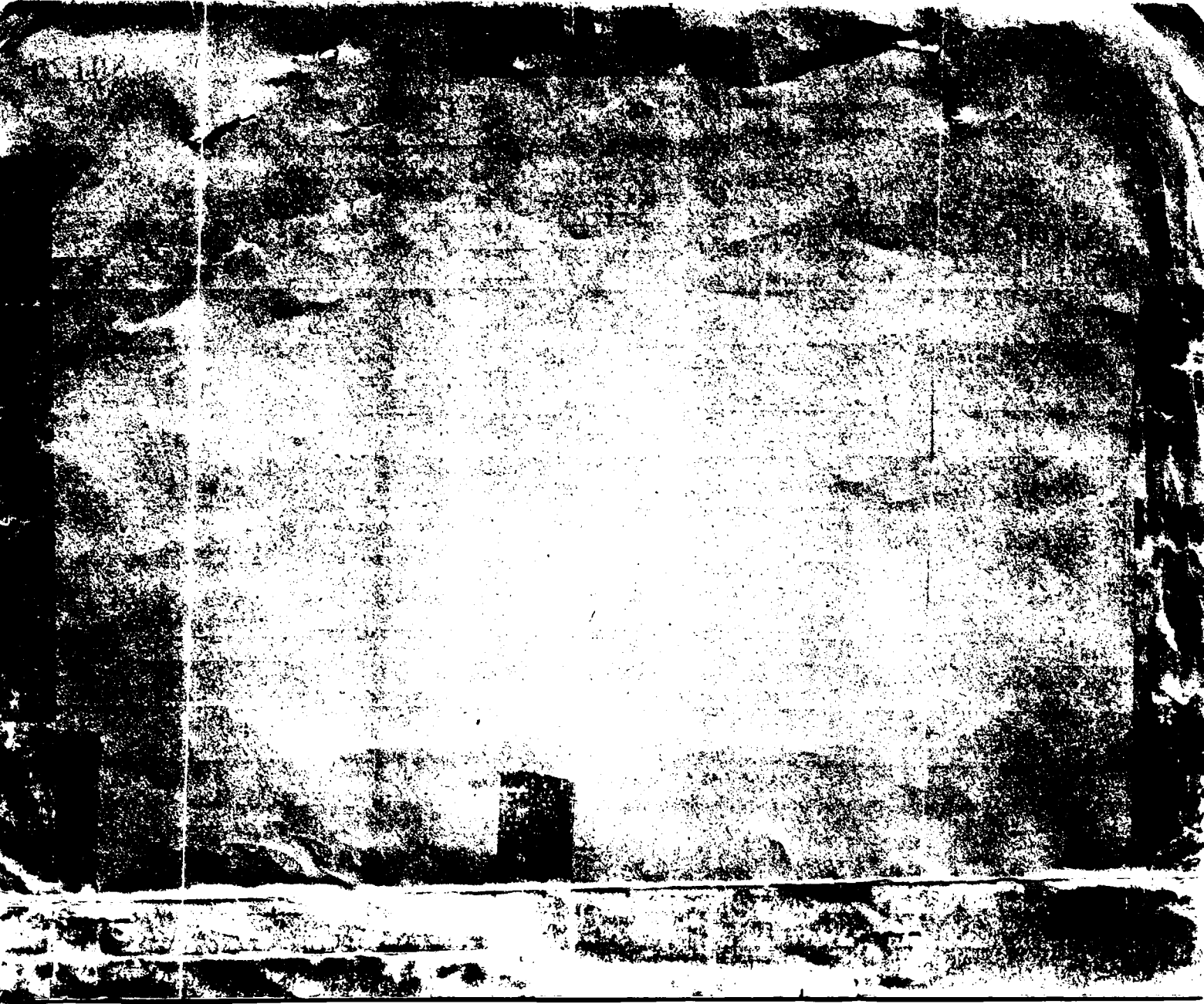
(Signed) B. J. Jones, M. D.

or ....., Midwife

Address .....

Filed May 12, 1920

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS.

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Oregon }  
County of Klamath } ss.

Certificate No. 80120

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Grace Eileen Ross who was born on May 5, 1920 (Birth or Death)  
in Shoshone, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)  
name

**FROM**  
(As on Original)  
unnamed Ross

**TO**  
(The Correct Facts)  
Grace Eileen Ross

Subscribed and sworn to before me this 9th.  
day of March 1942

Amy Ross  
Notary Public, residing at Klamath Falls, Ore.

My commission expires July 10, 1942  
(Seal)

Signed Mrs Mabel Florence Ross  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
4511 Boardman, Klamath Falls, Ore.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon }  
County of Klamath } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th.  
day of March 1942

Amy Ross  
Notary Public, residing at Klamath Falls, Ore.

My commission expires July 10, 1942  
(Seal)

Signed Mrs Etta Mills  
(Signature of Any Credible Person Other Than Previous Year)  
2225 Radcliff Klamath Falls Ore  
(Street Address, City, State)

APR 17 1942



219-125-032-643  
PLACE OF BIRTH

Form V, S. No. 11—25m-4-15

County of AngusSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80121

City of ShoshoneRegistration District No. 16

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1016Registered No. 24

Hospital \_\_\_\_\_

Full Name of Child

Charles Earl Gordon

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>—</u>	{ and } Number in order of birth <u>2</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>5-25-30</u> (Month) (Day) (Year)
FULL NAME <u>Ross Parker Gordon</u>	FATHER			FULL MAIDEN NAME <u>Agnes Ruth Nickerson</u>
RESIDENCE <u>Shoshone</u>		MOTHER RESIDENCE <u>Shoshone</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Hardware Trader</u>		OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 11:30 A. M.  
on the date above stated. (Born alive or stillborn)(Signature) Chas. M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed May 26 20

Registrar

Registrar

7-8-41

MAR 30 1976

0873-223-032-659

PLACE OF BIRTH

County of Lincoln  
City of Shoshone

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1016

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25a-6-10-1

File No. 80122

Registered No. 23

Full Name of Child Ellen Ruth White

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	Number in order of birth <u>6</u>	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>5-23-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>John Edgum White</u>		MOTHER FULL MAIDEN NAME <u>Effie Hartman</u>		
RESIDENCE <u>Shoshone</u>		RESIDENCE <u>Shoshone</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>White</u>		
BIRTHPLACE <u>Montana</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Express agent</u>		OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 11 A M on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

— 19

Address \_\_\_\_\_  
Filed May 26 1920 J. H. Fuller  
Registrar

Registrar

Adm.

PLACE STAMP

BUREAU OF VITAL STATISTICS  
STATE OF MICHIGAN

IFICATE OF

1104

18

Day (Year)

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. **NOV 12 1970**  
Certificate No. 80122  
Date Filed May 26, 1920  
birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for **Baby White** who was born on **May 23, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Shoshone, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

Child's name

**Baby White**

**TO**  
(The Correct Facts)  
**Ellen Ruth White**

Subscribed and sworn to before me this **9<sup>th</sup>** day of

**November**, 19**70**  
**James H. Leach**  
Notary Public, residing at \_\_\_\_\_  
My commission expires **10-14-73**  
(Seal)

mother  
Signed **Effie White**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
**1828 Indiana St. Redding Calif**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **California** }  
County of **Stanislaus** } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **9<sup>th</sup>** day of

**November**, 19**70**  
**James H. Leach**  
Notary Public, residing at **Patterson Calif**  
My commission expires **10-14-73**  
(Seal)

Signed **Mary C. Appleton**  
(Signature of Any Credible Person)  
**15054 1st Patterson Calif**  
(Street Address, City, State)

Marriage License from Tuolumne, California gives name of groom as Toney Hurst and name of the bride as Ellen Ruth White. Dated Nov. 6, 1937. Signed by Thomas Boone Don Carlos, General Council Assemblie of God. Viewed by V. S. JAN 29 1971

Certificate of Live Birth from County of Tuolumne, State of California. for David Joseph Hurst born March 16, 1941 at Mountain House, California. Father's name given as Toney Hurst and mother's name given as Ellen Ruth White. Viewed by V. S.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Lincoln 653-109  
032-812City of VictorRegistration District No. 16File No. 80123

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2016Registered No. 22

Hospital \_\_\_\_\_

Full Name of Child

Arthur Techner

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 9 1920</u> (Month) (Day) (Year)
FULL NAME <u>Emil Techner</u>	FATHER		FULL MAIDEN NAME <u>Emilia Hase</u>	MOTHER
RESIDENCE <u>Victor</u>			RESIDENCE <u>Victor</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Prussia</u>			BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>farmer</u>			OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emil Techner

(Physician or midwife)

Given names added from a supplemental report.

Registar

Address

Filed

May 21 1920

Registrar

RECORDS OF DEATH

File No.

Register

DEATH OR  
BURIAL

NOTATION

Verified copy issued Jan. 20, 1941. E.W.



955-215-032-585

## PLACE OF BIRTH

County of Lewiston  
City of ShoshoneRegistration District No. 16

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1016

Hospital \_\_\_\_\_

File No. 80124Registered No. 21Full Name of Child Maria Melagros MenchecciSEX OF CHILD Female Twin Triplet or other? \_\_\_\_\_ {and} Number in order of birth 3 Legitimate yes DATE OF BIRTH May 15 1922  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME Dionicio Menchecci FATHERRESIDENCE ShoshoneCOLOR White AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE SpainOCCUPATION ChapmanFULL MAIDEN NAME Romania Eche MOTHERRESIDENCE ShoshoneCOLOR White AGE AT LAST BIRTHDAY \_\_\_\_\_  
(Years)BIRTHPLACE SpainOCCUPATION WifeNumber of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

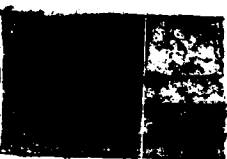
Filed May 18 1922 J. H. Funes Registrar

Registrar

Registrar

JUL 6 1945

APR 10 1952



345-103-032-795

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LincolnCity of ShoshoneRegistration District No. 16File No. 80125

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital HomePrimary Registration District No. 1016Registered No. 9

FULL NAME OF CHILD

Baby Cunha Abilis Cunha

Sex of Child

MTwin  
Triplet  
or other  
(To be answered only in event of plural births)and } Number  
in order  
of birth9thLegiti  
mate?yes

Date of Birth

Feb.31920

FULL NAME

Joaquina Cunha

FATHER

RESIDENCE

Shoshone, Ida

COLOR

WAGE AT LAST  
BIRTHDAY42  
(Years)

BIRTHPLACE

Portugal

OCCUPATION

DomesticFULL  
MAIDEN  
NAMERosa Duarte Pinheiro

MOTHER

Pinheiro

RESIDENCE

Shoshone, Ida

COLOR

WAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Portugal

OCCUPATION

HousewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive  
(Born alive or stillborn)2:15 P. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Chas. F. Keller

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Shoshone, Idaho  
Mar 8 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

OCT 11 1954

MAR 10 1953

343-208-032-719  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-20m-5-27

80126

County of LincolnCity of RichfieldRegistration District No. 17File No. 28

No. .... St.

Primary Registration District No. 2200Registered No. 12

Hospital .....

FULL NAME OF CHILD

Mary LucichSex of Child FemaleTwin  
Triplet  
or other?} and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?YesDate of  
BirthMay 8 1920  
(Month) (Day) (Year)FULL  
NAMEMartin Lucich

FATHER

RESIDENCE

Richfield 2 mi west

COLOR

WhiteAGE AT LAST  
BIRTHDAY48  
(Years)

BIRTHPLACE

Serbia

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEAnna Parich

MOTHER

RESIDENCE

Richfield 2 mi W.

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Serbia

OCCUPATION

HousewifeNumber of child of this mother, including present birth... 5Number of children of this mother now living, including present birth... 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 7 P M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Born alive or stillborn)

M. W.

(Physician or midwife)

Given names added from a supplemental report.

Address

Richfield Serbia

Filed

June 10 20P. E. Bartlett

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 18 1943

APR 16 1943

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-206-032-413  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-9-17

County of Lincoln

City of Richfield

No. 1/4 mi West St.

Registration District No. 17

File No. 27 80.127

Primary Registration District No. 2200

Registered No. 11

Hospital .....

FULL NAME OF CHILD

Dorothy Brennan

Sex of Child Female } and } Number of birth  
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 6 1920  
(Month) (Day) (Year)

FULL NAME FATHER Thomas J. Brennan

FULL MAIDEN NAME MOTHER Delba Mathis

RESIDENCE Richfield 6 mi North

RESIDENCE Richfield 6 mi North

COLOR White AGE AT LAST BIRTHDAY 27  
(Years)

COLOR White AGE AT LAST BIRTHDAY 17  
(Years)

BIRTHPLACE Wheaton Minn

BIRTHPLACE Caddo Co 2 mi Okla.

OCCUPATION Farmer

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3<sup>10</sup> A on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Blom

(Physician or midwife)

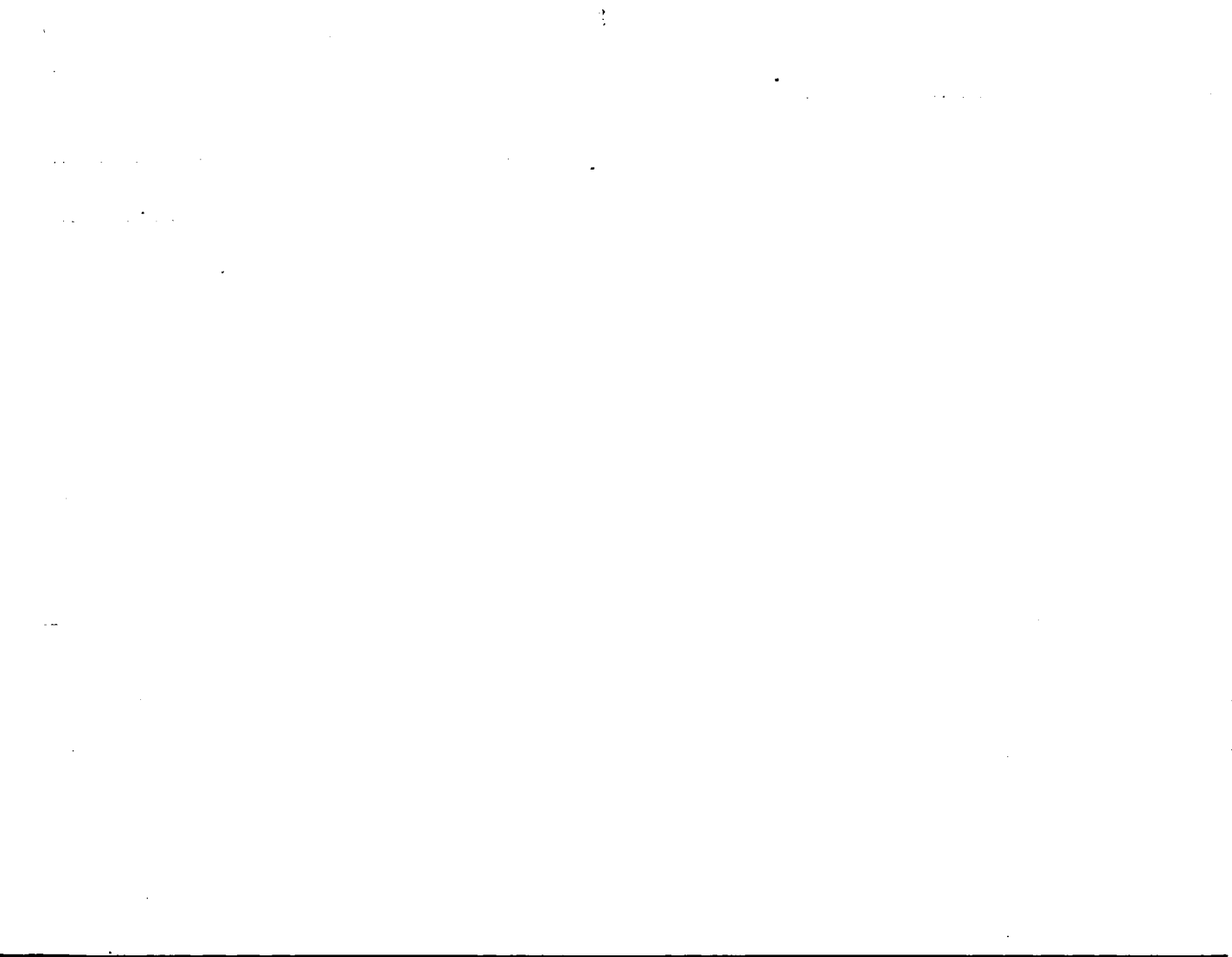
Given names added from a supplemental report.

Address Richfield, Idaho

Filed June 10 1920

Registrar

Registrar





N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314 - 225 - 032 - 452  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-5-17

80128

County of Richfield Lincoln

City of Richfield

Registration District No. 17

File No. 29

No. 3 mi W. St.

Primary Registration District No. 2200

Registered No. 13

Hospital

FULL NAME OF CHILD

Mildred Elizabeth Lambert

Sex of Child

Female

Twin  
Triplet  
or other?

and { Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti-  
mate?

Yes

Date of  
Birth

May 25 1920  
(Month) (Day) (Year)

FULL  
NAME

Doc. F. Lambert

FATHER

FULL  
MAIDEN  
NAME

Muriel E. Mackinnon

MOTHER

RESIDENCE

Richfield 3 mi West

RESIDENCE

Richfield 3 mi West

COLOR

White

AGE AT LAST  
BIRTHDAY

31  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

31  
(Years)

BIRTHPLACE

Reno Nev

BIRTHPLACE

Redland Cal.

OCCUPATION

Farmer

OCCUPATION

House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive

(Born alive or stillborn)

at 6 A. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. E. Bloom

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Richfield Idaho

Filed

June 10 1920

P. E. Bartlett

Registrar

Registrar

AUG 19 1942

515-229-032-243  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-9-8-17

County of Lincoln

## CERTIFICATE OF BIRTH

City of RichfieldRegistration District No. 17File No. 80129  
30No. .... St.Hospital Dr. O. E. BloomPrimary Registration District No. 11.00Registered No. 14

FULL NAME OF CHILD

Gene Hope Vandeker

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

{

Legiti-  
mate?YesDate of  
BirthMay 29, 1920  
(Month) (Day) (Year)FULL  
NAMEEvan E. Vandeker

FATHER

FULL  
MAIDEN  
NAMEConstance Rutledge

MOTHER

RESIDENCE

Bliss, Ida.

RESIDENCE

Bliss, Ida.

COLOR

White

AGE AT LAST

37

BIRTHDAY

(Years)

COLOR

White

AGE AT LAST

29

BIRTHDAY

(Years)

BIRTHPLACE

Wis.

BIRTHPLACE

Market Co., Wis.

OCCUPATION

Farmer

OCCUPATION

House wifeNumber of child of this mother, including present birth.... 2Number of children of this mother now living, including present birth.... 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11:25 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

O. E. BloomM. D.

(Physician or midwife)

Given names added from a supplemental report.

Address.....

Richfield, Idaho

Filed.....

June 10, 1920

Registrar

.....

P. E. Bartlett

Registrar

DEC 2 1991

155-225-033-432

F. V. S. No. 11-9-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80130

County of MadisonCity of ReplungRegistration District No. 100 File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 216

Hospital \_\_\_\_\_

FULL NAME OF CHILD

MARGARET CECILIA JENSEN

Sex of Child <u>F.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>May 25</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME	FATHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	
OCCUPATION	

FULL MAIDEN NAME	MOTHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	
OCCUPATION	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 5:40 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 6-5-20 19 \_\_\_\_\_

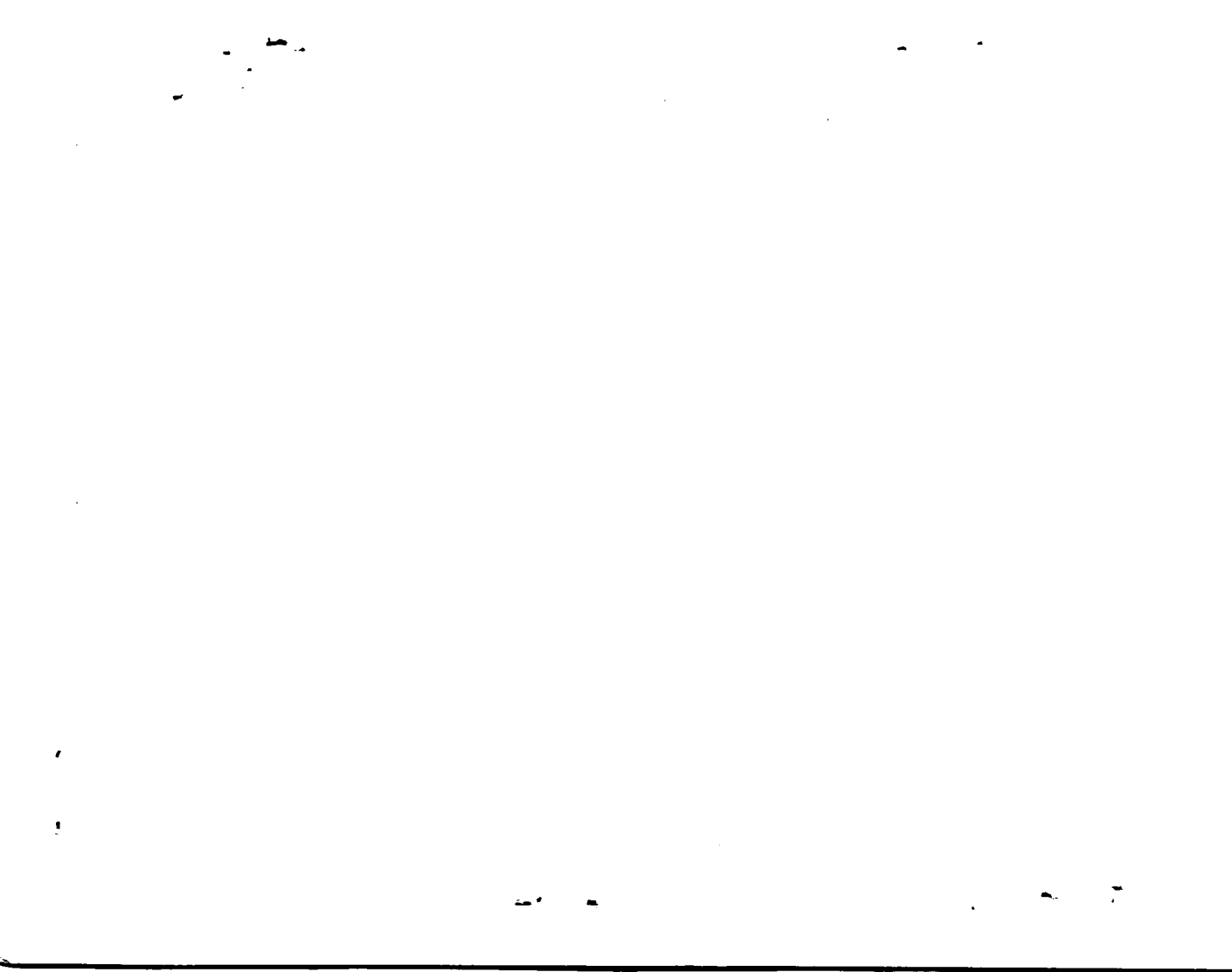
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

K



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 80130  
County of Madison } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) TO  
(The Correct Facts)  
Name Unnamed Margaret Cecelia Jensen

Subscribed and sworn to before me this 25th  
day of July, 1942  
George C. Leisinger  
Notary Public, residing at Robbing Idaho  
My commission expires March 7 - 1948  
(Seal)

Signed Chris P. Jensen  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
273 E. 2nd North Robbing Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_\_  
Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)

JUL 28 1942





469-124-033-993

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ReplburgRegistration District No. 100 File No. 80131

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 2105

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>m.</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>May 24</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	------------------------------	-----------	--------------------------------	------------------------	--

FULL NAME <u>Geo. Mortimer</u>	FATHER
RESIDENCE <u>Replburg Idaho R.T.D. #3</u>	
COLOR <u>w.</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Edith Ricks</u>	MOTHER
RESIDENCE <u>Replburg Idaho R.T.D. #3</u>	
COLOR <u>w.</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 4:15 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

AUG 4 1969

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

249-123-033-299

## PLACE OF BIRTH

 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MadisonCity of ArcherRegistration District No. 100File No. 80132

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178Registered No. 214

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>May 23</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	-------------------------------	--

FULL NAME <u>Frank C. Burns</u>	FATHER
RESIDENCE <u>Archer Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Salt Lake City, Utah</u>	
OCCUPATION <u>Stockkeeper &amp; Farmer</u>	

FULL MAIDEN NAME <u>Esther Briggs</u>	MOTHER
RESIDENCE <u>Archer Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Lynman, Idaho</u>	
OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was Born alive, at 10.55 A.M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

 (Signature) A. O. Martini  
Physician  
 (Physician or midwife)

Given names added from a supplemental report.

 Address Reynolds, Idaho  
 Filed 6-5 1920 G. G. Gaepe Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-220-033-249

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Madison

City of Replung

Registration District No. 100

File No. 80133

No. \_\_\_\_\_ St.

Primary Registration District No. 2178

Registered No. 213

Hospital \_\_\_\_\_

FULL NAME OF CHILD Norma L. Morris

Sex of Child <u>F.</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>May 20</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	--	--------------------------------	-------------------------	--

FATHER  
FULL NAME Dave Morris  
RESIDENCE Replung Idaho  
COLOR W. AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Iza Burke  
RESIDENCE Replung Idaho  
COLOR W. AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Missouri  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5:50 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Espe  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 6-5-20 G. J. Espe  
Registrar

SEP 28 1972

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. *Oct 4*  
County of ..... }  
Certificate No. 80133  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... birth  
for **Unnamed Morris (Female)** who **was** born on **May 20, 1920**  
(Name on Original Certificate) (Was Born or Died) (Birth or Death)  
in **Rexburg, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by **church records** prepared on **May 17, 1975 + Jan 11, 1942** are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name **Unnamed** **Norma Lorena Morris**

Subscribed and sworn to before me this **22nd** day of **October**  
**Allen Clark**  
Notary Public, residing at **Salt Lake City**  
My commission expires **8-3-76**  
(Seal)

Signed **A. L. McKee, M.D.**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
**452 So 4th E, Beautiful, Utah**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... } ss.  
County of ..... }  
[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **2nd** day of **October**  
**Allen Clark**  
Notary Public, residing at **Salt Lake City**  
My commission expires **8-3-76**  
(Seal)  
Signed **Robert J. [Signature]**  
(Signature of Any Credible Person)  
**937 East 300 North Beautiful Utah**  
(Street Address, City, State)

OCT 5 1972

Certificate of Promotion from LDS Church gives name as Norma Morris. Dated May 17, 1928. Signed by Lucille Leigh and Ethel W. Harrison. Viewed by V. S.

Patriarch. Blessing gives name as Norma Lee Morris. daughter of David A. Morris and Iza Burke. Box May 20, 1920. ~~XXXXXX~~ Dated Jan. 11, 1942. Viewed by V. S.



168-118-033-396

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ReynoldsburgRegistration District No. 100File No. 80134

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2175 Registered No. 212

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Donald Crockett Johnson

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 18</u> 19 <u>20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME Ephraim JohnsonRESIDENCE Reynoldsburg IdahoCOLOR White AGE AT LAST BIRTHDAY 25 (Years)BIRTHPLACE Treasureton IdahoOCCUPATION Garage mechanicMOTHER  
FULL MAIDEN NAME Edith Emerald CrockettRESIDENCE Reynoldsburg IdahoCOLOR White AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE Huston IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4<sup>15</sup> P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edo Martin  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Reynoldsburg Idaho  
6-5 1920  
Filed J. Geespe  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

III 23

993 - 216-033-249

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ReplburgRegistration District No. 100File No. 80135

No. \_\_\_\_\_ St.

Primary Registration District No. 2178Registered No. 211

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>7.</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legit mate? <u>Yes</u>	Date of Birth <u>May 16</u> <u>1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME <u>Wesley Ricks</u>	FATHER
RESIDENCE <u>Replburg Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Grace Smith</u>	MOTHER
RESIDENCE <u>Replburg Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10<sup>15</sup> P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

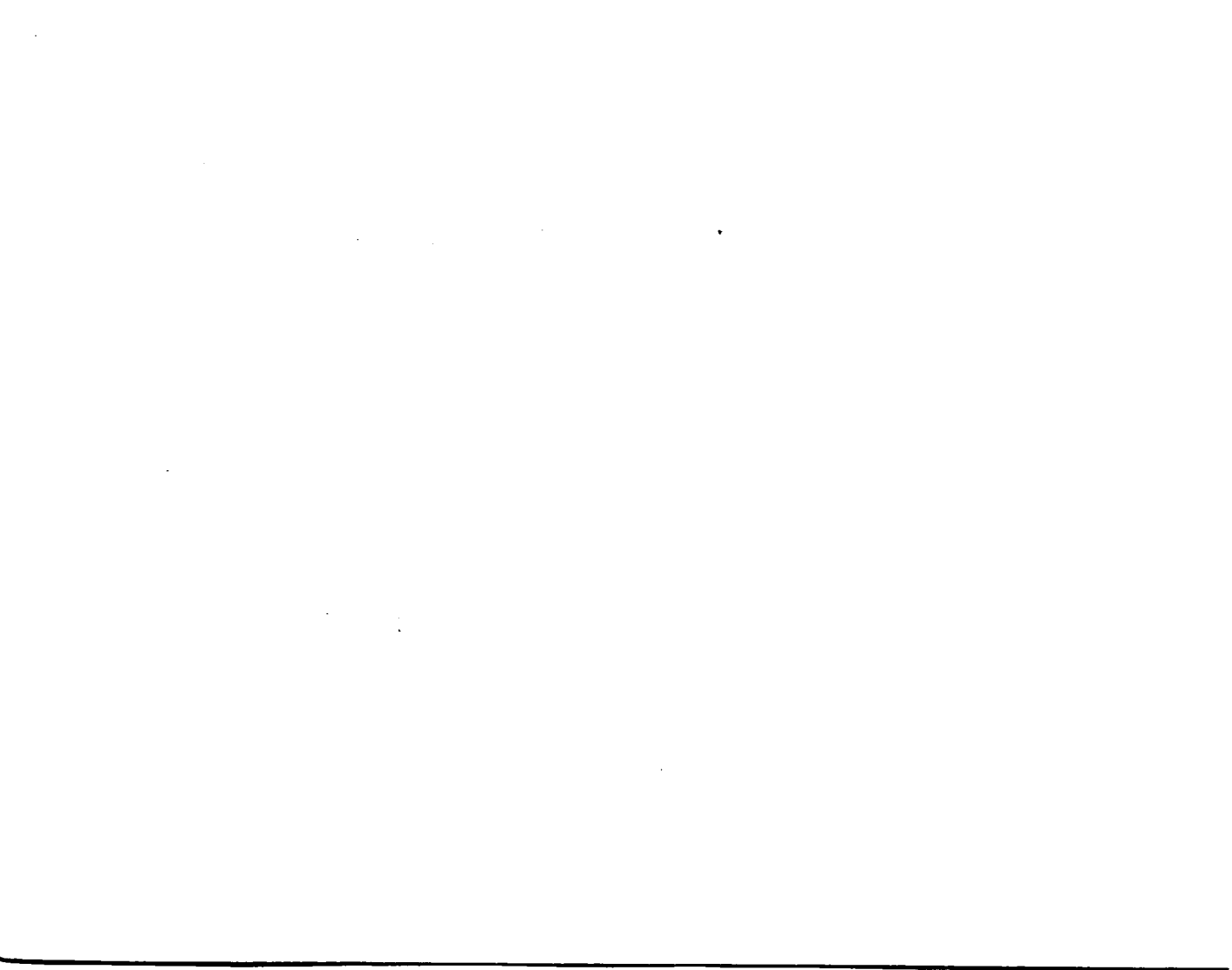
Address \_\_\_\_\_

Filed \_\_\_\_\_

6-519 20

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_



386-214-022-386

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of ShemontCity of TetonRegistration District No. 100File No. 80136

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 210

Hospital \_\_\_\_\_

FULL NAME OF CHILD THELIA JANE THOMSON

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>May 14</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-------------------------------	--

FULL NAME <u>Robt. J. Thomson</u>	FATHER
RESIDENCE <u>Teton Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Teton Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Effie Thomas</u>	MOTHER
RESIDENCE <u>Teton, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Teton Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Martin  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho  
Filed 6-5 1920 J. E. Keefe  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

RECEIVED

APR 8 1952

100-100000

294-14-033-249

Form V. S. No. 11-5-2007-7-21-19

## PLACE OF BIRTH

BUREAU

## CERTIFICATE OF BIRTH

County of MadisonCity of SymanRegistration District No. 100

File No.

80137

No. 209 St.

Hospital

Primary Registration District No. 2178Registered No. 209

FULL NAME OF CHILD

RICHARD JESSE SIMMONS

Sex Male Twin Triplet or other? and Number in order of birth 1 Legiti mate? Yes Date of Birth May 14 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Asael R. SimmonsRESIDENCE Syman IdahoCOLOR W. AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE IdahoOCCUPATION LawyerMOTHER  
FULL MAIDEN NAME Nellie May SmithRESIDENCE Syman IdahoCOLOR W. AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11:50 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

6-5-20

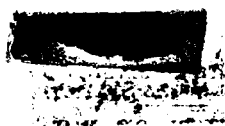
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
of the number of each, in order of birth stated

K





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Jerome } ss.

Certificate No. 80137

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or Death)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b>	<b>FROM</b>	<b>TO</b>
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
<u>name</u>	<u>unnamed</u>	<u>Richard Jesse Simmons</u>

Subscribed and sworn to before me this 19th  
day of March, 1942

Notary Public, residing at Jerome

My commission expires Oct 25-1945  
(Seal)

Signed Archie P. Simmons  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

MAR 22 1948

MAR 23 1948

335-113 - 041-754

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80138

County of TetonCity of ClementsvilleRegistration District No. 100 File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 208

Hospital \_\_\_\_\_

FULL NAME OF CHILD

MAX ANDERSON CLEMENTS

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 13</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FATHER  
FULL NAME Orvil Thomas ClementsMOTHER  
FULL MAIDEN NAME Minnie Irene AndersonRESIDENCE Clementsville, IdahoRESIDENCE Clementsville, IdahoCOLOR White AGE AT LAST BIRTHDAY 36  
(Years)COLOR White AGE AT LAST BIRTHDAY 33  
(Years)BIRTHPLACE Logan, UtahBIRTHPLACE Rehburg, IdahoOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. C. Martin  
Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

Rehburg, Idaho

Filed

6-5-20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



RE

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS**  
**Affidavit to Correct or Amend an Original Certificate of Birth or Death** UN 1 1 1947

State of Idaho } ss. Certificate No. 80138  
 County of Madison }  
 The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for no name who was born on May 13, 1920  
 (Name on original certificate) (Was born or died) (Date of event)  
 in Elementsville, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
 (Place of event)  
 facts as shown by Church record prepared on June 6 - 1920 are:  
 (Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
 ("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)  
Name no name Max Anderson Clements

Subscribed and sworn to before me this 2  
 day of June 1941

Notary Public, residing at Boise

My commission expires Sept 5 - 1942  
 [SEAL]

Signed Leil G. Clements  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Reeburg R 7 10 #3  
 (Street Address, City, State)

**Supporting Affidavit of a Second Person**

State of Idaho } ss.  
 County of Madison }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27  
 day of June 1941

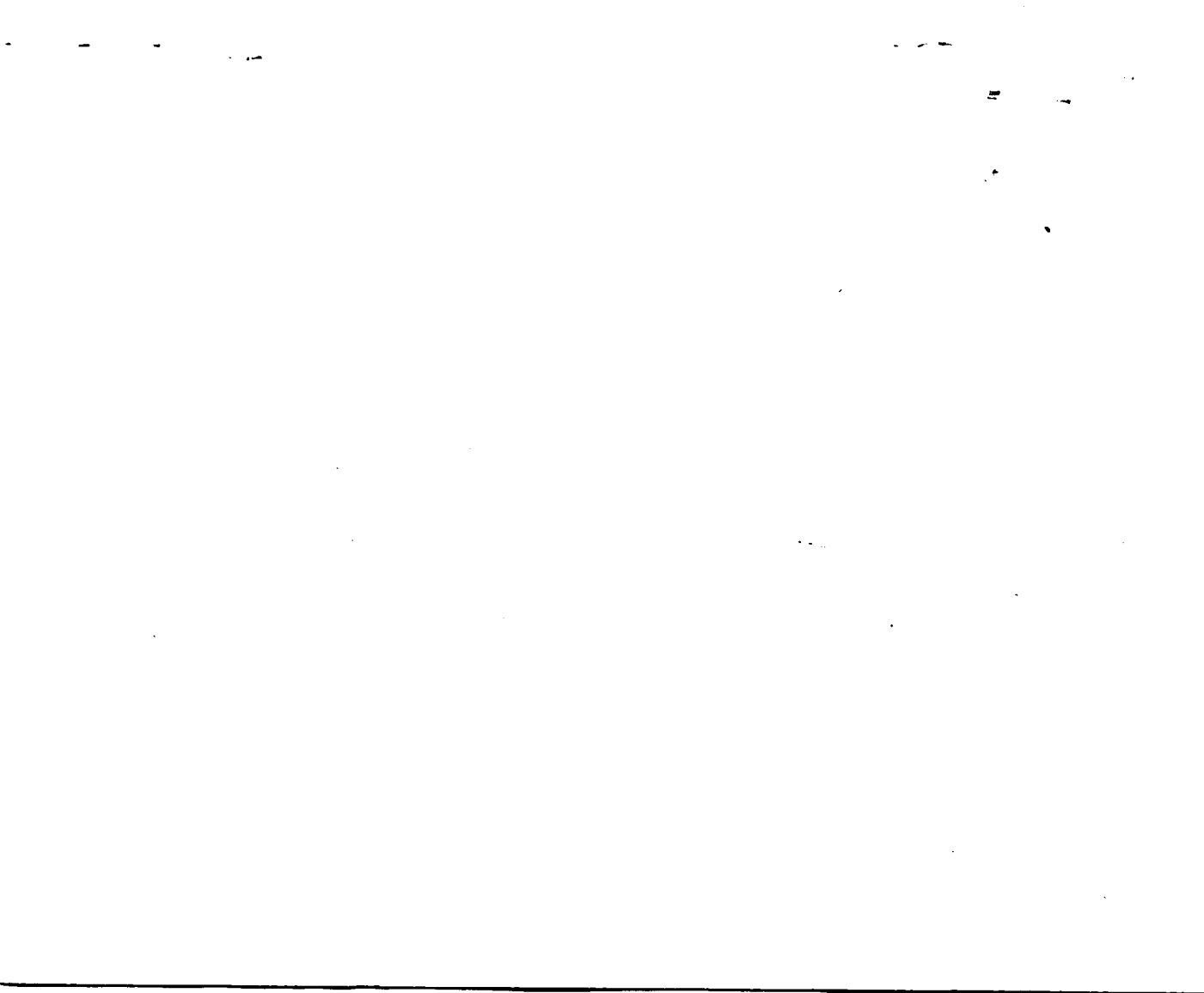
Notary Public, residing at Boise

My commission expires Sept 5 - 1942  
 [SEAL]

Signed Irene Clements  
 (Signature of any credible person other than the previous affiant)

Reeburg Idaho R 7 10  
 (Street Address, City, State)

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
 (Registrar's signature)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

813 - 211-033-271  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Madison

City of Replburg

Registration District No. 100

File No. 80139

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 207

Hospital \_\_\_\_\_

FULL NAME OF CHILD Eva Luella Hall

Sex of Child <u>7.</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 11</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	--	-----	--------------------------------	----------------------------	--

FULL NAME <u>Carl S. Hall</u>	FATHER
RESIDENCE <u>Replburg Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mauda Spaulding</u>	MOTHER
RESIDENCE <u>Replburg Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive at 2 55 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Y. Espe  
Physician  
(Physician or midwife)

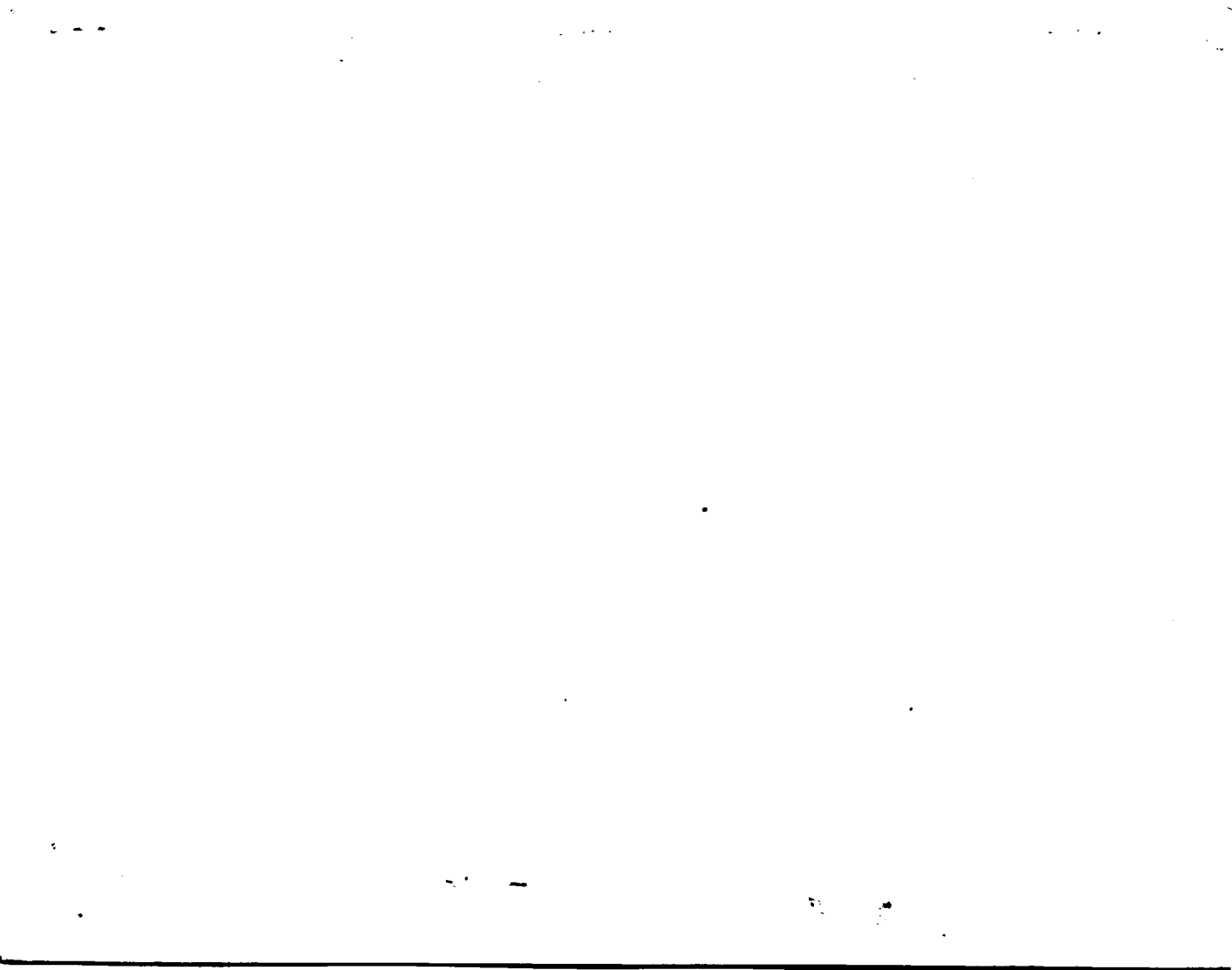
Given names added from a supplemental report.

Address 6-5-1920  
Filed 6-5-1920 J. Y. Espe  
Registrar

Registrar

Registrar

K





L.D.S. Church Cert. of Blessing, July 4, 1920 gives full name of child as Eva Luella Hall, daughter of Earl Hall and Maude Spaulding, born May 11, 1920 at Burton, Idaho - viewed by V.S. and L.D.S. Church Cert. of Baptism and Confirmation, June 2, 1929 gives full name of child as Eva Luella Hall, daughter of Earl Hall and Maude Spaulding, born May 11, 1920 at Burton, Idaho - viewed by V.S. BUREAU OF VITAL STATISTICS

## Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 80139  
County of Madison } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
for Unnamed Hall who was born on May 11, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by church record prepared on June 2, 1929 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Eva Luella Hall

Subscribed and sworn to before me this 1st day of  
December, 1960.  
Ray W. Right  
Notary Public, residing at Rexburg, Idaho  
My commission expires January 26, 1963.  
(Seal)

Signed Carl Stewart Hall  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Route 1, Rexburg, Idaho  
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Madison }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of  
December, 1960.  
Ray W. Right  
Notary Public, residing at Rexburg, Idaho  
My commission expires 1-26-63.  
(Seal)

Signed \_\_\_\_\_  
(Signature of Any Credible Person)  
170 S. 1 W., Rexburg, Idaho  
(Street Address, City, State)

SEP 13 1961

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

432-111-033-993

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-10

County of Madison

City of Hibbard

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 100 File No. 80140

Hospital \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 206

FULL NAME OF CHILD SAMUEL WILMER McKENNA

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimacy? <u>Yes</u>	Date of Birth <u>May 11 1920</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER  
FULL NAME Benjamin Royal McKenna  
RESIDENCE Hibbard Idaho  
COLOR White AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Logan, Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Olive Sofia Gitting  
RESIDENCE Hibbard Idaho  
COLOR White AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Ogden Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, or one of the parents should sign this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

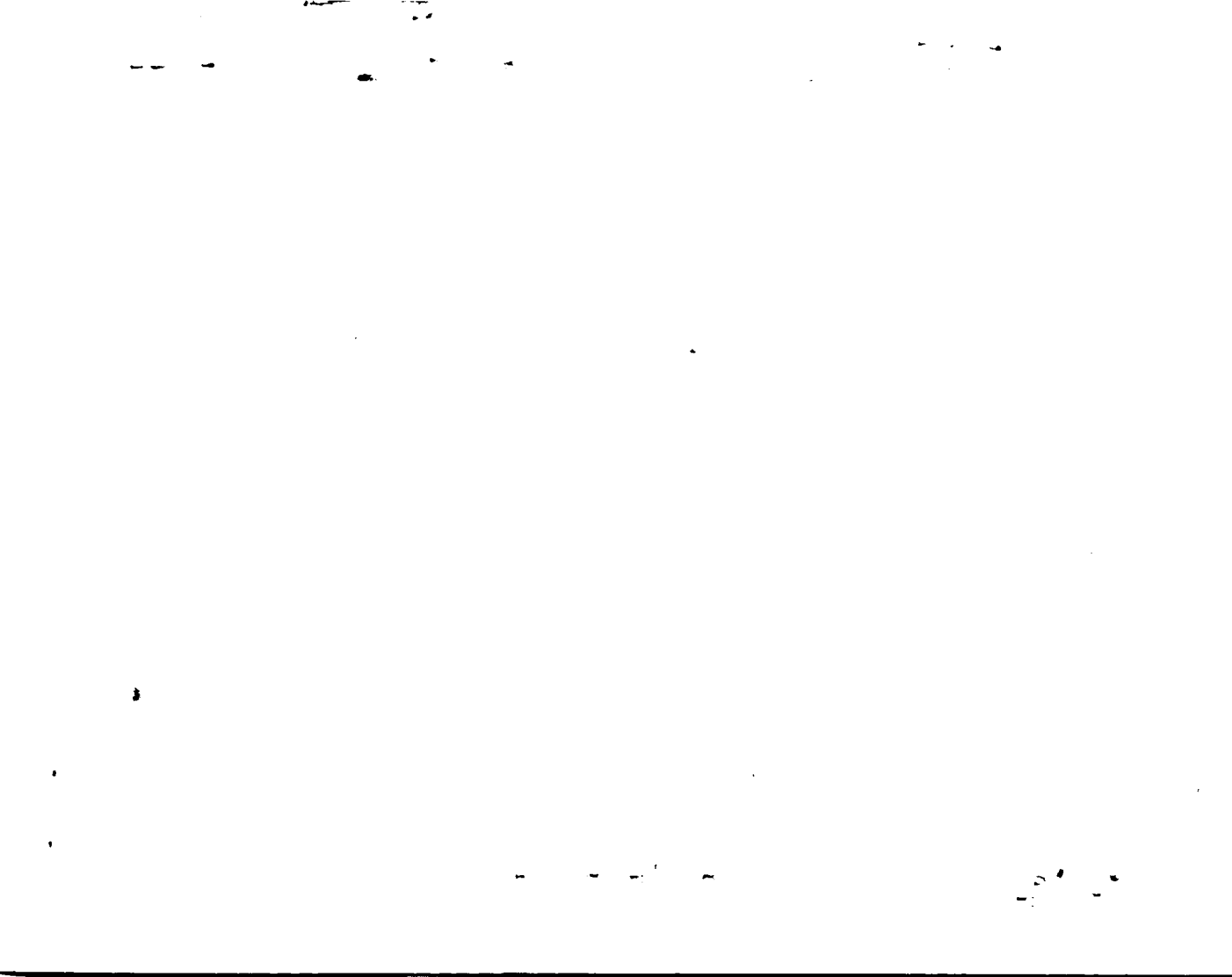
(Signature) O. O. Martin  
Physician  
(Physician or midwife)

Names added from a supplemental report.

Address Rexburg, Idaho  
Filed 6-5-20  
Registrar J. G. Goffe

Registrar

Registrar



STATE OF IDAHO -  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 80140  
County of Madison }  
The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)  
for "Unnamed" McKenna who born on May 11, 1920 (Date of Event)  
in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by mother prepared on June 22, 1942 (Give Date), are:  
(Bible Record, Insurance Policy, Etc.) (The Correct Facts)  
**FACTS TO BE CORRECTED FROM TO**  
(“Name”, “Birth Date”, “Cause of Death”, Etc.) (As on Original)  
Name Unnamed Samuel Wilmer McKenna

Subscribed and sworn to before me this 22nd  
day of June 19 42  
Mary Smith  
Notary Public, residing at Rexburg, Idaho  
My commission expires June 16, 1943  
(Seal)

Signed Mrs. Olive McKenna  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
353 West First So., Rexburg, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Madison }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 22nd  
day of June 19 42  
Mary Smith  
Notary Public, residing at Rexburg, Idaho  
My commission expires June 16, 1943  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
Signed Violet Clements  
(Signature of Any Credible Person Other Than Previous Year)  
63 W. First So., Rexburg, Idaho  
(Street Address, City, State)

JAN 14 1948

APR 2 1948

JUN 26 1942

899 - 210 - 033 - 004

PLACE OF BIRTH

Form V.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80141

County of MadisonCity of Sugar CityRegistration District No. 100

File No. \_\_\_\_\_

No. \_\_\_\_\_ St.

Primary Registration District No. 2178Registered No. 200

Hospital \_\_\_\_\_

AMY

Full Name of Child

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____	and Number in order of birth _____	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>May 10<sup>th</sup> 20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>William Hirschi</u>	FATHER <u>William Hirschi</u>	FULL MAIDEN NAME <u>Elizabeth James</u>
RESIDENCE <u>Sugar City</u>	RESIDENCE <u>Sugar City</u>	RESIDENCE <u>Sugar City</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>White</u>
BIRTHPLACE <u>Park Valley Utah</u>	BIRTHPLACE <u>Park Valley Utah</u>	BIRTHPLACE <u>Park Valley Utah</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Born alive or stillborn)

(Physician or midwife)

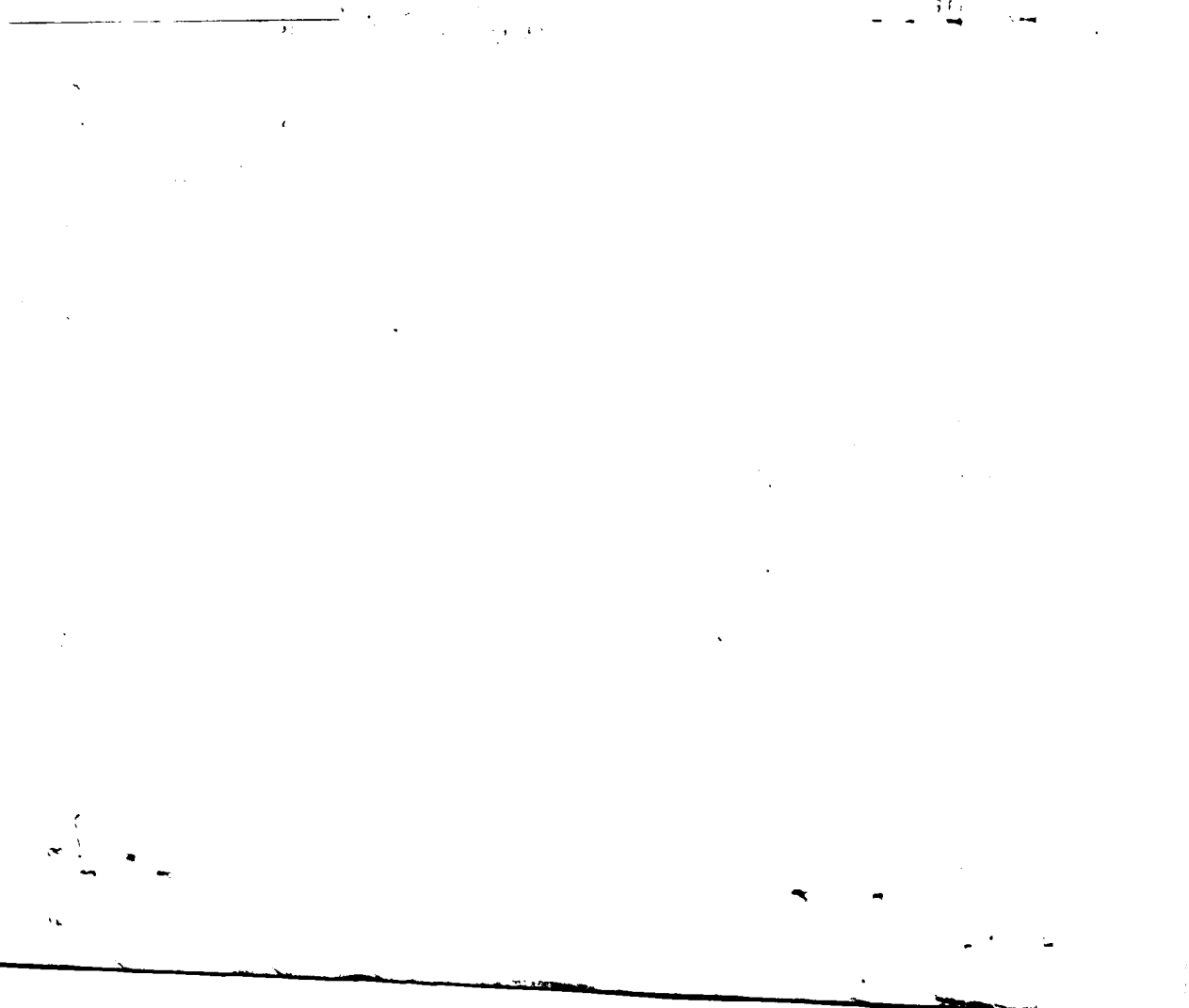
Given names added from a supplemental report

Address \_\_\_\_\_

Filed \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.  
County of Bingham

Certificate No. 80141

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of Idella Amy Hirschi (Name on Original Certificate) who was born on May 10, 1910 (Birth or Death) (Date of Event) in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by mother prepared on 6-26-44 (Give Date), are:

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

Name

Idella

Amy Hirschi

Amy Hirschi

Subscribed and sworn to before me this 26th  
day of June, 1944

Notary Public, residing at Shelley

My commission expires 9-23-44  
(Seal)

Signed Edith Hirschi, mother  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shelley, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Bingham

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th  
day of June, 1944

Notary Public, residing at Shelley, Idaho

My commission expires 9-23-44  
(Seal)

Signed William Hirschi father  
(Signature of Any Credible Person Other Than Previous Year)

Shelley, Idaho  
(Street Address, City, State)

JUL 8 1944

JUL 9 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

6/10/20 2019-0000-249  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Madison

City of Replburg

Registration District No. 100

File No. 80142

No. \_\_\_\_\_ St.

Primary Registration District No. 2178

Registered No. 204

Hospital \_\_\_\_\_

FULL NAME OF CHILD Reah Watson

Sex of Child <u>7.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>May 9</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	-------	--------------------------------	----------------------------	--

FATHER  
FULL NAME Cyrus H. Watson

MOTHER  
FULL MAIDEN NAME Mable Burke

RESIDENCE Replburg Idaho

RESIDENCE Replburg Idaho

COLOR W. AGE AT LAST BIRTHDAY 30  
(Years)

COLOR W. AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Kansas

OCCUPATION Store Clerk

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive, at 4:20 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife than the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Espe  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 6-5 19 20 G. H. Espe  
Registrar

Registrar

SEP 8 1972

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho )  
County of Bannock ) ss. VITAL STATISTICS  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Watson (Female) who was born on May 9, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name Unnamed Watson Reah Watson

Subscribed and sworn to before me this 13th day of  
September, 19 72

M. J. J. J. J.  
Notary Public, residing at Pocatello, Idaho  
My commission expires April 17, 1974  
(Seal)

Signed Mabel Watson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
711 North 6th, Pocatello, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

✕

Social Security Act Card (519-07-1637) gives name as Reah Watson. Dated 12-29-36.  
Viewed by V. S.

SEP 18 1972

Diploma from Pocatello Senior High School, Pocatello, Idaho gives name as Reah ~~Watson~~  
Watson. Dated May 19, 1938. Viewed by V. S.

631-107-033-294

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80143

County of MadisonCity of ReplburgRegistration District No. 100

File No. \_\_\_\_\_

No. \_\_\_\_\_ St.

Primary Registration District No. 2178 Registered No. 203

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Caleb Flamm

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 7</u> (Month) (Day) (Year) <u>1920</u>
------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>Chas. Flamm</u>	FATHER
RESIDENCE <u>Replburg Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>52</u> (Years)
BIRTHPLACE <u>Canada</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alice Simmons</u>	MOTHER
RESIDENCE <u>Replburg Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 7 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Espe  
(Physician or midwife) Physician

Given names added from a supplemental report.

19.

Address \_\_\_\_\_

Filed 76-35 19 20

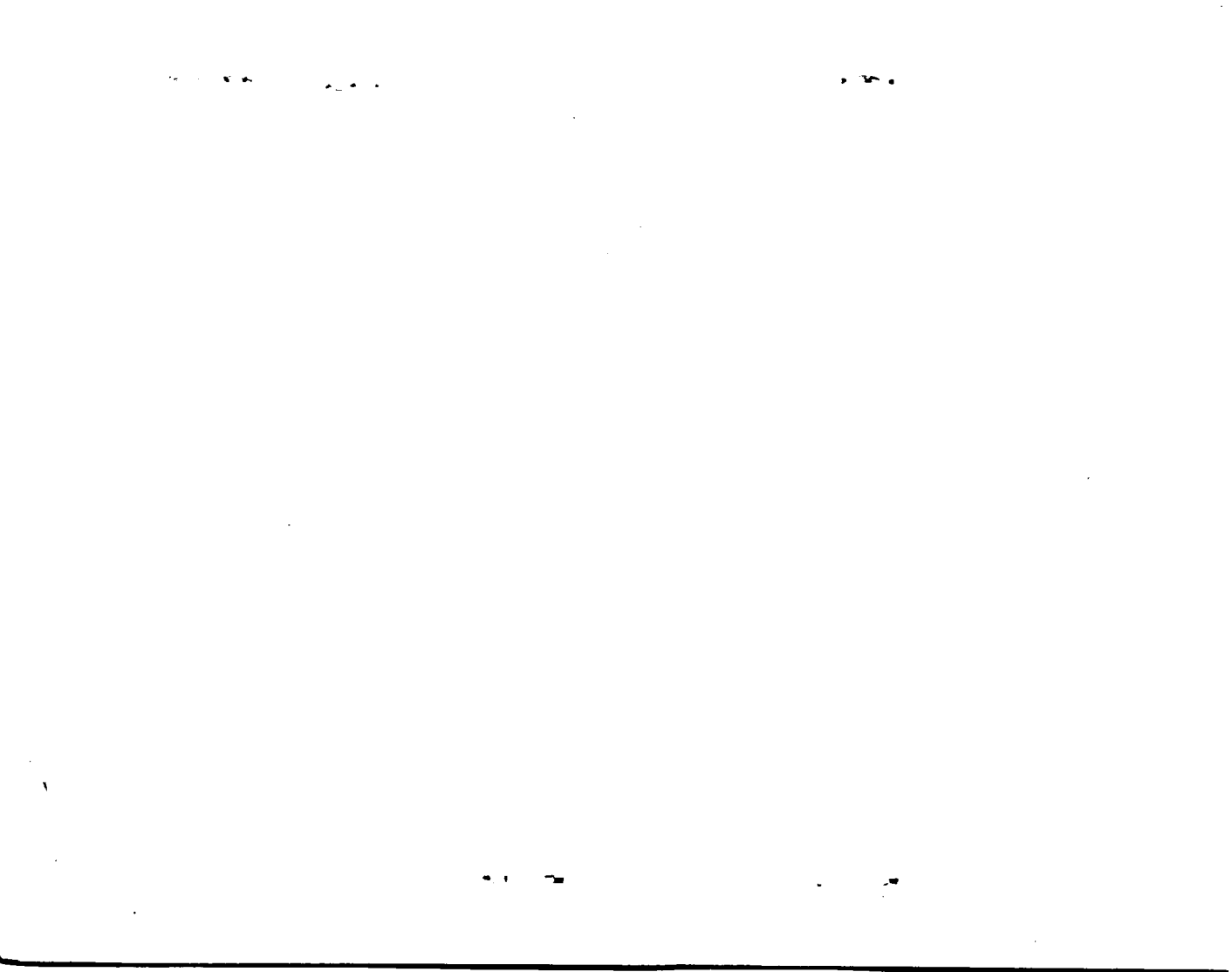
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. **BUREAU OF VITAL STATISTICS** Certificate No. **80143**  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for **Unnamed Flamm (Male)** who **was born** on **May 7, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Madison, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
child's name **Unnamed** **Caleb Flamm**

Subscribed and sworn to before me this **17th** day of  
**June** 19 **76**  
**Steve E. Schmidt**  
Notary Public, residing at **Idaho Falls, Idaho**  
My commission expires **6-2-1977**  
(Seal)

Signed **John D. Brown**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
**520 11th St. Idaho Falls, Idaho**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Idaho** }  
County of **Donnerville** } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **17th** day of

**Sharon D. Seik** 19 **76**  
Notary Public, residing at **Idaho Falls, Idaho**  
My commission expires **3/15/77**  
(Seal)

Signed **Thurman Simmons**  
(Signature of Any Credible Person)  
**Box 168 Tona Idaho 83427**  
(Street Address, City, State)

Baptismal record from LDS Church gives name as Caleb Flamm born May 7, 1920 at Independence, Idaho. Baptized May 3, 1930. father's name as Chalres H. Flamm and mother's name as Alice Viola Simmons. viewed by V. S.

SEP 24 1976

Marriage certificate from Idaho gives name as Caleb Flamm, ~~born~~ bride's name as Ileen Brown. dated March 2, 1967. viewed by V. S.

292-104-033-651

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ReensburgRegistration District No. 100 File No. 80144

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 217P Registered No. 202

Hospital \_\_\_\_\_

FULL NAME OF CHILD George Bishoff

Sex of Child <u>m.</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 4 1920</u> (Month) (Day) (Year)
------------------------	--	-----	--------------------------------	----------------------------	---

FULL NAME	FATHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	
OCCUPATION	

FULL MAIDEN NAME	MOTHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	
OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5- A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Cooper  
(Physician or midwife) Physician

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 20-5 1920 G. F. Cooper  
Registrar

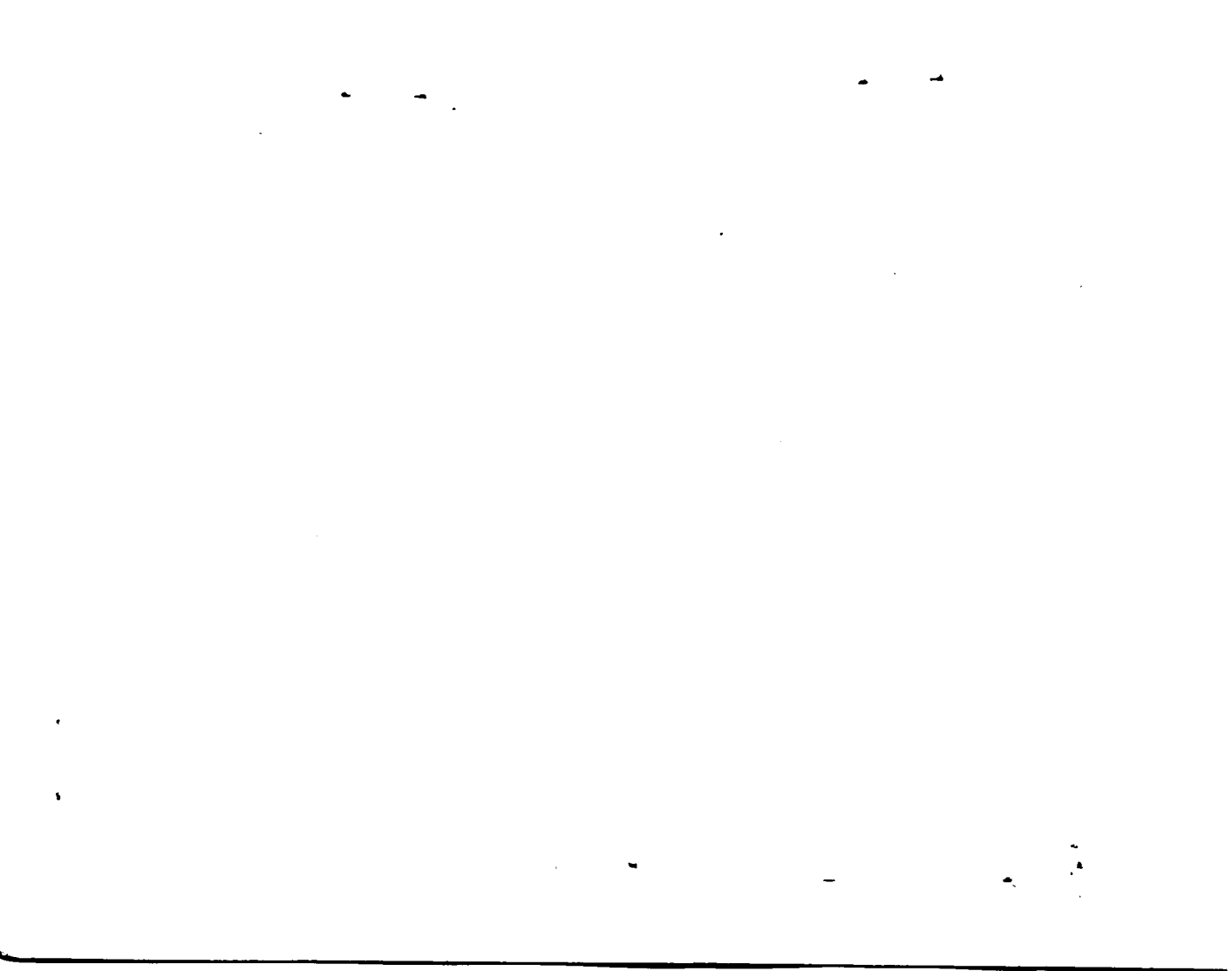
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... }  
County of ..... } ss. MAY 1 9 39 AM '78  
Certificate No. 80144  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Bishoff who was born on May 4, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name," "Birth Date," "Cause of Death," Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

childs name omitted George Bishoff

Subscribed and sworn to before me this 27 day of

April 1978  
Joseph L. Sellen  
Notary Public, residing at Rexburg, Idaho  
My commission expires Life  
(Seal)

Signed George Bishoff  
(Signature of parent or attendant correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Rexburg, Idaho IDAHO  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Madison } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of

April 1978  
Joseph L. Sellen  
Notary Public, residing at Rexburg, Idaho  
My commission expires Life  
(Seal)

Signed J. Lee Brover  
(Signature of Any Credible Person)  
Rexburg, Idaho  
(Street Address, City, State)

Certificate of Naturalization from The USA No. 499924 for Katie Bishoff gives child's name as George Bishoff ~~he~~ age 8 mos. dated Feb 7, 1921. viewed by VS

Insurance policy from Beneficial Life Ins. Co gives name as George Bishoff No. 233958. no year listed. appear to be old insurance policy. viewed by ~~VS~~  
V. S.

JUN 5 1978

PLACE OF BIRTH

819-226-033-243

Form V. 57-11-25-4-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of Pugar

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 100File No. 80145Primary Registration District No. 2178Registered No. 201

Full Name of Child

PAULINE

Harris

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number and in order of birth	Legiti- mate?	DATE OF BIRTH <u>April 76</u> (Month) (Day) (Year)
FULL NAME <u>Pauline Harris</u>	FATHER		FULL MAIDEN NAME <u>Rachel Leona Butch</u>	MOTHER
RESIDENCE <u>Pugar City Idaho</u>			RESIDENCE <u>Pugar City Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Payson Idaho</u>			BIRTHPLACE <u>Payson Idaho</u>	
OCCUPATION <u>Painter &amp; Paper Hanger</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

George S. Humphrey, M.D.

(Physician or midwife)

Given names added from a supplemental report

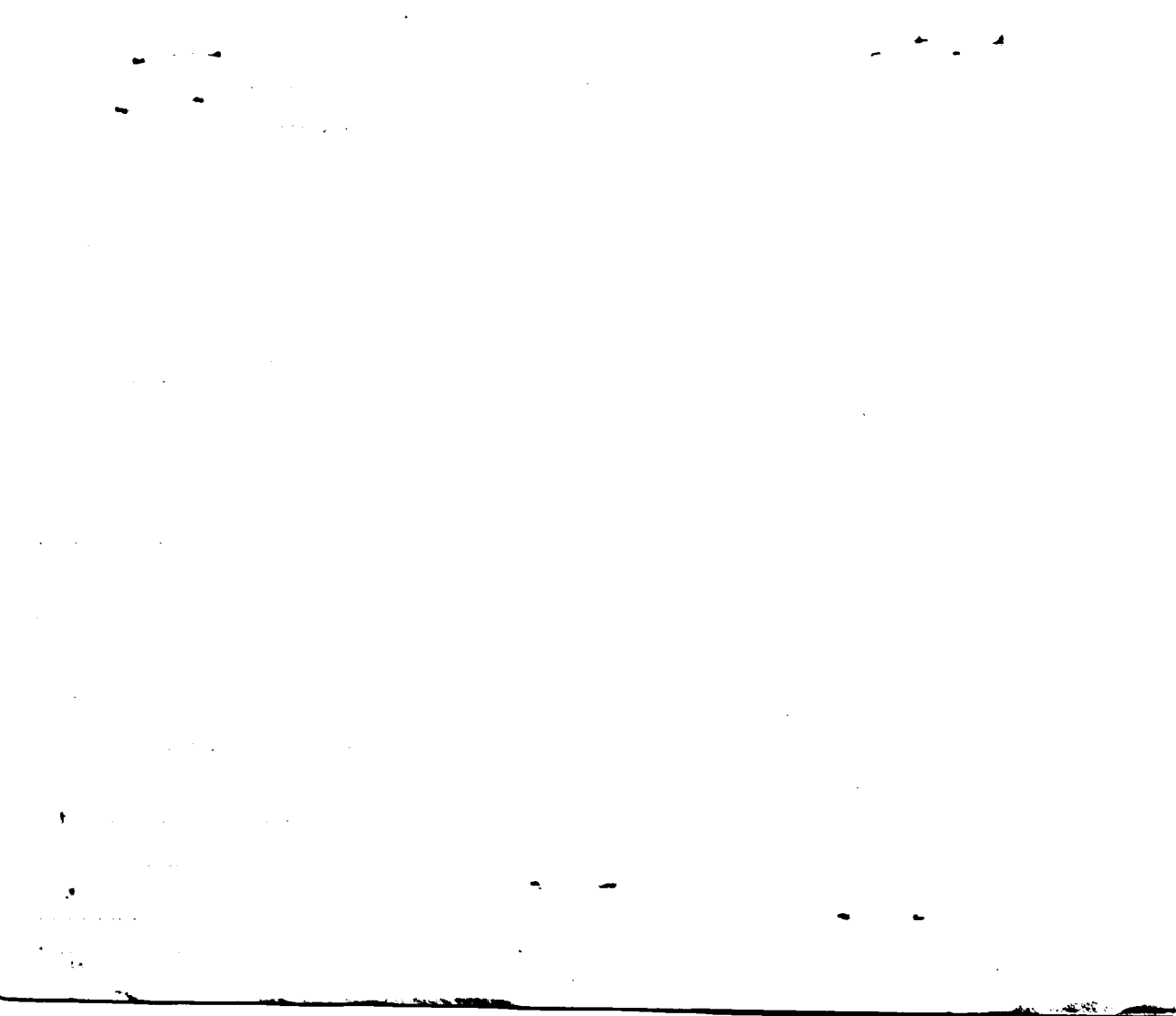
Address

Filed

6-5-1920

Registrar

Registrar





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } Certificate No. 80145  
County of Madison } ss. Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Pauline Harris who Born on April 26-1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Sugar Lake are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Bible Record prepared on April 26-1920, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

<b>FACTS TO BE CORRECTED</b> <small>("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)</small>	<b>FROM</b> <small>(AS ON ORIGINAL)</small>	<b>TO</b> <small>(THE CORRECT FACTS)</small>
Name _____	Unnamed _____	Pauline Harris _____

Subscribed and sworn to before me this 17th  
day of Feb, 19 43.

Notary Public  
Notary Public, residing at Sugar Lake  
My commission expires Oct 8-1944  
(SEAL)

Signed Rachel Leona Burt Harris  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

\_\_\_\_\_  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_  
Signed \_\_\_\_\_  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

MAR 1 1943

PLACE HERE

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 100File No. 80146

Hospital \_\_\_\_\_

Primary Registration District No. 2178Registered No. 200

Full Name of Child \_\_\_\_\_

SEX OF CHILD

Male

Twin  
Triplet  
or other?and Number  
in order  
of birthLegiti-  
mate?

Yes

DATE OF  
BIRTHApril 21<sup>st</sup> 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

AGE AT LAST  
BIRTHDAYAGE AT LAST  
BIRTHDAYNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report

Registrar

Address

Filed

Registrar

UNITED STATES OF AMERICA

JUL 22 1953

OCT 22 1952

(12127)

driv

.M

Address

Ref

695-211-033-694

## PEACE OF BIRTH

Form V. S. No. 11-25m-4-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of Lugar

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 100File No. 80147Primary Registration District No. 1178Registered No. 199Full Name of Child James Louise Winter

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____	Number in order of birth _____	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>April 11, 1920</u> (Month) (Day) (Year)
----------------------------	------------------------------	--------------------------------	------------------------	---

FULL NAME <u>Geo W. Winter</u>	FATHER
RESIDENCE <u>Lugar City</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Lumberman</u>	

FULL MAIDEN NAME <u>Facy S. Wimmill</u>	MOTHER
RESIDENCE <u>Lugar City</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born above at 6:20 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. B. EvansPhysician

(Physician or midwife)

Given names added from a supplemental report

Address \_\_\_\_\_

Filed 6-5 1920

Registrar

Registrar

FEB 17 1972

HYPER

1971

1971

719-215-033-813

PLACE OF BIRTH

name added

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Madison 2-11-82

CERTIFICATE OF BIRTH

City of SugarRegistration District No. 100

File No.

80148

No. \_\_\_\_\_ St.

Primary Registration District No. 2178Registered No. 198

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Barbara Garner

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?yes

Date of Birth

3-15-

(Month)

(Day)

1920  
(Year)

FULL NAME

Frank L. Garner

FATHER

FULL MAIDEN NAME

Alice Luella Hale

MOTHER

RESIDENCE

Sugar City

RESIDENCE

Sugar City Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY24

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY21

(Years)

BIRTHPLACE

Ogden Utah

BIRTHPLACE

Parker Idaho

OCCUPATION

Farmer

OCCUPATION

House WifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

3.32 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

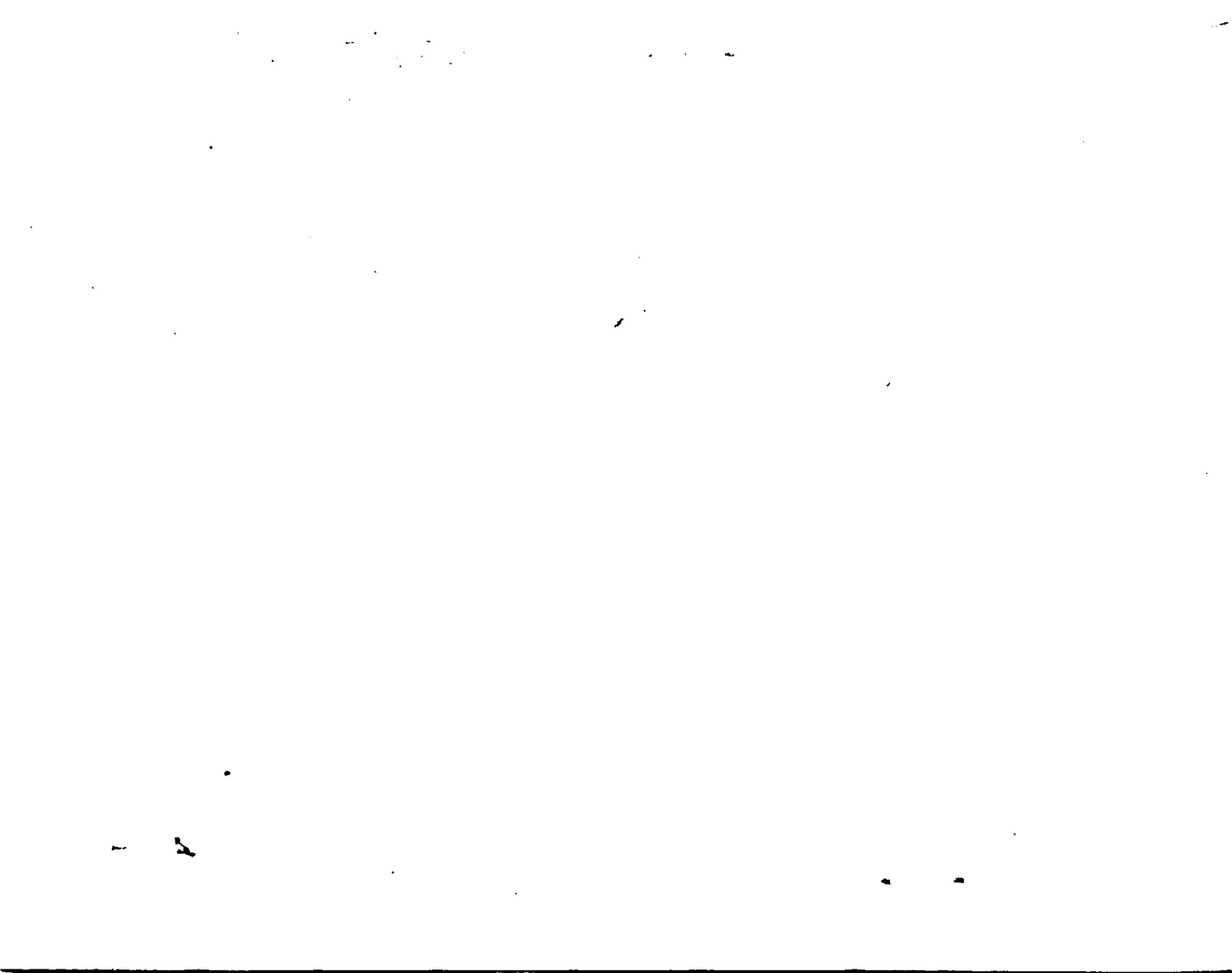
Address

Filed

19

Registrar

Registrar





1-29-82

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

RECEIVED  
Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

FEB 10 1982

State of Idaho } ss.  
County of Madison

Bureau of Vital Statistics

Certificate No. 80148

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Garner who was born on 3-15-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Sugar (Madison) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameUnnamedBarbara GarnerSubscribed and sworn to before me this 6 day ofFebruary 19 82Notary Public, Ronald BarryResiding at Sugar City, Id.My commission expires Life

(Seal)

x Barbara Lusk (Garner)  
Signature of Applicant26 North Austin, Sugar City Idaho  
Street Address, City, State 83448

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Madison

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day ofFebruary 19 82Notary Public, Ronald BarryResiding at Sugar City, Id.My commission expires Life

(Seal)

+ Mrs. Alice H. Garner (mother)  
Supporting Signature121 North Center - Rexburg Idaho  
Street Address, City, State 83440

I bc pd

Cert of Blessing from LDS Church gives Barbara Garner born 3-15-20 in Sugar City to Frank LeRoy Garner and Alice Luella Haight was blessed 5-2-20. Viewed by V.S.

Cert of Baptism from LDS Church gives Barbara Garner born 3-15-20 in Sugar City to Frank LeRoy Garner and Alice Luella Haight and was baptised 6-1-28. Viewed by V.S.

632-117-034-244

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

V. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

County of MinidokaCity of Boise

No. \_\_\_\_\_ St.

Registration District No. 19 File No. 80149

Hospital \_\_\_\_\_

Primary Registration District No. 2013 Registered No. 114

## FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin <u>Zuri</u> and <u>one</u> Triplets or other? (To be answered only in event of plural births)	Number in order of birth <u>one</u>	Legitmate? <u>yes</u>	Date of Birth <u>May 17<sup>th</sup></u> <u>1920</u> (Month) (Day) (Year)
--------------------------	--	-------------------------------------	-----------------------	--

FULL NAME <u>Ellis E. Olson</u>	FATHER
RESIDENCE <u>Rupert Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Elena Kump</u>	MOTHER
RESIDENCE <u>Rupert Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 3:30 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Trujillo, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address Rupert, IdahoFiled 6-7 1920 E. E. Elmore

Registrar

Registrar



693 - 203-034-884

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MinidokaCity of RupertRegistration District No. 19File No. 80151

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 116

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>June 3</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-------	--------------------------------	-------------------------	--

FULL NAME <u>Leonard Ray Wilde</u>	FATHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Wyoming</u>	
OCCUPATION <u>Carpenter</u>	

FULL MAIDEN NAME <u>Mariada Elvira Hyde</u>	MOTHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Wyo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

alive, at 9:35 P. M.  
(Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) E. A. Elmore(Physician or midwife) M.D.

Given names added from a supplemental report. \_\_\_\_\_

19. \_\_\_\_\_

Address RupertFiled June 4 1920

Registrar \_\_\_\_\_

Registrar E. A. Elmore



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

391-226-034-994

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH
County of minidokaCity of RefertRegistration District No. 19 File No. 80152

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2013 Registered No. 117

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mary Lou TrathenSex of  
ChildFemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthApr. 26 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

William Lawrence Trathen

RESIDENCE

Refert

COLOR

whiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

ClerkFULL  
MAIDEN  
NAME

MOTHER

Agnes Lancia Ridge

RESIDENCE

Refert

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Pa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Alma, at 6 a. M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Edt Elmore  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Refert

Filed

June 4 1920 Edt Elmore

Registrar

Registrar

SEP 11 1974



763-230-034-144  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-4-3-27

County of *Montpelier*City of *Keybourn*Registration District No. *19*File No. *80153*No. *St.*Primary Registration District No. *2015*Registered No. *118*Hospital *St.*FULL NAME OF CHILD *FERN Pollard*

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>April 30 1920</i> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <i>Robert C. Pollard</i>	FATHER
RESIDENCE <i>Keybourn</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>18</i> (Years)
BIRTHPLACE <i>Kansas city Mo.</i>	
OCCUPATION <i>Shoring</i>	

FULL MAIDEN NAME <i>Nellie Judd</i>	MOTHER
RESIDENCE <i>Keybourn</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>16</i> (Years)
BIRTHPLACE <i>Utah</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Born alive*, at *11:15 A.M.* on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

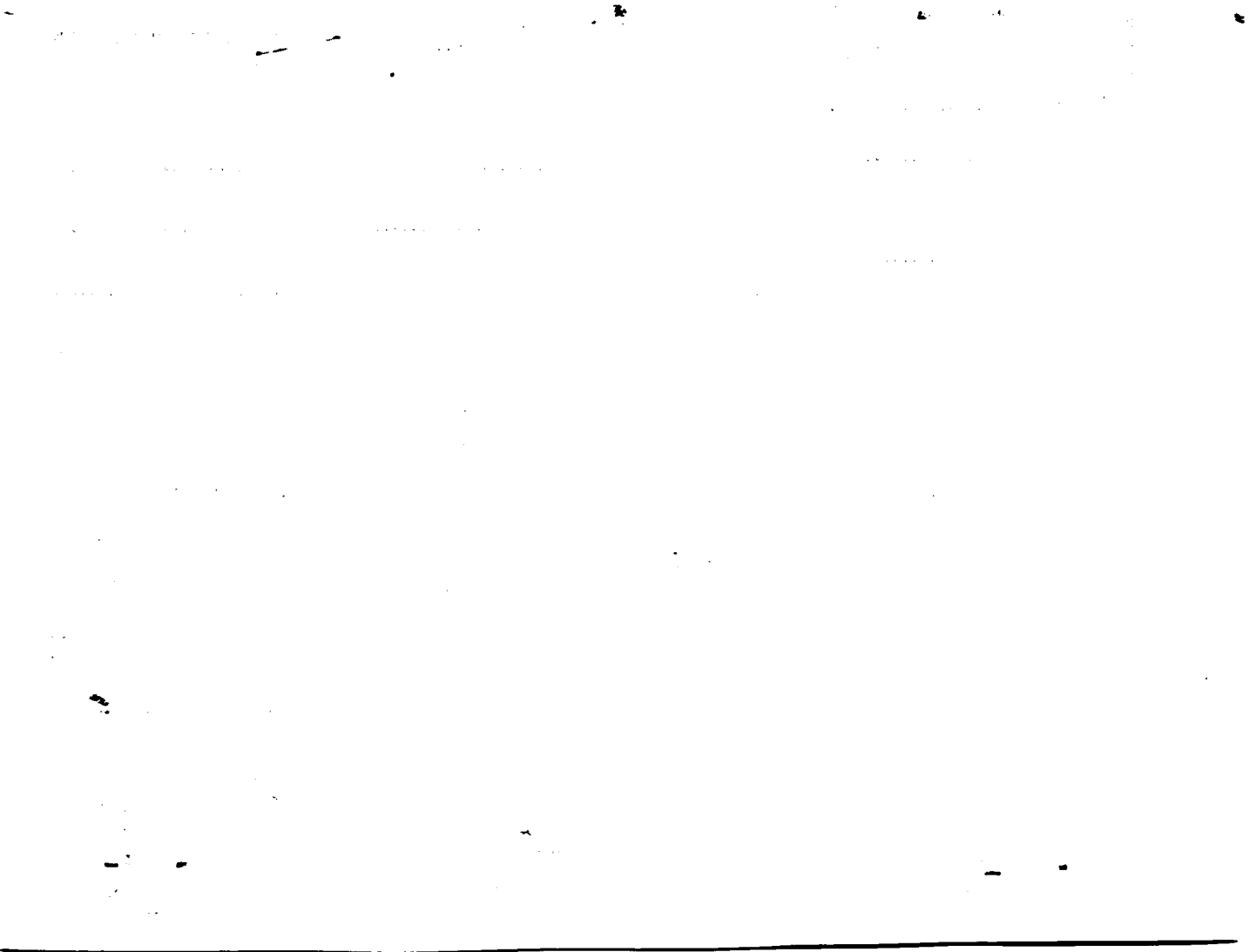
(Signature) *F. H. Cutler*  
(Born alive or stillborn)  
*mo*  
(Physician or midwife)

Given names added from a supplemental report.

*19*Address *Burley Ida**1920*Filed *6-7-20*

Registrar

Registrar



FEB 10, 1942

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS.**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
 County of Cassia } ss. Certificate No. 80153

Date Filed Birth ---

The undersigned does solemnly swear that certain facts on the certificate of Birth ---  
 for Unnamed Pollard who was born on Apr. 30, 1920  
 (Name on Original Certificate) (Birth or Death)  
 in Emerson, Minidoka Co. (Was Born or Died) (Date of Event)  
 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by prepared on, are:

<b>FACTS TO BE CORRECTED</b> (“Name”, “Birth Date”, “Cause of Death”, Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
<u>name</u>	<u>pollard</u>	<u>Fern Pollard</u>

Subscribed and sworn to before me this 17th  
 day of February, 1942  
Nancy H. Parker  
 Notary Public, residing at Burley  
 My commission expires June 1, 1942.  
 (Seal)

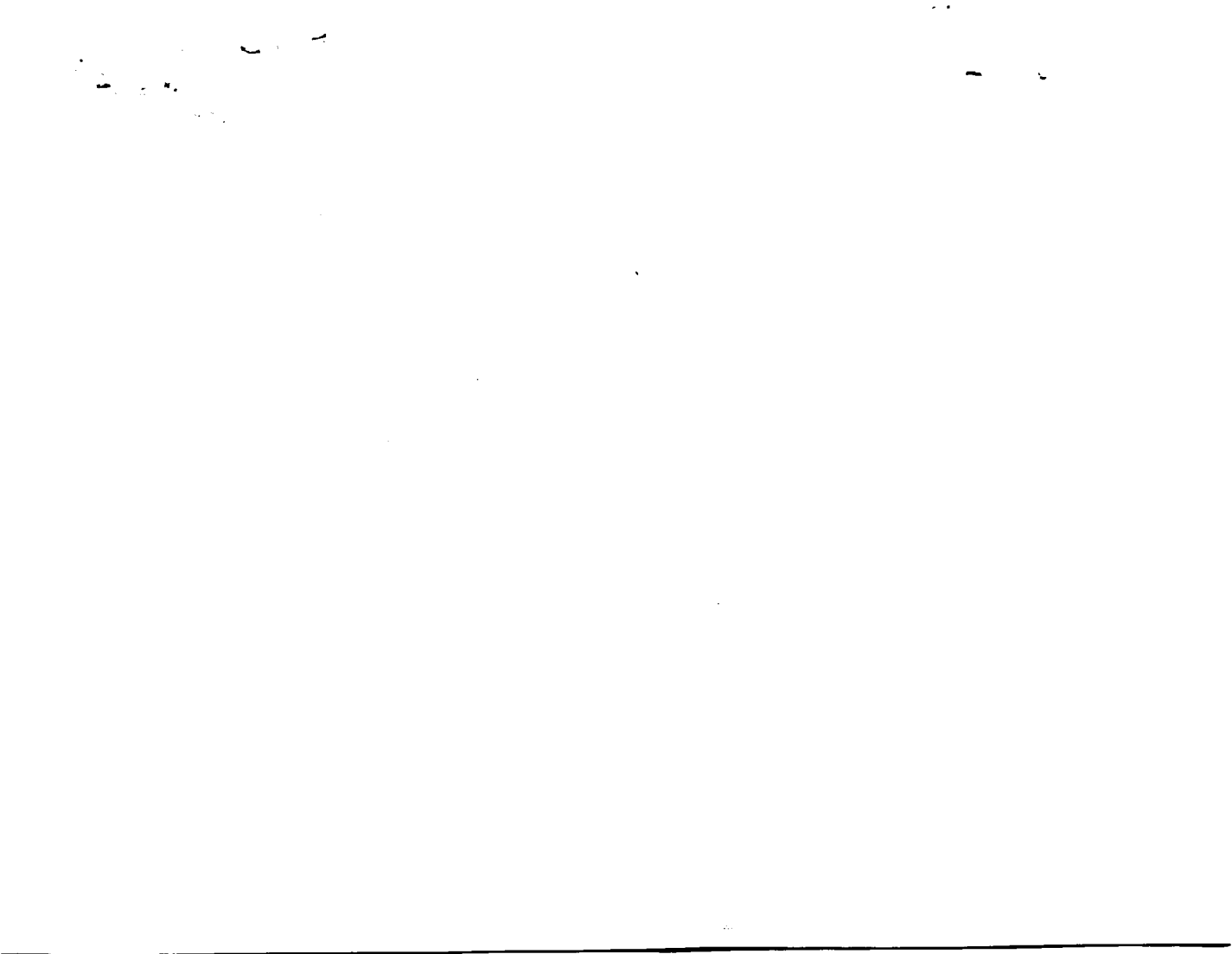
Signed Mellie Mattie Judd Pollard  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Burley, Idaho  
 (Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
 County of Cassia } ss.  
 The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
 Subscribed and sworn to before me this 17th  
 day of February, 1942  
Nancy H. Parker  
 Notary Public, residing at Burley, Idaho  
 My commission expires June 1, 1942.  
 (Seal)

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

Signed Robert L. Pollard  
 (Signature of Any Credible Person Other Than Previous Year)  
Burley, Idaho  
 (Street Address, City, State)



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-121-034-666a

## PLACE OF BIRTH

Minidoka

County of ~~Shoshone~~City of ~~Paul~~

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

80155

Registration District No. 19

File No. \_\_\_\_\_

Primary Registration District No. 2015Registered No. 1720

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u>	and Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 21</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Frank H. Manning</u>			FULL MAIDEN NAME MOTHER <u>Martha Fowler</u>	
RESIDENCE <u>Paul, Ida</u>			RESIDENCE <u>Paul, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>37</u> (Years)		
BIRTHPLACE <u>Hooper, Utah</u>			BIRTHPLACE <u>Hooper, Utah</u>	
OCCUPATION <u>Famer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 8Number of children of this mother now living, including present birth. 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:30 AM on the date above stated.  
(Born alive or stillborn)

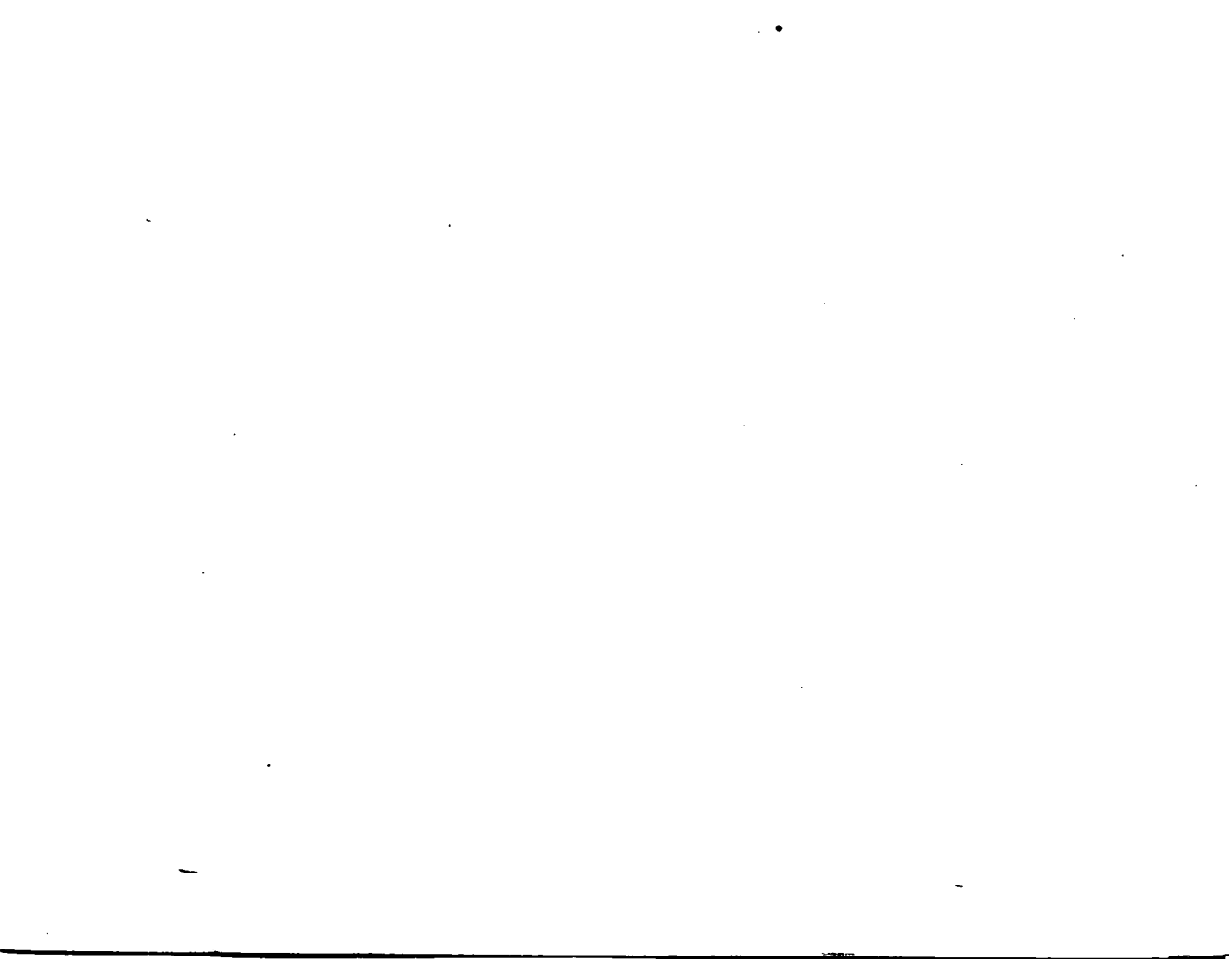
\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. D. Cooper

(Physician or midwife)

Given names added from a supplemental report.

Address Paul, IdaFiled 6-7-20 E. D. Etnier



286-214-034-558

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH amend 4-14-82

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MinidokaCity of KamamaRegistration District No. 19File No. 80156

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015Registered No. 121

Hospital \_\_\_\_\_

Adella Schorzman

## FULL NAME OF CHILD

Sex of Child <u>girl</u>	Twin Triplet or other? _____	and {	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>5</u> <u>14</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	------------------------------	-------	--------------------------------	-------------------------	--

FULL NAME David FATHER SchorzmanFULL MAIDEN NAME Christina MOTHER NeuharthRESIDENCE KamamaRESIDENCE KamamaCOLOR White AGE AT LAST BIRTHDAY 38  
(Years)COLOR White AGE AT LAST BIRTHDAY 36  
(Years)BIRTHPLACE S. DakBIRTHPLACE S. DakOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 9:30 AM, on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kagan  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

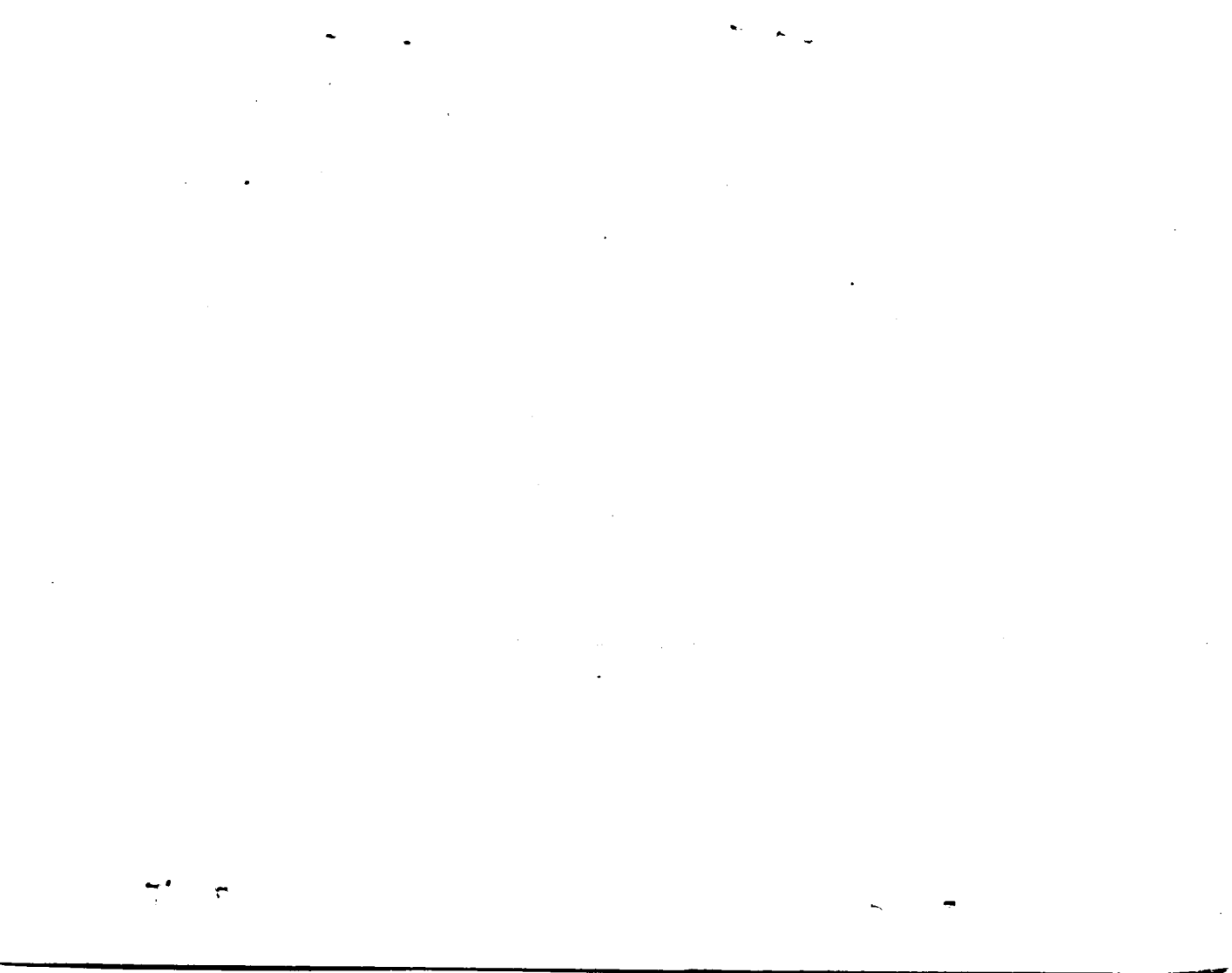
Address Respect  
Filed 6-7-20 ED E. E. E.  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ } ss. APR 12 2 47 PM '82 Certificate No. 80156  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Shorzman who was born on 5-14-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Kimana (Minidoka) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

children name	Unnamed Shorzman	Adella Schorzman
fathers last name	Shorzman	Schorzman
mothers last name	Nihart	Neuharth

Subscribed and sworn to before me this 5<sup>th</sup> day of APRIL, 1982.

Notary Public, Wayne Satta

Residing at SPARKS, NEVADA

My commission expires Dec. 6<sup>th</sup> 1985

(Seal)

Adella Schorzman  
Signature of Applicant  
2500 Simms Cir, Sparks, Nev.  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of NEVADA } ss.  
County of WASHOE }

(Must be completed ☐)

(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5<sup>th</sup> day of

APRIL, 1982.

Notary Public, Martha A. Bemis

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)



Martha A. Bemis  
Supporting Signature  
680 Greenbriar Dr, Sparks, NV  
Street Address, City, State

cc pd

No-89431

Certificate of Confirmation in Immanuel Church in Rupert, Idaho gives Adella Schorzman born 5-14-20 was confirmed 9-8-35. Viewed by V.S.

**APR 14 1982**

School progress record for Adella Schorzman bor 5-14-20 in Idaho was promoted to grade 5 on 5-22-31. Viewed by V.S.

Family Record gives Christina Neuharth, Mrs David Schorzman of Rupert, Idaho was born 4-30-1885 at Menno, SD and married David Schorzman on 5-21-07. Obviously old record, Viewed by V.S.

Geneology sheet of Gottlieb Schorzman family dated June 1953 gives David Schorzman and Christine Neuharth as parents of Adella Schorzman. Viewed by V.S.

792-223-034-967

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MinidokaCity of BoiseRegistration District No. 19 File No. 80157

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 122

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>5 23 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>Joe Gissler</u>	FATHER
RESIDENCE <u>Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Switzerland</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Agnes Rozman</u>	MOTHER
RESIDENCE <u>Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Austria</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature) J.B. Kenagy  
Physician  
(Physician or midwife)

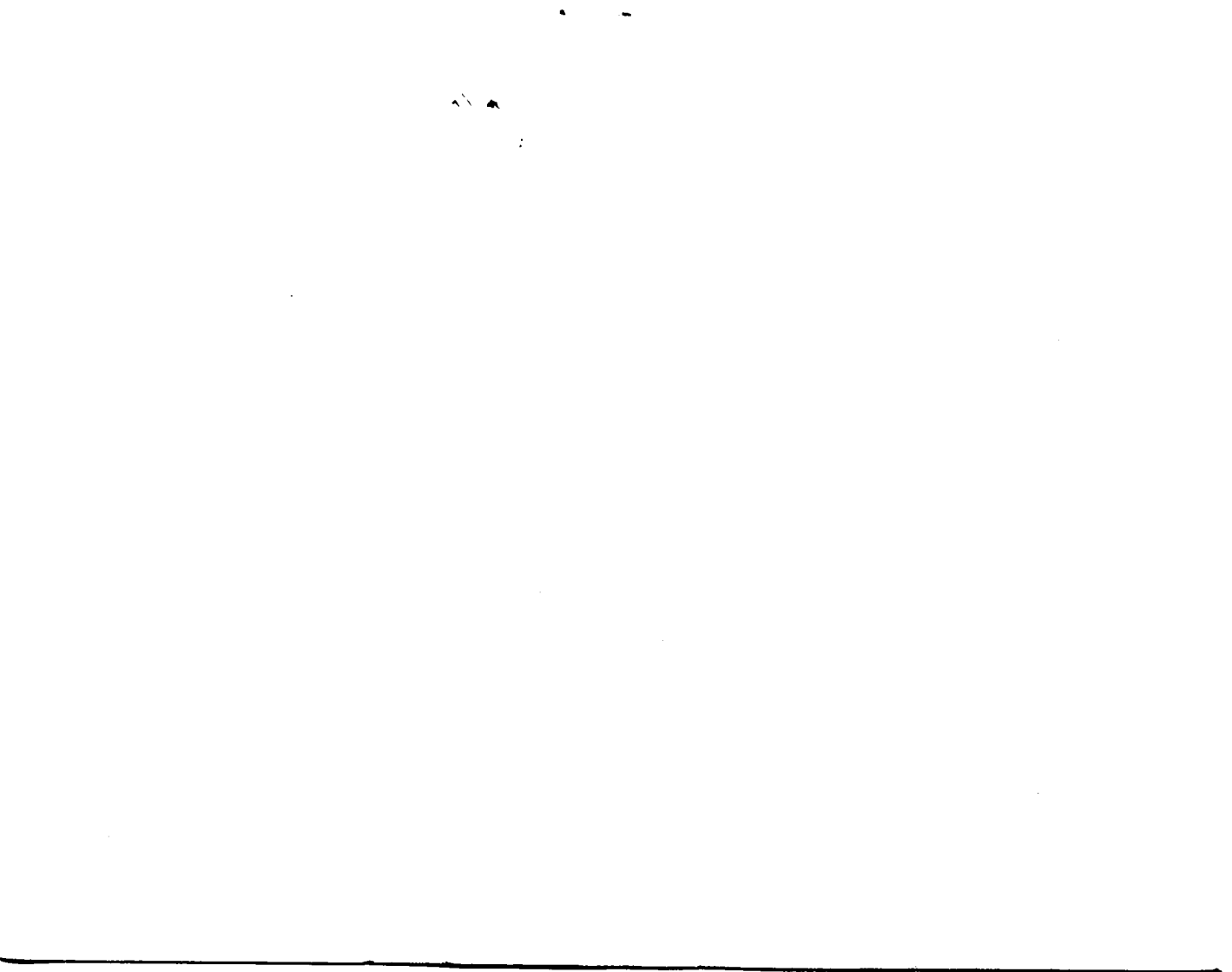
Address Boise, Ida.Filed 6-7-20 E.H. Elmore  
Registral

Registral

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



294-127-034-639

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80158

County of MinidokaCity of BoysertRegistration District No. 19

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 128

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Glen Elwood SimpsonSex of  
ChildBoyTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth5 27  
(Month) (Day)1920  
(Year)FULL  
NAMEWill Simpson

FATHER

RESIDENCE

Idaho Falls Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Utah

OCCUPATION

blackFULL  
MAIDEN  
NAMEFlorence Oliver

MOTHER

RESIDENCE

Boysert Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Ida

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:30 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. B. Knazy  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

6-7 1920E. H. Elwood  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

467-229-034-367

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH
County of MinidokaCity of RupertRegistration District No. 19File No. 80159

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 124

FULL NAME OF CHILD

Nellie Leora Doggett

Sex of Child

girlTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth5 29 1920  
(Month) (Day) (Year)FULL  
NAMEMerle Doggett

FATHER

RESIDENCE

Rupert

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Kans

OCCUPATION

Service StationFULL  
MAIDEN  
NAMEAdelia Cox

MOTHER

RESIDENCE

Rupert

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 p M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J B Kepragy  
Physician  
 (Physician or midwife)

Given names added from a supplemental report.

19

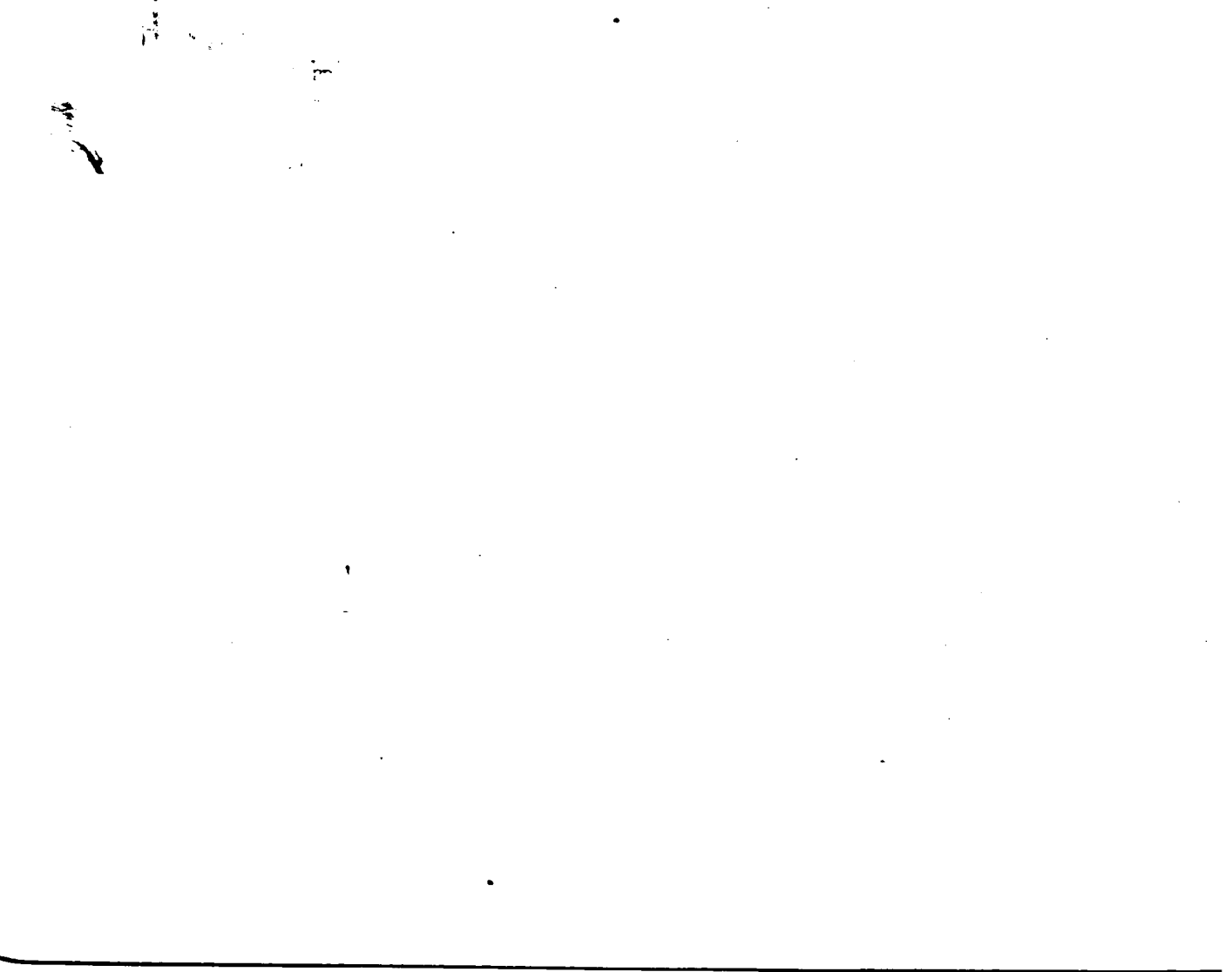
Address

Filed

6-7 1920

Registrar

Registrar





812-131-035-654

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-0-8-17

## CERTIFICATE OF BIRTH

County of Key PierceCity of Slickfoot, Ida.Registration District No. 128File No. 80161

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Francis Joseph Hasenoechl

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u>	and { Number in order of birth <u>    </u> }	Legitimate? <u>yes</u>	Date of Birth <u>5</u> <u>31</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	------------------------------------	--	------------------------	--

FULL NAME <u>George Hasenoechl</u>	FATHER
RESIDENCE <u>Slickfoot Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Wisconsin</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Fena Treucht</u>	MOTHER
RESIDENCE <u>Slickfoot, Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Idaho.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1 ..... Number of children of this mother now living, including present birth... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5:00 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Caldesac Idaho.Filed May 20 1920 George Gaignard M.D.

Registrar

Registrar

APR 8 1942

657-217-035-458

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Tray PerceCity of CameronRegistration District No. 92File No. 80162

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2170Registered No. 14FULL NAME OF CHILD Selma Johanna Anders WegnerSex of Child FemaleTwin  
Triplet  
or other? 1

and {

Number  
in order  
of birth 2

(To be answered only in event of plural births)

Legiti  
mate? YesDate of  
Birth April 17

(Month)

(Day)

1920  
(Year)FULL  
NAMECarl L. Wegner

RESIDENCE

Cameron

COLOR

WhiteAGE AT LAST  
BIRTHDAY 43

(Years)

BIRTHPLACE

Minn.

OCCUPATION

TeacherFULL  
MAIDEN  
NAMEAnna Meyer

RESIDENCE

Cameron

COLOR

WhiteAGE AT LAST  
BIRTHDAY 27

(Years)

BIRTHPLACE

Idaho

OCCUPATION

House wifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Domaliva

(Born alive or stillborn)

at 2 P.M.(Signature) D. J. W. Stoneburner

(Physician or midwife)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 5-131920E. E. Watts

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MAR 11 1955

666-124-035-231

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MyerCity of ChamorroRegistration District No. 92File No. 80163

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2170Registered No. 15

Hospital \_\_\_\_\_

FULL NAME OF CHILD Irvin Milton Woodward

Sex of Child <u>Male</u>	Twin Triplet or other? <u>1</u> { and { Number in order of birth <u>3</u>	Legitimate? <u>Yes</u>	Date of Birth <u>April 24</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>J. M. Woodward</u>	FATHER
RESIDENCE <u>Leland</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Canada</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Grace Blackington</u>	MOTHER
RESIDENCE <u>Leland</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Bonnie, at 5-20 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Shruburner  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 5-13 1920E. E. Watts

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1942

268-208-035-867

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 12-0-224-0-17

County of My PuceCity of LewistonNo. 321 1st Ave.Registration District No. 96File No. 80164Primary Registration District No. 1000Registered No. 4161

Hospital .....

FULL NAME OF CHILD

Freeman S. Boyle

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Apr. 8</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Stanley C. Boyle</u>	FATHER		FULL MAIDEN NAME <u>Frances Hogan</u>	MOTHER
RESIDENCE <u>Lewiston Idaho</u>			RESIDENCE <u>Lewiston Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Wis.</u>			BIRTHPLACE <u>Wardman, Idaho</u>	
OCCUPATION <u>Club-merchant</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Apr. 8 - 1920 on the date above stated.at 5 A. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

L. J. Perkins  
(Physician or midwife)

Given names added from a supplemental report.

Address .....

Lewiston IdahoFiled June 12 1920Ernest E. Bruce  
Registrar

NOV 29 1965

RECEIVED

STATE OF TEXAS  
COMPTROLLER GENERAL



419-208-035-249  
PLACE OF BIRTH Amended August 4, 1961STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Nez PerceCity of Lewiston

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. JosephRegistration District No. 96File No. 80165Primary Registration District No. 1009Registered No. 462FULL NAME OF CHILD Lucille Marshall

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>  </u> and <u>  </u> Number in order of birth <u>  </u>	Legitimate? <u>Yes</u>	Date of birth <u>May 6, 1929</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

What bactericidal solution was used in eyes?.....

Number of child of this mother, including present birth..... 1 Number of children of this mother now living, including present birth..... 1FULL NAME Howard MarshallFULL MAIDEN NAME Marie BurchmanRESIDENCE Clarkston, Wash.RESIDENCE Clarkston, Wash.COLOR White AGE AT LAST BIRTHDAY 22  
(Years)COLOR White AGE AT LAST BIRTHDAY 18  
(Years)BIRTHPLACE IdahoBIRTHPLACE IdahoOCCUPATION FarmerOCCUPATION Housewife

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. AlleyPhysician  
(Physician or midwife)Address Lewiston, IdahoFiled June 12 1920 L. E. Bruce

Registrar.

Registrar.

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IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 80165  
County of May Bee } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Alice Marie Marshall who was born on May 6, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Lewiston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Diploma, Baptismal Book prepared on 1941, 1943, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Name of child Alice Marie Marshall Lucille Marshall

Subscribed and sworn to before me this 28 day of July, 1941  
Notary Public, residing at May Bee  
My commission expires March 1945  
(Seal)

Signed Alice Marie Marshall  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1404 29th Lewiston, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of May Bee }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of July, 1941  
Notary Public, residing at Lewiston  
My commission expires March 1945  
(Seal)

Signed Mellie E. Harper  
(Signature of Any Credible Person)  
Lewiston, Idaho  
(Street Address, City, State)

Baptismal Record, Parish Church of ~~The~~ Transfiguration in the City and Diocese of New York, baptized Dec 5, 1943, gives name as Lucille Marshall viewed by V.S.

Bachelor of Arts Degree from the University of Idaho June 9, 1941 gives name as Lucille Marshall viewed by V.S.

**YEAR: 1920**

**FILE # 80166**

**IDAHO BIRTH CERTIFICATE**

**VOID VOID VOID**

**SEE 1920-80166 A & B NOT TWINS**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

623-207-035-37  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form

CERTIFICATE OF BIRTH

County of... **Max. Perce.**

City of... **Lewiston**

Registration District No. .... **96**

File No. .... **80166A**

No. .... **1504 Main** ..... St.

Primary Registration District No. .... **1009**

Registered No. .... **44.6.44**

Hospital... **Whitas**

FULL NAME OF CHILD .... **D. U. Lucia Tan. van Ostrand**

Sex of Child	<b>Female</b>	Twin Triplet or other? <b>X</b>	and { Number in order of birth <b>X</b> }	Legitimate? <b>Yes</b>	Date of Birth	<b>5-</b>	<b>7-</b>	<b>20</b>
					(Month)	(Day)	(Year)	

FATHER  
FULL NAME **Dexter Van Ostrand**  
RESIDENCE **Winchester, Idaho**  
COLOR **White** AGE AT LAST BIRTHDAY **27** (Years)  
BIRTHPLACE **Wisconsin**  
OCCUPATION **Lumberman**

MOTHER  
FULL MAIDEN NAME **Dulcia Tyrell.**  
RESIDENCE **Winchester, Idaho.**  
COLOR **White** AGE AT LAST BIRTHDAY **26** (Years)  
BIRTHPLACE **Wisconsin**  
OCCUPATION **Housewife.**

Number of child of this mother, including present birth .... **3** Number of children of this mother now living, including present birth .... **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at **11:00A.M.** on the date above stated. (Born alive or ~~DEAD~~)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... **Edgar L. White** .....  
M.D. **Perce**  
(Physician or midwife)

Given names added from a supplemental report.

Address... **Lewiston, Idaho**

Filed **June 12, 1944** **Phon E Buca**  
Registrar Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

DATE OF BIRTH

MAY 22 1970

## CERTIFICATE OF BIRTH

County of Nez PerceCity of LeavertonRegistration District No. 96File No. 80166BNo. St.Primary Registration District No. 1009Registered No. 463Hospital St. JosephFULL NAME OF CHILD Joseph Hillward Kavanagh

Sex of Child <u>Male</u>	Twins, Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>May 6</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Gerald V. Kavanagh</u>	FATHER
-------------------------------------	--------

RESIDENCE <u>608 - 6 Ave</u>	
------------------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
--------------------	---

BIRTHPLACE <u>California</u>	
------------------------------	--

OCCUPATION <u>Hardware Merchant</u>	
-------------------------------------	--

FULL MAIDEN NAME <u>Grace Short</u>	MOTHER
-------------------------------------	--------

RESIDENCE <u>608 - 6 Ave</u>	
------------------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
--------------------	---

BIRTHPLACE <u>Washington</u>	
------------------------------	--

OCCUPATION <u>Housewife</u>	
-----------------------------	--

Number of child of this mother, including present birth... 5... Number of children of this mother now living, including present birth... 6...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 73 on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Braddock

Given names added from a supplemental report.

Address Leaverton IdahoFiled June 12 1920 Room E Bruce

Registrar

Registrar



DECEASED

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-212-035-213  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-37

County of.....**Nez. Perce.**.....

City of.....**Lewiston**.....

Registration District No.....**96**.....

File No.....**80168**.....

No.....**1504-Main**.....St.

Primary Registration District No.....**1009**.....

Registered No.....**466**.....

Hospital.....**Whites**.....**Floy**

FULL NAME OF CHILD..**Floy Patricia Duncan**.....

Sex of Child	<b>Female</b>	Twin Triplet or other? <b>X</b>	and { Number in order of birth <b>X</b>	Legitimate? <b>Yes</b>	Date of Birth..... <b>5</b> ..... <b>12</b> ..... <b>1920</b> (Month) (Day) (Year)
--------------	---------------	---------------------------------	---	------------------------	---

FATHER  
FULL NAME **J. A. Duncan**  
RESIDENCE **Lewiston, Idaho**  
COLOR **White** AGE AT LAST BIRTHDAY **28**  
(Years)  
BIRTHPLACE **Penn**  
OCCUPATION **Repair man Cars**

MOTHER  
FULL MAIDEN NAME **Hazel Butter Bates**  
RESIDENCE **Lewiston, Idaho**  
COLOR **White** AGE AT LAST BIRTHDAY **24**  
(Years)  
BIRTHPLACE **Colorada**  
OCCUPATION **H.W.**

Number of child of this mother, including present birth....**3**.... Number of children of this mother now living, including present birth.....**3**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

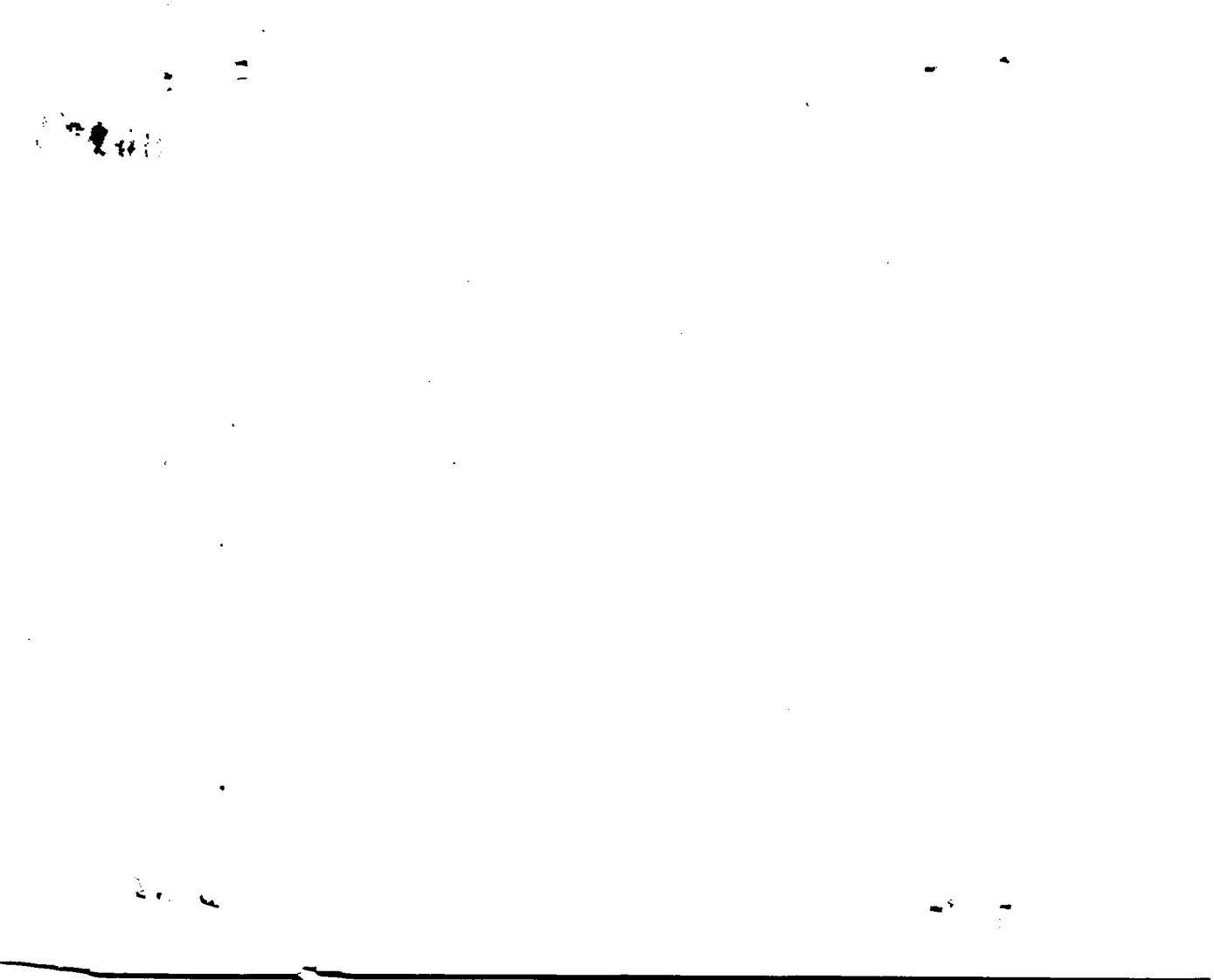
I hereby certify that I attended the birth of this child, who was..... at **12:20**.. **Am**  
on the date above stated. (Born alive or ~~born~~)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....**Edgar L. White M.D.**.....  
(Physician or midwife)

Given names added from a supplemental report.

Address.....**Lewiston, Ida**.....  
Filed.....**June 12 1920**.....**Phoan E. Paul**.....  
Registrar Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
DIVISION OF PUBLIC HEALTH  
BOISE

BOARD OF PUBLIC WEL  
FRANK ENSIGN, BOIS  
T. S. KERR, MOSCOW  
I. E. ROCKWELL, BEL  
L. O. NICHOLS, BOISE  
FRANK ATKINS, BUHL

Oct. 15, 1940

Edgar L. White, M.D.  
Lewiston, Idaho.

#80168

Dear Doctor White:

On the birth certificate of Floy Patricia Duncan,  
born to J.A. Duncan and Hazel Bates, May 12, 1920,  
the mother's maiden name is typed in "HAZEL BUTTS".

We have received a letter from Mrs. Duncan advising  
her name is incorrectly stated.

As the attending physician, will you kindly authorize  
us to make the change from Hazel Butts, to HAZEL BATES?

A notation on the bottom of this letter will be apprecia-  
ted if returned promptly, as we are holding up a certified  
copy.

Thanking you kindly, we are,

Very truly yours,

BUREAU OF VITAL STATISTICS

*Mae G. Atwood*

Mae G. Atwood, Director

PBA

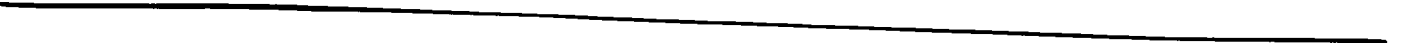
*Hazel Bates*

*E. L. White M.D.*

...

...

1



719-213  
035-PL

PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF STATISTICS

Form V. S. No. 11-O-250

County of... IDAHO...City of... Lewiston.....Registration District No. .... 76.....File No. .... 80169.....No. .... 1504... Main..... St.Primary Registration District No. .... 1009.....Registered No. .... 467.....Hospital... Whites.....FULL NAME OF CHILD .... Virginia May Garby.....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>X</u> } and { Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>5</u> ..... <u>13</u> ..... <u>1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

FULL NAME <u>LOUIS GARBY</u>	FULL MAIDEN NAME <u>ROSE GSELICHEN</u>
RESIDENCE <u>Lewiston, Idaho</u>	RESIDENCE <u>Lewiston, Idaho</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Montana</u>	BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Cleark</u>	OCCUPATION <u>H.W.</u>

Number of child of this mother, including present birth..... 1..... Number of children of this mother now living, including present birth..... 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... alive..... at..... 5:2 A.M......  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White.....

Given names added from a supplemental report.

Address Lewiston.....Filed June 11 1920..... Susan E Bruce.....  
Registrar Registrar

2310

FEB 13 1943

APR 14 1943

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Hy. Pierce 493 381 **CERTIFICATE OF BIRTH**  
 City of Lewiston Registration Number 96 File No. 80170  
 No. 726-8th St. Primary Registration District No. 1009 Registered No. 468  
 Hospital St. Joseph  
 FULL NAME OF CHILD DONALD FRED Miller

Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth May 15 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Otto Miller FATHER  
 RESIDENCE 726-8th St.  
 COLOR White AGE AT LAST BIRTHDAY 29 (Years)  
 BIRTHPLACE Germany  
 OCCUPATION Carpenter

FULL MAIDEN NAME Mabel Hayer MOTHER  
 RESIDENCE 726-8th St.  
 COLOR White AGE AT LAST BIRTHDAY 29 (Years)  
 BIRTHPLACE Idaho  
 OCCUPATION Housewife

Number of child of this mother, including present birth...../..... Number of children of this mother now living, including present birth...../.....

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at..... 7:30 P.M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Pearson

Given names added from a supplemental report.

(Physician or midwife)  
 Address Lewiston, Idaho

Filed June 17 1920 Ernest E. Bruce  
 Registrar



-0908

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS—  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }  
County of Clackamas } SS.  
Certificate No. 80170  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Donald Fred Miller who was born on May 15, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Lewiston, Idaho are ~~erroneous or were omitted~~; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by mother prepared on May 15, 1920, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO  
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)  
Name Donald Fred Miller Unnamed Miller Donald Fred Miller

Subscribed and sworn to before me this 13  
day of Dec, 1941  
James Barker  
Notary Public, residing at Sandy Ore

My commission expires June 15, 1942  
[SEAL]

Signed Mabel de Miller  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }  
County of Clackamas } SS.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13  
day of Dec, 1941  
James Barker  
Notary Public, residing at Sandy Ore

My commission expires June 13, 1942  
[SEAL]

Signed Mrs M. Kump  
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

DEC 15 1941

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

U. S. DEPARTMENT OF AGRICULTURE



291-205-035-335

## PLACE OF BIRTH

County of Nez PerceCity of Lewiston

No. \_\_\_\_\_ St.

Hospital St Joseph

Full Name of Child

Registration District No. 96File No. 80171Primary Registration District No. 1009Registered No. 4Bettie Lou Braddock

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>May 5</u> (Month) (Day)
FULL NAME <u>Elmer G. Braddock</u>	FATHER	FULL MAIDEN NAME <u>Nelle Clendinning</u>	MOTHER
RESIDENCE <u>515 - 6 ave</u>		RESIDENCE <u>515 - 6 ave</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Pa.</u>		BIRTHPLACE <u>Pa.</u>	
OCCUPATION <u>Physician</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 520 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G. Braddock

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston IdahoFiled June 12 1920 Ronan E. Brinner

Registrar

Registrar

ИТАЛ: 40 202

**JAN 25 1967**

OCT 14 1960

# STATE OF IDAHO DEPARTMENT OF VITAL STATISTICS

STATE OF IDAHO

81-61-0-0025-11 10/27/78 10/27/78

Dup of 1920-139142

57341229

PLACE OF BIRTH 542-246-035-255

STATE OF ILLINOIS  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Way Perce

City of Levinton

Registration District No. 96

File No. 80172

No. St.

Primary Registration District No. 1009

Registered No. 470

Hospital St. Joseph

FULL NAME OF CHILD Eubank

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>May 16 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------------	------------------------	--

FULL NAME <u>George Wm Eubank</u>	FATHER
RESIDENCE <u>Clarkston Wash.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Col.</u>	
OCCUPATION <u>Plumber</u>	

FULL MAIDEN NAME <u>Mary D. Kennedy</u>	MOTHER
RESIDENCE <u>Clarkston Wash.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 7.0 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Pankaj Johnson

Given names added from a supplemental report.

(Physician or midwife)

Address Levinton, Idaho

Filed June 12 1920 Ann E. Bruce  
Registrar

PT 1111

PT 1111

PT 1111

PT 1111

## CERTIFICATE OF BIRTH

County of *Nez Perce*City of *Lewiston*Registration District No. *96*File No. *80173*No. *St. Joseph* St.Primary Registration District No. *1009*Registered No. *471*Hospital *St. Joseph*FULL NAME OF CHILD *Joan Dolores Gasser*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>and</i> (To be answered only in event of plural births)	Number in order of birth	Legitimate? <i>Yes</i>	Date of Birth <i>May 16 1920</i> (Month) (Day) (Year)
----------------------------	---	--------------------------	------------------------	--

FULL NAME <i>Eugene Gasser</i>	FATHER	FULL MAIDEN NAME <i>Anna Tennesse</i>	MOTHER
RESIDENCE <i>1607 - G St.</i>		RESIDENCE <i>1607 - G St.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>37</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)
BIRTHPLACE <i>Alice France</i>		BIRTHPLACE <i>Iowa</i>	
OCCUPATION <i>Chief Police</i>		OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *5 a* M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. J. Braddock*

Given names added from a supplemental report.

Address *Lewiston Idaho*Filed *June 12 1920* *Anna E. Price*

Registrar

Registrar



AUG 28 1963

SEP 22 1961

808

819-116-035-381

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3

CERTIFICATE OF BIRTH

County of...Nez. Perce....

City of...Lewiston.....

No. ....1504 Main.....St.

Hospital...Whites.....

Registration District No. ....96.....

File No. ....80174.....

Primary Registration District No. ....1009.....

Registered No. ....472.....

FULL NAME OF CHILD.....Bert Harrington.. Jr......

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births) <u>X</u>	and (Number in order of birth <u>X</u> )	Legiti- mate? <u>Yes</u>	Date of Birth..... <u>5</u> ..... <u>16</u> ..... <u>1920</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Bert Harrington</u>			FULL MAIDEN NAME <u>Hazel Thayer.</u>	
RESIDENCE <u>Lewiston, Idaho.</u>			RESIDENCE <u>Lewiston, Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY..... <u>22</u> ..... (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY..... <u>20</u> ..... (Years)
BIRTHPLACE <u>Washington</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Boiler Maker</u>			OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth....1... Number of children of this mother now living, including present birth....1...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was.....1:15 P.M.  
on the date above stated. (Born alive or dead)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....Eager L. White.....  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address.....Lewiston, Idaho.....  
Filed.....June 12.....1920.....Roscoe E. Bruce  
Registrar Registrar

C.C. 6/5/41. W.H.

DECEASED

789-118-035-79

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Nez Perce  
City of Leviston  
No. 0211-25<sup>th</sup> St.Registration District No. 96File No. 80175Primary Registration District No. 1009Registered No. 473

Hospital .....

FULL NAME OF CHILD

Robert - Leslie Phillips

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)Number  
in order  
of birth

Legitimate?

Yes

Date of Birth

May 18 1909  
(Month) (Day) (Year)

FULL NAME

FATHER

William H. Phillips

RESIDENCE

0211-25<sup>th</sup> St

COLOR

WhiteAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Ind.

OCCUPATION

Locomotive FiremanFULL  
MAIDEN  
NAME

MOTHER

Era Parks

RESIDENCE

0211-25<sup>th</sup> St

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Washington

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Paul W. Johnson

(Born alive or stillborn)

at 12:45 P. M.

(Physician or midwife)

Given names added from a supplemental report.

Address

Leviston, Idaho

Filed

June 17, 1909Rusan E. Bruce

Registrar

Registrar

JAN 24 1942

SEP 5 1962

APR 23 1942

PLACE OF BIRTH 717-222

035-241

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *Nez Perce*City of *Lewiston*Registration District No. .... *96* .....File No. .... *80176* .....No. .... *St* .....Primary Registration District No. .... *1009* .....Registered No. .... *474* .....Hospital *St. Joseph*FULL NAME OF CHILD *Margorie Gage*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i>	and Number in order of birth <i>1</i>	Legitimate? <i>Yes</i>	Date of Birth <i>May 22</i>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FULL NAME <i>Roy A. Gage</i>	FATHER	FULL MAIDEN NAME <i>Lena G. Small</i>	MOTHER
RESIDENCE <i>421-7th Ave.</i>		RESIDENCE <i>421-7th Ave.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)
BIRTHPLACE <i>Penn.</i>		BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Hardware Merchant</i>		OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth ..... *1* ..... Number of children of this mother now living, including present birth ..... *1* .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... *7:00 P* ..... M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) *J. Paul H. Johnson**J. Paul H. Johnson*

(Physician or midwife)

Address *Lewiston Idaho*Filed *June 12, 1920**Russ E. Bruce*

Registrar

Registrar

6-27-41

1941

1941

1941

PLACE OF BIRTH 863-223-035-415

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-0-1000

## CERTIFICATE OF BIRTH

County of... *Nez Perce*...City of... *Lewiston*...Registration District No. .... *96* .....File No. .... *80177* .....No. .... *St.* .....Primary Registration District No. .... *1009* .....Registered No. .... *475* .....Hospital... *St. Joseph*...FULL NAME OF CHILD... *Lillian Liss Yochum* .....

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <i>Yes</i>	Date of Birth... <i>May 23</i> ..... 19 <i>20</i> (Month) (Day) (Year)
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FULL NAME FATHER *Edward John Yochum*RESIDENCE *Peola Wash.*COLOR *White* AGE AT LAST BIRTHDAY... *32* .....  
(Years)BIRTHPLACE *Austria*OCCUPATION *Farmer*FULL MAIDEN NAME MOTHER *Hellie Auline Davis*RESIDENCE *Peola Wash.*COLOR *White* AGE AT LAST BIRTHDAY... *26* .....  
(Years)BIRTHPLACE *Colorado*OCCUPATION *Housewife*Number of child of this mother, including present birth... *224* Number of children of this mother now living, including present birth... *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... *70* ....., M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Paul W. Johnson*

Given names added from a supplemental report.

Address... *Lewiston Idaho*Filed... *June 12* 19*20* *Ryan E. Price*  
Registrar



100

100

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of... Wayne Peach... 456-214-035-751

City of... Leicester...

No. 0119-18<sup>th</sup>... St.

Registration District No. .... 96... File No. .... 80179...

Primary Registration District No. .... 1009... Registered No. .... 477...

Hospital.....

FULL NAME OF CHILD Norothy Mae Dewey

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u> (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth... <u>May 14<sup>th</sup></u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>C. W. Dewey</u>	FATHER	FULL MAIDEN NAME <u>Effie Grayson</u>	MOTHER
RESIDENCE <u>0119-18<sup>th</sup> St</u>		RESIDENCE <u>0119-18<sup>th</sup> St</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY .... <u>37</u> ..... (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY .... <u>22</u> ..... (Years)
BIRTHPLACE <u>Ohio</u>		BIRTHPLACE <u>Ohio</u>	
OCCUPATION <u>Car Repairer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.... 2... Number of children of this mother now living, including present birth. 2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn-child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.....

Address..... Leicester, Idaho.....

Registrar..... James J. ... 1920... James E. Bruce Registrar

1954  
AUG 3

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 003-319-035-285

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of... *My. Perce*...

CERTIFICATE OF BIRTH

City of... *Lewiston*...

Registration District No. .... *96* .....

File No. .... *80180* .....

No. .... *St.* .....

Primary Registration District No. .... *1009* .....

Registered No. .... *475* .....

Hospital *St. Joseph* .....

FULL NAME OF CHILD .....

*Wolf*

Sex of Child <i>Female</i>	Twin Triplet or other? <i></i> and { Number in order of birth <i></i> (To be answered only in event of plural births)	Legitimate? <i>Yes</i>	Date of Birth <i>May 19</i> 19 <i>20</i> (Month) (Day) (Year)
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FULL NAME <i>Christopher C. Wolf</i>	FATHER
RESIDENCE <i>Peola Wm.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)
BIRTHPLACE <i>Washington</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Alice King</i>	MOTHER
RESIDENCE <i>Peola Wm.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)
BIRTHPLACE <i>Washington</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth.....*3*..... Number of children of this mother now living, including present birth.....*3*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at..... on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Paul Johnson*  
(Born alive or stillborn)

Given names added from a supplemental report.

(Physician or midwife)  
Address *Lewiston Idaho*

.....*19*.....

Filed *June 12* 19*20* *Wm E Bruce*  
Registrar

Registrar

1955

1956

333-124-035-294 BUREAU OF VITAL STATISTICS  
 County of... Nez Perce... CERTIFICATE OF BIRTH

City of... Lewiston.....

Registration District No. .... 96 .....

File No. .... 80181 .....

No. .... 1504 Main ..... St.

Primary Registration District No. .... 1009 .....

Registered No. .... 1179 .....

Hospital ... Whites .....

FULL NAME OF CHILD Tommie Horace Nelson .....

Sex of Child	<u>Male</u>	Twin Triplet or other? <u>X</u>	and { Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth	<u>5</u>	<u>24</u>	<u>1920</u>
(To be answered only in event of plural births)					(Month)	(Day)	(Year)	

FULL NAME FATHER  
J. C. Nelson

RESIDENCE

Lewiston, Idaho.

COLOR

White

AGE AT LAST BIRTHDAY

29

(Years)

BIRTHPLACE

Illinois

OCCUPATION

Blacksmith

FULL MAIDEN NAME MOTHER  
Freda Brust.

RESIDENCE

Lewiston, Idaho.

COLOR

White

AGE AT LAST BIRTHDAY

30

(Years)

BIRTHPLACE

Iowa.

OCCUPATION

H.W.

Number of child of this mother, including present birth..... 4 . Number of children of this mother now living, including present birth..... 4 .....

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at..... 6 A .....

(Born alive or ~~stillborn~~ X)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ernest L. White

M.D.  
 (Physician or midwife)

Given names added from a supplemental report.

Address

Lewiston Idaho

Filed

June 12 .....

Ernest L. White

Registrar

Registrar

APR 21 1942

County of Neg. 182

## CERTIFICATE OF BIRTH

City of LeovistonRegistration District No. 96File No. 80182No. St.Primary Registration District No. 1009Registered No. 480Hospital St. JosephFULL NAME OF CHILD Ruby Ida Goldman

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 24</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	--	------------------------	---

FULL NAME <u>George F. Goldman</u>	FATHER
RESIDENCE	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Plumber</u>	

FULL MAIDEN NAME <u>Ida Black</u>	MOTHER
RESIDENCE	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jan W. Johnson (Born alive) 730 P.

Given names added from a supplemental report.

Address Leoviston, Idaho  
Filed June 17, 1920 Ernan E. Bault  
Registrar



1920-359688

1920-359688

Dup of 1920-359688

County of Nej. Pers. 719-226-035-155 **CERTIFICATE OF BIRTH**  
 City of Levinston Registration District No. 96 File No. 80183  
 No. 615-4<sup>th</sup> St. Primary Registration District No. 1009 Registered No. 481  
 Hospital Louise  
**FULL NAME OF CHILD** William Garrett

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 9<sup>th</sup> 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>William Garrett</u> RESIDENCE <u>615-4<sup>th</sup> St.</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>25</u> (Years) BIRTHPLACE <u>Utah</u> OCCUPATION <u>Brick contractor</u>			MOTHER FULL MAIDEN NAME <u>Louise Jenkins</u> RESIDENCE <u>615-4<sup>th</sup> St.</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>17</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1... Number of children of this mother now living, including present birth 1...

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 10:20 P.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Broadbent

Given names added from a supplemental report.

(Physician or midwife)  
Address Levinston, Idaho

Filed June 17, 1920 Harmon E. Bruce  
Registrar

1771

PLACE OF BIRTH 366-127-035-563

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Nez PerceCity of LeviestonNo. 221-3rd St.Registration District No. 96File No. 80184Primary Registration District No. 1009Registered No. 482

Hospital .....

FULL NAME OF CHILD

FRED JAMES

Lowmeyer

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthMay 27 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
John B. Lowmeyer

RESIDENCE

221-3rd St

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Oklahoma

OCCUPATION

Book Keeper & ClerkFULL  
MAIDEN  
NAMEMOTHER  
Nez Nolan

RESIDENCE

221-3rd St

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at 11:30 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Paul W. Johnson

Given names added from a supplemental report.

Address

Levieston Idaho

Filed

June 12 1920Gavan E. Bruce

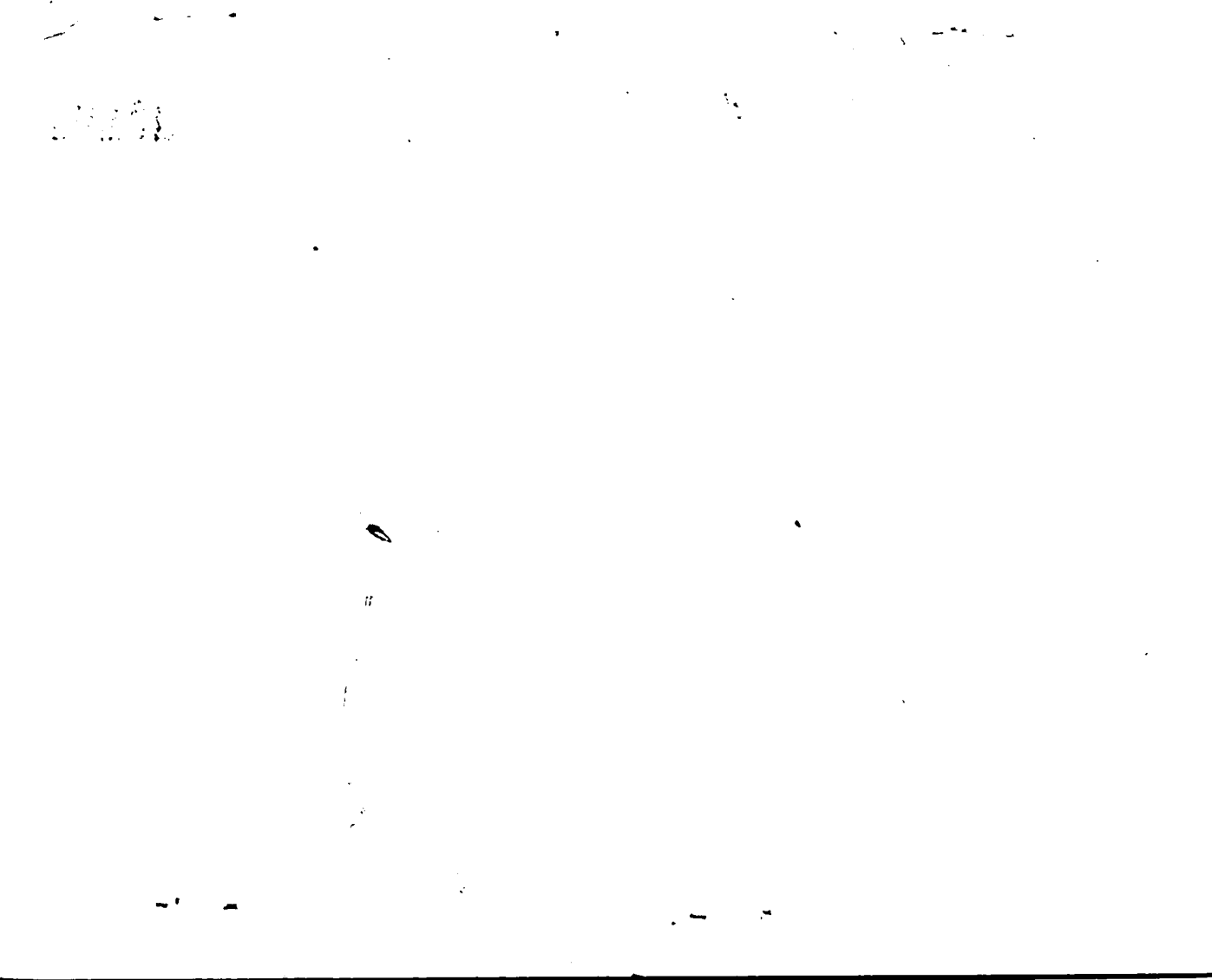
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Nez Perce } ss.

Certificate No. 80184

Date Filed Jan 3, 1921

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)  
for Fred James Townsend who was born on May 27, 1920 (Date of Event)  
in Lewiston, Idaho (Place of Event) are erroneous or were omitted, and that, to the best of his knowledge, the  
true facts are shown by Christian Church Cradle Roll Certificate (Bible Record, Insurance Policy, Etc.) prepared on Jan 3, 1921, are:  
(Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)  
Name

FROM  
(As on Original)  
Unnamed

TO  
(The Correct Facts)  
Fred James Townsend

Subscribed and sworn to before me this 9 th  
day of Oct, 1942  
Fred W. Wooster  
Notary Public, residing at Lewiston, Idaho  
My commission expires Dec 18, 1942  
(Seal)

Signed Mr. J. B. Townsend  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
R. F. L. Lemore Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Nez Perce } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 th  
day of Oct, 1942  
Fred W. Wooster  
Notary Public, residing at Lewiston, Idaho  
My commission expires 12-18-42  
(Seal)

Signed R. F. L. Lemore  
(Signature of Any Credible Person Other Than Previous Year)  
R. F. L. Lemore Wash  
(Street Address, City, State)

OCT 15 1942

PLACE OF BIRTH 135-126-035-345

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

FORM V. 1. No. 11-0-2880

## CERTIFICATE OF BIRTH

County of... *Nez Perce*City of... *Selwiston*No. *312-12<sup>th</sup>* St.Registration District No. *96*File No. *80185*Primary Registration District No. *1009*Registered No. *483*Hospital.....  
FULL NAME OF CHILD *Chester Reed*

Sex of Child <i>Male</i>	Twin Triplet or other? <i></i>	Number in order of birth <i>1</i>	Legitimate? <i>Yes</i>	Date of Birth <i>May 26 1920</i> (Month) (Day) (Year)
--------------------------	--------------------------------	-----------------------------------	------------------------	--

FATHER		MOTHER	
FULL NAME <i>Leslie Reed</i>	FULL MAIDEN NAME <i>Anna Lundgren</i>	FULL NAME <i>Leslie Reed</i>	FULL MAIDEN NAME <i>Anna Lundgren</i>
RESIDENCE <i>312-12<sup>th</sup> St</i>	RESIDENCE <i>312-12<sup>th</sup> St</i>	RESIDENCE <i>312-12<sup>th</sup> St</i>	RESIDENCE <i>312-12<sup>th</sup> St</i>
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>32</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>30</i> (Years)
BIRTHPLACE <i>Texas</i>	BIRTHPLACE <i>Texas</i>	BIRTHPLACE <i>Texas</i>	BIRTHPLACE <i>Texas</i>
OCCUPATION <i>Laborer</i>	OCCUPATION <i>Housewife</i>	OCCUPATION <i>Laborer</i>	OCCUPATION <i>Housewife</i>

Number of child of this mother, including present birth..... *6*..... Number of children of this mother now living, including present birth..... *4*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* (Born alive or stillborn) on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Signature *W. H. Kelley*  
(Physician or midwife)
Address *Selwiston Idaho*Filed *June 17 1920* *Ernan E. Bruce*

Registrar

Registrar



11.11.11

DEC 21 1967

DEC 1 8 1967

PLACE OF BIRTH

463-130-25-695

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-0-10-1

## CERTIFICATE OF BIRTH

County of Ney-PaceCity of LeovistonRegistration District No. 96File No. 80186No. St.Primary Registration District No. 1009Registered No. 484Hospital St. JosephFULL NAME OF CHILD Doty

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 30, 1920</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------------	------------------------	---

FULL NAME <u>Levi V. Doty</u>	FATHER	FULL MAIDEN NAME <u>Emma S. Winslow</u>	MOTHER
RESIDENCE <u>Ramiah</u>		RESIDENCE <u>Ramiah</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Mont.</u>	
OCCUPATION <u>Engineer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 9 A. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Donald Johnson

(Physician or midwife)

Given names added from a supplemental report.

Address Leoviston IdaFiled June 13, 1920 Susan E. Bruce

Registrar

Registrar

NOV 19 1969

432-113-035-286  
PLACE OF BIRTH

County of *Nez Perce*

City of *Myrtle*

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-15

CERTIFICATE OF BIRTH

Registration District No. *97*

File No. *80187*

Primary Registration District No. *2174*

Registered No. *9*

*Frank McKay*

Sex of Child <i>M</i>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth <i>1</i> }	Legitimate? <i>yes</i>	Date of Birth <i>5-13-20</i> (Month) (Day) (Year)
-----------------------	---	---	------------------------	--

FULL NAME <i>Kada A. McKay</i>	FATHER
RESIDENCE <i>Myrtle Ida</i>	
COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>44</i> (Years)
BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Gen'l Md'ic</i>	

FULL MAIDEN NAME <i>Elvie Maud Shoemaker</i>	MOTHER
RESIDENCE <i>Myrtle Ida</i>	
COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>36</i> (Years)
BIRTHPLACE <i>Wash-</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *8* Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Born alive* at *5-9-M* on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. M. Lyle*  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed *May 17 1920* *William R. H. H. H.*  
Registrar

002

412121

249-218-05-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Key PeruCity of CheboRegistration District No. 97File No. 80188No. 1 St.Primary Registration District No. 2174Registered No. 10

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Elmore Surrif

Sex of Child <u>female</u>	Twin <u>✓</u> Triplet <u>✓</u> or other? <u>✓</u> (To be answered only in event of plural births)	and	Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legiti mate? <u>yo</u>	Date of Birth <u>May 18</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-----	--	------------------------	--

FULL NAME <u>John Surrif</u>	FATHER
RESIDENCE <u>Chebo</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Kans.</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Edith Williams</u>	MOTHER
RESIDENCE <u>Chebo</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Texas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at S. P. M. on the date above stated. (Born alive, or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Filed

Lapwai Idaho  
May 20 1920 William R. Stahl

Registrar

Registrar

DEC 17 1961

FEB 25 1958

462-107-036-735

Form V. S. No. 11-C

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of OneidaCity of MaladRegistration District No. 26File No. 80189

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 82

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Clyde R Moss

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimacy? <u>Yes</u>	Date of Birth <u>May 7 1920</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	--------------------------------	------------------------	---

FULL NAME FATHER Gro R MossFULL MAIDEN NAME MOTHER Mary H SteedRESIDENCE MaladRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 19 (Years)COLOR White AGE AT LAST BIRTHDAY 18 (Years)BIRTHPLACE MaladBIRTHPLACE MaladOCCUPATION FarmingOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

at 1:30 AM

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

June 4 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





415-208-036-165

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Oneida

City of Malad

Registration District No. 26

File No. 80190

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 83

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lois Davis

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 8 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

FATHER  
FULL NAME Louis Davis  
RESIDENCE Malad, Idaho  
COLOR white AGE AT LAST BIRTHDAY 27  
(Years)  
BIRTHPLACE Malad, Idaho  
OCCUPATION clerk

MOTHER  
FULL MAIDEN NAME Zita Jones  
RESIDENCE Malad, Idaho  
COLOR white AGE AT LAST BIRTHDAY 22  
(Years)  
BIRTHPLACE Malad, Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 12<sup>10</sup> a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. T. Mauer M.D.  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Malad, Idaho

Filed

June 4 1920

R. T. Mauer M.D.  
Registrar

Registrar

SEP 10 1957

219-208-036-316

## PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

Primary Registration District No.

File No.

Registered No.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Sex of Child

Female

Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{ To be answered only in event of plural births }

Legiti  
mate?

Yes

Date of  
Birth

May 8 20

(Month) (Day) (Year)

FULL  
NAME

Orin A. Karchner

RESIDENCE

Malad

COLOR

White

AGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Prigona

OCCUPATION

Farming

FULL  
MAIDEN  
NAME

Margaret E. Lawo

RESIDENCE

Malad

COLOR

White

AGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 11:30 A.M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. H. Elton  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

June 4 1920

ROM  
Registrar

Registrar

APR 2 1952

JUL 25 1951

698-118-036-854

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of OneidaCity of MaldenRegistration District No. 26File No. 80192

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 85

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Cecil H. Fry

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLength  
male?Date of  
Birth5 18 20  
(Month) (Day) (Year)FULL  
NAMEWilliam J. Fry

FATHER

RESIDENCE

Waukegan

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

England

OCCUPATION

FarmingFULL  
MAIDEN  
NAMEViolet M. Hedstrom

MOTHER

RESIDENCE

Waukegan

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 11:45 P M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Violet M. Hedstrom

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

June 4 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

1000

1000

1000

1000

1000

466-120-036-165  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of QuincyCity of MaladRegistration District No. 26File No. 80193

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 86

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Arthur Moon

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>5 20 20</u> (Month) (Day) (Year)
--------------------------	--	--------------------------------	------------------------	--

FATHER  
FULL NAME Joseph A MoonRESIDENCE ReeseCOLOR White AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE Malad

OCCUPATION \_\_\_\_\_

MOTHER  
FULL MAIDEN NAME Lucretia JonesRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 20  
(Years)BIRTHPLACE MaladOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 2 A M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

J. E. Elton  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed June 4 1920

Registrar \_\_\_\_\_

Registrar R. M. M. M.



SEP 17 1969

693-221-036-168

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of OwydaCity of SamariaRegistration District No. 26File No. 80194

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 87

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ruth Williams

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 21 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME Olive WilliamsRESIDENCE SamariaCOLOR white AGE AT LAST BIRTHDAY 33  
(Years)BIRTHPLACE SamariaOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Esther JohnRESIDENCE SamariaCOLOR white AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE SamariaOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was live at 7. a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Registrar

OCT 10 1942

255-221-036-155

Amended 7/16/79

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of OneidaCity of MaladRegistration District No. 26File No. 80195

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 7069 Registered No. 88

Hospital \_\_\_\_\_

FULL NAME OF CHILD Mary Allene Kent

Sex of Child <u>Female</u>	Twin <input type="checkbox"/> Triplet <input type="checkbox"/> or other? <input type="checkbox"/>	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>5-21-20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME Montana KentRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE NebraskaOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Mary L JenkinsRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 19  
(Years)BIRTHPLACE MaladOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 12:45 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

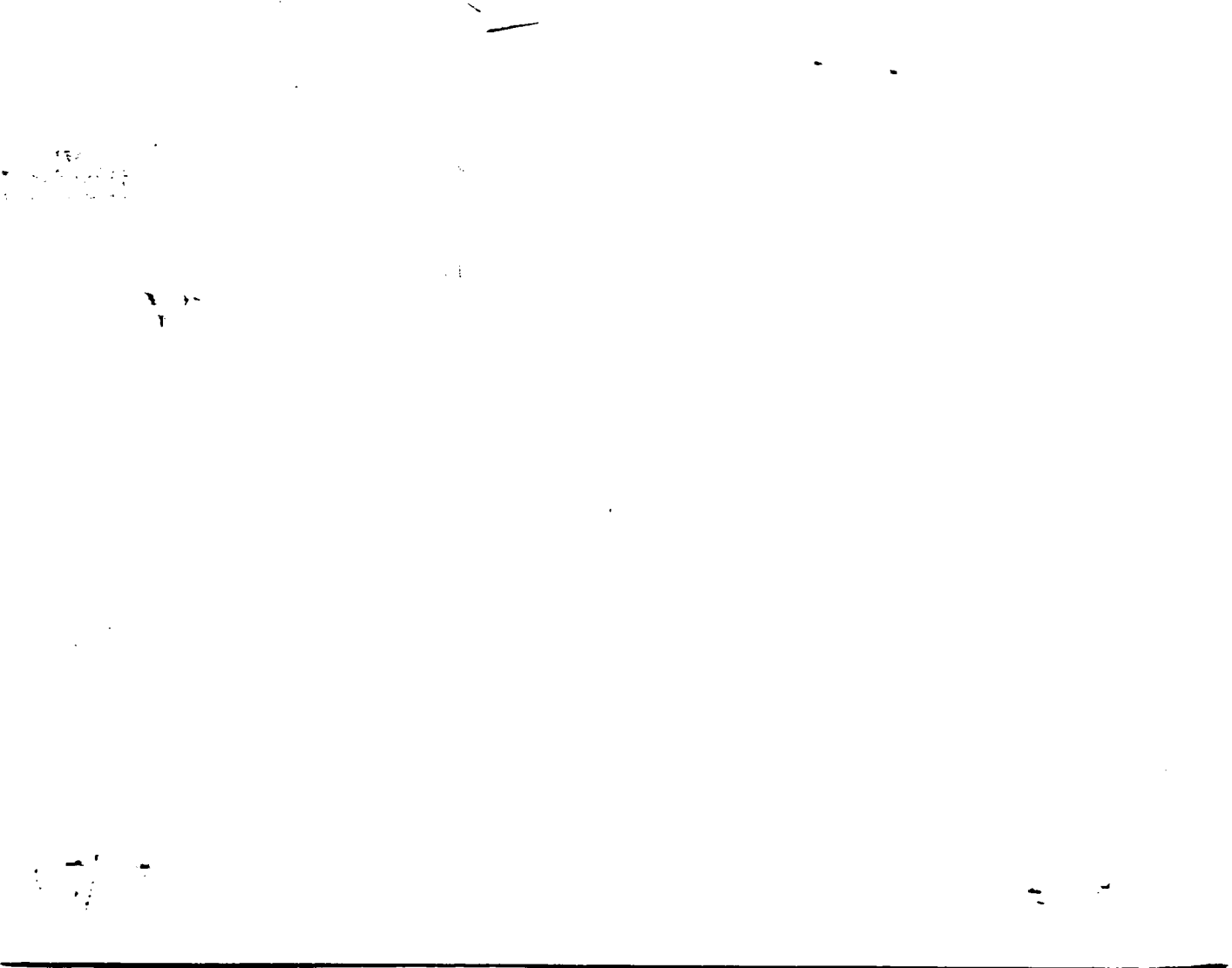
Filed June 4 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... Certificate No. 80195  
County of ..... MAY 16 10 07 AM '79 Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Unnamed Kent (female) who was born on May 21, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Malad, Idaho (Oneida) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name ..... Unnamed Kent ..... Mary Allene Kent

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Blaine } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5<sup>th</sup> day of  
May 1979

Signed Pearl E Warrung  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires 2-14-80  
(Seal)

Pocatello, Idaho 540 W Day  
(Street Address, City, State)

JUL 16 1957

Family Bible record ~~fx~~ gives name as Mary Allene Kent born May 21, 1920 at Malad, Idaho. viewed by V. S.

Membership record from the LDS Church gives name as Mary Allen Knighton born May 21, 1920 at ~~Mi~~ Malad, Idaho. father's name as Montana Julian Kent and mother's name as Mary Labell Jenkins. Blessed Dec 5, 1920 and Baptized Aug 4, 1928. viewed by V. S.

845-122-036-314

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of OneidaCity of MaladRegistration District No. 26File No. 801

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2064Registered No. 89

Hospital \_\_\_\_\_

FULL NAME OF CHILD ROBERT FRANCIS HUNSAKER

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>5-22-20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-------------------------------	--

FULL NAME Francis HunsakerRESIDENCE MaunelsCOLOR White AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE UtahOCCUPATION FarmingtonFULL MAIDEN NAME Eunice CasperRESIDENCE MaunelsCOLOR White AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE MaladOCCUPATION Housewife

Number of child of this mother, including present birth. \_\_\_\_\_ Number of children of this mother now living, including present birth. \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 12:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) [Signature](Physician or midwife) Malad

Address \_\_\_\_\_

Filed June 4 1920

Registrar \_\_\_\_\_

Registrar [Signature]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Utah }  
County of Millard } ss.  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Robert Francis Hunsaker who born May 22, 1920 (Birth or Death)  
in Malad, Idaho (Name on Original Certificate) (Was Born or ~~Not~~) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
(As on Original)  
Unnamed

**TO**  
(The Correct Facts)  
Robert F. Hunsaker

Subscribed and sworn to before me this 2nd  
day of August, 19 43

Notary Public, residing at Delta, Utah

My commission expires May 5, 1945  
(Seal)

Signed Francis Hunsaker  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

by the father Delta, Utah  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah }  
County of Millard } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd  
day of August, 19 43

Notary Public, residing at Delta, Utah

My commission expires May 5, 1945  
(Seal)

Signed W. H. Hunsaker  
(Signature of Any Credible Person Other Than Previous Year)

Delta, Utah  
(Street Address, City, State)

AUG 4 1943

AUG 6 1948

165-222-036-165

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of OneidaCity of MaladRegistration District No. 26File No. 80197

No. \_\_\_\_\_

St. \_\_\_\_\_

Primary Registration District No. 206ARegistered No. 90

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Norma AuDene Jones

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legit  
mate?YesDate of  
Birth5-22-20  
(Month) (Day) (Year)FULL  
NAME

FATHER

Warren M JonesFULL  
MAIDEN  
NAME

MOTHER

Merle Jones

RESIDENCE

Malad

RESIDENCE

Malad

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Malad

BIRTHPLACE

Malad

OCCUPATION

Farming

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive,  
on the date above stated.

(Born alive or stillborn)

at 11:15 4 M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. F. Abbott  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

June 4 1920

Registrar

Registrar

1000  
1000

11

RECEIVED

## STATE OF IDAHO

JAN 26 1922

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF  
VITAL  
STATISTICS

JUL 15 1921

Boise, Idaho, ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ... *Melad,* .....  
Street ... *P. O. Box 2100* .....  
County ... *Oneida* .....  
File Number ... *91006 80197* .....  
Registration Dist. No. ....  
Sex of Child ... *Female* .....  
Date of Birth ... *May 22* ..... 192*0* .....  
Father ... *Harren M. Jones* .....  
Full Name .....  
Mother ... *Merle Jones* .....  
Full Maiden Name .....

I HEREBY CERTIFY that the child described herein has been named:

.....  
*Norma Audene Jones* .....  
Child's Name in Full .....  
.....  
*Merle Jones* .....  
Signature of Father or Mother .....

FEB - 8 1967

551-123-036-165 ADDED CHILD'S NAME 2-24-97 MS

Form V. S. No. 11-C-25B-7-27-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of OneidaCity of MaladRegistration District No. 26File No. 80180

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069 Registered No. 91

Hospital \_\_\_\_\_

FULL NAME OF CHILD DANIEL JONES EVANS

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>5 23 20</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	--------------------------------	------------------------	--

FULL NAME FATHER Daniel A. EvansFULL MAIDEN NAME MOTHER James JonesRESIDENCE MaladRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 33  
(Years)COLOR White AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE MaladBIRTHPLACE MaladOCCUPATION ContractorOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 5:15 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Patton  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad  
Filed June 4 19 20 Registrar RTM

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 7 1969

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Center for Vital Statistics  
and Health Policy

2-14-97

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Nevada }  
County of Clark } ss.

VITAL STATISTICS  
97 FEB 24 AM 9:45

Certificate No. 20-80198  
Date Filed JUN. 4, 1920

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED EVANS who WAS BORN on MAY 23, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in MALAD (ONEIDA) ID are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED  
CHILD'S NAME

FROM  
UNNAMED EVANS

TO  
DANIEL JONES EVANS

Subscribed and sworn to before me this 20th day of  
Feb, 19 97

Notary Public, Paul Lambert

Residing at PO Box 1724 Las Vegas Nev.

My commission expires Aug. 3, 1997

(Seal)

Dan A. Evans  
Signature of Applicant

2209 Wilson Heather Las Vegas  
Street Address, City, State Nev.

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Nevada }  
County of Clark } ss.

(Must be completed   )

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of  
February, 19 97.

Notary Public, Paul Lambert

Residing at Las Vegas Nev. PO Box 1724

My commission expires Aug. 3, 1997

(Seal)

Paul G. Martiny  
Supporting Signature

2292 Monroe  
Street Address, City, State

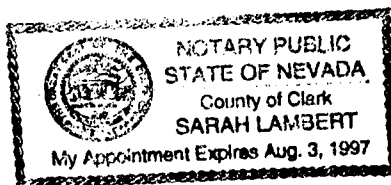
Las Vegas Nev. 89111

200 paid

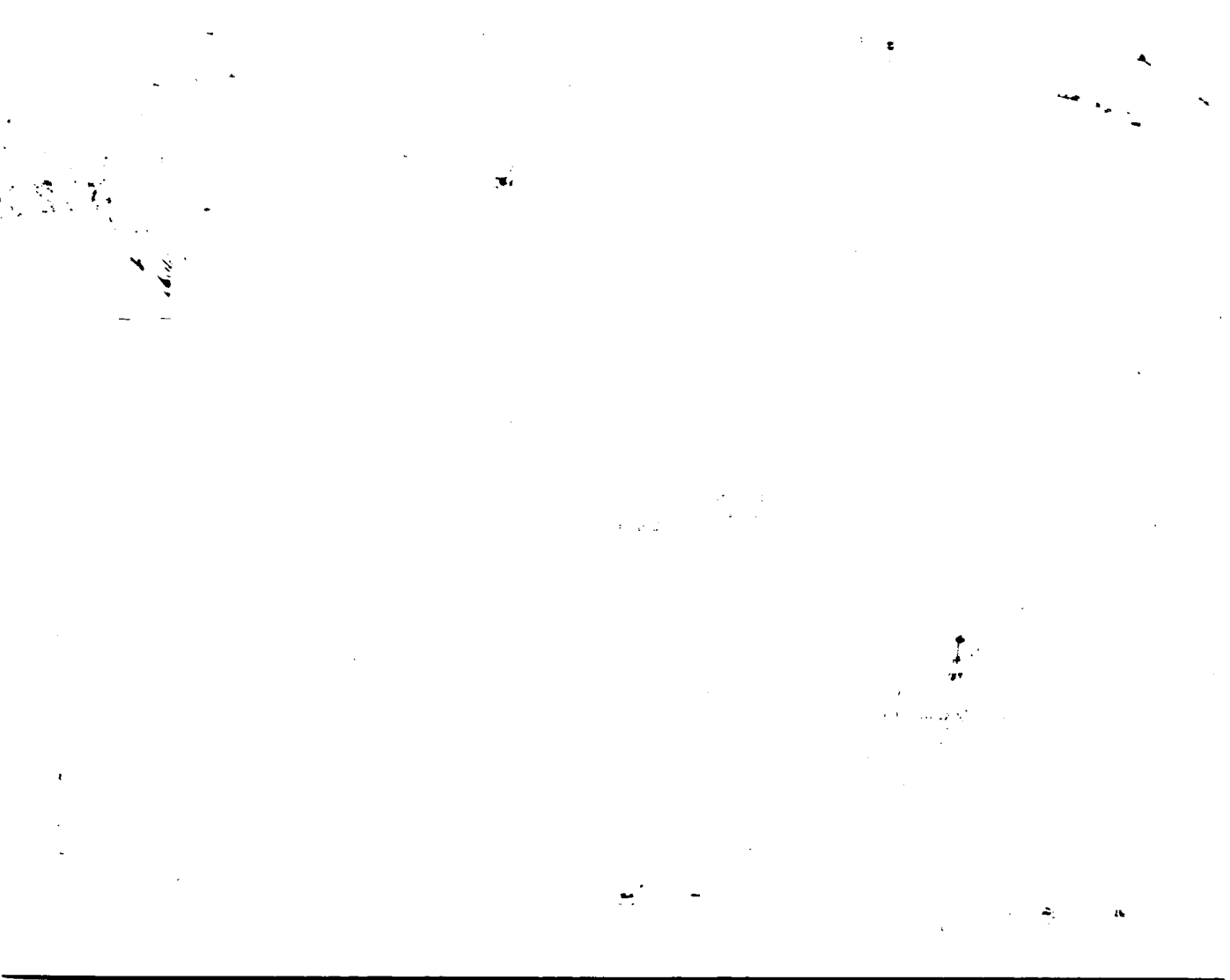
STATE OF IDAHO CERTIFICATE OF BIRTH FILED 10/10/55 FILE #55-12215 SHOWS  
BABY GIRL EVANS BORN SETP. 22, 1955 IN MALAD CITY (ONEIDA) ID TO  
MARY SUSAN SORENSEN AND DANIEL JONES EVANS VIEWED VS.

HOMESTEAD DECLARATION SHOWS DANIEL J. EVANS AND MARY SUE EVANS SIGNED  
THEIR DECLARATION MAY 17, 1992 VIEWED VS.

FOR DEPOSIT ONLY  
WONDER WORLD  
BEAUTY SHOP EAST  
ACCT# 0820101816







JUN 2 1942

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 80199

County of Cassia Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Wanda Clark who born on May 25, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Stone Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by own knowledge prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

name none given Wanda ~~702~~ Clark  
birthdate May 24 May 25, 1920

Subscribed and sworn to before me this 25  
day of May, 19 42

Notary Public, residing at \_\_\_\_\_  
My commission expires Feb 20, 1944  
(Seal)

Signed Rosetta Clark Higley  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)  
Mathew, 353 No. Alma  
(Street Address, City, State) Burley Idaho

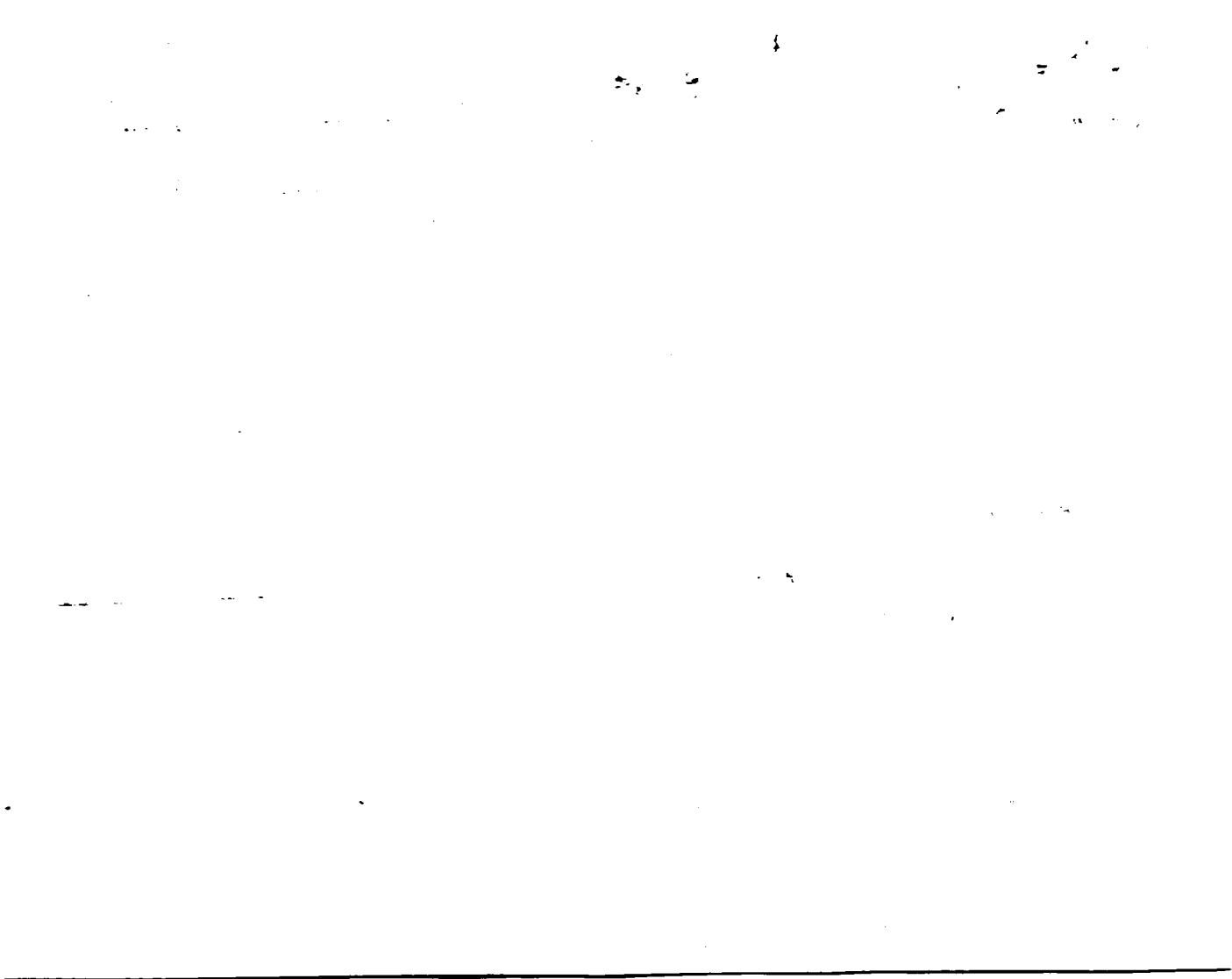
SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
County of \_\_\_\_\_ (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_  
Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-226-036-415

o. 11-C-25m-7-21-10

PLACE OF BIRTH

County of Oreida

City of Meadowbrook

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 80200

Primary Registration District No. 2069

Registered No. 93

Kilma Jessie Maxine Cross

Sex of Child Female Twin Triplet or other? \_\_\_\_\_ { and } Number in order of birth \_\_\_\_\_ Legiti mate? Yes Date of Birth May 26 19 20 (Month) (Day) (Year)

FATHER  
FULL NAME Calvin J. Cross  
RESIDENCE Meadowbrook La.  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Wykes Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Mary Grace Daniels  
RESIDENCE Meadowbrook Idaho  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Washington  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Danielson

(Physician or midwife)

Given names added from a supplemental report.

Kilma Jessie Maxine Cross  
W. C. Murphy Registrar

Address Snowville Utah  
Filed June 4 19 20 R. M. Jones Registrar



Mother's name [REDACTED] #301376

DUP OF 1920 - 301376

NOT

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-226-036-693

Form V. S. No. 11-C-25m-7-31-19

PLACE OF BIRTH Idaho 2/6/74

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 80201

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 94

Hospital \_\_\_\_\_

FULL NAME OF CHILD DeLone Jones

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>5-26-20</u> (Month) (Day) (Year)
----------------------------	----------------------------------	-----	-----------------------------------	-------------------------	--

FATHER  
FULL NAME William C. Jones  
RESIDENCE Malad  
COLOR White AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Malad  
OCCUPATION Common Laborer

MOTHER  
FULL MAIDEN NAME Kathleen C. Williams  
RESIDENCE Malad  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alroy, at 6:20 9 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

DeLone Jones 19 20  
Leona Oadusta  
State Registrar

Address Malad  
Filed June 4 19 20 Registrar [Signature]

RECEIVED  
OFFICE OF THE  
ATTORNEY GENERAL  
STATE OF IDAHO  
MAY 8 1944

MAY 8 1944

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } Certificate No. 80201  
County of \_\_\_\_\_ } SAN LE 10210 14 Date Filed \_\_\_\_\_

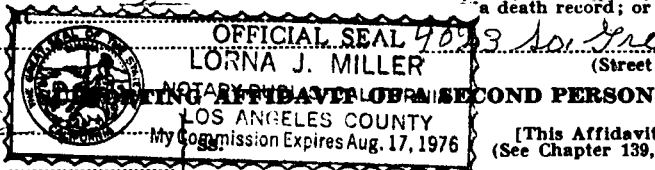
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Dealone Jones who was born on May 26, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Malad, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original) (The Correct Facts)  
child's name Dealone Jones DeLone Jones

Subscribed and sworn to before me this 11<sup>th</sup> day of  
January 1974

Signed Beatrice W. Jones Keck  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing  
My commission expires  
(Seal) P.O. Box 511  
Whitier, CA 90608

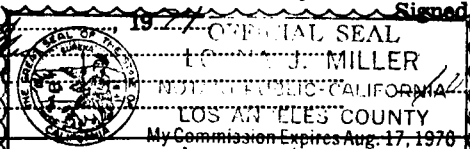


[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

State of California  
County of \_\_\_\_\_

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 11<sup>th</sup> day of

Signed Lorna J. Miller  
Notary Public, residing at  
My commission expires  
(Seal) 1001 N. Hollywood Blvd. Sp. 89  
Los Angeles, Ca.



Marriage record from California gives groom's name as George Hilla and the bride's name as Jerry DeLone McGinty(married before). dated Sept. 12, 1947. Coutny of Los Angeles, Book 2868, page 62. Viewed by V. S. FEB 6 1974

Own child's birth certificate on file in Calif. (48-202538) gives child's name as Ricky G. Hilla born Oct. 26, 1948. father's name given as George Hilla and the mother's name as Jerry DeLone Jones. Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of birth stated.

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form 1-1-1912

County of Oneida  
City of St John  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 26

File No. 80202

Hospital \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 95

FULL NAME OF CHILD

Emma Jane Stephens

Sex of Child female { Twin Triplet or other? \_\_\_\_\_ } and { Number in order of birth \_\_\_\_\_ } Legiti mate? yes Date of Birth May 26 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Wesley A. Stephens  
RESIDENCE St John Idaho  
COLOR white AGE AT LAST BIRTHDAY 36 (Years)  
BIRTHPLACE Ogden Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Lenora Mortenson  
RESIDENCE St John Idaho  
COLOR white AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Brigham City, Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 7 a. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad, Idaho  
Filed June 4 1920  
Registrar R. T. Mauer M.D.

Form V. 8. 1940

DEPARTMENT OF HEALTH  
VITAL STATISTICS  
BUREAU OF VITAL STATISTICS  
STATE OF IDAHO  
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Idaho

773-227-036-459  
PLACE OF BIRTH name added  
County of Orinda 9-8-82

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-12

City of Malad Registration District No. 26 File No. 80203  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital \_\_\_\_\_ Primary Registration District No. 2069 Registered No. 96

FULL NAME OF CHILD Elna Richards

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>5-17</u> (Month) (Day) (Year) <u>1920</u>
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FATHER  
FULL NAME Thos. W. Richards  
RESIDENCE Malad Ida.  
COLOR white AGE AT LAST BIRTHDAY 35  
(Years)  
BIRTHPLACE Malad Ida.  
OCCUPATION D. D. S.

MOTHER  
FULL MAIDEN NAME Hilda Mercer  
RESIDENCE Malad Ida.  
COLOR white AGE AT LAST BIRTHDAY 31  
(Years)  
BIRTHPLACE Smithfield Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 6:00 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns

(Physician or midwife)

Given names added from a supplemental report.

19

Address Malad Ida.

Filed June 4 19 20

Registrar

Registrar R. M. Jones



100

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

SEP 7 1982

State of \_\_\_\_\_ } ss. Bureau of Vital Statistics Certificate No. 80203  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Richards who was born on May 27, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Malad (Oneida) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>Unnamed Richards</u>	<u>Elna Richards</u>

Subscribed and sworn to before me this 15<sup>th</sup> day of September, 1982.

Notary Public, Elna Richards Bischoff

Residing at 3034 Iowa Ave., Ogden, Utah

My commission expires 7-31-86

(Seal)

Elna Richards Bischoff  
Signature of Applicant  
3034 Iowa Ave., Ogden, Utah  
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } (Must be completed \_\_\_)  
County of Weber } ss. (Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of August, 1982.

Notary Public, Grace Richards Williams

Residing at Ogden, Utah

My commission expires MY COMMISSION EXPIRES FEBRUARY 13, 1983

(Seal)

1 cc pd

Grace Richards Williams  
Supporting Signature  
3267 Tyler Ave. Ogden, Utah  
Street Address, City, State

SEP 8 1982

Certificate of Birth from LDS Church gives Elna Richards born May 27, 1920 in Malad to Thomas W Richards and Hilda Merrill and was entered on record on 7-4-20. Viewed by V.S.

Application for License to Marry from State of Utah gives James Homsby Bischoff and Elna Richards applied for license on 9-22-42. Viewed by V.S.

165-129-036-799

Form V. B. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of OneidaCity of MaladRegistration District No. 26File No. 80204

No. \_\_\_\_\_

St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 97

Hospital \_\_\_\_\_

FULL NAME OF CHILD

JOHN DAVID JONES

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthMay 29 1920

(Month)

(Day)

(Year)

FULL  
NAMEDavid E Jones

FATHER

RESIDENCE

MaladFULL  
MAIDEN  
NAMEClara Setta Price

MOTHER

RESIDENCE

Malad

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Malad

BIRTHPLACE

Malad

OCCUPATION

Farming

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 4:30 M.{ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

J. F. Alton  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

Filed

June 4 1920

Registrar

Registrar

R. M. Jones  
W. M. Jones

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

31800

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Oneida } ss.  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for John David Jones who was born on May 29<sup>th</sup> 1920  
in Malad, Idaho (Name on original certificate) (Was born or died) (Date of event)  
(Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by Bible Record prepared on May 29<sup>th</sup> 1920, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Name

Unnamed Jones

John David Jones

John David Jones Jack D. Jones  
was Jack D. Jones 5/29/20

Subscribed and sworn to before me this 9<sup>th</sup>  
day of October, 1941

Signed David E. Jones  
(Signature of parent or attendant if correcting a birth record, or  
attendant, funeral director, informant if correcting a death record,  
or other credible person.)

Notary Public, residing at Malad, Idaho

My commission expires 6/11/1944  
[SEAL]

Malad, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Oneida } ss.  
[This affidavit MUST also be executed.  
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9<sup>th</sup>  
day of October, 1941

Signed Louis Reese  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Malad, Idaho

My commission expires 6/11/44  
[SEAL]

Malad, Idaho  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

OCT 15 1941

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-436-036-693

Form V. B. No. 11-C-35m-7-21-3

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 80205

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 98

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legitimacy? <u>Yes</u>	Date of Birth <u>May 30 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	------------------------	--

FULL NAME FATHER James Evans

FULL NAME MOTHER Emma Williams

RESIDENCE Malad

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 43  
(Years)

COLOR White AGE AT LAST BIRTHDAY 41  
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Malad

OCCUPATION Farming

OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alvin at 11:15 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

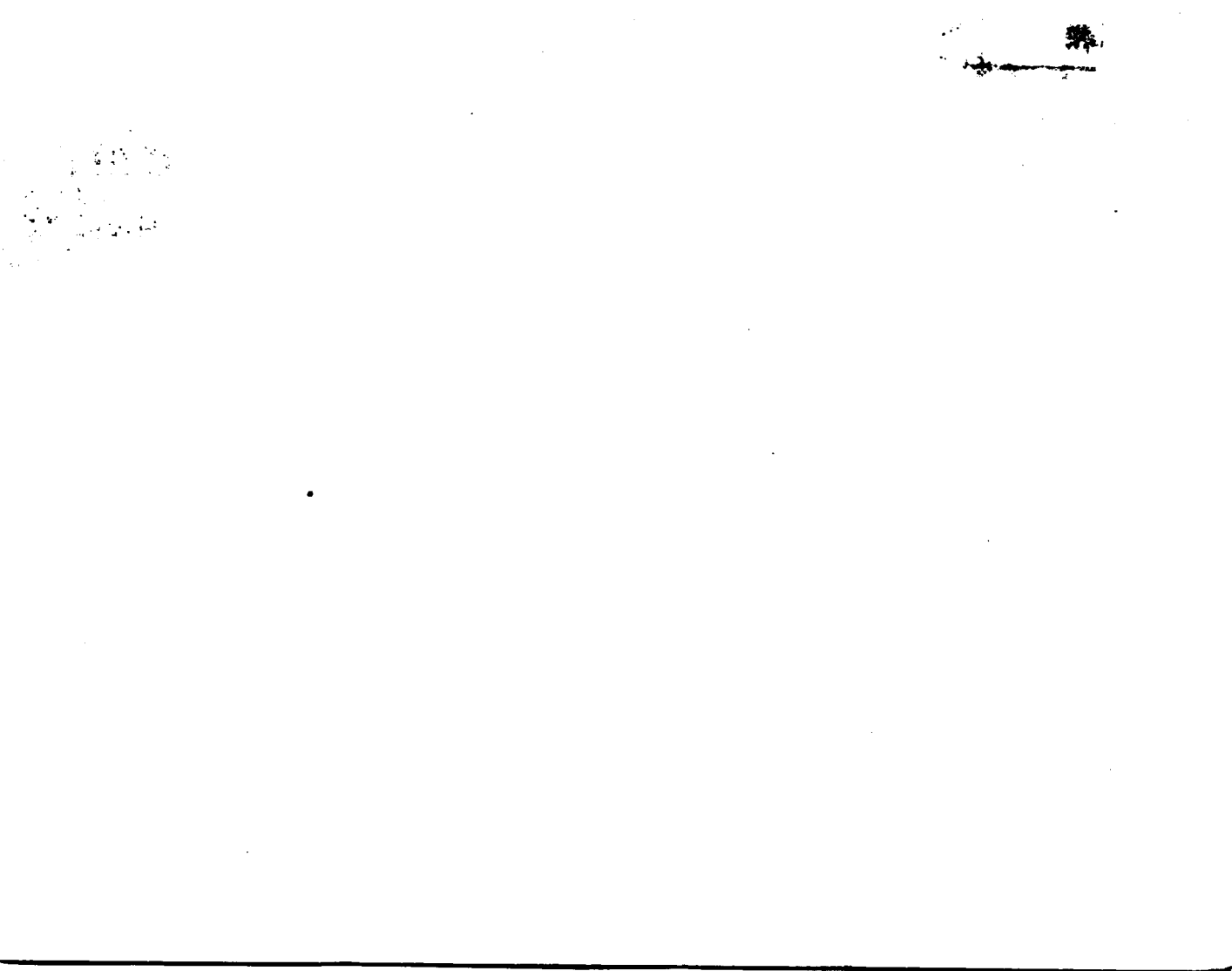
(Signature) J. L. Altow  
(Physician or midwife) Thompson

Given names added from a supplemental report.

Boyd Evans 19 \_\_\_\_\_  
W. C. Murphy Registrar  
State

Address Malad  
Filed June 4 1920 R. M. M. D. Registrar





695-104-037-764

Form V. S. No. 11-C-25m-7-21-19

COUNTY OF IDAHO

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of OwyheeCity of Silcox CityRegistration District No. 43

File No.

80206

No. \_\_\_\_\_ St.

Primary Registration District No. 2120

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Harold Victor Freeman

Sex of Child

BoyTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
Number  
in order  
of birthLegiti  
mate?770

Date of Birth

April 419 20  
(Month) (Day) (Year)

FULL NAME

Guy Nelson Freeman

FATHER

RESIDENCE

Silcox City Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Indiana

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMargaret Lucile Gourley

MOTHER

RESIDENCE

Silcox City Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY17  
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

(Signature)

April 4 at 6 A.  
Chas C Smith MD  
(Born alive or not)Physician

(Physician or midwife)

Address

Silcox City, Idaho

Filed

May, 31, 1920M. H. Schuyler

Registrar

Registrar



253 - 210 - 037 - 314

PLACE OF BIRTH

County of OwyheeCity of Owyhee

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 43Primary Registration District No. 2120File No. 80207Registered No. 2Carrie Kelly

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>—</u>	and } Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>March 10 1920</u> (Month) (Day) (Year)
FULL NAME <u>Erant Kelly</u>	FATHER		FULL MAIDEN NAME <u>Matthe Carnas</u>	MOTHER
RESIDENCE <u>Miller Creek District</u> <u>Lucas Valley</u>			RESIDENCE <u>Miller Creek District</u> <u>Lucas Valley</u>	
COLOR <u>Indian 4/4</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>Indian 4/4</u>	AGE AT LAST BIRTHDAY <u>57</u> (Years)
BIRTHPLACE <u>Owyhee Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7..... Number of children of this mother now living, including present birth 7.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Richard M. ...

(Physician or midwife)

Given names added from a supplemental report

Registrar

Address Owyhee Nevada U. S. I. S.Filed May 31 1920 H. H. S. ... Registrar

1944

1944

1

1

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

751-116-037-165

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Owyhee

City of Silver City

Registration District No. 43

File No. 80208

No. \_\_\_\_\_ St.

Primary Registration District No. 2120 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Leroy John Pearson

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>2nd</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 16</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------	-----------------------------------	-------------------------------------	------------------------	--

FATHER  
FULL NAME Leroy Pearson  
RESIDENCE Silver City Ida.  
COLOR white AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Jacksonville Fla.  
OCCUPATION Sheriff

MOTHER  
FULL MAIDEN NAME Luede Ellen Jones  
RESIDENCE Silver City Ida.  
COLOR white AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Bonneau Ida.  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Feb 16th at 1030 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. C Smith M.D.

Given names added from a supplemental report.

(Physician or midwife)  
Silver City Ida  
Address

Filed May, 31, 1920 W. D. Schuyler  
Registrar

Registrar

Registrar

APR 4 1961

DECEASED

432-131-037-395

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C—Rev. 3-2-20

## CERTIFICATE OF BIRTH

County of OneidaCity of MurphyRegistration District No. 43File No. 80210

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2120

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

John Lawton Mc Bride

Sex of

Child

maleTwin yesTriplet -or other? -

and { Number

in order

of birth

(To be answered only in event of plural births)

Legiti-

mate?

yes

Date of

Birth

May 31, 1920

(Month) (Day) (Year)

FULL NAME

FATHER

John Neil Mc Bride

RESIDENCE

Murphy, Idaho

COLOR

White

AGE AT LAST

BIRTHDAY

39

(Years)

BIRTHPLACE

Canada

OCCUPATION

Rancher

FULL MAIDEN NAME

MOTHER

Margaret Lincham

RESIDENCE

Murphy, Idaho

COLOR

White

AGE AT LAST

BIRTHDAY

24

(Years)

BIRTHPLACE

Oreana, Idaho

OCCUPATION

House-wifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 7:15 A. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. H. Schuyler, M.D.

Given names added from a supplemental report

19

Address

Murphy, 4th St., City, Idaho

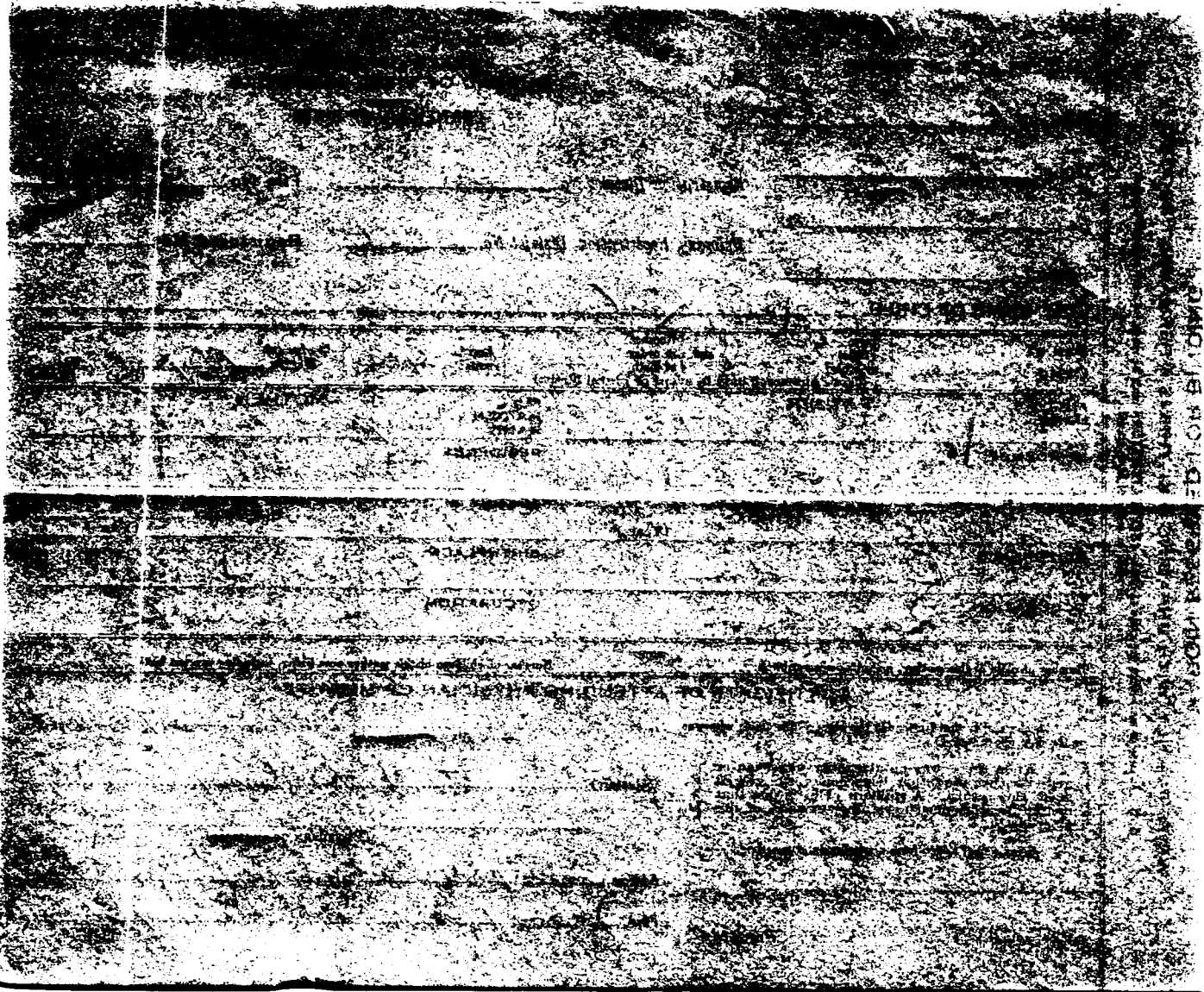
Filed

June 1, 1920

Registrar

Registrar





432-131-037-375

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-20a-2-15-12

## CERTIFICATE OF BIRTH

County of OneidaCity of MurphyRegistration District No. 43File No. 80211

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2120

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lewis James McBrideSex of Child maleTwin yes  
Triplet  
or other?and { Number in order of birth 2ndLegitimate? yesDate of Birth May 31 1920  
(Month) (Day) (Year)

FULL NAME

John Neil M'Bride

RESIDENCE

Murphy, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

39  
(Years)

BIRTHPLACE

Canada

OCCUPATION

Rancher

FULL MAIDEN NAME

Margaret Linahan

RESIDENCE

Murphy, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

34  
(Years)

BIRTHPLACE

Oreana, Idaho

OCCUPATION

House-wifeNumber of child of this mother, including present birth, 6Number of children of this mother now living, including present birth, 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn) \_\_\_\_\_ at 7:45 A. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. A. Schupler, M.D.

Given names added from a supplemental report

19

Address

Silver City & Murphy, Idaho

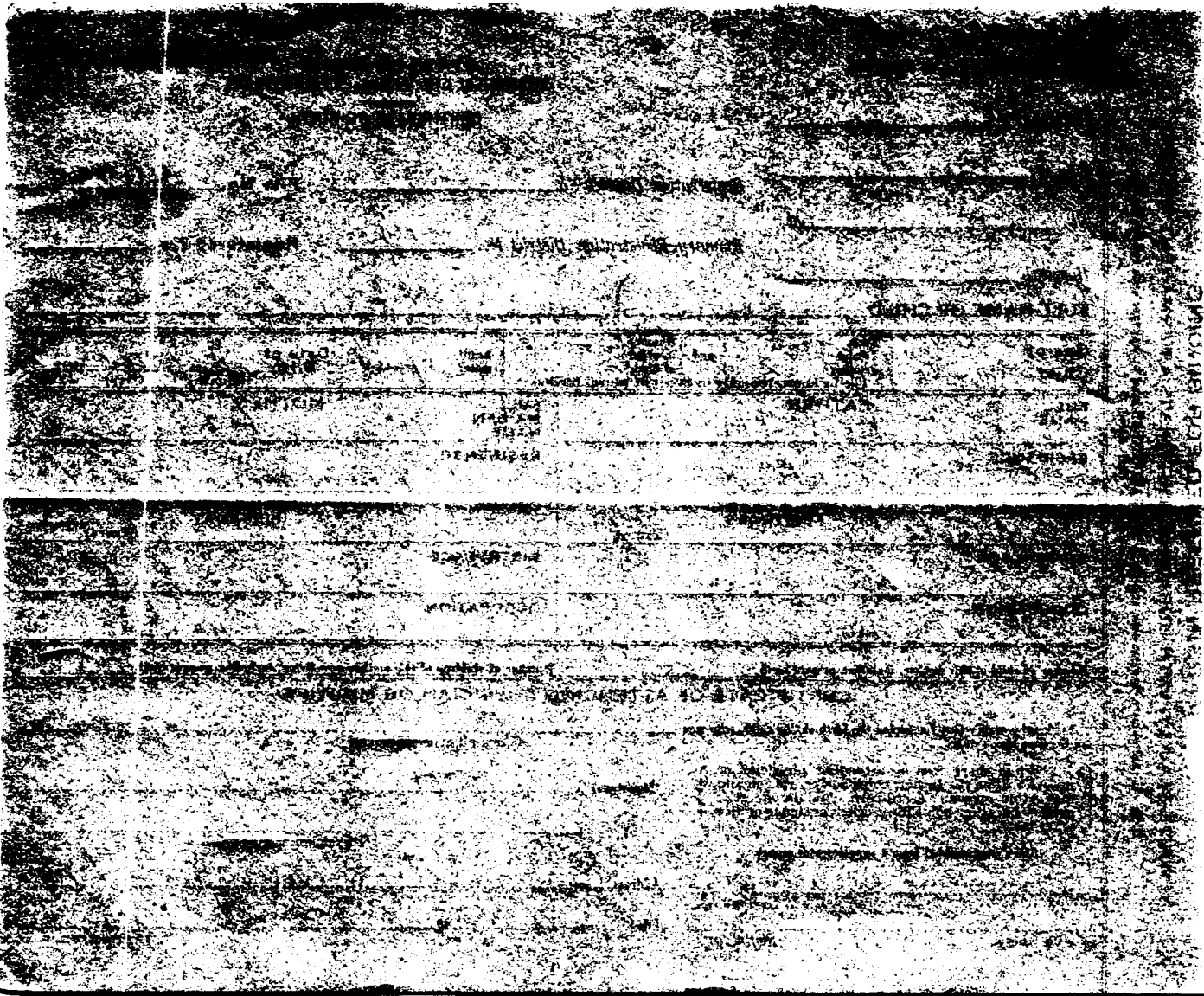
Filed

June 1 1920

(Physician or midwife)

W. A. Schupler, M.D.

Registrar



696-103-037-992

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-20a-2-15-19

## CERTIFICATE OF BIRTH

County of OwyheeCity of Murphy, (Diamond Basin)Registration District No. 43File No. 80212

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2120

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Pedro Carrillo OrescoSex of  
ChildmaleTwin  
Triplet  
or other?

—

{ and {

Number  
in order  
of birth

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Legiti-  
mate?yesDate of  
BirthMay31920FULL  
NAMEFATHER Miguel C. Oresco

RESIDENCE

Idaho (Owyhee Co. and Jordan Valley)

COLOR

whiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Bilboa, Spain

OCCUPATION

Sheep herder & Camp tenderFULL  
MAIDEN  
NAMEMOTHER Marie Ribera

RESIDENCE

Jordan Valley, Oregon

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Spain (Basque)

OCCUPATION

Camp cook

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.\_\_\_\_\_, at 4:30 a. m.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

W. H. Dehning, M.D.

(Physician or midwife)

Given names added from a supplemental report

19

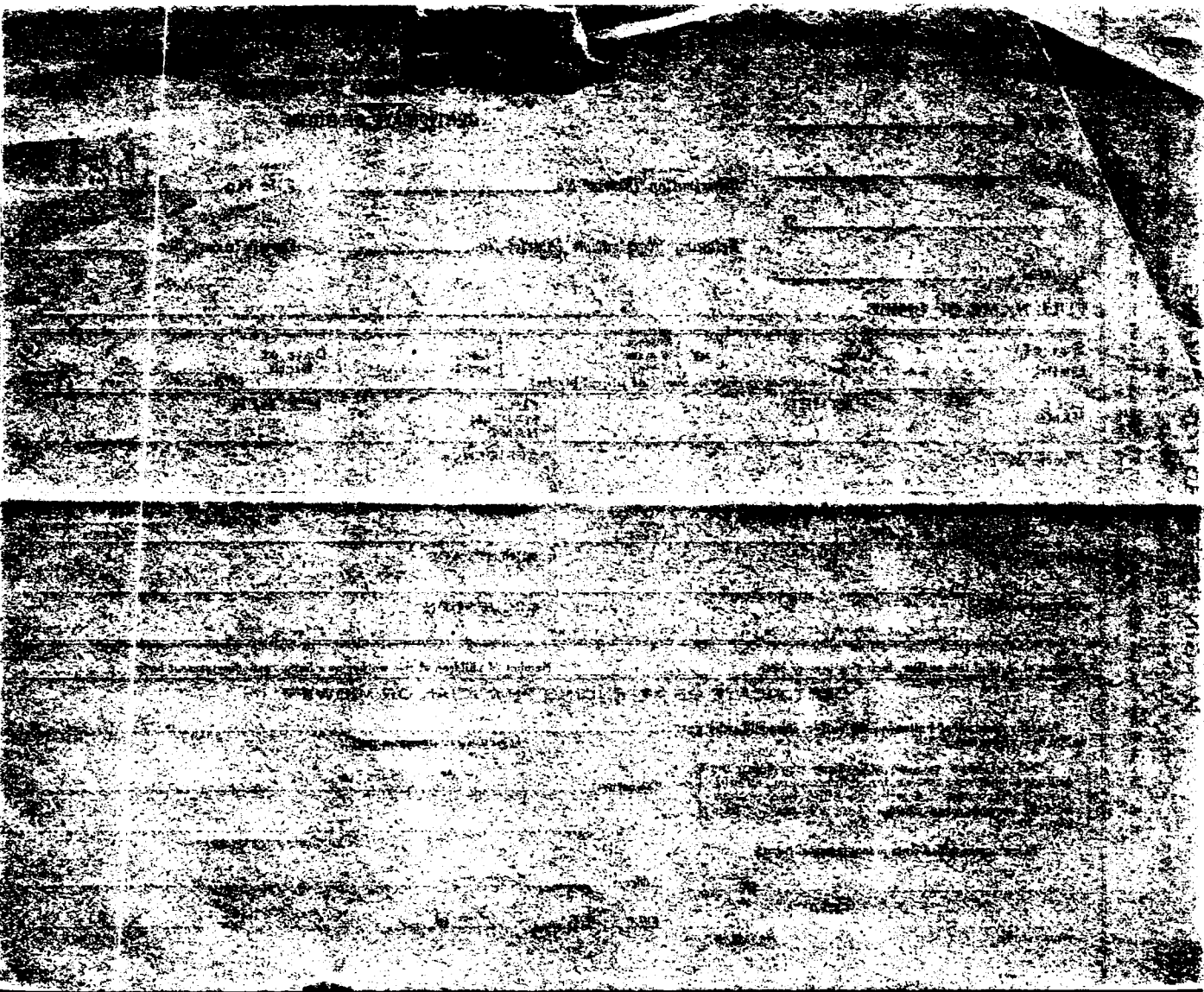
Address

Silver City, Idaho

Filed

May 6, 1920W. H. Dehning

Registrar



433 - 229-037-419

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-3-3-17

CERTIFICATE OF BIRTH

County of Lewyhee

City of Homedale

Registration District No. 130

File No. 80213

No. .... St.

Primary Registration District No. Homedale

Registered No. ....

Hospital ..... Florence Ruth Mc Clintick

FULL NAME OF CHILD ..... Florence Ruth Mc Clintick

Sex of Child <u>FM</u>	Twin Triplet or other? <u>no</u>	Number in order of birth <u>33</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 29 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Arthur F Mc Clintick  
RESIDENCE Homedale  
COLOR W AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Mo  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Marie Smart  
RESIDENCE Homedale  
COLOR W AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Kane  
OCCUPATION Hw

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11 55 M. on the date above stated. (Born alive or stillborn)

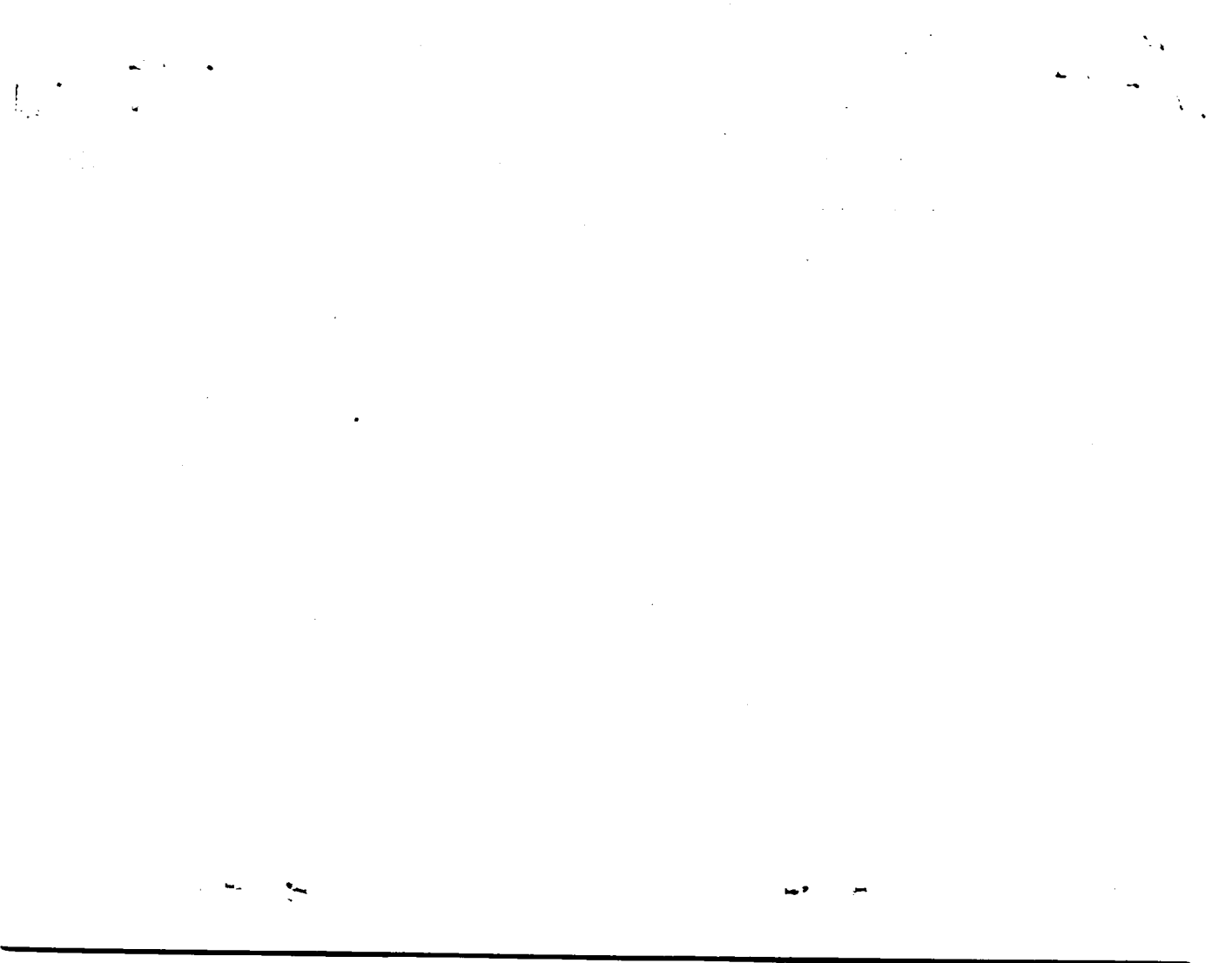
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simon Hopper  
M D  
(Physician or midwife)

Given names added from a supplemental report.

March 1 1920  
Simon Hopper  
Registrar

Address Homedale  
Filed June 1 1920  
Simon Hopper  
Registrar



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }  
 County of CANYON } ss.

Certificate No. 80213Date Filed MAY 1 1945

The undersigned does solemnly swear that certain facts on the certificate of BIRTH  
 for FEB. 29-1928 who BORN  
 in HOMEDALE IDA (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
 (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts as shown by BIBLE prepared on ABOUT 1930, are:  
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED  
 ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM  
 (AS ON ORIGINAL)

TO  
 (THE CORRECT FACTS)

name

unnamed

Florence Ruth McClintick

Subscribed and sworn to before me this 15  
 day of APRIL, 1945  
John J. Gray

Signed Marie McClintick  
 (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-  
 cord; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
 A DEATH RECORD, OR OTHER CREDIBLE PERSON.)  
Melba Idaho  
 (STREET ADDRESS, CITY, STATE)

Notary Public, residing at Melba  
 My commission expires May 3-1945  
 (SEAL)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
 (SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and  
 that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
 (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 (SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (REGISTRAR'S SIGNATURE)



MAR 28 1974

OCT 15 1948

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

351-101-037-966

PLACE OF BIRTH

County of CarverCity of Homedale

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

## CERTIFICATE OF BIRTH

Registration District No. .... 130 .....File No. .... 80214 .....Primary Registration District No. .... Homedale .....

Registered No. ....

FULL NAME OF CHILD .....

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Apr 1</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Owen Pearson</u>	FATHER		FULL MAIDEN NAME <u>Leah U Rowley</u>	MOTHER
RESIDENCE <u>Homedale</u>			RESIDENCE <u>Homedale</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>HW</u>	

Number of child of this mother, including present birth .... 3 .... Number of children of this mother now living, including present birth .... 3 ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at ..... 1 ..... A ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simon Hopper  
M D  
(Physician or midwife)

Given names added from a supplemental report.

Apr 1 1920 Address Homedale  
Simon Hopper Registrar  
Filed June 1 1920 Simon Hopper Registrar

12/12/12

414 - 111-037-255  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C—May-9-8-17

County of CarverCity of HomedaleRegistration District No. 130File No. 80215

No. .... St.

Primary Registration District No. Homedale

Registered No. ....

Hospital noFULL NAME OF CHILD George Alvera Mangis

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>Apr 11 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Thos B Mangis</u>			MOTHER FULL MAIDEN NAME <u>Laura M Sevey</u>	
RESIDENCE <u>Homedale</u>			RESIDENCE <u>Homedale</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Or</u>			BIRTHPLACE <u>Or</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Hw</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5:35 A.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or midwife then the father, householder, etc., should make this return. At birth child is one that neither breathes nor shows other evidence of life after birth.(Signature) Lincoln Hopper  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

April 30 1920 Address Homedale

Lincoln Hopper Registrar Filed June 1 1920 Lincoln Hopper Registrar

DEC 20 1954

JUL 26 1949

395-10  
038-25

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of Parr PlymouthRegistration District No. 5

File No.

80216

No. \_\_\_\_\_ St.

Primary Registration District No. 2009Registered No. 23

Hospital \_\_\_\_\_

FULL NAME OF CHILD Edward Lee Linkous

Sex of Child <u>m.</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>May 6</u>	19 <u>20</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)	

FULL NAME Robert Linkous - FATHERFULL MAIDEN NAME Flora Kensingar MOTHERRESIDENCE Parr Plymouth Ida.RESIDENCE with husbandCOLOR W AGE AT LAST BIRTHDAY 29 (Years)COLOR W AGE AT LAST BIRTHDAY 32 (Years)BIRTHPLACE IdahoBIRTHPLACE IdahoOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J Drysdale M.D

(Physician or midwife)

Given names added from a supplemental report.

Address Parr Plymouth IdaFiled May 28, 1920Wm J Drysdale

Registrar

20

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Co. 2 h. 14 1/2 min

the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address  
ON OF VITAL STATISTICS, BOISE, IDAHO.

967-213-039-315 (Be sure the information is complete and accurate)

State File No. 80217

Local Reg. No. 24

Reg. Dist. No. 5

Amended 3-7-68

# CERTIFICATE OF BIRTH

STATE OF IDAHO

<b>1. PLACE OF BIRTH</b> a. COUNTY <b>Payette</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Plymouth</b> c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Payette</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Plymouth</b> d. STREET ADDRESS (If rural, give location) <b>Route #2</b>	
<b>3. CHILD'S NAME</b> (Type or print) a. (First) <b>Alice</b> b. (Middle) c. (Last) <b>Rogers</b>			
<b>4. SEX</b> <b>Female</b>	<b>5a. THIS BIRTH</b> SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	<b>5b. IF TWIN OR TRIPLET</b> (This child born) 1st _____ 2nd _____ 3rd _____	<b>6. DATE OF BIRTH</b> (Month) (Day) (Year) <b>May 13, 1920</b>
<b>FATHER OF CHILD</b>			
<b>7. FULL NAME</b> a. (First) <b>Warren</b> b. (Middle) <b>Sylvester</b> c. (Last) <b>Rogers</b>			
<b>8. AGE</b> (At time of this birth) <b>37</b> YEARS	<b>9. BIRTHPLACE</b> (State or foreign country) (City or Town) <b>Illinois</b>	<b>10. USUAL OCCUPATION</b> <b>Farmer</b>	<b>11. KIND OF BUSINESS OR INDUSTRY</b>
<b>MOTHER OF CHILD</b>			
<b>12. FULL MAIDEN NAME</b> a. (First) <b>Effie</b> b. (Middle) c. (Last) <b>Cannon</b>			
<b>13. AGE</b> (At time of this birth) <b>33</b> YEARS	<b>14. BIRTHPLACE</b> (State or foreign country) (City or Town) <b>Georgia</b>	<b>15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER</b> (Do NOT include this child) a. How many OTHER children are now living? <b>4</b> b. How many OTHER children were born alive but are now dead? <b>2</b> c. How many children were stillborn (born dead after 20 wks. pregnancy?) <b>0</b>	
<b>16. INFORMANT'S SIGNATURE OR NAME</b> (Relationship)		<b>17. SIGNATURE</b> <b>Wm. T. Drysdale</b> <b>19. ADDRESS</b> <b>New Plymouth, Idaho</b>	
<b>18. ATTENDANT AT BIRTH</b> M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____		<b>20. DATE SIGNED</b>	
<b>21. DATE REC'D BY LOCAL REG.</b> <b>JUNE 1920</b>		<b>22. REGISTRAR'S SIGNATURE</b> <b>Wm. T. Drysdale</b>	
<b>23. DATE ON WHICH GIVEN NAME ADDED</b> BY _____ Registrar			

## FOR MEDICAL AND HEALTH USE ONLY

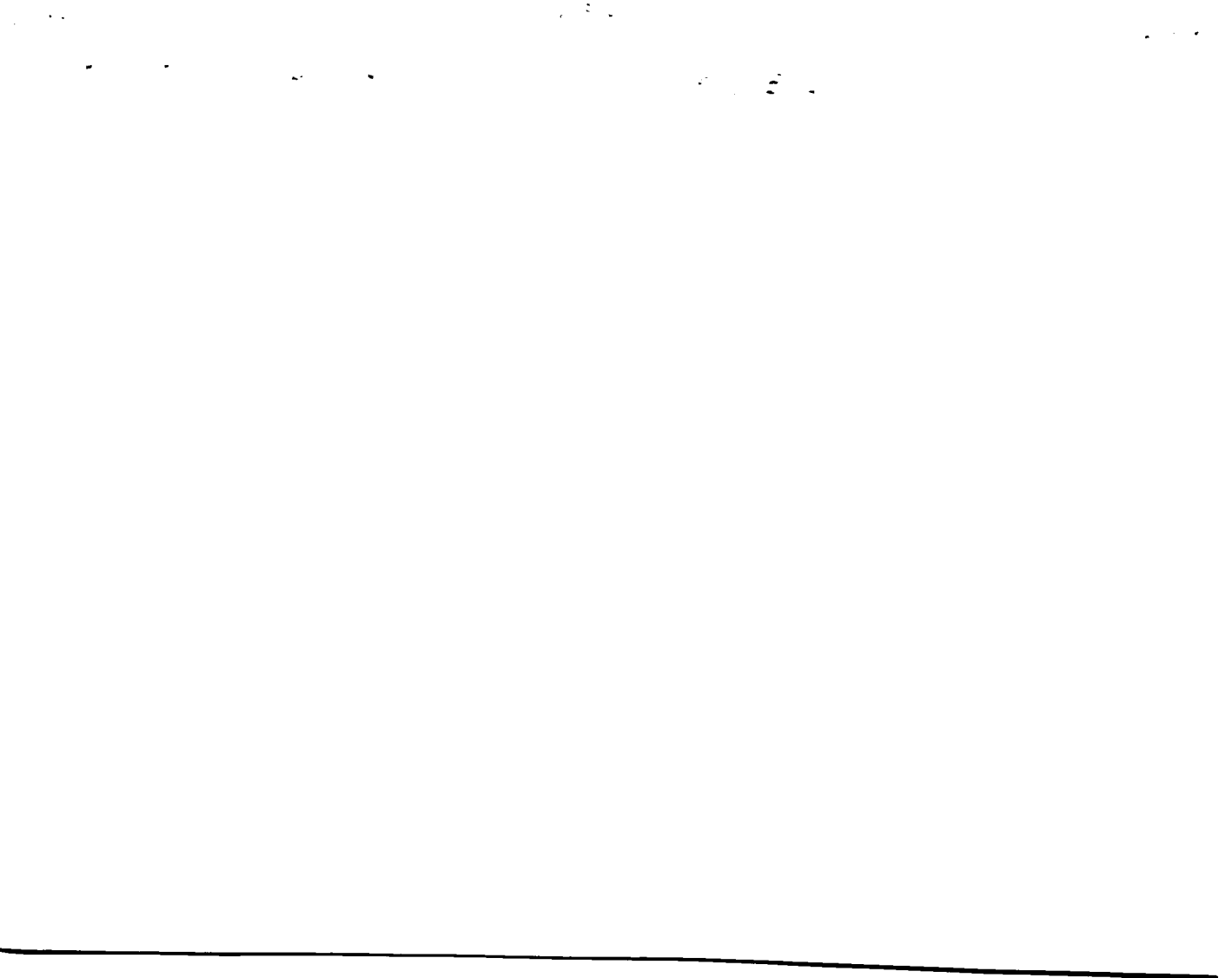
Was a test for phenylketonuria performed?

YES \_\_\_\_\_

NO \_\_\_\_\_

DATE \_\_\_\_\_





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } **RECEIVED**  
County of Latah } **FEB 26 1968**  
Certificate No. 80217  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Alice Rodgers who was born on May 13, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in New Plymouth, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name," "Birth Date," "Cause of Death," Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
Child's Last Name _____	Rodgers _____	Rogers _____
Father's Last Name _____	Rodgers _____	Rogers _____

Subscribed and sworn to before me this 20<sup>th</sup> day of February, 1968.  
John S. Williams  
Notary Public, residing at Missoula  
My commission expires 7/28/68  
(Seal)

Signed Milton J. Newkirk  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
535 W. Hayes Moscow Ida  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } **[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]**  
County of \_\_\_\_\_ } **SS.**  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Signed \_\_\_\_\_  
(Signature of Any Credible Person)  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)

Father's Death Certificate on file: (Idaho Death) #52-2289 gives full name of deceased as Warren Sylvester Rogers - viewed by V.S.

North Carolina Public Schools Report Card, High School, Randolph , North Carolina, Ramseur School, Grade 11, school year of 1937-1938, R.C. White, principal - gives full name of student as Alice Rogers, card has been signed by Mrs. W.S. Rogers - viewed by V.S.

State of Idaho, Payette County, Marriage License, no. 3897, dated Aug. 28, 1941 gives full name of male as Milton John Van Newkirk and full name of female as Alice Esther Rogers - viewed by V.S.

249-213-038-291

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of New PlymouthRegistration District No. 5File No. 80218No. R 7 D 1 St.Primary Registration District No. 2009Registered No. 25

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Florence Allen

SmithSex of  
Child♀Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthMay 131920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAME

FATHER

Roy Spencer SmithFULL  
MAIDEN  
NAME

MOTHER

Nancy Bratherton

RESIDENCE

New Plymouth, Ida

RESIDENCE

with husband

COLOR

WAGE AT LAST  
BIRTHDAY30  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Mo

BIRTHPLACE

Virginia

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 2:30 P M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Wm J. Drysdale, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

New Plymouth, Ida

Filed

June 10 1920Wm J. Drysdale

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

NOV 3 2 1947

796-226-038-813

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of New PlymouthRegistration District No. 5File No. 80219

No. \_\_\_\_\_ St.

Primary Registration District No. 1009Registered No. 26

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>J</u>	Twin Triplet or other? <u>no</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 26</u>	19 <u>20</u>
					(Month)	(Day) (Year)

FATHER  
FULL NAME John Edward Gross  
RESIDENCE New Plymouth, Ida  
COLOR W AGE AT LAST BIRTHDAY 31  
(Years)  
BIRTHPLACE Russia  
OCCUPATION Banker

MOTHER  
FULL MAIDEN NAME Bella Francis Hall  
RESIDENCE rich husband  
COLOR W AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE montana  
OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4:14 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address New Plymouth IdaFiled June 1920 Wm J. Drysdale

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-104098

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MARGIN RESERVED FOR BINDING

565-128-039  
253

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-4-17

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25

File No. 80220

No. .... St.

Primary Registration District No. 2072

Registered No. 183

Hospital .....

FULL NAME OF CHILD .....

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> (Number in order of birth) <u>yes</u>	Legitimate? <u>yes</u>	Date of Birth <u>5-28-20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Wm. Albert Novotny

MOTHER  
FULL MAIDEN NAME Martha Bethke

RESIDENCE Amer. Falls. Ida

RESIDENCE American Falls. Ida

COLOR white AGE AT LAST BIRTHDAY 26  
(Years)

COLOR white AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE Minn.

BIRTHPLACE Penn.

OCCUPATION laborer

OCCUPATION Housewife

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6:4 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard X. Mathew

(Physician or midwife)

Given names added from a supplemental report.

Address American Falls - Ida

Filed 5-28-20 R. X. Mathew  
Registrar

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285 213-139-139 PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-5-17

County of Powder

City of American Falls

Registration District No. 21

File No. 80221

No. 2072

Primary Registration District No. 2072

Registered No. 182

Hospital .....

FULL NAME OF CHILD Leila Ann Sherman

Sex of Child <u>Female</u>	Twin Triplet or other? <u>.....</u> and (Number in order of birth) <u>.....</u>	Legitimate? <u>Yes</u>	Date of Birth <u>5-13-20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME As. Albert Sherman  
RESIDENCE American Falls, Ida  
COLOR white AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Idaho  
OCCUPATION .....

MOTHER  
FULL MAIDEN NAME Mary Ethel Allen  
RESIDENCE American Falls, Ida  
COLOR white AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4/45 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard P. Roth

Given names added from a supplemental report.  
Leila Ann Sherman

(Physician or midwife)  
Address American Falls, Ida

W. C. Murphy State Registrar

Filed 5-14-20 Richard P. Roth Registrar

APR 14 1942

BOARD OF HEALTH - BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

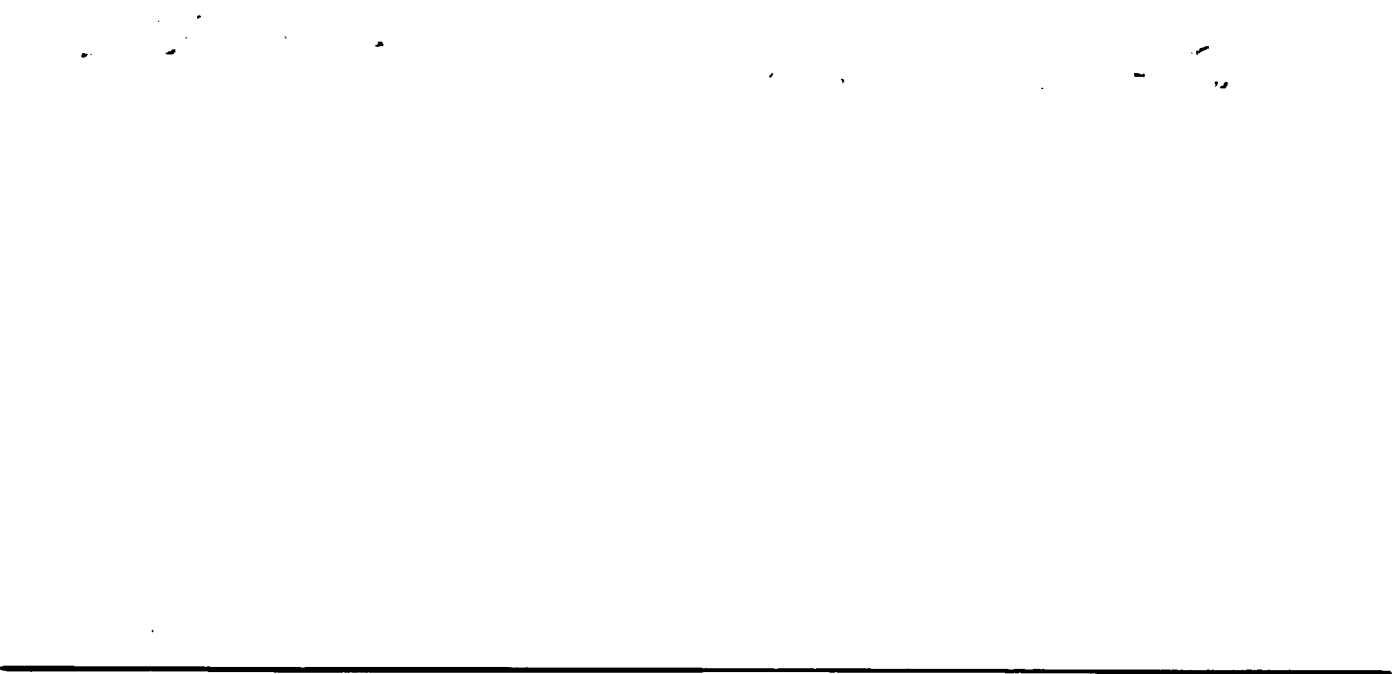
80221

Place of Birth { City American Falls  
Street and House No. \_\_\_\_\_  
County Power

Registered No. 182Registration Dist. No. 25-

Sex of Child female  
Date of Birth 5-13-1920  
FATHER Gas. Albert Sherman  
MOTHER Mary Ethel Allen

I hereby Certify that the child described herein,  
has been named:Leida Anne Sherman  
GIVEN NAME IN FULL SURNAMEas reported by mother  
Richard J. Nott  
FATHER OR MOTHER LOCAL REGISTRAR



619-109-039-135  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-3-17

County of PowderCity of American FallsRegistration District No. 25File No. 80222No. 3 St.Primary Registration District No. 2072Registered No. 181Hospital Bootham

FULL NAME OF CHILD

Wesley Ler Warf

Sex of Child

maleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yes

Date of Birth

May 9 1920

(Month) (Day) (Year)

FULL NAME

Ler Warf

FATHER

FULL  
MAIDEN  
NAMESylvia Ross Allen

MOTHER

RESIDENCE

American Falls

RESIDENCE

American Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

West Virginia

BIRTHPLACE

Albion, Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 9 M.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

Richard F. Nott

(Physician or midwife)

Given names added from a supplemental report.

Address

American Falls Idaho

Filed

5-11-20

Registrar

Registrar



296-218-039-415

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-25m-3-37

## CERTIFICATE OF BIRTH

County of PowerCity of American FallsRegistration District No. 25File No. 80223

No. .... St.

Primary Registration District No. 2072Registered No. 180

Hospital .....

FULL NAME OF CHILD

Sarah Leona BrooksSex of  
ChildFemaleTwin  
Triplet  
or other?{ and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthMay 10 1920  
(Month) (Day) (Year)FULL  
NAMESquary L. Brooks

FATHER

RESIDENCE

American Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Tennessee

OCCUPATION

Section ForemanFULL  
MAIDEN  
NAMERutha Davidson

MOTHER

RESIDENCE

American Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1238a M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

Richard F. North

(Physician or midwife)

Given names added from a supplemental report.

Address .....

American Falls, IdaFiled 5/14/20Richard F. North

Registrar

Registrar



c.c. 4/19/41. w.h.

MAY 22 1975

238-104-039-794  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-27

County of Power  
 City of Currie Falls Registration District No. 25 File No. 80224  
 No. .... St. Primary Registration District No. 2072 Registered No. 179

Hospital .....  
 FULL NAME OF CHILD Raymond Elmer Schnabel

Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth May 6 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Fred W. Schnabel FULL NAME MOTHER Martilde Gruebele

RESIDENCE Currie Falls RESIDENCE Currie Falls

COLOR White AGE AT LAST BIRTHDAY 57 (Years) COLOR White AGE AT LAST BIRTHDAY 71 (Years)

BIRTHPLACE Russia BIRTHPLACE Russia

OCCUPATION Farmer OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:00 A. M. on the date above stated. (Born alive or stillborn)

(Signature) Richard F. Noth  
 (Physician or midwife)

Given names added from a supplemental report.  
Raymond Elmer Schnabel Address Currie Falls Idaho  
W. C. Humphrey State Registrar Filed 5-16 1920 R. F. Noth Registrar

11-25-54-11-25-54

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1992

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

8224

Place of Birth { City Power  
Street and House No. \_\_\_\_\_  
County \_\_\_\_\_

Registered No. 179Registration Dist. No. 25

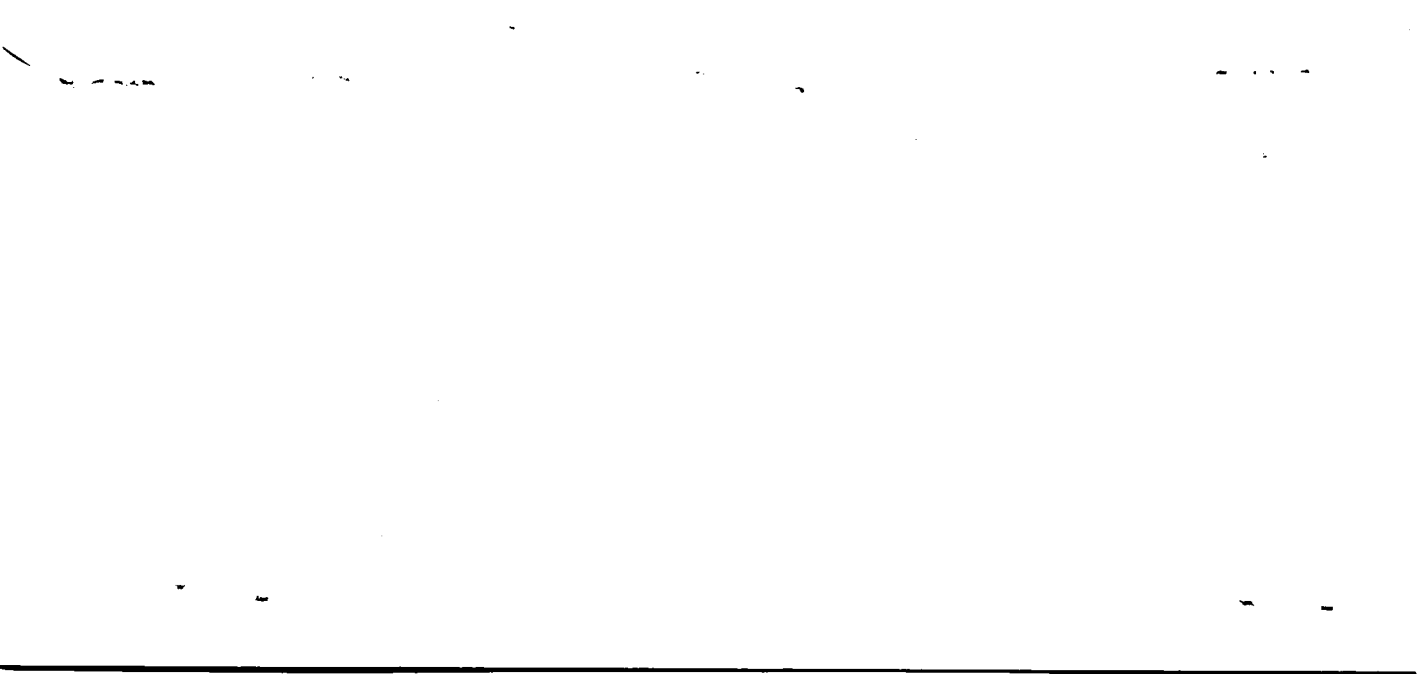
Sex of Child Male  
Date of Birth May 6 1920  
                    MONTH DAY YEAR  
Father John W. Schabel  
                    FULL NAME  
Mother Matilda Gumbel  
                    FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Raymond Elmer Schabel  
GIVEN NAME IN FULL SURNAME

as reported by J. Alter  
FATHER OR MOTHER

Richard J. Roth  
LOCAL REGISTRAR



855-122-039-238

PLACE OF BIRTH

amended 11/8/79

STATE OF IDAHO

Form V. S. No. 11-O-22m-9-9-23

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of PowerCity of American FallsRegistration District No. 25File No. 80225

No. ....St.

Primary Registration District No. 2072

Registered No. ....

Hospital .....

FULL NAME OF CHILD Arthur Edward Henne

Sex of Child

MaleTwin  
Triplet  
or other?and Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthMay 22, 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER John J. HenneFULL  
MAIDEN  
NAMEMOTHER Matilda Schaffer

RESIDENCE

Drigley

RESIDENCE

Drigley

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Russia

BIRTHPLACE

Russia

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 49 mi.  
(born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Richard B. Voth

(Physician or midwife)

Given ~~added~~ from a supplemental report.

Address

American Falls, Idaho

Filed

June 19, 1920

Registrar

Registrar

022018

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IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

OCT 19 1979

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Bureau of Vital Statistics

Certificate No. 80225

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Edward Henne who was born on May 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in American Falls, Idaho (Power) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's name

Edward

Arthur Edward Henne

date of birth

May 1920

May 22, 1920

Subscribed and sworn to before me this 4<sup>th</sup> day of

October, 19 79.

Notary Public, Cecelia Luczaj

Residing at 15006 La Mirada Dr. - L.M. 15409 FOREMAST Dr. LA MIRADA Ca.

My commission expires May 7, 1982

(Seal)

Signature of Applicant

Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

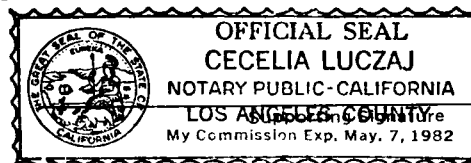
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)



Street Address, City, State



Honorable Discharge from the US Army gives name as Arthur E. Henne  
born May 22, 1920. date of separation Dec 17, 1945. viewed by V. S.

Marriage license from California give name as Arthur Henne and  
Josephine Hannemann. dated Jan 3, 1943. viewed by V. S.

NOV 9 1979

ONLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-208-075-413  
PLACE OF BIRTH

County of Power

City of Amherst Falls

No. .... St.

Hospital .....

FULL NAME OF CHILD Evelyn Cleanora Dalke

Sex of Child Female Twin Triplet or other? - and Number in order of birth - Legitimate? Yes Date of Birth Apr. 8 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Charles K Dalke FATHER  
RESIDENCE Aberdeen, Ida  
COLOR White AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Farmer

FULL MAIDEN NAME Ella A Dalke MOTHER  
RESIDENCE Aberdeen, Ida  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Okla.  
OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9:45 P on the date above stated. (Born alive or stillborn) M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) C. F. Gehring M.D.

Given names added from a supplemental report. (Physician or midwife)

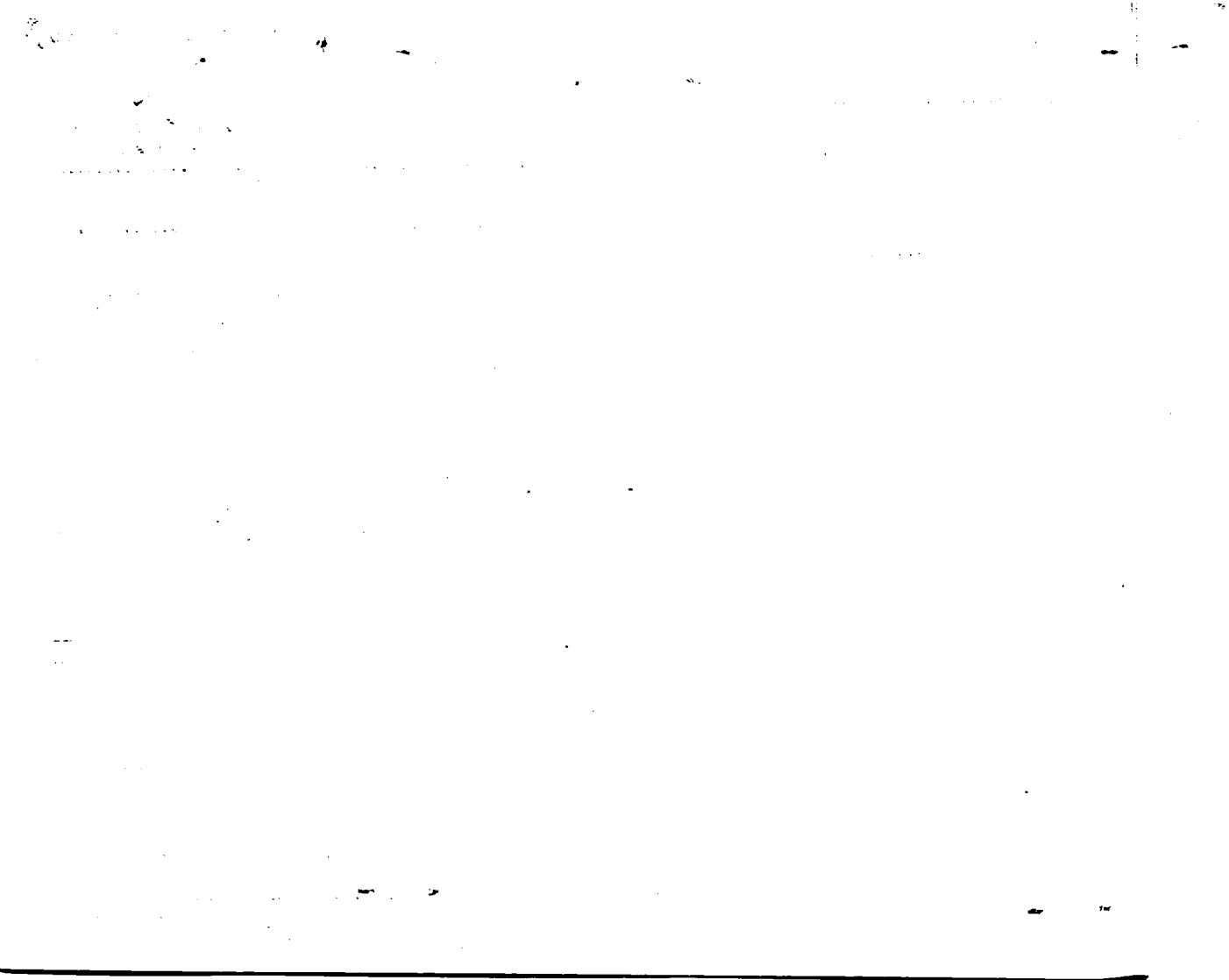
Evelyn Cleanora Dalke Address Amherst Falls, Ida

W. C. Murphy State Registrar Filed 5/29/20 Richard F. Roth Registrar

STATE OF IDAHO Form V. S. No. 11-C-25m-3-6-17  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 25 File No. 80226

Primary Registration District No. 2072 Registered No. 184



# BOARD OF HEALTH - BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

80226

Place of Birth { City Power  
 Street and House No. \_\_\_\_\_  
 County \_\_\_\_\_

Registered No. 184Registration Dist. No. 25

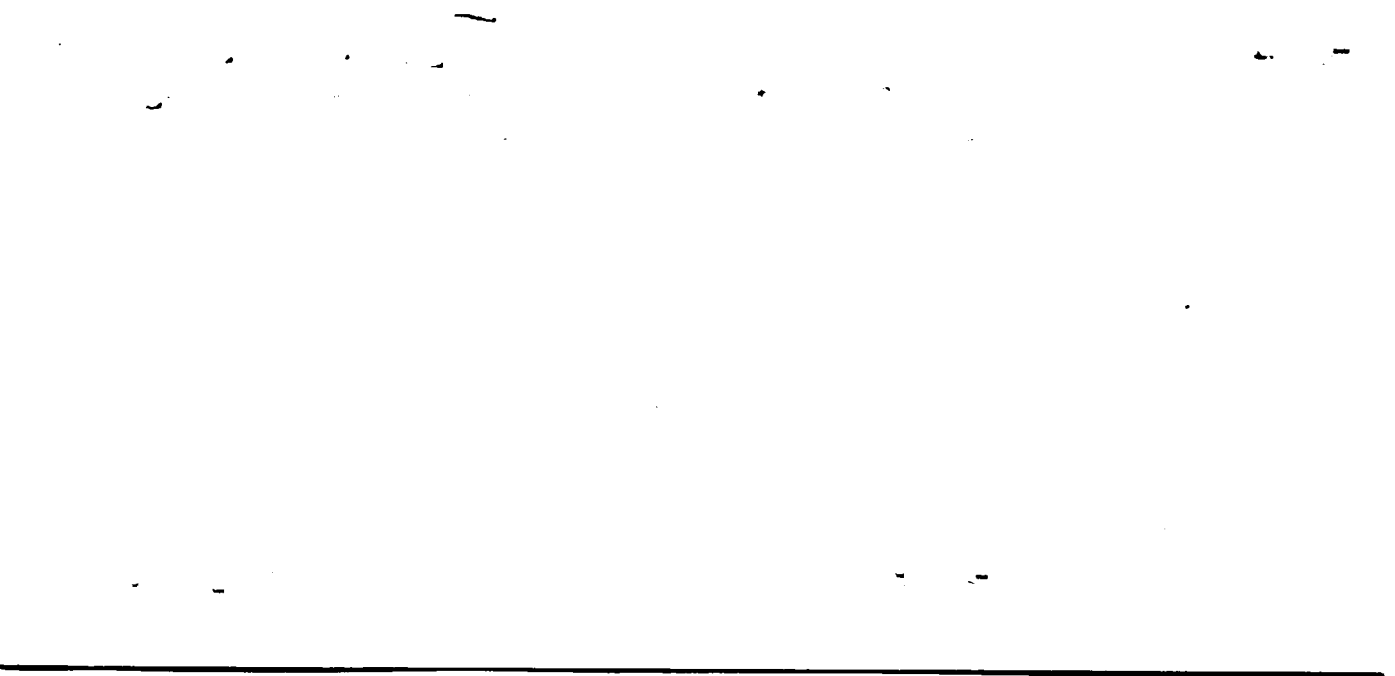
Sex of Child 1/2 M.  
 Date of Birth 4 - 8 1920  
MONTH DAY YEAR  
 Father James H. Walker  
FULL NAME  
 Mother Wm A Walker  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
 has been named:

Evelyn Eleanor Walker  
GIVEN NAME IN FULL SURNAME

as reported by 1/2 father  
FATHER OR MOTHER

Richard H. Nott  
LOCAL REGISTRAR



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

785-124-039-551

PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-06-17

CERTIFICATE OF BIRTH

County of Power

City of .....

Registration District No. ....

File No. .... 80227

No. .... St. ....

Primary Registration District No. .... 2072

Registered No. .... 186

Hospital .....

FULL NAME OF CHILD ..... Jesse Merrill Phelps

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>-</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 24 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Frank Phelps</u>	FATHER
RESIDENCE <u>Carbon, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Rosa Neal</u>	MOTHER
RESIDENCE <u>Carbon, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Wash.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .... 2 ..... Number of children of this mother now living, including present birth ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... O. F. Phelps M.D. .....  
 (Born alive or stillborn) ..... 2 P .....  
 (Physician or midwife)

Given names added from a supplemental report.  
Jesse Merrill Phelps .....  
W. C. Murphy .....  
1-21-22 Registrar

Address ..... Arner Falls, Ida .....  
 Filed ..... 5/29/20 .....  
Richard F. Nott Registrar



CONFIDENTIAL

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BOARD OF HEALTH - BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

= 80227

Place  
of BirthCity Arbon, Idaho. P.O.

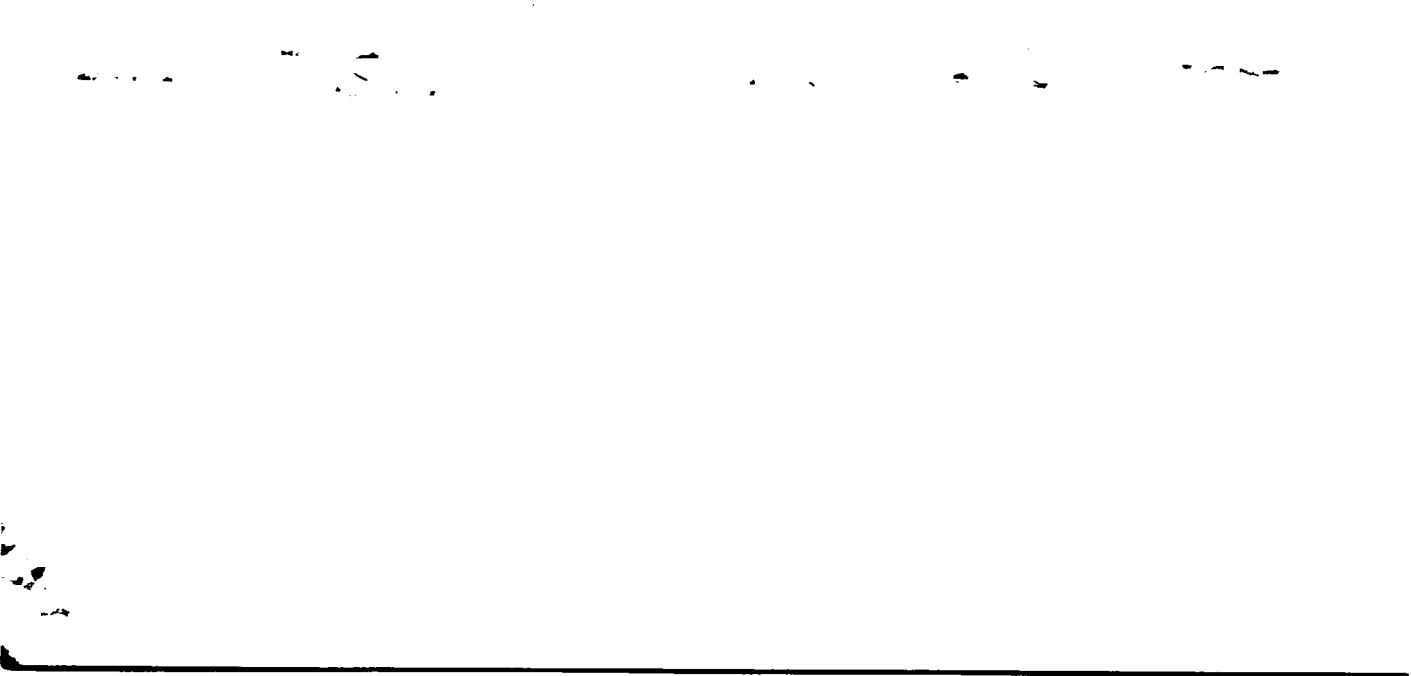
Street and House No. \_\_\_\_\_

County PowerRegistered No. 186Registration Dist. No. 20-

Sex of Child \_\_\_\_\_

Date of Birth May 24 1920  
MONTH DAY YEARFather Frank W. Phelps  
FULL NAMEMother Rosie Neal  
FULL MAIDEN NAMEI Hereby Certify that the child described herein  
has been named:Jesse Merrill Phelps  
GIVEN NAME IN FULL SURNAMEas reported by Mother  
FATHER OR MOTHERRichard J. Noth  
LOCAL REGISTRAR





915-240-039-942  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-9-17

County of PowerCity of Amer FallsRegistration District No. 29File No. 80228

No. .... St.

Primary Registration District No. 2072Registered No. 185

Hospital .....

FULL NAME OF CHILD Paulina Rau

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>—</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 10 1920</u> (Month) (Day) (Year)
FULL NAME <u>Fred Rau</u>	FATHER	FULL MAIDEN NAME <u>Mary Rubler</u>	MOTHER
RESIDENCE <u>Amer Falls</u>		RESIDENCE <u>Amer Falls</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>51</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Russia</u>		BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Laborer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schuch M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Amer Falls, IdaFiled 5/29/20 Richard F. Roth

Registrar

Registrar

JUN 22 1942

957-107-040-624

PLACE OF BIRTH

County of ShelburneCity of Burke

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. \_\_\_\_\_

Primary Registration District No. 2200

DAHO

Statistics

OF BIRTH

Form V. S. No. 11-10m-6-20-11

File No. \_\_\_\_\_

80229

Registered No. 182

Sex of Child

MTwin,  
Triplet,  
or other?OneNumber  
and in order  
of birthoneLegiti-  
mate?YDate of  
birth571920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Nicholas Merlino

RESIDENCE

Burke

COLOR

WAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Italy

OCCUPATION

MinerFULL  
MAIDEN  
NAME

MOTHER

Margareth Diamond

RESIDENCE

Burke Ida

COLOR

WAGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

Burke Ida

OCCUPATION

House wifeNumber of child of this mother, including present birth 1Number of children, of this mother, now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 11:30 P.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Chas. W. Dethman

(Physician or Midwife)

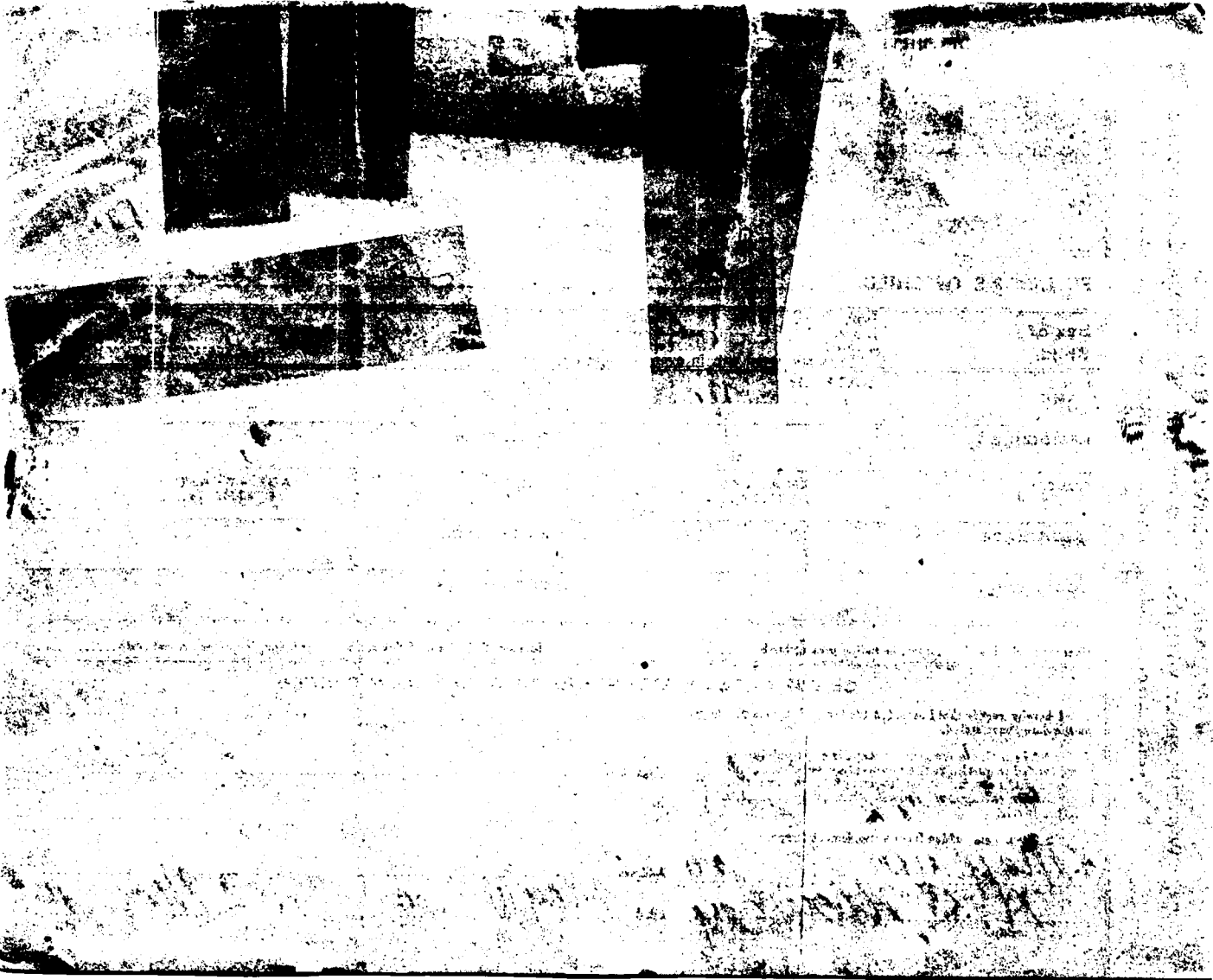
Given name added from a supplemental report

May 10 1920  
H. E. Mowery  
Registrar

Address

Filed

Burke Ida  
MAY 10 1920  
H. E. Mowery  
Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

924-111-040-285

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of

City of

Registration District No.

File No.

No.

St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin  
Triplet  
or other?

and  
Number  
in order  
of birth

Legiti-  
mate?

Date of  
Birth

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

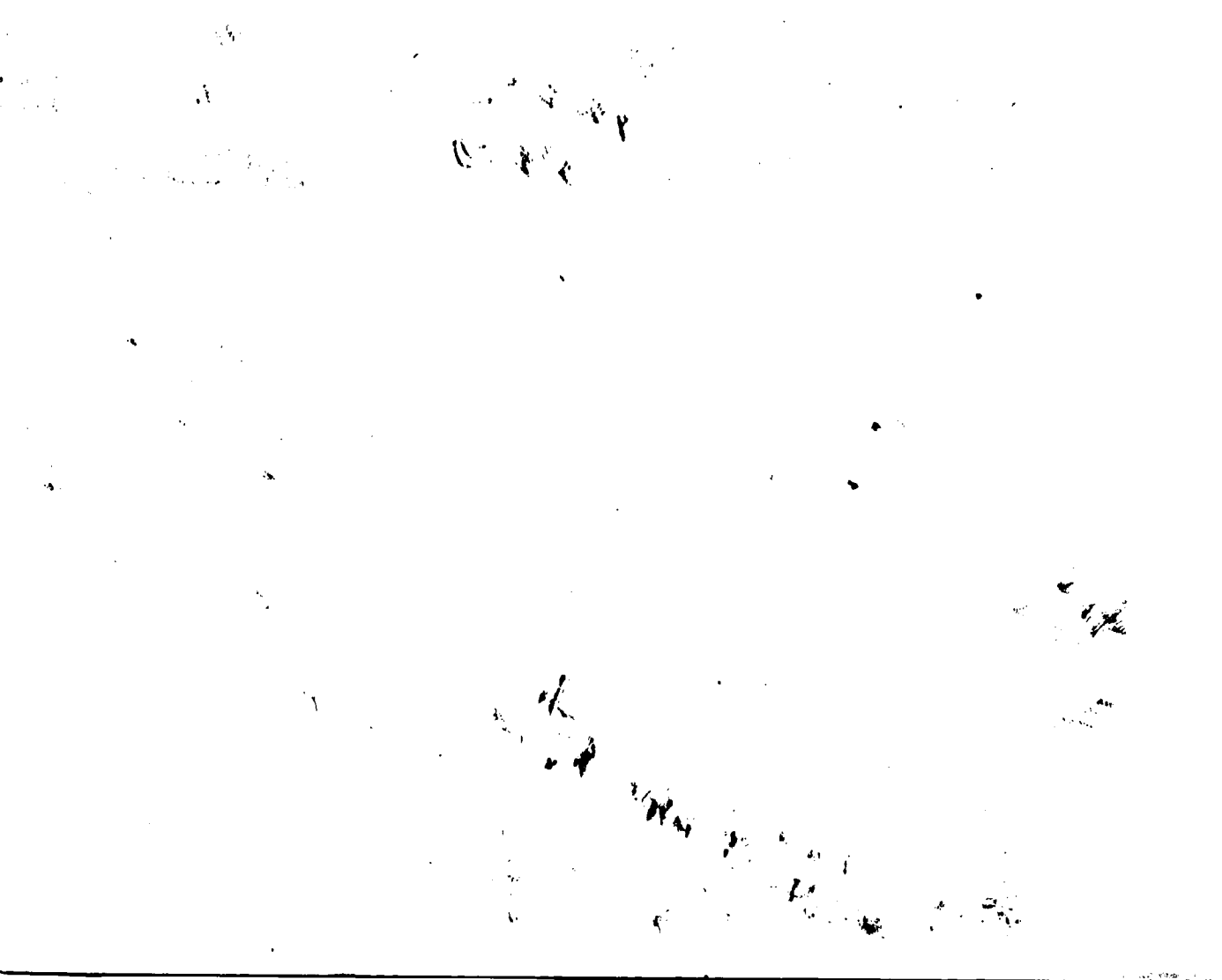
When names added from a supplemental report.

Address

Filed

Registrar

Registrar



713-270-040-275

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of

Shoshone

City of

Near Wallace

## CERTIFICATE OF BIRTH

Registration District No.

122

File No.

80231

No.

St.

Primary Registration District No.

2200

Registered No.

184

Hospital

FULL NAME OF CHILD

Ruby May Patrick

Sex of Child

F

Twin  
Triplet  
or other?and  
Number  
in order  
of birthLegiti-  
mate?

yes

Date of  
BirthMay 20 1920  
(Month) (Day) (Year)FULL  
NAME

Stuart Patrick

FULL  
MAIDEN  
NAME

Ruby May Spears

RESIDENCE

Near Wallace

RESIDENCE

Near Wallace

COLOR

W

AGE AT LAST  
BIRTHDAY19  
(Years)

COLOR

W

AGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Wash

BIRTHPLACE

Idaho

OCCUPATION

Woodsman

OCCUPATION

Housewife

Number of child of this mother, including present birth.

Number of children of this mother now living, including present birth.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 6 A.M.  
(born alive or stillborn)\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Drs Mowery  
Physicians  
(physician or midwife)

Given names added from a supplemental report.

M. C. Mowery 1920

Address

Filed

May 22 1920

S-Y-CO. 38071

Registrar

Registrar



MAY 6 1962

11-11-64

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-106-040-791  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 12-C—Rev. 1-17

County of *Shoshone*

City of *Kellogg*

Registration District No. *123*

File No. *480232*

No. .... St.

Primary Registration District No. *2201*

Registered No. ....

Hospital .....

FULL NAME OF CHILD *Clarence Percy McConnell Jr.*

Sex of Child <i>male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>Feb - 6 1912</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FATHER  
FULL NAME *Clarence Percy McConnell*  
RESIDENCE *Kellogg Idaho*  
COLOR *white*  
AGE AT LAST BIRTHDAY *26*  
(Years)  
BIRTHPLACE *Vermont*  
OCCUPATION *Janitor*

MOTHER  
FULL MAIDEN NAME *Ella Bell Graham*  
RESIDENCE *Kellogg Idaho*  
COLOR *white*  
AGE AT LAST BIRTHDAY *22*  
(Years)  
BIRTHPLACE *Oregon*  
OCCUPATION *Housewife*

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. S. Hardy M.D.*

Given names added from a supplemental report.

(Physician or midwife)

.....19.....

Address *Kellogg Idaho*

.....19.....

Filed *6/3 1912*

Registrar

Registrar

APR 24 1949

669-119-040-133

Form V. S. No. 11-C-25m-2-27

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

80233

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 20

No. .... St.

Primary Registration District No. 2701

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Forest Lloyd Worthington

Sex of Child

M.

Twin  
Triplet  
or other?

and  
in order  
of birth

1

(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

May 19 1920  
(Month) (Day) (Year)

FULL NAME

Edward W. Worthington

FATHER

FULL NAME

Elizabeth Allen

MOTHER

RESIDENCE

Kellogg, Ida

RESIDENCE

Kellogg, Ida

COLOR

White

AGE AT LAST BIRTHDAY

19  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

16  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Wash

OCCUPATION

Printer

OCCUPATION

House Wife

Number of child of this mother, including present birth.../.....

Number of children of this mother now living, including present birth.../.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... on the date above stated.

..... at 2 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo. S. Leshner

(Physician or midwife)

Given names added from a supplemental report.

Address

Kellogg

Filed

5/20

1920

Geo. S. Leshner

Registrar

Registrar

APR 5 1948

Certified copy issued 2-20-1941. dp

336-123-040-214

## PLACE OF BIRTH

County of ShoshoneCity of Kellogg

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 14-C-25m-9-8-17

## CERTIFICATE OF BIRTH

80234

Registration District No. 123File No. 21Primary Registration District No. 2701

Registered No. ....

## FULL NAME OF CHILD

Carlo Close

Sex of Child

MTwin  
Triplet  
or other?

and

(Number  
in order  
of birth  
(To be answered only in event of plural births))Legiti  
mateYesDate of  
BirthMay 23 1920

(Month) (Day) (Year)

FULL  
NAMEFather  
Long Close

RESIDENCE

Kellogg

COLOR

WhiteAGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

Italy

OCCUPATION

Section ForemanFULL  
MAIDEN  
NAMEMother  
Philomena Santoro

RESIDENCE

Kellogg

COLOR

WAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Italy

OCCUPATION

House WifeNumber of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 10<sup>40</sup> A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Geo. S. Lesher

(Physician or midwife)

Given names added from a supplemental report.

Address

Kellogg

Filed

May 23 1920  
Geo. S. Lesher

Registrar

Registrar

APR 21 1971

APR 12 1944

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

394-202-040-494

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

County of Shoshone

City of Kellogg

No. .... St.

Registration District No. 123

Primary Registration District No. 2701

CERTIFICATE OF BIRTH

80235  
File No. 22

Hospital .....  
FULL NAME OF CHILD June Edith Crowley

Sex of Child <u>♀</u>	Two Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 2</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	--	---	-----------------------------	--

FULL NAME <u>Chas. Crowley</u>	FATHER
RESIDENCE <u>Kellogg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Miner</u>	

FULL MAIDEN NAME <u>Mary McKiff</u>	MOTHER
RESIDENCE <u>Kellogg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>West Virginia</u>	
OCCUPATION <u>House Wkrs</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 8 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

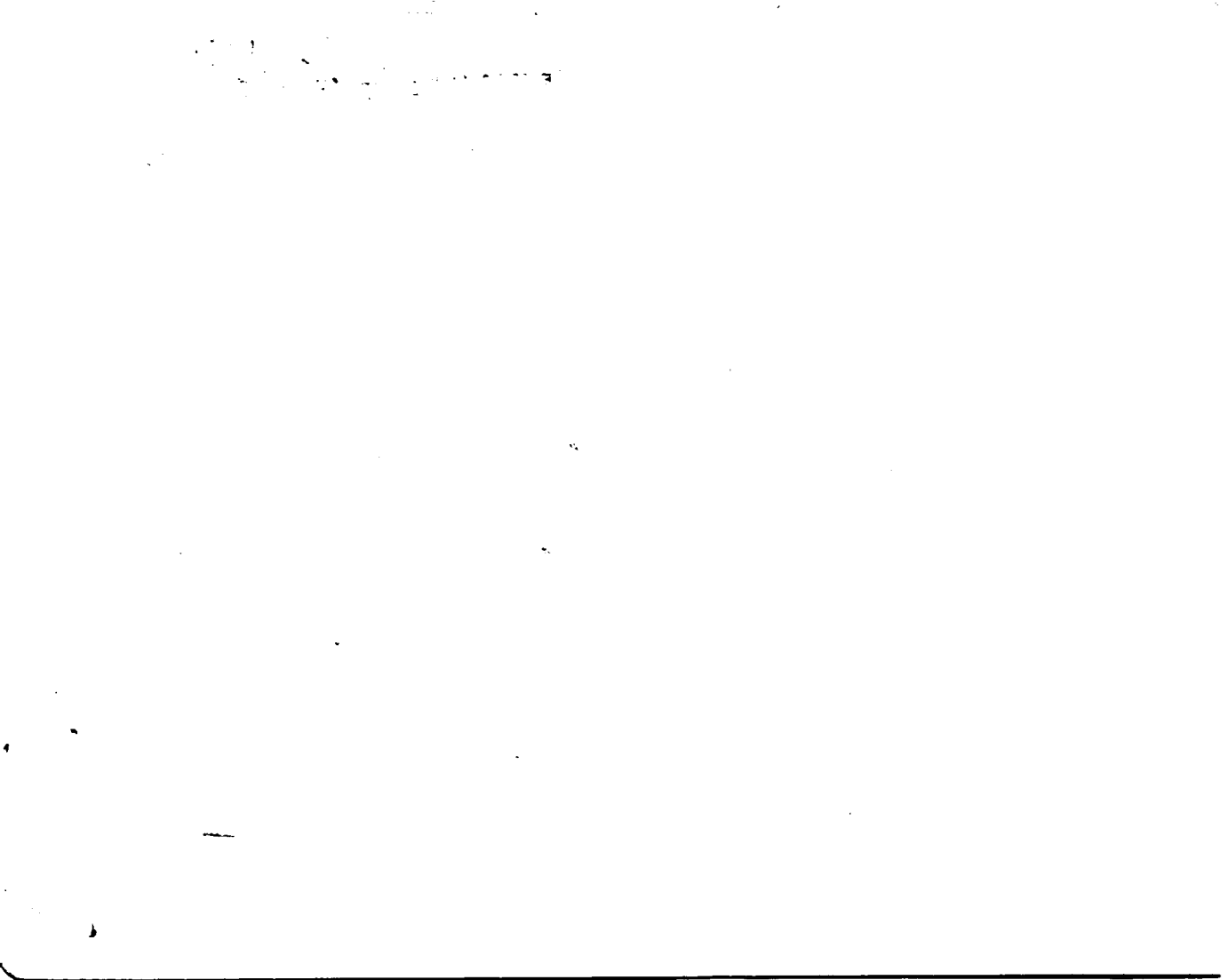
(Signature) Geo. J. Leshner

Given names added from a supplemental report.

..... 19.....

Address Kellogg  
Filed 10/22/20 Geo. J. Leshner  
Registrar





132-210-040-613  
PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80236

County of ShoshoneCity of Kellogg

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 123File No. 23

Hospital \_\_\_\_\_

Primary Registration District No. 2401

Registered No. \_\_\_\_\_

Full Name of Child Beatrice Atkinson

SEX OF CHILD <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>4</u> <u>10</u> <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Fred Atkinson</u>			FULL MAIDEN NAME <u>Gladiys Walker</u>		
RESIDENCE <u>Kellogg</u>			RESIDENCE <u>Kellogg</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	
BIRTHPLACE <u>Eng land</u>			BIRTHPLACE <u>Eng land</u>		
OCCUPATION <u>Miner</u>			OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 12:15 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 6/3 19 20 Geo. D. Leshue

Registrar

Registrar



87

100-100-100

713-221-040-791  
PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

County of ShoshoneCity of Kellogg

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

80237

Registration District No. 123File No. 74Primary Registration District No. 2701

Registered No. \_\_\_\_\_

Full Name of Child Genevieve Rose Palmer

SEX OF CHILD <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth <u>3</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 21</u> (Month) (Day) (Year)
FULL NAME <u>Arthur H. Palmer</u>	FATHER		FULL MAIDEN NAME <u>Maud Opal Pratt</u>	MOTHER
RESIDENCE <u>Kellogg</u>			RESIDENCE <u>Kellogg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Kansas</u>			BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Miner</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Born alive at 6:30 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Maorn

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Registrar

Filed 6/3 1920 Geo. D. Leshu

Registrar

MAY 25 1942

File No.

Numbered No.

363-220-040-132  
PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

80238

File No. 25

County of Shoshone

City of Kellogg

Registration District No. 123

No. \_\_\_\_\_ St.

Primary Registration District No. 2901

Registered No. \_\_\_\_\_

Hospital Kellogg

Full Name of Child Rose Lucille Colonnels

SEX OF CHILD <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Apr 20 1920</u> (Month) (Day) (Year)
FULL NAME <u>John C. Colonnels</u>		FATHER		
RESIDENCE <u>Kellogg</u>		FULL MAIDEN NAME <u>Clara Nellie Albino</u>		
COLOR <u>White</u>		MOTHER <u>Kellogg</u>		
AGE AT LAST BIRTHDAY <u>30</u> (Years)		RESIDENCE <u>Idaho</u>		
BIRTHPLACE <u>Idaho</u>		COLOR <u>White</u>		
OCCUPATION <u>Miner</u>		AGE AT LAST BIRTHDAY <u>24</u> (Years)		
		BIRTHPLACE <u>Idaho</u>		
		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 330 A M on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 6/3 1920 J. R. Mason  
Registrar

WHILE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 8 1968

JAN 4 1969

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8023

County of Shoshone

City of Kellogg

235-109-040-154

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 123

File No. 16

Hospital \_\_\_\_\_

Primary Registration District No. 7701

Registered No. \_\_\_\_\_

Full Name of Child Lewis Axel Stewart. Died in 20 hrs.

SEX OF CHILD <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>6</u> <u>9</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>Ray Daniel Stewart</u>	FATHER		FULL MAIDEN NAME <u>Edna Anderson</u>	MOTHER
RESIDENCE <u>Kellogg</u>			RESIDENCE <u>Kellogg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Kansas</u>			BIRTHPLACE <u>Mont</u>	
OCCUPATION <u>Grocery clerk</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at \_\_\_\_\_ M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

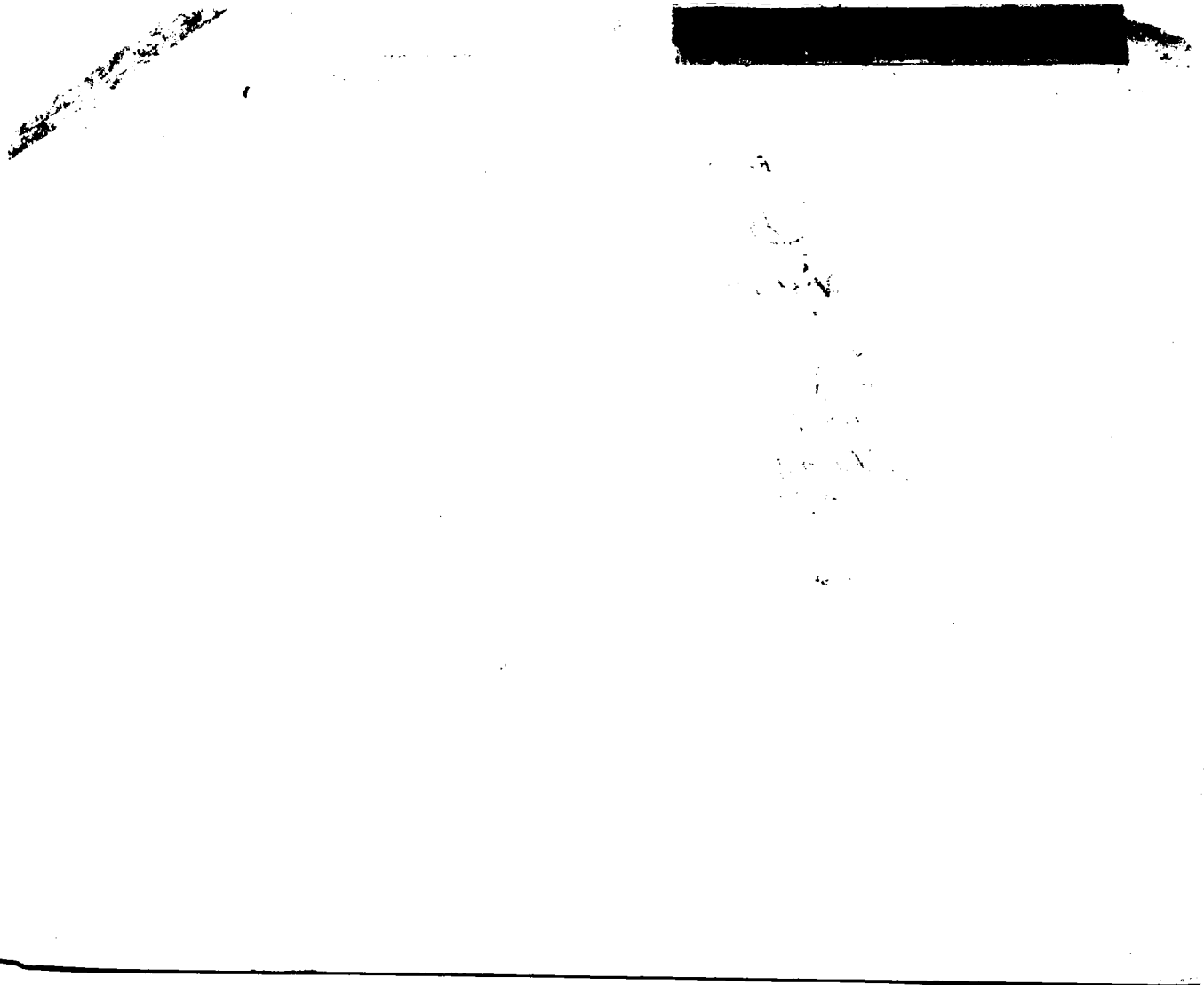
Address \_\_\_\_\_

Registrar

Filed 6/3 1920 Gro. J. L. Shu

Registrar





PL

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80240

County of Shoshone  
City of Kellogg  
296-104-040-253  
No. \_\_\_\_\_ St.

Registration District No. 123

File No. 27

Primary Registration District No. 2201

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

John A. Brockman Jr.

SEX OF CHILD <u>boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth <u>2</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Apr 4</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>John A. Brockman</u>	FATHER		FULL MAIDEN NAME <u>Ira May Keller</u>	MOTHER
RESIDENCE <u>Kellogg</u>			RESIDENCE <u>Kellogg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)	COLOR <u>White</u>		AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Missouri</u>			BIRTHPLACE <u>Ill.</u>	
OCCUPATION <u>Photographer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 1.15 A M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Registrar

Filed 6/3 19 20 Jos. J. Lesher

Registrar

87-10-41  
HTC 6 30 21

16 40

10 10 10

364-313-040-619

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

80241

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ShoshoneCity of Kellogg

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 123File No. 78

Hospital \_\_\_\_\_

Primary Registration District No. 7701

Registered No. \_\_\_\_\_

Full Name of Child

Southy Jane Cameron

SEX OF CHILD

G.Twin  
Triplet  
or other?Number  
in order  
of birth1stLegiti-  
mate?YesDATE OF  
BIRTH1 12 1920  
(Month) (Day) (Year)FULL  
NAMEJohn Cameron

FATHER

RESIDENCE

Kellogg

COLOR

WhiteAGE AT LAST  
BIRTHDAY36

(Years)

BIRTHPLACE

Scotland

OCCUPATION

St EngineerFULL  
MAIDEN  
NAMESadie Wilkey Sarnes

MOTHER

RESIDENCE

Kellogg

COLOR

WhiteAGE AT LAST  
BIRTHDAY37

(Years)

BIRTHPLACE

Canada

OCCUPATION

House wifeNumber of child of this mother, including present birth... 6Number of children of this mother now living, including present birth... 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was...  
on the date above stated.Born alive, at 10 P. M.  
(Born alive or stillborn)

(Signature)

J. R. Mason

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Physician or midwife)

Address

Filed

6/3 1920 Geo. D. Lesher

Registrar

Registrar

JAN 19 1973

N. B. - In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

53-304-048-814  
PLACE OF BIRTH  
DATE OF BIRTH  
80242

City of Killogg  
Registration District No. 123 File No. 29  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Primary Registration District No. 2201 Registered No. \_\_\_\_\_  
Hospital \_\_\_\_\_  
Full Name of Child Mary Katherine Melovich

SEX OF CHILD <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth <u>3</u> (and _____)	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 2</u> (Month) (Day) (Year) <u>1920</u>
FATHER FULL NAME <u>Steve Melovich</u>		MOTHER FULL MAIDEN NAME <u>Calley Hamilton</u>		
RESIDENCE <u>Killogg</u>		RESIDENCE <u>Killogg</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	
BIRTHPLACE <u>Austria</u>		BIRTHPLACE <u>Tenn</u>		
OCCUPATION <u>Miner</u>		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Born alive at 6:15 A. M.  
on the date above stated. (Born alive or stillborn)  
(Signature) J. R. Mason

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Given names added from a supplemental report.  
\_\_\_\_\_  
19\_\_\_\_  
Address \_\_\_\_\_  
Filed 6/3 1920 Geo. D. Leshur  
Registrar \_\_\_\_\_ Registrar

418  
JUL 16 1971

238-113-040-315  
PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80243

County of ShoshoneCity of Kellogg

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 123File No. 30

Hospital \_\_\_\_\_

Primary Registration District No. 2201

Registered No. \_\_\_\_\_

Full Name of Child Charles Landry Schuettenhelm

Schuettenhelm

SEX OF CHILD <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth <u>3</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 13</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>John B. Schuettenhelm</u>		FATHER		
RESIDENCE <u>Kellogg</u>		Schuettenhelm		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Germany</u>		BIRTHPLACE <u>Mich</u>		
OCCUPATION <u>Smelting man</u>		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth... 3... Number of children of this mother now living, including present birth... 3...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8:45 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

Given names added from a supplemental report.

(Physician or midwife)

\_\_\_\_\_ 19 \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Registrar

Filed 6/3 19 20 Geo. S. Lesher

Registrar

WHILE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



NOV 28 1942

28-117-040-443  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

80244

County of Phoebe

City of Kellogg

Registration District No. 123

File No. 31

No. \_\_\_\_\_ St.

Primary Registration District No. 2701

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child George James Baynes, Jr.

SEX OF CHILD <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth <u>3</u>	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>May 17</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>George James Baynes</u>	FATHER		FULL MAIDEN NAME <u>Margaret Muelholland</u>	MOTHER
RESIDENCE <u>Kellogg</u>			RESIDENCE <u>Kellogg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Eng Land.</u>			BIRTHPLACE <u>Colorado.</u>	
OCCUPATION <u>Miner</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed

19

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 31 1960

249-124-040-196

## PLACE OF BIRTH

County of ShoshoneCity of Kellooq.

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 123Primary Registration District No. 2001File No. 32

Registered No. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11--25m-6-15-18

## CERTIFICATE OF BIRTH

80245

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth <u>2</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 24</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>John J. Kuisti</u>		FATHER		
RESIDENCE <u>Kellooq Enaville</u>		MOTHER <u>Ailie Elizabeth Ars.</u>		
COLOR <u>White</u>		AGE AT LAST BIRTHDAY <u>31</u> (Years)		
BIRTHPLACE <u>Finland</u>		COLOR <u>White</u>		
OCCUPATION <u>Section Boss</u>		AGE AT LAST BIRTHDAY <u>17</u> (Years)		
		BIRTHPLACE <u>Idaho</u>		
		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 10:40 M

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

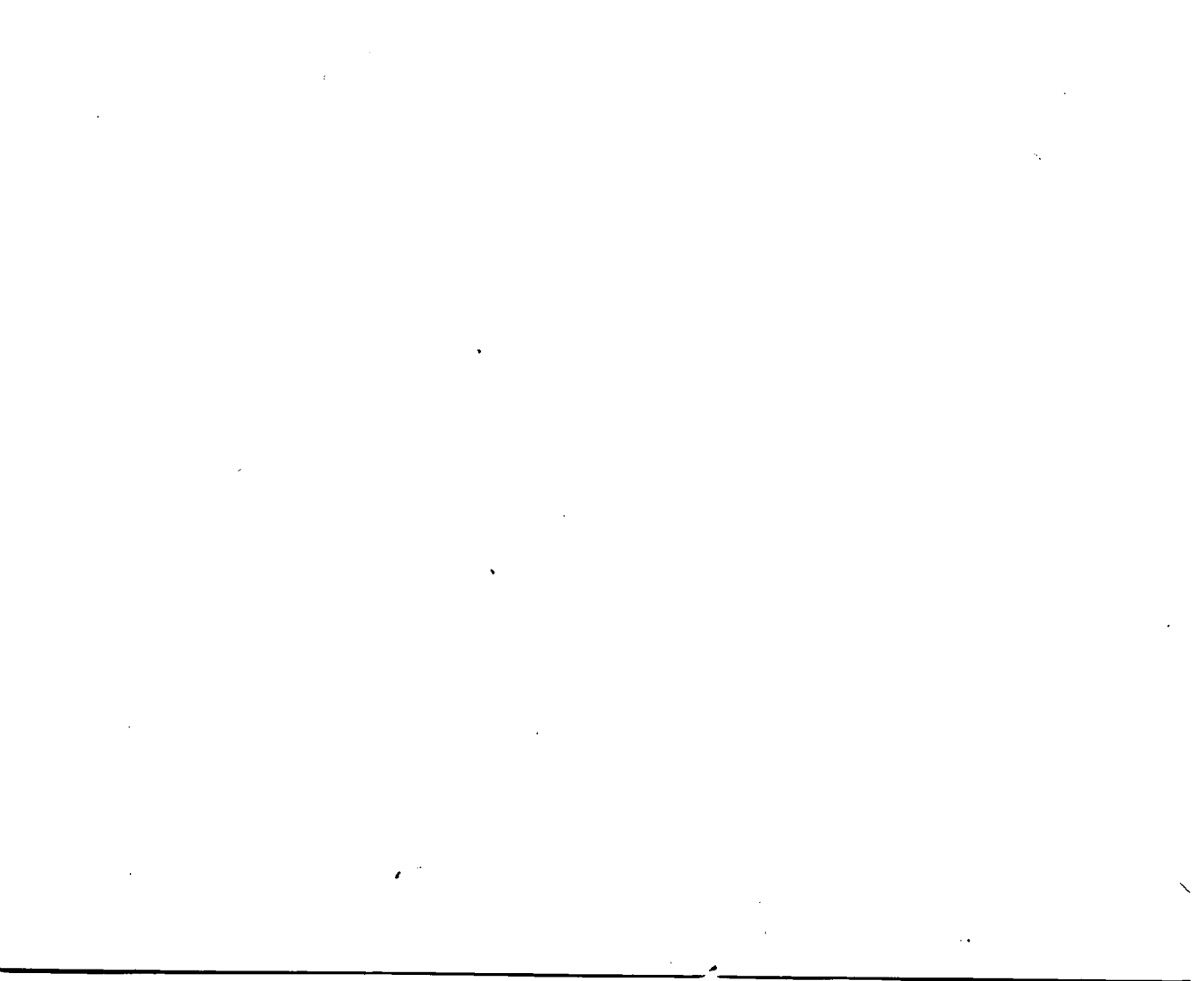
19 \_\_\_\_\_

Address \_\_\_\_\_

Registrar

Filed 6/3 1920J. R. Mason

Registrar



294-131-040-593  
PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Kellogg

Registration District No. 123

Primary Registration District No. 2701

Form V. S. No. 11-25m-6-16-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

80246

File No. 33

Registered No. \_\_\_\_\_

Full Name of Child No Name. Dead

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth <u>3</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 31</u> (Month) (Day) (Year) <u>1920</u>
FATHER FULL NAME <u>Thomas John Sims</u>			MOTHER FULL MAIDEN NAME <u>Annie Neely</u>	
RESIDENCE <u>Wardner</u>			RESIDENCE <u>Wardner</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Eng land</u>			BIRTHPLACE <u>Eng land</u>	
OCCUPATION <u>St Engineer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

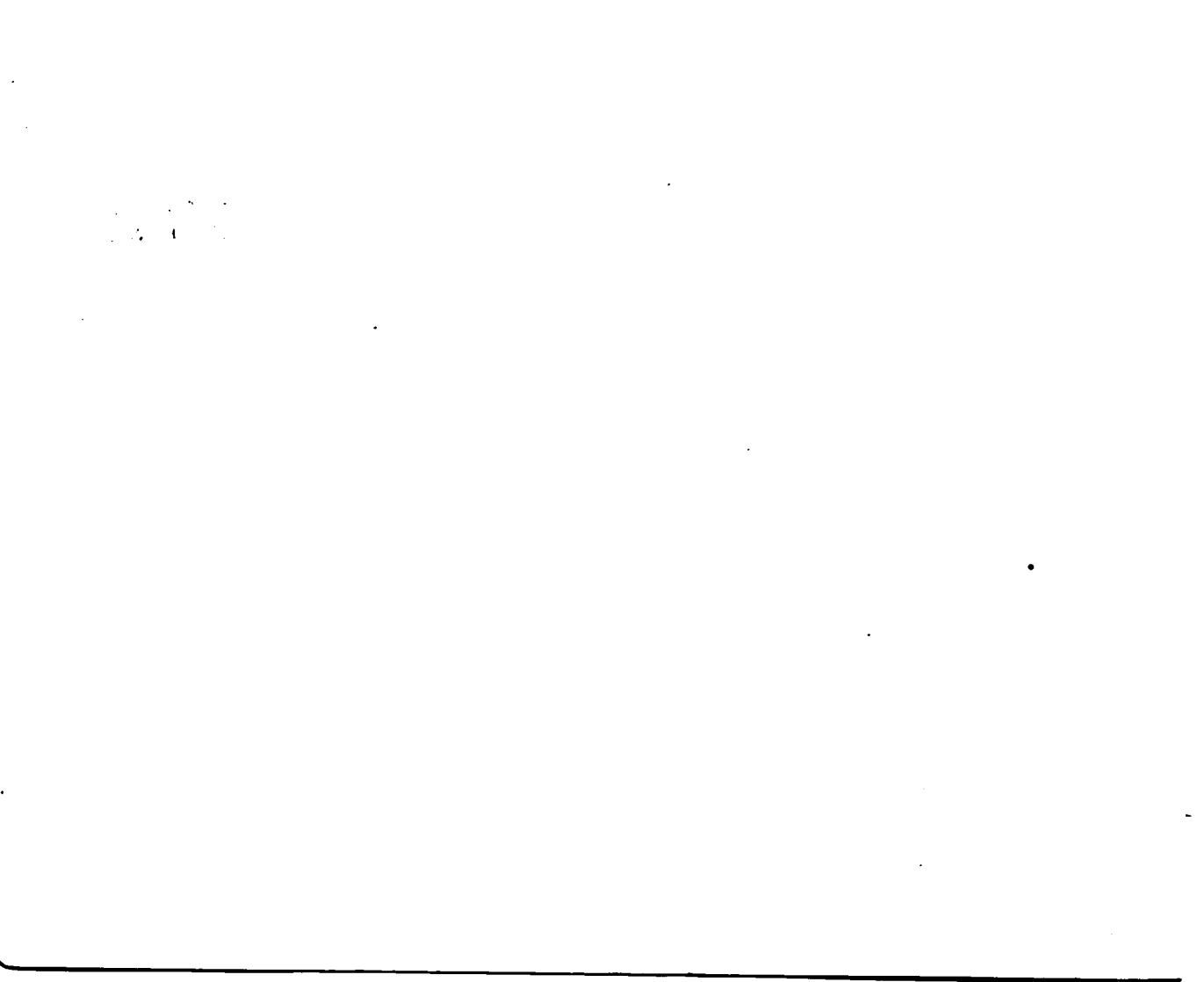
Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 6/3 1920 Geo. S. Lecher  
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 MARGIN RESERVED FOR BINDING  
 N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-222-040-556

PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22a-2-17

County of *Shoshone*

CERTIFICATE OF BIRTH

80247

City of *Blackfoot*

Registration District No. *143*

File No. *34*

No. .... St.

Primary Registration District No. *2701*

Registered No. ....

Hospital *Hardway*

FULL NAME OF CHILD *Lois Lucille Fisher*

Sex of Child <i>female</i>	Twin Triplet or other? <i>no</i>	and { Number in order of birth <i>2</i>	Legitimate? <i>yes</i>	Date of Birth <i>4</i> <i>2</i> <i>1912</i> (Month) (Day) (Year)
FULL NAME FATHER <i>W. H. Fisher</i>		FULL MAIDEN NAME MOTHER <i>Esther Newman</i>		
RESIDENCE <i>Blackfoot</i>		RESIDENCE <i>Blackfoot</i>		
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)	
BIRTHPLACE <i>Idaho</i>		BIRTHPLACE <i>Iowa</i>		
OCCUPATION <i>Lineman</i>		OCCUPATION <i>Housewife</i>		

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born* at *39* M on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) *H. L. Fisher* Physician or midwife

Given names added from a supplemental report.

Address *Blackfoot*

Filed *6/3 1912* Registrar *J. L. Fisher*



MAR 26 1970

806-126-040-236  
PLACE OF BIRTH

Form V. B. No. 22-C-22-2-2-17  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

80248

County of *Shoshone*

City of *Trill*

Registration District No. *123*

File No. *35*

No. .... St.

Primary Registration District No. *7201*

Registered No. ....

Hospital .....

FULL NAME OF CHILD *Francis Palmer Howell*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>No</i>	and { Number in order of birth <i>1</i> }	Legitimate? <i>Yes</i>	Date of Birth <i>4 26 1920</i> (Month) (Day) (Year)
--------------------------	----------------------------------	---	------------------------	--

FULL NAME <i>Palmer Howell</i>	FATHER
RESIDENCE <i>Kellogg Ida</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>23</i> (Years)
BIRTHPLACE <i>Colorado</i>	
OCCUPATION <i>Miner</i>	

FULL MAIDEN NAME <i>Elaine Stout</i>	MOTHER
RESIDENCE <i>Kellogg</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>21</i> (Years)
BIRTHPLACE <i>Washington</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at *8 A* M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. J. ...*  
.....  
(Physician or midwife)

Given names added from a supplemental report.

Address *Kellogg Ida*  
Filed *6/3/20*  
Registral *Geo. D. Fisher*

JUN 19 1941

795-119-040-799

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. .... St.

Registration District No. 143

Primary Registration District No. VV01

Hospital .....

FULL NAME OF CHILD .....

Joe Gray Jr.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-2-1920

80249  
File No. 36

Registered No. ....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>2</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>5</u> <u>19</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>Joe Gray</u> FATHER			FULL MAIDEN NAME <u>Leona Griffith</u> MOTHER	
RESIDENCE <u>Kellogg</u>			RESIDENCE <u>Kellogg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Harbor man</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 ..... Number of children of this mother now living, including present birth 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....  
(Born alive or stillborn) ..... at ..... M.

Given names added from a supplemental report.

Address .....  
.....

Filed 6/3 1920 Geo. D. Leska  
Registrar

Registrar

Registrar

Aug 2 1946  
PLACE OF BIRTH

CERTIFICATE OF BIRTH  
BUREAU OF VITAL STATISTICS  
STATE OF IDAHO

SEP 10 1946

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-274-294

PLACE OF BIRTH

AMENDED - JANUARY 5, 1950

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 123

File No. 80250

Hospital \_\_\_\_\_

Primary Registration District No. 2201

Registered No. 37

FULL NAME OF CHILD Betty Lucille VanDerwerken

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> and {Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of birth <u>Feb. 14</u> 192 <u>0</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

FATHER  
FULL NAME Alex VanDerwerken  
RESIDENCE Kellogg, Idaho  
COLOR White AGE AT LAST BIRTHDAY 48 (Years)  
BIRTHPLACE Missouri  
OCCUPATION Miner

MOTHER  
FULL MAIDEN NAME Merl Kimbrogh  
RESIDENCE Kellogg, Idaho  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:00 A. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Physician  
(Physician or midwife)

Give names added from a supplemental report.

Address Kellogg, Idaho

Filed 6/3/ 1920

Geo Leshner

Registrar.

Registrar.

DECLARATION

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1900

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

ON JANUARY 1, 1899

AND A RESOLUTION

PASSED BY THE SENATE

ON JANUARY 1, 1898

AND A RESOLUTION

PASSED BY THE SENATE

ON JANUARY 1, 1897

AND A RESOLUTION

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Washington } ss. Certificate No. 80250  
County of Pierce }

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Merle Vanderwerken who born on 2/14/1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Keeloz are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by 2 affidavit prepared on 12/19/49, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name of Child Merle VanDerwerken Betty Lucille VanDerwerken

Subscribed and sworn to before me this 19<sup>th</sup> day of  
December 1949

Signed Mrs Merle Van Derwerken  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1928 So. 1st, Tacoma, Wn.  
(Street Address, City, State)

Notary Public, residing at Tacoma  
My commission expires June 19-1950  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Wash. } ss.  
County of Pierce }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2<sup>nd</sup> day of  
December 1949

Signed Myrtle M. Clarkson  
(Signature of Any Credible Person)  
815 - Pike Seattle, Wn  
(Street Address, City, State)

Notary Public, residing at Seattle  
My commission expires Mar 13, 1952  
(Seal)

1 copy paid





669-217-040-796

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22a-0-17

County of *Shoshone*

## CERTIFICATE OF BIRTH

80251

City of *Kellogg*Registration District No. *123*File No. *38*

No. .... St.

Primary Registration District No. *2201*

Registered No. ....

Hospital .....

FULL NAME OF CHILD *Mageline Teresa Vinton* *Ma* *Mary*

Sex of Child

*female*Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth*7*Legiti-  
mate?*Yes*Date of  
Birth*May* *17* *1912*  
(Month) (Day) (Year)FULL  
NAME*Douglas Teresa*

FATHER

FULL  
MAIDEN  
NAME*Rose Gross*

MOTHER

RESIDENCE

*Kellogg*

RESIDENCE

*Kellogg*

COLOR

*White*AGE AT LAST  
BIRTHDAY*45*  
(Years)

COLOR

*White*AGE AT LAST  
BIRTHDAY*36*  
(Years)

BIRTHPLACE

*Idaho*

BIRTHPLACE

*Idaho*

OCCUPATION

*Smelterman*

OCCUPATION

*Housewife*

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at.....  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

*alive*  
(Born alive or stillborn)*Physician or midwife*  
(Physician or midwife)

Given names added from a supplemental report.

Address.....

Filed.....

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RETURNED FOR BINDING



313-210  
040-671OF IDAHO  
ITAL STATISTICS  
Form V. B. No. 11-C—22m-2-2-17County of Shoshone

## CERTIFICATE OF BIRTH

80252

City of Kellogg  
Amended 5-8-79Registration District No. 123File No. 39No. .... St.Primary Registration District No. 2201

Registered No. ....

Hospital HardnerFULL NAME OF CHILD Vivian Jeanette Tallon

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>9</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>4</u> <u>10</u> <u>1912</u> (Month) (Day) (Year)
----------------------------	---	--	-----------------------------	--

FULL NAME <u>Edwin Tallon</u>	FATHER
RESIDENCE <u>Kellogg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>England</u>	
OCCUPATION <u>Miner</u>	

FULL MAIDEN NAME <u>Jennie Webb</u>	MOTHER
RESIDENCE <u>Kellogg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>England</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 9..... Number of children of this mother now living, including present birth 8.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Physician

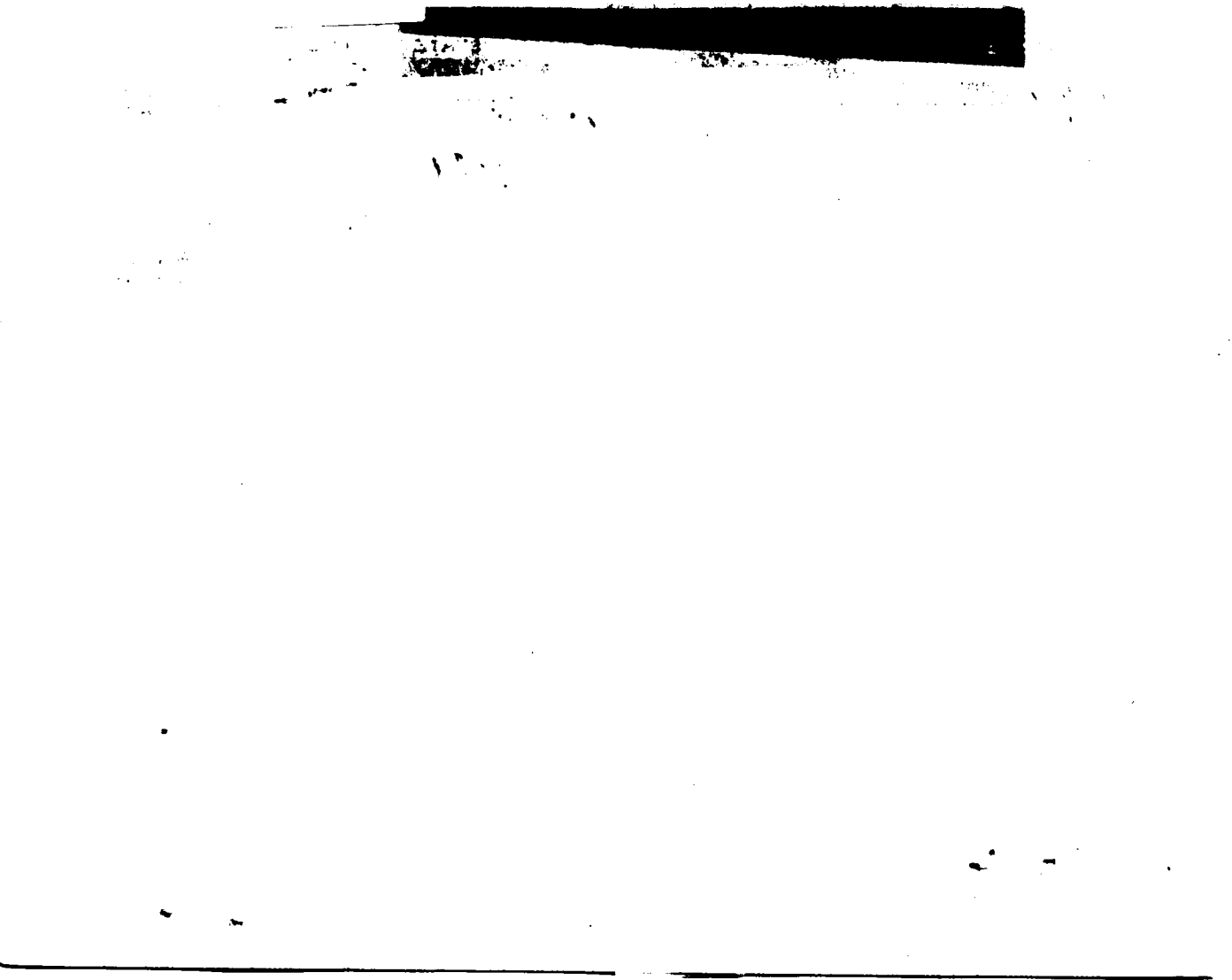
(Physician or midwife)

Given names added from a supplemental report.

Address Kellogg, Id.Filed 6/3 1920 Geo. S. Lusher

Registrar

Registrar



4/2/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 80252

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Jenine Tallon who was born on 4/10/20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Kellogg, Idaho are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

**Name**

Jenine Tallon

Vivian Jeanette Tallon

Subscribed and sworn to before me this 2nd day of April, 19 79.

Notary Public, Margaret D. Davis

Residing at Boise, ID.

My commission expires Lifetime

(Seal)

X Vivian Jeanette Tallon  
Signature of Applicant

X 7999 Merrill Rd. Emmett  
Street Address, City, State

Ida

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Payette } ss.

(Must be completed \_\_\_)

(Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of

April, 19 79.

Notary Public, Nancy M. Staples

Residing at Smithland

My commission expires "Life"

(Seal)

Dorothy E. Smith  
Supporting Signature

Box 318 Trustland Idaho  
Street Address, City, State

Diploma from the Wardner-Kellogg High School gives name as Vivian Jeanette Tallon graduated May 20, 1938. Emory L. Bruns, Principal  
Viewed by V.S.

Marriage License issued Feb. 14, 1947 gives name of bride as Vivian Jeanette Tallon. Married Feb. 14, 1947, in Coeur d'Alene, Idaho.  
Viewed by

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-121-040-893

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-2-17

County of Leshone

CERTIFICATE OF BIRTH

80253

City of Kellogg

Registration District No. 123

File No. 40

No. .... St.

Primary Registration District No. 2201

Registered No. ....

Hospital .....

FULL NAME OF CHILD Elmer Louis Cole

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> (Number in order of birth <u>2</u> ) (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Jan 21 30</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Father John William Cole</u>	FATHER
RESIDENCE <u>Kellogg Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>mill man at mine</u>	

FULL MAIDEN NAME <u>Mother Hazel Selma Bostick</u>	MOTHER
RESIDENCE <u>Kellogg Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 12 m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

Given names added from a supplemental report.

(Physician or Midwife)

..... 19.....

Address Kellogg Idaho

..... 19.....

Filed 6/3 20 Geo. S. Lesher

Registrar

Registrar



MAY 30 1972

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

553-227-041-819

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80254

County of Grattan

City of Canyon Creek

Registration District No. 77

File No. 68

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2176

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Emma Claressa Nelson

Sex of Child <u>Female</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>April 27 1920</u> (Month) (Day) (Year)
----------------------------	--	-----	--------------------------------	----------------------------	---

FULL NAME <u>Joseph H. Nelson</u>	FATHER
RESIDENCE <u>Canyon Creek, Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alice Anna Harriman</u>	MOTHER
RESIDENCE <u>Canyon Creek, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 5:30 a. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John C. Gray  
Physician  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19 \_\_\_\_\_

Address Reynolds Idaho

Filed May 26th 1920 Martha Marker  
Registrar

Registrar

C-18-41 U. S. .

17  
C-18-41

814-104-041-815

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-15

County of TetonCity of Batu

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 77File No. 76

80255

Primary Registration District No. 2176

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD CLEON H. HAUERBACH

Sex of Child <u>Male</u>	Twin <u>Twins</u> and <u>Yes</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 6 1920</u> (Month) (Day) (Year)
FULL NAME <u>Julius A. Hauerbach</u>	FATHER	FULL MAIDEN NAME <u>Lula Hauerbach</u>	MOTHER
RESIDENCE <u>Batu Idg</u>		RESIDENCE <u>Batu Idg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Idh.</u>		BIRTHPLACE <u>Idh.</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 9Number of children of this mother now living, including present birth. 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 10:10 PM

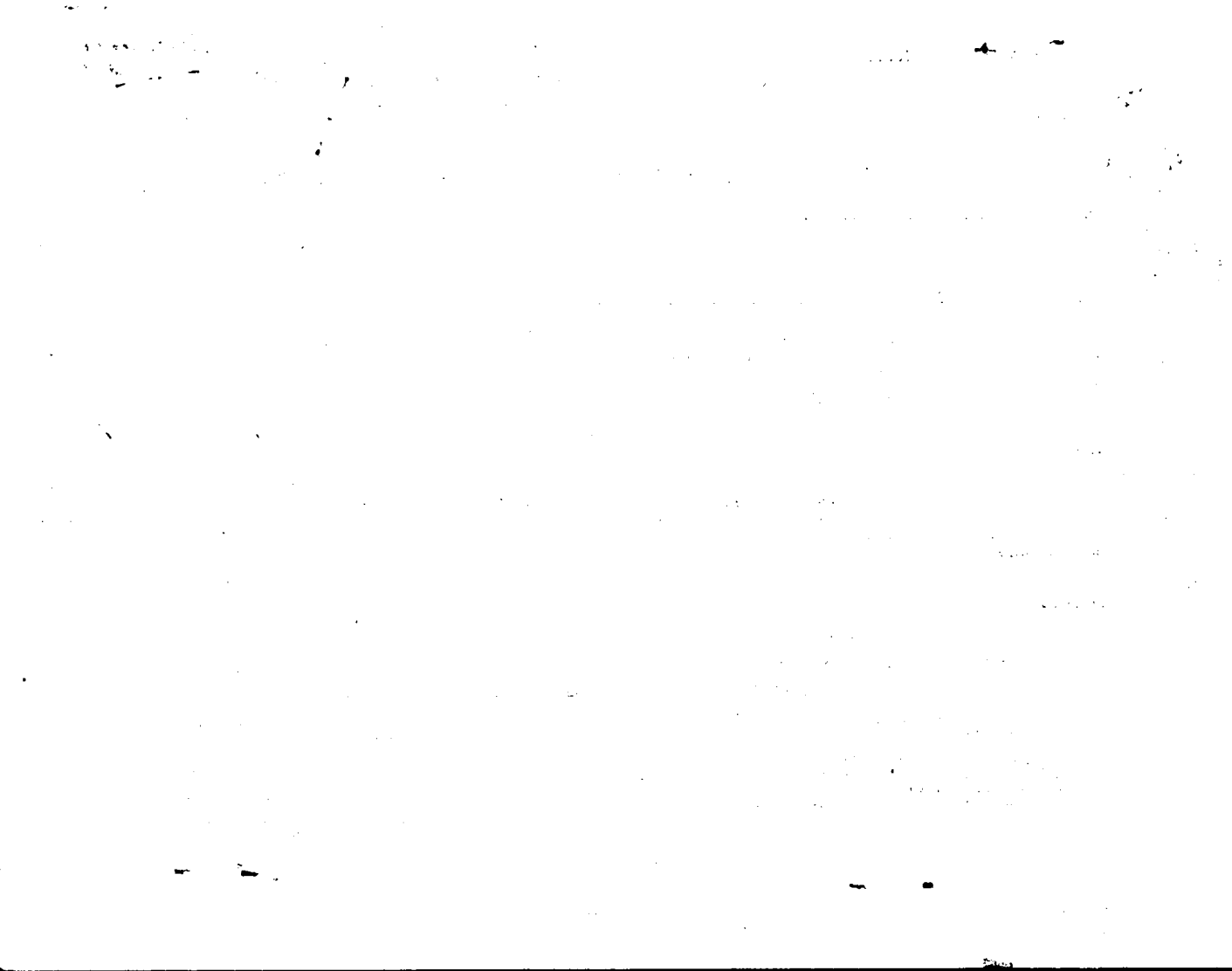
\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Mart

(Physician or midwife)

Given names added from a supplemental report.

Address Driggs IdgFiled June 8th 1920Martha Markes



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS  
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss. JUN 6 1941 Certificate No. 80255  
County of Los Angeles } Date Filed \_\_\_\_\_  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Cleon H. Hauerbach who Born on April 6th 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Bates, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by Bible Record prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO  
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)  
Family ~~Cleon H. Hauerbach~~ Cleon H. Hauerbach  
unnamed Hauerbach now

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death  
record; or other credible person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
[SEAL]

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.

Subscribed and sworn to before me this 4th  
day of June 1941  
George L. Stone

Signed - Cleon H. Hauerbach  
(Signature of any credible person other than the previous affiant)

Notary Public, residing at \_\_\_\_\_  
My commission expires June 24 - 1942  
[SEAL]

(Street Address, City, State)

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

c.c. 6/13/41. w.h.

814-208-048-815

County of TetonCity of Bula

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-21m-4-4-17

## CERTIFICATE OF BIRTH

80256

Registration District No. 77File No. 75Primary Registration District No. 2176

Registered No. ....

FULL NAME OF CHILD CLEO NELLIE HAUSERBACK

Sex of Child <u>Female</u>	Twin Triplet or other <u>Twin</u>	and { Number in order of birth <u>2nd</u> }	Legitimate? <u>yes</u>	Date of Birth <u>Apr 6 1920</u> (Month) (Day) (Year)
----------------------------	-----------------------------------	---	------------------------	---

FATHER  
 FULL NAME Julius C. Hauserback  
 RESIDENCE Bula Idaho  
 COLOR White AGE AT LAST BIRTHDAY 50  
 (Years)  
 BIRTHPLACE Utah  
 OCCUPATION Farmer

MOTHER  
 FULL MAIDEN NAME Lula Hauserback  
 RESIDENCE Bula Idy  
 COLOR White AGE AT LAST BIRTHDAY 37  
 (Years)  
 BIRTHPLACE Utah  
 OCCUPATION Housewife

Number of child of this mother, including present birth 9 ..... Number of children of this mother now living, including present birth 9 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:45 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Martin  
 Physician or midwife

Given names added from a supplemental report.

Address Bula, IdyFiled June 8 1920 Martin Marker

Registrar

Registrar



— ۱۱۱ —

11

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of California } Certificate No. 80256  
County of Los Angeles } ss. Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed Hauerback who was born on April 6, 1921  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Cedran - Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by insurance policy prepared on 1941, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
Name Unnamed Hauerback Cleo Nellie Hauerback  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me this 6<sup>th</sup>  
day of January, 19 42.  
Cornelis Van Steenwijk  
Notary Public, residing at Los Angeles  
My commission expires March 11 - 1944  
(SEAL)

Signed Mary L Hauerback  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
10816 3/4 Avalon Blvd  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON** Los Angeles, Cal.  
State of California }  
County of Los Angeles } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 6<sup>th</sup>  
day of January, 19 42.  
Cornelis Van Steenwijk  
Notary Public, residing at Los Angeles  
My commission expires March 11 - 1944  
(SEAL)

Signed Charles Chamberlain  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
415 E 109<sup>th</sup> Street  
(STREET ADDRESS, CITY, STATE)  
Los Angeles, Cal.

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

Jan 14 1947

335-120-041

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-3-17

## CERTIFICATE OF BIRTH

80257

County of TetonCity of DriggsRegistration District No. 77File No. 80No. St.Primary Registration District No. 2176Registered No. 80Hospital .....FULL NAME OF CHILD Rubens Clements

Sex of Child

M  
maleTwin  
Twins  
or other?and { Number  
in order  
of birthBoy First  
2ndLegiti-  
mate?yesDate of  
BirthMay 28 1920  
(Month) (Day) (Year)FULL  
NAMEMatthi Henry Clements

FATHER

FULL  
MAIDEN  
NAMESally Roth

MOTHER

RESIDENCE

Driggs

RESIDENCE

Driggs

COLOR

WAGE AT LAST  
BIRTHDAY37

(Years)

COLOR

WAGE AT LAST  
BIRTHDAY30

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Utah

OCCUPATION

Ranchman

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Driggs on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. C. Culbertson

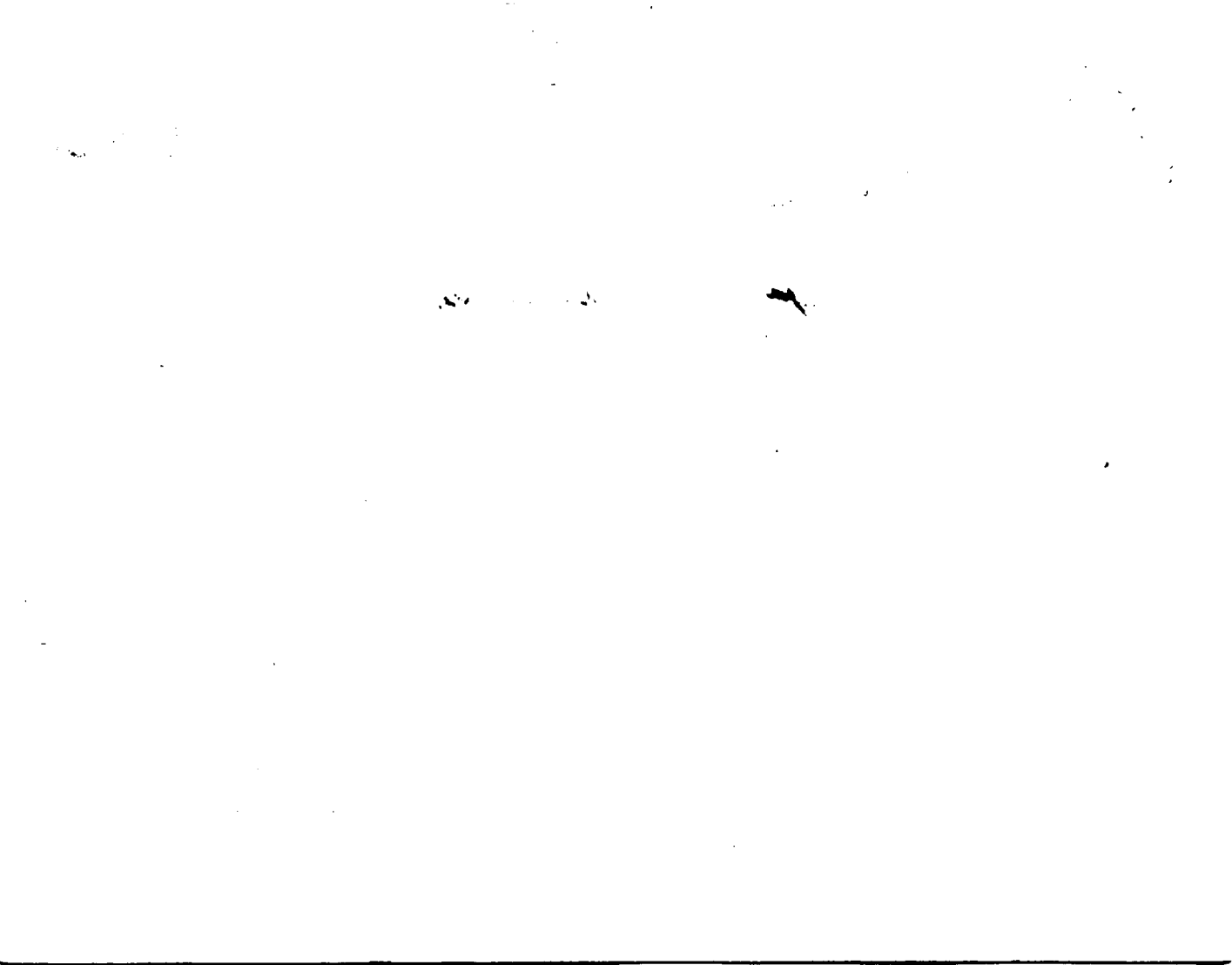
(Physician or midwife)

Given names added from a supplemental report.

Address DriggsFiled June 8, 1920

Registrar

Martina Marker  
Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-220-041-963

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

80258

County of Jctor

City of Driggs

Registration District No. 77

File No. 85

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2176

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ruby Clements

Sex of Child <u>Female</u>	Twin <u>Trislet</u> or other? <u>no</u> (To be answered only in event of plural births)	Number in order of birth <u>second</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 20 - 1920</u> (Month) (Day) (Year)
----------------------------	--	--	------------------------	--

FATHER  
FULL NAME Herb Sterling Clements  
RESIDENCE Driggs  
COLOR W  
AGE AT LAST BIRTHDAY 37  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Ranchman

MOTHER  
FULL MAIDEN NAME Leah Roth  
RESIDENCE Driggs  
COLOR W  
AGE AT LAST BIRTHDAY 30  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth. 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4<sup>10</sup> P. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

Address Driggs Idaho

\_\_\_\_\_ 19 \_\_\_\_\_

Filed June 24 1920 Martha Markers

SEP 6 1985

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

419-208-041-913

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of TetonCity of Driggs

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 77File No. 69

80259

Hospital \_\_\_\_\_

Primary Registration District No. 2176

Registered No. \_\_\_\_\_

## FULL NAME OF CHILD

HELEN LOUISE MARTIN

Sex of Child <u>Female</u>	Twin <u>Single</u> and { Number in order of birth <u>346</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 8</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <u>Charles J. Martin</u>	FATHER
RESIDENCE <u>Driggs Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Physician</u>	

FULL MAIDEN NAME <u>Bland E. Pace</u>	MOTHER
RESIDENCE <u>Driggs Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was Born alive at 49' M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Charles J. Martin  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

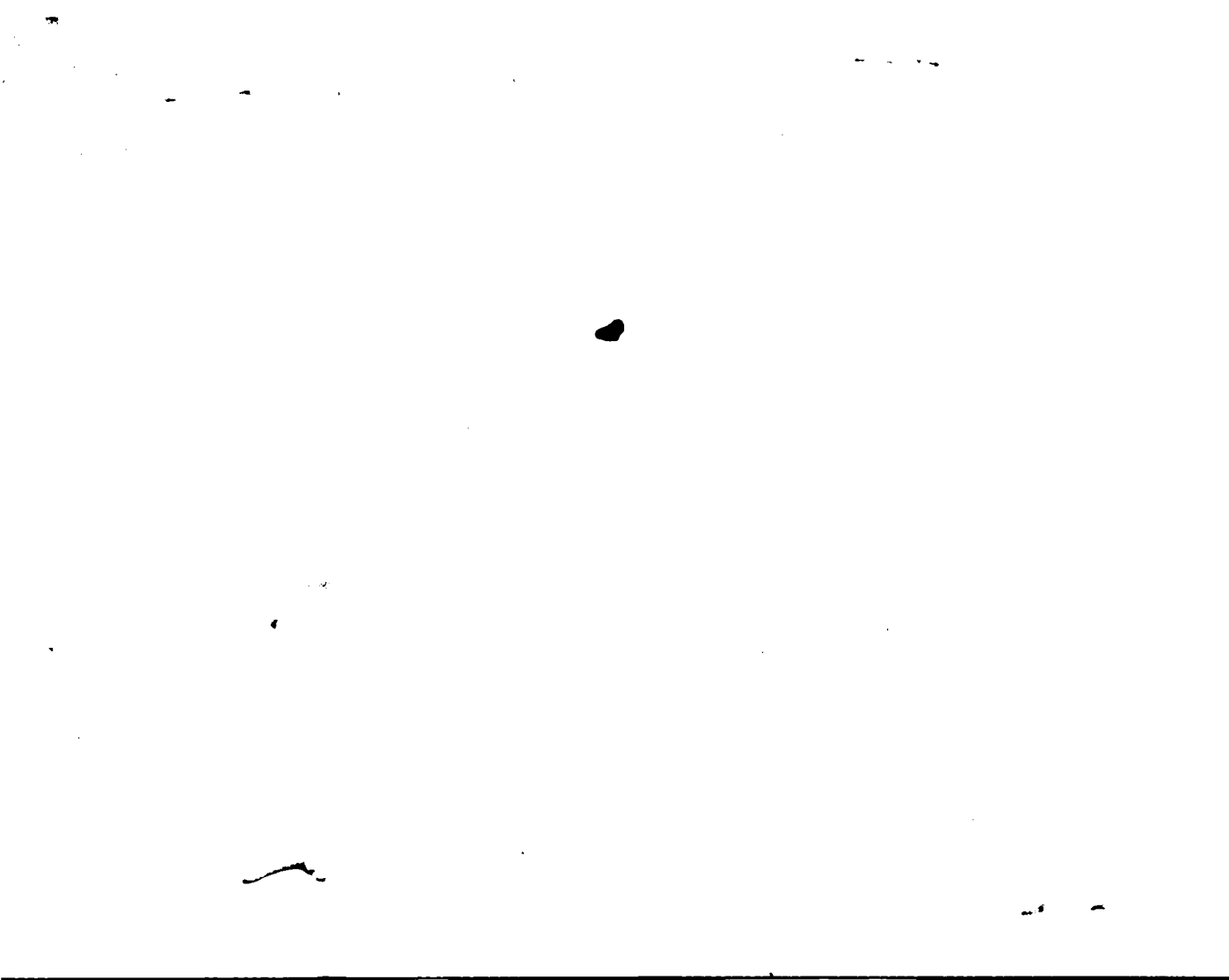
Address

Driggs, IdahoFiled June 8th 1920Martha Marker

Registrar

Registrar





## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }  
 County of Lincoln } ss.

Certificate No. 80259Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Helen Louise Martin who was born on May 8th 1920  
 in Driggs, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
 are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts are shown by personal knowledge, being father of child  
 (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED FROM  
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)  
name unnamed TO  
 (The Correct Facts)  
Helen Louise Martin

Subscribed and sworn to before me this 17th  
 day of February, 19 42

Notary Public, residing at Libby, MontanaMy commission expires April 9th 1943  
 (Seal)

Signed Chas J. Martin M.D.  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Libby, Montana

(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }  
 County of Lincoln } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. being mother of child.

Subscribed and sworn to before me this 17th  
 day of February, 19 42

Notary Public, residing at Libby, MontanaMy commission expires April 9th 1943  
 (Seal)

Signed Blanche E. Martin  
 (Signature of Any Credible Person Other Than Previous Year)

Libby, Montana.

(Street Address, City, State)

FEB 28 1972

DEC 23 1974

County of 7<sup>th</sup> St

City of Bates

245-226-041-263

No. St

Registration District No. 77

File No. 70

Primary Registration District No. 2174

Registered No.       

Hospital       

FULL NAME OF CHILD Pearl Mildred Kunz

Sex of Child <u>Female</u>	Twin Triple or other <u>Single</u> and (Number in order of birth <u>4<sup>th</sup></u> ) (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>Apr 26 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>Mildred M Kunz</u>	FATHER
RESIDENCE <u>Bates Idg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idg</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lucy Kochinke</u>	MOTHER
RESIDENCE <u>Bates Idg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:45 M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles J. Mark  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Kunz Idg

Filed June 8 1920 Martha Marker

Registrar

Registrar

OCT 10 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss. Certificate No. 80260  
County of Wasatch } Date Filed 13744 of 75

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Kunz (Female) who was born on Apr. 28, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in Bates, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name Unnamed Pearl Mildred Kunz

Subscribed and sworn to before me this 24 day of March, 1975

Notary Public, residing at 3955 Harrison Blvd  
My commission expires March 15, 1978  
(Seal)

Signed Mignon H. Kunz  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1618 Capital St. Ogden, Utah  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.  
County of Wasatch }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of March, 1975

Signed Jean T. Kunz  
(Signature of Any Credible Person)

Notary Public, residing at 3955 Harrison Blvd  
My commission expires March 15, 1978  
(Seal)

1618 Capital St. Ogden, Utah  
(Street Address, City, State)

Application for Insurance onf Life of Child givešname as Pearl Mildred Kunz. born on April 26, 1920, dated Oct. 7, 1936, from thr Beneficial Life Insurance Co. viewed by V. S.

APR 16 1975

Certilf of Blessing from the LDS Church gives name as Pearl Mildred Kunz daughter of Milford M. Kunz and Lucy Anna Kockinke. Born April 26, 1920 at Cedron, Idaho. Was Blessed June 6, 1920. viewed by V. S.

213 -118-041-219

Form V. S. No. 11-G-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80261

County of TetonCity of AugustaRegistration District No. 44File No. 71

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2176

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triple or other? <u>1</u>	and {	Number in order of birth <u>11</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>May 18</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	--------------------------------------	-------	--	----------------------------	--

FULL NAME <u>Martin W. Baker</u>	FATHER
RESIDENCE <u>Augusta, Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Christa Carson</u>	MOTHER
RESIDENCE <u>Augusta, Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11 9: M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J. Martin

(Physician or midwife)

Given names added from a supplemental report.

19

Address Augusta, Id.Filed June 8th 1920Martha Marker

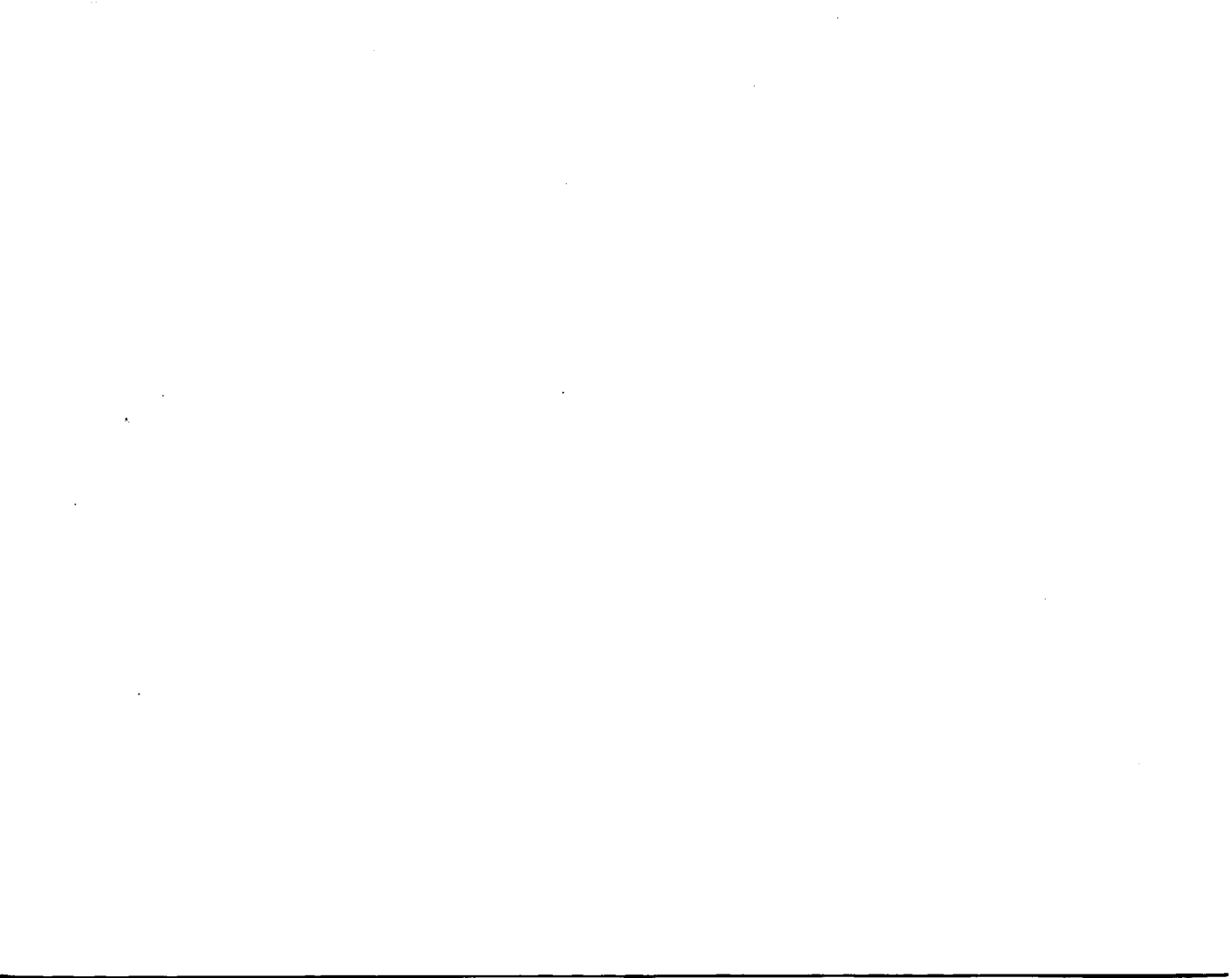
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





799-121-041-549

Form V, S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80262

County of TetonCity of DriggsRegistration District No. 77File No. 72

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 9176

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lisle Milan Price

Sex of Child

MaleTwin  
Triplet  
or other?Single

and

Number  
in order  
of birth2Legiti  
mate?Yes

Date of Birth

May 211930

(Month) (Day) (Year)

FULL NAME

FATHER  
Frank Myron Price

RESIDENCE

Driggs Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY38

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Laborer

FULL MAIDEN NAME

MOTHER  
Goldie Edmister

RESIDENCE

Driggs Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY33

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HouseworkNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Charles Martin  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Driggs Idaho

Filed

June 8th 1930Martha Marker

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

APR 15 1974

Named from Certificate of Blessing

Sept. 9, 1943

SEP 8 1943

869-229-041-419

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80263

County of TetonCity of DriggsRegistration District No. 72 File No. 73

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2176 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin <u>Single</u> and { Number in order of birth <u>10</u> } (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>May 29</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME George Heth HornRESIDENCE Driggs Id.COLOR White AGE AT LAST BIRTHDAY 43 (Years)BIRTHPLACE UtahOCCUPATION LaborerFULL MAIDEN NAME Rebecca MartinRESIDENCE Driggs Id.COLOR White AGE AT LAST BIRTHDAY 39 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 1920 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles Martin  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Driggs, IdahoFiled June 8th 1920 Martha Marker

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1967

219-201-041-497  
Amended 3/19/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH  
STATE OF IDAHO

State File No. 80264

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. 77

<b>1. PLACE OF BIRTH</b>		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?)	
a. COUNTY <b>Teton</b>		a. STATE <b>Idaho</b>	b. COUNTY <b>Teton</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bates</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bates</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b>			
a. (First) <b>Gertrude</b>		b. (Middle) <b>Lucile</b>	
		c. (Last) <b>Barney</b>	
4. SEX <b>Female</b>		5a. THIS BIRTH SINGLE _____ TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____
		6. DATE OF BIRTH <b>June 1, 1920</b>	(Month) (Day) (Year)

## FATHER OF CHILD

<b>7. FULL NAME</b>		a. (First) <b>Bryan</b>		b. (Middle) <b>Lee</b>		c. (Last) <b>Barney</b>	
8. AGE (At time of this birth) <b>23</b> YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) <b>Idaho</b>		10. USUAL OCCUPATION <b>Ranchman</b>		11. KIND OF BUSINESS OR INDUSTRY		

## MOTHER OF CHILD

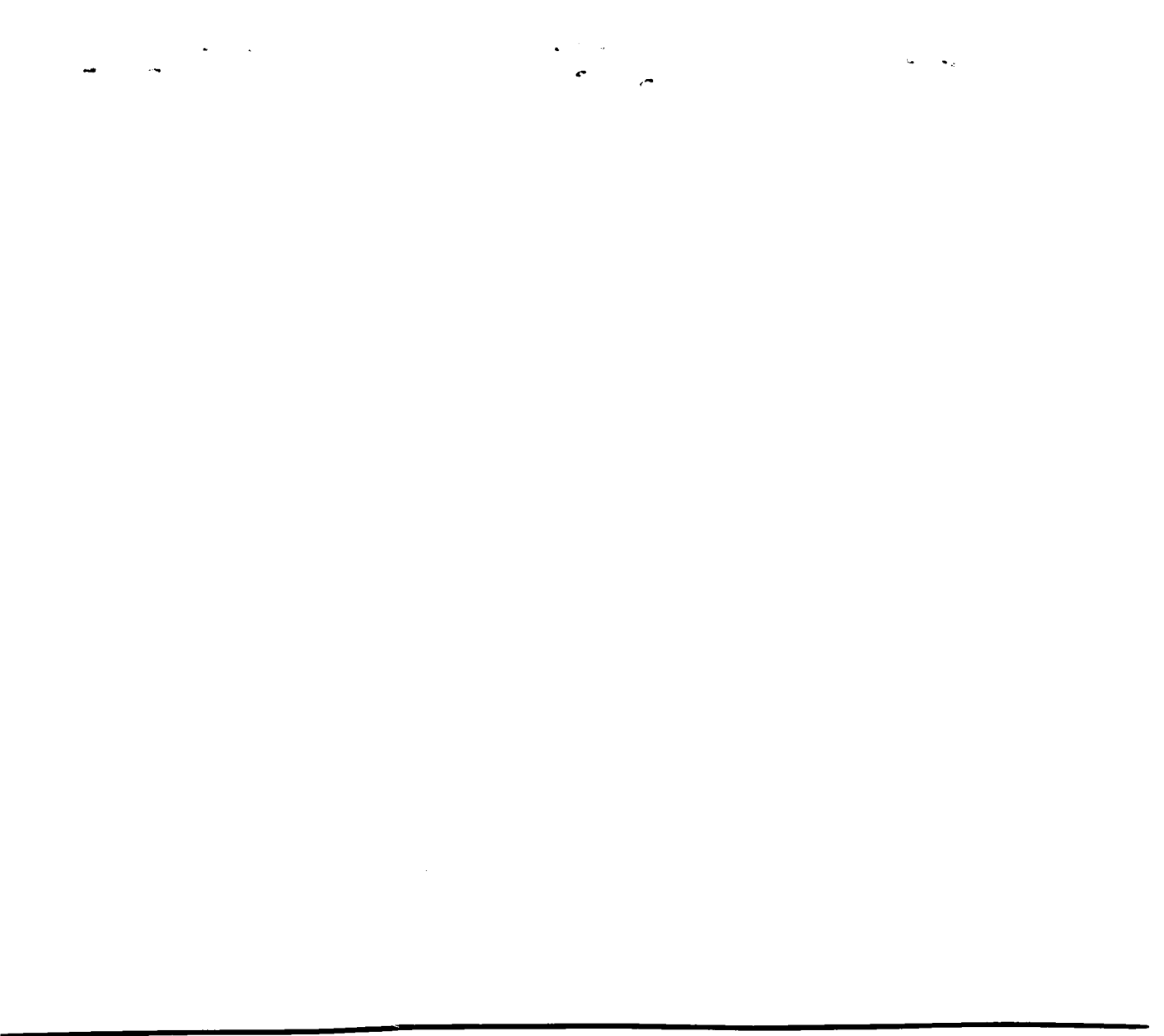
<b>12. FULL MAIDEN NAME</b>		a. (First) <b>Lilly</b>		b. (Middle) <b>Dixon</b>		c. (Last)	
13. AGE (At time of this birth) <b>19</b> YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) <b>England</b>		15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)				
16. INFORMANT'S SIGNATURE OR NAME (Relationship)			a. How many OTHER children are now living?		b. How many OTHER children were born alive but are now dead?		c. How many children were stillborn (born dead after 20 wks. pregnancy?)

I hereby certify that  
this child was born  
alive on the date  
stated above.

<b>17. SIGNATURE</b> <b>Emily J. Beesley</b>		<b>18. ATTENDANT AT BIRTH</b>	
19. ADDRESS <b>Driggs, Idaho</b>		M.D. _____ MIDWIFE <input checked="" type="checkbox"/> OTHER (Specify) _____	
<b>21. DATE REC'D BY LOCAL REG.</b> <b>June 8, 1920</b>		<b>20. DATE SIGNED</b>	
<b>22. REGISTRAR'S SIGNATURE</b> <b>Martha Marker</b>		<b>23. DATE ON WHICH GIVEN NAME ADDED</b> BY _____ Registrar	

## FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?		YES _____ NO _____ DATE _____	
Was a standard serological test for syphilis performed?		YES _____ NO _____ APPROXIMATE DATE _____	
LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.	TIME: <b>7:30 AM</b>	
RACE OR COLOR OF FATHER <b>White</b>	RACE OR COLOR OF MOTHER <b>White</b>	Was 1% Silver Nitrate Used to prevent blindness?	



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

4 28 72

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of .....  
County of .....  
Certificate No. 80264  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of .....  
for Gertrude Lucile Barney who was born on June 1, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Bates, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

FATHERS NAME

Alburt Barney

Bryan Lee Barney

Subscribed and sworn to before me this 28th day of

Signed .....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at

My commission expires

(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of .....  
County of .....  
SS.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of .....  
19.....

Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires

(Seal)

(Street Address, City, State)



Baby book for Gertrude Lucile Barney gives parents names as Mr. & Mrs. Brian Lee Barney. Was born ~~in~~ June 1, 1920. appears to be quite old. Viewed by V. S.

Certificate of Blessing from LDS Church for Gerturde Lucile Barney daughter of Bryan Lee Barney and Lillian Dixon. Was Born June 1, 1920. Was blessed July 4, 1920. Viewed by V. S.

334-228-041-165

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-5-37

## CERTIFICATE OF BIRTH

80265

County of TetonCity of VictorRegistration District No. 77File No. 77

No. .... St.

Primary Registration District No. 2176

Registered No. ....

Hospital .....

FULL NAME OF CHILD

CliffSex of  
Child7Twin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthMay 25 1922

(Month) (Day) (Year)

FULL  
NAME

FATHER

J Robert Cliff

RESIDENCE

Victor

COLOR

W

AGE AT LAST

BIRTHDAY 35  
(Years)

BIRTHPLACE

Utah

OCCUPATION

RanchmanFULL  
MAIDEN  
NAME

MOTHER

Myrtle Jones

RESIDENCE

Victor

COLOR

W

AGE AT LAST

BIRTHDAY 30  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. D. CollectionPhysician or midwife

Given names added from a supplemental report.

Address IdahoFiled June 2 1922 Martha Marker

Registrar

Registrar

JUL 26 1972

5  
5

855-230-041-689

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

80266

County of TetonCity of Idaho FallsRegistration District No. 77File No. 78No.        St.       Primary Registration District No. 2176Registered No.       Hospital       

FULL NAME OF CHILD

HendricksonSex of  
Child7Twin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthMay 9, 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

George W. Hendrickson

RESIDENCE

Felt Idaho

COLOR

W

AGE AT LAST

BIRTHDAY 2.6  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

BusinessmanFULL  
MAIDEN  
NAME

MOTHER

Mable Celia White

RESIDENCE

Felt

COLOR

W

AGE AT LAST

BIRTHDAY 2.1  
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 2.00 P.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

H. D. CulbertsonPhysician

(Physician or midwife)

Given names added from a supplemental report.

Address

Driggs, Ida

Filed

June 8-1920Martha Marker

Registrar

Registrar

APR 10 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

944-222 11-643

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. L. No. 11-C-25m-9-3-17

County of Teton

City of Teton

Registration District No. 77

80267

File No. 79

No. .... St.

Primary Registration District No. 2176

Registered No. ....

Hospital .....

FULL NAME OF CHILD ..... GRACE ETHEL Rudolph .....

Sex of Child <u>F</u>	Twin Triplet or other? <u>  </u> } and { Number in order of birth <u>  </u>	Legitimate? <u>yes</u>	Date of Birth <u>May 22 1900</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FULL NAME <u>FATHER</u> <u>Carl Frederick Rudolph</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Lulu Fullmer</u>
RESIDENCE <u>Teton</u>	RESIDENCE <u>Teton</u>
COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Nebraska</u>	BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Ranchman</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth .... 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... alive ..... at ..... 9:00 A.M. on the date above stated.

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) ..... H. H. Culbertson .....

..... Physician .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address ..... Angus Idaho .....

..... Filed June 24 1900 ..... Martha Marker .....

..... Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 80267  
County of Bannock }  
OCT 26 1947 Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for unnamed (Name on Original Certificate) who Born (Birth or Death)  
in Teton County, Richvale Hard (Place of Event) on May 23, 1920 (Date of Event)  
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Aug. 15, 1937 (Give Date), are:

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Grace Ethel Rudolph

Subscribed and sworn to before me this 28<sup>th</sup>  
day of September, 1947  
Grace Bigline  
Notary Public, residing at Locustville, Ida  
My commission expires Aug 3-1945  
(Seal)

Signed Carl F. Rudolph, father  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Bonneville }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does, solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd  
day of October, 1947  
Mila Bigley  
Notary Public, residing at Idaho Falls, Idaho

Signed Melvin S. Armstrong  
(Signature of Any Credible Person Other Than Previous Year)

My commission expires April 10, 1946  
(Seal)

210 James Rogers Idaho Falls, Ida  
(Street Address, City, State)



UOT 27 1942

769-215-041-391

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-27

## CERTIFICATE OF BIRTH

80268

County of TetonCity of VictorRegistration District No. 177File No. 81No. ..... St.Primary Registration District No. 2176Registered No. .....Hospital .....FULL NAME OF CHILD Helen Porter

Sex of Child

7Twin  
Triplet  
or other?{ and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?Date of  
BirthMay 15 1929  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Culbertson

(Physician or midwife)

Given names added from a supplemental report.

Address Logan IdahoFiled June 8 1930 Martin Warner

Registrar

Registrar

MAY 6 1942

1. ....

2. 1

100

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-209-041-631

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-9-27

80269

County of Latah

City of Latah

Registration District No. 177

File No. 82

No. ..... St.

Primary Registration District No. 2176

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mc Cray

Sex of Child <u>7</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yu</u>	Date of Birth <u>May - 9 - 1922</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	----------------------------	---

FATHER  
FULL NAME John William Mc Cray  
RESIDENCE Driggs Idaho  
COLOR W. AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Virginia  
OCCUPATION Ranchman

MOTHER  
FULL MAIDEN NAME Hannah Phinn  
RESIDENCE Driggs Idaho  
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Idaho  
OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7:30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Driggs Idaho

Filed June 8, 1922 Martha Marker

Registrar

Registrar

1914

1915

1916

335-202-041-165

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-9-3-27

CERTIFICATE OF BIRTH

80270

County of TetonCity of BriggsRegistration District No. 77File No. 83No. St.Primary Registration District No. 2176Registered No.       Hospital       FULL NAME OF CHILD Esta Clements

Sex of Child

FTwin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yes

Date of Birth

April 2  
(Month) (Day) (Year)

FULL NAME

Heber Layla Clements

FATHER

RESIDENCE

Briggs

COLOR

W

AGE AT LAST

BIRTHDAY 39  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Ranchman

FULL MAIDEN NAME

Mollie Ella Jones Clement

MOTHER

RESIDENCE

Briggs Idaho

COLOR

W

AGE AT LAST

BIRTHDAY 37  
(Years)

BIRTHPLACE

W. Va.

OCCUPATION

House wifeNumber of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. H. Callerton

(Physician or midwife)

Given names added from a supplemental report.

Address

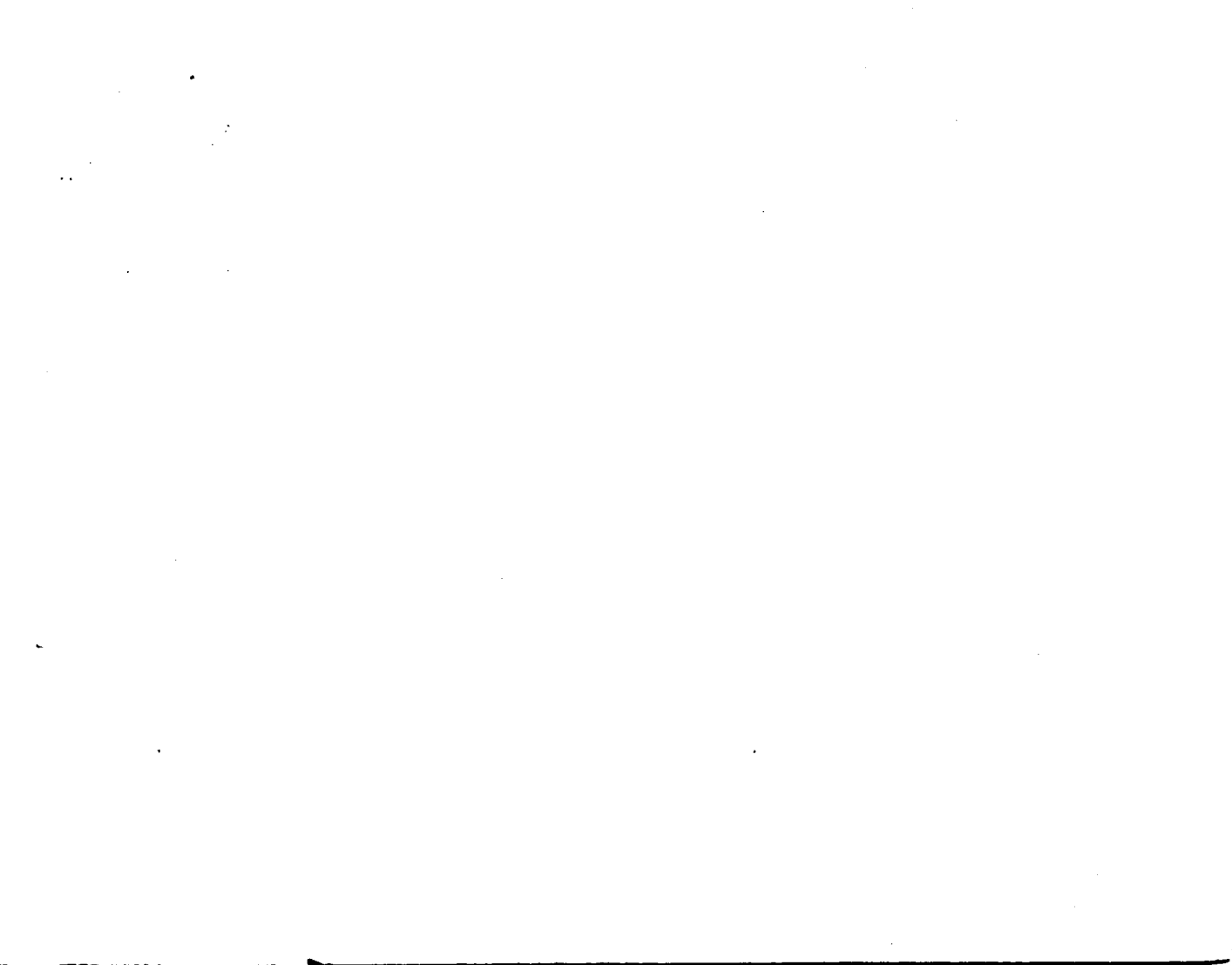
Briggs Idaho

Filed

June 8 1920Martha Marker

Registrar

Registrar



495-114-041-666

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-25m-2-27

## CERTIFICATE OF BIRTH

80271

County of TetonCity of DriggsRegistration District No. 7.7File No. 84No. ..... St.Primary Registration District No. 2176Registered No. .....Hospital .....FULL NAME OF CHILD Ralph Lee

Sex of Child <u>M</u>	Twin Triplet or other? <u>.....</u> and Number in order of birth <u>.....</u>	Legitimate? <u>.....</u>	Date of Birth <u>April 14 - 1920</u> (Month) (Day) (Year)
-----------------------	---	--------------------------	--

FULL NAME FATHER William J LeeRESIDENCE DriggsCOLOR WAGE AT LAST BIRTHDAY 80  
(Years)BIRTHPLACE UtahOCCUPATION .....FULL MAIDEN NAME MOTHER Ellen M Woodlawn HulmeRESIDENCE DriggsCOLOR WAGE AT LAST BIRTHDAY 43  
(Years)BIRTHPLACE UtahOCCUPATION .....Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 11:20 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Culbertson

(Physician or midwife)

Given names added from a supplemental report.

Address Driggs IdahoFiled June 8 1920 Martin Markey

Registrar

Registrar



JUN 21 1967

244-215-042-491

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80272

County of Twin FallsCity of KimberlyRegistration District No. 36

File No. \_\_\_\_\_

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. 37Hospital homeFULL NAME OF CHILD Aletha Marie Summers

Sex of Child <u>fem.</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 15</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER  
William Thomas SummersFULL MAIDEN NAME MOTHER  
Uvah Ann DraperRESIDENCE  
Kimberly, IdahoRESIDENCE  
Kimberly, IdahoCOLOR W AGE AT LAST BIRTHDAY 22  
(Years)COLOR W AGE AT LAST BIRTHDAY 20  
(Years)BIRTHPLACE  
Nebr,BIRTHPLACE  
IdahoOCCUPATION  
FarmerOCCUPATION  
Hw.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 7 A. M.  
on the date above stated. Born alive or stillborn

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Davisphysician

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address Kimberly, IdahoFiled May 25 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JAN 28 1942



313-221-042-245

## PLACE OF BIRTH

County of Twin FallsCity of Kimberly,

No. \_\_\_\_\_ St.

Hospital home

FULL NAME OF CHILD

Registration District No. 36

Primary Registration District No. \_\_\_\_\_

Norma Gene TalmadgeSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

80273

File No. \_\_\_\_\_

Registered No. 38Sex of  
ChildfemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthMay 211920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Lawrence Talmadge

RESIDENCE

kimberly, Idaho

COLOR

WAGE AT LAST  
BIRTHDAY40

(Years)

BIRTHPLACE

Idaho.

OCCUPATION

Clerk, storeFULL  
MAIDEN  
NAME

MOTHER

Amy Rose Bunn

RESIDENCE

Kimberly, Idaho

COLOR

WAGE AT LAST  
BIRTHDAY24

(Years)

BIRTHPLACE

Idaho.

OCCUPATION

Hw.Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive8:30 AM.

on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. W. Davis  
physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

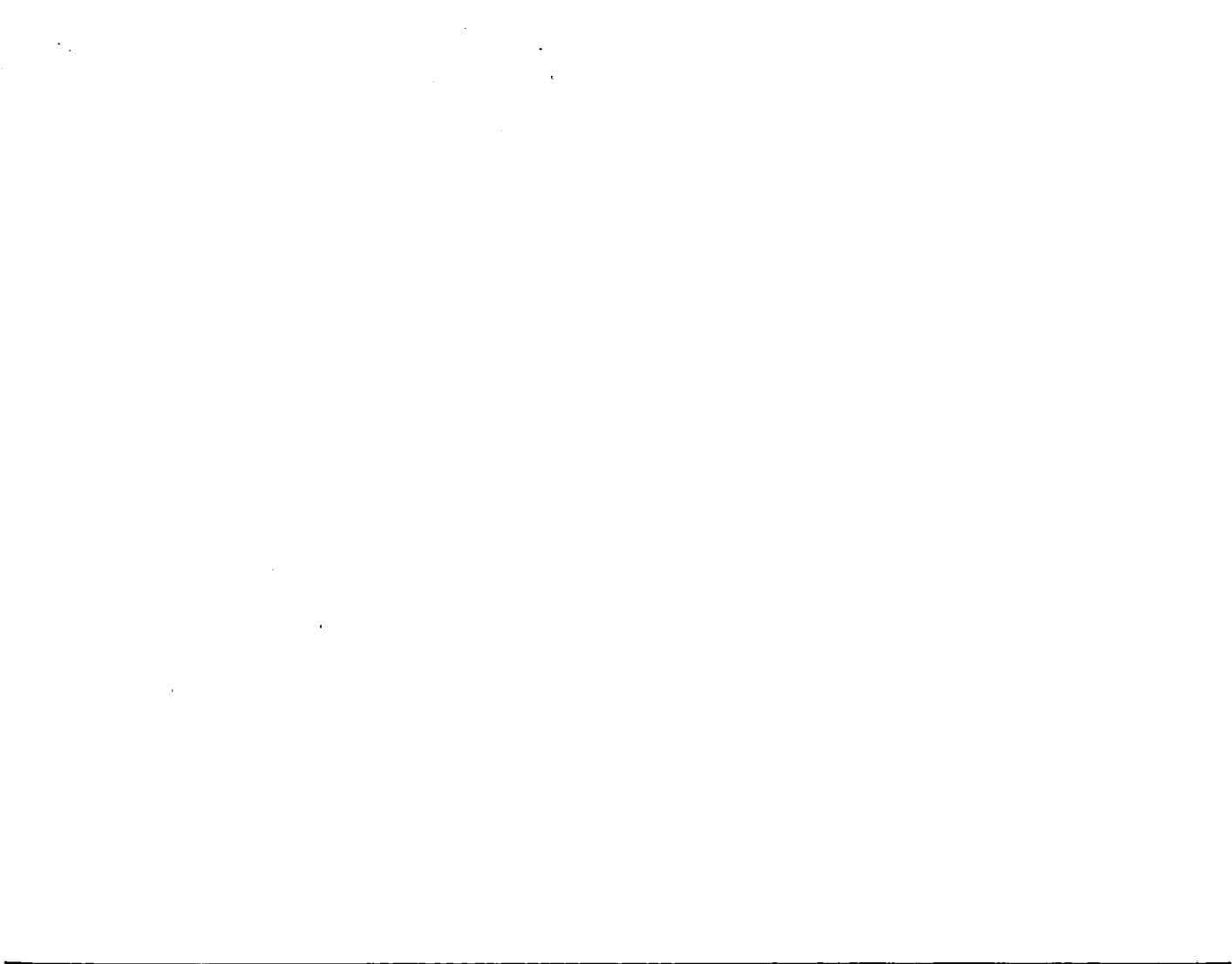
Kimberly, Idaho

Filed

May 30, 1920

Registrar

Registrar



319-122-042-132

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of Rock CreekRegistration District No. 36 File No. 80274

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. 39Hospital homeFULL NAME OF CHILD Arthur Nelson Larsen

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> { } Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitt mate? <u>yes</u>	Date of Birth <u>May 22</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Nephi Larsen

RESIDENCE Rock Creek, Ida

COLOR W AGE AT LAST BIRTHDAY 54  
(Years)

BIRTHPLACE Utah

OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Olive Atkin

RESIDENCE Rock Creek, Ida

COLOR W AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Utah

OCCUPATION Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 2:15 A M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Kimberly, Idaho

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Kimberly, Idaho

Filed

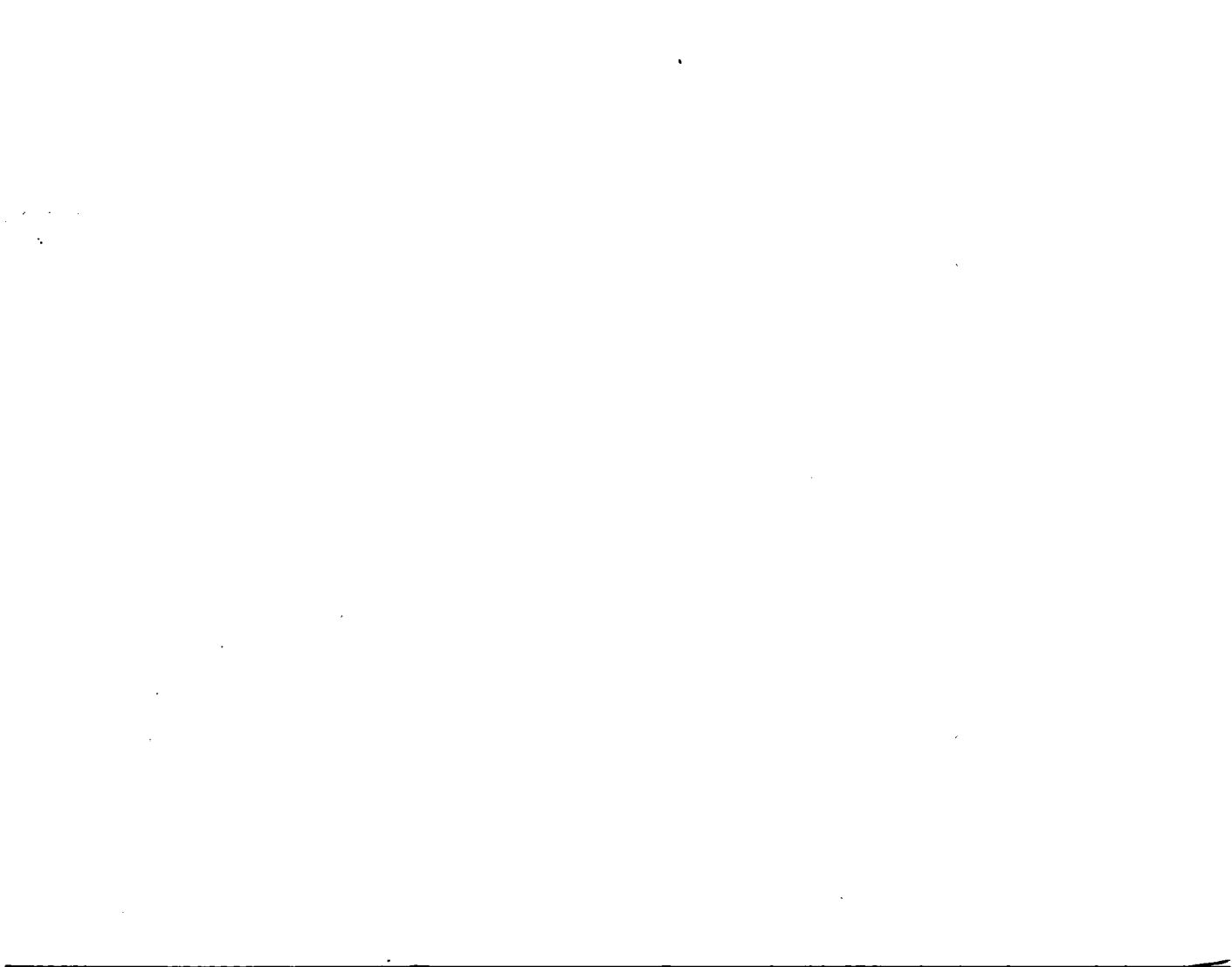
May 23 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



294-224-042-386

## PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Twin FallsCity of Rock CreekRegistration District No. 36File No. 80275

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital home Primary Registration District No. \_\_\_\_\_Registered No. 40FULL NAME OF CHILD Edna May  
Robert B. Bruce

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May</u> <u>24</u> <u>19</u> <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Robert Monroe BruceRESIDENCE Rock Creek, IdahoCOLOR W AGE AT LAST BIRTHDAY 35  
(Years)BIRTHPLACE Minn.OCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Idela Josephine ThompsonRESIDENCE Rock Creek, IdahoCOLOR W AGE AT LAST BIRTHDAY 18  
(Years)BIRTHPLACE MissOCCUPATION Hw,Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Kimberly, IdahoFiled May 30, 1920

Registrar

Registrar [Signature]



OCT 2 1959

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

748-226-042-736

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly, Idaho

Registration District No. 36

File No. 80276

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 41

Hospital home

FULL NAME OF CHILD

Ellice Guy

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>May 26</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Emery W. Guy

RESIDENCE Kimberly, Idaho

COLOR W AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Kansas

OCCUPATION Flour mill worker

MOTHER  
FULL MAIDEN NAME Minnie Glorifield

RESIDENCE Kimberly, Idaho

COLOR W AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Iowa

OCCUPATION Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P. M.  
on the date above stated. (born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Davis  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Kimberly Idaho

Filed May 30 1920

Registrar

Registrar

10-10-78

10-10-78 10-10-78 10-10-78 10-10-78 10-10-78

10-10-78 10-10-78 10-10-78 10-10-78 10-10-78

10-10-78

80276

# BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Kimberly Registered No. 41  
 Street and House No. \_\_\_\_\_  
 County Twin Falls Registration Dist. No. 36

Sex of Child Female  
 Date of Birth May 26 1990  
MONTH DAY YEAR  
 Father Emery W. Guy  
FULL NAME  
 Mother Winne Glorfield  
FULL MAIDEN NAME

**I Hereby Certify** that the child described here  
 has been named:

Alice Guy  
GIVEN NAME IN FULL SURNAME  
 as reported by Emery W. Guy  
FATHER OR MOTHER  
 District \_\_\_\_\_ LOCAL REGISTRAR

KIDNEY

JUN 21 1967

*[Handwritten signature]*

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

215-231-042-968

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Twin Falls

City of Kimberly,

Registration District No. 36

File No. 80278

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. 48

Hospital home

FULL NAME OF CHILD Williette Savage

Sex of Child <u>Fem.</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 31</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Willie Bass Savage  
RESIDENCE Kimberly, Idaho  
COLOR W AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Tenn  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Agnus B. Rohrer  
RESIDENCE Kimberly, Idaho  
COLOR W AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Ohio  
OCCUPATION Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7:45 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician  
(Physician or midwife)

Given names added from a supplemental report.

Williette Savage 19  
W. C. Murphy State Registrar

Address

Kimberly, Idaho.

Filed

May 31 19 20

Registrar



1911. 807. 4

1911. 807. 4

STATE OF IDAHO

## BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

80278

## SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Kimberly Registered No. 43  
Street and House No. \_\_\_\_\_  
County Twin Falls Registration Dist. No. 36

Sex of Child Female  
Date of Birth May 31 1920  
MONTH DAY YEAR  
Father Willie Bass Savage  
FULL NAME  
Mother Agnes B. Bohrer  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Willie Savage  
GIVEN NAME IN FULL SURNAME  
as reported by Willie B. Savage  
FATHER OR MOTHER  
J. N. Davis  
LOCAL REGISTRAR



JAN 13 1976

235-202-042-815  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0—Rev. 8-8-17

County of... *Twin Falls*City of... *Twin Falls*Registration District No. *37*File No. *80279*

No. .... St.

Primary Registration District No. *1085*

Registered No. ....

Hospital *Co. Twin Falls*

FULL NAME OF CHILD

*Helen Betty Stevens*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>—</i> (To be answered only in event of plural births)	and Number in order of birth <i>—</i>	Legitimate? <i>yes</i>	Date of Birth <i>May 2 1920</i> (Month) (Day) (Year)
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FULL NAME <i>FATHER</i> <i>Clifford R. Stevens</i>
RESIDENCE <i>Twin Falls, Ida</i>
COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>30</i> (Years)
BIRTHPLACE <i>Missouri, K.C.</i>
OCCUPATION <i>Cook</i>

FULL MAIDEN NAME <i>MOTHER</i> <i>Maunie Hawes</i>
RESIDENCE <i>Twin Falls</i>
COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>18</i> (Years)
BIRTHPLACE <i>Colorado</i>
OCCUPATION <i>Housewife</i>

Number of child of this mother, including present birth... *1*... Number of children of this mother now living, including present birth... *1*...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... *Born alive*... at... *8:00 P.M.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Chas. J. ...*

(Physician or midwife)

Given names added from a supplemental report.

Address... *Twin Falls, Ida*Filed... *June 10 1920*... *John H. ...*

Registrar

Registrar

NOV 10 1952

515-213-042-692

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 3-3-17

## CERTIFICATE OF BIRTH

County of Towne Falls Ida.City of Towne FallsRegistration District No. 37File No. 80280No. Rural St.Primary Registration District No. 1085

Registered No. ....

Hospital .....FULL NAME OF CHILD Marionna Mary Vance

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u>	and { Number in order of birth <u>—</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>May 13</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>Carl M. Vance</u>	FATHER
RESIDENCE <u>Towne Falls Rural</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Pontiac Ill.</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Lillie Florence Warriman</u>	MOTHER
RESIDENCE <u>Towne Falls Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Walla Walla Wash.</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth. 4 Number of children of this mother now living, including present birth. 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8:00 P.  
on the date above stated. (Born alive or stillborn)

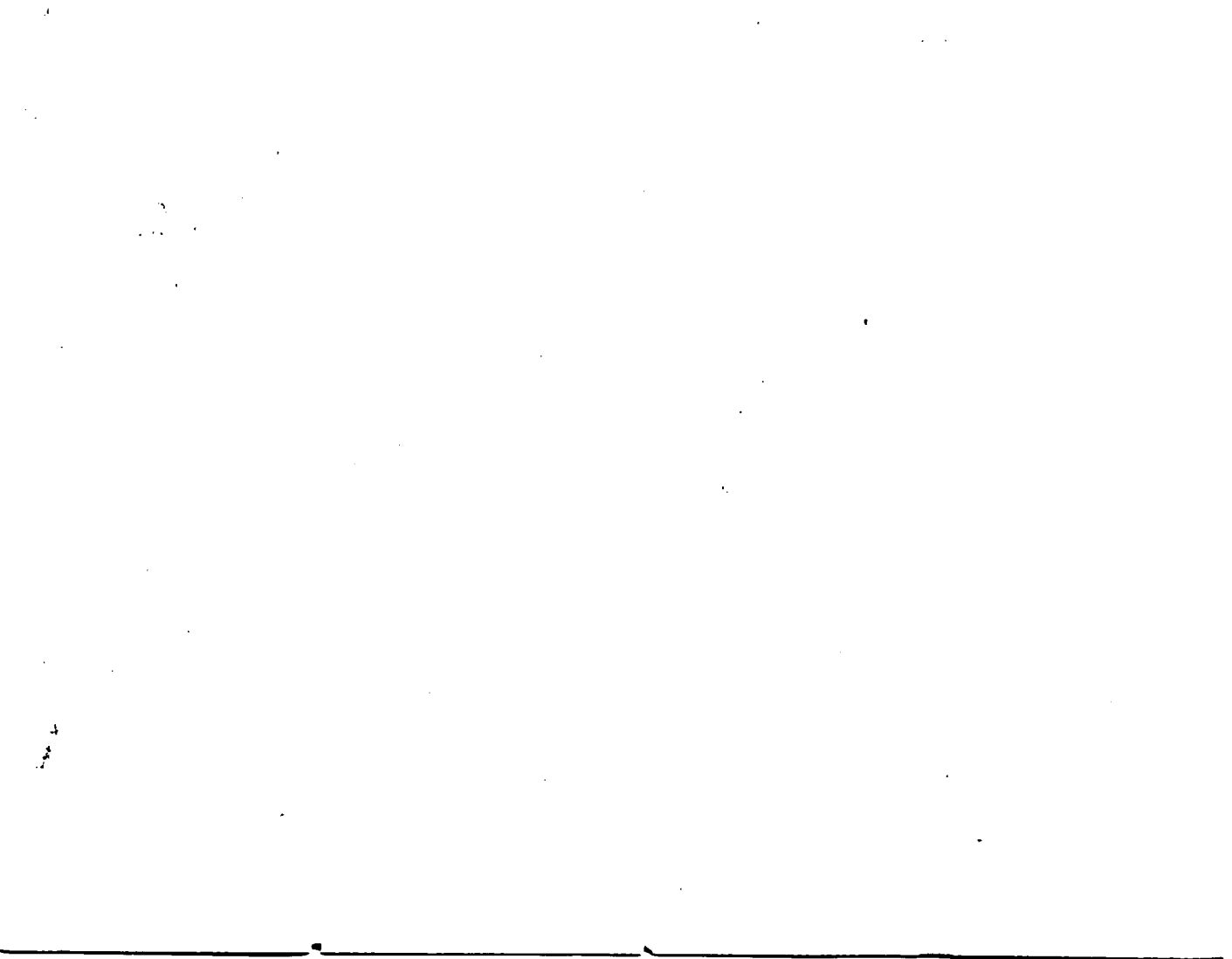
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Vance

(Physician or midwife)

Given names added from a supplemental report.

Address Towne Falls Ida.Filed June 10, 1920 John F. Campbell  
Registrar Registrar



943-221-04377053  
Amended 6/30/70

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin Falls

City of IL

Registration District No. 27

File No. 80281

No. \_\_\_\_\_ St.

Primary Registration District No. 1082

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Jaunita

Retherford

Sex of Child <u>J</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>5</u> <u>21</u> <u>1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Quinn Retherford  
RESIDENCE Twin Falls  
COLOR W AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Kan.  
OCCUPATION Labr.

MOTHER  
FULL MAIDEN NAME Anna Beckman  
RESIDENCE Twin Falls  
COLOR W AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Nebr.  
OCCUPATION Sk wif

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 5-9 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. R. 2200  
Twin Falls  
(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_  
19\_\_\_\_  
Registrar

Address \_\_\_\_\_  
Filed June 8 1920 John H. Caughlin  
Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1970

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } **RECEIVED**  
County of \_\_\_\_\_ } ss. JUN 25 1970  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Rutherford **Bureau of Vital Statistics** who born on May 21, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)  
Name \_\_\_\_\_

**FROM**  
(As on Original)  
Unnamed Rutherford

**TO**  
(The Correct Facts)  
Jaunita Retherford

Subscribed and sworn to before me this 10th day of June 1970  
Florence Curtright  
Notary Public, residing at Boise  
My commission expires 4-20-74  
(Seal)

Signed Elma J. Jensen  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon }  
County of Lincoln } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of June 1970  
Robert H. Miller  
Notary Public, residing at Lincoln City, Oregon  
My commission expires 10-24-74  
(Seal)

Signed Maybelle G. Miller  
(Signature of Any Credible Person)  
Regatta Park Road  
Lincoln City, Oregon 97367  
(Street Address, City, State)



Certificate of Marriage from state of Washington. gives groom's name as Lee S. Miller and bride's name as Juanita Retherford. dated May 21, 1938. Signed by Rev. Paul L. Kingman, Viewed by V. S.

American Warranty Life Insurance Company of Portland, Oregon gives name as Juanita Miller. Date of birth May 21, 1920. Dated 8-17-61. Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

493-109-042-155

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

Sex of  
Child

M -

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
(To be answered only in event of plural births)

7

Legiti  
mate?

yes

Date of  
Birth

5 7

(Month) (Day)

1920 (Year)

FULL  
NAME

Wm A Miller

RESIDENCE

Twin Falls

COLOR

W

AGE AT LAST  
BIRTHDAY

23  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Janitor

FULL  
MAIDEN  
NAME

Emma Jensen

RESIDENCE

Twin Falls

COLOR

W

AGE AT LAST  
BIRTHDAY

19  
(Years)

BIRTHPLACE

Ida.

OCCUPATION

Stump.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 4 91 M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

T. B. Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Twin Falls

Filed

June 8 20 John H. Laughlin  
Registrar

Registrar

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No.

27

File No.

80282

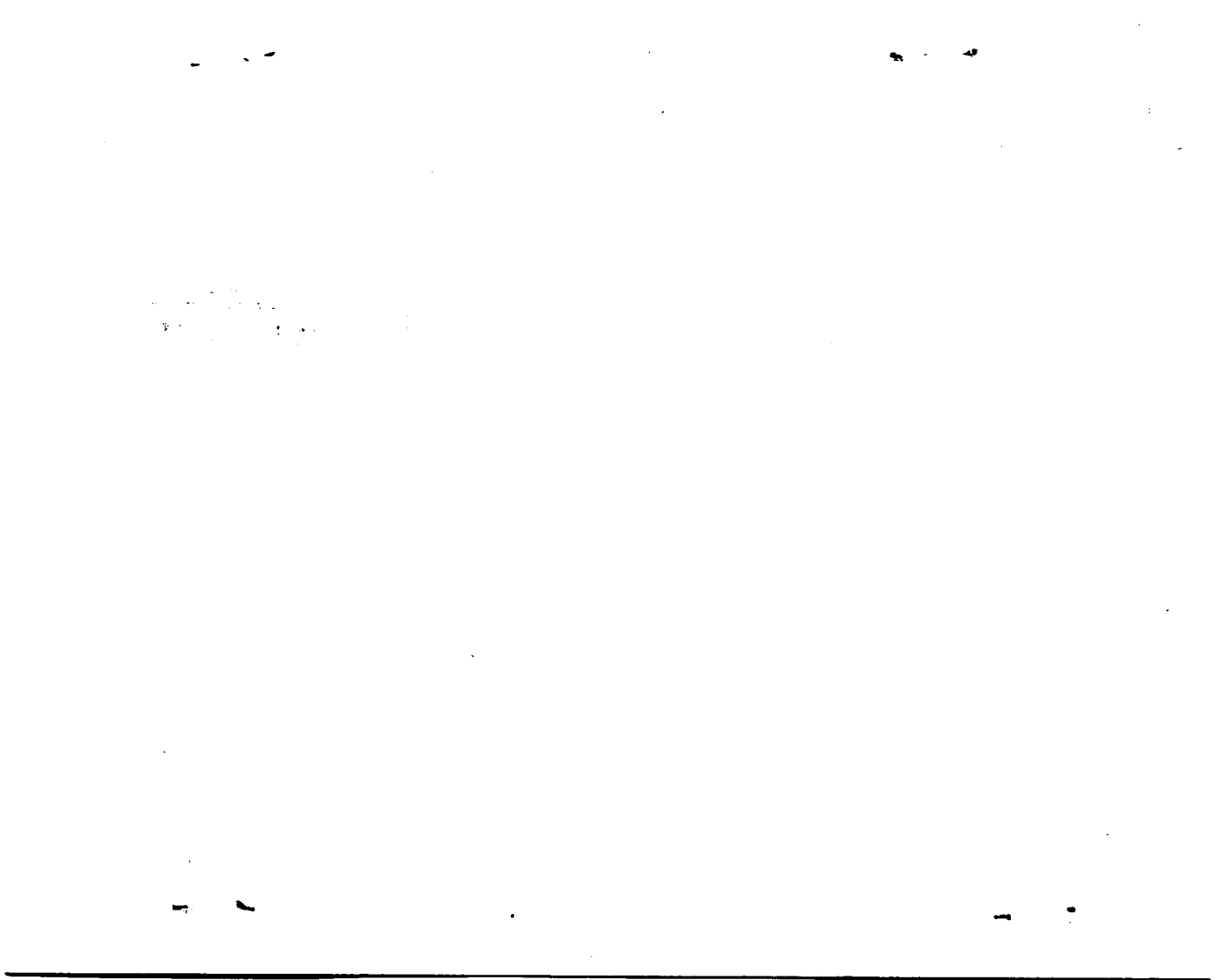
Primary Registration District No.

1085

Registered No.

WILLIAM ALFRED

Jay Miller



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif. }  
County of Humboldt } SS.  
Certificate No. 80282  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
(BIRTH OR DEATH)

for ..... who ..... on .....  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by ..... prepared on ..... are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**

(AS ON ORIGINAL)

**TO**

(THE CORRECT FACTS)

Name.....

Unnamed.....

William Alfred Miller.....

Subscribed and sworn to before me this 19<sup>th</sup>  
day of March, 1942

Signed.....

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Fortuna, Cal.

My commission expires My Commission Expires Oct. 1, 1944  
(SEAL)

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.

(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....  
day of....., 19.....

Signed.....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at.....

My commission expires.....  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on..... By.....

(REGISTRAR'S SIGNATURE)

DEC 24 1942

389-130-042-213

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of Twin FallsCity of Twin FallsNo. South Park Road, St.Registration District No. 37File No. 80283Primary Registration District No. 10 & 5

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD FREDERICK CHRISTIAN Christensen

Sex of Child <u>M</u>	Twin Triplet or other? <u>Other</u> and Number in order of birth <u>✓</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 30</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Christian Christensen</u>	FATHER	FULL MAIDEN NAME <u>Sarah Ellen Battey</u>	MOTHER
RESIDENCE <u>McCammon, Blaine Co Idaho</u>		RESIDENCE <u>McCammon Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Randolph, Rich Co, W. Va.</u>		BIRTHPLACE <u>Toguenville, Washington, Utah.</u>	
OCCUPATION <u>R.R. Signal Maintainer</u>		OCCUPATION <u>Hwp.</u>	

Number of child of this mother, including present birth 5Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 6:30 A. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Duncan L. H. Anderson  
Physician  
(Physician or midwife)

Address

Twin Falls Idaho

Filed

June 2 1920 John A. Anderson  
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1944

862-103-042-266

## PLACE OF BIRTH

County of Lewin Falls

City of " " "

No. 452 5th W N. St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 37File No. 80284Primary Registration District No. 1088 Registered No. \_\_\_\_\_Alvin Glenn Hobson

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 3</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME Marshall W. HobsonRESIDENCE Lewin Falls, IdaCOLOR white AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE IdahoOCCUPATION Telephone CoMOTHER  
FULL MAIDEN NAME Ruby Virginia BoothRESIDENCE Lewin Falls, IdaCOLOR white AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE Iowa

OCCUPATION \_\_\_\_\_

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11.15 am M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Wilson

(Physician or midwife)

Given names added from a supplemental report.

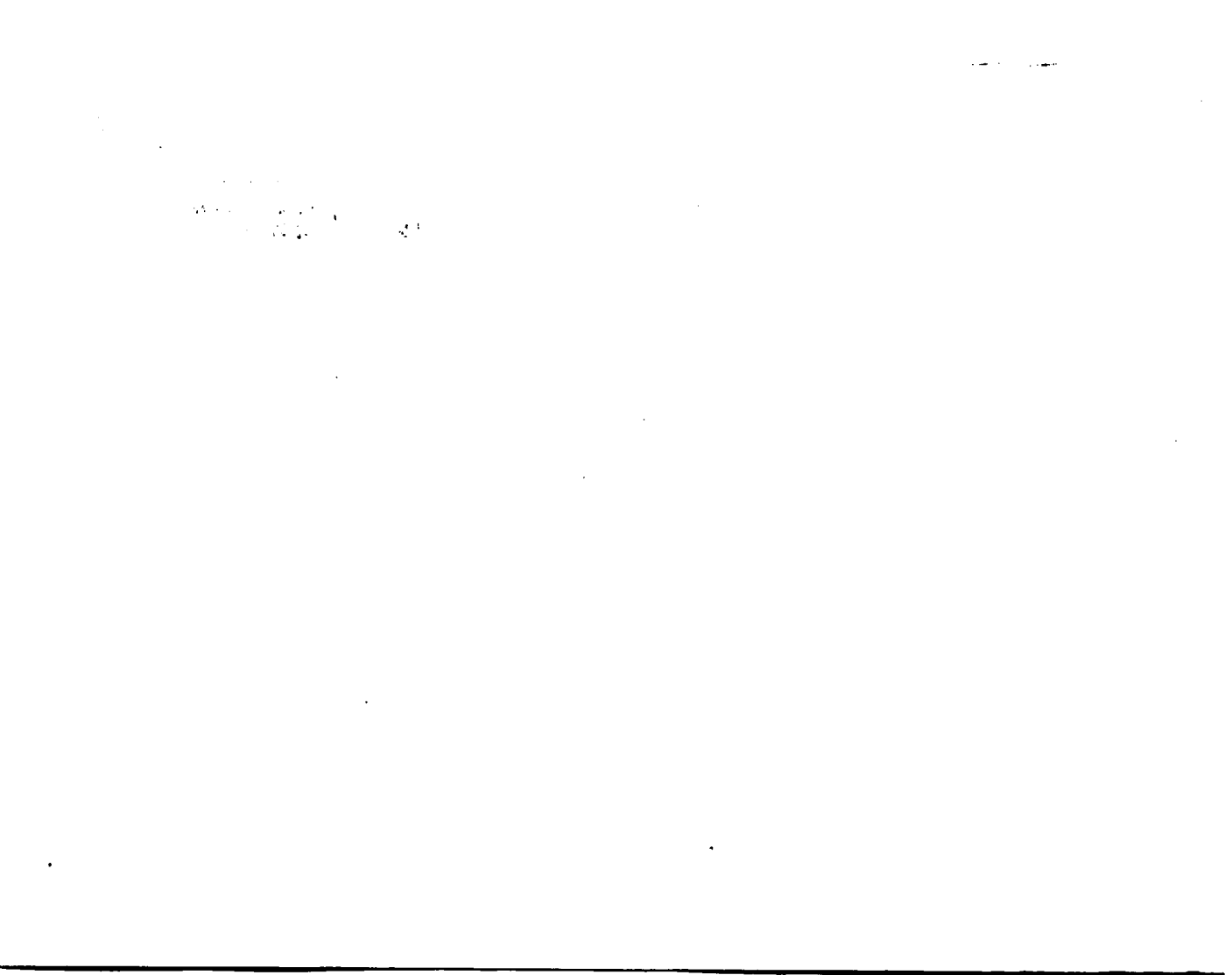
19

Address Lewin Falls, IdahoFiled June 5 1920 John F. Caughlin

Registrar

Registrar





N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-127-042-397

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-15

County of Idaho Falls

CERTIFICATE OF BIRTH

City of R.F.D.

Registration District No. 37

File No. 80285

No. R.F.D. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD

Beatty

George Richard

Sex of Child <u>M</u>	<del>Female</del> or other?	and (Number in order of birth) <u>✓</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 27</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Roseov B Beatty</u>		FULL MAIDEN NAME <u>Frances Lynam</u>		
RESIDENCE <u>Idaho Falls Co RFD</u>		RESIDENCE <u>Idaho Falls Co</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	
BIRTHPLACE <u>Green Co Ohio -</u>		BIRTHPLACE <u>Harrisville Michigan</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

Born alive  
(Born alive or stillborn)

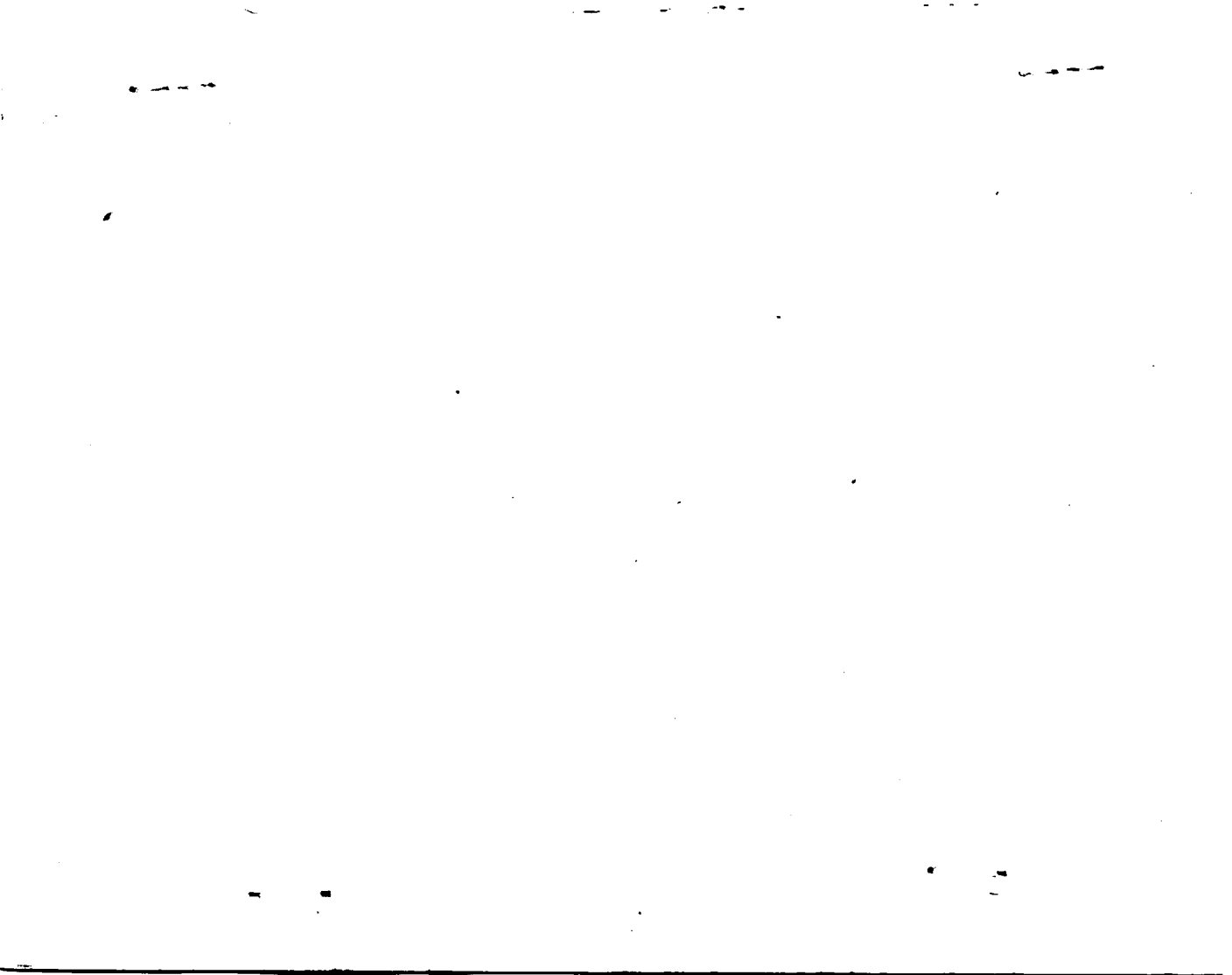
at 10<sup>10</sup> A.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Lynam  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida B O Boyss  
Filed May 30 19 20 John Coughlin  
Registrar



APPLICATION FOR A BIRTH CERTIFICATE

Address correspondence and make money order payable to  
BUREAU OF VITAL STATISTICS  
Department of Public Health  
Boise, Idaho

RECEIVED

APR 4 1941

To avoid errors and unnecessary delays, use typewriter:

Full name of child George Richard Beatty

City and county of birth Twin Falls Twin Falls County

Date of birth May 27, 1920

Name of father Roscoe Burrous Beatty

Maiden name of mother Frances Willard Lyman

Name of attending physician or midwife Dr. D. I. Alexander

Person making request Mrs. Roscoe E. Beatty

Present P. O. address Twin Falls, Idaho Route 1.

Certified copies are 50¢ each, payable by money order in advance. NO  
copies made C. O. D. or without remittance in hand.

JUN 24 1952

219-211-042-285

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty Twin FallsCity of " "Registration District No. 37File No. 80286

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1082 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Barber

Genevieve Barber

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 11</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME Ray BarberRESIDENCE Twin Falls, IdaCOLOR white AGE AT LAST BIRTHDAY 35 (Years)BIRTHPLACE KansasOCCUPATION FarmerFULL MAIDEN NAME Frances HerbertRESIDENCE Twin FallsCOLOR white AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE KansasOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 7 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Caughlin

(Physician or midwife)

Given names added from a supplemental report.

19

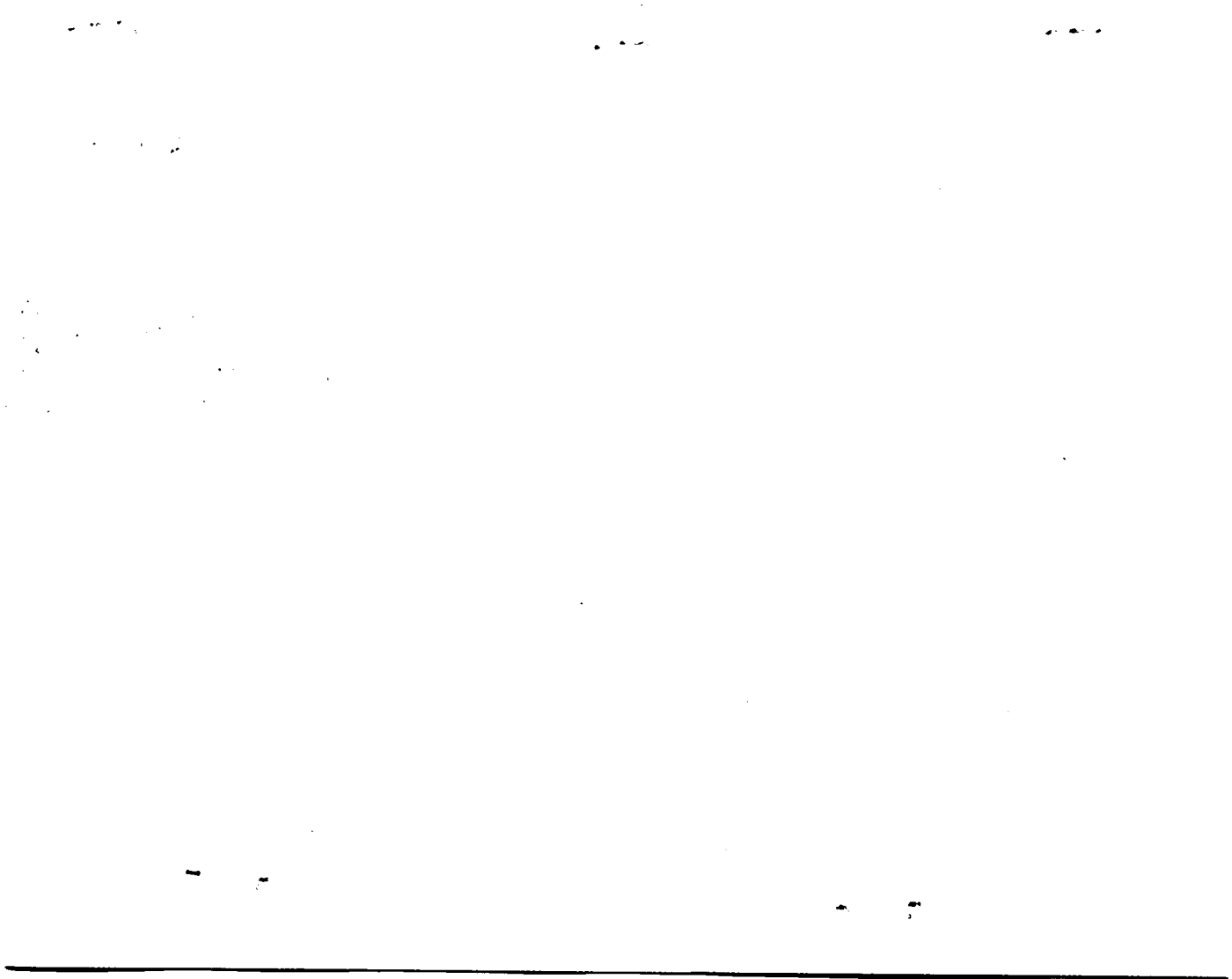
Address Twin Falls, IdaFiled May 20 1920 John H. Caughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON

County of SPOKANE

ss.

JAN 13 1966

Certificate No. 80286

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of

Birth

(Birth or Death)

for Unnamed Barber (female child) who

was born

on

May 11, 1920

(Name on Original Certificate)

(Was Born or Died)

(Date of Event)

in Twin Falls, Idaho

(Place of Event)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by REPORT CARD

prepared on

1935-1936

are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child

Unnamed

Genevieve Barber

Subscribed and sworn to before me this 10<sup>th</sup> day of

JANUARY, 1966

Notary Public, residing at Spokane

My commission expires 2-18-66

(Seal)

Signed Mrs. Rex Barber

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Marion

Wash Bay 199

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON

County of SPOKANE

ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10<sup>th</sup> day of

JANUARY, 1966

Notary Public, residing at Spokane

My commission expires 2-18-66

(Seal)

Signed Merton Barber

(Signature of Any Credible Person)

Orient Wash Bay 321

(Street Address, City, State)



Wilder High School Report Card, Wilder, Idaho school year of 1935-1936 gives full name of student as Genevieve Barber - viewed by V.S.

JAN 23 1966

Child's Birth Cert. on file: (Idaho Birth) #283531 gives full maiden name of mother as Genevieve Barber - viewed by V.S.

268-107-042-959

Form V. S. No. 11-C-25m-0-3-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Twin FallsCity of 4 "Registration District No. 37File No. 80287No. 181 Adams-St.Primary Registration District No. 1082

Registered No. ....

Hospital .....

FULL NAME OF CHILD Allen G. Kohntopp

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 7</u> <u>1909</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Jacob Kohntopp</u>	FATHER
RESIDENCE <u>Twin Falls Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>grocer</u>	

FULL MAIDEN NAME <u>Clara Reichert</u>	MOTHER
RESIDENCE <u>Twin Falls Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 4:10 a.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma C. Crossland  
Osteopathic Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Mc Cormick Block Twin Falls  
Filed Mary H. John 1909  
Registrar

OCT 27 1944

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 5/29/73

255-217-042-249  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of Twin Falls...

City of Twin Falls.....

Registration District No. .... 37.....

File No. .... 80288.

No. .... St.....

Primary Registration District No. .... 1085....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Sybel Benson.....

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>April 17</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------------	---	--------------------------------	---------------------------	--

FULL NAME <u>Raymond Orin Benson</u>	FATHER
RESIDENCE <u>Twin Falls, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY ... <u>35</u> ..... (Years)
BIRTHPLACE <u>Logan, Utah.</u>	
OCCUPATION <u>Carpenter</u>	

FULL MAIDEN NAME <u>Anna A. Smith</u>	MOTHER
RESIDENCE <u>Twin Falls, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY... <u>29</u> ..... (Years)
BIRTHPLACE <u>Farmington, Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .... 5.... Number of children of this mother now living, including present birth 4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at 5: P ..... M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... E. J. Weber.....

Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho

Filed May 10 1920 John F. English Registrar

Registrar

MAY 25 1970

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho }  
County of Bannock } ss. **MAY 17 11 21 AM '73**  
The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)  
for Unnamed Benson, (Female) who was born on May 17, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by prepared on are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name Unnamed Sybel Benson  
Month of birth May 17, 1920 April 17, 1920

Subscribed and sworn to before me this 23 rd day of April 1973

Notary Public, residing at Pocatello, Idaho  
My commission expires Feb. 4, 1975  
(Seal) K. G. Mollerup, Notary Public  
Residing at Pocatello, Idaho

Signed Marvin Ormally Benson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
218 North Hayes Pocatello, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bannock } ss.  
[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of April 1973

Notary Public, residing at Pocatello, Idaho  
My commission expires Feb. 4, 1975  
(Seal) K. G. Mollerup, Notary Public  
Residing at Pocatello, Idaho

Signed Clair Benson  
(Signature of Any Credible Person)  
218 North Hayes Pocatello, Idaho  
(Street Address, City, State)

Certificate of Baptism and Confirmation from LDS Church gives ~~name~~ name as Sybel Benson  
~~name~~ daughter of Orin R. Benson and Asenath Smith. Born April 17, 1920. Was Baptized  
May 6, 1928. ~~NAME~~ Viewed by V. S.

MAY 29 1973

Cooy of family record as recorded in the LDS Churhc gives name as Sybel Benson, daugt.  
of Orin R. Benson and Asenath Smith. Born April 17, 1920. Blessed ~~name~~ July 4, 1920.  
Viewed by V. S.

689-201-042-298

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-35m-7-21-19

County of Twin FallsCity of Twin FallsRegistration District No. 37File No. 80289No. 140 addison ave. St. E.Primary Registration District No. 1082

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Billy May White

Sex of Child Female { Twin Triplet or other? } and { Number in order of birth } Legiti mate? yes. Date of Birth May 1 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Edmund R WhiteRESIDENCE Twin Falls.COLOR White AGE AT LAST BIRTHDAY 42 (Years)BIRTHPLACE Canada.OCCUPATION Managan Crozier Transfer CoFULL MAIDEN NAME MOTHER Ella May BrysonRESIDENCE Twin FallsCOLOR white AGE AT LAST BIRTHDAY 39 (Years)BIRTHPLACE Minnesota

OCCUPATION \_\_\_\_\_

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1.50 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho  
Filed May 3 1920 John F. Coughlin  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 2 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

493-105-042-493

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of Twin Falls

City of \_\_\_\_\_

Registration District No. 37

File No. 80290

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1085

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mitsugi Mitani

Sex of Child

male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti  
mate?

yes

Date of Birth

May 5 1920  
(Month) (Day) (Year)

FULL NAME

Marabachi Mitani

FATHER

RESIDENCE

Twin Falls

COLOR

Japanese

AGE AT LAST BIRTHDAY

32  
(Years)

BIRTHPLACE

Japan

OCCUPATION

Farmer

FULL MAIDEN NAME

Itsu Mitani

MOTHER

RESIDENCE

Twin Falls

COLOR

Japanese

AGE AT LAST BIRTHDAY

20  
(Years)

BIRTHPLACE

Japan

OCCUPATION

Housewife

Number of child of this mother, including present birth. / Number of children of this mother now living, including present birth. /

1 Photostat copy 2/11/42  
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ P. M.  
on the date above stated.

Photostat 11-2445  
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John F. Caughlin

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Twin Falls, Idaho

Filed

May 11 1920

John F. Caughlin  
Registrar

Registrar

FEB 11 1942

JAN 24 1945

417-122-042-569

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-2-27

## CERTIFICATE OF BIRTH

County of Twin FallsCity of Twin FallsRegistration District No. 37File No. 80291No. St.Primary Registration District No. 1085Registered No. .....Hospital .....FULL NAME OF CHILD Magoffin

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>May 22 1911</u> (Month) (Day) (Year)
-----------------------------	---	--------------------------------	---------------------------	--

FULL NAME <u>Louie Lawrence Magoffin</u>	FATHER
RESIDENCE <u>Twin Falls, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Sarah Lenora Norris</u>	MOTHER
RESIDENCE <u>Twin Falls, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:15 P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Weaver
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.Filed May 14 1911 John H. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



251-213-042-295

## PLACE OF BIRTH

County of Twin Falls,City of Twin Falls,No. ..... St.Hospital .....STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-37

## CERTIFICATE OF BIRTH

Registration District No. 37File No. 80292Primary Registration District No. 1085Registered No. .....FULL NAME OF CHILD MARIE ADELINE SEARS

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>April 13- 20</u> (Month) (Day) (Year)
-------------------------------	---	--------------------------------------	--------------------------------	--

FULL NAME <u>Milford Perkins Sears.</u>	FATHER	FULL MAIDEN NAME <u>Anna Belle Kinder.</u>	MOTHER
RESIDENCE <u>Twin Falls, Idaho</u>		RESIDENCE <u>Twin Falls, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Kentucky.</u>		BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Barber</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4..... Number of children of this mother now living, including present birth 2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11:25 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

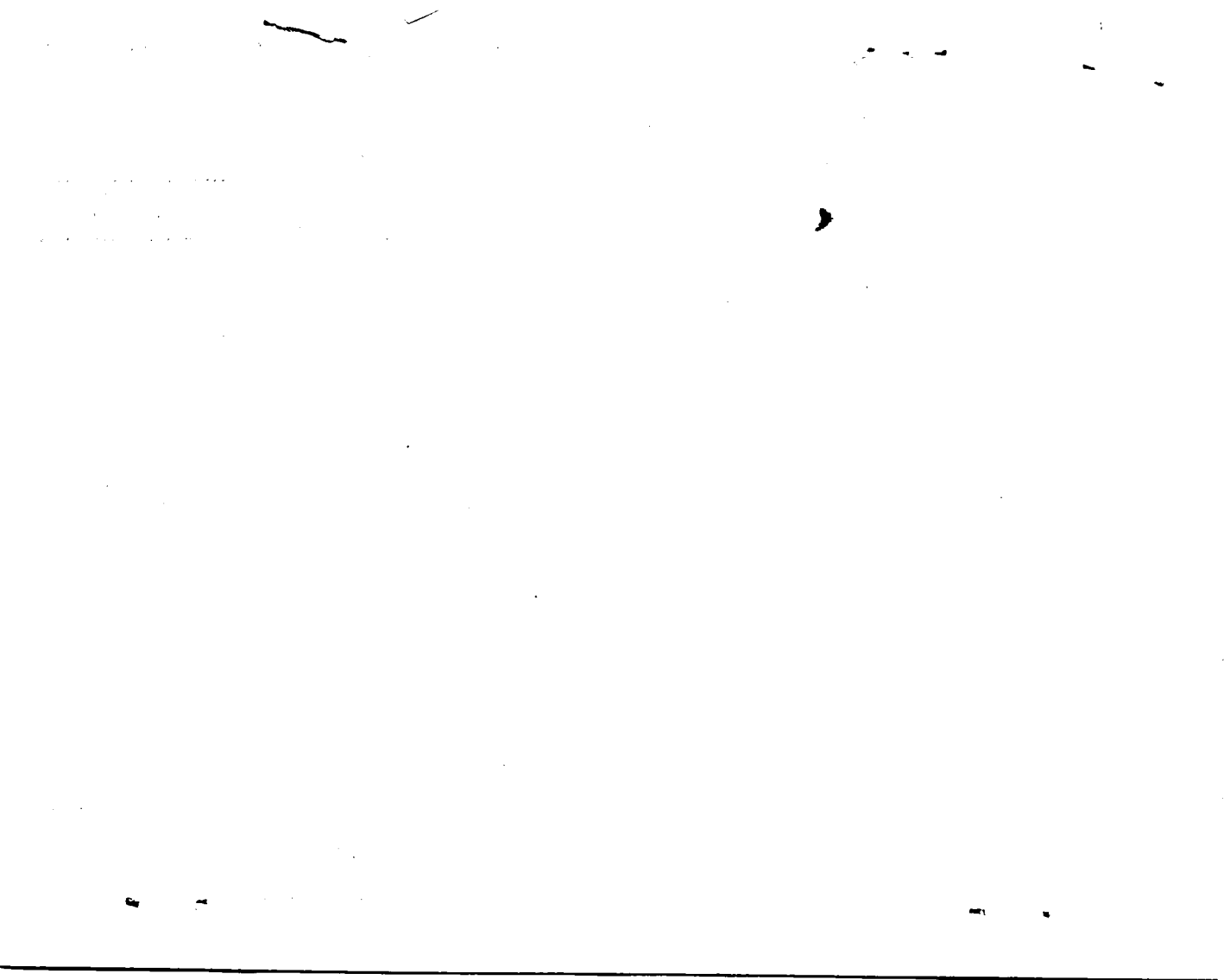
(Signature) E. D. Weaver

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida.Filed May 11 1920 John F. Coughlin  
Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss.  
County of Ada

Certificate No. 80292

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for unnamed Sears who was born on April 13, 1920 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name", "Birth Date", "Cause of Death", Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
<u>"Birth Date"</u>	<u>May 13, 1920</u>	<u>April 13, 1920</u>
<u>"name"</u>	<u>unnamed Sears</u>	<u>Marie Adeline Sears</u>

Subscribed and sworn to before me this 5th  
day of May, 1942  
Marion E. Orr

Notary Public, residing at Boise Idaho

My commission expires 6-25-45  
(Seal)

Signed E. D. Fitzwater  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)



SPR 6 1942



MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-116-042-155

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-4-27

County of Twin Falls

City of Buhl Idaho

Registration District No. 37

File No. 80293

No. .... St.

Primary Registration District No. 1085

Registered No. ....

Hospital .....

FULL NAME OF CHILD Lansberry, Jack E.

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u> } and { Number in order of birth <u>    </u> } (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>May-16-20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Charles W. Lansberry</u>	FATHER
RESIDENCE <u>Buhl, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Printer</u>	

FULL MAIDEN NAME <u>Emily E. Jensen</u>	MOTHER
RESIDENCE <u>Buhl, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Richfield, Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

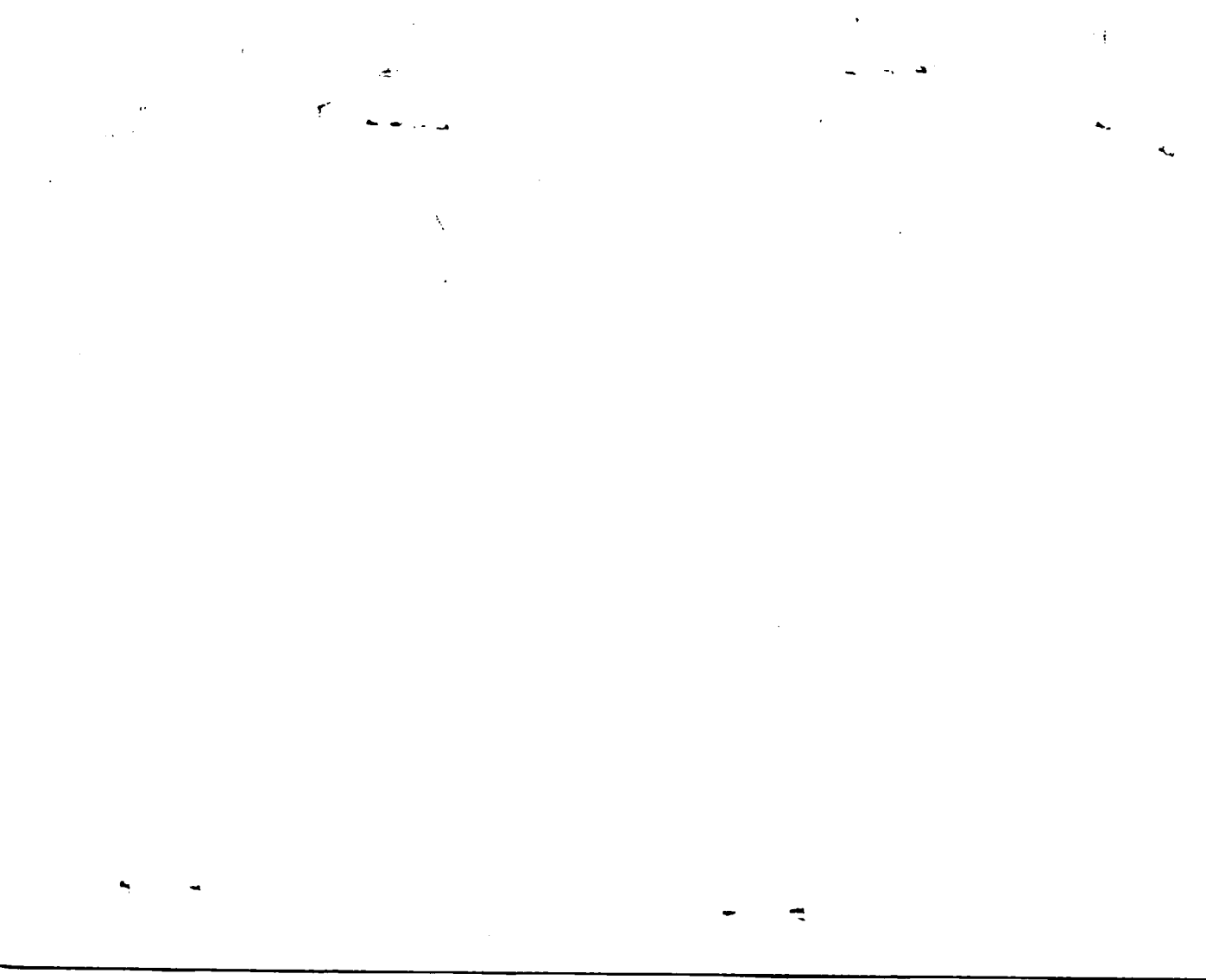
I hereby certify that I attended the birth of this child, who was Born alive at 7:40 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho  
Filed May 16 1920 John F. Lacey  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California

Certificate No. 80293

County of San Francisco } ss.

Date Filed JUN 20 1945

The undersigned does solemnly swear that certain facts on the certificate of

Birth

for Unnamed Lansberry  
(Name on Original Certificate)

who was born on 4-16-20  
(Was Born or Died) (Date of Event)

in Twin Falls, Idaho  
(Place of Event)

are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Records prepared on later date, are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

**FACTS TO BE CORRECTED**

**FROM**

**TO**

("Name," "Birth Date," "Cause of Death," Etc.)

(As on Original)

(The Correct Facts)

Male Unnamed Lansberry Jack F. Lansberry

Subscribed and sworn to before me this 22nd day of June 1945

Signed Charles W. Lansberry

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at

My commission expires January 8, 1947  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California } ss.  
County of San Francisco

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.) ]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of June 1945

Signed Mrs. Emily Lansberry  
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires January 8, 1947  
(Seal)

(Street Address, City, State)

JUN 27 1945

243-114-042-619

Form V. S. No. 11-C-25m-9-8-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Twin FallsCity of Twin FallsRegistration District No. 37File No. 8.0294No. ..... St.Primary Registration District No. 1085Registered No. .....Hospital .....FULL NAME OF CHILD Robert Junior Sutcliff

Sex of Child <u>male</u>	Twin Triplet or other? <u>.....</u> and { Number in order of birth <u>.....</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May-14-1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER  
FULL NAME Robert Alphonso Sutcliff  
RESIDENCE Twin Falls, Ida.  
COLOR White AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Dentist

MOTHER  
FULL MAIDEN NAME Alma Esther Paris  
RESIDENCE Twin Falls, Idaho  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Illinois  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:15 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Le B. Weaver

..... Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, IdahoFiled June 4, 1920 John H. Coughlin Registrar

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1942

MAR 15 1974

313-218-042-862

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of Twin Falls,City of Twin FallsRegistration District No. 37File No. 80295No. St.Primary Registration District No. 1085

Registered No. ....

Hospital .....

FULL NAME OF CHILD Glama Shirley CalvertSex of  
Child FemaleTwin  
Triplet  
or other?{ and { Number  
in order  
of birthLegiti-  
mate?YesDate of Birth May-18-20  
(Month) (Day) (Year)FULL NAME FATHER  
A. M. CalvertFULL MAIDEN NAME MOTHER  
Gladys L. HoskinsRESIDENCE  
Twin Falls, Ida.RESIDENCE  
Twin Falls, Idaho.COLOR White AGE AT LAST BIRTHDAY 28  
(Years)COLOR White AGE AT LAST BIRTHDAY 21  
(Years)BIRTHPLACE  
Fairfield, Washington.BIRTHPLACE  
Idaho.OCCUPATION  
Clerk.OCCUPATION  
Housewife.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11: P. M.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) L. D. Weaver

Physician.

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.Filed June 4 1920 John H. Campbell

Registrar

Registrar



**MAY 31 1974**

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

597-121-042-297

PLACE OF BIRTH

Form V. S. No. 11-0-9-108-17  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin Falls.....City of Twin Falls....Registration District No. ....37.....File No. ....80296.....No. ....St......Primary Registration District No. ....1085....

Registered No. ....

Hospital .....

FULL NAME OF CHILD ..... DAYNE Nix .....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	No. <u>2</u> } and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>May-21-</u> <u>19</u> (Month) (Day) (Year)
-----------------------------	---	---	---------------------------	---

FULL NAME <u>Auston O Nix.</u>		FULL MAIDEN NAME <u>Mamie Kiper.</u>	
RESIDENCE <u>Twin Falls, Idaho.</u>		RESIDENCE <u>Twin Falls, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY ... <u>40</u> ..... (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY ... <u>34</u> ..... (Years)
BIRTHPLACE <u>Mo.</u>		BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Laborer</u>		OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth. ....7.... Number of children of this mother now living, including present birth. ....7.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at ..... 9:10 A .....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician .....

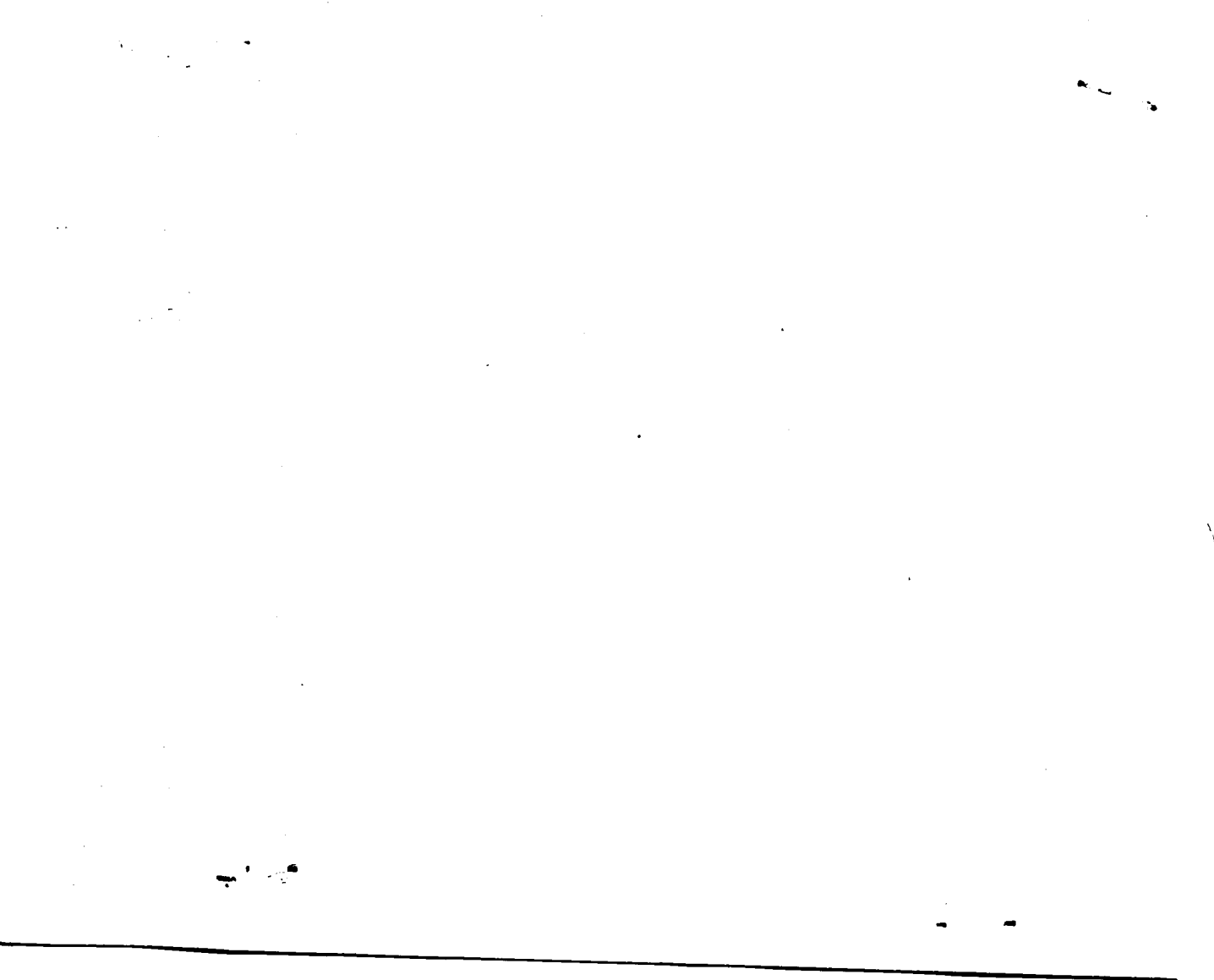
(Physician or midwife)

Given names added from a supplemental report.

Address. Twin Falls, Idaho.....Filed. June 20 19.....

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Twin Falls } ss.

**SEP 17 1942**

Certificate No. 80296

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....

for Dayne J (initial only) Nix who born on May 21, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)

true facts as shown by..... prepared on....., are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Name

Unnamed Nix

Dayne Nix

Subscribed and sworn to before me this.....  
day of....., 19.....

Notary Public, residing at.....

My commission expires.....  
[SEAL]

Signed Austin O Nix  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Jerome } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....  
day of....., 19.....

Notary Public, residing at.....

My commission expires.....  
[SEAL]

Signed William G Comstock  
(Signature of any credible person other than the provider of affidavit.)

Probate Judge & Ex-Officio Clerk

Jerome Idaho  
(Street Address, City, State)

Received for filing on.....

**SEP 17 1942**

By.....

(Registrar's signature)

SEP 18 1942

597-121-042-297

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Twin Falls.....City of Twin Falls.....Registration District No. ....37.....File No. ....80297.....No. ....St.....Primary Registration District No. ....1085.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD .....Nix.....

Sex of Child	<u>Male</u>	Twin <u>No. 1</u> Triplet or other? } and { Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>May 21</u> <u>1920</u> (Month) (Day) (Year)
--------------	-------------	--	------------------------	---

FULL NAME	FATHER <u>Auston O Nix</u>	FULL MAIDEN NAME	MOTHER <u>Mamie Kiper</u>
RESIDENCE	<u>Twin Falls, Idaho</u>	RESIDENCE	<u>Twin Falls, Idaho</u>
COLOR	<u>White</u>	COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>40</u> (Years)	AGE AT LAST BIRTHDAY	<u>34</u> (Years)
BIRTHPLACE	<u>Mo.</u>	BIRTHPLACE	<u>Mo.</u>
OCCUPATION	<u>Laborer</u>	OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth. 7..... Number of children of this mother now living, including present birth. 7.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8:20 Am on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....Le. D. Weaver..........Physician.....

(Physician or midwife)

Given names added from a supplemental report.

.....19..... Address Twin Falls Idaho..........June 4..... Filed John H. Coughlin.....

Registrar

Registrar

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-206-042-619

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-27

CERTIFICATE OF BIRTH

County of Twin Falls,.....

City of Twin Falls,.....

Registration District No. 37.....

File No. 80298.....

No. ....St.

Primary Registration District No. 1085.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Durbin.....

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>May- 6 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Oscar Durbin  
RESIDENCE Twin Falls, Idaho.  
COLOR White AGE AT LAST BIRTHDAY 25  
(Years)  
BIRTHPLACE Mo.  
OCCUPATION Teamster.

MOTHER  
FULL MAIDEN NAME Nellie Warner.  
RESIDENCE Twin Falls, Ida.  
COLOR White AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Mo.  
OCCUPATION Housewife

Number of child of this mother, including present birth. 1..... Number of children of this mother now living, including present birth. 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4:45 P  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Weaver  
.....  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Idaho  
Filed June 4 1920  
Registrar John H. Laughlin



JAN 21 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

285-228-042-271

## PLACE OF BIRTH

County of Don FallsCity of Don Falls

No. ....St.

Hospital .....

FULL NAME OF CHILD Bessie Marie Shepherd
 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 10-22-1-17

Registration District No. 37File No. ....80299Primary Registration District No. 1082

Registered No. ....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>5 28 20</u> (Month) (Day) (Year)
----------------------------	----------------------------------	---------------------------------------	------------------------	--

FULL NAME <u>W. M. Shepherd</u>	FATHER
RESIDENCE <u>Pogonosee</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Day Laborer</u>	

FULL MAIDEN NAME <u>Mary Sparks</u>	MOTHER
RESIDENCE <u>Pogonosee, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 6..... Number of children of this mother now living, including present birth 6.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was born alive at 6 20 a.m.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Sparks

Given names added from a supplemental report.

Address Don Falls, Ida.Filed June 4 1920 John F. Coughlin

Registrar

Registrar

JAN 31 1972

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Kansas } ss. FEB 8 11 09 AM  
County of Sedgewick Riley }  
Certificate No. 80299  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of Unnamed Shepherd (Female) who was born on May 28, 1920 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) her  
true facts are shown by birth certificate of her son, 12-3-38; and birth certificate of her son, 10-14-47 prepared on her son, 10-14-47 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name

Unnamed

Bessie Marie Shepherd

Subscribed and sworn to before me this 4th day of February, 1972  
R. R. Bennett Manhattan Kan  
Notary Public, residing at Wichita, Kansas  
My commission expires APR 28 - 1974  
(Seal)

Signed Minnie Sparks  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1011 Humboldt St  
(Street Address, City, State)  
Wichita, Kansas

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Kansas } ss.  
County of Butler }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 4th day of February, 1972  
Charles E. Rush  
Notary Public, residing at El Dorado, Kansas  
My commission expires May 2, 1974  
(Seal)

Signed O. J. Connell, Jr.  
(Signature of Any Credible Person)  
Box 6, El Dorado, Kansas 67042  
(Street Address, City, State)

FEB 24 1972

Child's birth certif. on file in Missouri (State file No. 67394) child's name given as Franklin Gale Kratzer. Born 10-14-47. father's name given as Nelson Gale Kratzer and mother's name given as Bessie Marie Shepherd. Viewed by V. S.

Life Insurance Policy from Globe Life and Accident Insurance Co. Policy No. 355996 Child's name Franklin G. Kratzer. The Beneficiary is designated as Bessie Marie Kratzer, Mother of the Insured. Dated January 12, 1965. Viewed by V. S.

799-116-042-516

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 11-0-22m-3-17

County of Groun FallsCity of Groun FallsRegistration District No. 97File No. 80300

No. ....St.

Primary Registration District No. 10855

Registered No. ....

Hospital .....

FULL NAME OF CHILD MELVIN HARRISON

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and (Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>6</u> <u>16</u> <u>1922</u> (Month) (Day) (Year)
--------------------------	----------------------------------	--------------------------------	------------------------	--

FATHER		MOTHER	
FULL NAME <u>Ossie A. Truffee</u>	FULL MAIDEN NAME <u>Gertrude Vannoy</u>	FULL NAME <u>Ossie A. Truffee</u>	FULL MAIDEN NAME <u>Gertrude Vannoy</u>
RESIDENCE <u>Groun Falls Ida</u>	RESIDENCE <u>Groun Falls Ida</u>	RESIDENCE <u>Groun Falls Ida</u>	RESIDENCE <u>Groun Falls Ida</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Missouri</u>	BIRTHPLACE <u>Missouri</u>	BIRTHPLACE <u>Missouri</u>	BIRTHPLACE <u>Missouri</u>
OCCUPATION <u>Farming</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Farming</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth... 1 ..... Number of children of this mother now living, including present birth... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... born alive ..... St. 11-29 M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. O. Tipton

Given names added from a supplemental report.

Address Groun Falls IdaFiled Mary J. Caughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of error then one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri }  
County of Bates } ss.

Certificate No. 80300

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Unnamed Griffin who was born on May 16 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Turn Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by School Records prepared on September 1926, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name", "Birth Date", "Cause of Death", Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
<u>name</u>	<u>unnamed Griffin</u>	<u>Melvin Harrison Griffin</u>

Subscribed and sworn to before me this 14<sup>th</sup>  
day of March, 1942  
Nina L Culver  
Notary Public, residing at Butler mo  
My commission expires Aug 30. 1944.  
(Seal)

Signed Mrs. Gertrude Griffin  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri }  
County of Bates } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14<sup>th</sup>  
day of March, 1942  
Nina L Culver

Signed Calvin Z. Paschke  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Butler mo  
My commission expires Aug 30. 1944  
(Seal)

209 Havana St  
(Street Address, City, State)  
Butler Missouri



MAR 24 1942

317-121042-969  
PLACE OF BIRTHUNITED STATES  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

City of Twin Falls,.....

City of .....

Registration District No. ....37.....

File No. ....80301.....

No. ....St.

Primary Registration District No. ....1085.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD .....Harry. Maurice. Capps.....

Sex of Child Male	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth {	Legiti- mate? Yes.	Date of Birth May-21-1920 (Month) (Day) (Year)
----------------------	---	---	--------------------------	--

FULL NAME  
FATHER  
Harry Oscar Capps.FULL MAIDEN NAME  
MOTHER  
Harriette MorganRESIDENCE  
Twin Falls, IdahoRESIDENCE  
Twin Falls, Idaho.COLOR  
White  
AGE AT LAST BIRTHDAY ...29...  
(Years)COLOR  
White  
AGE AT LAST BIRTHDAY ...27...  
(Years)BIRTHPLACE  
Kansas,BIRTHPLACE  
Galesburg, Ill.OCCUPATION  
Farmer.OCCUPATION  
Housewife.

Number of child of this mother, including present birth. 2..... Number of children of this mother now living, including present birth.....2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at 12:A ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... L. D. Weaver, .....

Physician

(Physician or midwife)

Given names added from a supplemental report.

Twin Falls, Idaho.

Address .....

Filed June 4, 1920 John H. Causler

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

698-214-042-319  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-27

County of Jimmi Falls

City of Jimmi Falls

Registration District No. 37

File No. 80302

No. 361-3rd East St.

Primary Registration District No. 10.8.2

Registered No. ....

Hospital .....

FULL NAME OF CHILD Georgia Elizabeth Fryer

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and } in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 14 1927</u> (Month) (Day) (Year)
----------------------------	---------------------------------	----------------------------------	------------------------	--

FULL NAME FATHER John C Fryer  
RESIDENCE Jimmi Falls  
COLOR white AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Iowa  
OCCUPATION Carpenter

FULL MAIDEN NAME MOTHER Hellie M Larsen  
RESIDENCE Jimmi Falls  
COLOR white AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Nebraska  
OCCUPATION Housewife

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 6:45 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Leete  
Jimmi Falls, Ida.  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....  
.....  
Registrar

Address.....  
Filed June 7 1927 John H. Caughlin  
Registrar

APR 2 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-123 042-666  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. & No. 11-C-22m-6-67

County of Trine Falls

City of Trine Falls

Registration District No. 37

File No. 80303

No. Jackson St.

Primary Registration District No. 1085

Registered No. ....

Hospital .....

FULL NAME OF CHILD Baby Shinkle

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u> and { Number in order of birth <u>—</u>	Legitimate? <u>ye</u>	Date of Birth <u>5-23</u> (Month) (Day) (Year)
--------------------------	---	-----------------------	---

FULL NAME <u>Ray W Shinkle</u>	FATHER
RESIDENCE <u>Trine Falls Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Mabel Woodward</u>	MOTHER
RESIDENCE <u>Trine Falls Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

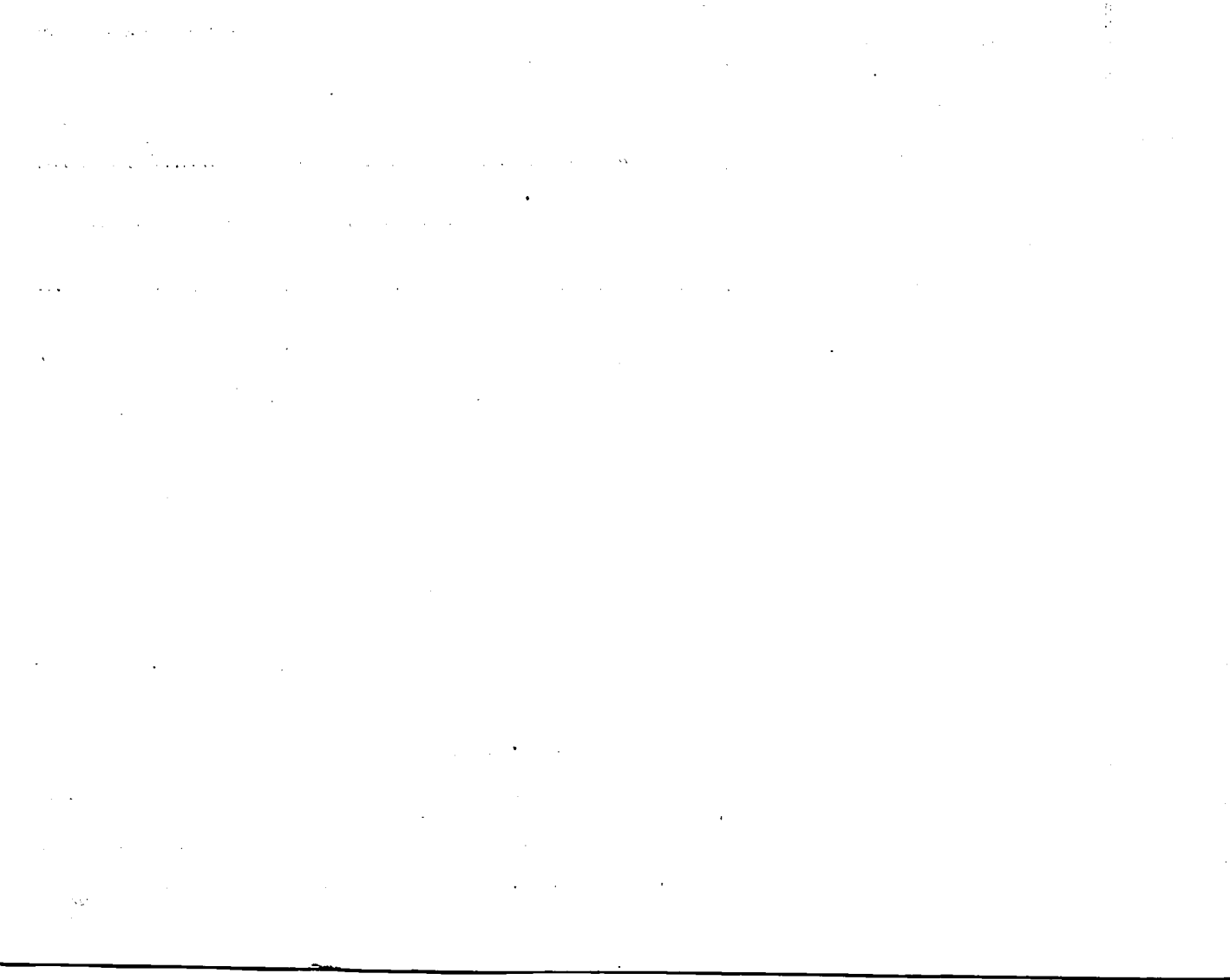
I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 2:30 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Leete  
Trine Falls, Ida  
(Physician or midwife)

Given names added from a supplemental report.

Address June 4 1910  
Filed John H. Caughlin  
Registrar



251-109-042-719

PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of Twin Falls,.....

City of Filer.....

Registration District No. .... 37.....

File No. .... 80304.....

No. .... St.....

Primary Registration District No. .... 2085.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD .... Albert Douglas Bear.....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth. <u>May</u> ..... <u>9</u> ..... <u>1920</u> (Month) (Day) (Year)
-----------------------------	---	--------------------------------------	--------------------------------	--

FATHER  
FULL NAME Geo. W. E. Bear

MOTHER  
FULL MAIDEN NAME Laura Parker

RESIDENCE  
Filer. Idaho.

RESIDENCE  
Filer, Idaho

COLOR White AGE AT LAST BIRTHDAY .... 50.....  
(Years)

COLOR White AGE AT LAST BIRTHDAY .... 44.....  
(Years)

BIRTHPLACE  
Colorado

BIRTHPLACE  
West Va.

OCCUPATION  
Farmer.

OCCUPATION  
Housewife.

Number of child of this mother, including present birth 7..... Number of children of this mother now living, including present birth 6.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... Born alive..... at 1: A.....  
on the date above stated. (Born alive or stillborn) M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... E. S. Meaver.....

..... Physician.....  
(Physician or midwife)

Given names added from a supplemental report.

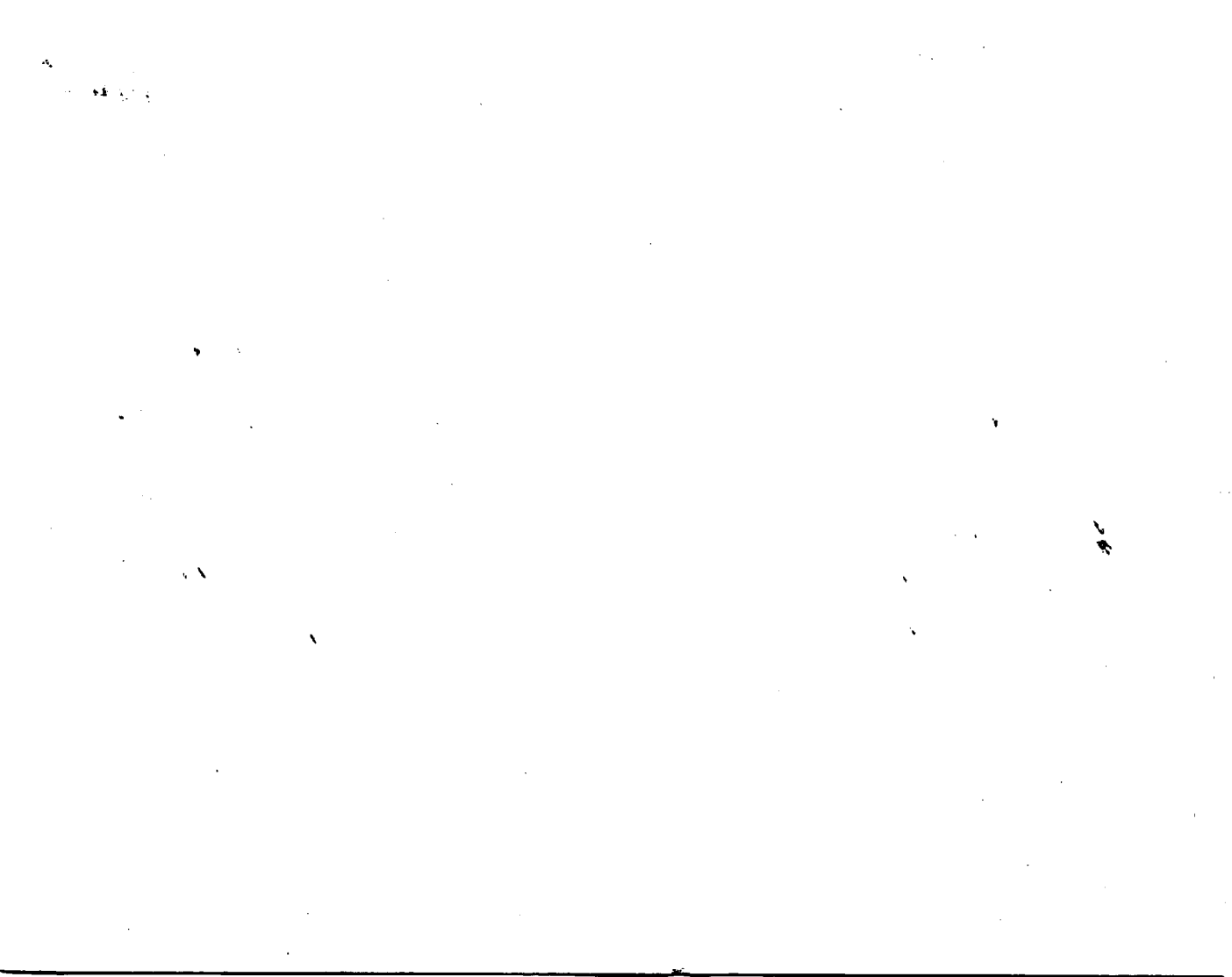
..... 19..... Address Twin Falls, Idaho.....

..... Registrar ..... File May 17 1920 John H. Coughlin.....  
Registrar Registrar



7-11-41





312-219-042-244

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of Twin FallsCity of FilerRegistration District No. 37File No. 80306

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2085

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Baby Takagi

Sex of Child

FNo. of children  
or other?

1

Number  
in order  
of birth

1

Legitimate?

Yes

Date of Birth

May 191920

(Month) (Day) (Year)

FULL NAME

FATHER  
Tonisaburo Takagi

FULL MAIDEN NAME

MOTHER  
Marionna Senna

RESIDENCE

Twin Falls Co. Rth Filer

RESIDENCE

Twin Falls Co

COLOR

Jap.

AGE AT LAST BIRTHDAY

41  
(Years)

COLOR

Jap

AGE AT LAST BIRTHDAY

31  
(Years)

BIRTHPLACE

Fukuoka Japan

BIRTHPLACE

Fukuoka Japan

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

30

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. T. Bland

Physician or midwife

Given names added from a supplemental report.

19

Address

Twin Falls

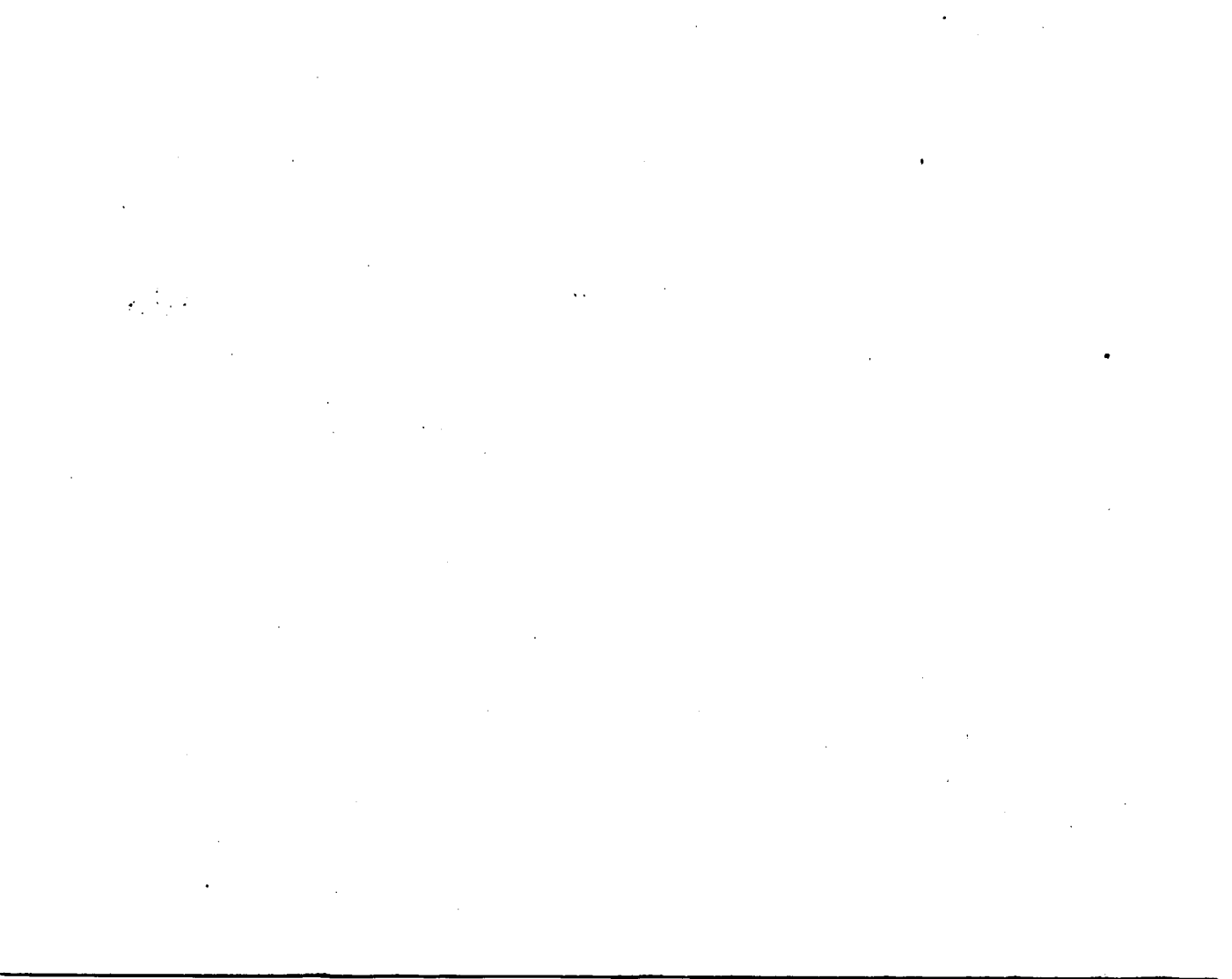
Filed

May 20 1920  
John F. Coughlin

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



853-131-042-85-3  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C-25m-9-8-15

County of Twin Falls

CERTIFICATE OF BIRTH

City of Rogerson Ida

Registration District No. 37

File No. 80307

No. \_\_\_\_\_ St.

Primary Registration District No. 2082

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD WALTER JOHN Heckli

Sex of Child <u>M.</u>	Twin <input type="checkbox"/> Triplet <input type="checkbox"/> other <input checked="" type="checkbox"/> { and } Number in order of birth <input checked="" type="checkbox"/> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 31</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>John Heckli</u>	FATHER	FULL MAIDEN NAME <u>Elizabeth Heckli</u>	MOTHER
RESIDENCE <u>Rogerson Ida</u>		RESIDENCE <u>Rogerson Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Brebes Hungary</u>		BIRTHPLACE <u>Balanka Hungary</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Wif.</u>	

Number of child of this mother, including present birth. 3

Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 6:30 A.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Duncan L. Alexander  
Physician  
(Physician or midwife)

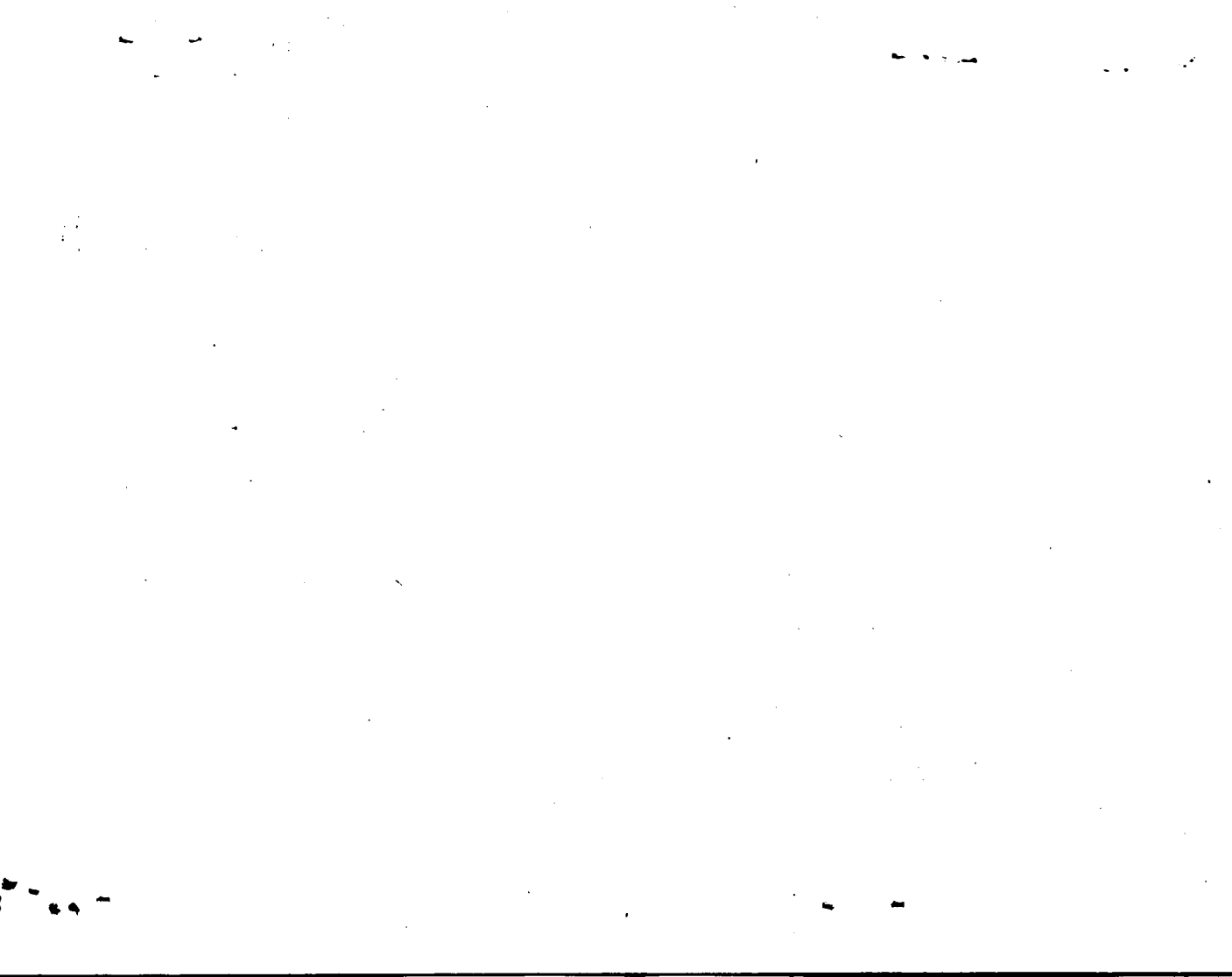
Given names added from a supplemental report.

Address

Twin Falls Ida

Filed

June 4, 1920  
John F. Laughlin  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Lincoln } ss.

Certificate No. 80307  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
(Birth or death)  
for..... who..... on.....  
(Name on original certificate) (Was born or died) (Date of event)  
in..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by..... prepared on....., are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED (“Name”, “birth date”, “cause of death”, etc.)	FROM (As on original)	TO (The correct facts)
Name <u>Unnamed Heckli</u>		Walter John Heckli

Subscribed and sworn to before me this 27th  
day of November 1941  
Howard C. Adkins

Notary Public, residing at.....

My commission expires.....  
[SEAL]

PROBATE JUDGE OF  
LINCOLN COUNTY, IDAHO

Signed Elizabeth Heckli  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....  
day of....., 19.....

Signed.....  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at.....

My commission expires.....  
[SEAL]

(Street Address, City, State)

Received for filing on..... By.....  
(Registrar's signature)



250 9 1841

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

119-204-042-415  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-17

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 27

File No. 80308

No. .... St.

Primary Registration District No. 2082

Registered No. ....

Hospital .....

FULL NAME OF CHILD Anna Marian Lu Jordin

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	(Number in order of birth)	Legitimacy? <u>yes</u>	Date of Birth <u>June 4</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	----------------------------	------------------------	--

FULL NAME <u>Herman Lu Jordin</u>	FATHER
RESIDENCE <u>Buhl Ida. R.V.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Wyoming</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Ella Manning</u>	MOTHER
RESIDENCE <u>Buhl Ida. R.V.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 8 P. on the date above stated. (Born alive or stillborn) M.

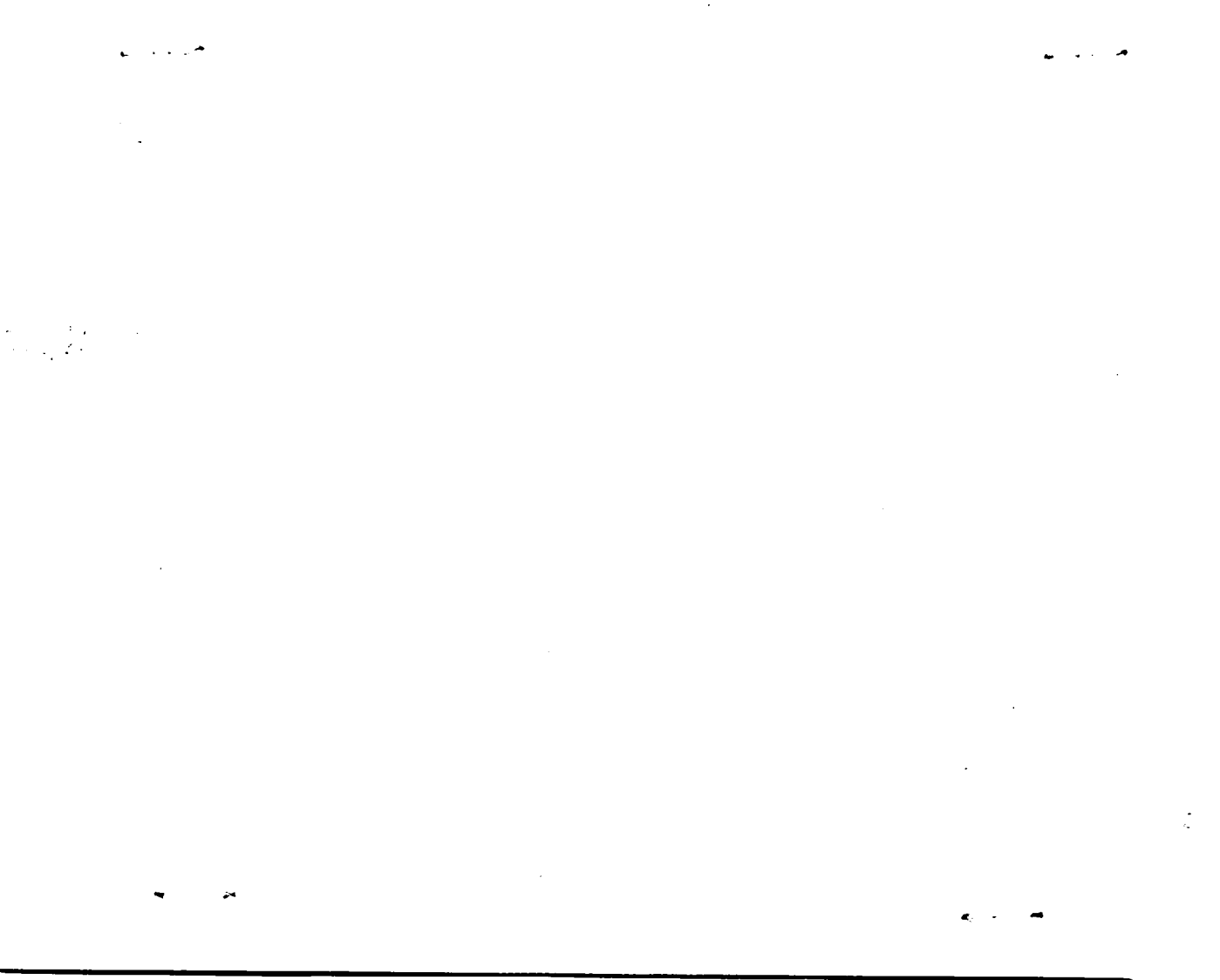
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida.

Filed June 8 1920 John H. Laughlin  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 80308  
County of Twin Falls

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for \_\_\_\_\_ who was born on June 4, 1920 <sup>(Birth or Death)</sup>  
in Buhl, Idaho <sup>(Name on Original Certificate)</sup> (Was Born or Died) (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
(“Name”, “Birth Date”, “Cause of Death”, Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Anna Marian DuJardin

Subscribed and sworn to before me this 4th  
day of May, 19 42

Notary Public, residing at Buhl, Idaho.

My commission expires June 19, 1943  
(Seal)

Signed Anna Marian DuJardin  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Buhl, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Twin Falls

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th  
day of May, 19 42

Signed John H. Glander  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Buhl, Ida.

My commission expires June 19, 1943  
(Seal)

Buhl, Idaho  
(Street Address, City, State)

MAY 5 1942

DEC 2 1942

962-209-042-331

Form V. S. No. 11-C-25m-9-8-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Twin FallsCity of 4 11Registration District No. 37File No. 80309

No. ....St.

Primary Registration District No. 1085

Registered No. ....

Hospital .....

FULL NAME OF CHILD Lillian Catherine Roberts

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> } and { Number in order of birth <u>    </u>	Legitimate? <u>yes</u>	Date of Birth <u>apr 9</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <u>Leslie D. Roberts</u>	FATHER
RESIDENCE <u>Twin Falls Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>R.R. Clerk</u>	

FULL MAIDEN NAME <u>May Clark</u>	MOTHER
RESIDENCE <u>Twin Falls.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth...5... Number of children of this mother now living, including present birth...5...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 8:45 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma C. Crowland  
Osteopathic Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address 1st Cornick Bldg - Twin Falls  
Filed May 19 1920 John F. Coughlin Registrar

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 23 1971

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of.....  
County of.....

ss. JAN 14 2:49 PM '77

Certificate No. 80309  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Roberts who was born on April 9, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Twin Falls, ID. are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name Unnamed Roberts Lillian Catherine Robert

Subscribed and sworn to before me this 11th day of

January 19 77

Notary Public, residing at Caldwell Idaho

My commission expires November 1, 1979

(Seal)

Signed [Signature]  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2111 Circle NW Caldwell Idaho 83605  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of.....  
County of.....

ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of

19

Signed.....  
(Signature of Any Credible Person)

Notary Public, residing at.....

My commission expires.....

(Seal)

(Street Address, City, State)



JAN 20 1977-

Diploma from Twin Falls High school gives nameas Lillian Catherine Roberts  
dated May 19, 1938. viewed by V. S.

Baptismal certif from Methodist Episcopal Church gives name as Lillian Catherine  
Roberts daughter of Leslie D. Roberts and Mrs. May Roberts. ~~dated April~~  
born Apr 9, 1920. Baptized Apr 4, 1926. viewed by VS

962-124-042-997

## PLACE OF BIRTH

County of Trwin Falls...City of Trwin Falls...No. 140 Addition EastHospital C. J. & S. StorerFULL NAME OF CHILD Harry named infant Ross, Homer

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u> and { Number in order of birth <u>third</u> }	Legitimate? <u>yes</u>	Date of Birth <u>April 24</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Harry Winston Ross</u>	FULL MAIDEN NAME <u>Elizabeth Riggs</u>
RESIDENCE <u>3d East Trwin Falls Ida.</u>	RESIDENCE <u>3d East Trwin Falls Ida.</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Chicago, Ill.</u>	BIRTHPLACE <u>Utah</u>
OCCUPATION <u>Cement Contractor</u>	OCCUPATION <u>House wife</u>

 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

Registration District No. 37 File No. 80310Primary Registration District No. 1085 Registered No. HarryNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:20 P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. E. House

(Physician or midwife)

Given names added from a supplemental report.

Address 735-5th East Trwin Falls Ida.Filed June 11 1920 John Kaughlin Registrar

Registrar

APR 20 1942

SEP 5 1942

Certified Copy issued Dec. 5, 1940. E.W.

339-230-042-437  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-16

## CERTIFICATE OF BIRTH

County of Twin FallsCity of FilevRegistration District No. 38File No. 80311

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2086

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Not named

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 30, 1920</u> (Month) (Day) (Year)
FULL NAME <u>Fred Clifton</u>	FATHER	FULL MAIDEN NAME <u>Verna M. Linn</u>	MOTHER
RESIDENCE <u>Filev, Ida</u>		RESIDENCE <u>Filev, Ida</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Id.</u>		BIRTHPLACE <u>Id.</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 6Number of children of this mother now living, including present birth. 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive at 12<sup>15</sup> 9 M.  
(Born alive or stillborn)

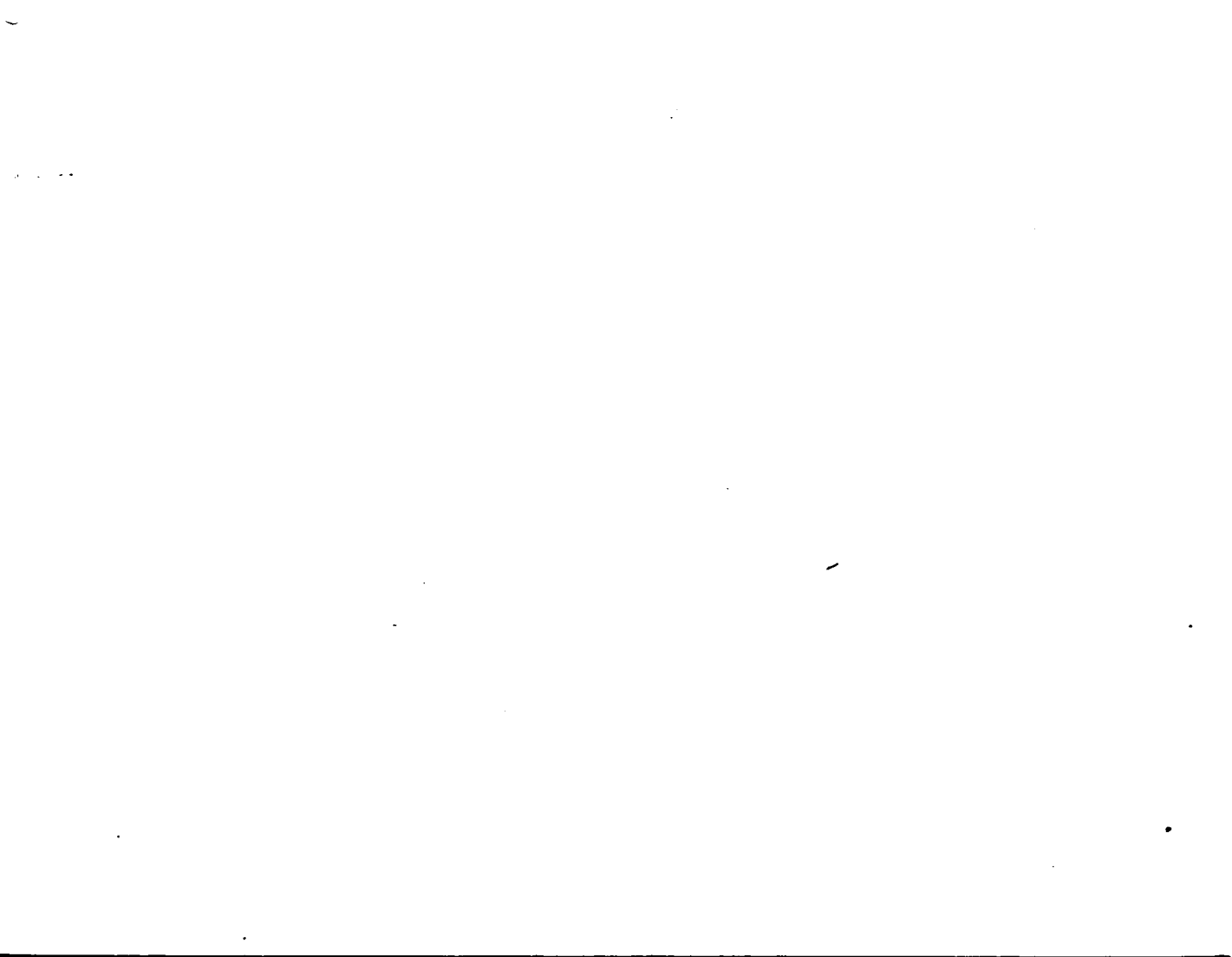
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. NewberryFilev, Ida  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed May 31, 1920A. A. Newberry  
Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-221-042-893  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Lincoln

CERTIFICATE OF BIRTH

City of File

Registration District No. 38

File No. 80312

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2086

Registered No. \_\_\_\_\_

Hospital County

FULL NAME OF CHILD Not Named

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 21</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--	------------------------	--

FULL NAME <u>Jos. T. Haushagen</u>	FATHER
RESIDENCE <u>File, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Isabelle Hildebrand</u>	MOTHER
RESIDENCE <u>File</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 3:20 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry  
File, Ida.  
(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 5-21 1920 A. A. Newberry  
Registrar

Dup of 1920-82074

168-224-042-695  
PLACE OF BIRTHCounty of Lin FallsCity of Filer

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 38Primary Registration District No. 2086

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 80314

Registered No. \_\_\_\_\_

~~Not Named~~ WANDA MARIE JOHNSON

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>5-21-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>E. H. Johnson</u>			MOTHER FULL MAIDEN NAME <u>Flora Kieker</u>	
RESIDENCE <u>Filer, Ida.</u>			RESIDENCE <u>Filer, Ida.</u>	
COLOR <u>N.</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)		COLOR <u>N.</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Ind.</u>			BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>8</u>			Number of children of this mother now living, including present birth <u>8</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. A. A. Newberry  
Filer, Ida.  
 (Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 5-21-20
Dr. A. A. Newberry  
 Registrar



MAR 17 1952

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-106-042-653  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Lincoln

City of Filev

Registration District No. \_\_\_\_\_

38

File No. \_\_\_\_\_

80315

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

2086

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Not named

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 6 1910</u> (Month) (Day) (Year)
FULL NAME <u>FATHER Ernest E. Lee</u>			FULL MAIDEN NAME <u>MOTHER E. L. Thelber</u>	
RESIDENCE <u>Filev, Ida.</u>			RESIDENCE <u>Filev, Ida.</u>	
COLOR <u>N.</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR <u>N.</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)		
BIRTHPLACE <u>Kas.</u>			BIRTHPLACE <u>Kas.</u>	
OCCUPATION <u>Barber</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2

Number of children of this mother now living, including present birth. one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated.

(Born alive or not born)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

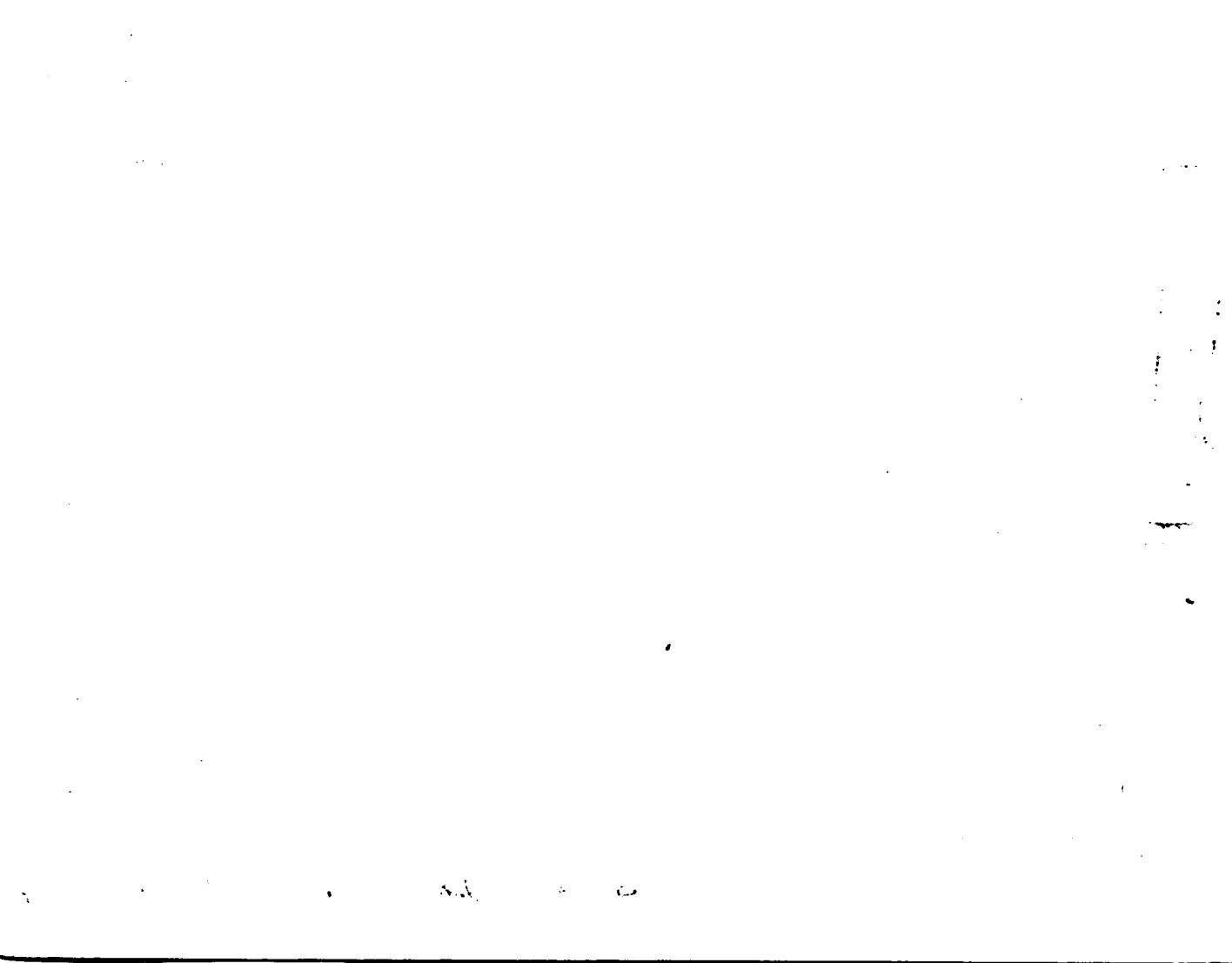
D. A. Newberry  
Filev, Ida.  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed \_\_\_\_\_

5-6 1910 D. A. Newberry  
Registrar



796-127-042-569

Form V. S. No. 11-C-25m-9-3-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Twin FallsCity of FilerRegistration District No. 38File No. 80316No. ..... St.Primary Registration District No. 2086Registered No. .....Hospital .....

FULL NAME OF CHILD

Orrin Gifford

Sex of Child <u>Male</u>	Twin Triplet or other? <u>Twin</u> and (Number in order of birth) <u>First</u>	Maiden? <u>Yes</u>	Date of Birth <u>March 27</u> 19 <u>22</u> (Month) (Day) (Year)
--------------------------	--	--------------------	--

FULL NAME FATHER Cordon Ellsworth GiffordFULL MAIDEN NAME MOTHER Lillian HarrisRESIDENCE Filer, Ida.RESIDENCE Filer, Ida.COLOR White AGE AT LAST BIRTHDAY 55 (Years)COLOR White AGE AT LAST BIRTHDAY 42 (Years)BIRTHPLACE KansasBIRTHPLACE MissouriOCCUPATION Farm.OCCUPATION HousewifeNumber of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:20 P. the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Dwight(Physician or midwife) Filer, Ida.

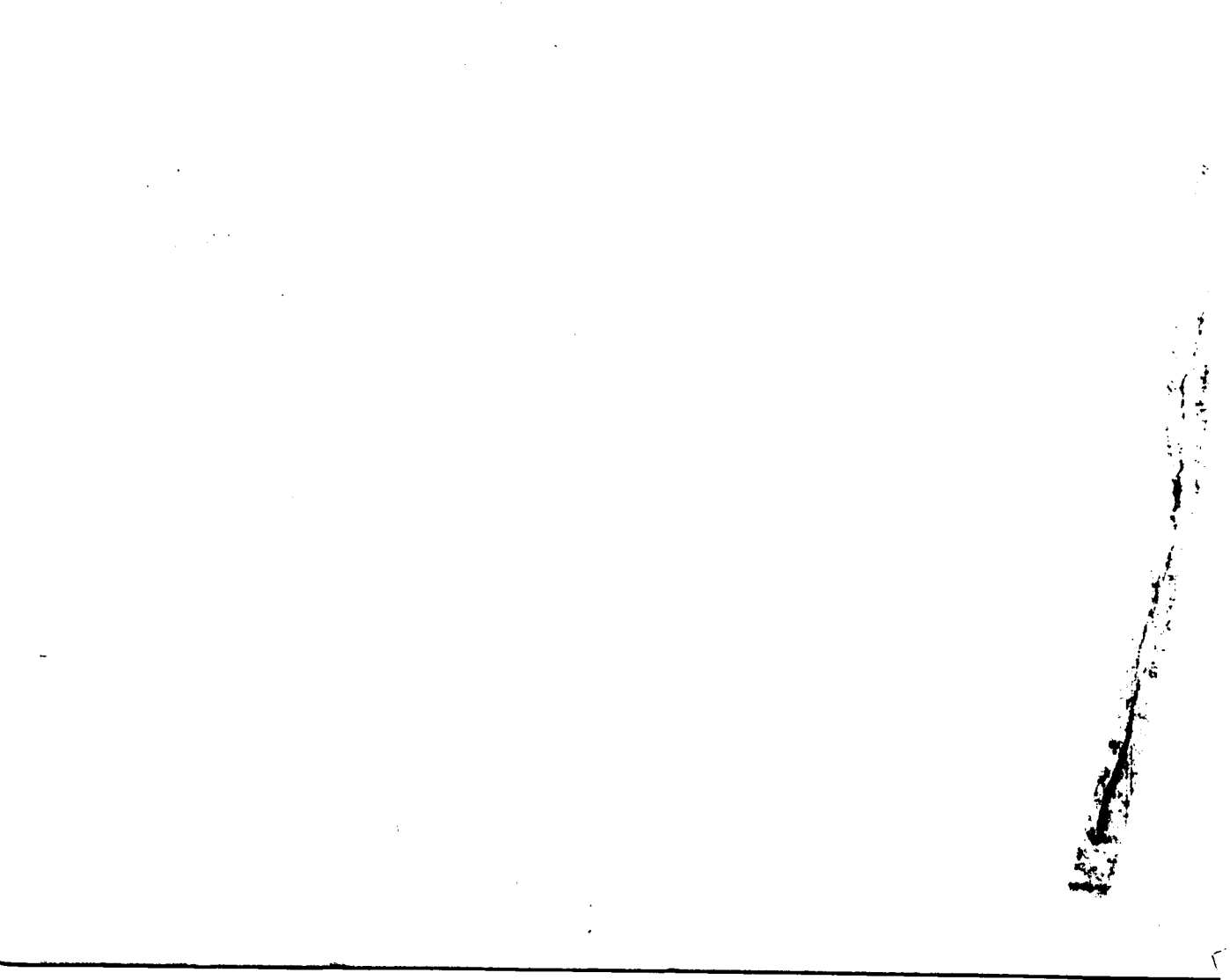
Given names added from a supplemental report.

Address .....Filed 5-29-22 Dr. A. H. Newberry

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. In case of more than one child, give name of each, in order of birth stated.



796 - 229-042-569

## PLACE OF BIRTH

County of *Laramie Falls*City of *Filer*

No. .... St.

Registration District No. *38*Primary Registration District No. *2086*

Form V. S. No. 11-C-25m-9-3-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. *80317*

Registered No. ....

Hospital .....

FULL NAME OF CHILD

*Cora Gifford*Sex of Child *Female*Twin  
Triplet *Twin*  
or otherand { Number  
in order  
of birth  
(To be answered only in event of plural births)Legitimate? *yes*Date of Birth *March 29* 191*2*  
(Month) (Day) (Year)

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth *12* Number of children of this mother now living, including present birth *8*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Laramie Falls* at *10:50 P.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Frank A. Dwight*

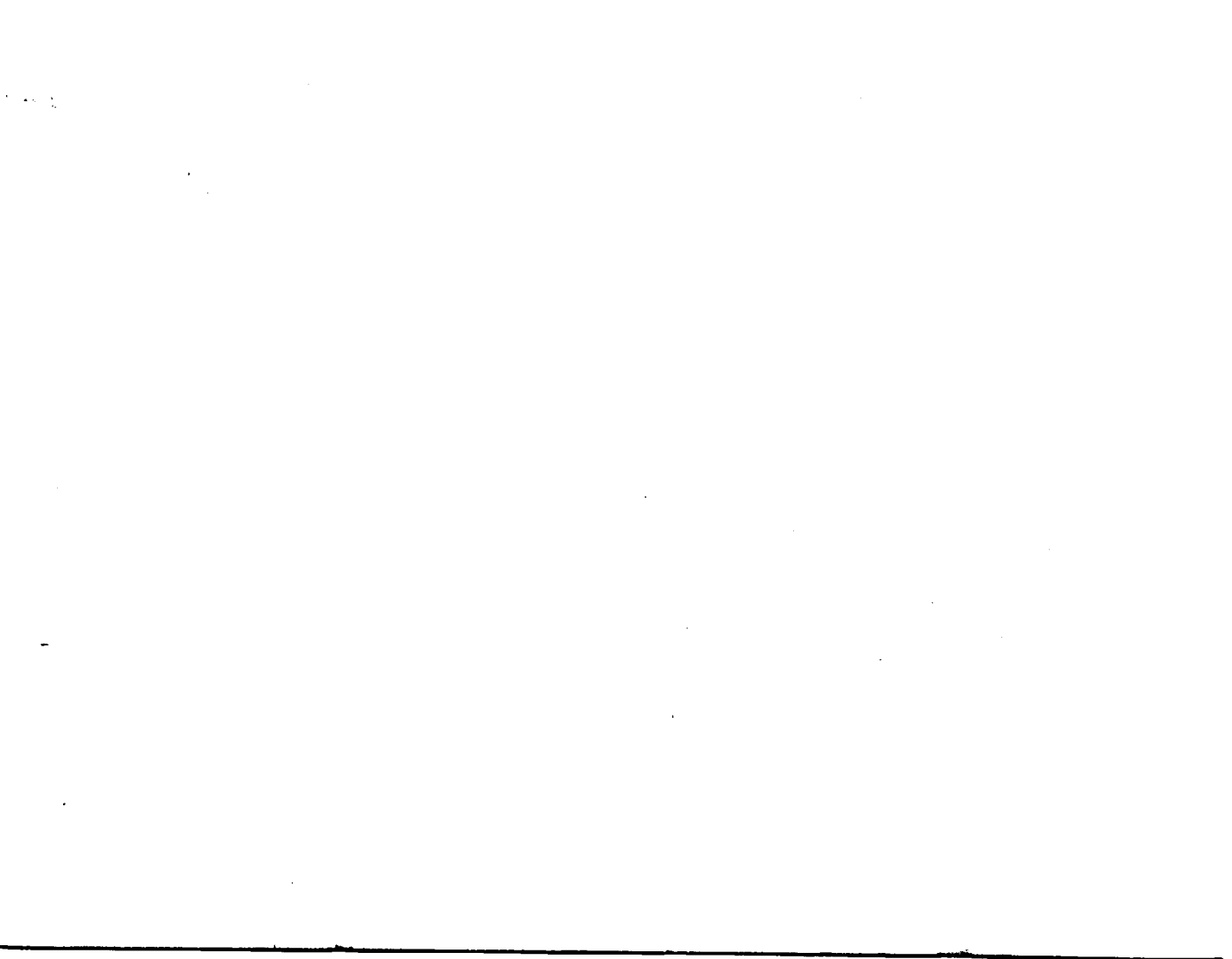
(Physician or midwife)

Given names added from a supplemental report.

Address *19*Filed *5-29-19* *D. P. Newberry*

Registrar

Registrar



219-229-042-533

Form V. S. No. 11-C-25m-9-8-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Lincoln FallsCity of FilerRegistration District No. 30File No. 80318No. ..... St.Primary Registration District No. 2086Registered No. .....Hospital .....FULL NAME OF CHILD .....

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth {	Legitimate? <u>Yes</u>	Date of Birth <u>April 29</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	---	------------------------	--

FULL NAME <u>William Fredrick Barnum</u>	FATHER
--	--------

RESIDENCE <u>Bugan, Ida.</u>	
------------------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
--------------------	---

BIRTHPLACE <u>Wyoming</u>	
---------------------------	--

OCCUPATION <u>Ditch rider</u>	
-------------------------------	--

FULL MAIDEN NAME <u>Claudette Ellen Collett</u>	MOTHER
---	--------

RESIDENCE <u>Bugan, Ida.</u>	
------------------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
--------------------	---

BIRTHPLACE <u>Wyoming</u>	
---------------------------	--

OCCUPATION <u>Housewife</u>	
-----------------------------	--

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:10 P.M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. WrightFiler, Idaho  
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....Address .......... 19 20Filed 5-29 19 20 D. L. Newberry

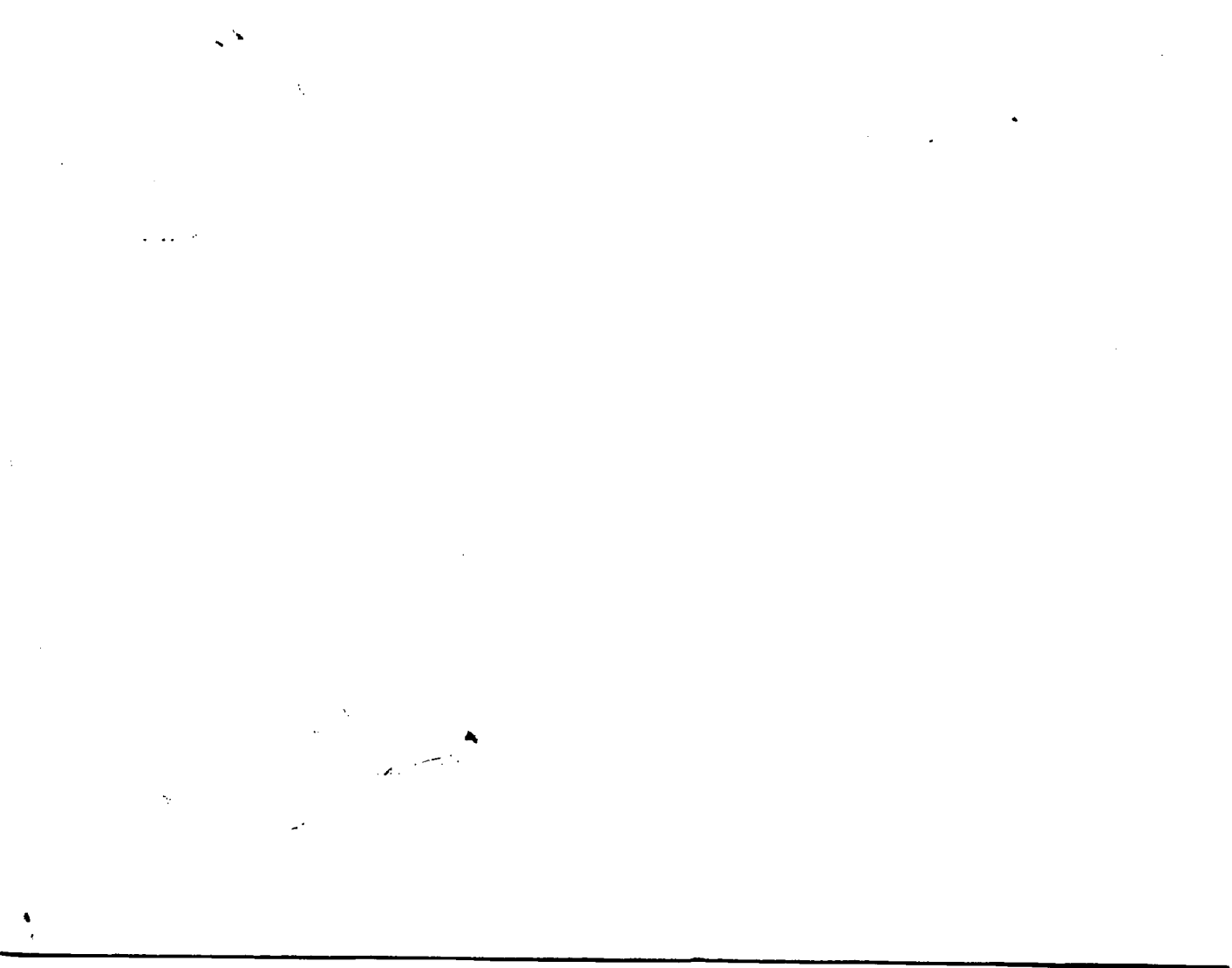
Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





914-111-042-235

## PLACE OF BIRTH

County of *Irwin Falls*City of *Filler*

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

Registration District No. .... *38*File No. .... *80319*Primary Registration District No. .... *2086*

Registered No. ....

Sex of Child <i>male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>May 11</i> 19 <i>20</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <i>Harmon Friedrich Ramseyer</i>	FATHER	FULL MAIDEN NAME <i>Viola May Steiner</i>	MOTHER
RESIDENCE <i>Filler, Ida.</i>		RESIDENCE <i>Filler, Ida.</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)	COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>26</i> (Years)
BIRTHPLACE <i>Ohio</i>		BIRTHPLACE <i>Ohio</i>	
OCCUPATION <i>Farmer</i>		OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth. .... *2nd* Number of children of this mother now living, including present birth. .... *two*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *1:20 P. M.* on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... *Frank A. Swigart*

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

.....

Filed *5-29* 19*20* *Dr. A. A. Newberry*

Registrar

Registrar

DEC 29 1941

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

246-112-042-132

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 80320

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mark Lee

Bunce

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of Birth <u>May 12</u> (Month) (Day) (Year) <u>1920</u>
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FATHER  
FULL NAME Leonidas E. Bunce

MOTHER  
FULL MAIDEN NAME Elizabeth Mary Atkinson

RESIDENCE Buhl

RESIDENCE Buhl

COLOR Wht AGE AT LAST BIRTHDAY 24  
(Years)

COLOR Wht AGE AT LAST BIRTHDAY 3  
(Years)

BIRTHPLACE Pocatello, Ida.

BIRTHPLACE Burlington, Kans.

OCCUPATION R.R. Conductor

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

born alive, at 9 P. M.  
(Both alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) George E. Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

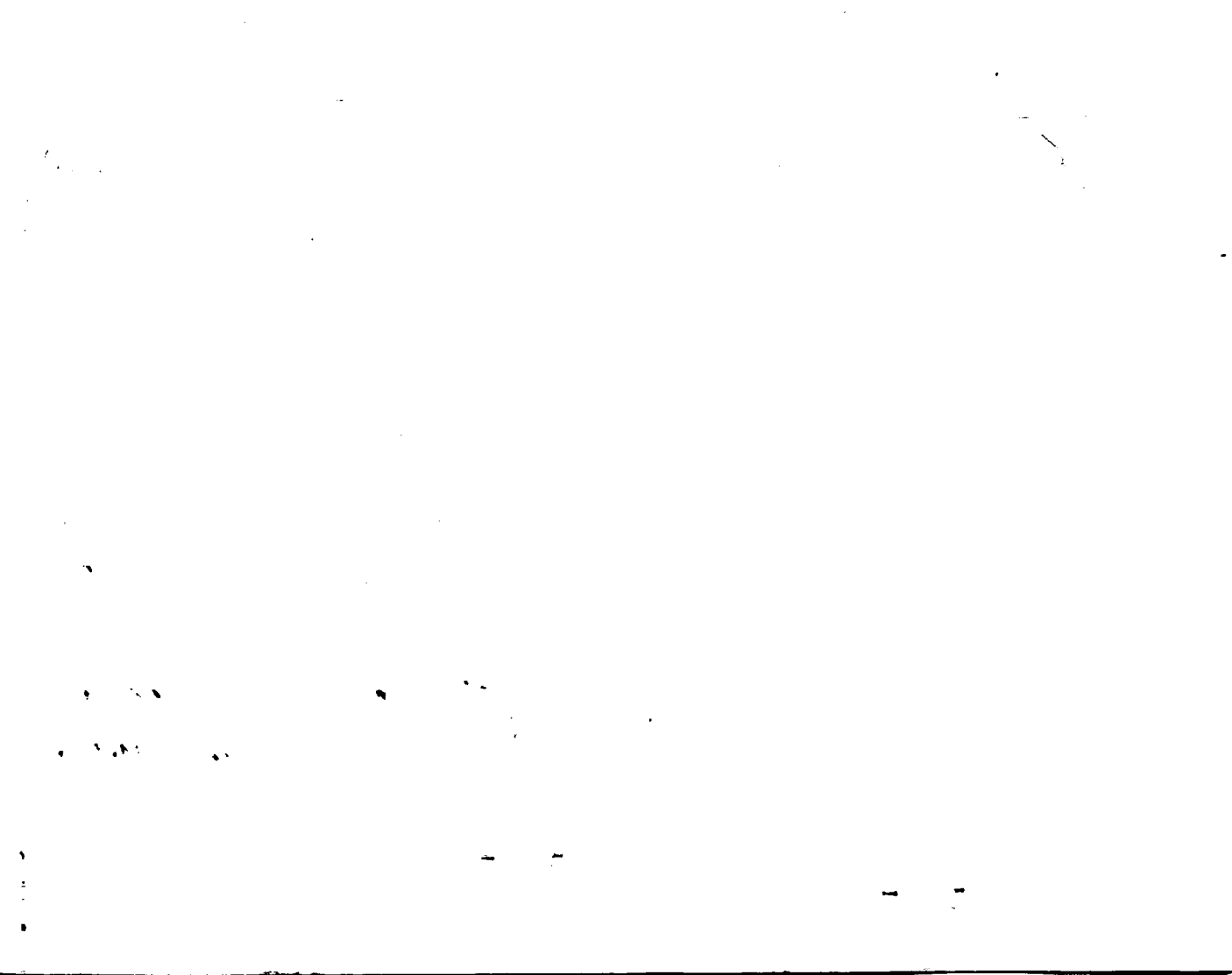
Address JUN 1 1920

Filed \_\_\_\_\_ 19 \_\_\_\_\_

Registrar

J. H. Humphrey  
Registrar

5



246-102-042-849

## PLACE OF BIRTH

County of *Quinn Falls*City of *Quinn Falls*No. *2 1/2 miles east x 1 mile north*

Registration District No. ....

File No. ....

80321

Primary Registration District No. *7081*

Registered No. ....

Hospital .....

FULL NAME OF CHILD ..... DAVID... CLARK... BUFFINGTON.....

Sex of Child <i>Male</i>	Twin Triplet or other? <i>No</i>	and { Number in order of birth	Legitimate? <i>Yes</i>	Date of Birth <i>5 6 1920</i> (Month) (Day) (Year)
FULL NAME FATHER <i>Samuel L. Buffington</i>		FULL MAIDEN NAME MOTHER <i>Janice Hart</i>		
RESIDENCE <i>2 1/2 miles east x 1 mile north of Quinn Falls</i>		RESIDENCE <i>Quinn Falls</i>		
COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)	COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)	
BIRTHPLACE <i>Iowa - d.s.d.</i>		BIRTHPLACE <i>Iowa - d.s.d.</i>		
OCCUPATION <i>Farmer</i>		OCCUPATION <i>Housewife</i>		

Number of child of this mother, including present birth ..... *4* Number of children of this mother now living, including present birth ..... *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at *11:00 P.* M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *G. S. Foster*

(Physician or midwife)

Given names added from a supplemental report.

Address *Quinn Falls*Filed *JUN 1 1920*

Registrar

Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Iowa } ss. Certificate No. 80321  
County of Mills

The undersigned does solemnly swear that certain facts on the certificate of birth  
for David Clark Buffington who born (Birth or Death) on May 2, 1920  
in Buhl Idaho (Name of Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Bible Record prepared on June 5, 1932, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
<u>name</u>	<u>unnamed</u>	<u>David Clark Buffington</u>
<u>David Clark Buffington</u>	<u>David Clark</u>	<u>David Clark Buffington</u>

Subscribed and sworn to before me this 18  
day of March, 1942  
Ed. Gering  
Notary Public, residing at Glenwood Iowa  
My commission expires July 4/1942  
(Seal)

Signed Mrs. B. F. Buffington  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)  
Glenwood Iowa  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Iowa } ss. [This Affidavit **MUST** Also be Executed.  
County of Mills (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18  
day of March, 1942  
Ed. Gering  
Notary Public, residing at Glenwood Iowa  
My commission expires July 4/1942  
(Seal)

Signed B. F. Buffington  
(Signature of Any Credible Person Other Than Previous Year)  
Glenwood Iowa  
(Street Address, City, State)



APR 11 1949

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

318-114-042-995  
 PLACE OF BIRTH

County of Iowa Falls

City of \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 34

Form V. S. No. 11-C-25m-7-21-19

BUREAU OF STATISTICS

CERTIFICATE OF BIRTH

File No. 80322

Hospital \_\_\_\_\_

Primary Registration District No. 2027

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Glen E Taylor Jr

Sex of Child

Boy

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti  
mate?

yes

Date of  
Birth

5 14

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Glen E Taylor

FULL  
MAIDEN  
NAME

MOTHER

Alice Ring

RESIDENCE

Buhl Ida

RESIDENCE

Buhl Ida

COLOR

white

AGE AT LAST  
BIRTHDAY

28

(Years)

COLOR

white

AGE AT LAST  
BIRTHDAY

22

(Years)

BIRTHPLACE

Kansas

BIRTHPLACE

Iowa

OCCUPATION

Farmer

OCCUPATION

Housework

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
 on the date above stated.

alive at 8:30 P M

(Born alive or stillborn)

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

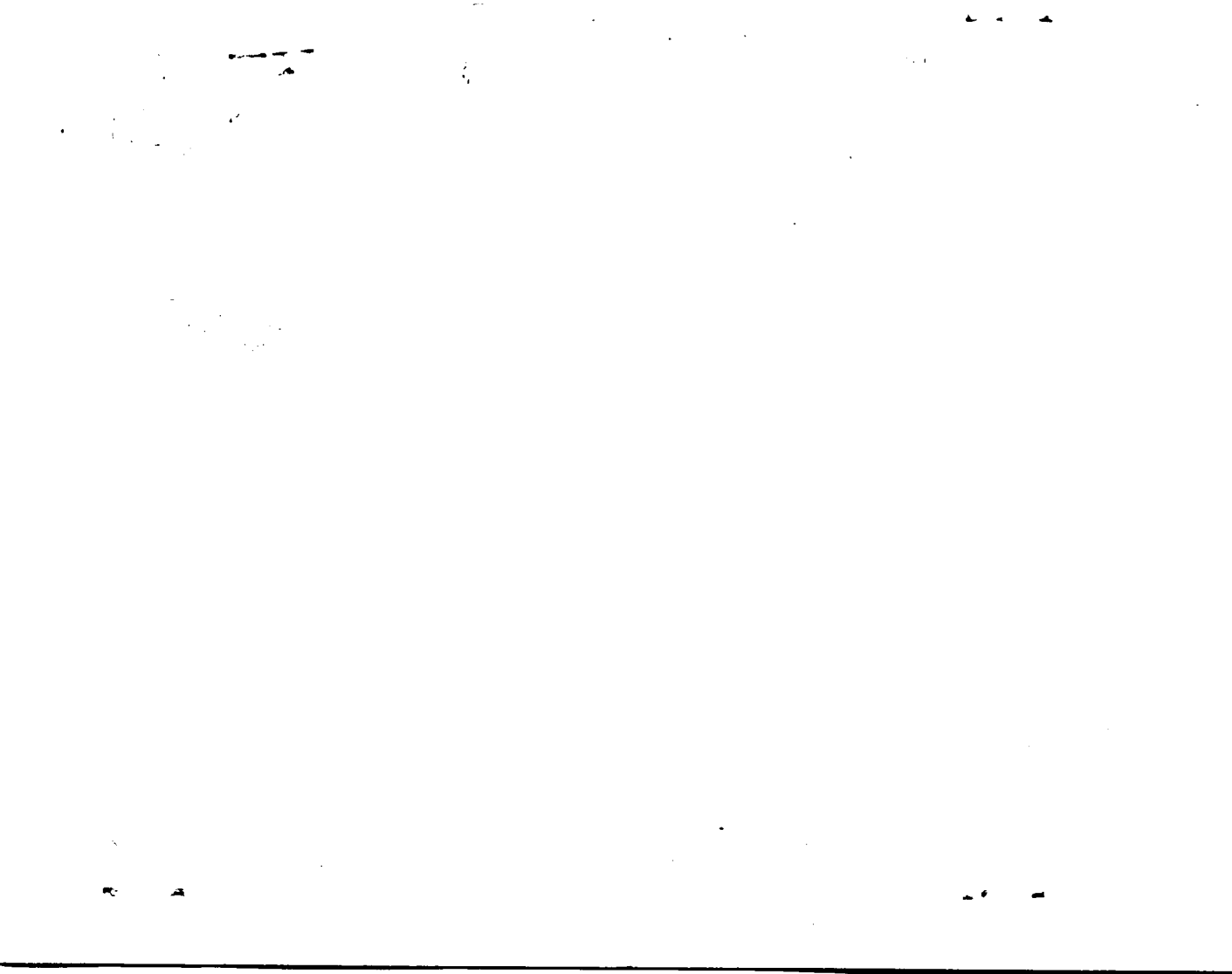
Address

Buhl Ida

Filed JUN 1 1920

Registrar

Registrar



RECORDED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS —  
Affidavit to Correct or Amend an Original Certificate of Birth or Death

JUN 13 1941

State of Idaho } ss.  
County of Swain Falls  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Glen C. Taylor who Born on May 14 - 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Buhl Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by Nurse Chart prepared on May 14 1920, are:  
(Bible record, insurance policy, etc.) (Give date)  
FACTS TO BE CORRECTED FROM TO  
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)

date to be corrected to May 14<sup>th</sup> 1920  
Subscribed and sworn to before me this 11<sup>th</sup> Feb  
day of June, 1941  
James H. Harrison  
Notary Public, residing at Buhl Idaho  
My commission expires 3/12-1943  
[SEAL]  
Signed Alcie Ring Taylor  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)  
Rt 3 Buhl Idaho  
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.  
County of Swain Falls  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 11<sup>th</sup>  
day of June, 1941  
James H. Harrison  
Notary Public, residing at Buhl Idaho  
My commission expires 3/12-1943  
[SEAL]  
Signed Miss Ethel Lee, Nurse  
(Signature of any credible person other than the previous affiant)  
225- 8<sup>th</sup> N Buhl Idaho  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

APR 5 1971

JUN 19 1941

865-205-042-129

## PLACE OF BIRTH

County of Twinn FallsCity of Buhl

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Thelma HoneycuttSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 34 File No. 80323Primary Registration District No. 2087 Registered No. \_\_\_\_\_

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>    </u>	and <u>    </u>	Number in order of birth <u>    </u>	Legiti mate? <u>yes</u>	Date of Birth <u>5</u> <u>5</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>N. D. Honeycutt</u>	FATHER <u>Honeycutt</u>
RESIDENCE <u>Buhl</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>mo</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Gwendolyn Akin</u>	MOTHER <u>Akin</u>
RESIDENCE <u>Buhl</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 11 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) N. D. Honeycutt

(Physician or midwife)

Address Buhl IdahoFiled JUN 1 1920

Registrar

Registrar

MAY 2 1973

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. \_\_\_\_\_ Certificate No. 80323  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for Unnamed Honeycutt (Female) who was born on May 5, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name Unnamed Thelma Honeycutt

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon } ss. \_\_\_\_\_  
County of Baker }  
[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of May, 1923

Bessie J. Peterson  
Notary Public, residing at Halfway Oregon  
My commission expires 9-6-1926  
(Seal)

Signed Guendoly Honeycutt  
(Signature of Any Credible Person)  
Halfway Oregon  
(Street Address, City, State)



Common Schools of the State of Washington Certificate of Graduation gives name  
as Thelma Honeycutt. Dated May 19, 1933. Viewed by V. S.

MAY 30 1973

Insurance Policy with Metropolitan Life Ins. Co. (Endowment Policy) gives name  
as Thelma Honeycutt. Dated Jan. 12, 1931. 11yrs old. Viewed by V. S.

467-207-042-432

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of BuhlRegistration District No. 39 File No. 80324

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Marian Gayle Dopson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legit mate?	Date of Birth	<u>3</u> (Month)	<u>7</u> (Day)	<u>1920</u> (Year)
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FULL NAME	FATHER
<u>Robt Dopson</u>	
RESIDENCE	
<u>Buhl Id.</u>	
COLOR	AGE AT LAST BIRTHDAY
<u>white</u>	<u>34</u> (Years)
BIRTHPLACE	
<u>mo.</u>	
OCCUPATION	
<u>Farming</u>	

FULL MAIDEN NAME	MOTHER
<u>Mary McBride</u>	
RESIDENCE	
<u>Buhl Id.</u>	
COLOR	AGE AT LAST BIRTHDAY
<u>white</u>	<u>23</u> (Years)
BIRTHPLACE	
<u>Idaho</u>	
OCCUPATION	
<u>Housework</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

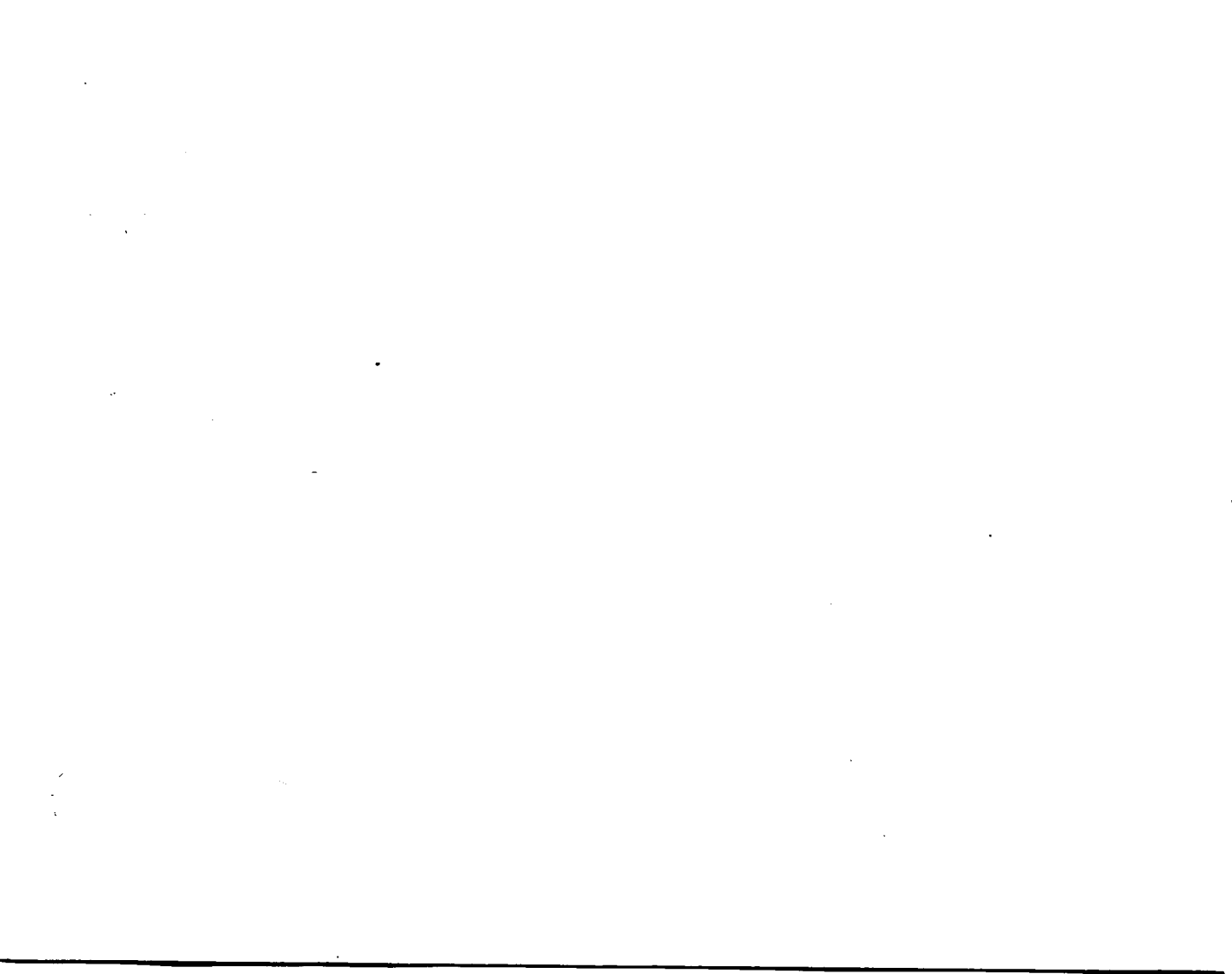
Address Buhl Id.Filed JUN 1 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

817-108-042-331

PLACE OF BIRTH

County of Juin Falls

City of Buhl

No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 39

File No. 80325

Hospital \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Terrance Leroy Hager

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth.	Legiti mate? <u>Yes</u>	Date of Birth <u>May 8</u> (Month) (Day) (Year) <u>1920</u>
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FATHER  
FULL NAME Alfred Raymond Hager  
RESIDENCE Buhl

MOTHER  
FULL MAIDEN NAME Edith C. Hagar  
RESIDENCE Buhl

COLOR White AGE AT LAST BIRTHDAY 37  
(Years)

COLOR White AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Avoca, Wis.

BIRTHPLACE Monte Vista, Colo.

OCCUPATION Agriculturalist

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:10 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 1920 I NOV  
JUN 1 1920

Registrar \_\_\_\_\_

J. V. Humphrey

2/20/41 L. B.

619-109-042-533

## PLACE OF BIRTH

County of *Lamar Falls*.....City of *Dahl*.....No. *1 1/2 miles west x 1 mile south of Dahl* St. ....

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-6-37

Registration District No. .... *39* .....File No. .... *80326* .....Primary Registration District No. .... *2087* .....

Registered No. ....

FULL NAME OF CHILD ..... *Charles Howard Farmer* .....

Sex of Child <i>Male</i>	Twin Triplet or other? <input type="checkbox"/>	Number in order of birth <i>1</i>	Legitimate? <i>Yes</i>	Date of Birth <i>5 9 20</i> (Month) (Day) (Year)
FATHER FULL NAME <i>Harry Pickett Farmer</i> RESIDENCE <i>6 1/2 miles west x 1 mile south of Dahl</i> COLOR <i>W.</i> AGE AT LAST BIRTHDAY <i>41</i> (Years) BIRTHPLACE <i>Indiana - d.s.a.</i> OCCUPATION <i>Farmer</i>			MOTHER FULL MAIDEN NAME <i>Evelyn Ellis</i> RESIDENCE <i>Dahl</i> COLOR <i>W.</i> AGE AT LAST BIRTHDAY <i>29</i> (Years) BIRTHPLACE <i>Lewiston - d.s.a.</i> OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth. *3*..... Number of children of this mother now living, including present birth *3*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *1:30 a.m.* on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Geo. B. Bennett* .....

(Physician or midwife)

Given names added from a supplemental report.

Address *Dahl Ida.* .....Filed *JUN 1 1920* .....

Registrar

Registrar



SEP 25 1968

547-210-092-636

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of BuhlRegistration District No. 34

File No.

80327

No. \_\_\_\_\_ St.

Primary Registration District No. 7087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

ADELIA ELIZABETH NUGENT

Sex of  
ChildGirlTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth5101920

(Month)

(Day)

(Year)

FULL  
NAMEJas. Nugent

FATHER

RESIDENCE

Buhl

COLOR

whiteAGE AT LAST  
BIRTHDAY47  
(Years)

BIRTHPLACE

Newfoundland

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEAdelia Flock

MOTHER

RESIDENCE

Buhl

COLOR

whiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Washington

OCCUPATION

HouseworkNumber of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive  
(Born alive or stillborn)at 8:15 a.m.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. Chucky  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

BuhlFiled JUN 1 1920

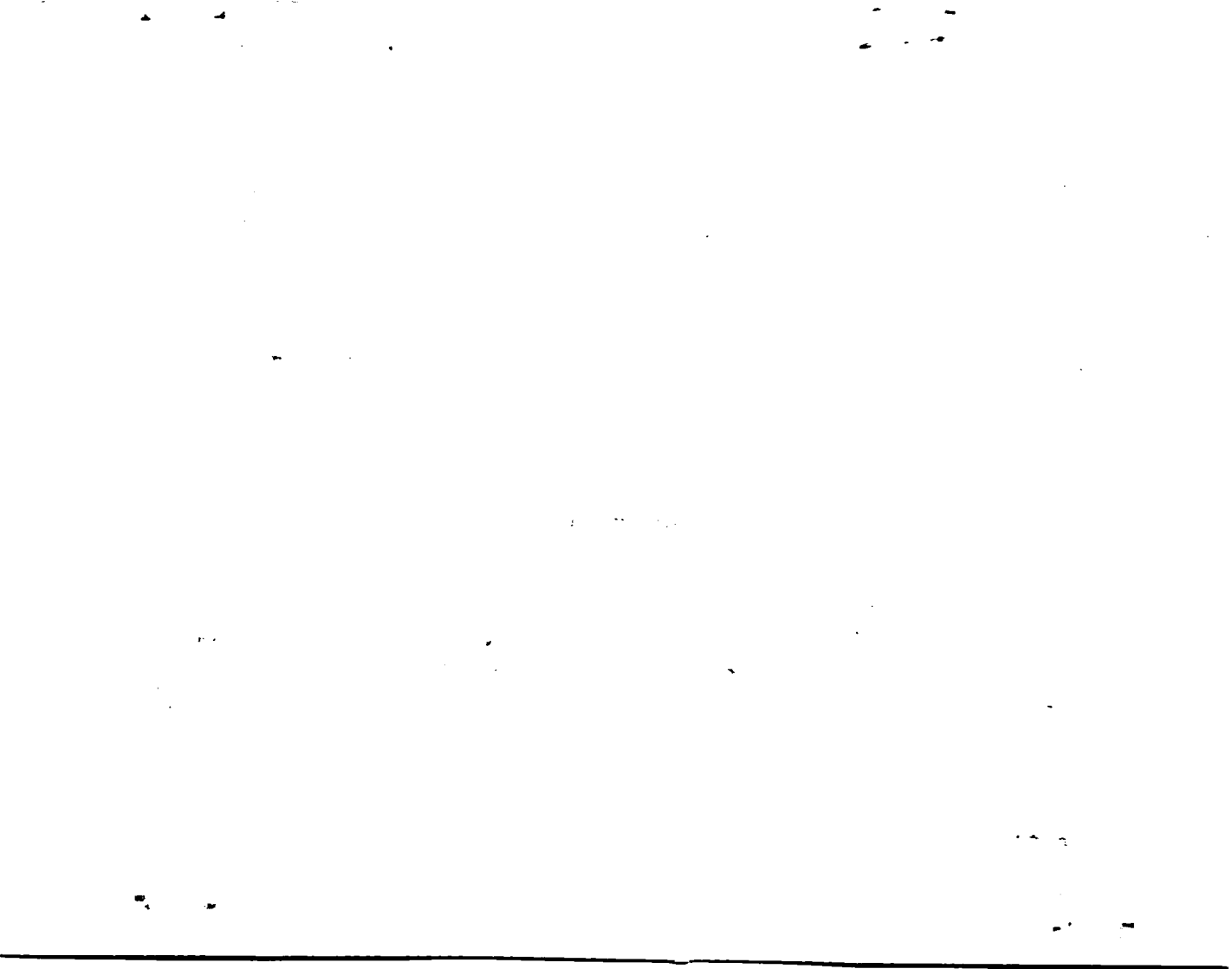
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } SS. Certificate No. 80327  
 County of Astoria } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Adelia Elizabeth Nugent who was born on May 10, 1920  
 in Buhl Idaho (NAME OF ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)  
Buhl Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts as shown by Bible record prepared on \_\_\_\_\_, are:  
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

## FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

## FROM

(AS ON ORIGINAL)

## TO

(THE CORRECT FACTS)

name

unnamed

Adelia Nugent

Adelia Elizabeth  
Nugent

Subscribed and sworn to before me this 17  
 day of April 1942

Signed James Nugent

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Clarkston Wash

My commission expires 2 - 20 - 1944  
 (SEAL)

(STREET ADDRESS, CITY, STATE)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } SS.  
 County of \_\_\_\_\_ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
 (SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed X

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
 (SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)

APR 21 1942

APR 24 1942

MAY 15 1944



433-111-042-433

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of BuhlRegistration District No. 39File No. 80329

No. \_\_\_\_\_ St.

Primary Registration District No. 2087 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD HOWARD ALLEN McCOLLUM

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>5 11 1920</u> (Month) (Day) (Year)
-------------------------	-----------------------------------	-----------------------------------	-------------------------	--

FULL NAME <u>C. A. McCollum</u>	FATHER
RESIDENCE <u>Buhl, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Tennessee</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Omega McCollum</u>	MOTHER
RESIDENCE <u>Buhl, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Tennessee</u>	
OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 7.9 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) A. Brickley

(Physician or midwife)

Address Buhl, IdahoFiled JUN 1 1920

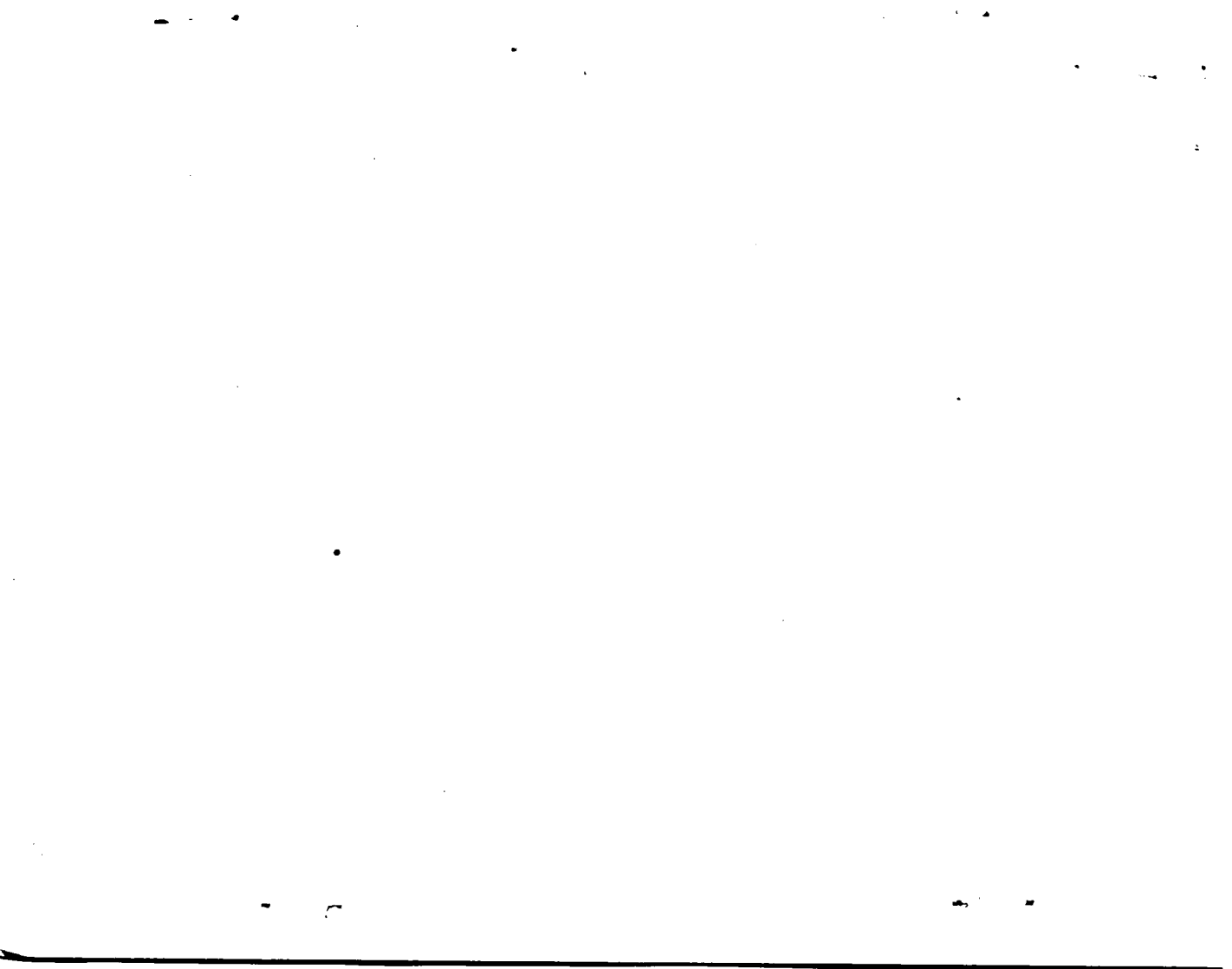
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.  
County of Blaine

Certificate No. 80329

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_ (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Howard Allen McCollum

Subscribed and sworn to before me this 7  
day of September 1942

Signed C. Allen R. McCollum  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Decatur Tenn

My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Blaine

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7  
day of September 1942

Signed J. S. Haeley  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Decatur Tenn

R.D. #2 Decatur Tenn  
(Street Address, City, State)

My commission expires \_\_\_\_\_  
(Seal)

SEP 15 1946

**PLACE OF BIRTH**

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Thurston

City of Bushland

Registration District No. 34

File No. **80530**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2081

Registered No.....

Hospital .....

**FULL NAME OF CHILD**

Sex of Child <u>Male</u>	Twin Triplet <input checked="" type="checkbox"/> and <input type="checkbox"/> or other? <input type="checkbox"/> (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 11th 1920</u> (Month) (Day) (Year)
--------------------------	---	---	------------------------	--

FULL NAME Thomas L. McBroome FATHER

RESIDENCE 2001 S. 1st St.

COLOR White AGE AT LAST BIRTHDAY 34  
(Years)

BIRTHPLACE USA

**OCCUPATION** 14

FULL MAIDEN NAME **MOTHER** Bertie L. Kendrick

**RESIDENCE** 2002 1st

COLOR White AGE AT LAST BIRTHDAY 35  
(Years)

BIRTHPLACE A

OCCUPATION: *Dr.*

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born May 11th 1920 at 5:30 P.M.  
on the date above stated. (Born alive or stillborn) 22612

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. G. F. [illegible]

(Physician or midwife)

**Given names added from a supplemental report.**

19

**Address** \_\_\_\_\_

Filed JUN 1 1920 19

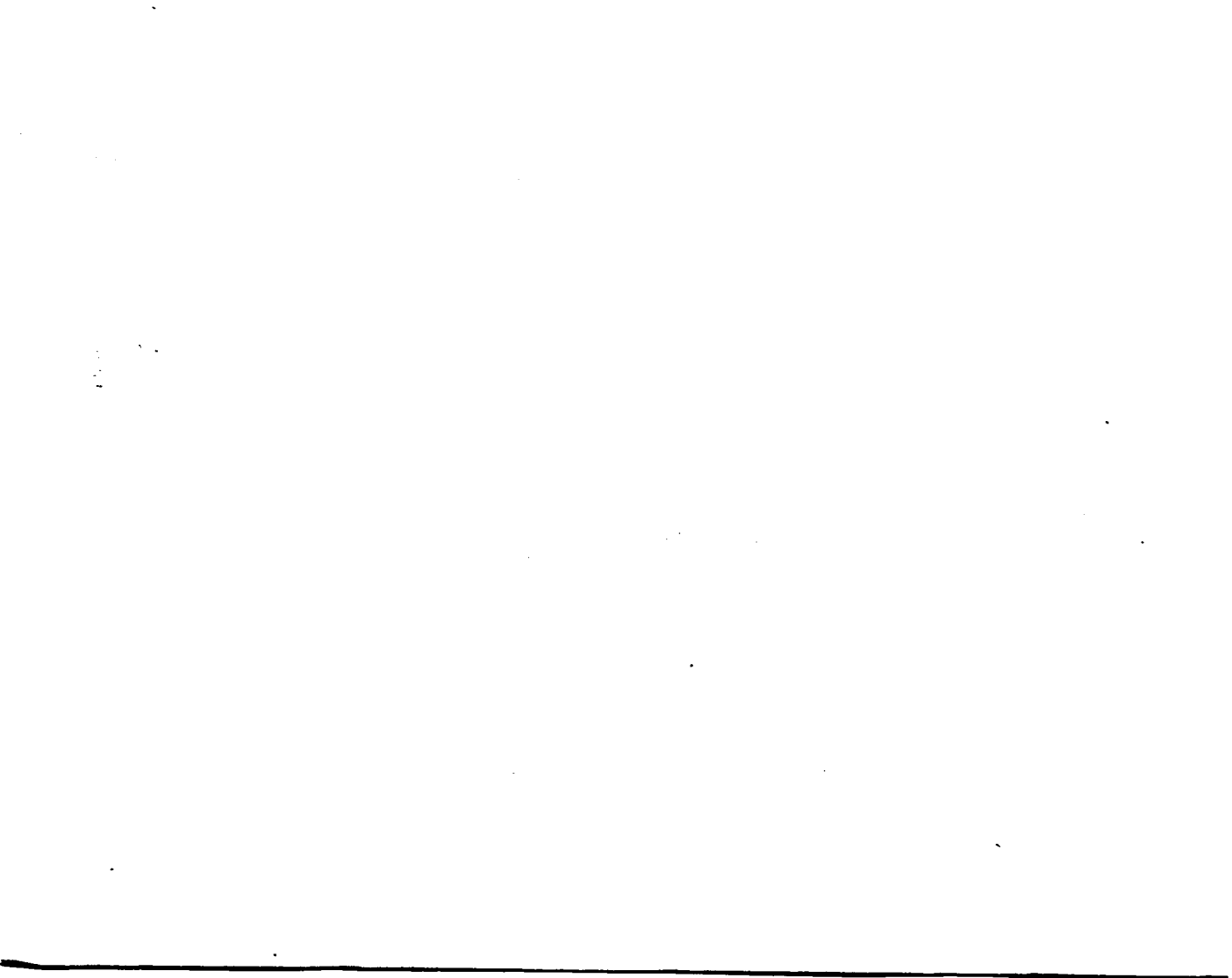
## Registrar

## Registrar

**MARGIN RESERVED FOR BINDING.**

**WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD**





466 - 211-042-259

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Prin FallsCity of Buhl IdahoRegistration District No. 39File No. 80331

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 11th</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

FATHER  
FULL NAME Melvin Andrew DowneyRESIDENCE Buhl IdahoCOLOR White AGE AT LAST BIRTHDAY 32 (Years)BIRTHPLACE ColoradoOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Emma Louise KeingelmanRESIDENCE Buhl IdahoCOLOR White AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE ColoradoOCCUPATION House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was May 11-1920, at 10.35 P M.  
on the date above stated. (Born alive or Stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) FA Jansen M.D.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Buhl IdahoFiled JUN 1 1920 19 \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar J. Murphy

NOV 1 1966

343-212-042-859

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

Amended 11/28/73

County of Thorn FallsSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

City of BuhlRegistration District No. 39File No. 80332

No. \_\_\_\_\_ St.

Primary Registration District No. 2081 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Arlene Udene Lutz

Sex of Child

GirlTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?Date of  
Birth5 12 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 1:30 A M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

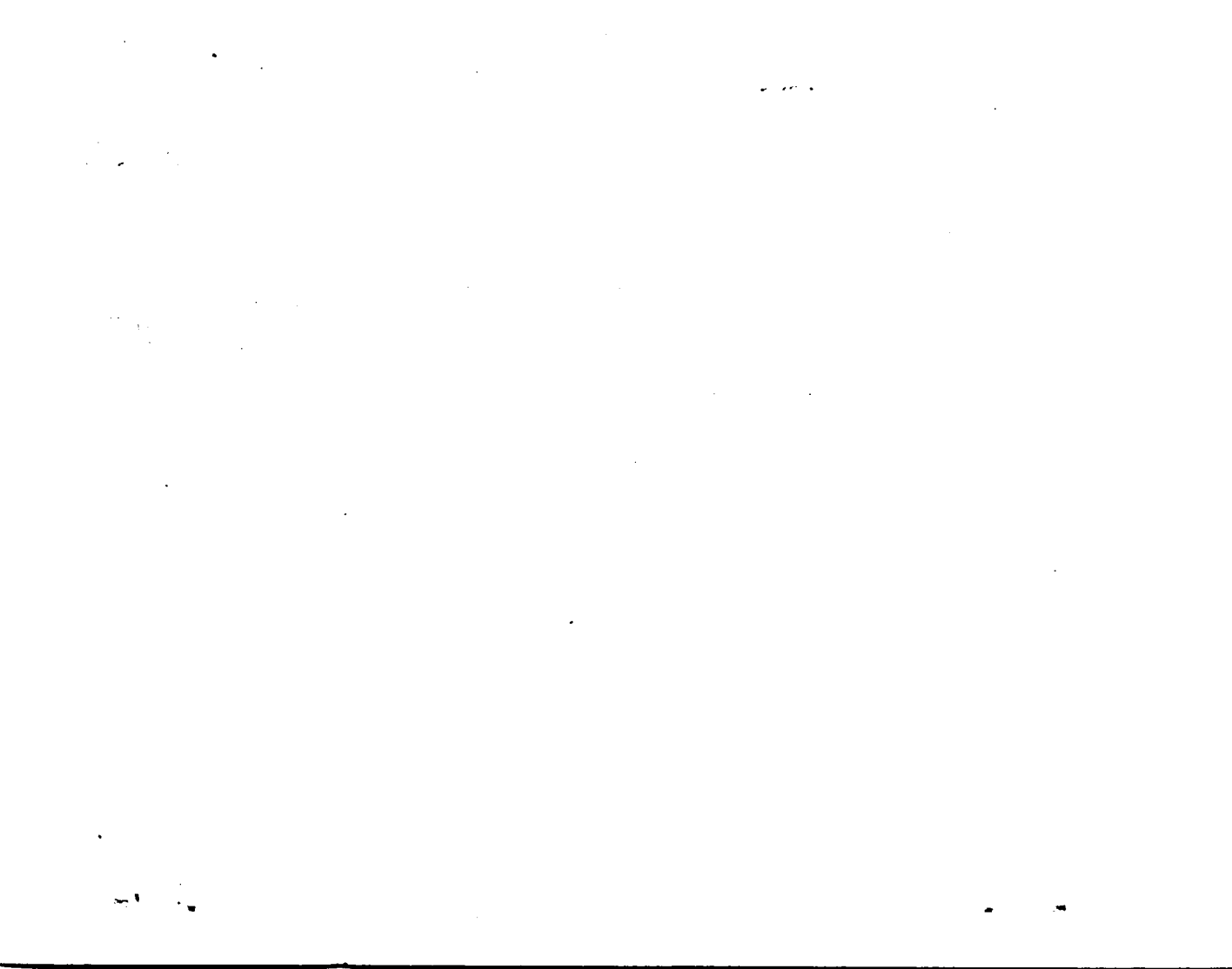
JUN 1 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. 80332  
County of ..... }  
Nov 13 2 05 birth

The undersigned does solemnly swear that certain facts on the certificate of .....  
for Arlena Udine Lutz who was born on May 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Baptismal prepared on May 1920 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	<u>Alena Udine Lutz</u>	<u>Arlene Udene Lutz</u>

Subscribed and sworn to before me this 9 day of October, 1973  
Helen Pantofiel  
Notary Public, residing at Lincoln Falls, Idaho  
My commission expires March 1, 1974  
(Seal)

Signed Etta C. Lutz  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
113 Lincoln - Twin Falls Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... } ss.  
County of ..... }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of October, 1973  
Helen Pantofiel  
Notary Public, residing at Lincoln Falls, Idaho  
My commission expires March 1, 1974  
(Seal)

Signed Minnie M. Schloef  
(Signature of Any Credible Person)  
935 Shoshone N. Twin Falls Idaho  
(Street Address, City, State)

Certificate of Baptism ~~xxxx~~ gives name as Arlene Udene Lutz child of Wm. P. Lutz and Eta Herman. Born May 12, 1920. Was Bpatized May 23, 1920. Signe by W. F. ~~xxxxxx~~ Dannenfeldt, Pastor. Viewed by V. S.

NOV 28 1973

Marriage Certificate from Idaho gives name ~~xxxx~~ of groom as Adam D. Lautenschlager and the bride's name as Arlene Lutz. dated Aug. 3, 1941. Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

613-213-042-863

## PLACE OF BIRTH

 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BlaineCity of BuhlRegistration District No. 39File No. A+B  
80333

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Walter

Sex of Child <u>Both</u> <u>Yen</u>	<u>4</u> Twin <u>0</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>May 13</u> 19 <u>20</u> (Month) (Day) (Year)
---	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER  
Brinj. R. WalterRESIDENCE  
BuhlCOLOR whr AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE  
NebraskaOCCUPATION  
MechanicFULL MAIDEN NAME MOTHER  
Margaret HollingerRESIDENCE  
BuhlCOLOR whr AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE  
NebraskaOCCUPATION  
HousewifeNumber of child of this mother, including present birth, 3 Number of children of this mother now living, including present birth, 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 730 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George J. Hummel M.D.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

JUN 1 1920

19 \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar J. H. Murphy



Dup of 1920-407226 TWIN A  
\$ 1920-407227 TWIN B

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613 - 213-042 - 863

PLACE OF BIRTH

County of Shim Fane

City of Bull

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 39

File No. 80333

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Walter

Sex of Child <u>Both</u> <u>Yen</u>	Twin <u>460</u> Triplet or other?	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>May 13</u> (Month) (Day) (Year) <u>1920</u>
(To be answered only in event of plural births)					

FATHER  
FULL NAME Brnj. R. Walter  
RESIDENCE Bull  
COLOR whr AGE AT LAST BIRTHDAY 25  
(Years)  
BIRTHPLACE Nebraska  
OCCUPATION Mechanic

MOTHER  
FULL MAIDEN NAME Margaret Hollinger  
RESIDENCE Bull  
COLOR whr AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Nebraska  
OCCUPATION Housewife

Number of child of this mother, including present birth, 3 Number of children of this mother now living, including present birth, 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 730 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George J. Hume M.D.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

JUN 1 1920

19 \_\_\_\_\_

Registrar

Registrar

Dup of 1920-407226 TWIN A  
\$ 1920-407227 TWIN B

415-114-042-296

Form V. S. No. 11-C-25m-9-8-17

PLACE OF BIRTH name added 2-4-82

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *Twin Falls*City of *Buhl*Registration District No. *34*File No. *80334*No. *2087* St.Primary Registration District No. *2087*Registered No. *2087*Hospital *St. Luke's*

Harry Marshall Davidson

FULL NAME OF CHILD

Sex of Child

*Male*Twin  
Triplet  
or other?and Number  
in order  
of birthLegiti-  
mate?*Yes*Date of  
Birth*5 14 20*  
(Month) (Day) (Year)FULL  
NAME*Harry Elbert Davidson*

FATHER

FULL  
MAIDEN  
NAME*Gertrude Mae Drake*

MOTHER

RESIDENCE

*Buhl - Ida.*

RESIDENCE

*Buhl - Ida.*

COLOR

*W.*AGE AT LAST  
BIRTHDAY*24*  
(Years)

COLOR

*W.*AGE AT LAST  
BIRTHDAY*20*  
(Years)

BIRTHPLACE

*Nebraska - U.S.A.*

BIRTHPLACE

*Missouri - U.S.A.*

OCCUPATION

*Laborer*

OCCUPATION

*Housewife*

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn-child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

*George S. [Signature]*

Given names added from a supplemental report.

Address

*Buhl - Ida.*

Filed

JUN 1 1920

Registrar

Regist

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK: THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

DEC 1 - 1970

DECEASED

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF  
VITAL STATISTICSState of \_\_\_\_\_ } ss. FEB 2 8 19 AM '82  
County of \_\_\_\_\_ }

Certificate No. 80334

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Davidson who was born on 5-14-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Buhl (Twin Falls) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameUnnamedHarry Marshall DavidsonSubscribed and sworn to before me this 25<sup>th</sup> day ofJANUARY, 1982Notary Public, WFB SayreResiding at Spokane, Wn.My commission expires Oct 21, 1985

(Seal)

Harry Marshall Davidson  
Signature of Applicant  
W2423 Crown Spokane, Wn.  
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WashingtonCounty of Spokane

ss.

(Must be completed   )(Is not necessary   )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25<sup>th</sup> day ofJANUARY, 1982Notary Public, WFB SayreResiding at Spokane, Wn.My commission expires Oct 21, 1985

(Seal)

William E. Sicilia  
Supporting Signature  
Rte #1 Box 385 Mead, Wn.  
Street Address, City, State

100 credit

Social Security Card # 531-16-9232 dated 9-25-39 gives name as  
Harry Marshall Davidson. Viewed by V.S.

**FEB 4 1982**

Honorable Discharge from U.S. Military gives Harry M Davidson  
5-14-20 in Buhl, Idaho was discharged 9-15-45. Viewed by V.S.

929-115-042-162

## PLACE OF BIRTH

County of Sevier & Ad.City of Salt Lake

No. .... St.

Hospital .....

FULL NAME OF CHILD Harold Walter ZbindenSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-2-3

Registration District No. 39File No. 80336Primary Registration District No. 2087

Registered No. ....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate? <u>Y.</u>	Date of Birth <u>5 15 1920</u> (Month) (Day) (Year)
FULL NAME <u>Carl Ernst Zbinden</u>	FATHER		FULL MAIDEN NAME <u>Ruby Mae Jackson</u>	MOTHER
RESIDENCE <u>Salt Lake</u>	RESIDENCE <u>Idaho</u>		RESIDENCE <u>Idaho</u>	RESIDENCE <u>Idaho</u>
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)	COLOR <u>W.</u>
BIRTHPLACE <u>Missouri - U.S.A.</u>	BIRTHPLACE <u>Idaho - U.S.A.</u>	BIRTHPLACE <u>Idaho - U.S.A.</u>	BIRTHPLACE <u>Idaho - U.S.A.</u>	BIRTHPLACE <u>Idaho - U.S.A.</u>
OCCUPATION <u>Printer</u>	OCCUPATION <u>Printer</u>	OCCUPATION <u>Printer</u>	OCCUPATION <u>Printer</u>	OCCUPATION <u>Printer</u>

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn)

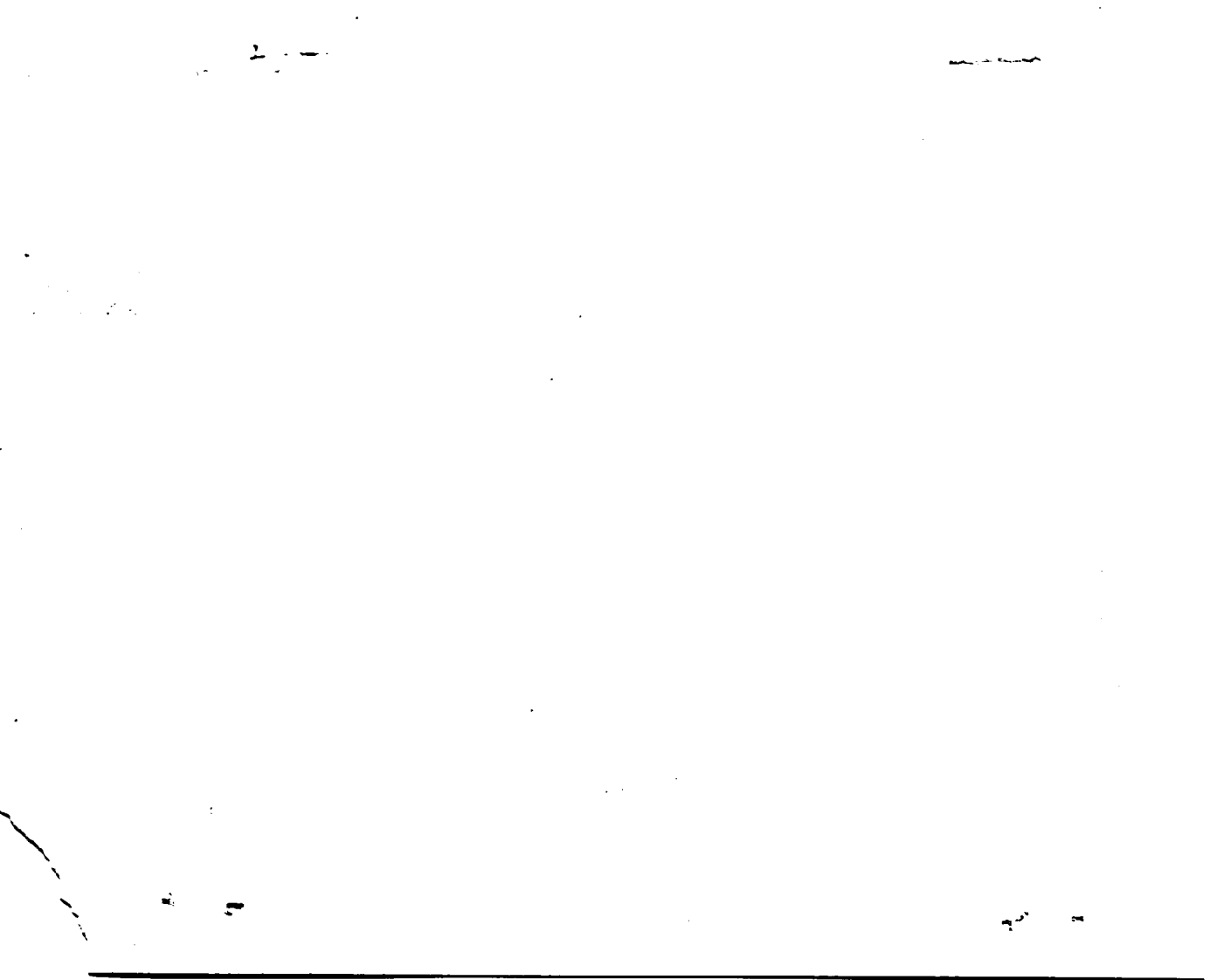
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John P. Huggins M. D.

Given names added from a supplemental report.

Address Salt LakeFiled JUN 1 1920 Registrar J. H. Huggins Regi





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho, } ss.  
County of Ada }

Certificate No. 80536  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or Death)  
for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name", "Birth Date", "Cause of Death", Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
<u>name</u>	<u>unnamed</u>	<u>Harold Walter Zbinder</u>

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_  
*Charles Gendrop*  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed *Mrs. Lela M. Zbinder*  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

144

JAN 6



366-216-042-453

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Twin Falls

## CERTIFICATE OF BIRTH

City of \_\_\_\_\_ Registration District No. 39 File No. 80337

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 3087 Registered No. \_\_\_\_\_FULL NAME OF CHILD Laura May Lowry

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>and</u>	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>5</u> <u>16</u> <u>1920</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME Kenneth A LowryRESIDENCE Buhl IdahoCOLOR white AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE KansasOCCUPATION Contracting concreteFULL MAIDEN NAME Oliver metcalfRESIDENCE BuhlCOLOR white AGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE KansasOCCUPATION HouseworkNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 8 9 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address Buhl IdahoFiled JUN 1 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 13 1952

692-117-042-493

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of BuhlRegistration District No. 39File No. 80338

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Fisher

Sex of Child <u>Male</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>May 17</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	----------------------------	--

FULL NAME FATHER  
Frank Madison FisherFULL MAIDEN NAME MOTHER  
Edith WillardRESIDENCE BuhlRESIDENCE BuhlCOLOR Wht AGE AT LAST BIRTHDAY 40  
(Years)COLOR Wht AGE AT LAST BIRTHDAY 20  
(Years)BIRTHPLACE UtahBIRTHPLACE Idaho Falls, IdaOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George J. Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address \_\_\_\_\_

Filed JUN 1 1920

Registrar \_\_\_\_\_

Registrar J. A. Humphrey

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DO NOT WRITE IN THESE SPACES  
 THIS CARD IS TO BE USED IN THE BUREAU OF VITAL STATISTICS  
 AND IS NOT TO BE USED IN ANY OTHER MANNER  
 IT IS THE POLICY OF THE BUREAU TO MAKE THIS CARD  
 AVAILABLE TO THE PUBLIC IN THE MOST COMPLETE MANNER POSSIBLE

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
 STATE OF ILLINOIS  
 CERTIFICATE OF BIRTH

80338

File No.

DATE OF BIRTH

FATHER

RESIDENCE

RESIDENCE

AGE AT LAST BIRTHDAY

AGE AT LAST BIRTHDAY

BIRTH PLACE

BIRTH PLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present child

DATE OF BIRTH

I hereby certify that I am the mother of the child named above

I have signed this certificate in the presence of the following persons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other names added from a supplemental report

Address

City

Register

469-118-042-265

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of BuhlRegistration District No. 34File No. 80339

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>5</u> <u>18</u> <u>1920</u> (Month) (Day) (Year)
-------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME Arthur J. MortRESIDENCE Castleford IdahoCOLOR white AGE AT LAST BIRTHDAY 35  
(Years)BIRTHPLACE IllinoisOCCUPATION BarberFULL MAIDEN NAME Goldie SweetRESIDENCE Castleford IdCOLOR white AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE IllinoisOCCUPATION HouseworkNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 11 9, M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Murphy  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Idaho  
Filed JUN 1 1920

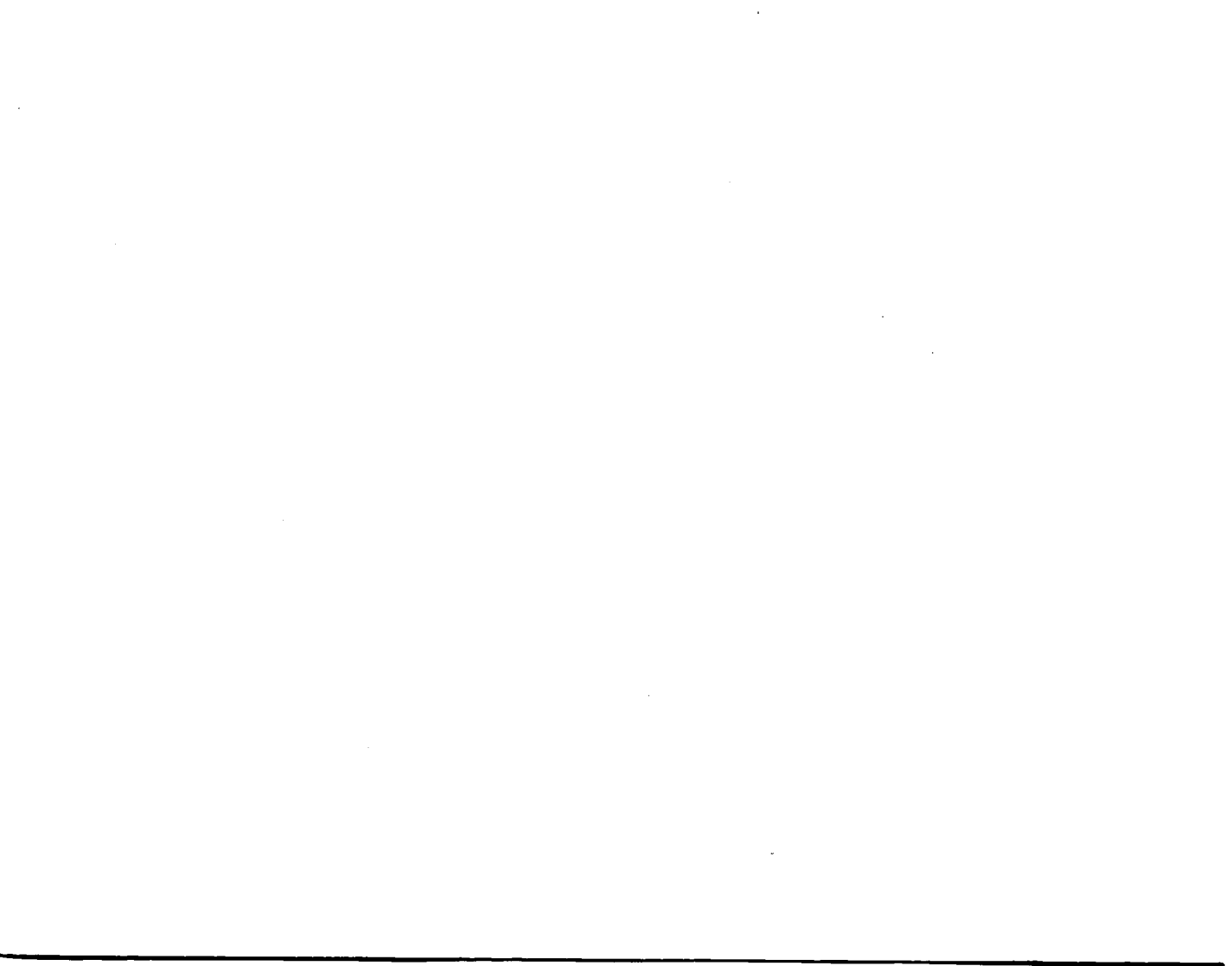
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





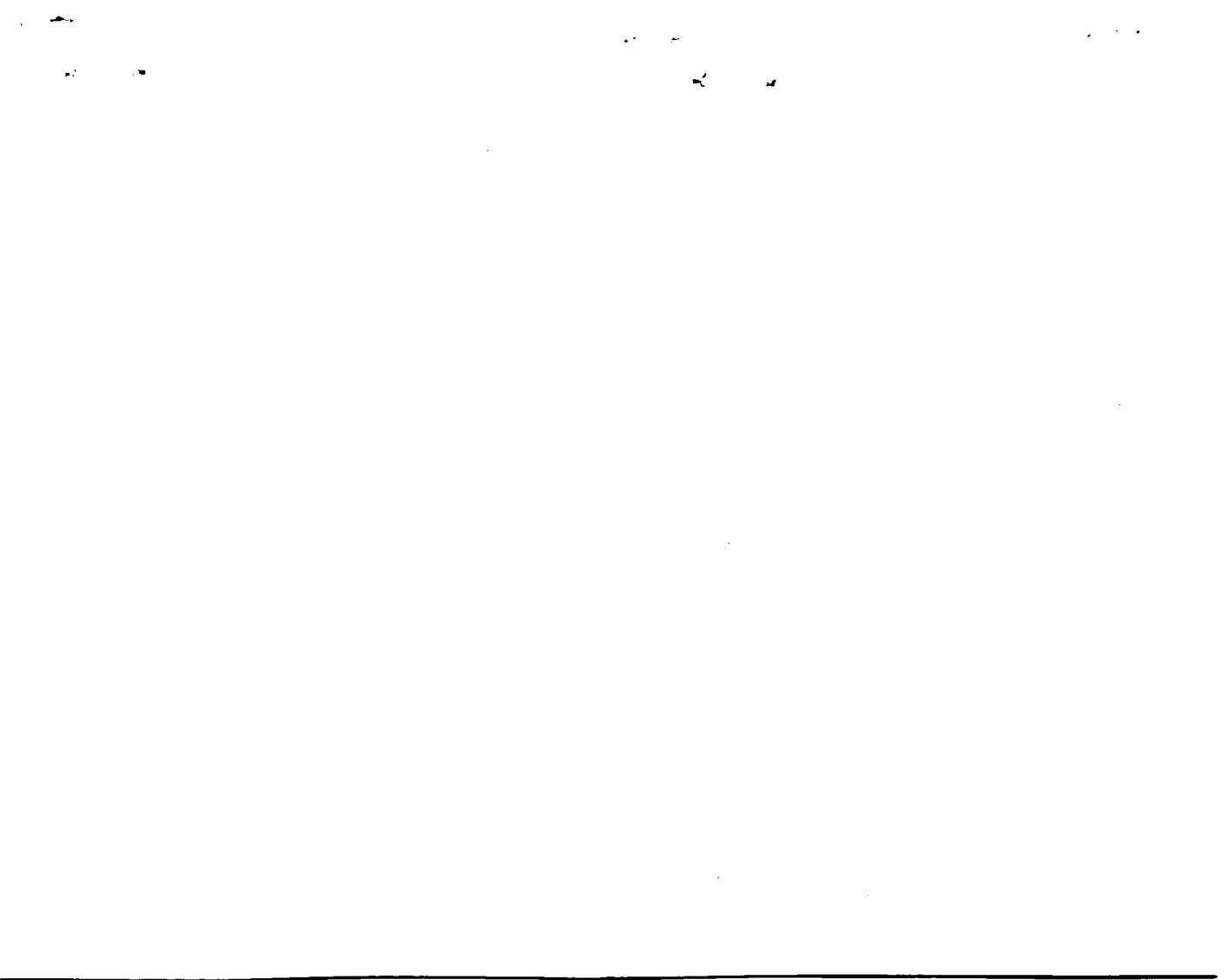
Amended 3-4-66

(Be sure the information is complete and accurate)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **80340**  
Local Reg. No. \_\_\_\_\_  
Reg. Dist. No. **39**

<b>1. PLACE OF BIRTH</b> a. COUNTY <b>Twin Falls</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Buhl</b> c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Twin Falls</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Buhl</b> d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b> (Type or print)			
a. (First) <b>Lavona</b>		b. (Middle) <b>May</b>	
c. (Last) <b>Nordine</b>			
4. SEX <b>F.</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) <b>May 19, 1920</b>
<b>FATHER OF CHILD</b>			
<b>7. FULL NAME</b>			
a. (First) <b>Emil</b>		b. (Middle) <b>Nordine</b>	
c. (Last)			
8. AGE (At time of this birth) <b>25</b> YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) <b>Minn.</b>	10. USUAL OCCUPATION <b>Farmer</b>	11. KIND OF BUSINESS OR INDUSTRY
<b>MOTHER OF CHILD</b>			
<b>12. FULL MAIDEN NAME</b>			
a. (First) <b>Tilda</b>		b. (Middle) <b>Wallsten</b>	
c. (Last)			
13. AGE (At time of this birth) <b>19</b> YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) <b>N. D.</b>	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <b>0</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead after 20 wks. pregnancy?) <b>0</b>	
16. INFORMANT'S SIGNATURE OR NAME (Relationship)			
I hereby certify that this child was born alive on the date stated above.		<b>17. SIGNATURE</b> <b>J. H. Murphy, M.D.</b> <b>19. ADDRESS</b> <b>Buhl, Ida.</b>	
<b>21. DATE REC'D BY LOCAL REG.</b> <b>June 1, 1920</b>		<b>22. REGISTRAR'S SIGNATURE</b> <b>J.H. Murphy</b>	
<b>18. ATTENDANT AT BIRTH</b> M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____		<b>20. DATE SIGNED</b> <b>23. DATE ON WHICH GIVEN NAME ADDED</b> BY _____ Registrar	
<b>FOR MEDICAL AND HEALTH USE ONLY</b>			
Was a test for phenylketonuria performed? YES _____ NO _____ DATE _____			



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**  
Province of BRITISH COLUMBIA CH409  
State of Westminster ss. **JAN 18 1966**  
County of Westminster Bureau of Vital Statistics  
Certificate No. 80340  
Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Nordin (female child) who was born on May 19, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by                      prepared on                     , are:

(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) **TO**  
Full Name of Child Unnamed Lavona May Nordine  
Father's Full Name Amal Nordin Emil Nordine

Subscribed and sworn to before me this 4 day of December, 1965

Signed Emil Nordine  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 302-627 7th St. S.  
My commission expires N.W. Westminster BC - 16767 - Burnaby Rd White.  
(Seal) does not expire. (Street Address, City, State) Rode. BC.

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Province of British Columbia ss.  
County of Westminster

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of December, 1965

Signed M. C. English  
(Signature of Any Credible Person)

Notary Public, residing at 302-627 7th St. S.  
My commission expires N.W. Westminster BC.  
(Seal) does not expire.

9132 - 120th Street North Surrey  
(Street Address, City, State)

Certificate pf Baptism, July 14, 1940, At The Bible Camp, Hastings Lake, L.M. Larson, Pastor, 12 miles W. Tofield, Alta. gives full name as Lavona May Nordine, daughter of Emil Nordine and Tilda Nordine, born May 19, 1920 at Buhl, Idaho - viewed by V.S.

Departmental Examination, dated Aug. 1, 1940, Elementary Schbol, promoted to first year High Schbol, gives full name of student as Lavona May Nordine - viewed by V.S.

249-121-042-593

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80342

County of IdahoCity of BuhlRegistration District No. 39 File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2087 Registered No. \_\_\_\_\_

## FULL NAME OF CHILD

Billy Gerald SmithSex of Child Boy Twin Triplet or other? and Number in order of birth Legiti mate? Yes Date of Birth Mar. 21 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME FATHER Lawrence L. SmithFULL MAIDEN NAME MOTHER Sophie Nicolay senRESIDENCE Buhl, Ida.RESIDENCE BuhlCOLOR Wht. AGE AT LAST BIRTHDAY 20 (Years)COLOR Wht AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE MissouriBIRTHPLACE Clinton, Iowa.OCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

Filed JUN 1 1920

Registrar \_\_\_\_\_

Registrar J. McCreedy

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 23 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended March 31, 1953

PLACE OF BIRTH

386-124-042-289 =

County of .....

City of .....

No. .... St. ....

Hospital .....

Registration District No. .... 39

Primary Registration District No. .... 7087

File No. .... 80343

Registered No. ....

CERTIFICATE OF BIRTH

FULL NAME OF CHILD LOYD G. THOMSON

(Certificate of no value without full name of child.)

Sex of  
Child

BOY

Twin  
Triplet  
or other?

} and {  
Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

YES

Date of  
birth

5 - 24

1920

(Month)

(Day)

(Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth .... 2

Number of children of this mother now living, including present birth .... 2

FULL  
NAME

FATHER

William Alexander Thomson

FULL  
MAIDEN  
NAME

MOTHER

Hazel Shriver

RESIDENCE

Buhl

RESIDENCE

Buhl, Idaho

COLOR

white

AGE AT LAST

BIRTHDAY

22

(Years)

COLOR

white

AGE AT LAST

BIRTHDAY

20

(Years)

BIRTHPLACE

Mo.

BIRTHPLACE

Kansas

OCCUPATION

farming

OCCUPATION

housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was .... born alive ..... at ..... 3 ..... a. .... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

A. F. McClusky

phys.

(Physician or midwife)

Give names added from a supplemental report.

Address

Buhl, Idaho

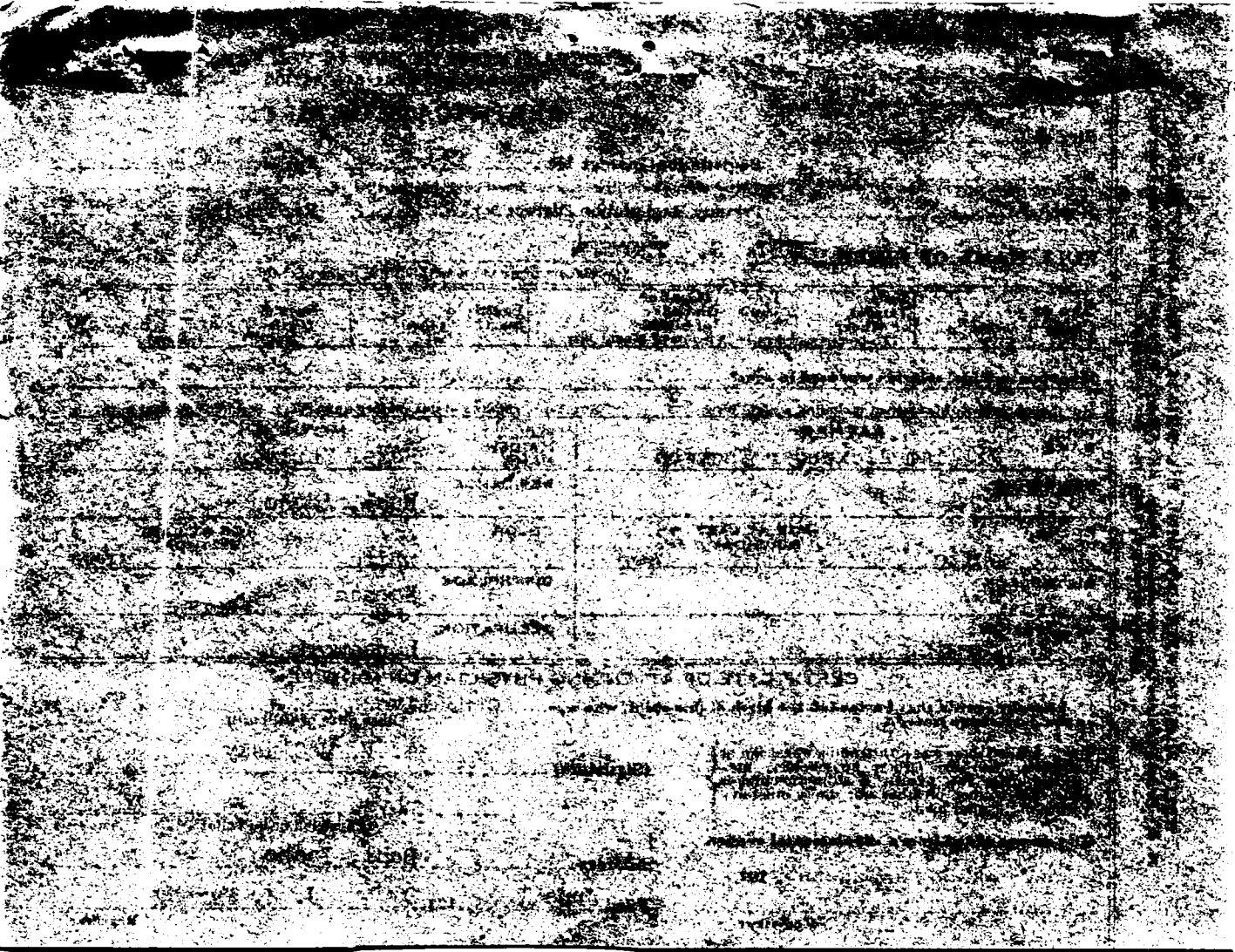
Filed June 1 1920

J. H. Murphy

Registrar.

Registrar.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Oregon } ss. Certificate No. 80343  
County of Multnomah } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
for Lloyd G. Thomson who was Born on..... (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Name of child, missing Lloyd G. Thomson  
Father's surname, Thompson William Alexander Thomson

Subscribed and sworn to before me this 22<sup>nd</sup> day of  
December, 1954

Signed Hazel Thomson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Box 429 A Rte 1 St Helens Ore.  
(Street Address, City, State)

Notary Public, residing at Portland, Oregon  
My commission expires January 22, 1957  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon } ss.  
County of Multnomah }

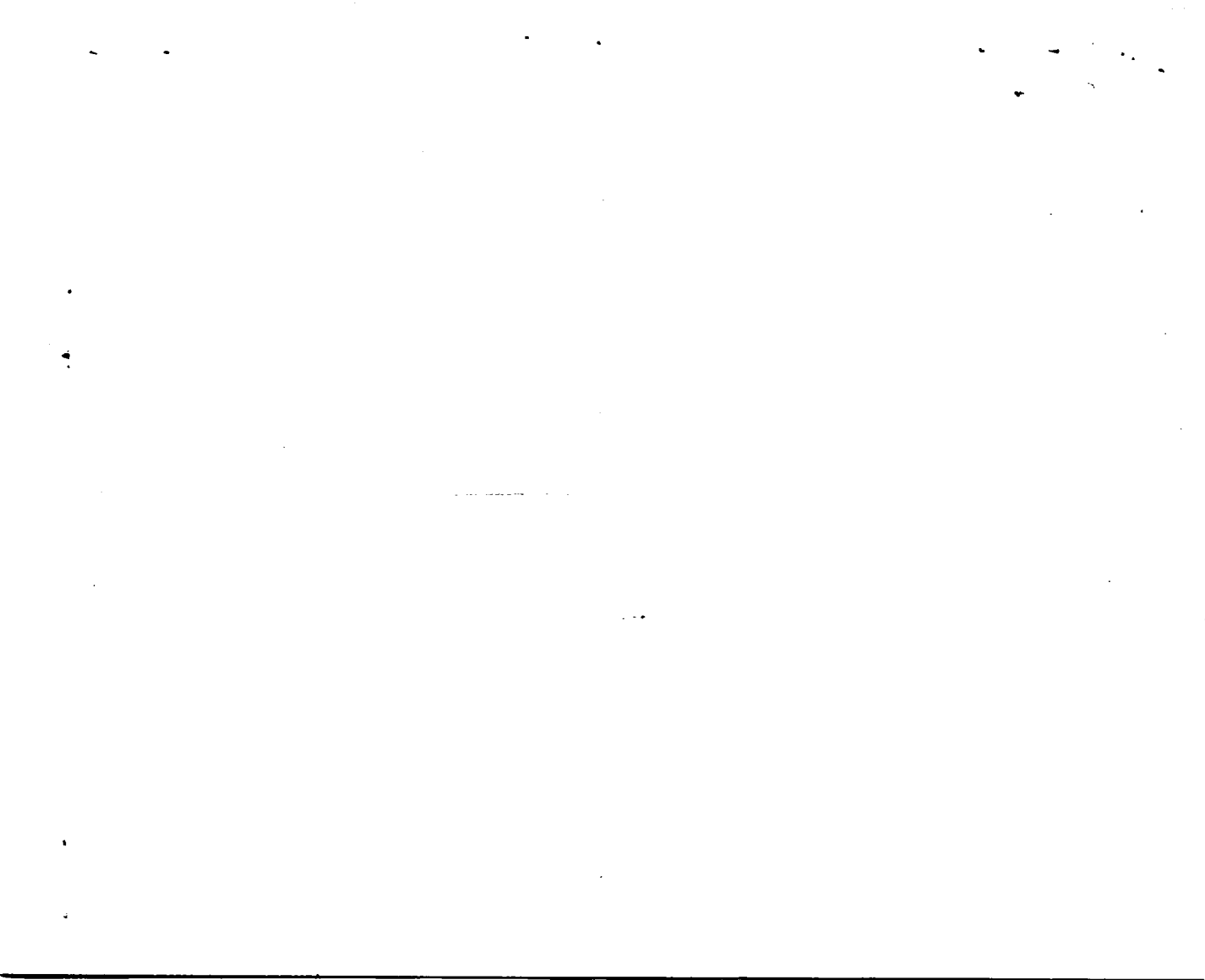
[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22<sup>nd</sup> day of  
December, 1954

Signed Mabel Lionberger  
(Signature of any Credible Person)  
St Helens Oregon Rte 1  
(Street Address, City, State)

Notary Public, residing at Portland, Oregon  
My commission expires January 22, 1957  
(Seal)



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

241-124-042-689

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin FallsCity of BuhlRegistration District No. 39File No. 80344

No. \_\_\_\_\_ St.

Primary Registration District No. 2087 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Richard Chase Smalley

Sex of Child <u>Boy</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>5 24 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME <u>Chase Smalley</u>	FATHER
RESIDENCE <u>Buhl</u>	

FULL MAIDEN NAME <u>Bell</u>	MOTHER <u>white</u>
RESIDENCE <u>Buhl</u>	

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>3.3</u> (Years)
--------------------	--

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
--------------------	---

BIRTHPLACE <u>Nebraska</u>
----------------------------

BIRTHPLACE <u>Arkansas</u>
----------------------------

OCCUPATION <u>Farming</u>
---------------------------

OCCUPATION <u>Housework</u>
-----------------------------

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:30 a. m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

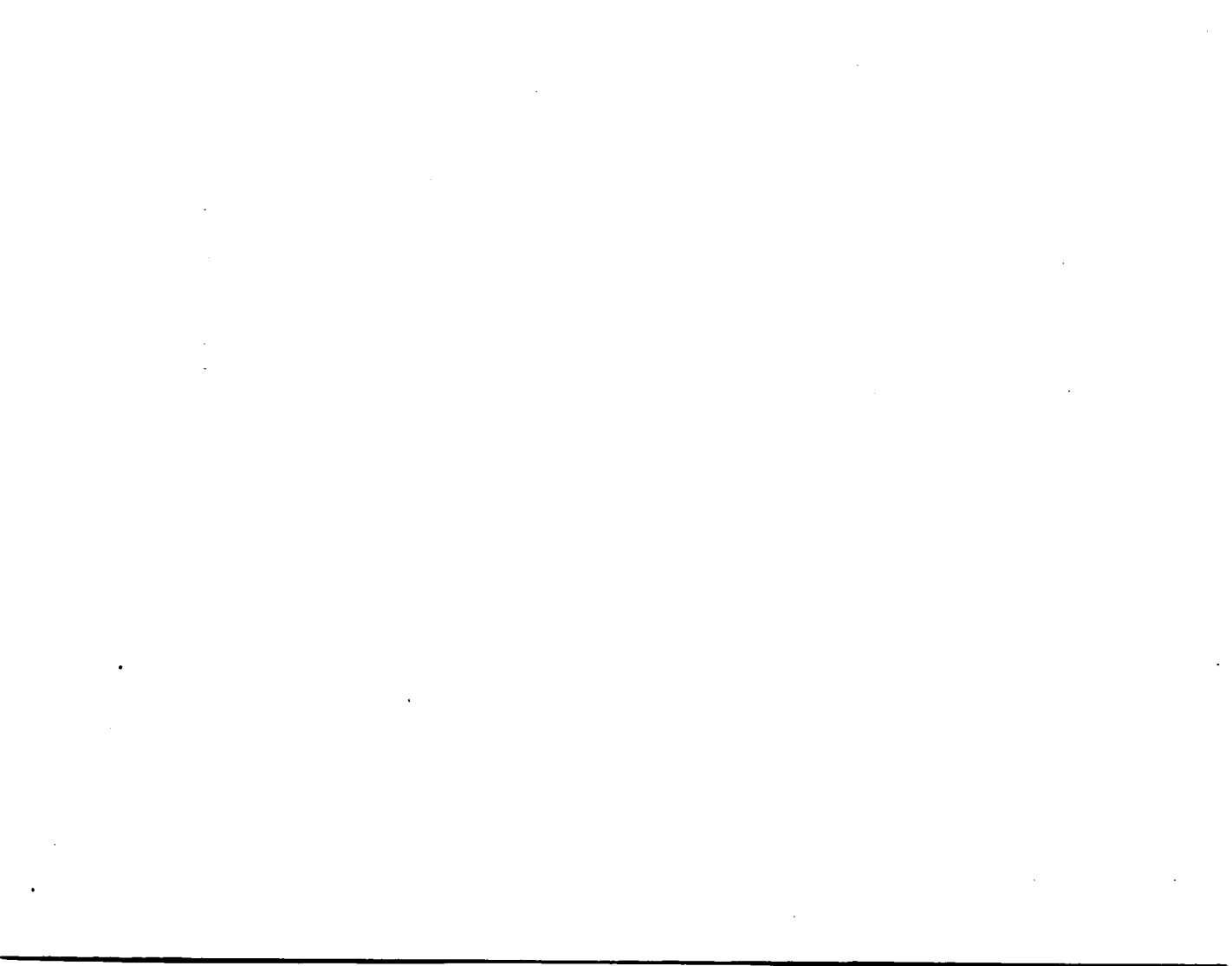
Given names added from a supplemental report.

(Physician or midwife)

Address BuhlFiled JUN 1 1920

Registrar

Registrar



411-225-042-595

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of BuhlRegistration District No. 39File No. 80345

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2187

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Mary Maag

Sex of Child <u>Girl</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>5 25 1920</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	--------------------------------	-------------------------	--

FULL NAME <u>Emile Maag</u>	FATHER
RESIDENCE <u>Buhl. Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Berne Switzerland</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary Ernst</u>	MOTHER
RESIDENCE <u>Buhl. Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Berne Switzerland</u>	
OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth <u>5</u>	Number of children of this mother now living, including present birth <u>5</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 7:30 a. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. H. Cundy  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Idaho  
Filed JUN 1 1920  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup. of 1920-357938

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

268-126-042-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 80346

No. \_\_\_\_\_ St.

Primary Registration District No. 2087 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD LEWIS "H" COYLE

Sex of Child <u>Boy</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>5</u> <u>26</u> <u>1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

FULL NAME H. J. Coyle FATHER  
RESIDENCE Buhl, Idaho  
COLOR white AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

FULL MAIDEN NAME Ruby L. Witt MOTHER  
RESIDENCE Buhl, Idaho  
COLOR white AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Utah..  
OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 7:30 a.m.  
on the date above stated. (Born (alive or stillborn))

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Plisky  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Idaho  
Filed JUN 1 1920  
Registrar J. H. Plisky



DEC 8 1966

DEC 10 1950

386-129-042-318

name added 7-19-85 dl

Form V. S. No. 11-C-25m-3-3-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LincolnCity of BoothNo. 23 1/4 miles SW of BoothRegistration District No. 39File No. 80348Primary Registration District No. 7087

Registered No. ....

Hospital .....

FULL NAME OF CHILD William Bowen Thomas

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and { Number in order of birth <u>1</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>5 29 20</u> (Month) (Day) (Year)
FULL NAME <u>William Warner Thomas</u>			FULL MAIDEN NAME <u>Lucia Varian Taylor</u>	
RESIDENCE <u>11 miles south x 23 1/4 miles west of Booth</u>			RESIDENCE <u>same</u>	
COLOR <u>D.</u>	AGE AT LAST BIRTHDAY <u>13</u> (Years)		COLOR <u>D.</u>	AGE AT LAST BIRTHDAY <u>13</u> (Years)
BIRTHPLACE <u>Utah - U.S.A.</u>			BIRTHPLACE <u>Utah - U.S.A.</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was John Abe D. at 5:30 A. M.  
on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Geo. B. Hubbard M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Booth, Ida.Filed JUN 1 1920

Registrar

Registrar

not

Dup of 1920-244791

3-29-85

**RECEIVED**  
 IDAHO DEPARTMENT OF HEALTH AND WELFARE  
 Bureau of Vital Statistics, Records, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of California }  
 County of Sacramento } ss.

APR 30 7 35 AM '85

Certificate No. 80348  
 Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Thomas who was born on May 29, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Buhl (Twin Falls) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>Unnamed</u>	<u>William Bowen Thomas</u>

Subscribed and sworn to before me this 25<sup>th</sup> day of

April, 1985  
 Notary Public, Keslie Jo Brindley  
 Residing at 8416 Autumnwood Dr. Sacramento, CA  
 My commission expires July 30, 1988

William T. Church  
 Signature of Applicant  
5425 Callister Ave.  
 Street Address, City, State

(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of CALIFORNIA  
 County of SACRAMENTO  
 I, LESLIE JO BRINDLEY  
 Notary Public - California  
 My Comm. Exp. July 30, 1988

(Must be completed   )

(Is not necessary   )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
 Residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_

(Seal)

Supporting Signature \_\_\_\_\_

Street Address, City, State \_\_\_\_\_

Birth Certificate for Gail Ann Thomas born July 19, 1940 .  
in California lists father as William Bowen Thomas  
born in Castleford, Idaho and Rae Halstead, mother, born  
in Malta, Idaho. Viewed by V.S.

11 19 1995

Insurance Enrollment card lists Employee of Big O Tires  
as William Bowen Thomas born 5-29-20. Dated June 2, 1976.  
Viewed by V.S.

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-04-01 BY 60322  
UCBAW/STP

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

259-230-042-863

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH
County of Twin FallsCity of BuhlRegistration District No. 39 File No. 80349

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Dorothy Bernardi

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>5-30-1920</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER  
FULL NAME Emil BernardiRESIDENCE BuhlCOLOR Whr AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE ItalyOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Bessie HoladaRESIDENCE BuhlCOLOR Whr AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE BohemiaOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 6 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

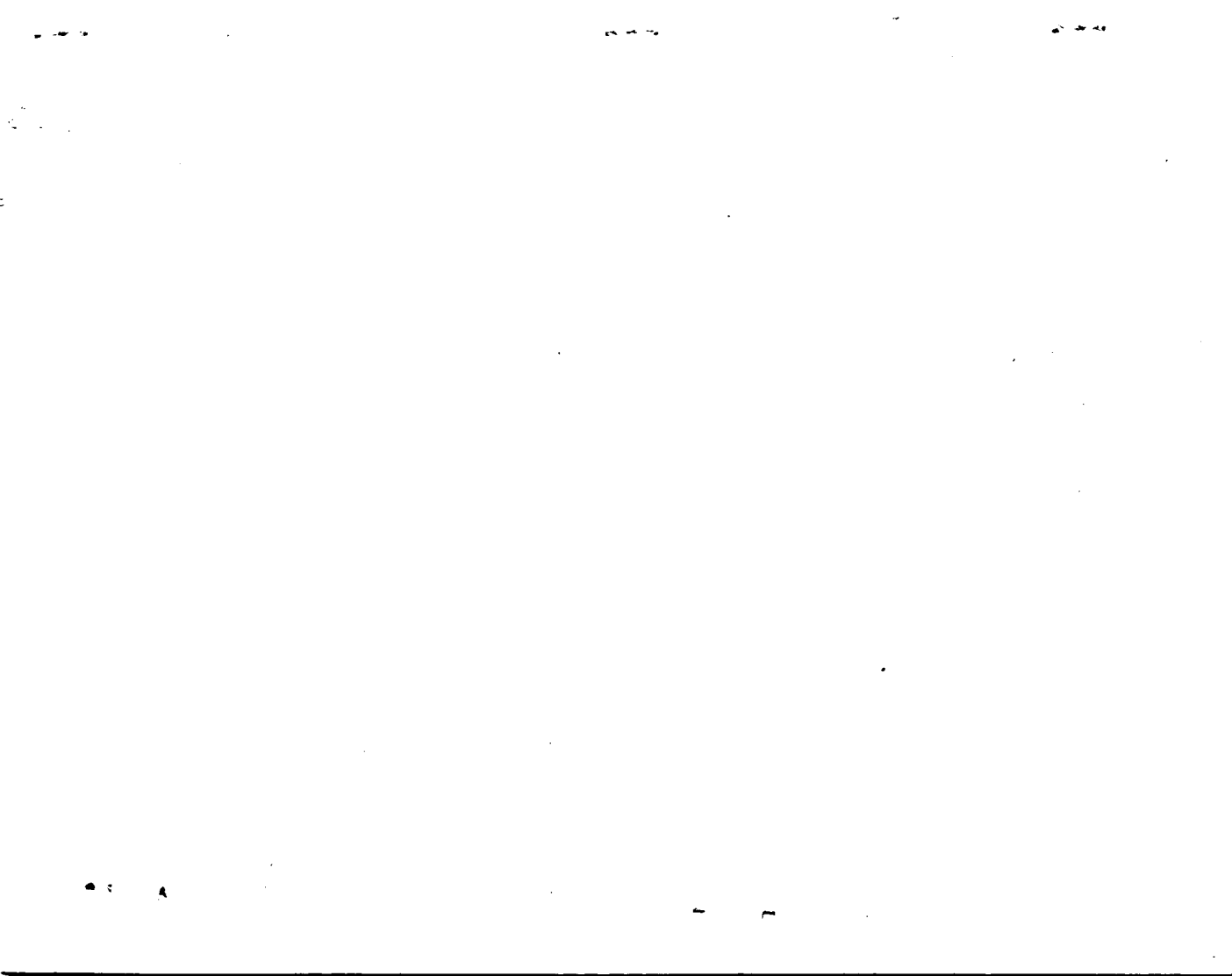
Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 0604 1 NOV 1920

Registrar \_\_\_\_\_

Registrar J. Murphy



Certified Copy of Marriage Record, Twin Falls County, Idaho, copy made Sept. 19, 1960.  
for Robert Becker and Dorothy Bernardi, marriage License obtained Dec. 17, 1941 couple  
married on Dec. 21, 1941 - viewed by V.S.  
The Holy Sacrament of Baptism, Catholic Church, The Immaculate Conception, Buhl, Idaho  
Dec. 19, 1920 for Dorothy Bernardi, born May 30, 1920 at Buhl, Idaho to Emil and Elizabeth  
Bernardi - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho Statement from Buhl, Idaho Public School Certificate No. 80349  
Records, Lois J. Ruby, Registrar -  
County of Twin Falls States. This is to certify that according to the records  
1920 at Buhl, Idaho this record is dated Sept. 3, 1941 viewed by V.S. Birth  
The undersigned does solemnly swear that certain facts on the certificate of  
for Unnamed Bernardi who born on May 30, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Church Record prepared on Aug 27 - 1960, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Dorothy E Bernardi

Subscribed and sworn to before me this 29th day of  
August, 1960  
Lois J. Ruby  
Notary Public, residing at Buhl, Idaho  
My commission expires May 22, 1961  
(Seal)

Signed Emil and Bessie Bernardi  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)  
R. H. T. Buhl, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Twin Falls } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of  
August, 1960  
Lois J. Ruby  
Notary Public, residing at Buhl, Idaho  
My commission expires May 22, 1961  
(Seal)

Signed Nora L. Harding  
(Signature of Any Credible Person)  
12x1 Buhl Ida  
(Street Address, City, State)



SEP 23 1960

OCT 12 1960

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-21-042-249

Form V. S. No. 11-C-25m-7-31-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 39

File No. 80350

Hospital \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

JUANITA PAULINE SENFTEN

Sex of Child <u>Girl</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>5 31 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME Henry Senften  
RESIDENCE Buhl  
COLOR white AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Illinois  
OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Ruth Smithwick  
RESIDENCE Buhl  
COLOR white AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Illinois  
OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

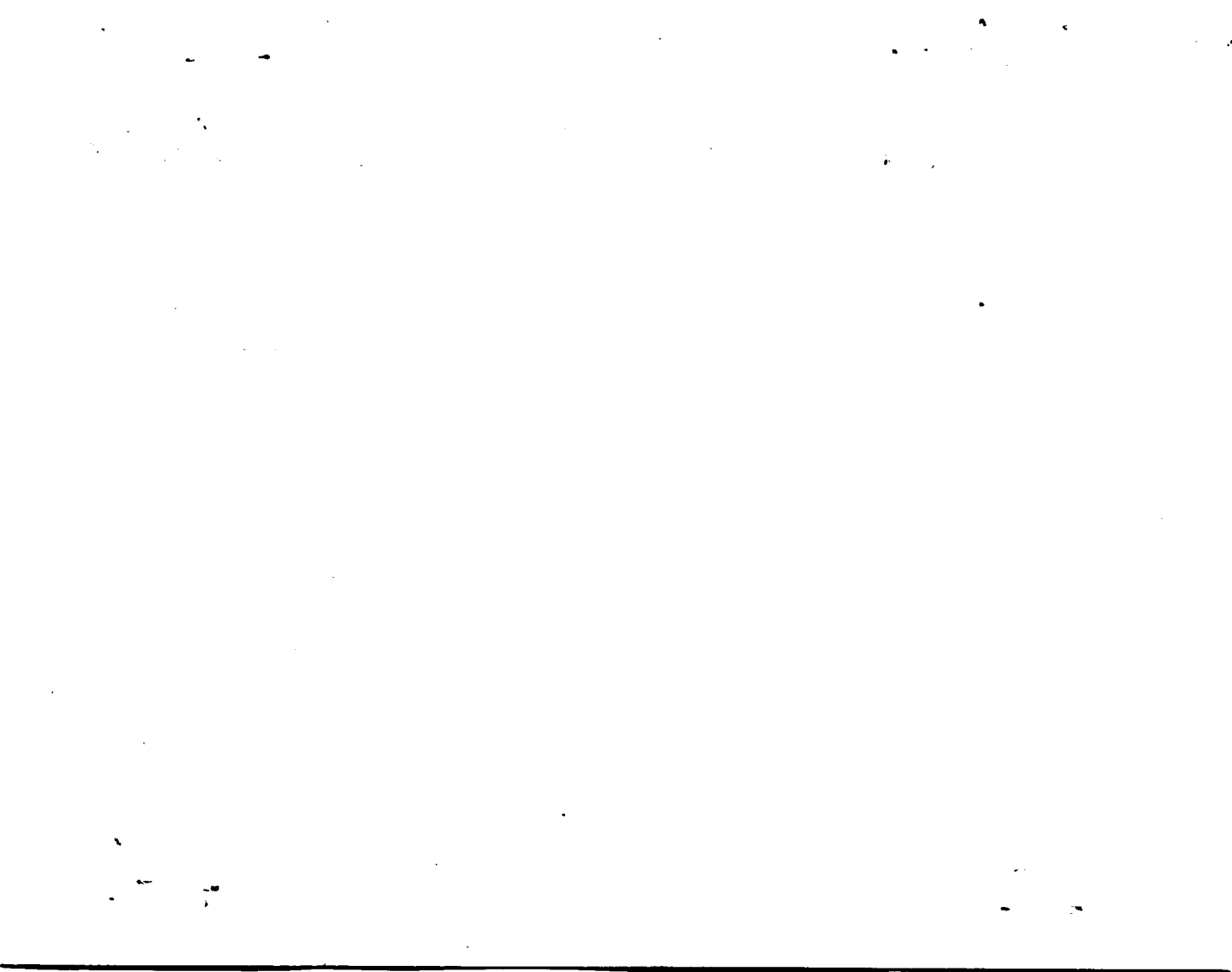
I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl  
Filed JUN 1 1920  
Registrar [Signature]



SEP 28 1942

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 80350

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Juanita Pauline Senften who \_\_\_\_\_ on May 31<sup>st</sup> - 1920 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Castleford Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)

Name

unnamed

TO  
(The Correct Facts)

Juanita Pauline Senften

Subscribed and sworn to before me this 28<sup>th</sup>  
day of September, 1942  
M. Whitgert  
Notary Public, residing at Castleford  
My commission expires Justice of the Peace  
(Seal) 1-11-43

Signed Ruth A. Senften  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

OCT 7

1942

744-231-042-819  
PLACE OF BIRTHCounty of *Twin Falls*City of *Buhl*

No. .... St.

Registration District No. ....

Primary Registration District No. *20.87*

Form V. S. North-C-25a-4-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. .... *80351*

Registered No. ....

Hospital .....

FULL NAME OF CHILD

*Elizabeth Arta Humphrey*

Sex of Child

*F.*Twin  
Triplet  
or other?and (Number  
in order  
of birthLegiti-  
mate?*yes*

Date of Birth

*5 31 1920*  
(Month) (Day) (Year)

FULL NAME

*FATHER J. O. Humphrey*

RESIDENCE

*Buhl*

FULL MAIDEN NAME

*MOTHER Irene Hardesty*

RESIDENCE

*same*

COLOR

*W* AGE AT LAST BIRTHDAY *27*  
(Years)

COLOR

*W* AGE AT LAST BIRTHDAY *21*  
(Years)

BIRTHPLACE

*Washington D.C.*

BIRTHPLACE

*Ky.*

OCCUPATION

*Clark*

OCCUPATION

*Housewife*Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Born alive* at *6:30 P.M.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. A. Humphrey*

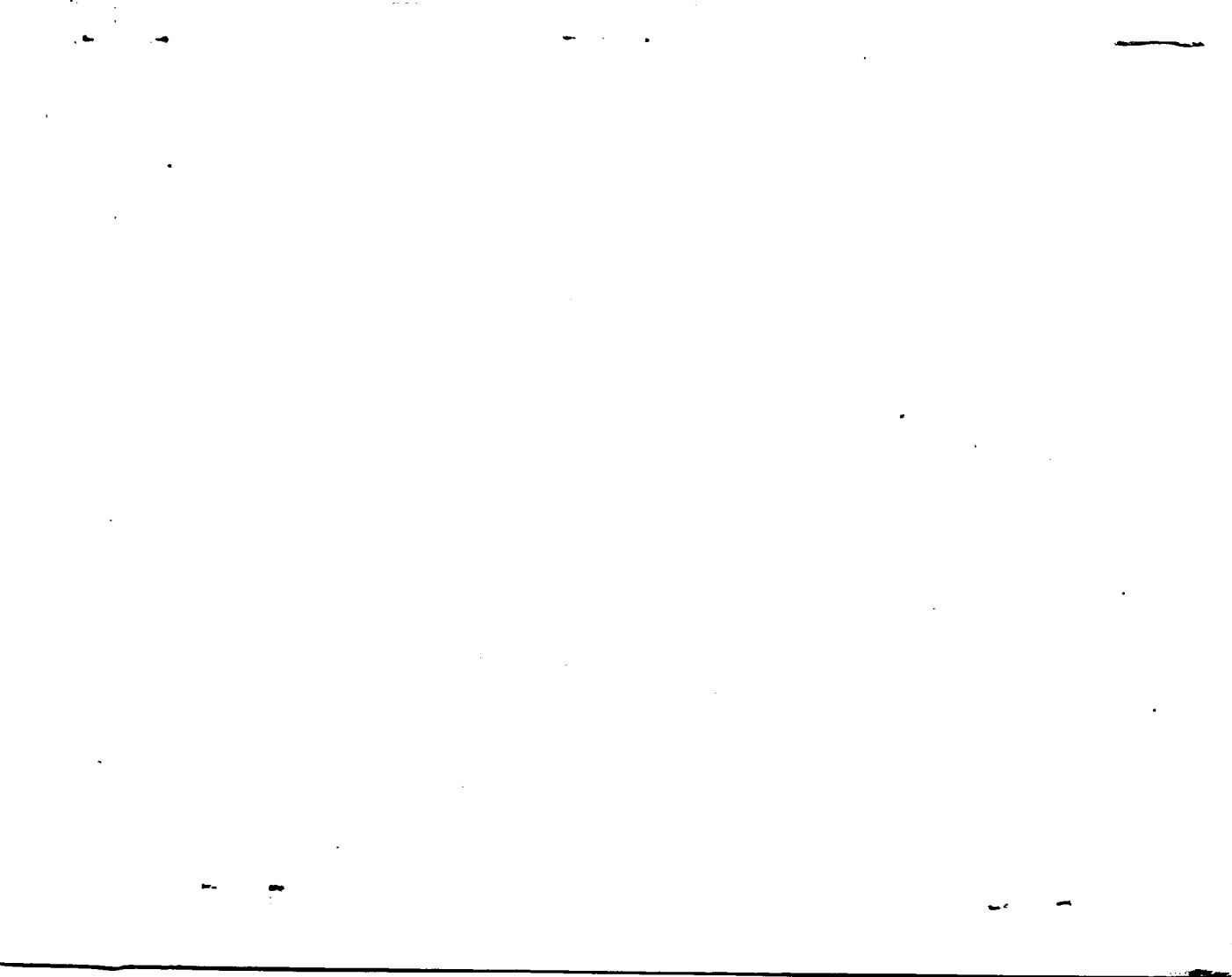
(Physician or midwife)

Given names added from a supplemental report.

Address *Buhl Ida*Filed *JUN 1 1920*

Registrar

Registrar



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Twin Falls Registered No. \_\_\_\_\_  
Street and House No. Buhl, Idaho (Hospital) \_\_\_\_\_  
County Twin Falls Registration Dist. No. \_\_\_\_\_

Sex of Child Female  
Date of Birth May 31st 191<sup>20</sup>  
MONTH DAY YEAR  
Father J O Pumphrey  
FULL NAME  
Mother Irene Hardesty  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Elizabeth Arta Pumphrey

GIVEN NAME IN FULL

SURNAME

as reported by Mother

FATHER OR MOTHER

LOCAL REGISTRAR



JUN 6 1966

DEC 29 1941

42-914  
BIRTH

Form V. S. No. 11-C-25m-7-21-19

CH  
TH

80352

City of BuhlRegistration District No. 39File No. 80352

No. \_\_\_\_\_ St.

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Vern Afton McCauley

Sex of  
ChildBoyTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth53119 30

(Month)

(Day)

(Year)

FULL  
NAMEB. H. McCauley

FATHER

RESIDENCE

Buhl, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY42

(Years)

BIRTHPLACE

Illinois

OCCUPATION

FarmingFULL  
MAIDEN  
NAMEEsther Rammels

MOTHER

RESIDENCE

Buhl, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY33

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HouseworkNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Chas. Murphy  
Phys.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Buhl, Idaho

Filed

JUN 1 1920

19

Registrar

Registrar

CS  
H

12-1-19  
SIRTE

MAR 20 1958

DEC 24 1963

JUL 12 1965

MAR 24 1976

MAR 1 1982

City of M. C. Ball Registration District No. 13 File No. 80353  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 237

Hospital \_\_\_\_\_  
 FULL NAME OF CHILD Iona Clara Johnson

Sex of Child girl Twin Triplet or other? \_\_\_\_\_ and Number in order of birth 7 Legitimate? yes Date of Birth May 1 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME <u>Benjamin Theodore Johnson</u>	FULL MAIDEN NAME <u>Stella May Sandidge</u>	FULL NAME <u>Benjamin Theodore Johnson</u>	FULL MAIDEN NAME <u>Stella May Sandidge</u>
RESIDENCE <u>M. C. Ball</u>	RESIDENCE <u>M. C. Ball</u>	RESIDENCE <u>M. C. Ball</u>	RESIDENCE <u>M. C. Ball</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Marshalltown</u>	BIRTHPLACE <u>Marshalltown</u>	BIRTHPLACE <u>Marshalltown</u>	BIRTHPLACE <u>Marshalltown</u>
OCCUPATION <u>Labourer</u>	OCCUPATION <u>Labourer</u>	OCCUPATION <u>Labourer</u>	OCCUPATION <u>Labourer</u>

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ A. M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs J. E. McFall  
 (Physician or midwife)

Given names added from a supplemental report.

Address

M. C. Ball  
 Filed 6-9 1920 Mary R. McDonald  
 Registrar

NO  
STATISTICS

DEPARTMENT OF BIRTH

BIRTH

46141 JMF

419-209-044-819  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—26m-9-8-15

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. \_\_\_\_\_

File No. 80355

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Wanda MARIE Marguess

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u> and <u>-</u> Number in order of birth <u>-</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 9 20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FATHER  
FULL NAME Otto T. Marguess  
RESIDENCE Cambridge-Idaho  
COLOR White AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Knox County-Missouri  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Vera Martin  
RESIDENCE Cambridge-Idaho  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE California  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) 11:00 A. M.

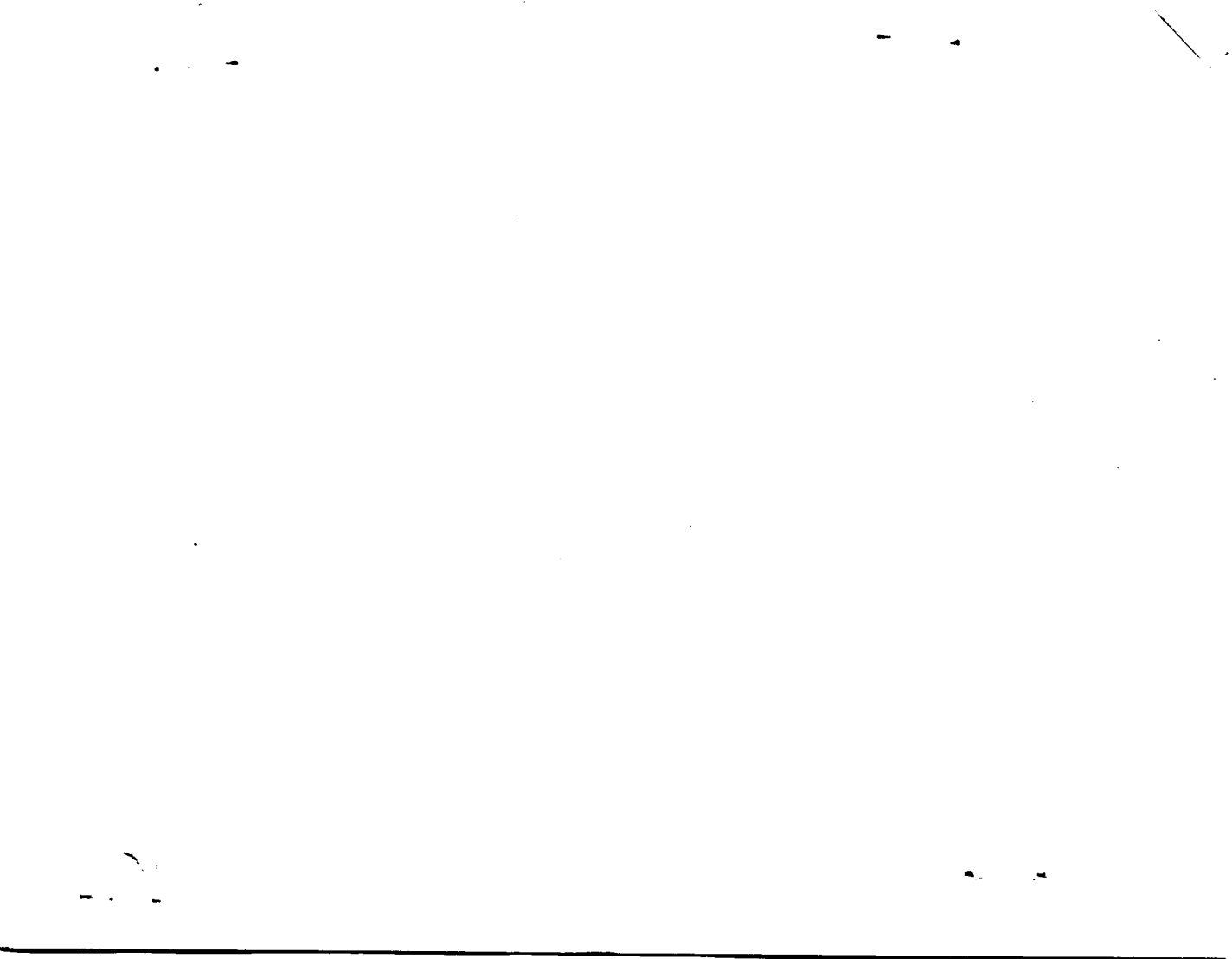
\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Whiteman M.

(Physician or midwife)

Given names added from a supplemental report.

Address Cambridge-Idaho  
Filed 6/10/20 19 19 W. H. Whiteman  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Utah }  
County of Salt Lake } ss.

Certificate No. 80355  
Date Filed                     

SEP 14 1942

The undersigned does solemnly swear that certain facts on the certificate of birth  
(BIRTH OR DEATH)  
for Wanda Marquess who born on May 9, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Cambridge, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by this affidavit prepared on September 12, 1942, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**

(AS ON ORIGINAL)

**TO**

(THE CORRECT FACTS)

name Wanda Marquess Wanda Maree Marquess  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me this 12  
day of September, 19 42

Notary Public, residing at Magna, Utah

My commission expires February 12, 1944  
(SEAL)

Signed Mrs. Wanda Marquess  
(SIGNATURE OF PARENT OR ATTENDANT IN CORRECTING A BIRTH RE-  
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
A DEATH RECORD, OR OTHER CREDIBLE PERSON.)  
MURRAY Utah - MOTHER  
RT 7 (STREET ADDRESS, CITY, STATE) Box 124

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)



JUL 18 1960

SEP 15 1960

993-217-002-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-35-0-2-15

CERTIFICATE OF BIRTH

County of Adams.

City of Indian Valley.

Registration District No. \_\_\_\_\_

File No. 80356

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Jesse - ROOSA Richardson.

Sex of Child <u>Female</u>	Was Triplet or other? <u>-</u>	and { Number in order of birth <u>-</u> }	Legitimate? <u>Yes.</u>	Date of Birth <u>May 17</u> 19 <u>30</u> (Month) (Day) (Year)
----------------------------	--------------------------------	---	-------------------------	--

FATHER  
FULL NAME Emory H. Richardson  
RESIDENCE Indian Valley - Idaho.  
COLOR White. AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Malheur County - Oregon  
OCCUPATION Sheep - Owner

MOTHER  
FULL MAIDEN NAME Ora Alice Wilcox.  
RESIDENCE Indian Valley - Idaho.  
COLOR White. AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Michigan.  
OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. 2:15 P. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

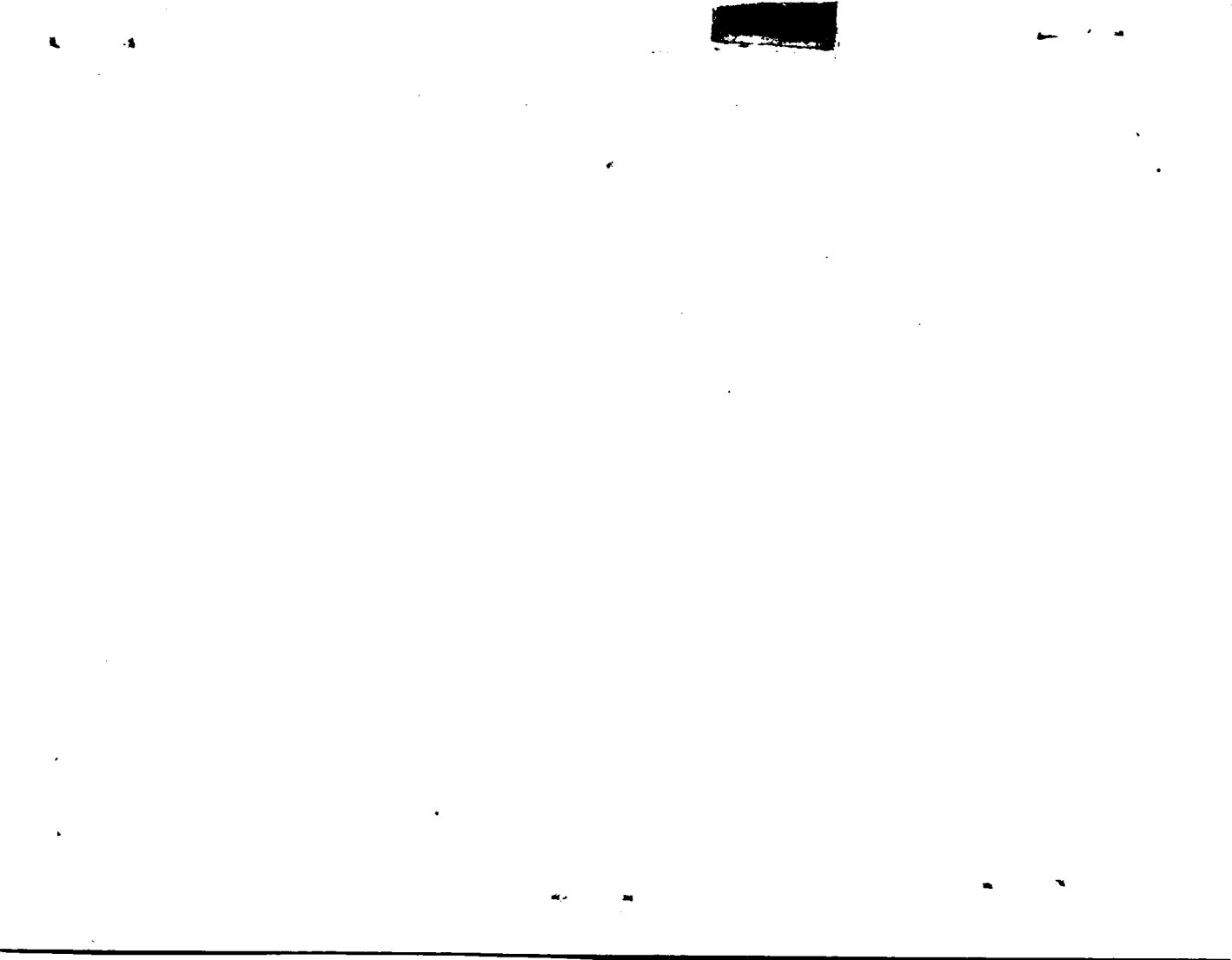
(Signature) R. Whitman M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Cambridge, Mass.

Filed 19 Whitman



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... }  
County of ..... } ss. Certificate No. 80356  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... birth  
for June Richardson who was born on May 17, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Indian Valley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) War Ration Book  
true facts are shown by Child's birth certificate prepared on October 4, 1942  
(Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Give Date) are:

FACTS TO BE CORRECTED  
("Name," "Birth Date," "Cause of Death," Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

Child's middle name Missing Roosa

Subscribed and sworn to before me this 10th day of

February 1956

Robert Peterson

Notary Public, residing at Sacramento

My commission expires 9-21-59  
(Seal)

Signed Anna A. Richardson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1020 W 2nd St Chico Calif  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }  
County of Sacramento } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of

February 1956

Robert Peterson

Notary Public, residing at Sacramento

My commission expires 9-21-59  
(Seal)

Signed Emma H. Richardson

(Signature of Any Credible Person)

1020 W 2nd St Chico Calif  
(Street Address, City, State)

MAR

10





AUG 3 0 1944



DECLASSIFIED

391-204-044-194  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Washington

CERTIFICATE OF BIRTH

City of Cambridge

Registration District No. \_\_\_\_\_

File No. 80358

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Lola Marie Caddock

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	and { Number in order of birth <u>—</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>Mar. 4, 1920</u> (Month) (Day) (Year)
----------------------------	--	---	-----------------------------	---

FATHER  
FULL NAME Robert C. Caddock  
RESIDENCE Cambridge-Idaho  
COLOR W. AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Gold Hill, Oregon  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Ma Amacost  
RESIDENCE Cambridge-Idaho  
COLOR White AGE AT LAST BIRTHDAY 18  
(Years)  
BIRTHPLACE Tilget, Nebraska  
OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 1004 M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Newman

(Physician or midwife)

Given names added from a supplemental report.

Address Cambridge, Idaho

Filed 4/10/20 19



AUG 17 1946

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-28-044-268  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

County of Washington

City of Salubria

Registration District No. ....

File No. .... 80359

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD .....

Lois Vivian Green

Sex of Child

female

Twin  
Triplet  
or other?

-

and (Number  
in order  
of birth

✓

Legiti-  
mate?

yes

Date of  
Birth

May 18 20  
(Month) (Day) (Year)

FULL  
NAME

Ernest A Green

FATHER

RESIDENCE

Salubria

COLOR

white

AGE AT LAST  
BIRTHDAY

27  
(Years)

BIRTHPLACE

Mo

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

Corra Boyles

MOTHER

RESIDENCE

Salubria

COLOR

white

AGE AT LAST  
BIRTHDAY

25  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated.

\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

Given names added from a supplemental report.

(Signature)

Edw. Hanson  
Physician  
(Physician or midwife)

Address

Cambria, Idaho

Filed

6/10/20

19.....

Registrar

Registrar

DEC 4 1956

695-109-044-485  
PLACE OF BIRTHCounty of WashingtonCity of Cambridge

Registration District No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 80360

Hospital \_\_\_\_\_

FULL NAME OF CHILD

William Frank Winder

Registered No. \_\_\_\_\_

Sex of Child

MaleTwin  
Triplet  
or other?-

and

Number  
in order  
of birth-Legiti-  
mate?yes

Date of Birth

May 9 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Charles W. Winder

FULL MAIDEN NAME

MOTHER  
Edna Myers

RESIDENCE

Cambridge-Idaho

RESIDENCE

Cambridge-Idaho

COLOR

White

AGE AT LAST BIRTHDAY

29  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

29  
(Years)

BIRTHPLACE

Springville Utah

BIRTHPLACE

Salubria-Idaho

OCCUPATION

Rancher

OCCUPATION

Housewife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was

Born alive3:45 A.M.

on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. W. Winder

(Physician or midwife)

Given names added from a supplemental report.

Address

Cambridge-Idaho

Filed

6/10 20 W. W. Winder

JUL 27 1943

JUL 28 1943

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-123-044-314  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-15

County of Washington

CERTIFICATE OF BIRTH

City of Cambridge

Registration District No. \_\_\_\_\_

File No. 80361

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Robert William Whiteman

Sex of Child <u>Male</u>	Twin Triplet or other? <u>✓</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 23 20.</u> (Month) (Day) (Year)
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FATHER		MOTHER	
FULL NAME <u>Robert T. Whiteman.</u>	FULL MAIDEN NAME <u>Carrie Frances Campbell</u>	FULL NAME <u>Robert T. Whiteman.</u>	FULL MAIDEN NAME <u>Carrie Frances Campbell</u>
RESIDENCE <u>Cambridge-Idaho</u>	RESIDENCE <u>Cambridge-Idaho</u>	RESIDENCE <u>Cambridge-Idaho</u>	RESIDENCE <u>Cambridge-Idaho</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Elkhart-Indiana</u>	BIRTHPLACE <u>New Meadows-Idaho.</u>	BIRTHPLACE <u>Elkhart-Indiana</u>	BIRTHPLACE <u>New Meadows-Idaho.</u>
OCCUPATION <u>Physician</u>	OCCUPATION <u>H. wife.</u>	OCCUPATION <u>Physician</u>	OCCUPATION <u>H. wife.</u>

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive at 1:10 P. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. C. Quant  
(Physician or midwife)

Given names added from a supplemental report.

Address Green Lake  
Filed 6/10 20 W. Whiteman  
Registrar

JAN 12 1942

115-211-044-795  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH.

County of Washington

City of Cambridge

Registration District No. \_\_\_\_\_

File No. 80362

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Yvonne Marie Jones

Sex of Child <u>Female</u>	Is Triplet or other? <u>—</u>	and { Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 11</u> 19 <u>20</u>
(To be answered only in event of plural births)			(Month) (Day) (Year)	

FATHER  
FULL NAME Arthur Roy Jones  
RESIDENCE Pendleton - Oregon  
COLOR White AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Automobile Mechanic

MOTHER  
FULL MAIDEN NAME Lula Rice  
RESIDENCE Pendleton - Oregon  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Salubria - Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

6:30 P. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Whitman

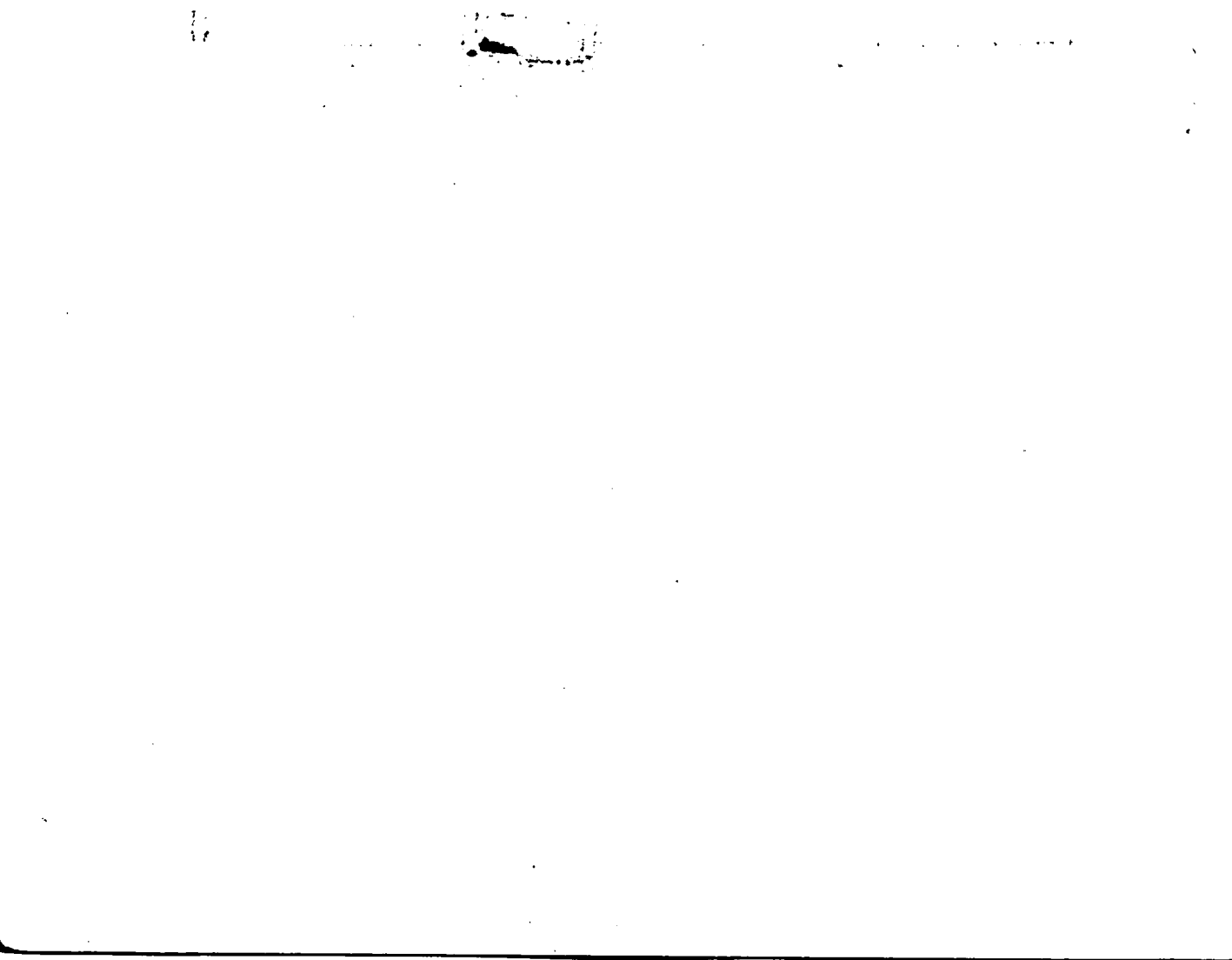
(Physician or midwife)

Given names added from a supplemental report.

Address Cambridge - Idaho

Filed 6/10/20 1920





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

County of... *Bonner*  
789-107-009-252  
City of.....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S. No. 11-C-25m-9-8-17

No.....St.

Registration District No.....*78*.....File No...*82363*.....

Hospital.....

Primary Registration District No. *2135*.....

Registered No.....

FULL NAME OF CHILD

*Richard Monroe Phillips*

Sex of Child

*male*Twin  
Triplet  
or other?(Number  
and in order  
of birth)

(To be answered only in event of plural births)

Legiti-  
mate?*yes*

Date of Birth

*May 7, 1920*  
(Month) (Day) (Year)

FULL NAME

*Samuel M. Phillips*

FATHER

RESIDENCE

*Careywood, Ida.*

COLOR

*white*AGE AT LAST  
BIRTHDAY*25*  
(Years)

BIRTHPLACE

*Tenn*

OCCUPATION

*farmer*

FULL MAIDEN NAME

*Virginia B. Kesinger*

MOTHER

RESIDENCE

*Careywood - Ida.*

COLOR

*white*AGE AT LAST  
BIRTHDAY*22*  
(Years)

BIRTHPLACE

*Idaho*

OCCUPATION

*housewife*Number of child of this mother, including present birth...*1*..... Number of children of this mother now living, including present birth...*1*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was...*Born alive*..... at...*3:00 P.M.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature).....

*Frank W. Wendle*  
*Physician*  
(Physician or midwife)

Address.....

*Rathdrum, Ida.*Filed *June 8, 1920*

FLOYD G. WENDLE

Registrar

MAR 2 1961

MAY 21 1942

AUG 31 1943

489-110-001-493

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of SlaiRegistration District No. 9File No. 80364

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Warren Ambrose WhiteSex of Child BoyTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti  
mate? yesDate of  
Birth41020  
(Month) (Day) (Year)FULL  
NAME

FATHER

Waller, Edward, WhiteFULL  
MAIDEN  
NAME

MOTHER

Mary, Alice, White

RESIDENCE

Slai, Idaho

RESIDENCE

Slai, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY35  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Black-Creek, Idaho

BIRTHPLACE

Mount Rose, Colorado

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive, at 11, P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mary, C. AddingtonMidwife

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Eagle R.D. 1

Filed

Apr. 15 1920L. P. K. Lewis

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF JUSTICE  
BUREAU OF PRISONS  
INVESTIGATION OF BIRTH

PLACE OF BIRTH

MAY 18 1962

100-100000

100-100000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-128-010-381

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

U. S. No. 11-C-25m-9-8-15

County of Bonneville

CERTIFICATE OF BIRTH

City of Idaho Falls,

Registration District No. 73

No. 80365

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 215-6

Registered No. 108

Hospital \_\_\_\_\_

FULL NAME OF CHILD William Rodney Campbell

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes.</u>	Date of Birth <u>Feb. 28th</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Robert Thomas Campbell</u> RESIDENCE <u>Idaho Falls, Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>26</u> (Years) BIRTHPLACE <u>Payson, Utah</u> OCCUPATION <u>Laborer</u>			MOTHER FULL MAIDEN NAME <u>Katie Chandler</u> RESIDENCE <u>Idaho Falls, Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>21</u> (Years) BIRTHPLACE <u>Vernon, Utah</u> OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth. 2nd. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive. at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Ida

Filed July 10 1920 West Registrar

FEB 10 1946

217-105-019-256  
PLACE OF BIRTHCounty of CusterCity of Challis

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 108Primary Registration District No. 2186

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 80367

Registered No. \_\_\_\_\_

Easlee Paxter

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>March 25th</u> (Month) (Day) (Year) <u>1930</u>
FULL NAME <u>Easlee Paxter</u>	FATHER <u>Lee Eugene Paxter</u>		MOTHER <u>Marjorie Kelley</u>	
RESIDENCE <u>Challis, Ida</u>	RESIDENCE <u>Challis, Idaho</u>		RESIDENCE <u>Challis, Idaho</u>	
COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	COLOR <u>wh</u>
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Wisconsin</u>	BIRTHPLACE <u>Wisconsin</u>	BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Farming</u>	OCCUPATION <u>H-farming</u>	OCCUPATION <u>H-farming</u>	OCCUPATION <u>H-farming</u>	OCCUPATION <u>H-farming</u>

Number of child of this mother, including present birth, 1..... Number of children of this mother now living, including present birth, 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 11 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Hixley MD

(Physician or midwife)

Given names added from a supplemental report

Address Challis, IdahoFiled 7/131930

Registrar

Registrar



OCT 3 0 1948

495-1124

PLACE

1-C-25m-1-1-13

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of ParisRegistration District No. 2File No. 80368No.        St.       Primary Registration District No. 1004Registered No. 260Hospital St. Luke's

FULL NAME OF CHILD

Robert Kenneth Diers

Sex of Child <u>male</u>	Was Triplet or other? <u>      </u> and <u>      </u> Number in order of birth <u>      </u>	Legitimate? <u>yes</u>	Date of Birth <u>June 12, 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Fred Valentine Diers</u>	FATHER
RESIDENCE <u>Mackay, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Ford, Illinois</u>	
OCCUPATION <u>Book keeper</u>	

FULL MAIDEN NAME <u>Mable Muffett</u>	MOTHER
RESIDENCE <u>Mackay, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Rocks Springs, Wyo</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>3</u>	Number of children of this mother now living, including present birth <u>3</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Willie Almond, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address 1212 22 St. Thomas

JUL 23 1966

1/13/41/ EA

714-109-001-349

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. A. 11-3-1917

County of AdairCity of BosseRegistration District No. 2File No. 80369No. S. Bosse St.Primary Registration District No. 1004Registered No. 259Hospital St. Luke

FULL NAME OF CHILD

William Orrin Padgett Padgett

Sex of Child

mTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birth

Legitimate?

yes

Date of Birth

June 9 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

Wm F. Padgett

RESIDENCE

S. Bosse

COLOR

W

AGE AT LAST BIRTHDAY

34

(Years)

BIRTHPLACE

Oklahoma Alabama

OCCUPATION

labore

FULL MAIDEN NAME

MOTHER

Lizzie Turner

RESIDENCE

S. Bosse

COLOR

W

AGE AT LAST BIRTHDAY

34

(Years)

BIRTHPLACE

Turn.

OCCUPATION

House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was at 8 P  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. H. Parker

(Physician or midwife)

Given names added from a supplemental report.

Address

302 W. Center St.

Filed

7/1 1920

Registrar

Registrar

2/27/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

293-113-001-921  
PLACE OF BIRTH  
amended 10-4-60

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ADA

City of Boise

No. 1015 W. Jefferson

Registration District No. 2

File No. 80370

Hospital ----

Primary Registration District No. 1004

Registered No. 261

FULL NAME OF CHILD Alvard Ross Kiler

(Certificate of no value without full name of child.)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and { { Number { in order { of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>June 13</u> 192 <u>0</u> (Month) (Day) (Year)
-----------------------------	---	---	--------------------------------	--

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

FATHER

FULL  
NAME

Will J Kiler

RESIDENCE

1015 Jefferson W.

COLOR

White

AGE AT LAST

BIRTHDAY 32  
(Years)

BIRTHPLACE

California

OCCUPATION

Gro. Clerk

FULL  
MAIDEN  
NAME

MOTHER

Emma Isaak

RESIDENCE

1015 Jefferson

COLOR

shite

AGE AT LAST

BIRTHDAY 25  
(Years)

BIRTHPLACE

South Dakota

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) O.H. Parker

(Physician or midwife)

Give names added from a supplemental report.

Address 303 McCarre Bldg.

Filed 7/1 1920 L. P. Terman

Registrar.

Registrar.

March 10-4-80

ABA

Bales

1015 W. Jefferson

----

Alvaro Ross Miller

Case

Yes

June 13

Will J Miller

1015 Jefferson

1015 Jefferson

White

White

California

South Dakota

Gen. Clerk

Bossawite

born alive

G.H. Barker

303 Madison Bldg.

L. F. Jefferson

(7)

Own child's birth certificate gives name as Alverd Ross Kiler dated August 21, 1947. On file in Idaho

IDAHO DEPARTMENT OF HEALTH

Army discharge from BUREAU OF VITAL STATISTICS, United States Army gives name as Alvard R. Kiler dated February 26, 1946. Viewed by V.S.

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss.

Certificate No. 80370

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Infant Kyler who was born on June 13, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Ada, County are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

name of child

Infant Kyler

Alvard Ross Kiler

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed

(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

(Street Address, City, State)



Merit System Council letter stating name as Alvard Ross Kiler and birthdate as June 13, 1920. Dated February 28, 1949.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada (21)  
 City of Boise  
235-215-001-235 Registration District No. 2 File No. 80371  
 No.                      St.                       
 Hospital Jan Primary Registration District No. 1004 Registered No. 223  
 FULL NAME OF CHILD Anne Thelton Stewart

Sex of Child <u>Female</u>	Twin Triplet or other? <input checked="" type="checkbox"/>	and { Number in order of birth <u>2</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Jan 15</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Charles Leavell Stewart</u>			MOTHER FULL MAIDEN NAME <u>Anna Lillian</u>	
RESIDENCE <u>1310 Hays Boise</u>			RESIDENCE <u>1310 Hays Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>                    </u> (Years)
BIRTHPLACE <u>Indiana</u>			BIRTHPLACE <u>Boise Idaho</u>	
OCCUPATION <u>Banker</u>			OCCUPATION <u>Housekeeper</u>	

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was                      at                      M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)                     

(Physician or midwife)

Given names added from a supplemental report.

Address 6/9 20  
 Filed 6/9 20 1920  
L. P. Horman  
 Registrar

FEB 6 1942

Ray Doctor  
The graduate at City House  
not State House  
German

Dup of 1920-77487

291-204-001-783

## PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseNo. 1211 N 29 St.Hospital St LukesRegistration District No. 2File No. 80372Primary Registration District No. 1004Registered No. 224

Full Name of Child

Helen Caroline Branson

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 4</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Jebeulow S Branson Jr.</u>	FATHER		FULL MAIDEN NAME <u>Helen Pyle</u>	MOTHER
RESIDENCE <u>1211 N 20 St Boise Ida</u>			RESIDENCE <u>1211 N 20 St Boise Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Norfolk Nebraska</u>			BIRTHPLACE <u>Almena Kansas</u>	
OCCUPATION <u>Real Estate</u>			OCCUPATION <u>House work</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive  
on the date above stated. (Born alive or stillborn)at 11 A. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

P P French M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address 417 Overland Bldg Boise IdaFiled 6/11 1920

Registrar

Registrar

AUG 14 1942

414-109-001-493

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of AdaCity of BoiseRegistration District No. 2File No. 80373

No. \_\_\_\_\_ St.

Primary Registration District No. 1004Registered No. 225

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Paul Miller MaderSex of Child Male  
Twin { and { Number  
Triplet { in order  
or other? { of birth  
(To be answered only in event of plural births)Legitimacy? YesDate of Birth 5-9- 1920  
(Month) (Day) (Year)

FATHER  
FULL NAME Paul A. Mader  
RESIDENCE 2100 State St., Boise, Idaho  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Pennsylvania  
OCCUPATION Bacteriologist

MOTHER  
FULL MAIDEN NAME Irene E. Miller  
RESIDENCE 2100 State St., Boise, Idaho  
COLOR White AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Pennsylvania  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive, at 520 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

T. N. Brastane M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

6/16 1920 L. J. Gorman

Registrar

Registrar

JUL 15 1942

292-211-001-284

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 80374

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Delamar Rooms Primary Registration District No. 1004 Registered No. 226FULL NAME OF CHILD Larina May Kiser

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>5-11-1920</u> (Month) (Day) (Year)
----------------------------	---	---------	---	----------------------------	--

FULL NAME <u>James R. Kiser</u>	FATHER
RESIDENCE <u>807 Grove St., Boise, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Vera A. Shuck</u>	MOTHER
RESIDENCE <u>807 Grove St., Boise, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6<sup>23</sup> a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brattan M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, IdahoFiled 6/16 1920

Registrar

Registrar A. J. Gorman



JUL 10 1975

100

363-121-001-866

PLACE OF BIRTH

County of Ada.....City of Boise.....

No. .... St.

Hospital SX - Sikes

FULL NAME OF CHILD

Registration District No. .... 2 .....

Primary Registration District No. .... 1004 .....

File No. .... 80375 .....

Registered No. .... 226 .....

John Sanford Cole

Sex of Child <u>boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate?	Date of Birth <u>May 21 1920</u> (Month) (Day) (Year)
-------------------------	---	--------------------------------------	------------------	--

FATHER		MOTHER	
FULL NAME <u>Byron L Cole</u>	FULL MAIDEN NAME <u>Mauda J. Hoff</u>	FULL NAME <u>Mauda J. Hoff</u>	FULL MAIDEN NAME <u>Mauda J. Hoff</u>
RESIDENCE <u>1613 north 16th</u>	RESIDENCE <u>Same</u>	RESIDENCE <u>Same</u>	RESIDENCE <u>Same</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>w -</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Neb.</u>	BIRTHPLACE <u>Minne.</u>	BIRTHPLACE <u>Minne.</u>	BIRTHPLACE <u>Minne.</u>
OCCUPATION <u>Office mgr.</u>	OCCUPATION <u>House white</u>	OCCUPATION <u>House white</u>	OCCUPATION <u>House white</u>

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer MD.  
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Bldg Boise  
6/29/20  
Filed W. J. Gorman  
Registrar

DEC 17 1941

2 copies



JAN 5 1942

141-225-001-696

## PLACE OF BIRTH

Amended 7/14/76

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-4-8-17

County of....ADA.....

City of....BOISE.....

Registration District No.....2.....

File No.....80376.....

No. ~~440 East 1st St.~~

Primary Registration District No.....1004.....

Registered No. 227.....

Hospital...St. Alphonsus

FULL NAME OF CHILD...Annabel Adams

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth —	Legiti- mate? <i>yes</i>	Date of Birth... <i>May 25 1920</i> (Month) (Day) (Year)
-------------------------------	---	---	-----------------------------	---

FULL NAME <i>Robert S. Adams</i>	FATHER
RESIDENCE <i>410 East 1st St. Boise, Ida</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY... <i>43</i> (Years)
BIRTHPLACE <i>Racine, Wis.</i>	
OCCUPATION <i>Chief Clerk - Stateman</i>	

FULL MAIDEN NAME <i>Grace Roman</i>	MOTHER
RESIDENCE <i>Racine, Ida</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY... <i>32</i> (Years)
BIRTHPLACE <i>Caldwell, Ida</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth... <i>1</i>	Number of children of this mother now living, including present birth... <i>1</i>
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was...*Alma S.*... at...*P.*...M.  
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Signature)... <i>F. O. McCalla</i> ...
---	---

Given names added from a supplemental report.

(Physician or midwife)

.....19.....

Address

.....19.....

File

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1952

DEC 15 1942

1942

5/17/76

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho } ss. 8 55 AM '76  
County of ADA }  
Certificate No. 80376  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Annabel Adams who was born May 24, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Ada County (Boise) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Photo Album + St. Luke's Hospital prepared on 6-22-76 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

birth date

May 24, 1920

May 25, 1920

Subscribed and sworn to before me this 24th day of

JUNE

1976

Notary Public, residing at Boise, Idaho

My commission expires April 4, 1980

(Seal)

Signed Isaac Froman Adams  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Ada }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of

JUNE

1976

Notary Public, residing at Boise, Idaho

My commission expires April 4, 1980

(Seal)

Signed Isaac Froman Adams  
(Signature of Any Credible Person)

1555 West Franklin, Boise, Idaho  
(Street Address, City, State)

Statement from St.Lukes Hospital dated June 22, 1976 lists birth date for Annabel Allen Nee Adams as 5/25/20, as given on admission of 11/29/59. viewed by V.S.

Page from photo album shows baby with caption 9/25/20 4 months old. viewed by Vital Statistics.

**JUL 14 1976**

419-124-001-635

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2 File No. 80377No. 2510 Heron St.Primary Registration District No. 1004 Registered No. 228

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Edward Marmon

Sex of Child

mTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthMay 24 1920

(Month)

(Day)

(Year)

FULL  
NAMEEdward S Marmon

FATHER

RESIDENCE

2510 Heron St.

COLOR

whiteAGE AT LAST  
BIRTHDAY26

(Years)

BIRTHPLACE

Pa.

OCCUPATION

Traveling SalesmanFULL  
MAIDEN  
NAMEFrancis Oleson

MOTHER

RESIDENCE

2510 Heron St.

COLOR

whiteAGE AT LAST  
BIRTHDAY25

(Years)

BIRTHPLACE

Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive

(Born alive or stillborn)

7:45 P.M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr John Buck

(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 N. Learty Bldg  
6/9 1920 L. J. J. J.

Filed

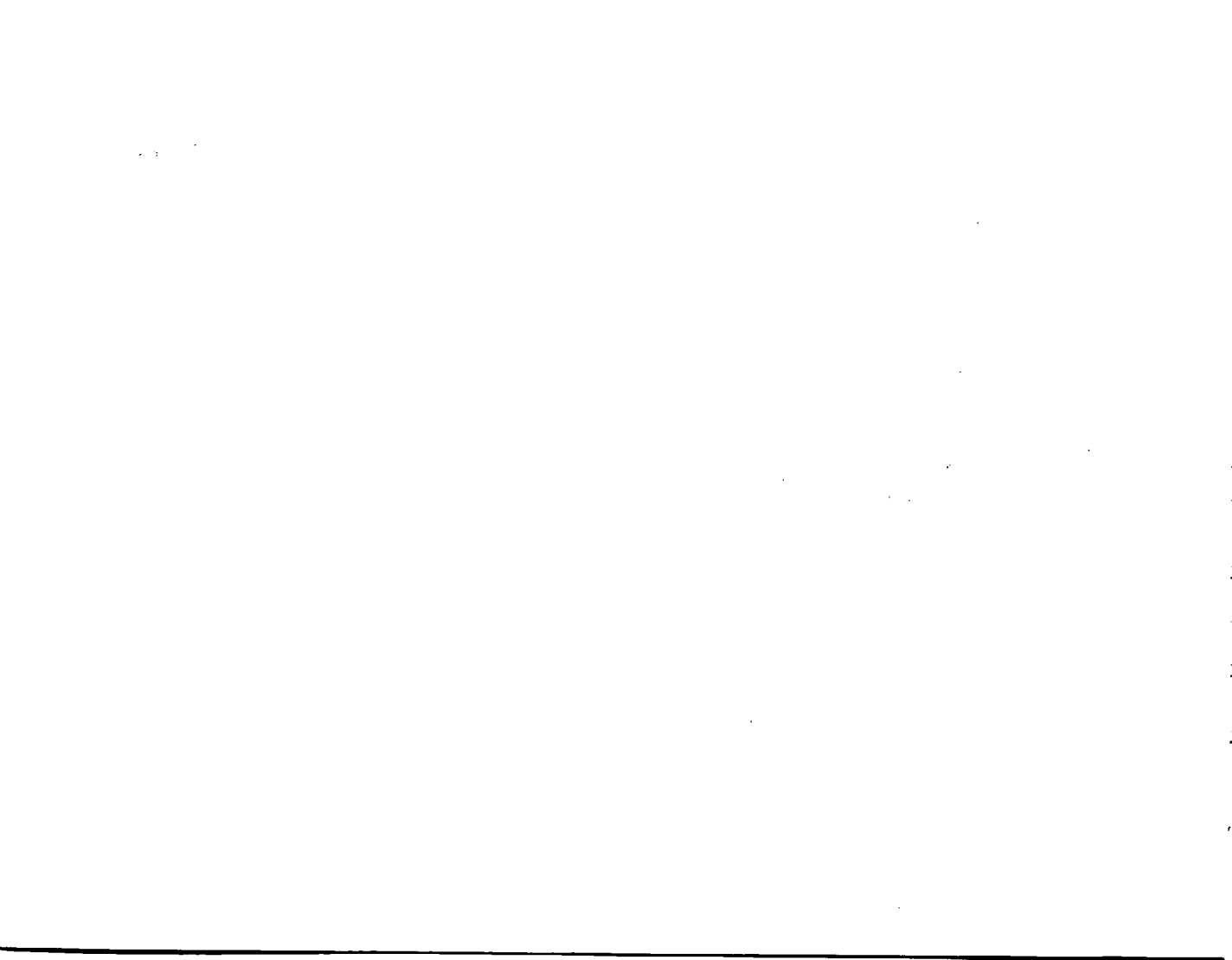
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





239-227-001-238

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. &amp; No. 11-0-22m-08-17

## CERTIFICATE OF BIRTH

County of... ALA .....City of... BOISE .....Registration District No. .... 2 .....File No. .... 80378 .....No. .... St. .....Primary Registration District No. .... 1004 .....Registered No. .... 229 .....Hospital... St. Alphonsus .....

FULL NAME OF CHILD

Maria Teresa McIntSex of  
ChildFemaleTwin  
Triplet  
or other?

—

} and {

Number  
in order  
of birth

—

Legiti-  
mate?YesDate of  
BirthMay 27 20  
(Month) (Day) (Year)FULL  
NAMEF. R. McInt

RESIDENCE

Roscherry

COLOR

whiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Saxony

OCCUPATION

FarmerFULL  
MAIDEN  
NAMELydia Schubert

RESIDENCE

Roscherry

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Arkansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth .... 1 .....Number of children of this mother now living, including present birth .... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

F. P. McCall  
(Born alive or stillborn) at 1 PM

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed .....

13

Registrar

D. P. Roman  
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

512-128-001-212

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Ada

City of Boise

Registration District No. 2

File No. 80379

No. \_\_\_\_\_ St.

Hospital St Luke's

Primary Registration District No. 1004

Registered No. 230

FULL NAME OF CHILD

Masa Nakamura

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 28</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>M. Nakamura</u>	FATHER
RESIDENCE <u>1019 Main</u>	
COLOR <u>yellow</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>owns cafe</u>	

FULL MAIDEN NAME <u>Tora Kasahara</u>	MOTHER
RESIDENCE <u>1019 Main</u>	
COLOR <u>yellow</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 1 / Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Forrest Baick

(Physician or midwife)

Given names added from a supplemental report.

19

Address 3000 20th St  
Filed 6/3 20 L. J. Gorman  
(over) Registrar

Registrar

APR 13 1954

APR 13 1954

First certified copy issued 8-29-39 PBA (9463)

281-229-001-343

## PLACE OF BIRTH

County of AdaCity of BrisNo. 115 N 12 St.Hospital St. LukesSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

## CERTIFICATE OF BIRTH

Registration District No. 2File No. 80380Primary Registration District No. 1004Registered No. 231Full Name of Child Grace Vivian Shackelford

SEX OF CHILD <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth <u>3</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 29 1920</u> (Month) (Day) (Year)
-----------------------------	---	--	--------------------------------	--

FULL NAME <u>Tom. Shackelford</u>	FATHER
RESIDENCE <u>1215 N 12</u>	
COLOR <u>Wh.</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Truck driver</u>	

FULL MAIDEN NAME <u>Edna Tucker</u>	MOTHER
RESIDENCE <u>1215 N 12</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 A. M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. J. Farney

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed

Registrar

Registrar

c.c. 8/3/41. n.h.

**PLACE OF BIRTH**

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-200-0-0-12

County of... Ala

City of Dorse

**Registration District No.**.....2.....

File No. 80381

No. 810 Darnock St.

Primary Registration District No. 1004

Registered No. 232.....

Hospital .....

**FULL NAME OF CHILD**

Sex of Child <i>female</i>	Twin Triplet or other?	and	(Number in order of birth /
(To be answered only in event of plural births)			

Legitimate? *yes*

Date of Birth.....5.....29.....20.....  
(Month) (Day) (Year)

FULL NAME Cotter FATHER Thomas

FULL MAIDEN NAME Jensen Larice MOTHER

RESIDENCE 116 Bannock Ct.

RESIDENCE *Prise*

COLOR *White* AGE AT LAST BIRTHDAY..... *29*.....  
(Years)

COLOR W AGE AT LAST BIRTHDAY.....17.....

BIRTHPLACE Corona, N.Y.

**BIRTHPLACE** Cambria, Pa.

OCCUPATION *Truck Driver*

OCCUPATION *housewife*

Number of child of this mother, including present birth.....*one*

Number of children of this mother now living, including present birth one

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

I hereby certify that I attended the birth of this child, who was Born Alive, at 4 P. M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

### Address

**Filed**

## Registrar

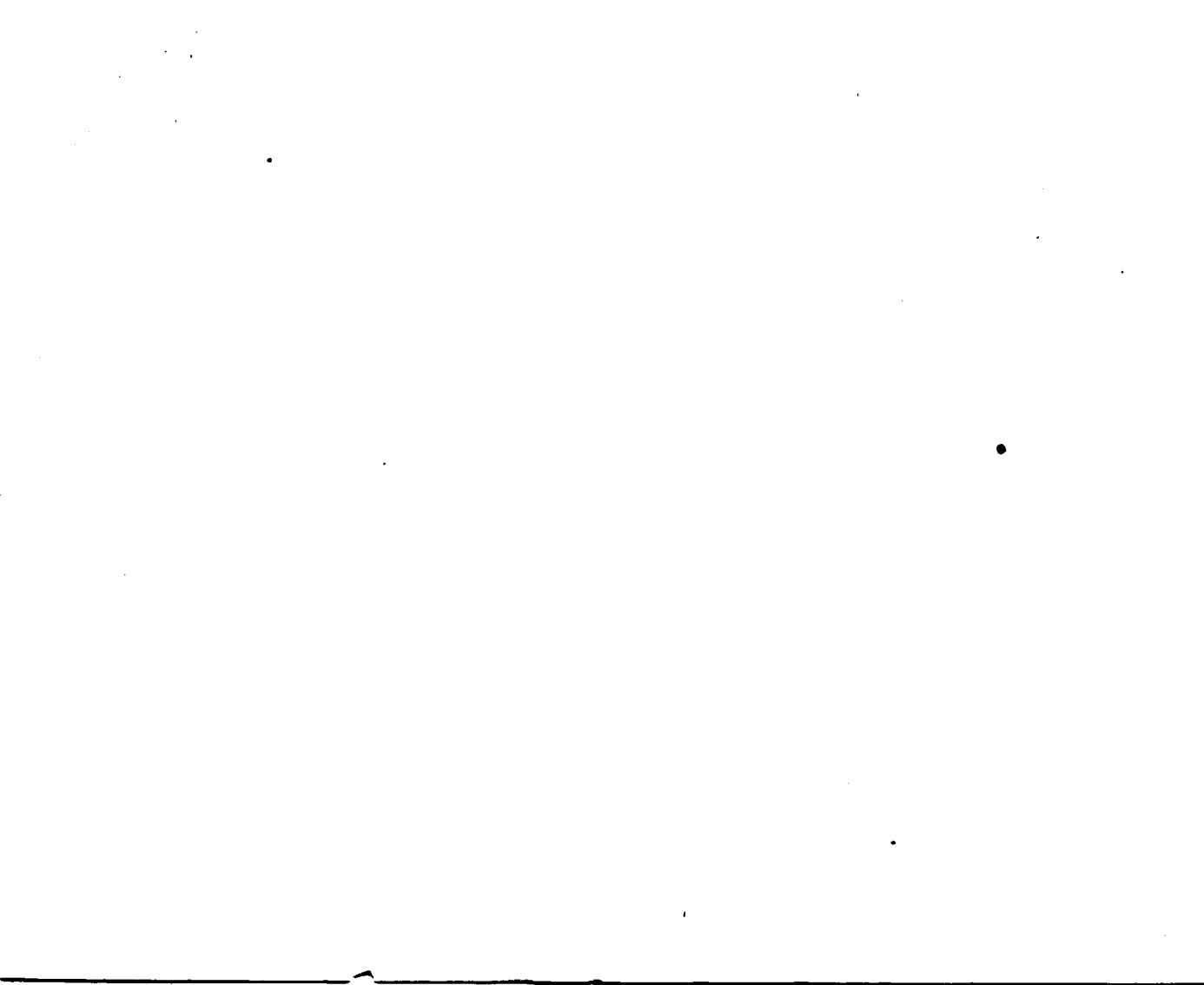
## Registrar

**MARGIN RESERVED FOR BINDING**

**WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD**

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





869-229-001-245

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 80382

No. \_\_\_\_\_ St.

Hospital St. Luke'sPrimary Registration District No. 1004Registered No. 233

FULL NAME OF CHILD

Alice Elaine HaisingtonSex of Child Female  
Twin  
Triplet  
or other? { and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legitimacy YesDate of Birth 5-29-1920  
(Month) (Day) (Year)FULL NAME FATHER Leonard G. HaisingtonRESIDENCE S. 9th St. Bridge, BoiseCOLOR White AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE IowaOCCUPATION MissionaryFULL MAIDEN NAME MOTHER Hattie H. BunnellRESIDENCE S. of 9th St. Bridge, BoiseCOLOR White AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE IowaOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2056 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

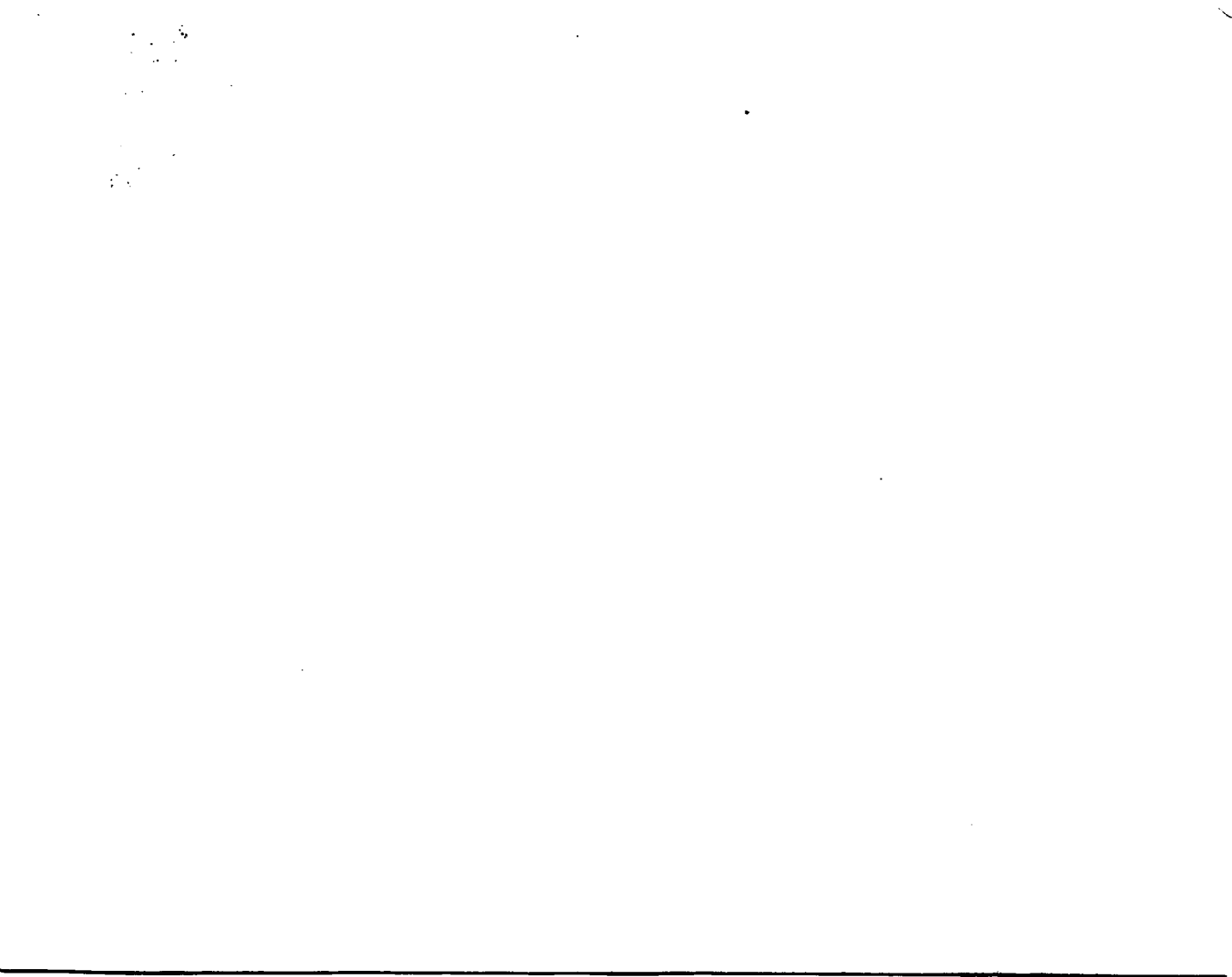
Address Boise, IdahoFiled 6/16/20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

625-250-001-215

PLACE OF BIRTH  
AMENDED - APRIL 19, 1949

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ida

City of Boise

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 2

File No. 80383

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 234

FULL NAME OF CHILD

Mary Jane Mavis Field

(Certificate of no value without full name of child.)

Sex of  
Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti-  
mate? Yes

Date of  
birth May 30 1949  
(Month) (Day) (Year)

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

FULL  
NAME

FATHER

William Evans Field

RESIDENCE

Bristol Hotel

COLOR

White

AGE AT LAST  
BIRTHDAY 37  
(Years)

BIRTHPLACE

England

OCCUPATION

Tile Contractor

FULL  
MAIDEN  
NAME

MOTHER

Evelyn Sandrock

RESIDENCE

Bristol Hotel

COLOR

White

AGE AT LAST  
BIRTHDAY 37  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9:00 P. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) Jos. R. Numbers

(Physician or midwife)

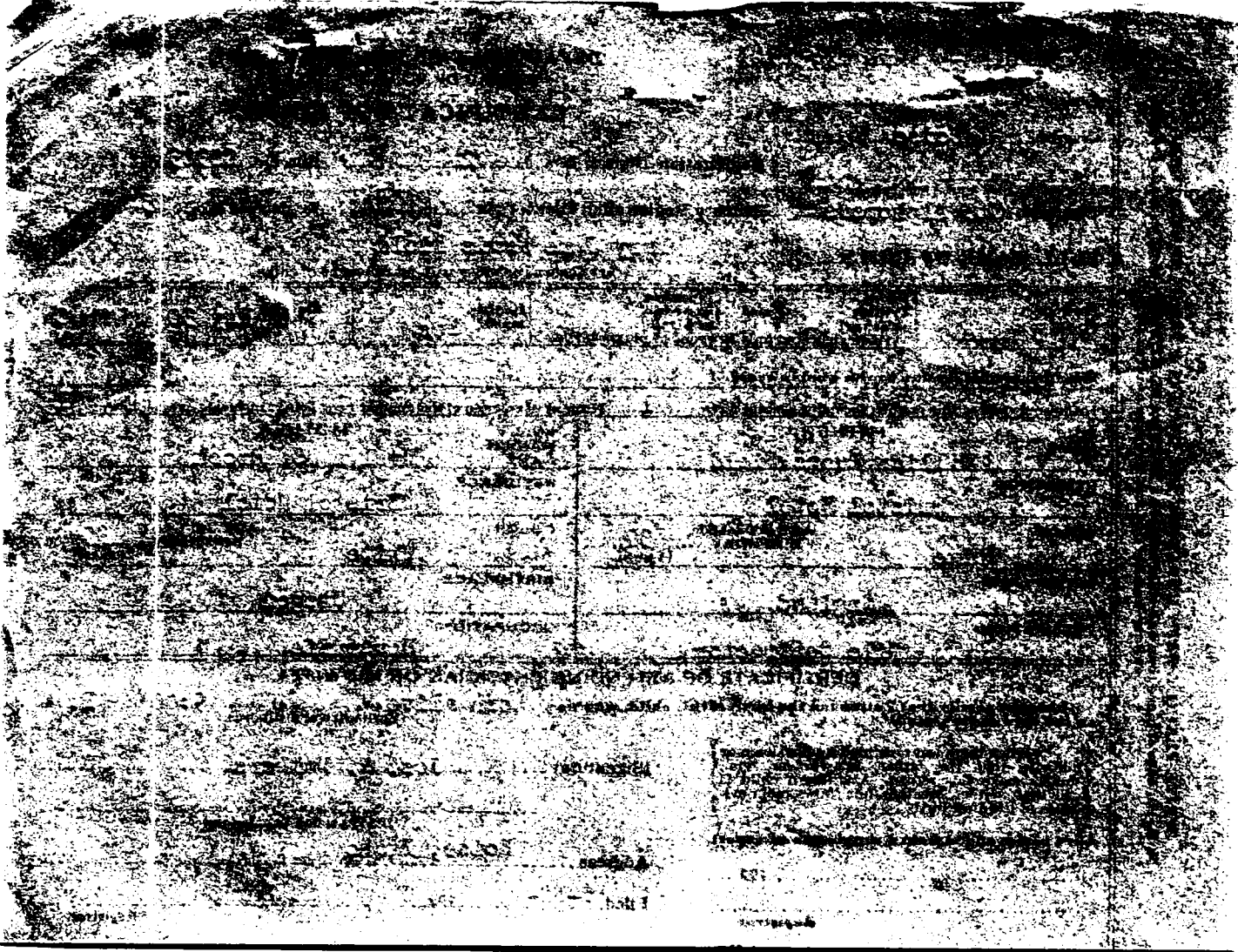
Give names added from a supplemental report.

Address Boise, Idaho

Filed 6-10- 1949 L. Furman

Registrar.

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Oregon }  
County of Multnomah } ss. Certificate No. 80383  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Mary Jane Mavis Fields who was born on May 30, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Certificate of Naturalization of William Evans Field  
No. 666591 prepared on July 31, 1917 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Surname Fields Field

Subscribed and sworn to before me this 15th day of  
April, 1949

Signed William Evans Field  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
3809 NE Columbia Blvd.  
Portland, Oregon  
(Street Address, City, State)

[Signature]  
Notary Public, residing at Portland, Oregon  
My commission expires Aug. 23, 1949  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon }  
County of Multnomah } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of  
April, 1949

Signed [Signature]  
(Signature of Any Credible Person)  
301 Pacific Bldg.  
Portland, Oregon  
(Street Address, City, State)

[Signature]  
Notary Public, residing at Portland, Oregon  
My commission expires Mar 25, 1952  
(Seal)

1 copy P.D.

APR 19 1949

685-131-001-491

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 80384

No. \_\_\_\_\_ St.

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 235

FULL NAME OF CHILD

Thomas Irwin WheelerSex of  
ChildMaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
Birth5-31-20  
(Month) (Day) (Year)FULL  
NAME

FATHER

Harold H. Wheeler

RESIDENCE

Barber, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

LumbermanFULL  
MAIDEN  
NAME

MOTHER

Mildred A. Dial

RESIDENCE

Barber, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Illinois

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9:15 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. N. Braxton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho  
616 20 2nd

Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



10 4/5

10 4/5

433-131-001-689

Amended 7-6-81

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2 File No. 80385

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 236FULL NAME OF CHILD James Loring McCormickSex of Child Male Twin Triplet { and { Number in order of birth { Legiti mate? Yes Date of Birth 5-31- 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME Rupert S. McCormick FATHER  
RESIDENCE 414 S. 11th St., Boise, Idaho  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Idaho  
OCCUPATION LaborerFULL MAIDEN NAME Marie S. White MOTHER  
RESIDENCE 414 S. 11th St., Boise, Idaho  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Missouri  
OCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9:50 p. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Branton M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho  
Filed 6/16 1920 L. J. Roman  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/4/40 L.B.

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICSState of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 80385

Date Filed \_\_\_\_\_

birth

The undersigned does solemnly swear that certain facts on the certificate

for Garland Loraine McCormick who was born on May 31, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)in Boise (ADA) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

child's nameGarland LoraineJames Loring

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

X James L. M. McCormick  
Signature of Applicant

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

Insurance Record # 302809 gives name as James Loring McCormick born May 31, 1920, in Boise, Idaho, Insurance issued January 1, 1963.

Viewed by V.S.

JUL 7 - 1981

Social Security Card gives name as James Loring McCormick. Card issued by the Social Security Adm. in Sept. 12, 1938.

Viewed by V.S.

897-101-001-553

## PLACE OF BIRTH

County of AdaCity of AdaNo.        St.       Registration District No. 2File No. 80386Hospital St. Anthony's Primary Registration District No. 1004Registered No. 237Full Name of Child Orlesco R. Higby

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>      </u>	Number in order of birth <u>      </u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>6 1 1920</u> (Month) (Day) (Year)
FATHER		MOTHER		
FULL NAME <u>Tracy Higby</u>		FULL MAIDEN NAME <u>Mary Nelson</u>		
RESIDENCE <u>B. D. No 5</u>		RESIDENCE <u>B. D. No 5</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Mechanic</u>		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth        Number of children of this mother now living, including present birth       

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 9 9 M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Kelly  
(Physician or midwife)

Given names added from a supplemental report.

Address 6/22 20  
Filed 6/22 20  
Registrar St. Anthony's

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/22/41

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho }  
County of Ada } ss.  
Certificate No. 22,216  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Ursulesco Adalbert Higby who WAS born June 1, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in St. Alphonsus Hospital are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by Insurance Policy prepared on May 9 - 1932, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO  
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)  
no name unnamed Higby Ursulesco Adalbert Higby

Subscribed and sworn to before me this 21  
day of July, 1932

Notary Public, residing at Boise, Idaho

My commission expires 5-2-34  
[SEAL]

Signed x Mary Ellen Higby  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

329 S. 17th St., Boise, Idaho  
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho }  
County of Ada } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21  
day of July, 1932

Notary Public, residing at Boise, Idaho

My commission expires 5-2-34  
[SEAL]

Signed x Tracy A. Higby  
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)



- 7/27/41

JUL 19 1974

JUN 20 1951

318-204-001-669  
Amended 2-19-63

(Be sure the information is complete and accurate)

State File No. 80387

- CERTIFICATE OF BIRTH  
STATE OF IDAHO

Local Reg. No. 238

Reg. Dist. No. 2

Federal Security Agency  
United States Public Health Service

<b>1. PLACE OF BIRTH</b> a. COUNTY <b>Ada</b>		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Ada</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boise</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boise</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>1101 Borah</b>		d. STREET ADDRESS (If rural, give location) <b>1101 Borah St.</b>	
<b>3. CHILD'S NAME</b> (Type or print) a. (First) <b>Margaret</b>		b. (Middle) <b>LaRue</b>	
		c. (Last) <b>Taylor</b>	
<b>4. SEX</b> <b>Female</b>	<b>5a. THIS BIRTH</b> SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	<b>5b. IF TWIN OR TRIPLET</b> (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<b>6. DATE OF BIRTH</b> (Month) (Day) (Year) <b>June 4, 1920</b>
<b>FATHER OF CHILD</b>			
<b>7. FULL NAME</b> a. (First) <b>James</b>		b. (Middle) <b>L.</b>	
		c. (Last) <b>Taylor</b>	
<b>8. COLOR OR RACE</b> <b>White</b>			
<b>9. AGE</b> (At time of this birth) <b>22 YEARS</b>	<b>10. BIRTHPLACE</b> (State or foreign country) (City or town) <b>Mapleton, Idaho</b>	<b>11a. USUAL OCCUPATION</b> <b>Laborer</b>	<b>11b. KIND OF BUSINESS OR INDUSTRY</b>
<b>MOTHER OF CHILD</b>			
<b>12. FULL MAIDEN NAME</b> a. (First) <b>Gladys</b>		b. (Middle) <b>Worthington</b>	
		c. (Last) <b>White</b>	
<b>13. COLOR OR RACE</b> <b>White</b>			
<b>14. AGE</b> (At time of this birth) <b>21 YEARS</b>	<b>15. BIRTHPLACE</b> (State or foreign country) (City or town) <b>Eureka, Utah</b>	<b>16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER</b> (Do NOT include this child) a. How many OTHER children are now living? <b>0</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were still born (born dead after 20 weeks pregnancy)? <b>0</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> (Relationship)			
<b>18a. SIGNATURE</b> <b>Geo. H. Handy</b>		<b>18b. ATTENDANT AT BIRTH</b> M. D. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify) <b>D.O.</b>	
<b>18c. ADDRESS</b> <b>916 State St. - Boise, Idaho</b>		<b>18d. DATE SIGNED</b>	
<b>19. DATE REC'D BY LOCAL REG.</b> <b>6/19/1920</b>		<b>20. REGISTRAR'S SIGNATURE</b> <b>L.P. Pfirman</b>	
		<b>21. DATE ON WHICH GIVEN NAME ADDED BY</b> (Registrar)	

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

Indicate to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \* \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....  
.....

(b) Labor: Complication.....

.....  
..... Induced?.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -  
IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Utah } ss. Weker Certificate No. 80387  
County of Weker Date Filed Feb 19 1963

The undersigned does solemnly swear that certain facts in the certificate of Birth  
for Margarett Larue Taylor who was born on June 4, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by prepared on are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child Margarett Larue Taylor Margaret LaRue Taylor

Subscribed and sworn to before me this 13<sup>th</sup> day of

February 1963  
Catharina Goldpurn

Notary Public, residing at Idaho, Utah

My commission expires Mar. 21, 1963

(Seal)

Signed R. F. D. 2 Box 814 Ogden, Utah  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss. Weker  
County of Weker

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13<sup>th</sup> day of

February 1963  
Catharina Goldpurn

Notary Public, residing at Idaho, Utah

My commission expires Mar. 21, 1963

(Seal)

Signed James L. Taylor  
(Signature of Any Credible Person)

R. F. D. 2 Box 814 Ogden, Utah  
(Street Address, City, State)

L.D.S. Church Certificate of Birth, entered on Record July 4, 1920  
gives full name as Margaret LaRue Taylor, born June 4, 1920 at Boise,  
Idaho to James Lamoni Taylor and Sarah Gladys Worthington - viewed by V.S.

• ~~Marriage Certificate, State of Utah~~

Marriage Certificate Sealing Record, married May 9, 1942, Sealed October  
14, 1954 at Salt Lake City, Utah gives full names as Curtis Jerome  
Mietchen and Margaret LaRue Taylor - viewed by V.S.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

163-106-001-165-

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-17

## CERTIFICATE OF BIRTH

County of AdaCity of BosseRegistration District No. 2File No. 80388No. 910 O'Fallon St.Primary Registration District No. 1004Registered No. 879

Hospital .....

FULL NAME OF CHILD

Charles Herbert JollySex of  
ChildMTwin  
Triplet  
or other?and { Number  
in order  
of birthLegiti-  
mate?yesDate of  
BirthJune 6 1904  
(Month) (Day) (Year)FULL  
NAMEJohn Lester Jolly

FATHER

RESIDENCE

Bosse

COLOR

WAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

electricianFULL  
MAIDEN  
NAMELena Pauline Jones

MOTHER

RESIDENCE

Bosse

COLOR

WAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Home wifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 10 45 A.M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

C. H. Parker

(Physician or midwife)

Given names added from a supplemental report.

Address

303 Main Street, Bosse

Filed

99 20

Registrar

Registrar

100 20 000

3. 2. 1

2. 3

666-107-001-493

Form V. S. No. 11-C-25m-1-1-18

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseNo. 624 2016<sup>th</sup> St.Registration District No. 2File No. 80389Primary Registration District No. 1004Registered No. 240

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Woodfin

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 7</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	-----------------------------	---

FULL NAME Edward L. WoodfinRESIDENCE Boise IdahoCOLOR White AGE AT LAST BIRTHDAY 53  
(Years)BIRTHPLACE Mo.OCCUPATION LaborerFULL MAIDEN NAME Laura Dee DicksonRESIDENCE Boise IdahoCOLOR White AGE AT LAST BIRTHDAY 42  
(Years)BIRTHPLACE ArkansasOCCUPATION HousewifeNumber of child of this mother, including present birth 8Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Lora Olive at 7:20 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward L. Brinkman, M.D.

(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

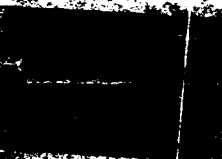
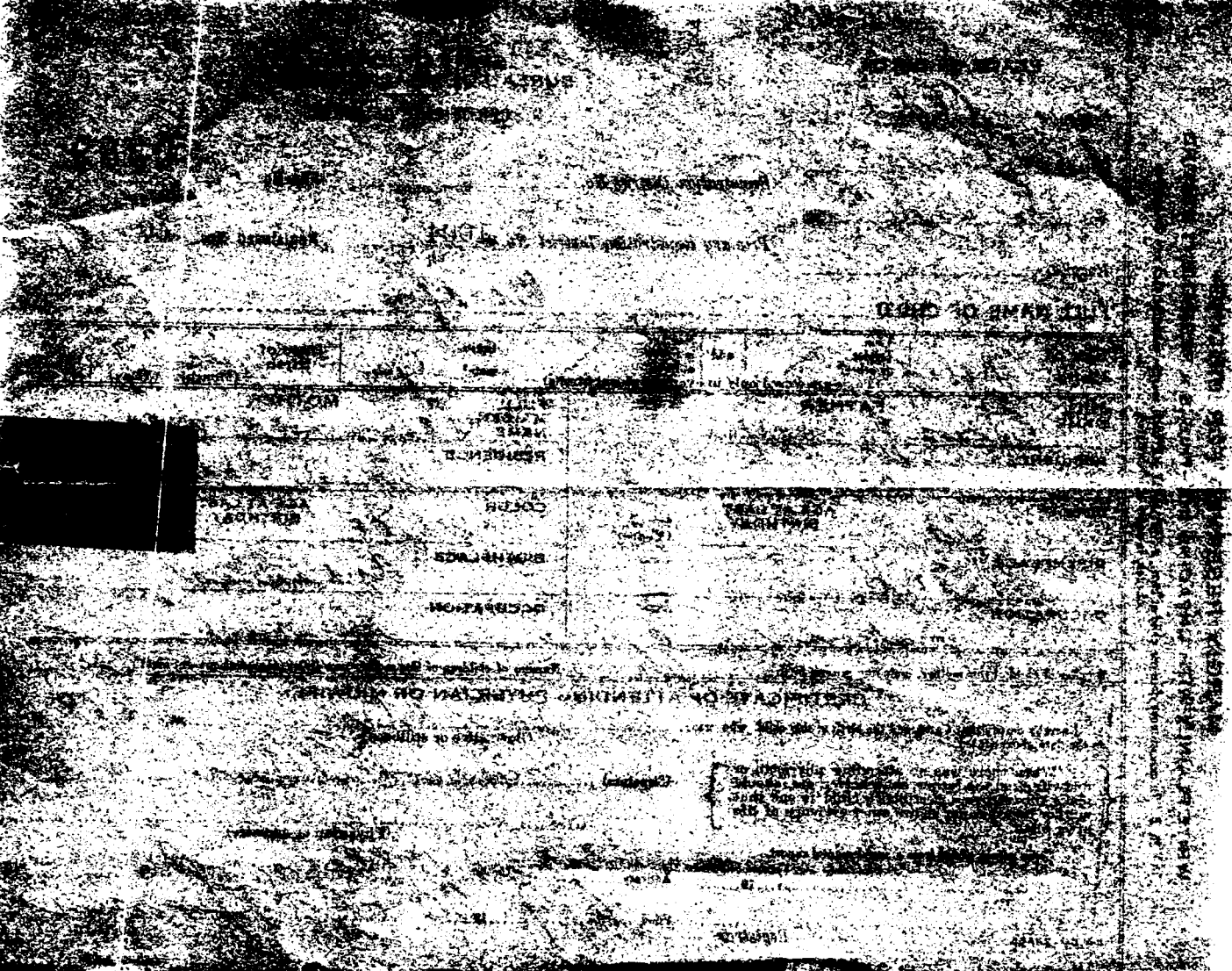
Address 303-304 McCarty Bldg.Filed 6/9 20 L. Brinkman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





TO: NAME

FROM: NAME

SUBJECT: NAME

LOCATION: NAME

DATE: NAME

TIME: NAME

REMARKS: NAME

SECTION OF A LENDING

THIS SECTION CONTAINS THE DETAILS OF THE LENDING OPERATION, INCLUDING THE AMOUNT OF THE LOAN, THE INTEREST RATE, AND THE REPAYMENT SCHEDULE. THE FOLLOWING INFORMATION IS TO BE PROVIDED BY THE BORROWER:

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412 - 107 - 001 - 556

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-24m-8-8-17

County of Ada

City of Boise

No. 111 No. 16th St.

Registration District No. 2

File No. 80390

Primary Registration District No. 1004

Registered No. 241

Hospital Home

FULL NAME OF CHILD Charles Amos Masoner

Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth June 7 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Fred Raymond Masoner

RESIDENCE Boise Idaho

COLOR White AGE AT LAST BIRTHDAY 40  
(Years)

BIRTHPLACE Hillsdale Kan

OCCUPATION Truck Driver

MOTHER  
FULL MAIDEN NAME Hattie Newbanks

RESIDENCE Boise Idaho

COLOR White AGE AT LAST BIRTHDAY 32  
(Years)

BIRTHPLACE Kansas City Kan

OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Jaegerman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address 9410 Gen Blvd

..... 19 .....

Filed 6/15 1920

Registrar

Registrar

105-10-100

MAY 23 1967

91 on 111

215-107-001-293

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 1202 N. 21st St.Registration District No. 2 File No. 80391Hospital                     Primary Registration District No. 1004 Registered No. 242

FULL NAME OF CHILD

Gale Vincent Banks

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>6-7-1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	----------------------------	--

FULL NAME	FATHER
<u>M. R. Banks</u>	
RESIDENCE	
<u>Banks, Idaho</u>	
COLOR	AGE AT LAST BIRTHDAY
<u>White</u>	<u>36</u> (Years)
BIRTHPLACE	
<u>Colorado</u>	
OCCUPATION	
<u>Millman</u>	

FULL MAIDEN NAME	MOTHER
<u>Inez V. Sullivan</u>	
RESIDENCE	
<u>Banks, Idaho</u>	
COLOR	AGE AT LAST BIRTHDAY
<u>White</u>	<u>31</u> (Years)
BIRTHPLACE	
<u>Nebraska</u>	
OCCUPATION	
<u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive at 5:00 p. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. M. Taylor  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

6/16 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

APR 20 1968

381-109-001-415

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-37

County of AdaCity of BoiseRegistration District No. 2File No. 80392No. 1 St.Primary Registration District No. 1004Registered No. 243Hospital St. AlphonsusFULL NAME OF CHILD Fred ThomasCharters

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 9</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------	--

FULL NAME <u>Samuel J. Charters</u>	FATHER
RESIDENCE <u>Garden Valley Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Leona Wautz</u>	MOTHER
RESIDENCE <u>Garden Valley Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was June 9th 1920, at 2 a. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Newberry

(Physician or midwife)

Given names added from a supplemental report.

Address Boise, IdahoFiled 6/14/20 L. J. German

Registrar

Registrar

MAY 14 1954

147-110-001-469

PLACE OF BIRTH

Form V. S. No. 11-0-22a-4-37

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 80393No. St.Primary Registration District No. 1004Registered No. 244Hospital St. Alphonsus

FULL NAME OF CHILD

Hugh Roy Augleton

Sex of Child

maleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthJune 10

(Month) (Day) (Year)

FULL  
NAMEFATHER  
J. Hugh Augleton

RESIDENCE

102 1/2 So. 17th Boise

COLOR

whiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Ill.

OCCUPATION

SalesmanFULL  
MAIDEN  
NAMEMOTHER  
Carmen Moros

RESIDENCE

102 1/2 So 17th Boise Ada

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Mexico

OCCUPATION

House wifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was June 10th 1920, at 6 P. M.  
on the date above stated. (Born alive yes)

\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Joseph R. Kneubers

(Physician or midwife)

Given names added from a supplemental report.

Address

Boise  
614 20

Filed

Registrar

Registrar



MAY 3 1950

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of AdaCity of Baese
415-111-001-386  
No. \_\_\_\_\_ St.
Registration District No. 2File No. 80394Hospital St. AlphonsusPrimary Registration District No. 1004Registered No. 245
 Full Name of Child CARL FREDERICK Mann, JR.

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legitimate? <u>yes</u>	DATE OF BIRTH <u>6</u> <u>14</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>Fred Mann</u>	FATHER		FULL MAIDEN NAME <u>Mildred Thomas</u>	MOTHER
RESIDENCE <u>Anyhu Hotel</u>			RESIDENCE <u>Anyhu Hotel</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Kans.</u>			BIRTHPLACE <u>Miss.</u>	
OCCUPATION <u>Manager of Anyhu Hotel</u>			OCCUPATION <u>House wife</u>	

 Number of child of this mother, including present birth. Two Number of children of this mother now living, including present birth. Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was Alive at 4:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Skie

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed

19

Registrar

BUREAU OF STATISTICS

County of

11-11-11

of this  
A OK M

(100)

11-11-11

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Ada } ss.

Certificate No. #80394  
Date Filed 6-22-1920

The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or death)  
for unnamed Mann who was born on June 11<sup>th</sup> 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Boise are erroneous or were omitted, and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by mother prepared on Sept 11<sup>th</sup> 1941, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

name Omitted Carl Frederick Mann  
Jr.

Subscribed and sworn to before me this.....  
day of....., 19.....

Signed.....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at.....  
My commission expires.....  
[SEAL]

Mrs. Mildred Thomas Mann  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Ada } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this " 11 "  
day of September, 19 41.

Signed.....  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Boise  
My commission expires May 8, 1943  
[SEAL]

Boise, Ida.  
(Street Address, City, State)

Received for filing on..... By.....  
(Registrar's signature)

1966

DEC 31 1962

165-111-001-285

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-4-3-17

County of AdaCity of BoseRegistration District No. 2File No. 80395No. 708 McKinleyPrimary Registration District No. 1004Registered No. 246Hospital 7FULL NAME OF CHILD Vergil Byron Jones

Sex of Child

MTwin  
Triplet  
or other?Number  
and in order  
of birth

Legitimate?

yes

Date of Birth

June 11 19120  
(Month) (Day) (Year)

FULL NAME

FATHER

Vernon A Jones

RESIDENCE

708 McKinley

COLOR

whiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

708 McKinley

OCCUPATION

blacksmithFULL  
MAIDEN  
NAME

MOTHER

Naomi C. Shelly

RESIDENCE

708 McKinley

COLOR

whiteAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

neb

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9:15 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature)

Dr. John Beck  
(Physician or midwife)

Given names added from a supplemental report.

Address

Bose, Ida

Filed

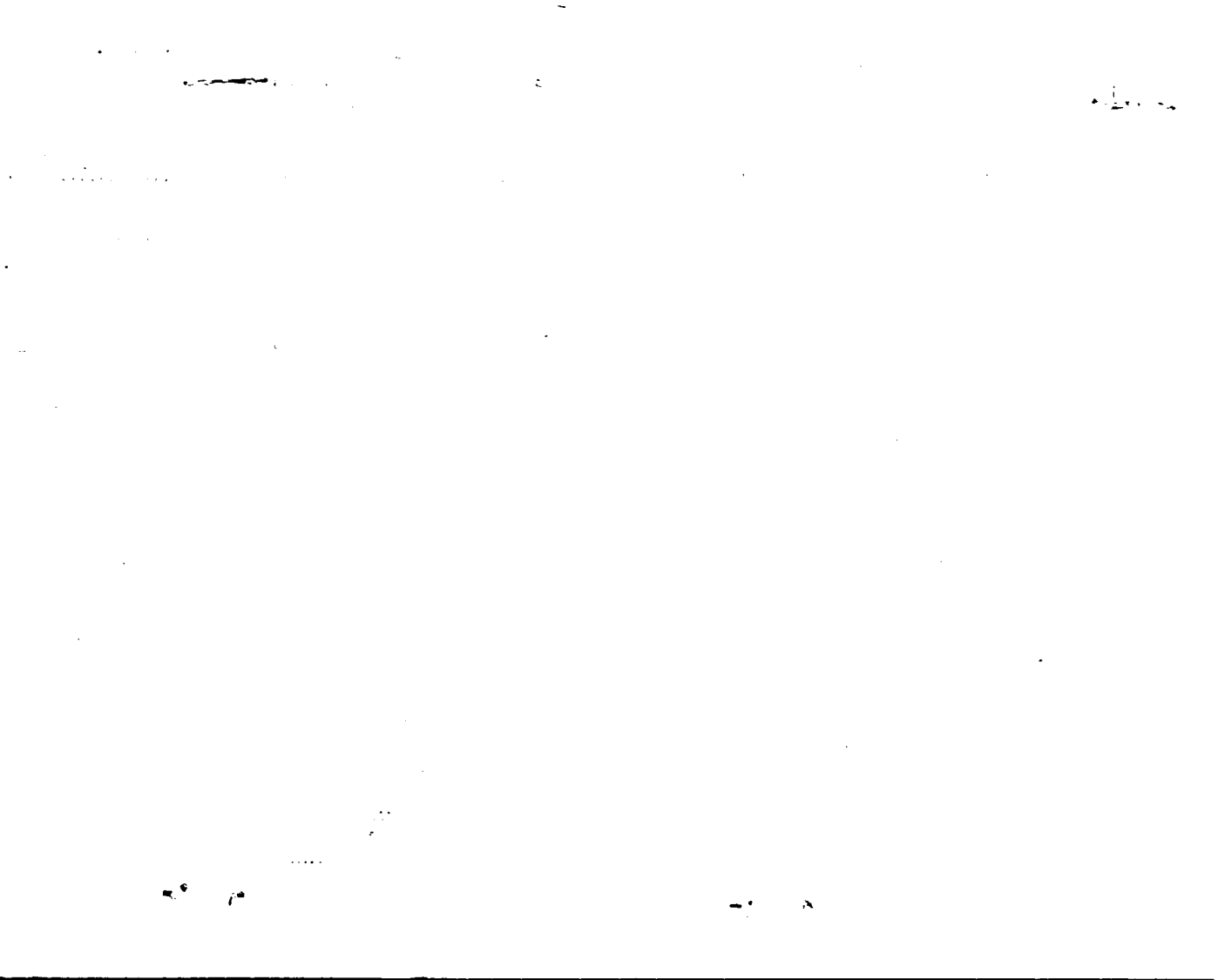
6/18/20

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of..... }  
County of..... } ss. Certificate No. 80395  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
(Birth or Death)  
for..... who..... on.....  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)	(As on Original)	(The Correct Facts)
<u>name</u>	<u>none given</u>	<u>Virgil Byron Jones</u>
Subscribed and sworn to before me this.....		Signed <u>John Back</u>
day of....., 19.....		(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at.....  
My commission expires.....  
(Seal) (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }  
County of..... } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.) ]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.  
Subscribed and sworn to before me this..... Signed.....  
day of....., 19..... (Signature of Any Credible Person)

Notary Public, residing at.....  
My commission expires.....  
(Seal) (Street Address, City, State)



JAN 9 1957

AUG 5 1946

MAR 2 1945

FEB 19 1945

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819 - 211-001-313  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

County of B. Ada

City of Bain

No. 1406 N 15th St.

Hospital

Registration District No. 2

File No. 80396

Primary Registration District No. 1004

Registered No. 247

FULL NAME OF CHILD Harker

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>yes</u>	Legitimate? <u>yes</u>	Date of Birth <u>6</u> <u>11</u> <u>1922</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FATHER  
FULL NAME Ralph Harker  
RESIDENCE 1406 N 15th Bain Ida  
COLOR white AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Utah  
OCCUPATION Insurance

MOTHER  
FULL MAIDEN NAME Ether Caldwell  
RESIDENCE 1406 N 15th Bain Ida  
COLOR white AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 11 20 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature) D. G. Hagg  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address 1677 West St. Bain Ida

.....

Filed 6/14/20 L. L. Thorman

Registrar

Registrar

K

APR 21 1967

395-113-001-689

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 1315 State St.Registration District No. 2 File No. 80397Hospital \_\_\_\_\_ Primary Registration District No. 1004 Registered No. 248FULL NAME OF CHILD Henry Robert CrewsSex of Child Male Twin 1st and 1st Legiti mate? yes Date of Birth June 13 20  
(To be answered only in event of plural births) (Month) (Day) (Year)FATHER  
FULL NAME Charles Gilbert CrewsRESIDENCE Boise IdahoCOLOR White AGE AT LAST BIRTHDAY 29  
(Years)BIRTHPLACE CaliforniaOCCUPATION RancherMOTHER  
FULL MAIDEN NAME Lois WhiteRESIDENCE Boise IdahoCOLOR White AGE AT LAST BIRTHDAY 21  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11 22 PM  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lawrence B Ward  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address 614 19. \_\_\_\_\_  
Filed \_\_\_\_\_  
Registral \_\_\_\_\_

Registral

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1942

395-213-001-489

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 1315 State St.Registration District No. 2 File No. 80398Hospital \_\_\_\_\_ Primary Registration District No. 1004 Registered No. 249FULL NAME OF CHILD Hennietta Roberta CrewsSex of Child Female Twin and 2nd Number in order of birth 2nd Legiti mate? Yes Date of Birth June 13 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME	FATHER
<u>Charles Albert Crews</u>	
RESIDENCE	
<u>Boise Idaho</u>	
COLOR	AGE AT LAST BIRTHDAY
<u>White</u>	<u>29</u> (Years)
BIRTHPLACE	
<u>California</u>	
OCCUPATION	
<u>Rancher</u>	

FULL MAIDEN NAME	MOTHER
<u>Lois White</u>	
RESIDENCE	
<u>Boise, Idaho</u>	
COLOR	AGE AT LAST BIRTHDAY
<u>White</u>	<u>21</u> (Years)
BIRTHPLACE	
<u>Idaho</u>	
OCCUPATION	
<u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11 25 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

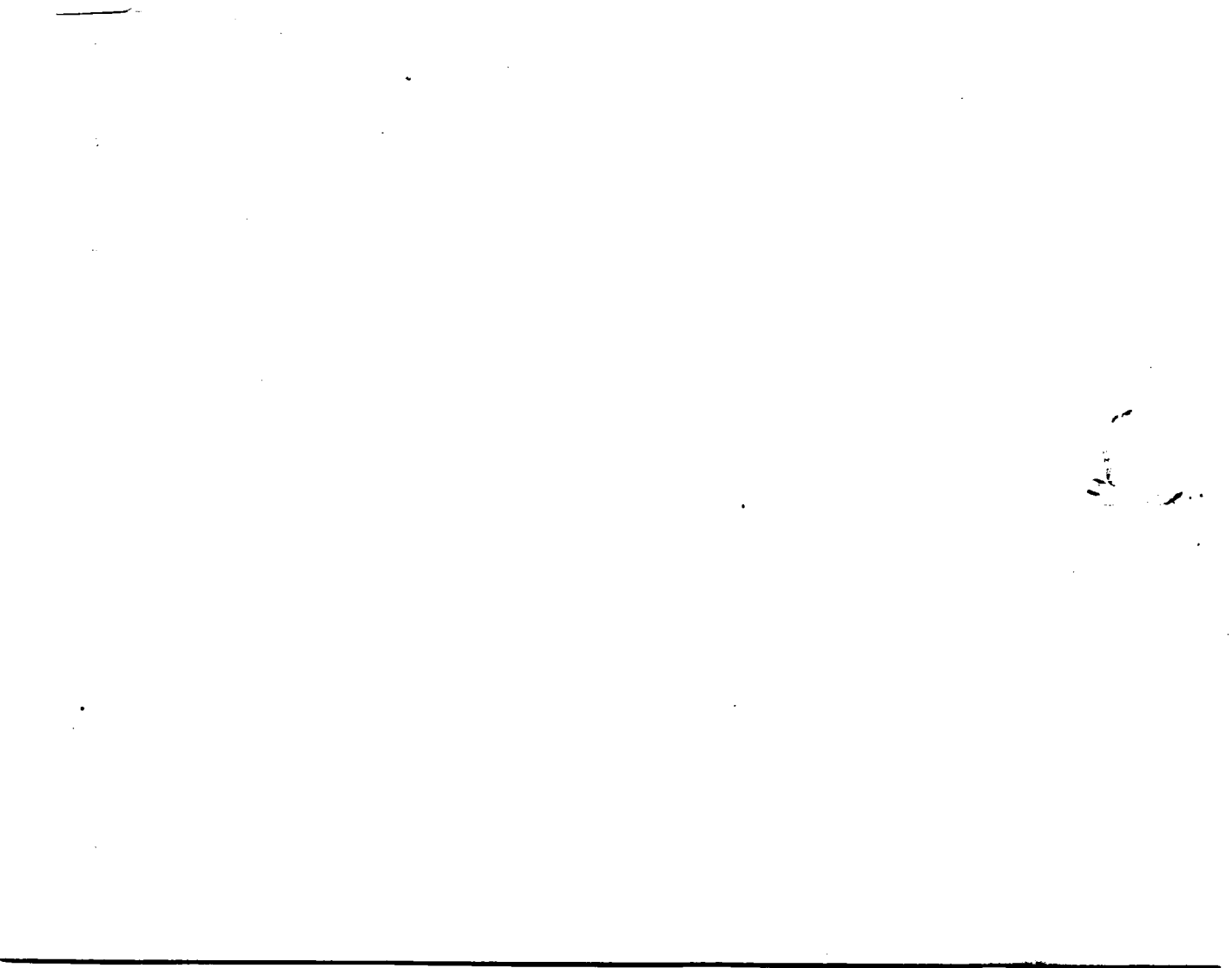
(Signature) Arthur L. Ward  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address 614 20  
Filed 1920 Registrar L. J. Hannon

Registrar



844-114-201-716

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF ~~VITAL~~ STATISTICS  
CERTIFICATE OF BIRTHCounty of AltaCity of BaiseNo. 1911 No. 10<sup>th</sup> St.Registration District No. 2File No. 80399

Hospital \_\_\_\_\_

Primary Registration District No. 1004Registered No. 250

## FULL NAME OF CHILD

Arthur Judson Hodgins

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?Date of  
Birth6/14/201920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEArrie R. Hodgins

FATHER

FULL  
MAIDEN  
NAMEArlena Sandy

MOTHER

RESIDENCE

Baise

RESIDENCE

Baise

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Arkansas

BIRTHPLACE

Ills

OCCUPATION

Book-keeper

OCCUPATION

Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Fred H. Hanger, M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

6/14/20 L. R. Homan  
Registrar

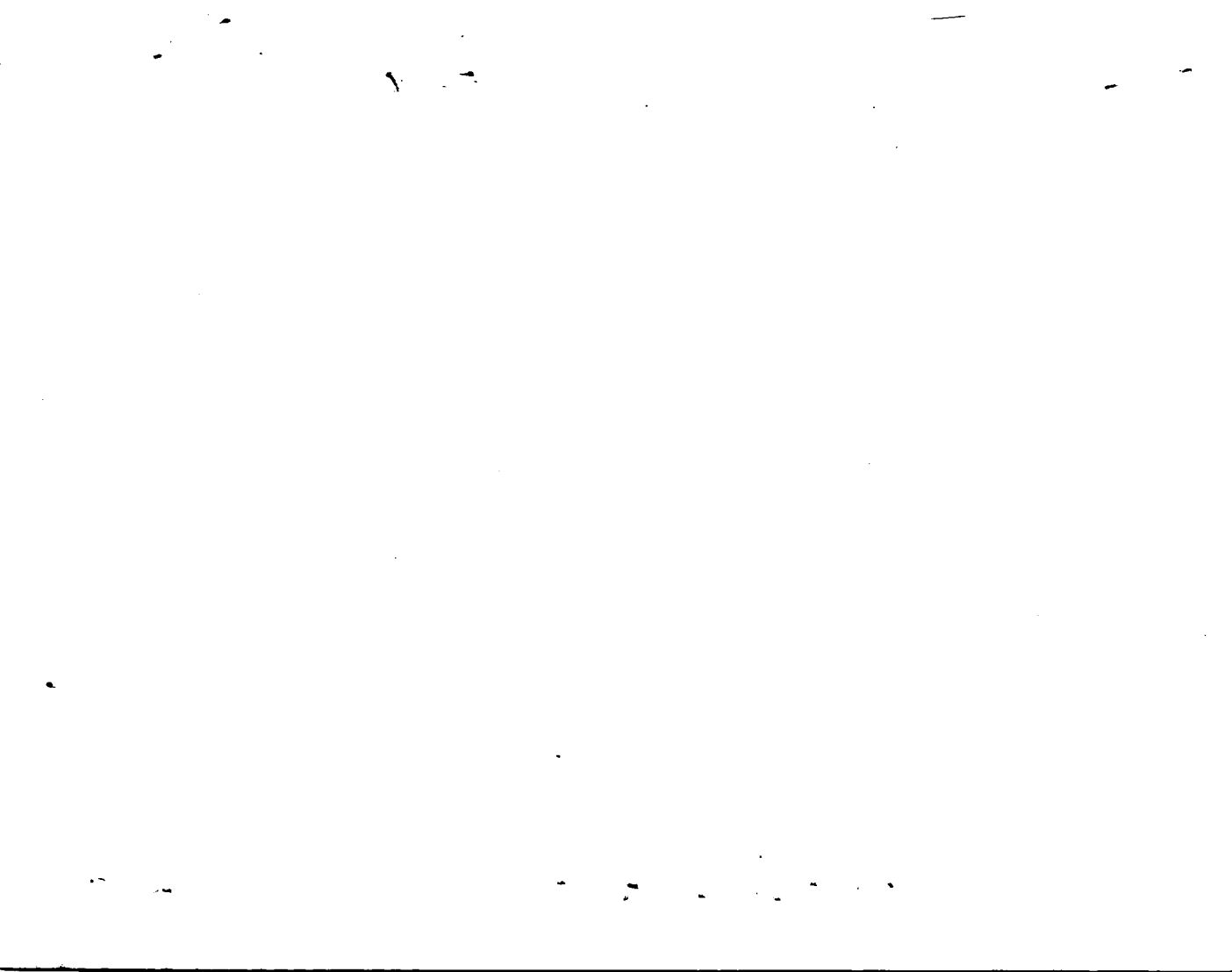
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





795-114-001-294

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of PaisRegistration District No. 2File No. 80400

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. AlphPrimary Registration District No. 1004Registered No. 251

## FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>6/14/20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	---------------------------	--

FULL NAME Harry L. GrebeFULL MAIDEN NAME Grace BruceRESIDENCE Mt. HomeRESIDENCE Mt. HomeCOLOR White AGE AT LAST BIRTHDAY 25  
(Years)COLOR White AGE AT LAST BIRTHDAY 19  
(Years)BIRTHPLACE NebraskaBIRTHPLACE ArkansasOCCUPATION Garage and LiveryOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Fred G. Fitzinger  
Physician m. n.  
 (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.



213-116-001-753

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 80401

No. \_\_\_\_\_ St.

Hospital St. Luke'sPrimary Registration District No. 1004 Registered No. 252

FULL NAME OF CHILD

Baby Salisbury, John Luggan

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
Birth6-16-1920  
(Month) (Day) (Year)FULL  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FATHER

J. G. Salisbury  
1411 Eastman St., Boise, IdahoAGE AT LAST  
BIRTHDAY31  
(Years)FULL  
MAIDEN  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

Ivy V. Peterson1411 Eastman, Boise, IdahoAGE AT LAST  
BIRTHDAY24  
(Years)Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 12<sup>20</sup> p. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

John Luggan Salisbury  
W. C. Murphy State Registrar

Address

Filed

Boise, Idaho  
6/28 20 L. J. Brown Registrar



44-38861-10

10

STATE OF IDAHO  
BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

# SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City

Boise

~~Street and House No.~~

St. Luke's Hosp.

County

Ada

Registered Number

Registration District No.

Sex of Child

male

Date of Birth

June

(Month)

16

(Day)

1912

(Year)

Full Name

Father

Full Maiden Name

Mother

J. G. Salisbury

Ivy V. Peterson

I HEREBY CERTIFY that the child described herein has  
been named:

John Duggan Salisbury  
(Given name in full) (Surname)  
is reported by J. M. Taylor, M.D.  
(Father or Mother)

(Local Registrar)

JUL 3 1964

City of Boise Registration District No. 2 File No. 80402  
 No. 204 Resignist  
154-119-001-766 Primary Registration District No. 1004 Registered No. 253  
 Hospital \_\_\_\_\_  
 FULL NAME OF CHILD Not named as yet.

Sex of Child <u>Male</u>	Twin, Triplet, or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>June 19</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER		MOTHER		
FULL NAME <u>Deland David Anderson</u>		FULL MAIDEN NAME <u>Mary Ferrell</u>		
RESIDENCE <u>204 Resignist St. Boise</u>		RESIDENCE <u>204 Resignist</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	
BIRTHPLACE <u>Idaho, Utah</u>		BIRTHPLACE <u>Idaho, Utah</u>		
OCCUPATION <u>Physician</u>		OCCUPATION <u>Housewife</u>		
Number of child of this mother, including present birth <u>One</u>		Number of children, of this mother, now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:30 P. on the date above stated. (born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Anderson D.O.

Given names added from a supplemental report

(Physician or Midwife)

Address 319 Idaho Bldg. Boise  
 Filed 6/20/20 D. D. Anderson  
 Registrar



APR 17 1968

969-221-801-815

Form V. S. No. 11-C-25m-7-21-10

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 80403

No. \_\_\_\_\_ St.

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 254

FULL NAME OF CHILD

Irene O'Rourke

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes.</u>	Date of Birth <u>June 21, 1920</u> (Month) (Day) (Year)
-----------------------	---	-----	---	-----------------------------	--

FULL NAME <u>Pat O' Rourke</u>	FATHER
RESIDENCE <u>1115 Pueblo</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Ireland</u>	
OCCUPATION <u>stockman</u>	

FULL MAIDEN NAME <u>Mary E. Hansen</u>	MOTHER
RESIDENCE <u>1115 Pueblo St.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 / Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10<sup>15</sup> P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Beach  
(Physician or midwife)

Given names added from a supplemental report.

Address 303 N. 4th St. Boise, Idaho  
Filed 9/22/20 Dr. John Beach  
Registrar

APR 22 1968

434-125-001-791

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C—Rev. 1-1-18

## CERTIFICATE OF BIRTH

City of BoiseRegistration District No. 2File No. 80404

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1004Registered No. 255Hospital St. Alphonsus

FULL NAME OF CHILD

Rex Paul McDonald

Sex of Child

MaleTwin  
Triplet  
or other?1

and

Number  
in order  
of birth1

(To be answered only in event of plural births)

Legiti-  
mate?yes

Date of Birth

6 / 221920  
(Month) (Day) (Year)

FULL NAME

James Rex McDonald

FATHER

FULL MAIDEN NAME

Paula Louise Granikow

MOTHER

RESIDENCE

Boise

RESIDENCE

Boise

COLOR

white

AGE AT LAST BIRTHDAY

20  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

19  
(Years)

PLACE

Ill.

BIRTHPLACE

Holland

OCCUPATION

Farmer

OCCUPATION

Housekeeper

Number of child of this mother, including present birth, \_\_\_\_\_

Number of children of this mother now living, including present birth, \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born Alive  
(Born alive or stillborn)1P.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

7 Willis Almond, M.D.

(Physician or midwife)

Address

Overland Bldg., Boise

Filed

6/24/20

Registrar

NOV 22 1961

JUL 21

*in  
release*

863/123001-515

PLACE OF BIRTH

 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. &amp; No. 14-0-01-44-17

County of AdaCity of PrizeRegistration District No. 2File No. 80405No. 1 St.Primary Registration District No. 1004Registered No. 256Hospital St. Lukes

FULL NAME OF CHILD

No Name

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>2</u>	Legiti- mate?	Date of Birth <u>June 23</u> (Month) (Day) (Year)
----------------------------	---	--	------------------	---

FATHER FULL NAME <u>Claude Gunn Hollingsworth</u>	MOTHER FULL NAME <u>Maudie Wau Vocher</u>
RESIDENCE <u>Prize - Room 3</u>	RESIDENCE <u>Prize - out 3</u>
COLOR <u>White</u>	COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>31</u> (Years)	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Iowa</u>	BIRTHPLACE <u>Illinois</u>
OCCUPATION <u>labourer</u>	OCCUPATION <u>house wife</u>

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was Born alive June 23  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

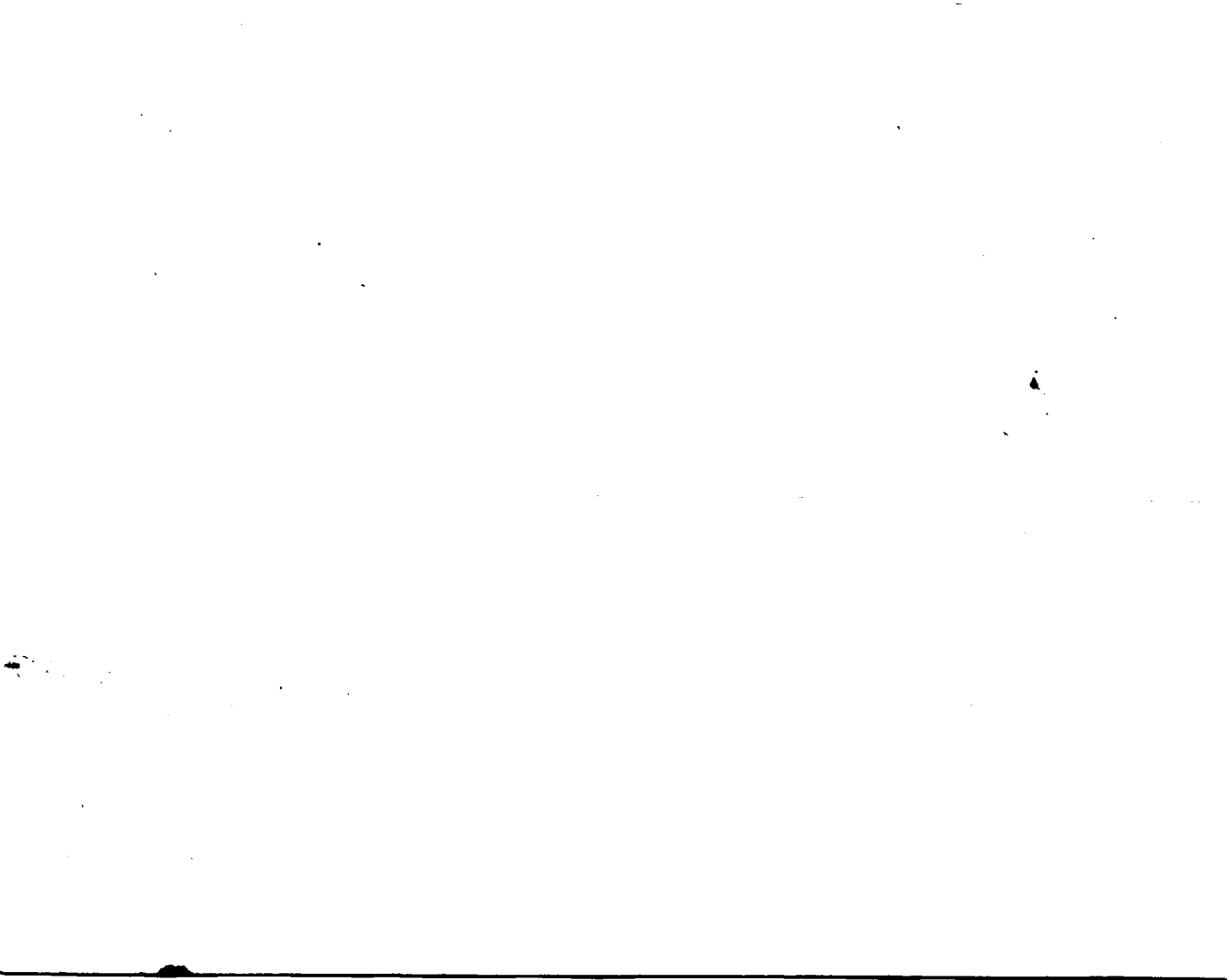
(Signature) P. J. Chene M.D.

(Physician or midwife)

Address 669 20 St. LukesFiled June 20 1902

Registrar

Registrar



165-223-001-666

## PLACE OF BIRTH

County of AdaCity of Boise

No. .... St.

Hospital St. Alphonsus

FULL NAME OF CHILD

Registration District No. .... 2

Primary Registration District No. .... 1004

Form V. &amp; No. 11-0-1-2-3

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. .... 80406

Registered No. .... 257

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 23</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER  
FULL NAME Albert B. JonesRESIDENCE RiversideCOLOR White AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE NebraskaOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Lulu C. WoodRESIDENCE RiversideCOLOR White AGE AT LAST BIRTHDAY 35 (Years)BIRTHPLACE KansasOCCUPATION Housewife

Number of child of this mother, including present birth .... 2 .. Number of children of this mother now living, including present birth .... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... June 23, 1930, at 7 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Joseph R. Numbers

(Physician or midwife)

Address Boise, IdahoFiled 6/26/30 L. O. Johnson

Registrar

Registrar



APR 27 1943

54-226-001-445

## PLACE OF BIRTH

County of AdaSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-2-27

## CERTIFICATE OF BIRTH

City of BoiseRegistration District No. 2File No. 80407No. St.Primary Registration District No. 1004Registered No. 258Hospital St. AlphonsusFULL NAME OF CHILD Jadene Numbers

Sex of Child <u>female</u>	Twin Triplet or other (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>June 26 1920</u> (Month) (Day) (Year)
----------------------------	--	--------------------------------------	-----------------------------	---

FULL NAME <u>Donald S. Numbers</u>	FATHER	FULL MAIDEN NAME <u>Maunie Fox Numbers</u>	MOTHER
------------------------------------	--------	--	--------

RESIDENCE <u>Parma, Idaho</u>	RESIDENCE <u>Parma, Ida.</u>
-------------------------------	------------------------------

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
--------------------	---	--------------------	---

BIRTHPLACE <u> Paola, Kansas</u>	BIRTHPLACE <u>Billings, Mo.</u>
----------------------------------	---------------------------------

OCCUPATION <u>Physician &amp; Surgeon</u>	OCCUPATION <u>Housewife</u>
---	-----------------------------

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was June 26-1920 at 5:30 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joe R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Ida.Filed 6/28/20 St. Alphonsus

Registrar

Registrar

DEC 1 1942

449-218-001-264

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 8File No. 80408No. 2 mi. N. W. MeridianPrimary Registration District No. 2004Registered No. 37

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Rosa Betty MurraySex of Child Female  
MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
Birth5-18-1920  
(Month) (Day) (Year)FULL  
NAMEChas. H. Murray

FATHER

FULL  
MAIDEN  
NAMEMary A. Summers

MOTHER

RESIDENCE

2 mi. N. W. of Meridian Idaho

RESIDENCE

2 mi. N. W. Meridian Idaho

COLOR

White

AGE AT LAST

34BIRTHDAY  
(Years)

COLOR

White

AGE AT LAST

31BIRTHDAY  
(Years)

BIRTHPLACE

Arkansas

BIRTHPLACE

Missouri

OCCUPATION

Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive at 10:20 p. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. H. Draxton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

6/16 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

K

MAR 7 1967

APR 26 1967

463-127-001-319

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 8File No. 80409

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2004Registered No. 38

Hospital \_\_\_\_\_

FULL NAME OF CHILD

John Lewis MacInnis, Jr.Sex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and } Number  
in order  
of birthLegiti  
mate? YesDate of Birth 5-27-1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

MacInnisFULL  
MAIDEN  
NAME

MOTHER

Helen R. Laird

RESIDENCE

R.D. # 2, Boise, Idaho

RESIDENCE

R.D. # 2, Boise, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY17  
(Years)

BIRTHPLACE

California

BIRTHPLACE

Idaho

OCCUPATION

Carpenter

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, at 4:20 a. M.  
(Born alive or stillborn){ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

H. M. Braxton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

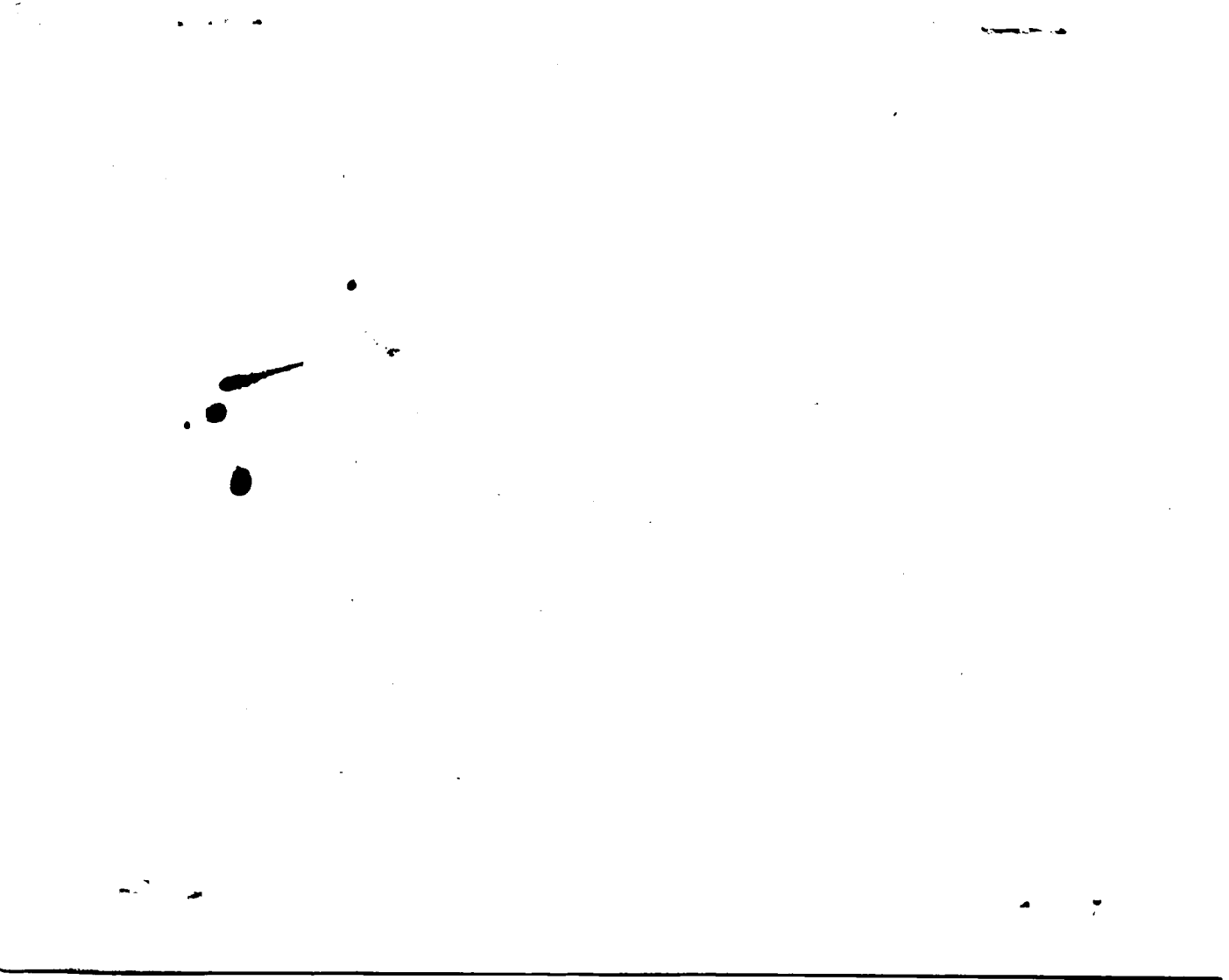
6/16 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss.  
County of Ada

Certificate No. 80409

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or Death)  
for John Lewis MacInnis who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Father prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name", "Birth Date", "Cause of Death", Etc.) <u>Name</u>	<b>FROM</b> (As on Original) <u>John Lewis MacInnis</u>	<b>TO</b> (The Correct Facts) <u>John Lewis MacInnis, Jr.</u>
---	---	---

Subscribed and sworn to before me this 5th  
day of March 19 42  
Charles H. [Signature]  
Notary Public, residing at Boise, Ida  
My commission expires Feb 1 - 1946  
(Seal)

Signed John Lewis MacInnis  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)



JUN 12 1943

B/2

29 1954

## CERTIFICATE OF BIRTH

City of BoiseRegistration District No. 8File No. 80410

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2004

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Mary Francis Turner

SEX OF CHILD <u>Girl</u>	Twin Triplet or other?	and	Number in order of birth <u>2nd</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 2</u> (Month)
(To be answered only in event of plural births)					

FULL NAME <u>Lawrence Welch Turner</u>	FATHER
RESIDENCE <u>Boise, Idaho. R. D. 2</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>N.C.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Martha Evelyn Prater</u>	MOTHER
RESIDENCE <u>Boise, Idaho. R. D. 2</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>N.C.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address 1107 N. 8th St. BoiseFiled 9/12 19 20Registrar L. J. Brown

JUL 29 1959

851-202-001-433

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Amended 6/17/81

## CERTIFICATE OF BIRTH

County of AdeCity of Elletts School DistrictRegistration District No. 8File No. 80411

No. \_\_\_\_\_ St.

Primary Registration District No. 3004 Registered No. 40

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Madeline Lois Headrick

Sex of Child <u>f</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>June 2, 1920</u> (Month) (Day) (Year)
-----------------------	-----------------------------------	-----------------------------------	-------------------------	---

FULL NAME <u>Clare F. Headrick</u>	FATHER
RESIDENCE <u>Elletts</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>clerk</u>	

FULL MAIDEN NAME <u>Stella M. McPurdy</u>	MOTHER
RESIDENCE <u>Elletts</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>9</u> (Years)
BIRTHPLACE <u>Neb.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>1</u>	Number of children of this mother now living, including present birth <u>1</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 1.45 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Beck  
(Physician of Elletts)

Given names added from a supplemental report.

19

Address 303 Mc Party Bldg -  
6/9 1920  
Filed St German  
Registrar

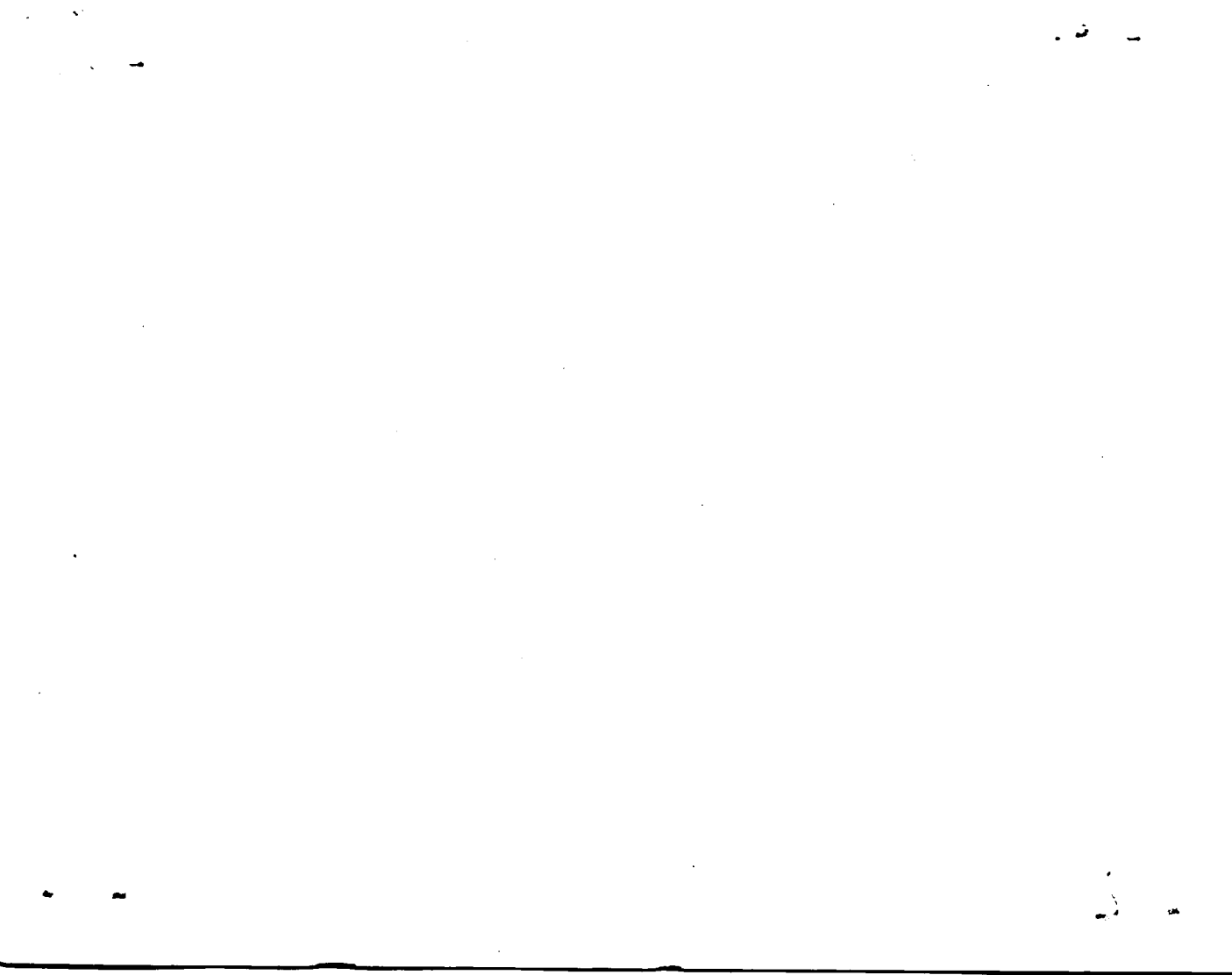
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
JUN 17 11 57 AM '81

State of Idaho } ss.  
County of Ada

Certificate No. 80411

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Madelin Lois Headrick who was born on June, 2, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Boise, ID Ada are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

Child's first name	Madelin	Madeline

Subscribed and sworn to before me this 17<sup>th</sup> day of June, 1981.

Notary Public, Linda Adamson  
Residing at Nampa  
My commission expires 4-3-85  
(Seal)

Madeline L. Mayford  
Signature of Applicant  
2411 Shoshone #28 Boise, Ida  
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Supporting Signature  
\_\_\_\_\_  
Street Address, City, State

JUN 17 1981

- Birth cert. of son Buddy Lee Morford born 2,23,37 at boise gives mother as  
- Madeline Hedrick. age 16 born in Idaho Viewed by V.S. S.F.#252513

Social Security card gives name as Madeline L. Morford #518-5207509  
Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

279-202-001-586

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Maple Grove School District

Registration District No. 8

File No. 80412

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2 Registered No. 41

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Frances Viola Springer

Sex of Child <u>♀</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 2, 1920</u> (Month) (Day) (Year)
-----------------------	----------------------------------	-----	-----------------------------------	------------------------	---

FATHER  
FULL NAME Harvey L. Springer  
RESIDENCE Maple Grove School Dist.  
COLOR White  
AGE AT LAST BIRTHDAY 21  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Margaret J. Thomas  
RESIDENCE Maple Grove School Dist.  
COLOR White  
AGE AT LAST BIRTHDAY 19  
(Years)  
BIRTHPLACE Kansas  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Buck  
(Physician)

Given names added from a supplemental report.

Address 303 M<sup>rs</sup> Gatty Bldg  
2/9 20 Elframon  
Filed \_\_\_\_\_ 19 20

Registrar

Registrar



OCT 18 1943

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

188-211-001-213  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-22m-2-17

County of Ada

City of .....

Registration District No. 8File No. 80413No. Whitney School DistrictPrimary Registration District No. 2004Registered No. 72

Hospital .....

FULL NAME OF CHILD

MaryShroyer

Sex of Child

F.Twin  
Triplet  
or other?and Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate?

yes.

Date of Birth

June 11, 1912

(Month) (Day) (Year)

FULL NAME

FATHER

James E. Shroyer

RESIDENCE

Whitney School District

COLOR

White.

AGE AT LAST

BIRTHDAY 27

(Years)

BIRTHPLACE

Arkansas

OCCUPATION

farmer

FULL MAIDEN NAME

MOTHER

Margaret L. Bassett

RESIDENCE

Whitney School District

COLOR

White.

AGE AT LAST

BIRTHDAY 17

(Years)

BIRTHPLACE

Ida.

OCCUPATION

Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature).....

Dr. John V. Beech  
(Physician or midwife)

Address.....

Boise, Ida.

Filed.....

6/18/20  
Edgeman

Registrar

Registrar

FEB 4 1942

819-122-001364

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Ada

City of \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. 80414

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2004Registered No. 43

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Infant Haines

Sex of Child <u>Male</u>	Twin Triplet or other? <u>1</u> { and } Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 22</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	----------------------------	---

FULL NAME <u>Austin L. Haines</u>	FATHER
RESIDENCE <u>Bench, Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Neb.</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Margaret V. Condon</u>	MOTHER
RESIDENCE <u>Bench, Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Neb.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ a. m.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 \_\_\_\_\_

Registrar

Address \_\_\_\_\_

Filed \_\_\_\_\_

(Physician or midwife)

Registrar



419-126-001-719

## PLACE OF BIRTH

County of AdaCity of BonnieNo. RA # 1 St.

Hospital

Full Name of Child

Registration District No. 8Primary Registration District No. 2004

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 80415Registered No. H 41

SEX OF CHILD

BoyTwin  
Triplet  
or other?☒

{ and }

Number  
in order  
of birth3Legiti-  
mate?yesDATE OF  
BIRTHJune 76 20  
(Month) (Day) (Year)FULL  
NAMEE. H. Clatter

FATHER

RESIDENCE

Bonnie

COLOR

WhAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Ida ?

OCCUPATION

FarmerFULL  
MAIDEN  
NAMELyda Gardner

MOTHER

RESIDENCE

Bonnie

COLOR

WhAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Ida

OCCUPATION

housewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11-30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. J. Torrey

(Physician or midwife)

Given names added from a supplemental report

19

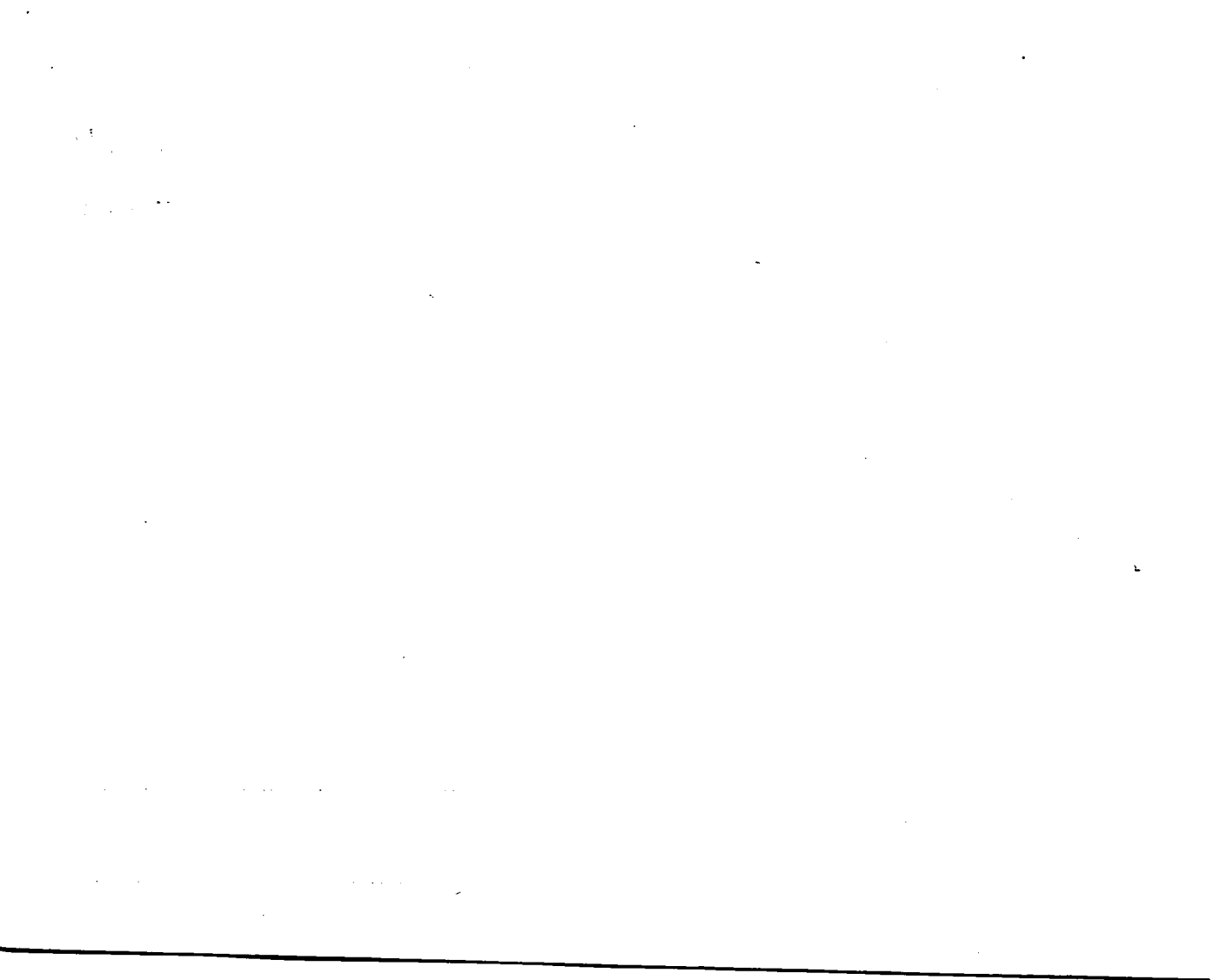
Address

Filed

19

Registrar

Registrar



314-125-001-168

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseNo. R. 70 #5 St.

Registration District No. \_\_\_\_\_

File No.

80416

Hospital \_\_\_\_\_

Primary Registration District No. 2004

Registered No.

45FULL NAME OF CHILD James Harding Van Camp

Sex of Child

MIs  
Triplet  
or other?and Number  
in order  
of birthLegit-  
mate?Date of  
Birth

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL NAME

FATHER James Harry Van Camp

RESIDENCE

Challis Idaho

COLOR

W

AGE AT LAST

30

BIRTHDAY

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Miner

FULL MAIDEN NAME

MOTHER Grace Mae Johnston

RESIDENCE

Challis Idaho

COLOR

White

AGE AT LAST

29

BIRTHDAY

(Years)

BIRTHPLACE

Illinois

OCCUPATION

Housewife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive  
(Born alive or stillborn)5:30  
at \_\_\_\_\_

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Edward Henry MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

S-Y CO. 24888

Registrar

Registrar



FEB 20 1947

RECEIVED

U.S. DEPARTMENT OF AGRICULTURE

TO :

FROM :

SUBJECT :

RE :

DATE :

(Initials)

(Initials)

(Initials)

(Initials)

RECEIVED

U.S. DEPARTMENT OF AGRICULTURE

U.S. DEPARTMENT OF AGRICULTURE

RECEIVED

U.S. DEPARTMENT OF AGRICULTURE

U.S. DEPARTMENT OF AGRICULTURE

U.S. DEPARTMENT OF AGRICULTURE

NO. 123456

NO. 123456

ATTENTION: FIELD OFFICE

Location: [illegible]

Reference: [illegible]

(Initials)

[illegible text block]

[illegible text block]

RECEIVED  
FEB 20 1947  
U.S. DEPARTMENT OF AGRICULTURE  
FIELD OFFICE  
[illegible text]

893-206-001-735  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Idaho

CERTIFICATE OF BIRTH

City of \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

80417

No. R723 St. \_\_\_\_\_

Primary Registration District No. 2004

Registered No. \_\_\_\_\_

46

Hospital Glenn Berridge

FULL NAME OF CHILD Glenn Berridge Hicks

Sex of Child <u>Male</u>	Twins or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 6, 1920</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER FULL NAME <u>Ray A Hicks</u>
RESIDENCE <u>Box R 3</u>
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Wisc</u>
OCCUPATION <u>Farmer</u>

MOTHER FULL MAIDEN NAME <u>Mabel Glenn</u>
RESIDENCE <u>Box R 3</u>
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Ida</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth. 2

Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 4:20 A.M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

JJ Prid MD

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed \_\_\_\_\_

6/30/20 DR Brown  
Registrar

JUL 20 1945

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of ..... } Certificate No. 80417  
County of ..... } ss. Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of.....

for ..... who ..... on .....  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b>	<b>FROM</b>
("Name," "Birth Date," "Cause of Death," Etc.)	(As on Original)
Birth Date <u>June 7, 1920</u>	<u>June 6, 1920</u>

Copy issued on this certificate July 26, 1941 is void as there is proof  
June 6, 1920 is correct birth date. Please void copy issued July 26, 1941.  
Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....  
My commission expires .....  
(Seal)

Signed .....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Mrs. Mabel Hicks  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.) ]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 Signed .....  
day of July 1945 (Signature of Any Credible Person)

Notary Public, residing at Boise Idaho  
My commission expires March 21-45  
(Seal) (Street Address, City, State)

111 111 111



847-11-1-464

Form V. S. No. 11-25m-1-1-13

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ElmoreCity of Engle R. F.Registration District No. 9File No. 80419

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Loren Lon HughesSex of Child MTwin  
Triplet  
or other?and Number  
in order  
of birthLegiti-  
mate? yesDate of Birth June 15 20

(Month) (Day) (Year)

FULL NAME FATHER James Albert HughesBIRTHPLACE IdahoFULL MAIDEN NAME MOTHER Annie Louise DoddBIRTHPLACE TexasRESIDENCE Engle R. F. D. 22RESIDENCE Engle R. F. D. 22COLOR WAGE AT LAST BIRTHDAY 22

(Years)

COLOR WAGE AT LAST BIRTHDAY 21

(Years)

BIRTHPLACE IdahoBIRTHPLACE TexasOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

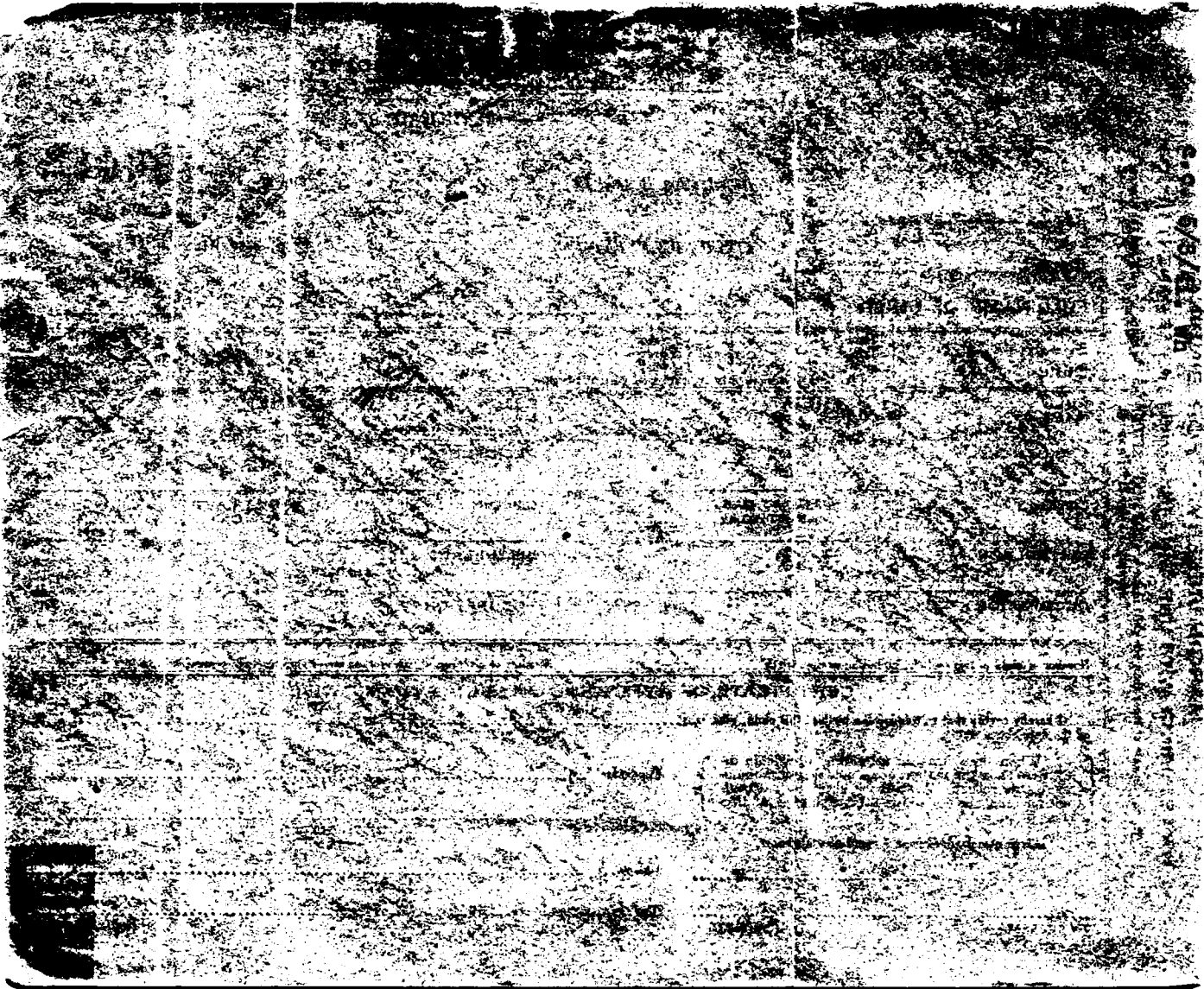
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) John A. Hall

(Physician or midwife)

Address Star, IdahoFiled June 25 1920Registrar Fordwick L. Brown



713-119-001-234

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of EagleRegistration District No. 9 File No. 80420

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD Bruce Grover Galloway

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitmate? <u>Yes</u>	Date of Birth <u>June 19</u> 19 <u>20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME FATHER Walton Grover GallowayRESIDENCE Eagle IdahoCOLOR White AGE AT LAST BIRTHDAY 33 (Years)BIRTHPLACE MichiganOCCUPATION Construction ForemanFULL MAIDEN NAME MOTHER Elsie Evelyn BlundellRESIDENCE EagleCOLOR White AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE EnglandOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive, at SA M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ferdin K. Leuer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address Eagle, IdahoFiled Jun 21 19201920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



2 copies 11-7-41

953-226-001-246

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Ada

City of \_\_\_\_\_

Registration District No. 9File No. 80421

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 9

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mabel RecordsSex of Child FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate? yesDate of  
BirthJune 26  
(Month) (Day)1920  
(Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

Alfred RecordsFULL  
MAIDEN  
NAME

MOTHER

Eddie Brown

RESIDENCE

Ranch north of Eagle Id.

RESIDENCE

Ranch north of Eagle

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Illinois

BIRTHPLACE

Nebraska

OCCUPATION

Rancher

OCCUPATION

HousewifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Fredrick K. Lewis, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Eagle Idaho

Filed

June 28

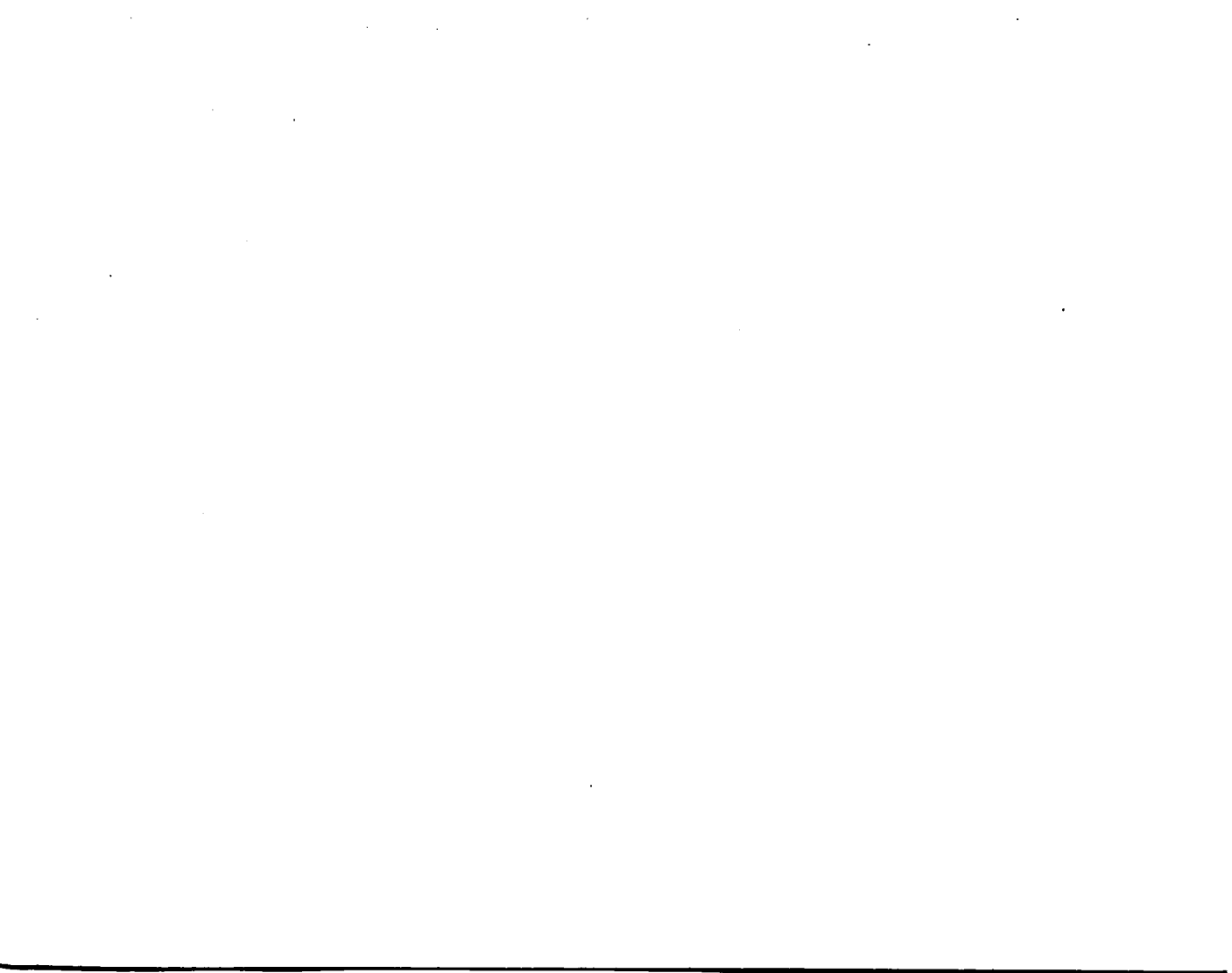
1920

Fredrick K. Lewis, M.D.  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



264-118-001-557  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of... Ada.....  
City of... Kuna.....

Registration District No. .... 124 ..... File No. .... 80422 .....

No. .... St. ..... Primary Registration District No. .... 2202 ..... Registered No. .... 61 .....

Hospital .....  
FULL NAME OF CHILD .... Loren Harold Bodine .....

Sex of Child <u>Male</u>	Twin	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 18</u> <u>1920</u>
	Triplet or other?				
(To be answered only in event of plural births)					

FULL NAME <u>Clare Robert Bodine</u>	FATHER	FULL MAIDEN NAME <u>Lena Ruth Negley</u>	MOTHER
RESIDENCE <u>Kuna Ida</u>		RESIDENCE <u>Kuna Ida</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Iowa</u>		BIRTHPLACE <u>Pennsylvania</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at ..... 9:50 P.M. .....  
(Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) .... Marion S. Jones ..... M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address .... Kuna Idaho .....

Filed June 18 1920 ..... Rue Bowell .....

Registrar

Registrar

K

DEC 2 1971  
DEC 6 1971

3/6/41 L. B.

761-201-001-462  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of... AdaCity of... KunaRegistration District No. 124File No. 80423

No. .... St.

Primary Registration District No. 2202Registered No. 62

Hospital .....

FULL NAME OF CHILD Leene Mabel Poage

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Feb 1</u> 19 <u>22</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------	-----------------------------	--

FULL NAME <u>John W. Poage</u>	FATHER
RESIDENCE <u>Kuna Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Plumber</u>	

FULL MAIDEN NAME <u>Mabel Adeline Moses</u>	MOTHER
RESIDENCE <u>Kuna Ada</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Colorado</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 P. on the date above stated. (Born alive or stillborn) M.{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) Marion S. Link MD

Given names added from a supplemental report.

Address Kuna IdahoFiled June 15 1922

Registrar

Registrar

JUL 30 1945

343-104-001-986

Form V. S. No. 11-C-25m-9-3-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of KunaRegistration District No. 124File No. 80424No. St.Primary Registration District No. 2202Registered No. 63Hospital Raymond Eugene Tucker

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Feb 4 1909</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Arland Andrew Tucker</u>	FATHER
RESIDENCE <u>Meridian Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Arkansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mell Nora Rhodes</u>	MOTHER
RESIDENCE <u>Meridian</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Arkansas</u>	
OCCUPATION <u>Nurse</u>	

Number of child of this mother, including present birth <u>17</u>	Number of children of this mother now living, including present birth <u>9</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion J. Link M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Kuna IdahoFiled June 18 1920 R. M. Bowell

Registrar

Registrar



OCT 13 1971

JAN 17 1974

DECEASED

595-220-001-613  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of IdahoCity of KunaRegistration District No. 124File No. 80425No.        St.       Primary Registration District No. 7202Registered No. 64Hospital       FULL NAME OF CHILD MARYSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)Number  
in order  
of birthLegiti-  
mate?Date of  
BirthFeb 20 1914  
(Month) (Day) (Year)FULL NAME FATHER Andrew B. NielsenRESIDENCE Kuna IdaCOLOR WhiteAGE AT LAST  
BIRTHDAY26  
(Years)BIRTHPLACE Wellsville U.OCCUPATION FarmerFULL  
MAIDEN  
NAMERESIDENCE Kuna IdaCOLOR WhiteAGE AT LAST  
BIRTHDAY26  
(Years)BIRTHPLACE Wellsville U.OCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

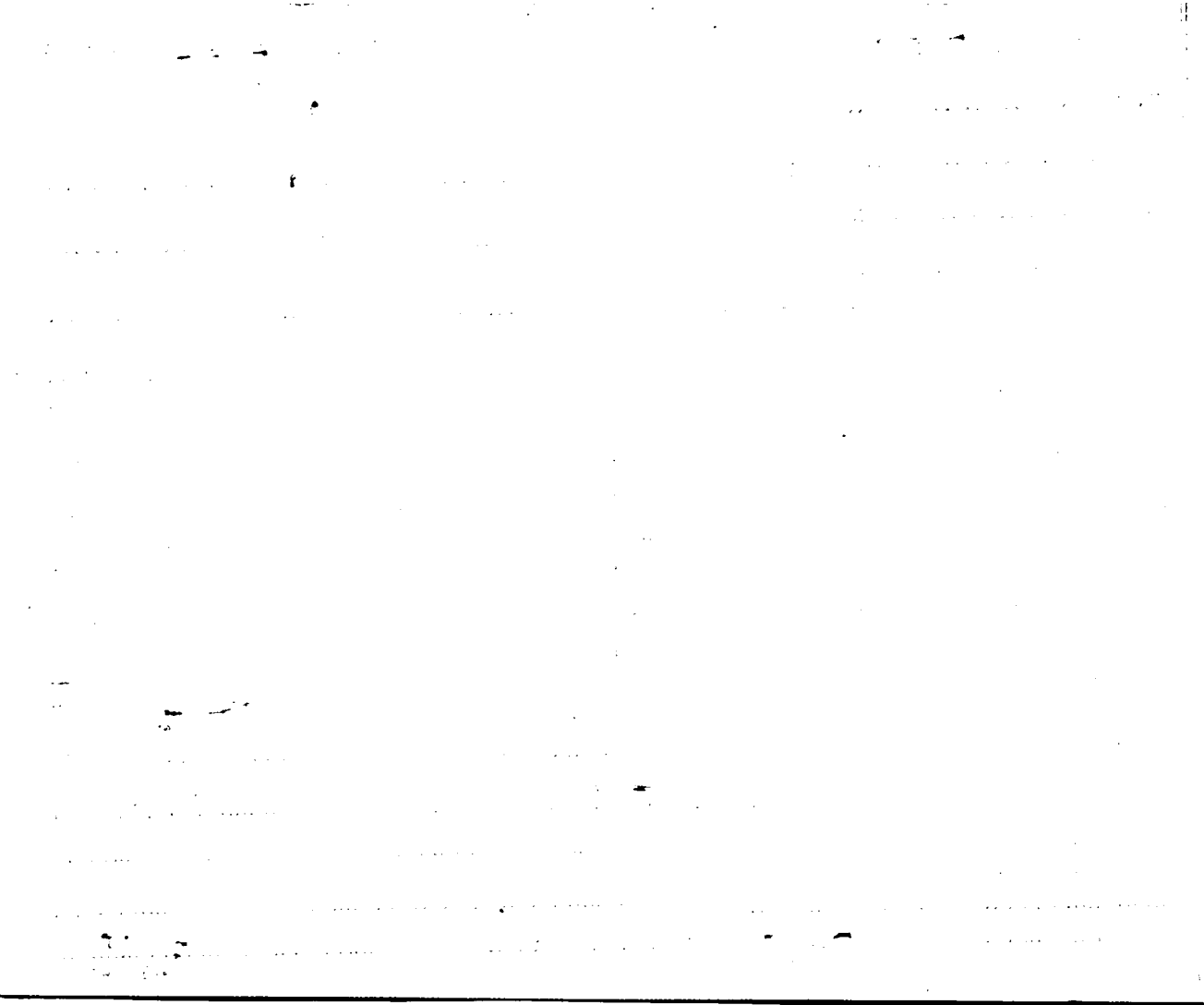
I hereby certify that I attended the birth of this child, who was Born alive at 5 a M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) Marion J. Link

Given names added from a supplemental report.

(Physician or midwife)

Address Kuna IdahoFiled June 15 1920Registrar Rub Board

Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Jefferson } ss. Certificate No. 80425  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Grace (NAME ON ORIGINAL CERTIFICATE) who born on Feb 20-1920 (BIRTH OR DEATH) (DATE OF EVENT) in Kuna Idaho (PLACE OF EVENT) are erroneous or ~~were omitted~~ and that, to the best of his knowledge, the true facts as shown by ~~existing~~ existing certificate prepared on June 6 1920 1920 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE), are:

**FACTS TO BE CORRECTED** **FROM** **TO**  
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

name Grace Nielsen Mary Nielsen

Subscribed and sworn to before me this 9th  
day of April, 19 42

Signed G B Nielsen  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Rigby, Idaho.  
My commission expires MY COMMISSION EXPIRES  
(SEAL) DECEMBER 8, 1943

Rigby Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Jefferson } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th  
day of April, 19 42

Signed R H [Signature]  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Rigby, Idaho.  
My commission expires MY COMMISSION EXPIRES  
(SEAL) DECEMBER 8, 1943

Rigby Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

APR 14 1942

533-222-001-412  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of AdaCity of KunaRegistration District No. 124File No. 80426

No. .... St.

Primary Registration District No. 2202Registered No. 65Hospital NormaFULL NAME OF CHILD Marie Ellis

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Mar 22</u> 19 <u>22</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Thos Jeff Ellis</u>	FATHER
RESIDENCE <u>Kuna</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Norma Mason</u>	MOTHER
RESIDENCE <u>Kuna Ida</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Montana</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or still born) 11. 30 a.m.

{ \*When there was no attending physician or midwife then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Marion J. Link M.D.

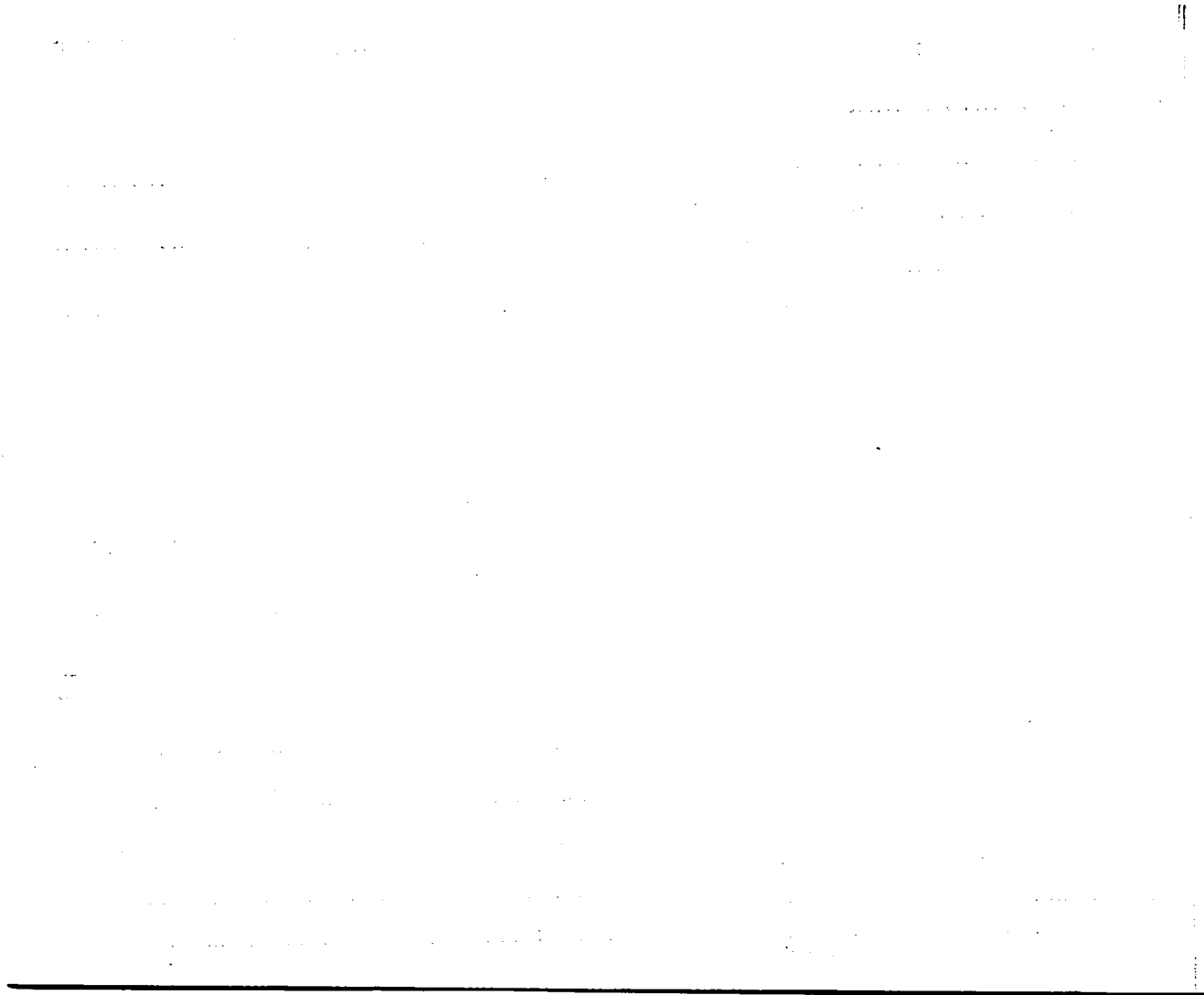
Given names added from a supplemental report.

(Physician or midwife)

Address Kuna IdahoFiled June 15 1920

Registrar

Registrar



655-103-001-713

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. 8. No. 11-C-25m-9-3-17

## CERTIFICATE OF BIRTH

County of AdaCity of KunaRegistration District No. 124File No. 80427No.        St.       Primary Registration District No. 2702Registered No. 66Hospital VAUN DARREL

FULL NAME OF CHILD

Vaun Werrick

Sex of Child <u>male</u>	Twin Triplet or other? <u>      </u>	Number in order of birth <u>      </u>	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 3 1920</u> (Month) (Day) (Year)
--------------------------	--------------------------------------	--	------------------------	---

FULL NAME <u>Geo. K. Werrick</u>	FATHER
RESIDENCE <u>Kuna Ida</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Goldie Patience</u>	MOTHER
RESIDENCE <u>Kuna Ida</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>1</u>	Number of children of this mother now living, including present birth <u>1</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Sink

Given names added from a supplemental report.

(Physician or midwife)

Address Kuna IdahoFiled June 18 1920Registrar Reed Bowell

Registrar



NOV 3 0 8 AON

SEP 15 1953

851-103-014-859  
E OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of Canyon

City of Nampa

Registration District No. 124

File No. 280428

No. ..... St.

Primary Registration District No. 2202

Registered No. 67

Hospital .....  
FULL NAME OF CHILD Eldred Wm Heap

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u>	Number in order of birth <u>.....</u>	Leetimat? <u>Yes</u>	Date of Birth <u>Feb 3</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER  
FULL NAME Henry Harrison Heap  
RESIDENCE Nampa Ida  
COLOR Wh AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Freedom Wyo  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Allie Herrick  
RESIDENCE Nampa Ida  
COLOR Wh AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Garden Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11450 M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice J. Trinc M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Thuna Idaho

Registrar June 15 1920 Registrar Rub Bone

APR 1942



PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of KunaRegistration District No. 124File No. 80429

No. \_\_\_\_\_ St.

Primary Registration District No. 2202Registered No. 68

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Abraham Lour

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 21</u> (Month) (Day) 19 <u>20</u> (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Wm Frances LourRESIDENCE Kuna IdaCOLOR white AGE AT LAST BIRTHDAY 36  
(Years)BIRTHPLACE Keyville UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Anna HebelineRESIDENCE Kuna IdaCOLOR white AGE AT LAST BIRTHDAY 40  
(Years)BIRTHPLACE Ogden HollandOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10<sup>10</sup> P. M.  
on the date above stated. (Born alive or stillborn)(Signature) R. M. Bowell M.D.

(Physician or midwife)

Address Kuna IdahoFiled June 27 1920R. M. Bowell  
Registrar

Registrar

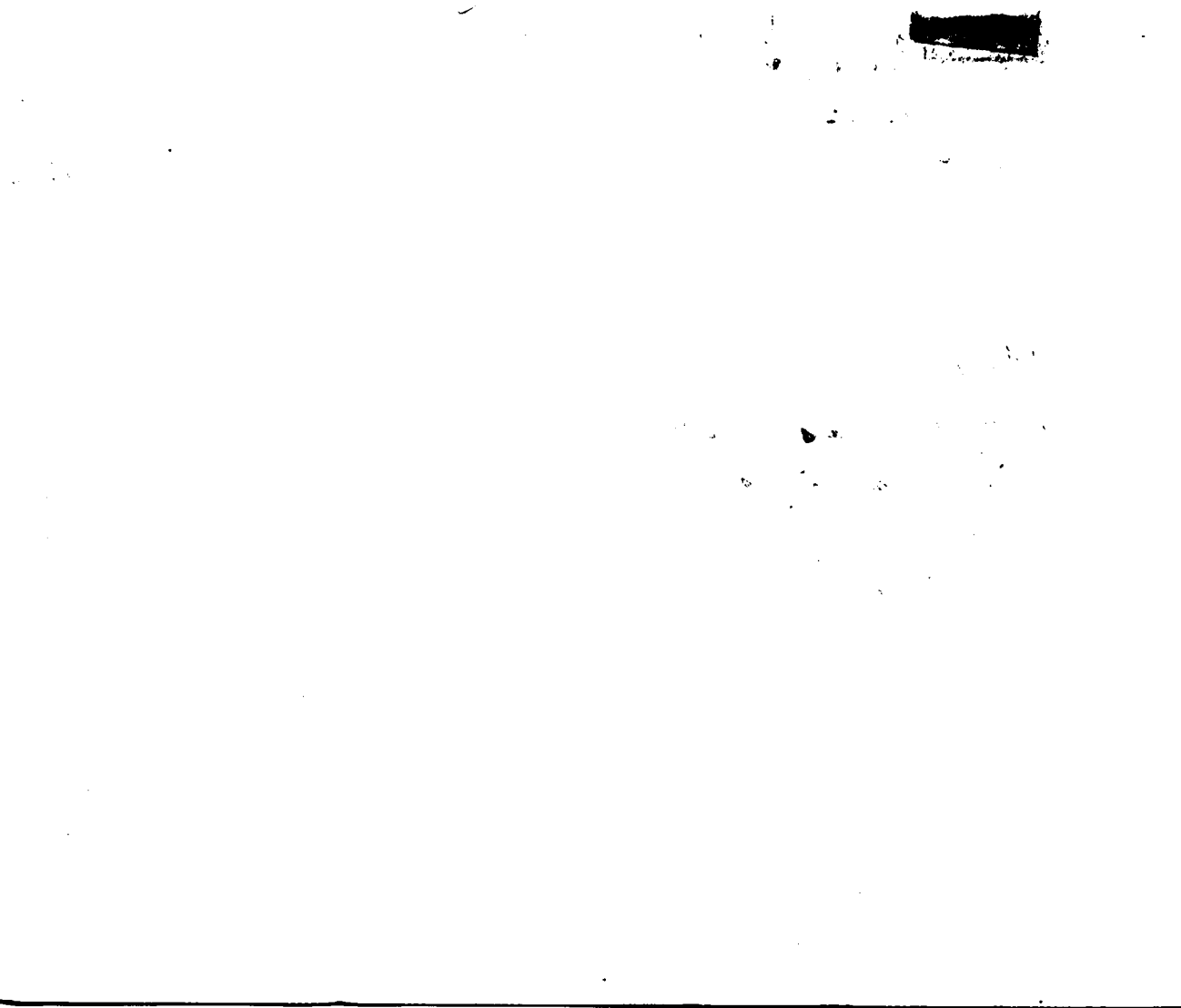
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

and the number of child stated.

N. B. - All cases.



455-102  
242  
PLACE OF

Form V. S. No. 11-C-25m-7-21-49

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

Registration District No. \_\_\_\_\_ File No. 80430

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Maurice Thelma Meneely

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>5-2</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME John W. Meneely  
RESIDENCE Indian Valley  
COLOR White AGE AT LAST BIRTHDAY 42 (Years)  
BIRTHPLACE Indiana  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Mary E. Dickpatrick  
RESIDENCE Indian Valley  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Ill.  
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 12 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Brown

Given names added from a supplemental report.

(Physician or midwife) Leanneil  
Address \_\_\_\_\_

Filed 6/20 19 20 W. H. Brown  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SECRET

MAY 5 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-106-002-993  
PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. 80431

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child James Leroy Teema

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	DATE OF BIRTH <u>4-6-20</u> (Month) (Day) (Year)
FULL NAME <u>J. L. Teema</u>	FATHER	FULL MAIDEN NAME <u>Gertrude M. Rich</u>	MOTHER
RESIDENCE <u>Council</u>		RESIDENCE <u>Council</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Calo.</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Born alive or stillborn)

at 5 P. M.

Given names added from a supplemental report.

(Physician or midwife)

19 \_\_\_\_\_

Address \_\_\_\_\_

Registrar

Filed 6/30 1920

Registrar



JUL 1 9 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

249-216-002-762

Form V-S No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Adams

City of Bear

Registration District No. \_\_\_\_\_ File No. 80432

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Zion

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD MARIAN DELORIS SMITH

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>4-16</u> <u>1930</u> (Month) (Day) (Year)
----------------------------	---	-----	---	----------------------------	---

FULL NAME Olson Smith FATHER

RESIDENCE Bear

COLOR White AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

FULL MAIDEN NAME Ingeberg Robertson MOTHER

RESIDENCE Bear

COLOR White AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 3 P. M.  
on the date above stated.

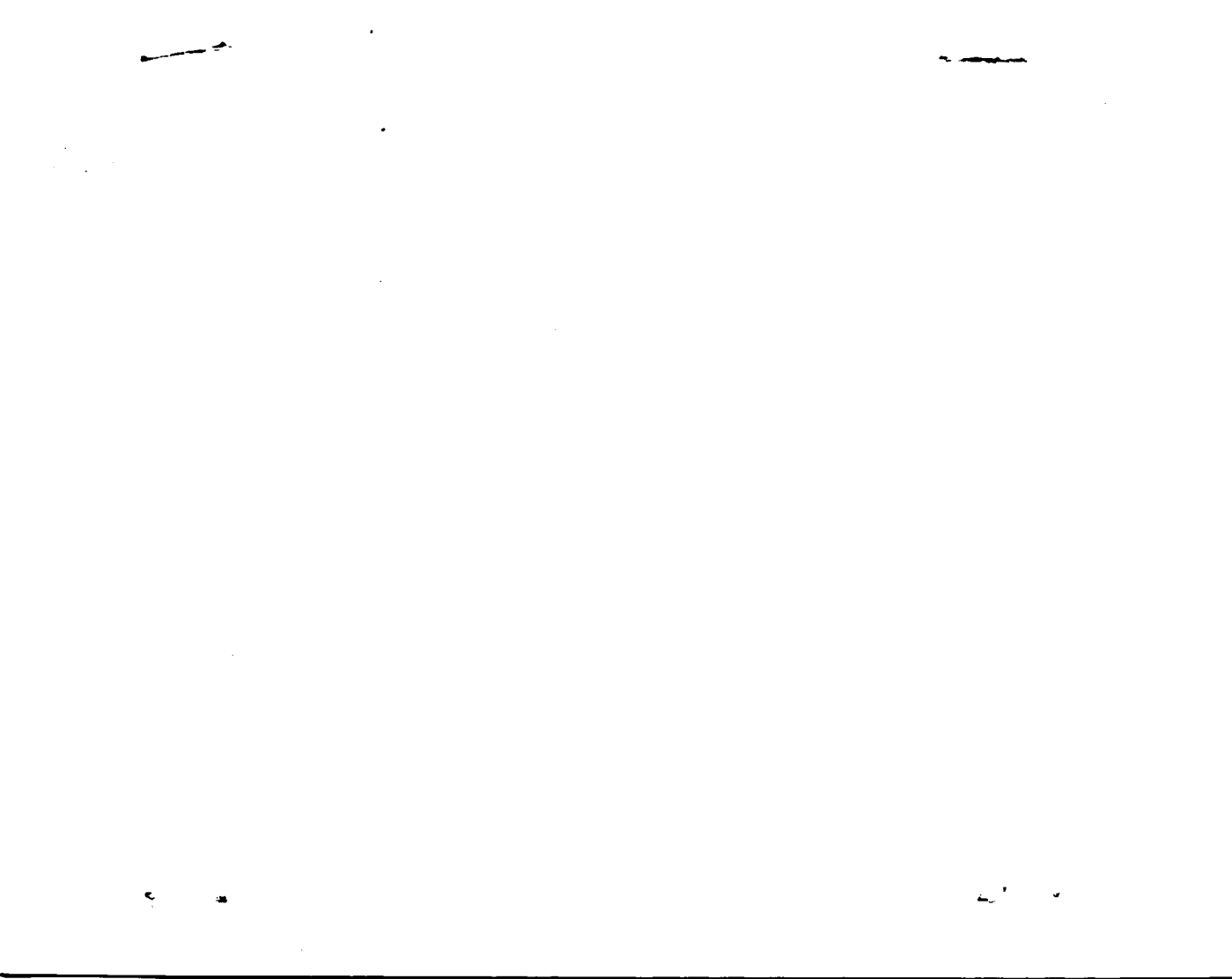
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Born alive or stillborn)  
(Signature) W. M. Brown

(Physician or midwife)  
W. M. Brown

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 6/30 1930 W. M. Brown  
Registrar



STATE OF IDAHO  
- DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Washington } ss. **NOV 10 1944** Certificate No. 80432  
The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)  
for Marian Deloris Smith who born on April 16, 1920 (Date of event)  
in Council, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Name  
Marian Deloris Smith

Unnamed Smith

Marian Deloris Smith

Subscribed and sworn to before me this 8th  
day of November, 19 41

Signed Addie Ingaborg Smith  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death record;  
or other credible person.)  
Mother

Notary Public, residing at Cambridge, Idaho

My commission expires May 8, 1944  
[SEAL]

Cambridge Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_

\_\_\_\_\_  
(Street Address, City, State)

My commission expires \_\_\_\_\_  
[SEAL]

AUG 7 1952

294-117-002-245

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of St. LawrenceCity of Council

Registration District No. ....

File No. 80433

No. .... St. ....

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Robert Vern KidwellSex of Child MaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birthLegiti  
mate?YesDate of  
Birth5-171930

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAMEJ. H. Kidwell

FATHER

FULL  
MAIDEN  
NAMEAnna Hunter

MOTHER

RESIDENCE

Council

RESIDENCE

Council

COLOR

WhiteAGE AT LAST  
BIRTHDAY22

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY33

(Years)

BIRTHPLACE

Germany

BIRTHPLACE

Germany

OCCUPATION

Farmer

OCCUPATION

FarmerNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 11 P. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

4/30 1930 [Signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JUL 25 1966

JAN 14 1972

942-209-002-394

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdamsCity of MesaRegistration District No. \_\_\_\_\_ File No. 80434

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD Helen Louise Rush

Sex of Child <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and { Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 9</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	---	----------------------------	---

FULL NAME <u>Clyde Irwin Rush</u>	FATHER
RESIDENCE <u>Mesa, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Mt. Vernon, Ohio</u>	
OCCUPATION <u>Fruit Farming</u>	

FULL MAIDEN NAME <u>Helen Harriet Crum</u>	MOTHER
RESIDENCE <u>Mesa, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Paxton, Ill.</u>	
OCCUPATION <u>Housekeeping</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 3 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Born alive or stillborn)  
Wm Brown  
Leanneil  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 6/30 1920

Registrar \_\_\_\_\_

Registrar Wm Brown



JUN 28 1976

MAY 29 1983

453 - 201-002-236

## PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdamsCity of New Meadows

Registration District No. \_\_\_\_\_

File No. 80435

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Nina Ruth Del Bar

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth6-1-1920  
(Month) (Day) (Year)FULL  
NAMEFrank D. Del Bar

FATHER

RESIDENCE

New Meadows

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Belgium

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEFather M. Storie

MOTHER

RESIDENCE

New Meadows

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Mo

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 12 M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

Filed 6/2

19. \_\_\_\_\_

[Signature]

Registrar

Registrar

AUG 25 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 12-29-59

PLACE OF BIRTH

113-211-002-154

County of Adams

City of Indian Valley

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ File No. 80436

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD Annice Mae Jackson

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? _____ } and { Number in order of birth _____	Legiti- mate? <u>Yes</u>	Date of birth. <u>May 11, 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 4

FULL NAME FATHER  
Charles Jackson

FULL MAIDEN NAME MOTHER  
Edith Andrew

RESIDENCE Indian Valley

RESIDENCE Indian Valley

COLOR White AGE AT LAST BIRTHDAY 32  
(Years)

COLOR White AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE Kansas

BIRTHPLACE Idaho

OCCUPATION Farmer

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive at 9 P.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. M. Brown

(Physician or midwife)

Give names added from a supplemental report.

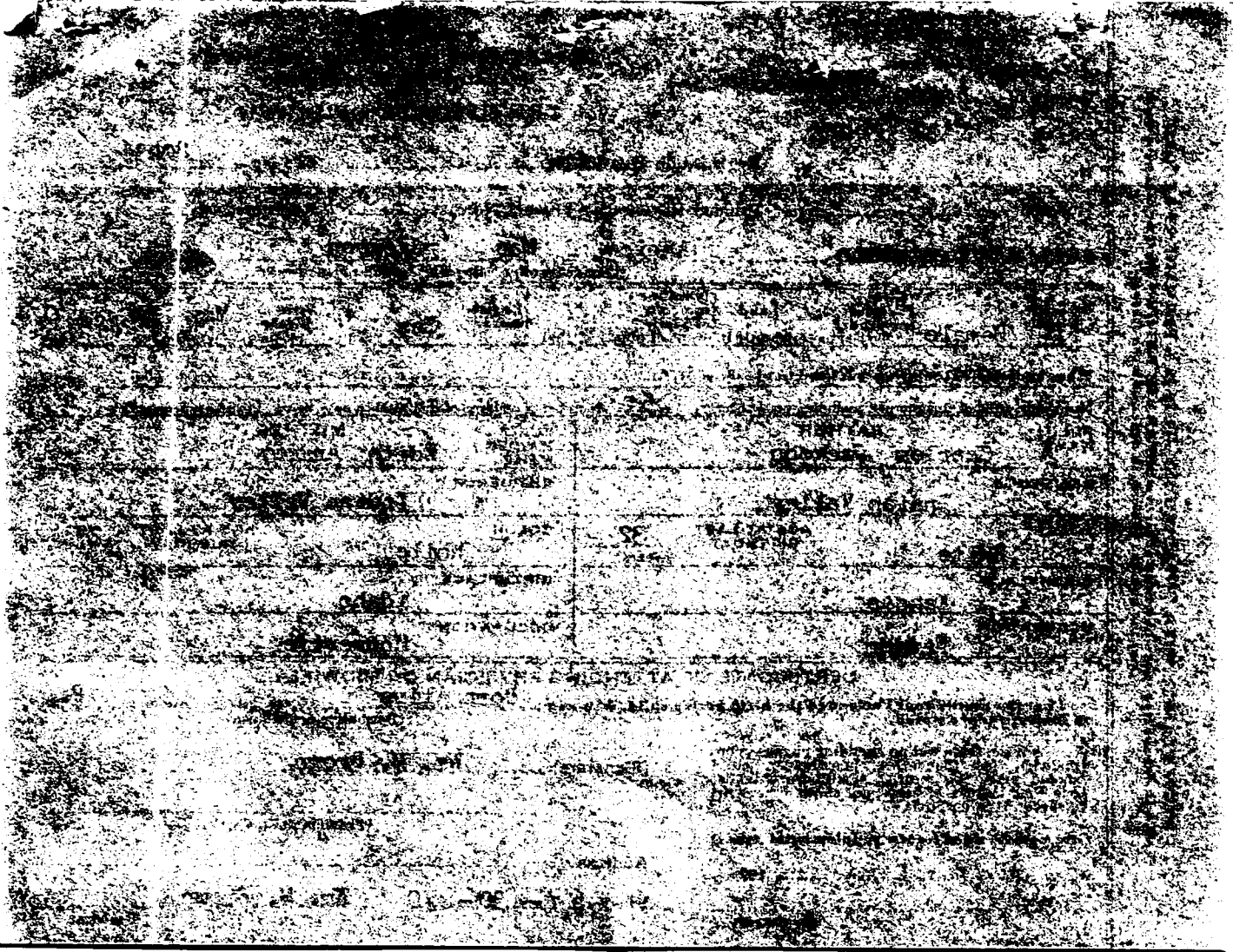
Address \_\_\_\_\_

\_\_\_\_\_, 192\_\_\_\_\_

Filed 6 - 30 - 1920 Wm. M. Brown

Registrar.

Registrar.



Documents listed on back -

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 80436  
County of Adams } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Jackson who born on May 14, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Indian Valley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
Date of Birth	<u>May 14, 1920</u>		<u>May 11, 1920</u>
Full Name of Child	<u>Unnamed</u>		<u>Annice Mae Jackson</u>

Subscribed and sworn to before me this 7th day of  
October 1959

Roger Swanson  
Notary Public, residing at Council, Idaho  
My commission expires April 28, 1962  
(Seal)

Signed Edith Jackson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Star Route Cambridge, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Adams }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of  
October 1959

Roger Swanson  
Notary Public, residing at Council, Idaho  
My commission expires April 28, 1962  
(Seal)

Signed Ellen Marnella  
(Signature of Any Credible Person)  
Ellen Marnella  
Star Route Cambridge, Idaho  
(Street Address, City, State)

- L.D.S. Certificate of Blessing, January 20, 1922 gives full name as Anath May Jackson, born May 11, 1920 in Cambridge, Idaho - viewed by V.S.
- L.D.S. Cert. of Baptism & Confirmation, June 17, 1934 gives full name as Annice May Jackson, born May 11, 1920 at Indian Valley, Idaho - viewed by V.S.
- Own Child's Birth Certificate on file, #296888 gives full name of mother as Annice Mae Jackson - viewed by V.S.

Statement from Cambridge, Idaho-Washington County School Records - A. Jay Jones, Superintendent states that their records give the following information - Annice Mae Jackson, born May 11, 1920, name of Guardian-Edith Jackson - viewed by V.S.

MARGIN RESERVED FOR ENDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

115-103-002-643

PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of AdamsCity of CouncilRegistration District No. \_\_\_\_\_ File No. 80437

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD John B.

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>6-3</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	---	----------------------------	---

FATHER  
FULL NAME John W. FieldsRESIDENCE CouncilCOLOR White AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE OrOCCUPATION farmerMOTHER  
FULL MAIDEN NAME Maybelle FullerRESIDENCE CouncilCOLOR White AGE AT LAST BIRTHDAY 21  
(Years)BIRTHPLACE N. DakOCCUPATION housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 910 N.  
on the date above stated.

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

(Signature) W. B. Fields

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

Filed 6/30

19. \_\_\_\_\_

Registrar

Registrar



JUL 27 1965

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

894-114-002-289

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of AdamsCity of CouncilRegistration District No. \_\_\_\_\_ File No. 80438

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Zurich Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_FULL NAME OF CHILD James Himmelberger

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and {	Number in order of birth <u>    </u>	Legiti mate? <u>yes</u>	Date of Birth <u>6-14</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-------	---	----------------------------	---

FULL NAME FATHER John HimmelbergerRESIDENCE CouncilCOLOR White AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE SwitzerlandOCCUPATION LaborerFULL MAIDEN NAME MOTHER Aelma BoydRESIDENCE CouncilCOLOR White AGE AT LAST BIRTHDAY 25 (Years)BIRTHPLACE WashOCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 7 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) MM Brown

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 6/30 19 20 MM Brown

Registrar

Registrar



Amended

12-11-68

(Be sure the information is complete and accurate)

# CERTIFICATE OF BIRTH

## STATE OF IDAHO

State File No. 80439

Local Reg. No.

Reg. Dist. No.

## 1. PLACE OF BIRTH

a. COUNTY

Washington

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN

Cambridge

c. FULL NAME OF (If NOT in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

## 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Adams

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN

Council

d. STREET  
ADDRESS (If rural, give location)

## 3. CHILD'S NAME

(Type or print)

a. (First)

Frances

b. (Middle)

Elvera

c. (Last)

Denney

4. SEX

Female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1st ☐2nd ☐3rd ☐6. DATE  
OF  
BIRTH

(Month)

(Day)

(Year)

6 - 23 - 1920

## FATHER OF CHILD

## 7. FULL NAME

a. (First)

Charles

b. (Middle)

c. (Last)

Denney

8. AGE (At time of this birth)

25

YEARS

9. BIRTHPLACE (State or foreign country)  
(City or Town)

Idaho

10. USUAL OCCUPATION

Laborer

11. KIND OF BUSINESS OR INDUSTRY

## MOTHER OF CHILD

## 12. FULL MAIDEN NAME

a. (First)

Harriet

b. (Middle)

c. (Last)

Button

13. AGE (At time of this birth)

17

YEARS

14. BIRTHPLACE (State or foreign country)  
(City or Town)

Wyoming

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER  
children are now  
living?

1

b. How many OTHER children were  
born alive but are now dead?

0

c. How many children  
were stillborn (born dead  
after 20 wks. pregnancy?)

0

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that  
this child was born  
alive on the date  
stated above.

## 17. SIGNATURE

Wm. M. Brown

19. ADDRESS

18. ATTENDANT AT BIRTH

M.D. ☒MIDWIFE ☐OTHER  
(Specify)

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.

6-23-20

22. REGISTRAR'S SIGNATURE

Wm. M. Brown

23. DATE ON WHICH GIVEN NAME ADDED  
BY \_\_\_\_\_  
Registrar

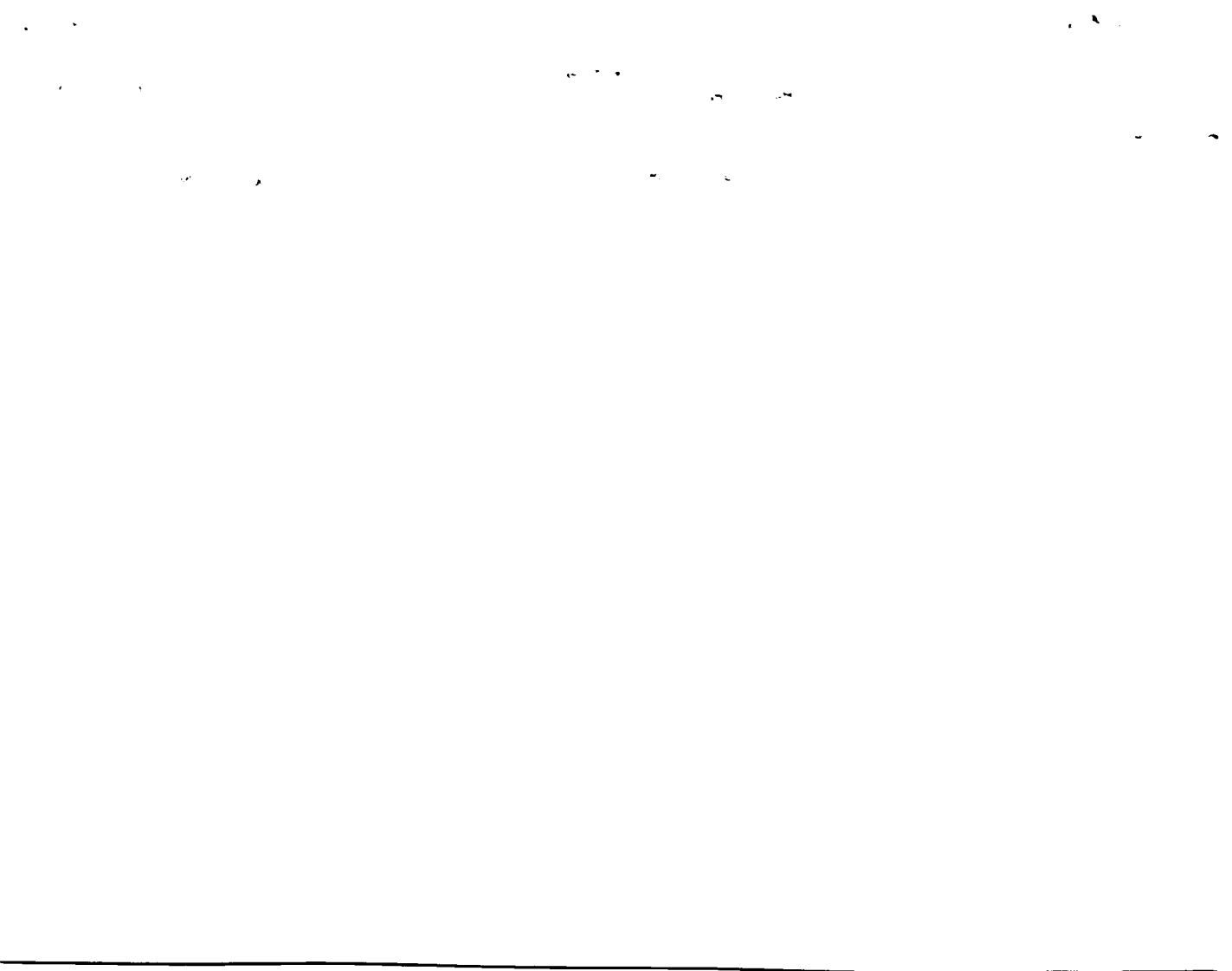
## FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?

YES ☐NO ☐

DATE \_\_\_\_\_

the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address  
IN OF VITAL STATISTICS, BOISE, IDAHO.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

10-15-68

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED

State of .....  
County of .....

ss.

NOV 13 1968

Certificate No. 80439

Date Filed .....

Birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Unnamed Denney who was born on June 23, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Council, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

childs name Unnamed Frances Elvera Denney  
Place of birth Adams county - Council Washington Co, Cambridge

Subscribed and sworn to before me this 3 day of

November 1968

X Signed

Margaret L. Brasley  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Casco

My commission expires 1-15-70

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....  
County of ..... ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of

....., 19.....

Signed

(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....

(Street Address, City, State)

Own child's birth certificate on file with state of Idaho, Cert. # 302775 gives name of mother as Frances Elvera Denney. Child born Oct. 4, 1940 Viewed by V.S.

Own child's birth certificate also gives place of birth for Frances Elvera Denney as Cambridge, Idaho. # 302775.  
Viewed by V.S.

Marriage License and Certificate for Richard O. Wheeler and Frances Elvera Denney married March 23, 1938 at Midvale, Washington County, Idaho.  
Viewed by V.S.

Insurance Policy Application, Idaho Mutual Benefit Association, #GK4814-10, gives full name as Frances Elvera Wheeler, born Cambridge, Idaho - viewed by VS.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

664-127-002-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Adams

City of Council

Registration District No. ....

File No. 80440

No. .... St. ....

Hospital .....

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD

Donald Wickland Fauste

Sex of Child Male

Twin  
Triplet  
or other?

and

Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of  
Birth

6-27  
(Month) (Day)

1920  
(Year)

FULL  
NAME

FATHER  
Wm Fauste

RESIDENCE

Council

COLOR

White

AGE AT LAST  
BIRTHDAY

29  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

MOTHER  
Crystal Wickland

RESIDENCE

Council

COLOR

White

AGE AT LAST  
BIRTHDAY

28  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 3P M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Wm M. Brown

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

6/30 19 20

Registrar

Registrar



DEC 13 1983

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

281-129-002-462

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of AdamsCity of Council

Registration District No. \_\_\_\_\_

File No. 80441

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Verla Patricia Shaw

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>6-29-20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Wm H. ShawRESIDENCE CouncilCOLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE LodaOCCUPATION FarmerFULL MAIDEN NAME MOTHER Mary E. MoserRESIDENCE CouncilCOLOR White AGE AT LAST BIRTHDAY 29  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 11:30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm H. Shaw

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 6/2 19 20

Registrar

Registrar Wm H. Shaw

NOV 13 1942

NOV 16 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-114-002-759

PLACE OF BIRTH

County of Adams  
City of Council

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

CERTIFICATE OF BIRTH

No. \_\_\_\_\_ St. \_\_\_\_\_  
Registration District No. \_\_\_\_\_ File No. 80442

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD John Edward Washington Hoffman

Sex of Child Boy Twin Triplet or other? \_\_\_\_\_ and Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth June 14 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Geo W Hoffman  
RESIDENCE Council Idaho  
COLOR W AGE AT LAST BIRTHDAY 30  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME James J. Garrett  
RESIDENCE Council Idaho  
COLOR W AGE AT LAST BIRTHDAY 23  
(Years)  
BIRTHPLACE Utah  
OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) CO

{ "When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth." }

(Signature) E. Padney

(Physician or midwife)

Given names added from a supplemental report.

Address Council Idaho

Filed 6/30 1920 W. M. ...  
Registrar Registrar

*[The page contains extremely faint, illegible markings and noise.]*

10-10-50

1. The first part of the document is a letter from the President of the United States to the President of the Senate, dated January 1, 1901. The letter is signed by William McKinley and is addressed to the President of the Senate. The letter is a copy of a letter that was sent to the President of the Senate by the President of the United States. The letter is a copy of a letter that was sent to the President of the Senate by the President of the United States.

**MURDER OF MARTIN LUTHER KING JR.**

443-121-002-853

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdamsCity of TamarackRegistration District No. \_\_\_\_\_ File No. 80443

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Zink

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>5-21-20</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	--------------------------------	------------------------	--

FULL NAME Joseph H. Dutcher FATHERRESIDENCE TamarackCOLOR White AGE AT LAST BIRTHDAY 34  
(Years)BIRTHPLACE Mo.OCCUPATION LaborerFULL MAIDEN NAME Anna M. Becker MOTHERRESIDENCE TamarackCOLOR White AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE IllOCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 10 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Given names added from a supplemental report.

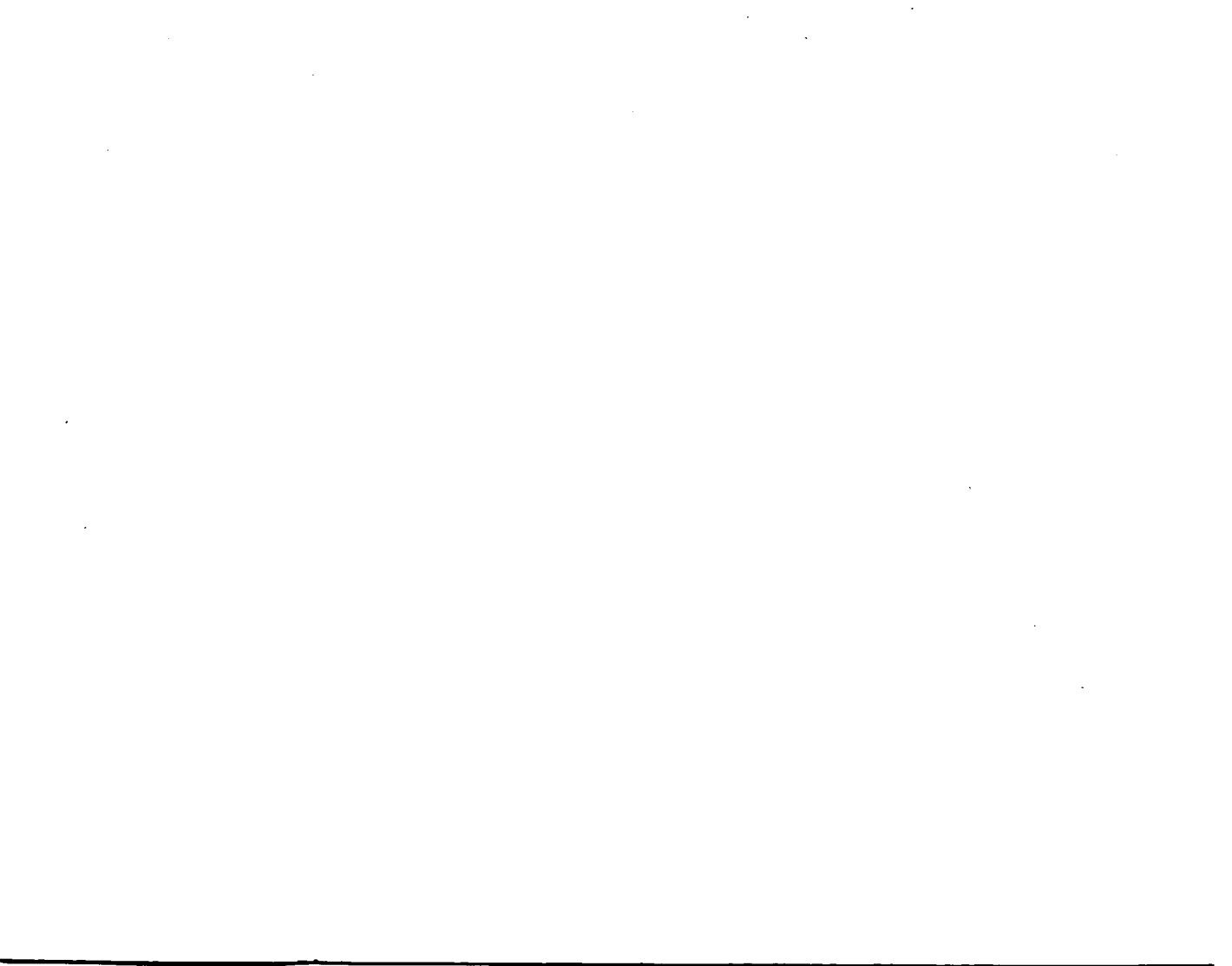
19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 6/30 19 \_\_\_\_\_

Registrar

Registrar W M Brown



253 - 211 - 003 - 291

Form V. S. No. 11-C-22a-8-8-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Bannock.....City of Pocatello.....Registration District No. 84.....File No. 680444.....

No. .... St. ....

Primary Registration District No. 2161.....Registered No. 3226.....Hospital Pocatello Gen Hosp.FULL NAME OF CHILD Maxis Aline Self.....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>no</u>	and (Number in order of birth) <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>6/11/20</u> (Month) (Day) (Year)
----------------------------	----------------------------------	---	------------------------	--

FULL NAME <u>Raymond M. Self</u>	FATHER	FULL MAIDEN NAME <u>Edna Branch</u>	MOTHER
RESIDENCE <u>840 N Main</u>		RESIDENCE <u>same</u>	
COLOR <u>wh.</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>wh.</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Ohio</u>		BIRTHPLACE <u>W. Virginia</u>	
OCCUPATION <u>Brakeman</u>		OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 7:15 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature].....

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Id......Filed 7-22-20.....

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





111

FEB 18 1953

235-218-003-686

Form V. S. No. 11-C-22a-4-3-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Bannock.....City of Pocatello.....Registration District No. 84.....File No. 80445

No. .... St. ....

Primary Registration District No. 2161.....Registered No. 3225Hospital Gen. Hosp......

FULL NAME OF CHILD

AliceSlender

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } <u>yes</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME

FATHER

Nicholas Slender

RESIDENCE

Pocatello

COLOR

wh.

AGE AT LAST BIRTHDAY

24 (Years)

BIRTHPLACE

USA

OCCUPATION

House Salesman

FULL MAIDEN NAME

MOTHER

Isabelle Whorton

RESIDENCE

Pocatello Ida

COLOR

wh.

AGE AT LAST BIRTHDAY

22 (Years)

BIRTHPLACE

California

OCCUPATION

housewifeNumber of child of this mother, including present birth 4..... Number of children of this mother now living, including present birth 2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alice at 5:30 a on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, IdaFiled 7-22-20

Registrar

Registrar

MARGIN RESERVED FOR BIRTH RECORD

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1956

268-123-003-866

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-28m-4-8-17

## CERTIFICATE OF BIRTH

County of... Bannock.....City of... Pocatello.....Registration District No. .... 84.....File No. .... 80446.....No. .... St......Primary Registration District No. .... 2161.....Registered No. .... 3224.....Hospital... For Gen Hosp......

FULL NAME OF CHILD

Johnny -Koko -

Sex of Child <u>male -</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>6/28</u> - <u>1920</u> (Month) (Day) (Year)
-------------------------------	---	---	-----------------------------	--

FULL  
NAME

FATHER

Harold Baker - Koko -

RESIDENCE

306 7 arthur

COLOR

wh.AGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Kansas -

OCCUPATION

BrickmanFULL  
MAIDEN  
NAME

MOTHER

Margaret Howard

RESIDENCE

same

COLOR

wh -AGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Oklahoma

OCCUPATION

housewifeNumber of child of this mother, including present birth ..... 1..... Number of children of this mother now living, including present birth ..... 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at ..... 3:15 ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... J. P. Spring.....

(Physician or midwife)

Given names added from a supplemental report.

Address ..... Pocatello, Id......Filed ..... 7-22-1920 ..... J. P. Spring.....

Registrar

Registrar

JAN 5, 1942

RECEIVED JAN 5 1942

RECEIVED JAN 5 1942

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769-227-003-555

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of Pocatello  
No. 615 N. Harr St.Registration District No. 84File No. 80447

Hospital \_\_\_\_\_

Primary Registration District No. 2161Registered No. 3223FULL NAME OF CHILD Hazel Marie Gorrell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legiti mate?	Date of Birth	June 27,	19 20
Female	(To be answered only in event of plural births)			yes	(Month)	(Day)	(Year)

FULL NAME FATHER  
Charled D. GorrellRESIDENCE  
615 N. HarrisonCOLOR white AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE  
Joseyville, Ill.OCCUPATION  
LaborerFULL MAIDEN NAME MOTHER  
Mabel EverleyRESIDENCE  
615 N. HarrisonCOLOR white AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE  
Montgomery Co. Ill.OCCUPATION  
Homf.Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:45 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. J. Howard, M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello, Idaho.

Filed

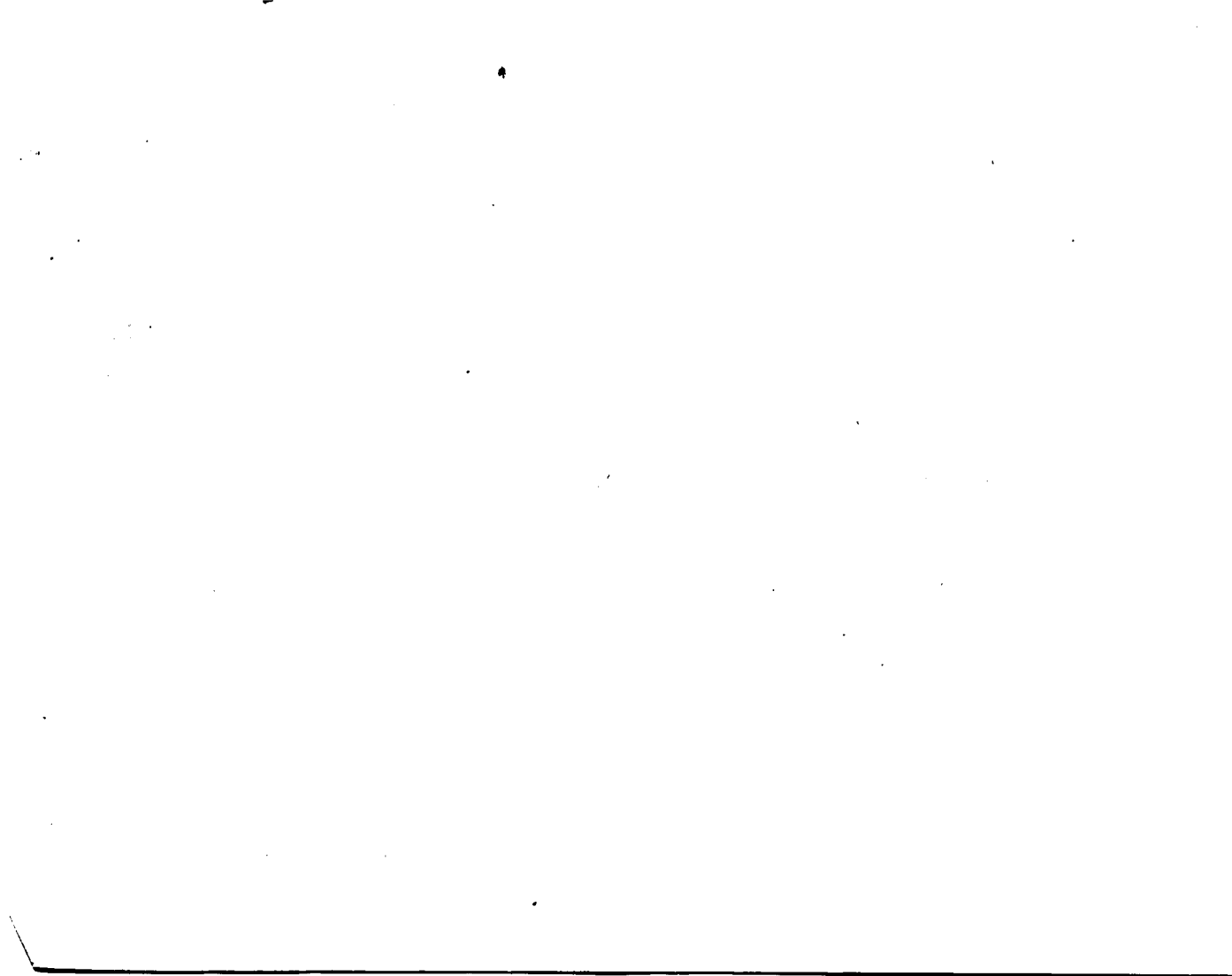
7/20 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth, a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



299-126-003-244

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of PocatelloRegistration District No. 84File No. 80448No. 650 N. Seventh St.Hospital St. Anthony MercyPrimary Registration District No. 2161Registered No. 3222

FULL NAME OF CHILD

ROBERT EDWARD BIRRELL

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJune 26  
(Month) (Day)1920  
(Year)FULL  
NAME

FATHER

Frank Ernest BirrellFULL  
MAIDEN  
NAME

MOTHER

Elvira Rump

RESIDENCE

822 E. Fremont St. Pocatello, Ida.

RESIDENCE

822 E. Fremont St. Pocatello, Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Salt Lake City, Utah

BIRTHPLACE

Moroni, Utah

OCCUPATION

Display Man Fargo-Wilson-Wells Co.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive at 2:00 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. H. Wright  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Ida.

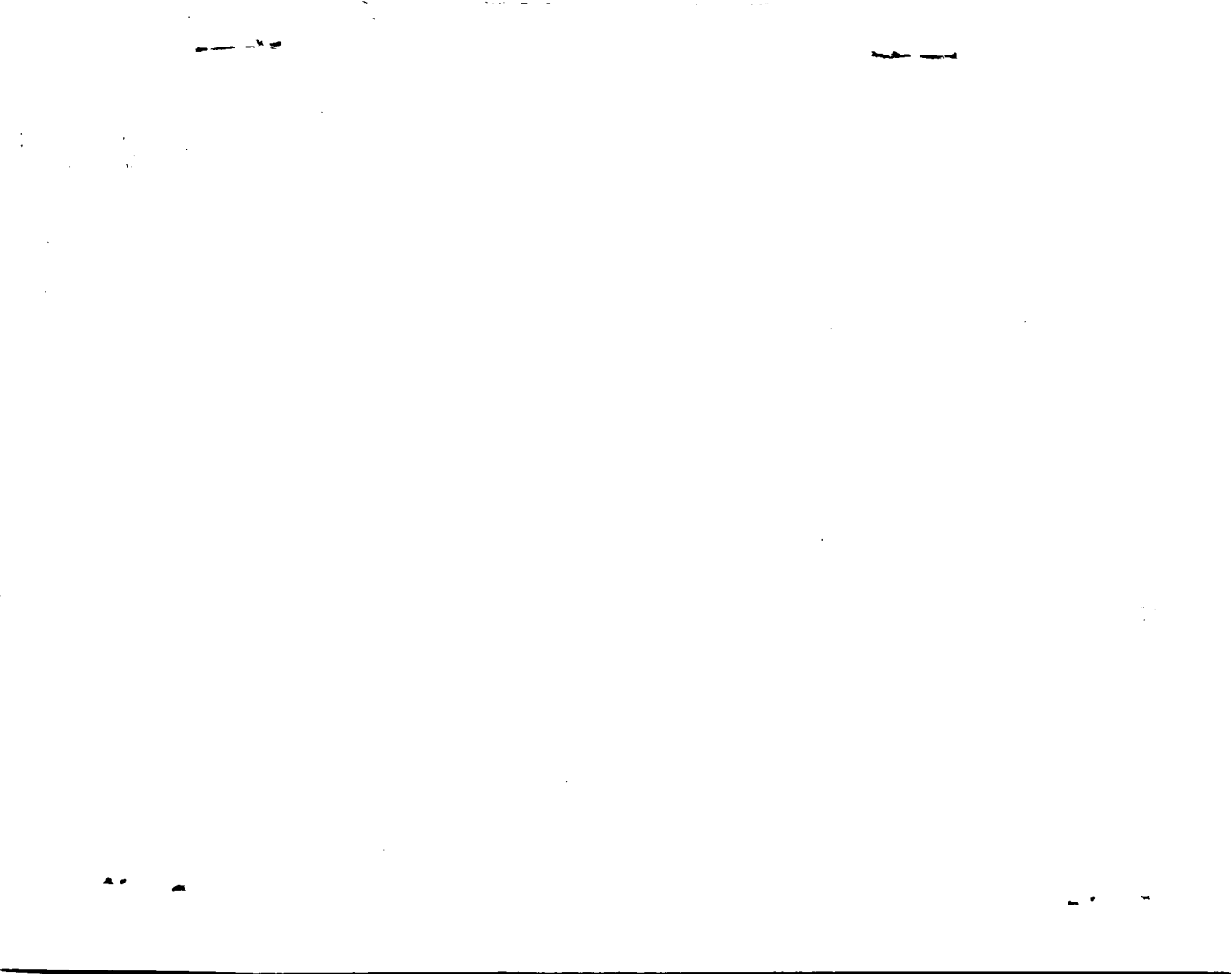
Filed

7/20 - 1920

Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 80448  
County of Bannock } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Robert Edward Birrell who Was Born (Birth or Death)  
(Name on Original Certificate) (Was Born ~~or Died~~) on June 26- 1920  
in Pocatello (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Insurance Policy prepared on Nov. 1- 1932, are:  
(~~Birth Record~~, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name unnamed Robert Edward Birrell

Subscribed and sworn to before me this 16  
day of July 1942  
Frank E. Birrell  
Notary Public, residing at Pocatello, Ida  
My commission expires Sept 14, 1944  
(Seal)

Signed Frank E. Birrell  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
77- Rowwood Ave. Pocatello, Ida  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit **MUST** Also be Executed.  
County of Bannock } (See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.  
Subscribed and sworn to before me this 16  
day of July 1942  
Frank E. Birrell  
Notary Public, residing at Pocatello, Ida  
My commission expires Sept 14, 1944  
(Seal)

Signed W. H. Wilson  
(Signature of Any Credible Person Other Than Previous Year)  
55356 Pocatello, Idaho  
(Street Address, City, State)

JUL 21 1942

395-123-003-693

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannockCity of PocatelloNo. 538 W.Center St.Registration District No. 84File No. 80449Hospital Pocatello General HospitalPrimary Registration District No. 2111Registered No. 3221

FULL NAME OF CHILD

Joseph C. LivingstonSex of  
ChildMaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 2320

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Joseph C. Livingston

RESIDENCE

538 W.Center

COLOR

WhiteAGE AT LAST  
BIRTHDAY27

(Years)

BIRTHPLACE

Salt Lake City, Ut.

OCCUPATION

Freight agentFULL  
MAIDEN  
NAME

MOTHER

Iris M. Wilson

RESIDENCE

538 W.Center

COLOR

WhiteAGE AT LAST  
BIRTHDAY28

(Years)

BIRTHPLACE

Salt Lake City, Ut.

OCCUPATION

Hswf.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:20 A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

H. F. Howard M.D.

(Physician or midwife)

Given names added from a supplemental report.

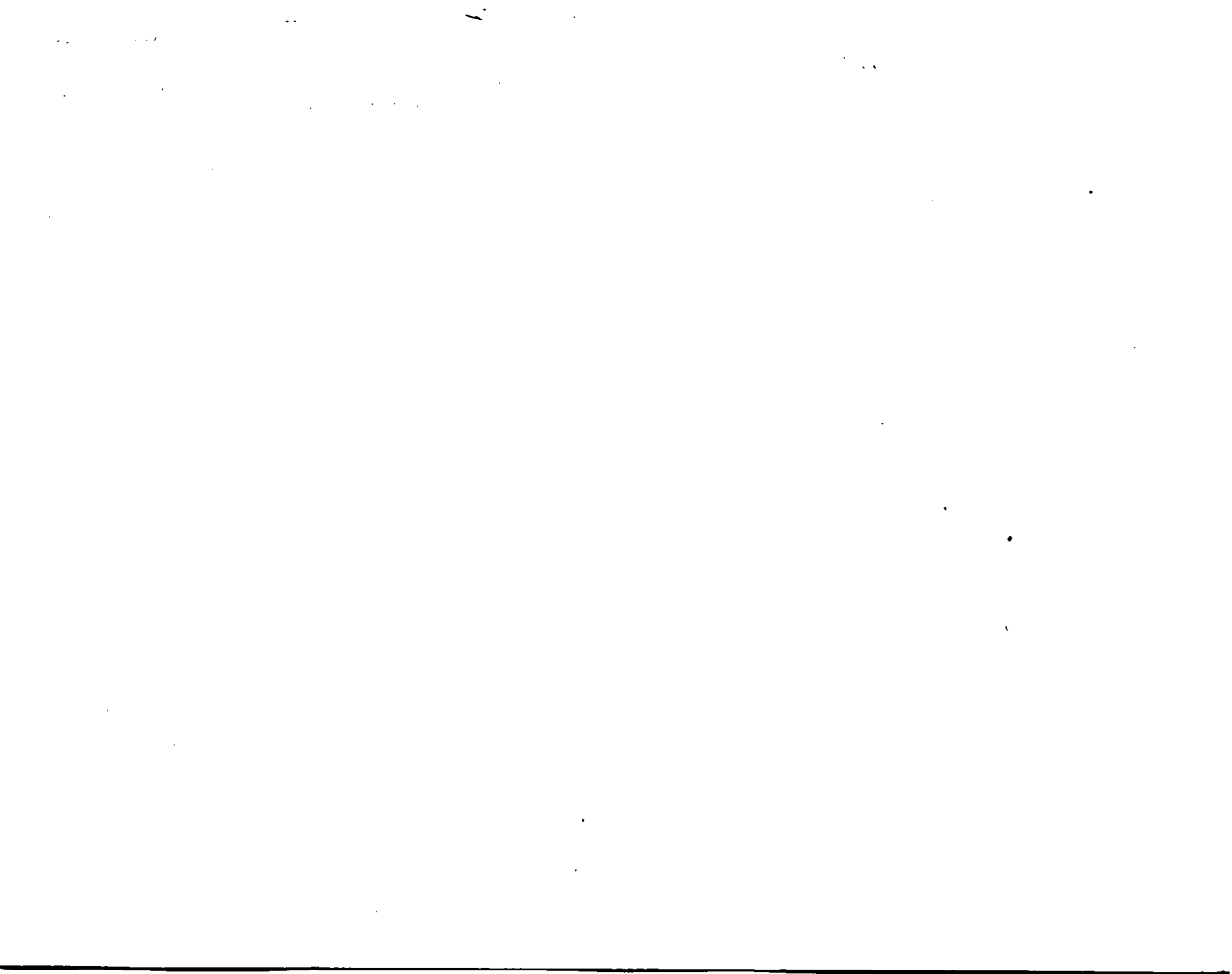
19Address Pocatello, Idaho.Filed 7/20 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

705-121  
003-412

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.B. No. 11-0-1-1-11

County of Bannock

City of Fort Hall

No. \_\_\_\_\_ St.

Registration District No. 84

File No. 80450

Primary Registration District No. 2161

Registered No. 3220

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Levi Gifford

Sex of Child <u>Male</u>	Triplet or other? <u>—</u> and { <u>—</u> } Number in order of birth <u>—</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of birth <u>June 21</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>James Elmer Gifford</u>	MOTHER FULL MAIDEN NAME <u>Sarah Annie Mason</u>		
RESIDENCE <u>Fort Hall, Idaho</u>	RESIDENCE <u>Fort Hall, Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Hooper Utah</u>	BIRTHPLACE <u>Shrinesville, Utah</u>		
OCCUPATION <u>Farming</u>	OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. 5 Number of children, of this mother, now living, including present birth. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3-9 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Henry R. Wheeler  
Physician  
(Physician or Midwife)

Address Fort Hall, Idaho  
Filed 7/20 1920 W. Young Registrar

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL  
ALBANY

File No.

Exhibit No.

Page No.

236-120-003

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of BannockCity of PocatelloRegistration District No. 84File No. 680451No. 1015 S. 5th. St.Primary Registration District No. 2161Registered No. 3219

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ivan LeRoy StoneburnerSex of Child Male

Twins  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth  
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth June 20 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

J. Curt Stoneburner

RESIDENCE

COLOR white  
1015 S. 5th Ave.  
AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE

Cory, Ind.

OCCUPATION

Check clerk O.S.L.

FULL MAIDEN NAME

MOTHER

Elva Tolman

RESIDENCE

COLOR white  
1015 S. 5th Ave.  
AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE

Grace, Idaho.

OCCUPATION

Hswf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:55 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. J. Howard, M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello, Idaho

Filed

7/30 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 9 1942



JUL 24 1942

AUG 23 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

243-219-003-386

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthony Mercy

FULL NAME OF CHILD

Registration District No. PL

Primary Registration District No. 217

File No.

80452

Registered No. 3218

Helen Frances Sullivan

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 19</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-----	--------------------------------	---------------------------	--

FATHER  
FULL NAME Daniel Francis Sullivan

RESIDENCE Glenn's Ferry, Idaho.

COLOR White AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Kerry, Ireland.

OCCUPATION O.S. Engineer.

MOTHER  
FULL MAIDEN NAME Mary Elizabeth Lyons.

RESIDENCE Glenn's Ferry, Idaho.

COLOR White AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE Pocatello, Idaho.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 7:00 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. A. Wright  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello, Idaho

Filed

7/20 19 20

Registrar

Registrar

✓

MAY 18 1942

225-118-003-292

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of Country near InkomRegistration District No. 84File No. 80453No. Farm St.Primary Registration District No. 2161Registered No. 3217

Hospital \_\_\_\_\_

FULL NAME OF CHILD Bryant Bishop Skeem

Sex of Child	<u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	<u>twins</u> and <u>2nd.</u>	Number in order of birth	Legiti mate?	<u>yes</u>	Date of Birth	<u>June 18</u>	<u>20</u>
							(Month)	(Day)	(Year)

FULL NAME FATHER  
Christian S. SkeemRESIDENCE  
Inkom, Idaho.COLOR white AGE AT LAST BIRTHDAY 45  
(Years)BIRTHPLACE  
Denmark, Sweden.OCCUPATION  
FarmerFULL MAIDEN NAME MOTHER  
Irene BishopRESIDENCE  
Inkom, Idaho.COLOR white AGE AT LAST BIRTHDAY 37  
(Years)BIRTHPLACE  
Deseret, Ut.OCCUPATION  
HousewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:15 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. J. Howard, M.D.  
(Physician or midwife)

Given names added from a supplemental report.

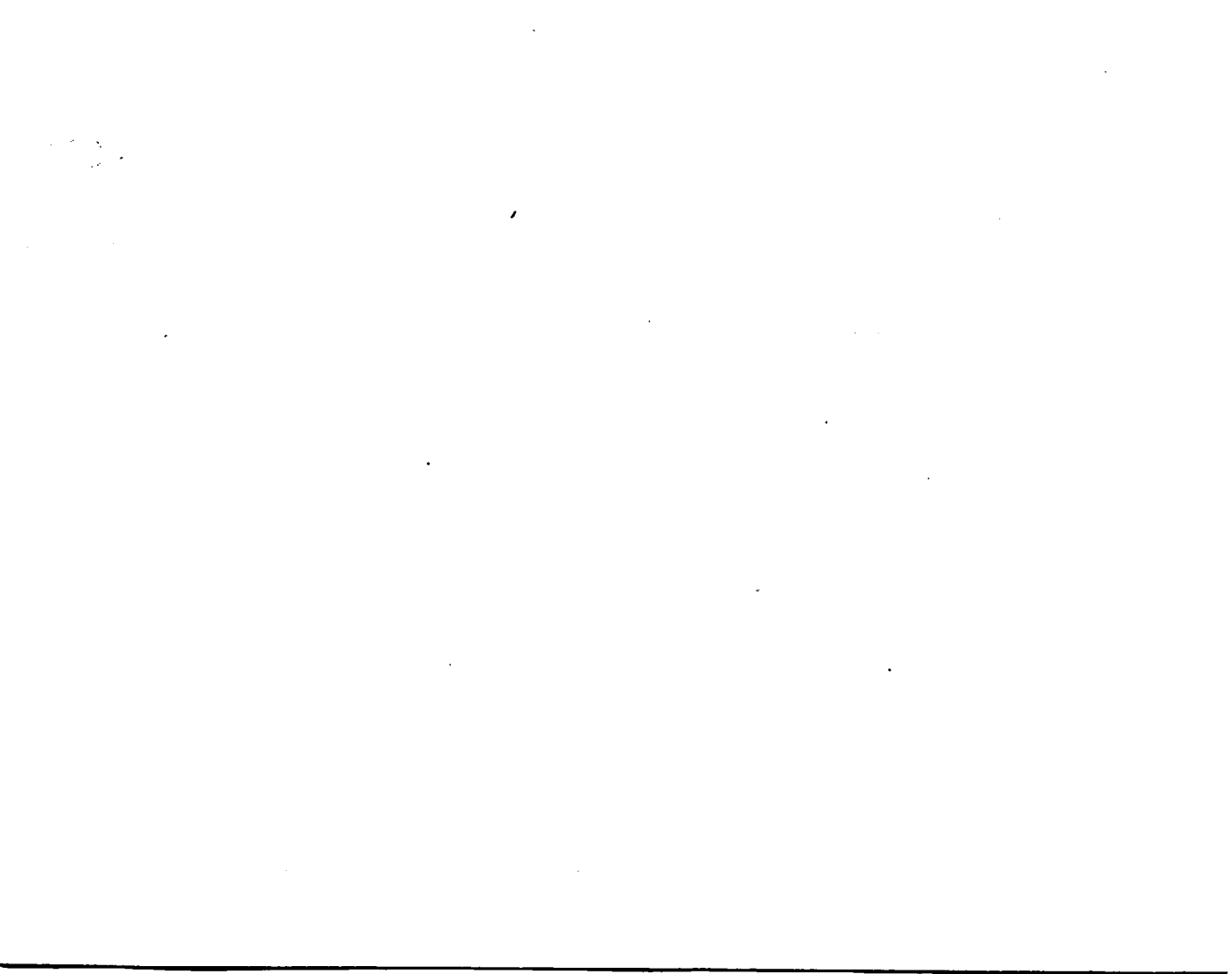
19Address Pocatello, Idaho.Filed 7/201921

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

225-118-003-292

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bannock

City of Country near Inkom

Registration District No. 84

File No. 80454

No. 1 farm St.

Primary Registration District No. 244

Registered No. 3216

Hospital \_\_\_\_\_

FULL NAME OF CHILD Grant Bishop Skeem

Sex of Child <u>male</u>	<u>Twin</u> <u>Triplet</u> <u>or other?</u> <u>twin</u> } and { <u>Number</u> <u>in order</u> <u>of birth</u> <u>1st.</u>	Legiti mate? <u>yes</u>	Date of Birth <u>June 18</u> <u>20</u> (Month) (Day) (Year)
--------------------------	---	----------------------------	--

FULL NAME FATHER  
Christian S. Skeem

RESIDENCE  
Inkom, Idaho

COLOR white AGE AT LAST BIRTHDAY 45  
(Years)

BIRTHPLACE  
Denmark, Sweden

OCCUPATION

Farmer

FULL MAIDEN NAME MOTHER  
Irene Bishop

RESIDENCE  
Inkom, Idaho.

COLOR white AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE  
Deseret, Ut.

OCCUPATION

Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:55 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. J. Howard M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

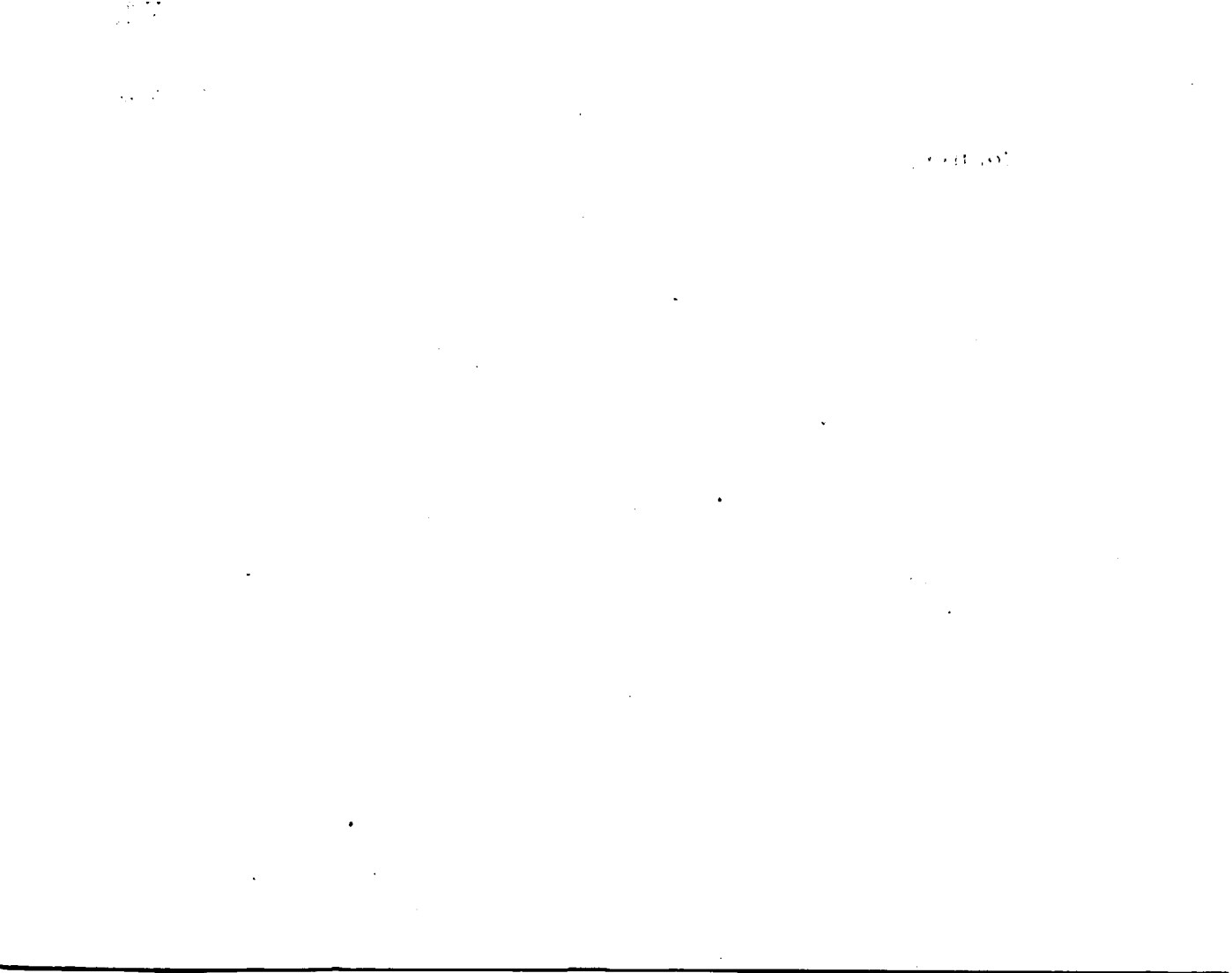
Address Pocatello, Idaho

Filed

7/20 19 20

Registrar

J. Young  
Registrar



769-217-003-213

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloRegistration District No. 811File No. 80455No. 744 N. 5th. St.Primary Registration District No. 2161Registered No. 3215

Hospital \_\_\_\_\_

Dorothy Louise Porter

FULL NAME OF CHILD

Sex of Child <u>female</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>---</u>	Legiti mate? <u>yes</u>	Date of Birth <u>June 18, 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME William Ray Porter  
RESIDENCE Arbon, Idaho.

COLOR white AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Centralia, Ill.

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Ada Ruth Baldrige  
RESIDENCE Arbon, Idaho.

COLOR white AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE Centralia, Ill.

OCCUPATION Hswf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4:15 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello, Idaho.

Filed

7/20 - 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 6 1942

918-217-003-764

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloRegistration District No. 821 File No. 80456No. 650 N. Seventh St.Hospital St. Anthony Mercy Primary Registration District No. 2161 Registered No. 3214FULL NAME OF CHILD Dorothy Louella Ray

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legitimacy? <u>Yes</u>	Date of Birth <u>June 17</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	---	------------------------	---

FATHER  
FULL NAME Paul E. Ray  
RESIDENCE 329 S. Eighth Ave. - Pocatello, Idaho  
COLOR White AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Gallatin, Missouri  
OCCUPATION Foreman T.C.M.I.

MOTHER  
FULL MAIDEN NAME Fern C. Goddard  
RESIDENCE 329 S. Eighth Avenue Pocatello, Idaho  
COLOR White AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Pocatello, Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 5:00 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A.M. Newton

(Physician or midwife)

Given names added from a supplemental report.

19

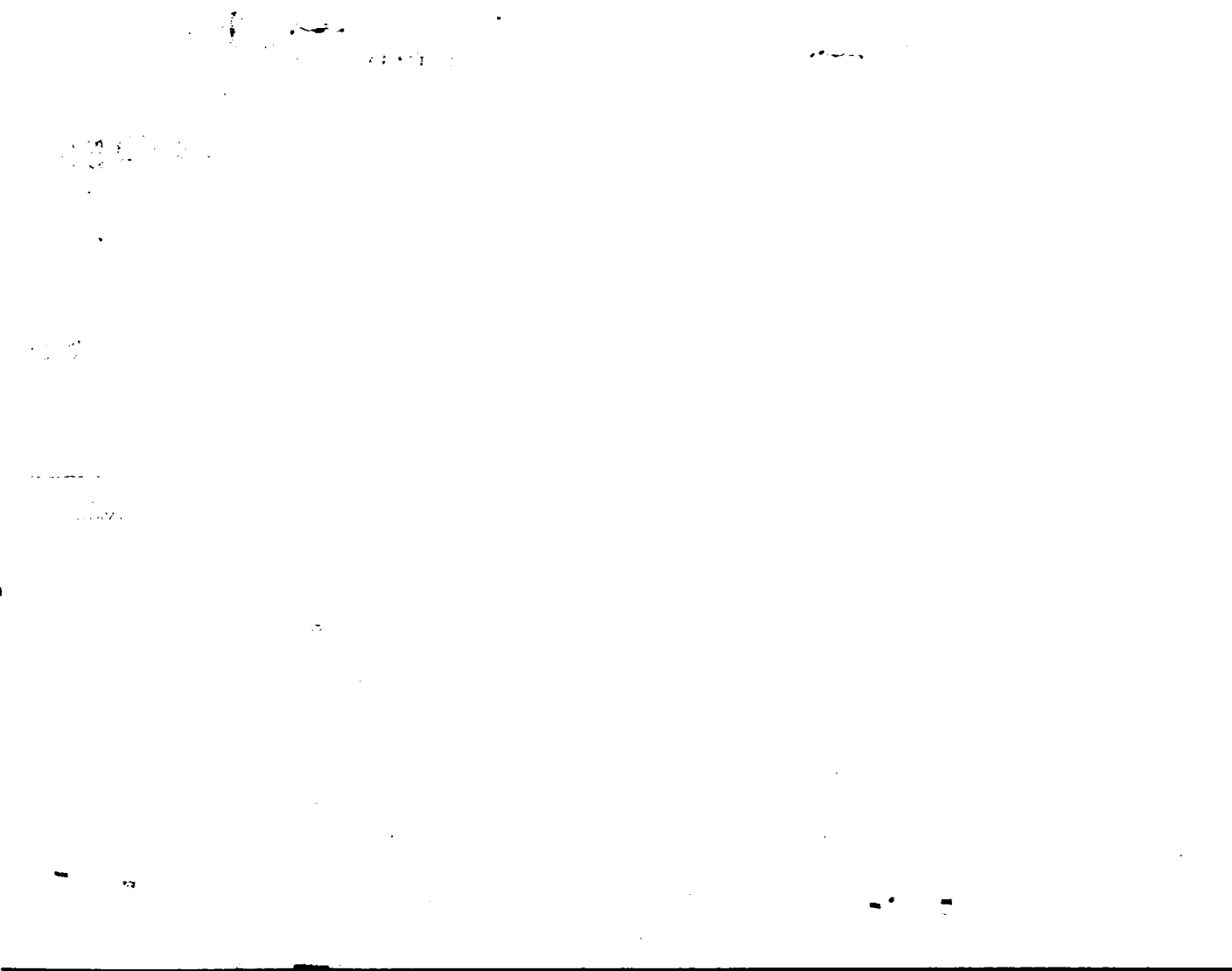
Address Pocatello, IdahoFiled 7/20 19 20

Registrar

Registrar [Signature]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Barnett Idaho

Certificate No. 80456

County of Barnett

Date Filed Jan 21, 1926

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Ray (female) who was born June 17, 1920 in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record prepared on Sept 1926 are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name Unnamed Dorothy Louella Ray

Subscribed and sworn to before me this 21st day of January 1926

Signed Dorothy L. Miller  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Pocatello, Idaho  
My commission expires 2/27/28  
(Seal)

1315 Ridge St. Pocatello, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Barnett } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of January 1926

Signed Lurell W. Miller  
(Signature of Any Credible Person)

Notary Public, residing at Pocatello, Idaho  
My commission expires 2/27/28  
(Seal)

1315 Ridge Pocatello, Idaho  
(Street Address, City, State)

Attendance record from Public Schools in Pocatello gives name as Dorothy Ray  
fro Sememster ~~Sp~~ Sept 13 1926 to Jan 28, 1927. viewed by V. S.

FEB 19 1976

~~FAMILY EXHIBIT~~

Bible record gives name as Dorothy Louella Ray born June 17, 1920 on a Thursday.  
viewed by V. S.

445-24-003-132

PLACE OF BIRTH

County

City

Seventh St.

FULL NAME OF CHILD

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of Child

Female

Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of  
BirthJune 13 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive  
(Born alive or stillborn)

at 6:40 a. m.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. M. Newton

(Physician or midwife)

Given names added from a supplemental report.

19

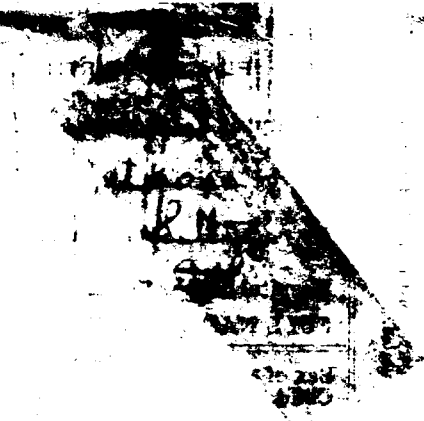
Address

Filed

1920

Registrar

Registrar



962-003-214

Form V. S. No. 11-C--25m-7-21-19

OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty minnickCity of StellaRegistration District No. 84File No. 80459No. 6 Seventh St.Hospital Mary MercyPrimary Registration District No. 261Registered No. 3211

FULL NAME OF CHILD

Sex of Child

FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthJune 13 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Leslie RobinsonFULL  
MAIDEN  
NAME

MOTHER

Myrtle Sams

RESIDENCE

Auditorium Bldg. - Pocatello, Idaho

RESIDENCE

Auditorium Bldg. - Pocatello, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY27

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY21

(Years)

BIRTHPLACE

Niles, California

BIRTHPLACE

Cantor, South Dakota

OCCUPATION

General Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive  
(Born alive or stillborn)at 12:15 A.M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Asm Newton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello, Idaho

Filed

7/20 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-212-003-685

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

226 S.5th.

Registration District No. 82

File No. 80460

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Pocatello General Hospital Primary Registration District No. 2

Registered No. 32

FULL NAME OF CHILD Mary Jane Lewis

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 12</u> (Month) (Day) 19 <u>20</u> (Year)
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FULL NAME FATHER  
Donald E. Lewis

RESIDENCE  
226 S.5th.

COLOR white AGE AT LAST BIRTHDAY 23  
(Years)

BIRTHPLACE  
Missouri

OCCUPATION  
Baker

FULL MAIDEN NAME MOTHER  
Velma Whelon

RESIDENCE  
WWT S.5th.

COLOR white AGE AT LAST BIRTHDAY 22  
(Years)

BIRTHPLACE  
Am. Fork, Ut.

OCCUPATION  
Hawf.

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:15 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. F. Howard M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello, Idaho.

Filled

7/20 1920  
[Signature]  
Registrar

Registrar

THE  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF INVESTIGATION

TO THE DIRECTOR, FBI

RE: [REDACTED]

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Calif. } Certificate No. 80460  
County of Sonoma } ss. Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Lewis (female child) who was born on June 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child

Unnamed

Mary

Jane

Lewis

Subscribed and sworn to before me this 23 day of  
Oct., 1963

Signed Velma Lewis (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
312 North St. Healdsburg, Calif.  
(Street Address, City, State)

Notary Public, residing at Sonoma County, Calif.  
My commission expires 8/4/67  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Calif. }  
County of Sonoma } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 23 day of  
Oct., 1963  
Donald E. Lewis (father)  
Notary Public, residing at Sonoma County, Calif. 312 North St. Healdsburg, Calif.  
My commission expires 8/4/67  
(Seal) (Street Address, City, State)

Request for ~~Star~~ Statement of Earnings from Social Security (571-09-2255) gives name as Mary Jane Lewis Brown. born June 12, 1920. viewed by V. S. dated 1972.

School transcript from Oakland Public schools gives name as Mary Jane Lewis. for June 7, 1938. viewed by V. S.

Certified clpy of Birth record from California gives name as Marilyn Jane Brown born June 21, 1943 in San Francisco, Calif. father's name given as Russell William Brown and mother's name as Mary Jane Lewis. viewed by V. S.

OCT 3 1975

354-108-003-413

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

County of BannockCity of Pocatello,Registration District No. PLFile No. 80461No. 1016 E. HallidayPrimary Registration District No. 218Registered No. 3219

Hospital \_\_\_\_\_

McDermott Richard Lemuel

FULL NAME OF CHILD

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth (Month) <u>June</u> (Day) <u>8</u> (Year) <u>1920</u>
--------------------------	---	-----	---	------------------------	--

FULL NAME FATHER  
Lyle C. McDermottRESIDENCE 1016 E. HallidayCOLOR whiteAGE AT LAST  
BIRTHDAY 22  
(Years)BIRTHPLACE Montpelier, Idaho.OCCUPATION Cigar Store ClerkFULL MAIDEN NAME MOTHER  
Margaret Ann MalloryRESIDENCE 1016 E. HallidayCOLOR whiteAGE AT LAST  
BIRTHDAY 20  
(Years)BIRTHPLACE Idaho Falls, IdahoOCCUPATION Hswg.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at, at 7 A.M. y  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. J. Howard M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello, IdahoFiled 1/20 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

1911

1911

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

City of Pocatello Registration District No. 24 File No. 80462  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital St. Anthony-Mercy Primary Registration District No. 2161 Registered No. 3208  
FULL NAME OF CHILD Peter Franklin English

Sex of Child Male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? Yes Date of Birth May 29 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Edgar Franklin English  
RESIDENCE Fargo Apts. - Pocatello, Idaho  
COLOR White AGE AT LAST BIRTHDAY 34  
(Years)

BIRTHPLACE San Francisco, California  
OCCUPATION Traveling Salesman

FULL MAIDEN NAME MOTHER Ruth E. Ferrell  
RESIDENCE Fargo Apts. - Pocatello, Idaho  
COLOR White AGE AT LAST BIRTHDAY 23  
(Years)

BIRTHPLACE Union Town, Washington  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W. A. Granger born alive 1:15 A. M.  
(Born alive or stillborn)  
Physician  
(Physician or midwife)

Address Pocatello, Ida

Filed 7/20 1920

Registrar

Registrar



20200

JUN 3 - 1968

JUL 26 1968

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-211-003-289

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 650 N. Seventh St.

Hospital St. Anthony Mercy

FULL NAME OF CHILD

Registration District No. 84

File No. 80463

Primary Registration District No. 211

Registered No. 3207

Mary Louise Hough

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>(To be answered only in event of plural births)</u>	Legitimate? <u>Yes</u>	Date of Birth <u>April 11</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	------------------------	--

FATHER  
FULL NAME B. Frank Hough  
RESIDENCE 137 S. Johnson Ave. Pocatello, Ida.  
COLOR White AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Hawfordville, Iowa  
OCCUPATION Pharmacist

MOTHER  
FULL MAIDEN NAME Bernadette Byrne  
RESIDENCE 137 S. Johnson Ave. Pocatello, Idaho  
COLOR White AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Chicago, Illinois  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3:55 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. G. Hughes  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Ida  
Filed 7/20 - 20  
J. Young  
Registrar

Registrar

K

FEB 20 1944

751-223-003-434

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannockCity of PocatelloRegistration District No. 56File No. 80464No. 650 N. Seventh St.Primary Registration District No. 5Registered No. 3215Hospital St. Anthony-Mercy

FULL NAME OF CHILD

Dobres Lucille Peay

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{ To be answered only in event of plural births }

Legitimate?

Yes

Date of Birth

February 23 1920  
(Month) (Day) (Year)

FULL NAME

FATHER Austin S. Peay

RESIDENCE

541 E. Whitman St. Pocatello, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

31  
(Years)

BIRTHPLACE

Provo, Utah

OCCUPATION

R.R. Conductor

FULL MAIDEN NAME

MOTHER Edith Gertrude McDermott

RESIDENCE

541 E. Whitman St. Pocatello, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

24  
(Years)

BIRTHPLACE

Montpelier, Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive  
on the date above stated. (Born alive or stillborn)10:00 A.M.

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

W. A. Wright  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello, Idaho

Filed

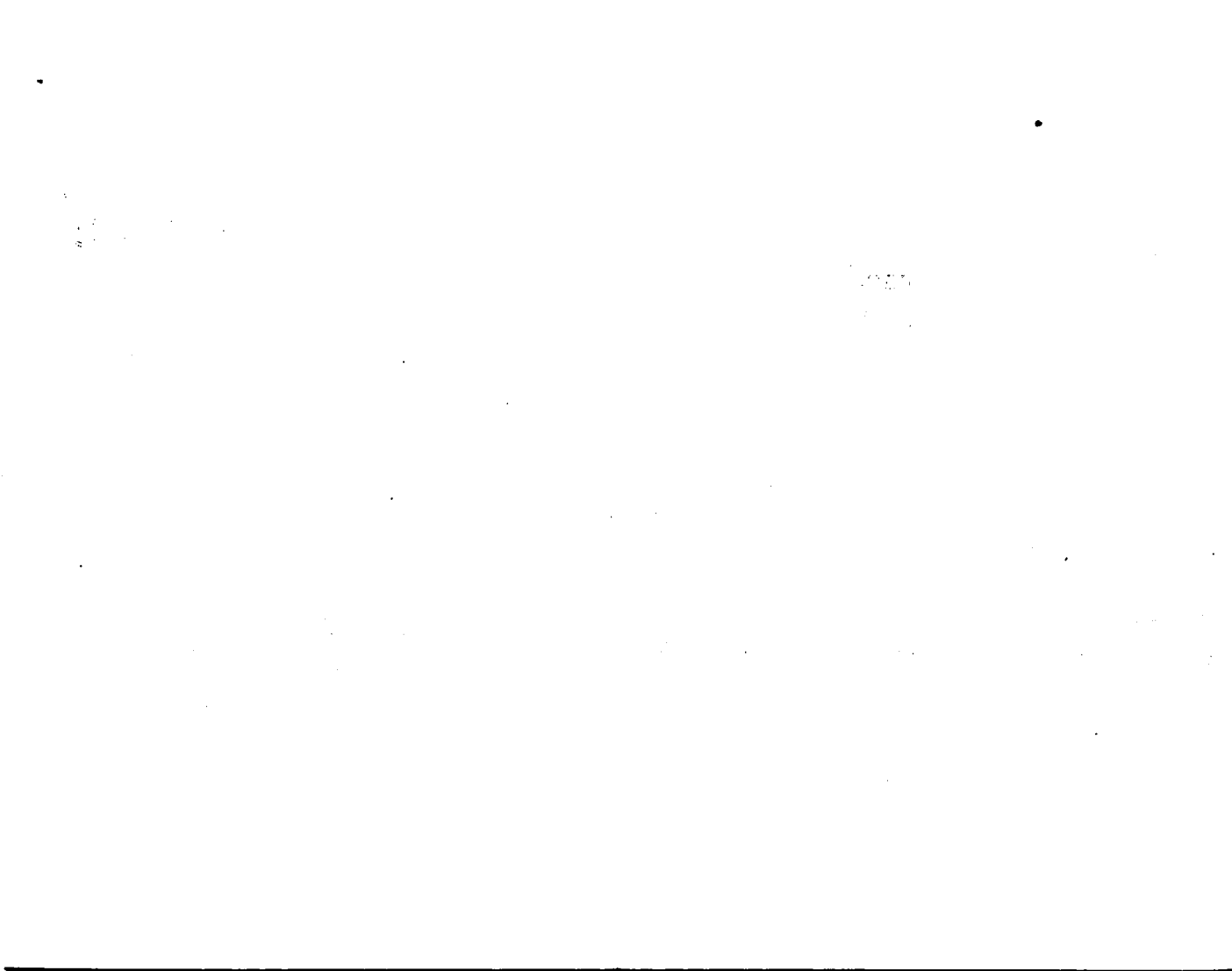
7/20 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

464-213-003-168

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bannock

City of Pocatello

Registration District No. 84

File No. 80465

No. 650 N. Seventh St.

Hospital St. Anthony's

Primary Registration District No. 2161

Registered No. 3200

FULL NAME OF CHILD Bee Dods

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes.</u>	Date of Birth <u>February 13</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	--------------------------------	---

FULL NAME Jules Bruce Dods  
FATHER  
RESIDENCE 837 N. Main St. - Pocatello, Idaho  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Tooele, Utah  
OCCUPATION Post Office Inspector

FULL MAIDEN NAME Zella Johnson  
MOTHER  
RESIDENCE 837 N. Main St. - Pocatello, Idaho  
COLOR White AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Tooele, Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A. M.  
on the date above stated. (Born alive or stillborn)

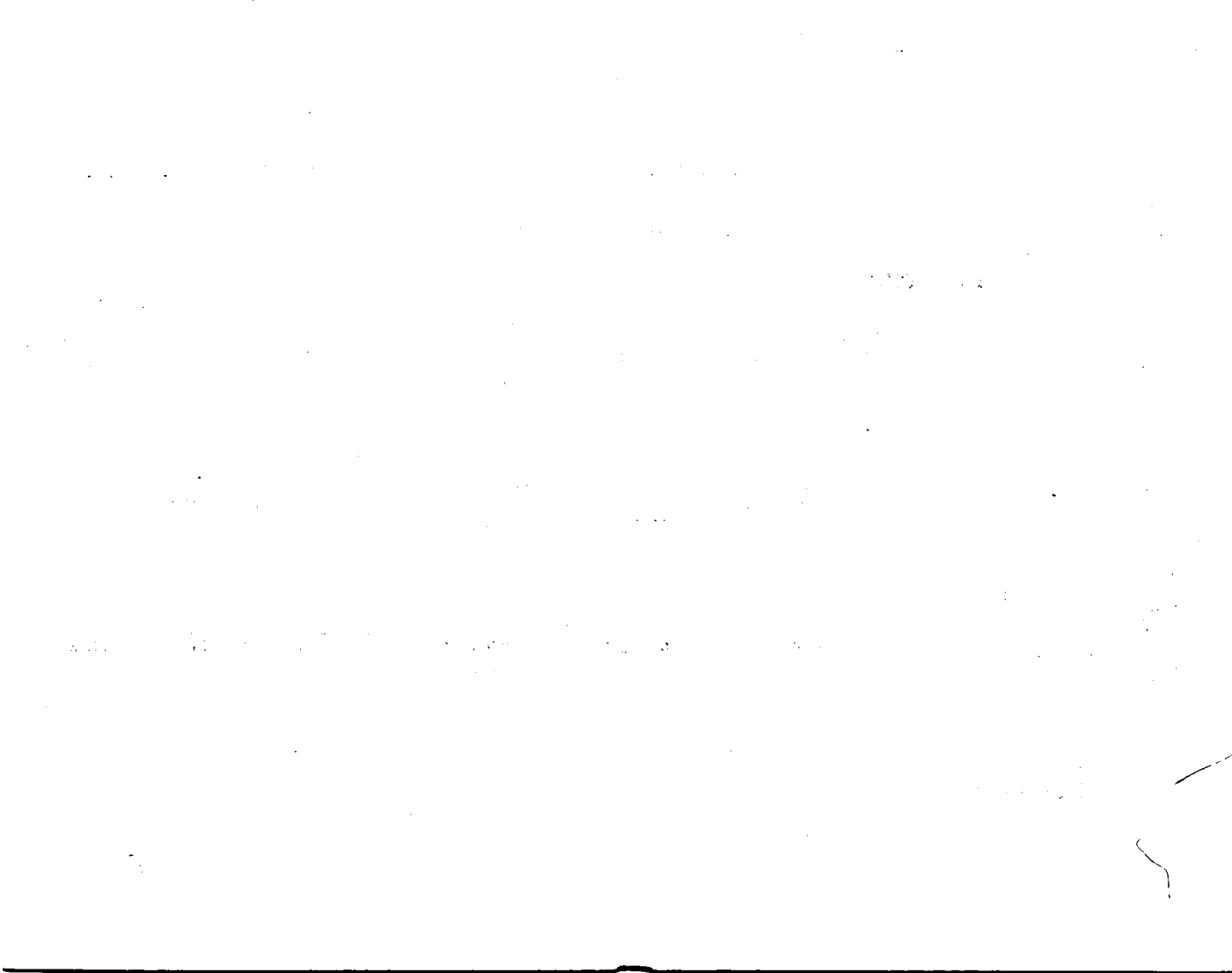
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. G. Grogan  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Ida.  
Filed 7/20 1920 J. Young Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

957-107-003-662 CHILD'S NAME, DOB, PARENTS NAMES  
Form V. S. No. 11-C--25m-7-21-19  
PLACE OF BIRTH AMENDED 06-16-04 NS STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of BannockCity of Pocatello

## CERTIFICATE OF BIRTH

Registration District No. 84File No. 80466

No. \_\_\_\_\_ St.

Hospital St AnthonyPrimary Registration District No. 2161Registered No. 3203FULL NAME OF CHILD JOHN E. JACK SUGELSTONSex of Child MTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and } Number  
in order  
of birth  
(To be answered only in event of plural births)

Legitimacy?

yes

Date of Birth

JUNE 819207 (Day) 20 (Year)FULL NAME FATHER ELI FORBIARESIDENCE PocatelloCOLOR whAGE AT LAST BIRTHDAY 34

(Years)

BIRTHPLACE IdahoOCCUPATION GrocerymanFULL MAIDEN NAME MOTHER LENORE FOLYRESIDENCE sameCOLOR whAGE AT LAST BIRTHDAY 22

(Years)

BIRTHPLACE IdahoOCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive

(Born alive or stillborn)

at 2 30 A M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J C Ray M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

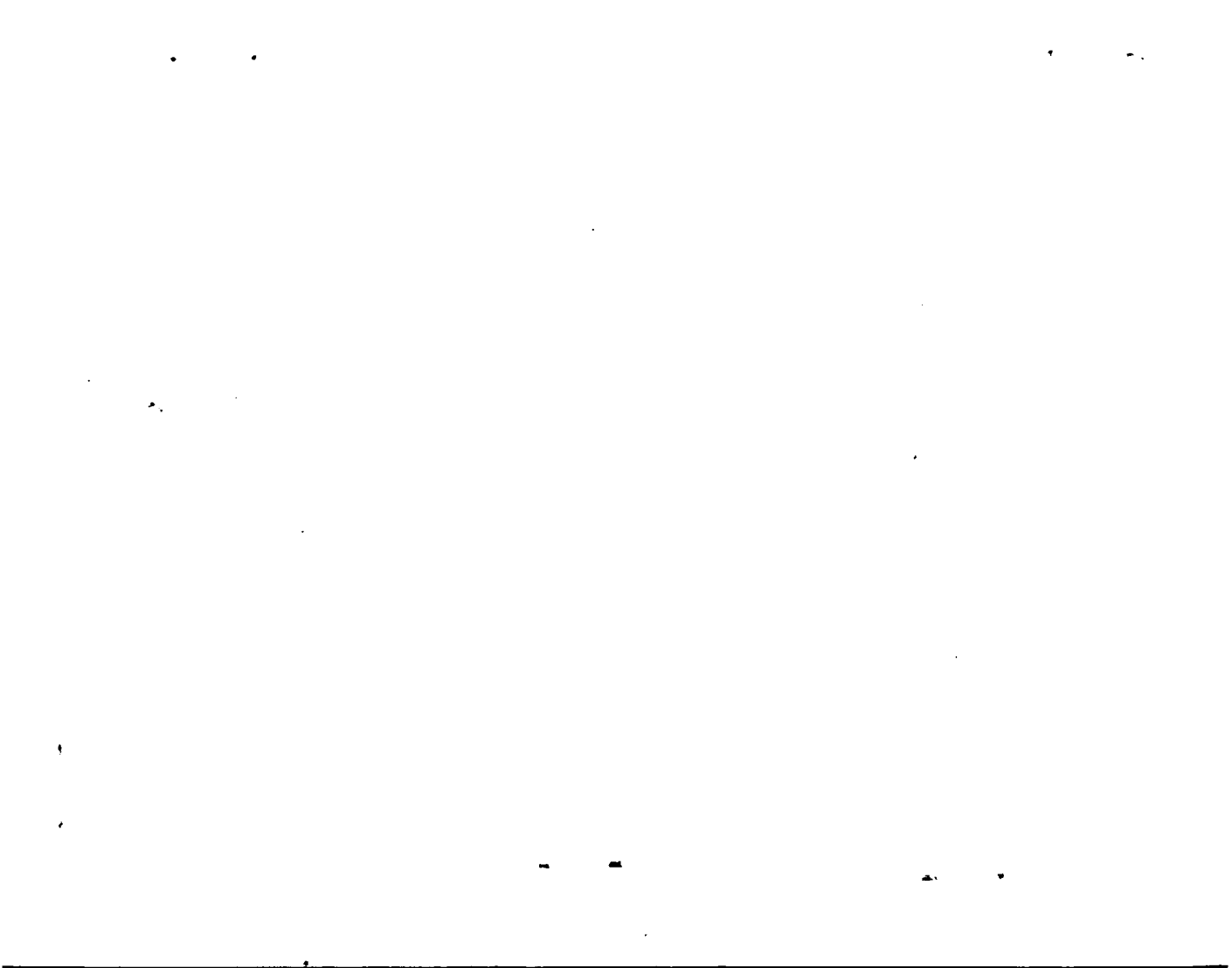
File

June 21 1920

Registrar

Registrar





## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Center for Vital Statistics  
and Health Policy

6-13-2000

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.  
County of Bannock

04 JUN 11 AM 10:43

Certificate No. 1920-80466Date Filed JUNE 21, 1920The undersigned does solemnly swear that certain facts on the certificate of BIRTHfor JACK INGELSTROM who WAS BORN on JUNE 7, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)in POCATELLO (BANNOCK) ID are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

CHILD'S NAME

JACK INGELSTROM

JOHN E. INGELSTROM

CHILD'S BIRTH DATE

JUNE 7, 1920

JUNE 8, 1920

FATHER'S NAME

ELI INGELSTROM

ELI FORIAN INGELSTROM

MOTHER'S MAIDEN NAME

ELNORE FOLEY

LENORE FOLEY

Subscribed and sworn to before me this 7<sup>th</sup> day ofJuly, 2000Notary Public, Shirley M. ArmstrongResiding at Pocatello, IDMy commission expires 2-2-2001

(Seal)

John E. Ingelstrom

Signature of Applicant

615 Northland Pocatello, ID. 83201

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

(Must be completed \_\_\_\_)

(Is not necessary \_\_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

INGELSTROM FAMILY RECORD SHOWING JOHN ELI INGELSTROM BORN TO ELI F INGELSTROM  
AND LENORE FOLEY VIEWED BY VS      DOB JUNE 8, 1920

HONORABLE DISCHARGE FROM THE US MARINE CORP DATED DEC 21, 1945 SHOWING  
JOHN ELI INGELSTROM. VIEWED BY VS

UT MARRIAGE CERTIFICATE DATED AUGUST 1, 1919 FOR ELI FORIAN INGELSTROM  
AND LENORE CECELIA FOLEY. VIEWED BY VS

LDS CERTIFICATE OF BAPTISM AND CONFIRMATION SHOWING JOHN ELI INGELSTROM  
SON OF ELI FORIAN INGELSTROM AND LENORE FOLEY BORN JUNE 8, 1920 IN  
POCATELLO (BANNOCK CO.) WAS BAPTIZED AUGUST 9, 1931. VIEWED BY VS

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-208-003-993

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

No. 676 West Lewis St.

Registration District No. 84

File No. 80467

Hospital Pocatello General

Primary Registration District No. 2161

Registered No. 3204

FULL NAME OF CHILD

Betty Josephine Baker

Sex of Child Female

Twin  
Triplet  
or other?

and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate? yes.

Date of  
Birth

June 8 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER Warren H. Baker

FULL  
MAIDEN  
NAME

MOTHER Oral Rich.

RESIDENCE

676 West Lewis

RESIDENCE

676 West Lewis

COLOR

white

AGE AT LAST  
BIRTHDAY

25  
(Years)

COLOR

white

AGE AT LAST  
BIRTHDAY

26  
(Years)

BIRTHPLACE

Beaver Utah

BIRTHPLACE

Logan Utah

OCCUPATION

Trainman.

OCCUPATION

Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive, at 7<sup>40</sup> P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. C. Ray m.d.

Given names added from a supplemental report.

(Physician or midwife)

Address

Pocatello Idaho

Filed

June 21 1920 O. B. Steady  
Registrar

Registrar

Registrar

JAN 13 1960

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

48-204-003-283  
Amended 7-2-70

PLACE OF BIRTH

County of Bannock  
City of Pocatello

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80469

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 84 File No. 60

No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital St Anthony Primary Registration District No. 2164 Registered No. 3201

FULL NAME OF CHILD Lotus Rose Maynard

Sex of Child <u>fe</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 4</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	-----	---	-------------------------------	---

FULL NAME <u>Joseph Samuel Maynard</u>	FATHER	FULL MAIDEN NAME <u>Pearl Bills</u>	MOTHER
---	--------	--	--------

RESIDENCE <u>Pocatello</u>	FATHER	RESIDENCE <u>same</u>	MOTHER
-------------------------------	--------	--------------------------	--------

COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
--------------------	--	--------------------	--

BIRTHPLACE <u>Utah</u>	FATHER	BIRTHPLACE <u>ut</u>	MOTHER
---------------------------	--------	-------------------------	--------

OCCUPATION <u>Laundry</u>	FATHER	OCCUPATION <u>housewife</u>	MOTHER
------------------------------	--------	--------------------------------	--------

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was female, at 7:00 M.  
on the date above stated. (Born alive or stillborn)

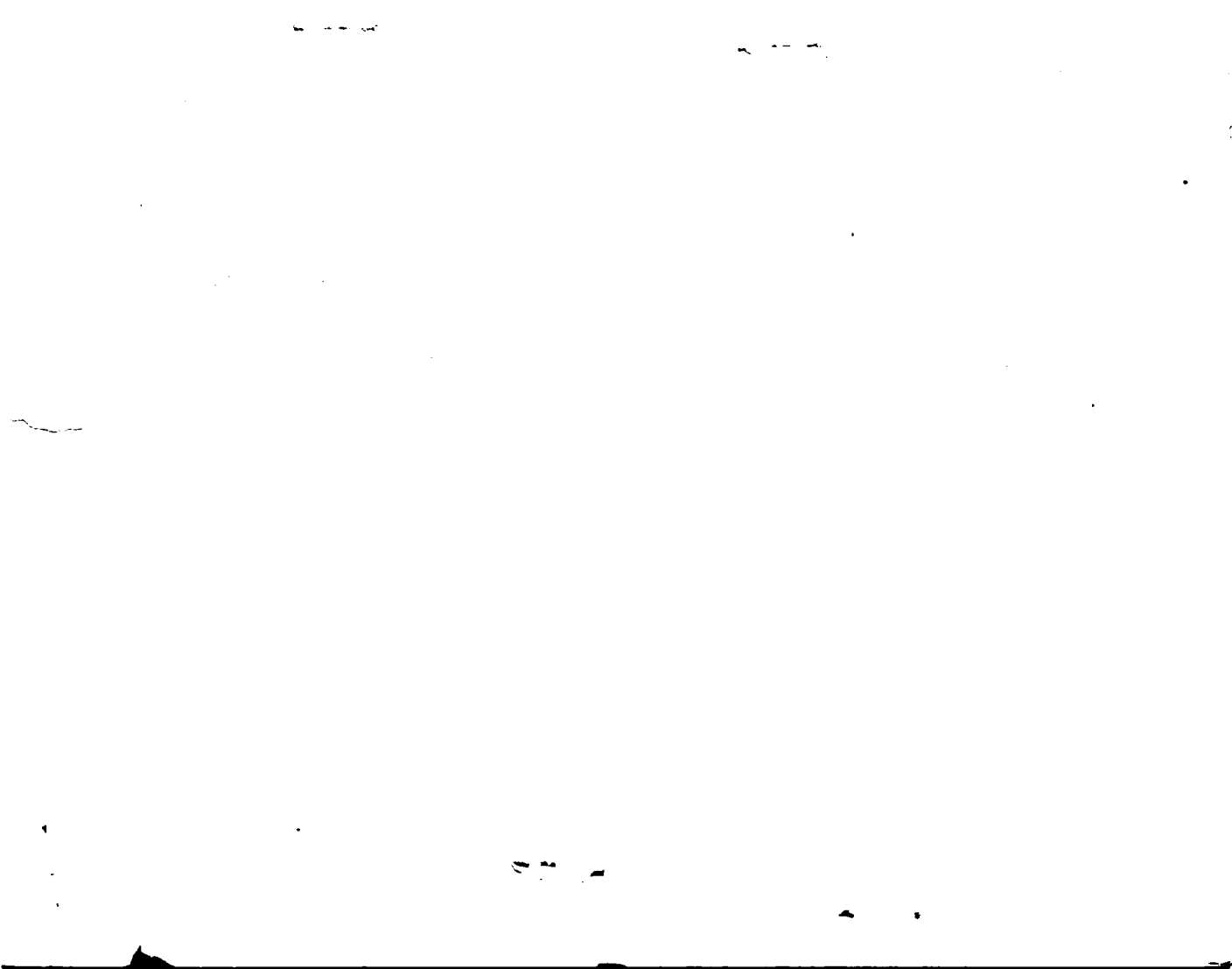
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Ray M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Pocatello Idaho  
Filed June 21 1920 W. H. Kelly  
Registrar



- 7-2-70

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of.....  
County of.....

ss.

**RECEIVED**  
JUL 2 - 1970  
Bureau of Vital Statistics

Certificate No. 80469

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
for..... Lotis Rose Maynard..... who was born..... on June 4, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pocatello, Idaho..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Childs first name

Lotis

Lotus

Subscribed and sworn to before me this 2nd day of

1970

Notary Public, residing at.....

My commission expires 4-20-74

(Seal)

Signed.....

Lawrence A. Grimes  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of.....  
County of.....

ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of  
19.....

Signed.....

(Signature of Any Credible Person)

Notary Public, residing at.....

My commission expires.....

(Seal)

(Street Address, City, State)



Own child's birth certificate gives name as Lotus Rose Maynard born June 4, 1920 in Pocatello, Idaho. Child born May 5, 1954, Certificate # 54-5492.  
Viewed by V.S.

Social Security Card gives name as Lotus Maynard Cooper, # 529 97 7307. Issued Dec. 19, 1949.  
Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

268-104003-275  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of PocatelloRegistration District No. 84File No. 80470No. Cert. E. JohnsonHospital General HospitalPrimary Registration District No. 2161Registered No. 3200FULL NAME OF CHILD Robert Spence BohrerSex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and {  
Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 21 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Charles Warner Bohrer

RESIDENCE

531 So Garfield Pocatello

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Barney, Nebraska

OCCUPATION

Furber businessFULL  
MAIDEN  
NAME

MOTHER

Hanna Marie Spence

RESIDENCE

531 So Garfield

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Pilman, Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 78 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

D. C. Ray M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

June 21 1920

Registrar

Registrar

AUG 19 1975

JUN 3 1942

SEP 18 1953

759-202-003-439  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of PocatelloNo. Cater & Johnson St.Registration District No. 84File No. 80471Hospital Pocatello GeneralPrimary Registration District No. 2161Registered No. 3199FULL NAME OF CHILD Mary Elizabeth Pershall

Sex of Child <u>female</u>	Twin Triplet or other?	{ and }	Number in order of birth	Legiti mate?	<u>yes</u>	Date of Birth	<u>June 2</u>	<u>1920</u>
(To be answered only in event of plural births)						(Month)	(Day)	(Year)

FULL NAME FATHER Ralph H. PershallRESIDENCE North PocatelloCOLOR white AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE Lake Chelan, Wash.OCCUPATION Electric CrousemanFULL MAIDEN NAME MOTHER Mary M. RaeRESIDENCE North PocatelloCOLOR white AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE St Paul, Minn.OCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive at 6:40 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. D. C. Ray

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Pocatello Idaho  
June 21 1920  
O. B. Reedy  
Registrar

JUN 13 1972

SEP 7 1973

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

292-121-003-639  
PLACE OF BIRTH

County of Banner

City of Pocatello

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital P. General

FULL NAME OF CHILD Eugene Bishton

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 84

File No. 60472

Primary Registration District No. 2161

Registered No. 3198

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 21</u> (Month) (Day) (Year) <u>1920</u>
------------------------	---	-----	--------------------------------	-----------------------------	--

FATHER  
FULL NAME Harry Bishton  
RESIDENCE Pocatello, Idaho  
COLOR W. AGE AT LAST BIRTHDAY 32  
(Years)  
BIRTHPLACE Michigan  
OCCUPATION Laborer - (Bookkeeper)

MOTHER  
FULL MAIDEN NAME Emma Thiescher  
RESIDENCE Same  
COLOR W. AGE AT LAST BIRTHDAY 28  
(Years)  
BIRTHPLACE Illinois  
OCCUPATION Housewife

Number of child of this mother, including present birth, \_\_\_\_\_ Number of children of this mother now living, including present birth, 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 7:15 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. May

Given names added from a supplemental report. \_\_\_\_\_ 19. \_\_\_\_\_

(Physician or midwife)  
Address Pocatello, Idaho  
Filed June 21, 1920 O. B. Bettey  
Registrar

FEB 13 1974

FEB 24 1959

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

765-214-003-249

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Pocatello Genl.

FULL NAME OF CHILD

Sex of  
Child

M

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti  
mate?

yes

Date of  
Birth

May 14  
(Month) (Day)

1920  
(Year)

FULL  
NAME

Moses A. Ford

RESIDENCE

Pocatello, Ida

COLOR

W.

AGE AT LAST  
BIRTHDAY

43  
(Years)

BIRTHPLACE

Richmond, Wash

OCCUPATION

Salesman Z.C.M.I.

FULL  
MAIDEN  
NAME

Sarah Smith

RESIDENCE

Same

COLOR

W.

AGE AT LAST  
BIRTHDAY

41  
(Years)

BIRTHPLACE

Salt Lake City

OCCUPATION

Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 830 P. M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address

Pocatello, Idaho

Filed

June 21 1920

Registrar

Registrar



APR 23 1942

FEB 3 1960

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-210-003-299

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bannock

City of Pocatello

Registration District No. 84

File No. 80474

No. \_\_\_\_\_

St. \_\_\_\_\_

Hospital Frederick Spaul

Primary Registration District No. 2161

Registered No. 3196

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child M

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and Number  
in order  
of birth

Legiti  
mate? yes

Date of  
Birth May 10

(Month)

(Day)

1920  
(Year)

FULL  
NAME

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 23  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 29  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. May

(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

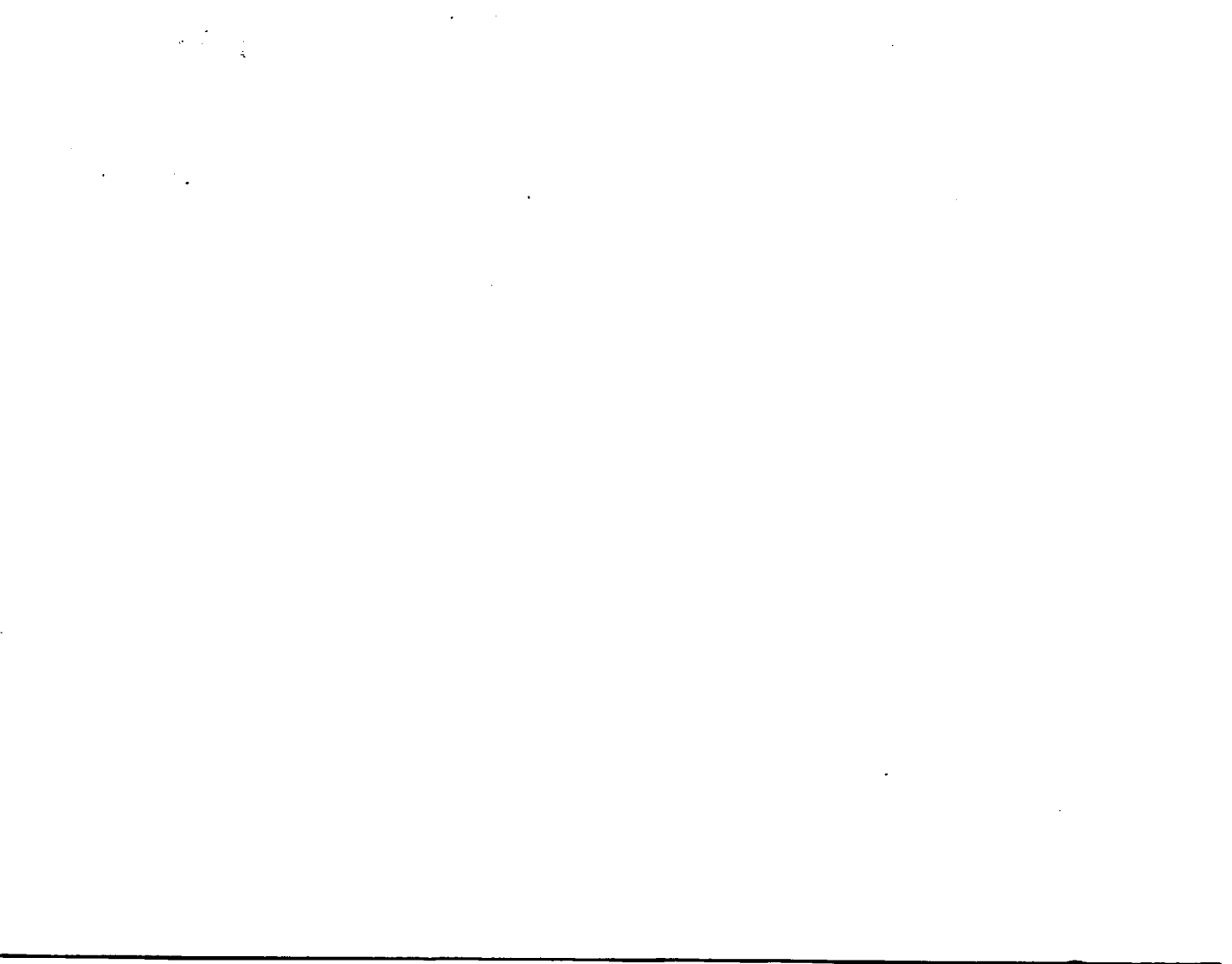
19 \_\_\_\_\_

Address Pocatello Idaho

Filed June 21 1920

Registrar \_\_\_\_\_

Registrar J. B. Street



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

92-101-003-555

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bonneau

City of Pocatello

No branch south of city St.

Hospital \_\_\_\_\_

Registration District No. 84

File No. 80475

Primary Registration District No. 2161

Registered No. 3195

FULL NAME OF CHILD

LAWRENCE PAUL LISH

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>May 7</u> (Month) (Day) (Year) <u>1920</u>
------------------------	---	-----	--------------------------------	------------------------	--

FULL NAME <u>Henry Earl Lish</u>	FATHER
RESIDENCE <u>Pocatello, Ida</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Lucy Van Emmeren</u>	MOTHER
RESIDENCE <u>Same</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 4 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

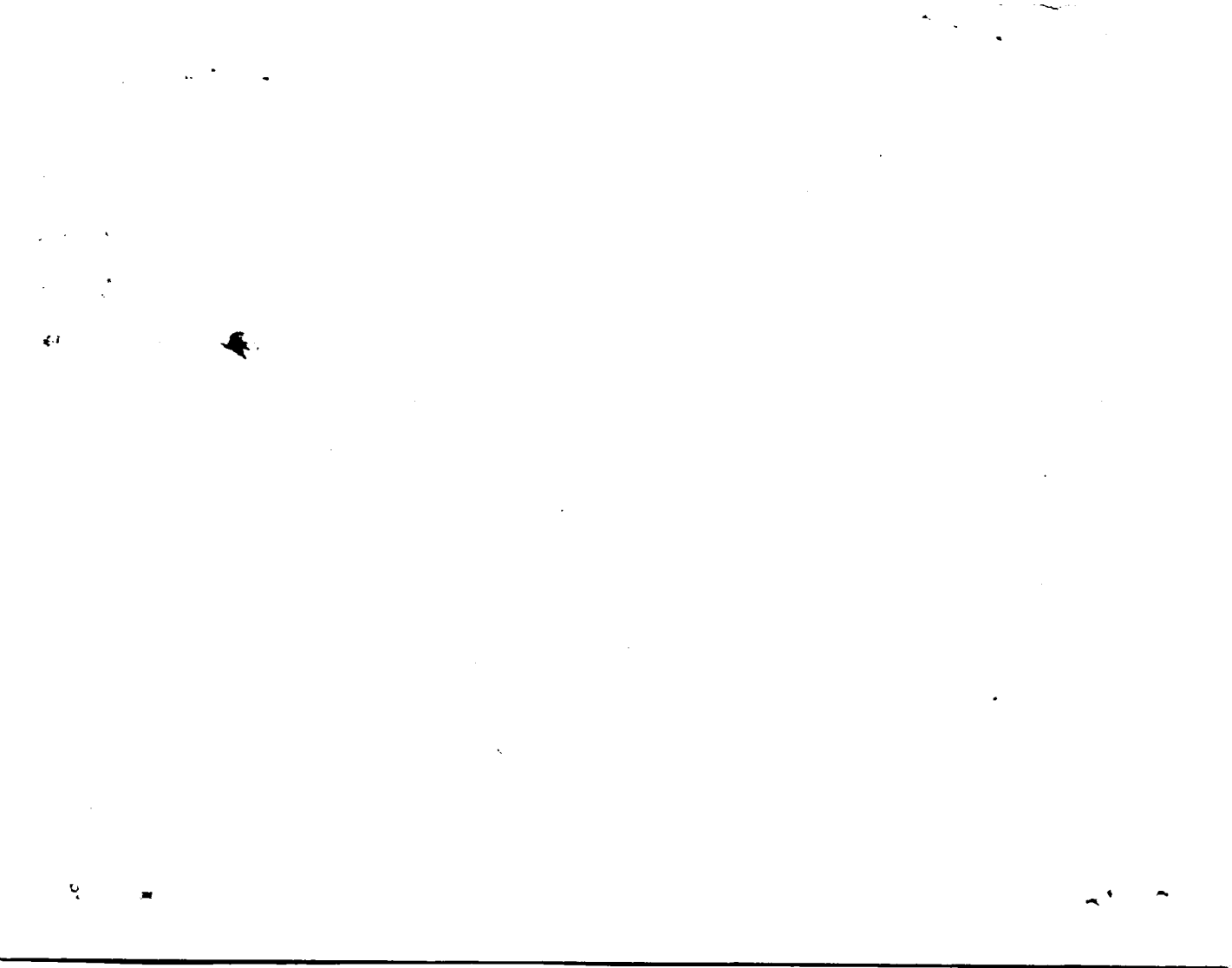
(Physician or midwife)

Address Pocatello Idaho

Filed June 21 1920 [Signature]

Registrar

Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Elmore } ss. Certificate No. 80475  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Lawrence Paul Lish who was born on May 7th, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Pocatello, Idaho, are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Doctor Book Record prepared on May 17th, 1920, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

<b>FACTS TO BE CORRECTED</b>	<b>FROM</b>	<b>TO</b>
<small>("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)</small>	<small>(AS ON ORIGINAL)</small>	<small>(THE CORRECT FACTS)</small>
Name _____	Unnamed _____	Lawrence Paul Lish _____

Subscribed and sworn to before me this 16th  
day of February, 1943

Signed Lucy Faye Lish  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Mtn. Home, Idaho.  
My commission expires June 7th, 1943.  
(SEAL)

Prine Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Elmore } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED,  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th  
day of February, 1943

Signed Herry Earl Lish  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Mtn. Home, Idaho.  
My commission expires June 7th, 1943.  
(SEAL)

Prine Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

MAR 1 1945

APR 9 1947

JUL 28 1948

MAY 30 1975

964-124-003-359

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloRegistration District No. 84

File No.

80476No. St Anthony St.Primary Registration District No. 2161

Registered No.

3194Hospital ✓

## FULL NAME OF CHILD

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{ To be answered only in event of plural births }

Legiti  
mate?yesDate of  
BirthApr 24  
(Month) (Day)1920  
(Year)FULL  
NAME

FATHER

Lawrence A Rodenmacher

RESIDENCE

Pocatello, Ida

COLOR

W.AGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

OCCUPATION

Housewife O.S.L.R.FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

W.AGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

11:55 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]

Given names added from a supplemental report.

19.

Address

Pocatello Idaho

Filed

June 21 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



RADEMACHER

Dup of 1920-429056

213-129-003-652

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of BannockCity of PocatelloRegistration District No. 84File No. 80477

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Pocatello GeneralPrimary Registration District No. 2161Registered No. 3193

FULL NAME OF CHILD

William Webster Bates

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy?

yes

Date of Birth

Apr 29 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Ross W. Bates

RESIDENCE

Pocatello, Idaho

COLOR

W.AGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

lawyerFULL  
MAIDEN  
NAMEMOTHER  
Emily Webster

RESIDENCE

Pocatello, Idaho

COLOR

W.AGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Richmond, Indiana

OCCUPATION

housewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn?)

at 4<sup>20</sup> A. M.\*When there was no attending physician or  
midwife than the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. May

Given names added from a supplemental report.

19

Address

Filed

Pocatello, Idaho  
June 21, 1920  
O. B. Breech  
Registrar

Registrar

MAR 31 1978

3/24/41 Z.J.

1 copy made 10/24/40 -- L.B.

852-220-003-766

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of LocateleRegistration District No. 84File No. 80478

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Locatele General Primary Registration District No. 2161Registered No. 3192

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>  </u> (To be answered only in event of plural births)	and	Number in order of birth <u>  </u>	Legitimate? <u>yes</u>	Date of Birth <u>Apr 20</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	------------------------------------	------------------------	--

FATHER  
FULL NAME William Hexter  
RESIDENCE San Francisco, Cal.  
COLOR W AGE AT LAST BIRTHDAY 46  
(Years)

MOTHER  
FULL MAIDEN NAME Nellie Towers  
RESIDENCE Same  
COLOR W AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Germany  
OCCUPATION Locatele Agent, San Francisco Cal.

BIRTHPLACE Seattle, Wash.  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. May

(Physician or midwife)

Given names added from a supplemental report.

19

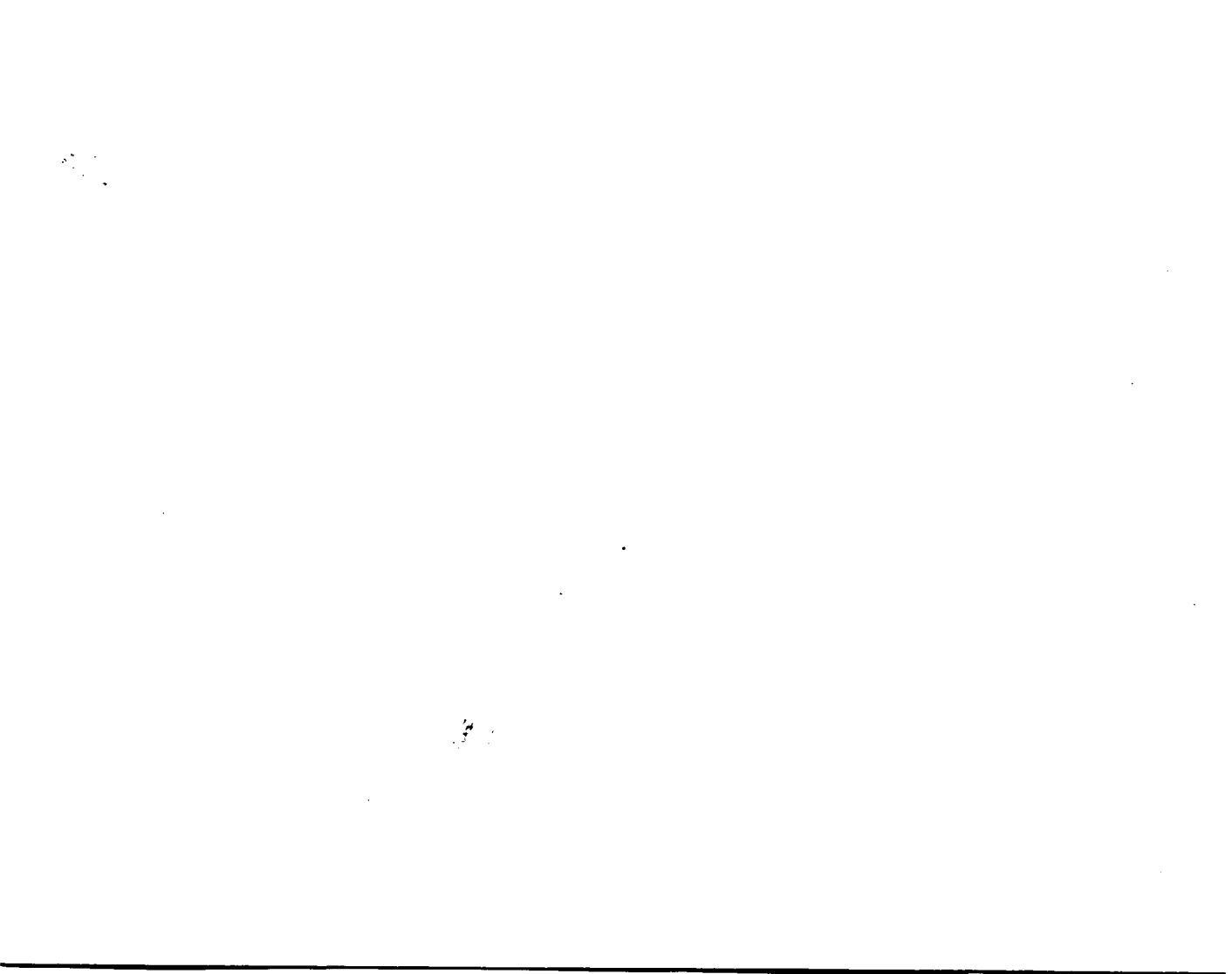
Address Locatele, IdahoFiled June 21 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



347-116-003-695-

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloNo. O. G. Hoop St.Hospital O. G. HoopRegistration District No. 84File No. 80479Primary Registration District No. 2161Registered No. 3191FULL NAME OF CHILD ROY HUGH TUPPER

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Apr 16</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>William Harvey Tupper</u>	FATHER	FULL MAIDEN NAME <u>Sylvia Fielding</u>	MOTHER
RESIDENCE <u>Pocatello, Idaho</u>		RESIDENCE <u>Same</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Juliet, Cal.</u>		BIRTHPLACE <u>San Jose, Cal.</u>	
OCCUPATION <u>Borough Machine Salesman</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 10 M.  
on the date above stated. (Born alive or stillborn) 3

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

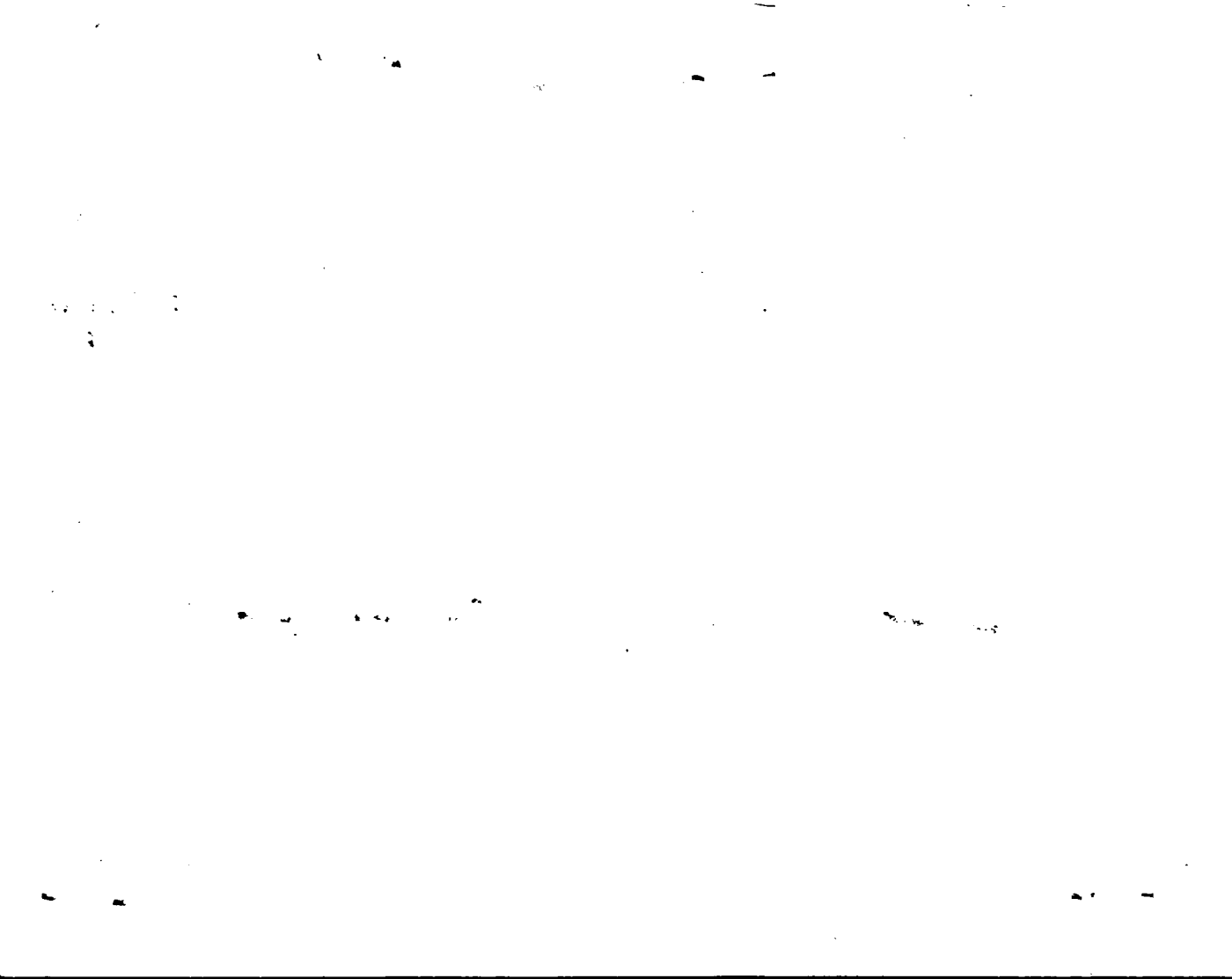
Address Pocatello IdahoFiled June 21 19 20

Registrar

Registrar [Signature]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



MAP 5 1942

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California  
County of San Mateo } ss.

Certificate No. 80479

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

(Birth or Death)

for Unnamed male child who was born on April 16 1920

(Name on Original Certificate)

(Was Born or Died)

(Date of Event)

in Pocatello Idaho, name was ~~omitted~~ omitted; and that, to the best of his knowledge, the

(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

FACTS TO BE CORRECTED

FROM

TO

("Name", "Birth Date", "Cause of Death", Etc.)

(As on Original)

(The Correct Facts)

name

unnamed

Roy Hugh Tupper

Subscribed and sworn to before me this 2nd

day of March 19 42

Notary Public, residing at Menlo Park, Calif.

My commission expires October 28 1942  
(Seal)

Signed Sylvia F. Tupper, Mother  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

845 Live Oak Ave Menlo Park, Calif.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)



MAR 7 1942

FEB 7 1951



843-229-003-632

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BenewahCity of LocatelesRegistration District No. 84File No. 80480

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Locateles General Primary Registration District No. 2161Registered No. 3193FULL NAME OF CHILD Lorothy HullSex of Child FTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy?

yes

Date of Birth

3291920

(Month)

(Day)

(Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

19

Address

Filed

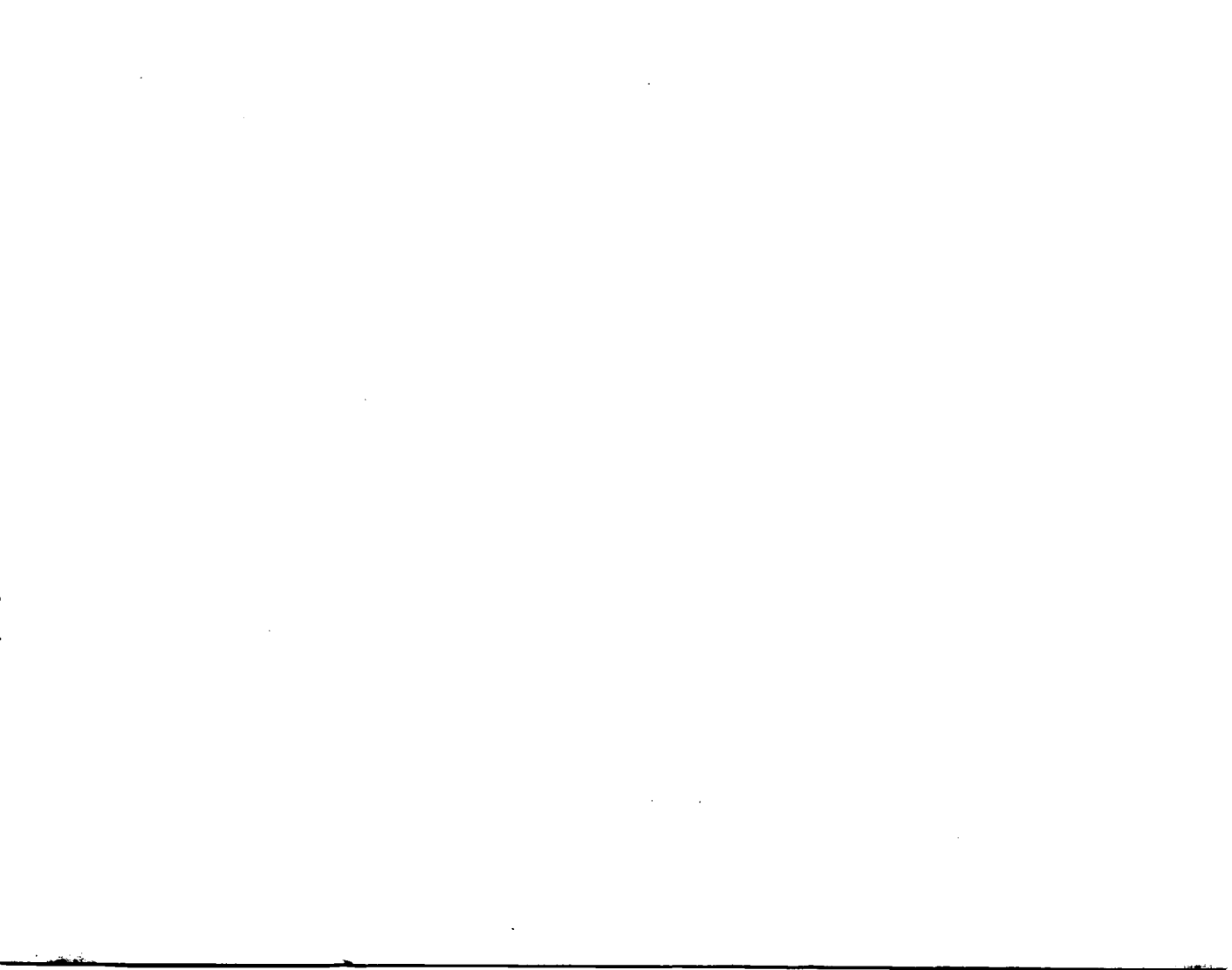
(Physician or midwife)

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

799-2181003-234  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19.

County of BurnrockCity of PocatelloRegistration District No. 5-84File No. 89481No. 1140 No. Hayes St.Primary Registration District No. 2161Registered No. 3189

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Theresa Helen Pumber

Sex of Child

femaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?Date of  
Birth

(To be answered only in event of plural births)

yesJune 18 1920FULL  
NAME

FATHER

Rudolph M. Pumber

RESIDENCE

1140 N. Hayes

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Pasau, Bavaria, Germany

OCCUPATION

BookbinderFULL  
MAIDEN  
NAME

MOTHER

Theresa A. M. Kluck

RESIDENCE

same

COLOR

WhiteAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Spokane, Wash

OCCUPATION

HousekeepingNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Alive at 2:30 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

O. B. Steely

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

June 19 1920

Registrar

Registrar

DEC 10 1941

296-113-003-873

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

## CERTIFICATE OF BIRTH

County of BannockCity of Idaho

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 84File No. 80482Primary Registration District No. 2161Registered No. 3188

Hospital \_\_\_\_\_

FULL NAME OF CHILD Horace Erick Broadhead

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legit- mate? <u>Yes</u>	Date of Birth <u>June 13, 1920</u> (Month) (Day) (Year)
FULL NAME <u>Horace Broadhead</u>	FATHER		FULL MAIDEN NAME <u>Irma Josephine Hatch</u>	MOTHER
RESIDENCE <u>Tyhee</u>			RESIDENCE <u>Tyhee</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Aurora, Utah</u>			BIRTHPLACE <u>Panguitch, Utah</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Domestic</u>	

Number of child of this mother, including present birth 5Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2:40 a.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden  
midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho  
Date June 18, 1920  
Registrar J. H. Blinn

1. The purpose of this document is to provide a comprehensive overview of the current status of the project and to identify the key areas for improvement.

2. The project has been initiated in accordance with the approved plan and is currently in the early stages of implementation.

3. The following table provides a summary of the project's progress to date:

Task	Assigned To	Due Date	Status
Task A	John Doe	12/31/2023	Completed
Task B	Jane Smith	01/15/2024	In Progress
Task C	Bob Johnson	02/01/2024	Not Started

4. It is noted that there are several challenges that may impact the project's timeline, including resource constraints and potential delays in the procurement process.

5. To address these challenges, it is recommended that the project manager implement a contingency plan and maintain close communication with all stakeholders.

6. The next steps in the project are to complete the remaining tasks and to conduct a final review of the project's outcomes.

7. The project is expected to be completed by the end of the fiscal year, and the results will be presented to the board of directors.

8. The project manager is responsible for ensuring that the project is completed on time and within budget.

9. The project is a high priority and requires the full attention and support of all team members.

10. The project is a critical component of the organization's strategic plan and is essential for the achievement of our long-term goals.

L.D.S. Church Cert. of Baptism and Confirmation, Sept. 2, 1928 gives full name of child as Horace Erick Broadhead, born June 13, 1920 at Inkom, Idaho, son of Horace Broadhead and Emma J. Hatch - viewed by IDAHO DEPARTMENT OF HEALTH  
V.S. Notification of Birth Registration, State of Utah, child born Aug. 4, 1943 at Latuda, Utah gives full name of father as Horace Erick Broadhead - viewed by V.S.

### Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss. Certificate No. 80482  
County of Taoere } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
for Unnamed Broadhead who was born on June 13, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Inkom, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child Unnamed Horace Erick Broadhead

Subscribed and sworn to before me this 14 day of

JUNE, 1941

Notary Public, residing at Taoere, UT

My commission expires AUG. 17, 1961

(Seal)

Signed \_\_\_\_\_

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RT. #1 -

Taoere, UT  
Box 55 (Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of

1, 1941

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)



JUL 3 1961

293-211-003-385

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BennettCity of PocatelloRegistration District No. 84File No. 80483No. 803 N. Grant St.Primary Registration District No. 2161 Registered No. 3187

Hospital

FULL NAME OF CHILD

Edna Louise Bickley

Sex of Child

femaleTwins  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy?

yes

Date of Birth

June 11  
(Month) (Day)1920  
(Year)

FULL NAME

FATHER  
Hugh Edward Bickley

FULL MAIDEN NAME

MOTHER  
Edna May Lynn

RESIDENCE

803 N. Grant Pocatello Idaho

RESIDENCE

803 N. Grant Pocatello Idaho

COLOR

white

AGE AT LAST BIRTHDAY

28  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

20  
(Years)

BIRTHPLACE

Melan Missouri

BIRTHPLACE

Sioux City, Iowa

OCCUPATION

Truckman

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive at 9:30 P.M.  
(Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

W. W. Brothers  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Pocatello Idaho

Filed

June 17 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

FEB 11 1975

369-107-283-283  
Amended 8/16/73

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BenewahCity of PocatelloRegistration District No. 84File No. 80484No. 605 No 11<sup>th</sup> St St.Primary Registration District No. 2161Registered No. 3186

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Stanley Monroe Cornwall

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birth

Legitimate?

Yes

Date of Birth

June 7  
(Month) (Day)1920  
(Year)

FULL NAME

Lavern Cornwall

FATHER

FULL MAIDEN NAME

Leneva Siler

MOTHER

RESIDENCE

605 No 11<sup>th</sup> St

RESIDENCE

605 No 11<sup>th</sup> St

COLOR

White

AGE AT LAST BIRTHDAY

19  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

19  
(Years)

BIRTHPLACE

Tilden Idaho

BIRTHPLACE

Eden Utah

OCCUPATION

Boiler Washer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.at 12<sup>40</sup> A. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. C. Arnout M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

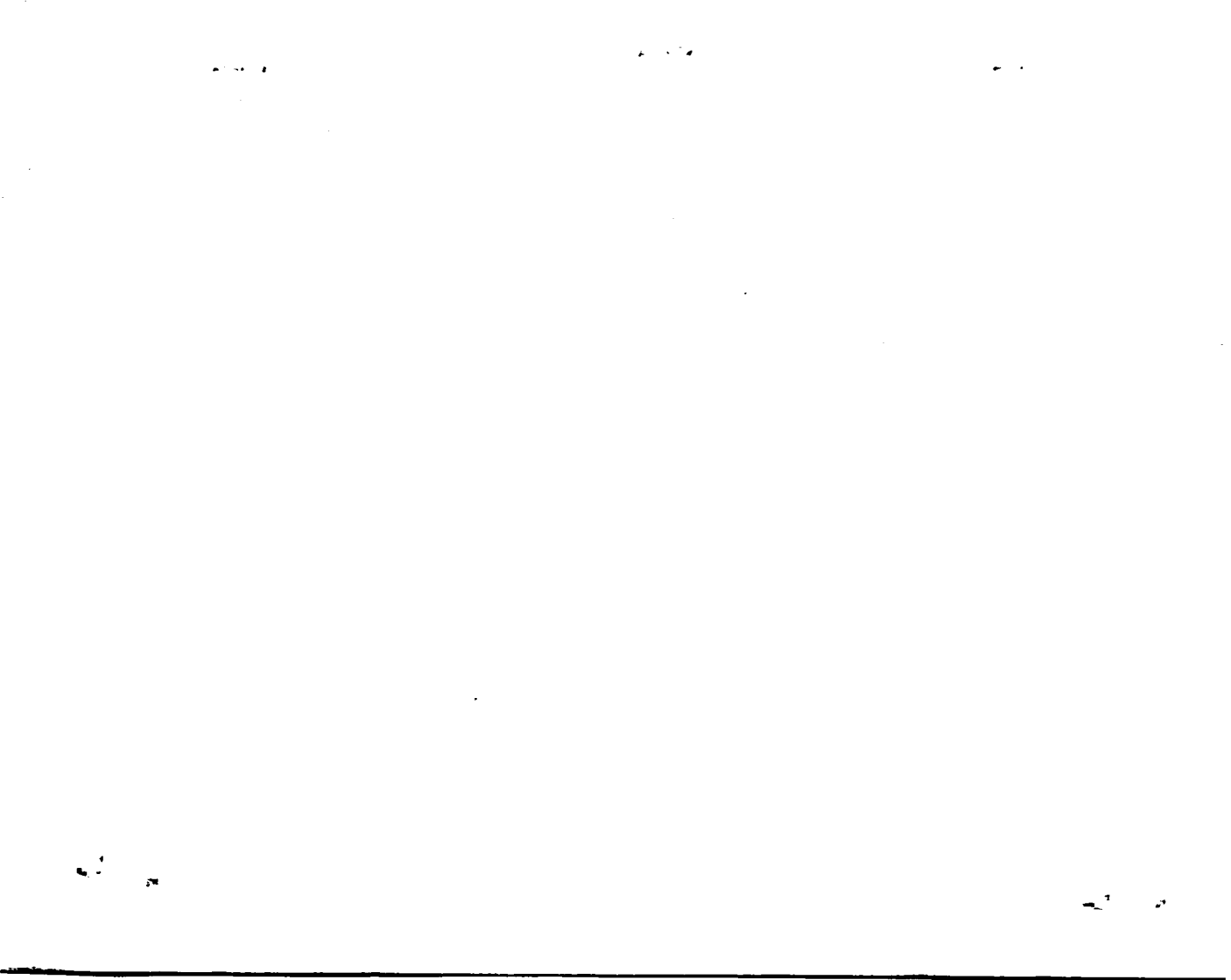
June 14 1920J. C. Arnout

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

RECEIVED  
BUREAU

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. MAR 1 10 18 AM '73 Certificate No. 80484  
County of Bannock } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Stanley Munroe Cornwall who born on June 7, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Baptism Record prepared on August 12, 1928 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

Full Name of Child	<u>Stanley Munroe Cornwall</u>	<u>Stanley Monroe Cornwall</u>
Full Name of Father	<u>Laverne Cornwall</u>	<u>Lavern Cornwall</u>

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Subscribed and sworn to before me this 5th day of March 19 73  
Grace Jackson  
Notary Public, residing at Inkom, Idaho  
My commission expires 7-20-73  
(Seal)

Signed Lavern Cornwall  
~~Signed~~ Mother  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Inkom, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of March 19 73  
Grace Jackson  
Notary Public, residing at Inkom, Idaho  
My commission expires 7-20-73  
(Seal)

Signed Lavern Cornwall  
(Signature of Any Credible Person) Father  
Inkom, Idaho  
(Street Address, City, State)

AUG 16 1973

Letter from LDS Church, Inkom Ward Bishopric, Pocatello Stake, Inkom, Idaho gives child's name as Stanley Monroe Cornwall. Born June 7, 1920. Was Baptized Aug. 12, 1928. Viewed by H.V. S. Father's name given as Lavern Cornwall.

Social Security Application for Account No. (720-03-5854) gives name as Stanley Monroe Cornwall born June 7, ~~192~~ 1920. gives father's name as Lavern Cornwall. Dated June 24, 1940. Viewed by V. S.

818-206-003-145

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloNo. 1133 N. Main St.Registration District No. 84File No. 80485  
60

Hospital \_\_\_\_\_

Primary Registration District No. 2161 Registered No. 3185

FULL NAME OF CHILD

Lorena Viona Haycock

Sex of Child

femaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 6 1920  
(Month) (Day) (Year)FULL  
NAMEWilliam Junior Haycock

FATHER

FULL  
MAIDEN  
NAMELora Viona Ames

MOTHER

RESIDENCE

1133 N. Main Pocatello Idaho

RESIDENCE

1133 N. Main Pocatello Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY22  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Star Valley, Wyoming

OCCUPATION

Deliverer

OCCUPATION

HousewifeNumber of child of this mother including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. \_\_\_\_\_ 19\_\_\_\_

(Signature)

W.W. Brothers

(Physician or midwife)

Address

Pocatello Idaho

Filed

June 17 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



SEP 4 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

342-206-003-253

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84

File No. 80486  
60

No. 3178 9<sup>th</sup> Ave

Primary Registration District No. 2161 Registered No. 3184

Hospital

FULL NAME OF CHILD

Ruth Margueritte Justin

Sex of Child <u>female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 6 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME John Patrick Justin  
RESIDENCE 317 So. 9<sup>th</sup> Ave. Pocatello Idaho  
COLOR white  
AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Memphis Tennessee  
OCCUPATION Railroad clerk

MOTHER  
FULL MAIDEN NAME Lorena Marie Brittingham  
RESIDENCE 317 So. 9<sup>th</sup> Ave Pocatello Idaho  
COLOR white  
AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Poplar Grove, Arkansas  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

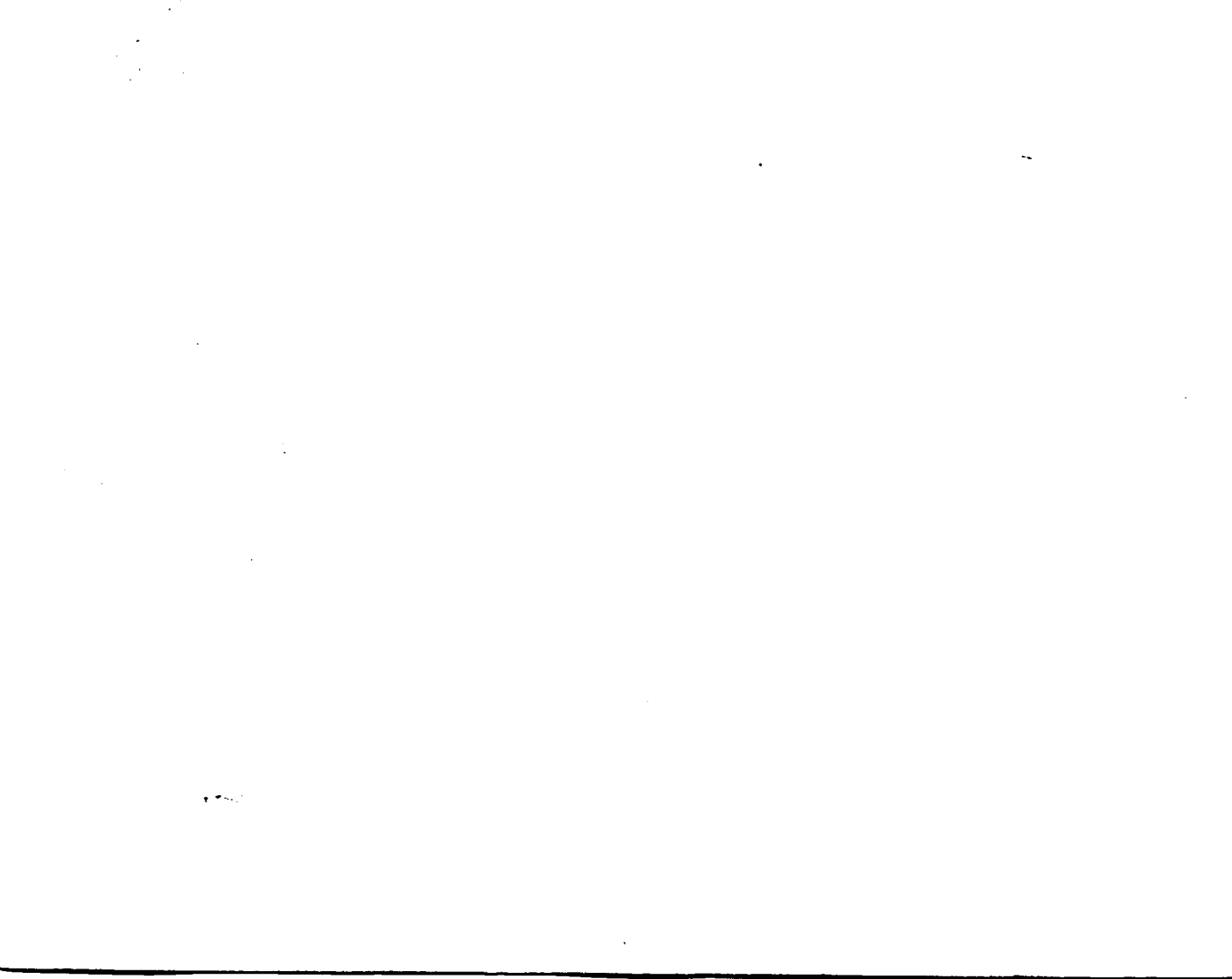
I hereby certify that I attended the birth of this child, who was Born alive, at 2 A.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers  
Physician  
(Physician or midwife)

Given names added from a supplemental report. 19.

Address Pocatello Idaho  
Filed June 17 1920  
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-206-003-356

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH  
County of Barnock  
City of Pocatello  
No. 1 Panch St.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80487

Registration District No. 84 File No. 60

Hospital \_\_\_\_\_ Primary Registration District No. 2161 Registered No. 3183

FULL NAME OF CHILD Hepsabeth Pearl Robinson

Sex of Child female { Twin Triplet or other? (To be answered only in event of plural births) } and { Number in order of birth } Legiti mate? yes Date of Birth June 6 1920  
(Month) (Day) (Year)

FULL NAME FATHER Henry Wadsworth Robinson  
RESIDENCE Ranch so Pocatello Idaho  
COLOR white AGE AT LAST BIRTHDAY 41 (Years)  
BIRTHPLACE White Rock, Kansas  
OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Otto Pearl Lewis  
RESIDENCE Ranch so Pocatello Idaho  
COLOR white AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Clearfield, Iowa  
OCCUPATION Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive, at 9 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho  
Filed June 17 19 20 Robinson  
Registrar

100-1000

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Bannock } ss. Certificate No. 80487  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Robinson who was born on June 6, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Pocatello are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by School Record prepared on Sept. 1931, are:  
Salvation Army Membership Record, Insurance Policy, Etc.) Jan. 1, 1931 (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's Name Unnamed Hepsabeth Pearl Robinson

Subscribed and sworn to before me this 11 day of

Signed W.W. Brotherson, M.D.  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
730 N. Barfield Pocatello Idaho  
(Street Address, City, State)

March 15, 1937  
Notary Public, residing at Pocatello, Idaho  
My commission expires 9-24-58  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of

Signed Ella Pearl Robinson, Patrick  
(Signature of Any Credible Person)

March 17, 1937  
Notary Public, residing at Pocatello, Idaho  
My commission expires 9-24-58  
(Seal)

236 Madison St. American Falls  
(Street Address, City, State)

APR 4 1951

215-203-003-366

Form V. S. No. 19-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloRegistration District No. 84File No. 80488No. 1206 East blarkPrimary Registration District No. 2161Registered No. 3,82Hospital Home

FULL NAME OF CHILD

Lucille Pearl Sanders

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>June 3</u> (Month) (Day) <u>1920</u> (Year)
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FULL NAME <u>Chris C. Sanders</u>	FATHER
RESIDENCE <u>1206 East blark</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)
BIRTHPLACE <u>Denmark</u>	
OCCUPATION <u>Common labor</u>	

FULL MAIDEN NAME <u>Teraney Geneva Lowe</u>	MOTHER
RESIDENCE <u>1206 East blark</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Ohio</u>	
OCCUPATION <u>Housekeeping</u>	

Number of child of this mother, including present birth <u>7</u>	Number of children of this mother now living, including present birth <u>7</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 8:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Luz Ann W. Bird  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

19.

Address 413 So. 14th Ave  
Filed June 15, 1920 O. J. Dwyer  
Registrar

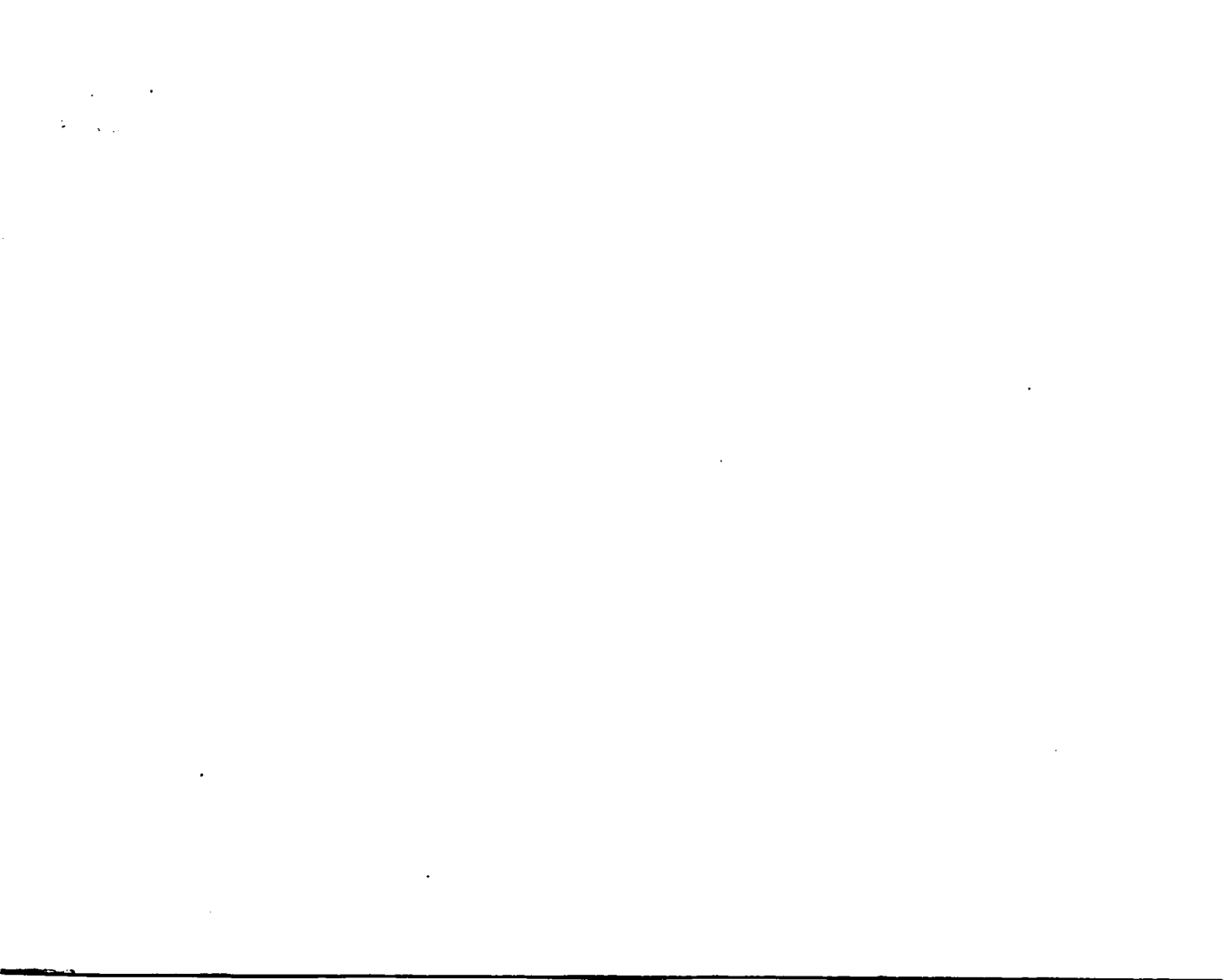
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

512-131-003-613

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH
County of BannockCity of PocatelloNo. 31 N. 3rd Ave.Registration District No. 84 File No. 60

80489

Hospital HomePrimary Registration District No. 2161 Registered No. 3181

FULL NAME OF CHILD

Inasatell Nakaisshi

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 31</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER Kamihiko NakaisshiFULL MAIDEN NAME MOTHER Tokiko WatanabeRESIDENCE 231 N. 3rd Ave.RESIDENCE 231 N. 3rd Ave.COLOR Japanese AGE AT LAST BIRTHDAY 45  
(Years)COLOR Japanese AGE AT LAST BIRTHDAY 31  
(Years)BIRTHPLACE JapanBIRTHPLACE JapanOCCUPATION Common laborerOCCUPATION HousekeepingNumber of child of this mother, including present birth, 2. Number of children of this mother now living, including present birth, 2.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

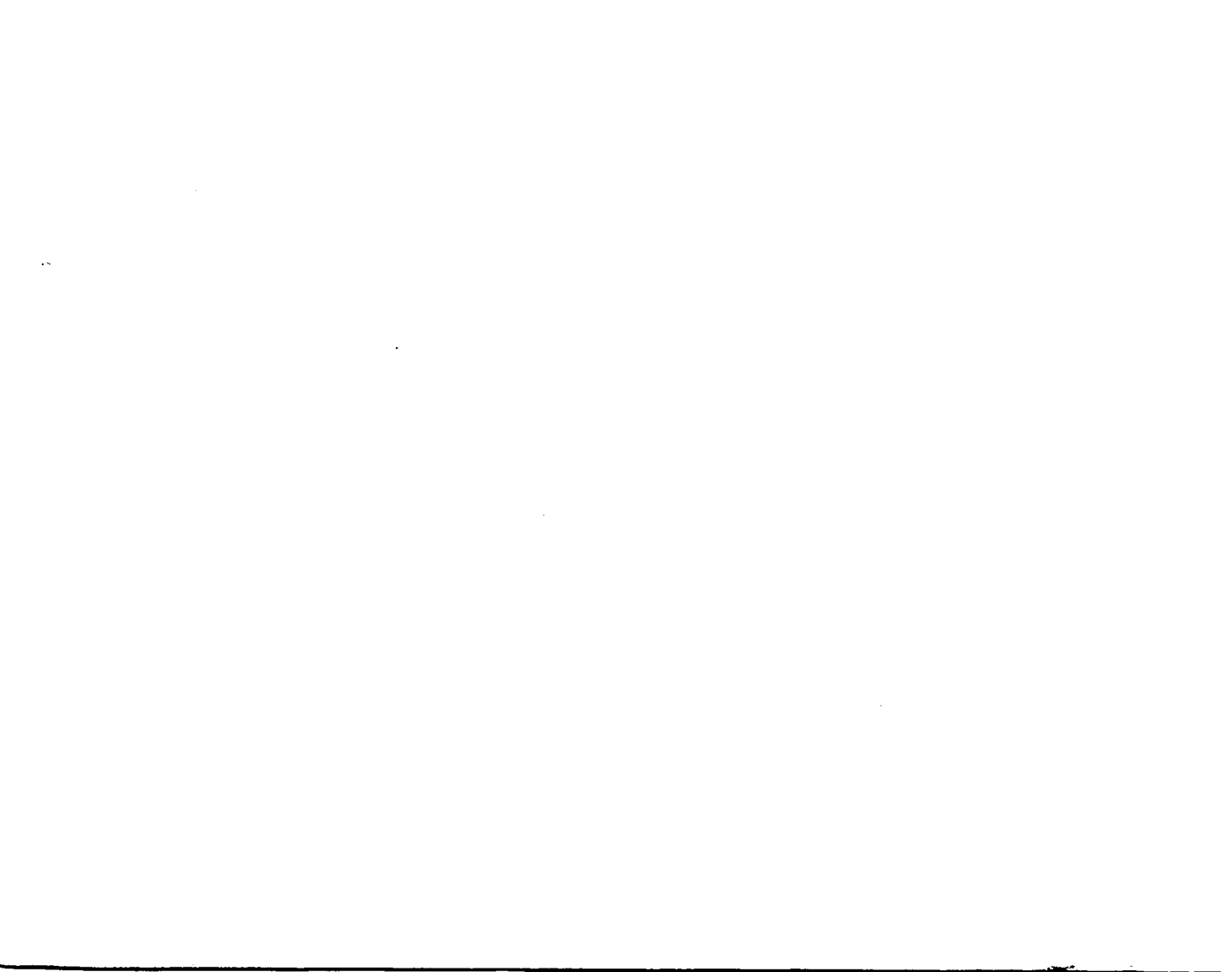
I hereby certify that I attended the birth of this child, who was alive, at 11 A.M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

(Signature) Mrs. Ann W. Bird  
Midwife  
 (Physician or midwife)

Given names added from a supplemental report.

Address 413 So. 3rd Ave.  
 Filed June 15, 1920 O. J. Reed  
 Registrar



155-131-003-815

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloRegistration District No. 84File No. 80490No. 1795 Left St.Primary Registration District No. 2161Registered No. 3180

Hospital \_\_\_\_\_

FULL NAME OF CHILD

John Hennick Jensen

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
(To be answered only in event of plural births)

Legitimate

Yes

Date of Birth

May 31<sup>st</sup> 1920  
(Month) (Day) (Year)

FULL NAME

Peter C Jensen

FATHER

FULL MAIDEN NAME

Helen C Jensen

MOTHER

RESIDENCE

1795 Left St Pocatello

RESIDENCE

1795 Left St Pocatello

COLOR

White

AGE AT LAST BIRTHDAY

35  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

26  
(Years)

BIRTHPLACE

Trusted Denmark

BIRTHPLACE

Jerby Denmark

OCCUPATION

Mill Carpenter

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 945 H. M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. C. Crummett M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

June 14 20 O. R. B. B. B.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



312-220-003-812

## PLACE OF BIRTH

County of BarnockCity of Pocatello  
Near 245 So. 3rd AveHospital Hone

## FULL NAME OF CHILD

Registration District No. 84File No. 80491  
60Primary Registration District No. 2161Registered No. 3179Lily Tashima

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 20</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	---	----------------------------	--

FATHER  
FULL NAME Gen Sakaye TashimaRESIDENCE Near 245 So. 3rd Ave.COLOR Japanese AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE JapanOCCUPATION Secretary Japanese Cons.MOTHER  
FULL MAIDEN NAME Masako HashimotoRESIDENCE Near 245 So. 3rd Ave.COLOR Japanese AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE JapanOCCUPATION HousekeepingNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 4:25 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird  
Midwife  
(Physician or midwife)Given names added from a supplemental report.  
1 Photostat copy 12/11/41Address 413 So. 4th Ave  
Filed June 15, 1920 O. B. Sweeney  
Registrar

Registrar

Registrar

DEC 11 1941

663-283-003-315

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80492  
60County of BannockCity of PocatelloRegistration District No. 84

File No.

No. \_\_\_\_\_ St.

Hospital Pocatello General Primary Registration District No. 2161 Registered No. 3178FULL NAME OF CHILD Annette Beverly WolfeSex of Child Female { Twin Triplet or other? } and { Number in order of birth } Legit. mate? yes Date of Birth June 3 1920.  
(To be answered only in event of plural births) (Month) (Day) (Year)FATHER  
FULL NAME Jack E. Wolfe  
RESIDENCE 715 N. Arthur, Pocatello  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Salt Lake City Utah  
OCCUPATION MerchantMOTHER  
FULL MAIDEN NAME Alice E. Landsman  
RESIDENCE 715 N. Arthur Pocatello Ida  
COLOR White AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Utica, New York  
OCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 10:15 A. M.  
on the date above stated. (Born alive or stillborn)(Signature) AM Newton M.D.

(Physician or midwife)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address Pocatello Idaho  
Filed June 11 1920 O'Brien  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 8 1941

MAR 2 1945

141-130-003-381  
PLACE OF BIRTH

Form V. S. No. 11-C-25a-1-1-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannockCity of McCannonRegistration District No. 84File No. 680493

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161Registered No. 3177

Hospital \_\_\_\_\_

FULL NAME OF CHILD Morris Chester Adams

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>MAY 30 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FATHER  
FULL NAME Lewis Edgar Adams  
RESIDENCE McCannon  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Oregon  
OCCUPATION Labourer

MOTHER  
FULL MAIDEN NAME Berttha J. Shandler  
RESIDENCE same  
COLOR White AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Pocatello Idaho  
OCCUPATION Labourer Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.(Born alive and shown)at 9. 2nd St. P.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. W. W. Lewis

Given names added from a supplemental report.

(Physician or midwife)

Address McCannon IdahoFiled June 10 1920O. B. Steele  
Registrar

FEB 22 1973

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813 - 115-223-856  
PLACE OF BIRTH

Form V. S. No. 11-C-26m-1-1-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannockCity of McCammomRegistration District No. 84File No. 6 080494

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161Registered No. 3176

Hospital \_\_\_\_\_

FULL NAME OF CHILD Kern La Mar Hall

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 15 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER FULL NAME <u>Warren Leroy Hall</u>
RESIDENCE <u>McCammom</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Portage Utah</u>
OCCUPATION <u>Farmer</u>

MOTHER FULL MAIDEN NAME <u>Clara Lewis Hall</u>
RESIDENCE <u>McCammom</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Albion Idaho</u>
OCCUPATION <u>Farmer's wife</u>

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ P. M.  
on the date above stated.(Born alive or ~~stillborn~~)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W W Lewis

(Physician or midwife)

Given names added from a supplemental report.

Address McCammom Ida.Date June 10 1920

Registrar

Registrar J. B. Steele

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RECEIVED

RECEIVED

RECEIVED

RECEIVED JAN 14 1947

279-230-003-666

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloRegistration District No. 84File No. 680495

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital GeneralPrimary Registration District No. 2161Registered No. 3175

FULL NAME OF CHILD

Helen Louise SpillmanSex of Child Female { Twin or other? Triplet } and { Number in order of birth \_\_\_\_\_ }  
(To be answered only in event of plural births)Legiti mate? YesDate of Birth Mar. 30. 1920  
(Month) (Day) (Year)FULL NAME FATHER Frederick William SpillmanRESIDENCE 1033 North Main St.COLOR White AGE AT LAST BIRTHDAY 25 (Years)BIRTHPLACE Laguna UtahOCCUPATION ElectricianFULL MAIDEN NAME MOTHER Edna WoodlandRESIDENCE 1033 North Main St.COLOR White AGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE Marionette IdahoOCCUPATION House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19. \_\_\_\_\_

Registrar

(Signature)

(Physician or midwife)

Address

Filed

Pocatello, Idaho  
June 10 1920  
O. B. Beech

Registrar

MAY 11 1942

893-129-003-216

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STA. F IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80496

County of SummitCity of HeathvilleRegistration District No. 84File No. 60No. 122071 HarrisonPrimary Registration District No. 2161 Registered No. 3174

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lealand Emil Hillbrand

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthMarch 29 1920  
(Month) (Day) (Year)FULL  
NAMEDavid Hillbrand

FATHER

RESIDENCE

1220 N. Harrison ave

COLOR

WhiteAGE AT LAST  
BIRTHDAY48  
(Years)

BIRTHPLACE

Logan Utah

OCCUPATION

CarpenterFULL  
MAIDEN  
NAMEMarie Edigebeth Linstrom

MOTHER

RESIDENCE

1220 N. Harrison ave

COLOR

WhiteAGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

Logan Utah

OCCUPATION

House WifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.at 10 A. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

John R. Carey

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho

Filed

June 10 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



Dup of 1920-232809

815 - 109 - 003 - 815  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Bannock

City of Tupaz

Registration District No. 49

File No. 80497

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 49

Registered No. \_\_\_\_\_

Hospital Home

FULL NAME OF CHILD Ragnar Hansen

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>no</u>	Date of Birth <u>June 9</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Harry Dalton</u>	FATHER
RESIDENCE <u>Rupert</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho.</u>	
OCCUPATION <u>Sheepman</u>	

FULL MAIDEN NAME <u>Lacy Hansen</u>	MOTHER
RESIDENCE <u>Tupaz</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Tupaz</u>	
OCCUPATION <u>waitress</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:00 P. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Kettie Coe  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address Corva Sta. Idaho  
Filed JUN 30 1920  
W. H. H. H. H.  
Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



389-121-003-168

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of ChesterfieldRegistration District No. 84 File No. 80498

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Rolland Niels Christensen

Sex of Child <u>male</u>	Twin Triplet or other? <u>  </u>	{ and } Number in order of birth <u>  </u>	Legiti mate? <u>yes</u>	Date of Birth <u>June 21st, 1920</u> (Month) (Day) (Year)
--------------------------	--	---	----------------------------	---

FULL NAME <u>Niels Christensen</u>	FATHER	FULL MAIDEN NAME <u>Ruth M. Johnson</u>	MOTHER
RESIDENCE <u>Chesterfield Idaho</u>		RESIDENCE <u>Chesterfield Idaho.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Denmark</u>		BIRTHPLACE <u>Chesterfield Idaho.</u>	
OCCUPATION <u>farmer</u>		OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

born alive    at 11.30 a.m.  
(Born alive or stillborn)physician

(Physician or midwife)

Given names added from supplemental report.

Rolland Niels Christensen 19  
W.C. Murphy state Registrar

Address \_\_\_\_\_

Bancroft Idaho.

Filed \_\_\_\_\_

1920

Registrar

MARGIN RESERVED FOR BINDER.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



11-11-61

11-11-61

11-11-61

80498

## BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

City

Chesterfield Idaho

Registered No.

84

Place  
of Birth

Street and House No.

Registration Dist. No.

2161

County

Bannock

Sex of Child

male

Date of Birth

June 21 1920

MONTH

DAY

YEAR

Father

Niels Christensen

Mother

Ruth M. Johnson.

FULL NAME

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Roland Niels Christensen

GIVEN NAME IN FULL

SURNAME

as reported by

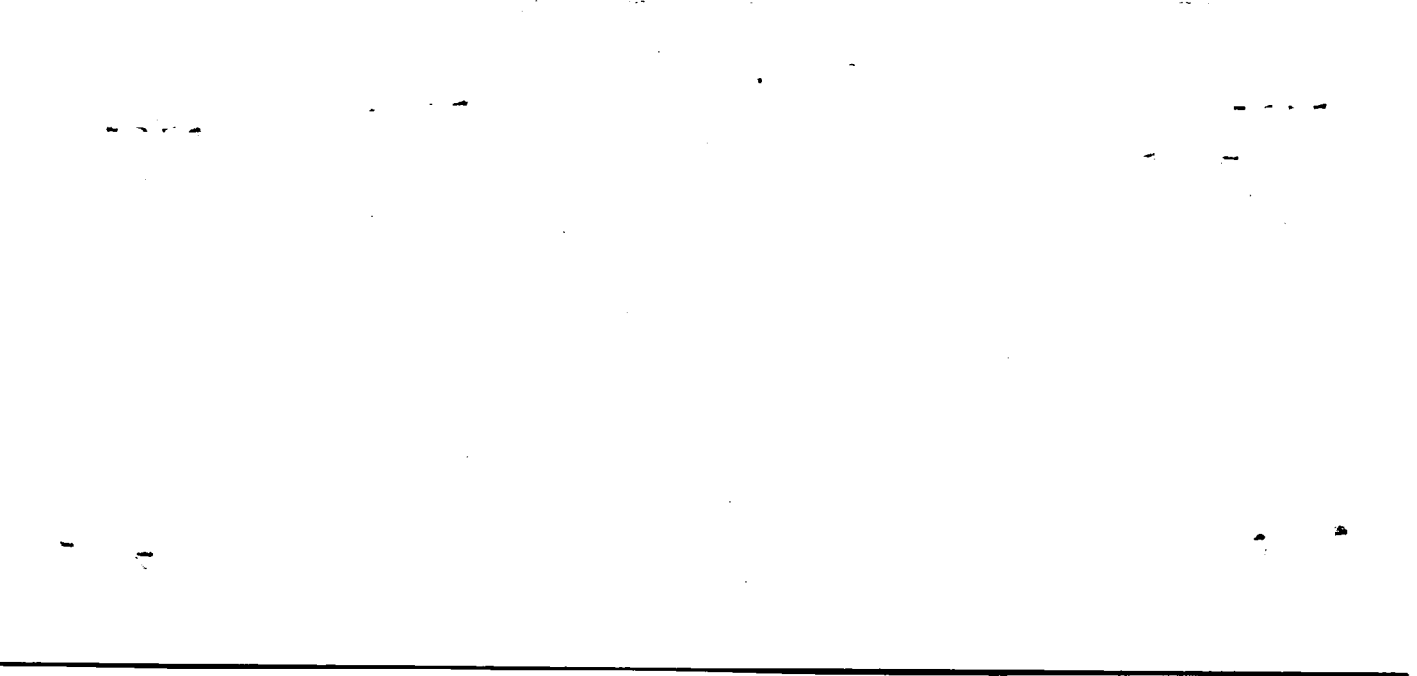
Mother

FATHER OR MOTHER

Oswald Lundquist

LOCAL REGISTRAR

JUL 11 1920



365-228-003-551

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of ChesterfieldRegistration District No. 84File No. 80499

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Eileen Marie Loveland

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 28th</u> 19 <u>20</u> . (Month) (Day) (Year)
----------------------------	--	----------------------------	--

FULL NAME <u>Carman W. Loveland</u>	FATHER
RESIDENCE <u>Chesterfield Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Chesterfield Idaho.</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Gladys E. Evans,</u>	MOTHER
RESIDENCE <u>Chesterfield Idaho.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Salt Lake City Utah</u>	
OCCUPATION <u>housewife.</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

Physician

(Physician or midwife)

Given names added from supplemental report.

Eileen Marie Loveland 19 \_\_\_\_\_W. C. Murphy Secy RegistrarAddress Bancroft Idaho

Filed \_\_\_\_\_ 19 \_\_\_\_\_

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.





80499

## BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

City Chubbuck Registered No. 84

Place of Birth { Street and House No. \_\_\_\_\_

County Burnette Registration Dist. No. 2161

Sex of Child

Female

Date of Birth

June 28 1912

MONTH

DAY

YEAR

Father

Arthur W. Loveland

FULL NAME

Mother

Gladys E. Evans

FULL MARRIAGE NAME

I Hereby Certify that the child described herein  
has been named:

Eileen Marie Loveland

GIVEN NAME IN FULL

SURNAME

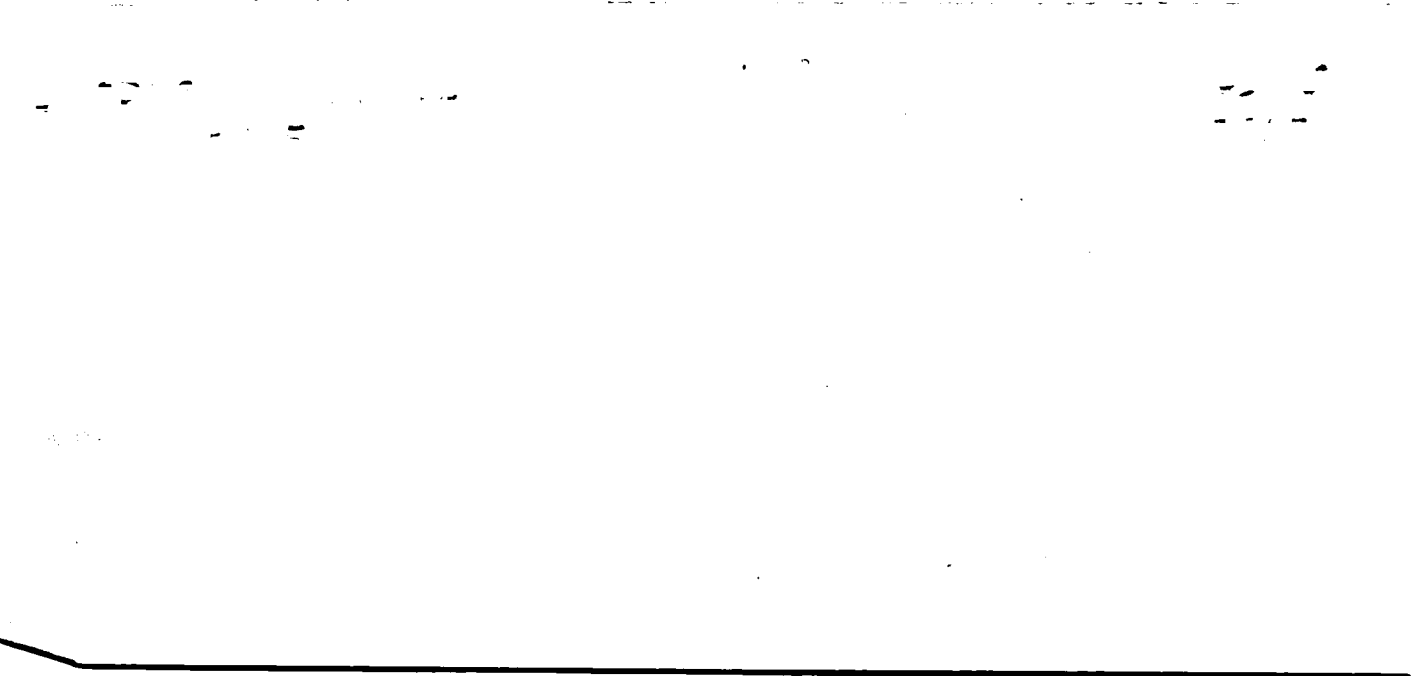
as reported by

Miss M. C. Loveland

MOTHER

Arthur W. Loveland

LOCAL REGISTRAR



193-229-003-764

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

## CERTIFICATE OF BIRTH

County of BannockCity of Lava Hot Spgs.Registration District No. 30File No. 80500

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 30

Registered No. \_\_\_\_\_

Hospital Home

FULL NAME OF CHILD

Rowland Archibald

Sex of Child

FemaleTwin  
Triplet  
or other?{ and {  
(Number  
in order  
of birthLegiti-  
mate?yes

Date of Birth

May 21 1920  
(Month) (Day) (Year)

FULL NAME

Wm. Archibald

FATHER

FULL MAIDEN NAME

MOTHER

Dora Godfrey

RESIDENCE

Lava Hot Springs

RESIDENCE

Lava Hot Springs

COLOR

white

AGE AT LAST BIRTHDAY

35  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

31  
(Years)

BIRTHPLACE

Cuviston Ida.

BIRTHPLACE

Marsh Valley Iowa

OCCUPATION

Farmer

OCCUPATION

House wifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive  
(Born alive or stillborn)at 7:30 A. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Luttie Cooney  
midwife  
(Physician or midwife)

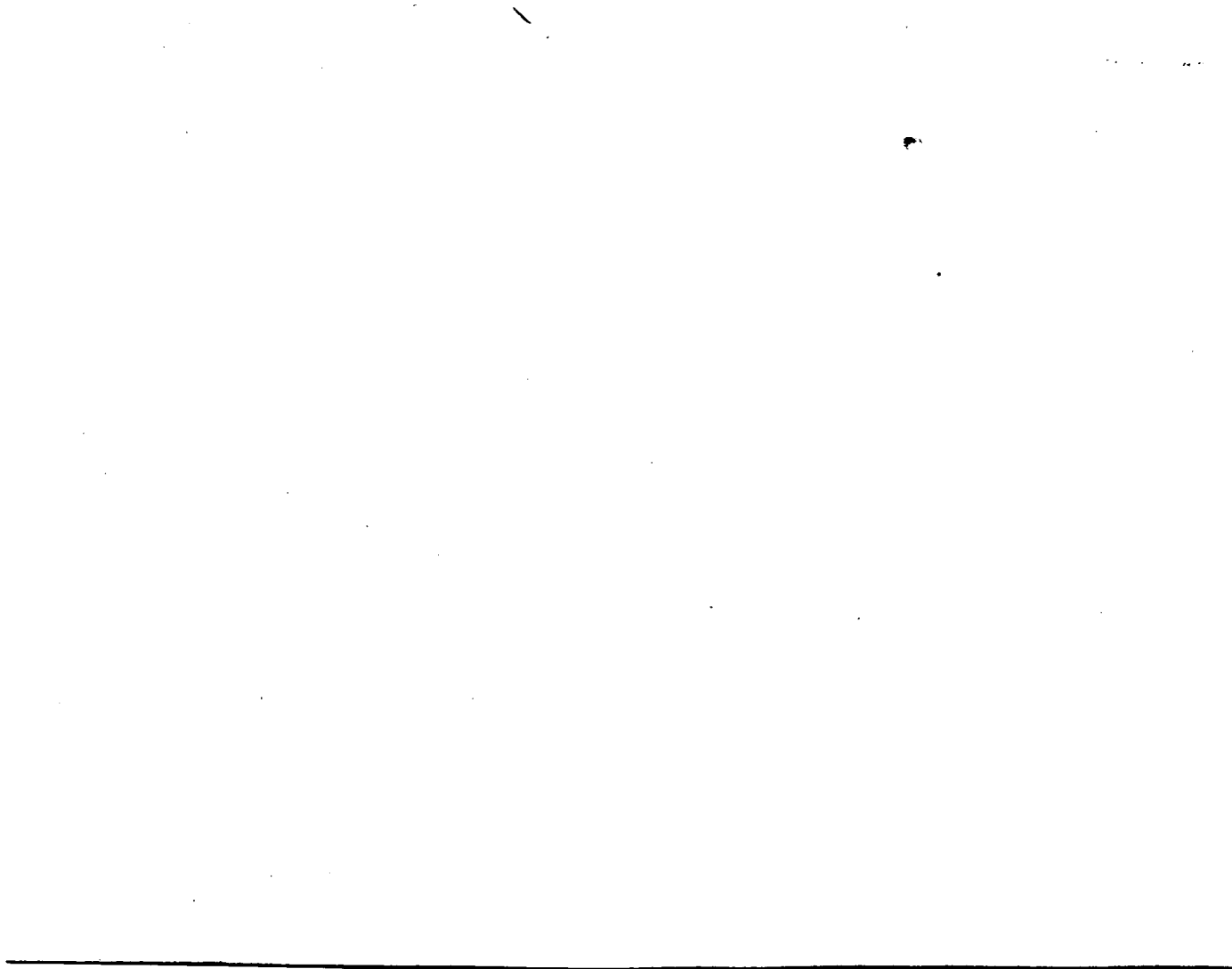
Given names added from a supplemental report.

Address

Lava Hot Spgs. Ida.

Filed

JUN 30 1920O. H. H. H. H.



DATE OF BIRTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

Dannock.....

80501

City of Cleveland.  
249-205-003-791  
 No. .... St.

Registration District No. .... 27  
 Primary Registration District No. .... 2117

File No. ....

Registered No. .... 175

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Female. Twin Triplet or other? and { N mber in order of birth } Legiti- mate? Yes. Date of Birth June, 5, 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Theron E. Smith. FATHER  
 RESIDENCE Cleveland Idaho.  
 COLOR White. AGE AT LAST BIRTHDAY 28. (Years)  
 BIRTHPLACE Logan Utah.  
 OCCUPATION Farmer.

FULL MAIDEN NAME Letitia Gray. MOTHER  
 RESIDENCE Cleveland Idaho.  
 COLOR White. AGE AT LAST BIRTHDAY 28. (Years)  
 BIRTHPLACE Cleveland Idaho.  
 OCCUPATION Housewife.

Number of child of this mother, including present birth .... 2 .... Number of children of this mother now living, including present birth .... 2 ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive. at 8:15 ..... M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... G. W. Stutes .....

Physician  
 (Physician or midwife)

Given names added from a supplemental report.

Address .... Preston Idaho. .....Filed 7/7/20 .....

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



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718-120-004-299

## PLACE OF BIRTH

Amended 9/18/78

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80503

County of Bear LakeCity of BloomingtonRegistration District No. 33File No. H 37

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ira Joseph PayneSex of  
ChildMaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti-  
mate? yesDate of  
Birth6/201920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Joseph Burton Payne

RESIDENCE

Bloomington

COLOR

whiteAGE AT LAST  
BIRTHDAY40

(Years)

BIRTHPLACE

Bloomington

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Alice Prisco

RESIDENCE

Bloomington

COLOR

whiteAGE AT LAST  
BIRTHDAY38

(Years)

BIRTHPLACE

Bloomington

OCCUPATION

House wifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

R. J. Sutton  
Dom alive 10 20 P  
(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

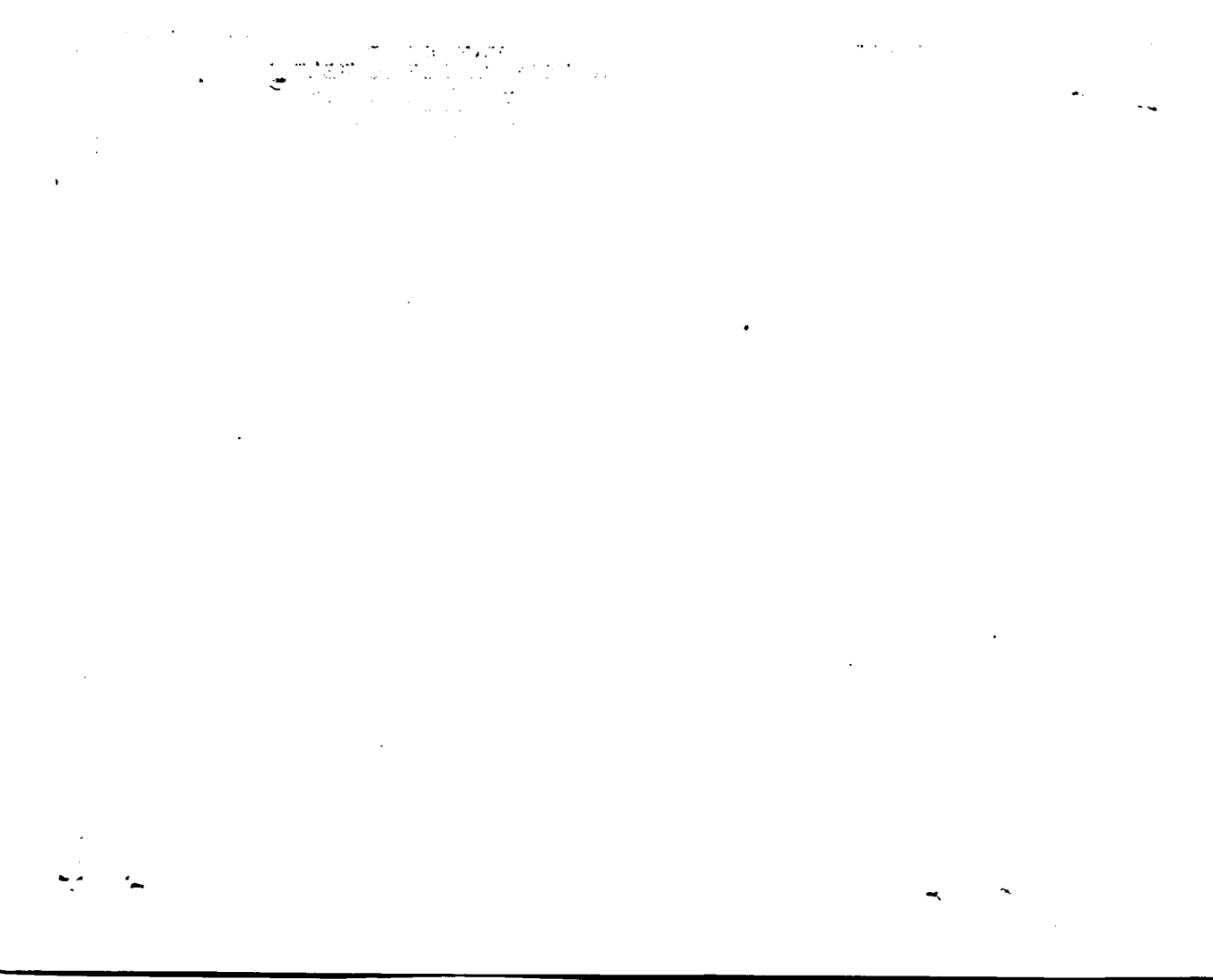
19

Address

ParisFiled 7/1019 20R. J. Sutton  
Registrar.

Registrar.





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of ..... Certificate No. 80503  
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... birth  
for ..... Unnamed Payne (Male) ..... who was born ..... (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on June 20, 1920  
in Bloomington, Idaho (Bear Lake) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name ..... Unnamed ..... Ira Joseph Payne

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... } ss.  
County of ..... }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

247 S 4250 W Bountiful Utah  
(Street Address, City, State)

Certif of Baptism from the LDS Church gives name as Ira Joseph Payne son of Joseph Burton Payne and Margaret Alice Brisco born June 20, 1920 at Bloomington Idaho. ~~By~~ Baptized Feb 2, 1929. viewed by V. S.

SEP 18 1978

Enlisted record and Report of Separation Honorable Discharge from U.S. Army gives name as Ira J. Payne born June 20, 1920 at Bloomington, Idaho date of separation Dec 4, 1945. viewed by V. S.

313-112-004-236  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Bear LakeCity of ParisRegistration District No. 33

File No.

80504  
HH 9

No. \_\_\_\_\_ St.

Primary Registration District No. 2/32

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD James E. Latham

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>6/12</u> (Month) (Day) 19 <u>20</u> (Year)
--------------------------	---	-----	--------------------------------	-----------------------------	--

FULL NAME FATHER Jessie LathamRESIDENCE ParisCOLOR whiteAGE AT LAST  
BIRTHDAY 30  
(Years)BIRTHPLACE IdahoOCCUPATION LaborerFULL MAIDEN NAME MOTHER Martha StockerRESIDENCE ParisCOLOR whiteAGE AT LAST  
BIRTHDAY 23  
(Years)BIRTHPLACE ParisOCCUPATION House wifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. \_\_\_\_\_

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 7/10 19 20 P. J. Sutton  
Registrar.

(Physician or midwife)

Born alive 7<sup>15</sup> a. M.  
(Born alive or stillborn)

(Signature) \_\_\_\_\_

MAR 15 1966

213-127-004-386  
PLACE OF BIRTH

Form V. S. No. 11-20m-7-24-10

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

County of Bear Lake

CERTIFICATE OF BIRTH

80505

City of Bloomington

Registration District No. 33

File No. 454

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Russell Thompson Bateman

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? <u>  </u> (To be answered only in event of plural births)	and { Number in order of birth <u>  </u> }	Legitimate? <u>yes</u>	Date of Birth <u>6-27</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME William Bateman

RESIDENCE Bloomington

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Bloomington

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Vesta Thompson

RESIDENCE Bloomington

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Bloomington

OCCUPATION House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5-23 P. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) \_\_\_\_\_

R. J. Sutton  
(Physician or midwife)

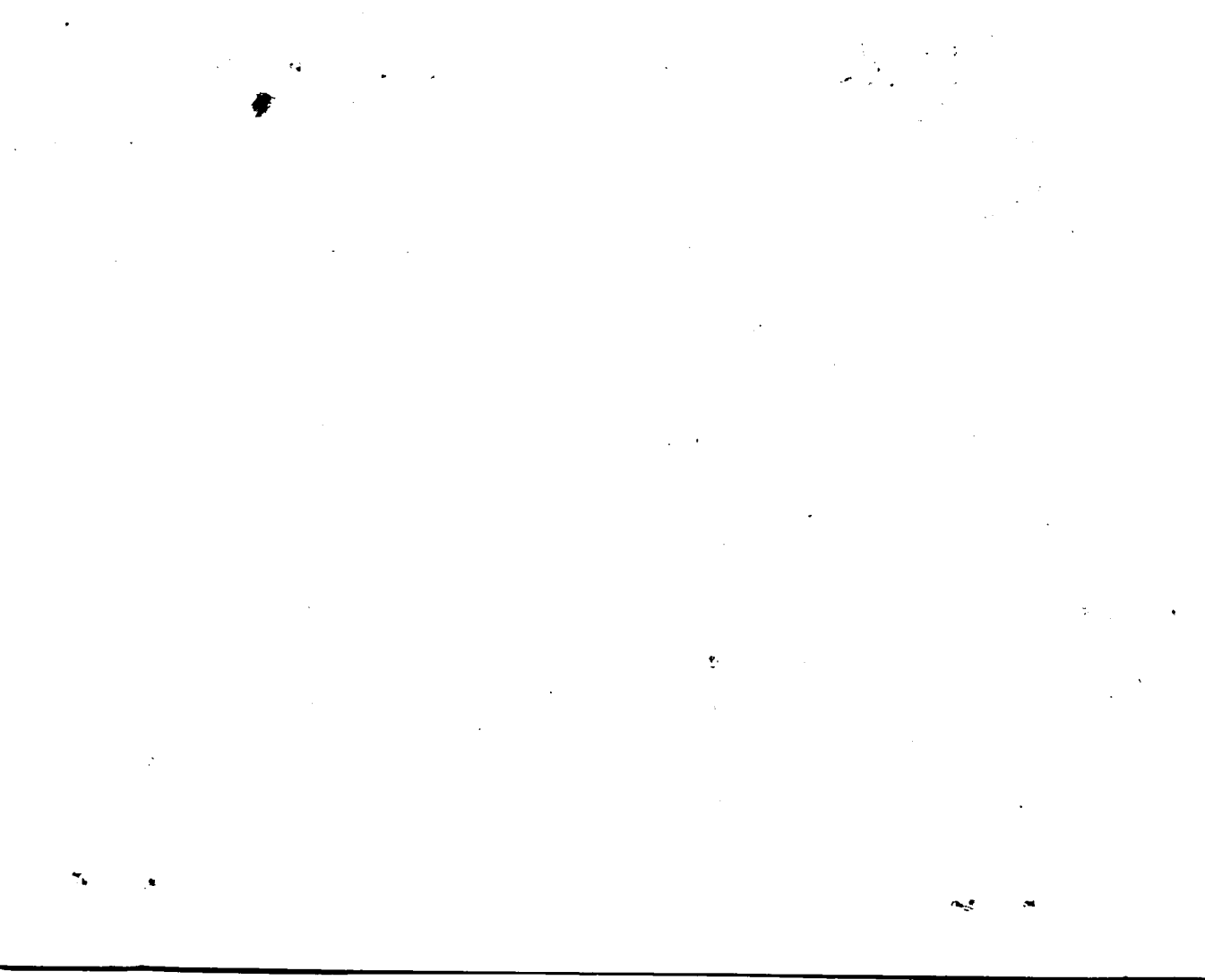
Address \_\_\_\_\_

Filed 7/10 1920 R. J. Sutton Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



**RECEIVED**  
**IDAHO DEPARTMENT OF HEALTH**  
**BUREAU OF VITAL STATISTICS**

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of NEVADA } SEP 7 12 47 PM '76  
 County of CLARK } SS. Certificate No. 80505  
 Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of Unamed Bateman (Male) who was born June 27, 1920 (Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) in Bloomington, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)

true facts are shown by prepared on are: (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
 ("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
child's name Unamed Russell Thompson Bateman

Subscribed and sworn to before me this 27th day of August, 1976  
Geneva Joseph  
 Notary Public, residing at CLARK COUNTY  
 My commission expires Oct. 12, 1976  
 (Seal)

Signed R. J. Farnsworth  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1065 F. FRANKLIN LANE, FARMINGTON  
 (Street Address, City, State)

**GENEVA JOSEPH**  
 Commission Expires Oct. 12, 1976  
**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of NEVADA }  
 County of CLARK } SS. [This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of August, 1976  
Geneva Joseph  
 Notary Public, residing at CLARK COUNTY  
 My commission expires Oct. 12, 1976  
 (Seal)

Signed Harry L. Lauer  
 (Signature of Any Credible Person)  
Joe Cernan to Lauer  
 (Street Address, City, State)



Membership record from the LDS Church gives name as Russell T. Bateman born June 27, 1920 ay Bloomington, Idaho. father's name as William H. Bateman and mother's name as Vesta M. Thompson, Blessed Aug. 1, 1920 and Baptized Aug 5, 1928. viewed by V. S.

~~XXXXXXXXXX~~

SEP 5 1975

Local Union No. 1780 United Brotherhood of Carpenters and Joiners of America gives name as Russell Thompson Bateman. has been member since 2-20-59. birth date given as 6-27-20. signed by Harry D. Kaiser, Financial Sec. viewed by VS

693 -124-995

PLACE OF BIRTH

Form V. S. No. 11—Rev. 7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80506

County of Bear LakeCity of ParisRegistration District No. 33File No. 43-3

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ronald George Wilcox

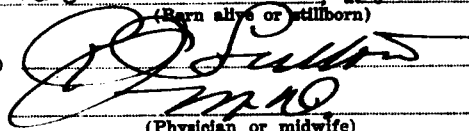
Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>6-24</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME FATHER  
Archie WilcoxRESIDENCE ParisCOLOR white AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE ParisOCCUPATION MillerFULL MAIDEN NAME MOTHER  
Ethel DunnRESIDENCE ParisCOLOR white AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE GeorgetownOCCUPATION House wifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8<sup>10</sup> a M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)



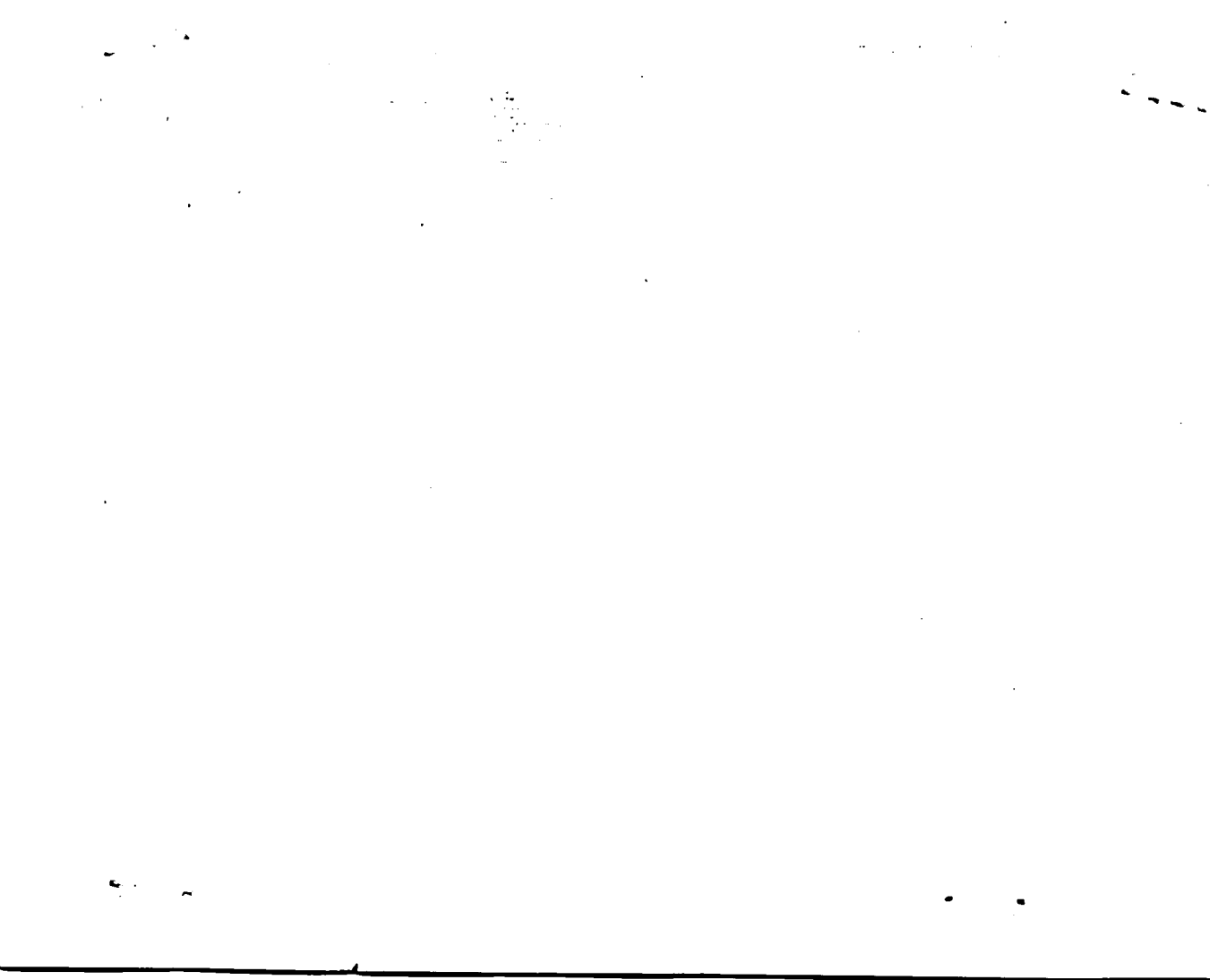
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 7/101920R. J. Sutton  
Registrar.

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Beauregard } ss. Certificate No. 80506  
Date Filed 4/29/42

The undersigned does solemnly swear that certain facts on the certificate of B. Smith  
(BIRTH OR DEATH)  
for unnamed child who born on 6/29/1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Pari, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Bible & family record prepared on date of birth, hence:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED** **FROM** **TO**  
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
Name Unnamed Wilcox Ronald George Wilcox

Subscribed and sworn to before me this 14  
day of May 19 42  
Ernest E. Starnes  
Notary Public, residing at Lark, Utah  
My commission expires Feb 8, 1946  
(SEAL)

Signed Geo. H. Wilcox, Father  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-  
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
A DEATH RECORD, OR OTHER CREDIBLE PERSON.)  
Lark, Utah  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 27 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

APR 14 1949

224-222-004-695  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80507

County of Bear LakeCity of ParisRegistration District No. 33File No. 45-2

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2132 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>girl</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and	Number in order of birth <u>    </u>	Legitimate? <u>yes</u>	Date of Birth <u>6/22</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER Charles StuckiRESIDENCE ParisCOLOR Idaho AGE AT LAST BIRTHDAY 47 (Years)BIRTHPLACE ParisOCCUPATION Labor manFULL MAIDEN NAME MOTHER Lina LinkRESIDENCE ParisCOLOR white AGE AT LAST BIRTHDAY 37 (Years)BIRTHPLACE UtahOCCUPATION House wifeNumber of child of this mother, including present birth 0 Number of children of this mother now living, including present birth 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4:18 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. J. Sutton  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 7/1019 20R. J. Sutton  
Registrar.

Registrar.

JUNE 5 1968

854-104-004-573

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80508

County of Bear LakeCity of ParisRegistration District No. 33File No. 455-

No. \_\_\_\_\_ St.

Primary Registration District No. 2/32

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Willis Ray Hemmertt

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>7-4-</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER Peter HemmerttRESIDENCE ParisCOLOR White AGE AT LAST BIRTHDAY 40  
(Years)BIRTHPLACE DenmarkOCCUPATION Labor manFULL MAIDEN NAME MOTHER Rosie EglieRESIDENCE ParisCOLOR White AGE AT LAST BIRTHDAY 42  
(Years)BIRTHPLACE SwitzerlandOCCUPATION House wifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11 5-5 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. J. Sutton  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address

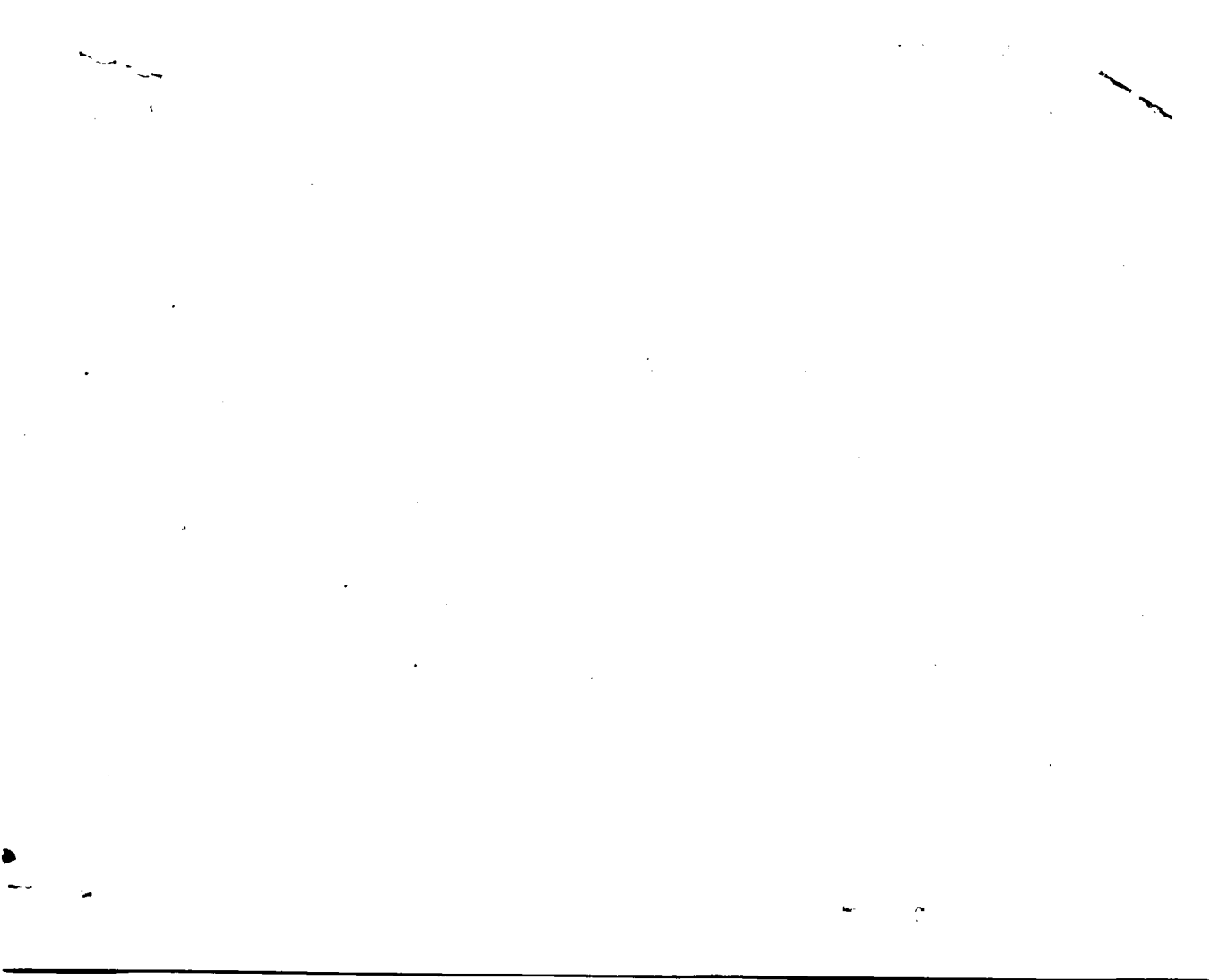
Paris

Filed

7/10 1920 R. J. Sutton  
Registrar.

Registrar.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Pear Lake } ss.

Certificate No. 80508

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Willis Ray Hemmertt who born (Birth or Death)  
in Paris, Idaho (Name on Original Certificate) (Was Born or Died) on July 4, 1920 (Date of Event)

are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by personal knowledge prepared on \_\_\_\_\_, are:  
(Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
<u>Name</u>	<u>None Given</u>	<u>Willis Ray Hemmertt</u>
<u>Father's Name</u>	<u>Peter Hemmert</u>	<u>Peter Hemmertt</u>

Subscribed and sworn to before me this 8  
day of March, 1944

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Signed Rosa E Hemmertt  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) mother

Paris, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

JUN 7 1951

MAR 13 1944

B45-107-004-442  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80509

County of Bear LakeCity of ParisRegistration District No. 33File No. 43-6

No. \_\_\_\_\_ St.

Primary Registration District No. 2/32

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>7/7/1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Alvin C. LuellerRESIDENCE ParisCOLOR white AGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE ParisOCCUPATION O. S. L. workerMOTHER  
FULL MAIDEN NAME Celia L. AustinRESIDENCE ParisCOLOR white AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE Garden cityOCCUPATION House wifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9:00 P. M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

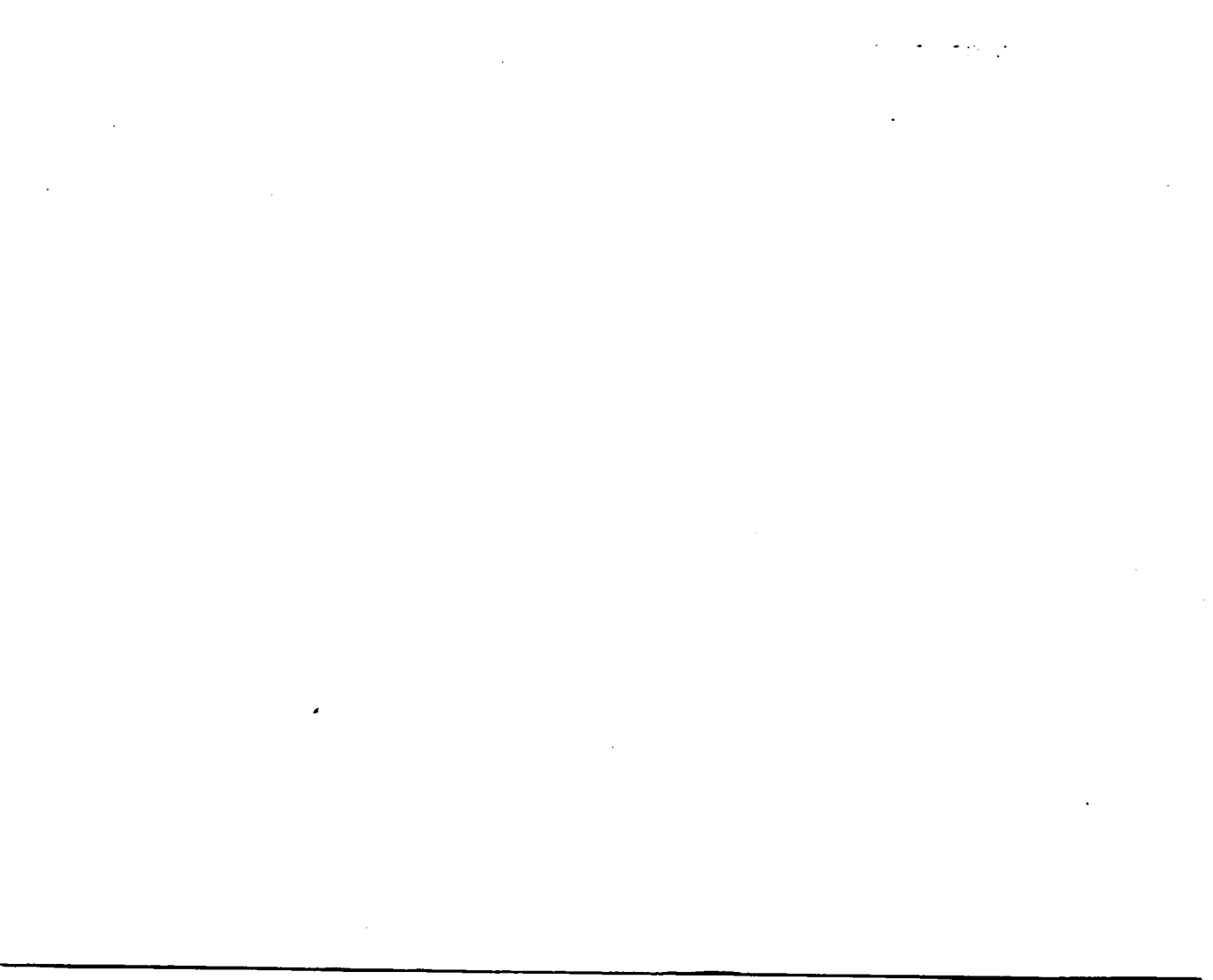
R. J. Sutton  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 7/10 1920 R. J. Sutton  
Registrar. Registrar.



155-108-004-695  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80510

County of Bear LakeCity of ParisRegistration District No. 33File No. 457

No. \_\_\_\_\_ St.

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD BLAKE JENSEN

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti- mate <u>yes</u>	Date of Birth <u>7/8</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER William JensenRESIDENCE ParisCOLOR white AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE IdidOCCUPATION Garage manFULL MAIDEN NAME MOTHER Ethel HindleyRESIDENCE ParisCOLOR white AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE ParisOCCUPATION House wifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 230 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. J. Sutton  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Paris Id

Filed

7/101920R. J. Sutton  
Registrar.

Registrar.

AUG 30 1951

349-120-004-238  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Bear Lake

## CERTIFICATE OF BIRTH

City of ParisRegistration District No. 39File No. 80511  
448

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD EUGENE JOHN CURLESS

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 20 1920</u> (Month) (Day) (Year)
FULL NAME <u>Eugene Daniel Curless</u>	FATHER		FULL MAIDEN NAME <u>Ella Anna Scheidegger</u>	MOTHER
RESIDENCE <u>Paris Idaho</u>			RESIDENCE <u>Paris, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Iowa</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Miner</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11-15 A. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O. Moore M. D.

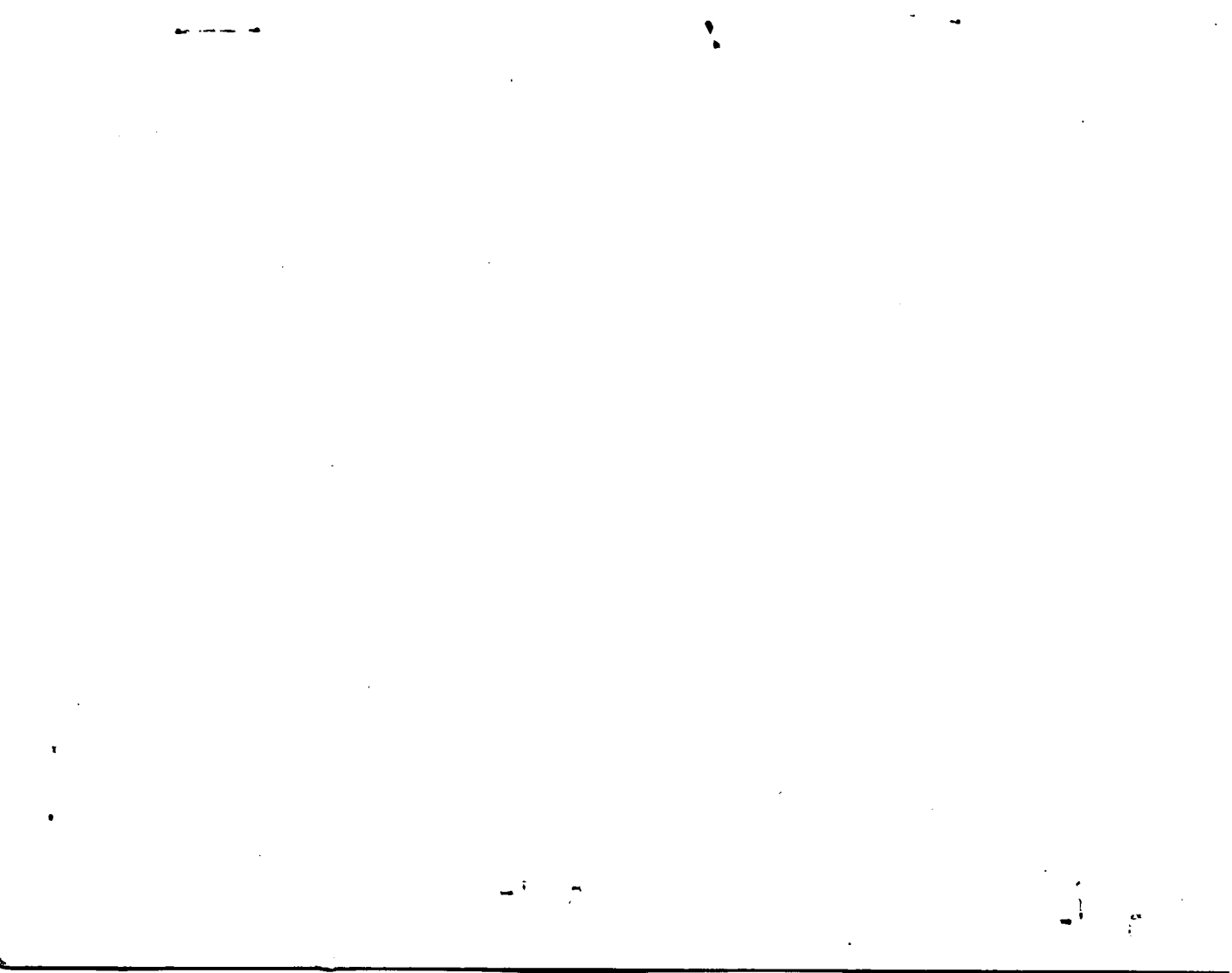
(Physician or midwife)

Given names added from a supplemental report.

Address Paris IdahoFiled 7/1019 20R. J. Sutton

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.  
County of Bear Lake.  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Eugene John Curless who was born on June 20 - 1920  
in Paris Idaho ~~are erroneous or were omitted~~; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)  
Name Unnamed TO  
Eugene John Eugene Curless  
Curless

Subscribed and sworn to before me this 29th  
day of June, 1942  
J. E. Seaborn  
Notary Public, residing at \_\_\_\_\_  
My commission expires Feb 27 1946  
(Seal)

Signed Eugene Daniel Curless  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Bear Lake.  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 9th  
day of July, 1942  
Not. Office  
Notary Public, residing at Paris, Idaho  
My commission expires Oct 1, 1942  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
Signed J. E. Seaborn  
(Signature of Any Credible Person Other Than Previous Year)  
Paris, Idaho  
(Street Address, City, State)

JUL 14 1942



469-123-004-168  
PLACE OF BIRTH

Form V. S. No. 11--10m-7-24-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

Registration District No. 33

File No. 80512

No. \_\_\_\_\_ St.

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth / }	Legiti- mate? <u>yes</u>	Date of Birth <u>6-23</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	---

FATHER  
FULL NAME Melvin Mortensen

MOTHER  
FULL MAIDEN NAME Elmina Johnston

RESIDENCE St Charles

RESIDENCE St Charles

COLOR white AGE AT LAST BIRTHDAY 29  
(Years)

COLOR white AGE AT LAST BIRTHDAY 23  
(Years)

BIRTHPLACE St Charles

BIRTHPLACE Paris

OCCUPATION Farmer

OCCUPATION House wife

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive at 9 00 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

Filed

7/10

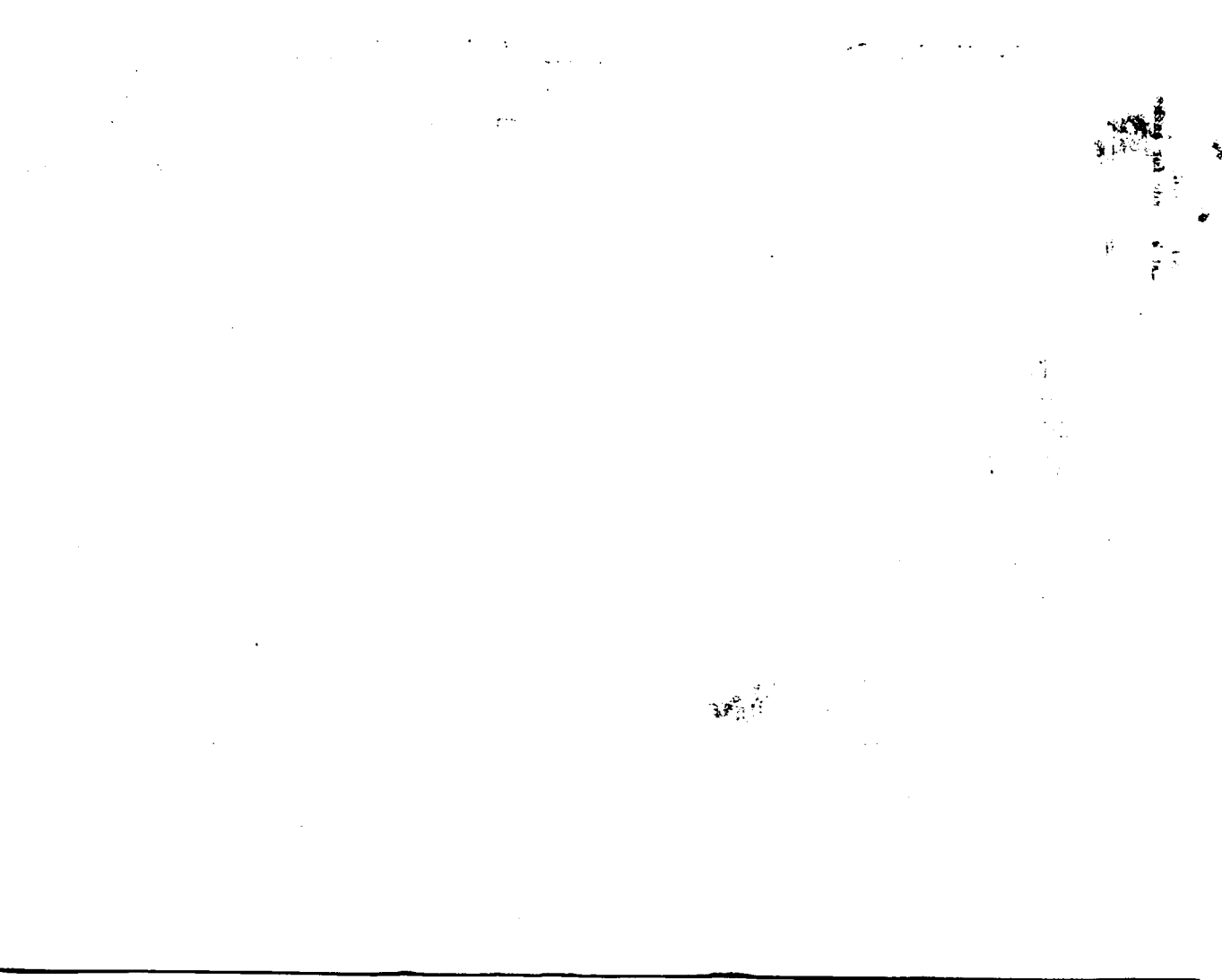
19. 20

John Mattson  
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made  
and the number of each, in order of birth stated.



266-192-004-266  
PLACE OF BIRTH

Form V. S. No. 11--20m-7-24-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

Registration District No. 33

File No. 80514

No. \_\_\_\_\_ St.

Primary Registration District No. 2/32

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

ROWLAND FRANK BOOTH

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>  </u> (To be answered only in event of plural births)	and { Number in order of birth <u>2</u> }	Legitimate? <u>yes</u>	Date of Birth <u>7-2-</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------	---	---	------------------------	--

FULL NAME Rowland FATHER Booth

RESIDENCE St Charles

COLOR white AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE St Charles

OCCUPATION Farmer

FULL MAIDEN NAME Delbertina Bowcutt MOTHER

RESIDENCE St Charles

COLOR white AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Wyoming

OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

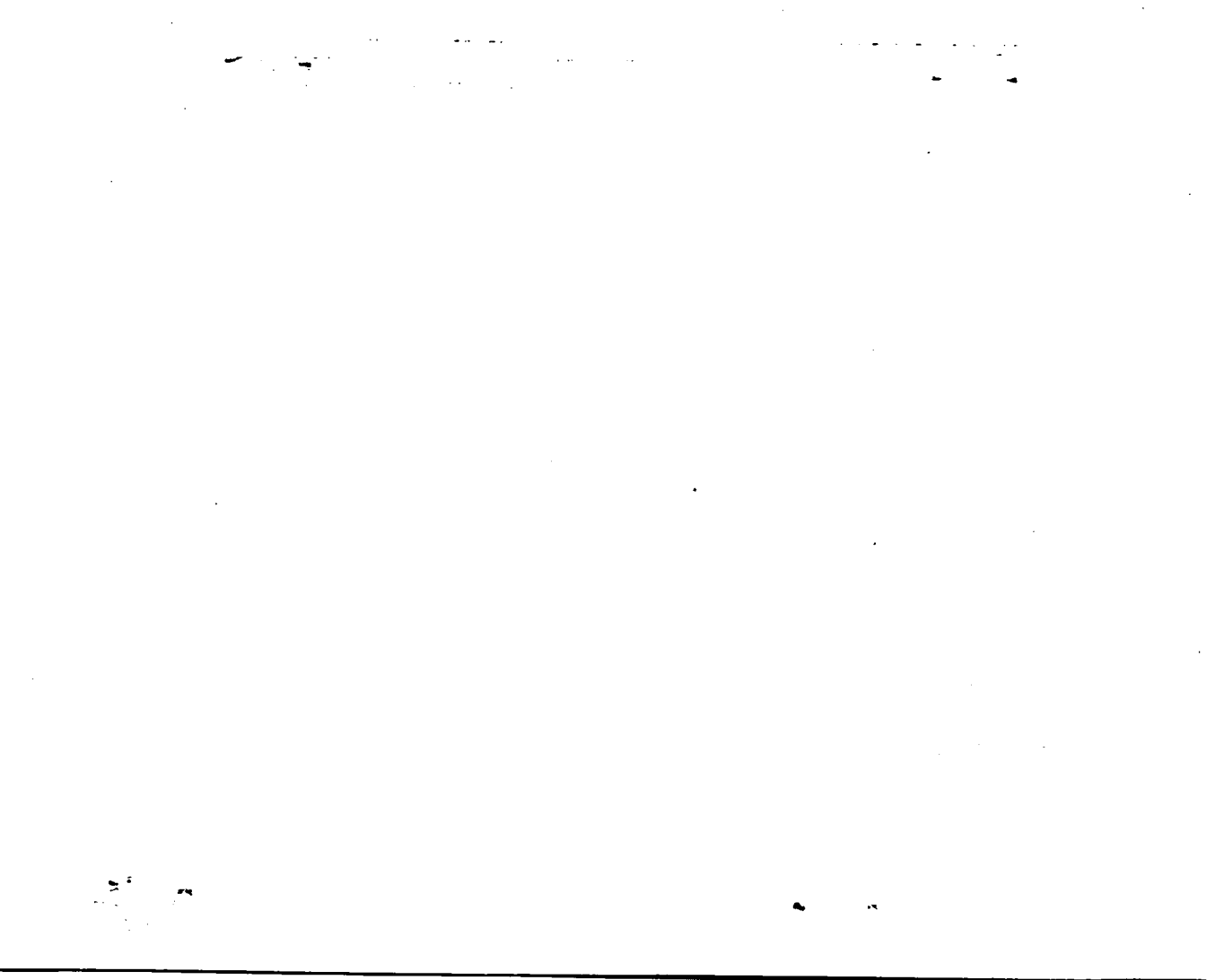
Address Paris Idaho

Filed 7/10 1920 John Matten Registrar.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Nevada }  
County of Esmeralda } ss. **FEB 3 1949** Certificate No. 80514  
The undersigned does solemnly swear that certain facts on the certificate of Birth Date Filed January 30, 1942  
for Rowland Frank Booth who Boys on July 2, 1921  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in St. Charles Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Bible Record prepared on July 2, 1921, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM	TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)	(THE CORRECT FACTS)
name	unnamed	Rowland Frank Booth
name of father	Roland Booth	Rowland Booth
name of mother	Delvertina Bowcutt	Delbertina Bowcutt

Subscribed and sworn to before me this 30<sup>th</sup>  
day of January, 19 42

Signed Rowland Booth  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Shells Rock Nevada  
My commission expires October 22, 1943  
(SEAL)

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 3 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)



FEB 14 1942

OCT 9 1975

236-227-004-693  
PLACE OF BIRTHSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-28-19

County of Bear LakeCity of St CharlesRegistration District No. 33File No. 80515

No. \_\_\_\_\_ St.

Primary Registration District No. 2/32 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Pearl Stocks PEARL STOCK

Sex of Child <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth <u>4</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>6-27</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-------	--	-----------------------------	--

FULL NAME FATHER George P. StockRESIDENCE St CharlesCOLOR white AGE AT LAST BIRTHDAY 34  
(Years)BIRTHPLACE Irish HavenOCCUPATION Garage manFULL MAIDEN NAME MOTHER Cora E. WilliamsonRESIDENCE St CharlesCOLOR white AGE AT LAST BIRTHDAY 34  
(Years)BIRTHPLACE St CharlesOCCUPATION House wifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 6:08 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

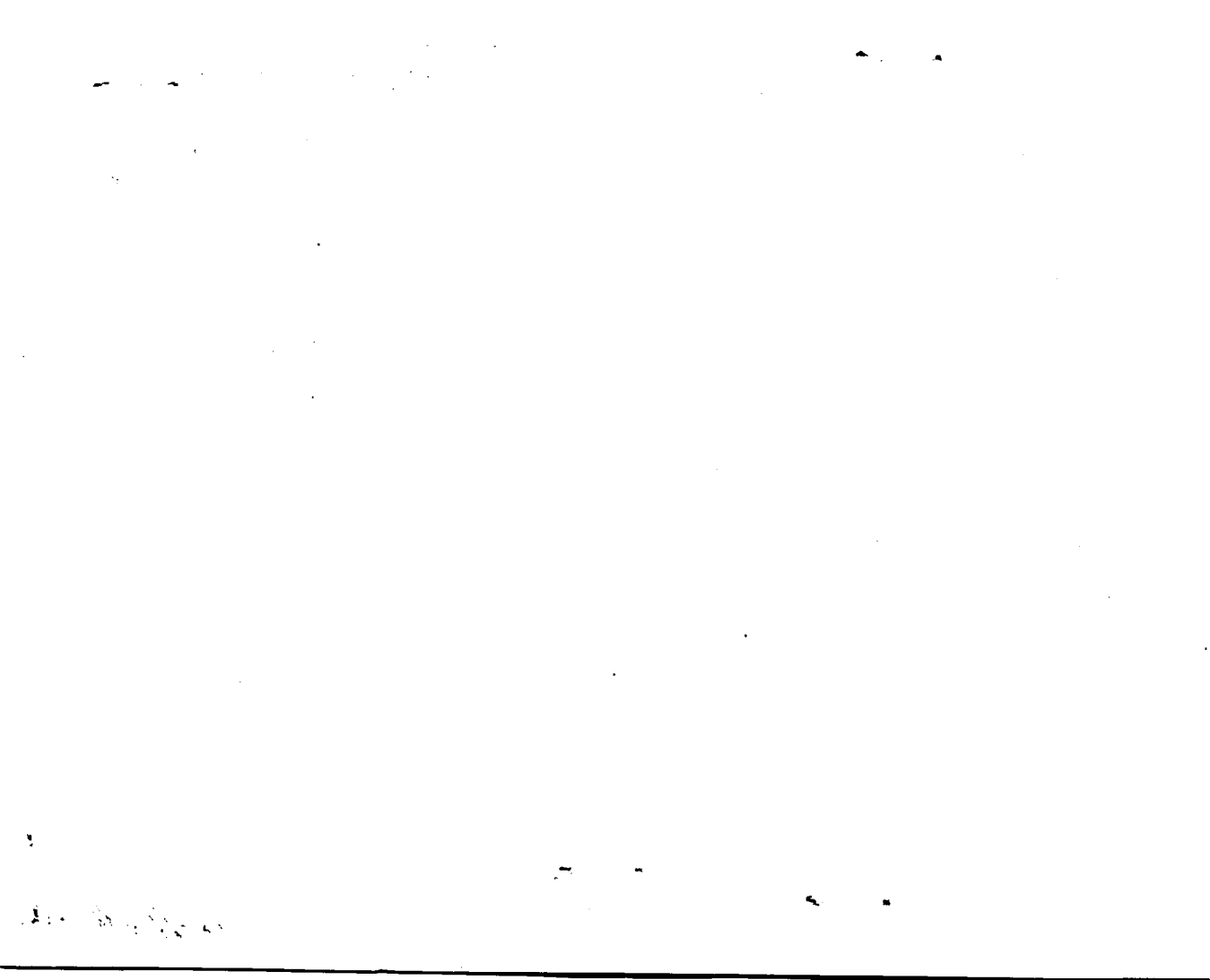
[Signature]  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address ParisFiled 7/1019 20Johni Mattison  
Registrar.

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 80515  
County of Blaine Lake } Date Filed BIRTH

The undersigned does solemnly swear that certain facts on the certificate of BIRTH for PEYL STOCK who was born on JUNE 27, 1920 (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT) in ST. CHARLES, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy prepared on \_\_\_\_\_, are: (PLACE OF EVENT) (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM  
(AS ON ORIGINAL)

TO  
(THE CORRECT FACTS)

Name \_\_\_\_\_ Surname \_\_\_\_\_ Stocks \_\_\_\_\_ Pearl \_\_\_\_\_ Stock \_\_\_\_\_  
Surname \_\_\_\_\_ Stocks \_\_\_\_\_ Stock \_\_\_\_\_

Subscribed and sworn to before me this 4 day of February, 19 43

Signed Corra C Stock (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Montpelier, Idaho  
My commission expires MAY 5, 1945  
(SEAL)

Montpelier, Idaho  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

FEB 8 1943

415-127  
005-8-12-0STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

## CERTIFICATE OF BIRTH

County of BennettCity of TennetRegistration District No. 31File No. 1 80516

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. 17

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Warren Davidson

Sex of Child

mTwin  
Triplet  
or other? -and { Number  
in order  
of birth -

(To be answered only in event of plural births)

Legiti-  
mate? yes

Date of Birth

June 27, 1920  
(Month) (Day) (Year)

FULL NAME

FATHER James L. Davidson

FULL MAIDEN NAME

MOTHER Glenna Hill

RESIDENCE

Bennett Co.

RESIDENCE

Bennett Co.

COLOR

W

AGE AT LAST BIRTHDAY

31  
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

28  
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Iowa

OCCUPATION

Farmer

OCCUPATION

House wife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born aliveat 4:30 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. G. Nelson

(Physician or midwife)

Given names added from a supplemental report.

Address

Tennet Wash.

Filed

June 27, 1920J. L. Bihan

Registrar

10/2/04

RECEIVED CREDIT TEAM

10/2/04 10:00 AM



02/04

913-298-005-412

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BennettCity of DesmetRegistration District No. 31File No. 1

80517

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 16

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Regina Mary Jackary

Sex of Child

7Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?Date of  
BirthJune 3 1921

(Month) (Day) (Year)

FULL  
NAME

FATHER

Louis Jackary

RESIDENCE

Desmet Ida

COLOR

IndianAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Desmet Ida

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Philomena Basile

RESIDENCE

Desmet Ida

COLOR

IndianAGE AT LAST  
BIRTHDAY17  
(Years)

BIRTHPLACE

Desmet Ida

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. A. Nelson

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho Wash

Filed

June 12 1921

Registrar

Registrar



EEB 10 1960

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

759-216-005-386

## PLACE OF BIRTH

County of BennwahCity of Lansud

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 31File No. 1 80518

Primary Registration District No. \_\_\_\_\_

Registered No. 15Mary GerouilleSex of  
Child4Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthApril 14  
(Month) (Day)1924  
(Year)FULL  
NAME

FATHER

Elmer Gerouille

RESIDENCE

Bennwah CO

COLOR

WhiteAGE AT LAST  
BIRTHDAY26

(Years)

BIRTHPLACE

Mo

OCCUPATION

LaborerFULL  
MAIDEN  
NAME

MOTHER

Dorothy Thodurr

RESIDENCE

Bennwah CO

COLOR

AGE AT LAST  
BIRTHDAY19

(Years)

BIRTHPLACE

Mo

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 3 A. M.

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

(Signature)

J. A. Nelson

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Lelwa Wash

Filed

June 9 1924

Registrar

Registrar

J. L. Bihan



394-224-005-468

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BonewahCity of St. MariesRegistration District No. 32File No. 80519

No. \_\_\_\_\_ St.

Hospital St. MariesPrimary Registration District No. 2049Registered No. 58

FULL NAME OF CHILD

June Evelyn Freeman

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>6 24 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	---------------------------	--

FULL NAME FATHER William Gladstone FreemanRESIDENCE St. Maries Ida.COLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE Newbury Mich.OCCUPATION LoggerFULL NAME MOTHER Helen DohertyRESIDENCE St. Maries Ida.COLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE Trenton, Utah.OCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9 56 a. m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles A. Robins  
St. Maries

(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed July 1 1920 H. E. Hunt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 5 1956

JAN 6 1956

100

356 -119-005-281

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BenevaCity of St. MariesRegistration District No. 32File No. 80520

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. MariesPrimary Registration District No. 2049Registered No. 57FULL NAME OF CHILD Charles William Lewis

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>6</u> <u>19</u> <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>Jackson Perry Lewis</u>	FATHER
RESIDENCE <u>Marblecreek, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Rochester, N. Y.</u>	
OCCUPATION <u>Storekeeper</u>	

FULL MAIDEN NAME <u>Florence Amelia Mary Sh.</u>	MOTHER
RESIDENCE <u>Marblecreek, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Bangor, Maine</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>22</u>	Number of children of this mother now living, including present birth <u>22</u>
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 12 1/2 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. E. BrownellSt. Maries

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

July 1 1920 H. E. Hunt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

11. 11. 11

613-229-005-962

## PLACE OF BIRTH

County of BeneviahCity of St. Marie's Ida

No. \_\_\_\_\_ St.

Hospital St. Marie'sSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-14-18

## CERTIFICATE OF BIRTH

Registration District No. 32File No. 80521Primary Registration District No. 2049Registered No. 56Full Name of Child Aileen Jane Walker

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth <u>2<sup>nd</sup></u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>May 29</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>Samuel Richard Walker</u>	FATHER		FULL MAIDEN NAME <u>Loretta Agnes V. Ross</u>	MOTHER
RESIDENCE <u>St. Marie's Ida</u>			RESIDENCE <u>St. Marie's Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	COLOR <u>white</u>		AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Brainerd Minnesota</u>	BIRTHPLACE <u>Buffalo New York</u>			
OCCUPATION <u>Storekeeper</u>	OCCUPATION <u>Housewife</u>			

Number of child of this mother, including present birth... 2..... Number of children of this mother now living, including present birth... 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:5 M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. H. H.

(Physician or midwife)

Given names added from a supplemental report.

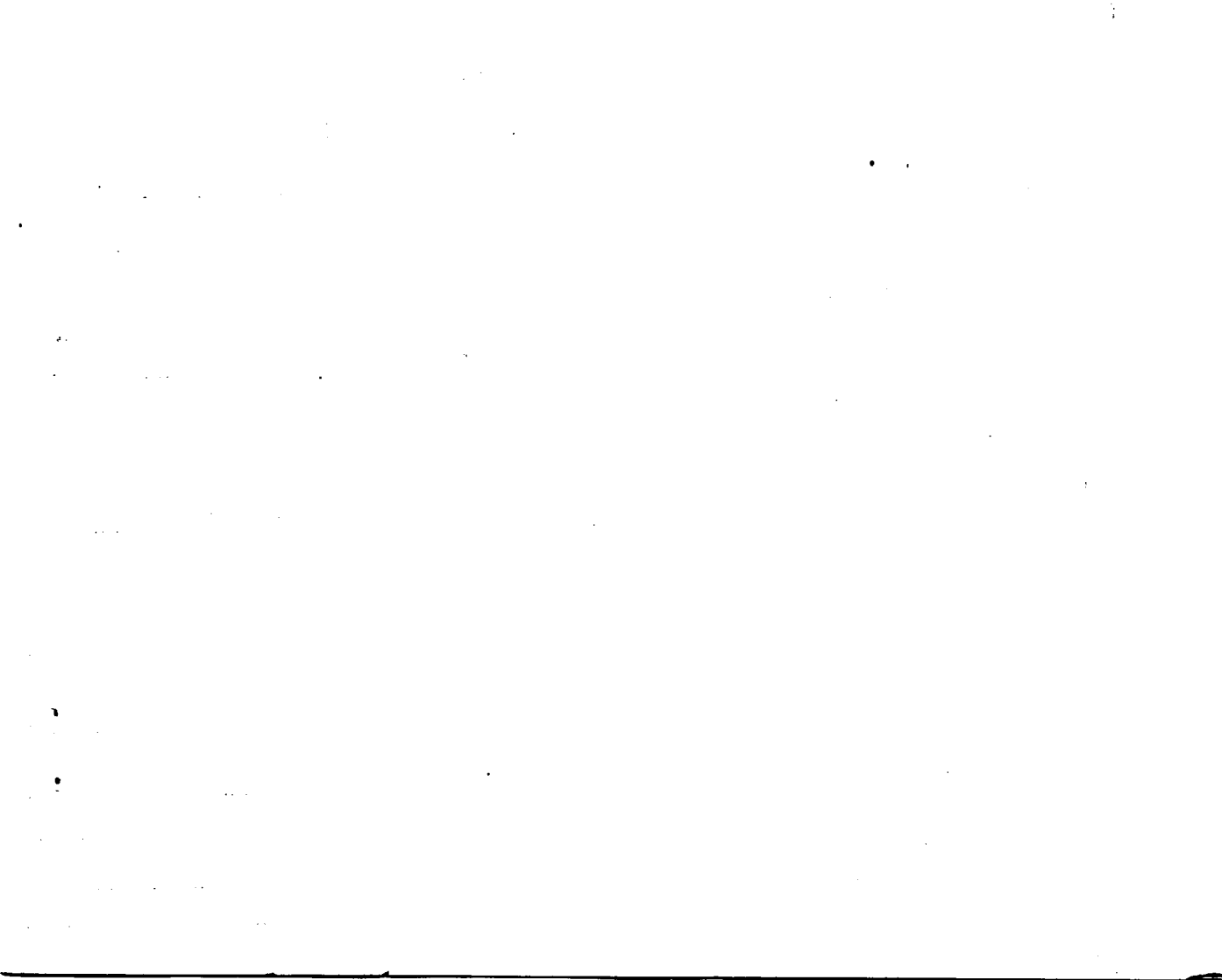
Address

Filed July 1 19 20

Registrar

Registrar





613-229-005-962

## PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BenedictCity of St. Maries Ida

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. MariesRegistration District No. 32File No. 80522Primary Registration District No. 2049Registered No. 55Full Name of Child Kathleen Marie Walker

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>Twin</u> and Number in order of birth <u>1st</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	DATE OF BIRTH <u>May 29</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>FATHER Samuel Richard Walker</u>	FULL MAIDEN NAME <u>MOTHER Loretta Agnes O. Ross</u>		
RESIDENCE <u>St. Maries Ida</u>	RESIDENCE <u>St. Maries Ida</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Brainerd Minnesota</u>	BIRTHPLACE <u>Buffalo New York</u>		
OCCUPATION <u>Storekeeper</u>	OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) EdmundSt. Maries

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed July 1 1920

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 11 1949

**PLACE OF BIRTH**

## BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

County of Benevolah

City of St. Maries

Registration District No. 32

**File No.**.....**80523**

No. \_\_\_\_\_ St. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_  
 Hospital St. Maries Primary Registration District No. 2049 Registered No. 54

FULL NAME OF CHILD: Virginia James

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>6</u> <u>16</u> <u>1922</u> (Month) (Day) (Year)
----------------------------	--	---------------------------------------	----------------------------	---

FULL NAME: *Orsual Lee Lim* FATHER: *Orsual Lee Lim*

RESIDENCE St. Maries Ida

COLOR White AGE AT LAST BIRTHDAY 43  
(Years)

BIRTHPLACE Cameron, W. V.

OCCUPATION Engineer

FULL MAIDEN NAME MOTHER Mary Maud Herne

RESIDENCE St. Charles, La.

COLOR White AGE AT LAST BIRTHDAY 38  
(Years)

BIRTHPLACE Jollytown, Penn.

OCCUPATION Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

I hereby certify that I attended the birth of this child, who was white, at P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or ~~midwife~~)

**Given names added from a supplemental report.**

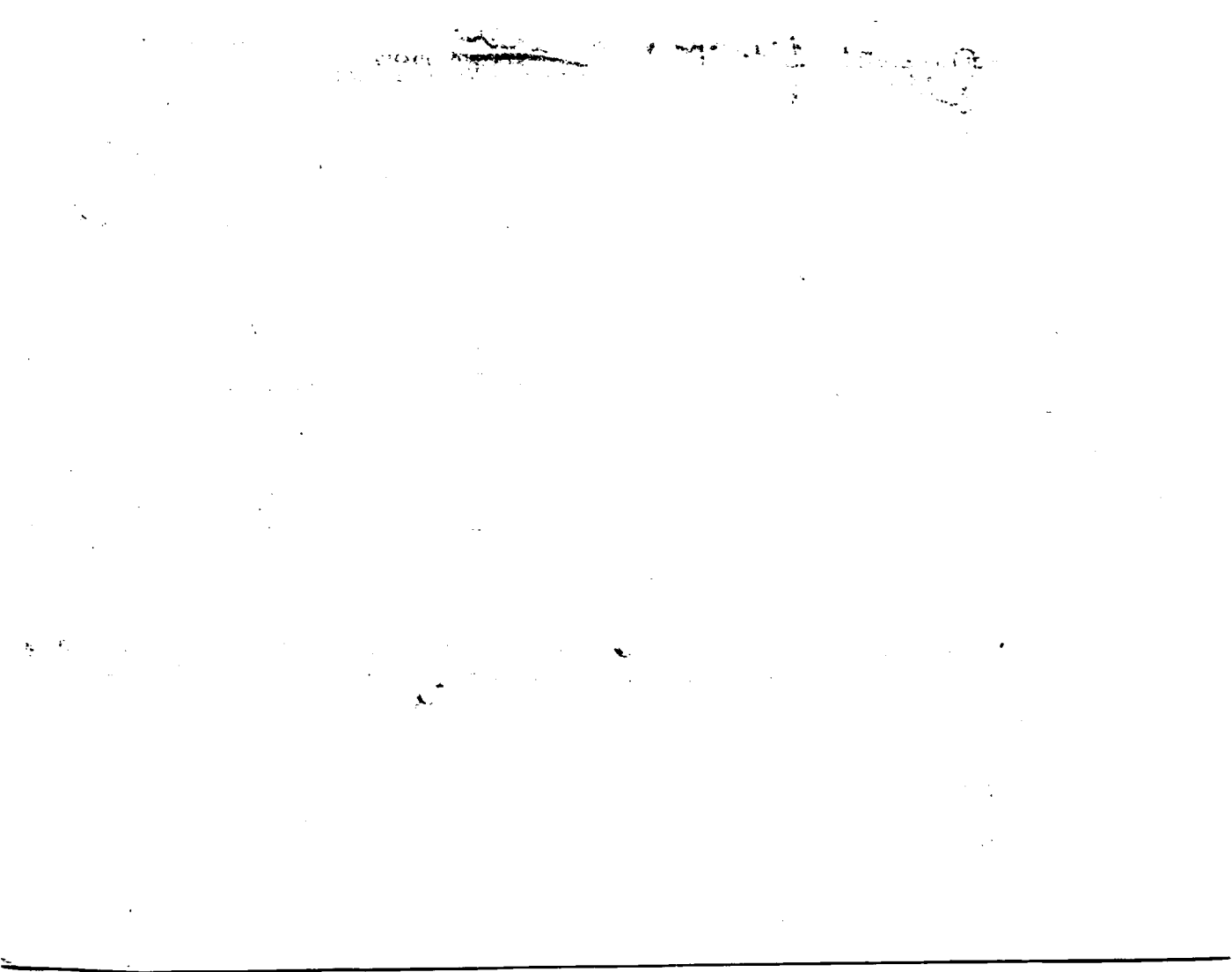
**Address**

Filed July 1 1920 J. E. H. H. H. H. H.  
Registrar

**Registrar**

## Registrar

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD



See & file up & attach

RECEIVED  
JUN 1  
BUREAU  
ST

Orange L. Simms and Mary M. Simms of Saint Maries, Idaho, affirm and declare that they are the parents of Mary Virginia Simms, born in Saint Maries, Idaho, June 16, 1920. They desire to change the name of said Mary Virginia Simms to Ada Virginia Simms.

Signed : Orange L. Simms  
Mary M. Simms.  
Parents

Subscribed and sworn to before me this the second day of June, 1921.

Signed: E. H. [Signature]

Justice of the Peace for  
Saint Maries Precinct,  
Renewah County, Idaho.

10523

FEB 11 1942

JUL 3 1972

PLACE OF BIRTH  
County of Bennet

City of Tyson

No. .... St.

Hospital Home

FULL NAME OF CHILD

Registration District No. .... 32

Primary Registration District No. 2049

File No. .... 80525

Registered No. .... 5-2

Sex of Child Female Twin Triplet or other? and (Number in order of birth) Legitimate? Yes Date of Birth June 16 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME George Lawson  
RESIDENCE Tyson  
COLOR White AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE New York  
OCCUPATION Wardman

MOTHER  
FULL MAIDEN NAME Margaret M. C. Cram  
RESIDENCE Tyson  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Illinois  
OCCUPATION Housewife

Number of child of this mother, including present birth .... 3 Number of children of this mother now living, including present birth .... 3

# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 9:45 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) .... C. McLean

(Physician or midwife)

Address .... Trained Nurse

Date .... June 22 1920 H. H. Smith

Registrar

Registrar





418-118-005-456

(Be sure the information is complete and accurate)

State File No. 80526

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. 46

## CERTIFICATE OF BIRTH

STATE OF IDAHO

Amended 4/22/74

<b>1. PLACE OF BIRTH</b>		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?)	
a. COUNTY <b>Benewah</b>		a. STATE <b>Idaho</b> b. COUNTY <b>Benewah</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>near Plummer</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b>			
a. (First) <b>Frank</b>		b. (Middle) <b>Louden</b>	
		c. (Last) <b>Mahoney</b>	
4. SEX <b>M</b>	5a. THIS BIRTH SINGLE _____ TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) <b>June 18, 1920</b>

## FATHER OF CHILD

<b>7. FULL NAME</b>		a. (First) <b>Patrick</b>		b. (Middle)		c. (Last) <b>Mahoney</b>	
8. AGE (At time of this birth) <b>34</b> YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) <b>Canada</b>	10. USUAL OCCUPATION <b>Woodsmen</b>		11. KIND OF BUSINESS OR INDUSTRY			

## MOTHER OF CHILD

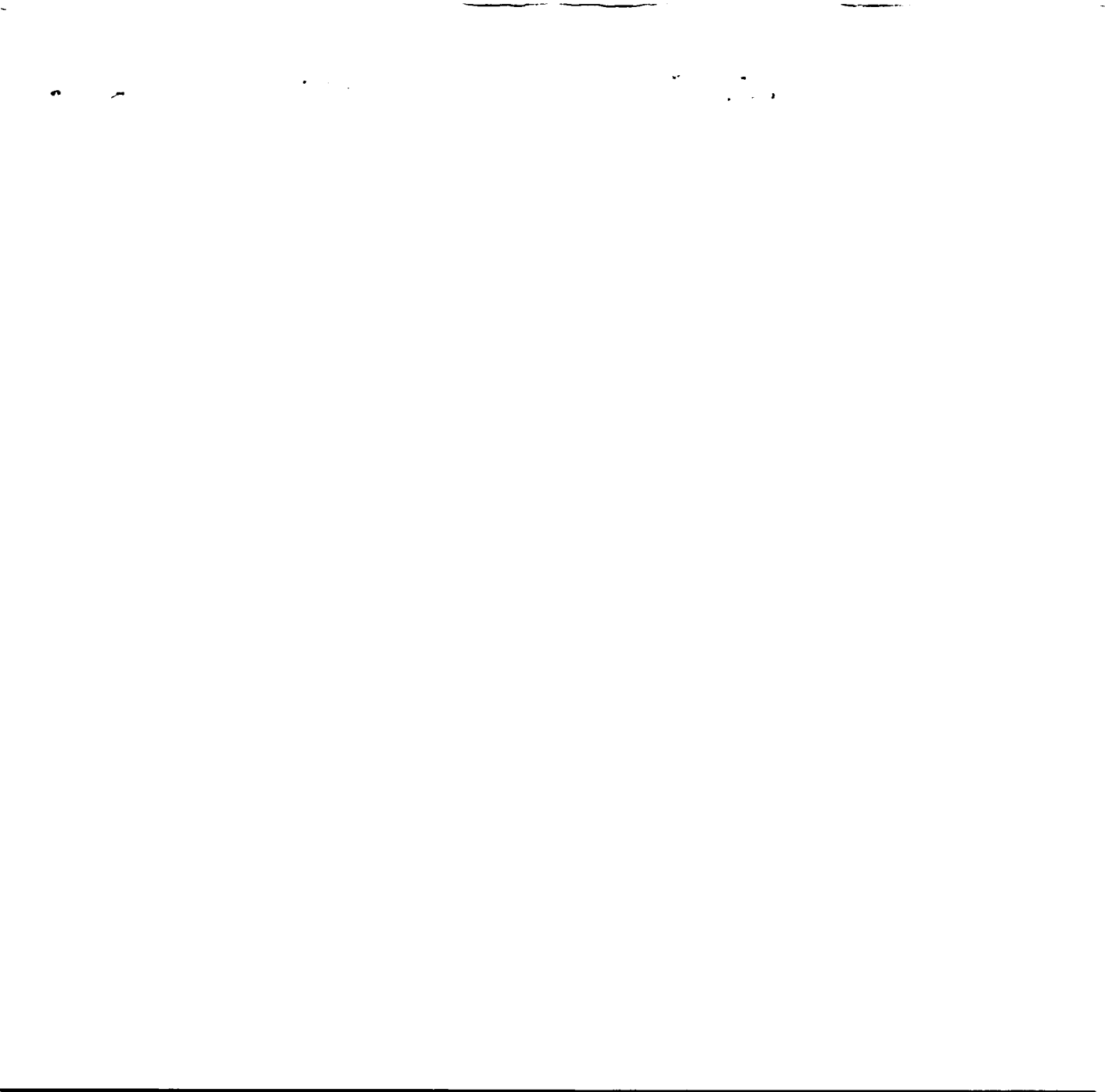
<b>12. FULL MAIDEN NAME</b>		a. (First) <b>Nina</b>		b. (Middle)		c. (Last) <b>DeWitt</b>	
13. AGE (At time of this birth) <b>27</b> YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) <b>Wash.</b>	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)					
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		a. How many OTHER children are now living? <b>3</b>		b. How many OTHER children were born alive but are now dead?		c. How many children were stillborn (born dead after 20 wks. pregnancy?)	

I hereby certify that  
this child was born  
alive on the date  
stated above.

<b>17. SIGNATURE</b> <b>J. A. Nelson</b>		<b>18. ATTENDANT AT BIRTH</b> M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____	
<b>19. ADDRESS</b> <b>Tekoa, Wash.</b>		<b>20. DATE SIGNED</b>	
<b>21. DATE REC'D BY LOCAL REG.</b> <b>July 2, 1920</b>	<b>22. REGISTRAR'S SIGNATURE</b> <b>V. G. Jaeger</b>	<b>23. DATE ON WHICH GIVEN NAME ADDED</b> BY _____ Registrar	

## FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?		YES _____ NO _____ DATE _____	
Was a standard serological test for syphilis performed?		YES _____ NO _____ APPROXIMATE DATE _____	
LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.	TIME: <b>6:30 PM</b>	
RACE OR COLOR OF FATHER <b>W</b>	RACE OR COLOR OF MOTHER <b>W</b>	Was 1% Silver Nitrate Used to prevent blindness? YES _____ NO _____	
METHOD OF DELIVERY			
BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO		CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO	



RECEIVED  
BUREAU OF  
Original Certificate

APR 5 9 12 AM '74

**Certificate No. 80526**

(Birth or Death)  
June 18, 1920  
(Date of Event)

**TO**  
**(The Correct Facts)**

~~Frank Loudon Mahoney~~  
Frank' Louden Mahoney

Signed: Mrs. Nina Mahoney  
(Signature of parent or attendant if correcting a birth record;  
of attendant, funeral director, informant if correcting a death record;  
or other credible person.)  
430 Russell Street, Winters, Ca.  
(Street Address, City, State)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed [Signature]  
(Signature of Any Credible Person)  
a 710 Hempenway St.  
Winters, CA 95694  
(Street Address, City, State)

710 Hempenway St.  
Winters, CA 95694  
(Street Address, City, State)

FORM DH 60-155

CL 3/26/74 Icc pd. rec. # 4051

Letter from Winters Joint Unified School District gives ~~xxx~~ name as Frank Louden Mahoney for the school year 1934-35. date of birth given as June 18, 1920. Viewed by V. S.

Occidental Life Insurance Co. of California gives name as Frank Louden Mahoney No. 3470518. ~~xxx~~ age 35. dated Aug. 20, 1955. Viewed by V. S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

County of Bingham

BUREAU OF VITAL RECORDS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-4-22a-7-21-19

84527  
18

City of Aberdeen  
819-222-006-239  
No. \_\_\_\_\_ St.

Registration District No. 116

File No. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2185

Registered No. 573

FULL NAME OF CHILD Verda Orlean Harris

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u>	and {	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 22 1920</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME FATHER Alma William Harris

FULL MAIDEN NAME MOTHER Bertha ~~Harris~~ Shotton

RESIDENCE Aberdeen Ida

RESIDENCE Aberdeen Ida

COLOR white AGE AT LAST BIRTHDAY 34  
(Years)

COLOR white AGE AT LAST BIRTHDAY 31  
(Years)

BIRTHPLACE Utah

BIRTHPLACE Utah

OCCUPATION farmer

OCCUPATION housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Morkum, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Aberdeen Ida

Filed 6/30 20

Registrar

Registrar

**FEB 24 1969**

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho Certificate No. 80527  
County of Bingham Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for no name (Name on Original Certificate) who was born on June 22, 1920  
(Was Born or Died) (Date of Event)

in Aberdeen are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Baptism & Insurance prepared on Aug 2-1930 Nov 19-1943 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
(Name, "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Add Name No name Verda Orlean Harris

Subscribed and sworn to before me this 35 day of April, 1969  
Margaret  
Notary Public, residing at Margaret  
My commission expires Aug 21 1972  
(Seal)

X Signed Verda Orlean Harris  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of DAVIS } ss.  
[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed \_\_\_\_\_  
(Signature of Any Credible Person)  
(Street Address, City, State)



Certificate of Baptism and Confirmation dated Aug. 3, 1930 gives name as  
Verda Orlean Harris, Signed by Wm Kendell. Viewed by V. S.

JUN 16 1969.

Gem State Mutual Life Association Inc. gives name as Verda O. Dunn. Dated Nov.  
19, 1943. Viewed by V. S.

695-123-006-645

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80528

County of BinghamCity of AberdeenRegistration District No. 116File No. 10

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2195Registered No. 574

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Dolando Ray WiebeSex of Child maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

- { and } -

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate? yesDate of  
BirthJune 23 20  
(Month) (Day) (Year)FULL  
NAMEFATHER. Henry Cornelius Wiebe

RESIDENCE

Aberdeen, Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY15  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

Bank CashierFULL  
MAIDEN  
NAMEMOTHER. Anna Hunt

RESIDENCE

Aberdeen, Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

housewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 7<sup>30</sup> A M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

M. C. Mockmum, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Aberdeen, Ida

Filed

6/23 20

19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MAR 26 1968

364-219-006-595

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80529

County of BinghamCity of SterlingRegistration District No. 116File No. 10

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2185Registered No. 573

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sara Valerie Cornforth

Sex of Child <u>Female</u>	Twins or other? <u>—</u>	and {	Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 18 20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME Charles Frederick CornforthMOTHER  
FULL MAIDEN NAME Nette NielsenRESIDENCE Sterling, IdaRESIDENCE Sterling, IdaCOLOR White AGE AT LAST BIRTHDAY 36 (Years)COLOR White AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE NebraskaBIRTHPLACE UtahOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Sara Valerie, at 7 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Markinson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Abbeiden, Ida  
Filed 6/19 20 M. C. Markinson  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1968

359-119-006-239

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80530

County of BuighamCity of AberdeenRegistration District No. 116File No. 10

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2195 Registered No. 572

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Adolph Daniel Teichert

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	— { and } { Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>June 19 20</u> (Month) (Day) (Year)
--------------------------	---	---	----------------------------	---

FULL NAME FATHER Adolph Paul TeichertRESIDENCE Aberdeen IdaCOLOR White AGE AT LAST BIRTHDAY 45  
(Years)BIRTHPLACE GermanyOCCUPATION FarmerFULL MAIDEN NAME MOTHER Rose Mary StrangRESIDENCE Aberdeen IdaCOLOR White AGE AT LAST BIRTHDAY 31  
(Years)BIRTHPLACE South DakotaOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:00 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mott

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Aberdeen IdaFiled 6/19 19 20 M. C. Mott

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

691-119-006-465

## PLACE OF BIRTH

County of BinghamCity of AberdeenSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80531

Registration District No. 116File No. 10

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2193 Registered No. 571

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Glen W. Wray

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>June 19 20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	---

FULL NAME <u>Demos Wray</u>	FATHER
RESIDENCE <u>Aberdeen Id</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Virginia</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Nethermonison</u>	MOTHER
RESIDENCE <u>Aberdeen Id</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Pennsylvania</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth	Number of children of this mother now living, including present birth
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 7<sup>15</sup>A  
 on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 \_\_\_\_\_

Registrar

(Signature)

M. C. Markinson  
Physician  
 (Physician or midwife)

Address

Aberdeen Id

Filed

6/19

19 \_\_\_\_\_

M. C. Markinson

Registrar



cc 3/4/41 rmf

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

419-219-006-469

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

80532

County of Bingham

City of Aberdeen

Registration District No. 116

File No. 10

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2185

Registered No. 570

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>June 19 20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	----------------------------	---

FATHER  
FULL NAME John Marsch  
RESIDENCE Aberdeen Id  
COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE South Dakota  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Pauline Dormier  
RESIDENCE Aberdeen Id  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE South Dakota  
OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John Marsch  
father of child  
(Physician or midwife)

Given names added from a supplemental report.

Address

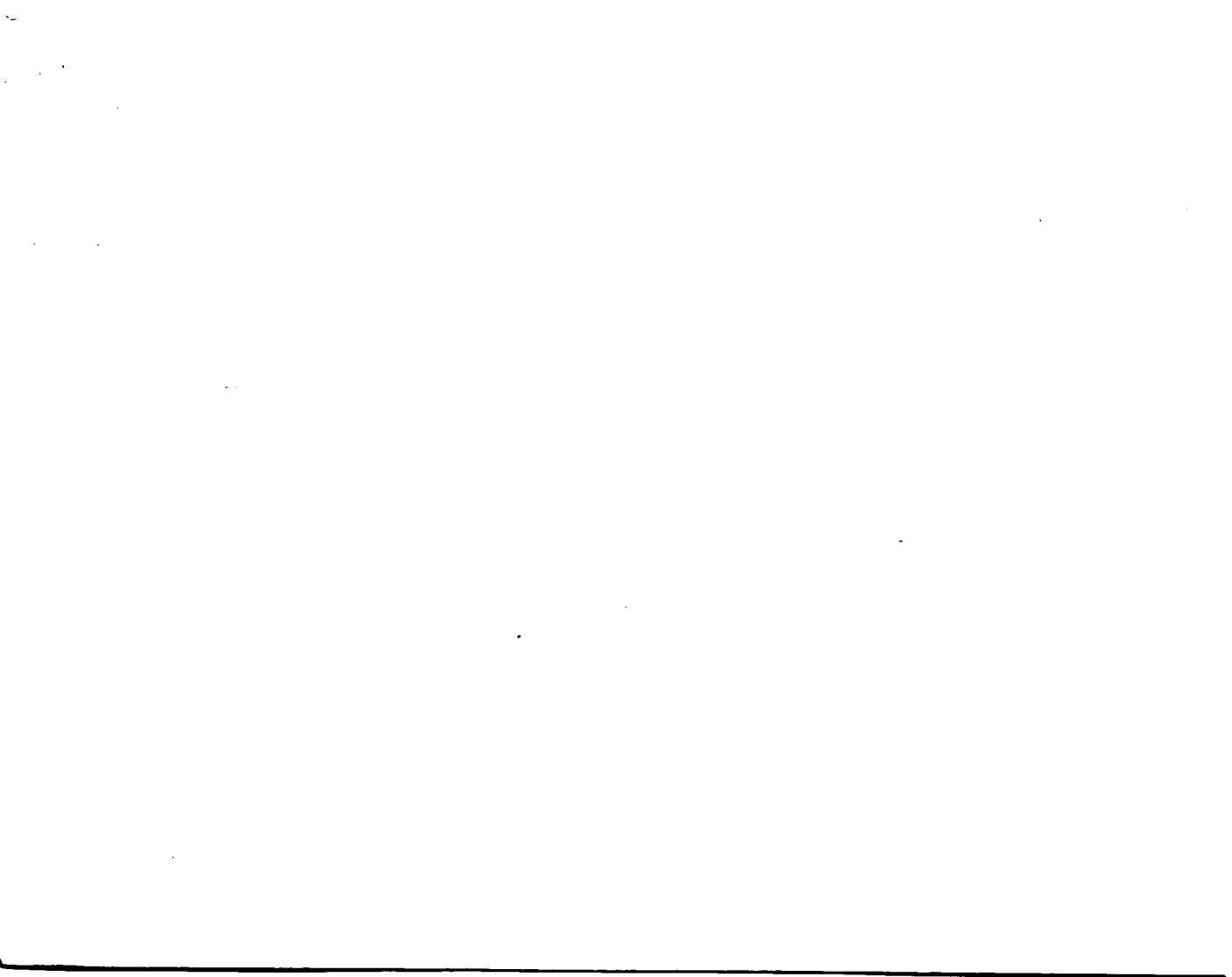
Aberdeen Id  
June 21 20 M.C. Matkinson

Filed

19

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

315-214-006-365

PLACE OF BIRTH

Amended 5/11/78

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of Bingham

CERTIFICATE OF BIRTH

80533

City of Springfield

Registration District No. 116

File No. 10

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2195

Registered No. 569

Hospital \_\_\_\_\_

FULL NAME OF CHILD Phyllis Tanner

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>June 14 20</u> (Month) (Day) (Year)
----------------------------	--	-----	---	----------------------------	---

FULL NAME FATHER  
Sydney Greenwell Tanner

FULL MAIDEN NAME MOTHER  
Sylvia May Connor

RESIDENCE Springfield Ida

RESIDENCE Springfield Ida

COLOR white AGE AT LAST BIRTHDAY 31  
(Years)

COLOR white AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Missouri

OCCUPATION Tanner

OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 4:40 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon, M.D.

Given names added from a supplemental report.

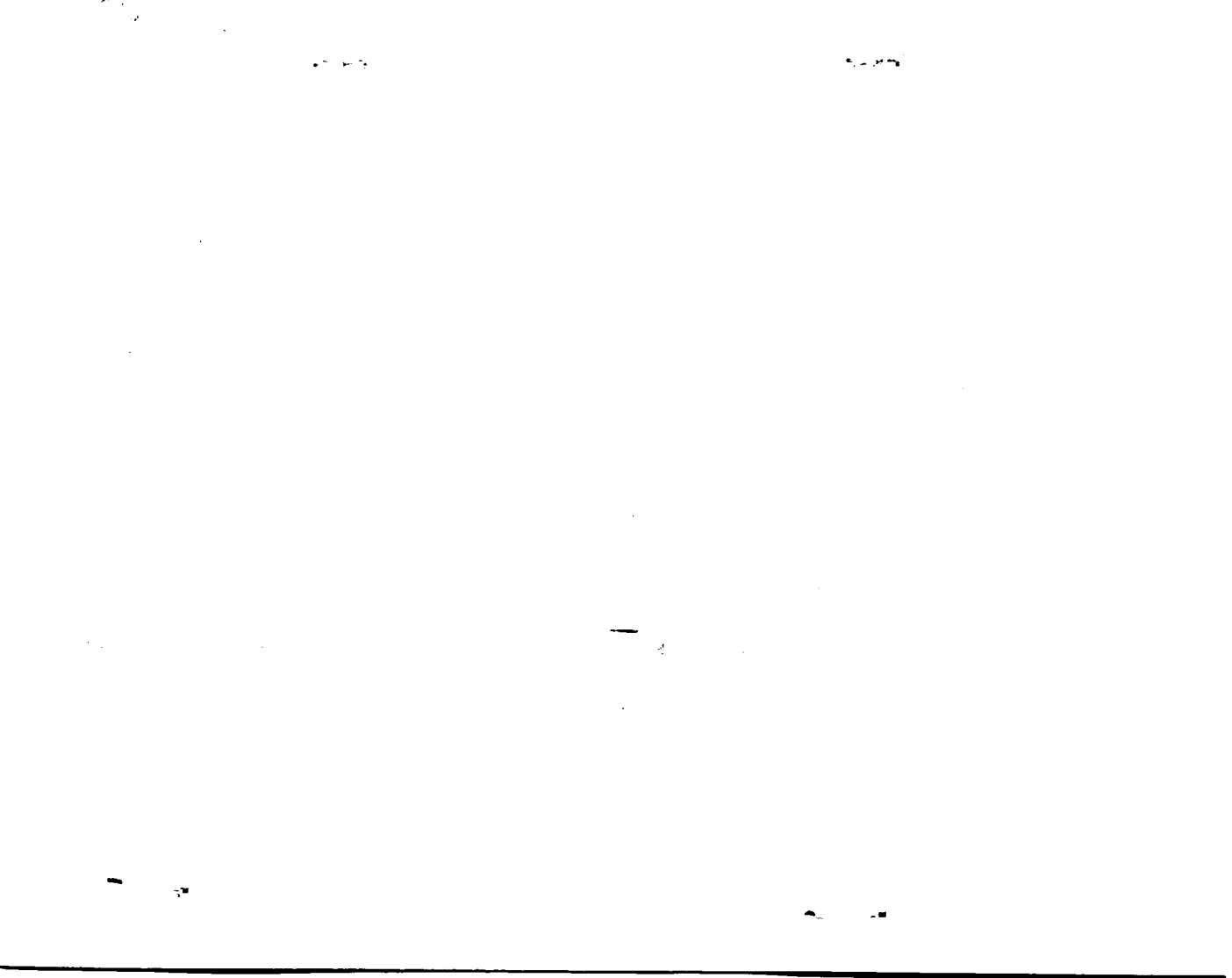
(Physician or midwife)

Address Springfield, Ida

Filed June 15 28 McKinnon

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho Certificate No. 80533  
County of Bannock **MAY 3 2 38 PM '78** Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Tanner who was born on June 14, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Springfield are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Church Records prepared on 6-10-1928 + 12-29-1935, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
child's name omitted Phyllis Tanner

Subscribed and sworn to before me this 1st day of May 1978  
Marjorie George  
Notary Public, residing at Coatella, Idaho  
My commission expires 2-7-79  
(Seal)

Signed Lystra M. Tanner  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
350 W. Maple Coatella Idaho  
(Street Address, City, State) 83201

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May 1978  
Marjorie George  
Notary Public, residing at Coatella, Idaho  
My commission expires 2-7-79  
(Seal)

Signed Lynna Tanner  
(Signature of Any Credible Person)  
1056 No. Buchanan Coatella Idaho  
(Street Address, City, State) 83201

MAY 11 1978

Certif of Baptism and Confirmation from the LDS Church dated July 19, 1928 gives name as Phyllis Tanner daughter of Lyman G. Tanner and Sylvia M. Connor born June 14, 1920 at Springfield, Idaho. Baptized July 8, 1928. viewed by VS.

Certif of Baptism and Confirmation from LDS Church gives name as Phyllis Tanner daughter of Lyman G. Tanner and Sylvia M. Connor. born June 14, 1920 at Springfield, Idaho. Baptized Dec 29, 1935. viewed by V. S.

238-214-006-699

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80534

County of BinghamCity of AberdeenRegistration District No. 116File No. 10

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2195Registered No. 568

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Evelyn Ruth Schroeder

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimacy <u>yes</u>	Date of Birth <u>June 14 20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-----------------------	---

FULL NAME FATHER Ernest Bernhard SchroederFULL MAIDEN NAME MOTHER Katherine FriesenRESIDENCE Aberdeen IdaRESIDENCE Aberdeen IdaCOLOR White AGE AT LAST BIRTHDAY 30  
(Years)COLOR White AGE AT LAST BIRTHDAY 20  
(Years)BIRTHPLACE GermanyBIRTHPLACE CanadaOCCUPATION FarmerOCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. C. West  
physician  
 (Physician or midwife)

Given names added from a supplemental report.

Address

Aberdeen Ida

Filed

6/23 20  
M. C. West  
 Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 29 1968

OCT 21 1975

612-210-006-371

PLACE OF BIRTH

County of

Bingham  
Abideen

City of

No. St.

Hospital

FULL NAME OF CHILD

Bertha Eleanor Fast

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-22-17

CERTIFICATE OF BIRTH

80535

116

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of Child

Female

Twin  
Triplet  
or other?

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

June 10 20

FULL NAME

FATHER  
Walter Fast

RESIDENCE

Abideen, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

36

BIRTHPLACE

Germany

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER  
Elisa Crasen

RESIDENCE

Abideen

COLOR

White

AGE AT LAST BIRTHDAY

34

BIRTHPLACE

Germany

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

born alive at 7 P. M.  
Richard H. Roth

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

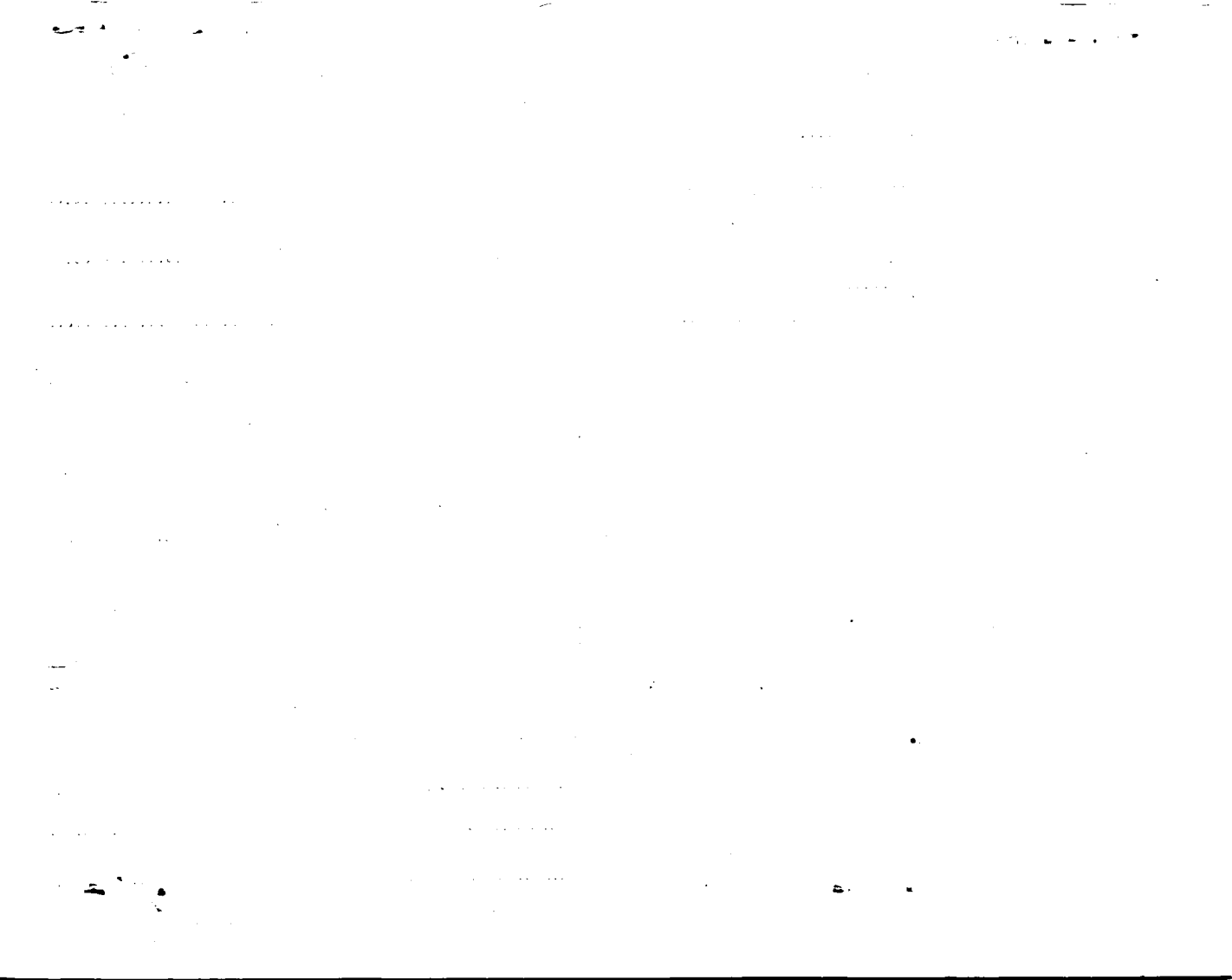
Registrar

unnamed, Idaho  
June 15 20 M. C. Markham  
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Occidental Life Insurance Policy, Feb. 1, 1942, gives name as Bertha Eleanor Fast; and Paso Robles Union High School Diploma, June 10, 1938, gives name as Bertha Eleanor Fast, viewed by V.S.

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of California } ss. Certificate No. 80535  
County of San Luis Obispo } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Fast who born on June 10, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Aberdeen are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Child's Name Unnamed Bertha Eleanor Fast

Subscribed and sworn to before me this 18th day of  
June, 19 58

Signed Walter L. Fast  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
North River Road, Paso Robles, Calif.  
(Street Address, City, State)

Notary Public, residing at Paso Robles, Calif.  
My commission expires Feb. 13, 1961  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California } ss.  
County of San Luis Obispo }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of  
June, 19 58

Signed Eliel Fast  
(Signature of Any Credible Person)

Notary Public, residing at Paso Robles, Calif.  
My commission expires Feb. 13, 1961  
(Seal)

North River Road, Paso Robles, Calif.  
(Street Address, City, State)

SEP 10 1958

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

335-209-006-215

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

80536

County of Bingham

City of Arden

Registration District No. 116

File No. 566

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2155 Registered No. 566

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Elsie Ann Clements

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>June 9 20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	----------------------------	---

FULL NAME FATHER Ezra Albert Clements

RESIDENCE Arden Ida

COLOR White AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Utah

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Elsie Vernetta Savage

RESIDENCE Arden Ida

COLOR White AGE AT LAST BIRTHDAY 20  
(Years)

BIRTHPLACE Utah

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:45 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mock M. D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Arden Ida

Filed June 15 20 McConnell  
Registrar

Registrar

NOV 24 1975

219-207-006-791

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80537  
10County of BinghamCity of AberdeenRegistration District No. 116

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2193Registered No. 365

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lavonne BarneySex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)- { and } Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJune 7 20  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Melvin BarneyFULL  
MAIDEN  
NAMEMOTHER  
Josephine Gray

RESIDENCE

Aberdeen Ida

RESIDENCE

Aberdeen Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY16  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Kansas

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 2 P M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

M. C. MarkinsonPhysician

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Aberdeen Ida

Filed

June 15 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



NOV 13 1951

391-101-006-695

OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. N.

City Bingham Registration District No. 116 File No. 80550  
Aberdeen 10

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2195 Registered No. 564

Hospital \_\_\_\_\_

FULL NAME OF CHILD Harold TiahrtSex of Child Male Twin — Triplet — or other? — and { Number in order of birth — } Legiti mate? Yes Date of Birth June 1 19 20  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME Frank Tiahrt FATHER  
RESIDENCE Aberdeen Ida  
COLOR white AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Nebraska  
OCCUPATION FarmerFULL MAIDEN NAME Katherine Tieguth MOTHER  
RESIDENCE Aberdeen Ida  
COLOR white AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Kansas  
OCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, at 150 M.  
(Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

M. C. Mackinnon, M.D.  
physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Aberdeen Ida  
6/1/20 M. C. Mackinnon  
19

Registrar

Registrar

OFFICE OF STATE  
DEPARTMENT OF THE ARMY  
WASHINGTON, D. C.

MAR 25 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

299-201-006-414

Form V. S. No. 11-C-25a-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BinghamCity of SpringfieldRegistration District No. 116

File No.

80539

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2193Registered No. 563

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Marion Bingham

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth (To be answered only in case of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>June 1 20</u> (Month) (Day) (Year)
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FULL NAME <u>William Walter Bingham</u>	FATHER	FULL MAIDEN NAME <u>Nellie Madson</u>	MOTHER
RESIDENCE <u>Springfield</u>		RESIDENCE <u>Springfield Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>4</u>	Number of children of this mother now living, including present birth <u>3</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 322 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19. \_\_\_\_\_

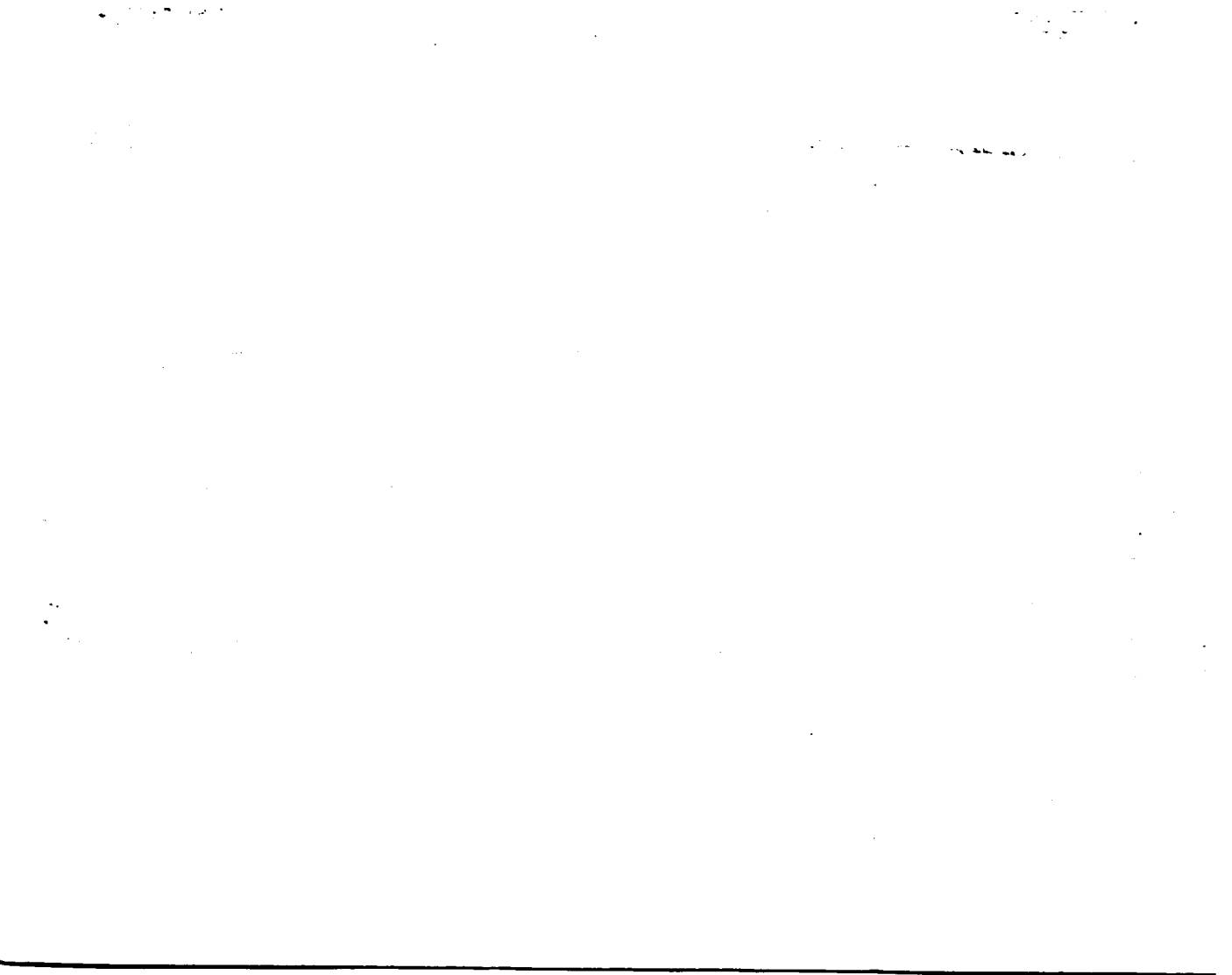
(Signature) M. C. Morfison  
Physician  
(Physician or midwife)

Address Abeldeen Ida

Filed June 1 20 M. C. Morfison  
19 \_\_\_\_\_

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

100-206-493  
OFFICE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-21-24-27

County of Bingham

City of Blackfoot

No. 163 Park St.

Hospital No

Registration District No. 121

File No. 80540

Primary Registration District No. 1007

Registered No. 186

FULL NAME OF CHILD Edward James Bernat

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>June 2 1920</u> (Month) (Day) (Year)
-------------------------	--	------------------------	--

FATHER  
FULL NAME Anton Bernat  
RESIDENCE Blackfoot Idaho  
COLOR White AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE Bohemia  
OCCUPATION Blacksmith

MOTHER  
FULL MAIDEN NAME Fanni Mitschka  
RESIDENCE Blackfoot Idaho  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Bohemia  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. C. Batz  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho  
Filed 7-9-20 Mr. R. E. Fature

Registrar

Registrar

FFB 2 1942

JUN 13 1963

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 3-6-58

PLACE OF BIRTH

432-110-006-165

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland

No. \_\_\_\_\_ St.

Registration District No. 121

File No. 80541

Hospital \_\_\_\_\_

Primary Registration District No. 2194

Registered No. 187

FULL NAME OF CHILD Lenard Burton McBride

(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u> and <u>    </u> { Number in order of birth } (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of birth <u>June 10</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	
FULL NAME	<u>Berten S. McBride</u>
RESIDENCE	<u>Moreland</u>
COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>30</u> (Years)
BIRTHPLACE	<u>Hyrum, Utah</u>
OCCUPATION	<u>Farmer</u>

MOTHER	
FULL MAIDEN NAME	<u>Adeline Jones</u>
RESIDENCE	<u>Moreland</u>
COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>29</u> (Years)
BIRTHPLACE	<u>West Weber, Utah</u>
OCCUPATION	<u>    </u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 3 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Hatch  
Midwife  
(Physician or midwife)

Give names added from a supplemental report.  
\_\_\_\_\_, 192\_\_\_\_\_  
\_\_\_\_\_  
Registrar.

Address Moreland  
Filed 7-9- 1920 Mrs. Walter E. Patrie  
Registrar.



OFFICE OF THE ATTORNEY GENERAL

IN RE: [Illegible Name]  
[Illegible Address]  
[Illegible City, State, Zip]

STATE OF [Illegible State]  
COUNTY OF [Illegible County]

DO hereby certify that [Illegible Name]  
is the [Illegible Title] of [Illegible Organization]

and that [Illegible Name]  
is the [Illegible Title] of [Illegible Organization]

and that [Illegible Name]  
is the [Illegible Title] of [Illegible Organization]

and that [Illegible Name]  
is the [Illegible Title] of [Illegible Organization]

and that [Illegible Name]  
is the [Illegible Title] of [Illegible Organization]

and that [Illegible Name]  
is the [Illegible Title] of [Illegible Organization]

WITNESSETH my hand and seal  
this [Illegible] day of [Illegible Month], [Illegible Year]  
at [Illegible City], [Illegible State]

# Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 80541  
Date Filed.....

**FACTS TO BE CORRECTED**  
 ("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's Name Llenord McBride ~~Lenard~~ McBride  
Lenard Burton McBride

-February  
Signed Adeline J. McBride  
(Signature of parent or attendant if correcting a birth record;  
of attendant, funeral director, informant if correcting a  
death record; or other credible person.)  
Heyburn, Idaho  
(Street Address, City, State)

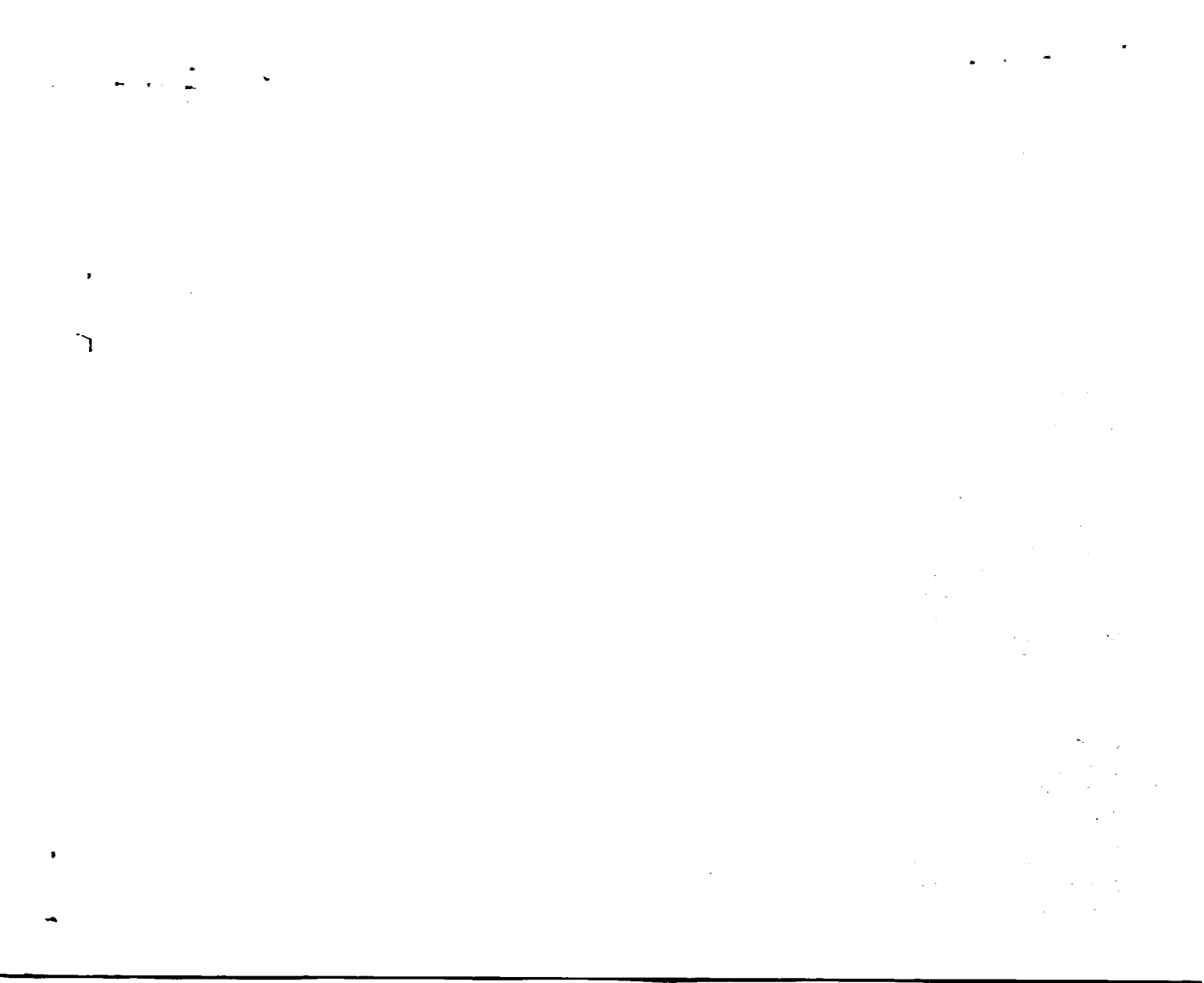
State of Idaho } ss.  
County of Cassia }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Signed Charles G. Anderson  
(Signature of Any Credible Person)

Burley, Idaho  
(Street Address, City, State)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

613-216-006-413

PLACE OF BIRTH

amended Dec. 15, 1977 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Bingham

CERTIFICATE OF BIRTH

City of Blackfoot

Registration District No. 121

File No. 80542

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2144

Registered No. 188

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Shelda

Fackrell

Sex of Child

girl

Twin  
Triplet  
or other?

—

and

Number  
in order  
of birth

—

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of Birth

June 16

1920

(Month) (Day) (Year)

FULL NAME

Lewis Korman Fackrell

FATHER

RESIDENCE

Blackfoot Idaho R-2

COLOR

white

AGE AT LAST BIRTHDAY

24  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Farmer

FULL MAIDEN NAME

Amanda Dence Fackrell

MOTHER

RESIDENCE

Blackfoot Idaho R-2

COLOR

white

AGE AT LAST BIRTHDAY

21  
(Years)

BIRTHPLACE

Utah

OCCUPATION

house wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 9 Jan.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. J. Simmons  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Blackfoot Idaho

Filed

7-9

19

Mrs Helen E. Taber  
Registrar

Registrar

Registrar

K

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2-12-

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2

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. Certificate No. 80542  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for Thelda Fackerell who was born on June 16, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

child's last name  
father's last name

**FROM**  
(As on Original)

Fackerell  
Fack erell

**TO**

(The Correct Facts)

Fackrell  
Fackrell

Subscribed and sworn to before me this 28 day of

November, 1977

Notary Public, residing at Box 5, Blackfoot, Idaho

My commission expires Feb 1, 1980

(Seal)

Signed Lewis Fackrell  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Pinque, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bingham }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of

November, 1977

Notary Public, residing at Box 5, Blackfoot, Idaho

My commission expires Feb 1, 1980

(Seal)

Signed Amanda M. Davis  
(Signature of Any Credible Person)

Pinque, Idaho  
(Street Address, City, State)

DEC 15 1977

Child's birth certificate (S.F.#266851) lists child as Leslie Morgan VanOrden, born May 17, 1938, in Blackfoot, Idaho, to Morgan Joseph Van Orden and Thelda Fackrell.  
viewed by V.S. December 15, 1977

Brother's birth certificate lists name as Quentin Fackrell, born March 15, 1922, to Lewis Fackrell and Amanda M. Dance . S.F.#99916  
viewed by V.S. December 15, 1977

Marriage license and certificate lists bride as Thelda Fackrell, parents listed as Lewis N. Fackrell and Amanda Fackrell. married Nov.22,1937, in Pocatello, Idaho.  
viewed by V.S. December 15, 1977

845-101-006-212

## PLACE OF BIRTH

County of BinghamCity of BlackfootNo. 767 East Industrial

Hospital

FULL NAME OF CHILD

Alma Hummel Jr.STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-37

## CERTIFICATE OF BIRTH

Registration District No. 121File No. 80543Primary Registration District No. 1007Registered No. 189

Sex of Child

girlTwin  
Triplet  
or other?and (Number  
in order  
of birth)

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

June 1 1920  
(Month) (Day) (Year)

FULL NAME

Alma Hummel

FATHER

FULL MAIDEN NAME

Lucille Baker

MOTHER

RESIDENCE

Blackfoot, Idaho

RESIDENCE

Blackfoot, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

30  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

28  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Trimmer R. R.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:00 M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot, Idaho

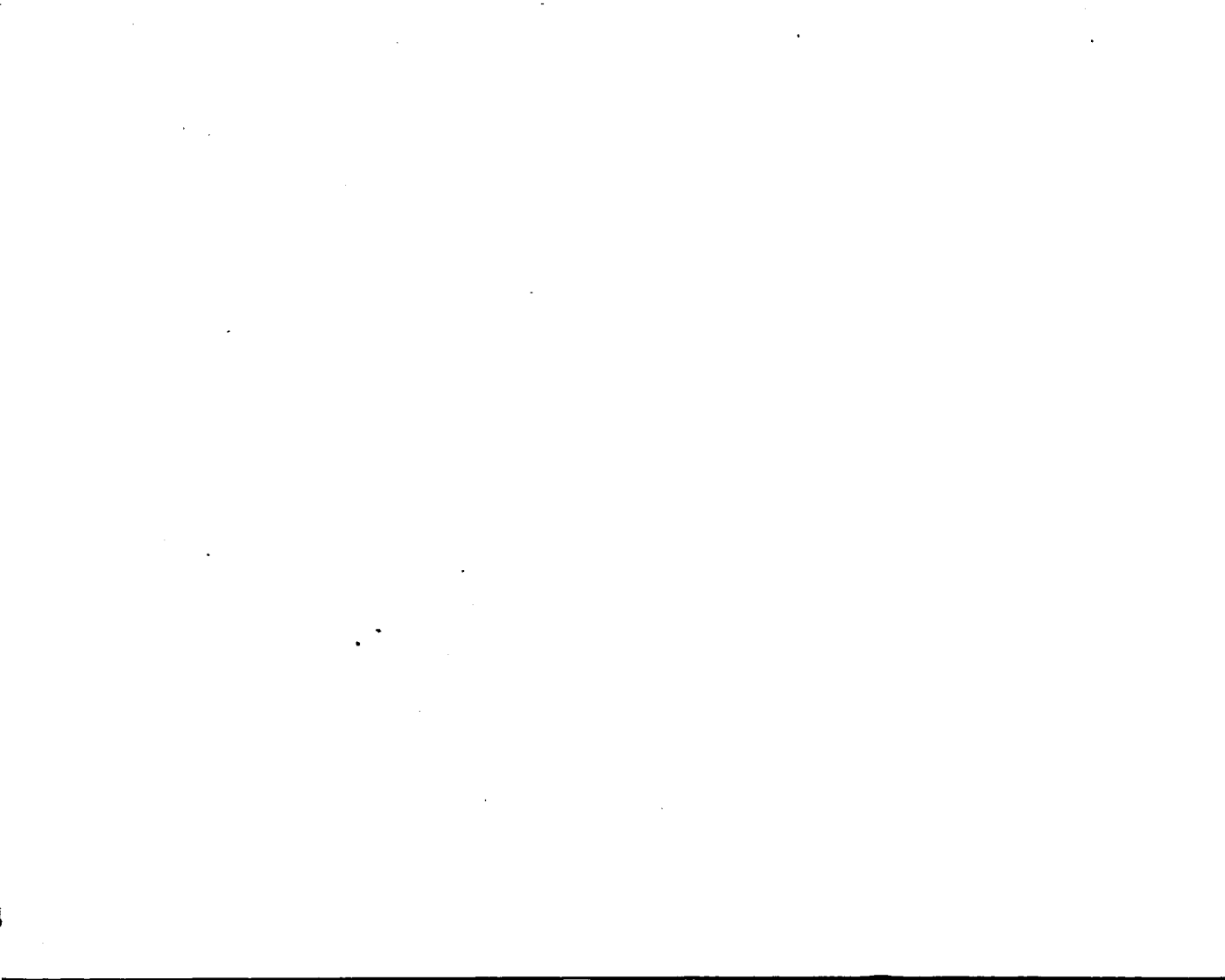
Filed

7-9-20 Mrs. Helen E. Pater

Registrar

Registrar





432-116-006-743

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-24-27

## CERTIFICATE OF BIRTH

County of... *Bannock*...City of... *Blodgett*...No. *Wicks*... *Post*...Registration District No. *121*File No. *80544*Primary Registration District No. *2194*Registered No. *190*

Hospital .....

FULL NAME OF CHILD

*David Karlberg McKel*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>No</i>	and (Number in order of birth) <i>1</i>	Legitimate? <i>Yes</i>	Date of Birth <i>June 10 20</i>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <i>James McKel</i>	FATHER
RESIDENCE <i>Blodgett, Idaho #3</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>37</i> (Years)
BIRTHPLACE <i>Scotland</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Olivia Karlberg</i>	MOTHER
RESIDENCE <i>Blodgett, Idaho #3</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>31</i> (Years)
BIRTHPLACE <i>Sweden</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *2*..... Number of children of this mother now living, including present birth *2*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... *Born alive*... at... *7-9-20*... M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. W. Mitchell*

Given names added from a supplemental report.

*m. d.* (Physician or midwife)

Address... *Blodgett, Idaho*

Filed... *7-9-20*... *Wm. Haler E. Patis*

Registrar

Registrar

Certified Copy Issued Dec. 17, 1940. E.M.

**N. E.** In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

Form V. H. No. 11-C-25m-0-8-17

Address Blackfoot, Idaho.  
Filed July 9 1922 Mrs. Helen E. Taber  
Registrar

Q. 11. 11. 11.

**WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD**

**N. B.** In case of more than one child at birth a **SEPARATE RETURN** must be made *for each* and the number of each, in order of birth stated.

**PLACE OF BIRTH**

County of Barrington

City of Bloomington

No. *Massland*

**Hospital**.....

**FULL NAME OF CHILD** ... *2*

**STATE OF IDAHO**  
**BUREAU OF VITAL STATISTICS**

Form V. S. No. 11-C-25m-0-0-17

## CERTIFICATE OF BIRTH

Registration District No. .... 121 .....

80546  
File No.....

Primary Registration District No. 2194

Registered No. 142.

Sex of Child <i>Female</i>	Twin Triplet or other? <i> }</i>	and <i> {</i>	Number in order of birth	Legitimate? <i>Yes</i>	Date of Birth <i>June 24 1922</i> (Month) (Day) (Year)
----------------------------	--	---------------	--------------------------------	------------------------	---

FULL NAME Charles E. Miller FATHER

FULL MAIDEN NAME *Lucy Johnson* MOTHER

RESIDENCE *Blackfoot #4*

RESIDENCE Polychrome #4

COLOR *white* AGE AT LAST BIRTHDAY *34* (Years)

COLOR *White* AGE AT LAST BIRTHDAY *30* (Years)

BIRTHPLACE *Utah*

BIRTHPLACE *Yutah*

OCCUPATION *Farmer*

OCCUPATION  
Student

Number of child of this mother, including present birth.....3..... Number of children of this mother now living, including present birth.....2.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

I hereby certify that I attended the birth of this child, who was 10mm Alex, at 45 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

ATTENDING PHYSICIAN OR MIDWIFE:  
he was Born alive at 4 P.  
(Born alive or stillborn)  
(Signature) F. W. Mitchell

**Given names added from a supplemental report.**

..... M.D. ....  
.....  
..... (Physician or midwife) .....

.....19.....

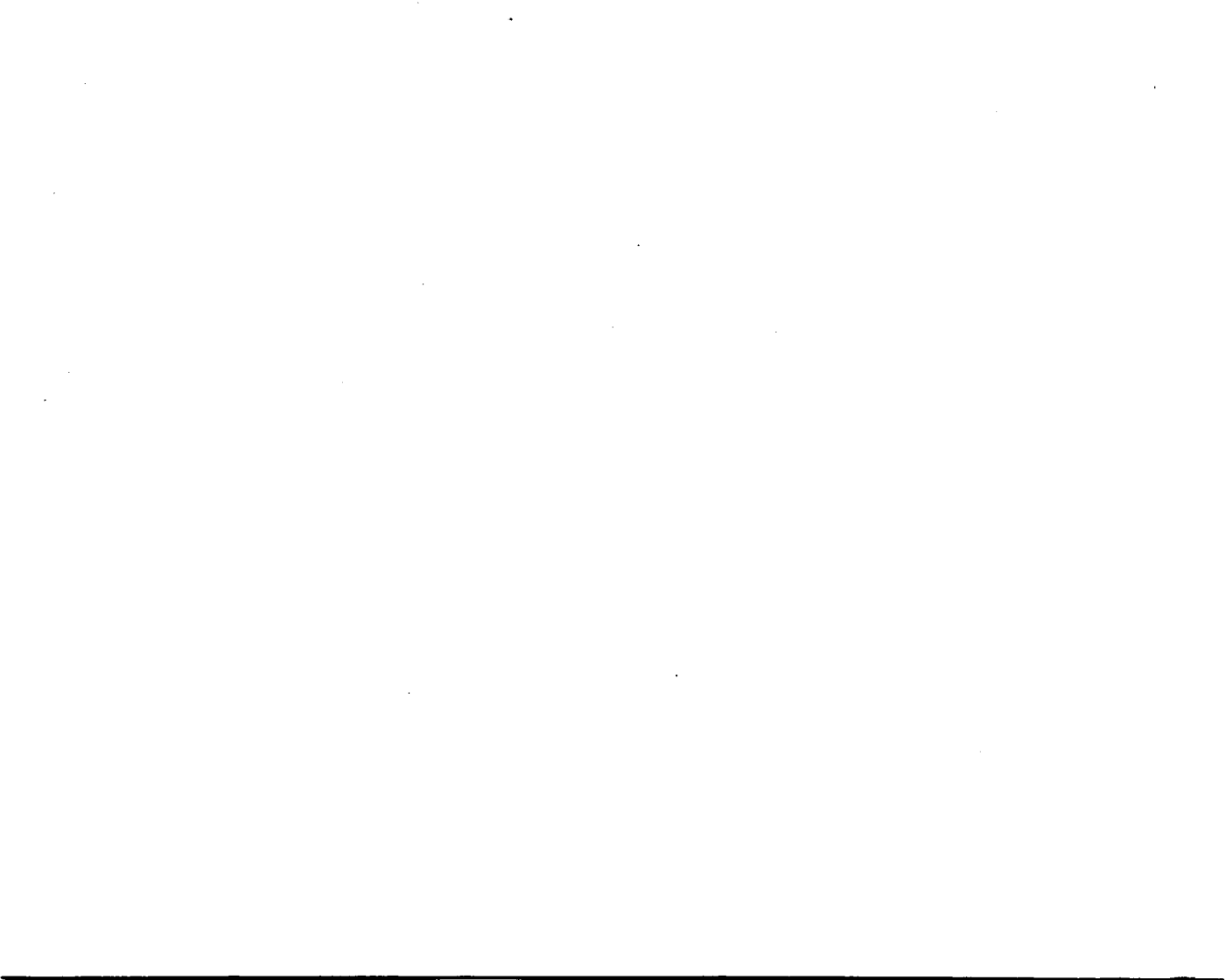
Address..... 7 Blackfoot St. Hattiesburg

.....

Filed July 7, 1960 Walter C. V. Davis

**Registrar**

**Registrar**



719-203-006-699

## PLACE OF BIRTH

County of BinghamCity of BlackfootRegistration District No. 121File No. 80547

No. .... St.

Primary Registration District No. 1007Registered No. 193Hospital VENNA WRIGHTFULL NAME OF CHILD Parkinson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>  </u> and { Number in order of birth <u>  </u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>June 3, 1920</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>Clarence S. Parkinson</u>		FULL MAIDEN NAME <u>Charlotte Wright</u>	
RESIDENCE <u>Blackfoot</u>		RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farming</u>		OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>3</u>		Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician or midwife

Given names added from a supplemental report.

Address Blackfoot, IdahoFiled July 7, 1920 Mrs. Helen E. Patrice

Registrar

Registrar



17308

MAY 15 1970

APR 18 1973

1/4/41 L. B.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

249-105-7026-674

County of BinghamCity of BlackfootRegistration District No. 121File No. 80548No. R.D.# 1 St.Primary Registration District No. 2194Registered No. 194

Hospital .....

FULL NAME OF CHILD Dale Ogden Smith

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>June 5</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FATHER

FULL NAME Don Cleveland Smith

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Alice Velma Ogden

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Michigan

OCCUPATION Housewife

Number of child of this mother, including present birth...1..... Number of children of this mother now living, including present birth...1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5:15 PM on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. BeckPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, IdaFiled July 9, 1920 Mrs. Thelma E. Davis

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

DEC 22 1959

419 -111-006-415-  
PLACE OF BIRTH name added 4-5-85 dl  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
Form V. S. No. 11-C-25m-2-2-17

County of Bingham  
City of Springfield Registration District No. 121 File No. 80549  
No. .... St. Primary Registration District No. 2194 Registered No. 195  
Hospital ..... John Davis  
FULL NAME OF CHILD unnamed Marriott

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u> and Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>June 11 1920</u> (Month) (Day) (Year)
FULL NAME <u>Vincent Andrew Marriott</u>	FATHER	FULL MAIDEN NAME <u>Mary Inez Davis</u>	MOTHER
RESIDENCE <u>Springfield</u>		RESIDENCE <u>Springfield</u>	
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>26</u> (Years)	
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farming</u>		OCCUPATION <u>Housewife</u>	

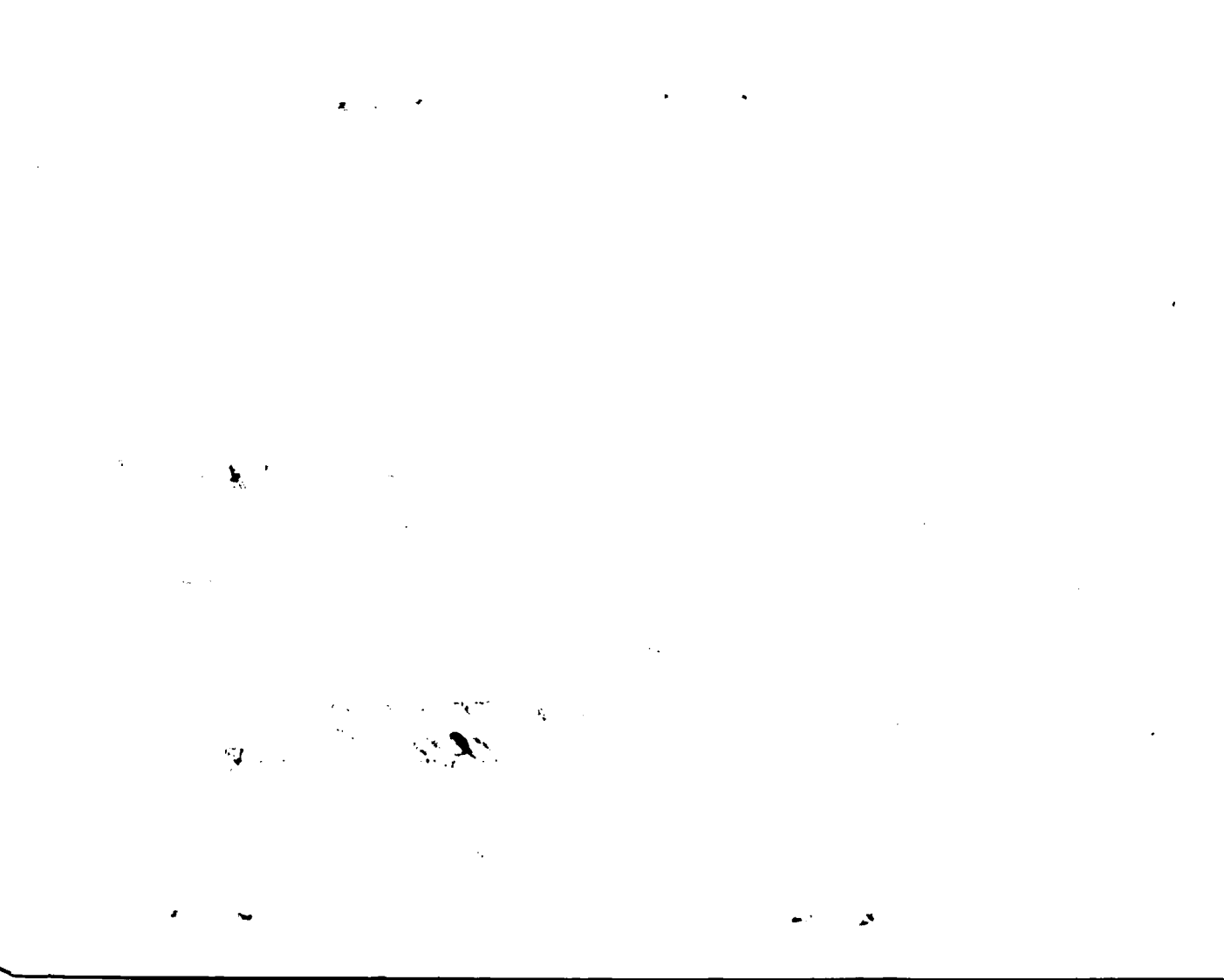
Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:15 P. on the date above stated.  
(Born alive or stillborn)

(Signature) W. W. Beck  
Physician  
(Physician or midwife)

Address Blackfoot, Idaho  
Filed July 9 1920 Wm. Davis Registrar



1-21-85

**IDAHO DEPARTMENT OF HEALTH AND WELFARE**  
**Bureau of Vital Statistics, Standards, and Local Health Services**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_ }

Certificate No. 80549  
 Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
 for Unnamed Marriott who was born on June 11, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in (Springville) (Bingham) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>SPRINGFIELD</u> child's name	Unnamed	John Davis Marriott
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 16<sup>th</sup> day of  
March, 1985

Notary Public, Sandra Bagley  
 Residing at Salt Lake County  
 My commission expires My Commission Expires Dec. 22, 1988  
 (Seal) My Commission Expires Dec. 20, 1985

John Davis Marriott  
 Signature of Applicant  
X 665 GRANT ST S.A. UTAH 84120  
 Street Address, City, State  
MOTHER

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_ }

(Must be completed \_\_\_)  
 (Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
 \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
 Residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 (Seal)

\_\_\_\_\_  
 Supporting Signature  
 \_\_\_\_\_  
 Street Address, City, State

111

Military Record Honorable discharge lists John D Marriott  
was discharged Nov 6, 1945. Birthdate listed as June 11, 1920.  
Viewed by V.S.

Birth Certificate from Utah lists Johnie Lynn Marriott born 12-19-71  
in Salt Lake City to John Davis Marriott and Helen Mack Murray.  
Viewed by V.S.

**APR 5 1985**

465-214-006-532

PLACE OF BIRTH  
Amended 12-18-08

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-0-22a-3-3-17

CERTIFICATE OF BIRTH

County of... *Bingham*

City of... *Blackfoot*

No. *RD # 3* St.

Registration District No. *121*

File No. *80550*

Primary Registration District No. *2194*

Registered No. *196*

Hospital.....

FULL NAME OF CHILD..... *JENNIE Monserret*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i>	and (Number in order of birth)	Legitimate? <i>Yes</i>	Date of Birth <i>June 14 1920</i> (Month) (Day) (Year)
----------------------------	----------------------------------	--------------------------------	------------------------	---

FATHER  
FULL NAME *Michael Monserret*  
RESIDENCE *Blackfoot*  
COLOR *White* AGE AT LAST BIRTHDAY *37* (Years)  
BIRTHPLACE *Spain*  
OCCUPATION *Farming*

MOTHER  
FULL MAIDEN NAME *Bonifacia Espurn*  
RESIDENCE *Blackfoot*  
COLOR *White* AGE AT LAST BIRTHDAY *37* (Years)  
BIRTHPLACE *Spain*  
OCCUPATION *Housewife*

Number of child of this mother, including present birth..... *3* Number of children of this mother now living, including present birth..... *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... *Born alive*..... at *11 a* M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... *W. W. Beck*

(Physician or midwife)

Given names added from a supplemental report.

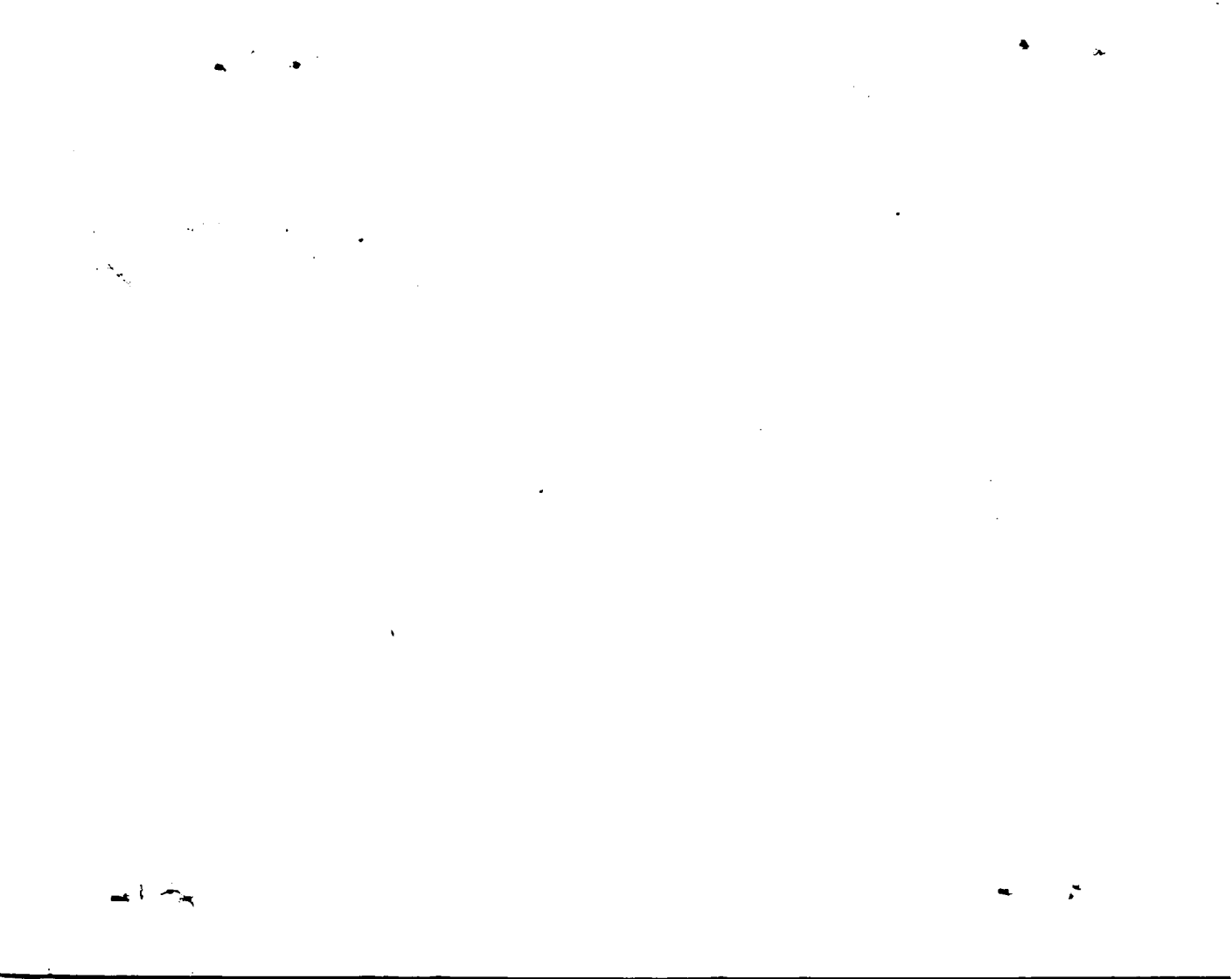
Address..... *Blackfoot Ida*

Filed..... *July 9 1920*

Registrar

Registrar





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 80550  
County of Bingham } Date Filed Dec 20 1978

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Jennie Monserrott who was born June 14, 1920 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Child Birth Certificate prepared on Dec 20 1978 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

Child's name  
Father's name

Mother's name

**FROM**  
(As on Original)

Unnamed Monserrott  
Michael Monserrott

Benifacia E. Esquivel

**TO**  
(The Correct Facts)

Jennie Monserrott  
Michael Monserrott

Subscribed and sworn to before me this 22nd day of  
December, 19 78

Signed Jennie Anthony  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Blackfoot, Idaho  
My commission expires Lifetime  
(Seal)

Rt. 1 Box 185 Blackfoot, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bingham }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of  
December, 19 78

Signed Larry C. Gardner  
(Signature of Any Credible Person)

Notary Public, residing at Blackfoot, Idaho  
My commission expires Lifetime  
(Seal)

Rt. 3, Box 169-A, Blkft. Idaho  
(Street Address, City, State)

Own child's birth certificate issued by the St. Anthony Mercy Hospital -  
at Pocatello, Idaho gives name of mother as Jennie Monserrett Anthony, child  
born November 18, 1955.  
Viewed by V.S.

Public School Diploma issued by the Bingham County Schools of Idaho gives  
name as Jennie Monserrett graduated May 12, 1936. William Bartlett, County  
Supt.  
Viewed by V.S

742-2-1-006-742

PLACE OF BIRTH

County of Bingham

City of Baker

No. Lucas Farm St.

Registration District No. 121

Primary Registration District No. 2194

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. & No. 11-C-M-2-17

File No. 80551

Registered No. 197

Hospital MAGDALENA

FULL NAME OF CHILD Unmarried Guzman

Sex of Child <u>F.</u>	Twin Triplet or other? <u>X</u> } and { Number in order of birth <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 19 1920</u> (Month) (Day) (Year)
------------------------	---	------------------------	--

FATHER  
FULL NAME Jacinto Guzman  
RESIDENCE 6 miles S. Blackfoot  
COLOR W. AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Mexico  
OCCUPATION Sugar factory farm laborer

MOTHER  
FULL MAIDEN NAME Michaela Guzman  
RESIDENCE 6 miles South  
COLOR W. AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Mexico  
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:55 P. on the date above stated. (Born alive or stillborn).

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

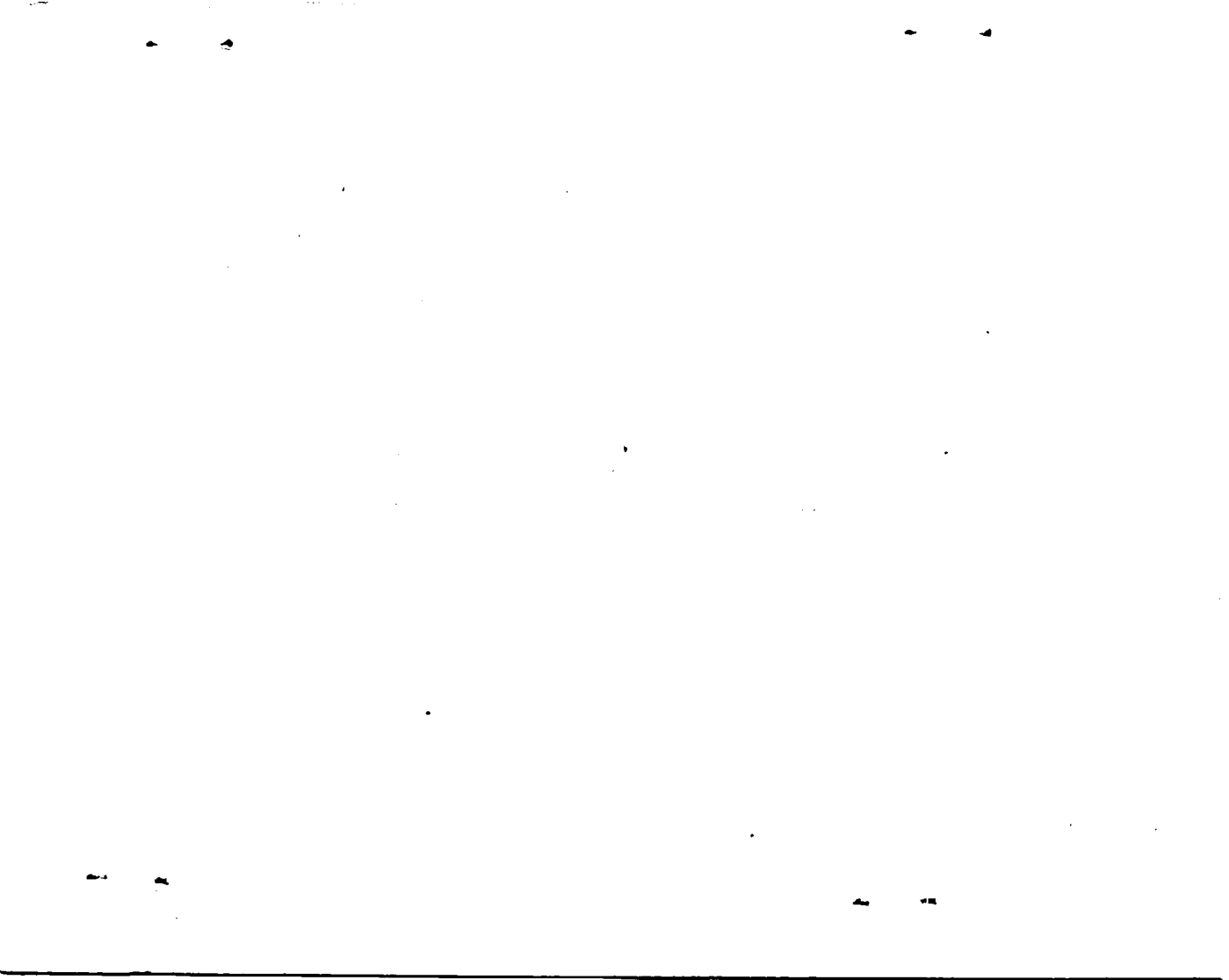
(Signature) [Signature]  
on. D. (Physician or midwife)

Address Blackfoot, Ida

Filed July 9 1920 Mrs. Michaela Guzman

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Texas }  
County of El Paso } SS. Certificate No. 80551  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
(BIRTH OR DEATH)

for ..... who ..... on .....  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)

true facts as shown by ..... prepared on ..... are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**

(AS ON ORIGINAL)

**TO**

(THE CORRECT FACTS)

Name

Unnamed

Magdalena Gusman

Subscribed and sworn to before me this 20<sup>th</sup>  
day of December 19 42  
Don E. Check

Signed

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at El Paso, Texas

My commission expires May 31, 1943  
(SEAL)

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Texas }  
County of El Paso } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7<sup>th</sup>  
day of January 19 43  
Don E. Check

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at El Paso, Texas

My commission expires May 31, 1943  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....  
(REGISTRAR'S SIGNATURE)

JAN 16 1943



849-102-006-449

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 15 miles west St.

Registration District No. 121

Primary Registration District No. 2194

Form V. S. No. 11-0-22-3-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 80552

Registered No. 198

Hospital .....

FULL NAME OF CHILD Infant of Quinn

Sex of Child <u>m</u>	Twin Triplet or other? <u>X</u> and (Number in order of birth) <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 2 1920</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FATHER  
FULL NAME Francis Quinn  
RESIDENCE 15 miles west  
COLOR w AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Michigan  
OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Bertha Durdon  
RESIDENCE 15 miles west  
COLOR w AGE AT LAST BIRTHDAY 44 (Years)  
BIRTHPLACE Washington  
OCCUPATION house wife

Number of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 42 M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Durdon  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho  
Filed July 9 1920 Mr. J. A. S. & Co.  
Registrar





997-113-006-439

## PLACE OF BIRTH

County of BuigmanCity of BelknapNo. Oak & Idaho St.Registration District No. 121Primary Registration District No. 1007Hospital Clifton F. Rigg

FULL NAME OF CHILD

Clifton F. Rigg

Sex of Child

MTwin  
Triplet  
or other?X

and

(Number  
in order  
of birth)XLegiti-  
mate?YesDate of  
BirthJune 13

(Month) (Day) (Year)

FULL  
NAMEFrank Rigg

FATHER

RESIDENCE

Belknap Ida

COLOR

WAGE AT LAST  
BIRTHDAY12  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Waiter RestaurantFULL  
MAIDEN  
NAMEElla Ulrich

MOTHER

RESIDENCE

Belknap

COLOR

WAGE AT LAST  
BIRTHDAY17  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:5 a.m. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Edna Rigg

(Physician or midwife)

Given names added from a supplemental report.

Address

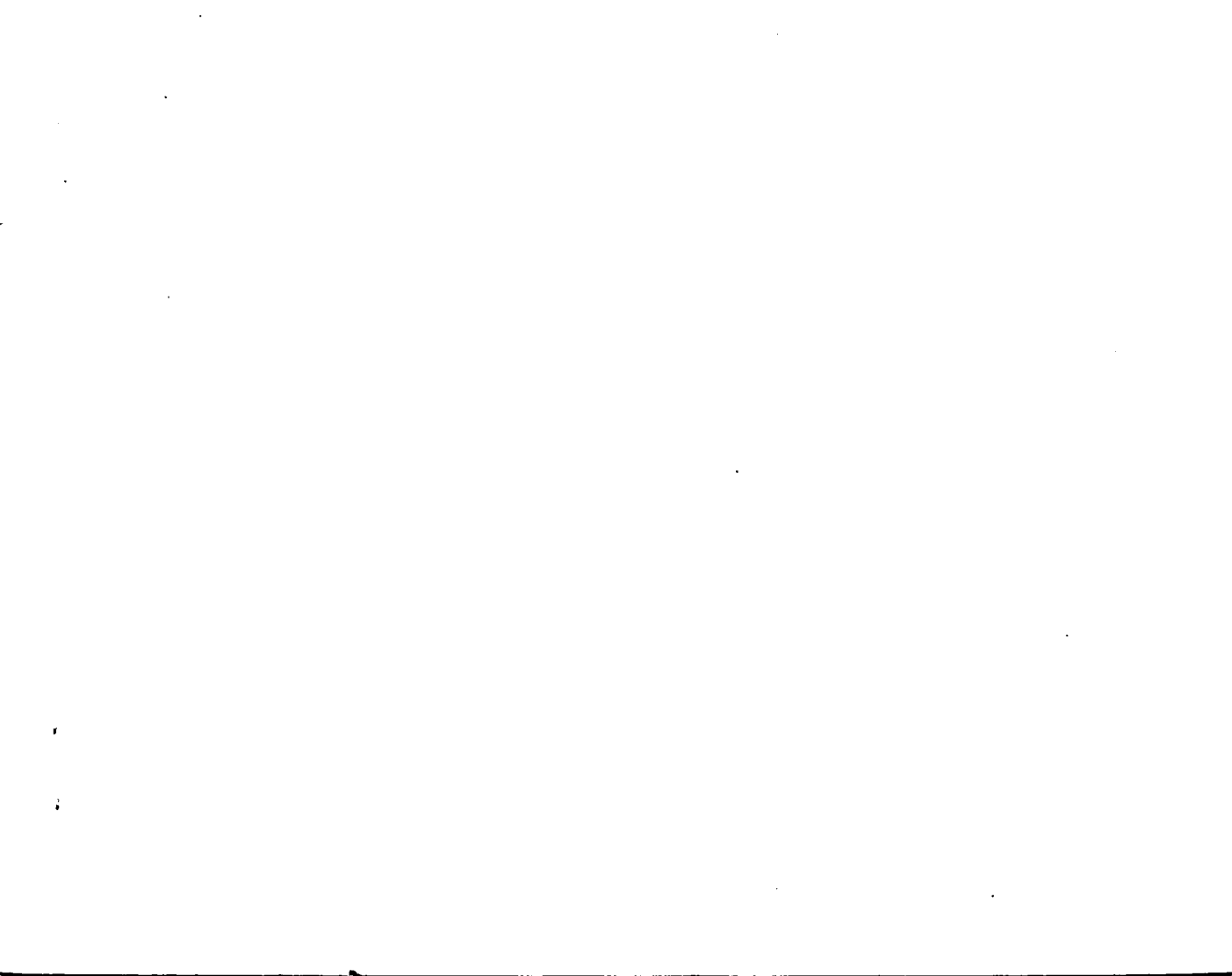
Belknap Idaho

Filed

July 19 1920

Registrar

Registrar



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-214-006-238

PLACE OF BIRTH

County of Bingham

City of Beckham

No. 8 miles S. W. St.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O—Rev. 3-3-17

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 80554

Primary Registration District No. 2194

Registered No. 200

Hospital

FULL NAME OF CHILD

Ester Margaret Delzer

Sex of Child

F

Twin  
Triplet  
or other?

X

and

(Number  
in order  
of birth)

X

Legiti-  
mate?

Yes

Date of  
Birth

June 14

1920

(Month) (Day) (Year)

FULL  
NAME

FATHER Christian Delzer

FULL  
MAIDEN  
NAME

MOTHER Emma Schuetz

RESIDENCE

Beckham 8 miles S. W.

RESIDENCE

Beckham 8 m. S. W. Wash

COLOR

W

AGE AT LAST  
BIRTHDAY

27

(Years)

COLOR

W

AGE AT LAST  
BIRTHDAY

22

(Years)

BIRTHPLACE

So Dakota

BIRTHPLACE

So Dakota

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Born alive

835 A

(Born alive or stillborn)

(Signature)

[Signature]

(Physician or midwife)

Address

Beckham, Idaho

Filed

July 7, 1920

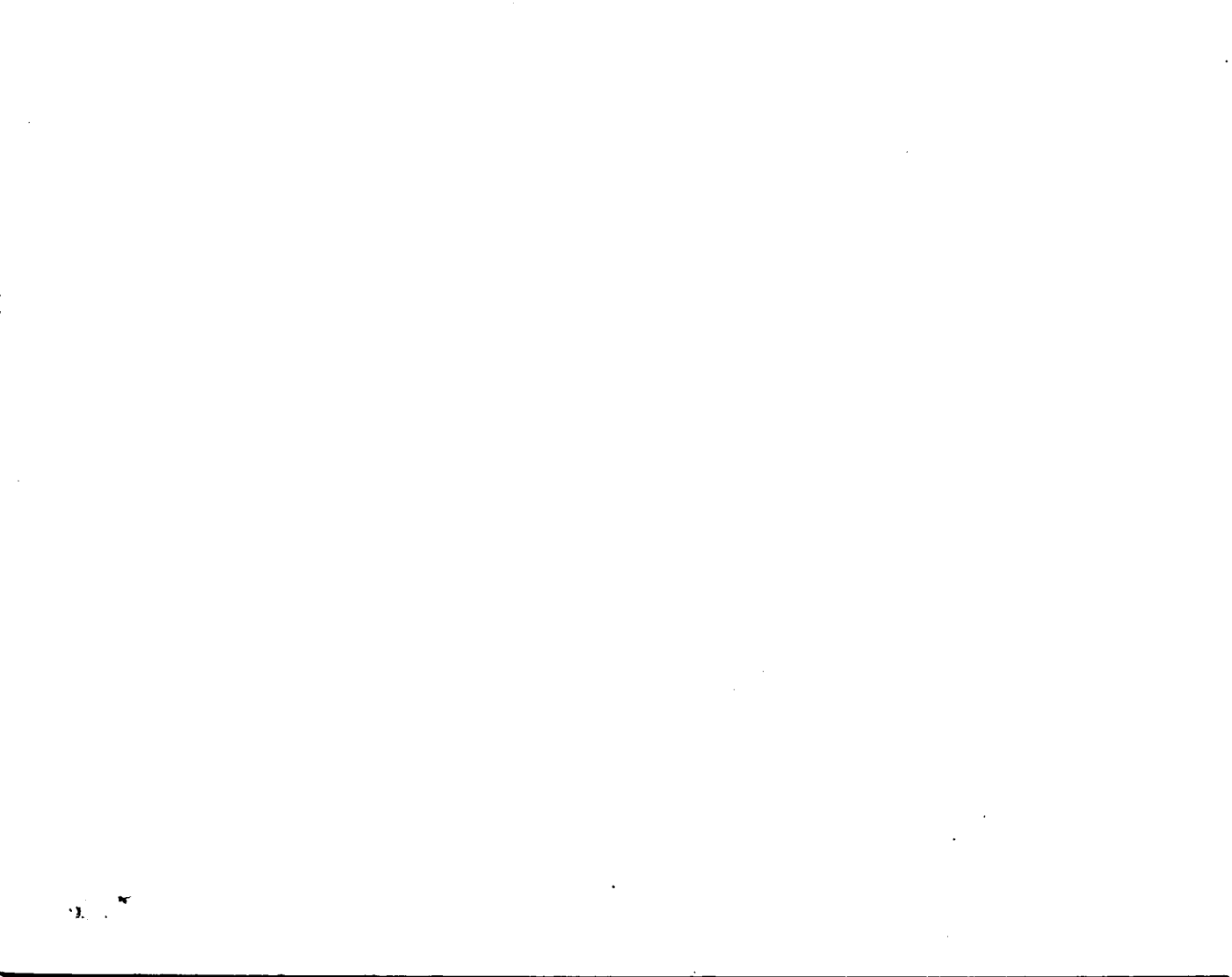
Registrar

Registrar

Given names added from a supplemental report.

.....19.....

.....



699-223-006-296  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 3-17

## CERTIFICATE OF BIRTH

80555

County of BinghamCity of BekfrRegistration District No. 121

File No. ....

No. ward 4 St.Primary Registration District No. 1007Registered No. 2012

Hospital .....

FULL NAME OF CHILD Melba Lona Wright

Sex of Child <u>F</u>	Twin <input type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input checked="" type="checkbox"/> and (Number in order of birth) <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 13</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER FULL NAME <u>Elmer Wright</u>		MOTHER FULL MAIDEN NAME <u>Florence Brown</u>	
RESIDENCE <u>Bekfr Ward 4</u>		RESIDENCE <u>Bekfr Ward 4</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>farmer</u>		OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:55 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

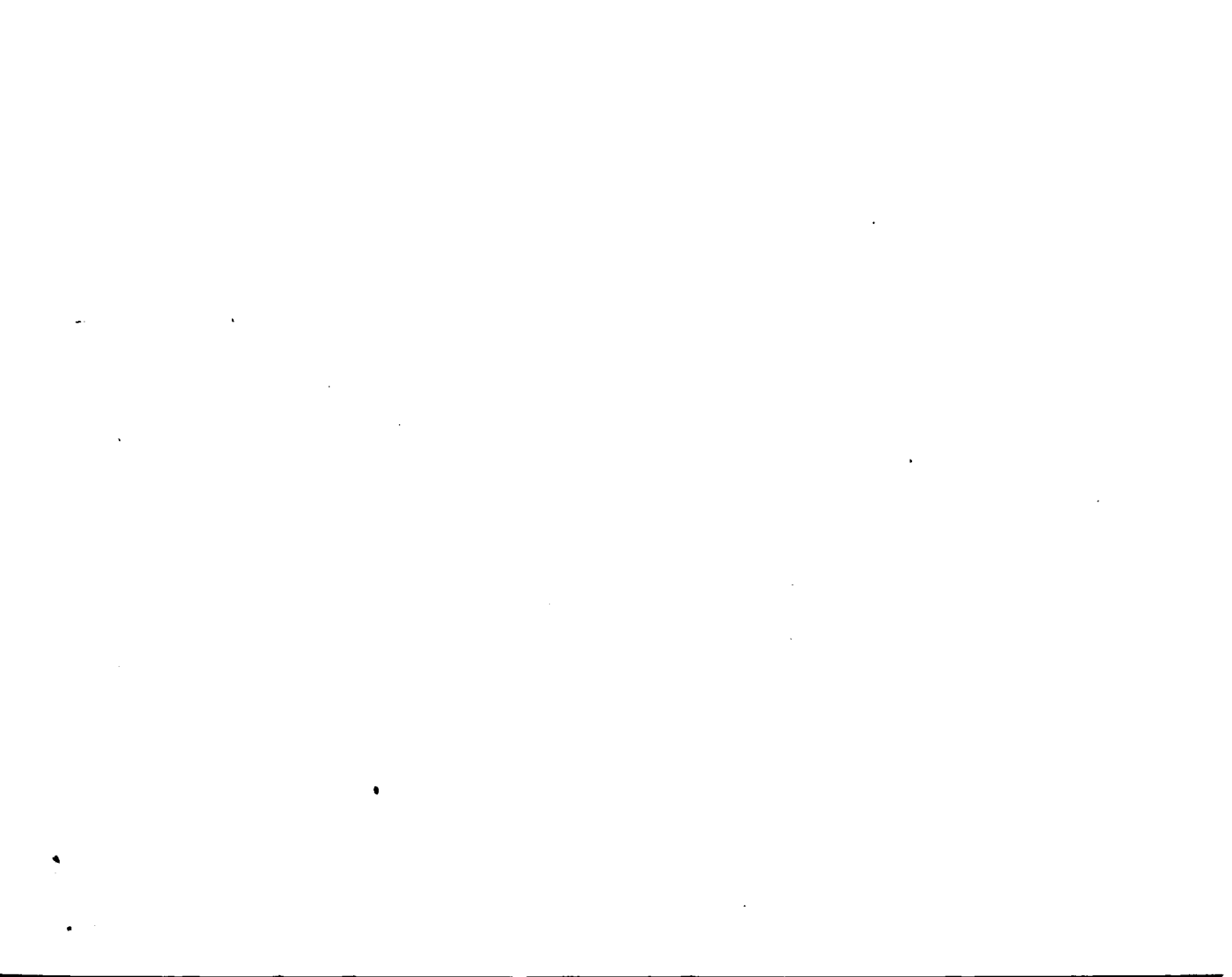
(Physician or midwife)

Given names added from a supplemental report.

Address 13 Blackfoot St. Idaho.Filed July 9, 1920 Mrs. Hattie E. Farris

Registrar

Registrar



313-113-006-363

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

80556

County of BoinghamCity of BlackfootRegistration District No. 121

File No. \_\_\_\_\_

No. 127.8.1 St.Primary Registration District No. 2194Registered No. 202

Hospital \_\_\_\_\_

STEPHEN FERNAND

FULL NAME OF CHILD

Stephen Fernand TulbotSex of  
ChildmaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth6 13 1920  
(Month) (Day) (Year)FULL  
NAMEAnna E Tulbot

FATHER

FULL  
MAIDEN  
NAMERosalie Ann Cole

MOTHER

RESIDENCE

Blackfoot #1

RESIDENCE

Blackfoot Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive at 11 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. C. Hamplair M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Blackfoot Idaho

Filed

July 9. 1920 Mrs. Helen E. Paul

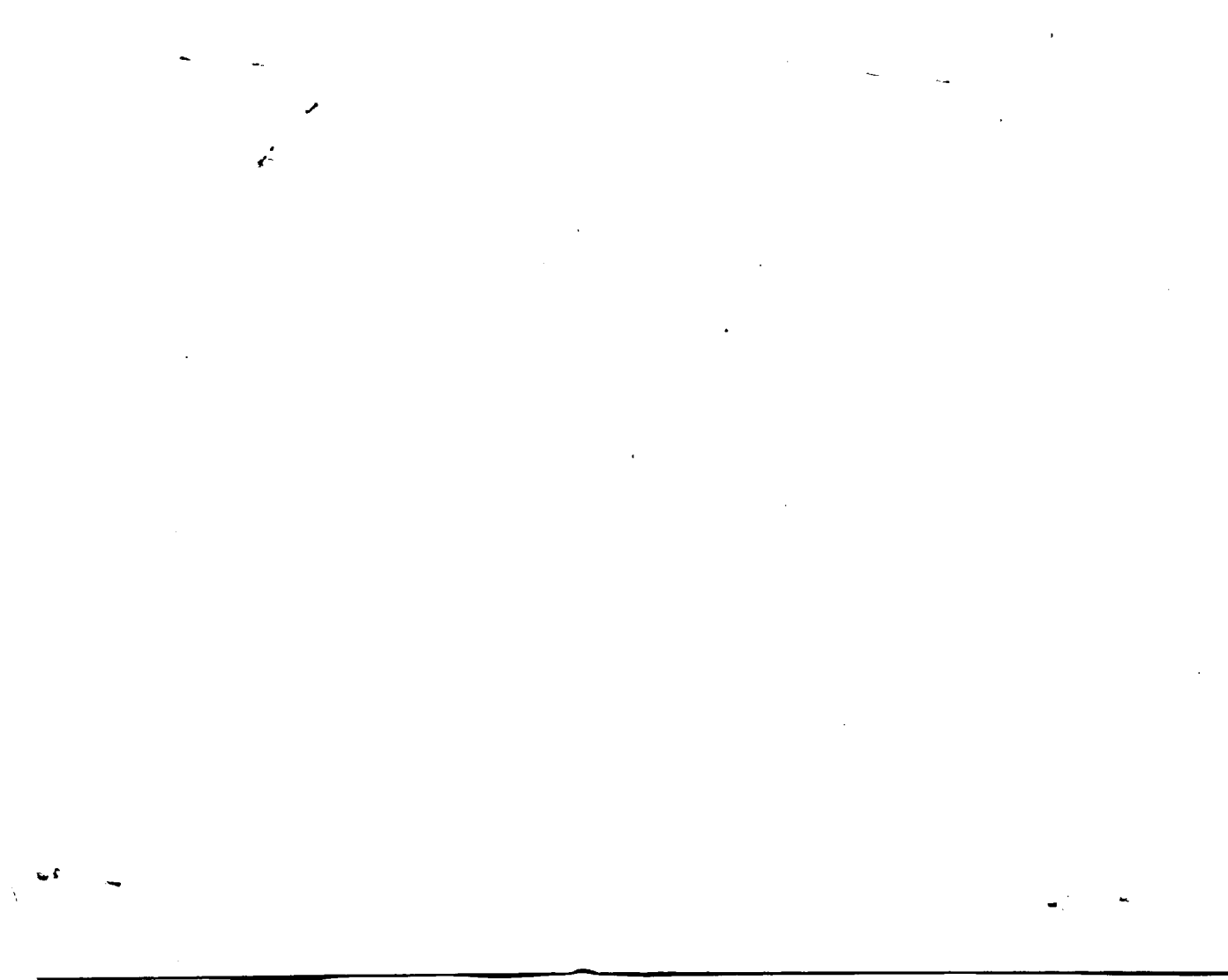
Registrar

Registrar

-MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JUN 21 1947 Certificate No. 80556  
County of Bannock }  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Stephen Fernand Talbot who was born on June 13, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by L.D.S. Worn record of Groveland, Idaho, June 23, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Stephen Fernand Talbot

Subscribed and sworn to before me this 18th I am his mother.  
day of June 19 43. Signed Margie Ann Talbot  
S. L. Stowell (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Notary Public, residing at Pocatello, Idaho  
My commission expires 3-24-47 714 North Lincoln, Pocatello, Idaho  
(Seal) (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit MUST Also be Executed.  
County of Bannock } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th I am his father.  
day of June 19 43. Signed Owen Lash Talbot  
S. L. Stowell (Signature of Any Credible Person Other Than Previous Year)  
Notary Public, residing at Pocatello, Idaho 714 North Lincoln, Pocatello, Idaho  
My commission expires 3-24-47 (Street Address, City, State)  
(Seal)

APR 19 1951

APR 19 1951

613-117-006-395

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootRegistration District No. 121File No. 80557

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1007Registered No. 203

Hospital \_\_\_\_\_

HARRICK

FULL NAME OF CHILD

Marvin Wallis

Sex of Child

maleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

Legitimacy?

Date of Birth

6 17 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

Walter J. Wallis

RESIDENCE

Blackfoot Ida

COLOR

white

AGE AT LAST BIRTHDAY

4 1/2  
(Years)

BIRTHPLACE

Alabama

OCCUPATION

painter

FULL MAIDEN NAME

MOTHER

Lela French

RESIDENCE

Blackfoot Ida

COLOR

white

AGE AT LAST BIRTHDAY

27  
(Years)

BIRTHPLACE

New York

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. C. Hampton  
(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Blackfoot Ida

Filed

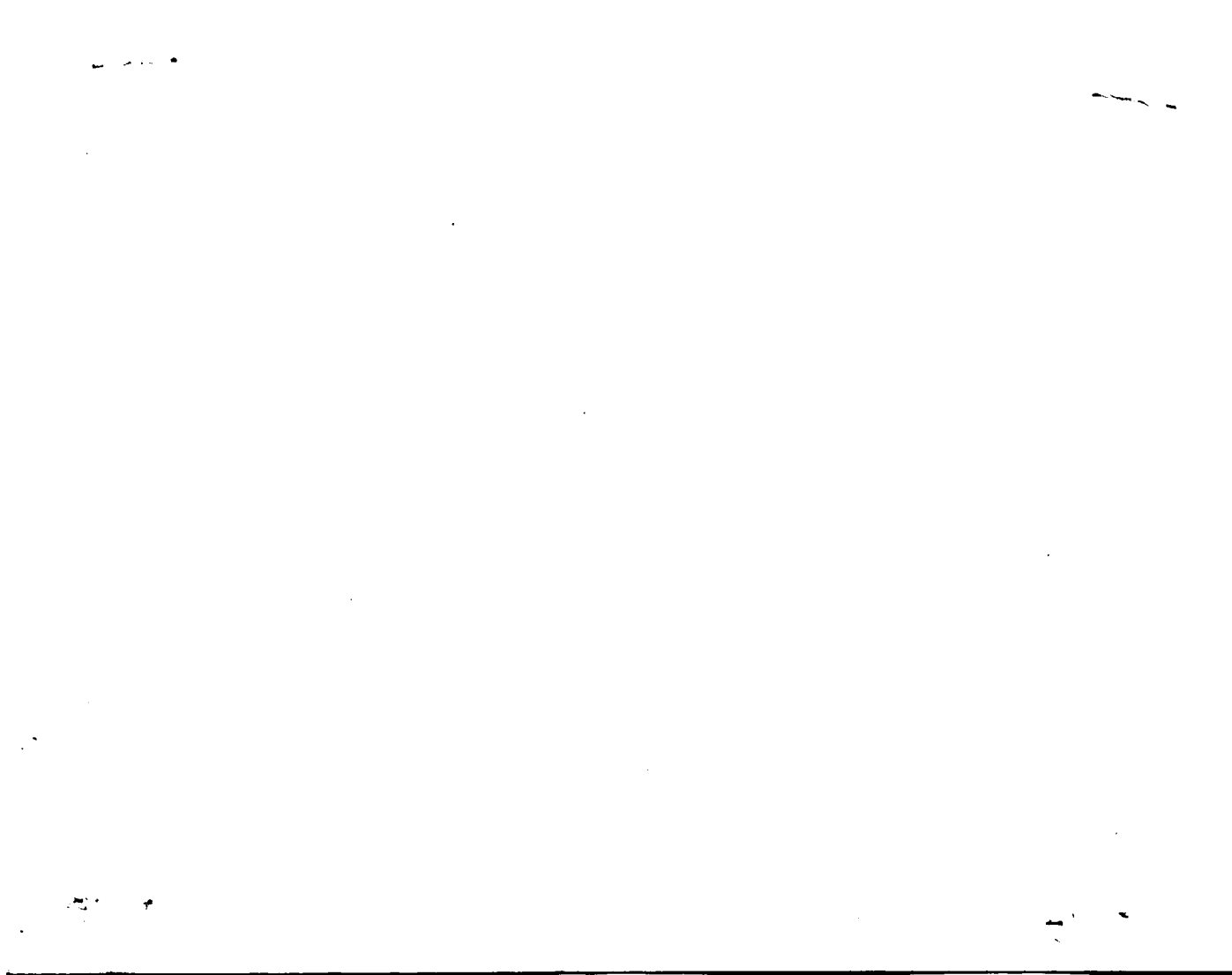
July 9, 1920  
Mr. Nelson E. Pattee  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 4 1948

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
 County of Payette. } ss.

Certificate No. 80557

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of  
 for Marvin Harrick Wallise who born on June 17, 1920  
 in Blackfoot, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
 are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
 (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Marvin Wallise Marvin Harrick Wallise

Subscribed and sworn to before me this 31st  
 day of December 1943

Wladyslaw M. Rae  
 Notary Public, residing at Payette, Idaho

My commission expires March 15, 1944  
 (Seal)

Signed John Orr  
Staple  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Payette, Idaho  
 (Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
 County of Payette } ss.

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st  
 day of December 1943

Wladyslaw M. Rae  
 Notary Public, residing at Payette, Idaho

My commission expires March 15, 1944  
 (Seal)

Signed Albert Roates  
 (Signature of Any Credible Person Other Than Previous Year)

Payette, Idaho  
 (Street Address, City, State)

JAN 5 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853-219-006-795  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

County of Bingham

City of Blackfoot

No. R. Y. S. #2 St.

Registration District No. 121

File No. 80558

Hospital

Primary Registration District No. 2194 Registered No. 204

FULL NAME OF CHILD Horothy Jane Helmer

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>6</u> <u>19</u> <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Thaddeus Helmer  
RESIDENCE Blackfoot #1  
COLOR white AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Elise Jane Gregory  
RESIDENCE Blackfoot 2nd  
COLOR white AGE AT LAST BIRTHDAY 36 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 7,140 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Humphreys M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot 2nd  
Filed July 9 1920 Mrs. Helen E. Helmer  
Registrar





615-207

PLACE OF

IDAHO

Form V. S. No. 11-C-12a-2-3-17

STATISTICS

## CERTIFICATE OF BIRTH

County of BlaineCity of KetchumRegistration District No. 21File No. 80559

No. .... St.

Primary Registration District No. 2022Registered No. 57

Hospital .....

FULL NAME OF CHILD Mildred Clara Farnlund

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and (Number in order of birth) <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 7, 1920</u> (Month) (Day) (Year)
----------------------------	----------------------------------	---	------------------------	---

FULL NAME <u>August T. Farnlund</u>	FATHER
RESIDENCE <u>Ketchum, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Denver, Colo.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Clara Davis</u>	MOTHER
RESIDENCE <u>Ketchum, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>California</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth.....1	Number of children of this mother now living, including present birth.....1
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....Born alive.....11:05 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Hailey, IdaFiled 6-30-20 Robert H. Wright

Registrar

Registrar

FEB 5 1942

RECEIVED  
U.S. AIR FORCE  
OFFICE OF THE  
JOINT CHIEFS OF STAFF  
WASHINGTON, D.C.



BTGMB

MAR

JUL 31 1961

7 1972

FEB 1 1944

749-117-007-443

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-23

County of BlaineCity of HaileyRegistration District No. 21File No. 80560No. St.Primary Registration District No. 2022Registered No. 58Hospital .....FULL NAME OF CHILD Harold Horace Purcell

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 17 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Carl M. Purcell</u>	FATHER
RESIDENCE <u>Hailey, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Ester Mullin</u>	MOTHER
RESIDENCE <u>Hailey, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:25 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright, M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Hailey, IdaFiled 6-30-20 Robert H. Wright

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

14-51-21

593-121-007-235

## PLACE OF BIRTH

County of BlaineCity of Hailey

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-5-17

Registration District No. .... 21

File No. .... 80561

Primary Registration District No. .... 2022

Registered No. .... 59

FULL NAME OF CHILD ..... 1. Jess Ralph Nickols Jr.

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 21, 1912</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Jess R. Nickols</u>	FATHER
RESIDENCE <u>Hailey, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Virginia</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Nina May Steele</u>	MOTHER
RESIDENCE <u>Hailey, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Virginia</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .... 4 ..... Number of children of this mother now living, including present birth .... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

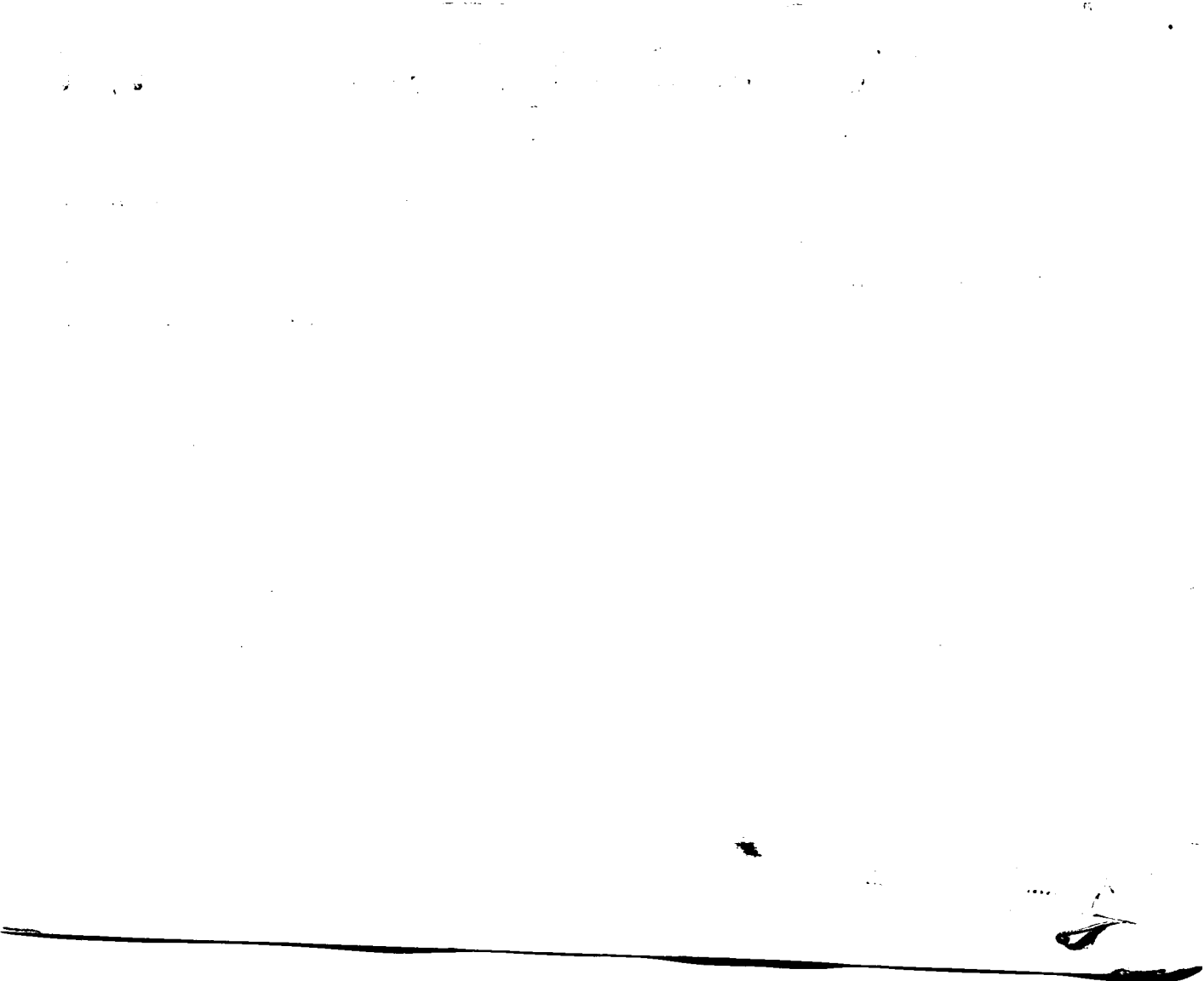
I hereby certify that I attended the birth of this child, who was ..... Born alive ..... 29 .....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright, M.D.  
(Physician or midwife)

added from a supplemental report.

Address Hailey, Ida  
6-30-20  
Filed Robert H. Wright  
Register



BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

80561

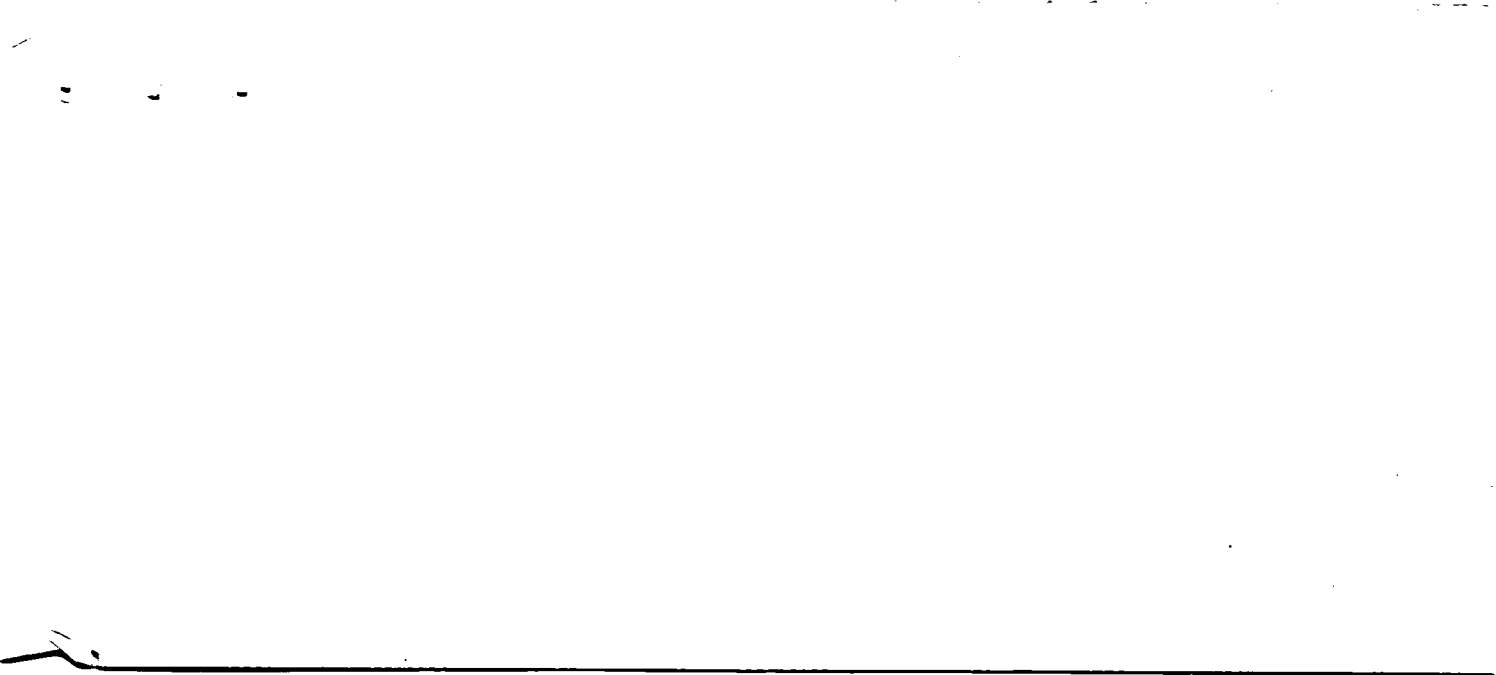
Place of Birth { City Hailey Registered No. 59  
Street and House No. \_\_\_\_\_  
County Blaine Registration Dist. No. 57

Sex of Child Male  
Date of Birth 6 21 1912  
MONTH DAY YEAR  
Father Jess R. Nickols  
FULL NAME  
Mother Nina May Steele  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Jesse Ralph Nickols  
GIVEN NAME IN FULL  
as reported by Mrs. Jess R. Nickols  
SURNAMES  
R. H. Wright  
FATHER OR MOTHER  
LOCAL REGISTRAR





413-124-007-413

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-28m-9-5-17

County of BlaineCity of GannettRegistration District No. 21File No. 80562

No. .... St.

Primary Registration District No. 2022Registered No. 60

Hospital .....

FULL NAME OF CHILD LAMAR SEAL MACKAY

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>June 24 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------	-----------------------------	--

FULL NAME <u>De Lisle N. Mackay</u>	FATHER	FULL MAIDEN NAME <u>Chloe S. Mackay</u>	MOTHER
-------------------------------------	--------	---	--------

RESIDENCE <u>Gannett, Ida</u>	RESIDENCE <u>Gannett, Ida</u>
-------------------------------	-------------------------------

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
--------------------	---	--------------------	---

BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Utah</u>
------------------------	------------------------

OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>
--------------------------	-----------------------------

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. 3:15 P

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright - M.D.

Given names added from a supplemental report.

(Physician or midwife)

.....19.....

Address Hailey, Ida

.....19.....

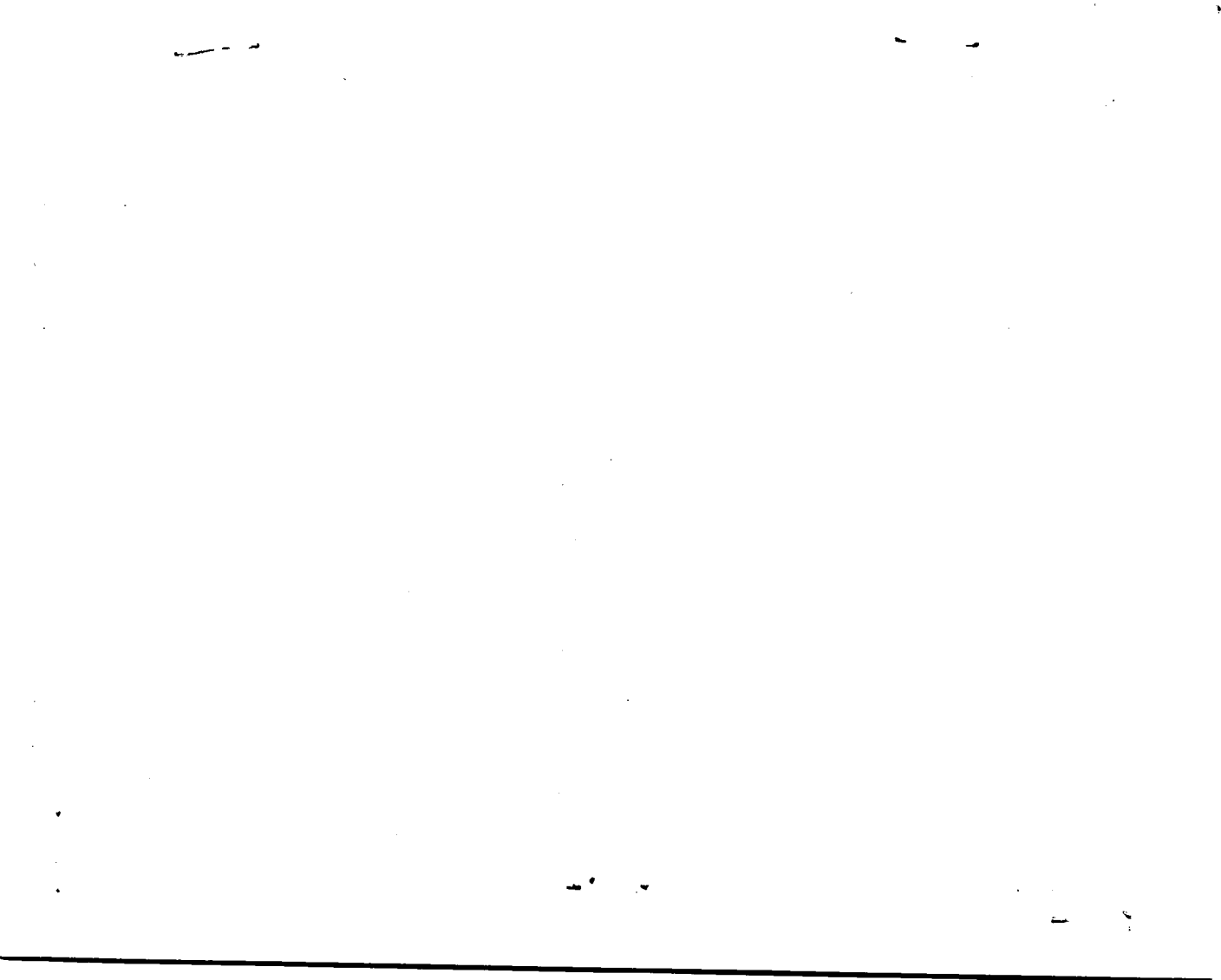
Filed 6-30 1920 Robert H. Wright

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



**STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Utah }  
County of Salt Lake } ss. Certificate No. 80562  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(BIRTH OR DEATH)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)

true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**

(AS ON ORIGINAL)

**TO**

(THE CORRECT FACTS)

Name \_\_\_\_\_

Unnamed Mackay \_\_\_\_\_

Lamar Seal Mackay \_\_\_\_\_

Subscribed and sworn to before me this 7

day of March, 19 42

Joseph S. Bernier

Notary Public, residing at Daytonville

My commission expires March 13, 1944

(SEAL)

Signed Lamar Seal Mackay

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah }  
County of Salt Lake } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7  
day of March, 19 42

Joseph S. Bernier

Notary Public, residing at Daytonville

My commission expires March 13, 1944

(SEAL)

Signed R. G. Smith

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Murray R.D. #7 Box 98A

(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 10 1942 By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)

1. 10112410

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-5

County of BlaineCity of Carey  
355-224-0077 719  
No. .... St.Registration District No. .... 21File No. .... 80563.Primary Registration District No. .... 2075Registered No. .... 61

Hospital .....

FULL NAME OF CHILD .... Juanita Cenarrusa

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>June 24 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>Joseph Cenarrusa</u>	FATHER
RESIDENCE <u>Carey</u>	

FULL MAIDEN NAME <u>Ramona Gardogui</u>	MOTHER
RESIDENCE <u>Carey</u>	

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
--------------------	---

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
--------------------	---

BIRTHPLACE <u>Spain</u>	
-------------------------	--

BIRTHPLACE <u>Spain</u>	
-------------------------	--

OCCUPATION <u>Sheep man</u>	
-----------------------------	--

OCCUPATION <u>Housewife</u>	
-----------------------------	--

Number of child of this mother, including present birth. .... <u>4</u>	Number of children of this mother now living, including present birth. .... <u>4</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) 94 SP. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... Houston E. Taylor

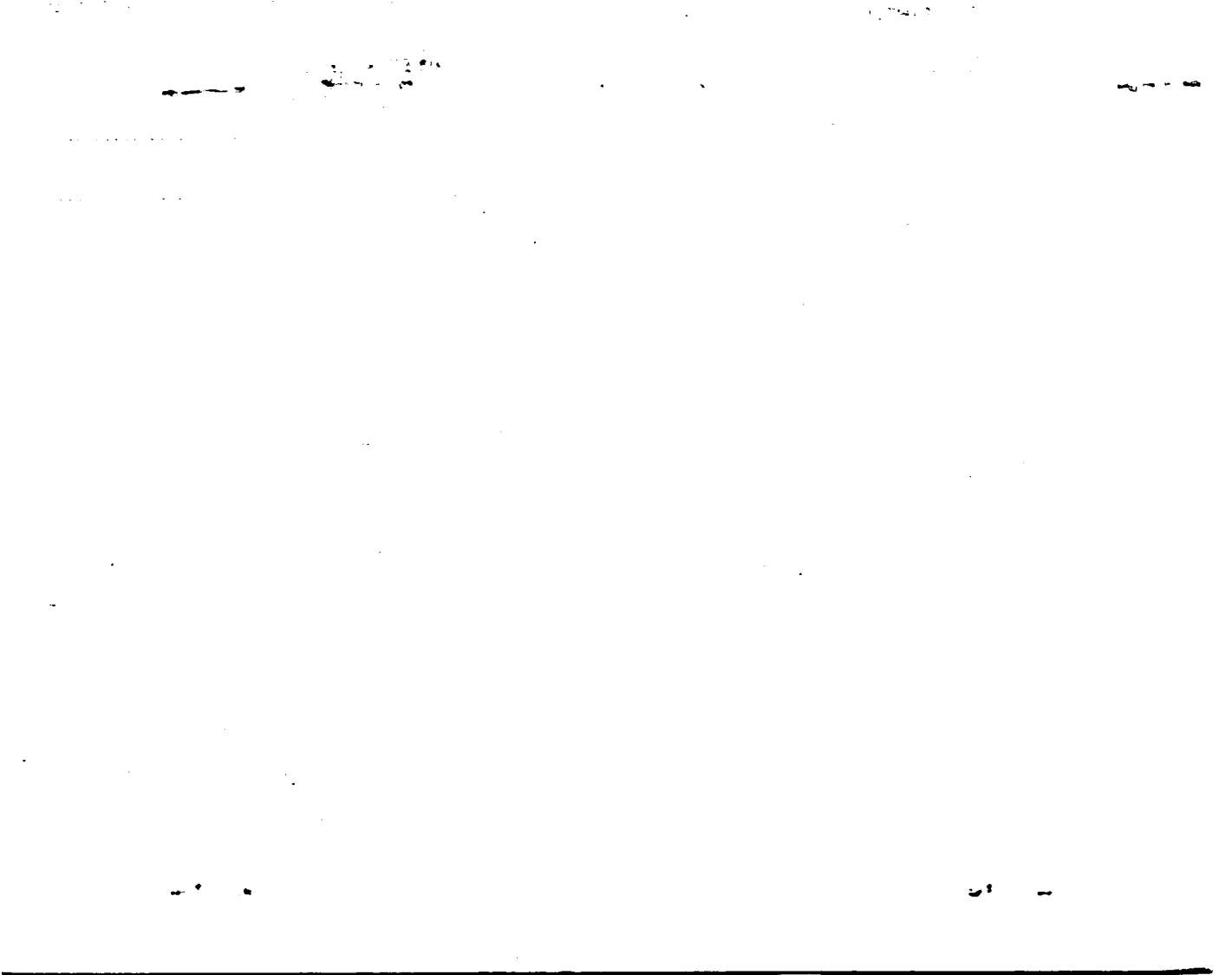
(Physician or midwife)

Given names added from a supplemental report.

Juanita Cenarrusa ..... 19 .....W. C. Murphy ..... 19 .....

State Registrar

Address .... Carey IdahoFiled 7-13-20 19 .....Robert H. Wright  
Registrar



## BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

City CareyRegistered No. 61

Street and House No. \_\_\_\_\_

Registration Dist. No. 57County Blaine

Sex of Child

Female

Date of Birth

6 24 1912

MONTH

DAY

YEAR

Father

Joseph C. Cenarrusa

FULL NAME

Mother

Ramona Gardoqui

FULL MAIDEN NAME

**I Hereby Certify** that the child described herein  
has been named:

GIVEN NAME IN FULL

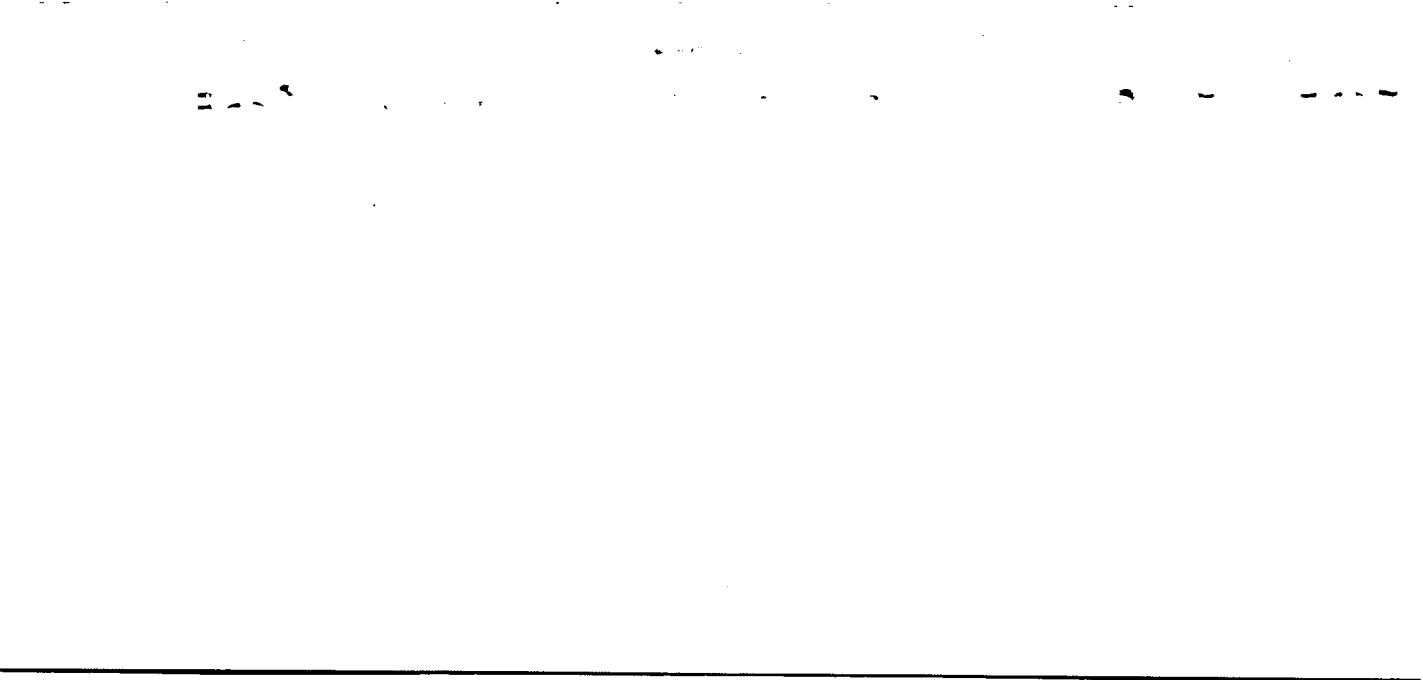
SURNAME

as reported by

FATHER OR MOTHER

LOCAL REGISTRAR





254-109-009-331

PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

County of BannerCity of SandpointRegistration District No. 78File No. 80564

No. \_\_\_\_\_ St.

Primary Registration District No. 2156

Registered No. \_\_\_\_\_

Hospital City Hospital

JULIUS ELDON KEMPTON

FULL NAME OF CHILD

Sex of  
ChildMaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate? YesDate of  
BirthJune  
(Month)9  
(Day)1920  
(Year)FULL  
NAME

FATHER

Eldon Kempton

RESIDENCE

Dover, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Michigan

OCCUPATION

Mill-handFULL  
MAIDEN  
NAME

MOTHER

Alva Clark

RESIDENCE

Dover, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

California

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint, Idaho

Filed

July 8 1922

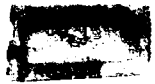
FLOYD G. WENDI

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS—  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Shoshone } SS. 1942 Certificate No. 80564  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Eldon Julius Kempton who was born on June 9, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT)  
in Sandpoint Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Mother's statement prepared on Jan. 21, 1942, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
name - - - Eldon Julius Kempton  
Name Eldon Julius Kempton to JULIUS ELDON KEMPTON

Subscribed and sworn to before me this 21  
day of Jan, 19 42

Notary Public, residing at Kellogg  
My commission expires July 30, 1945  
(SEAL)

Signed Mrs. Alma M. Shuman Mather  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
120 Vergader. Kellogg Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....  
day of....., 19.....

Signed.....  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at.....  
My commission expires.....  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on Jan 21 1942 By.....  
(REGISTRAR'S SIGNATURE)

FEB 2 1969

JAN 22 1960

APR 22 1969

966-221-009-145

## PLACE OF BIRTH

County of BannerCity of Granite

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11—25m-4-15-18

Registration District No. 78File No. 80565Primary Registration District No. 2155

Registered No. \_\_\_\_\_

Full Name of Child (unnamed) Rocks

SEX OF CHILD <u>female</u>	Twin Triplet or other? _____ and Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>June 21</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

FULL NAME <u>Dean F. Rocks</u>	FATHER
RESIDENCE <u>Granite, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>farmer &amp; laborer</u>	

FULL MAIDEN NAME <u>Frances E. True</u>	MOTHER
RESIDENCE <u>Granite, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth... 3... Number of children of this mother now living, including present birth... 3...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1009 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank P. ...

(Physician or midwife)

Address Granite, IdahoFiled July 8, 1920 FLOYD G. WENDLE

Registrar

Given names added from a supplemental report  
Remarks: child died  
on same day 4:30 p.m.  
primary birth. Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-219-009-299

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of SandpointRegistration District No. 7AFile No. 80566No. N. Ruth St.Primary Registration District No. 2155

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Anna May LaurenceSex of  
Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate? YesDate of  
Birth June 19 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Edward Laurence

RESIDENCE

Sandpoint, Idaho.

COLOR

WhiteAGE AT LAST  
BIRTHDAY 33  
(Years)

BIRTHPLACE

New York

OCCUPATION

WoodsmenFULL  
MAIDEN  
NAME

MOTHER

Dora Kirkpatrick

RESIDENCE

Sandpoint, Idaho.

COLOR

WhiteAGE AT LAST  
BIRTHDAY 19  
(Years)

BIRTHPLACE

Wisconsin.

OCCUPATION

House wife.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19.

Address Sandpoint, Idaho.

Filed

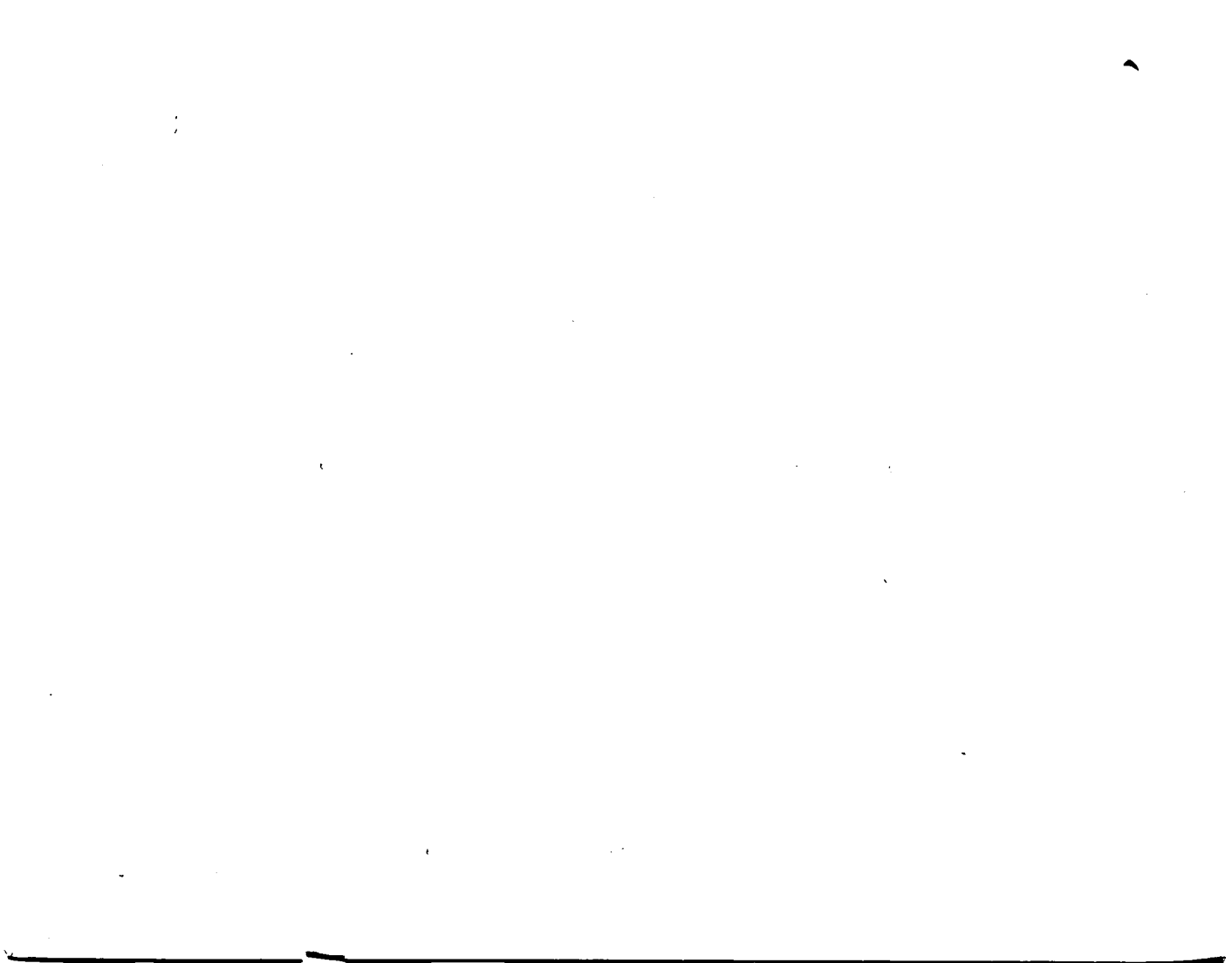
July 9 1920

FLOYD G. WENDI F

Registrar

Registrar





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-212-009-493

PLACE OF BIRTH  
amend 1-17-83County of BannerSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

80567

City of KootenaiRegistration District No. 7D

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2155

Registered No. \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Marceil Lorraine Gifford

Sex of Child FemaleTwin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate? YesDate of Birth June 12 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

John Gifford

RESIDENCE

Kootenai, Idaho

COLOR

White

AGE AT LAST

BIRTHDAY 32  
(Years)

BIRTHPLACE

Washington

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Rena Miller

RESIDENCE

Kootenai, Idaho

COLOR

White

AGE AT LAST

BIRTHDAY 30  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

House wifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 10:15 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

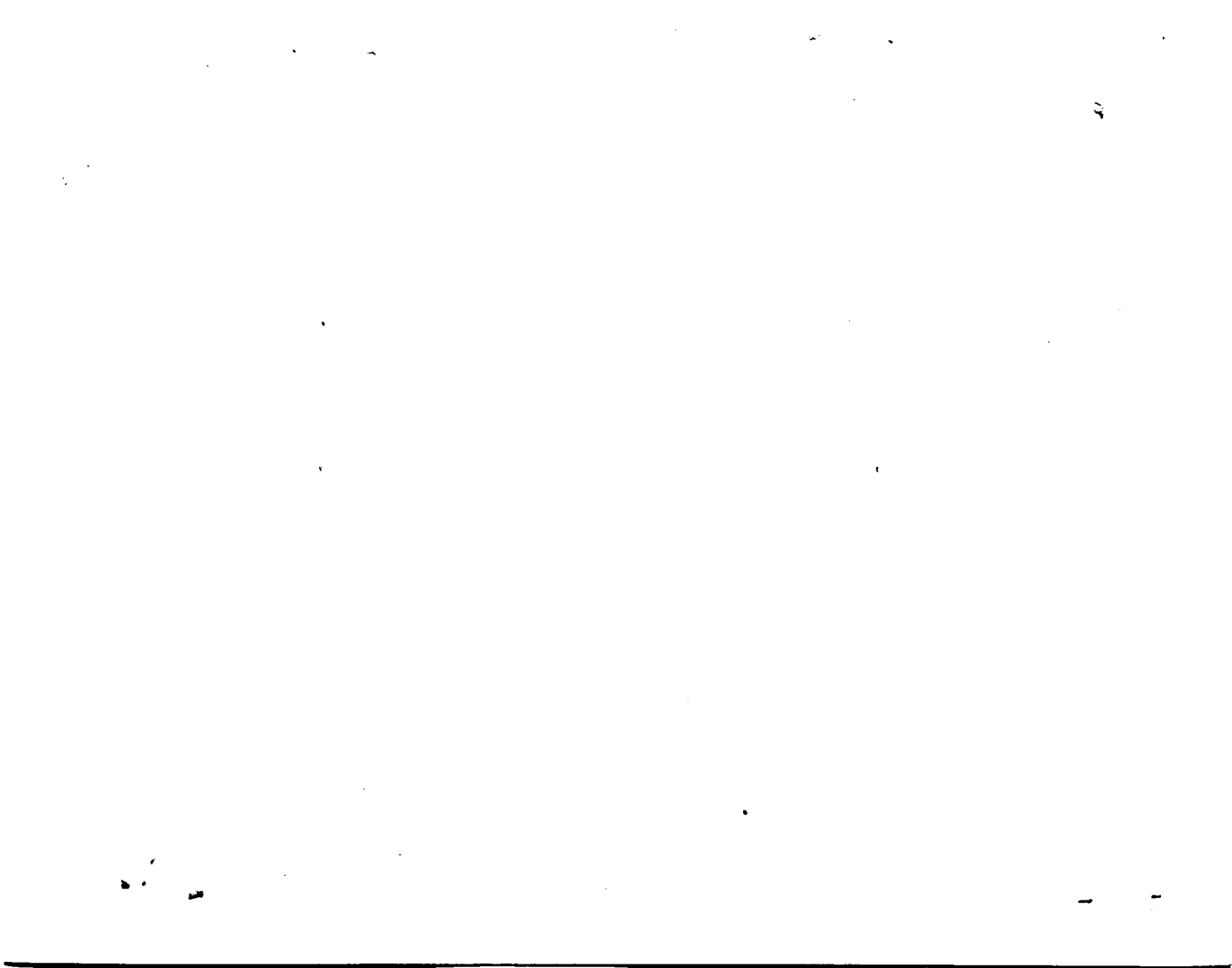
19 \_\_\_\_\_

Registrar

Address Sandpoint, IdahoFiled July 8 19 20

FLOYD G. WENDLE

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Wash. } ss.  
County of Spokane

JAN 11 1 58 PM '82

Certificate No. 80567

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Zelma Loraine Gifford who was born on June 12, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Kootenai (Bonner) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

childs name Zelma Loraine Gifford Marceil Lorraine Gifford

Subscribed and sworn to before me this 29th day of November  
19 82.

Notary Public, Bill E. Harrington

Residing at Spokane, Wa.

My commission expires August 25, 1984

(Seal)

Signature of Applicant

Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington } ss.  
County of Spokane

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of November

19 82  
Notary Public, Bill E. Harrington

Residing at Spokane, Wa.

My commission expires August 25, 1984

(Seal)

1cc p2

Supporting Signature

Street Address, City, State

Bonner County School District No 82 gives Marceil Gifford as student age 7  
enrolled in Kootenai School, date of school record Oct 26, 1927.  
Viewed by V.S.

**JAN 17 1983**

Affidavit signed by John H Gifford states Marceil Lorraine Gifford  
is daughter of John H Gifford and Rena May Miller and was born at Kootenai  
Idaho on June 12, 1920. Affidavit signed and dated on May 28, 1964.  
Viewed by V.S.

689-210-009-386

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80568

County of TromperCity of Sagle, Ida.Registration District No. 78 File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2155 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Eva Adell Whitney

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 10 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	------------------------	--

FULL NAME <u>Leigh Whitney</u>	FATHER
RESIDENCE <u>Sagle</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Morenci, Michigan</u>	
OCCUPATION <u>Printer</u>	

FULL MAIDEN NAME <u>Jennie Thomas</u>	MOTHER
RESIDENCE <u>Sagle</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Grey Town, Wis.</u>	
OCCUPATION <u>house wife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 12 AM on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adell Doolittle  
(Physician or midwife)

Given names added from a supplemental report.

Address Sagle, IdaFiled July 8 1920 FLOYD G. WENDLE  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 29 1958

APR 21 1944

851-218-009-432

## PLACE OF BIRTH

County of BonnerCity of Sandpoint

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

## CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_

File No. 80569

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child Margaret Kathryn Yeager

SEX OF CHILD <b>Female</b>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <b>Yes</b>	DATE OF BIRTH <u>June 18</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <b>FATHER</b> <u>Deceased</u>		FULL MAIDEN NAME <b>MOTHER</b> <u>Alice McKeiver</u>		
RESIDENCE		RESIDENCE <u>Minneapolis, Minnesota</u>		
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>34</u> (Years)		
BIRTHPLACE		BIRTHPLACE <u>Minneapolis, Minnesota</u>		
OCCUPATION		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... Born Alive 1:15 ..... at A. ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician

(Physician or midwife)

Given names added from a supplemental report

19 .....

Address .....

Sandpoint, IdahoFiled July 8 1920FLOYD G WENDLE

Registrar

Registrar



the same time, the same person may be a member of several different groups.

For example, a person may be a member of a family, a community, a nation, and a religion.

These groups are often called "social groups" or "social networks."

They are the groups of people that we interact with in our daily lives.

These groups can be very important in shaping our behavior and our identity.

For example, a person's family can be a very important influence on their life.

A person's community can also be a very important influence on their life.

A person's nation and religion can also be very important influences on their life.

These groups can provide us with a sense of belonging and support.

They can also provide us with a sense of purpose and meaning.

These groups can be a source of strength and resilience for us.

They can help us to overcome our challenges and achieve our goals.

These groups can be a source of joy and happiness for us.

They can be a source of love and compassion for us.

These groups can be a source of hope and faith for us.

They can be a source of inspiration and motivation for us.

These groups can be a source of wisdom and knowledge for us.

They can be a source of guidance and direction for us.

These groups can be a source of comfort and solace for us.

They can be a source of healing and restoration for us.

These groups can be a source of peace and harmony for us.

They can be a source of unity and solidarity for us.

These groups can be a source of love and compassion for us.

They can be a source of hope and faith for us.

These groups can be a source of inspiration and motivation for us.

They can be a source of wisdom and knowledge for us.

465-126-009-219

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnerCity of SandpointRegistration District No. 19File No. 80570

No. \_\_\_\_\_ St.

Hospital CityPrimary Registration District No. 2155

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Gordon Moe

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>June 26</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	---

FULL NAME <u>Martin Moe</u>	FATHER
RESIDENCE <u>Kootenai Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Norway</u>	
OCCUPATION <u>Lumber Grader</u>	

FULL MAIDEN NAME <u>Marie Kjellin</u>	MOTHER
RESIDENCE <u>Kootenai Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Norway</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10:20 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint IdahoFiled July 8 1920 FLOYD G. WENDLE

Registrar

Registrar

1-11-11

133-117-009-713

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnerCity of SandpointNo. 306 S Laramie St.Registration District No. 7DFile No. 80571

Hospital \_\_\_\_\_

Primary Registration District No. 21535

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Guy La Verne Allan

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJune 171920

(Month)

(Day)

(Year)

FULL  
NAMEFATHER  
Guy P. AllanFULL  
MAIDEN  
NAMEMOTHER  
Edith Patrick

RESIDENCE

Sandpoint 306 S Laramie

RESIDENCE

306 S. Laramie Sandpoint

COLOR

WhiteAGE AT LAST  
BIRTHDAY22  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY17  
(Years)

BIRTHPLACE

Deer Lodge Mont.

BIRTHPLACE

Eckman W. V.

OCCUPATION

Clerk.

OCCUPATION

House wifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 3-30 P M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Floyd Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint Idaho

Filed

6 - 1920

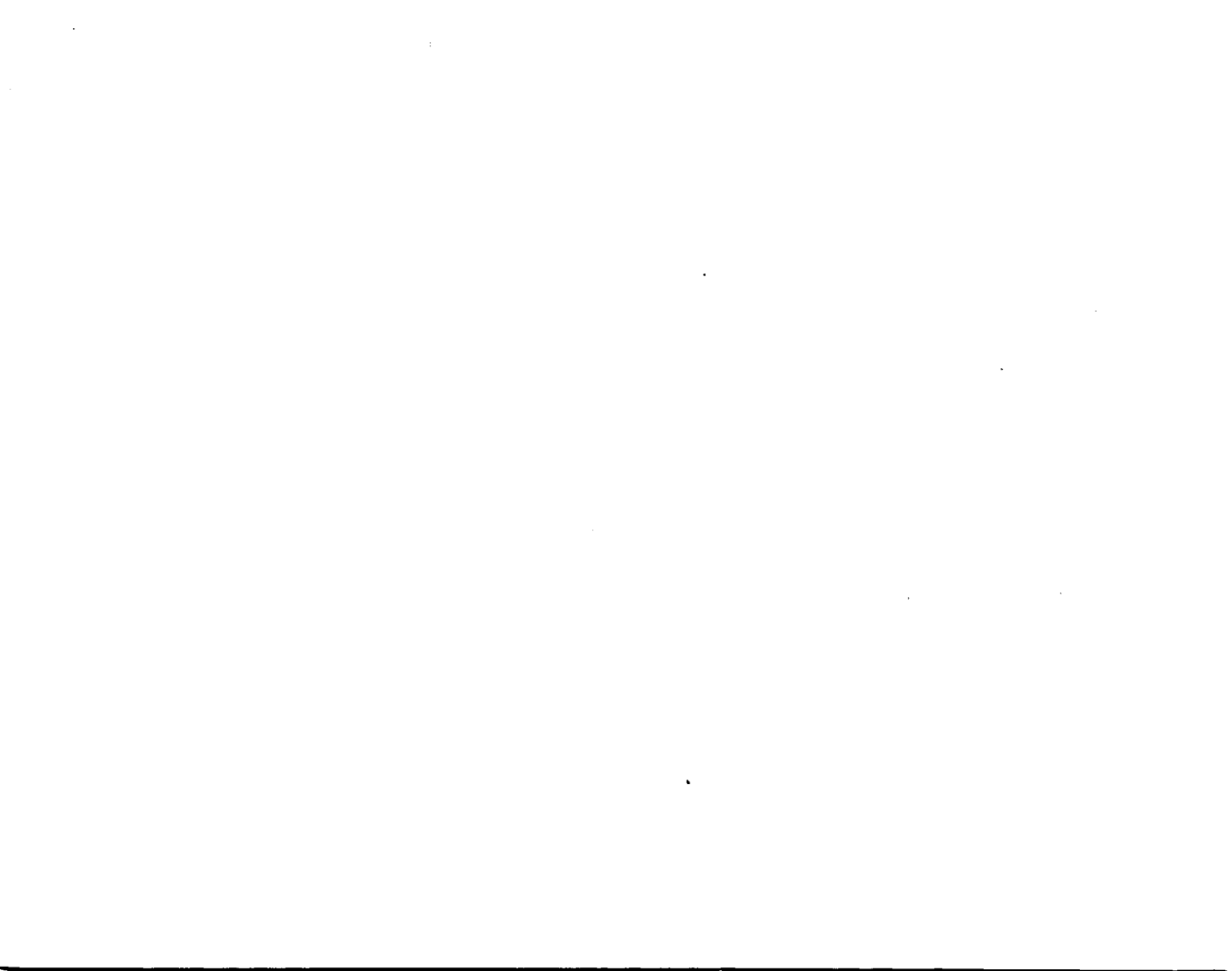
FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



396-122-009-142

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnerCity of SandpointRegistration District No. 7DFile No. 80572No. 424 Superior St.Hospital LauncesterPrimary Registration District No. 215.5

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Hard Richard Tipt

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 22</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	---------------------------	---

FULL NAME FATHER  
Carl Richard TiptFULL MAIDEN NAME MOTHER  
Lucy AdairRESIDENCE 313 S LaviniaRESIDENCE 313 S LaviniaCOLOR White AGE AT LAST BIRTHDAY 20 (Years)COLOR White AGE AT LAST BIRTHDAY 20 (Years)BIRTHPLACE Big Lake, Minn.BIRTHPLACE Sandpoint RuralOCCUPATION MillworkerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 12-40 2m on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle

(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint IdahoFiled July 8 1920 FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1969

12-15-41

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

265-125-009-314

amend parents birth place 3-15-85 dl

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 7D

File No. 80573

No. \_\_\_\_\_ St.

Hospital City

Primary Registration District No. 2153

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Warren Gerald Bonnington

Sex of Child

Male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti  
mate?

Yes

Date of Birth

June 23

1920  
(Month) (Day) (Year)

FULL NAME

FATHER

Warren D. Bonnington

RESIDENCE

Sandpoint Ida

FULL MAIDEN NAME

MOTHER

Ella Lambert

RESIDENCE

Sandpoint Ida.

COLOR

White

AGE AT LAST BIRTHDAY

31  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

30  
(Years)

BIRTHPLACE

Entiat  
Douglas Wash.

BIRTHPLACE

Marysville  
Walla Walla Wash.

OCCUPATION

Pharmist

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive at 9-35 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Floyd G. Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint Idaho.

Filed

July 9 1920

FLOYD G. WENDLE

Registrar

Registrar



AUG 15 1961

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 80573  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Warren Gerald Bonnington who was born on June 25, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Sandpoint (Bonner) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

fathers birthplace	Antietam, WA	Entiat, WA
mothers birthplace	Marriesville, WA	Marysville, WA

Subscribed and sworn to before me this 8th day of

March, 1985  
Notary Public, James R. Kimball  
Residing at St. John

My commission expires Jan 16, 1986  
(Seal)

Warren G. Bonnington  
Signature of Applicant  
RT-1 BOX 112 ST. JOHN WA 99171  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_)

(Is not necessary \_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Supporting Signature  
\_\_\_\_\_  
Street Address, City, State

1cc FBI

MAR 15 1965

455-215-009-693

PLACE OF BIRTH

IDAHO  
BUREAU OF STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Bonner

## CERTIFICATE OF BIRTH

City of HopeRegistration District No. 80File No. 1 80574

No. \_\_\_\_\_ St.

Primary Registration District No. 2157Registered No. 37

Hospital \_\_\_\_\_

FULL NAME OF CHILD Margarite Emalia Denton

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate?	Date of Birth <u>Jan. 15</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	---------------------------------------	------------------	---

FULL NAME Chester Carpenter Denton

FATHER

RESIDENCE Hope IdahoCOLOR White AGE AT LAST BIRTHDAY 33  
(Years)BIRTHPLACE Cumworth Neb.OCCUPATION CarpenterFULL MAIDEN NAME May Withnell

MOTHER

RESIDENCE Hope, IdahoCOLOR white AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE Jamestown, No. DakotaOCCUPATION House keeperNumber of child of this mother, including present birth. 4 Number of children of this mother now living, including present birth. 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive, at \_\_\_\_\_, M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. L. Salmon was in attendance but failed to make the report.  
(Physician or midwife)

Given as added from a supplemental report.  
John Larson June 5, 1920 Address \_\_\_\_\_Filed 6-5-20 1920 John Larson  
Registrar RegistrarMARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1942

RECEIVED  
OCT 15 1942

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

961-1-109-009-113

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Bonner

CERTIFICATE OF BIRTH

City of Hohe

Registration District No. 80

File No. 1 80575

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2157

Registered No. 36

Hospital \_\_\_\_\_

FULL NAME OF CHILD Hardy Richard Royan

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate?	Date of Birth <u>Feb 9th</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------	---	---------------------------------------	------------------	---

FATHER  
FULL NAME August W. Royan  
RESIDENCE Hohe Idaho  
COLOR white AGE AT LAST BIRTHDAY 42 (Years)  
BIRTHPLACE Norway  
OCCUPATION Engineer

MOTHER  
FULL MAIDEN NAME Anna Jacobson  
RESIDENCE Hohe, Idaho  
COLOR white AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE Norway  
OCCUPATION House wife

Number of child of this mother, including present birth. 8 Number of children of this mother now living, including present birth. 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

When added from a supplemental report.  
Dr. A. L. Salmon was in attendance by hospital to make report.  
Father June 5 1920 Address \_\_\_\_\_  
Dr. Salmon Filed 6-5 1920 John Larson  
Registrar Registrar

MAR 21 1973

OCT 13 1942

239-224-009-382

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of T. BannerCity of Laclede, IdahoRegistration District No. 81File No. 80576

No. .... St.

Primary Registration District No. 2158

Registered No. ....

Hospital .....

FULL NAME OF CHILD Gestude Strother

Sex of Child <u>F</u>	Twin <u>Single</u> and { Number in order of birth <u>2</u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 24</u> 191 <u>20</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FULL NAME <u>Jno. Perry Strother</u>	FATHER
RESIDENCE <u>Laclede Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Jacksonville, Ind.</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Dorothy Rystia</u>	MOTHER
RESIDENCE <u>Laclede Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Holland Mich.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive July 24/20, at 800 A.M.  
on the date above stated. (Born alive or stillborn)

When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frederick M.D.  
Laclede Idaho  
(Physician or midwife)

Given names added from a supplemental report.

x ..... 19.....
Address Laclede Idaho
x ..... 19.....
Filed July 30 1920

Registrar

Registrar



JUN 26 1942

343-229-009-235

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

## CERTIFICATE OF BIRTH

County of BonnerCity of Koelede IdaRegistration District No. 81File No. 2 80577

No. .... St.

Primary Registration District No. 2158

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Leona Lethia Tuchs

Sex of Child

FemaleTwins  
Triplets  
or other

{ and {

Number  
in order  
of birth5" 5"Legiti-  
mate?YesDate of  
BirthMay 29 20

(Month) (Day) (Year)

FULL  
NAMEFATHER August TuchsFULL  
MAIDEN  
NAMEMOTHER Frances Stendenmier

RESIDENCE

near Koelede Ida

RESIDENCE

Koelede, Ida. (near)

COLOR

whiteAGE AT LAST  
BIRTHDAY47  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Germany

BIRTHPLACE

Germany

OCCUPATION

Rancher

OCCUPATION

Housewife

Number of child of this mother, including present birth

6

Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive May 29, 1920, at 3000

(Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Fred. H. DidierKoelede Ida

(Physician or midwife)

Given names added from a supplemental report.

Address Koelede IdaFiled June 3 1922F. W. Didier MD

Registrar

Registrar

JUN 10 1966

533-103-009-613

## PLACE OF BIRTH

County of BonnerCity of Kaceledge Ida

Registration District No. ....

No. .... St.

Primary Registration District No. ....

File No. ....

80578

Hospital .....

Registered No. ....

FULL NAME OF CHILD Horton Ellsworth ElledgeSex of Child maleTwin Single } and { Number in order of birth 6"  
(To be answered only in event of plural births)Legitimate? yesDate of Birth June 3" 1920  
(Month) (Day) (Year)FULL NAME James Elgin Elledge FATHERFULL MAIDEN NAME Ida May Walters MOTHERRESIDENCE Kaceledge IdaRESIDENCE Kaceledge IdaCOLOR white AGE AT LAST BIRTHDAY 38  
(Years)COLOR white AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE Clayton County, IowaBIRTHPLACE Barron, WisOCCUPATION Laborer, Saw MillOCCUPATION HousewifeNumber of child of this mother, including present birth 6" Number of children of this mother now living, including present birth 5"

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born June 3, 1920 at 325 P.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred W. Bidler

Given names added from a supplemental report.

Kaceledge Ida  
(Physician or midwife)Address Kaceledge IdahoFiled June 3, 1920 Fred W. Bidler  
Registrar

Registrar

MAY 14 1969

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-229-009-235

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

County of .....

City of ..... Registration District No. 81

File No. 3 8.05.79

No. .... St.

Primary Registration District No. 2158

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Neoda Helena Fuchs

Sex of Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

Twin

Number  
in order  
of birth

6

Legitimate? yes

Date of Birth May 29 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

August Fuchs

RESIDENCE

Near Loeede Idaho

COLOR

white

AGE AT LAST  
BIRTHDAY4/7  
(Years)

BIRTHPLACE

Germany

OCCUPATION

Rancher

FULL  
MAIDEN  
NAME

MOTHER

Frances Stendenmier

RESIDENCE

Near Loeede Idaho

COLOR

white

AGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Germany

OCCUPATION

Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive May 29 1920, at 3304 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. W. Dieder MD

Loeede Idaho

(Physician or midwife)

Given names added from a supplemental report.

Address

Loeede Idaho

Filed

June 2 1920

D. W. Dieder MD

Registrar

Registrar

JUN 10 1966

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-131-009-481

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-5-17  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of BonnerCity of LacledaRegistration District No. 81File No. 180580

No. .... St.

Primary Registration District No. 2158

Registered No. ....

Hospital .....

FULL NAME OF CHILD Donald Whitney PetersonSex of Child maleTwin Single and Number in order of birth first  
(To be answered only in event of plural births)Legitimate? yeDate of Birth May 31 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

Sanford Peterson

RESIDENCE

Lacleda Idaho

COLOR

white

AGE AT LAST BIRTHDAY

24  
(Years)

BIRTHPLACE

Waupaca, Wis.

OCCUPATION

Lumber Sawmill

FULL MAIDEN NAME

MOTHER

Helma J. Deper

RESIDENCE

Lacleda Ids.

COLOR

white

AGE AT LAST BIRTHDAY

20  
(Years)

BIRTHPLACE

Lola Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth ONE Number of children of this mother now living, including present birth ONE

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive May 31, 1920 at 10 P.  
on the date above stated. (Born alive or stillborn) M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Fred H. Didier MD

(Physician or midwife)

Given names added from a supplemental report.

Address

Lacleda, Idaho

Filed

June 1 1920

Registrar

Registrar



JUN 28 1956

544-202-009-751

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BonnerCity of Priest River,Registration District No. 85File No. 80581

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Priest RiverPrimary Registration District No. 2185Registered No. 28

FULL NAME OF CHILD

Noami June EmmonsSex of  
ChildFemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJune21920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Jess Emmons

RESIDENCE

Priest River, Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY 34

(Years)

BIRTHPLACE

Calif.

OCCUPATION

Logging foremanFULL  
MAIDEN  
NAME

MOTHER

Jennie Pearson

RESIDENCE

Priest River, Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY 36

(Years)

BIRTHPLACE

Sweden.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive

(Born alive or stillborn)

2P.M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Priest River, Ida.

Filed

July 11920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JUL 22 1947

DEC 5 1941

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-129-009-123

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80582

County of **Bonner**

City of **PIRST RIVER, IDAHO**

85

Registration District No. File No. 1

No. St.

Primary Registration District No. **2185** Registered No. **29**

Hospital

FULL NAME OF CHILD **Marion Burns**

Sex of Child <b>Male</b>	Twin Triplet or other? <b>(To be answered only in event of plural births)</b>	and	Number in order of birth	Legiti mate? <b>Yes</b>	Date of Birth <b>June 29 19 20</b> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------	-------------------------	--

FULL NAME **FATHER Wm Burns**

RESIDENCE **PIRST RIVER, IDAHO**

COLOR **White** AGE AT LAST BIRTHDAY **41** (Years)

BIRTHPLACE **Kansas**

OCCUPATION **Farmer**

FULL MAIDEN NAME **MOTHER Margarete Ableman,**

RESIDENCE **PIRST RIVER, IDAHO**

COLOR **White** AGE AT LAST BIRTHDAY **35** (Years)

BIRTHPLACE **Iowa**

OCCUPATION **Housewife**

Number of child of this mother, including present birth **3** Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive** at **9.15 A M.** on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **E. P. Gertloff M.R.**

**Physician**  
(Physician or midwife)

Given names added from a supplemental report.

Address **PIRST RIVER, IDAHO**

Filed **July 1 19 20** **E. P. Gertloff** Registrar

Registrar

JAN 27 1960

231-114-010-219

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25a-8-17

## CERTIFICATE OF BIRTH

80583

County of BonnevilleCity of Laurel, Id.Registration District No. 7.3

File No. ....

No. .... St.

Primary Registration District No. 210-0Registered No. 134

Hospital .....

FULL NAME OF CHILD IVERY DEAN STAUFFER

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>Yes</u>	Date of Birth <u>July 14</u> 191 <u>8</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Ivery Stauffer</u>			FULL MAIDEN NAME <u>Bertha Bailey</u>	
RESIDENCE <u>Laurel, Id.</u>			RESIDENCE <u>Laurel, Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Murray, Utah</u>			BIRTHPLACE <u>Salt Lake City, Utah</u>	
OCCUPATION <u>Tanning</u>			OCCUPATION <u>Housework</u>	
Number of child of this mother, including present birth <u>4</u>			Number of children of this mother now living, including present birth <u>4</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 330 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Lysman


Given names added from a supplemental report.

(Physician or midwife)

Address Laurel, Id.Filed July 21, 1920

Registrar

Registrar



NOV 15 195-

45-101-010-391

## PLACE OF BIRTH

County of *Bonner*City of *Shoshone Falls*

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25a-8-17

## CERTIFICATE OF BIRTH

Registration District No. *23*

File No. ....

80584

Primary Registration District No. *21.V.70*Registered No. *133*FULL NAME OF CHILD *Harold Lee Davis*

Sex of Child <i>Male</i>	Twin Triplet or other? <i></i>	and { Number in order of birth <i></i>	Legitimate? <i>Yes</i>	Date of Birth <i>June 1 20</i> (Month) (Day) (Year)
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FULL NAME <i>Charles L. Davis</i>	FATHER
RESIDENCE <i>Shoshone Falls Ida.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>31</i> (Years)
BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Carpenter</i>	

FULL MAIDEN NAME <i>Clara Crofterson</i>	MOTHER
RESIDENCE <i>Shoshone Falls Ida.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE <i>La Mesa Col.</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth... *3* ... Number of children of this mother now living, including present birth... *3* ...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive*, at *2 P.* M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. J. Crofterson*

(Physician or midwife)

Given names added from a supplemental report.

Address *Shoshone Falls Ida.*Filed *July 20 1920*

Registrar

Registrar



SEP 5 1967

APR 14 1950

851-206-010-892

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-25m-8-8-17

County of BannockCity of Laurel FallsNo. Cliff St.Registration District No. 7.3File No. 80585Primary Registration District No. 21.1.1.1Registered No. 132

Hospital

FULL NAME OF CHILD Marcella Heath

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u>	and in order of birth <u>    </u>	Legitimate? <u>yes</u>	Date of Birth <u>June 6</u> 191 <u>2</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>Earl Heath</u>	FATHER
RESIDENCE <u>Laurel Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Richmond Va.</u>	
OCCUPATION <u>Electrician</u>	

FULL MAIDEN NAME <u>Eugene Hinger</u>	MOTHER
RESIDENCE <u>Laurel Falls Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Holland</u>	
OCCUPATION <u>Homemaker</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Hinger

Given names added from a supplemental report.

Physician  
(Physician or midwife)

Address Laurel Falls Ida.

Filed July 20 1920 W. H. Hinger  
Registrar Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

111

111

111

111

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of California } ss. Certificate No. 80585  
County of Los Angeles } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Heath who was born on June 6, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Idaho Falls are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Certificate of Baptism & Confirmation prepared on 2-18-21, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** Viewed by V. S. **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Child's Name — Unnamed Marcella Heath

Subscribed and sworn to before me this 5th. day of March 19 51  
Ernest H. Walker  
Notary Public, residing at 1504 Pioneer Blvd.,  
Northwalk, Calif.  
My commission expires 4-17-58  
(Seal)

Signed William Earl Heath  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
4648 S. Pine St., Montebello, Calif.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California } ss.  
County of Los Angeles }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th. day of March 19 51  
Ernest H. Walker  
Notary Public, residing at 1504 Pioneer Blvd.,  
Northwalk, Calif.  
My commission expires 4-17-58  
(Seal)

Signed Agnes Higen Heath  
(Signature of Any Credible Person)  
4648 S. Pine St., Montebello, Calif.  
(Street Address, City, State)

MAR 12 1957

168-124-010-699

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-8-17

County of Bonneville

City of Laurel Valley

Registration District No. 7.3

File No. 80586

No. ..... St. .....

Primary Registration District No. 21.1-0

Registered No. 131

Hospital ..... DOUGLAS BLAINE JOHNS

FULL NAME OF CHILD David M. Johns Jr.

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> and (Number in order of birth) <u>.....</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 27</u> 191 <u>2</u> (Month) (Day) (Year)
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FULL NAME <u>David M. Johns</u>	FATHER
RESIDENCE <u>Laurel Valley, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>3.3</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Emp. Lake Washington Co.</u>	

FULL MAIDEN NAME <u>Oliver Perkins</u>	MOTHER
RESIDENCE <u>Laurel Valley, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. Clark

Given names added from a supplemental report.

Physician  
(Physician or midwife)

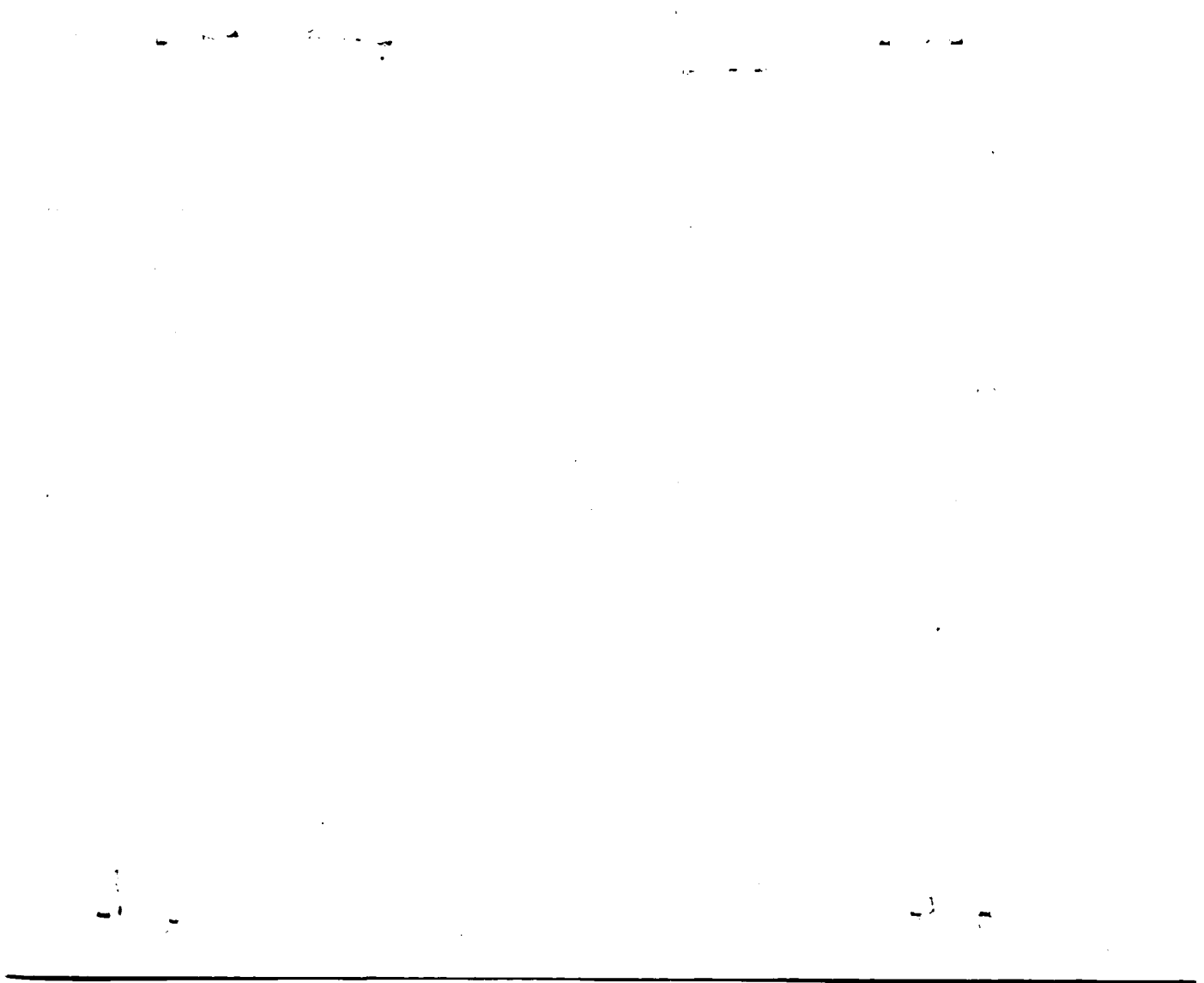
Address Laurel Valley, Idaho

Filed July 20 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California ss.  
County of Sacramento

Certificate No. 80586

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Fred N. Johnson Jr. who born on May 24, 1920  
(Name of Original Certificate) (Was Born or Died) (Date of Event)  
in Los Angeles, Calif. are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Mother prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
(“Name”, “Birth Date”, “Cause of Death”, Etc.) (As on Original)  
Name Fred N. Johnson Jr. Douglas Blaine Johns  
TO  
(The Correct Facts)

Subscribed and sworn to before me this 28th  
day of December, 1942  
M. E. Leach

Signed Fred N. Johnson Jr. (father)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
922 Que St. Calif.  
(Street Address, City, State)

Notary Public, residing at Sacramento, Calif.  
My commission expires July 9, 1944  
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.  
County of Sacramento

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 28th  
day of December, 1942  
M. E. Leach

Signed Olive Virgin Johns  
(Signature of Any Credible Person Other Than Previous Year)  
922 Que St. Sacramento, Calif.  
(Street Address, City, State)

Notary Public, residing at Sacramento, Calif.  
My commission expires July 9, 1944  
(Seal)



JAN 4 1943

343-216-010-275

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25a-8-8-17

County of BannockCity of EdinburgRegistration District No. 73File No. 80587No.        St.       Primary Registration District No. 2140Registered No. 130Hospital       FULL NAME OF CHILD Geraldine Bertha

Sex of Child <u>Female</u>	Twin Triplet or other? <u>      </u> (To be answered only in event of plural births)	and { Number in order of birth <u>1</u> }	Legitimate? <u>yes</u>	Date of Birth <u>Aug 16 20</u> (Month) (Day) (Year)
----------------------------	---	---	------------------------	--

FULL NAME <u>Joseph Ludwig</u>	FATHER
RESIDENCE <u>Edinburg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Barania</u>	
OCCUPATION <u>Concrete Worker</u>	

FULL MAIDEN NAME <u>Mathilda Klein</u>	MOTHER
RESIDENCE <u>Edinburg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:09 M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. K. Kinnaman

Given names added from a supplemental report.

Address Edinburg IdahoFiled July 20 20 W. K. Kinnaman

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1944

469-101-010-319

## PLACE OF BIRTH

County of BonnerCity of Idaho Falls

No. .... St.

Hospital Pfizer

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25a-9-8-17

Registration District No. .... 23 .....File No. .... 80588 .....Primary Registration District No. .... 21-2-7 .....Registered No. .... 129 .....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>July 1</u> 19 <u>20</u> Month (Day) (Year)
FULL NAME FATHER <u>Carl Henry Hanson</u>			FULL MAIDEN NAME MOTHER <u>Ruth Carter</u>	
RESIDENCE <u>Idaho Falls Idaho</u>			RESIDENCE <u>Idaho Falls Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>14</u> (Years)
BIRTHPLACE <u>Idaho Falls Idaho</u>			BIRTHPLACE <u>Idaho Falls Idaho</u>	
OCCUPATION <u>Farming</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. .... 1 .....Number of children of this mother now living, including present birth. .... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

Address Idaho Falls IdahoFile July 20 1920 [Signature]

\*Registrar

Registrar

[illegible]

753-213-033-294

PLACE OF BIRTH

County of MadisonCity of Ucon

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 73File No. 80589

Hospital \_\_\_\_\_

Primary Registration District No. 2107Registered No. 124

FULL NAME OF CHILD

Baby Peterson

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegit  
mate?yes

Date of Birth

7131920

(Month)

(Day)

(Year)

FULL NAME

FATHER  
Lester H Peterson

RESIDENCE

Ucon Idaho

COLOR

White

AGE AT LAST BIRTHDAY

26

(Years)

BIRTHPLACE

Hyrum Utah

OCCUPATION

Mechanics

FULL MAIDEN NAME

MOTHER  
Nellie May Simmons

RESIDENCE

Ucon Idaho

COLOR

White

AGE AT LAST BIRTHDAY

24

(Years)

BIRTHPLACE

Ucon

OCCUPATION

H. H.Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

(Signature)

Idaho  
(Born alive or stillborn)  
8 20 am  
Jabez M. Pratt  
Dr.

(Physician or midwife)

Address

Idaho Falls Idaho

Filed

July 14 1920

Registrar

Registrar



MAR 25 1976

399-115-033-282

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MadisonCity of Idaho FallsRegistration District No. 73File No. 80590

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2130Registered No. 127

FULL NAME OF CHILD

Baby Criddle Charles Glenn

Sex of Child

maleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth7 151920FULL  
NAMEFATHER  
Chas E. Criddle

RESIDENCE

Idaho Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Meadow Utah

OCCUPATION

SheriffFULL  
MAIDEN  
NAMEMOTHER  
Ethel Bybee

RESIDENCE

Idaho Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Mt Placid Utah

OCCUPATION

House WifeNumber of child of this mother, including present birth 6Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

alive at 10:25 a.m.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Jabez P. West  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho Falls, Idaho

Filed

July 10 1920

Registrar

Registrar



7-10-41

665-121-010-235  
PLACE OF BIRTH

Form V No. 11—Rev. 7-22

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80591

County of BonnevilleCity of Jona Registration District No. 73 File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 21V2 Registered No. 126

Hospital \_\_\_\_\_

FULL NAME OF CHILD Robert Le Grand OwensSex of Child Male { Twin Triplet or other? } and { Number in order of birth } Legitimate? yes Date of Birth 6-21-20  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	<u>Alma L. Owens</u>	FULL MAIDEN NAME	<u>Sarah Steel</u>
RESIDENCE	<u>Jona</u>	RESIDENCE	<u>Jona</u>
COLOR	<u>White</u>	COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>29</u> (Years)	AGE AT LAST BIRTHDAY	<u>30</u> (Years)
BIRTHPLACE	<u>Idaho</u>	BIRTHPLACE	<u>Idaho</u>
OCCUPATION	<u>Farmer</u>	OCCUPATION	<u>House Wife</u>

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19\_\_\_\_

Address \_\_\_\_\_

Filed 7/14 1920

Registrar.

Physician or Midwife  
\_\_\_\_\_  
Registrar.

APR 30 1946

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

986-202-010-312  
 PLACE OF BIRTH

Form V. 1. No. 11—20m-7-22-19

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 80593

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2100 Registered No. 124

Hospital \_\_\_\_\_

FULL NAME OF CHILD Baby Rhoades

Sex of Child Female Twin Triplet or other? \_\_\_\_\_ and (Number in order of birth of birth \_\_\_\_\_) Legitimate? yes Date of Birth 7 2 1924 (Month) (Day) (Year)

FULL NAME FATHER J. P. Rhoades

RESIDENCE Idaho Falls

COLOR White

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Laborer

FULL MAIDEN NAME MOTHER Hella Labrum

RESIDENCE Idaho Falls

COLOR White

AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

Address Leeds Jones Ids

Filed 7/14 1924 W. J. [Signature]

Registrar.

Registrar.

MAR 2 1971

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

219-111-010-796

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 73

File No. 80595

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2112

Registered No. 122

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Darwin Barnes

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>7</u> <u>11</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----------	--------------------------------	-------------------------	--

FULL NAME Wilford Barnes

FATHER

RESIDENCE

Ucon Idaho

COLOR

White

AGE AT LAST BIRTHDAY

23

(Years)

BIRTHPLACE

Utah

OCCUPATION

Farmer

FULL MAIDEN NAME

Estella Pearl Groen

MOTHER

RESIDENCE

Ucon Idaho

COLOR

White

AGE AT LAST BIRTHDAY

23

(Years)

BIRTHPLACE

Ucon

OCCUPATION

House Wife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

alive, at 1:30 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

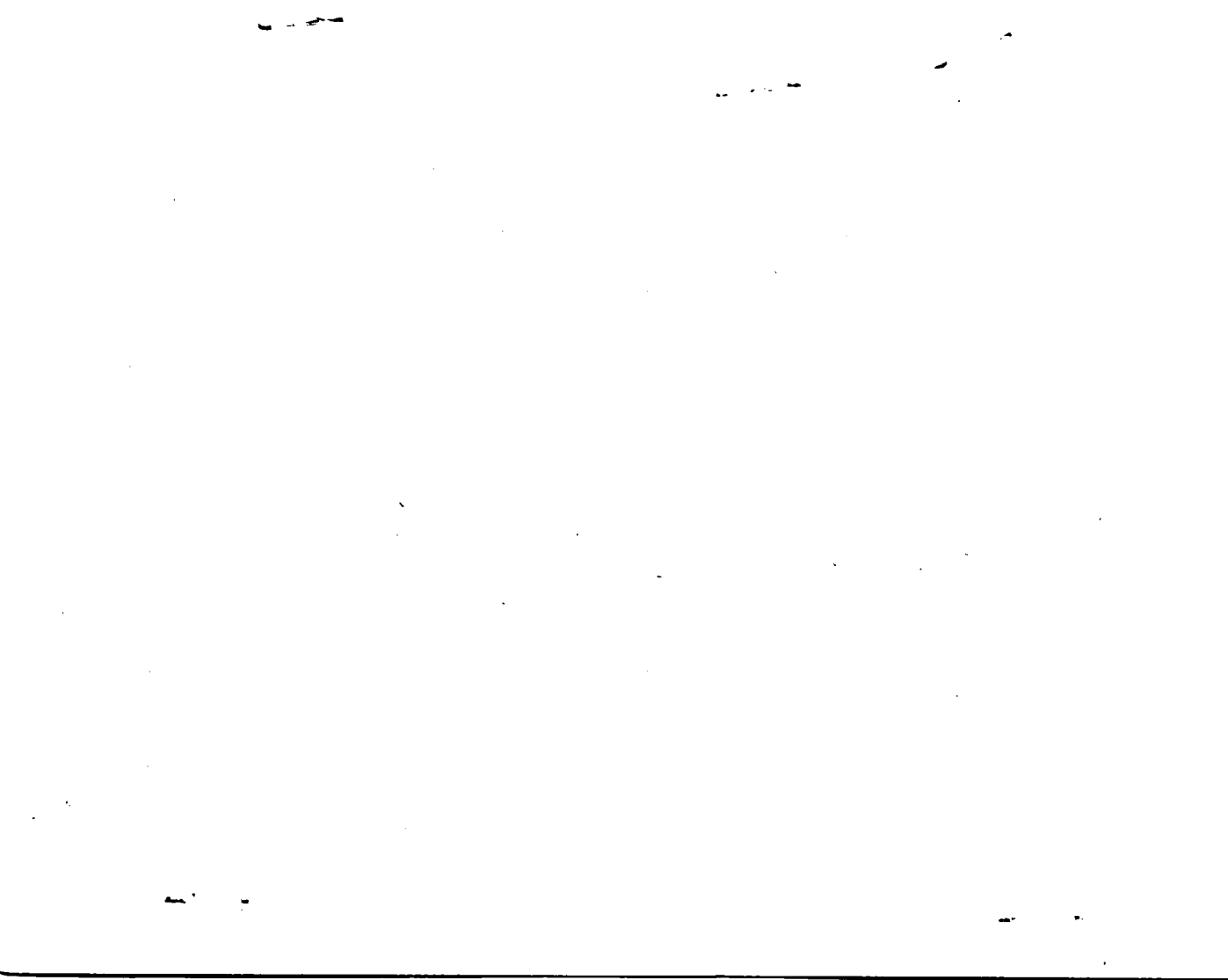
[Signature]

Filed

July 14 19 20

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Bonneville } ss. Certificate No. 80595  
JUL - 2 1945 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Darwin Barnes who was born on July 11, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Ucon, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record prepared on July 15, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Barnes Darwin Barnes

Subscribed and sworn to before me this 29th  
day of June, 1945.  
Idaho Falls, Ida  
Notary Public, residing at Idaho Falls, Ida  
My commission expires July 8, 1948  
(Seal)  
Signed Pearl Groom Barnes  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Idaho Falls, Ida  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Bonneville } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.) ]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.  
Subscribed and sworn to before me this 29th  
day of June, 1945.  
Idaho Falls, Ida  
Notary Public, residing at Idaho Falls, Ida  
My commission expires July 8, 1948  
(Seal)  
Signed Myrtle Barnes  
(Signature of Any Credible Person)  
204 Lomas St  
(Street Address, City, State)  
Idaho Falls, Ida



JUL 3 1945

282-11-010-313

PLACE OF BIRTH—

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnevilleCity of Collman

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 73File No. 80596

Hospital \_\_\_\_\_

Primary Registration District No. 2117 Registered No. 121

FULL NAME OF CHILD

Baby BybeeSex of Child maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegit  
mate?yesDate of  
Birth7111921

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Lawrence H. Bybee

RESIDENCE

Collman Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY25

(Years)

BIRTHPLACE

Collman Ida

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Grace L. Talbot

RESIDENCE

Collman Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY18

(Years)

BIRTHPLACE

Cardston Canada

OCCUPATION

House Wife

Number of child of this mother, including present birth. \_\_\_\_\_ Number of children of this mother now living, including present birth. \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.\*When there was no attending physician or  
midwife then the father, husband, etc.,  
should make this return. A newborn child is  
one that neither breathes nor shows other  
evidence of life after birth.

Given names added from a supplemental report.

19

(Signature)

(Born alive or stillborn)

(Physician or midwife)

Address

Filed

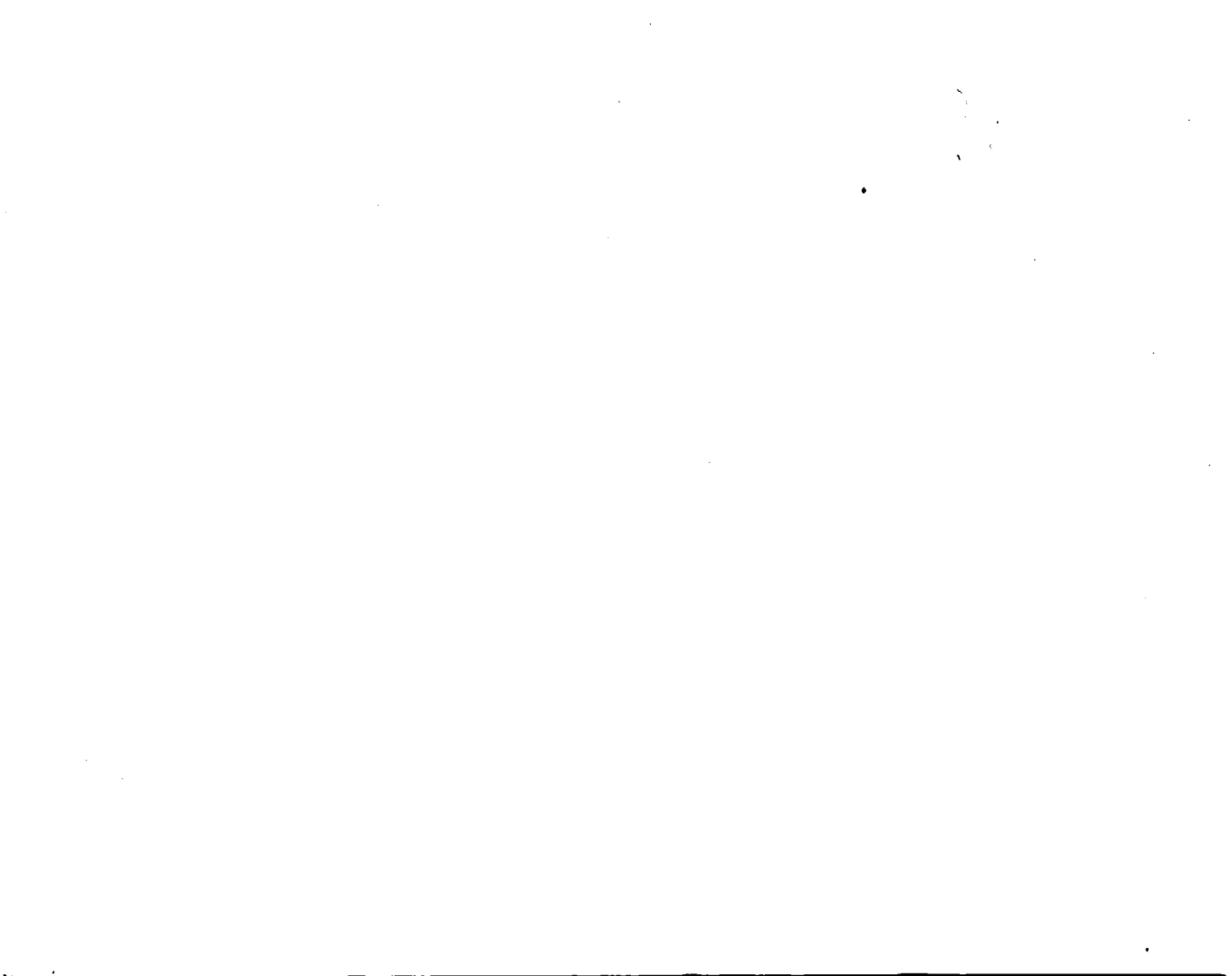
7/14

19

20W. F. ...

Registrar

Registrar



355-227-010-853

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnevilleCity of AmmonRegistration District No. 73File No. 80597

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2190 Registered No. 119

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Baby Lee

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legit mate? <u>yes</u>	Date of Birth <u>6 27 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	---	---------------------------	--

FATHER  
FULL NAME Nels J. Lees  
RESIDENCE Ammon Ida  
COLOR \_\_\_\_\_ AGE AT LAST BIRTHDAY 40  
(Years)  
BIRTHPLACE Huntsville Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Lena Helmandoler  
RESIDENCE Ammon Idaho  
COLOR White AGE AT LAST BIRTHDAY 38  
(Years)  
BIRTHPLACE Lewiston Utah  
OCCUPATION House Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 5:am M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

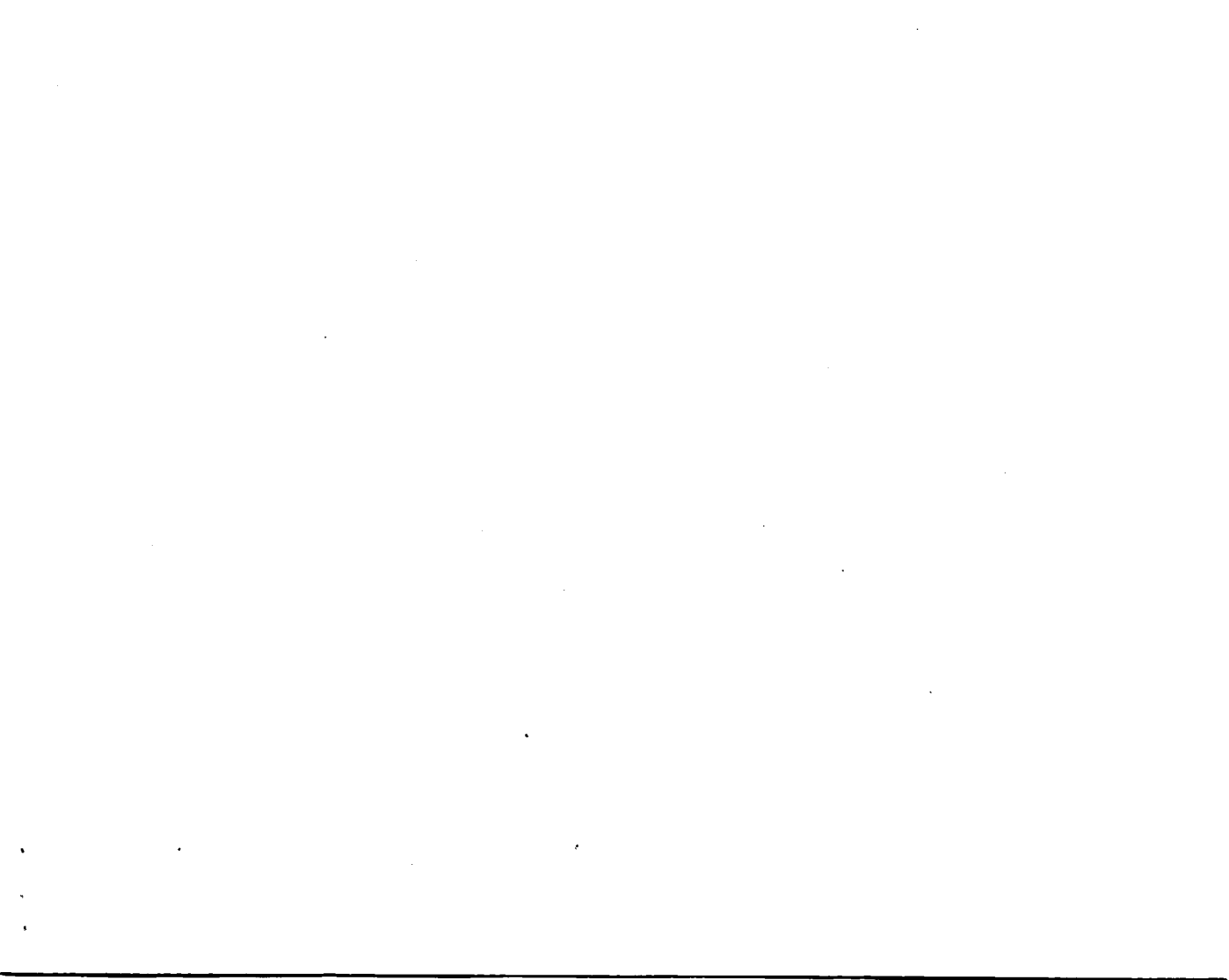
Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



951-102-010-862

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

name added

STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Bonneville

9/8/80

CERTIFICATE OF BIRTH

City of Idaho FallsRegistration District No. 73

File No.

80598

No. \_\_\_\_\_ St.

Primary Registration District No. 2100Registered No. 112

Hospital \_\_\_\_\_

FULL NAME OF CHILD John Junior ReadingSex of  
ChildMaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth721920

(Month)

(Day)

(Year)

FULL  
NAMEJohn J. Reading

FATHER

RESIDENCE

Idaho Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY43  
(Years)

BIRTHPLACE

Providence Utah

OCCUPATION

ButcherFULL  
MAIDEN  
NAMEElizabeth Hobbs

MOTHER

RESIDENCE

Idaho Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Benson Utah

OCCUPATION

House WifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 5:20 P.M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho Falls

Filed

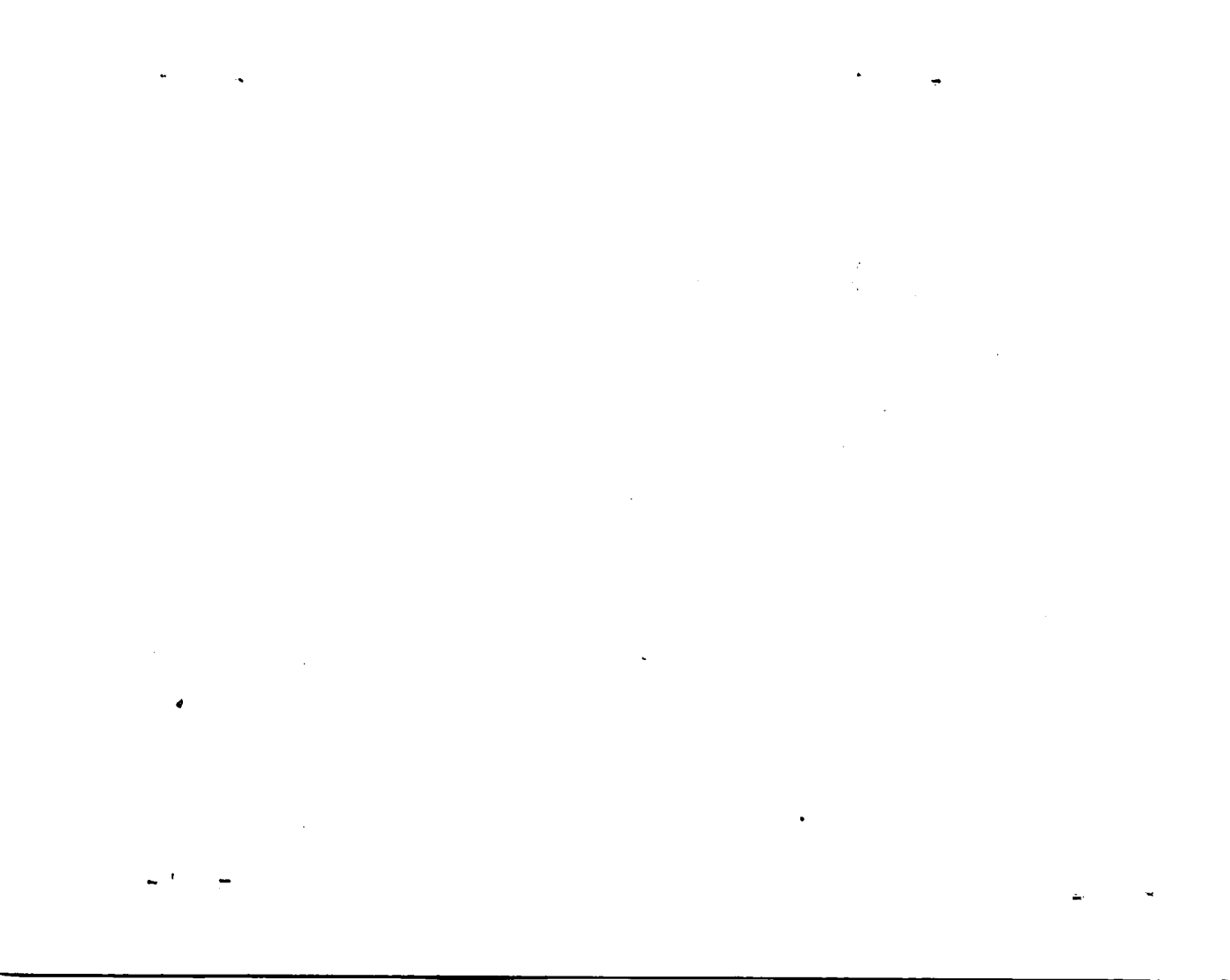
7/1419 20W. J. ...

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

7-15-80  
**RECEIVED**  
AUG 22 1980

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

Bureau of Vital Statistics

Certificate No. 80598

Date Filed \_\_\_\_\_

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Reading who was born on July 2, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Idaho Falls (Bonnevile) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**  
childs name

**FROM**  
omitted

**TO**

John Junior Reading

Subscribed and sworn to before me this 19 day of

December, 1980.

Notary Public, John M. W. W. W.

Residing at 1044 7th St West Helena Montana

My commission expires Dec. 3, 1980

(Seal)

Signature of Applicant

Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

(Must be completed \_\_\_\_\_)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State



Membership record from the LDS Church gives name as John Junior Reading  
born July 2, 1920 at Idaho Falls, Idaho. father's name as John J. Reading and  
mother's name as Elizabeth Hobbs. viewed by V. S.

Family group record for John J. Reading and Elizabeth Hobbs. gives child's  
name as John Junior Reading. born July 2, 1920 at Idaho Falls, Idaho.  
viewed by V. S.

SEP 9 1980

295-229-010-962

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH name added 12/19/79 STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Bonneville

## CERTIFICATE OF BIRTH

City of Idaho FallsRegistration District No. 73File No. 80599

No. \_\_\_\_\_ St.

Primary Registration District No. 2150Registered No. 117

Hospital \_\_\_\_\_

FULL NAME OF CHILD. Afton R. King

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimacy? <u>yes</u>	Date of Birth <u>6</u> <u>29</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FATHER  
FULL NAME Stanley Irvine King  
RESIDENCE Ucon  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Antimony Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Felitha A Robinson  
RESIDENCE Ucon Idaho  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Ucon Idaho  
OCCUPATION House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. 10:45 a.m.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fabriz West(Physician or midwife) md

Given names added from a supplemental report.

19

Address Idaho FallsFiled 7/1719 20Registrar W. K. Kinnard

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

F



9-14-79

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics  
**RECEIVED**

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

OCT 11979

State of Idaho }  
County of Bonneville } ss.

Bureau of Vital Statistics

Certificate No. 80599  
Date Filed 9-27-79The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed King who was born on June 29, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Idaho Falls, (Bonneville) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameomittedAften Rosa KingSubscribed and sworn to before me this 27th day of  
September, 1979.Notary Public, Beryl B. Hills  
Residing at Idaho Falls, IdahoMy commission expires Lifetime Commission  
(Seal)Aften R. King  
Signature of Applicant  
391 Box 150-R, Rigby, Idaho  
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Bonneville } ss.(Must be completed \_ )  
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of  
September, 1979Notary Public, Beryl B. Hills  
Residing at Idaho Falls, IDMy commission expires Lifetime  
(Seal)Stanley King - Father  
Supporting Signature  
391 Box 150-R, Rigby, Idaho  
Street Address, City, State

Pickup Title from Dept of Law Enforcement, State of Idaho gives ~~xxx~~ name as Joseph F. & or Afton R. Carboneau. dated Dec 3, 1973. viewed by V. S.

Federal income tax return form for 1969 gives name as Jose =ph F. & Alfton Rose Carboneau viewed by V. S.

DEC 20 1973

693-117-010-269

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

No. 11-C-25m-7-21-19

County of Bonneville

CERTIFICATE OF BIRTH

City of UconRegistration District No. 73

File No.

80600

No. \_\_\_\_\_ St.

Primary Registration District No. 2100Registered No. 116

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Wilkins, William Reed

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth6 17 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Reuben WilkinsFULL  
MAIDEN  
NAME

MOTHER

Mary H. Jensen

RESIDENCE

Ucon

RESIDENCE

Ucon Idaho.

COLOR

WhiteAGE AT LAST  
BIRTHDAY43  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Murray Utah.

BIRTHPLACE

Murray Utah.

OCCUPATION

Butcher

OCCUPATION

House WifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive  
on the date above stated.

(Born alive or stillborn)

at 2<sup>30</sup> a.m.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Idaho Falls

Filed

7/14

19

20U. Jensen

Registrar

Registrar

OCT 10 1944

NOV 15 1944

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

City of Neon Registration District No. 73 File No. 80601  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital \_\_\_\_\_ Primary Registration District No. 2147 Registered No. 111  
FULL NAME OF CHILD Baby Hill

Sex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth 6 16 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Samuel A Hill  
RESIDENCE Pleasant Idaho  
COLOR White AGE AT LAST BIRTHDAY 27  
(Years)  
BIRTHPLACE Pleasant Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Priscilla Phillips  
RESIDENCE Neon Idaho  
COLOR White AGE AT LAST BIRTHDAY 25  
(Years)  
BIRTHPLACE Preston Idaho  
OCCUPATION House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6:15 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Labez W. Stok

(Physician or midwife) M.D.

Given names added from a supplemental report.

Address Idaho Falls Ida

Filed 7/14 19 20 W. J. J. J.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLATE 18

County of ...

...

844-213-210-813

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-23m-7-21-19

County of BonnevilleCity of Idaho FallsRegistration District No. 73 File No. 80602

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2150 Registered No. 114FULL NAME OF CHILD Colleen Claire Humphrey

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 13</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME Clair Humphrey  
RESIDENCE Idaho Falls, Ida  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)

MOTHER  
FULL MAIDEN NAME Freda Hatfield  
RESIDENCE Idaho Falls, Ida  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Nebraska  
OCCUPATION Express Agent

BIRTHPLACE Missouri  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive, at 3:45 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

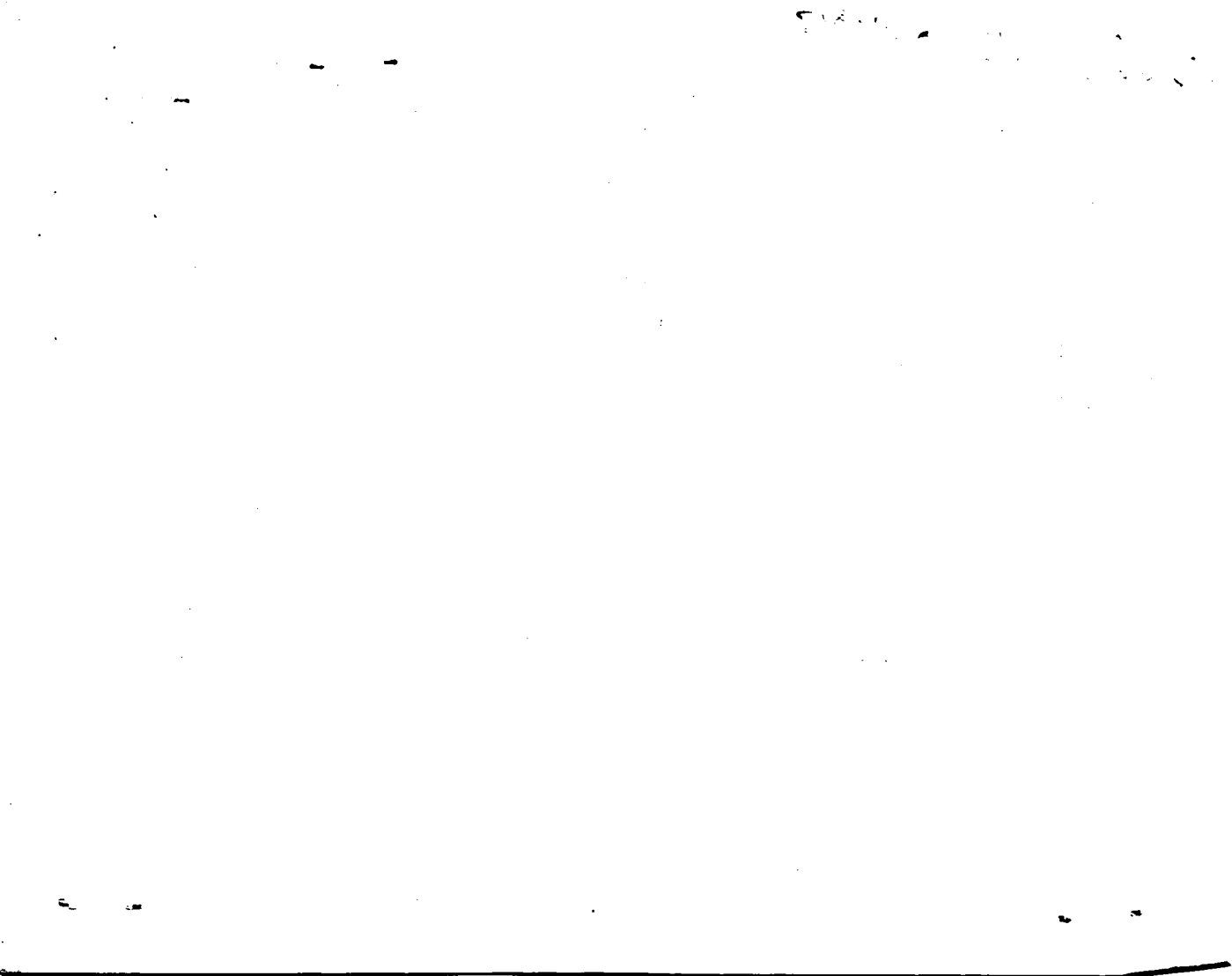
Given names added from a supplemental report.

Address \_\_\_\_\_

Filed July 14 1920

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho  
 County of Bonneville } ss.

Certificate No. 80602  
 Date Filed March 4, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth  
 for Colleen Claire Humphrey who was born on July 13, 1920  
 in Idaho Falls, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
 are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts are shown by personal knowledge prepared on \_\_\_\_\_, are:  
 (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name unnamed Colleen Claire Humphrey

Subscribed and sworn to before me this 5<sup>th</sup>  
 day of March, 1942

Signed Clair P. Humphrey  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho Falls, Idaho

My commission expires 5/22/44  
 (Seal)

213 4th St. Idaho Falls, Idaho  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho  
 County of Bonneville } ss.

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

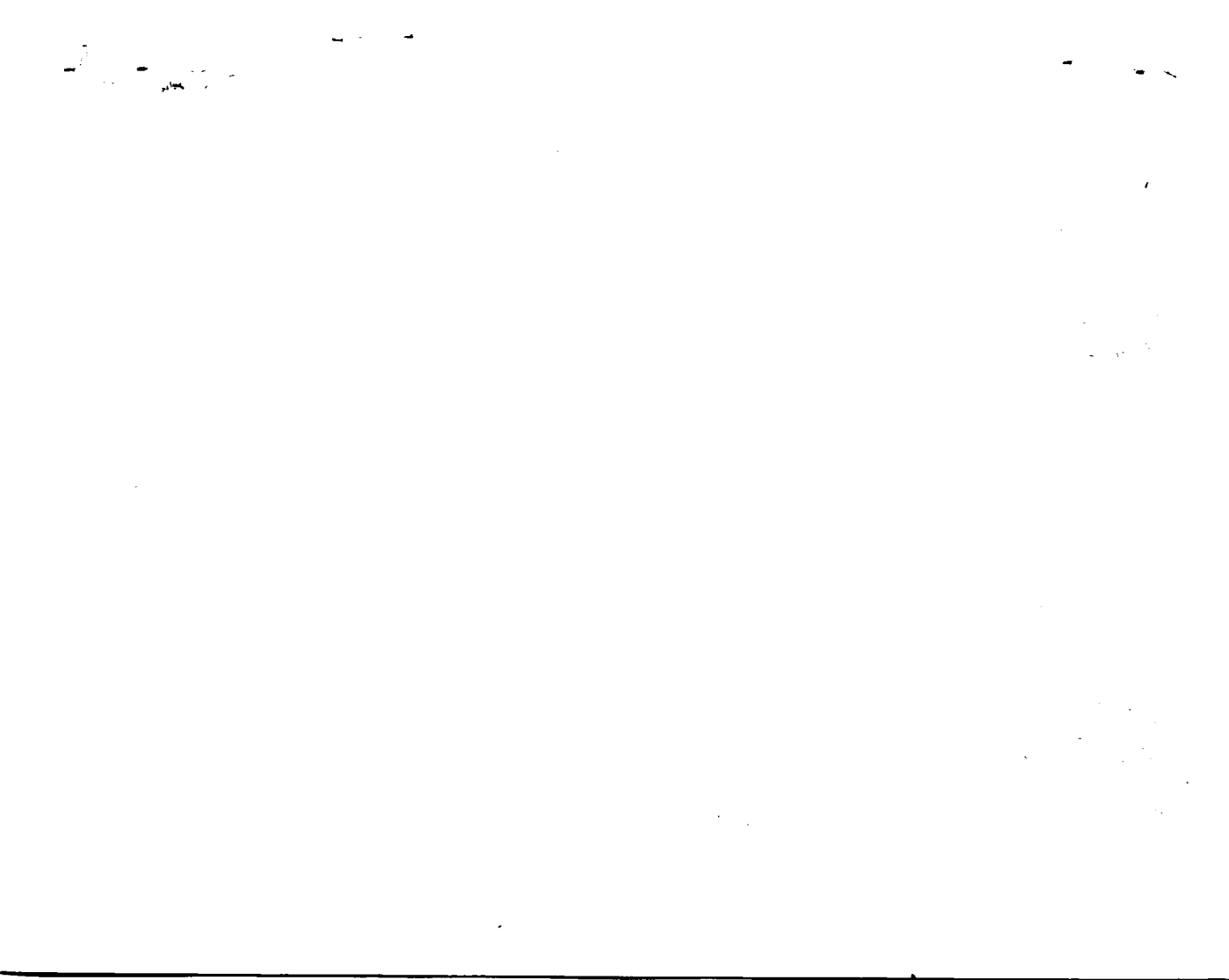
Subscribed and sworn to before me this 5<sup>th</sup>  
 day of March, 1942

Signed K. W. Wood  
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Idaho Falls, Idaho

My commission expires 5/22/44  
 (Seal)

201-12th Street - Idaho Falls, Idaho  
 (Street Address, City, State)



PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-210-010-443  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-37

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 80603

No. St.

Amended 9/19/78

Primary Registration District No. 214-0

Registered No. 113

Hospital

FULL NAME OF CHILD Anna Lucille Kelly

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>July 10 1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>H. L. Kelly</u>			FULL MAIDEN NAME MOTHER <u>Kate Mulliner</u>	
RESIDENCE <u>Idaho Falls, Ida</u>			RESIDENCE <u>Idaho Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)		
BIRTHPLACE <u>Lincoln Idaho</u>			BIRTHPLACE <u>Idaho Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Idaho Falls on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Soderquist  
Physician  
(Physician or midwife)

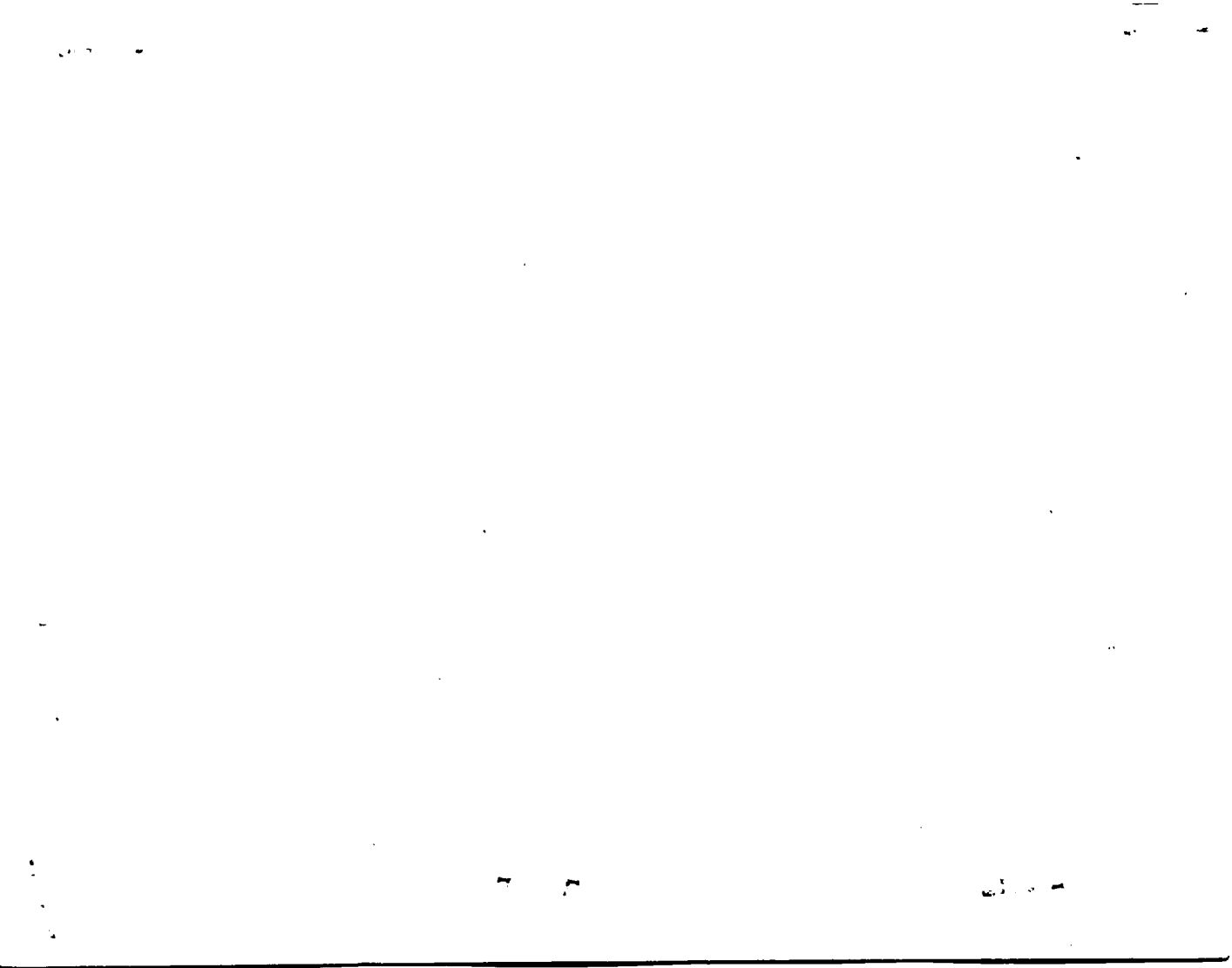
Given names added from a supplemental report.

Address Idaho Falls Idaho

Filed July 14 1920

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. \_\_\_\_\_ Certificate No. 80603  
County of \_\_\_\_\_ }  
The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
for Unnamed Kelley who was born on 7/10/20  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

name Unnamed Kelley Anna Lucille Kelly  
Father's name H.L. Kelley H.L. Kelly

Subscribed and sworn to before me this 19<sup>th</sup> day of

September, 1978

Signed Anna Lucille Wheeler  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho

My commission expires 7-15-82

(Seal)

9231 Weymouth, Boise, ID 83704  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss. \_\_\_\_\_  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

\_\_\_\_\_  
(Street Address, City, State)



Certificate of Birth issued by Salt Lake City, Utah LDS Church gives name of child as anna Lucille Kelly and the Father as Heber L. Kelly. viewed by V.S. (document dated 4/22/42) **SEP 19 1978**

Discharge certificate issued by U.S. Army 8 May 1919 gives name as Heber L. Kelly.

Child's birth certificate issued by State of Idaho 11/24/61 lists name of mother as Anna Lucille Kelly. viewed by V.S.

365-107-210-236  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-87

## CERTIFICATE OF BIRTH

County of BannockCity of Idaho FallsRegistration District No. 23File No. 80604No. ..... St.Primary Registration District No. 2150Registered No. 112Hospital .....FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>July 7 1920</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	--

FULL NAME FATHER  
Walter LoveRESIDENCE Idaho Falls, Ida.COLOR White AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE Elizabeth, TennOCCUPATION LaborerFULL MAIDEN NAME MOTHER  
Minnie BloomquistRESIDENCE Idaho Falls, IdahoCOLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE Idaho Falls, IdaOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:15 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

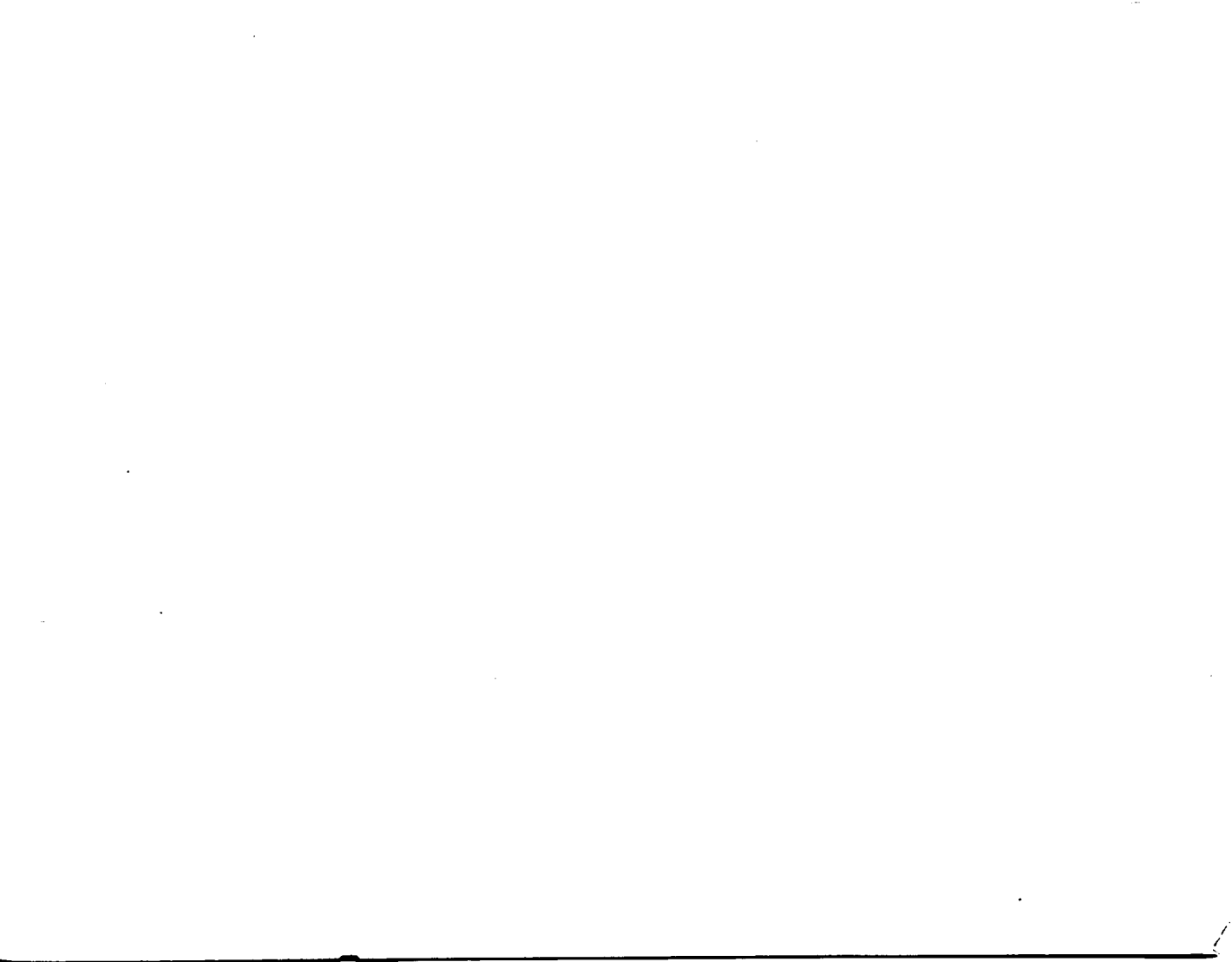
(Signature) A. P. Soderquist M.D.Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, IdahoFiled July 14 1920 W. W. W.

Registrar

Registrar



493-226-010-262

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

## CERTIFICATE OF BIRTH

County of BannockCity of Idaho FallsRegistration District No. 72File No. 80605

No. .... St.

Primary Registration District No. 2132Registered No. 111

Hospital .....

FULL NAME OF CHILD Elda Louise MillerSex of Child FemaleTwin  
Triplet  
or other?{ and {  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthJune 26 1920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Albert Miller

RESIDENCE

Idaho Falls Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Wash Co. Kansas

OCCUPATION

LaborerFULL  
MAIDEN  
NAME

MOTHER

Lena Koeseb

RESIDENCE

Idaho Falls Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Lagunche Co. Colo

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at Idaho Falls on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

A. R. Sadeghian

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls IdahoFiled July 11 1920

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 22 1967

DECEASED

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-15

County of BonnerCity of Milo

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 73File No. 80606Primary Registration District No. 2112Registered No. 110

FULL NAME OF CHILD

GLEN KENDEL SESSIONS

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>June 24</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	------------------------------	--------------------------------------	------------------------	---

FULL NAME FATHER <u>Glen Kenkel Sessions</u>		FULL MAIDEN NAME MOTHER <u>Eliza Baird</u>	
RESIDENCE <u>Milo</u>		RESIDENCE <u>Milo</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>55</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Bonifull Utah</u>		BIRTHPLACE <u>Frammington Utah</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth. <u>3</u>	Number of children of this mother now living, including present birth. <u>3</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 2:40 a. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mary Godfrey Stoddard

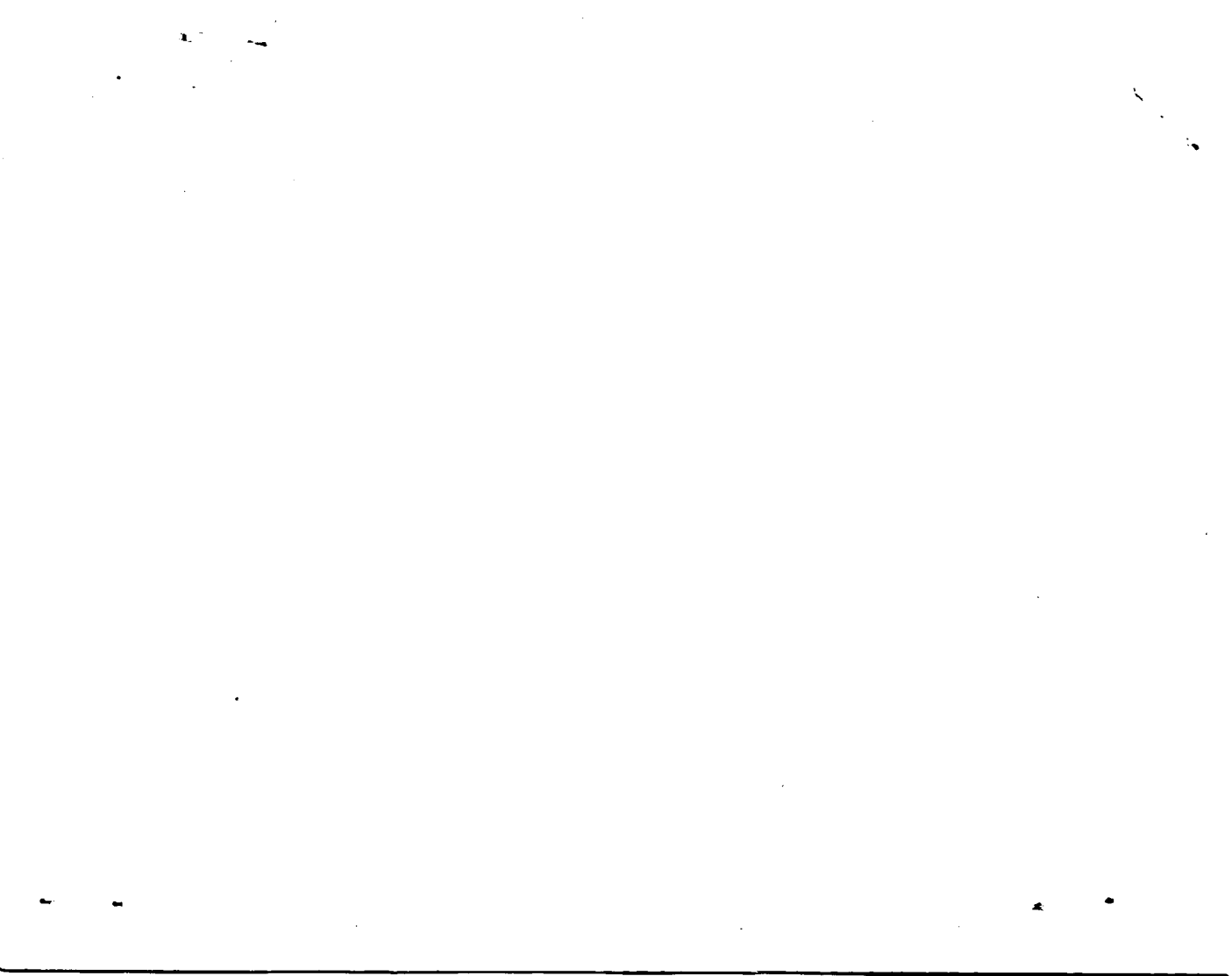
Given names added from a supplemental report.

Address

High Idaho R 201

Filed

7/10 1920 L. P. Russell Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of ..... }  
County of ..... } SS. FEB 4 1942  
Certificate No. 80606  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of .....  
(BIRTH OR DEATH)  
for ..... who ..... on .....  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by ..... prepared on ..... are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**

(AS ON ORIGINAL)

**TO**

(THE CORRECT FACTS)

name

no name

Glen Kendel Sessions

name of father

Adrius Sessions

Darius Sessions

Subscribed and sworn to before me this 2<sup>nd</sup>  
day of February, 1942

Signed

Eliza Jane Sessions

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at

Salt Lake City

My commission expires

Feb. 1-1943

(SEAL)

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....  
day of ....., 19 .....

Signed

Russ. A. Sessions

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Idaho Falls Idaho R.# 1

(STREET ADDRESS, CITY, STATE)

Notary Public, residing at .....

My commission expires .....

(SEAL)

Received for filing on FEB 4 1942

By

(REGISTRAR'S SIGNATURE)



52942

255-106-010-619

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnevilleCity of Idaho FallsRegistration District No. 73File No. 80607

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2140 Registered No. 109

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 6</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>Melville Benham</u>	FATHER
RESIDENCE <u>Idaho Falls, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Fortella Larnsworth</u>	MOTHER
RESIDENCE <u>Idaho Falls, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 \_\_\_\_\_

Registrar

(Signature) \_\_\_\_\_

Born alive \_\_\_\_\_ at 4:50 P. M.  
(Born alive or stillborn)

(Physician or midwife)

Address \_\_\_\_\_

Filed \_\_\_\_\_

Registrar

AUG 4 1983

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

957-113-033-168

Form V. S. No. 11-C-25m-7-25-20

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Madison  
City of Sugar  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_ File No. 80608

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD Ingrain, Barton Wallace

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>7 13 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME Joe Albert Ingrain FATHER  
RESIDENCE Sugar City  
COLOR White AGE AT LAST BIRTHDAY 37  
(Years)  
BIRTHPLACE Neville Utah  
OCCUPATION Laborer

FULL MAIDEN NAME Mary R Johnson MOTHER  
RESIDENCE Sugar City  
COLOR White AGE AT LAST BIRTHDAY 38  
(Years)  
BIRTHPLACE Utah  
OCCUPATION House Wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

(Signature)

(Born alive or stillborn)

(Physician or midwife)

Address

Filed

Registrar

Registrar

CHARGE  
 FOR  
 THE  
 STATE OF  
 NEW YORK  
 IN SENATE  
 JANUARY 11, 1920

OFFICE OF THE  
 CLERK OF THE SENATE



Dup of 1920-328293

3-3-70

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

# Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of..... }  
County of..... } ss.

RECEIVED  
MAR 3 1970  
Bureau of Vital Statistics

Certificate No. 80608

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of  
for Baby Ingram who was born (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on July 13, 1920  
(Place of Event) (Date of Event)  
in Sugar City, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by..... prepared on....., are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full name of child

Baby Ingram

Barton Wallace Ingram

Subscribed and sworn to before me this 3 day of

X Signed Carmen Bird  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Eagle, Idaho  
My commission expires Sept 30, 1972  
(Seal)

(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }  
County of..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed.....  
(Signature of Any Credible Person)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

(Street Address, City, State)

Certificate of Birth issued by W. D. S Church gives name as Barton Wallace  
Ingram born July 13, 1920 in Sugar City, Idaho.  
Issued July 28, 1942 and entered on record Nov. 7, 1920. MAR 3 1970  
Viewed by V.S.

Marriage licesnce issued by State of California and County of Imperial in June  
18, 1943 gives name as Barton Wallace Ingram.  
Viewed by V.S.

262-119-010-483

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bonneville  
City of Idaho FallsRegistration District No. 73File No. 80609

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2150Registered No. 107

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>May 19</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	--------------------------------	------------------------	--

FATHER  
FULL NAME Peter Koster  
RESIDENCE Idaho Falls, Idaho  
COLOR White AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Holland  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Adriana Delbert  
RESIDENCE Idaho Falls, Idaho  
COLOR White AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Holland  
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:40 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

\_\_\_\_\_  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Idaho Falls, IdahoFiled 6/30 19 20

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





995-210-010-893

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

## CERTIFICATE OF BIRTH

County of... BonnevilleCity of... Idaho FallsRegistration District No. 73File No. 80610No. 3116<sup>th</sup> St.Primary Registration District No. 2100Registered No. 106Hospital... Idaho Falls GeneralFULL NAME OF CHILD... Elizabeth Nanette Riess

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 10</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME	FATHER <u>Frank Christians Riess</u>
-----------	--------------------------------------

RESIDENCE	<u>Idaho Falls</u>
-----------	--------------------

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
--------------------	--

BIRTHPLACE	<u>Jefferson - Wis.</u>
------------	-------------------------

OCCUPATION	<u>Manual Training Instructor</u>
------------	-----------------------------------

FULL MAIDEN NAME	MOTHER <u>Marcella Wilberts</u>
------------------	---------------------------------

RESIDENCE	<u>Idaho Falls</u>
-----------	--------------------

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
--------------------	--

BIRTHPLACE	<u>Chicago, Ill.</u>
------------	----------------------

OCCUPATION	<u>Housewife</u>
------------	------------------

Number of child of this mother, including present birth... 1... Number of children of this mother now living, including present birth... 1...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... live... at... 7:00... M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address... Idaho FallsFiled 4/29 1920 W. H. Willson

Registrar

Registrar

FEB 21 1973

de Wilson

695-126-010-544

## PLACE OF BIRTH

County of BannockCity of Idaho Falls

No. .... St.

Primary Registration District No. 21. N. 20.Hospital GeneralFile No. 80611Registered No. 6. P. V.FULL NAME OF CHILD Robert F. Fenn

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>April 24 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------	------------------------	--

FULL NAME <u>Hugh C. Fenn</u>	FATHER
RESIDENCE <u>Idaho Falls</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u> Ogden Utah</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Marie Fiedler</u>	MOTHER
RESIDENCE <u>Idaho Falls</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Chicago Ill</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>4</u>	Number of children of this mother now living, including present birth <u>4</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Ellen(Born alive or stillborn) aliveat 4:10 P. M.

(Physician or midwife)

Address Idaho FallsFiled 6/29 19 20

Registrar

Registrar

DEC 4 1970

795-109-010-815

Form V. S. No. 11-G-25m-9-8-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnervilleCity of Idaho FallsNo Idaho Ave. & 15th St.Hospital GeneralRegistration District No. 3File No. 80612Primary Registration District No. 21.1.1.0Registered No. 107

FULL NAME OF CHILD

Pingree

Sex of Child <u>male</u>	Twin Triplet or other? <u>Single</u> and (Number in order of birth <u>2<sup>nd</sup></u> ) (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>June 9, 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME

FATHER

S. Earl Pingree

RESIDENCE

Terreton Idaho

COLOR

white

AGE AT LAST BIRTHDAY

29

(Years)

BIRTHPLACE

Preston, Idaho

OCCUPATION

Rancher

FULL MAIDEN NAME

MOTHER

Mina Handley

RESIDENCE

Terreton Ida

COLOR

white

AGE AT LAST BIRTHDAY

28

(Years)

BIRTHPLACE

Salt Lake City, Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 12:45 PM on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address

[Signature]

Filed

6/2919 20

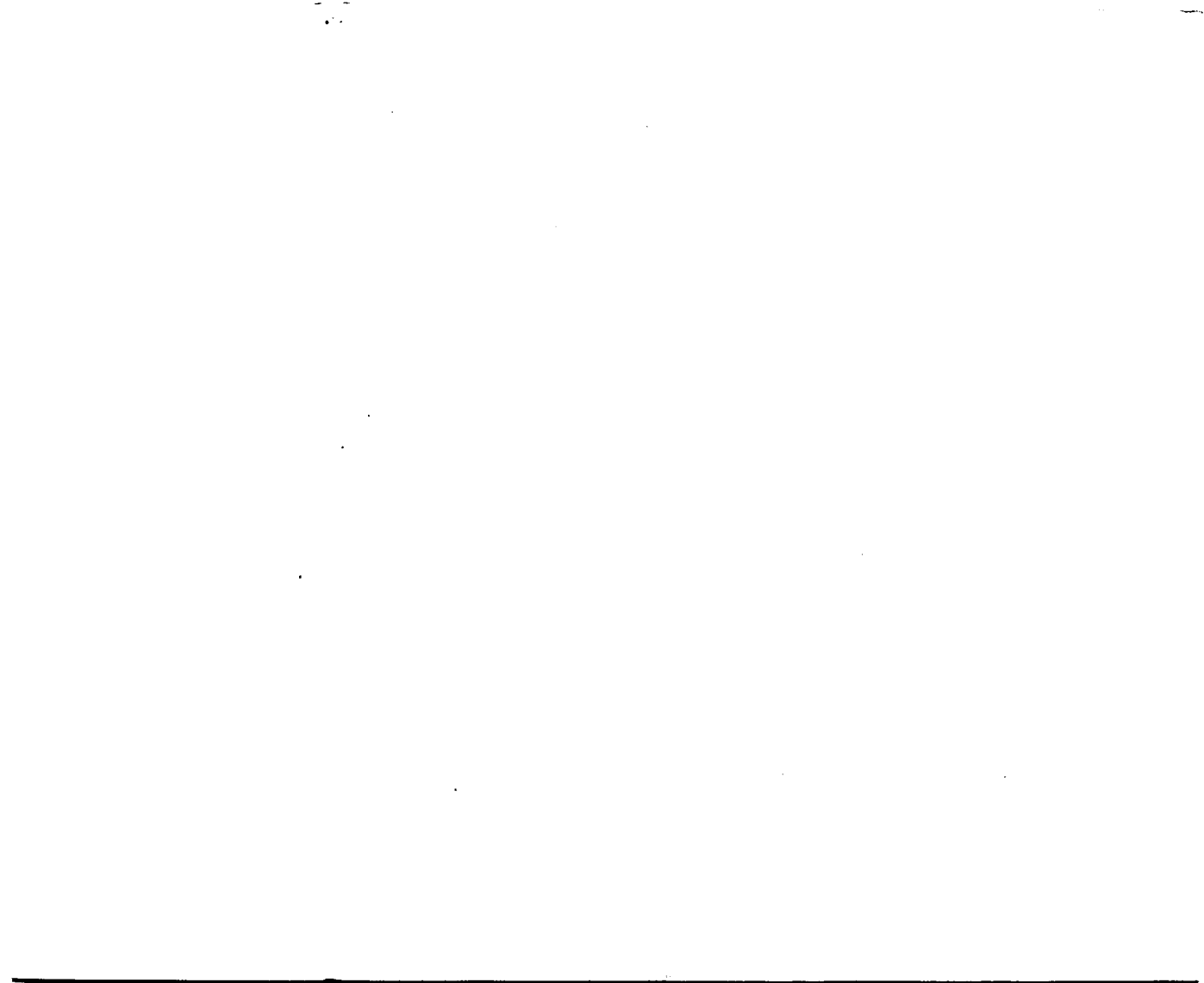
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



819-102-010-613

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-21a-3-8-17

County of BonnevilleCity of Idaho FallsNo. Idaho Rec. D. 11 St.Registration District No. 73File No. 80613Primary Registration District No. 214-0Registered No. 103Hospital GeneralFULL NAME OF CHILD Richard Harmon King

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth <u>1</u> }	Legitimate? <u>yes</u>	Date of Birth <u>June 2</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>L. H. Harmon Jr.</u>	FATHER
-----------------------------------	--------

RESIDENCE <u>Idaho Falls</u>	
------------------------------	--

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
--------------------	--

BIRTHPLACE <u>Togueni Utah</u>	
--------------------------------	--

OCCUPATION <u>musician</u>	
----------------------------	--

FULL MAIDEN NAME <u>Loren Watson</u>	MOTHER
--------------------------------------	--------

RESIDENCE <u>Idaho Falls</u>	
------------------------------	--

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
--------------------	--

BIRTHPLACE <u>Parowan Utah</u>	
--------------------------------	--

OCCUPATION <u>Housewife</u>	
-----------------------------	--

Number of child of this mother, including present birth... Number of children of this mother now living, including present birth...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 4:30 PM on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician  
(Physician or midwife)

Given names added from a supplemental report.

NAME Changed by court order  
10-4-43. Salt Lake City Court.  
#25258

Address Idaho FallsFiled 6/29 1920

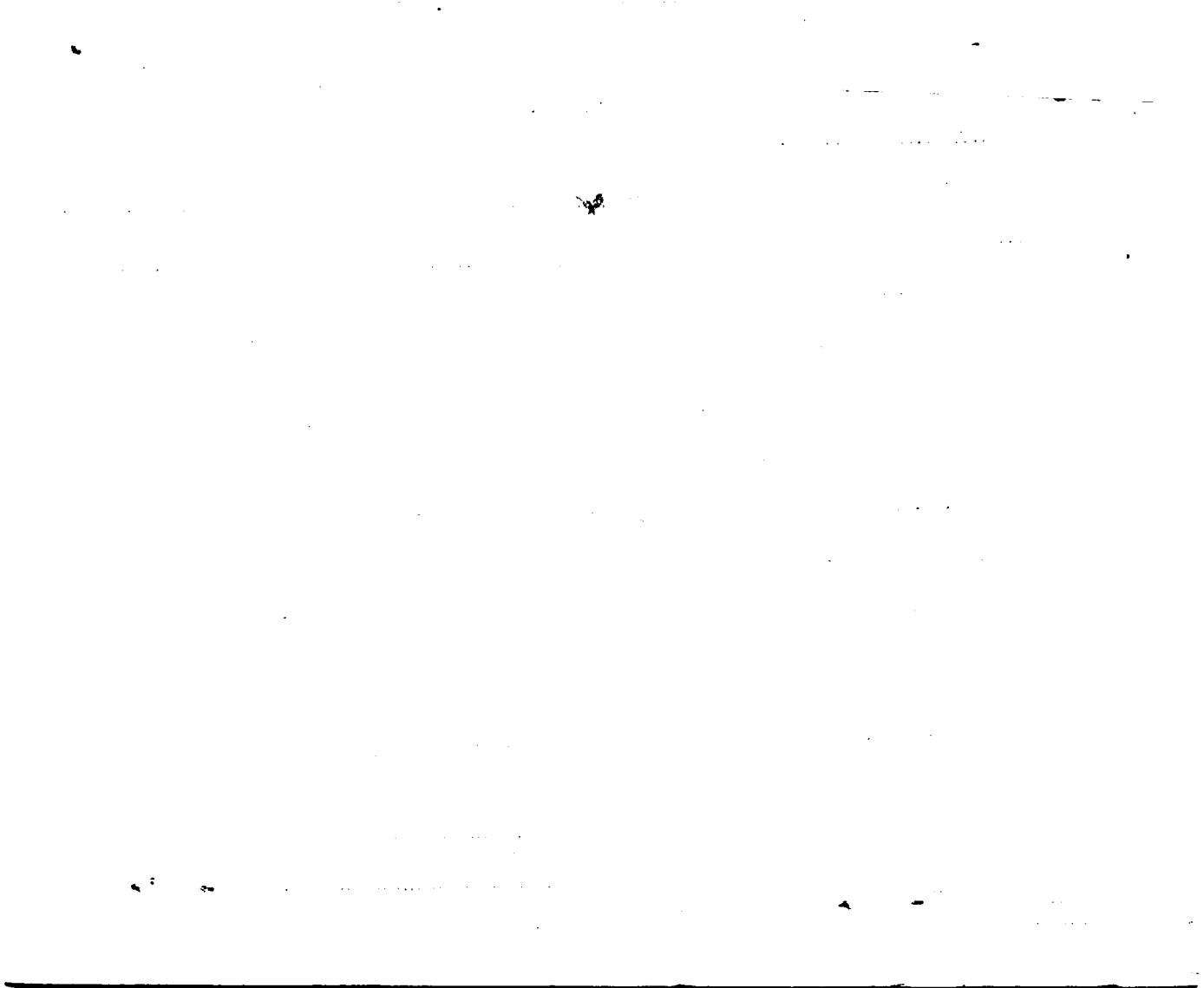
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF UTAH

County of Salt Lake

ss.

I, Alvin Keddington, Clerk in and for the County of Salt Lake and Ex-Officio Clerk of the District Court of the Third Judicial District in and for Salt Lake County, State of Utah, do hereby certify that the foregoing is a full, true and correct copy of the original. ORDER

LEVI JUNIOR HARMON

Petitioner

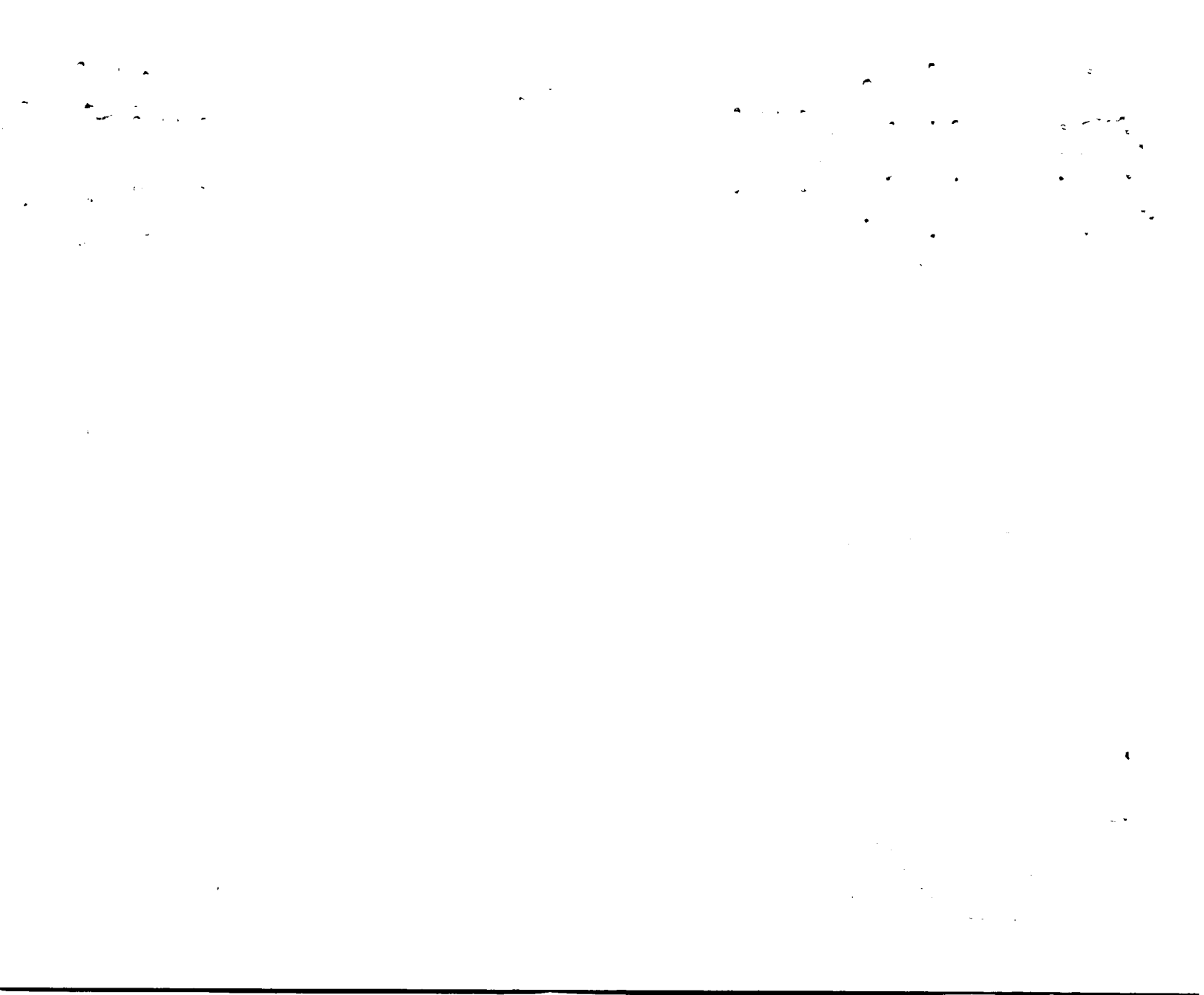
No. 25239

as appears of record in my office.

IN WITNESS WHEREOF, I have hereunto set my hand  
and affixed my official seal, this 8th  
day of September, A. D. 1943

ALVIN KEDDINGTON Clerk

By *Jacob Weiler* Deputy Clerk



OCT 5 1943

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF THE STATE  
OF UTAH IN AND FOR SALT LAKE COUNTY

LEVI JUNIOR HARMON  
Petitioner  
: :  
: : O R D E R  
: : No. 25238

OCT 4 1943

On this the 7th day of September, 1943, the  
petition of LEVI JUNIOR HARMON came on regularly for hearing  
before the Court, sitting without a jury, and testimony was  
offered and received in proof of the allegation of said petition,  
and it now appearing to the Court that good and sufficient reasons  
exist for the granting of said petition,

IT IS NOW, BY THE COURT, O R D E R E D:

That the name of LEVI JUNIOR HARMON be changed to  
~~that of~~ RICHARD HARMON KING, and that said changed name shall  
constitute hereafter his legal, lawful and rightful name.

ATTEST  
ALVIN KEDDINGTON  
CLERK  
BY RICHARD BOHLING  
DEPUTY CLERK

Clarence E. Baker  
JUDGE

(SEAL)

FILED IN THE CLERK'S OFFICE, SALT LAKE COUNTY, UTAH SEPTEMBER  
7, 1943. ALVIN KEDDINGTON, CLERK 3RD DIST. COURT, BY RICHARD  
BOHLING, DEPUTY CLERK.

SECRET  
NOFORN

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

Trial	Control	MCI	AD
1	95	85	75
2	95	85	75
3	95	80	70
4	95	78	68
5	95	75	65

031001 12 : 30

54 730

[illegible]

Page 10

100-174  
MEMORANDUM FOR THE  
DIRECTOR  
SUBJECT: CHANG, V.  
APRIL 1950

(1997)

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 07-19-2008 BY 60322 UCBAW/SJS/KSP/STP

UNCLASSIFIED//FOR OFFICIAL USE ONLY

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-232-010-547  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. K. 11-C-25m-9-17

County of *Bonanza*

City of *Idaho Falls*

Registration District No. *73*

File No. *80614*

No. *9*

Primary Registration District No. *2140*

Registered No. *102*

Hospital *General*

FULL NAME OF CHILD *ILA DeLONG*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i>	and Number in order of birth <i>1</i>	Legitimacy <i>Yes</i>	Date of Birth <i>June 22 1922</i>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME *Walter Vere DeLong*  
RESIDENCE *Idaho Falls*  
COLOR *White* AGE AT LAST BIRTHDAY *22* (Years)  
BIRTHPLACE *Salt Lake city*  
OCCUPATION *Farmer*

FULL MAIDEN NAME *Verda Emery*  
RESIDENCE *Idaho Falls*  
COLOR *White* AGE AT LAST BIRTHDAY *20* (Years)  
BIRTHPLACE *Idaho Falls*  
OCCUPATION *Housewife*

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Alive* at *1:30* M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Harry C. Wilcox*

*Physician or midwife*

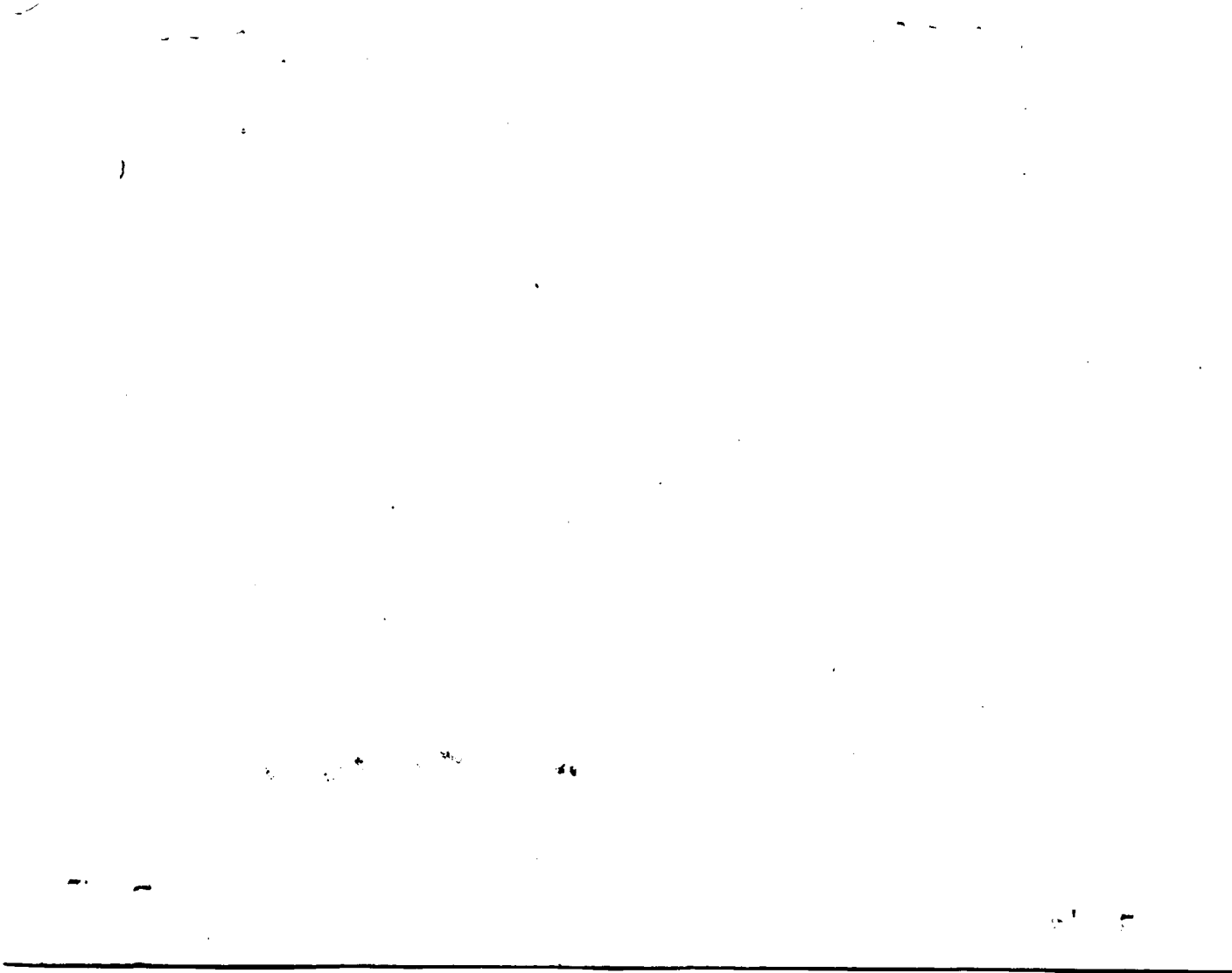
Given names added from a supplemental report.

Address *Idaho Falls*

Filed *6/29 1922*

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 80614  
County of Bonneville }

The undersigned does solemnly swear that certain facts on the certificate of ~~XXXXXXX~~ birth  
for Ila De Long who born on June 22, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by family records prepared on July, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name unnamed Ila De Long

Subscribed and sworn to before me this 21st  
day of August, 1942.

Signed Verda De Long  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho Falls, Idaho

My commission expires  
(Seal)

Idaho Falls, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Bonneville }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st  
day of August, 1942.

Signed Edna Adams  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Idaho Falls, Idaho

Idaho Falls, Idaho  
(Street Address, City, State)

My commission expires  
(Seal)

AUG 24 1942



AUG 25 1946

553-126-010-855

Form V. S. No. 11-C-25m-3-3-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BonnevilleCity of Idaho FallsRegistration District No. 73File No. 80615No. SLPrimary Registration District No. 2142Registered No. 101Hospital General

FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 26 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-----------------------------	--

FULL NAME <u>Ray Vern Nelson</u>	FATHER
RESIDENCE <u>Idaho Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Clark</u>	

FULL MAIDEN NAME <u>Margaret H. Hinch</u>	MOTHER
RESIDENCE <u>Idaho Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Hot Spring Ark</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 130p on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry E. Nelson

(Physician or midwife)

Given names added from a supplemental report.

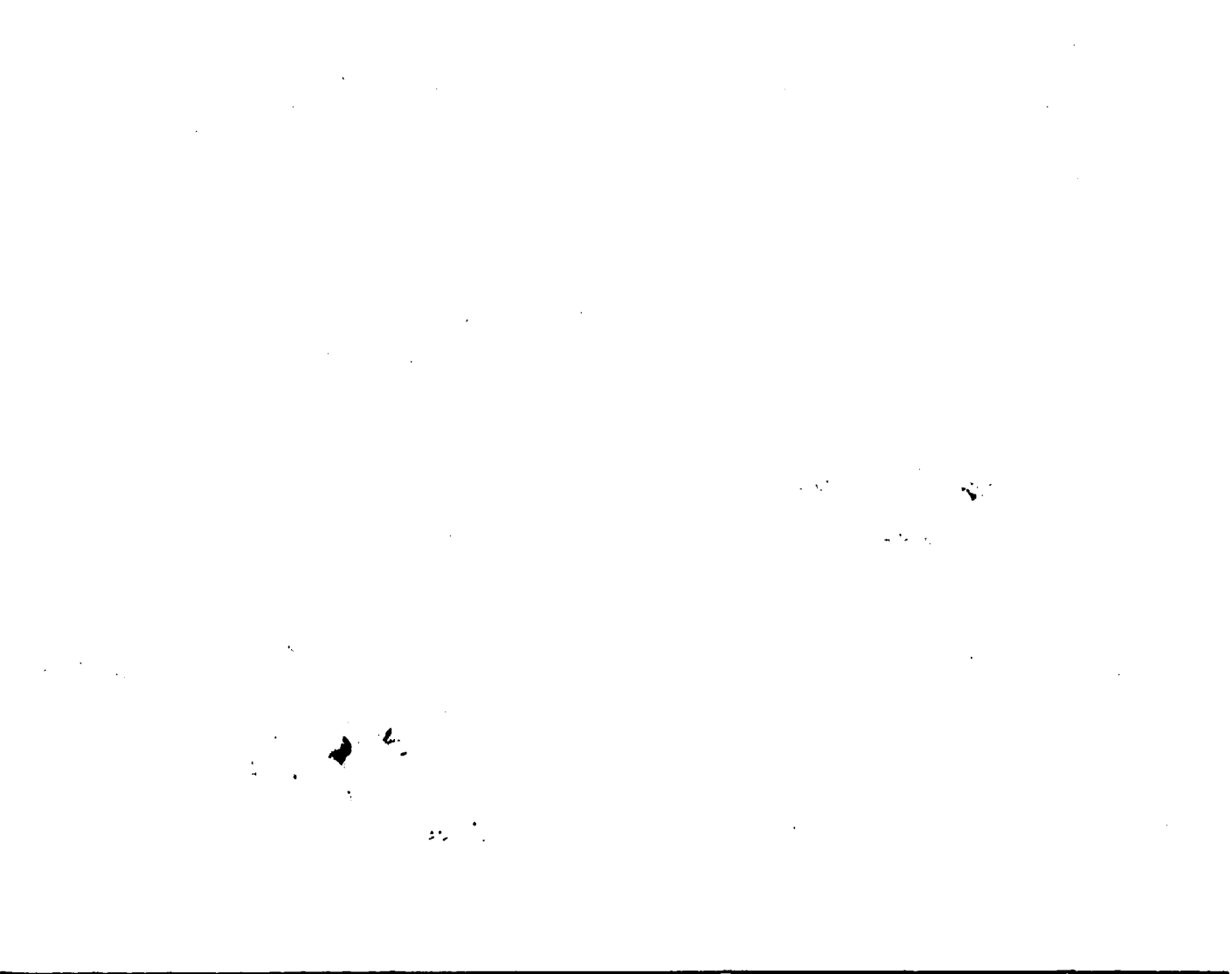
Address Idaho FallsFiled 6/29 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



**WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD**

**MAR 8 1963**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-124-010-331

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-8-17

County of Bonneville  
City of Idaho Falls

Registration District No. 73

File No. 80617

No. St.

Primary Registration District No. 21150

Registered No. 99

Hospital General Hosp.

FULL NAME OF CHILD

Sex of Child <u>male</u>	Twin Triplet or other? <u>  </u> and { Number in order of birth <u>  </u>	Legitimate? <u>yes</u>	Date of Birth <u>June 24</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Ellis John Neale</u>			
FULL MAIDEN NAME MOTHER <u>Easthel Clark</u>			

FULL NAME <u>Ellis John Neale</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
RESIDENCE <u>Idaho</u>	
COLOR <u>white</u>	
BIRTHPLACE <u>Paerson Utah</u>	
OCCUPATION <u>Blacksmith</u>	

FULL MAIDEN NAME <u>Easthel Clark</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
RESIDENCE <u>Idaho</u>	
COLOR <u>white</u>	
BIRTHPLACE <u>Ruby Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... on the date above stated.

Born alive at 12:30 a.m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Neale  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

Registrar

Filed 6/29 1920  
Registrar



636-218-010-756

## PLACE OF BIRTH

County of BannockCity of Idaho FallsRegistration District No. 3No. St.Primary Registration District No. 214-AHospital GeneralFile No. 80618Registered No. 9fFULL NAME OF CHILD Patricia Josephine O'Connor

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>June 18 1920</u> (Month) (Day) (Year)
----------------------------	---	---	-----------------------------	---

FULL NAME <u>James Chas. O'Connor</u>	FATHER
RESIDENCE <u>Swan Valley, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Min.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Rose Agnes McGeough</u>	MOTHER
RESIDENCE <u>Swan Valley, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Wentworth Min.</u>	
OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth	Number of children of this mother now living, including present birth
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn) at 130 M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

Address [Signature]Filed 6/29 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 29 1948

666-224-010-466

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G-25m-8-17

## CERTIFICATE OF BIRTH

County of BannockCity of Idaho FallsRegistration District No. 73File No. 80619No.                      St.Primary Registration District No. 214-0Registered No. 27Hospital GeneralFULL NAME OF CHILD ETTA MARIE FOWLER

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>June 24 1920</u> (Month) (Day) (Year)
----------------------------	---	---	-----------------------------	--

FULL NAME <u>John C. Fowler</u>	FATHER
RESIDENCE <u>Idaho Falls</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>St. Augusta Ill.</u>	
OCCUPATION <u>Res. Dealer</u>	

FULL MAIDEN NAME <u>Ellen S. Moore</u>	MOTHER
RESIDENCE <u>Idaho Falls</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Warship Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>1</u>	Number of children of this mother now living, including present birth <u>5</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

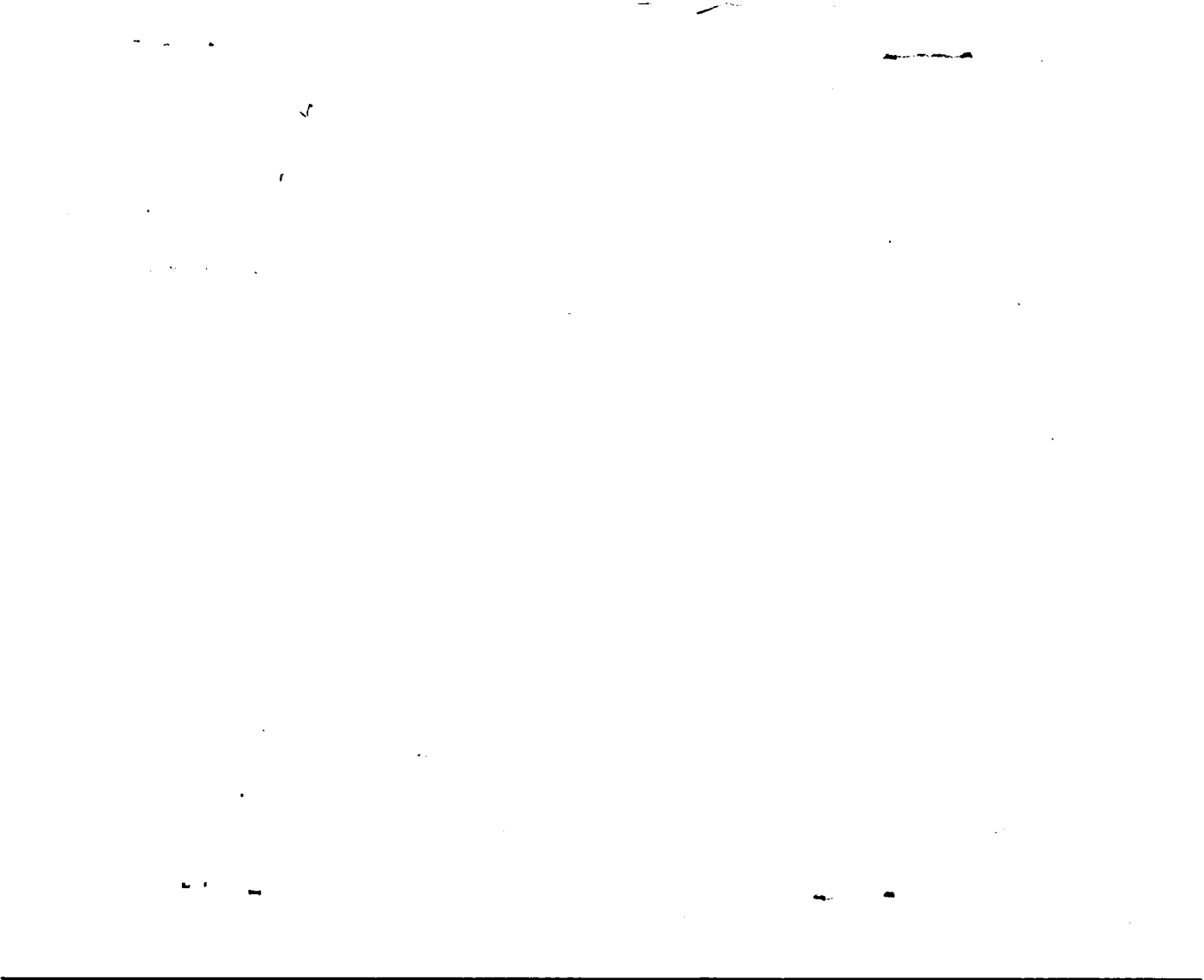
Given names added from a supplemental report.

Address [Address]Filed 6/29 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. NOV 13 1948 Certificate No. 80619  
County of Bonneville Date Filed Bull-  
The undersigned does solemnly swear that certain facts on the certificate of Bull-  
for Unnamed Fowler who born on June 20-1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Idaho Falls are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**Name**

**FROM**  
(As on original)

**Unnamed Fowler**

**TO**

(The correct facts)

**Ettar Marie**

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
[SEAL]

Signed \_\_\_\_\_

(Signature of parent or applicant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. box 613 Idaho Falls Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th  
day of November 1941  
Robert Gallen

Notary Public, residing at IDAHO FALLS, IDAHO

My commission expires 1-1-44  
[SEAL]

Signed \_\_\_\_\_

(Signature of any credible person other than the previous affiant.)

IDAHO FALLS, IDAHO  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

NOV 17 1941

491-223-010-533

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-3-22-4-5-17

County of BannockCity of Idaho FallsRegistration District No. 23File No. 80620No. ..... St.Primary Registration District No. 2147Registered No. 96Hospital GeneralFULL NAME OF CHILD Doris Delle Drake

Sex of Child Female Twin Yes { and { Number in order of birth 2 Legitimate? yes Date of Birth June 23 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Elyne S. Shanks  
RESIDENCE Rigby Idaho  
COLOR white AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Wyoma Kas  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Margaret Elliott  
RESIDENCE Rigby Idaho  
COLOR white AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Centerville Iowa  
OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:42 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

Address Idaho FallsFiled June 29 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 0 11 51

JUL 1 1962

MAY 13 1963

**Registrar**



JUL 1 1962

JUN 30 1962

MAR 9 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 11-22-60

PLACE OF BIRTH

643-114-010-231

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 73

File No. 80622

Primary Registration District No. 2150

Registered No. 94

FULL NAME OF CHILD Leo Fullenwider

(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u>	and {	Number in order of birth <u>    </u>	Legiti- mate? <u>Yes</u>	Date of birth <u>May 14, 1920</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What bacterioidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

FATHER  
FULL NAME Ralph Fullenwider

RESIDENCE Idaho Falls, Idaho

COLOR White AGE AT LAST BIRTHDAY 31  
(Years)

BIRTHPLACE Nodaway Co., Mo.

OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Mila May Stairs

RESIDENCE Idaho Falls, Idaho

COLOR White AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Custer Co., Nebr.

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive at 2:15 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist

Physician  
(Physician or midwife)

Give names added from a supplemental report.

Address Idaho Falls, Idaho

Filed 6 - 22 - 1920 W. Kinnaird

Registrar.

Registrar.

1990

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

State of \_\_\_\_\_ } ss. Certificate No. 80622  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

FACTS TO BE CORRECTED (“Name,” “Birth Date,” “Cause of Death,” Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Leo Fullenwider
Full Maiden Name of Mother	Erna Stairs	Mila May Stairs

Signed Mrs. Annie Dixon  
(Signature of parent or attendant if correcting a birth record;  
of attendant, funeral director, informant if correcting a  
death record; or other credible person.)  
W. R. Soderquist M.D. 165 - 6th St.  
Edina, Minn. 55425  
(Street Address, City, State)

State of Idaho Falls  
County of Bonner } ss.

Subscribed and sworn to before me this 4th day of November, 1960.

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

1st Sec. Bank Bldg.  
Idaho Falls, Idaho

Mother's Death Certificate on file: #82069 gives full name as Mila May Fullenwider, born May 12, 1889 and died on Jan. 12, 1933 at Idaho Falls, Ida. husband's full name is given as Ralph Fullenwider, parents names are given as David Stairs and Eliza Southard - viewed by V.S.

Family Bible Record, photo copy of, gives one child's full name as Leo Fullenwider, born May 14, 1920, appears old and unaltered - viewed by V.S.

Another child's birth cert. on file: #De54-684 gives mother's full maiden name as Mila May Stairs - viewed by V.S. This document is being accepted because of the mother's death cert. being on file.

Letter written and post-marked July 10, 1952 to Leo Fullenwider from the Veterans Administration in Washington, D.C. - letter viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-208-410-743 name added 9/25/80

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. \_\_\_\_\_ St.

Registration District No. 73

File No.

**80623**

Hospital \_\_\_\_\_

Primary Registration District No. 2150

Registered No. 93

FULL NAME OF CHILD

Carolyn Candelaria

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June 8</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

FATHER  
FULL NAME Charles Candelaria

RESIDENCE Idaho Falls

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE New Mexico

OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Beatrice Gutierrez

RESIDENCE Idaho Falls

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE New Mexico

OCCUPATION Housewife

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Born alive, at 5:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

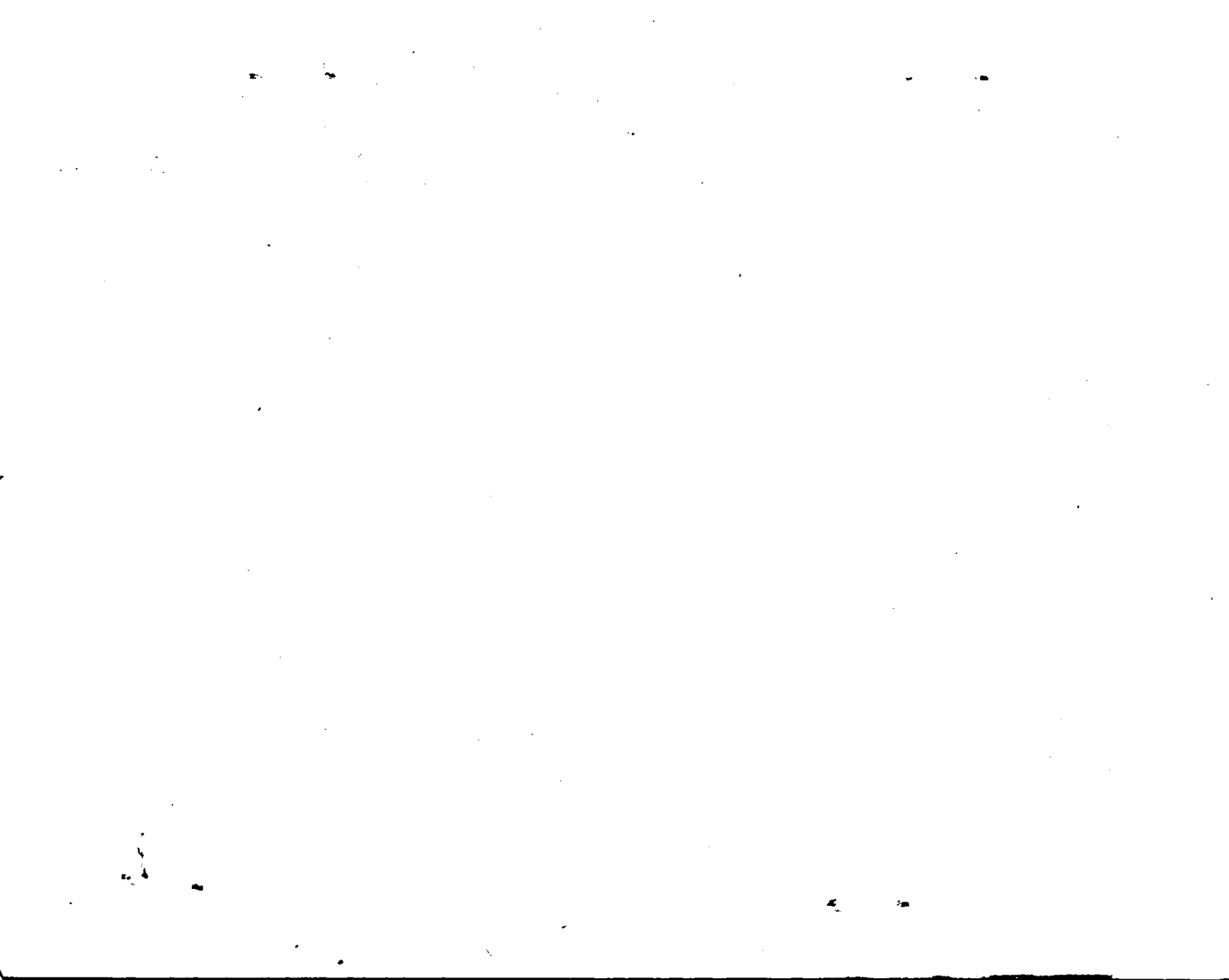
Idaho Falls Idaho

Filed 6/22

19 20

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

SEP 3 - 1980

Certificate No. 80623  
Date Filed \_\_\_\_\_

Bureau of Vital Statistics Birth

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed Candelaria who was born on June 8, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Idaho Falls (Bonnevill) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>omitted</u>	<u>Carolyn Candelaria</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 24<sup>th</sup> day of  
August, 1980  
Notary Public, Jeanne Simpson  
Residing at Denver, Colorado  
My commission expires 12/20/81  
(Seal)

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

(Must be completed \_\_)  
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Supporting Signature

Street Address, City, State

Bertha Gutierrez  
741 W Merigold Dr.  
Denver, Colorado 80221



Certif of Baptism from the ~~XXX~~ Holy Rosary Church, Idaho Falls, Idaho gives name as Maria.Caroline Candelaria child' of Jesus Candelaria and Beatrice Gutierrez. born June 8, 1920. Baptized June 27, 1920. viewed by V. S.

SEP 25 1980

Wage and Tax Statement for 1972 gives name as Carolyn Silva, Social Security No. 524 30 4497. viewed by V. S.

Own child's birth certif ~~xxxxxxx~~ from Colorado (Hospital copy) gives child's name as Jeanne Dorothy Silva born April 2, 1954. father' s name as Anselmo E. Silva and mother's name as Carolyn Mary Candelaria. married Jan 10, 1936. viewed by VS

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

262-128-010-000

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Bonner

City of Ucon

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 73

File No. 80624

Primary Registration District No. 211-0

Registered No. 92

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Yoshio Kobayashi

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>May 28</u> 19 <u>40</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------	------------------------	--

FATHER  
FULL NAME Sh. Kobayashi  
RESIDENCE Ucon  
COLOR Yellow AGE AT LAST BIRTHDAY 42 (Years)  
BIRTHPLACE Japan  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME ?  
RESIDENCE Ucon  
COLOR Yellow AGE AT LAST BIRTHDAY 41 (Years)  
BIRTHPLACE Japan  
OCCUPATION House Wife

Number of child of this mother, including present birth. 4 Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born at 10 a M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry G. Stoddard

1 Photostat copy 12/18/41  
Given names added from a supplemental report.

(Physician or midwife)  
Indy

Address Bigby Idaho

Filed 6/1/41 1940 W. J. W. W.

DEC 18 1941

H Z no mother

386-116-010-231

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

80625

County of BannockCity of Idaho FallsRegistration District No. 73

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 210-6Registered No. 71

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Harold Thor. ThompsonSex of Child MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthJune 161920

(Month)

(Day)

(Year)

FULL  
NAMEFATHER  
Harold Shore ThompsonFULL  
MAIDEN  
NAMEMOTHER  
Hannie Blackmer

RESIDENCE

Idaho Falls

RESIDENCE

Idaho Falls Idaho

COLOR

WAGE AT LAST  
BIRTHDAY25  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Fountain Mims

BIRTHPLACE

Le Roy Mims

OCCUPATION

Salesman

OCCUPATION

House wifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.aliveat 4:45 a.m.

(Born alive or stillborn)

(Signature)

A. D. McKin  
M.D.

(Physician or midwife)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Address

Idaho Falls Idaho

Filed

6/1719 20W. Thompson

Registrar

Registrar

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each child.  
 and the number used to each in order to distinguish them.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY WITH CREASING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

CERTIFICATE OF BIRTH  
 BUREAU OF VITAL STATISTICS  
 STATE OF IDAHO

Form V. S. No. 11-C-35m-7-21-13

MAY 1 2 1944

County of \_\_\_\_\_  
 City of \_\_\_\_\_  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child (To be answered only in event of plural births)		Twin Triplet or other?		and in order of birth		Last date?		Date of Birth (Month) (Day) (Year)	
FATHER FULL NAME RESIDENCE COLOR AGE AT LAST BIRTHDAY (Years) BIRTHPLACE OCCUPATION		MOTHER FULL NAME RESIDENCE COLOR AGE AT LAST BIRTHDAY (Years) BIRTHPLACE OCCUPATION							

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
 on the date above stated.  
 (Born alive or stillborn)

(Signature) \_\_\_\_\_  
 (Physician or midwife)

Address \_\_\_\_\_  
 Filled \_\_\_\_\_ 19 \_\_\_\_\_  
 Registrar \_\_\_\_\_

Given names added from a supplemental report \_\_\_\_\_ 19 \_\_\_\_\_  
 Registrar \_\_\_\_\_

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither practices nor shows other evidence of life after birth.

396-208-010-434

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnevilleCity of Idaho FallsRegistration District No. 73File No. 80626

No. \_\_\_\_\_ St.

Primary Registration District No. 212Registered No. 90

Hospital \_\_\_\_\_

FULL NAME OF CHILD

~~XXXXXXXXXX~~ Crofts, AUDREY

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>June 8 20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-------------------------------	--

FULL NAME <u>JH Crofts</u>	FATHER
RESIDENCE <u>Lucerne Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mable Mc Mullin</u>	MOTHER
RESIDENCE <u>Lucerne Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

at 8:30 PM

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mable Mc Mullin  
Mid  
(Physician or midwife)

Given names added from a supplemental report.

Address

Idaho Falls Idaho  
Filed 6/17 19 20 W. J. J. J.  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IN CASE OF MORE THAN ONE CHILD AT BIRTH A SEPARATE RETURN MUST BE MADE FOR EACH  
 CHILD LISTING WITH PRECEDING INK—THIS IS A PERMANENT RECORD  
 MARCIN RESERVED FOR BINDING

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
 STATE OF IDAHO  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-7-21-19

90638

County of \_\_\_\_\_  
 City of \_\_\_\_\_  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

FULL NAME OF CHILD

Child Sex of \_\_\_\_\_  
 { Twin \_\_\_\_\_  
 { Triplet \_\_\_\_\_  
 { or other? \_\_\_\_\_  
 { and \_\_\_\_\_  
 { in order \_\_\_\_\_  
 { Number \_\_\_\_\_  
 { of birth \_\_\_\_\_  
 { (To be answered only in event of plural births)  
 Legist \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 (Month) (Day) (Year)

MOTHER		FATHER	
FULL MAIDEN NAME	RESIDENCE	FULL NAME	RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	OCCUPATION	BIRTHPLACE	OCCUPATION

Number of child of this mother, including present birth \_\_\_\_\_  
 Number of children of this mother now living, including present birth \_\_\_\_\_  
 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
 (Born alive or stillborn)  
 (Signature) \_\_\_\_\_  
 (Physician or midwife) \_\_\_\_\_  
 \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Filed \_\_\_\_\_  
 Registrar \_\_\_\_\_

APR 11 1945

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Bonneville } ss. Certificate No. 80626  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Audrey Crofts who Was Born June 8th. 1920  
(Name on Original Certificate) (Birth or Death)  
in Lincoln, Idaho (Was Born or Died) (Date of Event)  
(Place of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Bible Record prepared on June 8th. 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Name Baby Crofts Audrey Crofts

Subscribed and sworn to before me this 10th.  
day of April 1945.  
J. S. Halton  
Notary Public, residing at Idaho Falls, Idaho  
My commission expires May 1st. 1946  
(Seal)

Signed Frank H. Crofts  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Rt. # 1 Idaho Falls, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bonneville } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 10th.  
day of April 1945.  
J. S. Halton  
Notary Public, residing at Idaho Falls, Idaho  
My commission expires May 1st. 1946  
(Seal)

Signed W. M. Anderson  
(Signature of Any Credible Person)  
Rt. #1 Idaho Falls, Idaho  
(Street Address, City, State)



SEP 9 1971

APR 16 1945

236-214-010-343

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Bonneville

## CERTIFICATE OF BIRTH

City of IdconRegistration District No. 73File No. 80627

No. \_\_\_\_\_ St.

Primary Registration District No. 2100Registered No. 29

Hospital \_\_\_\_\_

FULL NAME OF CHILD

JUNE STOKER

Sex of Child <u>Female</u>	Twin <input type="checkbox"/> Triplet <input type="checkbox"/> or other? <input type="checkbox"/> and <input type="checkbox"/> Number in order of birth <input type="checkbox"/>	Legiti mate? <u>yes</u>	Date of Birth <u>June 14</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-------------------------	---

FULL NAME FATHER Albert M. StokerFULL MAIDEN NAME MOTHER Eva Lucinda ButlerRESIDENCE Idcon IdahoRESIDENCE Idcon IdahoCOLOR White AGE AT LAST BIRTHDAY 36  
(Years)COLOR White AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE Spanish Fork UtahBIRTHPLACE Idcon IdahoOCCUPATION FarmerOCCUPATION House WifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

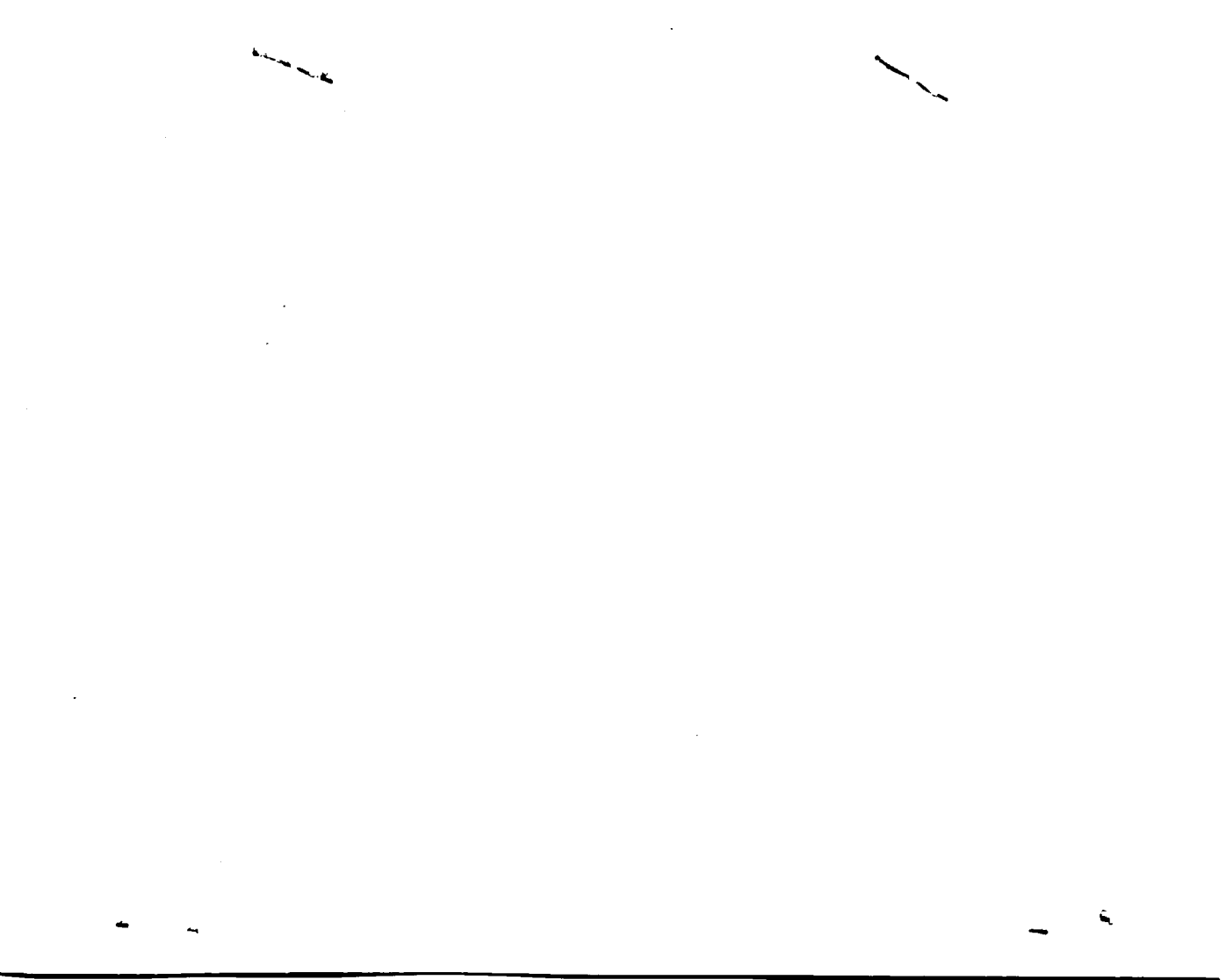
I hereby certify that I attended the birth of this child, who was alive at 12-1-20 on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West  
mid.  
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho FallsFiled 6/10 19 20 W. C. ...  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Ada } ss. Certificate No. 80627  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of  
for June Stoker who born on June 14, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Ucon, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) also, driver's license  
true facts are shown by Social Security Card prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name \_\_\_\_\_

unnamed \_\_\_\_\_

June Stoker \_\_\_\_\_

Subscribed and sworn to before me this 25 day of Jan

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Signed \_\_\_\_\_

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of Jan

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Signed \_\_\_\_\_

(Signature of Any Credible Person)

(Street Address, City, State)

JAN 26 1955

795-104-010-291

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnevilleCity of UconRegistration District No. 23File No. 80629

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2150Registered No. 27

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Glen Ivan PimockSex of  
ChildmaleTwin  
Triplet  
or other?

}

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 4

(Month) (Day)

1920  
(Year)FULL  
NAMEBoin E Pimock

FATHER

RESIDENCE

Ucon

COLOR

WhiteAGE AT LAST  
BIRTHDAY23

(Years)

BIRTHPLACE

Grant Idaho

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEGolda Braunwell

MOTHER

RESIDENCE

Ucon

COLOR

WhiteAGE AT LAST  
BIRTHDAY21

(Years)

BIRTHPLACE

Tarzfeld Idaho

OCCUPATION

House WifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Oliver at 3:40 a M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Janez Mesh  
mid  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho Falls

Filed

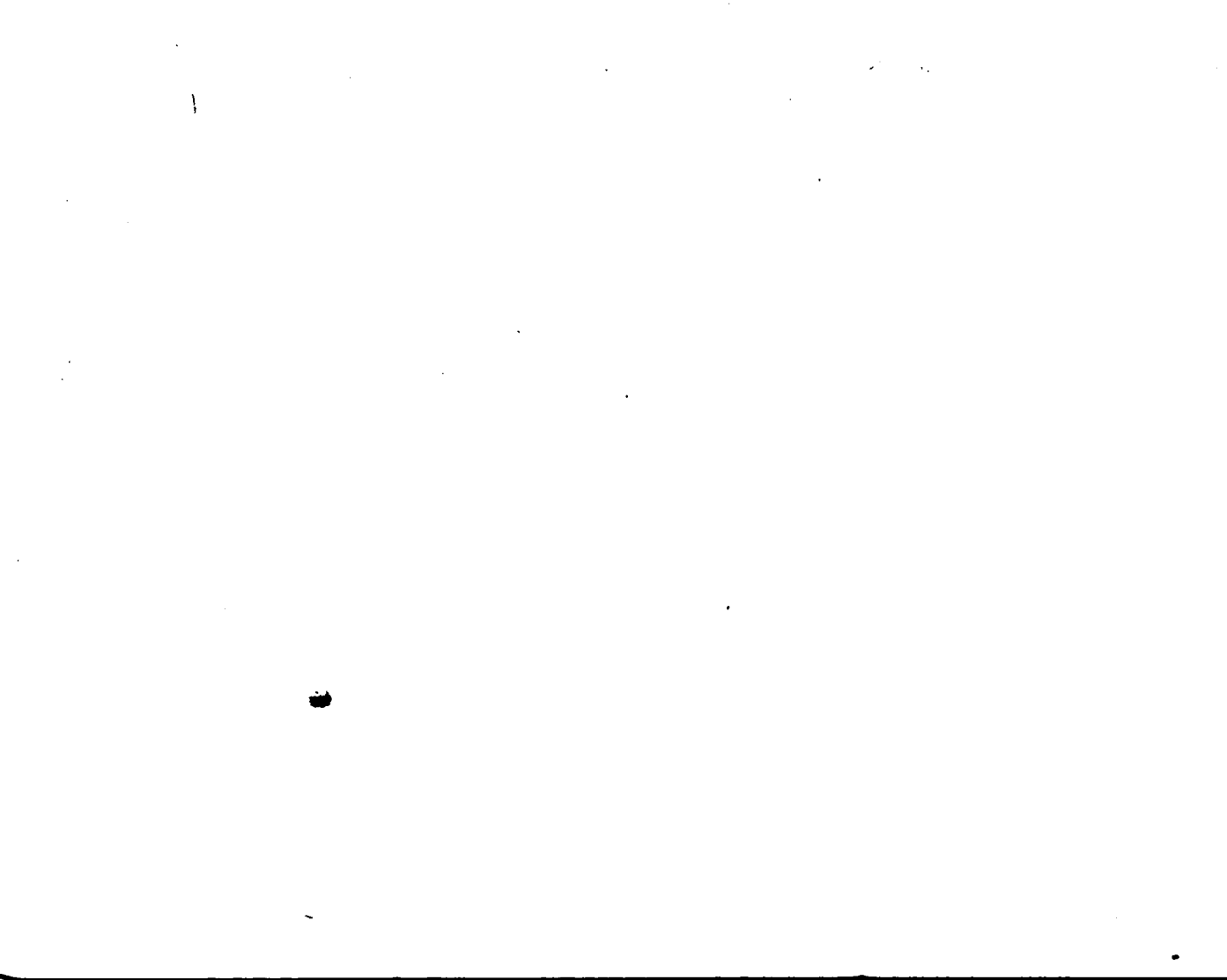
6/11/20

19

20Ucon

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

345-129-011-168

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80630

City of Bonners Ferry

Registration District No. 79.

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2156 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Earnest Garfield Cundell

Sex of Child

Male

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

Length  
mate?

Yes

Date of  
Birth

June 29, 1920  
(Month) (Day) (Year)

FULL  
NAME

Walter Cundell

FATHER

FULL  
MAIDEN  
NAME

Agnes Johnson

MOTHER

RESIDENCE

Bonners Ferry, Ida

RESIDENCE

Bonners Ferry

COLOR

White

AGE AT LAST  
BIRTHDAY

45  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

46  
(Years)

BIRTHPLACE

England

BIRTHPLACE

England

OCCUPATION

Household owner

OCCUPATION

Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

born alive at 49. M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

S. T. Henshaw

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Bonners Ferry, Ida

Filed

6/30/1920

Registrar

Registrar



MAR 2 1946

MAR 9 1946

613-129-011-683

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BoundaryCity of Bonner FerryRegistration District No. 77File No. 80631

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 3456 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Joseph Paul Walden

Sex of Child

maleTwin  
Triplet  
or other? -

and

Number  
in order  
of birth -Legiti  
mate? yesDate of  
BirthJune 29 1920

(Month) (Day) (Year)

FULL  
NAMEJohn A. Walden

FATHER

FULL  
MAIDEN  
NAMEAgda Wallin

MOTHER

RESIDENCE

Bonner Ferry, Ida.

RESIDENCE

Bonner Ferry, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY45  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Sweden

BIRTHPLACE

Sweden

OCCUPATION

Merchant Sailor

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 6Number of children of this mother now living, including present birth. 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 2:30 A.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

E. E. Fry  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bonner Ferry, Ida.

Filed

8/2/1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MAY 8 1942

4/30/41 Z.J.

249-122-011-315

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BoundaryCity of MoraviaRegistration District No. 79

File No.

80632

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 215

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

James Alfred Burscholder

Sex of Child

maleTwin  
Triplet  
or other? -

and

Number  
in order  
of birth -Legiti  
mate? yesDate of  
BirthJune 22 - 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEEdwards Burscholder

FATHER

FULL  
MAIDEN  
NAMEFrancis Lavoie

MOTHER

RESIDENCE

Moravia, Ida.

RESIDENCE

Moravia, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY31

(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY22

(Years)

BIRTHPLACE

Canada

BIRTHPLACE

Canada.

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, at 9.45 P.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

E. E. Fry  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bonner Ferry, Ida.

Filed

6/24 1920.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

AUG 31 1943

SEP 2 1943

613-122-011-571

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BoundaryCity of Bonner FerryRegistration District No. 29File No. 80633

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 3156

Registered No. \_\_\_\_\_

FULL NAME OF CHILD James B. Clinton WatsonSex of Child maleTwin  
Triplet  
or other? —and { Number  
in order  
of birth —Legiti  
mate? yesDate of  
Birth June 22 1920

(Month) (Day) (Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5:10 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) E. E. Fry

(Physician or midwife)

Given names added from a supplemental report.

19

Address Bonner Ferry, Ida.Filed 6/25/1920

Registrar

Registrar

MAY 12 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

851-222-011-816

## PLACE OF BIRTH—

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of BoundaryCity of Bonners FerryRegistration District No. 79

File No.

80634

No. \_\_\_\_\_ St.

Primary Registration District No. 3156

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Beatrice R.

Sex of  
ChildFemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJune 2219 20  
(Month) (Day) (Year)FULL  
NAMERay Heathershaw

FATHER

FULL  
MAIDEN  
NAMEBlanche Hauke

MOTHER

RESIDENCE

Bonners Ferry

RESIDENCE

Bonners Ferry

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY2  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Electrician

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

S. T. Hauke

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bonners Ferry Idaho

Filed

6/24/2019 20S. T. Hauke

Registrar

Registrar



SEP 3 1975

**RECEIVED**  
 IDAHO DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Washington } ss. Certificate No. 80634  
 County of Douglas } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
 for Unnamed Heathershaw (female) who was born on June 22, 1920  
 (Name on Original Certificate) (Was Born or Died) (Date of Event)  
 in Bonnors Ferry, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
 (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
 ("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
child's name Unnamed Beatrice Rae Heathershaw

Subscribed and sworn to before me this 7th day of  
October, 1935  
W. R. Greenway  
 Notary Public, residing at 6000 Spruce Coulee Dam, Wa.  
 My commission expires Nov 1, 1938  
 (Seal)

Signed MA Rae Heathershaw  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
805 Pine Coulee Dam Wa.  
 (Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington } ss.  
 County of Okanogan }

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of  
October, 1935  
W. R. Greenway  
 Notary Public, residing at 6000 Spruce Coulee Dam, Wa.  
 My commission expires Nov 1, 1938  
 (Seal)

Signed W. R. Greenway  
 (Signature of Any Credible Person)  
701 Spruce Coulee Dam, Wa.  
 (Street Address, City, State)

Marriage Certificate from Nevada gives names as Levi E. Grimes and Beatrice  
Heathershaw. dated Feb. 28, 1942. viewed by V. S. OCT 23 1975

Certif of Baptism ~~xxxx~~ gives name as Beatrice Ray Heathershaw child of Ray W.  
Heathershaw and Blanche Heathershaw ~~XXXX NAME XXXXXXXX, XXXX~~ Born June 22, 1920  
Baptized March 27, 1921. viewed by V. S.

21-21 MA 21-21

597-114-011-349

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BoundaryCity of Meadow CreekRegistration District No. 29File No. 80635

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 3156 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

VAN VERNON VIGUE

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 14 1920</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME <u>Wm FATHER Vigue</u>	
RESIDENCE <u>Meadow Creek, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Wis.</u>	
OCCUPATION <u>Woodman</u>	

FULL MAIDEN NAME <u>Emily Durcott</u>	
RESIDENCE <u>Meadow Creek, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Wis.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 12 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boonville Ferry, IdahoFiled 6/14/1920

1920

Registrar E. E. Fry

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. JAN 2 1942 Certificate No. 80635  
County of Latah } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Van Vernon Vigue who born on June 13th 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Bonniers Ferry Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)  
Unnamed Bigue

**TO**  
(The correct facts)  
Van Vernon Vigue

Subscribed and sworn to before me this 27th  
day of December, 19 41

J. J. Holland  
Notary Public, residing at Bovill Idaho

My commission expires July 1st 1942.  
[SEAL]

Signed Mrs. Bill Vigue "Mother"  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bovill Idaho.

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This affidavit MUST also be executed.  
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
[SEAL]

Received for filing on JAN 2 1942 By \_\_\_\_\_  
(Registrar's signature)

APR 20 1972

0413 19 1411

384-104-012-663  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Butte  
City of Arco Registration District No. 59 File No. 80636  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Primary Registration District No. 2129 Registered No. \_\_\_\_\_  
Hospital \_\_\_\_\_  
FULL NAME OF CHILD John Nelson Thurston

Sex of Child M { Twin or other? } and { Number in order of birth } Legiti mate? yes Date of Birth June 4 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Leo. A. Thurston  
RESIDENCE Arco  
COLOR W AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Addie Folsom  
RESIDENCE Arco  
COLOR W AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Iowa  
OCCUPATION Housew.

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated. (Both alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Cannon  
(Physician or midwife)

Given names added from a supplemental report.

Address Arco Idaho  
Filed 6-6 1920 Registrar D. W. Fox

Registrar

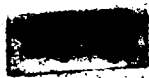
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K





MAY 21 1942

155-114-012-76

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of ButteCity of ArcoRegistration District No. 59File No. 80637

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2129 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Evan Jensen

Sex of Child

MTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJune 141920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAMEFATHER  
Evan Henry JensenFULL  
MAIDEN  
NAMEMOTHER  
Eva Pope

RESIDENCE

Arco

RESIDENCE

Arco

COLOR

WAGE AT LAST  
BIRTHDAY27  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive  
(Born alive or stillborn)1:45 P.M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

R. W. Garmen  
ind.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Arco, Ida

Filed

6-16

19

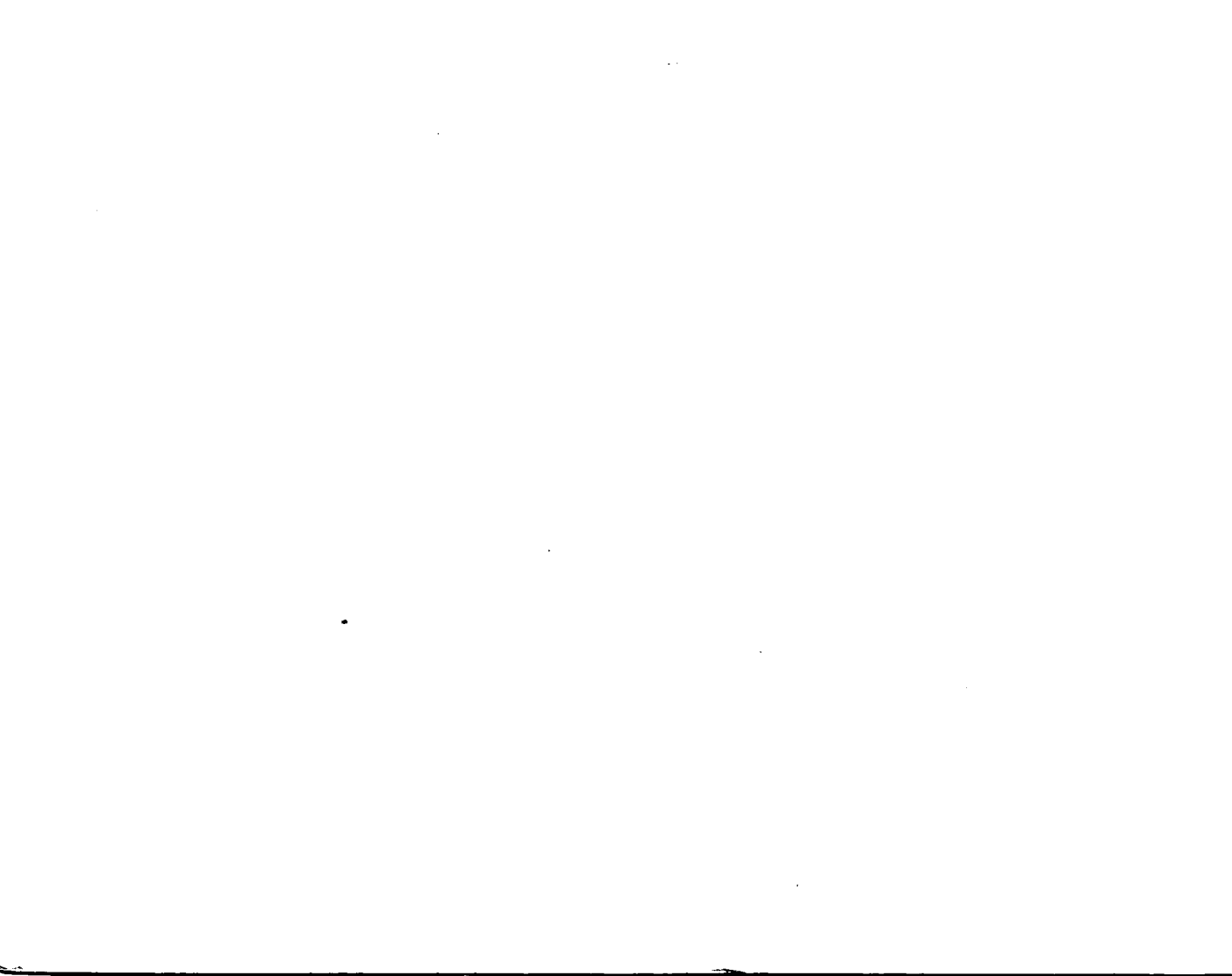
2

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



714-128-012-395

Form V. S. No. 11-C—25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of ButteCity of ArcoRegistration District No. 59File No. 80638

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2129 Registered No. \_\_\_\_\_  
HERBERT ALONZOFULL NAME OF CHILD Andrew W Jackson PaulsonSex of Child M Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth June 25 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FATHER  
FULL NAME Paul Minus PaulsenRESIDENCE Arco, IdaCOLOR W AGE AT LAST BIRTHDAY 36 (Years)BIRTHPLACE DenmarkOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Anasia PedersenRESIDENCE Arco IdaCOLOR W AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE Brazil, IaOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 2:45 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. W. Paulsen  
(Physician or midwife)

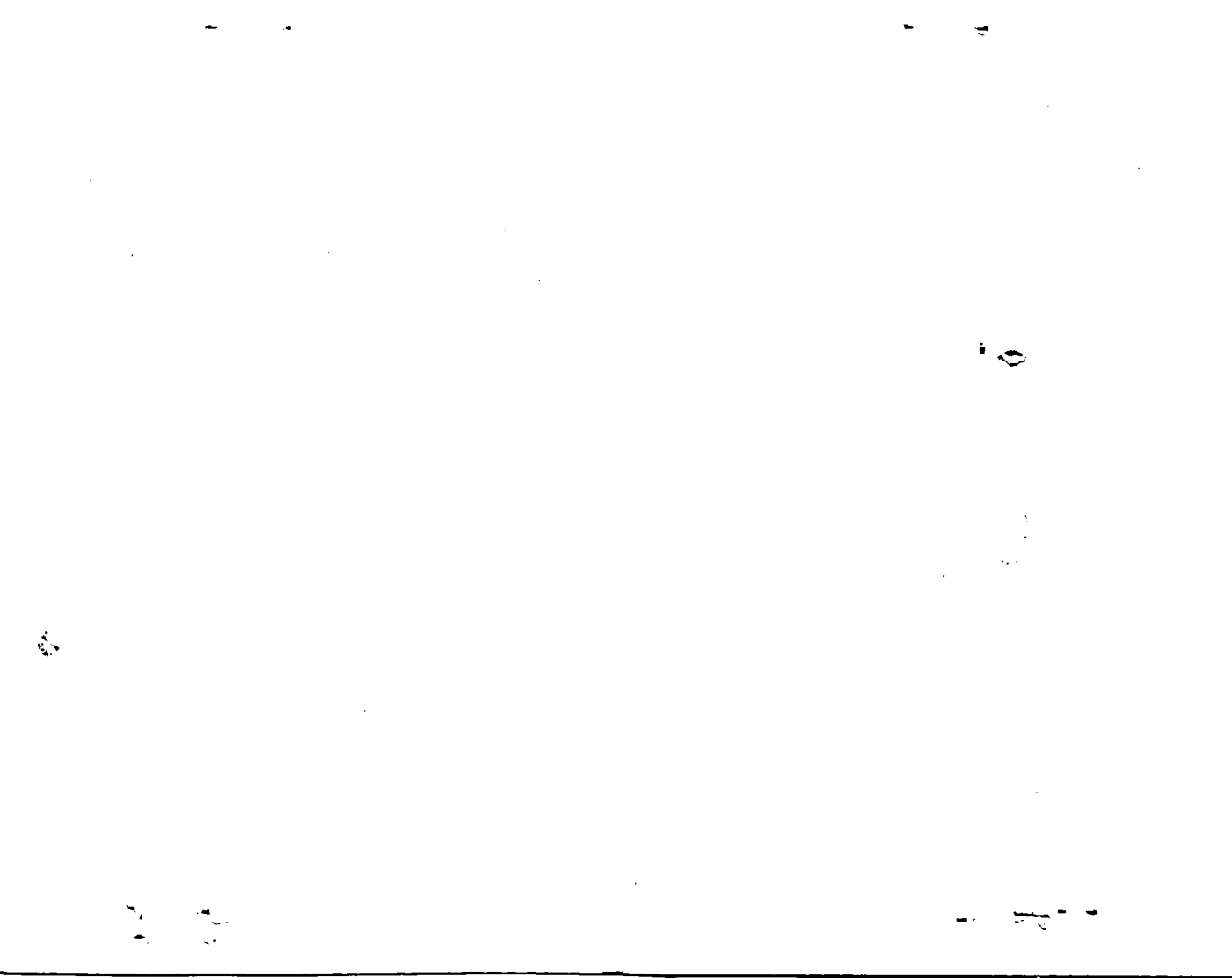
Given names added from a supplemental report.

19. \_\_\_\_\_

Address Arco, IdahoFiled 6-27 1920

Registrar

Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Butte } ss. Certificate No. 80638  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)  
for Herbert Alonzo Paulsen who was born on June 25th, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Arco, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)  
true facts are shown by family record prepared on date of event, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Andrew J. Herbert Alonzo Paulsen

Subscribed and sworn to before me this 17th  
day of March, 19 43.

Notary Public, residing at Arco, Idaho

My commission expires May 23rd, 1946  
(Seal)

Signed Paul M. Paulsen  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Arco, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Butte } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th  
day of March, 19 43.

Notary Public, residing at Arco, Idaho

My commission expires May 23rd, 1946  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed S. T. McLerran  
(Signature of Any Credible Person Other Than Previous Year)

Arco, Idaho  
(Street Address, City, State)

MAR 20 1943

154-230-012-389

Form V, S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of ButteCity of ArcoRegistration District No. 59File No. 80639

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2129

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

EMMA GLADYS

Anderson

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>June 27</u> 19 <u>20</u> (Month) (Day) (Year)
-------------------------------	---	-----	--------------------------------	-------------------------------	--

FULL NAME <u>John Alfred Anderson</u>	FATHER
--	--------

FULL MAIDEN NAME <u>Egnes Christensen</u>	MOTHER
--	--------

RESIDENCE <u>Arco Idaho</u>	
--------------------------------	--

RESIDENCE <u>Arco Idaho</u>	
--------------------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
-----------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
-----------------------	--

BIRTHPLACE <u>Elphrain Utah</u>	
------------------------------------	--

BIRTHPLACE <u>Denmark</u>	
------------------------------	--

OCCUPATION <u>Carpenter</u>	
--------------------------------	--

OCCUPATION <u>House wife</u>	
---------------------------------	--

Number of child of this mother, including present birth <u>8</u>	Number of children of this mother now living, including present birth <u>8</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 12.30 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

(Physician or midwife)

Given names added from a supplemental report.

Address Arco IdahoFiled 6-30 1920

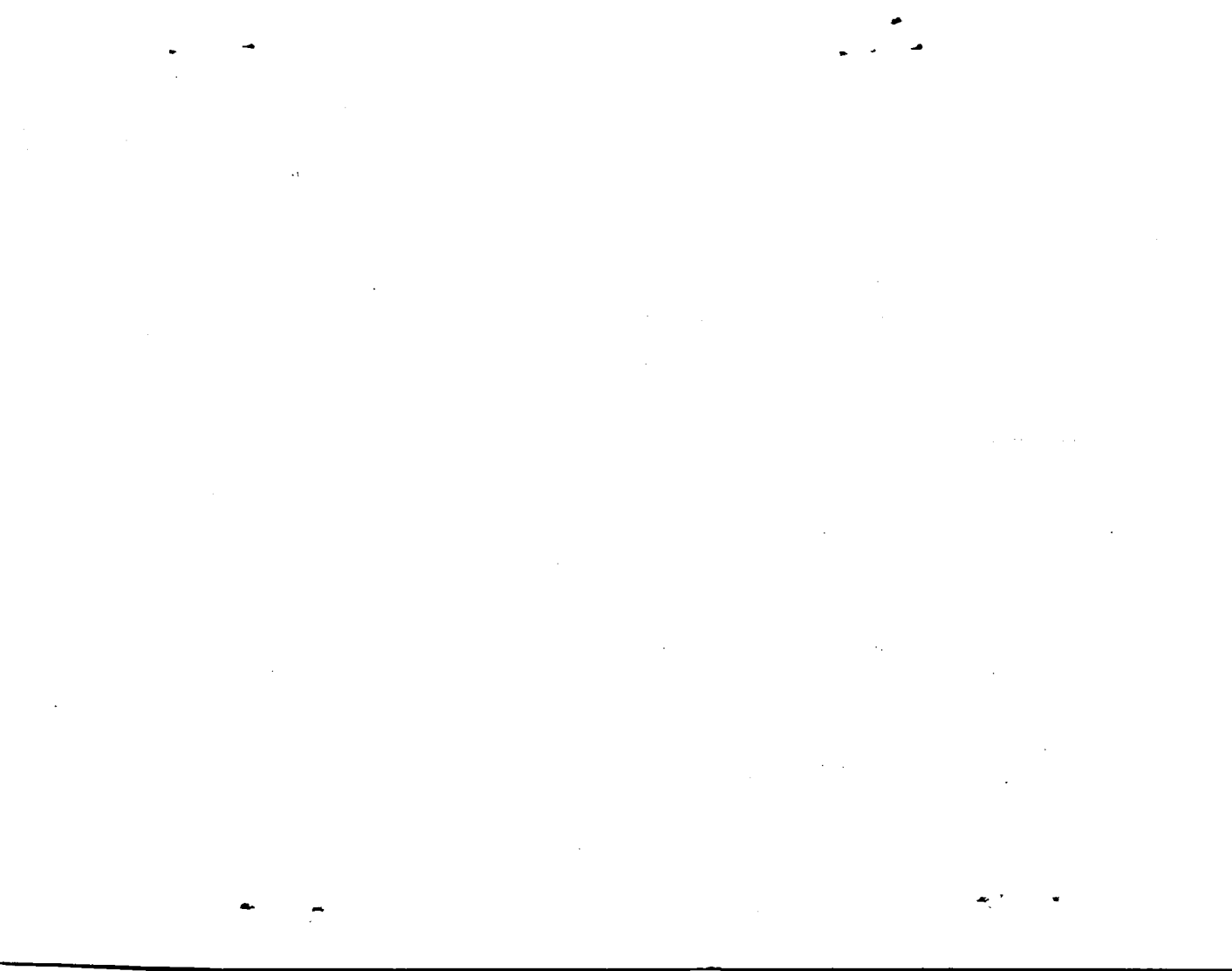
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Butte } ss. Certificate No. 80639  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Emma Gladys Andreason who born on June 30th, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Arco, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by family record prepared on date of event, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Emma Gladys Andreason

Subscribed and sworn to before me this 2nd  
day of JULY, 19 42

[Signature]  
Notary Public, residing at Arco, Idaho

My commission expires May 23rd, 1946  
(Seal)

Signed [Signature]  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Arco, Idaho.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Butte } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd  
day of July, 19 42

[Signature]  
Notary Public, residing at Arco, Idaho

My commission expires May 25-1946  
(Seal)

Signed [Signature]  
(Signature of Any Credible Person Other Than Previous Year)

Arco, Idaho.

(Street Address, City, State)

JUL 7 1942

25-104-014-766

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-1-1-13

County of Cassia

CERTIFICATE OF BIRTH

City of CaldwellRegistration District No. 3File No. 80640

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2005Registered No. 154

Hospital \_\_\_\_\_

FULL NAME OF CHILD Chester Wm Ballard

Sex of Child <u>Male</u>	Twin Triplet or other? <u>other</u>	and { Number in order of birth <u>3rd</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>July 4</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	--

FULL NAME FATHER Wm David BallardFULL MAIDEN NAME MOTHER Edna GoodmanRESIDENCE Caldwell IdaRESIDENCE Caldwell IdaCOLOR white AGE AT LAST BIRTHDAY 30 (Years)COLOR white AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE Ida.BIRTHPLACE Becker OregonOCCUPATION FarmerOCCUPATION HousekeeperNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive one above state on the date above stated. 1. P. M.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hurry

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Ida.Filed 7-7-20John B. Meyer  
Registrar

NOV 16 1948

VOA

CHOC

962-203-014-693

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CanyonCity of CaldwellRegistration District No. 3File No. 80641

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 1005Registered No. 153

FULL NAME OF CHILD

Grace Ethel RoseSex of  
ChildFemaleTwin  
Triplet  
or other? 3

and

Number  
in order  
of birth 1stLegiti  
mate? yesDate of  
BirthJuly 3

(Month) (Day)

1920  
(Year)FULL  
NAME

FATHER

Gray A Rose

RESIDENCE

Caldwell

COLOR

W

AGE AT LAST

BIRTHDAY

19  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Truck driverFULL  
MAIDEN  
NAME

MOTHER

Nettie Williams

RESIDENCE

Caldwell

COLOR

W

AGE AT LAST

BIRTHDAY

18  
(Years)

BIRTHPLACE

Smith Centre Kansas

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

3:30 P. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Caldwell Id

Filed

7-8-20

19

John V. Ingers

Registrar

Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MAR 7 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

## PLACE OF BIRTH

 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH
County of CanyonCity of BaldwellNo. 1205 Blaine St.Registration District No. 3File No. 80642

Hospital \_\_\_\_\_

Primary Registration District No. 1005Registered No. 152

FULL NAME OF CHILD

Charles William LemfestSex of  
ChildMale
 Twin  
 Triplet  
 or other?  
 (To be answered only in event of plural births)

and

 Number  
 in order  
 of birth  
 (To be answered only in event of plural births)

Legitimacy?

YesDate of  
BirthJuly 8
 1920  
 (Month) (Day) (Year)
FULL  
NAMEG. C. Lemfest

FATHER

RESIDENCE

Baldwell, Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

Minn.

OCCUPATION

Buyer of ProduceFULL  
MAIDEN  
NAMERuth Foulds

MOTHER

RESIDENCE

Baldwell, Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Mont.

OCCUPATION

Housewife
 Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
 on the date above stated.

 (Born alive or stillborn)  
Alive
at 4:05 P.M.
 \*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

(Signature)

Dr. F. M. ColePhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Baldwell, Idaho

Filed

7-5-201920John S. Meyer

Registrar

Registrar



2-LENFEST

Dup of 1920-274330

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-101-014-238

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of SangerCity of CaldwellNo. 914 Ernest St.Registration District No. 3

File No.

80643

Hospital \_\_\_\_\_

Primary Registration District No. 2005 Registered No. 151

## FULL NAME OF CHILD

James Ernest Street

Sex of Child <u>Male</u>	Twins or other? <u>X</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 1</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--------------------------	-----	-----------------------------------	------------------------	--

FULL NAME FATHER Ruth Amos StreetRESIDENCE Caldwell IdaCOLOR white AGE AT LAST BIRTHDAY 42 (Years)BIRTHPLACE KansasOCCUPATION FarmerFULL MAIDEN NAME MOTHER Lena Louise SchmidtRESIDENCE Caldwell IdaCOLOR white AGE AT LAST BIRTHDAY 20 (Years)BIRTHPLACE MissouriOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 11:57 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. M. Kaley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell IdaFiled 7-3- 1920 John H. Meyer  
Registrar

100

792-101-014-279

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of SanyonCity of CaldwellRegistration District No. 3File No. 80644No. Logan St.Hospital Caldwell Sanitarium Primary Registration District No. 2005 Registered No. 150

FULL NAME OF CHILD

Clifford Neil Gibbens

Sex of Child

MaleTwin  
Triplet  
or other? x

and

Number  
in order  
of birth xLegiti  
mate?yesDate of  
BirthJuly 11920

(Month) (Day) (Year)

FULL  
NAMEClas. Edwin Gibbens

FATHER

RESIDENCE

Caldwell Ida. Route #3

COLOR

whiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

FarmerFULL  
MAIDEN  
NAMELula Evelyn Sprang

MOTHER

RESIDENCE

Caldwell Ida Route #3

COLOR

whiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Colorado

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 7:25 P. M. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. E. M. Haley  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Caldwell Ida

Filed

7-3-1920 John H. Ingers

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

10-10-10

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.  
County of Boise } Ada

Certificate No. 80644  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Clifford Neil Gibbens who born on July 1 - 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Caldwell Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by mother prepared on August 25 - 1941 are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Clifford Neil Gibbens

Omitted

Clifford Neil Gibbens

Subscribed and sworn to before me this 25<sup>th</sup>  
day of August, 1941

Signed Mrs. Lula Gibbens  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death  
record; or other credible person)

Notary Public, residing at Boise Ida  
My commission expires Apr 18 - 1943  
[SEAL]

Boise Route 3  
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.  
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.

Subscribed and sworn to before me this 25<sup>th</sup>  
day of August, 1941

Signed Mrs. Clifford Gibbens  
(Signature of any credible person other than the previous affiant)

Notary Public, residing at Boise Ida  
My commission expires Apr 18 - 1943  
[SEAL]

Boise Ida Route 3  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)

1. 1. 1.

2.

3.

4. 1. 1.

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

317-123-014-685  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-22a-8-8-17

County of Canyon

City of Caldwell

Registration District No. 3

File No. 80645

No. St.

Primary Registration District No. 2005

Registered No. 149

Hospital at Mrs. Wheeler's Residence

FULL NAME OF CHILD Arthur Ralph Caggart

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 23 - 20</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------------	------------------------	---

FULL NAME <u>D. O. Caggart</u>	FATHER
RESIDENCE <u>Parma Idaho, Rus. 1.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Alice E. Wheeler</u>	MOTHER
RESIDENCE <u>Parma - Idaho, Rus. 1.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alice at 10:30 P. on the date above stated. (Born live or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John V. Meyer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho

Filed 6-24-1920 John V. Meyer  
Registrar





236-123-014-297

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of CaldwellRegistration District No. 9 File No. 80646

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Lanitarium Primary Registration District No. 1005 Registered No. 148

## FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	Date of Birth <u>June 23 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	---	-----------------	---

FATHER  
FULL NAME William Henry Stoddling  
RESIDENCE W. Caldwell, Ida.  
COLOR White AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Missouri  
OCCUPATION Barber

MOTHER  
FULL MAIDEN NAME Verna May Kipp  
RESIDENCE Caldwell, Idaho  
COLOR White AGE AT LAST BIRTHDAY 18 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 2:45 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

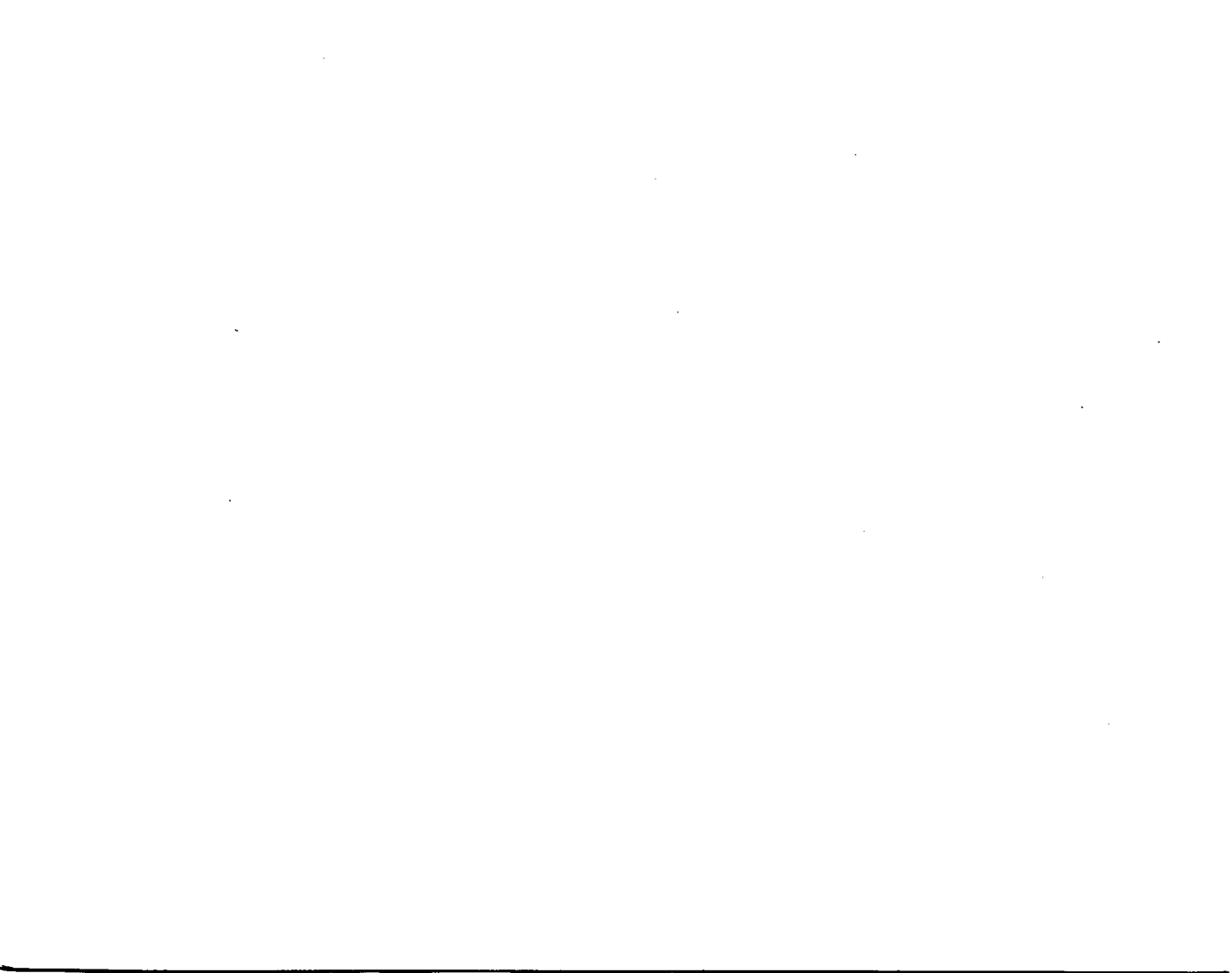
19

Address Caldwell, Idaho  
Filed 6-28-1920 John H. Meyer  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



354-122-014-237

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of CaldwellRegistration District No. 3 File No. 80647

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Caldwell Sanitarium Primary Registration District No. 2005 Registered No. 147

FULL NAME OF CHILD

George Donald Le DelleSex of  
ChildmaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy?

yesDate of  
BirthJune 22 1920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Les E. Le Delle

RESIDENCE

Hornedale, R#1

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Michigan

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

May Shultz

RESIDENCE

Hornedale, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Montana

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9:10 a.m.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Dr. T. M. Cole  
Physician  
(Physician or midwife)

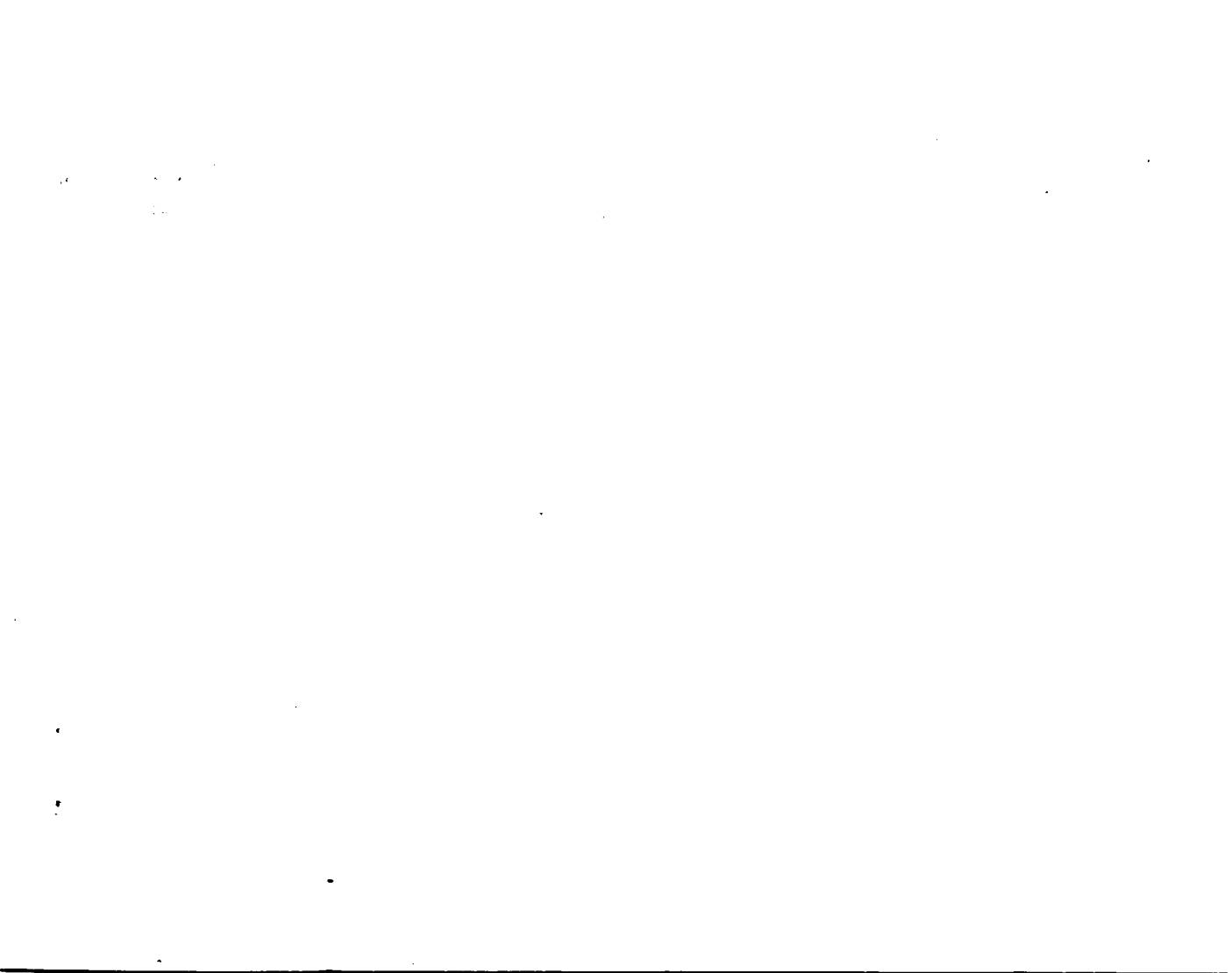
Given names added from a supplemental report.

Address Caldwell, Idaho  
Filed 6-28-1920 John S. Meyer  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

1C



819-122-014-133

## PLACE OF BIRTH

Amended 7/13/81

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

## CERTIFICATE OF BIRTH

County of CanyonCity of Notus-Idaho.Registration District No. 3File No. 80648

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2005Registered No. 146

Hospital \_\_\_\_\_

FULL NAME OF CHILD Loren George Harritt

Sex of Child <u>male</u>	Single, Twin, or other? _____	and Number in order of birth <u>9"</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 22</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>George</u>	FATHER <u>Harritt</u>	FULL MAIDEN NAME <u>Gertrude</u>	MOTHER <u>allen</u>	
RESIDENCE <u>Notus Ida.</u>		RESIDENCE <u>Notus Ida.</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	
BIRTHPLACE <u>Illinois</u>		BIRTHPLACE <u>Iowa</u>		
OCCUPATION <u>Farmer.</u>		OCCUPATION <u>Housekeeper.</u>		

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated. (Born alive or stillborn) on above date at 10:30 P.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature) J. M. Henry

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Ida.Filed 6-27-1920John B. Meyers  
Registrar

Doc of 1920 - 319626

9-25-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

RECEIVED  
JUN 25 11 59 AM '81

State of \_\_\_\_\_ } ss. \_\_\_\_\_  
County of \_\_\_\_\_ } Certificate No. 80648  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Harriett who was born on June 22, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Notus, (Canyon) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>omitted</u>	<u>Loren George Harritt</u>
<u>father's last name</u>	<u>Harriett</u>	<u>Harritt</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 27<sup>th</sup> day of

May, 19 81.  
Notary Public, Richard Sprague  
Residing at 3000 Atlantic St, Du 512, Salem, Ore  
My commission expires 12-25-84

(Seal)

Loren G Harritt  
Signature of Applicant

Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } (Must be completed \_\_ )  
County of \_\_\_\_\_ } ss. \_\_\_\_\_ (Is not necessary X )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Supporting Signature

Street Address, City, State



JUL 13 1981 .

Army record gives name as Loren G. Harritt date of birth June 22, 1920. Date  
of entry Aug. 21 1941. Viewed by V.S.

Family record lists Loren George Harritt born June 22, 1920 at Notus, ID to  
George A. Harritt and Gertrude Allen Harritt. Viewed by V.S.

577-222-014-813

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-27

## CERTIFICATE OF BIRTH

County of CanyonCity of CaldwellRegistration District No. 3File No. 80649No.        St.Primary Registration District No. 1005Registered No. 145Hospital ThermostatFULL NAME OF CHILD Doris Marietta Egger

Sex of Child <u>Female</u>	Twin Triplet or other? <u>1</u>	and { Number in order of birth <u>1</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 22 1920</u> (Month) (Day) (Year)
----------------------------	---------------------------------------	---	-----------------------------	---

FATHER		MOTHER	
FULL NAME <u>John Egger</u>	FULL MAIDEN NAME <u>Clara Pauline Hatch</u>	FULL NAME <u>John Egger</u>	FULL MAIDEN NAME <u>Clara Pauline Hatch</u>
RESIDENCE <u>Caldwell</u>	RESIDENCE <u>Caldwell</u>	RESIDENCE <u>Caldwell</u>	RESIDENCE <u>Caldwell</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Columbiana County, Ohio</u>	BIRTHPLACE <u>Forge Hollow, New York</u>	BIRTHPLACE <u>Columbiana County, Ohio</u>	BIRTHPLACE <u>Forge Hollow, New York</u>
OCCUPATION <u>Vulcanizer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Vulcanizer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:25 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Young

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell IdahoFiled 6-23-20

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1959

515-118-014-293

PLACE OF BIRTH

County of CanyonCity of Wilder

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-2-15-22

## CERTIFICATE OF BIRTH

Registration District No. 3 File No. 80650Primary Registration District No. 2005 Registered No. 144FULL NAME OF CHILD ROYSE VAN CUREN

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June 18</u> 19 <u>22</u> (Month) (Day) (Year)
--------------------------	---	------------------------------------	------------------------	---

FULL NAME FATHER Bennie Royse Van CurenRESIDENCE WilderCOLOR white AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE Maple Grove WisOCCUPATION Laborer with U. S. R. S.FULL MAIDEN NAME MOTHER Jessie Van SickleRESIDENCE WilderCOLOR white AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE Dallas WisOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

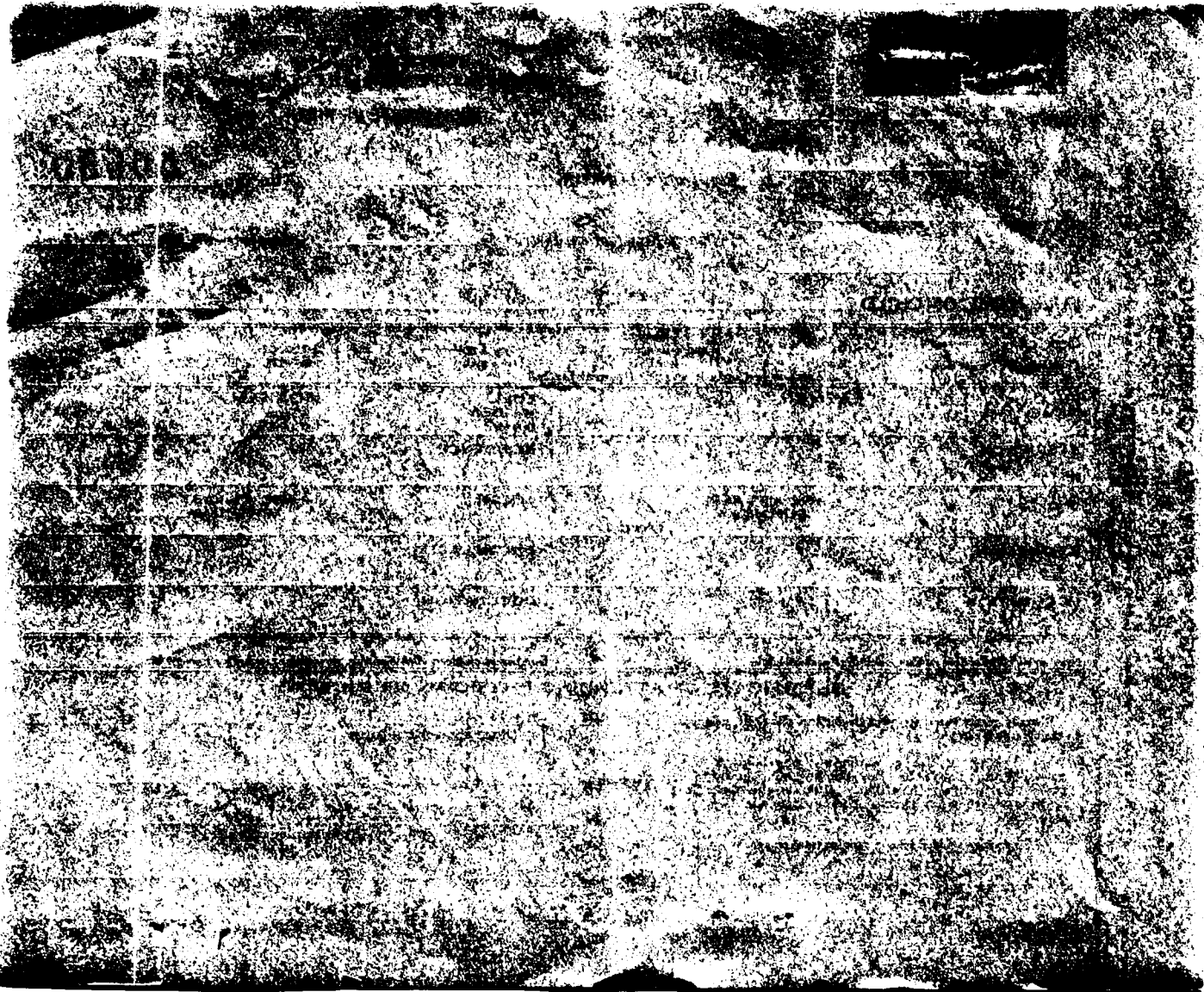
I hereby certify that I attended the birth of this child, who was born alive at 4:20 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) A. Dora A. Thompson  
Physician D.O.  
(Physician or midwife)

Address Callwell Idaho  
Filed 6-18-22 John S. Meyer  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.  
County of ADA

Certificate No. 80650

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or Death)  
for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name

Unnamed

Royse Van Curen

Subscribed and sworn to before me this 8TH

day of JUNE 1942

Notary Public, residing at Boise, Ida

My commission expires 4-18-43  
(Seal)

Signed \_\_\_\_\_

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

\_\_\_\_\_  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_

(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

JUN 8 1942

255-113-014-418

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-2-15-12

## CERTIFICATE OF BIRTH

County of CanyonCity of CaldwellNo. 914 Everett St.Registration District No. 3File No. 80651Hospital MyrnellPrimary Registration District No. 2003Registered No. 143FULL NAME OF CHILD James William KennedySex of Child maleTwin  
Trisect  
or other?and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate? yesDate of Birth June 13 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Edward Carl Kennedy

RESIDENCE

Caldwell

COLOR

whiteAGE AT LAST  
BIRTHDAY48  
(Years)

BIRTHPLACE

Parkersburg Iowa

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Ethel Maybuckley

RESIDENCE

Caldwell

COLOR

whiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Caldwell

OCCUPATION

Housewife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive  
on the date above stated.at 10:50 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Dr. Dora A. Heyman with D.O.  
Dr. Dora A. Heyman with D.O.  
(Physician or midwife)

Address

Caldwell, Idaho

Filed

6-14-1920 John V. Meyer  
Registrar



1. The first step in the process of the development of a new product is the identification of a market need. This is often done through market research, which can be conducted in a number of ways, including surveys, focus groups, and interviews. The goal is to understand what customers want and need, and to identify any gaps in the current market.

363-207-014-353

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of GreenleafRegistration District No. 3File No. 80652

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2005 Registered No. 142

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ila Theresa Coleman

Sex of Child <u>female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 7</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-------	---	----------------------------	---

FULL NAME <u>Loane Kelly Coleman</u>	FATHER
RESIDENCE <u>Greenleaf Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Georgia</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Fessie Irene Lottell</u>	MOTHER
RESIDENCE <u>Greenleaf Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Arkansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 7:00 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Haley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

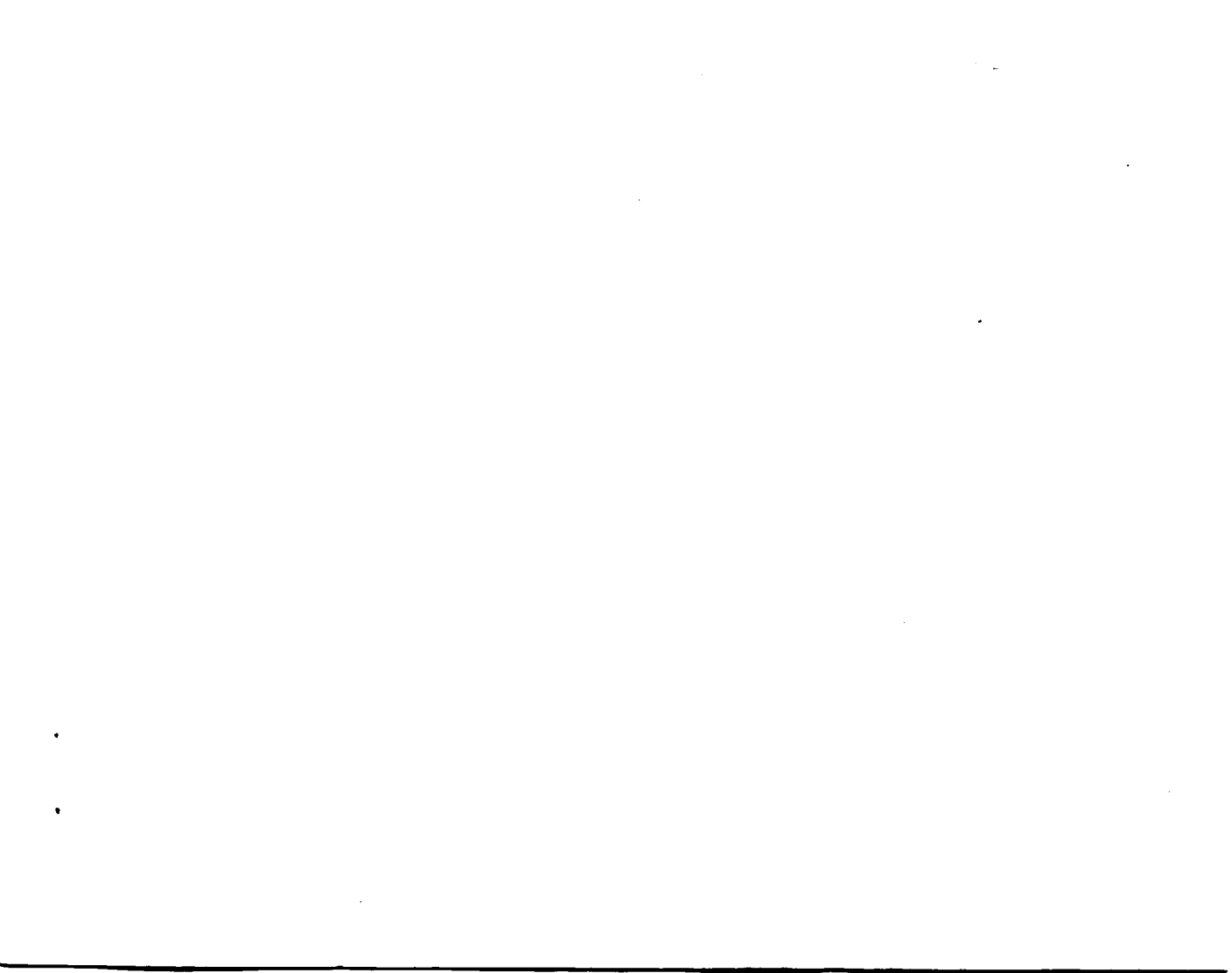
Address Caldwell Idaho  
Filed 6-28-1920 John B. Meyer  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

119-074-66

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 23-25m-1-1-18

CERTIFICATE OF BIRTH

County of Canyon

City of Parma RR

Registration District No. 3

File No. 80653

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2007

Registered No. 42

FULL NAME OF CHILD JAMES BENJAMIN GAHLEY

SEX OF CHILD Male

Is he  
Child Male { Twin  
Triplet  
or other? } and { Number  
in order  
of birth } Legiti-  
(To be answered only in event of plural births) mate? ✓

Date of Birth June 9 1920  
(Month) (Day) (Year)

FULL NAME Martin J. Gahley FATHER

FULL MAIDEN NAME Mary Esther Powers MOTHER

RESIDENCE Parma

RESIDENCE Parma

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

COLOR W AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Idaho

BIRTHPLACE Idaho

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Idaho  
on the date above stated. (Born alive or stillborn)

(Signature) M. S. Maloney, M.D.

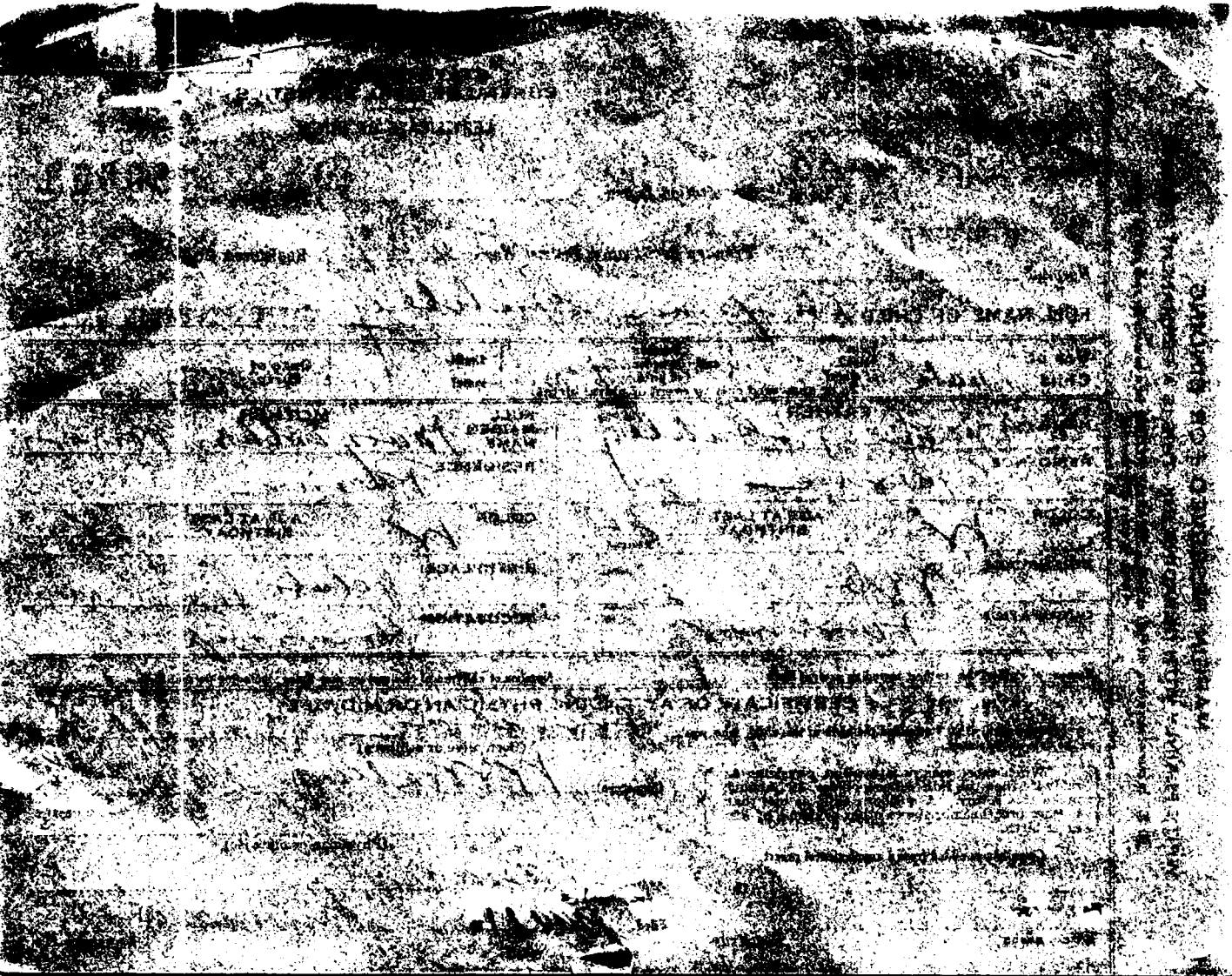
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

Address Parma

Filed June 27 1920 M. S. Maloney  
Registrar

CO. 24688



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Boise, Ada Co. } ss.

Certificate No. 80653  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Benjamin Gahley who born on 6-19-20 (Was born or died) (Date of event) in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (Place of event) true facts as shown by Mother prepared on 12-12-41, are: (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

name

Benjamin Gahley James Benjamin  
Gahley

Subscribed and sworn to before me this 15th day of December, 19 41.

Signed Mrs. Martin Gahley  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho

My commission expires 2-24-45  
[SEAL]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This affidavit MUST also be executed.  
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
[SEAL]

(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

DEC 5 1955

DEC 8 1955

12-12-41

294-105-014-239

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80655

County of CanyonCity of WilderRegistration District No. 3File No. 3

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital HornePrimary Registration District No. 2007Registered No. 1111FULL NAME OF CHILD Willard Herbert Simpson

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>June 5</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	--

FATHER

FULL NAME Horsey Simpson

RESIDENCE Wilder Ida

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Canada

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mabel Shinker

RESIDENCE Wilder Ida

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Colorado

OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1:45 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Borch

M D

(Physician or midwife)

Given names added from a supplemental report.

19

Address Wilder IdaFiled July 6 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



1 JUN 29 1947

PLACE OF BIRTH 859-113-014-114

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

J. 11-25m-6-18-18

County of Tringon  
City of Idaho  
No. \_\_\_\_\_ St. \_\_\_\_\_Registration District No. 8File No. 80656Hospital IdahoPrimary Registration District No. 2007Registered No. 89

Full Name of Child

Talbot Bernard

Heilig

SEX OF CHILD

MaleTwin  
Triplet  
or other?{ and } Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDATE OF  
BIRTHMay 13 1920  
(Month) (Day) (Year)FULL  
NAMERussell O Heilig

FATHER

FULL  
MAIDEN  
NAMEEstella Jamison

MOTHER

RESIDENCE

Home dall

RESIDENCE

Homedale

COLOR

W

AGE AT LAST

BIRTHDAY 21  
(Years)

COLOR

W

AGE AT LAST

BIRTHDAY 23  
(Years)

BIRTHPLACE

neb.

BIRTHPLACE

Loma

OCCUPATION

farmer

OCCUPATION

HW

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

I hereby certify that I attended the birth of this child, who was Born alive  
on the date above stated.(Born alive or stillborn) at 86 M\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Born alive

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

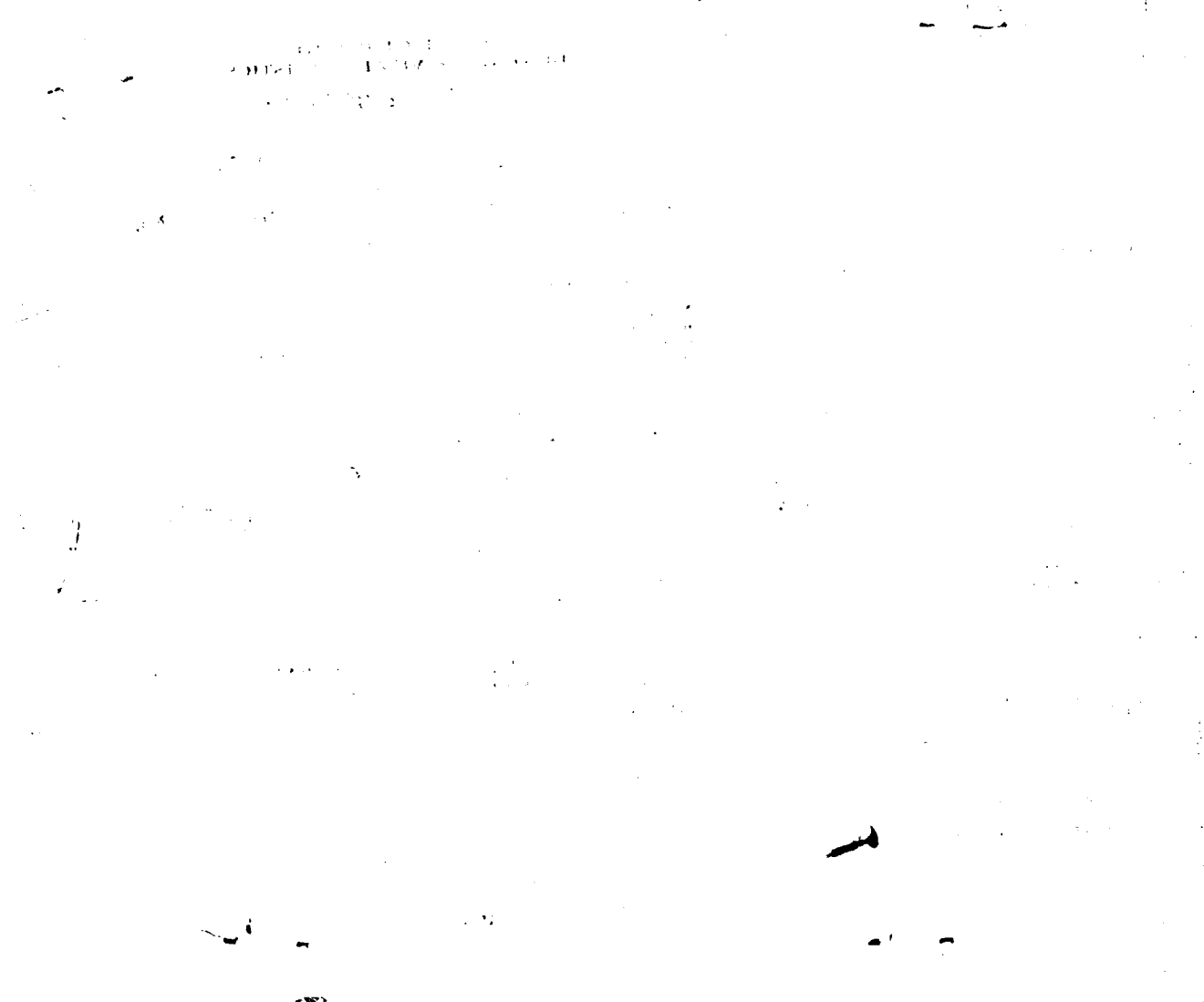
1920

Registrar

Registrar

N. B.—In case of more than one child, a separate card must be made for each and the number of each, in order of birth stated.

THE UNIVERSITY OF CHICAGO  
LIBRARY  
1000 S. MICHIGAN AVE.  
CHICAGO, ILL. 60607



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 80656  
County of Ada }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Talbot Bernard Heilig who born on May 13, 1920 (Birth or Death)  
in Wilder, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by August 12, 1943 prepared on August 12, 1943, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Talbot Bernard Heilig

Subscribed and sworn to before me this 13  
day of August, 1943  
Florence V. Philpott  
Notary Public, residing at Boise  
My commission expires 11/1/47  
(Seal)

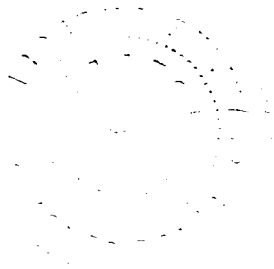
Signed Florence V. Philpott  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
904 Warm Sprave. Boise, Ida.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_\_  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)  
\_\_\_\_\_  
(Street Address, City, State)

AUG 1 2 1943



814-21-014-299

PLACE OF BIRTH

Form V. S. No. 11-C-21a-3-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *L. Morgan*City of *Parma P.D.*Registration District No. *2*File No. *80657*

No. .... St.

Primary Registration District No. *2007*Registered No. *28*

Hospital .....

FULL NAME OF CHILD *Robert Wesley Hamilton*

Sex of Child <i>Male</i>	This Triplet or other?	and Number in order of birth <i>1</i>	Legiti- mate? <i>yes</i>	Date of Birth <i>May 21</i> (Month) (Day) (Year) <i>1920</i>
--------------------------	------------------------------	---	-----------------------------	--

FULL NAME FATHER *Forest Hamilton*RESIDENCE *Parma P.D.*COLOR *White* AGE AT LAST BIRTHDAY *20*  
(Years)BIRTHPLACE *Mo.*OCCUPATION *Farmer*FULL MAIDEN NAME MOTHER *Ardis Briggs*RESIDENCE *Parma P.D.*COLOR *White* AGE AT LAST BIRTHDAY *19*  
(Years)BIRTHPLACE *Winn.*OCCUPATION *Housewife*

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. M. Metcalf*

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address *Parma, Ida.*

.....

Filed *July 6* 19*20*

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1945

133-220-014-249

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of ParmaCity of CanyonRegistration District No. 3 File No. 80658

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2007 Registered No. 43

FULL NAME OF CHILD

Fais Allberry

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	Date of Birth (Month) (Day) (Year)
				<u>Yes</u>	<u>June 20</u> <u>1920</u>

FATHER

FULL NAME Norman Allberry

RESIDENCE Twin Falls, Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Flossie Smith

RESIDENCE Twin Falls, Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Bauer

MD.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Box 17, Corder Idaho

Filed

July 10 1920 Lulu Waldorf

Registrar

Registrar

Baby born at Parma, Idaho, R.I.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





819-201-014-995

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

80659

County of CanyonCity of NampaRegistration District No. 7

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1006

Registered No. \_\_\_\_\_

Hospital Mercy

FULL NAME OF CHILD

Alice Marie Hargis

Sex of Child

FemaleTwin  
Triplet  
or other?{ and } Number  
in order  
of birthLegiti-  
mate?yes

Date of Birth

July 1 1920  
(Month) (Day) (Year)

FULL NAME

Ruby Edwin Hargis

FATHER

FULL MAIDEN NAME

MOTHER

Jessie May Ring

RESIDENCE

Nampa Ida

RESIDENCE

Nampa Ida

COLOR

white

AGE AT LAST BIRTHDAY

27  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

21  
(Years)

BIRTHPLACE

Urial Cal

BIRTHPLACE

Lincoln Nebr

OCCUPATION

Fireman O S L

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive11:45 a.m.

(Born alive or stillborn)

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

H. Rose M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Nampa Ida

Filed

July 10 1920 Pearl Dodds

Registrar

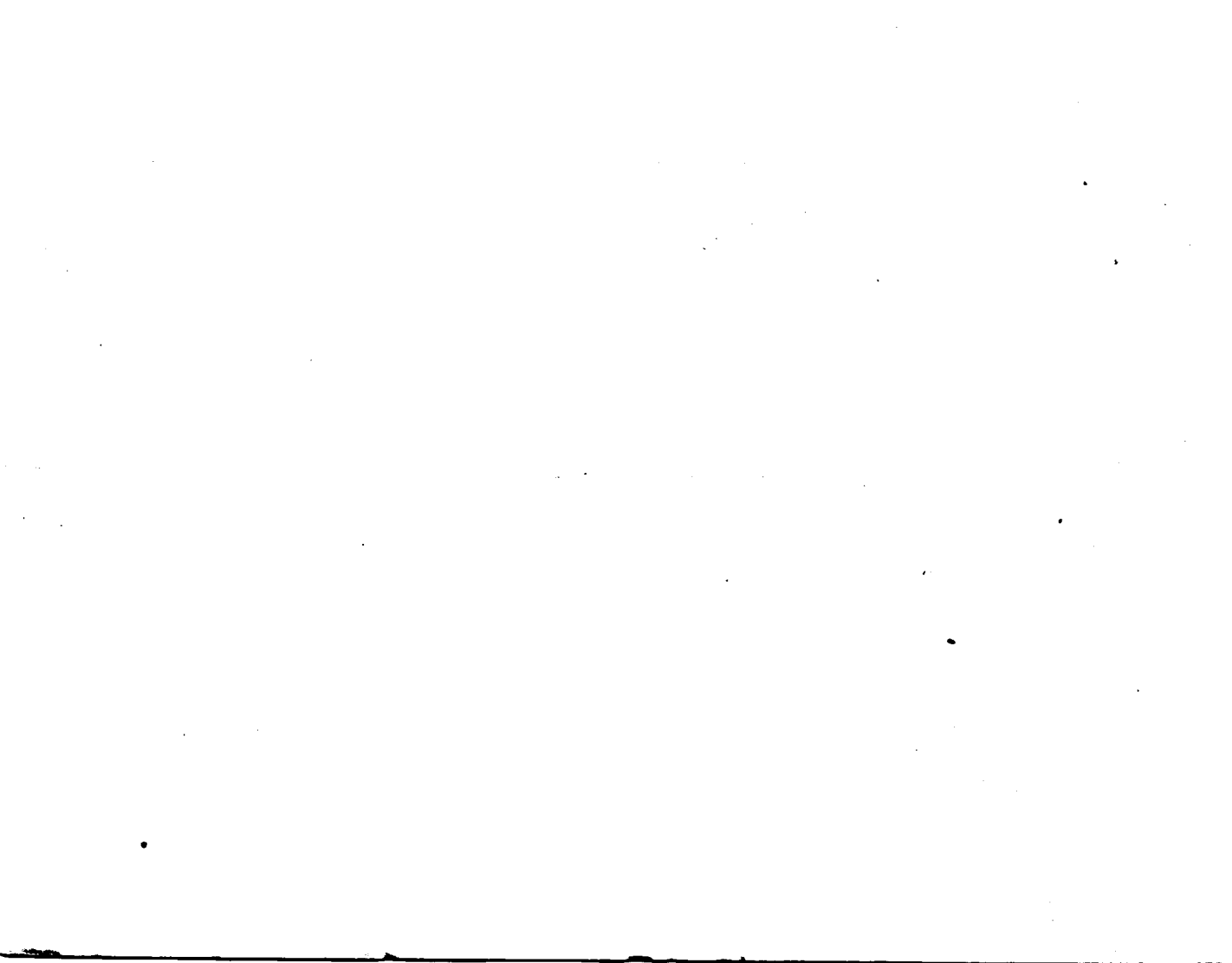
S-Y-CO 38071

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING



812-119-014-799

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of LanyonCity of NampaRegistration District No. 7File No. 80660

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2006

Registered No. \_\_\_\_\_

Hospital MercyFULL NAME OF CHILD Raymond Ernest Hastreter

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>June 19 20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Ernest Freeman Hastreter</u>	FATHER	FULL MAIDEN NAME <u>Fosia Arne Grimmett</u>	MOTHER
---	--------	---	--------

RESIDENCE <u>Near Nampa</u>	RESIDENCE <u>Near Nampa</u>
-----------------------------	-----------------------------

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
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BIRTHPLACE <u>Kansas</u>	BIRTHPLACE <u>Idaho - Boise</u>
--------------------------	---------------------------------

OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>
--------------------------	-----------------------------

Number of child of this mother, including present birth. <u>1</u>	Number of children of this mother now living, including present birth. <u>1</u>
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Rose MD

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa IdaFiled July 10 1920
Pearle Dodds  
Registrar

**MAY 29 1974**

DEC 23 1941

312-227-04-799

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Canyon

City of \_\_\_\_\_

Registration District No. 7File No. 80661

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2006

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Sylvia Grace CarsonSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate? YesDate of  
Birth May 27

(Month)

(Day)

1920  
(Year)FULL  
NAME Plummer Frank Carson

FATHER

RESIDENCE 2 1/2 mi S. of Melba, IdCOLOR WhiteAGE AT LAST  
BIRTHDAY 42

(Years)

BIRTHPLACE MissouriOCCUPATION FarmerFULL  
MAIDEN  
NAME Fannie Drendgriffin

MOTHER

RESIDENCE 2 1/2 mi. S. of Melba, IdCOLOR WhiteAGE AT LAST  
BIRTHDAY 32

(Years)

BIRTHPLACE MissouriOCCUPATION House wifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive  
on the date above stated.

(Born alive or stillborn)

at 3<sup>20</sup> A. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Samuel A Swayne M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed July 21920Peck Dodds

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JUN 10 1943

PLACE OF BIRTH

493-104-014-315

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CanyonCity of NampaRegistration District No. 7File No. 80662No. St.Primary Registration District No. 2006Registered No.         Hospital         

FULL NAME OF CHILD

Clara Mc Michael

Sex of Child <u>Male</u>	Twin <u>Yes</u> Triplet <u>Yes</u> and <u>Yes</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>June 4</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Alva M. Michael</u>	FATHER	FULL MAIDEN NAME <u>Mary Canaday</u>	MOTHER
RESIDENCE <u>Nampa Ida</u>		RESIDENCE <u>Nampa Ida</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Missouri</u>		BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Ida</u>	

Number of child of this mother, including present birth <u>7</u>	Number of children of this mother now living, including present birth <u>7</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 59 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion D. Funk M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa IdaFiled June 25 1920 Pearle Dodds

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Certified copy issued 2-18-1941. dp

V34-104-014-315  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-27

County of LamyCity of NampaRegistration District No. 7File No. 80663No.        St.Primary Registration District No. 2006Registered No.       Hospital       

FULL NAME OF CHILD

Clarence McMichael

Sex of Child

MaleTwin  
Triplet  
or other?Yes

and

Number  
in order  
of birth2  
(To be answered only in event of plural births)Legiti-  
mate?YesDate of  
BirthJune 4 1920  
(Month) (Day) (Year)FULL  
NAMEAlva L McMichael

FATHER

FULL  
MAIDEN  
NAMEMary Canaday

MOTHER

RESIDENCE

Nampa Ida

RESIDENCE

Nampa Ida

COLOR

WhAGE AT LAST  
BIRTHDAY31  
(Years)

COLOR

WhAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Missouri

BIRTHPLACE

Missouri

OCCUPATION

Farmer

OCCUPATION

H.W.Number of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Bess Olive  
M. J. Fink  
(Born alive or stillborn)545 M.

(Physician or midwife)

Given names added from a supplemental report.

       19      Address Nampa IdahoFiled June 25 1922

Registrar

Pearl Dodd

Registrar

Certified copy issued 2-18-1941. dp

219-221-001-766

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

OF IDAHO  
ITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Ada

City of \_\_\_\_\_

Registration District No. 7File No. 80664

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2006

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Dore Barnes.Sex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthMay 21  
(Month) (Day)1920  
(Year)FULL  
NAMEFATHER  
Harry Sesslie Barnes

RESIDENCE

5 mi. S.E. of Melba, Id.

COLOR

WhiteAGE AT LAST  
BIRTHDAY43  
(Years)

BIRTHPLACE

Illinois

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Ida Gertrude Good

RESIDENCE

5 mi. S.E. of Melba, Id.

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Colorado

OCCUPATION

House wifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8:30 P.M. on the date above stated.

(Born alive or stillborn)

(Signature)

Samuel A. Swayne, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed

July 2 1920 Pearle Dodds

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



8

866-115-001-563

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22a-22-17

## CERTIFICATE OF BIRTH

County of AdaCity of MeridianNo. Rt 3 St.Registration District No. 7File No. 80665Primary Registration District No. 2006

Registered No. ....

Hospital .....

FULL NAME OF CHILD

StillbornHook

Sex of Child

MaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?Yes

Date of Birth

June 15 1920  
(Month) (Day) (Year)

FULL NAME

Frank R. Hook

FATHER

FULL MAIDEN NAME

Mamie Novotny

MOTHER

RESIDENCE

Meridian Rt 3

RESIDENCE

Meridian

COLOR

Wh

AGE AT LAST BIRTHDAY

38  
(Years)

COLOR

Wh

AGE AT LAST BIRTHDAY

34  
(Years)

BIRTHPLACE

Salt Lake City Utah

BIRTHPLACE

Minneapolis

OCCUPATION

Farmer

OCCUPATION

H WifeNumber of child of this mother, including present birth 6Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mamie S. Link MD

(Physician or midwife)

\* Given names added from a supplemental report.

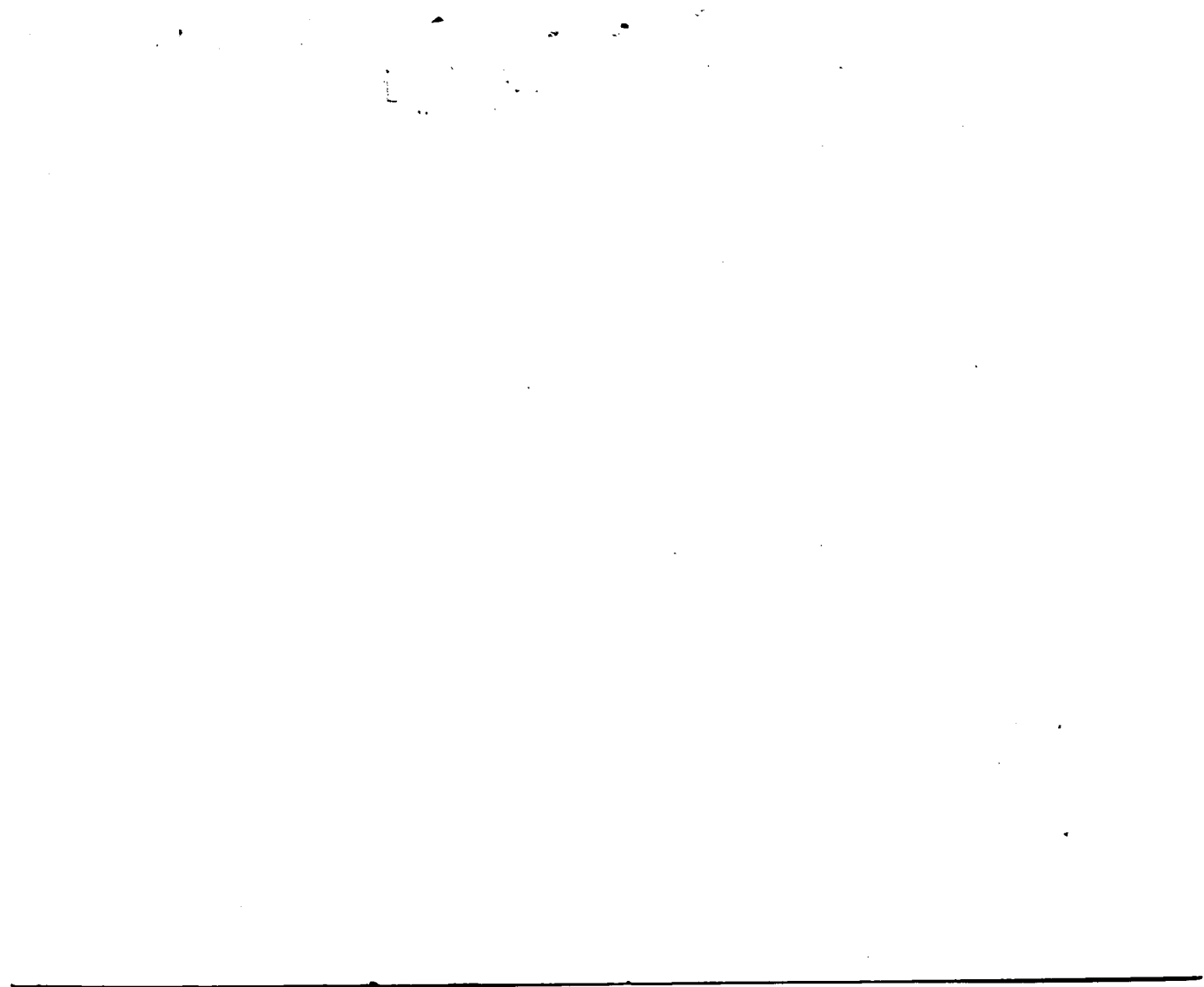
19

Address

File June 25 1920Pearle Dodds

Registrar

Registrar



316 - 111-014 - 316  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of... CanyonCity of... HampharRegistration District No. .... 4File No. .... 8.0666No. .... St.

Hospital .....

Primary Registration District No. .... 1036

Registered No. ....

FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 11</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Albert Lawson</u>	FATHER
RESIDENCE <u>Kuna Ida</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Ontario Ore</u>	
OCCUPATION <u>Cluck</u>	

FULL MAIDEN NAME <u>Adeline Mirella Lawson</u>	MOTHER
RESIDENCE <u>Kuna Ida</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Mason City La</u>	
OCCUPATION <u>H W</u>	

Number of child of this mother, including present birth ..... 7 ..... Number of children of this mother now living, including present birth ..... 7 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at 6:10 A. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Marion D. Fink M.D. .....

(Physician or midwife) .....

Given names added from a supplemental report.

..... 19..... Address .....

..... Registrar ..... Filed April 25 1920 ..... Pearle Dodder ..... Registrar



7-11-41



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998-123-001-719

PLACE OF BIRTH

County of AdaCity of MeridianNo. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. .... 7File No. .... 8-0667Primary Registration District No. .... 2006

Registered No. ....

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 13</u> (Month) (Day) (Year) <u>1950</u>
FULL NAME <u>James A. Pryor</u>	FATHER		FULL MAIDEN NAME <u>Mina L. Parker</u>	MOTHER
RESIDENCE <u>Meridian</u>			RESIDENCE <u>Meridian</u>	
COLOR <u>Wh.</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)		COLOR <u>Wh.</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Missouri</u>			BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>H.W.</u>	

Number of child of this mother, including present birth .... 4 .... Number of children of this mother now living, including present birth .... 4 ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:20 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Registrar

Filed June 25, 1950Pearle D. Dodd

Registrar

100-100000

100-100000

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100-100000

100-100000

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

994-124-014-557

PLACE OF BIRTH

County of CanyonCity of Brown

No. .... St.

Registration District No. .... 7

Primary Registration District No. .... 2000

Hospital .....

File No. .... 80668

Registered No. ....

FULL NAME OF CHILD Joseph C. Zimmerman

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 24</u> 19 <u>70</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Albert C. Zimmerman</u>	FATHER
RESIDENCE <u>Brown</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Penna</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Nora Estella Hegley</u>	MOTHER
RESIDENCE <u>Brown</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Penna</u>	
OCCUPATION <u>H-Wife</u>	

Number of child of this mother, including present birth .... 5	Number of children of this mother now living, including present birth .... 5
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 6:30 M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed June 20 1970 Fearle Dodds

Registrar

Registrar

1-12-44

[REDACTED]

JUL 26 1945

32

964-118-014-851

## PLACE OF BIRTH

County of... LamyCity of... Nampa

No. .... St.

Hospital... Harvis

## FULL NAME OF CHILD

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{ }

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthMay 181950

(Month) (Day) (Year)

FULL  
NAMEFATHER  
Clarence Rodda

RESIDENCE

Nampa Ida

COLOR

WhAGE AT LAST  
BIRTHDAY27

(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
Della Dease

RESIDENCE

Nampa Ida

COLOR

WhAGE AT LAST  
BIRTHDAY17

(Years)

BIRTHPLACE

Wyoming

OCCUPATION

H.W.Number of child of this mother, including present birth.....1.....Number of children of this mother now living, including present birth.....1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....Born alive..... at 1237 A.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Marion S. Fink M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Registrar

Filed June 20 1950Pearle Rodda

Registrar

FEB 6 1942

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-118-001-235-  
PLACE OF BIRTHCounty of AdaCity of Meridian

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. .... 7

File No. .... 80670

Primary Registration District No. .... 2006

Registered No. ....

Francis A. Star

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 18</u> (Month) (Day) (Year) 191 <u>7</u>
FULL NAME <u>Omer Star</u>	FATHER		FULL MAIDEN NAME <u>Emma Verna Stewart</u>	MOTHER
RESIDENCE <u>Meridian Ida</u>			RESIDENCE <u>Meridian Ida</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Powersville Mo</u>			BIRTHPLACE <u>Latonia Ill</u>	
OCCUPATION <u>Farm</u>			OCCUPATION <u>N W</u>	

Number of child of this mother, including present birth ..... 2 Number of children of this mother now living, including present birth ..... 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at 11:25 P M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Marion P. Link .....

Given names added from a supplemental report.

(Physician or midwife)


Address .....

Files June 22 1920

Registrar

Registrar





JUN 2 1942

214-152-044-483  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1st St. Nampa

Registration District No. 7

File No. 80671

Hospital St. Luke's

Primary Registration District No. 1002

Registered No. 80671

FULL NAME OF CHILD Horace G. Saunders

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 30 1920</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER  
FULL NAME Horace G. Saunders  
RESIDENCE Nampa Ida  
COLOR Wh  
AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Utah  
OCCUPATION Engineer

MOTHER  
FULL MAIDEN NAME Coris Ellen Miller  
RESIDENCE Nampa Ida  
COLOR Wh  
AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Nampa Ida  
OCCUPATION H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mammie Frank McD

(Physician or midwife)

Given names added from a supplemental report.

Address June 25 1920

Registrar

Filed June 25 1920

Pearle D. Odde

Registrar

SEP 21 1955

JUL 24 1959

22. 4. 16. 21. 26. 31.

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-231-014-263

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of... LanyonCity of... NampaRegistration District No. .... 7File No. .... 80672No. .... St.Primary Registration District No. .... 2006

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Oral Bernice Garrett

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mated	Date of Birth <u>May 31</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------	--

FULL NAME <u>Chas A. Garrett</u>	FATHER	FULL MAIDEN NAME <u>Cora Ann Bolin</u>	MOTHER
RESIDENCE <u>Nampa</u>		RESIDENCE <u>Nampa</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)	COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Missouri</u>		BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Highway laborer</u>		OCCUPATION <u>H.W.</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth ..... 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Born alive at 4 P on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Signature) <u>Marion S. Fries MC</u>
--	---------------------------------------

Given names added from a supplemental report.

(Physician or midwife)

Address .....

Filed June 22 1921 Pearl S. Golder

Registrar

Registrar

NOV 29 1964

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-215-014-239

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-2-2-17

County of Canyon

City of Nampa

No. 604-18th Ave So  
St.

Registration District No. 7

File No. 80673

Primary Registration District No. 1006

Registered No. ....

Hospital .....

FULL NAME OF CHILD Genavine Bowen

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and { Number in order of birth <u>    </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>June 15</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--	------------------------	---

FULL NAME Wm. C. Bowen FATHER  
RESIDENCE Nampa Ida  
COLOR Wh AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE What Chur La  
OCCUPATION Car Foreman

FULL MAIDEN NAME Anna Linkoch MOTHER  
RESIDENCE Nampa  
COLOR Wh AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Luxemburg Germany  
OCCUPATION NW

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on the date above stated.

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Mariam A. Link MD Born alive or stillborn at 9109 M.  
June 25

Given names added from a supplemental report.

(Physician or midwife)

Address .....

Filed June 25 1920 Pearle Dodds  
Registrar Registrar

Dup of 1920-80675

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414-230-014-291

PLACE OF BIRTH

Form V. S. No. 11--20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of NampaRegistration District No. 7File No. 80674No. 222-184000Primary Registration District No. 1886

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Eliane

Evelyn

Eliane Evelyn Madison

Sex of Child

female

Twin  
Triplet  
or other?

-

and

Number  
in order  
of birth

-

Legitimate?

yes

Date of Birth

June 20

1920

FULL NAME

George F Madison

FATHER

FULL MAIDEN NAME

Myrtle Brackett

MOTHER

RESIDENCE

Nampa Ida

RESIDENCE

Nampa Ida

COLOR

White

AGE AT LAST BIRTHDAY

27 (Years)

COLOR

White

AGE AT LAST BIRTHDAY

24 (Years)

BIRTHPLACE

Miner

BIRTHPLACE

Miner

OCCUPATION

CL5 employee

OCCUPATION

Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Barn Blinn, at 11 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Leo N. Chilton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Nampa Ida

Filed

July 10 1920 Pearl Dodde

Registrar.

Registrar.



SEP 2 1942

as of 1942

431-223-014-864  
PLACE OF BIRTHSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of NampaNo. 514-13<sup>th</sup> Ave N. St.Registration District No. 7

File No.

80676Hospital —Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD

Charlotte Dore McAllister

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

—

and

{

Number  
in order  
of birth

—

{

Legiti-  
mate?

—

{

Date of  
Birth

—

{

Date of  
Birth

—

{

Date of  
Birth

—

{

Date of  
Birth

—

FULL  
NAMEChas McAllister

RESIDENCE

Nampa Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Mich

OCCUPATION

PainterFULL  
MAIDEN  
NAMEStella Young

RESIDENCE

Nampa Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Cal

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 11:30 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Leo W Chilton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Nampa Idaho

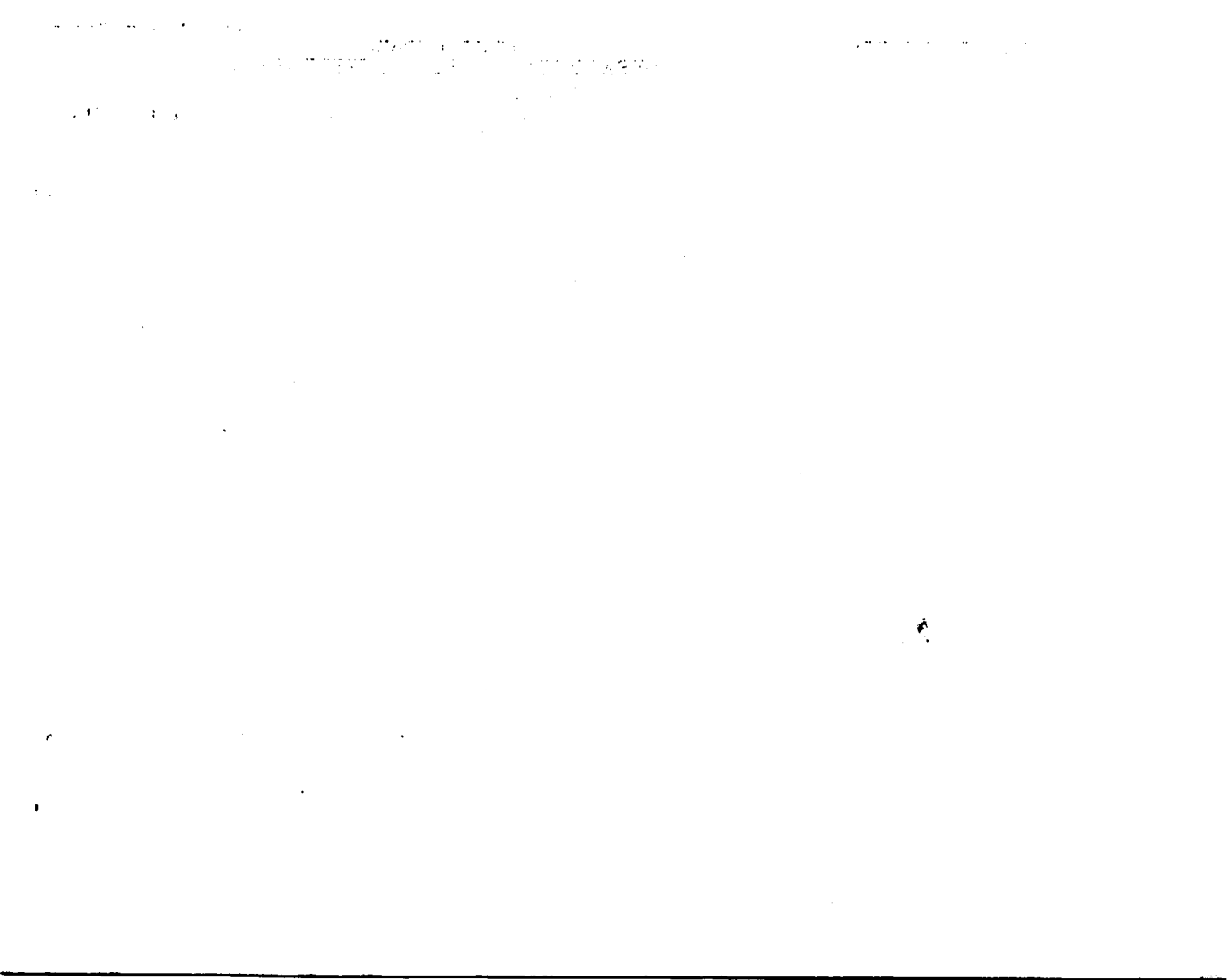
Filed

July 10 1920 Pearle Dodds

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



882-2-28-014-693

Form V. S. No. 11--20m-7-26-19

## PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of ampaNo 510-13-10-10Registration District No. 7File No. 80677Hospital —Primary Registration District No. 1006Registered No. —FULL NAME OF CHILD ANN ELIZABETHSex of Child femaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
Number  
in order  
of birthLegiti-  
mate?Date of  
Birth6/28 1920  
(Month) (Day) (Year)FULL  
NAMELogan D. Hyslop

FATHER

FULL  
MAIDEN  
NAMEEdith Wilson

MOTHER

RESIDENCE

ampa Ida

RESIDENCE

ampa Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY36  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Miner

BIRTHPLACE

Ohio

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8<sup>30</sup> P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Geo N. Chilton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

ampa Ida

Filed

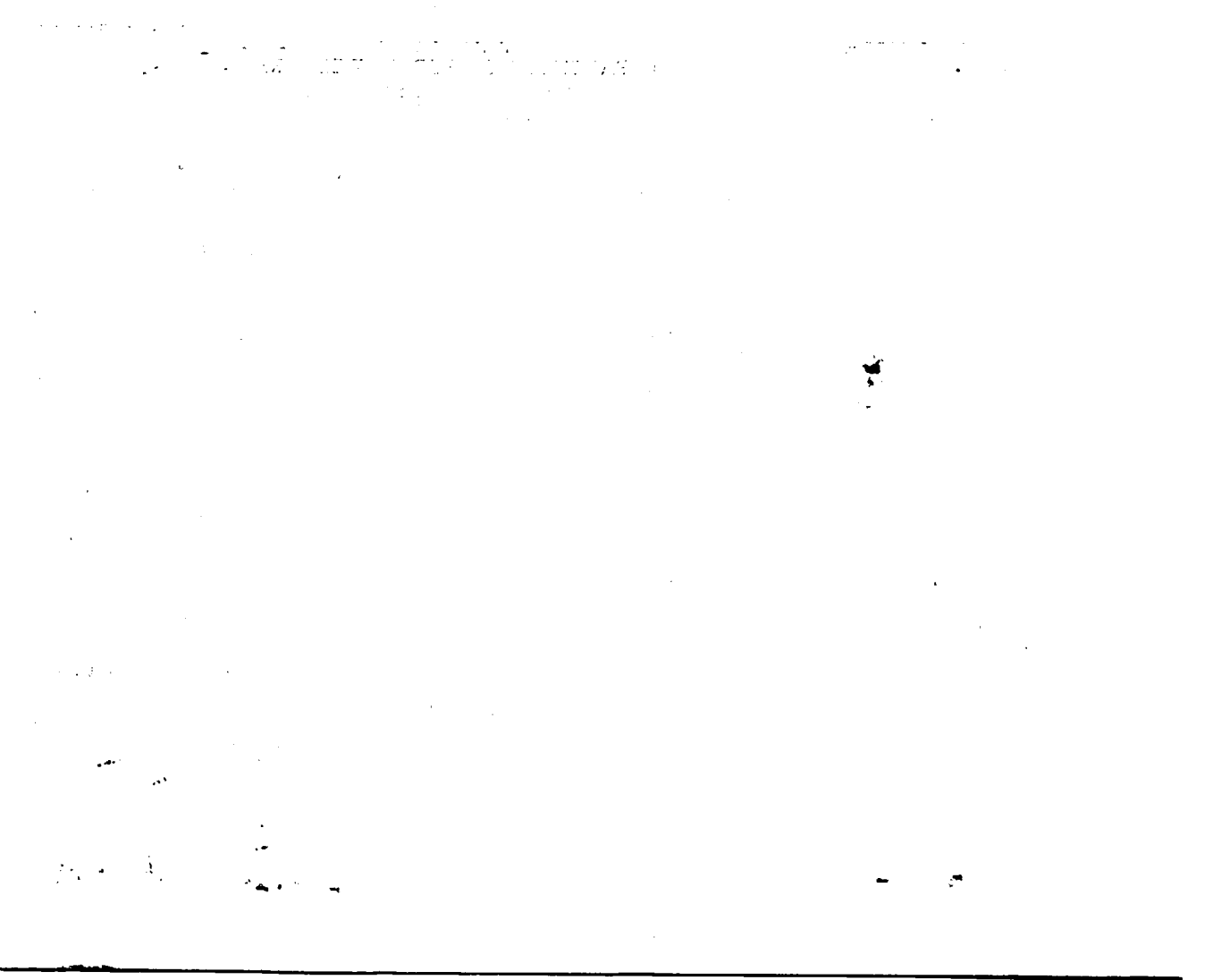
July 10 1920 Pearle Dodds

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

RESERVED FOR BINDING



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 80677  
County of Canyon }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Hyslop Ann who Born on June 28th. 1920 <sup>(Birth or Death)</sup>  
in Nampa Idaho <sup>(Name on Original Certificate)</sup> <sup>(Was Born or Died)</sup> <sup>(Date of Event)</sup>  
<sup>(Place of Event)</sup> are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
<sup>(Bible Record, Insurance Policy, Etc.)</sup> <sup>(Give Date)</sup>

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Elizabeth Ann Elizabeth Hyslop

Subscribed and sworn to before me this 1st  
day of July 1943  
Charles W. Mueller  
Notary Public, residing at Nampa, Ida.  
My commission expires Nov 30, 1945  
(Seal)  
Signed Sagan D. Hyslop  
(Signature of parent or attendant if correcting a birth record, of attendant, funeral director, informant if correcting a death record, or other credible person.) (Father)  
Hickey Building.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss. [This Affidavit **MUST** Also be Executed.  
County of Canyon } (See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.  
Subscribed and sworn to before me this 1st  
day of July 1943  
Charles W. Mueller  
Notary Public, residing at Nampa, Ida.  
My commission expires Nov 30, 1945  
(Seal)  
Signed Agnes Schneider  
(Signature of Any Credible Person Other Than Previous Year)  
Box 325 Nampa.  
(Street Address, City, State)

JUL 9 1945

666-203-014-533

## PLACE OF BIRTH

County of CanyonCity of Nampa

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. .... 7

Primary Registration District No. .... 2986

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-9-8-17

File No. .... 80678

Registered No. ....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>0</u> and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>July 3</u> 19 <u>10</u> (Month) (Day) (Year)
FULL NAME <u>FATHER Ray Wood</u>		FULL MAIDEN NAME <u>MOTHER Gertrude Elsie Ellis</u>	
RESIDENCE <u>Nampa Ida</u>		RESIDENCE <u>Nampa</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Iowa</u>		BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>H Wife</u>	

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:15 a on the date above stated. (Born alive or stillborn) ..... M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion J. Fink M.D.

Given names added from a supplemental report.

(Physician or midwife)

..... 19 ..... Address .....  
 ..... Filed July 11 1920 Pearle Dodds  
 Registrar Registrar



NOV 19 1942

663-128-014-235

## PLACE OF BIRTH

County of CanyonCity of NampaNo. Almond St.STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-24a-28-17

Registration District No. 7File No. 80679Primary Registration District No. 1800

Registered No. ....

Hospital .....  
FULL NAME OF CHILD Herbert Wall

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 28</u> 19 <u>20</u>
(To be answered only in event of plural births)			Month	(Day) (Year)
FULL NAME <u>OTTO WALL</u>	FATHER		FULL MAIDEN NAME <u>Allice Stevens</u>	MOTHER
RESIDENCE <u>Nampa Ida</u>			RESIDENCE <u>Nampa Ida</u>	
COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>Wh</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Illinois</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Mechanic</u>			OCCUPATION <u>H.W.</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3259 N. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MO

(Physician or midwife)

Given names added from a supplemental report.

.....19..... Address.....  
 ..... Registrars July 12 1920 Pearle Dodds  
 Registrars

FEB 25 1942

195-1019-014 955

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-9-15

## CERTIFICATE OF BIRTH

County of CanyonCity of HarpeRegistration District No. 7File No. 80680

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2006

Registered No. \_\_\_\_\_

Hospital MercyFULL NAME OF CHILD NELSON LINDSAY Arnold

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>7/9 3AM 20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------	---

FULL NAME <u>FATHER</u> <u>L. O. Arnold</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Mary Revis</u>
RESIDENCE	RESIDENCE

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
--------------------	---	--------------------	---

BIRTHPLACE <u>Tennessee</u>	BIRTHPLACE <u>Nebraska</u>
OCCUPATION <u>Farming</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth <u>fourth</u>	Number of children of this mother now living, including present birth <u>four</u>
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Barnegate 3 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Smith

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

File July 10 1920 Pearle Dodds

Registrar

DEC 10 1941

433-211-014-458  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Canyon  
City of Hampea, Sta.

Registration District No. 7

File No. 80681

No.        St.       

Hospital Mercy

Primary Registration District No. 8006  
ROSEMARY

Registered No.       

FULL NAME OF CHILD Rose Marie Jay McCall

Sex of Child <u>Female</u>	Twin Triplet or other? <u>      </u>	and { Number in order of birth <u>      </u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 11 1920</u> (Month) (Day) (Year)
----------------------------	--------------------------------------	--	------------------------	---

FATHER  
FULL NAME George B. McCall  
RESIDENCE Lake Park  
COLOR White AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Lumberman

MOTHER  
FULL MAIDEN NAME Frances Meyers  
RESIDENCE Lake Park  
COLOR White AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Minnesota  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address July 10 1920 Pearl Dodd  
File        Registrar

MAY 18 1950

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-225-014-592

PLACE OF BIRTH

County of Canyon

City ofampa

No. 605-14th Ave & St.

Hospital

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

Registration District No. 7

File No. 80682

Primary Registration District No. 1086

Registered No.

Full Name of Child Bernice Lucille Newland

SEX OF CHILD 7	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? Yes	DATE OF BIRTH June 25 20 (Month) (Day) (Year)
FULL NAME Lee R. Newland	FATHER		FULL MAIDEN NAME Susie L. Eikenberry	MOTHER
RESIDENCE ampa Ida			RESIDENCE ampa Ida	
COLOR W	AGE AT LAST BIRTHDAY 27 (Years)		COLOR W	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Kansas			BIRTHPLACE <del>Kansas</del> Iowa	
OCCUPATION Hay, Grain & Coal			OCCUPATION Housewife	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 P. M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature] Physician or midwife

Given names added from a supplemental report

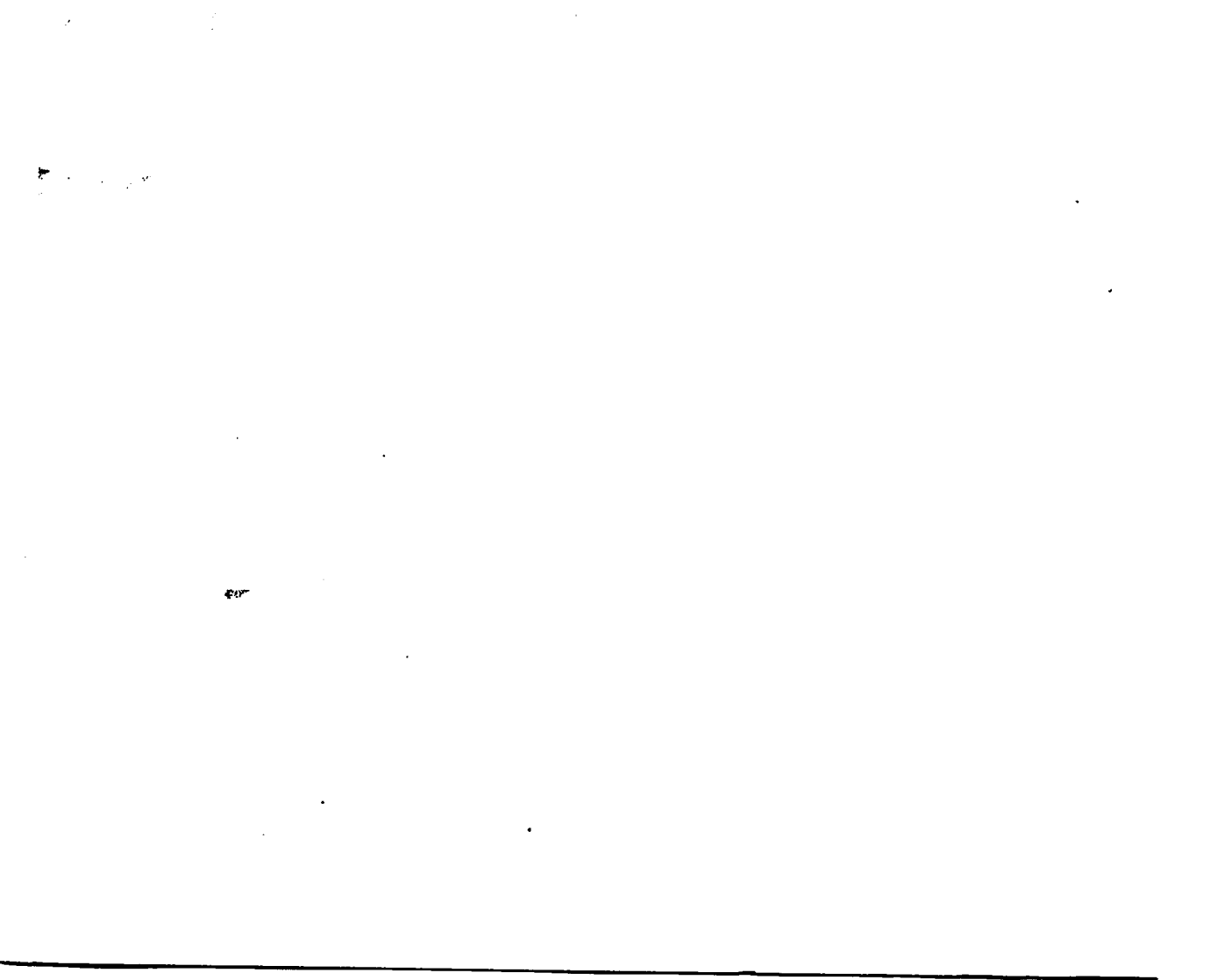
Address ampa Ida

Filed July 10 1920 Pearl Dodd Registrar

Registrar

Registrar





613 - 205 - 014 - 699

## PLACE OF BIRTH

County of CanyonCity of Nampa

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Merey

Full Name of Child

Registration District No. 7File No. 80683Primary Registration District No. 1006

Registered No. \_\_\_\_\_

Gloria J. Walker

SEX OF CHILD

FTwin  
Triplet  
or other?Number  
and in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDATE OF  
BIRTHJuly 5 20  
(Month) (Day) (Year)FULL  
NAMEGeorge W. Walker

FATHER

RESIDENCE

Nampa Ida

COLOR

WAGE AT LAST  
BIRTHDAY19

(Years)

BIRTHPLACE

neb.

OCCUPATION

ClerkFULL  
MAIDEN  
NAMEAlma B. Firkie

MOTHER

RESIDENCE

Nampa Ida

COLOR

WAGE AT LAST  
BIRTHDAY18

(Years)

BIRTHPLACE

neb.

OCCUPATION

House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 130 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature)

[Signature]  
Physician or midwife  
Nampa Ida

Address

Filed

July 10 1920 Pearle Dadds  
Registrar

Registrar

JUN 11 1949

DECEASED

219-220-014-366

## PLACE OF BIRTH

County of

City of

No.

Hospital

Full Name of Child

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

Registration District No.

Primary Registration District No.

File No.

Registered No.

SEX OF CHILD

Twin  
Triplet  
or other?{and} Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?DATE OF  
BIRTHFULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

Registrar

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(Signature)

(Born alive or stillborn)

(Physician or midwife)

Address

Filed

Registrar

JUL 20 1971

265-229-014-419

(Be sure the information is complete and accurate)

State File No. 80685

Amended 1-16-62

Local Reg. No. ....

Federal Security Agency  
United States Public Health ServiceCERTIFICATE OF BIRTH  
STATE OF IDAHO

Reg. Dist. No. 1006

1. PLACE OF BIRTH a. COUNTY Canyon b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) 23rd Ave. & 2nd		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print) a. (First) Vera b. (Middle) Geneva c. (Last) Swetland		4. SEX Female 5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 6. DATE OF BIRTH (Month) (Day) (Year) June 29, 1920	

## FATHER OF CHILD

7. FULL NAME a. (First) Walter b. (Middle) c. (Last) Swetland 8. COLOR OR RACE White		9. AGE (At time of this birth) 21 YEARS 10. BIRTHPLACE (State or foreign country) (City or Town) Nevada 11a. USUAL OCCUPATION O.S.L. Employee 11b. KIND OF BUSINESS OR INDUSTRY	
--	--	--	--

## MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First) Ferian b. (Middle) c. (Last) Martin 13. COLOR OR RACE White		14. AGE (At time of this birth) 18 YEARS 15. BIRTHPLACE (State or foreign country) (City or Town) Idaho 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME (Relationship)			

I hereby certify that this child was born alive on the date stated above.	18a. SIGNATURE Leon Chilton	18b. ATTENDANT AT BIRTH M. D. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)
	18c. ADDRESS Nampa, Idaho	18d. DATE SIGNED
19. DATE REC'D BY LOCAL REG. July 10, 1920	20. REGISTRAR'S SIGNATURE Pearle Dodds	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

ence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \* \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....  
.....

(b) Labor: Complication.....

.....  
..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Marriage Certificate gives name as Vera Swetland and fathers name as Walter Swetland, Dated Feb. 14, 1936. Viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON } ss. Certificate No. 80685  
County of Malheur }

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Sweatman who was born on June 29, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed	Vera Geneva Swetland
Father's Last Name	Sweatman	Swetland
Mothers name	Ferina Martin	Ferian Martin

Subscribed and sworn to before me this 27 day of Dec 1961

Notary Public, residing at Antonia, Oreg.  
My commission expires 1-2-62  
(Seal)

Signed Vera G. Felton  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
315 NE 2nd, Astoria, Oregon  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.  
County of Malheur }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of Dec 1961

Notary Public, residing at Antonia, Oreg.  
My commission expires 1-2-62  
(Seal)

Signed Donald L. Swetland  
(Signature of Any Credible Person)  
315 NE 2nd, Astoria, Oregon  
(Street Address, City, State)



Own Childs Birth Certificate gives mothers name as Vera Geneva Swetland.

Dated July 8, 1939. File # 282408.

Own child's birth certificate gives mother's birth certificate name as Vera Geneva Swetland. Dated February 18, 1937. File # 252881.

State of Idaho, County of Twin Falls, license no. 2138, married July 26, 1919 in Twin Falls, Idaho gives full name of groom as W E Swetland and full name of bride as Ferian Martin - copy of marriage record issued Dec. 29, 1961 - ~~original~~ original record appears in Book 4 of Marriages, Page 377, Twin Falls County - viewed by V.S.

A family record written by aunt gives mother's name as Ferian Martin and father as Walter Sweatland. Viewed by V.S. Obviously old.

341-205-015-794

OF BIRTH

Form V.

11-25m-4-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Latah  
City of Soda Springs Idaho

Registration District No. \_\_\_\_\_

File No. 80686

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 20

Hospital \_\_\_\_\_

Full Name of Child Pauline Smallwood

SEX OF CHILD <u>M</u>	Twin Triplet or other? <u>—</u>	{ and } Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>June 5, 1920</u> (Month) (Day) (Year)
-----------------------	---------------------------------	---	------------------------	---

FATHER

FULL NAME Herbert J. Smallwood

RESIDENCE Soda Springs

COLOR W

AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE Oklahoma

OCCUPATION Salmon

MOTHER

FULL MAIDEN NAME Edna Armstrong

RESIDENCE Soda Springs

COLOR W

AGE AT LAST BIRTHDAY 19  
(Years)

BIRTHPLACE N. C.

OCCUPATION wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 79 M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edis Kascley

Given names added from a supplemental report.

(Physician or midwife)

Edis Kascley 19 \_\_\_\_\_ Registrar

Address Soda Springs, Idaho  
Filed June 30 1920 Edis Kascley Registrar

**PAGE TWO**

# Affidavit to Correct or Amend An Original Certificate of Birth or Death

Date Filed.....

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Pauline Smallwood

Signed Herbert J. Smullwood  
(Signature of parent or attendant if correcting a birth record;  
of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1106 LOPEZ ST. HOUSTON TEXAS 77017  
(Street Address, City, State)

State of TEXAS  
County of HARRIS } SS.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. *SA (JOSEPH L. DEMARVELLE)*

Subscribed and sworn to before me this 6<sup>th</sup> day of

Signed Joseph J. Simons  
(Signature of Any Credible Person)  
2208 ALABAMA ST.  
BAYTOWN, TEXAS 77520  
(Street Address, City, State)

Social Security Card (464-38-2041) gives name as Pauline Smallwood Barcelo.  
Viewed by V. S.

SEP 14 1973

Policy from The Ohio Casualty Ins. Co. Hamilton, Ohio gives name as Pauline Smallwood Roberts (policy No. FA 397 86 86) Dated 11-8-6. in Dallas, Texas.  
Viewed by V. S.

NOV 14 1989

245-110-015-249

PLACE OF BIRTH

Form V. S. No. 11-25-1-16-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LyonCity of Soda Springs

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. 80687

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 18

Full Name of Child

William E. Sneddy, Jr.

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number (and) in order of birth	Legitimate? <u>yes</u>	DATE OF BIRTH <u>June 2, 10, 20</u> (Month) (Day) (Year)
FULL NAME <u>William E. Sneddy</u>	FATHER		FULL MAIDEN NAME <u>Hella Smith</u>	MOTHER
RESIDENCE <u>Soda Springs</u>			RESIDENCE <u>Soda Springs</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Va.</u>	
OCCUPATION <u>Dentist</u>			OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 29 M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Ellis Karsch

(Physician or midwife)

Address

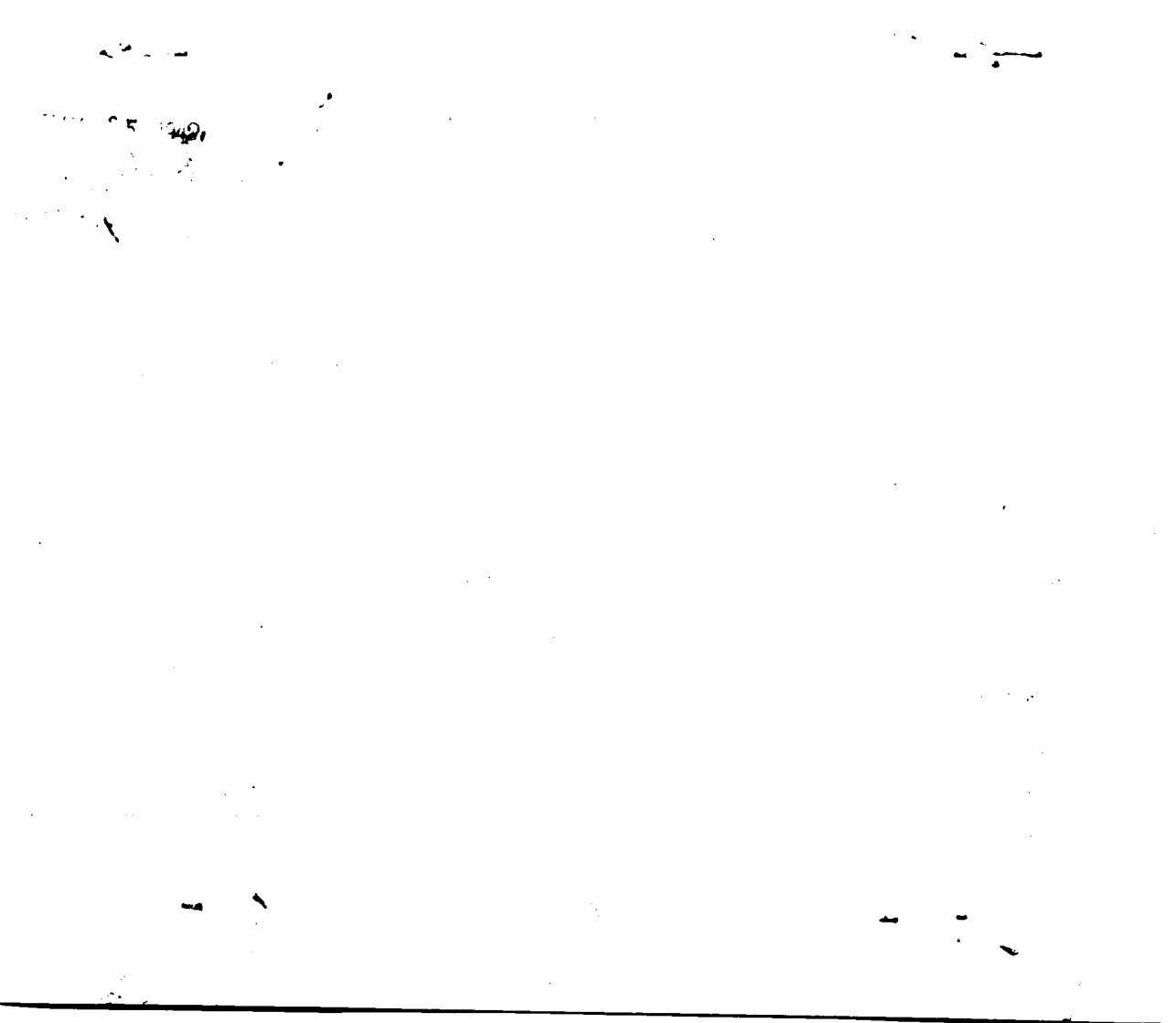
Soda Springs, Idaho

Filed

June 30, 19201920Ellis Karsch

Registrar

Ellis Karsch  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Bingham } ss.  
Certificate No. 80687  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth  
for William E. Smedley Jr. who was born on June 10th, 1920  
in Soda Springs, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by doctor's records prepared on June 30th, 1920, are:  
(Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

birthdate June 2, 1920

June 10, 1920

Subscribed and sworn to before me this 6th  
day of June, 1942

James G. Jones  
Notary Public, residing at Blackfoot, Idaho

My commission expires July 20th, 1943  
(Seal)

Signed Stella C. Smedley  
Mother of Registrant  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

795 So University, Blackfoot  
(Street Address, City, State) Idaho

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bingham } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th  
day of June, 1942

Signed W. E. Smedley  
Father of Registrant  
(Signature of Any Credible Person Other Than Previous Year)

Donald B. Jones  
Notary Public, residing at Blackfoot, Idaho

My commission expires July 20th, 1943  
(Seal)

795 South University, Blackfoot,  
(Street Address, City, State) Idaho.



SUN 9

1942

815-125-015-815  
PLACE OF BIRTH

Form V. S. No. 11-25m-4-18-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Boise

City of Soda Spring

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. 80688

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 15

Full Name of Child Hortuey Julius Hansen

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Jun 25</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	---------------------------------------	--------------------------------	--

FULL NAME <u>Hortuey Hansen</u>	FATHER
RESIDENCE <u>Blackfoot, Idh</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Thelma Hansen</u>	MOTHER
RESIDENCE <u>Blackfoot, Idh</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 500 M on the date above stated. (Born alive or stillborn)

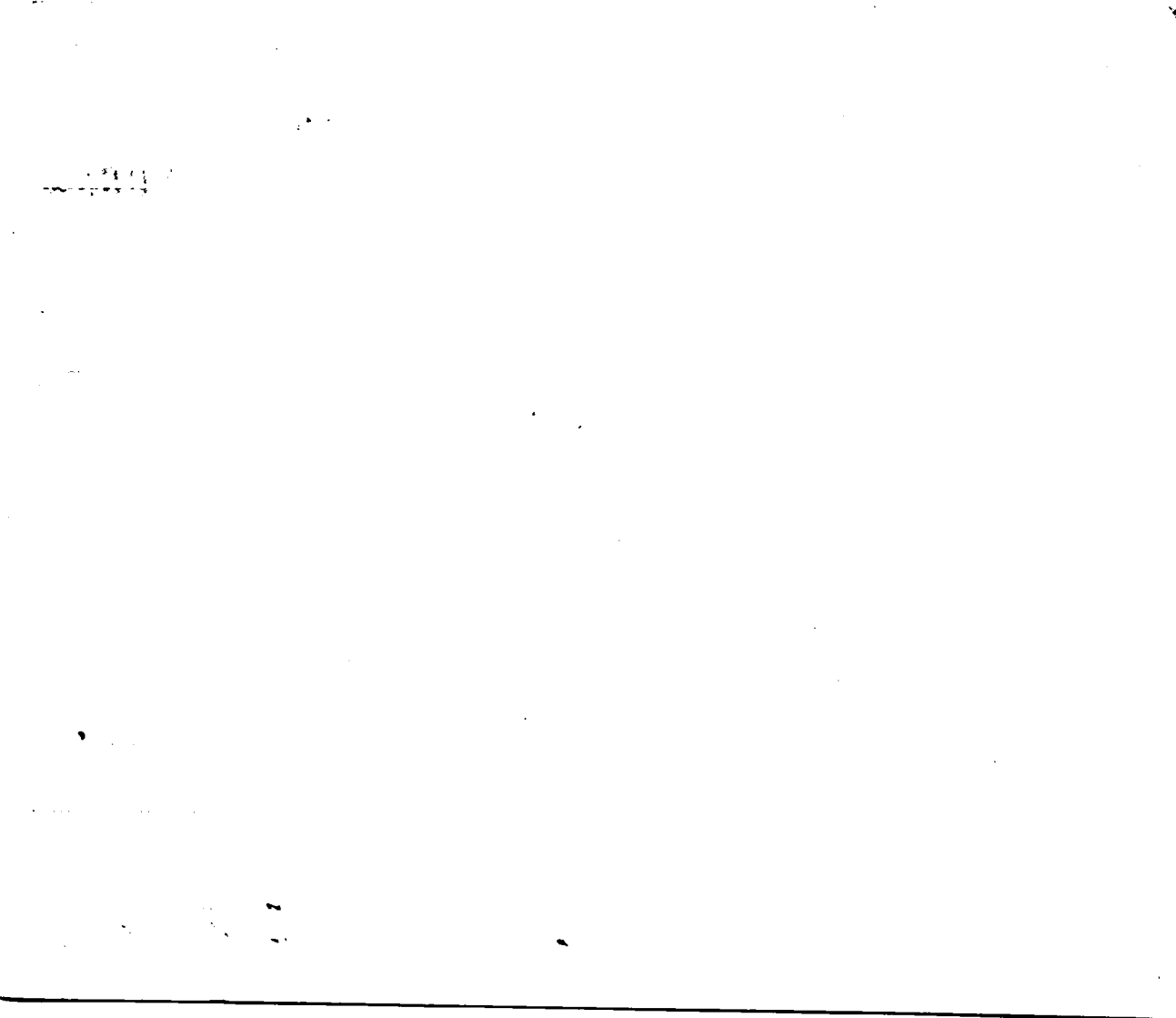
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Eric Kaelley

(Physician or midwife)  
Address Soda Spring, Idh  
File Jun 25 1920 Eric Kaelley Registrar

Eric Kaelley Registrar



495-124-05-235  
PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

80689

County of Lyon

City of Soda Spring

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 17

Hospital \_\_\_\_\_

Full Name of Child \_\_\_\_\_

SEX OF CHILD <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>June 24 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>John D. Lambach</u>			MOTHER FULL MAIDEN NAME <u>Wyneth O. Stephens</u>	
RESIDENCE <u>Wagon</u>			RESIDENCE <u>Wagon</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>ret.</u>	
OCCUPATION <u>carpenter</u>			OCCUPATION <u>wife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 4 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Eelis Kaeley

(Physician or midwife)

Address Soda Spring, Idaho

Filed June 30 1920 Eelis Kaeley  
Registrar Registrar

DUBACH

Dup of 1920-315305

not

144-201-016-381

Form V. S. No. 11-C-25m-7-21-19

**STATE OF IDAHO**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF BIRTH**

County of Cassia  
City of Burley Registration District No. 117 File No. 80690  
No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. 2186 Registered No. 1599  
Hospital \_\_\_\_\_  
FULL NAME OF CHILD Alta Vera Judd  
Sex of Child Female <sup>Twin</sup> <sup>Triplet</sup> <sup>or other?</sup> } and { Number in order of birth } Legiti mate? yes Date of Birth June 1 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	<u>W. R. Judd</u>	FULL MAIDEN NAME	<u>Vera Chadwick</u>
RESIDENCE	<u>Burley Ida</u>	RESIDENCE	<u>Burley Ida</u>
COLOR	<u>White</u>	COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>31</u> (Years)	AGE AT LAST BIRTHDAY	<u>27</u> (Years)
BIRTHPLACE	<u>Utah</u>	BIRTHPLACE	<u>Idaho</u>
OCCUPATION	<u>Mechanics</u>	OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was normal, at 10 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M. H.  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley Ida  
Filed June 10 1920 Dr. J. C. Patterson  
Registrar Registrar



845-2021-916-45-9

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 80691

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1600

Hospital \_\_\_\_\_

FULL NAME OF CHILD Loraine Pauline Huntington

Sex of Child <u>Female</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>June 2</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--------------------------------	-----	--------------------------------	------------------------	--

FULL NAME <u>G. G. Huntington</u>	FATHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>New York</u>	
OCCUPATION <u>Electrician</u>	

FULL MAIDEN NAME <u>Attilis Mertez</u>	MOTHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M. H.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley, IdaFiled June 10 1920 Dr. J. C. Patterson  
Registrar Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



4/16/41 L. B.

381-206-016-559

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 80692

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196Registered No. 1601

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Bernice

Chalk

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 61920

(Month)

(Day)

(Year)

FULL  
NAMEJames A Chalk

FATHER

FULL  
MAIDEN  
NAME

MOTHER

Bernetta Neilson

RESIDENCE

Burley Ida

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY31  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 3,500, M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. J. C. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

Filed

June 20 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JUN 7 1963

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. UG 6 7 43 AM '77  
County of \_\_\_\_\_ }  
Certificate No. 80692  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Chalk (female) who was born (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on June 6, 1920  
(Date of Event)  
Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name Unnamed Bernice Chalk

Subscribed and sworn to before me this 21 day of August, 1977

Signed Bernice Chalk  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

260 Duncan Hill, Auburn, Co.  
(Street Address, City, State)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

My commission expires Sept. 4, 1977

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of Blaine }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of August, 1977

Signed Francis M. Kelly  
(Signature of Any Credible Person)

6405 Evans Ct. Citrus Heights  
(Street Address, City, State)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

My commission expires Oct 4, 1976 RUSH

Certif of Blessing from the LDS Church for John Albert Harris son of Wilford Lavar Harris and Bernice Chalk. born April 30, 1941 at Nucla, Colorado. Blessed Aug 25, 1941. viewed by V. S.

Certif of birth for Gerald LaVar Harris born July 6, 1944 at Twin Falls, Idaho. father's name as Wilford Lavar Harris and Bernice Chalk. viewed by V. S. Certif No. 394155.

DEC 9 1977

736-106-016-993

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 80693

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1602

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Leo RobertPlogerSex of  
ChildMaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 6  
(Month) (Day)1920  
(Year)FULL  
NAMEJ B Ploger

FATHER

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY42  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

CarpenterFULL  
MAIDEN  
NAMEFrancis Richardson

MOTHER

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Nebr

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7:10 a.m.  
on the date above stated. (Born alive or stillborn)\*\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. J. C. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

Filed

June 201920Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

SEP 16 1965

OCT 27 1965

Amended 11-15-56 <sup>466-208</sup>  
014-842  
PLACE OF BIRTH

Form V-S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Cassia  
 City of Burley Registration District No. 117 File No. 80604  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Primary Registration District No. 2196 Registered No. 1603  
 Hospital \_\_\_\_\_  
 FULL NAME OF CHILD DOROTHY LOUISE Moore

Sex of Child Female { Twin or other? } and { Number in order of birth } Legitimacy? yes Date of Birth June 8 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
 FULL NAME J. F. Moore  
 RESIDENCE Burley Ida  
 COLOR White AGE AT LAST BIRTHDAY 31 (Years)  
 BIRTHPLACE Nebr  
 OCCUPATION Druggist

MOTHER  
 FULL MAIDEN NAME Jane Hubbell  
 RESIDENCE Burley Ida  
 COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
 BIRTHPLACE Va  
 OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M.  
 on the date above stated. (Born alive or stillborn)

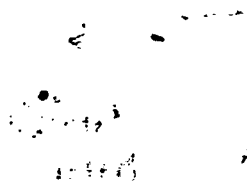
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M.D.  
 (Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.  
 Filed July 1 1920 Dr. J. C. Patterson  
 Registrar





IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Bannock } ss. Certificate No. 80694  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Moore who was born on June 8, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Bible Record prepared on Insurance Policy, are:  
(Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics TO  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Child's name missing Dorothy Louise Moore

Subscribed and sworn to before me this 14 day of May, 1956  
Theodore N. Gathen  
Notary Public, residing at Foratello, Idaho  
My commission expires Feb. 15 - 1958  
(Seal)

Signed James F. Moore Father  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1226 No. Arthur Foratello, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of May, 1956  
Theodore N. Gathen  
Notary Public, residing at Foratello, Idaho  
My commission expires Feb. 15 - 1958  
(Seal)

Signed W. F. Gathen  
(Signature of Any Credible Person)  
2425 57th Ave Foratello Idaho  
(Street Address, City, State)

Nov 16 1957

523-107-016-239

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117 File No. 80595

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1604

Hospital \_\_\_\_\_

FULL NAME OF CHILD Harold Oscar Eklund

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 7 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME C. O. Eklund FATHERRESIDENCE Burley Ida.COLOR White AGE AT LAST BIRTHDAY 39  
(Years)BIRTHPLACE UtahOCCUPATION CarpenterFULL MAIDEN NAME Geneva Strong MOTHERRESIDENCE Burley Ida.COLOR White AGE AT LAST BIRTHDAY 33  
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4:15 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley, Ida.  
Filed July 1 1920 Dr. J. C. Patterson  
Registrar

Registrar

APR 17 1985

731-209-016-219

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 80897

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1406

Hospital \_\_\_\_\_

FULL NAME OF CHILD

JUNE

Platts,

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 9</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>L W Platts</u>	FATHER
RESIDENCE <u>Burley Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Idaho.</u>	
OCCUPATION <u>Auto Dealer</u>	

FULL MAIDEN NAME <u>Mary Barnes</u>	MOTHER
RESIDENCE <u>Burley Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

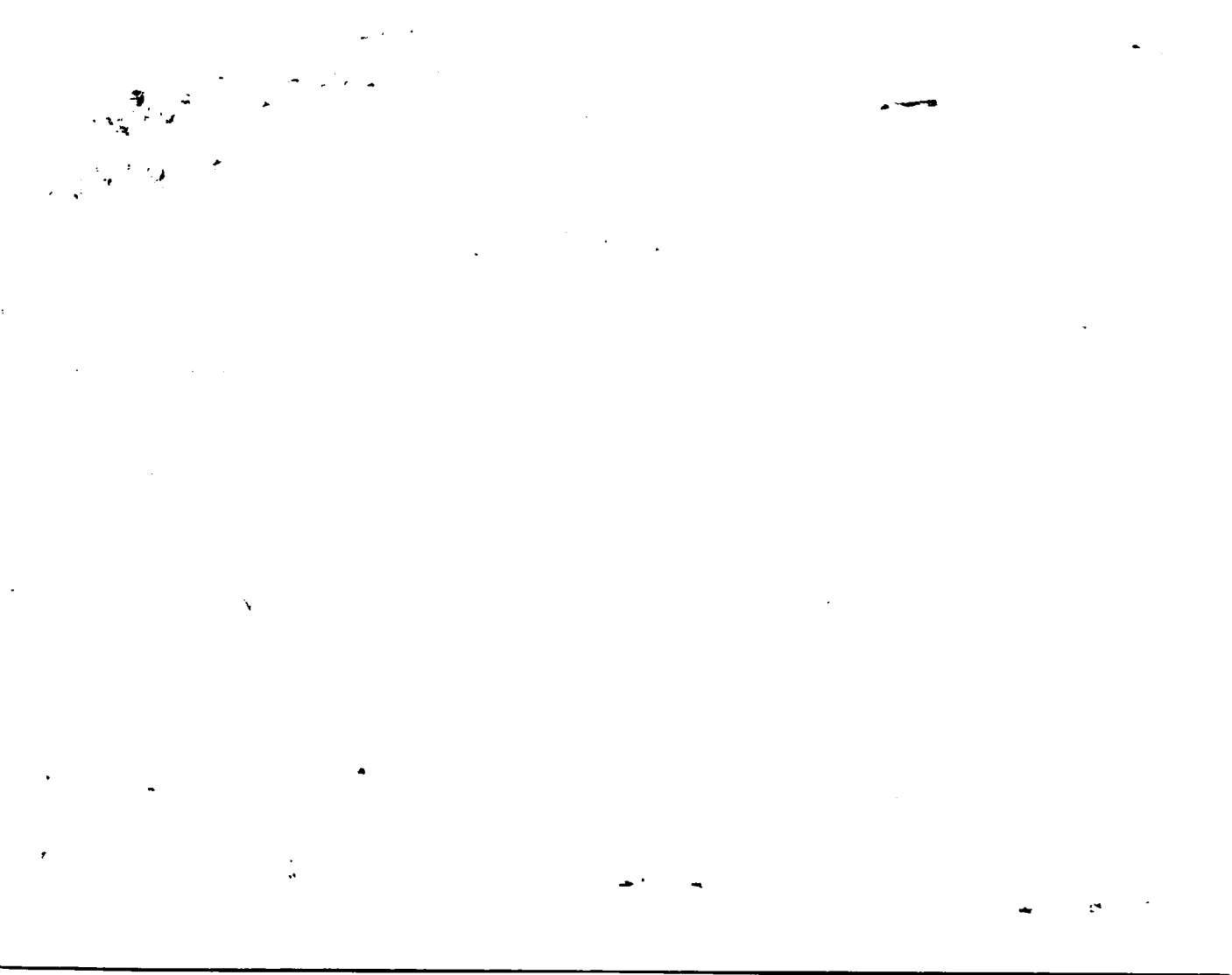
19

Address Burley, Ida.Filed July 1 1920 Dr. J. C. Patterson  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... }  
County of ..... } ss. **RECEIVED**  
**FEB 3 1970**  
Certificate No. **80697**  
Date Filed .....  
The undersigned does solemnly swear that certain facts on the original certificate of Birth  
for **Unnamed Platts (female child)** who **was born** on **June 9, 1920**  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in **Burley, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)  
**Full Name of Child** **Unnamed** **TO**  
**June** **Platts**  
(The Correct Facts)

Subscribed and sworn to before me this **3** day of  
**February**, 19**70**  
**Harold L. Kurlberg**  
Notary Public, residing at **Seagle, Idaho**  
My commission expires **Sept 30, 1972**  
(Seal)

Signed **Jetta Isabel Clements**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this ..... day of  
....., 19.....  
Signed.....  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

(Street Address, City, State)



Certificate of Baptism and Confirmation gives name as June Platts. Certificate issued Sēpt. 24, 1939. Baptized June 28, 1939 in L.D.S.Church. FEB 3 1970  
Viewed by V.S.

Public School Diploma issued by Minidoka County gives name as June Platts graduated May 19, 1934 at Rupert, Idaho. Bertha Nutting, County Supt.  
Viewed by V.S.

363-211-016-315

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 80698

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1607

Hospital \_\_\_\_\_

FULL NAME OF CHILD Alpha Kathleen Coleman

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>June 11</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME FATHER A E ColemanRESIDENCE Burley IdaCOLOR White AGE AT LAST BIRTHDAY 46  
(Years)BIRTHPLACE Mo.OCCUPATION PrinterFULL MAIDEN NAME MOTHER Alpha CanthornsRESIDENCE Burley IdaCOLOR White AGE AT LAST BIRTHDAY 35-  
(Years)BIRTHPLACE KansOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 7:40 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley, Ida.Filed June 20 1920 Dr. J. C. Patterson  
Registrar Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

FEB 27 1942

44-1448

238-113-016-239

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 80699

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1608

Hospital \_\_\_\_\_

FULL NAME OF CHILD Elmer Vernon Schenk

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>June 13</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>J. E. Schenk</u>	FATHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Florence S. Striker</u>	MOTHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Nebr.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.  
Filed June 14 1920 Dr. J. C. Patterson  
Registrar

Registrar

MC 7-27-31

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 8 1949

845-115-016-255

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 80700

No. \_\_\_\_\_ St.

Primary Registration District No. 2196Registered No. 1609

Hospital \_\_\_\_\_

FULL NAME OF CHILD George Hilman HuntSex of  
ChildMaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 15 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEG H Hunt

FATHER

FULL  
MAIDEN  
NAMEFanniss Bennett

MOTHER

RESIDENCE

Burley Ida

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY22  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY9  
(Years)

BIRTHPLACE

Duncan Utah

BIRTHPLACE

Deseret Utah

OCCUPATION

Mechanic

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:40 a.m.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. J. C. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida

Filed

June 20 1920Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

K



RECEIVED  
JAN 10 1964

PAGE OF BIRTH

000000

Investigation Division

UNITED STATES

DEPARTMENT OF JUSTICE

SECTION

UNITED STATES

SECTION

UNITED STATES

SECTION

UNITED STATES

UNITED STATES DEPARTMENT OF JUSTICE

UNITED STATES

UNITED STATES DEPARTMENT OF JUSTICE

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CassiaCity of BurleyRegistration District No. 117File No. 80701

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196Registered No. 1610

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Robert L. Salmon Jr.Sex of  
ChildMaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 131920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAMERobt. L. Salmon

FATHER

FULL  
MAIDEN  
NAMEMary Bassett

MOTHER

RESIDENCE

Burley Ida.

RESIDENCE

Burley Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY23

(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY20

(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Idaho

OCCUPATION

Real Estate

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 10:15 a.m.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. J. C. Patterson  
A. H.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley Ida.

Filed

July 11920Dr. J. C. Patterson

Registrar

Registrar



NOV 24 1943

MAY 22 1944

399-117-016-473  
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117

File No.

80702

No. \_\_\_\_\_ St.

Primary Registration District No. 2196Registered No. 1611

Hospital \_\_\_\_\_

FULL NAME OF CHILD

HenryTrist

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 17 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEJ B Trist

FATHER

FULL  
MAIDEN  
NAMEMaudie Upton

MOTHER

RESIDENCE

Burley Ida

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY4  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Vir.

BIRTHPLACE

Mo.

OCCUPATION

Auto Man

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M.  
on the date above stated. (Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Dr. J. C. Porterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley Ida

Filed

7-1 1920Dr. J. C. Porterson

Registrar

Registrar

NOV 3 1959

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

866-115-016-296  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Cassia

City of Burley

No. \_\_\_\_\_ St.

Registration District No. 117

File No. 80703

Hospital \_\_\_\_\_

Primary Registration District No. 2196

Registered No. 1612

FULL NAME OF CHILD

Howell

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimacy? <u>Yes</u>	Date of Birth <u>June 15</u> 19 <u>30</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME L. V. Howell  
RESIDENCE Hawkins Ida  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Laura Brower  
RESIDENCE Hawkins Ida  
COLOR White AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

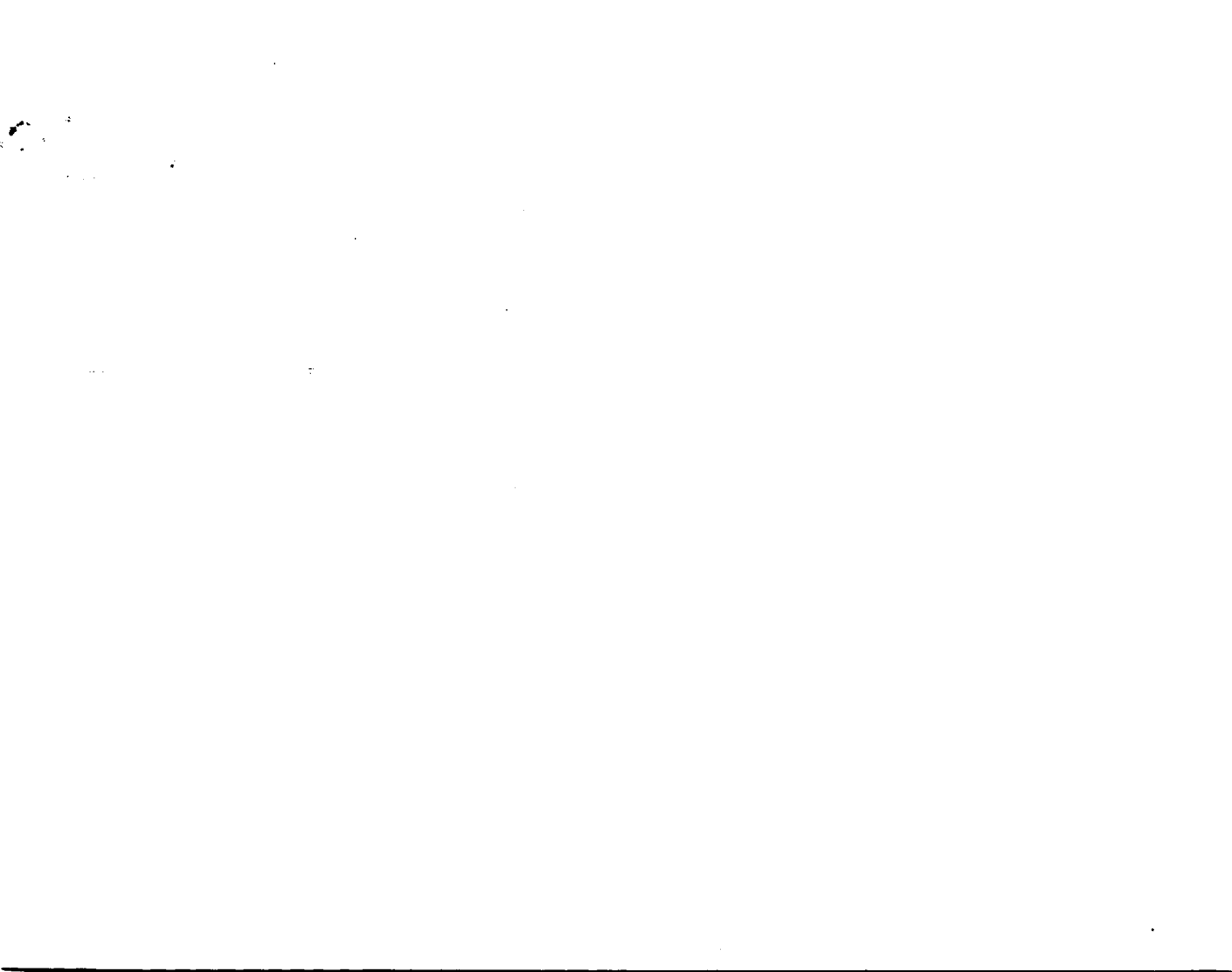
I hereby certify that I attended the birth of this child, who was born alive, at 3 a. m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.  
Filed July 1 1930 Dr. J. C. Patterson  
Registrar



154-218-016-469  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 80704No. 7 St.Primary Registration District No. 2196 Registered No. 1613

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Marjorie June AndersonSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and { Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 18 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 3:30 a.m.  
on the date above stated. (Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Dr. J. E. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Idaho

Filed

July 1 1920Dr. J. E. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JUN 19 1947

Certified copy issued October 24, 1970. W.W.

753-118-016-155

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of CassiaCity of BurleyRegistration District No. 117File No. 80705

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1614

Hospital \_\_\_\_\_

FULL NAME OF CHILD

OSCAR AVERY

Peterson

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 18</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	--

FULL NAME FATHER C. O. PetersonRESIDENCE Burley Ida.COLOR White AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Oliver AveryRESIDENCE BurleyCOLOR White AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. C. Patterson  
D.P.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

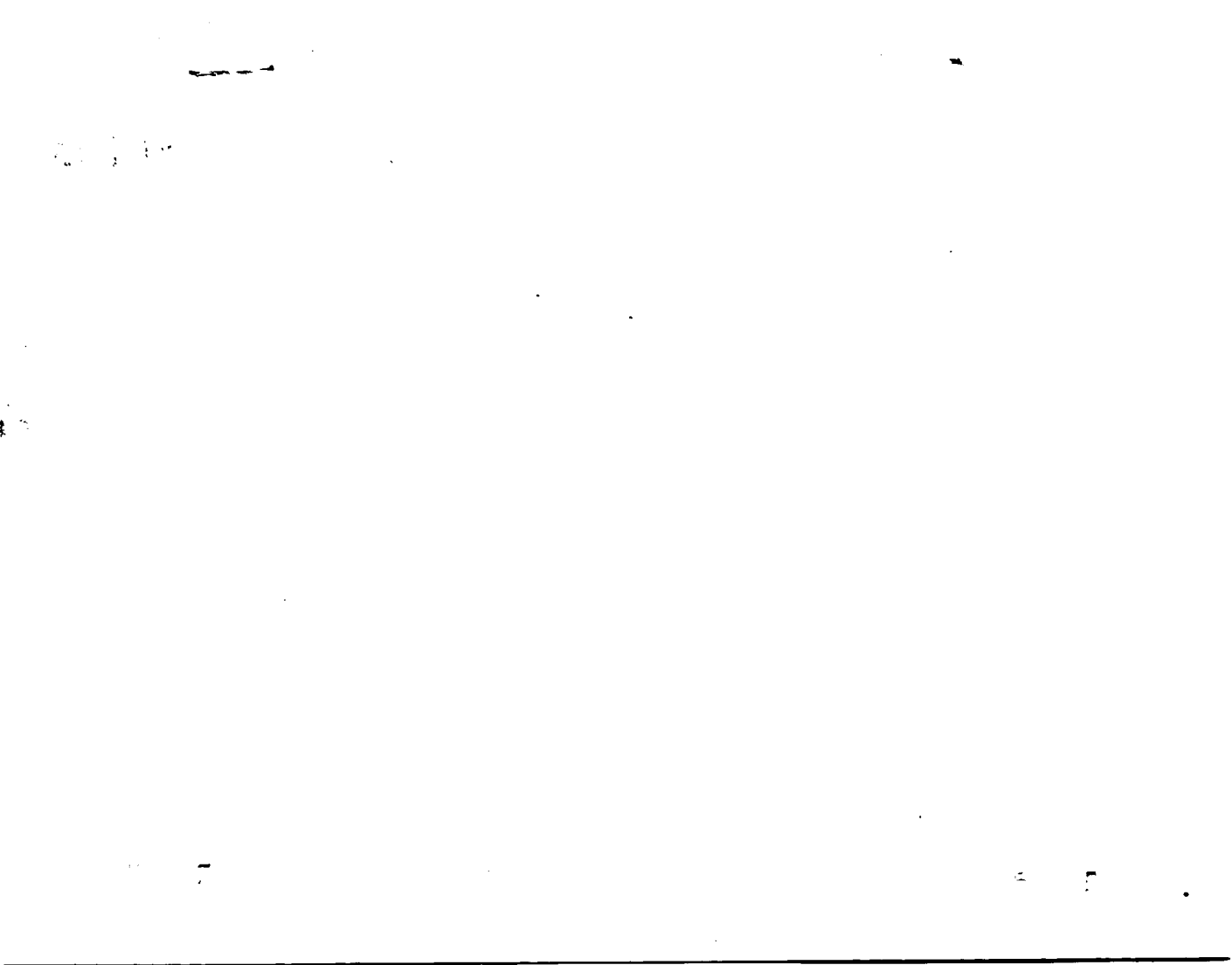
Filed

July 1 1920Dr. J. C. Patterson

Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 80705  
County of Cassia }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Oscar Avery Peterson who Was Born on June 18, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Burley Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by Insurance policy prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Name

Unnamed Peterson

Oscar Peterson

Oscar Avery Peterson

Subscribed and sworn to before me this 18  
day of Nov, 1941

Signed X

Olive A Peterson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or of any credible person.)

Notary Public, residing at \_\_\_\_\_  
RESIDING AT DEULO, IDAHO. MY COMMISSION EXPIRES MAY 17, 1943.

My commission expires MAY 17, 1943.

(Street Address, City, State)

[SEAL]

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Cassia }

[This affidavit **MUST** also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18  
day of Nov, 1941

Signed X

C. O. Peterson

(Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_  
RESIDING AT DEULO, IDAHO. MY COMMISSION EXPIRES MAY 17, 1943.

My commission expires MAY 17, 1943.

(Street Address, City, State)

[SEAL]

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

1

2

3

4

5

6

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

717-121-016-231

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Cassia

City of Burley

Registration District No. 217

File No.

80706

No. \_\_\_\_\_ St.

Hospital Bellvue

Primary Registration District No. 2196

Registered No. 1615

FULL NAME OF CHILD

Leonidas

Pappas

Sex of Child <u>Male</u>	Twin, Triplet or other? _____	and _____	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>June 21</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME A. Pappas  
RESIDENCE Burley, Ida  
COLOR Dark AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Greece  
OCCUPATION Sheepman

MOTHER  
FULL MAIDEN NAME Helen Stasross  
RESIDENCE Burley, Ida  
COLOR Dark AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Roumania  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

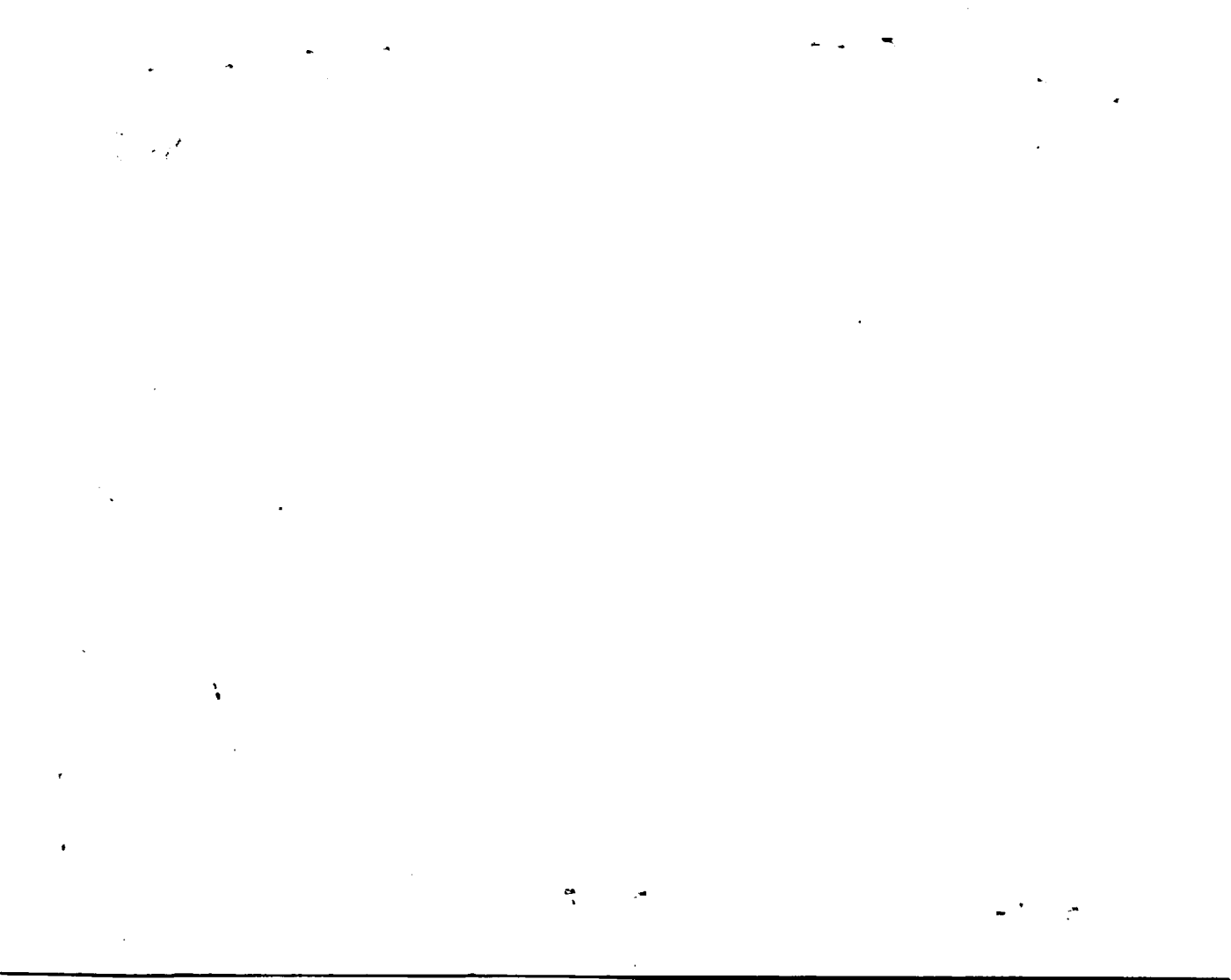
(Signature) Dr. J. C. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.

Filed 7-1 1920 Dr. J. C. Patterson  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Minidoka } ss. Certificate No. 80706  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Leonidas Pappas who was born on June 21, 1920  
in Burley, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by information of parents prepared on \_\_\_\_\_, are:  
(PLACE OF EVENT) (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

Name

unnamed

Leonidas Pappas

Subscribed and sworn to before me this \_\_\_\_\_  
day of 4th of March, 19 42

Notary Public, residing at Rupert, Idaho

My commission expires \_\_\_\_\_  
(SEAL)

Signed

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Declo, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Minidoka } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th  
day of March, 19 42

Notary Public, residing at Rupert, Idaho

My commission expires \_\_\_\_\_  
(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rupert, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)

MAR 5 1942

219-2251016-669

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-35m-7-21-19

County of CassiaCity of BurleyRegistration District No. 117 File No. 80707

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1617

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Alice

Barlow

Sex of Child Female { Twin Triplet or other? } and { Number in order of birth } Legiti mate? Yes Date of Birth June 25 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME	M.C. Barlow	
RESIDENCE	Burley Ida	
COLOR	White	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE	Idaho	
OCCUPATION	Farmer	

FULL MAIDEN NAME	Violet Ford	
RESIDENCE	Burley	
COLOR	White	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE	Utah	
OCCUPATION	Housewife	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:30 a. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.  
Filed 7-1-20 1920 Dr. J. C. Patterson  
Registrar Registrar

Registrar



CHAS. E. HARRIS  
POLICE STATION  
MICHIGAN

1912

L.D.S. Church Cert. of Blessing, Sept. 5, 1920 gives full name as Alice Barlow, daughter of Myron C. Barlow and Viola Ford, born June 25, 1920 at Burley, Idaho - viewed by V.S. IDAHO DEPARTMENT OF HEALTH  
Photo Copy of Grade Transcript, Pasadena Junior College, 1937-1945, date of entrance May 4, 1945 gives full name as BUREAU OF STATISTICS  
(Mrs.) Alice Barlow Bradley - parent's name is given as M. C. Barlow - viewed by V.S.  
**Affidavit to Correct or Amend Any Original Certificate of Birth or Death**  
JUL 19 1963

State of Calif } ss. **Bureau of Vital Statistics** Certificate No. 80707  
County of Los Angeles } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... Birth  
for Unnamed Barlow (female child) who was born on June 25, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Alice Barlow

Subscribed and sworn to before me this 15<sup>th</sup> day of July, 1963  
Leonora M. Yonkers  
Notary Public, residing at 7601 Northland  
My commission expires July 16, 1966  
(Seal)  
Signed + Viola F. Barlow  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
4608 Finley Ave Apt 1 Los Angeles  
(Street, Address, City, State) Calif. 90027

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**  
State of California } ss. [This Affidavit MUST Also be Executed.  
County of Los Angeles } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 12<sup>th</sup> day of July, 1963  
Long Beach  
Notary Public, residing at Long Beach  
My commission expires.....  
(Seal)  
Signed Jack L. Bradley  
(Signature of Any Credible Person)  
23472 Marwick Ave  
(Street Address, City, State) Long Beach Calif

JUL 18 1963

294-1241016-743  
PLACE OF BIRTH

Form V. 8 No. 11-C-25-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 80708

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196Registered No. 1616

Hospital \_\_\_\_\_

FULL NAME OF CHILD Donald Albert Sides

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>June 24</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	--------------------------------	-------------------------	---

FULL NAME <u>Donald Albert Sides</u>	FATHER
RESIDENCE <u>Burley</u>	Ida
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Nebr.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Susie Sutzman</u>	MOTHER
RESIDENCE <u>Burley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Nebr.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.  
Filed 7-1-20 1920 Dr. J. C. Patterson  
Registrar

DECEASED

P. C. 6-20-41

F. J. ...  
JUN 5 1941

STATE OF Idaho )  
COUNTY OF Cassia ) ss.

Susie Gutzman Sides \_\_\_\_\_, being first duly sworn,  
upon oath says: that she is the mother  
of Donald Delbert Sides; That said Donald Delbert Sides  
\_\_\_\_\_ was born at Burley, County  
of Cassia, State of Idaho on the  
24th day of June, 1920.

Father's name Jesse Delbert Sides  
Mother's maiden name Susie Gutzman  
Physician's name Dr. J. C. Patterson now deceased  
Nurse or attendant Mrs. Dan Hult

This affidavit is made for the purpose of securing a  
birth certificate for said Donald Delbert Sides.

Susie Gutzman Sides

Subscribed and sworn to before me this 4th day  
of June, A.D. 194 1.

Jerry H. Tucker  
Notary Public for the State  
of Idaho, residing  
at Burley therein.

My commission expires  
June 1, 1942.

To be sent to:  
Bureau of Vital Statistics,  
Board of Health,  
City of Burley  
State of Idaho



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 10-6-58

PLACE OF BIRTH

319-129016-219

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Barley

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 117

File No. 80709

Hospital \_\_\_\_\_

Primary Registration District No. 2196

Registered No. 1618

FULL NAME OF CHILD

Lamar Glenn Larsen

(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>June 29</u> , 192 <u>0</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER  
FULL NAME Sidney Alma Larsen

RESIDENCE  
Barley, Ida.

COLOR White AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE  
Utah

OCCUPATION  
Farmer

MOTHER  
FULL MAIDEN NAME Mary Alta Bailey

RESIDENCE  
Barley, Ida.

COLOR White AGE AT LAST BIRTHDAY 19  
(Years)

BIRTHPLACE  
Utah

OCCUPATION  
Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive at h A.M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J.C. Patterson

M.D.

(Physician or midwife)

Give names added from a supplemental report.

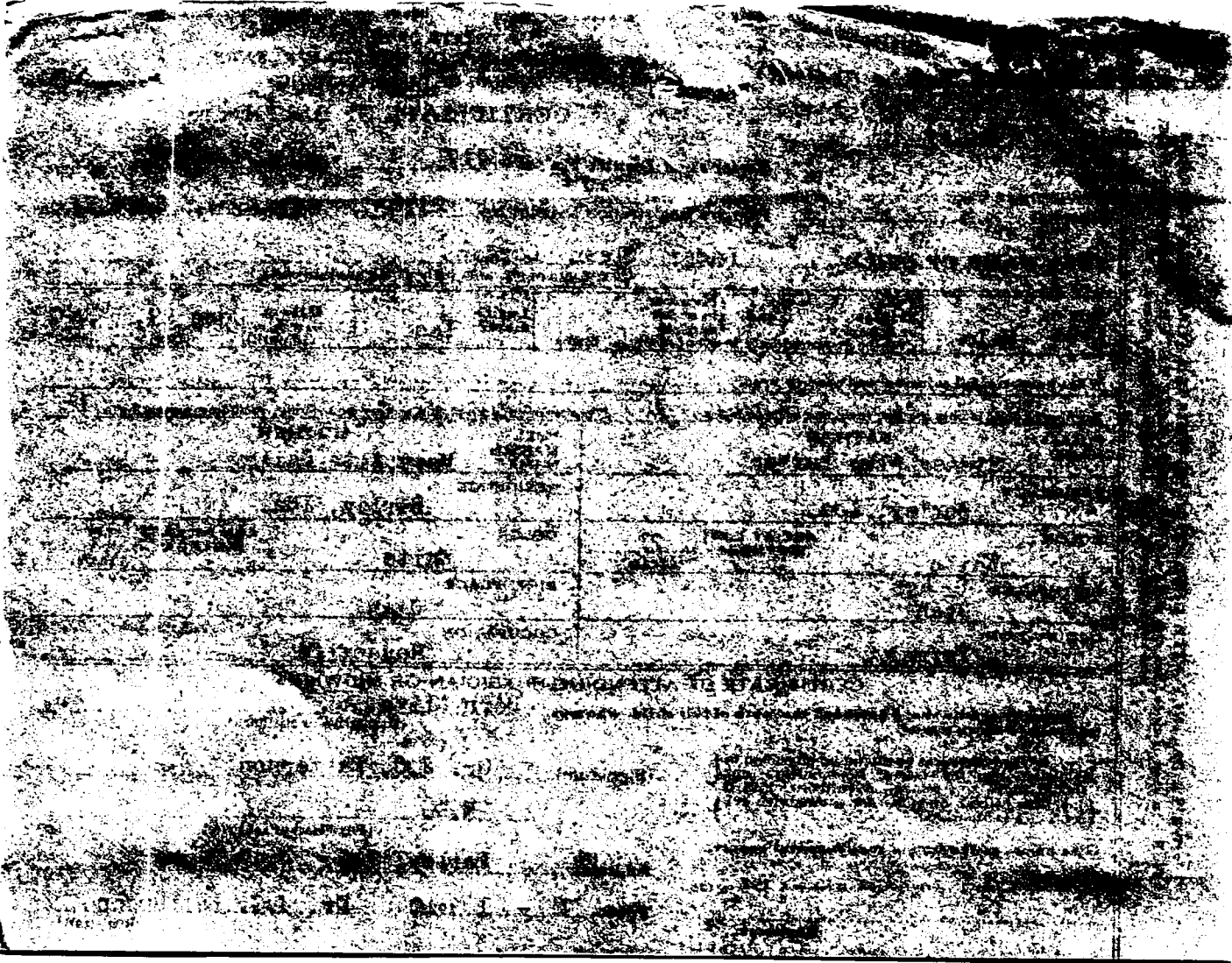
Address Barley, Ida.

Filed 7 - 1 1920 Dr. J.C. Patterson

Registrar.

Registrar.





Certificate of Baptism and Confirmation gives all information correct - July 6, 1930, viewed by V.S. Father's Social Security Card 518-07-1646 viewed by V.S. Social Security Card of Lamar Glenn Larsen, IDAHO STATE BOARD OF HEALTH 518-07-1651 viewed by V.S. and DIVISION OF VITAL STATISTICS

Another Child's Birth Certificate gives Mother's Name as Mary Alta Bailey #152933 viewed by V.S.  
**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } Certificate No. 80709  
County of Cassia } ss. Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for Unnamed Larson who born on June 29, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Burley are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event).  
true facts are shown by Christing Record & Insurance Policy prepared on Sept 20, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)	(As on Original)	(The Correct Facts)
Child's Name	<u>Unnamed Larson</u>	<u>Lamar Glenn Larsen</u>
Father's Name	<u>Sidney A. Larson</u>	<u>Sidney Alma Larsen</u>
Mother's Name	<u>Alta Bailey</u>	<u>Mary Alta Bailey</u>

Subscribed and sworn to before me this 29 day of August 1958  
Herman E. Badke  
Notary Public, residing at Burley, Ida  
My commission expires 6-13-61  
(Seal)

Signed Mary Alta Larsen  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
\_\_\_\_\_  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

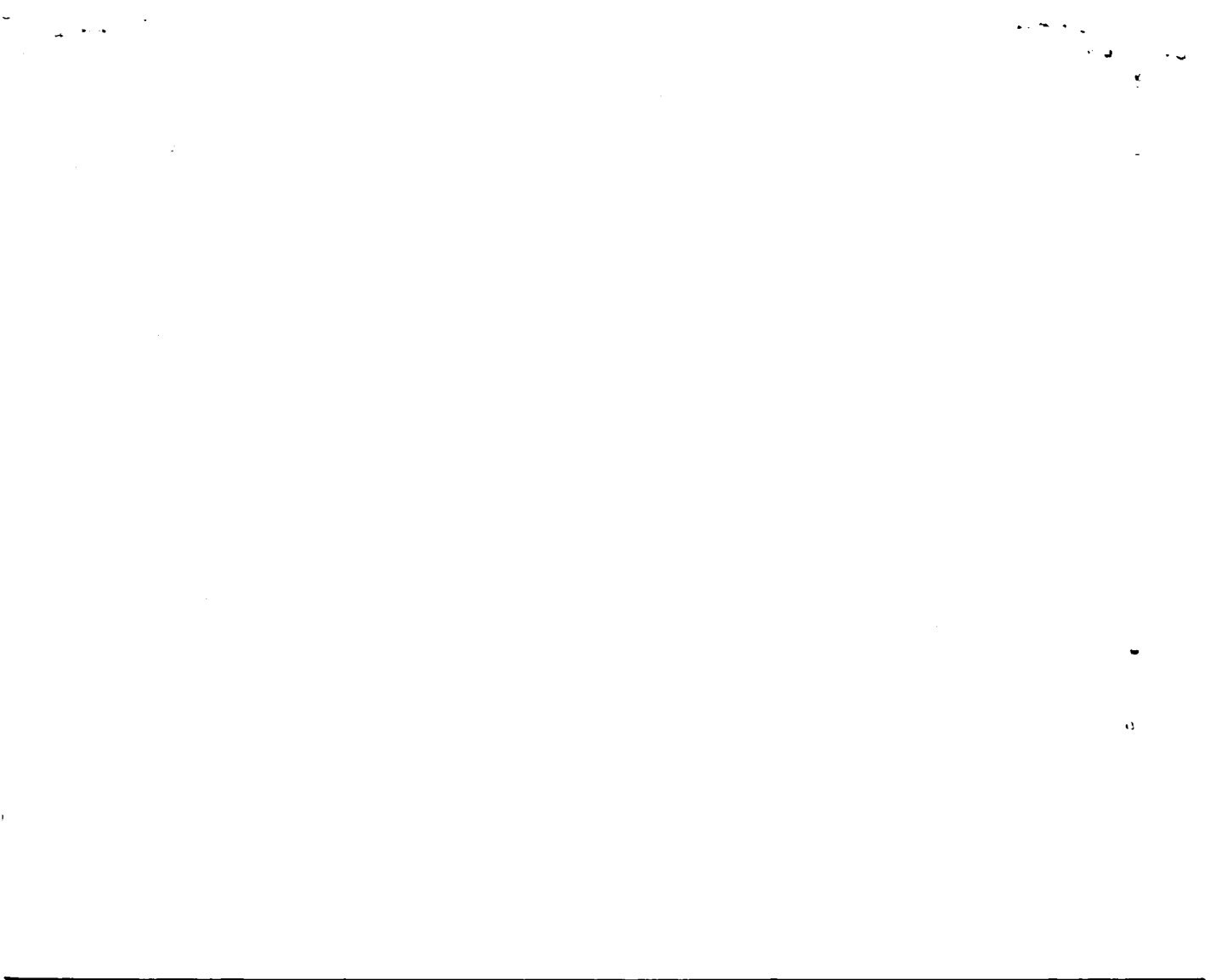
State of Idaho } ss.  
County of Cassia }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of August 1958  
Herman E. Badke  
Notary Public, residing at Burley, Idaho  
My commission expires 6-13-61  
(Seal)

Signed Sarah Elizabeth Fawkes  
(Signature of Any Credible Person)  
\_\_\_\_\_  
(Street Address, City, State)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-230-016-854

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 80710

No. 1 St.

Primary Registration District No. 2196 Registered No. 1619

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and { Number in order of birth <u>1</u> }	Legitimacy? <u>Yes</u>	Date of Birth <u>June 30</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	----------------------------------	---	------------------------	---

FULL NAME E. M. Randall  
FATHER  
RESIDENCE Burley Ida  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

FULL MAIDEN NAME Ruby O Hemmert  
MOTHER  
RESIDENCE Burley Ida  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

Filed 7-10-20 19

Dr. J. C. Patterson  
Registrar

Registrar

JAN 2 1969

993.1141016-843

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CassiaCity of BurleyRegistration District No. 117File No. 80711

No. \_\_\_\_\_ St.

Primary Registration District No. 2196 Registered No. 1620

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sherman Dean RiceSex of  
ChildMaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth6/14/20 19  
(Month) (Day) (Year)FULL  
NAMERoscoe S. Rice

FATHER

RESIDENCE

Burley Ida.

COLOR

W.AGE AT LAST  
BIRTHDAY31

(Years)

BIRTHPLACE

Abilene Ida.

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEAgnes Hutchison

MOTHER

RESIDENCE

Burley Ida.

COLOR

W.AGE AT LAST  
BIRTHDAY31

(Years)

BIRTHPLACE

Sublett Ida.

OCCUPATION

House wifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 10:30 A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Denschultz  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley Ida.

Filed

June 24 1920 Dr. J. C. Patterson  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

c.c. 6/12/41. W.h.

SEP 17 1943

375-223-0.16-744

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S. No. 11-C-25m-7-21-19

County of CassiaCity of BurleyRegistration District No. 117File No. 80712

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196Registered No. 1621

Hospital \_\_\_\_\_

FULL NAME OF CHILD Not named MARY MAURINE CLEGG

Sex of Child <u>Female</u>	Twin <u>Single</u> and { Triplet or other? (To be answered only in event of plural births)	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>6. 23 1920</u> (Month) (Day) (Year)
----------------------------	--	--------------------------------	------------------------	---

FULL NAME <u>Roy Clegg</u>	FATHER
RESIDENCE <u>Burley</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Springville Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Clarice Truwell</u>	MOTHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Old Mexico</u>	
OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 5:00 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bern Schultz

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Burley IdaFiled June 24 1920 Dr. J. C. Patton

Registrar

Registrar



1

1.

2

1

## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO California }  
 County of Los Angeles } ss.

Certificate No. 80712

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of

BIRTHfor MARY MAURINE CLEGG who BORN on JUNE 23<sup>rd</sup> 1920

(Name on Original Certificate)

(Was Born 230000)

(Birth or Death)

in BURLEY, IDAHO

(Place of Event)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by BIBLE RECORDprepared on JUNE 23<sup>rd</sup> 1920, are:

(Give Date)

FACTS TO BE CORRECTED  
 ("Name", "Birth Date", "Cause of Death", Etc.)FROM  
 (As on Original)TO  
 (The Correct Facts)

Name

Unnamed

Mary Maurine Clegg

Subscribed and sworn to before me this 15th  
 day of July, 19 42  
Eva K. Klassen

Notary Public, residing at Los Angeles, California

My commission expires November 3rd, 1943  
 (Seal)

Signed Mrs. Nellie E. Reese  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3977 6th Avenue - Los Angeles, Calif.  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }  
 County of Los Angeles } ss.

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th  
 day of July, 19 42  
Eva K. Klassen

Signed [Signature]  
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Los Angeles, California

3977 6th Avenue - Los Angeles, Calif.  
 (Street Address, City, State)

My commission expires November 3rd, 1943  
 (Seal)

AUG 12 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

619-116-016-451

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

80718

County of Cassia

City of Burley

Registration District No. 117

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196

Registered No. 1622

Hospital \_\_\_\_\_

FULL NAME OF CHILD Elwyn James

Wardle

Sex of Child Male

Twin Yes and { Number in order of birth }  
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 6/16/20 19\_\_\_\_  
(Month) (Day) (Year)

FULL NAME FATHER Raymond James Wardle

RESIDENCE Burley Id.

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Salt Lake City

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Josephine Meacham

RESIDENCE Burley Id.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Starvation Mt. Wyo.

OCCUPATION House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Blue at 3:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Deuschultz  
Physician

(Physician or midwife)

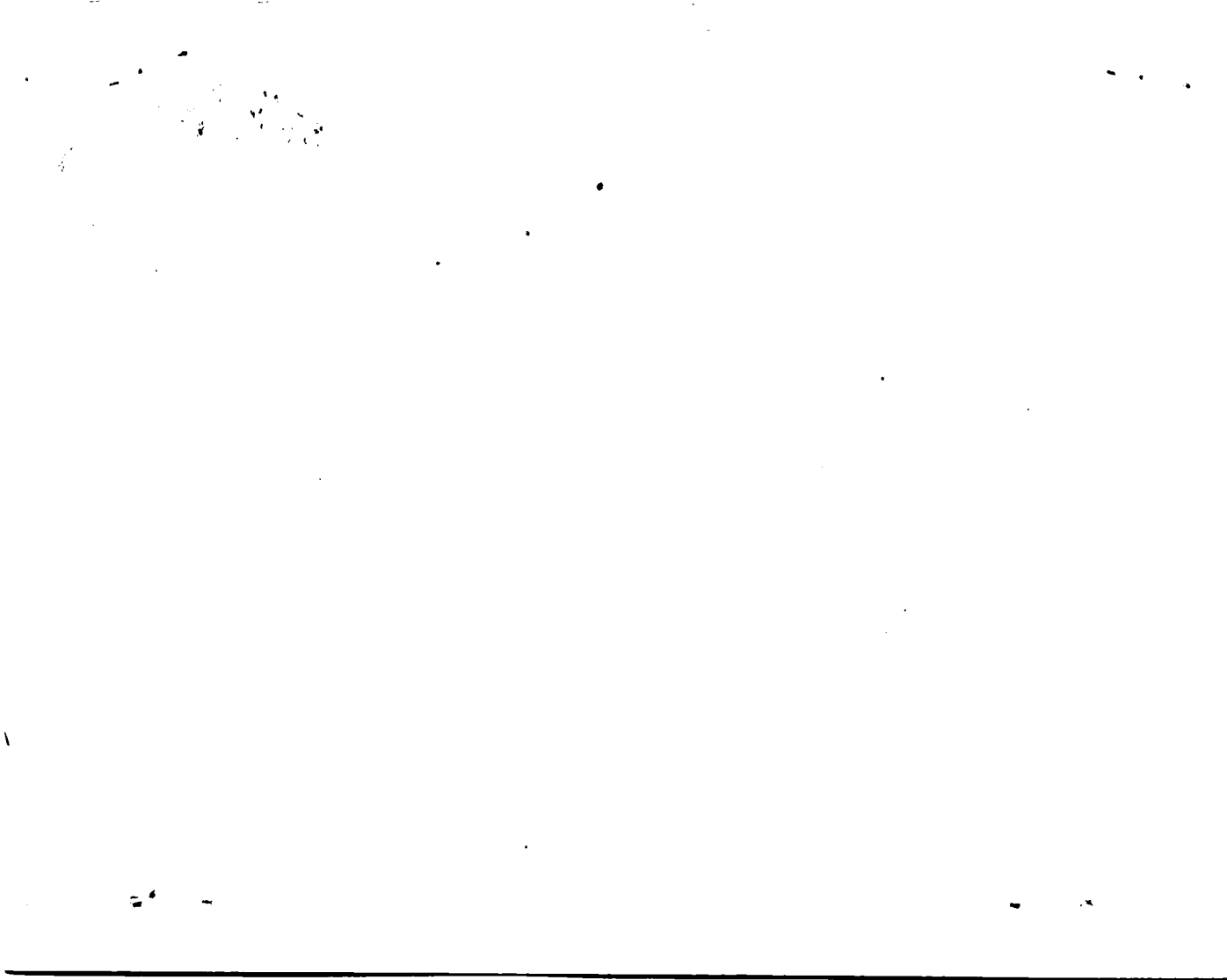
Given names added from a supplemental report.

Address

Burley Id.

Filed

June 30 1920 H. J. Patterson  
Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Ada } ss. Certificate No. 80713  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
for Elwyn James Wardle who was born on June 16, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT)  
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Uncle prepared on ....., are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

<b>FACTS TO BE CORRECTED</b> (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	<b>FROM</b> (AS ON ORIGINAL)	<b>TO</b> (THE CORRECT FACTS)
Name.....	Omitted.....	<u>Elwyn James Wardle</u> .....

Subscribed and sworn to before me this 28th  
day of January 1945

Signed J. S. Wardle  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Bate Adh  
My commission expires 6-24-45  
(SEAL)

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....  
day of....., 19.....

Signed.....  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at.....  
My commission expires.....  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on..... By .....  
(REGISTRAR'S SIGNATURE)

10 29 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-101-016-219

PLACE OF BIRTH

Form V. S. No. 11-C-22a-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 117

File No. 80714

Hospital \_\_\_\_\_

Primary Registration District No. 2196

Registered No. 1623

FULL NAME OF CHILD no name

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimacy? <u>yes</u>	Date of Birth (Month) <u>Apr</u> (Day) <u>1</u> (Year) <u>20</u>
--------------------------	---	-----	--------------------------------	------------------------	---

FATHER  
FULL NAME C. C. Stalling  
RESIDENCE Burley, Idaho  
COLOR white AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Lerton Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Hazel Bailey  
RESIDENCE Burley, Idaho  
COLOR white AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Coalville, Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a.m. on the date above stated. (Born alive or stillborn)

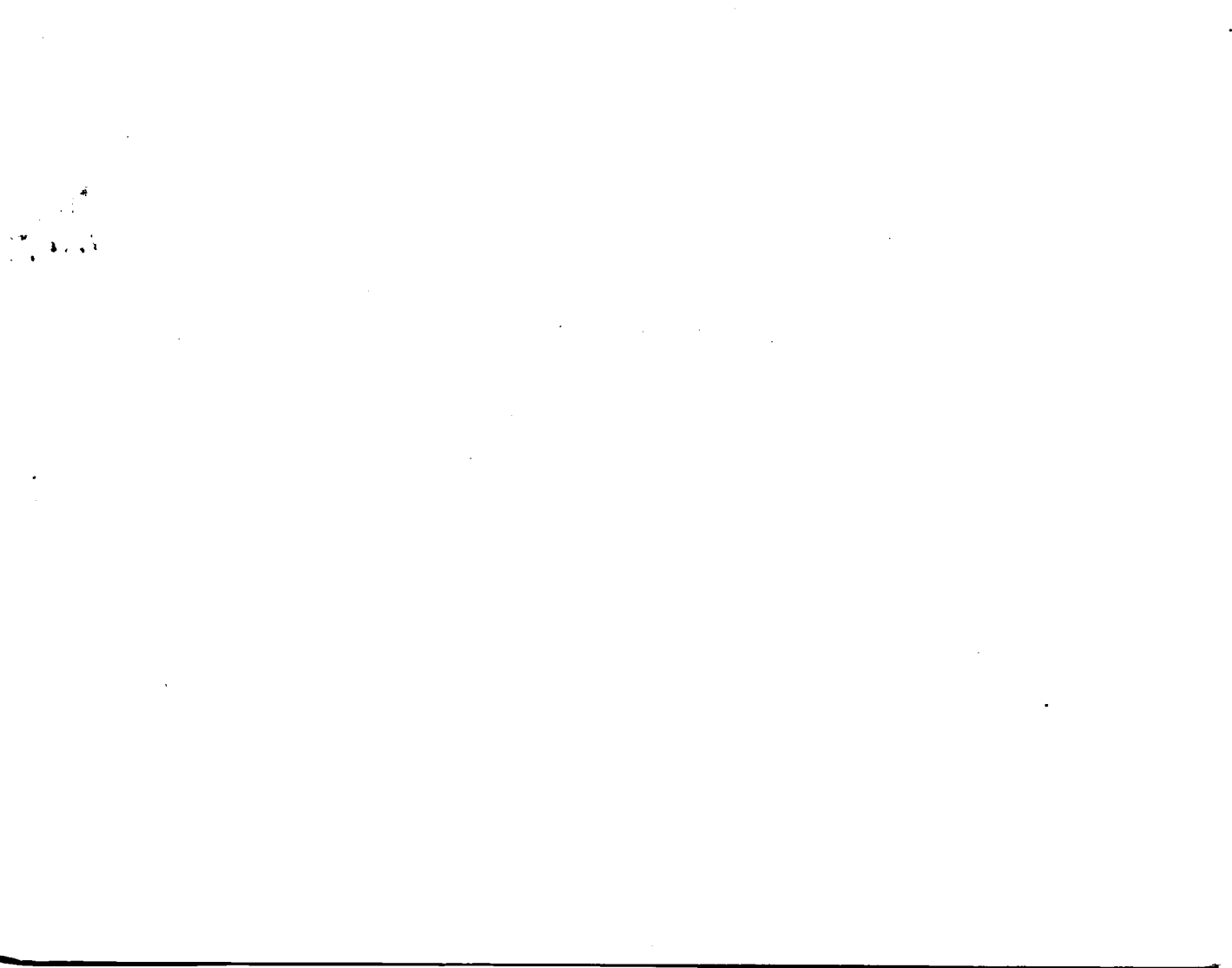
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Story  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.  
Filed June 29 1920 Dr. J. C. Patterson  
Registrar





962-119.016-819

Form 7, B. No. 11-C-25m-7-31-18

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117 File No. 80715No. ✓ St.Primary Registration District No. 2196 Registered No. 1624Hospital ✓FULL NAME OF CHILD Foss Harper Robinson

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>April 19</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	----------------------------	--

FATHER  
FULL NAME Franklin Robinson  
RESIDENCE Burley - Idaho  
COLOR white AGE AT LAST BIRTHDAY 31  
(Years)  
BIRTHPLACE Oakley - Idaho  
OCCUPATION Ins. Agent

MOTHER  
FULL MAIDEN NAME E. Harper  
RESIDENCE Burley - Idaho  
COLOR white AGE AT LAST BIRTHDAY 30  
(Years)  
BIRTHPLACE Albion - Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address Burley IdaFiled June 29 1920 H. J. C. Patterson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-111-11

**MAR 6 1942**

5-111-11

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

713-222-016-968  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Cassia

City of Burley

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital ✓

Registration District No. 117

File No. 80716

Primary Registration District No. 2196

Registered No. 1625

FULL NAME OF CHILD no name

Sex of Child <u>Female</u>	Twin Triplet or other? <u>✓</u> (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>April 22</u> (Month) (Day) 19 <u>30</u> (Year)
----------------------------	--	--------------------------------	------------------------	---

FATHER  
FULL NAME Barley P. Pace  
RESIDENCE Burley - Idaho  
COLOR white AGE AT LAST BIRTHDAY 43  
(Years)  
BIRTHPLACE Albia Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Amy L. Roy  
RESIDENCE Burley Idaho  
COLOR white AGE AT LAST BIRTHDAY 34  
(Years)  
BIRTHPLACE Green Valley - Arizona  
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 6:50 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Story  
P. J.  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley Ida  
Filed June 29 1930 Dr. J. E. Patterson  
Registrar

2001  
1/1/01

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

269-225 1016-238

## PLACE OF BIRTH

County of CassiaCity of BurleyName added 3-12-81  
No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

ALICE ADA SWINDERMAN

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

Registration District No. 117 File No. 80717Primary Registration District No. 2196 Registered No. 1626

Sex of Child <u>7</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Apr 25</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>George Swinderman</u>	FATHER
RESIDENCE <u>Burley R R Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Teacher</u>	

FULL MAIDEN NAME <u>OLLIE Schellpfeffer</u>	MOTHER
RESIDENCE <u>Burley R R Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY _____ (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7:00 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

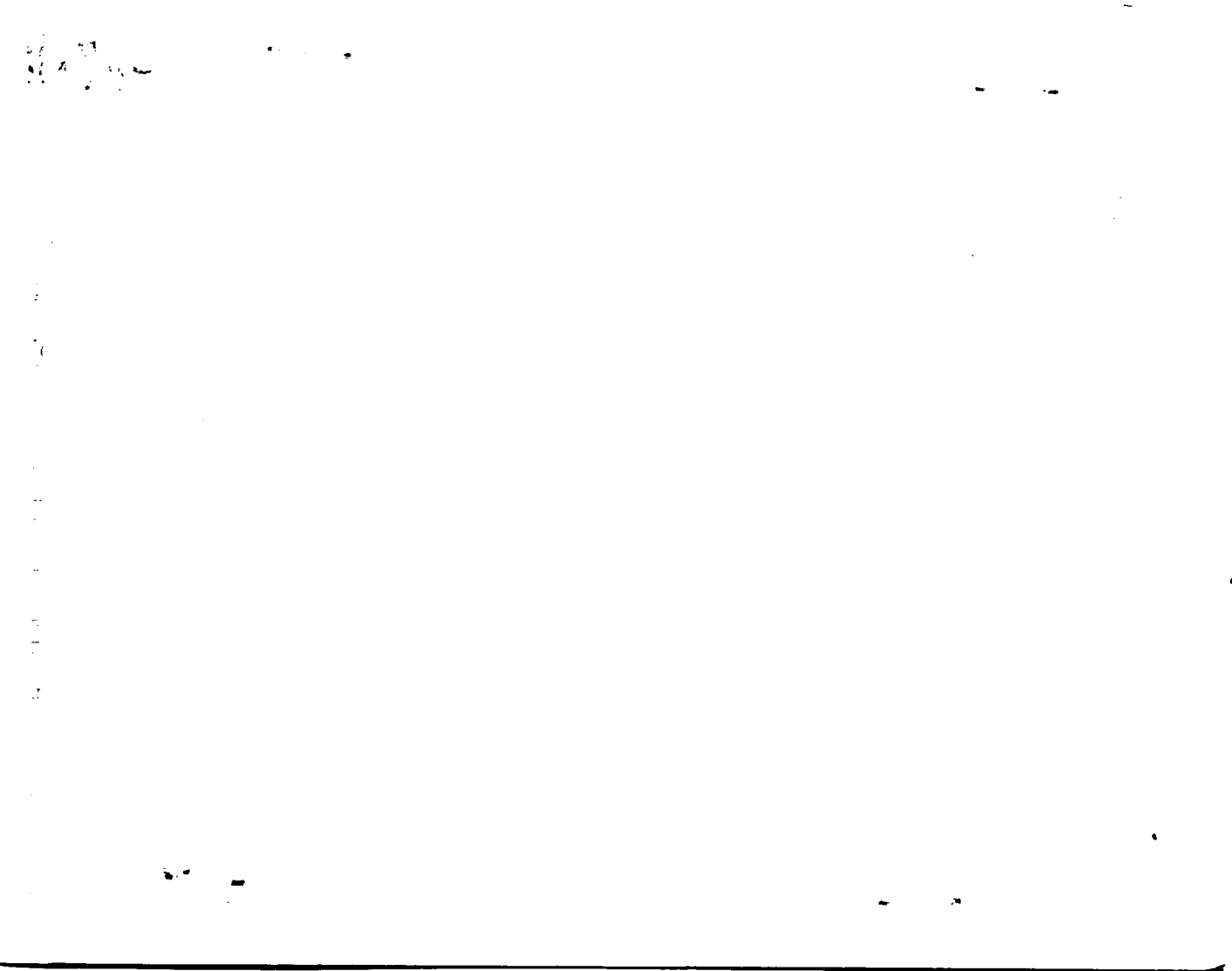
Given names added from a supplemental report.

19 \_\_\_\_\_

Address Burley IdaFiled June 29 1920 H. J. C. Patterson

Registrar

Registrar



12-22-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF VITAL STATISTICS

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

FEB 5 2 30 PM '81

Certificate No. 80717

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Swinderman who was born on 4-25-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Burley, (Cassia) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

<u>childs name</u>	<u>Unnamed</u>	<u>Alice Ada Swinderman</u>

Subscribed and sworn to before me this 3 day of

February, 1981.

Notary Public, Berna Swinderman

Residing at Pocatello, Idaho

My commission expires 9/1/81

(Seal)

Alice Ada Swinderman

Signature of Applicant

4350 Tish Fawn Rd

Street Address, City, State

Pocatello, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Bannock }

(Must be completed ☐)

(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of

February, 1981.

Notary Public, Berna Swinderman

Residing at Pocatello, Idaho

My commission expires 9/1/81

(Seal)

Mrs. Ruby Huff

Supporting Signature

Rt 1 Box 71 Pocatello Idaho 83347

Street Address, City, State



Certificate of Baptism gives name as Alice Ada Swindermann child of Geo=ge Swinderman and Ottilia Schellpfeffer born in Burley, Idaho on April 25, 1920 and Baptized June 6, 1920, in Roman Catholic Church by Rev. N. A. Fox.

Viewed by V. S.

Certificate of Communion gives name as Alice A. Swinderman received the Sacrament of Holy Communion on May 20, 1928, in St. Augustine's Church, Burley, Idaho Rev. William C. Crowley, Chancellor. Certificate Date January 21, 1981

Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

493-220-016-249  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-15

County of Cassia

City of Burley

No. 5 St.

Hospital 8

Registration District No. 117

File No. 80718

Primary Registration District No. 2196 Registered No. 1627

FULL NAME OF CHILD

~~My name~~ Vyla Julia Millett

Sex of  
Child

Female

Twin  
Triplet  
or other?

{ and } Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

May 20 1920  
(Month) (Day) (Year)

FULL  
NAME

Paul A. Millett

FATHER

FULL  
MAIDEN  
NAME

Effie May Burri

MOTHER

RESIDENCE

Burley Idaho

RESIDENCE

Burley Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

39  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

37  
(Years)

BIRTHPLACE

Spring Valley - Nevada

BIRTHPLACE

Burville - Utah

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive, at 5:00 M.  
(Born alive or stillborn)

{ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Dr. R. J. Story

(Physician or midwife)

Given names added from a supplemental report.

19

Address

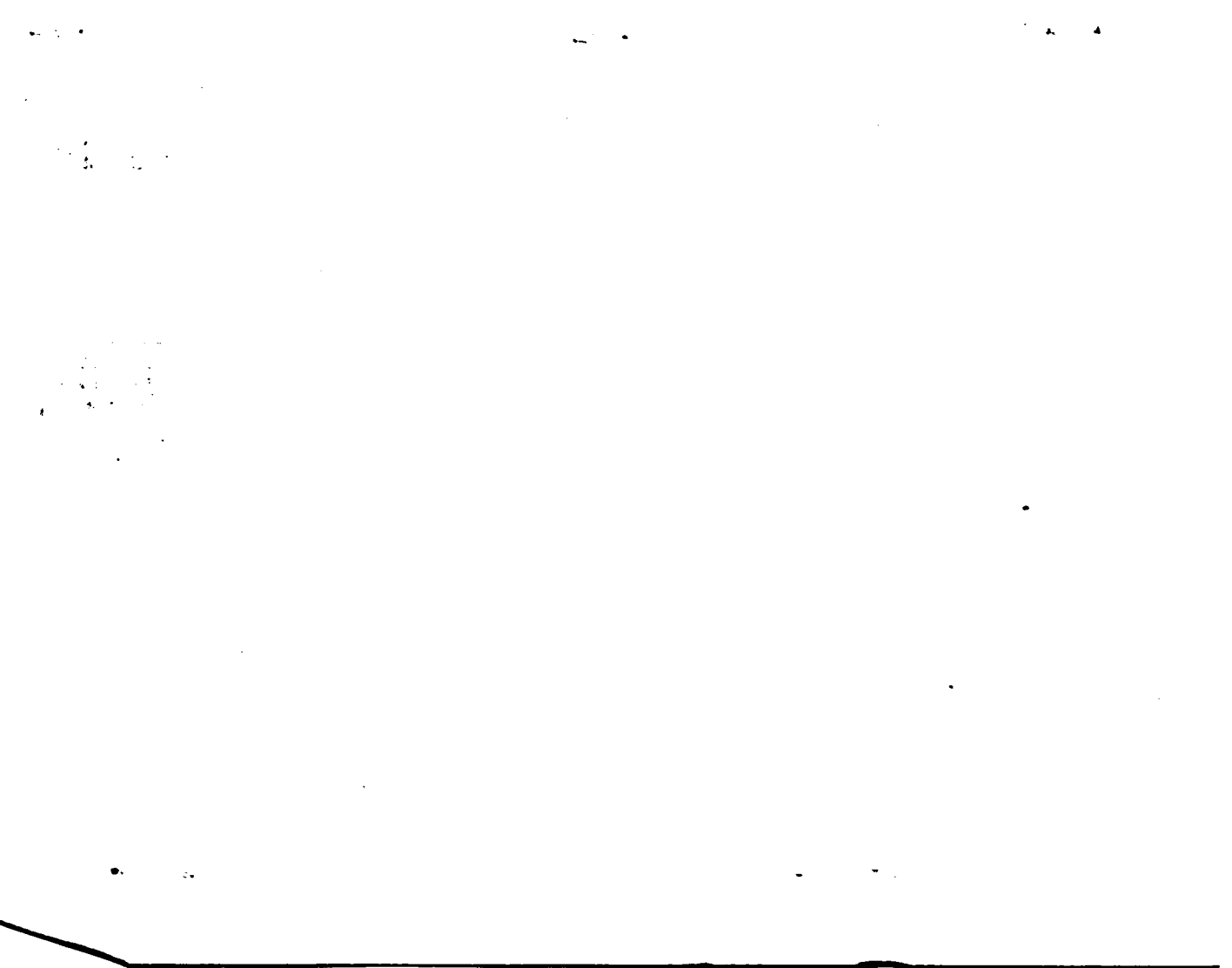
Burley Ida

Filed

June 29 1920 Th. J. C. Patterson

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of \_\_\_\_\_  
County of \_\_\_\_\_

ss.

Certificate No. 80718

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
(Birth or Death)  
for Unnamed Millett (female child) who was born on May 20, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child

Unnamed

Vyla Julia Millett

Father's Last Name

Millett

Millett

Subscribed and sworn to before me this 6<sup>th</sup> day of

July, 19 66

Notary Public, residing at Burley, Idaho

My commission expires 3-30-70

(Seal)

Signed Effie B. Millett Olsen

(Signature of parent or attendant if correcting a birth record, of attendant, funeral director, informant if correcting a death record; or other credible person.)

129 So. 7<sup>th</sup> West Provo Utah

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_  
County of \_\_\_\_\_

ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6<sup>th</sup> day of

July, 19 66

Notary Public, State of Nevada

Notary Public, Residing at Burley, Idaho

My commission expires 3-30-70

(Seal)

Signed Robt. B. Millett

(Signature of Any Credible Person)

PO Box 72 Rigley Idaho

(Street Address, City, State)

Received letter Sept. 12, 1966 requesting that last name be left as it is -  
added full name of child 9-22-66. as requested - could not obtain documents to  
correct spelling of last name to Millet as this time -

SEP 22 1966

see attached documents -

This certificate is not valid until it has been entered in Ward Record of Members.  
Entered in Ward Record, Line No. \_\_\_\_\_  
By \_\_\_\_\_ Ward Clerk

Burley 1<sup>st</sup> WARD Burley STAKE NO. \_\_\_\_\_  
**CERTIFICATE OF BLESSING**  
THIS CERTIFIES THAT Vyla Julia Millett  
daughter OF Paul Alma AND Effie Burr  
SUN OR DAUGHTER FATHER'S NAME MOTHER'S MAIDEN NAME  
BORN May 20 1920 AT Burley Cassia Idaho  
DATE OR TOWN, COUNTY, STATE OR NATION  
WAS BLESSED July 4 1920 BY Oliver B. Pickett  
OF THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS.

Emile C. Barlow BISHOP  
Orrey Langlois CLERK

Recorded in the \_\_\_\_\_ Ward Record of Members  
Book 5, Line 1035  
By \_\_\_\_\_ Ward Clerk

Ward 1<sup>st</sup> Stake \_\_\_\_\_ No. 19  
**Certificate of Baptism and Confirmation**  
Date June 10, 1928  
This Certifies that Vyla Julia Millett  
daughter of Paul A. Millett and Effie Burr  
Son or Daughter Father's Name Mother's Maiden Name  
Born May 20, 1920 at Burley County Idaho  
Date City or Town County State or Nation  
was baptized June 10, 1928 by S. Elmer Jacobsen  
Date Elder or Priest  
and confirmed a member of the Church of Jesus Christ of Latter-day Saints, June 10, 1928  
Date  
by Elder Benj. H. Kinsman  
Signed \_\_\_\_\_ Clerk Signed Lars L. Nelson Bishop



532=225.016-432

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 80719

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1628Hospital r

FULL NAME OF CHILD

~~XXXXX XXXXXXXXXX~~ ROSEMARY ECKARD

Sex of Child <u>Female</u>	Twins or other? <u>Triplets</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 25 1920</u> (Month) (Day) (Year)
----------------------------	---------------------------------	-----	-----------------------------------	------------------------	--

FATHER  
FULL NAME Fred EckardRESIDENCE Burley, IdahoCOLOR white AGE AT LAST BIRTHDAY 19  
(Years)BIRTHPLACE Iowa?OCCUPATION Don't knowMOTHER  
FULL MAIDEN NAME Arvilla m<sup>c</sup> BrideRESIDENCE Burley, IdahoCOLOR white AGE AT LAST BIRTHDAY 18  
(Years)BIRTHPLACE Bakley, IdahoOCCUPATION HouseworkNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 720 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr P J Story

(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley, IdaFiled June 29 1920

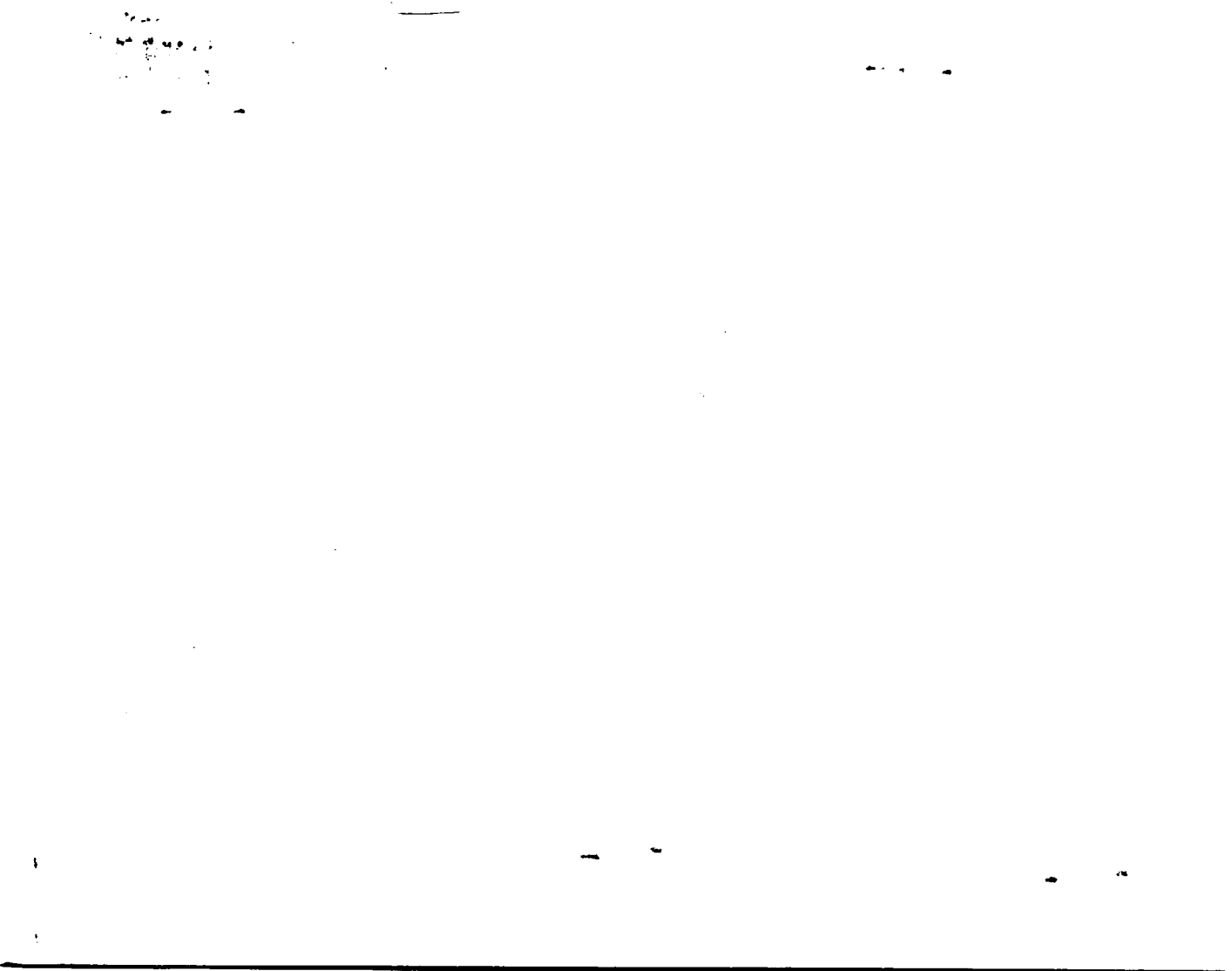
Registrar

Registrar Mr J. C. Patterson

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }  
County of Los Angeles } ss.  
Certificate No. 80719  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Rosemary Eckard who was born on May 25th, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT)  
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT) (FROM OUR CHURCH)  
true facts as shown by Certificate of Blessing prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM	TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)	(THE CORRECT FACTS)
<u>Surname</u>	<u>Eckhard</u>	<u>Eckard</u>
<u>Name</u>	<u>Unnamed</u>	<u>Rosemary Eckard</u>

Subscribed and sworn to before me this 15th  
day of February, 19 42

Anna S. Fine  
Notary Public, residing at 300 S. La Brea  
Inglewood, Calif.  
My commission expires \_\_\_\_\_  
(SEAL) MY COMMISSION EXPIRES SEPT. 19, 1944

Signed Addie Avilla Eckard  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
3145 W. 109th Street Inglewood, Calif.  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }  
County of Los Angeles } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th  
day of February, 19 42

Anna S. Fine  
Notary Public, residing at 309 S. La Brea  
Inglewood  
My commission expires \_\_\_\_\_  
(SEAL) MY COMMISSION EXPIRES SEPT. 19, 1944

Signed Anna S. Fine  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
3145 West 109 St  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

FEB 28 1956

JUL 30 1956

MAY 8 1985

619-230-016-393

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

County of CassiaCity of BurleyRegistration District No. 117File No. 80720No. 1 St. Primary Registration District No. 2196 Registered No. 1629Hospital ✓ No nameFULL NAME OF CHILD 

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 30</u> 19 <u>30</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>Myron Warner</u>	FATHER
RESIDENCE <u>Burley - Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Spanish Fork, Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Christie L. L. L.</u>	MOTHER
RESIDENCE <u>Burley - Idaho R.R.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Spanish Fork - Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. T. Storm

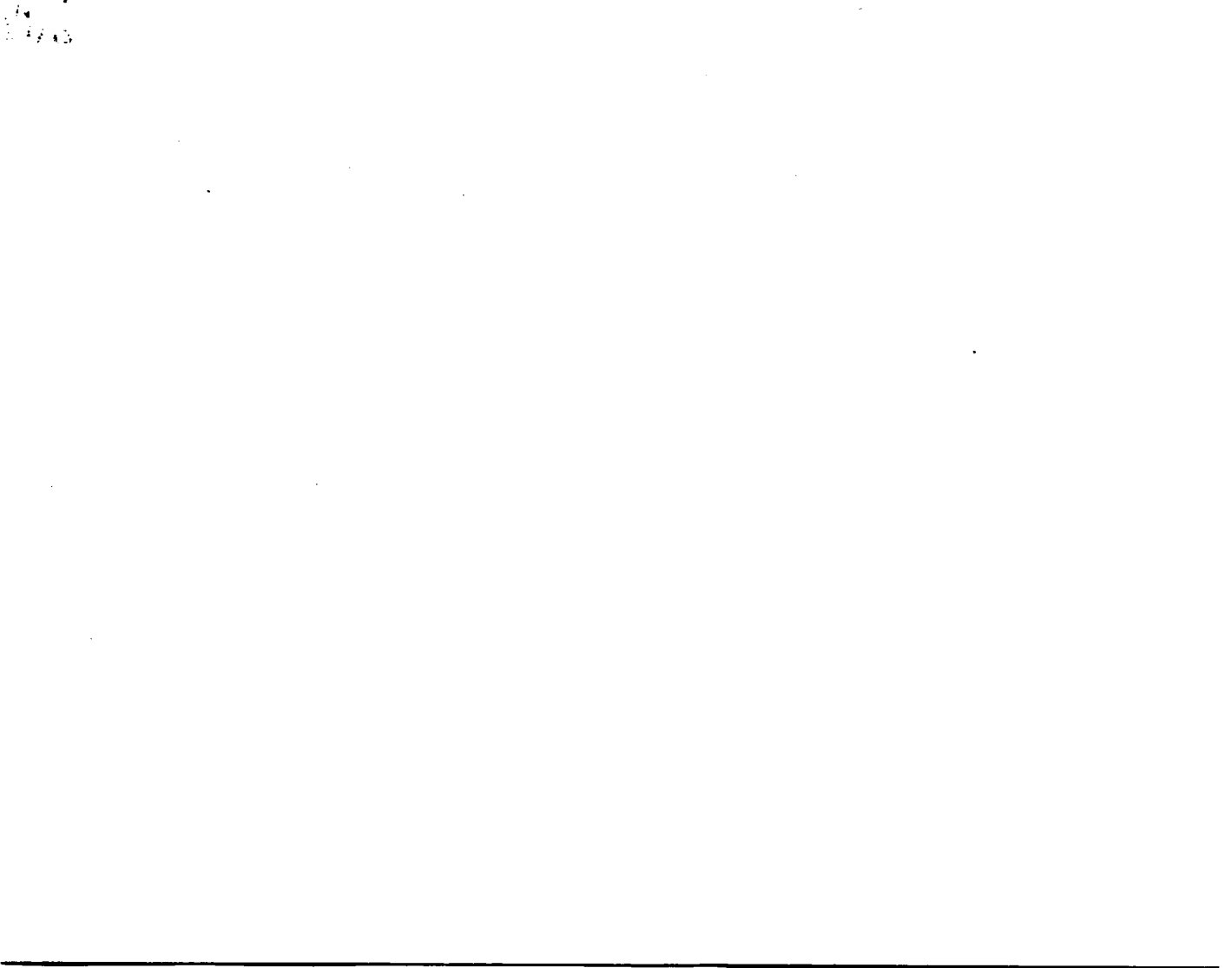
(Physician or midwife)

Given names added from a supplemental report.

Address Burley IdaFiled June 29 1930 R. J. C. Patterson

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 5-28-58

PLACE OF BIRTH

214.206.016-665

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. \_\_\_\_\_ St.

Registration District No. 117

File No. 80721

Hospital \_\_\_\_\_

Primary Registration District No. 2196

Registered No. 1630

FULL NAME OF CHILD Mary Leona Badger

(Certificate of no value without full name of child.)

Sex of  
Child Female

Twin  
Triplet  
or other?

and { Number  
in order  
of birth

Legiti-  
mate? Yes

Date of  
birth June 6 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth... 5

Number of children of this mother now living, including present birth... 5

FULL  
NAME FATHER

Archie Badger

RESIDENCE

Burley, Ida.

COLOR White

AGE AT LAST  
BIRTHDAY 35  
(Years)

BIRTHPLACE

Ogden, Utah

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME MOTHER

Sarah Mary Owen

RESIDENCE

Burley, Idaho

COLOR White

AGE AT LAST  
BIRTHDAY 31  
(Years)

BIRTHPLACE

Idaho Falls, Idaho

OCCUPATION

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive at 5 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) Dr. R. T. Story

P. F.

(Physician or midwife)

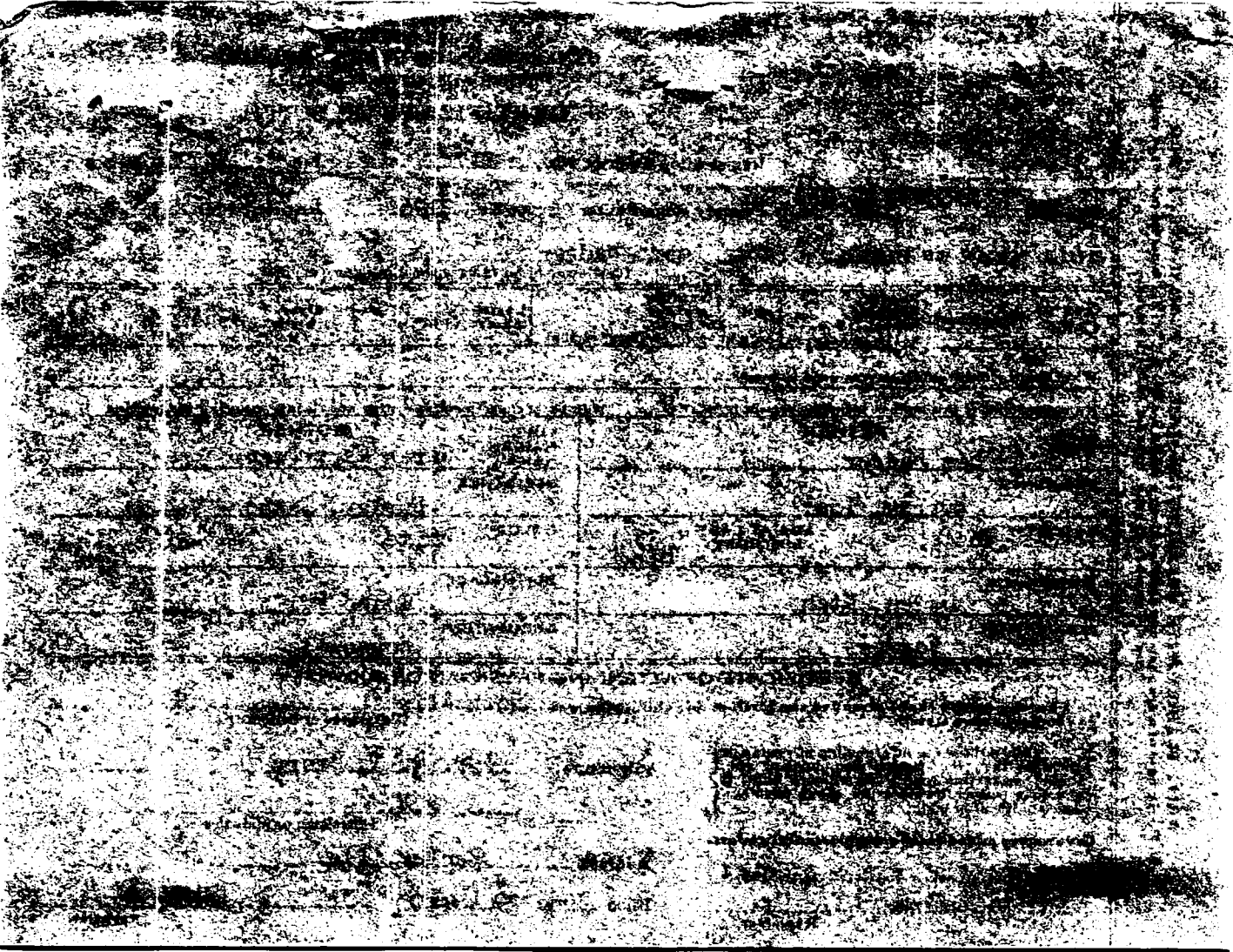
Give names added from a supplemental report.

Address Burley, Ida.

Filed June 29 1920 Dr. J. E. Patterson

Registrar.

Registrar.



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Cassia } ss. Certificate No. 80721  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Badger who was born on June 6, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Burley are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Utah Marriage Certificate May 2, 1939 and Childs Birth Cert. are:  
(Bible Record, Insurance Policy, Etc.) #409267 - Viewed by (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original) Vital Statistics (The Correct Facts)

Child's Name Unnamed Mary Leona Badger

Subscribed and sworn to before me this 28th day of  
August 19 57

Signed Archie Badger  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Burley, Idaho  
(Street Address, City, State)

Stedys Gunn  
Notary Public, residing at Burley, Idaho  
My commission expires July 20, 1961  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

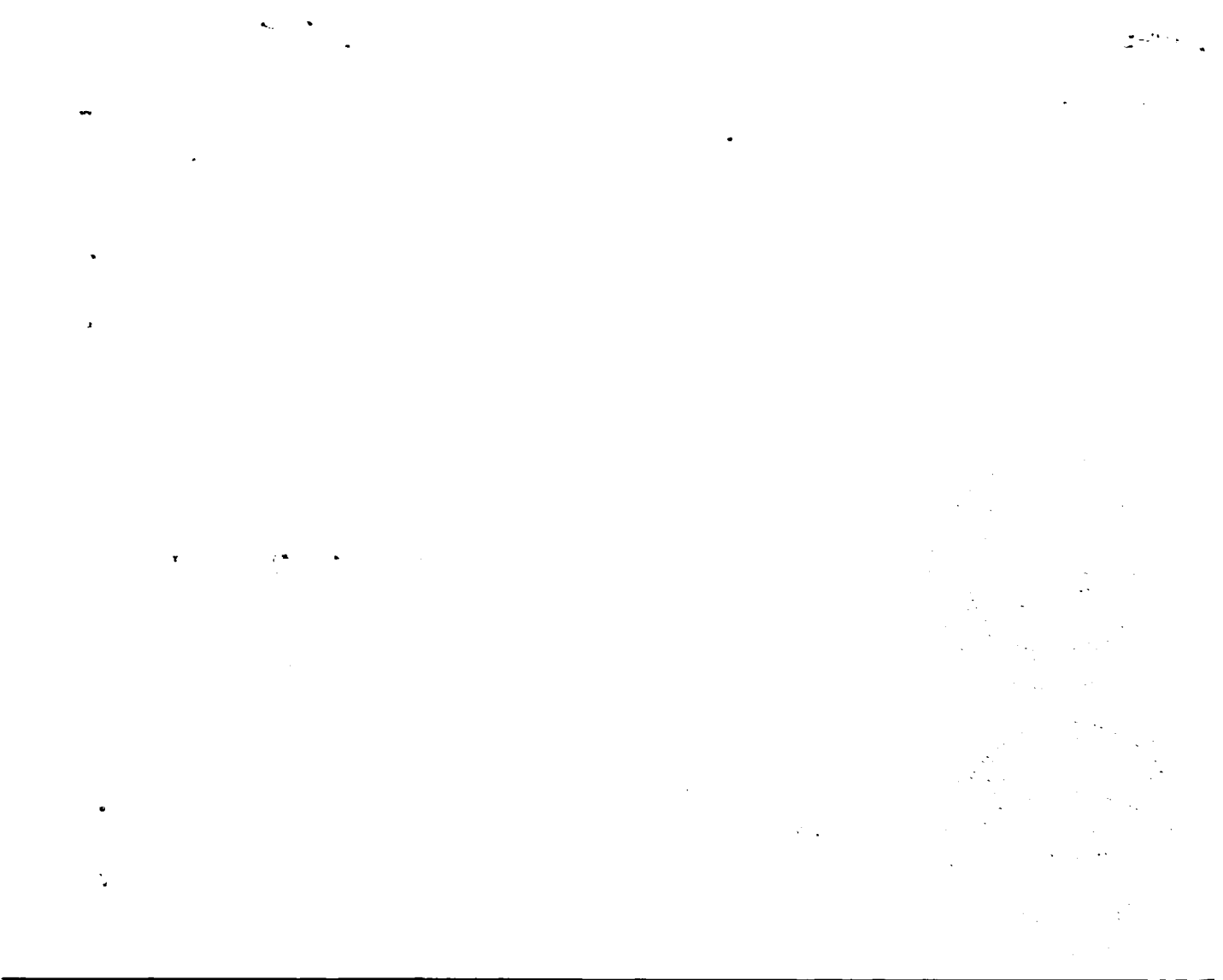
State of Idaho }  
County of Cassia } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of  
August 19 57

Signed Margaret Birch  
(Signature of Any Credible Person)  
Burley, Idaho  
(Street Address, City, State)

Stedys Gunn  
Notary Public, residing at Burley, Idaho  
My commission expires July 20, 1961  
(Seal)





7442081016-319

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CassiaCity of BurleyRegistration District No. 117File No. 80722

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1631

Hospital \_\_\_\_\_

FULL NAME OF CHILD

ROBERT LEE GUMMERSON

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 8 20</u> (Month) (Day) (Year)
--------------------------	---	---------	---	----------------------------	--

FULL NAME Wm. J. Gummerson FATHERFULL MAIDEN NAME Leora Carrington MOTHERRESIDENCE Burley IdahoRESIDENCE Burley IdahoCOLOR white AGE AT LAST BIRTHDAY 34  
(Years)COLOR white AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE Toronto, CanadaBIRTHPLACE Box Butte NebraskaOCCUPATION Farmer's LaborerOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 130p M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. T. Story

(Physician or midwife)

Given names added from a supplemental report.

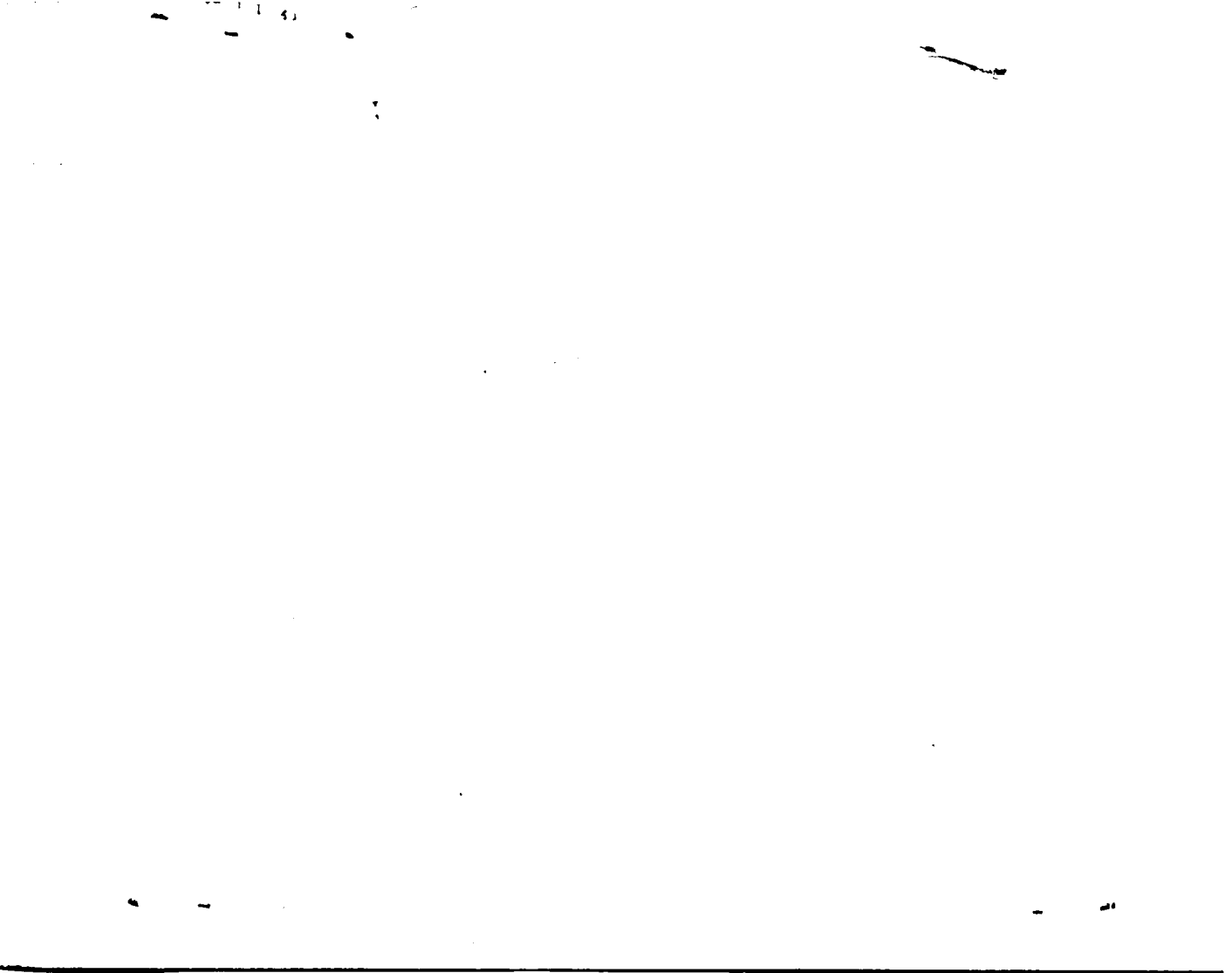
Address Burley IdaFiled June 29 1920 H. J. C. Patterson

Registrar

-Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 80722  
County of Cassia }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Robert Lee Gummerson who born on 5th June 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Name \_\_\_\_\_

Unnamed Gummerson

Robert Lee Gummerson

Subscribed and sworn to before me this 1st  
day of December, 1941

Notary Public, residing at Burley, Idaho

My commission expires \_\_\_\_\_  
[SEAL]

Signed W. M. Gummerson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Cassia }

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st  
day of December, 1941

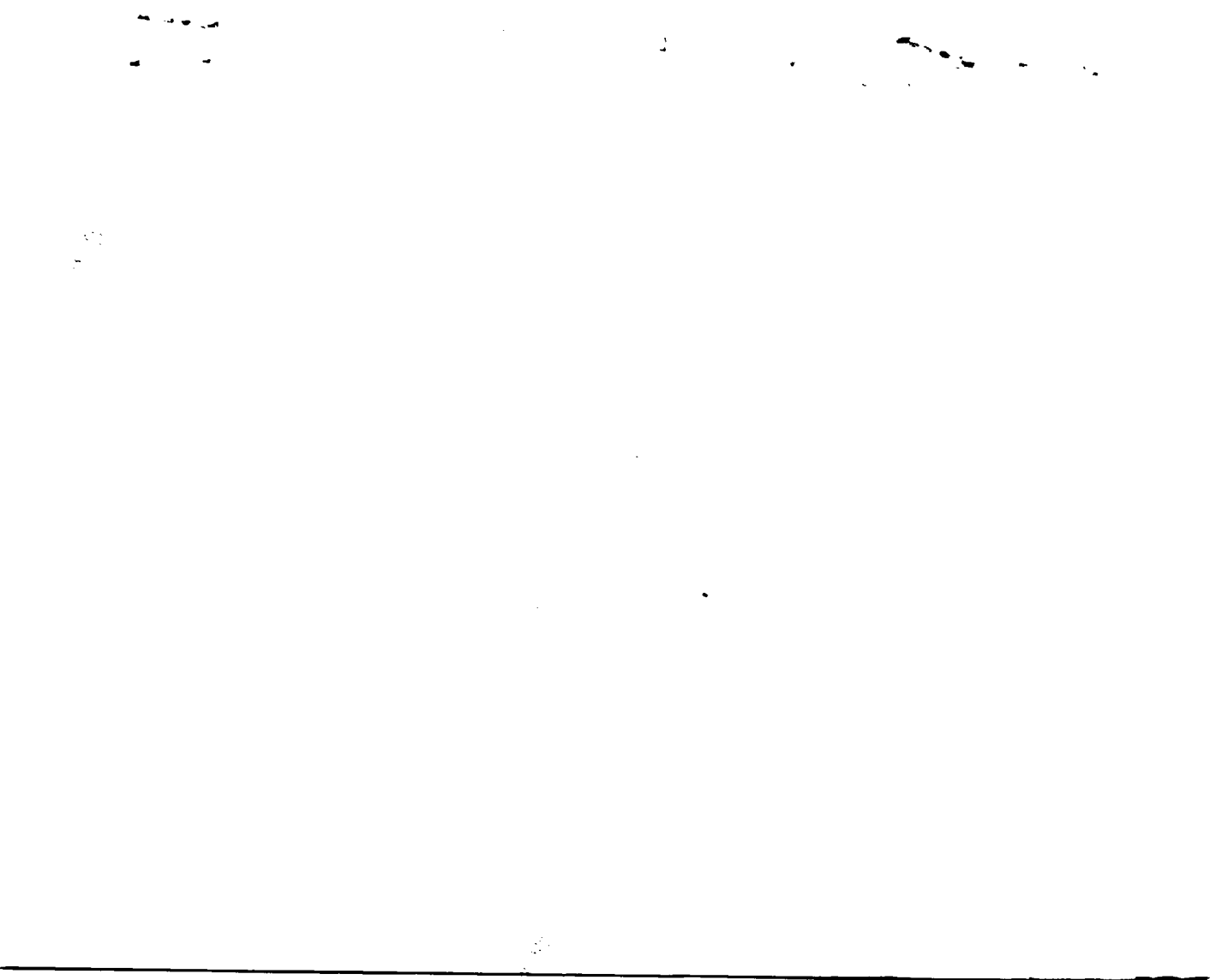
Notary Public, residing at Burley

My commission expires June 1, 1942  
[SEAL]

Signed Ethel Gummerson  
(Signature of any credible person other than the previous affiant.)

Burley, Idaho  
(Street Address, City, State)

Received for filing on DEC 2 1941 By \_\_\_\_\_  
(Registrar's signature)



993-119016-554

Form V. S. No. 11-C—25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Cassia.City of Burley.Registration District No. 117File No. 80723

No. \_\_\_\_\_ St.

Primary Registration District No. 2196Registered No. 1632Hospital Bellevue.FULL NAME OF CHILD Leroy Lenwood Ritter, Jr.

Sex of Child <u>Male.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Yes.	Date of Birth	<u>June 19,</u> (Month)	<u>19</u> (Day)	<u>20.</u> (Year)
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FULL NAME FATHER  
Leroy Lenwood Ritter.RESIDENCE  
Paul, Idaho.COLOR White. AGE AT LAST  
BIRTHDAY 43.  
(Years)BIRTHPLACE  
Kansas.OCCUPATION  
Cook.FULL MAIDEN NAME MOTHER  
Helen Vedder.RESIDENCE  
Paul, Idaho.COLOR White. AGE AT LAST  
BIRTHDAY 29.  
(Years)BIRTHPLACE  
Portland, Oregon.OCCUPATION  
Housewife.Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive, at 3.55 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Burley, Idaho.

Filed

July 10 1920 H. J. C. Patterson  
Registrar

Registrar

30

386130.016-613  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of... CASSIA.....

City of... Burley.....

Registration District No. .... 1.1.7.....

File No. .... 80724

No. .... St.

Primary Registration District No. .... 2.1.9.6.

Registered No. .... 1.6.3.3.

Hospital .....

FULL NAME OF CHILD ..... Baby Thompson, Eyle Thompson

Sex of Child <u>boy</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 30 1929</u> (Month) (Day) (Year)
-------------------------	-----------------------------------	-----------------------------------	------------------------	---

FATHER  
FULL NAME Errol Thompson  
RESIDENCE Burley Idaho  
COLOR white AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Utah  
OCCUPATION Salesman

MOTHER  
FULL MAIDEN NAME Senora Wallwork  
RESIDENCE Burley Idaho  
COLOR white AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Wyoming  
OCCUPATION Wm.

Number of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... alive ..... at 8:30 P. M. on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) ..... D. H. Cutler ..... }

Given names added from a supplemental report.

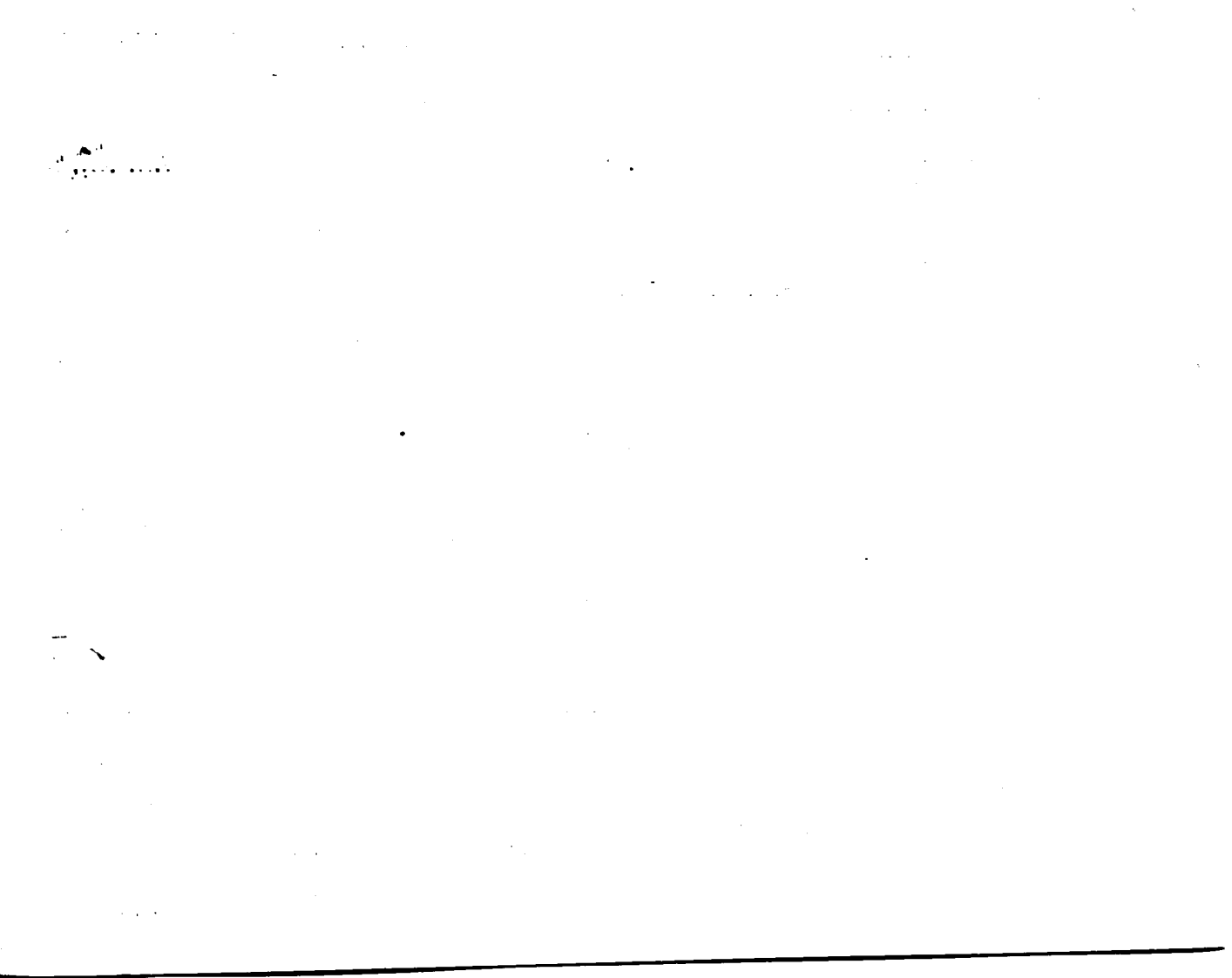
Address... Burley Idaho.....  
Filed... July 3 1929.....  
Registrar D. J. Patterson Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A MARGIN RESERVED FOR

ENT RECORD

N. B. In case of more than one child at birth a SEPARATE REPORT must be made for each and the number of each, in order of birth stated.





N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

153216-016-689

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Cassia Amended 9/13/77

CERTIFICATE OF BIRTH

City of Burley Registration District No. 117 File No. 80725

No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. 2196 Registered No. 1634

Hospital \_\_\_\_\_

FULL NAME OF CHILD Etta Marjorie DeLaMare

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June 16 - 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				
FULL NAME <u>Alma DeLaMare</u>	FATHER		FULL MAIDEN NAME <u>Anna Whitehouse</u>	MOTHER
RESIDENCE <u>Burley Ida</u>			RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Loole Utah</u>			BIRTHPLACE <u>Loole Utah</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

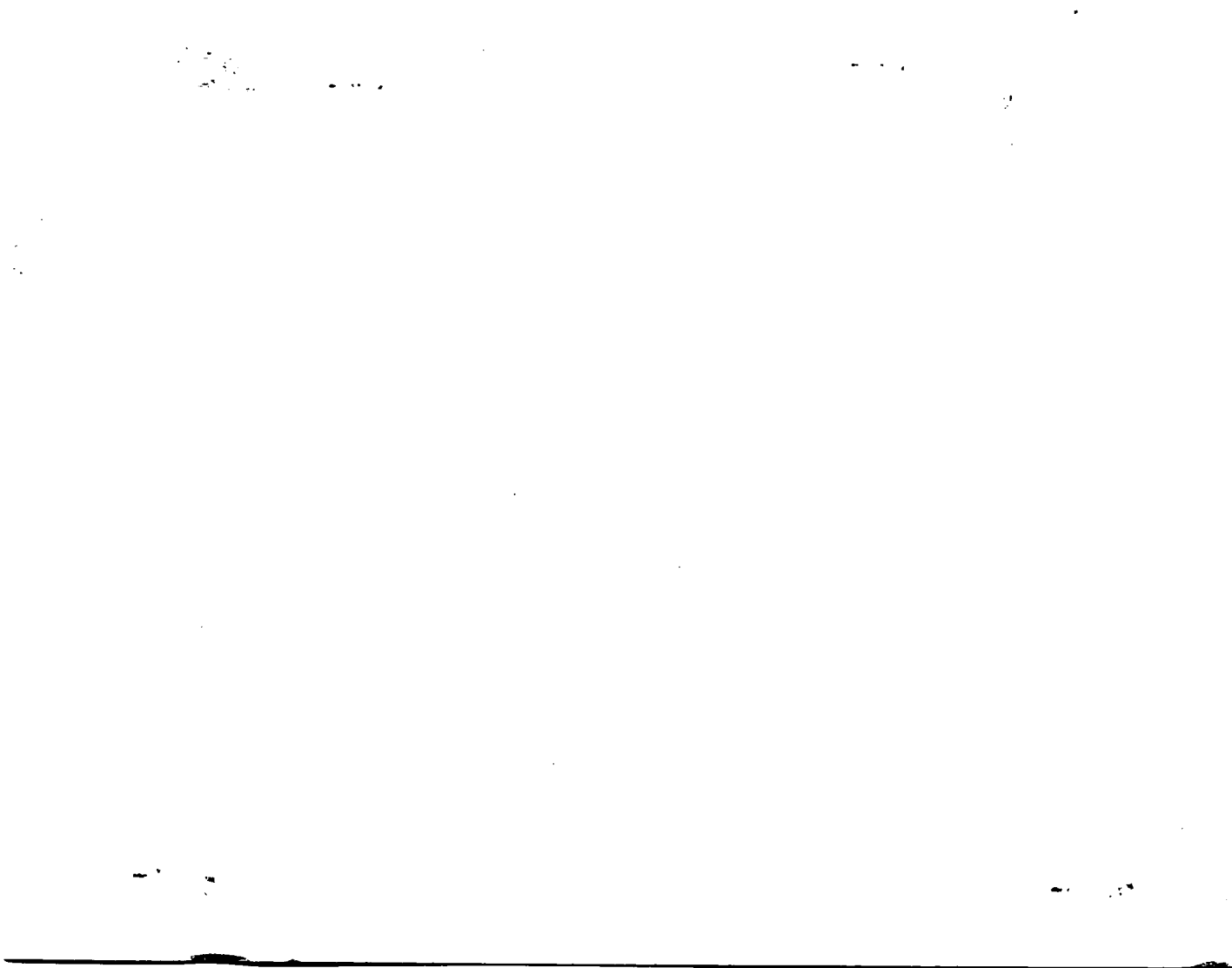
I hereby certify that I attended the birth of this child, who was Born alive June 16. 20 at 7 40 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Cooper  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley Ida  
Filed July 8 1920 Dr. J. C. Patterson  
Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. \_\_\_\_\_  
County of \_\_\_\_\_ }  
Certificate No. 80725  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for Unnamed DeLamar (female) who was born on June 16 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Burley Idaho (Cassia) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

(Give Date)  
**TO**  
(The Correct Facts)

Child's name	Unnamed DeLamar	Etta Marjorie DeLamar
Father's last name	DeLamar	DeLamar

Subscribed and sworn to before me this 4th day of August, 1977

Signed Etta Marjorie DeLamar  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
251 N. 1st E. Tooele Utah  
(Street Address, City, State)

Notary Public, residing at Tooele, Utah  
My commission expires My Commission Expires April 21, 1978  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah }  
County of Tooele } ss. \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of August, 1977

Signed Stanley Whitehouse  
(Signature of Any Credible Person)  
268 N. 1st E. Tooele Utah  
(Street Address, City, State)

Notary Public, residing at Tooele, Utah  
My commission expires My Commission Expires April 21, 1978  
(Seal)

*Rush*

Certif of birth from the LDS Church gives name as Etta Marjorie DeLaMare born June 16, 1920 in Burley, Idaho. father's name as ~~Al~~ Alma J. DeLaMare and mother name as Persie Whitehouse. entered on record Oct 3, 1920. viewed by V. S.

SEP 13 1977

Certif of Baptism from the LDS Church gives name as Marjorie DeLaMare daughter of Alam DeLaMare and mother's ~~name~~ as Percy Whitehouse. born June 16, 1920 at Tooele, Utah. Baptized Aug 3, 1928. viewed by V. S.

Certif of Blessing from the LDS Church gives name as Etta Marjorie DeLamare daughter of Alma J. DeLamare and Persie Whitehouse. Born June 16, 1920 at Burley, Idaho. Blessed Oct 3, 1920. viewed by V. S.

219-1091016-793

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 80726

No. \_\_\_\_\_ St.

Primary Registration District No. 2196

Registered No. 1635

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ora Rex Barber

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>June 9 - 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME Ora John Barber  
FATHER  
RESIDENCE Burley, Ida  
COLOR White  
AGE AT LAST BIRTHDAY 31  
(Years)  
BIRTHPLACE Ohio  
OCCUPATION Painter

FULL MAIDEN NAME Ida L. Hill  
MOTHER  
RESIDENCE Burley, Ida  
COLOR White  
AGE AT LAST BIRTHDAY 22  
(Years)  
BIRTHPLACE Western, Ida  
OCCUPATION Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive June 9<sup>th</sup> 1920, at 8 A.M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida

Filed July 3 - 1920 Dr. J. C. Patterson

AUG 23 1948

MARGIN RESERVED FOR BINDING

658-206-16-719  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Cassia

CERTIFICATE OF BIRTH

City of Burley

Registration District No. 117

File No. 80727

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196

Registered No. 1636

Hospital \_\_\_\_\_ Elaine \_\_\_\_\_

FULL NAME OF CHILD Dorothy Weidenhamer

Sex of Child

Female

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

Legiti-  
mate?

yes

Date of  
Birth

April 6 - 1912  
(Month) (Day) (Year)

FULL  
NAME

FATHER

James Weidenhamer

FULL  
MAIDEN  
NAME

MOTHER

Carol Griswold

RESIDENCE

Burley Ida

RESIDENCE

Burley Ida

COLOR

W -

AGE AT LAST  
BIRTHDAY

33  
(Years)

COLOR

W -

AGE AT LAST  
BIRTHDAY

21  
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Colorado Springs, Colo

OCCUPATION

Laborer

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive - April 6 - 1912 at 1 Am  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Ida Cooper  
Burley Ida  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

July 3

19 20

R. J. E. Patterson

Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

26-



MAR 28 1945

NOV 8

1943

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-221-96-296  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Cassia

CERTIFICATE OF BIRTH

City of Burley

Registration District No. 117

File No. 80728

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196

Registered No. 1637

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 21 - 1912</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Samuel D. Hodges</u>			MOTHER FULL MAIDEN NAME <u>Flo. Brown</u>	
RESIDENCE <u>Burley, Ida</u>			RESIDENCE <u>Burley, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)		
BIRTHPLACE <u>Sycamore mo</u>			BIRTHPLACE <u>Garnett, Ark</u>	
OCCUPATION <u>laborer</u>			OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Cooper  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida  
Filed July 2 1920 W. J. C. Patterson  
Registrar

DEC 18 1975

212-1131016-622

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80729

County of CassiaCity of BurleyRegistration District No. 117 File No. \_\_\_\_\_No. Belleme St. \_\_\_\_\_Hospital Belleme Primary Registration District No. 2196 Registered No. 1638

## FULL NAME OF CHILD

Sex of Child <u>M</u>	Twins, Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 13 1920</u> (Month) (Day) (Year)
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FULL NAME J. C. SazhelleRESIDENCE BurleyCOLOR W AGE AT LAST BIRTHDAY 40 (Years)BIRTHPLACE MissouriOCCUPATION Abstract BusiFULL NAME Molly C. ShornRESIDENCE BurleyCOLOR W AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE NebraskaOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alfred, at 1-13-20 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley Ida.Filed July 8 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1952

296225-016-433

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 80730

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Belleuve Primary Registration District No. 2196 Registered No. 1639FULL NAME OF CHILD Caroline Mae Brown

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 25</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Hugh BrownRESIDENCE Burley Ida.COLOR white AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE KansasOCCUPATION CollectorFULL MAIDEN NAME MOTHER Pearl M. ChueRESIDENCE Burley IdahoCOLOR white AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE N. C.OCCUPATION School TeacherNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 1:20 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Fremstad

(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley Ida.Filed July 8 1920

Registrar

Registrar W. J. C. Patterson

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1970

259-219106-238  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-37

County of Carney

City of Payley

Registration District No. 117

File No. 80731

No. .... St.

Primary Registration District No. 2196

Registered No. 1640

Hospital .....

FULL NAME OF CHILD Glenda Fawn Berrier

Sex of Child <u>F</u>	Twin Triplet or other? <u>1</u> and (Number in order of birth) <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 19 1920</u> (Month) (Day) (Year)
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FULL NAME FATHER Wilo Berrier

FULL MAIDEN NAME MOTHER Maudie Schmidt

RESIDENCE Payley

RESIDENCE same

COLOR 20 AGE AT LAST BIRTHDAY 44  
(Years)

COLOR 20 AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE California

BIRTHPLACE Utah

OCCUPATION Stock raiser

OCCUPATION Hops

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10<sup>30</sup> P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Patterson

Given names added from a supplemental report.

(Physician or midwife)

Address Payley Idaho

Address Payley Idaho

..... 19.....

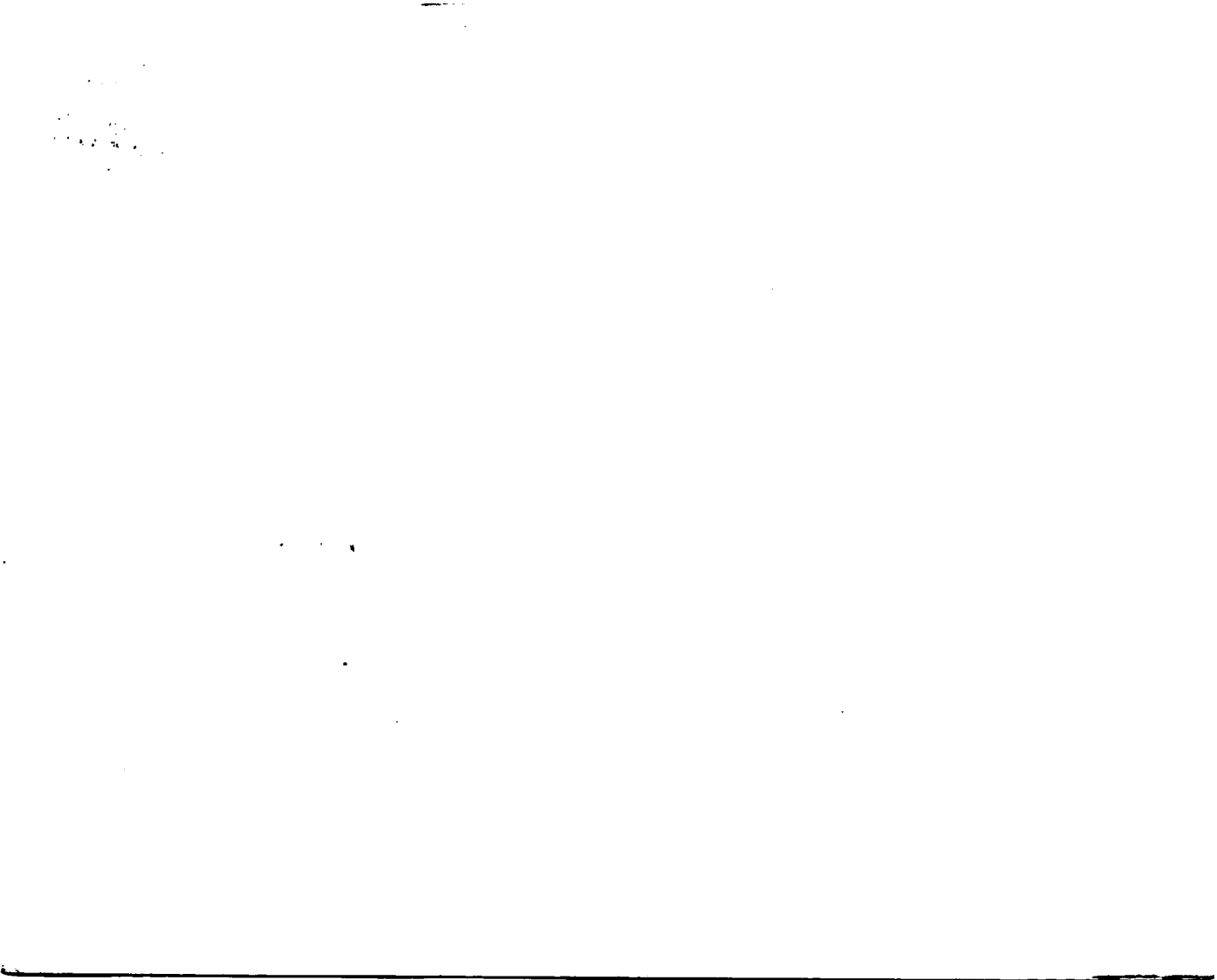
Filed July 5 1920

Registrar

G. L. Patterson  
Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





553130-016-291

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of... Cassia

City of... Near Oakley

Registration District No. 122

File No. 80732

No. .... St.

Primary Registration District No. 2199

Registered No. 45

Hospital .....

FULL NAME OF CHILD James F. Walker Nelson

Sex of Child Male	Twin Triplet or other? /	and Number in order of birth /	Legitimate? Yes	Date of Birth June 30 1920
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME Andrew Gustave Nelson	FATHER
RESIDENCE Oakley, Idaho	
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Utah	
OCCUPATION Black Hairs	5

FULL MAIDEN NAME Cora Elizabeth Brackett	MOTHER
RESIDENCE Oakley, Idaho	
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Colorado	
OCCUPATION Housewife	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 1201 A.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rainey, M.D.

Given names added from a supplemental report.

(Physician name only)

Address .....

Address .....

Oakley, Idaho

..... 18 .....

Filed July 20 1920

Registrar

Registrar

FEB 10 1958

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

419-130-016-946  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Blaine

City of Cabley

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 120

File No. 80733

Primary Registration District No. 2491

Registered No. 47

FULL NAME OF CHILD Floyd Franklin Martin

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth (Month) (Day) (Year) <u>June 30 19 27</u>
--------------------------	---	-----	---	-------------------------------	--

FATHER  
FULL NAME Frank Martin  
RESIDENCE Cabley Id.  
COLOR white AGE AT LAST BIRTHDAY 7 (Years)  
BIRTHPLACE Id.  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Viola Koster  
RESIDENCE Cabley Id.  
COLOR white AGE AT LAST BIRTHDAY 11 (Years)  
BIRTHPLACE Id.  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 9.9 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

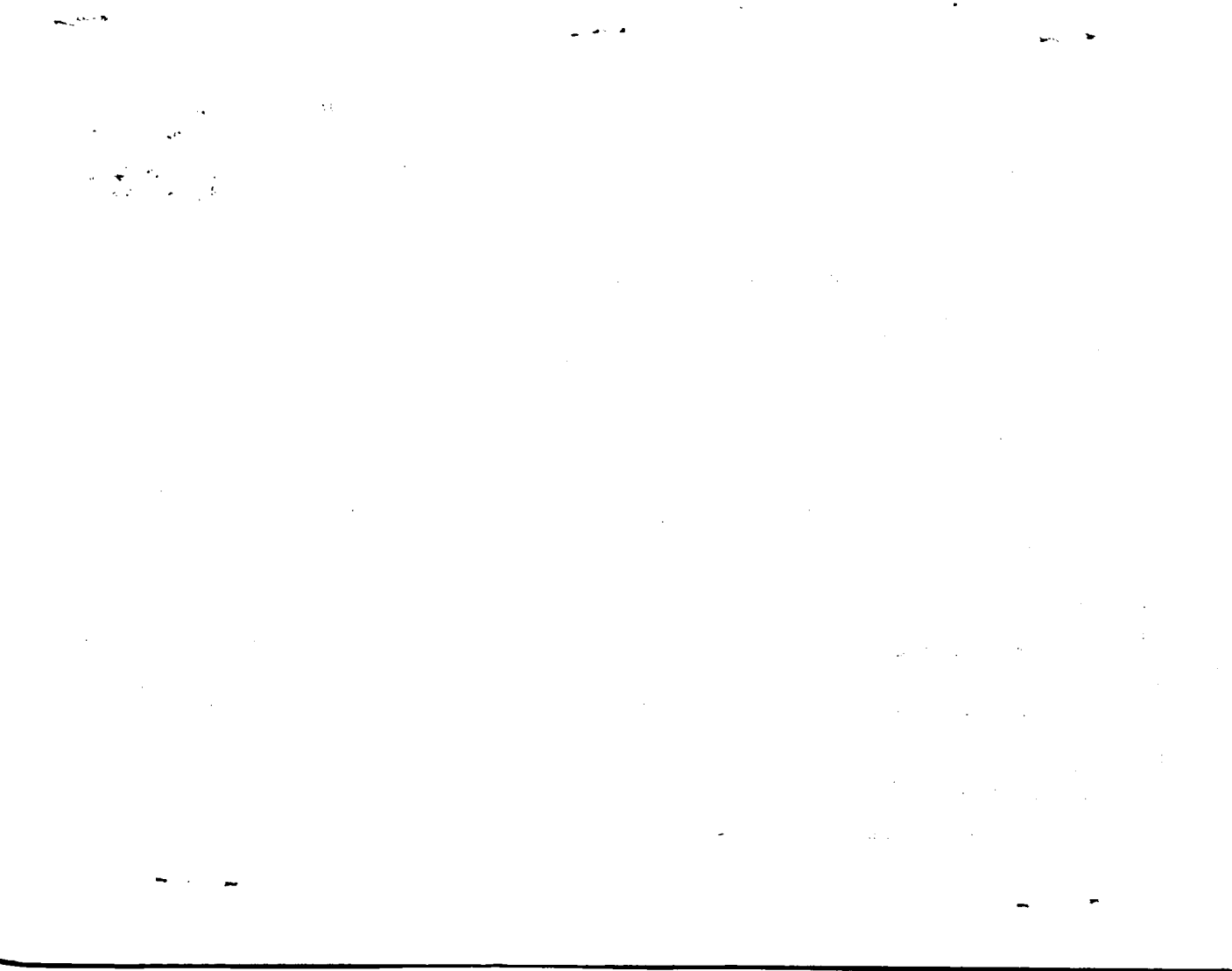
(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

Address Cabley Id.  
Filed July 7 19 27 Registrar [Signature]

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. \_\_\_\_\_  
County of \_\_\_\_\_ }  
Certificate No. 80733  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
for Unnamed Martin (male child) who was born on June 30, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by H. I. SEHARR, D. P. H. A. 2 prepared on JUNE 1939 and JAN. 1946, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Floyd Franklin Martin

Subscribed and sworn to before me this 23 day of  
AUGUST, 1966.

Signed Floyd Franklin Martin  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

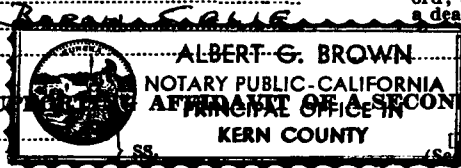
Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal) ALBERT G. BROWN

My commission expires September 3, 1967

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)



(Street Address, City, State)

**ALBERT G. BROWN**  
**NOTARY PUBLIC-CALIFORNIA**  
**PRINCIPAL OFFICE IN SECOND PERSON**  
**KERN COUNTY**

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

Certificate of Marriage, State of California, County of Los Angeles, married Dec. 7, 1945 gives full name as groom as Floyd Franklin Martin and full name of bride as Aloha Lee-Maurine Campagno - viewed by V.S.

OCT 10 1966

Selective Service Registration Certificate, July 1, 1941 gives full name as Floyd Franklin Martin - viewed by V.S.

OCT 24 1966

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

355-2291046-659

PLACE OF BIRTH

County of Crossin

City of Oakley

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>female</u>	Twins or other? <u>no</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 29</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---------------------------	-----	-----------------------------------	------------------------	---

FATHER  
FULL NAME Eli Lee  
RESIDENCE Oakley Rd.  
COLOR white AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Idaho  
OCCUPATION laborer

MOTHER  
FULL MAIDEN NAME Alma Weir  
RESIDENCE Oakley Rd.  
COLOR white AGE AT LAST BIRTHDAY 18 (Years)  
BIRTHPLACE Oregon  
OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 3:30 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) A. H. Peterson

(Physician or midwife)

Address Oakley Idaho

Filed July 7 19 20

Registrar

Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

80734

Registration District No. 120 File No. XXIV

Primary Registration District No. 2199 Registered No. 41



STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

40734

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

399-126-016-418

Amended 5/30/79

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of Cass

CERTIFICATE OF BIRTH

80735

City of Oakley

Registration District No. 122

File No. XXIV

No. \_\_\_\_\_ St.

Primary Registration District No. 2194

Registered No. 39

Hospital \_\_\_\_\_

FULL NAME OF CHILD LeRoy Dayley

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth (Month) (Day) (Year) <u>June 26 1922</u>
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>Carley Enckfeld</u>	FATHER
RESIDENCE <u>Oakley, Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Id.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary Dayley</u>	MOTHER
RESIDENCE <u>Oakley, Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Id.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 7:30 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) \_\_\_\_\_

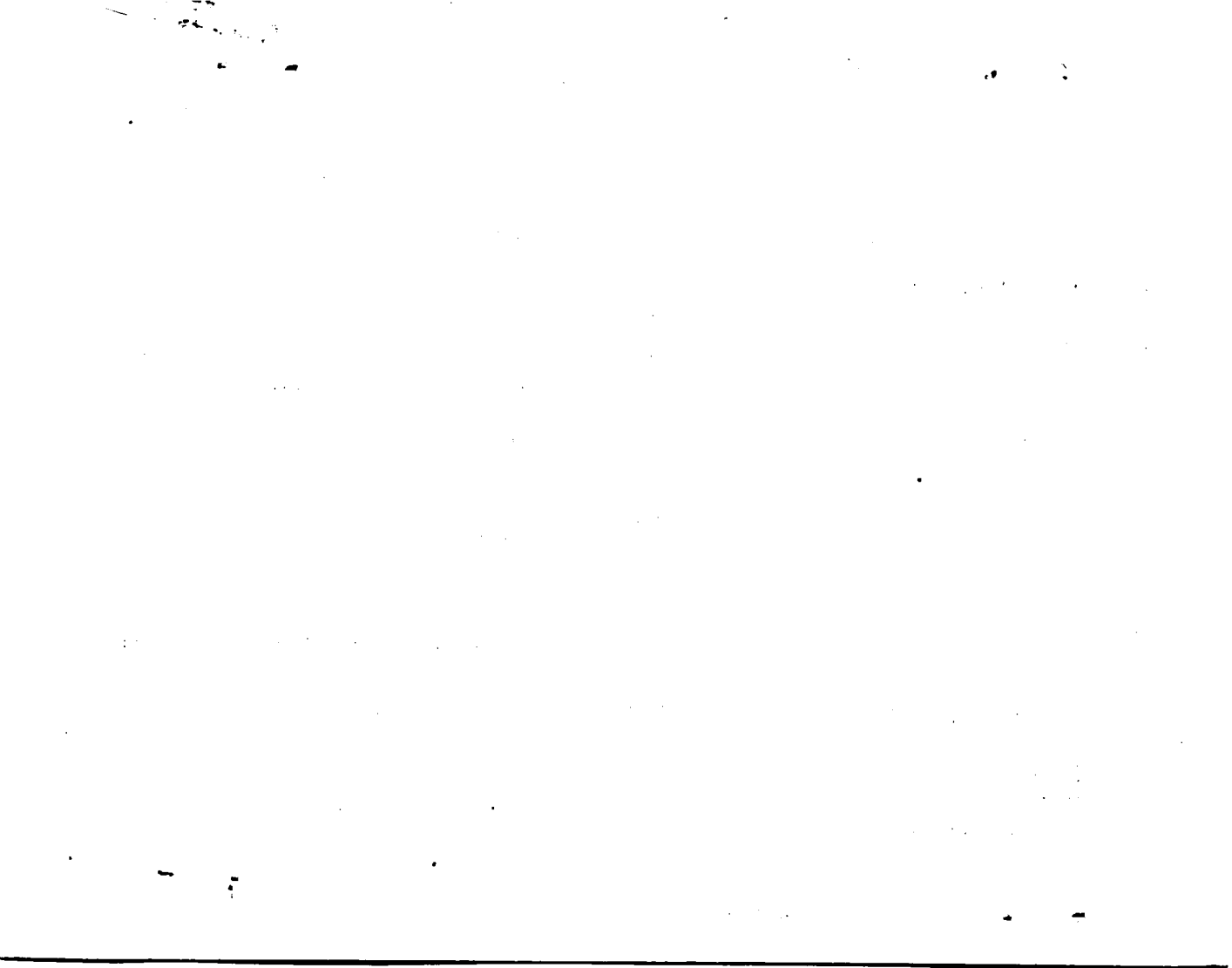
(Physician or midwife)

Address \_\_\_\_\_

Filed July 7 19 22

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. Certificate No. 80735  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for \_\_\_\_\_ unnamed male Critchfield \_\_\_\_\_ who \_\_\_\_\_ was born \_\_\_\_\_ on \_\_\_\_\_ June 26, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in \_\_\_\_\_ Oakley, Idaho \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original) (The Correct Facts)  
name of child \_\_\_\_\_ unnamed \_\_\_\_\_ LeRoy Dayley Critchfield

Subscribed and sworn to before me this \_\_\_\_\_ 19<sup>th</sup> day of \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_ 1982  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ 19<sup>th</sup> day of \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_ 1982  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

Certif of Blessing from the LDS Church gives name as Hazel ~~XXXX~~ Hunter daughter of Edward H. Hunter and Emerald Poulton. born March 12, 1920 at Oakley, Idaho. Blessed May 2, 1920. viewed by V. S.

Certif of Baptism from the LDS Church gives name as Hazel Hunter daughter of Edward Hunter and Emerald Poulton. born March 12, 1920 at Oakley, Idaho. Baptized Sept 16, 1928. viewed by V. S. MAY 30 1979

Certif of ~~XXXX~~ birth from the LDS Church gives name as Leroy Dayley Critchfield born June 26, 1920 at Oakley, Idaho. father's name as Orsen Parley Critchfield and mother's name as Maryette Dayley. ~~he~~ entered on record Nov. 7, 1920. viewed by V. S.

Certif of Baptism from the LDS Church gives name as LeRoy Dayley critchfield. son of Orsen Parley and Maryette Dayley. born June 26, 1920 at Oakley, Idaho. Baptized June 2, 1928 ~~at~~ viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-222-016-215

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-7-21-19

80736

County of Cassia

City of Oakley

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 150

File No. XXIV

Primary Registration District No. 2199

Registered No. 38

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Edith Evelyn Tolman

Sex of Child <u>female</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June 22 1920</u> (Month) (Day) (Year)
----------------------------	--	--------------------------------	------------------------	---

FATHER  
FULL NAME Dan Tolman  
RESIDENCE Oakley Id  
COLOR white AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Wah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Mabel Wangs  
RESIDENCE Oakley Id  
COLOR white AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Kansa  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) A. H. Nelson  
(Physician or midwife)

Address Oakley, Idaho  
Filed July 5 1920  
Registrar A. H. Nelson

K

SEP 7 1944

385-215-016-799

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80737

County of CarmCity of ColeyRegistration District No. 120File No. XX16

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2198 Registered No. 37

Hospital \_\_\_\_\_

FULL NAME OF CHILD LynchSex of Child femaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
Number  
in order  
of birthLegitimate  
mate? yes

Date of Birth

June 15 1932  
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 35  
(Years)

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 38  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

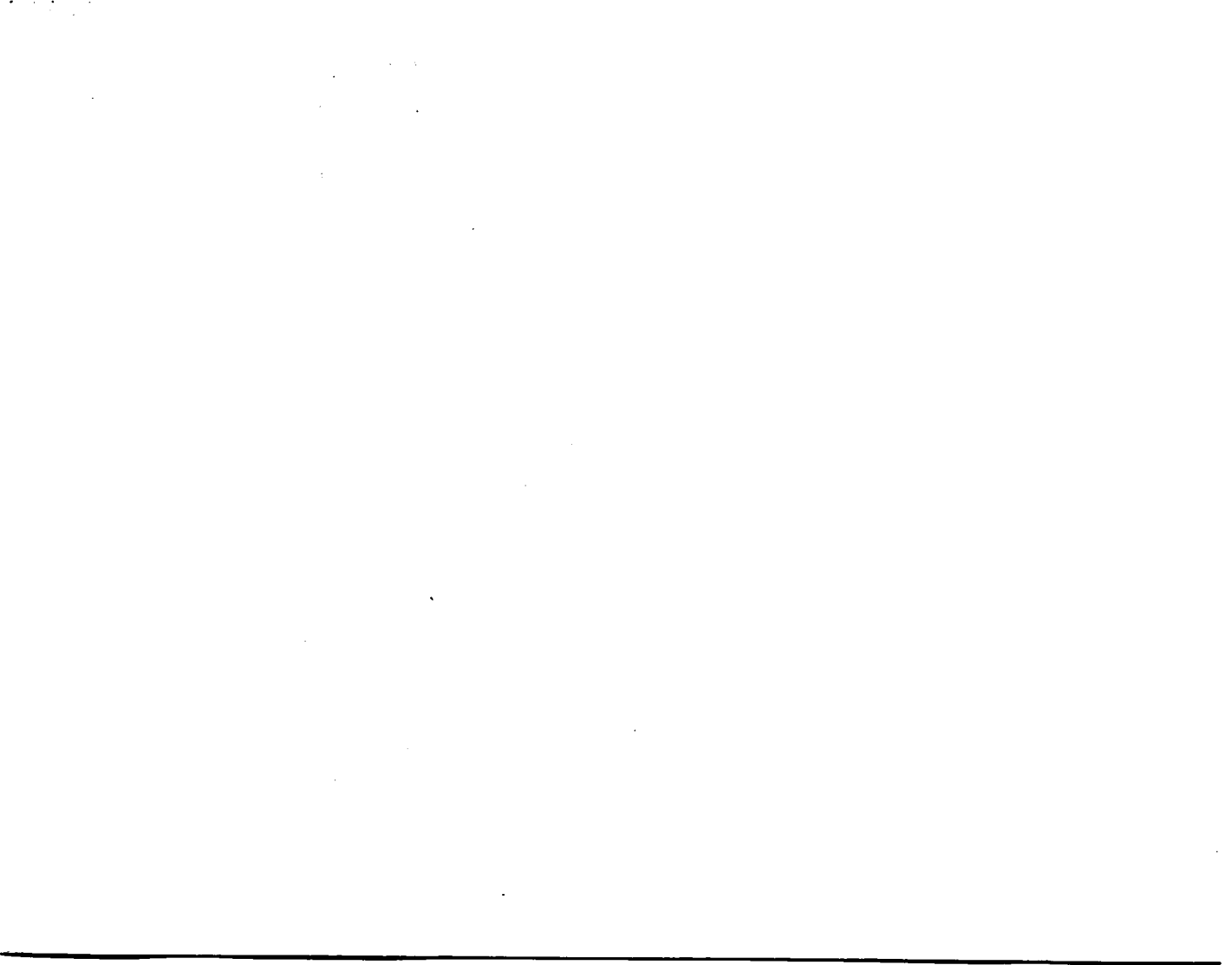
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of 255 Cassia 211-016-249 **BUREAU OF VITAL STATISTICS**  
City of Oakley name added 6-28-82) **CERTIFICATE OF BIRTH** 80738  
No. .... Registration District No. 120 File No. XXIV  
..... St. Primary Registration District No. 2499 Registered No. 36  
Hospital .....

FULL NAME OF CHILD ..... Sarah LaVon Gee

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and { Number in order of birth <u>-</u> }	Legitimate? <u>yes</u>	Date of Birth <u>June 11</u> 19 <u>30</u> (Month) (Day) (Year)
FULL NAME <u>Lysander Parker Gee</u>			FULL MAIDEN NAME <u>Blara Louise Smith</u>	
RESIDENCE <u>Oakley, Idaho</u>			RESIDENCE <u>Oakley, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5..... Number of children of this mother now living, including present birth 5.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive 515 P  
on the date above stated. (Born alive or stillborn) ..... M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jose L. Rauxen  
.....  
(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address Oakley, Idaho  
..... Registrar July 2 1930 ..... Registrar Mo...

OCT 26 1972

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss. Certificate No. 80738  
County of CASSIA } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Gee (Female) who was born on June 11, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by.....prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name Unnamed Sarah LaVon Gee

Subscribed and sworn to before me this 19 day of  
JUNE, 1982

Maurice H. Smith  
Notary Public, residing at OAKLEY, IDAHO  
My commission expires MAY 15, 1984  
(Seal)

Signed Sarah LaVon Gee  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

OAKLEY, IDAHO  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.  
County of CASSIA }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of  
JUNE, 1982

Maurice H. Smith  
Notary Public, residing at OAKLEY  
My commission expires MAY 15, 1984  
(Seal)

Signed Daniletta Bates  
(Signature of Any Credible Person)

Oakley Idaho 8346  
(Street Address, City, State)

Family Record obviously Old record lists Sarah LaVon Gee born . . .  
6-11-20 in Oakley and was baptised 8-4-28 in LDS Church.  
Last date entered in Family Record book as 3-22-32. Viewed by V.S.

Certificate of award gives Sarah LaVon Gee was awarded a .  
Certificate for Neither absent nor tardy for school year  
ending 1930. at Oakley, Idaho. Viewed by V.S.

JUL 1 1982

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

119-104016-619  
County of... Cassia

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

City of Basin

Registration District No. 120

File No. 80739  
XX12

No. .... St.

Primary Registration District No. 2197

Registered No. 35

Hospital .....

FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> } (To be answered only in event of plural births)	Legitimated? <u>Yes</u>	Date of Birth <u>June 4</u> 19 <u>22</u> (Month) (Day) (Year)
--------------------------	--	-------------------------	--

FULL NAME <u>Portius Donald Dayley</u>	FATHER
RESIDENCE <u>Basin Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Virgie Estella Fairchild</u>	MOTHER
RESIDENCE <u>Basin Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 11 a. M.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Jesse L. Rankin

Given names added from a supplemental report.

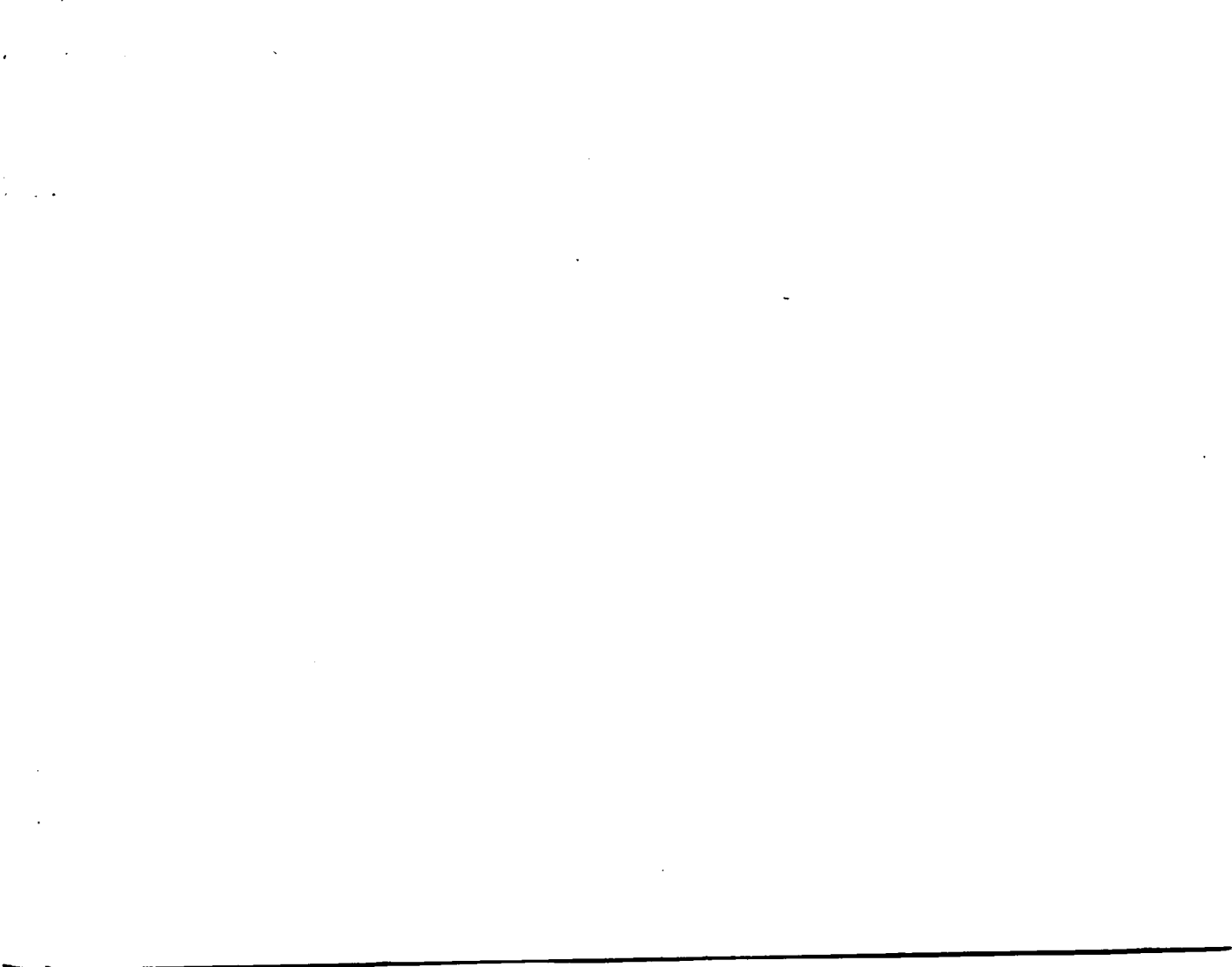
(Physician's name)

Address Oakley, Idaho

Filed July 7 1922

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

86-5-128-016-366  
County of Cassia

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

80740

City of near Moulton

Registration District No. 120

File No. XXV

No. .... St.

Primary Registration District No. 2199

Registered No. 3X

Hospital .....

J. Earl

FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u>	and (Number in order of birth (To be answered only in event of plural births)) <u>-</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>May 28</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Garland William York  
RESIDENCE Moulton Idaho  
COLOR White AGE AT LAST BIRTHDAY 27  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Cynthia J. Cooper  
RESIDENCE Moulton Idaho  
COLOR White AGE AT LAST BIRTHDAY 25  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive at 10:40 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jose L. Raine, M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Oakley, Idaho

Filed July 1 21

Registrar

Registrar



Dup of 1920-317042

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

125-122-016-212  
County of Cassia

City of near Oakley

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80741

Registration District No. 12

File No. XXIV

Primary Registration District No. 299

Registered No. 33

FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>1</u> and { Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 22</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>George Henry Severe</u> FATHER		FULL MAIDEN NAME <u>Bertha Elizabeth Barks</u> MOTHER	
RESIDENCE <u>Oakley, Idaho</u>		RESIDENCE <u>Oakley, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 ..... Number of children of this mother now living, including present birth 8 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 12<sup>05</sup> M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gene L. Karamund

Given names added from a supplemental report.

(Physician ~~and~~ midwife)

Address Oakley, Idaho

Filed July 1 1920

Registrar

Registrar

100

100

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-216-016813  
County of CassiaSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80742

City of OakleyRegistration District No. 12File No. XXIV

No. .... St.

Primary Registration District No. 2199Registered No. 32

Hospital .....

FULL NAME OF CHILD .....

Sex of Child <u>Female</u>	Twin, Triplet or other? <u>1</u> and { Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 16</u> 19 <u>32</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Joseph Chester Anderson</u>	FATHER
RESIDENCE <u>Oakley, Idaho</u>	

FULL MAIDEN NAME <u>Curma Luella Hall</u>	MOTHER
RESIDENCE <u>Oakley, Idaho</u>	

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
--------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
--------------------	--

BIRTHPLACE <u>Oakley, Idaho</u>
---------------------------------

BIRTHPLACE <u>Illinois</u>
----------------------------

OCCUPATION <u>Farmer</u>
--------------------------

OCCUPATION <u>Housewife</u>
-----------------------------

Number of child of this mother, including present birth <u>3</u>	Number of children of this mother now living, including present birth <u>3</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jose L. Raines

(Physician or midwife)

Given names added from a supplemental report.

Address Oakley, IdahoFiled May 17 1932

Registrar

Registrar

100-100000

100-100000

100-100000

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-110-016-355

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80743

County of Canyon

City of Oakley

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 130

File No. XXIV

Hospital \_\_\_\_\_

Primary Registration District No. 2404

Registered No. 31

FULL NAME OF CHILD

John

Koch

Sex of Child

Male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti  
mate?

yes

Date of  
Birth

May 10  
(Month) (Day)

19 20  
(Year)

FULL  
NAME

Paley

FATHER

Koch

FULL  
MAIDEN  
NAME

Katherine Trebner

MOTHER

RESIDENCE

Oakley, Idaho

RESIDENCE

Oakley, Idaho

COLOR

white

AGE AT LAST  
BIRTHDAY

28  
(Years)

COLOR

white

AGE AT LAST  
BIRTHDAY

28  
(Years)

BIRTHPLACE

Colorado

BIRTHPLACE

Hungary

OCCUPATION

miner

OCCUPATION

Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 8:30 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. H. Peterson  
(Physician or midwife)

Given names added from a supplemental report.

Address

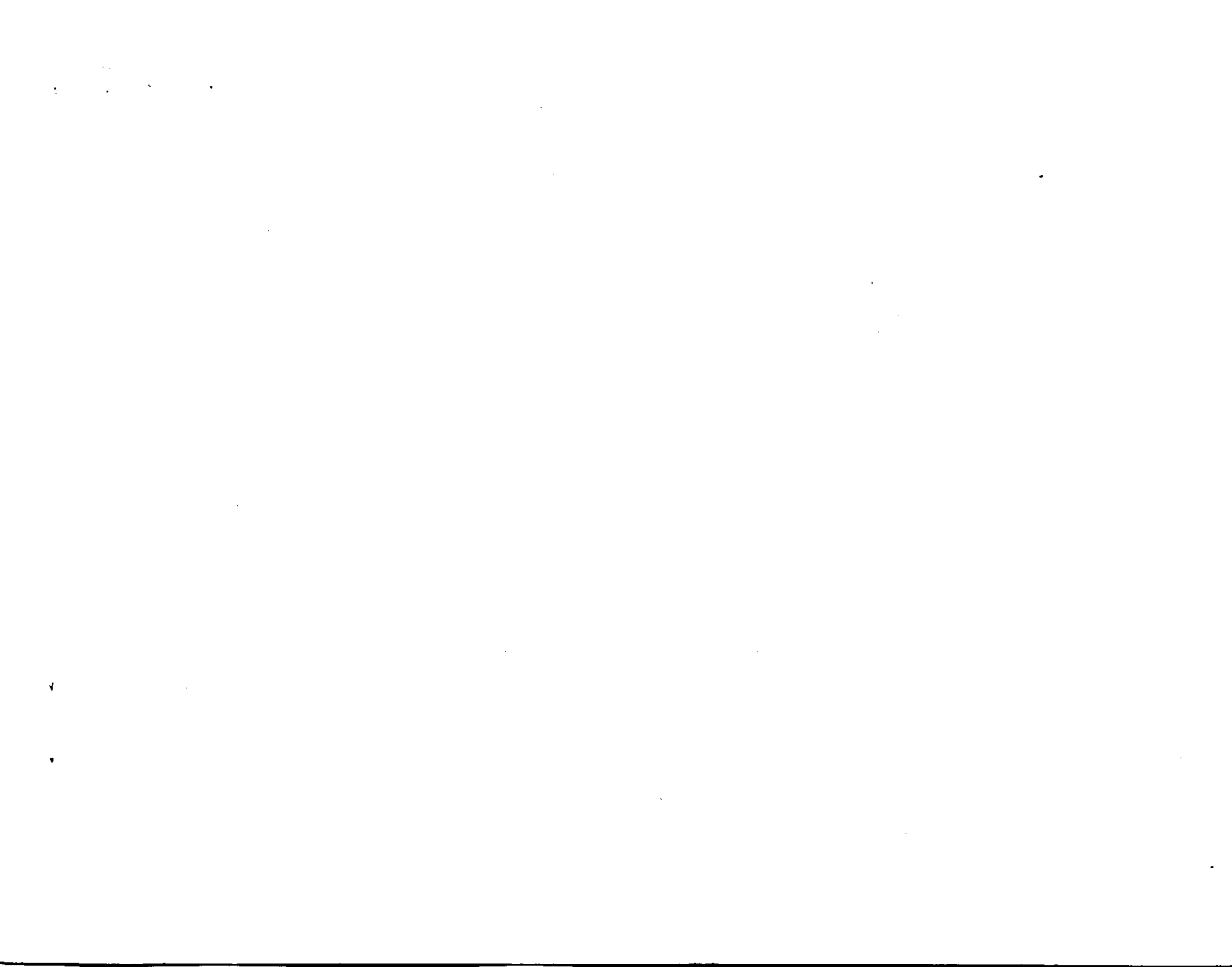
Oakley, Idaho

Filed

July 7 19 20

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-209-016-355

PLACE OF BIRTH

County of Canyon

City of Oakley

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Donna Eva

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

80744

Registration District No. 120

File No. XXIV

Primary Registration District No. 2199

Registered No. 30

Sex of Child <u>female</u>	Twin Trisect or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>May 9</u> (Month) (Day) (Year) <u>1924</u>
----------------------------	---	-----	---	-------------------------------	--

FATHER  
FULL NAME John W. Littlefield

RESIDENCE Oakley, Id.

COLOR white AGE AT LAST BIRTHDAY 39  
(Years)

BIRTHPLACE Utah

OCCUPATION Labourer

MOTHER  
FULL MAIDEN NAME Mary Lee

RESIDENCE Oakley, Id.

COLOR white AGE AT LAST BIRTHDAY 39  
(Years)

BIRTHPLACE Arizona

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 7:30 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) A. T. Medon

(Physician or midwife)

Address Oakley, Idaho

Filed July 1 1924

Registrar

Registrar



OCT 21 1960

FEB 8 1973

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... } ss. Certificate No. **80744**  
County of..... } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of **birth**  
for **Unnamed Littlefield (Female)** who **was born** on **May 9, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Oakley, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by..... prepared on....., are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

**Child's name** **Unnamed** **Donna Eva Littlefield**

Subscribed and sworn to before me this **16** day of

Signed **Arnell Foster**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at **Idaho**  
My commission expires **1-16-74**  
(Seal)

**595 Harrison Twin Falls**  
(Street Address, City, State) **Idaho**

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Idaho** } ss.  
County of **Twin Falls**

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **16<sup>th</sup>** day of

Signed **Donna Eva Hantley**  
(Signature of Any Credible Person)

Notary Public, residing at **Idaho**  
My commission expires **1-16-74**  
(Seal)

**1040 2nd Ave W. Twin Falls**  
(Street Address, City, State) **Idaho**

Marriage License from Idaho (couple's own copy) gives groom's name as Leon Clifford Sharp and the bride's name as Donna Littlefield. Dated Feb. 5, 1955. Viewed by V. S.

APR 18 1973

Child's birth certificate on file in Idaho gives name as Nyle Clifford Hartley born April 5, 1953 (file No. 53-4057) gives ~~ft~~father's name as Virgil Everett Hartley and the mother's name as Donna Eva Littlefield. Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-108.016 413

PLACE OF BIRTH

County of Carm

City of Oakley

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 120

File No. X 88745

Primary Registration District No. 2199

Registered No. 29

Sex of Child <u>male</u>	Twin Trilogy or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
				<u>yes</u>	<u>Aug 8</u> 19 <u>22</u>

FATHER  
FULL NAME Edmund Norr  
RESIDENCE Oakley Idaho  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Edith Matthews  
RESIDENCE Oakley Idaho  
COLOR white AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth. 6 Number of children of this mother now living, including present birth. 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2.15 P. M. on the date above stated. (Born alive or stillborn)

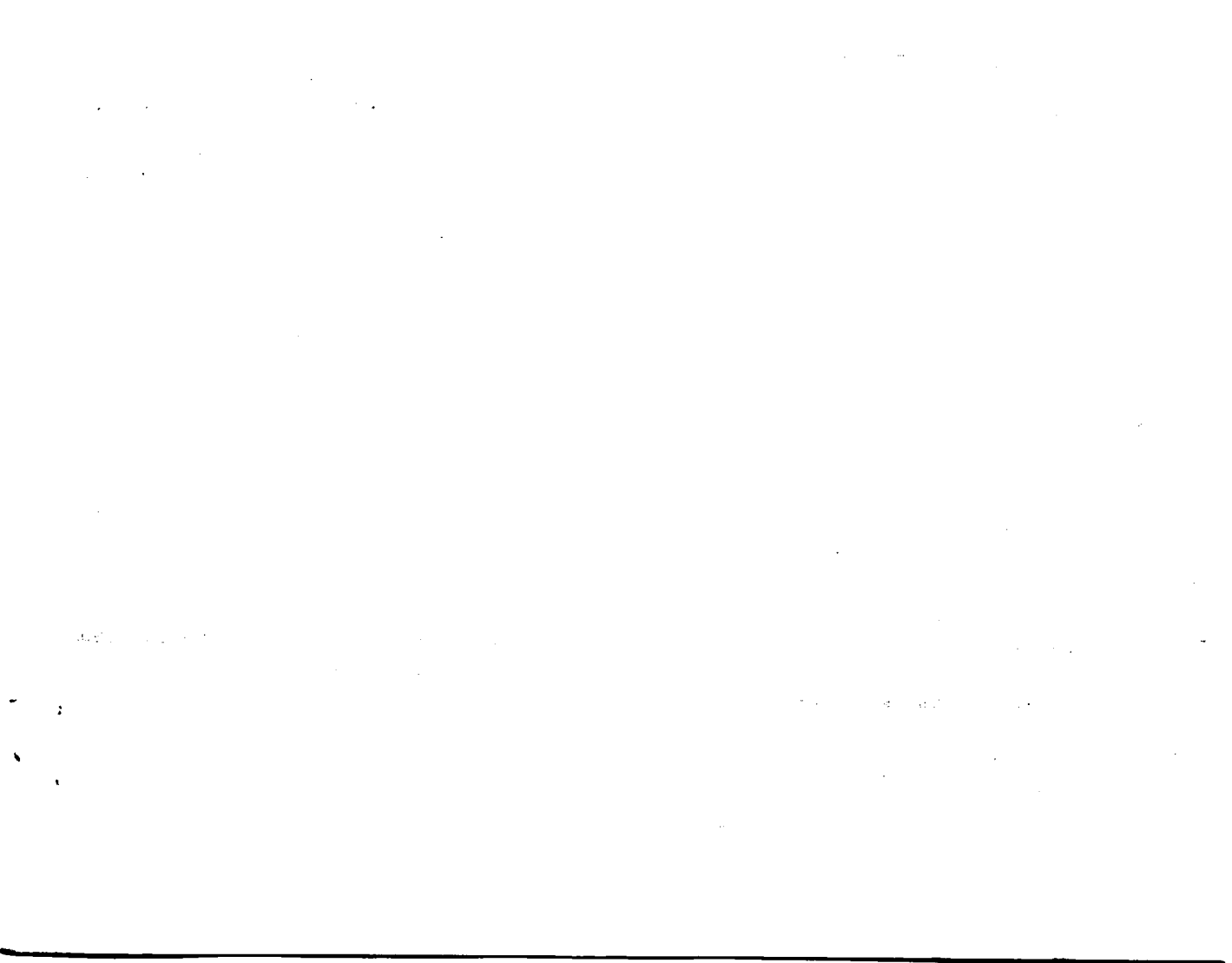
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) A. T. Nelson  
(Physician or midwife)

Address Oakley, Idaho  
Filed July 7 1922 Registrar A. T. Nelson

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853.108.016-796  
County of... Cassia  
City of... Churchill

No. .... St

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .... 120

File No. .... 80746

Primary Registration District No. .... 299

Registered No. .... 38

FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>/</u>	and { Number in order of birth <u>/</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 8</u>
(To be answered only in event of plural births)				(Month) (Day) (Year) <u>1920</u>

FATHER  
FULL NAME Theodore Jackson Helms  
RESIDENCE Churchill Idaho  
COLOR white AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Illinois  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Alice May Groves  
RESIDENCE Churchill Idaho  
COLOR white AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Oklahoma  
OCCUPATION Housewife

Number of child of this mother, including present birth... 9..... Number of children of this mother now living, including present birth... 9.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12<sup>15</sup> a. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joe L. Rainey, M.D.

(Physician or midwife)

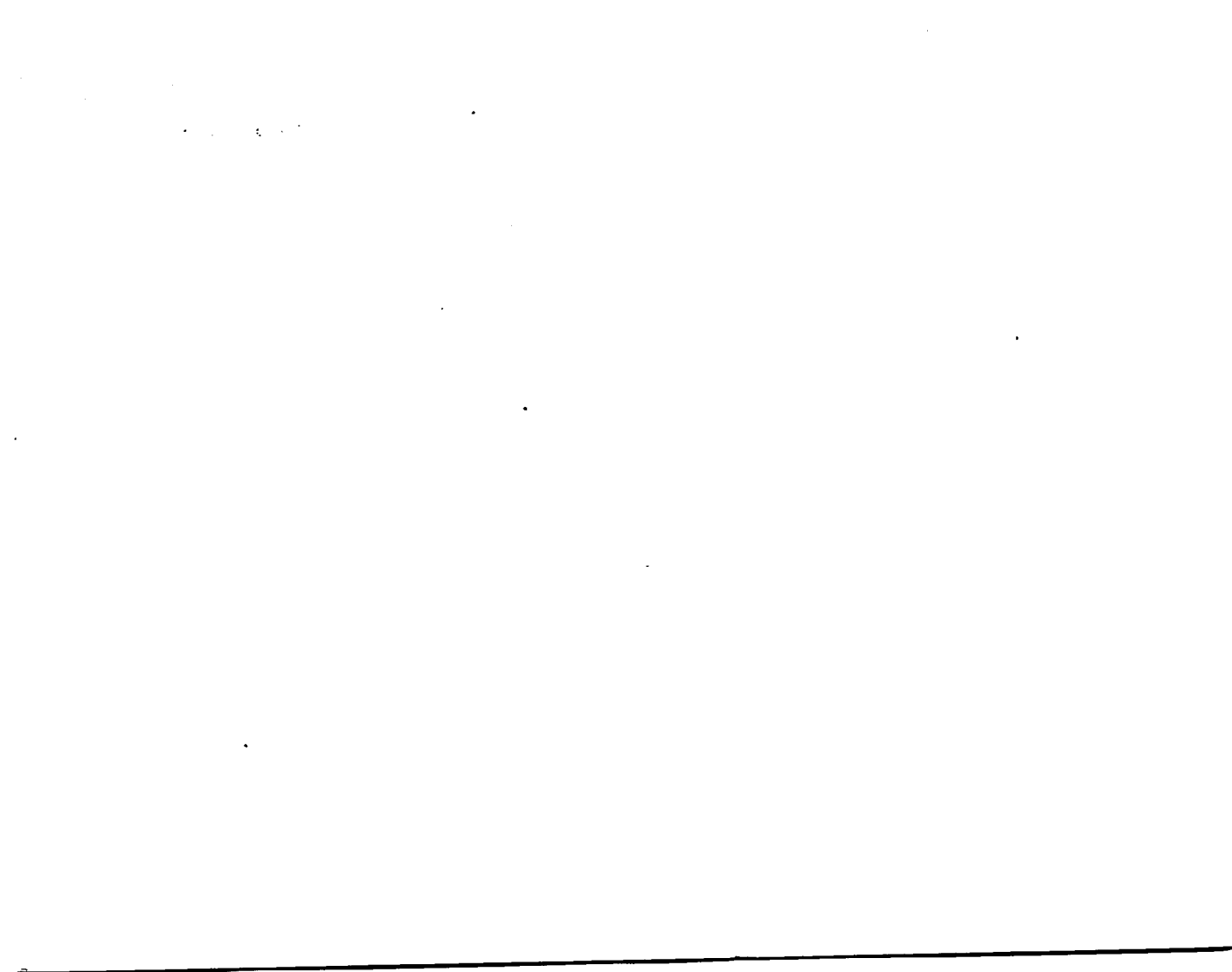
Given names added from a supplemental report.

Address Camley, Idaho

Filed July 22 1920

Registrar

Registrar



813-206.016-418

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CassiaCity of Cabley

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 120File No. 80747  
XX10

Hospital \_\_\_\_\_

Primary Registration District No. 2199Registered No. 27

## FULL NAME OF CHILD

Sex of Child

femaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and 1 Number  
in order  
of birth

Legitimate?

yes

Date of Birth

May 6  
(Month) (Day)1932  
(Year)

FULL NAME

Mallard Hale

FATHER

RESIDENCE

Cabley, Id.

COLOR

whiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

RESIDENCE

Penola Dayley

COLOR

whiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 4:50 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) A. H. Nelson

(Physician or midwife)

Address Cabley, IdahoFiled July 7 1932 A. H. Nelson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



Certified Copy Issued October 29, 1940. E.W.

Name Added 8/5/71

PLACE OF BIRTH

County of CarrollCity of Carley

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ida Helen

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-35m-7-21-19

Registration District No. 120File No. 80740  
XX IVPrimary Registration District No. 2199Registered No. 26Sex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate? yesDate of Birth May 4

(Month) (Day)

19 24  
(Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 43

(Years)

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 26

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

(Signature) \_\_\_\_\_

Address \_\_\_\_\_

Filed July 7 1924

Registrar

Registrar

NOV 2 1970

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

11-2-70

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 80748  
County of Cassia }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Stanger (Name on Original Certificate) who was born on May 4, 1920 (Date of Event)  
in Oakley, Idaho (Place of Event) and that the same were true and correct, and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
childs name omitted Ida Helen Stanger

Subscribed and sworn to before me this 26th day of April, 19 71  
James Crawford  
Notary Public, residing at Burley, Idaho  
My commission expires July 10, 1974  
(Seal)

Signed Ida W. Stanger Dahlquist  
(Parent's Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Oakley, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Cassia }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 26th day of April, 19 71  
James Crawford  
Notary Public, residing at Burley, Idaho  
My commission expires July 10, 1974  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
Signed Glenn Ganner  
(Signature of Any Credible Person)  
131 McArthur Avenue, Salt Lake City  
(Street Address, City, State) Utah

FEB 16 2001

AUG 5 1971

Certificate of Blessing from LDS Church, McKinley Ward, Temple View Stake gives name as Ida Helen Tanner daughter of Thomas William Stanger and Ida Clair Wilson. Born May 4, 1920 at Oakley, Idaho. Was Blessed June 6, 1920 by John Adams an Elder of the LDS Church. Signed by. Merlin F. Park and Gary E. Galuielson, Bishop. Viewed VS.

Own child's birth certificate on file Idaho #302335 gives name as Helen Stanger-fc

318-104106-993  
PLACE OF BIRTHCounty of CassiaCity of AlmoRegistration District No. 120

No. .... St.

Hospital .....

FULL NAME OF CHILD

Primary Registration District No. 2194File No. XXIVRegistered No. 35STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80749

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>8</u>	Legiti- mate?	Date of Birth <u>May 4 1920</u> (Month) (Day) (Year)
-----------------------	---	--	------------------	---

FULL NAME <u>William Dennis Cahoon</u>	FATHER	FULL MAIDEN NAME <u>Jessie Richardson</u>	MOTHER
RESIDENCE <u>Almo Idaho</u>		RESIDENCE <u>Almo Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Almo Idaho</u>		BIRTHPLACE <u>York, Nt</u>	
OCCUPATION <u>U.S. Comm &amp; P.M.</u>		OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 8 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:10 A.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

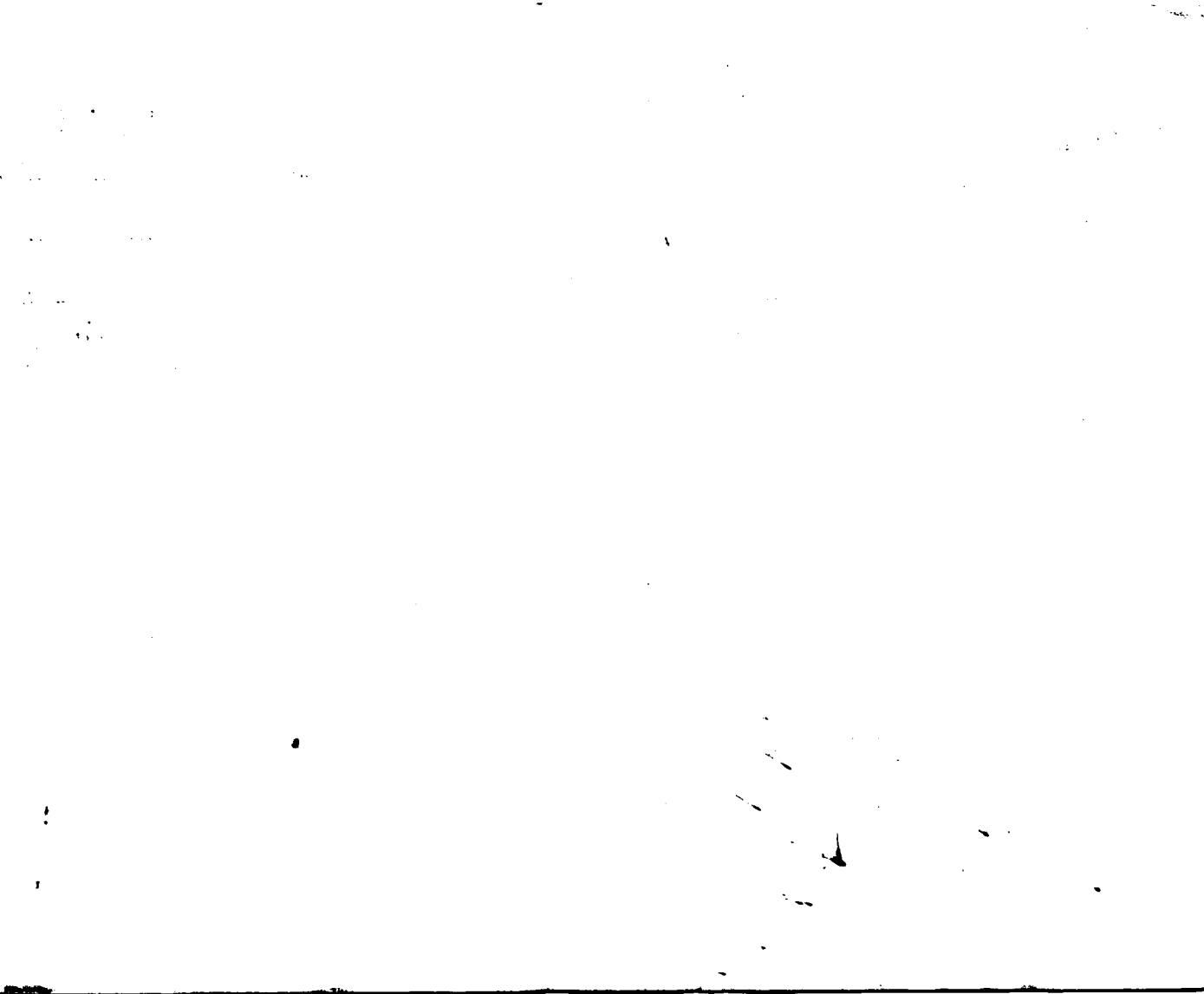
(Signature) Amie Green
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address Almo IdahoFiled May 7 1920

Registrar

Registrar



993103.016213

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80750

County of CassiaCity of Coley

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 120File No. XX111

Hospital \_\_\_\_\_

Primary Registration District No. 244Registered No. 24

## FULL NAME OF CHILD

Ross Richardson

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
				<u>ye</u>	<u>May 3</u> 19 <u>24</u>

FULL NAME <u>Donald Richardson</u>	FATHER
RESIDENCE <u>Coley, Id</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Wah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Abbie Ballard</u>	MOTHER
RESIDENCE <u>Coley, Id</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Wah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. <u>4</u>	Number of children of this mother now living, including present birth. <u>4</u>
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was live, at 10.55 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) H. H. Hickey

(Physician or midwife)

Address Coley, IdahoFiled July 1 1924 Registrar H. H. Hickey

Registrar



FEB 15 1974

MAR 28 1952

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

813-101-016-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80751

County of Camden

City of Oakley

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 120

File No. X 111

Hospital \_\_\_\_\_

Primary Registration District No. 2149

Registered No. 23

FULL NAME OF CHILD

Arthur

Sex of Child <u>male</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 1</u> 19 <u>23</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FATHER  
FULL NAME Arthur Hallman  
RESIDENCE Oakley, Id.  
COLOR white AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Wash  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Eva Laddy  
RESIDENCE Oakley, Id.  
COLOR white AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Montana  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

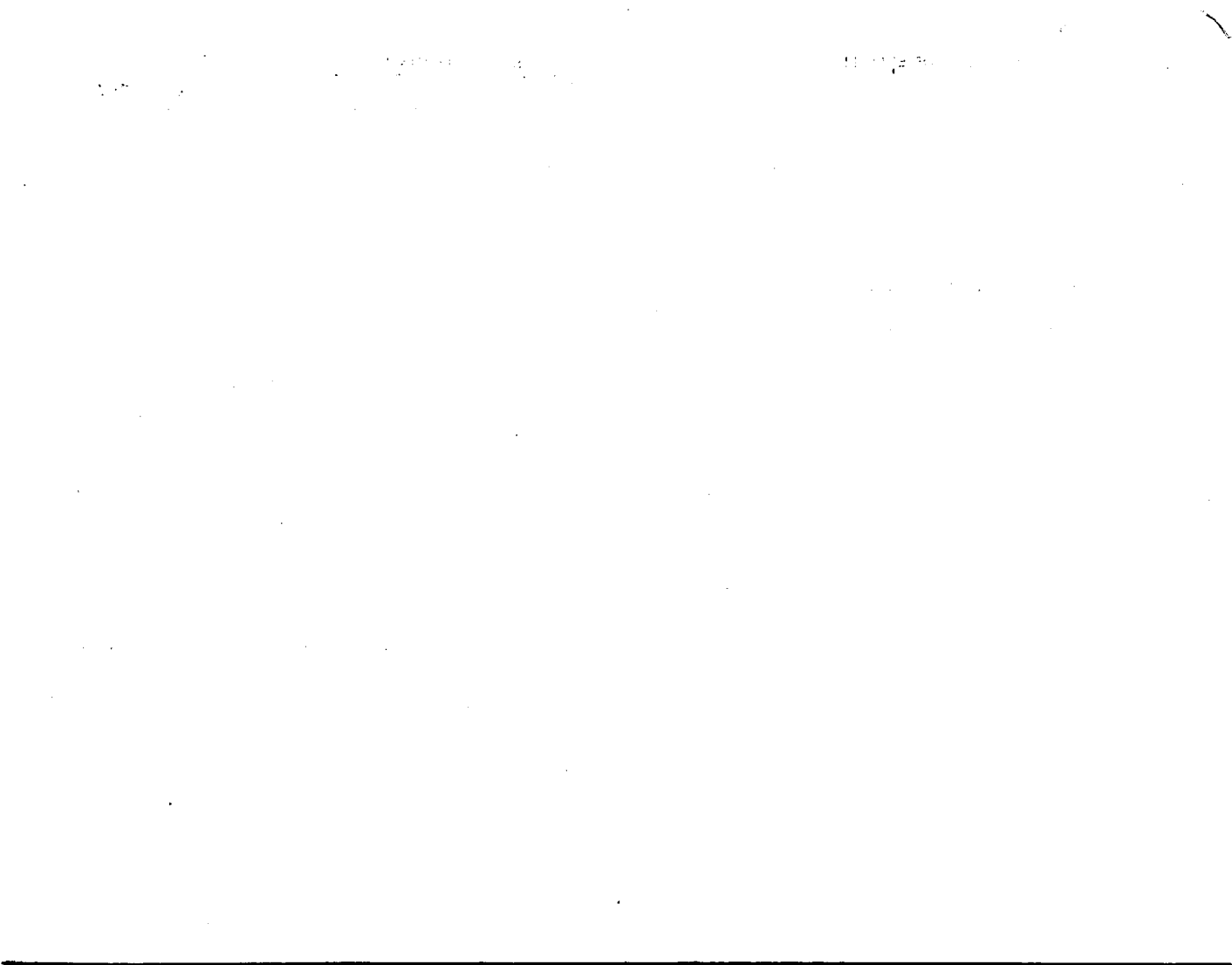
I hereby certify that I attended the birth of this child, who was alive, at 5:50 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Nielsen  
(Physician or midwife)

Given names added from a supplemental report.

Address Oakley, Idaho  
Filed June 17 1923  
Registrar A. H. Nielsen



WRITE FULLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater  
City of Orofino

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

80752

No. 994220-018-215 St.

Registration District No.  State File No.

(If born in hospital or institution give name.)

Prim. Registration District No.  Local Registrar's No.

FULL NAME OF CHILD Ruth Ellen Ridgeway

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u></u>	{ and { Number in order of birth <u>30</u>	Legitimate? <u></u>	Date of birth <u>May 20</u> <u>19 20</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 1 (a) Born alive and now living 1

Born alive but now dead.  Stillborn

FATHER  
FULL NAME Charles Paul Ridgeway  
Residence (Usual place of abode) Peola, Washington

If non-resident, give place and State   
Color or race Wh Age at last Birthday 30 (Years)  
Birthplace Culver, Oregon (City and State or County)  
Occupation Farmer

MOTHER  
FULL MAIDEN NAME Loree Lenore Santo  
Residence (Usual place of abode) Peola, Washington

If non-resident, give place and State   
Color or race Wh Age at last Birthday 24 (Years)  
Birthplace Pomeroy, Washington (City and State or County)  
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11:00 A. M. on the date above stated.

(Signature) John W. Brown

(Physician or midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Adopted June 19 20  
Filed 19 June 19 20  
Registrar J. M. Bailey

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

REGISTRAR OF BIRTH  
FEB 9 1943

Registration District No. \_\_\_\_\_  
County of \_\_\_\_\_  
City of \_\_\_\_\_

It is hereby certified that \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_

The foregoing was used to prepare the birth record.

\_\_\_\_\_

Signature of Registrar \_\_\_\_\_

(Seal of Registrar)

Date and State of Issuance \_\_\_\_\_

For Registrar of Vital Statistics or Minister

Born at \_\_\_\_\_

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_

on the date above stated.

(Signature of)

(Seal of Registrar)

Added \_\_\_\_\_

Filed \_\_\_\_\_

It is hereby certified that \_\_\_\_\_  
was born at \_\_\_\_\_  
on the date above stated.

DO NOT WRITE IN THESE SPACES  
DO NOT WRITE IN THESE SPACES  
DO NOT WRITE IN THESE SPACES

295-102,018-294  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-23m-8-8-17

County of ClassenCity of CarrollRegistration District No. 90File No. 80753No.        St.       Primary Registration District No. 7168Registered No. 36Hospital       

FULL NAME OF CHILD

Charles Edward Kiesling

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>April-2nd</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--	-----------------------------	---

FULL NAME <u>George Kiesling</u>	FATHER
RESIDENCE <u>Concordish Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Amelia B Kruger</u>	MOTHER
RESIDENCE <u>Concordish Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Wisconsin</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:0 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

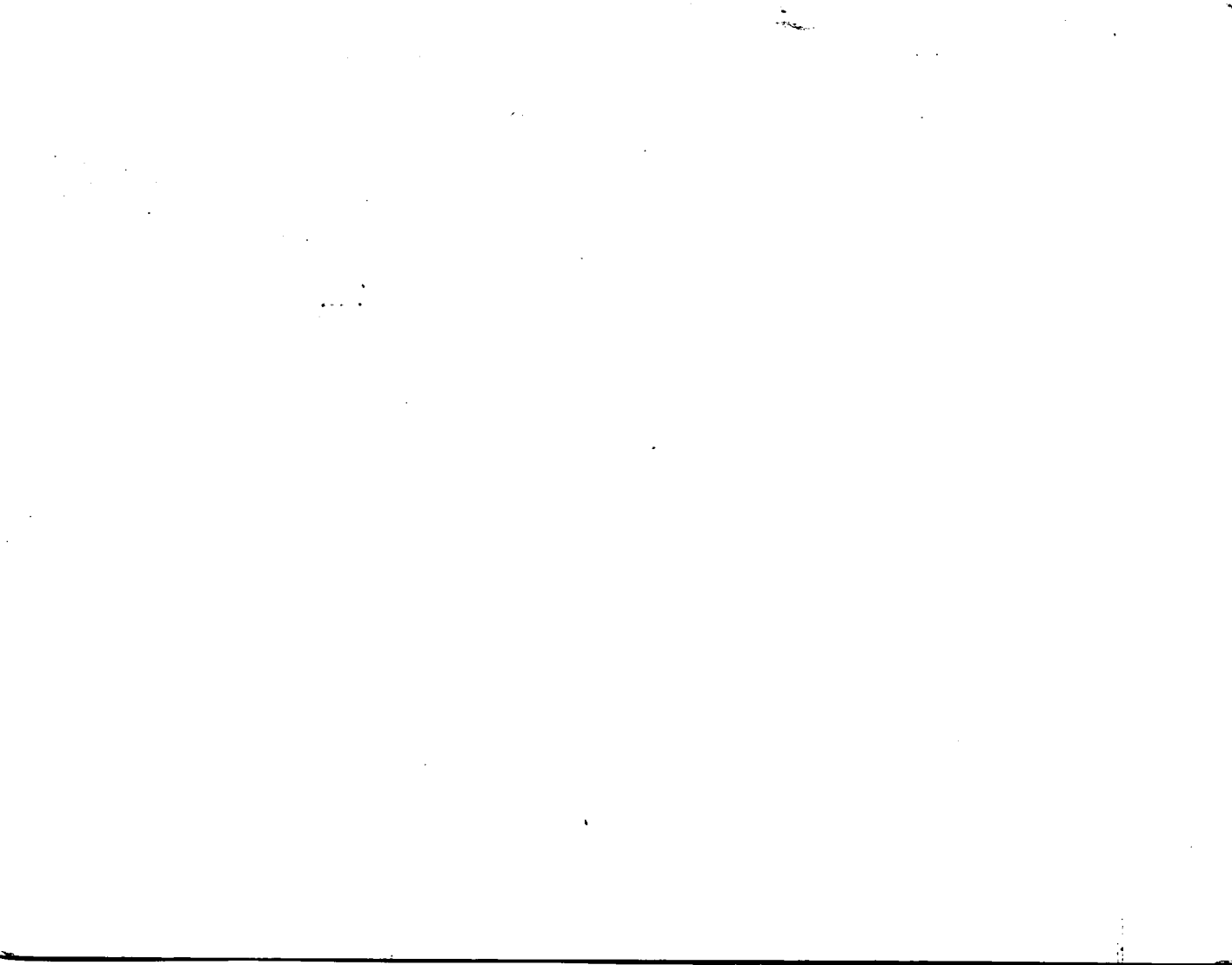
(Signature) Russell SmithPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Smithwick IdahoFiled July 15 1920

Registrar

Registrar



645-2191018-951  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of ClearwaterCity of OrfordRegistration District No. 90File No. 80754

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2168Registered No. 37

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Joy Jeannette TrearSex of Child girlIs this  
Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate?Date of  
Birth4/19/20 191....  
(Month) (Day) (Year)FULL  
NAME

FATHER

Arthur Willard TrearFULL  
MAIDEN  
NAME

MOTHER

Guss Viola Read

RESIDENCE

Grangumout Ida

RESIDENCE

Grangumout Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Missouri

BIRTHPLACE

Wisconsin

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive  
(Born alive or stillborn)at 8259 M.\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) \_\_\_\_\_

Given names added from a supplemental report.

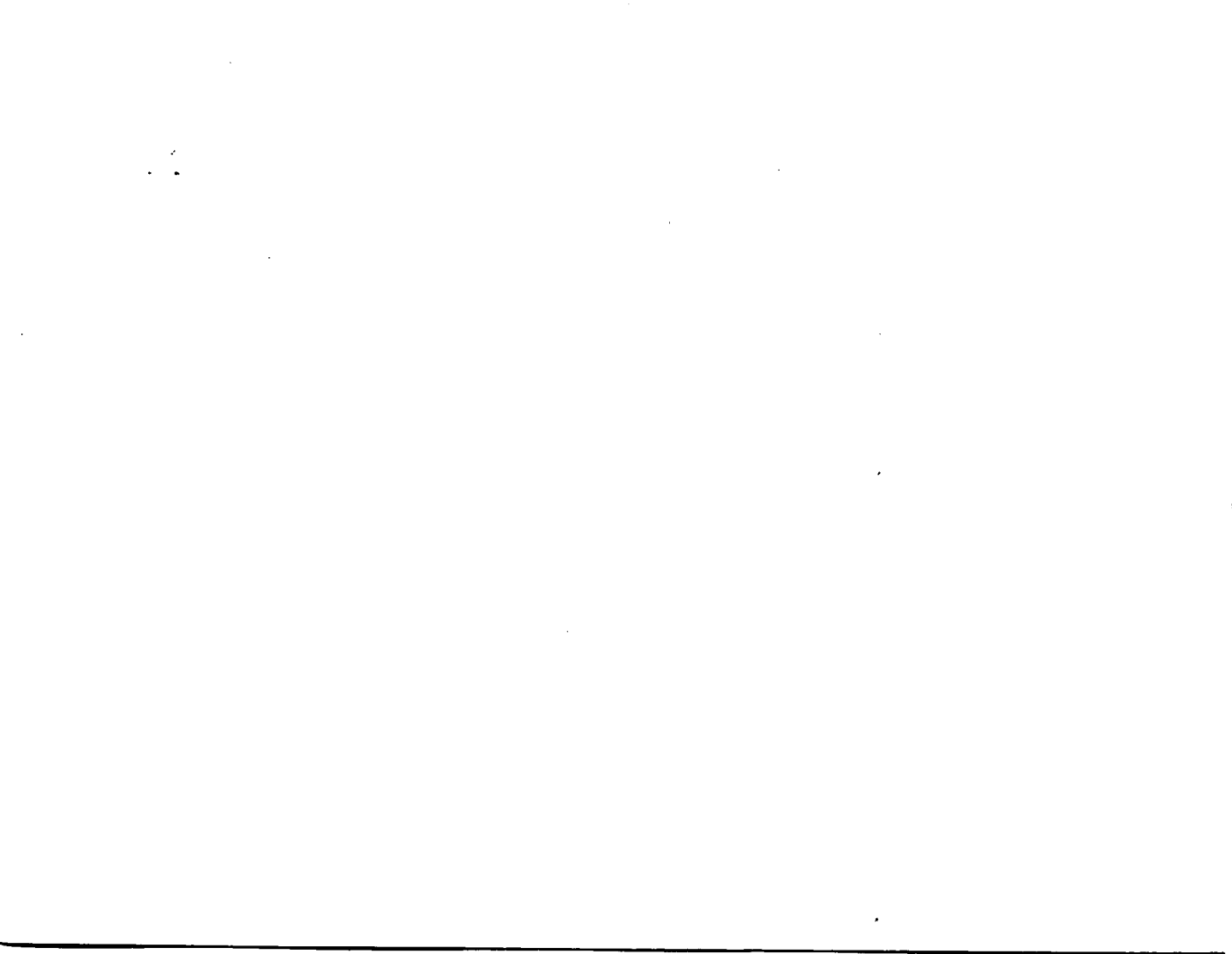
Address \_\_\_\_\_

Filed July 15 1920

Registrar

Registrar





113-230-018-294

## PLACE OF BIRTH

County of ClearwaterCity of Trasler

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 90File No. 80755Primary Registration District No. 2168Registered No. 38

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Bonnie Patricia Palmer

Sex of Child

girlTwin  
Triplet  
or other?X

and

Number  
in order  
of birthXLegiti-  
mateYes

Date of Birth

4/3019120

FULL NAME

P. A. Palmer

FATHER

FULL MAIDEN NAME

Esther Kuyon

MOTHER

RESIDENCE

Trasler Idaho

RESIDENCE

Trasler Idaho

COLOR

White

AGE AT LAST BIRTHDAY

33

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

41

(Years)

BIRTHPLACE

Michigan

BIRTHPLACE

Indiana

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated.

Born alive

(Born alive or stillborn)

119

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Edith Morsell

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

July 15 1920

Registrar

Registrar

FEB 27 1946

2591221018-315  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Clearwater

City of Russell

Registration District No. 90

File No. 80756

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2168

Registered No. 39

Hospital \_\_\_\_\_  
FULL NAME OF CHILD Laurel Berreman

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>X</u>	and	Number in order of birth <u>X</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>6/22</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>Delbert Berreman</u>			FULL MAIDEN NAME <u>Gladys Longdon</u>		
RESIDENCE <u>Russell Idaho</u>			RESIDENCE <u>Russell Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)	
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Harrison Kansas</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		
Number of child of this mother, including present birth <u>1</u>			Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated.

Born alive (Born alive or stillborn)

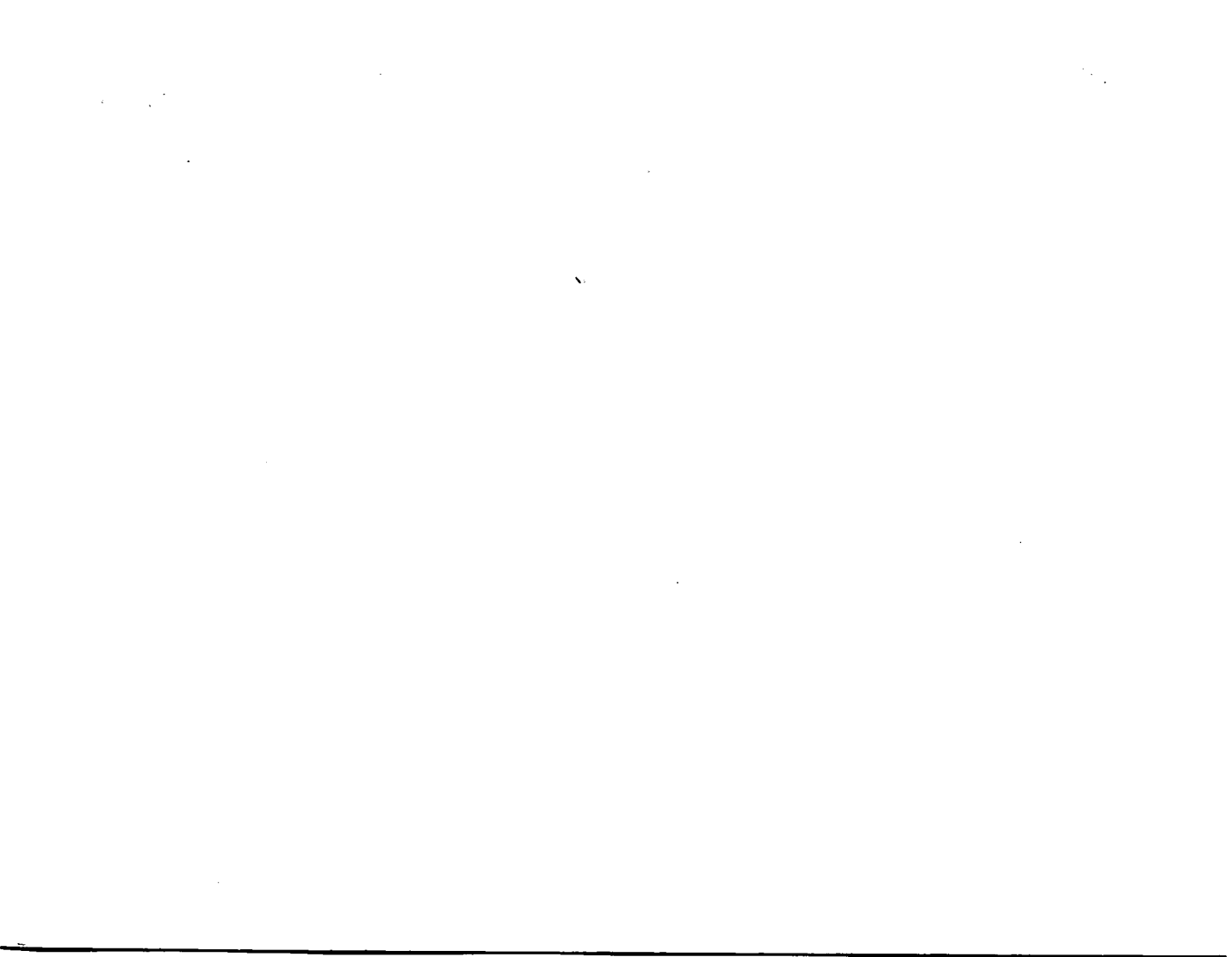
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Morsely  
Christina Ida  
(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

Address \_\_\_\_\_  
Filed July 15 1920 J. M. Fairley  
Registrar



389227-018-236

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of ClearwaterCity of Bofino

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 90File No. 80757Primary Registration District No. 3168Registered No. 40

Hospital \_\_\_\_\_

FULL NAME OF CHILD Elnora M. Tyra

Sex of Child <u>Female</u>	Twin Triplet or other? <u>X</u>	and Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>8/27</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>FATHER James M. Tyra</u>			FULL MAIDEN NAME <u>MOTHER Minnie Storholt</u>	
RESIDENCE <u>Bofino Ida</u>			RESIDENCE <u>Bofino Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>2</u>			Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated. (Born alive or stillborn) 79 M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

E. H. Moravick  
Bofino Ida  
(Physician or midwife)

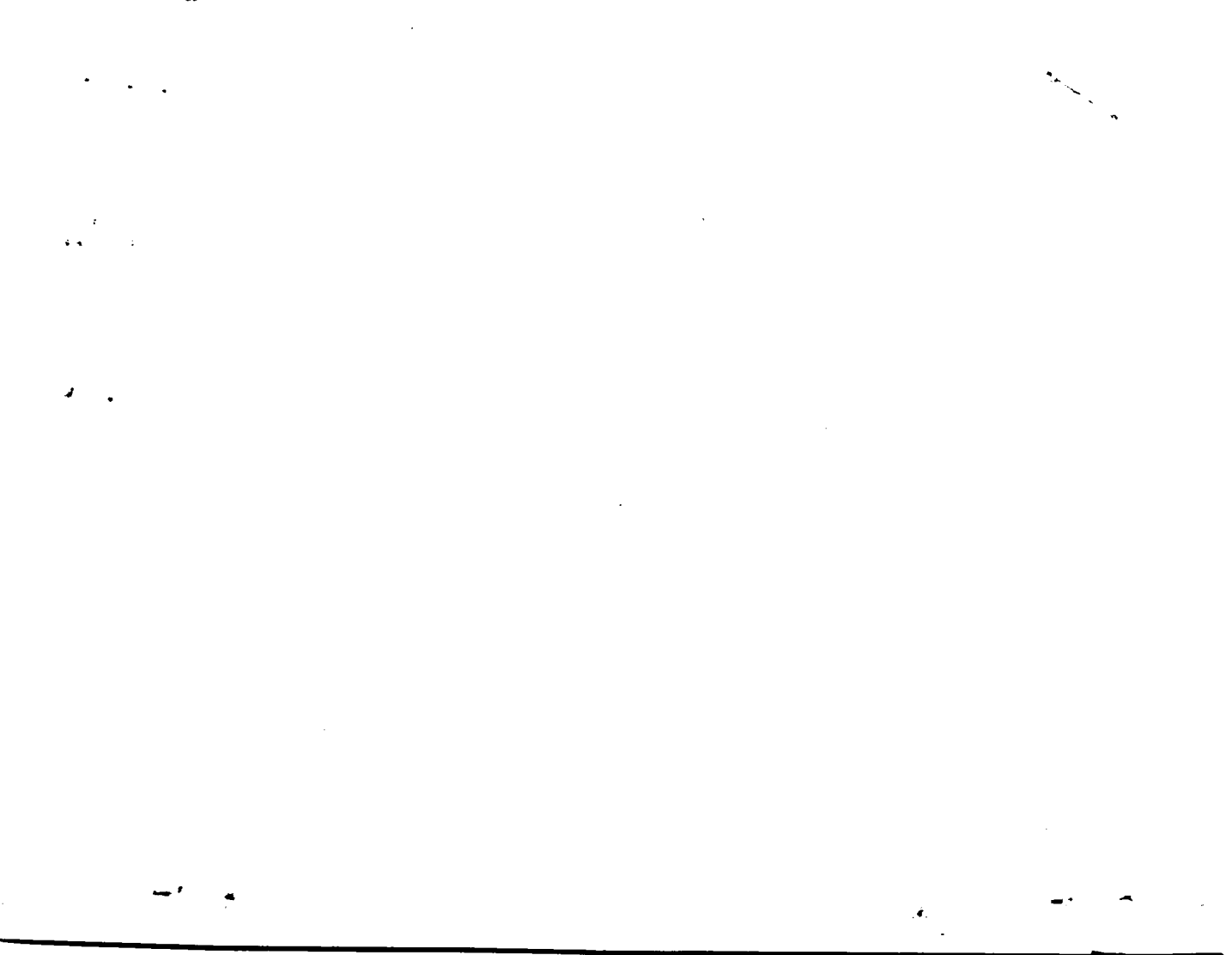
Given names added from a supplemental report.

Address \_\_\_\_\_

Filed July 15 1920

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Latah } ss.

Certificate No. 80757

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Elnora M. Tyra who was born on 27 May 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Profino, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record prepared on X June 15, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

sex

Boy

Female

name

none given

Elnora M. Tyra

Subscribed and sworn to before me this 1st  
day of June 19 44  
J. M. O'Donnell

Notary Public, residing at Moscow, Idaho

My commission expires Sept. 15, 1945  
(Seal)

Signed X Mrs. Minnie Tyra (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1012 S. Logan Moscow, Idaho.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Clearwater } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4/13  
day of June 19 44  
J. B. Ross, Clerk of Dist. Court

Notary Public, residing at Profino, Idaho

My commission expires By Darla Hayden  
(Seal)

Signed Frank Storcholt  
(Signature of Any Credible Person Other Than Previous Year)

Profino Idaho Route 5  
(Street Address, City, State)



NOV 26 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

546-2041018-765

PLACE OF BIRTH

County of Clearwater

City of Orlando

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 90

File No. 80758

Primary Registration District No. 2168

Registered No. 41

Patricia Edwards

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 4, 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Jim E. Edwards</u>	FATHER
RESIDENCE <u>Orlando Fla</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Minn</u>	
OCCUPATION <u>Civil Engineer</u>	

FULL MAIDEN NAME <u>Clara Leonard</u>	MOTHER
RESIDENCE <u>Orlando Fla</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Mich</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Clearwater, at 9:30 p.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Zimley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Orlando, Idaho

Filed

July 1, 1920  
J. M. Zimley  
Registrar

Registrar

NOV 1 1973

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-224-018-319  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Clearwater

City of Wippe

Registration District No. 90

File No. 80760

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2, 68

Registered No. 48

Hospital \_\_\_\_\_

FULL NAME OF CHILD Dorothy Wilson

Sex of Child <u>girl</u>	Twins Triplet or other? <u>X</u>	and	Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>6/24/30</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>Harvey S. Wilson</u>			FULL MAIDEN NAME <u>Mattie Carr</u>		
RESIDENCE <u>Wippe Idaho</u>			RESIDENCE <u>Wippe Idaho</u>		
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>29</u> (Years)			COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>32</u> (Years)		
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>N. Va.</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		
Number of child of this mother, including present birth <u>3</u>			Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edith M. Mosewell  
(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

Address \_\_\_\_\_  
Filed July 15, 1930 J. M. Smith  
Registrar

31 6 24

366225-018-212  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Cassia

City of Cooper

Registration District No. 90

File No. 80761

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2168

Registered No. 44

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Frankie Jeannette Cooper

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>X</u>	and	Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>6/25-50</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Arthur Frank Cooper  
RESIDENCE Cooper Idaho  
COLOR White AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Washington  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Edna Robert  
RESIDENCE Cooper Idaho  
COLOR White AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Nebraska  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 1030 P M.  
(Born alive or stillborn)  
(Signature) Edna M. Horvick  
Cooper Idaho  
(Physician or midwife)

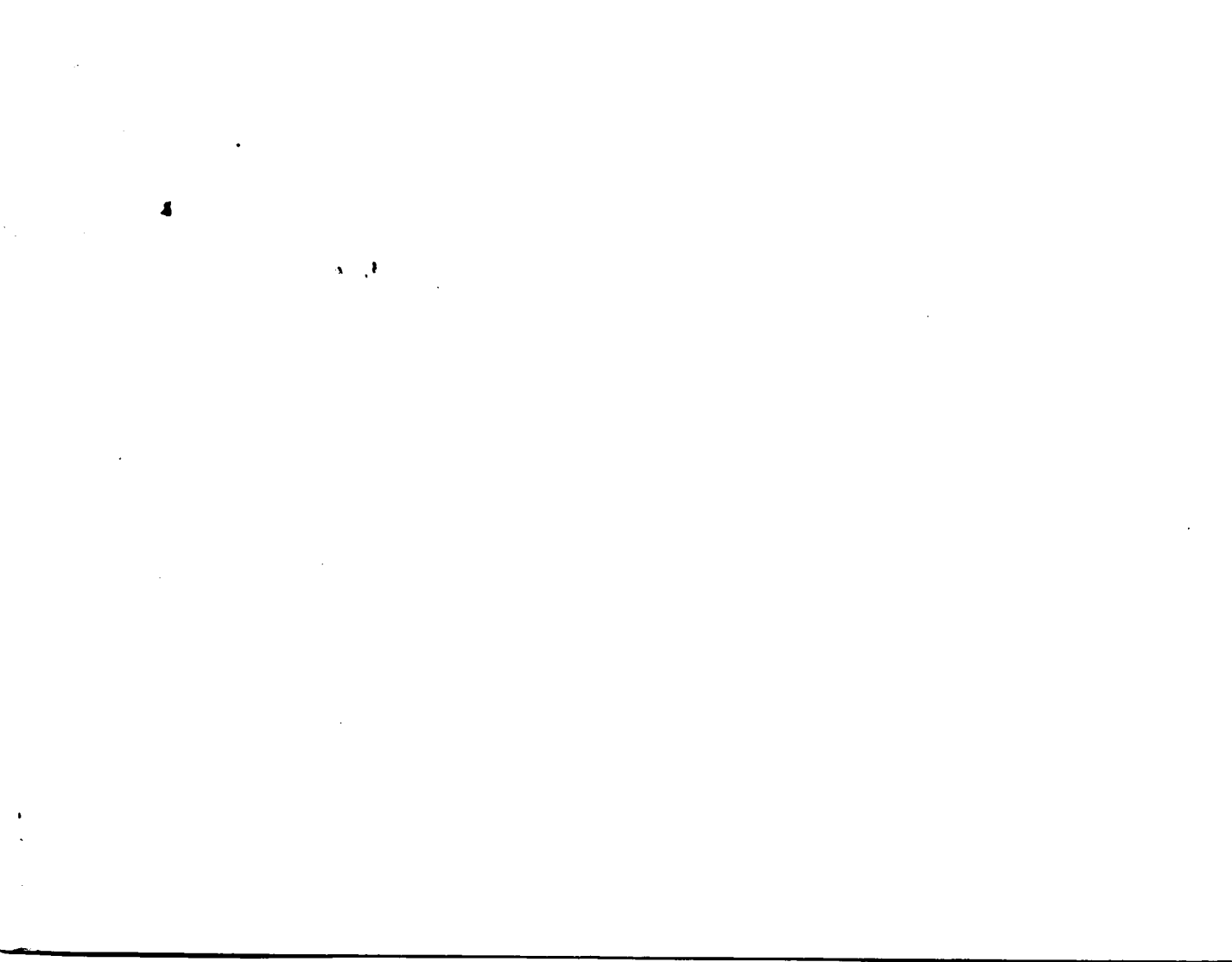
\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

Address \_\_\_\_\_  
Filed July 15 1920

J. M. Family  
Registrar



## PLACE OF BIRTH

County of ClearwaterCity of Opfer

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 90Primary Registration District No. 2168

Hospital \_\_\_\_\_

FULL NAME OF CHILD

William George CummingsSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

File No. \_\_\_\_\_

80762Registered No. 46

Sex of Child

BoyTwin  
Triplet  
or other?☒

and

Number  
in order  
of birth☒Legiti-  
mate?YesDate of  
Birth6/25-1913

(Month) (Day) (Year)

FULL NAME

FATHER  
Clay C. Cummings

FULL NAME

MOTHER  
Elizabeth Whitworth

RESIDENCE

Opfer Idaho

RESIDENCE

Opfer Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY36  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Washington

BIRTHPLACE

Missouri

OCCUPATION

Auto mechanic

OCCUPATION

Housewife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Signature)

(Born alive or stillborn)

4:45

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Erle Morswell  
Opfer Idaho  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

July 15 1913

Registrar

Registrar



MAY 10 1976

7/10/76

665-225-088-415  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of ClearwaterCity of IdahoRegistration District No. 90File No. 80763

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2168Registered No. 46

Hospital \_\_\_\_\_

FULL NAME OF CHILD GENEVIEVE MARJORIE OWNBEY

Sex of Child <u>girl</u>	Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input checked="" type="checkbox"/> { and { Number <input checked="" type="checkbox"/> in order of birth <input checked="" type="checkbox"/> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>6/25-1920</u> (Month) (Day) (Year)
FULL NAME <u>FATHER OWNBEY</u>	FULL MAIDEN NAME <u>Mother Davis</u>		
RESIDENCE <u>Prater Idaho</u>	RESIDENCE <u>Prater Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>49</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Oregon</u>	BIRTHPLACE <u>Oregon</u>		
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 239 M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Edw. W. Arswell  
(Physician or midwife)Address Orofino Idaho  
Filed July 15 1920 J. M. Fairley  
Registrar

1-1-1

2-2-2

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho  
County of Clearwater } ss.

Certificate No. 80763

Date Filed BIRTH

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death) for Genevieve Marjorie Ownbey who BORN on June 25, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in DROPING, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event) true facts are shown by Bible prepared on June 25, 1920, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

name  
father's name

unnamed  
Marvin Owenbey

Genevieve Marjorie Ownbey  
Jesse Marvin Ownbey

Subscribed and sworn to before me this 16  
day of March, 1942  
William W Jordan

Signed Mrs. Maude Ownbey  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho  
My commission expires Oct 5, 1944  
(Seal)

Wuppie Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho  
County of Clearwater } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16  
day of March, 1942  
William W Jordan

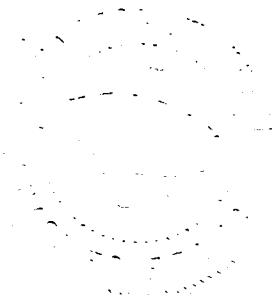
Signed Allie Olson  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Idaho  
My commission expires Oct 5, 1944  
(Seal)

Wuppie Idaho  
(Street Address, City, State)

APR 24 1971

APR 1 1971



249-214  
PLACE OF  
017168 Clark  
County of

City of Dubois

No. St.

Hospital

FULL NAME OF CHILD Ila Gertrude Smith

amended 12/31/80

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 125

File No. 80764

Primary Registration District No. 2203

Registered No.

Sex of Child Female	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth 4	Legitimate? yes	Date of Birth June 14 <sup>th</sup> 1920 (Month) (Day) (Year)
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FATHER  
FULL NAME George Francis Smith  
RESIDENCE Dubois, Idaho  
COLOR White  
AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Woodland, Summit Co. Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Ethel Malilda Johnson  
RESIDENCE Dubois, Idaho  
COLOR White  
AGE AT LAST BIRTHDAY 24 7/11 mo. (Years)  
BIRTHPLACE Lawrence, Summit Co. Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born June 14<sup>th</sup> 1920, at 8:30 a.m. on the date above stated. (Born alive as stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Davidson, D.O.  
(Physician or midwife)

Given names added from a supplemental report.

Address Dubois, Idaho  
Filed July 15 1920  
C. E. Jones, M.D.  
Registrar



DEC 15 1958

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

OCT 15 1980

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.Certificate No. 80764

Date Filed \_\_\_\_\_

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birthfor Wava Smith who was born on June 14, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Dubois (Clark) are erroneous or were omitted:  
(Place of Event)ITEMS TO BE CORRECTED  
childs nameFROM  
Wava SmithTO  
Ila Gertrude SmithSubscribed and sworn to before me this 15 day ofOCTOBER, 1980.Notary Public LOU ANNE N. LANDI  
Residing at 1328 LOU ANNE N. LANDI CARSON CITY, NV 89701  
My commission expires 1-27-82 State of Nevada  
(Seal) Carson City

My Commission expires Jan. 27, 1982

Ila Gertrude Smith  
Signature of Applicant  
RT. 3 Box 437  
ANGELS CAMP, CA. 95222  
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of NEVADA }  
County of CARSON CITY } ss.

(Must be completed \_\_)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day ofOCTOBER, 1980.Notary Public LOU ANNE N. LANDI  
Residing at 1328 LOU ANNE N. LANDI CARSON CITY, NV 89701  
My commission expires 1-27-82 State of Nevada  
(Seal) Carson City

My Commission expires Jan. 27, 1982

Martha L. Smith  
Supporting Signature  
964 California  
Street Address, City, State



Certif of Baptism from the LDS Church gives name as Gertrude Ila Smith daughter of Geo. Francis Smith and Ethel M. Johnson. born June 14, 1920 at DuBois, Idaho. Baptized Dec 9 1928. viewed by V. S.

JAN 9 1981

Social Secuirty card gives name as Ila Gertrude Nelson & dated 11-14-38. no. 518-18-5167. viewed by V. S.

Own son's birth certif on file in Idaho #351385 gives child's name as Marvin William Gilbert born June 10, 1942 in Pocatello. mother's name as Ila Gertrude Smith Nelson. viewed by V. S.

238-2017-921

PLACE OF BIRTH

County of ClarkCity of Suboes

No. .... St.

Registration District No. .... 125File No. .... 80765Primary Registration District No. .... 2203

Registered No. ....

Hospital .....

FULL NAME OF CHILD ..... BETTY NORA Schmidt

Sex of Child <u>Female</u>	Twin Triplet or other? <u></u> (To be answered only in event of plural births)	and Number in order of birth <u></u>	Legitimate? <u>yes</u>	Date of Birth <u>June 1</u> 1929 (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------------	--

FULL NAME FATHER Alvin SchmidtFULL MAIDEN NAME MOTHER Mary IsaacRESIDENCE SuboesRESIDENCE SuboesCOLOR White AGE AT LAST BIRTHDAY 34  
(Years)COLOR White AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE KansasBIRTHPLACE RussiaOCCUPATION FarmerOCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 12:10 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Ch. Jones MD

(Physician or midwife)

Given names added from a supplemental report.

Address ..... Subois IdahoFiled June 1 1929

Registrar

Registrar



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

RECEIVED  
MAR 5 1956

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Kansas  
County of Reno } ss.

Certificate No. 80765  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Schmidt who was born on June 1, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Dubois, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) TEACHER'S State Certificate  
true facts are shown by Bible Record prepared on August 25, 1935, are:  
(Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name missing Betty Nora Schmidt

Subscribed and sworn to before me this 15 day of  
February, 19 56

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Mary Schmidt - mother  
John Schmidt - father  
(Street Address, City, State)

Notary Public, residing at Buhler, Kansas  
My commission expires October 28, 1958  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

APR 8



PLACE OF BIRTH

County of Clark

City of Dubois

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. .... 125

Primary Registration District No. .... 2203

File No. .... 80766

Registered No. ....

Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of Birth June 1 1912 (Month) (Day) (Year)

FULL NAME Charles W Hathaway FATHER

RESIDENCE Dubois

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

FULL MAIDEN NAME Mary J Russell MOTHER

RESIDENCE Dubois

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 5:50 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W. Jones MD (Physician or midwife)

Address Dubois Idaho

Filed June 1 1912

Registrar

Registrar

APR 21 1944

244107-017-897

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-3-17

## CERTIFICATE OF BIRTH

County of ClarkCity of St. BoisRegistration District No. 125File No. 80767

No. .... St.

Primary Registration District No. 2203

Registered No. ....

Hospital .....

FULL NAME OF CHILD Leon Donald Burnside

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 7</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME FATHER Don R BurnsideFULL MAIDEN NAME MOTHER Lizzy M High

RESIDENCE

RESIDENCE

COLOR White AGE AT LAST BIRTHDAY 30 (Years)COLOR White AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE IdahoBIRTHPLACE IdahoOCCUPATION RancherOCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 2:55 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Spore MD

(Physician or midwife)

Given names added from a supplemental report.

Address St. Bois Idaho

..... 19 .....

..... 19 .....

Registrar

June 7 1920

Registrar



OCT 17 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend Any Original Certificate of Birth or Death**

State of Washington

County of King

ss.

JAN 21 1974

Certificate No. 80767

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Burnside (male) who was born on June 7, 1920 in Dubois, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible and own knowledge prepared on July 15 1920 (Bible Record, Insurance Policy, Etc.) (Give Date) are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name Unnamed

Leon D. Burnside  
Leon Donald Burnside

Subscribed and sworn to before me this 4th day of January, 1974

Notary Public, residing at Duvall  
My commission expires Feb. 3, 1975  
(Seal)

Signed Libbie M. Grant  
Mother (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Rte 1, Box 38, Carnation, Washington  
(Street Address, City, State) 98014

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Treasure } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of Jan, 1974

Notary Public, residing at St. Anthony  
My commission expires July 14, 1974  
(Seal)

Signed Alfred J. High  
Affiant (Signature of Any Credible Person)  
329 N. Bridge St. Anthony, Idaho  
(Street Address, City, State)

Grade report from Washington State University gives name as Burnside, Leon  
Donald. (student I.D. # 11732-483).dated 1962. Viewed by V. S. FEB 11 1974

West Valley Public Schools Certificated Employee's contract gives name as  
Leon Burnside. dated Sept. 3, 1965. Signed by. Phyllis L. ~~Myer~~ Meyer.  
viewed by V. S.

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-207-017-618  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V, S. No. 11-C-23m-9-37

County of Clark

CERTIFICATE OF BIRTH

City of Lubow

Registration District No. 125

File No. 80768

No. St.

Primary Registration District No. 2.20.2

Registered No. ....

Hospital Jones'

FULL NAME OF CHILD Phyllis M. Ellis

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 9 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FATHER  
FULL NAME Ed S. Ellis  
RESIDENCE Leadore  
COLOR White AGE AT LAST BIRTHDAY 51 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Rancher & Stockman

MOTHER  
FULL MAIDEN NAME Daisy E. Fayle  
RESIDENCE Leadore  
COLOR White AGE AT LAST BIRTHDAY 45 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

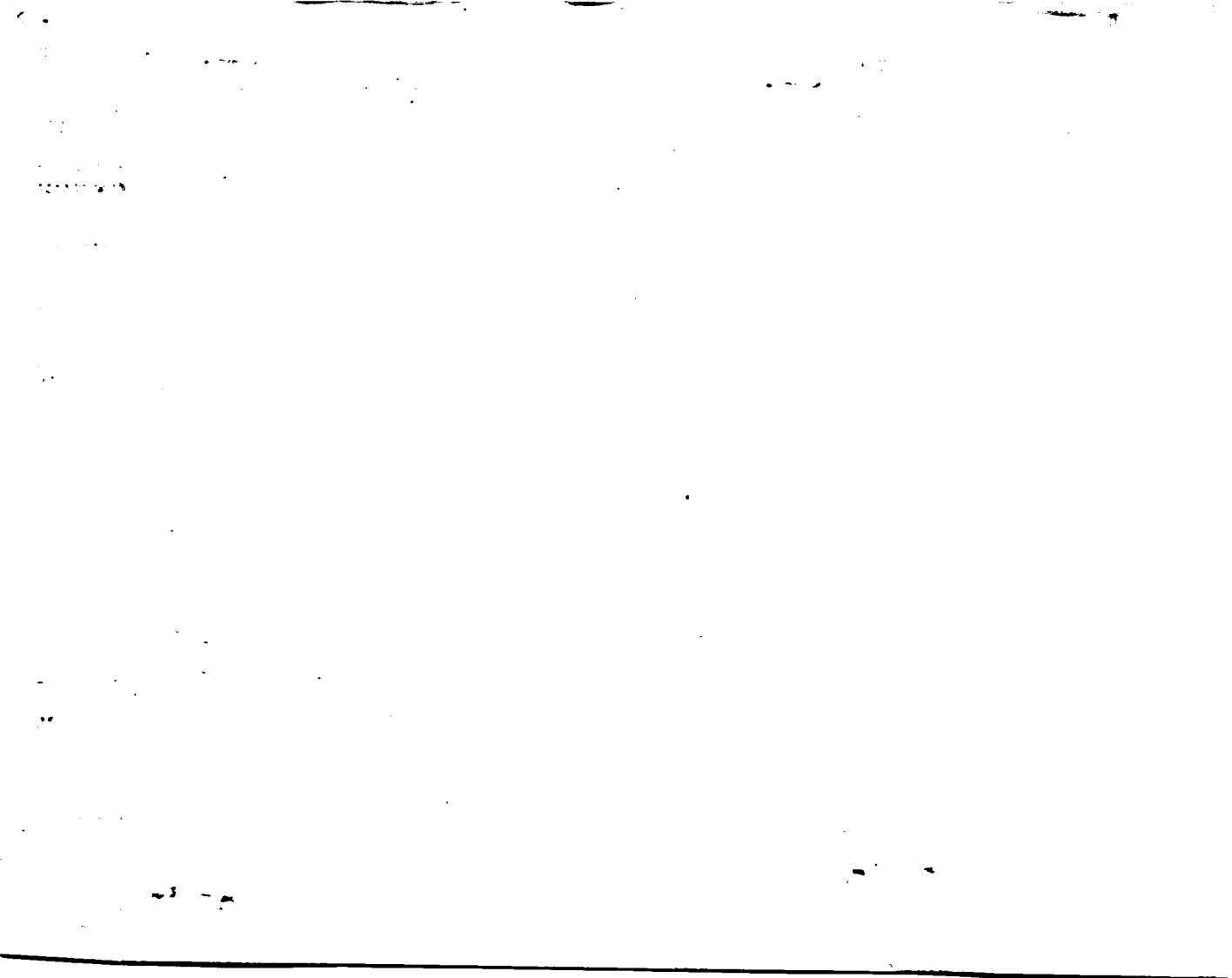
I hereby certify that I attended the birth of this child, who was ..... at 7:50 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. E. Jones M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Lubow Idaho  
File June 9 1920  
Registrar B. E. Jones M.D.

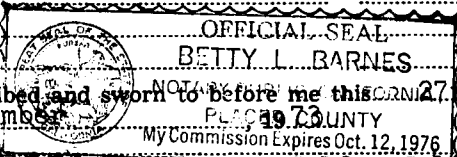


IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. **RECEIVED**  
County of \_\_\_\_\_ } **BUREAU OF VITAL STATISTICS**  
Certificate No. **80768**  
Date Filed \_\_\_\_\_  
The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth!  
for **Unnamed Ellis (Female)** who was born \_\_\_\_\_ (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on **June 9, 1920**  
(Date of Event)  
in **Dubois, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
**Child's name** **Unnamed Ellis** **Phyllis M Ellis**

  
Subscribed and sworn to before me this **27th** day of **November**  
**PLACER COUNTY**  
My Commission Expires **Oct. 12, 1976**  
Notary Public, residing at **Golden, Calif**  
My commission expires **10-12-76**  
(Seal)

Signed *Veda M. Besturing*  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
**RT # 1 Box 2127 - Colfax, Ca 95713**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Idaho** } ss.  
County of **minidoka** }  
[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this **24th** day of **September** 19 **73**  
*James E. Bell*  
Notary Public, residing at **Rupert Idaho**  
My commission expires **5-5-1975**  
(Seal)  
Signed *Florence D. Bell*  
(Signature of Any Credible Person)  
**RT # 1 Rupert Idaho**  
(Street Address, City, State) **83350**

Marriage License from Montana gives groom's name as Louis Lasagna and the  
bride's name as Phyllis Mahan. date married Dec. 5, 1947. Viewed by V. S.

JAN 7 1954  
Certif. of Live birth from California gives child's name as Brian Ellis Lasagna  
born Aug. 28, 1957. mother's name given as Phyllis Marjorie Ellis and the  
father's name given as Edward Lasagna. 57-251083. Viewed by V. S.

296-213-017-658

Form V. S. No. M-C-25m-4-4-37

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ClarkCity of DuboisRegistration District No. 125File No. 80769

No. .... St.

Primary Registration District No. 2203

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Flourence Ida Brown

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 13 1920</u> (Month) (Day) (Year)
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FULL NAME FATHER Otto C BrownRESIDENCE DuboisCOLOR White AGE AT LAST BIRTHDAY 40  
(Years)BIRTHPLACE WisOCCUPATION FarmerFULL MAIDEN NAME MOTHER Lutia HehlhaberRESIDENCE DuboisCOLOR White AGE AT LAST BIRTHDAY 31  
(Years)BIRTHPLACE MoOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 4:50 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... W. E. Jones M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Dubois, IdahoFiled June 13 1920

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

K



APR 23 1975

1961 9 1001

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

963117017-577

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-44-37

County of Clark

City of Dubois

Registration District No. 125

File No. 80770

No. St.

Primary Registration District No. 2203

Registered No. 80770

Hospital Everett

FULL NAME OF CHILD Charles Everett Rock

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 17</u> 19 <u>29</u> (Month) (Day) (Year)
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FULL NAME <u>Edgar C Rock</u>	FATHER
RESIDENCE <u>Dubois</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Louise Eggert</u>	MOTHER
RESIDENCE <u>Dubois</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9:50 at PM on the date above stated. (Born alive or ~~stillborn~~)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Jones MD  
(Physician or midwife)

Given names added from a supplemental report.

Address Dubois Idaho  
Filed June 17 1929  
Registrar C. E. Jones MD

Registrar

1/24/41 L. B.

386-203-217-199  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Clark

City of Small P.O.

Registration District No. 125

File No. 80771

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2203

Registered No. \_\_\_\_\_

Hospital None

FULL NAME OF CHILD Mildred Thomas

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>6</u> <u>3</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------------------	------------------------	---

FATHER  
NAME Rrs Thomas  
RESIDENCE Small P.O.  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Rancher & Stockman

MOTHER  
MAIDEN NAME Hazel V. Arrington  
RESIDENCE Small P.O.  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Housewife

Number of child of this mother, including present birth our Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Howard Young  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Subair, Idaho  
Filed June 8, 1921 C. E. Jones M.D.  
Registrar

Registrar

JAN 1 1944

385-1 [REDACTED]

County of [REDACTED] City of Cuboes PO Registration District No. 125 File No. 80773

No. .... St. Primary Registration District No. 2203 Registered No. ....

Hospital ..... FULL NAME OF CHILD Charles William Cherry

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 23 1922</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Saul L Cherry</u>			FULL MAIDEN NAME MOTHER <u>Lena M Hathaway</u>	
RESIDENCE <u>Cuboes</u>			RESIDENCE <u>Cuboes</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Montana</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... 1 Number of children of this mother now living, including present birth ..... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) .....  
.....  
.....  
Address .....  
.....  
Filed June 23 1922 .....  
Registrar ..... Registrar

CHADWICK STATE  
BUREAU OF VITAL STATISTICS  
DEPARTMENT OF HEALTH

1912-13

962-108103-155  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form-V, S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of CamasCity of ManardRegistration District No. 58<sup>d</sup>File No. 80773No. 3 miles East st.Primary Registration District No. 2138

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD La Valle Jenkins Robinson

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>June 8, 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FATHER		MOTHER	
FULL NAME <u>John Low Robinson</u>	FULL MAIDEN NAME <u>Elizabeth Jenkins</u>	FULL NAME <u>John Low Robinson</u>	FULL MAIDEN NAME <u>Elizabeth Jenkins</u>
RESIDENCE <u>Manard, Idaho</u>	RESIDENCE <u>Manard, Idaho</u>	RESIDENCE <u>Manard, Idaho</u>	RESIDENCE <u>Manard, Idaho</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Utah</u>
OCCUPATION <u>Rancher</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Rancher</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth <u>4</u>	Number of children of this mother now living, including present birth <u>3</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 1500 M.  
(Born alive or stillborn)


\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Willencheck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Fairfield Idaho  
Filed June 11, 1920  
Registrar L. Willencheck





APR 12 1966

OCT 19 1967

365-213-013-886  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of CamaCity of FairfieldRegistration District No. 58<sup>th</sup>File No. 80774

No. \_\_\_\_\_ St.

Primary Registration District No. 2138

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

CLEVE LORRAINE COUN

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legitimate? <u>Yes</u>	Date of Birth <u>June 13 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

FULL NAME <u>Henry Cleveland Coun</u>	FATHER
RESIDENCE <u>Fairfield, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Teamster</u>	

FULL MAIDEN NAME <u>Lola Pearl Thompson</u>	MOTHER
RESIDENCE <u>Fairfield, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6<sup>th</sup>
Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

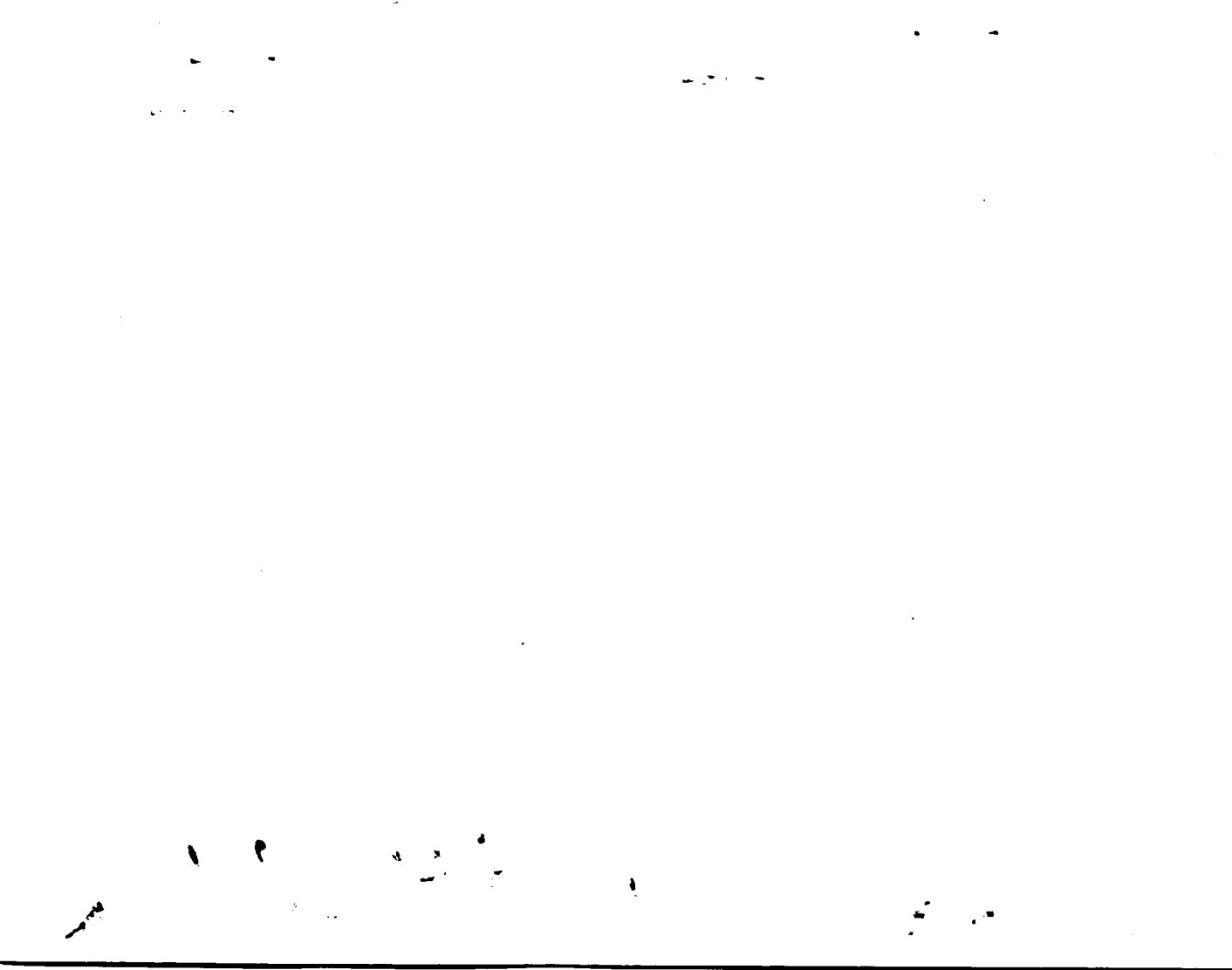
I hereby certify that I attended the birth of this child, who was Born alive at 230 A. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Llencheck  
Phys.  
(Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho  
Filed June 16, 1920 L. W. Llencheck  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 80774  
County of San Diego }

The undersigned does solemnly swear that certain facts on the certificate of June 13, 1920

for Clela Lorraine Conn who was born on June 13, 1920 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Fairfield, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Insurance Policy prepared on Policy enclosed, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Clela Lorraine Conn

Subscribed and sworn to before me this 3<sup>rd</sup>  
day of June, 1942  
Effie B. Powell  
Notary Public, residing at San Diego, Calif.  
My commission expires April 29-1945  
(Seal)

Signed Lola Pearl Conn  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
3433 Van Dyke, San Diego, Calif.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss. [This Affidavit **MUST** Also be Executed.  
County of San Diego } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3<sup>rd</sup>  
day of June, 1942  
Effie B. Powell  
Notary Public, residing at San Diego, Calif.  
My commission expires April 29-1945  
(Seal)

Signed Maye Conright  
(Signature of Any Credible Person Other Than Previous Year)  
1012 So. 28<sup>th</sup> St. San Diego, Calif.  
(Street Address, City, State)

JUN 9 1942

JUN 12 1942

555-214-5013-314  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—26m-9-8-15

## CERTIFICATE OF BIRTH

County of CamasCity of FairfieldNo. 4 Miles East St.Registration District No. 58<sup>d</sup>File No. 80775Primary Registration District No. 2138

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD GAYLE NEELEY ~~Gail Neely~~

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>June 14</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FATHER FULL NAME <u>Peter Neely</u>		MOTHER FULL MAIDEN NAME <u>Elise Lamont</u>	
RESIDENCE <u>Fairfield Idaho</u>		RESIDENCE <u>Fairfield Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Neely, Idaho</u>		BIRTHPLACE <u>Preston Idaho</u>	
OCCUPATION <u>Rancher</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4<sup>th</sup>Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 1125A on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

I W. Lencheck  
Phys  
(Physician or midwife)

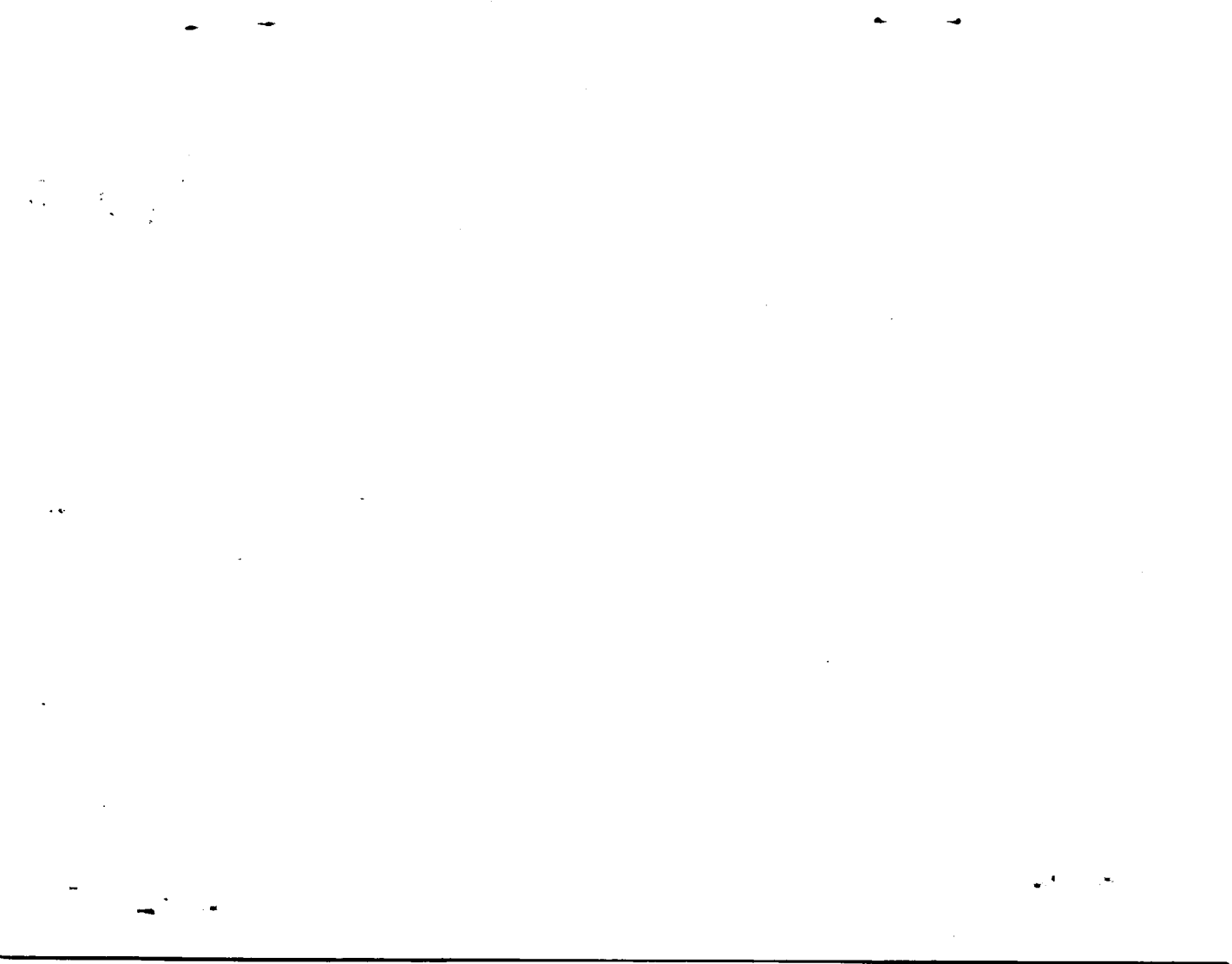
Given names added from a supplemental report.

Address

Fairfield Idaho

Filed

June 22, 1920I W. Lencheck  
Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss.  
 County of Carnegie

Certificate No. 80775

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Gale Neely who was born on June 14 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death)  
 in Fairfield Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
 true facts are shown by Bible record prepared on July 15 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
 ("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
 (As on Original)

**TO**  
 (The Correct Facts)

<u>Surname</u>	<u>Neely</u>	<u>Neely</u>
<u>Name</u>	<u>Gale</u>	<u>Gayle Neely</u>

Subscribed and sworn to before me this 22nd  
 day of July 1943  
Tom W. Neely Jr.  
 Notary Public, residing at Fairfield Id.  
 My commission expires Oct 11 1944  
 (Seal)

Signed Elise L. Neely  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Fairfield Idaho  
 (Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 (Seal)

\_\_\_\_\_  
 (Street Address, City, State)



JUL 27 1949

843-122-013-418  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of CamasCity of SoldierNo. 1 Mile East St.Registration District No. 58<sup>th</sup>File No. 80776

Hospital \_\_\_\_\_

Primary Registration District No. 2138

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Wallace Hull

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>June 22, 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FATHER		MOTHER	
FULL NAME <u>Frank S. Hull</u>	FULL MAIDEN NAME <u>Mettie May</u>	FULL NAME <u>Frank S. Hull</u>	FULL MAIDEN NAME <u>Mettie May</u>
RESIDENCE <u>Soldier, Idaho</u>	RESIDENCE <u>Soldier, Idaho</u>	RESIDENCE <u>Soldier, Idaho</u>	RESIDENCE <u>Soldier, Idaho</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Washington</u>	BIRTHPLACE <u>Nebraska</u>	BIRTHPLACE <u>Washington</u>	BIRTHPLACE <u>Nebraska</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 3:45 P.M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. W. Llencheck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Fairfield, Idaho

Filed

June 25, 1920L. W. Llencheck  
Registrar

Certified Copy issued Feb. 11, 1941. B.W.

JUN 19 1941

959-101-19-652

Form V. S. No. 11-200-1-1-13

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CusterCity of MackayRegistration District No. 76File No. 7480777No. St.Primary Registration District No. 2153Registered No. St.Hospital St.

FULL NAME OF CHILD

Lester Lee IrwinSex of Child MaleFirst  
Trimester  
or other?and Number  
in order  
of birth  
(To be answered only in event of plural births)Legitimate? YesDate of Birth Apr. 1, 1920  
(Month) (Day) (Year)FULL NAME FATHER Lee IrwinRESIDENCE MackayCOLOR White AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE IdahoOCCUPATION TeamsterFULL MAIDEN NAME MOTHER Sara Smile WestRESIDENCE MackayCOLOR White AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE IdahoOCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
at the time above stated.When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

Given names added from a supplemental report.

(Signature)

(Physician or midwife)

(Physician or midwife)

Address

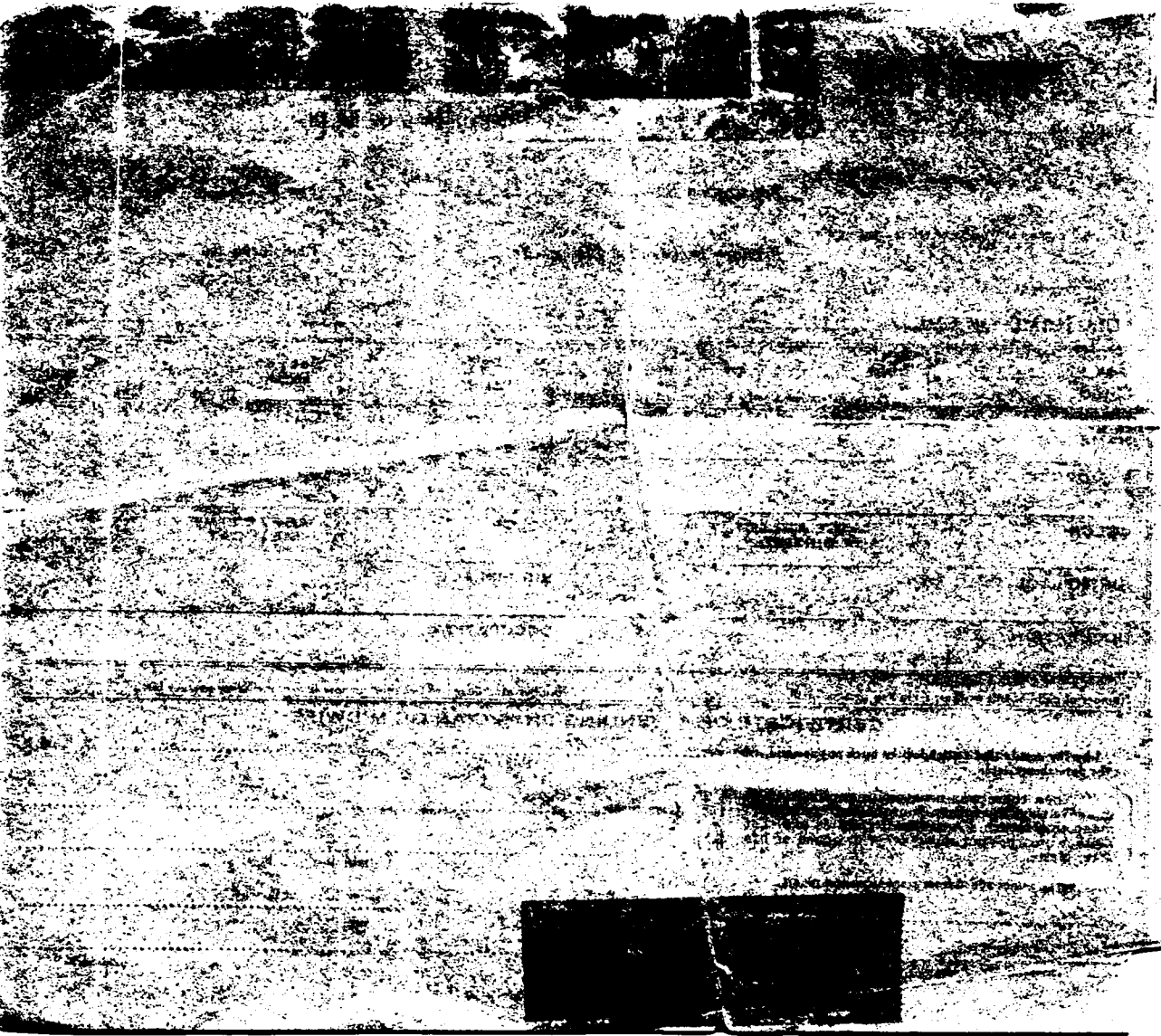
Filed

7/12

1920

Registrar

Registrar



799-225-1019-155

PLACE OF BIRTH

Form V. S. No. 11-25m-1-1-13

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CusterCity of DarlingtonRegistration District No. 76File No. 780778

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2153

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Marva Elaine Price

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Y.</u>	Date of Birth <u>4-25-20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	----------------------------	--

FULL NAME <u>D. L. Price</u>	FATHER	FULL MAIDEN NAME <u>Emma Jensen</u>	MOTHER
RESIDENCE <u>Darlington</u>		RESIDENCE <u>Darlington</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>49</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Idah</u>		BIRTHPLACE <u>Idah</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Home wife</u>	

Number of child of this mother, including present birth. <u>7</u>	Number of children of this mother now living, including present birth. <u>7</u>
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated. (Born alive or stillborn) 7a

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth."

Given names added from a supplemental report.

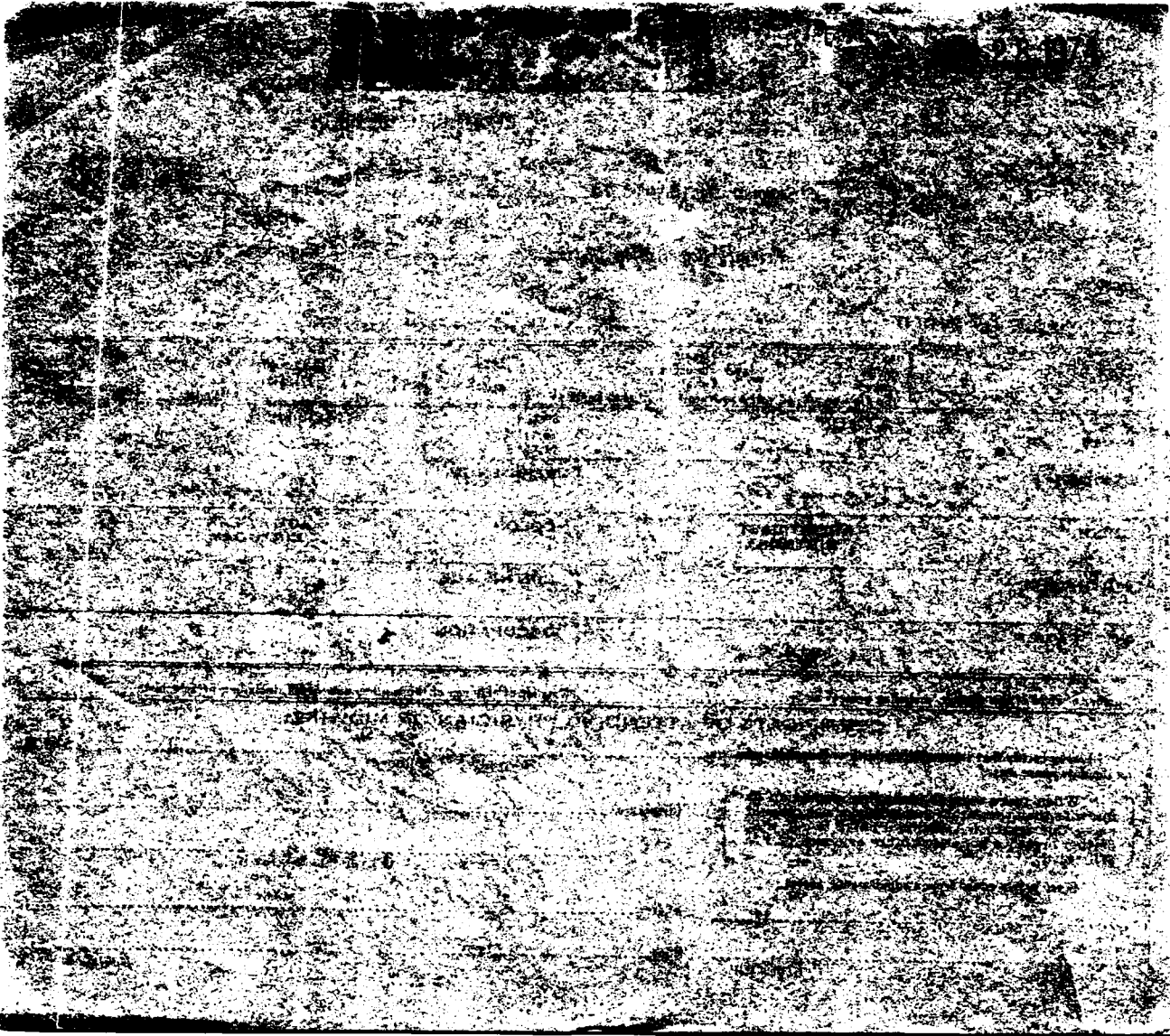
(Signature)

(Born alive or stillborn)

Physician or midwife

Address

Filed



443-219-019-852  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of CusterCity of MacKay

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 76File No. 72 **80779**Primary Registration District No. 2153

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Baby Mulligan Addie May Mulligan

Sex of Child <u>A.</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>5</u> <u>19</u> <u>1920</u> (Month) (Day) (Year)
------------------------	---	------------------------	--

FULL NAME Edward Mulligan FATHERRESIDENCE Chilly, IdahoCOLOR Wh AGE AT LAST BIRTHDAY 40  
(Years)BIRTHPLACE MassachusettsOCCUPATION RancherFULL MAIDEN NAME Rosalie Husted MOTHERRESIDENCE Chilly, IdahoCOLOR Wh AGE AT LAST BIRTHDAY 40  
(Years)BIRTHPLACE IowaOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

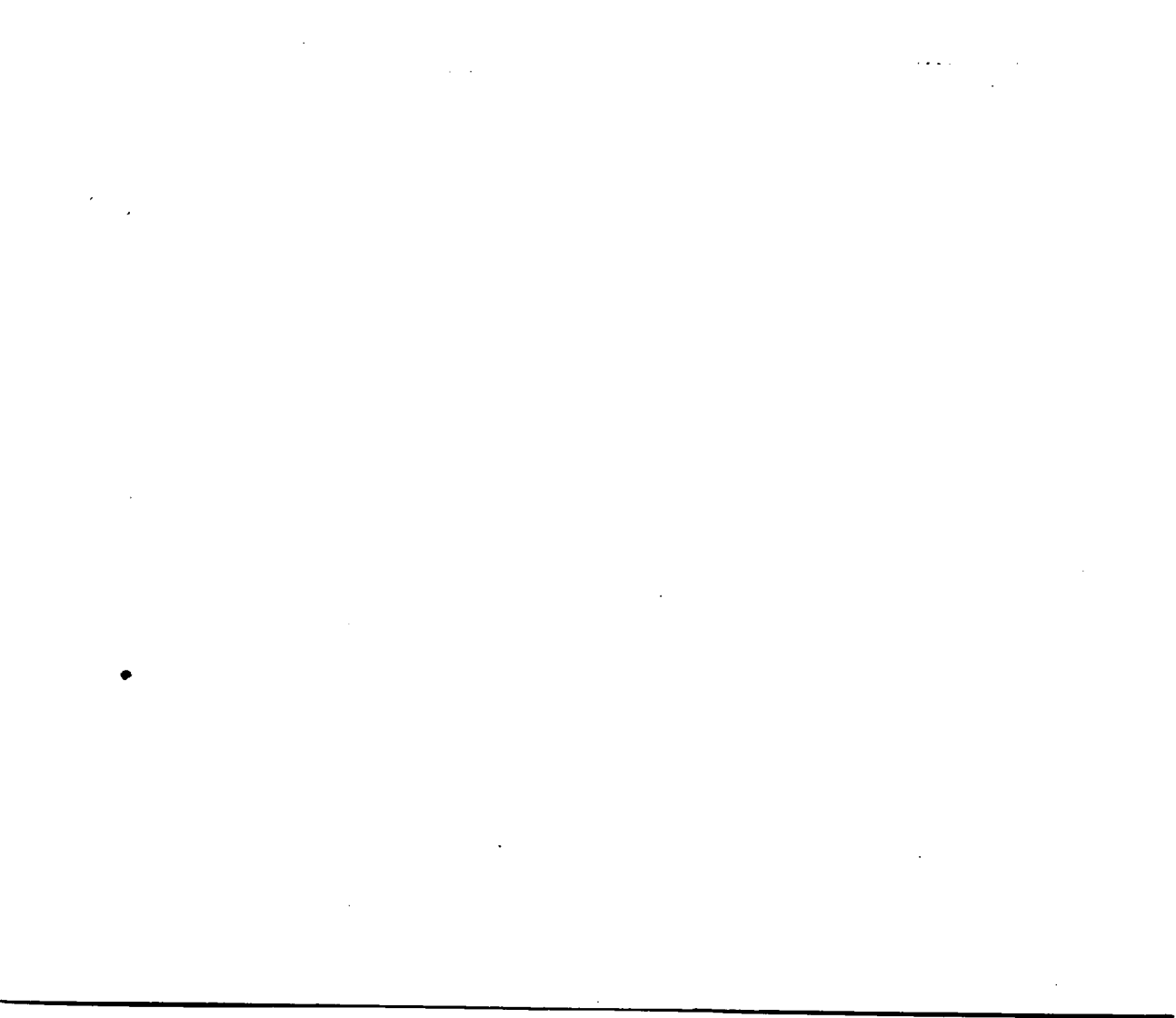
## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M.  
on the date above stated. (Born alive or stillborn){ \* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) J. P. Richards M.D.

Given names added from a supplemental report.

Address MacKay, Idaho  
Filed 7/12 1920 Rou. Mowack  
Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

944128-019-393

## PLACE OF BIRTH

County of CusterCity of Mackay

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital RoaFULL NAME OF CHILD Milford Zumbrunn

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

80781

Registration District No. 76File No. 75Primary Registration District No. 2153

Registered No. \_\_\_\_\_

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>6</u> <u>28</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	-------------------------------	--

FATHER  
FULL NAME Godfred Zumbunn  
RESIDENCE Mackay  
COLOR White AGE AT LAST BIRTHDAY 43 (Years)  
BIRTHPLACE Switzerland  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Rosa Lithi  
RESIDENCE Mackay  
COLOR White AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Switzerland  
OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 0 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Charles Baker

(Physician or midwife)

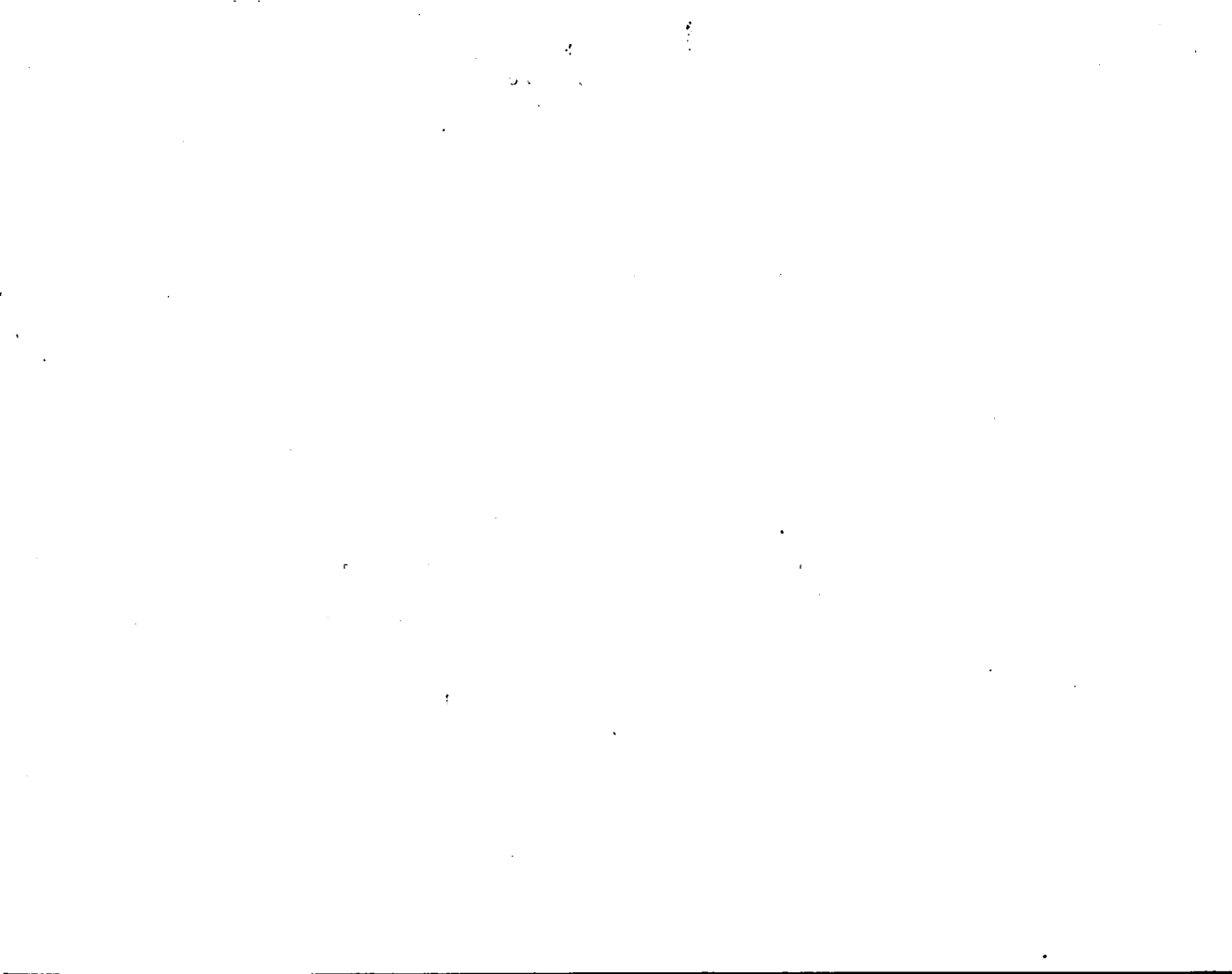
Given names added from a supplemental report.

19

Address Mackay IdahoFiled 7/12 1920

Registrar

Rosa Nowacki  
Registrar



**WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD**

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-1221087-693  
PLACE OF BIRTH

## 附录 中国音乐

Form V. 8, No. 11-10m-6-20-11

**Summary of other information:**

# CERTIFICATE OF BIRTH

County of Quincy

City of Glen's FerryRegistration District No. 00

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

**FULL NAME OF CHILD** \_\_\_\_\_

Ellis Lewis

Sex of Child <i>Male</i>	Twin, Triplet, or other? <i>Single</i>	and	Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>June 22</i> 192 <i>8</i> (Month) (Day) (Year)
(To be answered only in event of plural births)					
FULL NAME <i>Elich Lewis</i>	FATHER			FULL MAIDEN NAME <i>Bessie Wilson</i>	MOTHER
RESIDENCE <i>Glenns Ferry Idaho</i>				RESIDENCE <i>Glenns Ferry Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)			COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>22</i> (Years)
BIRTHPLACE <i>America</i>				BIRTHPLACE <i>America</i>	
OCCUPATION <i>Rancher</i>				OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth.....1.....

**Number of children, of this mother, now living, including present birth.....**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive ~~and~~ ~~born~~)

FOR MIDWIFE.  
June 22<sup>nd</sup> 1920 11:45 a

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

7. W. Lewis  
Physician  
(Physician or Midwife)

**Given name added from a supplemental report**

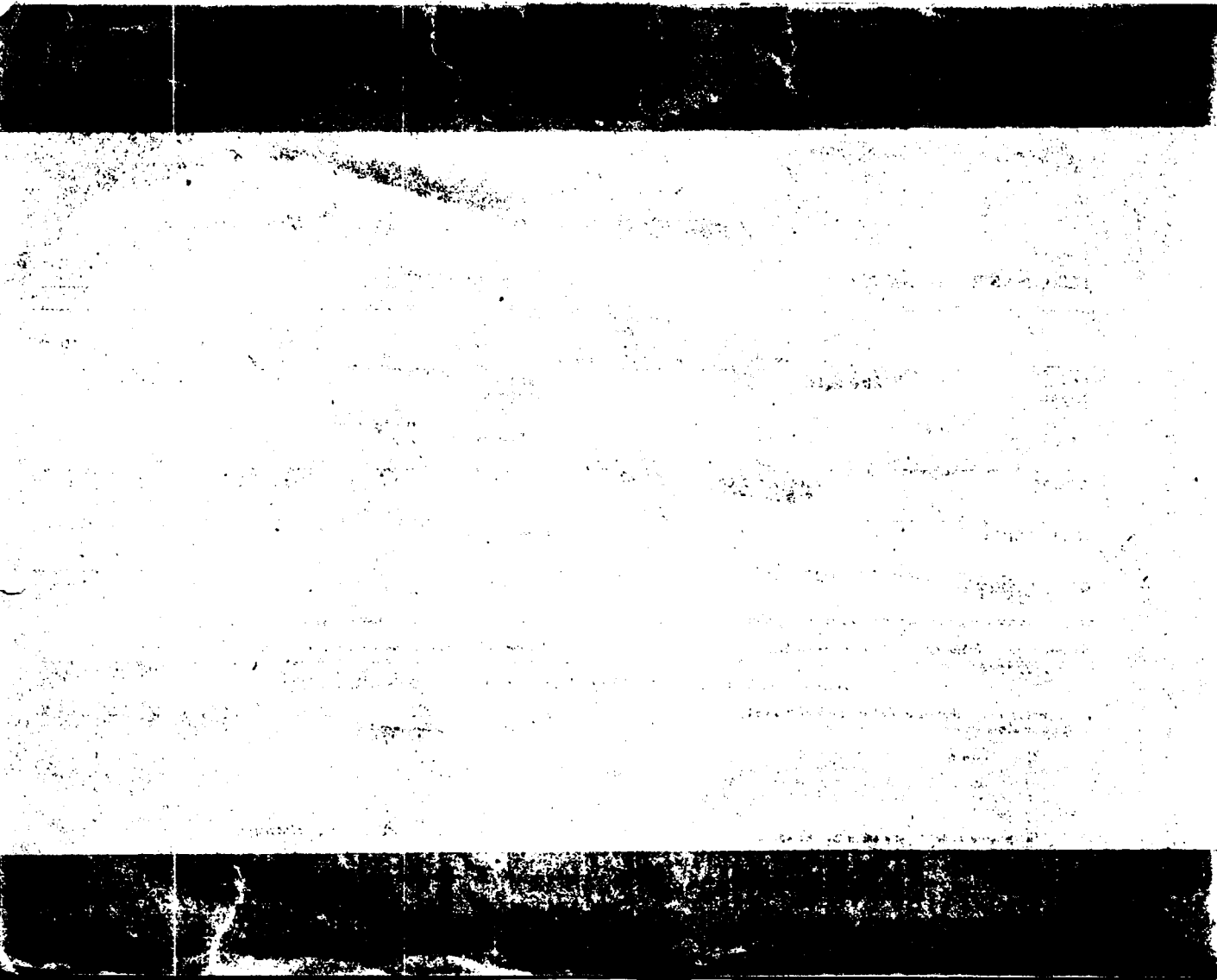


**Filed**

BY CO. 1999

## Registry

## Registers



N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

342-206-020-215  
PLACE OF BIRTH

County of Elmore

City of King Hill

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Mary Julia Duke

Registration District No. 33

Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

80783

Sex of Child Female Single and 3 yes June 6 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Arthur R. Duke  
RESIDENCE King Hill Idaho  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE America  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Ella Sand  
RESIDENCE King Hill Idaho  
COLOR White AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE America  
OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive June 6 1920 5 A M)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) \_\_\_\_\_

J. W. Joris M.D.  
Physician  
(Physician or Midwife)


Address \_\_\_\_\_

Elmore's Ferry Idaho

Filed \_\_\_\_\_

June 16 1920

J. W. Joris  
Registrar



MAY 26 1971

PLACE OF BIRTH

STATE OF IDAHO

Form 100-4-20-11

Bureau of Vital Statistics

## CERTIFICATE OF BIRTH

County of ElmoreCity of Elmer's FerryRegistration District No. 35

File No.

80784

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2021

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Clara Ellen Mitchell

Sex of Child

MaleTwin, Triplet, or other? Singleand { Number in order of birth 5 }  
(To be answered only in event of plural births)Legitimate? yes

Date of birth

June 6<sup>th</sup> 1920

(Month) (Day) (Year)

FULL NAME

Myrlie M. Mitchell

FATHER

FULL MAIDEN NAME

Eldora Francis

MOTHER

RESIDENCE

Elmer's Ferry

RESIDENCE

Elmer's Ferry

COLOR

White

AGE AT LAST BIRTHDAY

34  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

31  
(Years)

BIRTHPLACE

America

BIRTHPLACE

America

OCCUPATION

Car Inspector

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5Number of children, of this mother, now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

June 6 1920 at 2 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. W. Davis M.D.  
Physician

(Physician or Midwife)

Given name added from a supplemental report

19 \_\_\_\_\_

Address

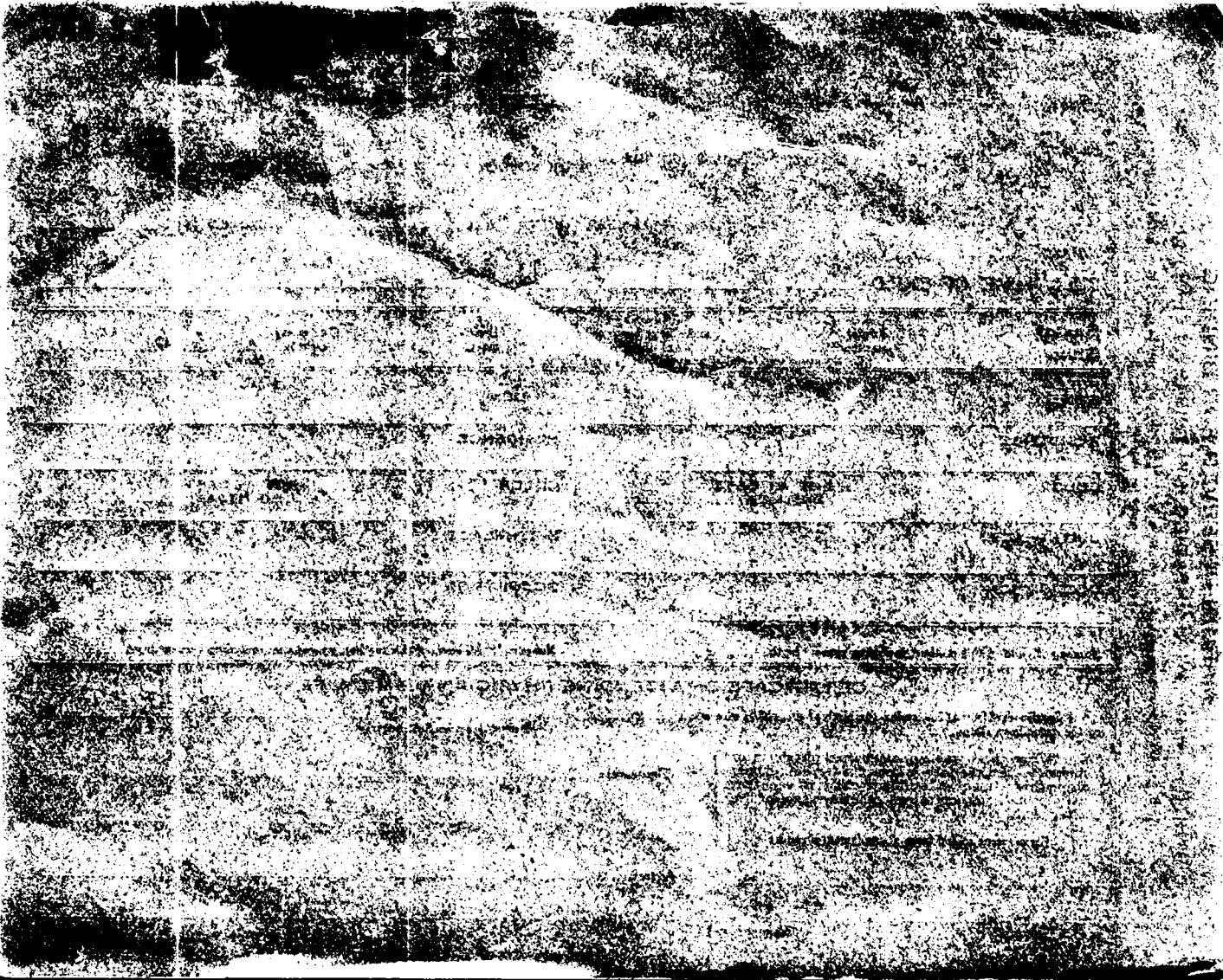
Elmer's Ferry Idaho

Filed

June 15 1920J. W. Davis

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-228-021-666

PLACE OF BIRTH

County of FranklinCity of Whitney

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 227

File No.

80785

Primary Registration District No. 2119

Registered No.

41

Sex of Child

7

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of Birth

Jan 28

1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Lloyd H. Beckstead

RESIDENCE

Whitney Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL MAIDEN  
NAMEMOTHER  
Adrian Hooley

RESIDENCE

Whitney Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Preston Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth. \_\_\_\_\_ Number of children of this mother now living, including present birth. \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

A. H. Cutler  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston Idaho

Filed

Feb 28 1920

Registrar

Registrar

SEP 12 1950

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699213-021-512

PLACE OF BIRTH NAME AMENDED 9-29-83  
fc

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-27

County of **Franklin,**

CERTIFICATE OF BIRTH

City of **Franklin,**

Registration District No. **27**

File No. **80786**

No. **St.**

Primary Registration District No. **2119**

Registered No. **172**

Hospital

FULL NAME OF CHILD **MELBA WRIGHT**

Sex of Child <b>Female.</b>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <b>Yes.</b>	Date of Birth <b>June, 13, 1920</b> (Month) (Day) (Year)
-----------------------------	---	--	------------------------------	---

FULL NAME FATHER  
**G. L. Wright.**

RESIDENCE  
**Franklin**

COLOR **White.** AGE AT LAST BIRTHDAY **45**  
(Years)

BIRTHPLACE  
**Franklin Idaho.**

OCCUPATION  
**Farmer.**

FULL NAME MOTHER  
**Stella Nash.**

RESIDENCE  
**Franklin**

COLOR **White.** AGE AT LAST BIRTHDAY **41**  
(Years)

BIRTHPLACE  
**Franklin Idaho.**

OCCUPATION  
**Housewife.**

Number of child of this mother, including present birth **3** Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive**, at **10 A. M.**  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **G. W. State**

**Physician,**  
(Physician or midwife)

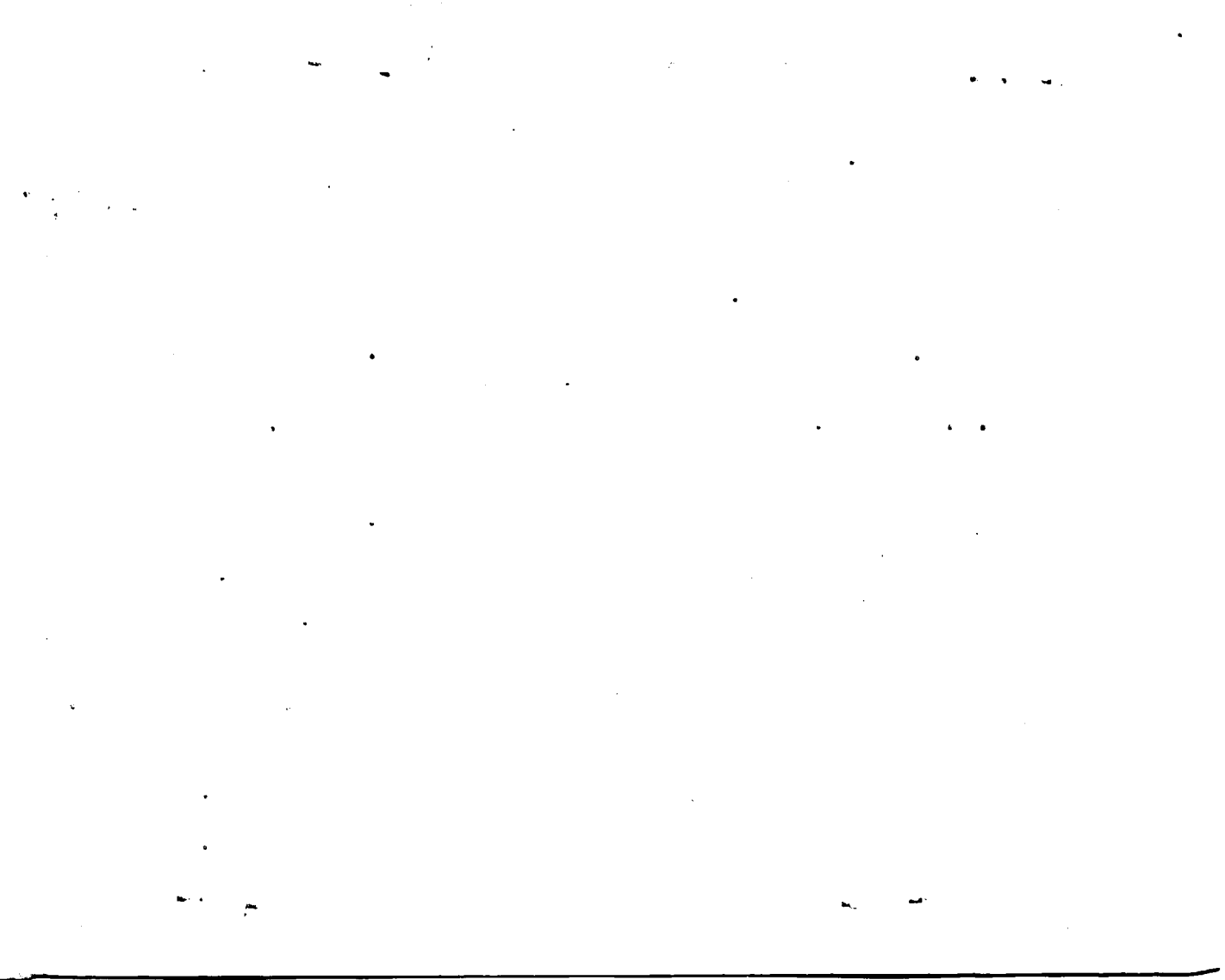
Given names added from a supplemental report.

Address **Preston Idaho**

Filed **71**

Registrar

Registrar



9-9-83

**IDAHO DEPARTMENT OF HEALTH AND WELFARE**  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

RECEIVED  
VITAL STATISTICS

State of Idaho } ss.  
County of Bannock

SEP 20 8 54 AM '83

Certificate No. 80786

Date Filed \_\_\_\_\_

birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Nadean Wright who was born on June 13, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Franklin (Franklin) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Nadean Wright</u>	<u>Melba Wright</u>

Subscribed and sworn to before me this 19th day of September, 1983.

Notary Public, Wicki Raymond

Residing at Pocatello, Idaho

My commission expires 3-23-86

(Seal)

X Melba Wright Strake  
Signature of Applicant

X 16 Poponce - Pocatello, Idaho  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bannock

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of

September, 1983.

Notary Public, Wicki Raymond

Residing at Pocatello, Idaho

My commission expires 3-23-86

(Seal)

X Shelma Wright Loney  
Supporting Signature

145 E Main Franklin Idaho  
Street Address, City, State

lcc pd

83237

Certificate of Baptism and Confirmation gives name as Melba Wright Stocks  
Daughter of George Lorenzo Wright and Estella Nash born June 13, 1920, in  
Franklin, Idaho and Baptized October 1, 1928, in L.D.S.Church. SEP 29 1983  
Viewed by V.S.

page from baby book shows Melba Wright was born June 13, 1920. Dr. G. W. States,  
attending physician Mary B. Lowe, Nurse. Parents George L. Wright and Estell Wright  
Viewed by V.S.

386-210-021-315  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-5-37

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of... **Franklin.**..... Amended 5/10/77City of... **Weston Idaho.**.....

Registration District No. ....

File No. .... **80787**No. .... **St.**.....

Primary Registration District No. ....

Registered No. .... **171**.....

Hospital.....

FULL NAME OF CHILD **Dolora June Thorne**.....

Sex of Child	<b>Female.</b>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legitimate?	<b>Yes.</b>	Date of Birth	<b>June, 10, 1920.</b>
						(Month)	(Day) (Year)

FULL NAME	<b>FATHER</b> <b>Donald Thorne.</b>	FULL MAIDEN NAME	<b>MOTHER</b> <b>Gertrude Lannan,</b>
RESIDENCE	<b>Weston Idaho.</b>	RESIDENCE	<b>Weston Idaho.</b>
COLOR	<b>White.</b>	COLOR	<b>White.</b>
AGE AT LAST BIRTHDAY	<b>43.</b> (Years)	AGE AT LAST BIRTHDAY	<b>23</b> (Years)
BIRTHPLACE	<b>Linn Co. Kansas.</b>	BIRTHPLACE	<b>Topeka Kansas.</b>
OCCUPATION	<b>Farmer.</b>	OCCUPATION	<b>Housewife.</b>

Number of child of this mother, including present birth... **2**..... Number of children of this mother now living, including present birth... **2**.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... **Born alive.**..... at **6:150 A.M.**  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

**Physician.**

(Physician or midwife)

Given names added from a supplemental report.

Address.....

**Preston Idaho.**

Filed.....

Registrar

Registrar



JUN 15 1950

STATE OF CALIFORNIA  
COUNTY OF Los Angeles } SS.

On March 28, 1977 before me, the under-  
signed, a Notary Public in and for said State, personally appeared

Gertrude J. Thorne +  
Irene M. Lannon

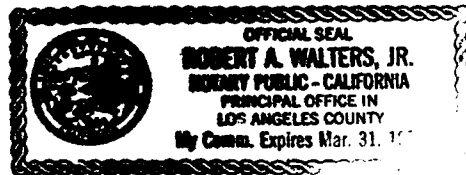
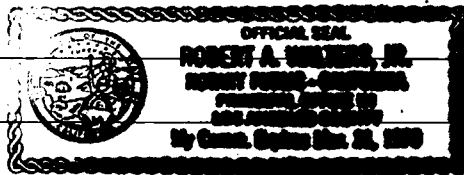
\_\_\_\_\_, known to me  
to be the person s whose name s are subscribed to the within  
instrument and acknowledged that they executed the same.  
WITNESS my hand and official seal.

Signature

Robert A Walters Jr

ROBERT A WALTERS Jr

Name (Typed or Printed)

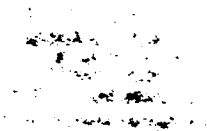


(This area for official notarial seal)



# **TITLE INSURANCE AND TRUST**

**A TICOR COMPANY**



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. **APR 18 3 05 PM '77** Certificate No. **80787**  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Delora Thorne who was born on June 10, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Weston, Idaho (Franklin) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name Delora Thorne Delora Thorne

Subscribed and sworn to before me this 28<sup>th</sup> day of  
March, 1977

Signed Bertrude J. Thorne  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

Notary Public, residing at Paw River, Calif.  
My commission expires \_\_\_\_\_  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28<sup>th</sup> day of  
March, 1977

Signed James M. Lamm  
(Signature of Any Credible Person)

(Street Address, City, State)

Notary Public, residing at Paw River, Calif.  
My commission expires \_\_\_\_\_  
(Seal)

Marriage certif from Colcrado gives name as Dolora June Thorne and the groom's name as Marvin Edward Sawyer. dated Sept 21, 1939. viewed by V. S.

MAY 12 1977

Elementary Diploma from Holcomb Consolidated Schools certif of Promotion gives name as Dolora June Thorne. dted May 17 , 1934. viewed by V. S.

753-101-021-255

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-25m-9-2-37

## CERTIFICATE OF BIRTH

County of... **Franklin**.....City of... **Preston**.....Registration District No. .... **27**.....File No. .... **80788**No. .... **St.**Primary Registration District No. .... **2119**.....Registered No. .... **170**.....

Hospital.....

FULL NAME OF CHILD... **Joel**.....

Sex of Child <b>Male.</b>	Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births)	Legitimate? <b>Yes.</b>	Date of Birth... <b>June, 1st, 1920</b> (Month) (Day) (Year)
---------------------------	--	-------------------------	---

FATHER		MOTHER	
FULL NAME <b>Joel Peterson.</b>	FULL MAIDEN NAME <b>Zerra Bennett.</b>		
RESIDENCE <b>Preston Idaho.</b>	RESIDENCE <b>Preston</b>		
COLOR <b>White.</b>	AGE AT LAST BIRTHDAY... <b>37</b> (Years)	COLOR <b>White.</b>	AGE AT LAST BIRTHDAY... <b>32</b> (Years)
BIRTHPLACE <b>Preston Idaho.</b>	BIRTHPLACE <b>Mapleton Idaho.</b>		
OCCUPATION <b>Farmer.</b>	OCCUPATION <b>Housewife.</b>		

Number of child of this mother, including present birth... **4**..... Number of children of this mother now living, including present birth... **4**.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

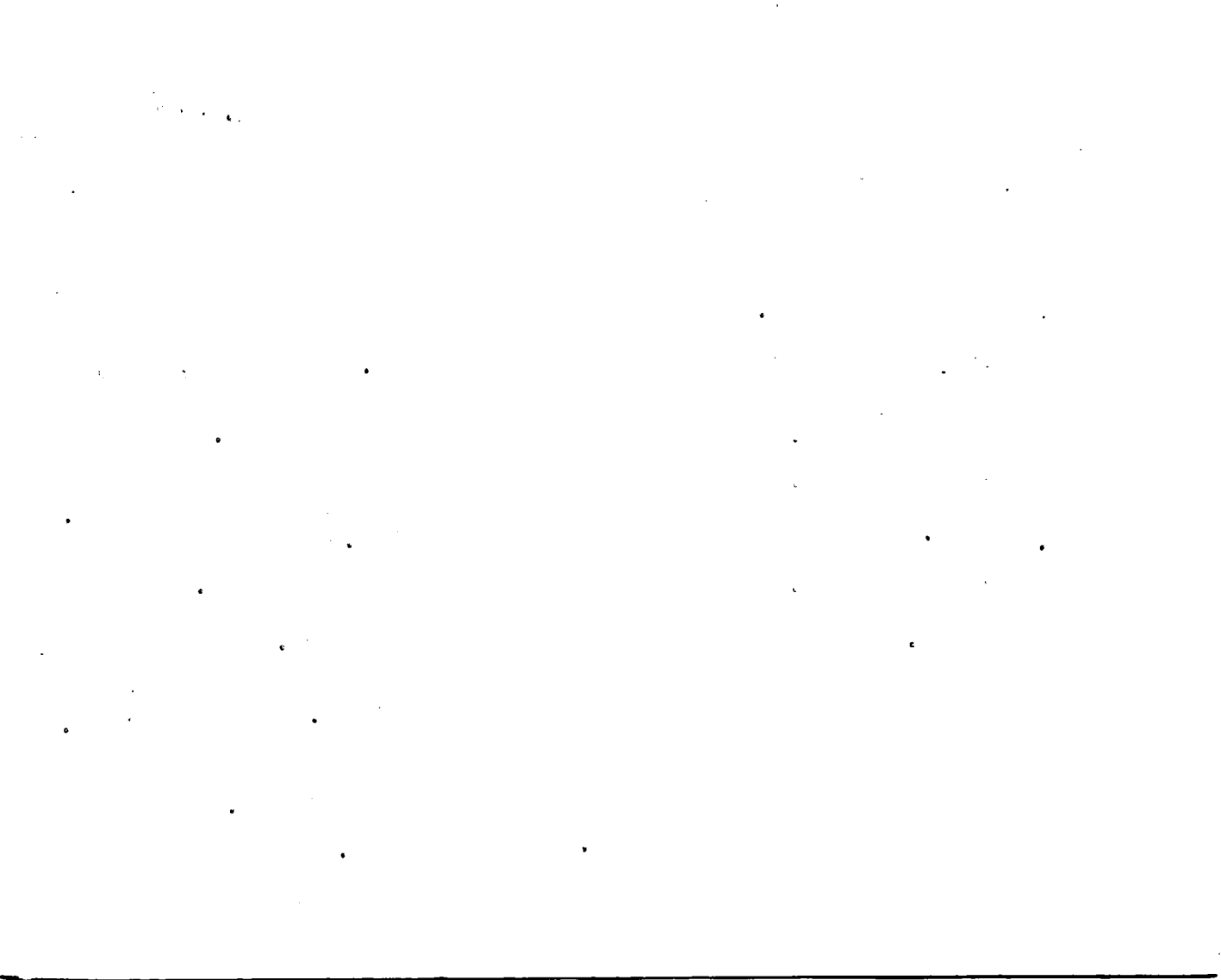
I hereby certify that I attended the birth of this child, who was... **Born alive.**..... at... **11:30 P.M.**  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... **G. W. States**.....  
.....  
**Physician.**  
(Physician or midwife)

Given names added from a supplemental report.

Address... **Preston Idaho.**.....Filed... **7/17**... **W. D. R. R. R.**.....  
.....  
Registrar Registrar



WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-226-021-467  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-8-8-37

County of Franklin.....

City of Preston.....

No. .... St.

Hospital .....

FULL NAME OF CHILD Sylva Stocks.....

Registration District No. 27.....

File No. 80789.....

Primary Registration District No. 2119.....

Registered No. 17.....

Sex of Child <u>Female</u> .	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u> .	Date of Birth <u>June 26</u> , 19 <u>30</u> (Month) (Day) (Year)
------------------------------	---	--------------------------------------	-------------------------------	--

FULL NAME <u>Henry Stocks.</u>	FATHER
RESIDENCE <u>Preston.</u>	
COLOR <u>White.</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Lewiston Utah.</u>	
OCCUPATION <u>Farmer.</u>	

FULL MAIDEN NAME <u>Vinnie Dopp.</u>	MOTHER
RESIDENCE <u>Preston.</u>	
COLOR <u>White.</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Lewiston Utah.</u>	
OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth 8..... Number of children of this mother now living, including present birth 8.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... Born alive..... at 5:15 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature].....  
Physician.  
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho.  
Filed 7/17 1930  
Registrar [Signature] Registrar



JUN 17 1952

699214021-666  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of **Franklin,**.....

City of **Preston R.F.D.#2.**

Registration District No. .... **27** .....

File No. .... **80790** .....

No. .... **St.** .....

Primary Registration District No. .... **2119** .....

Registered No. .... **173** .....

Hospital .....

FULL NAME OF CHILD ..... **Lola May Wright** .....

Sex of Child <b>Female.</b>	Twin Triplet or other? (To be answered only in event of plural births)	} and { Number in order of birth	Legiti- mate? <b>Yes.</b>	Date of Birth..... <b>June, 14, 1920</b> (Month) (Day) (Year)
-----------------------------	---	---	------------------------------	--

FULL NAME <b>Lorenzo M. Wright.</b>	FATHER
RESIDENCE <b>Preston, R.F.D.#2.</b>	
COLOR <b>White.</b>	AGE AT LAST BIRTHDAY ..... <b>35.</b> ..... (Years)
BIRTHPLACE <b>Salt Lake City Utah.</b>	
OCCUPATION <b>Farmer.</b>	

FULL MAIDEN NAME <b>Sylvia Woolf.</b>	MOTHER
RESIDENCE <b>Preston, R.F.D.#2.</b>	
COLOR <b>White.</b>	AGE AT LAST BIRTHDAY ..... <b>40</b> ..... (Years)
BIRTHPLACE <b>Hyde Park Utah.</b>	
OCCUPATION <b>Housewife.</b>	

Number of child of this mother, including present birth ..... **3** ..... Number of children of this mother now living, including present birth ..... **3** .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... **Born alive,** ..... at ..... **4:05 P.m.** ..... on the date above stated.  
(Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) ..... **G. W. States** .....

**Physician.**

(Physician or midwife)

Given names added from a supplemental report.

Address ..... **Preston Idaho.** .....

Filed ..... **7/7** ..... **1920** ..... **D. A. R. C. Smith** .....

Registrar

Registrar

MAR - 6 1973

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. **APR 9 1 01 PM '72**  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for **Unnamed Wright (female)** who **was born** on **June 14, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Preston, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name

Unnamed

Lola May Wright

Subscribed and sworn to before me this **23<sup>rd</sup>** day of

Signed **Carma Taylor**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at **Preston**

My commission expires **4-1-76**

(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....

(Seal)

(Street Address, City, State)

MAY 11 1973

Certificate of Blessing from LDS Church gives name as Lola May Wright daughter of Lorenzo M. Wright and Sylvia Woolf. Born June 14, 1920. Was Blessed Sept. 12, 1920. Viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church gives name as Lola May Wright, daughter of Lorenzo M. Wright and Sylvia Woolf. Born June 14, 1920. Was Baptized July 6, 1929. Viewed by V. S.

553-207-021-155

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-25m-9-3-17

## CERTIFICATE OF BIRTH

County of.... **Franklin**.....City of.... **Weston Idaho.**.....Registration District No. .... **27**.....File No. .... **80791**.....No. .... **St.**.....Primary Registration District No. .... **2119**.....Registered No. .... **174**.....

Hospital.....

FULL NAME OF CHILD .... **Mariarie.**.....

Sex of Child	<b>Female</b>	Twin Triplet or other?	and { Number in order of birth	Legiti- mate?	<b>Yes.</b>	Date of Birth	<b>June 7, 1920</b>
(To be answered only in event of plural births)						(Month) (Day) (Year)	

FULL NAME FATHER  
**Roy O. Nelson,**FULL MAIDEN NAME MOTHER  
**Marie Jensen,**RESIDENCE  
**Weston Idaho.**RESIDENCE  
**Weston Idaho.**COLOR AGE AT LAST BIRTHDAY **23**  
**White.** (Years)COLOR AGE AT LAST BIRTHDAY **20**  
**White.** (Years)BIRTHPLACE  
**Weston Idaho.**BIRTHPLACE  
**Weston Idaho.**OCCUPATION  
**Farmer.**OCCUPATION  
**Housewife.**Number of child of this mother, including present birth.... **1**.... Number of children of this mother now living, including present birth.... **1**.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... **Born alive.**..... at... **10:45 A.M.**  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... **G. W. Stute**.....**Physician.**

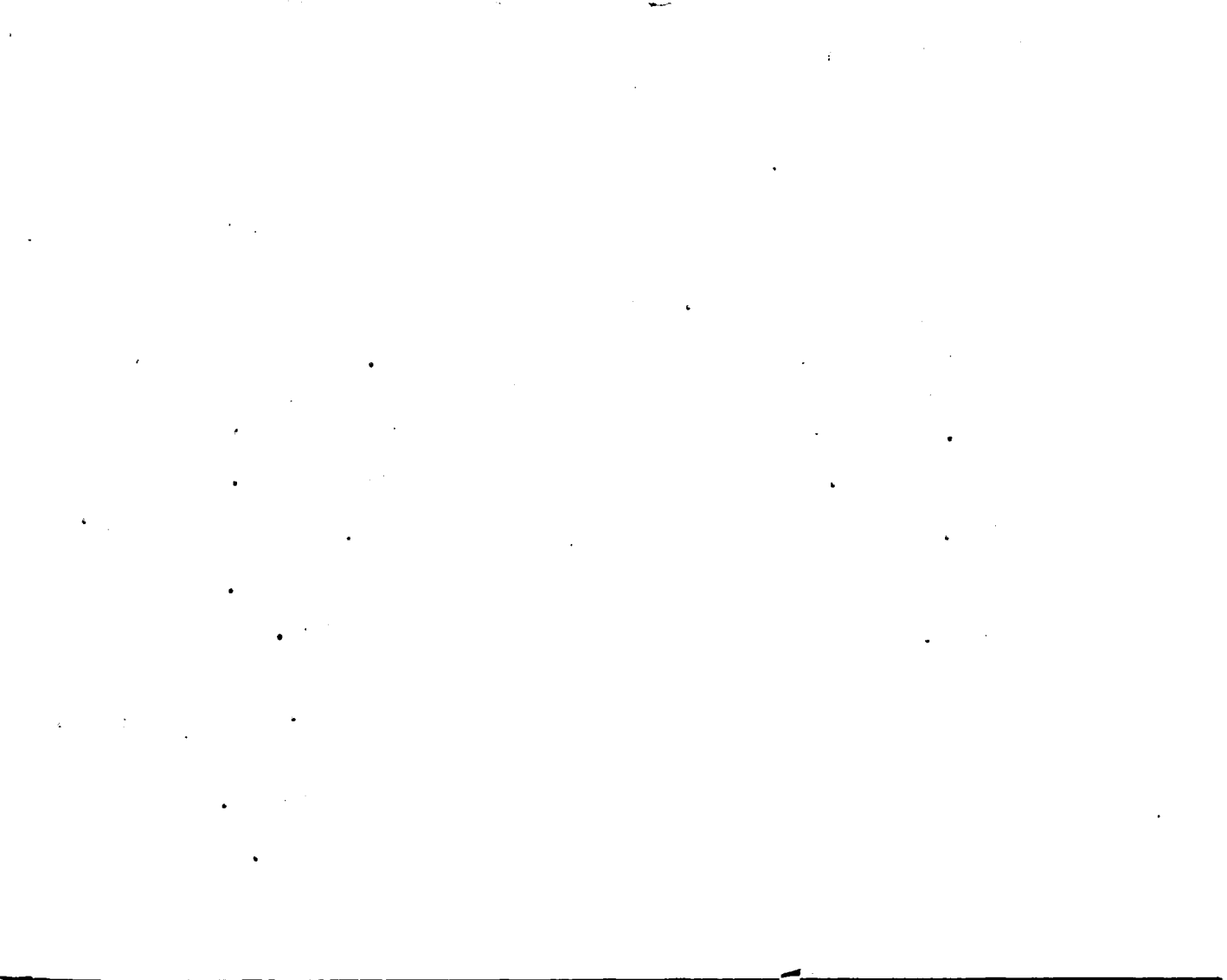
(Physician or midwife)

Given names added from a supplemental report.

Address..... **Preston Idaho.**Filed **7/7** 19 **20** **D. A. C. C. C.**

Registrar

Registrar



693-114021-912  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-87

## CERTIFICATE OF BIRTH

County of... **Franklin**.....City of... **Mink Creek Idaho**.....Registration District No. .... **27**.....File No. .... **80792**.....No. .... **St**.....Primary Registration District No. .... **2119**.....Registered No. .... **176**.....

Hospital.....

FULL NAME OF CHILD **Neldon R. Wilde**.....

Sex of Child <b>Male</b> .	Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <b>Yes</b> .	Date of Birth <b>June, 14, 1912</b> (Month) (Day) (Year)
----------------------------	--	-------------------------------	---

FULL NAME <b>Torvil Wilde</b>	FATHER
RESIDENCE <b>Mink Creek Idaho</b>	
COLOR <b>White</b>	AGE AT LAST BIRTHDAY <b>33</b> (Years)
BIRTHPLACE <b>Mink Creek Idaho</b>	
OCCUPATION <b>Farmer</b>	

FULL MAIDEN NAME <b>Anna Rasmussen</b>	MOTHER
RESIDENCE <b>Mink Creek Idaho</b>	
COLOR <b>White</b>	AGE AT LAST BIRTHDAY <b>27</b> (Years)
BIRTHPLACE <b>Mink Creek Idaho</b>	
OCCUPATION <b>Housewife</b>	

Number of child of this mother, including present birth.... **4**... Number of children of this mother now living, including present birth.... **4**...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... **Born alive**..... at **9:30 A.**  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

..... **Physician**.....

(Physician or midwife)

Given names added from a supplemental report.

Address.....

**Preston Idaho**

Filed.....

Registrar

Registrar



MAY 1 4 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-1241021-415

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH
County of FranklinCity of PrestonRegistration District No. 27File No. 80793

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2119 Registered No. 165FULL NAME OF CHILD Hal Ravis Jensen

Sex of Child

MTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?Yes

Date of Birth

June 24  
(Month) (Day)1920  
(Year)

FULL NAME

FATHER  
Harold C. Jensen

RESIDENCE

Preston Ida

COLOR

WAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Ida

OCCUPATION

Automobile Business

FULL MAIDEN NAME

MOTHER  
Annie Ravis

RESIDENCE

Preston Ida

COLOR

WAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Preston Ida

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11, 25th on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

A. R. Jensen  
Physician or Midwife  
(Physician or midwife)

Given names added from a supplemental report.

19.

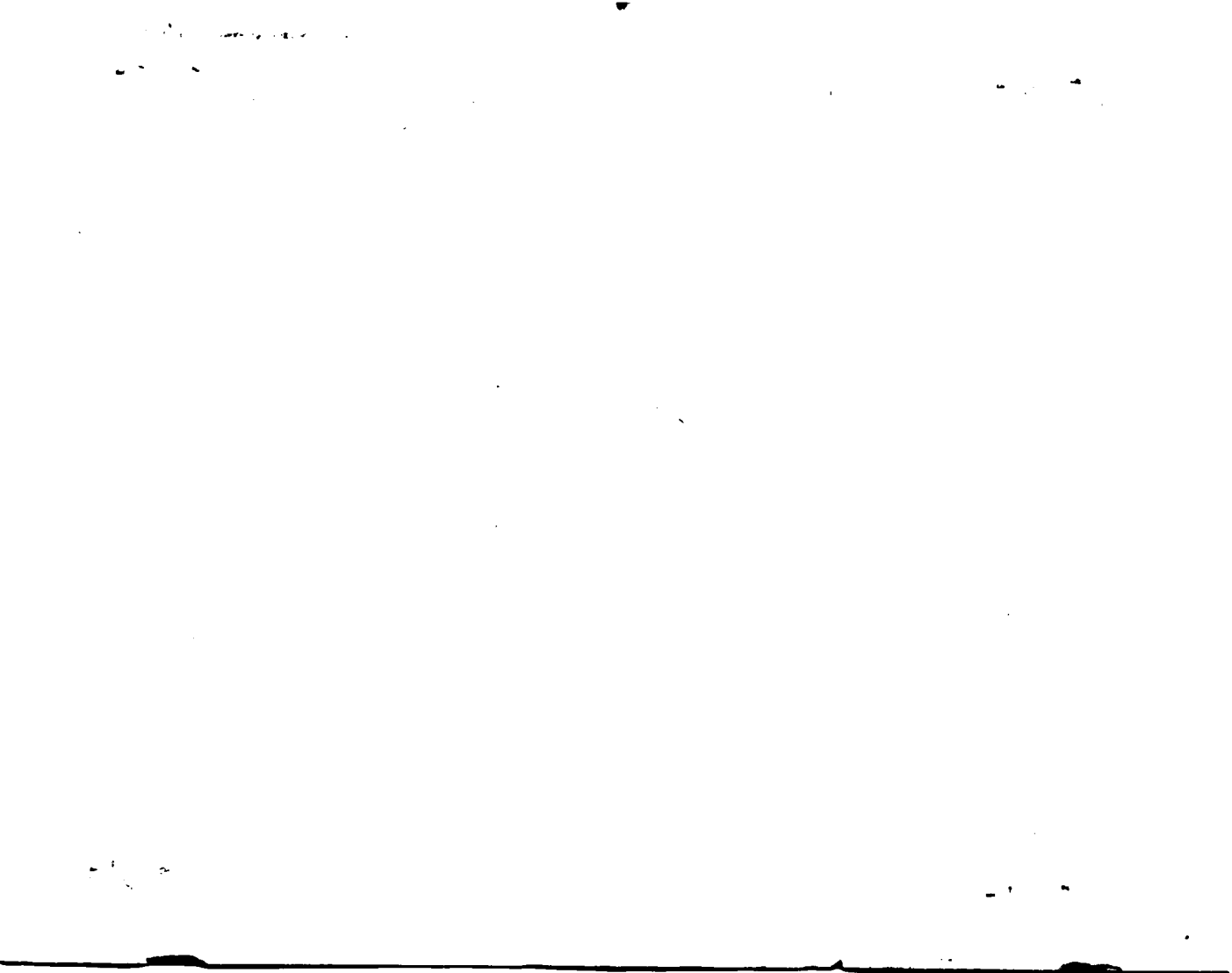
Address

Preston Ida

Filed

7/16 19 20 D. R. Jensen  
Registrar

Registrar



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho  
County of Twin Falls } ss.

Certificate No. 80793

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Hal Davis who born on June 24, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Preston are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Family Record - obviously very old prepared on LDS Church record, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

Oct. 2, 1932

**TO**  
(The Correct Facts)

Viewed by v.s.

Child's Name

Hal Davis

Hal Davis Jensen

Subscribed and sworn to before me this 17th day of April, 1958

Signed Ann D. Wood (mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Twin Falls, Idaho

My commission expires June 16, 1966

(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho  
County of Twin Falls } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 1958

Signed Resey Davis  
(Signature of Any Credible Person)

MAY 5 1956

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

754214-221-366

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

C-25m-9-3-17

CERTIFICATE OF BIRTH

County of **Franklin**

City of **Banida**

Registration District No. **27**

File No. **80794**

No. **St.**

Primary Registration District No. **2119**

Registered No. **168**

Hospital

FULL NAME OF CHILD

Sex of Child <b>Female</b>	Twin Triplet or other? <b>and</b> { Number in order of birth	Legitimate? <b>Yes.</b>	Date of Birth <b>June, 14.</b> 19 <b>20</b> (Month) (Day) (Year)
----------------------------	--	-------------------------	---

FULL NAME <b>Hugh L. Geddes,</b>	FATHER
RESIDENCE <b>Banida</b>	
COLOR <b>White.</b>	AGE AT LAST BIRTHDAY <b>33</b> (Years)
BIRTHPLACE <b>Preston Idaho.</b>	
OCCUPATION <b>Farmer.</b>	

FULL MAIDEN NAME <b>Lydia Lowe,</b>	MOTHER
RESIDENCE <b>Banida</b>	
COLOR <b>White</b>	AGE AT LAST BIRTHDAY <b>32</b> (Years)
BIRTHPLACE <b>Franklin Idaho.</b>	
OCCUPATION <b>Housewife.</b>	

Number of child of this mother, including present birth **8**..... Number of children of this mother now living, including present birth **7**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was **Born alive,** at **121** **A.M.** on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **G. W. Stutes**

**Physician**  
(Physician or midwife)

Given names added from a supplemental report.

Address **Preston Idaho.**

Filed **7/7** 19**22** **D. L. C. C. C.**

Registrar

Registrar

[REDACTED]

2

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10/1/54

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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-205-021-259  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Preston

Registration District No. 27

File No. 80795

No. \_\_\_\_\_ St.

Primary Registration District No. 219

Registered No. 177

Hospital \_\_\_\_\_

FULL NAME OF CHILD June Johnson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { Number in order of birth }	Legitimate? <u>yes</u>	Date of Birth <u>June 5, 1920</u> (Month) (Day) (Year)
----------------------------	---	----------------------------------	------------------------	---

FATHER  
FULL NAME Floyd Johnson  
RESIDENCE Preston Idaho  
COLOR White AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer & teacher

MOTHER  
FULL MAIDEN NAME Clara Kern  
RESIDENCE Preston Idaho  
COLOR White AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Switzerland  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 A.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Curtis (Born alive or stillborn)

Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho

Filed 7/7 19 20

Registrar

Registrar

K



DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-207-021-386

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Preston

Registration District No. 27

File No. 80796

No. \_\_\_\_\_ St.

Primary Registration District No. 2119

Registered No. 178

Hospital \_\_\_\_\_

FULL NAME OF CHILD

GRACE BINGHAM

Sex of Child

Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti  
mate?

yes

Date of Birth

June 7

(Month) (Day)

1920  
(Year)

FULL NAME

FATHER  
Wilford H. Bingham

FULL MAIDEN NAME

MOTHER  
Eliza Thorresen

RESIDENCE

Preston Idaho

RESIDENCE

Preston Idaho

COLOR

White

AGE AT LAST BIRTHDAY 28

(Years)

COLOR

White

AGE AT LAST BIRTHDAY 26

(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Butter making

OCCUPATION

Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

born alive

5.20

A.M.

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

[Signature]

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

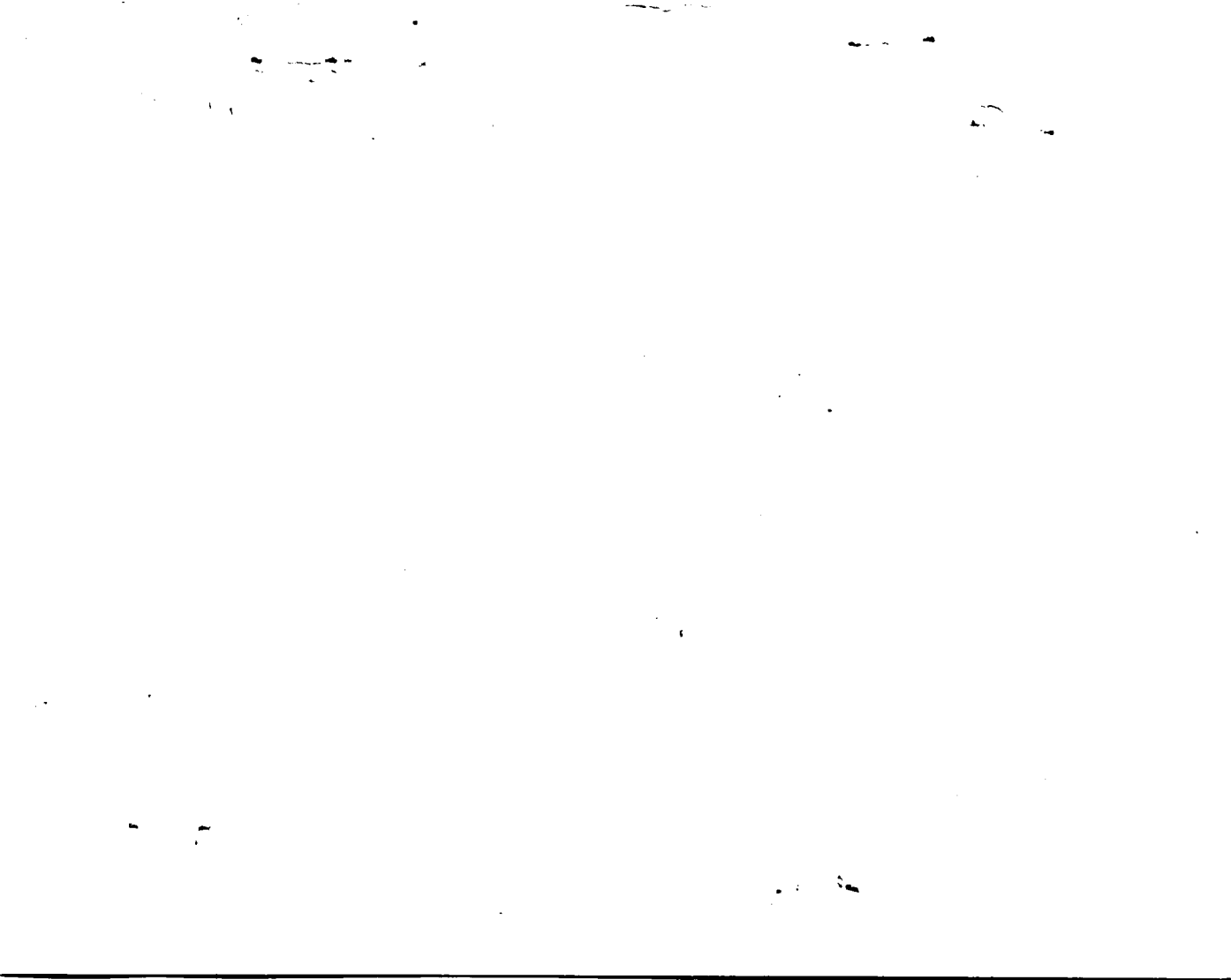
Address Preston Idaho

Filed

7/7 19 20

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 80796  
County of Bannock }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for (Unnamed) Bingham who born on June 7, 1920 (Birth or Death)  
in Preston, Bannock Co., Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Bible record prepared on July 4, 1922, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Grace Bingham

Subscribed and sworn to before me this 16th  
day of June, 1942  
Edna Sharts  
Notary Public, residing at Locustville, Idaho  
My commission expires 5, 1944  
(Seal)

Signed Edna Bingham Christensen  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Box 2, Central, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bannock }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 16th  
day of June, 1942  
Edna Sharts  
Notary Public, residing at Locustville, Idaho  
My commission expires 5, 1944  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Edna Christensen  
(Signature of Any Credible Person Other Than Previous Year)  
Box 2, Central, Idaho  
(Street Address, City, State)

**JUN 18 1942**

JUN 22 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

26213-021-689

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

Registration District No. 27

File No. 80798

No. \_\_\_\_\_ St.

Primary Registration District No. 2119

Registered No. 182

Hospital \_\_\_\_\_

FULL NAME OF CHILD Carma Swainston

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 13,</u> (Month) (Day) (Year) <u>19 20</u>
----------------------------	---	-----	---	-------------------------------	---

FULL NAME FATHER  
Merlin R. Swainston

RESIDENCE

Franklin

COLOR

white

AGE AT LAST BIRTHDAY

23

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

Housewife

FULL MAIDEN NAME MOTHER  
Edna L. Whitehead

RESIDENCE

Franklin

COLOR

white

AGE AT LAST BIRTHDAY

28

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3:40 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Allen C. Cullen

Physician

(Physician or midwife)

Given names added from a supplemental report.

Carma Swainston 19

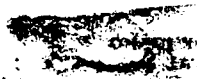
Address

Preston Idaho

Filed

7/7 19 20 D. C. Cullen  
Registrar

W. B. Murphy State Registrar



11-11-11

11-11-11

11-11-11

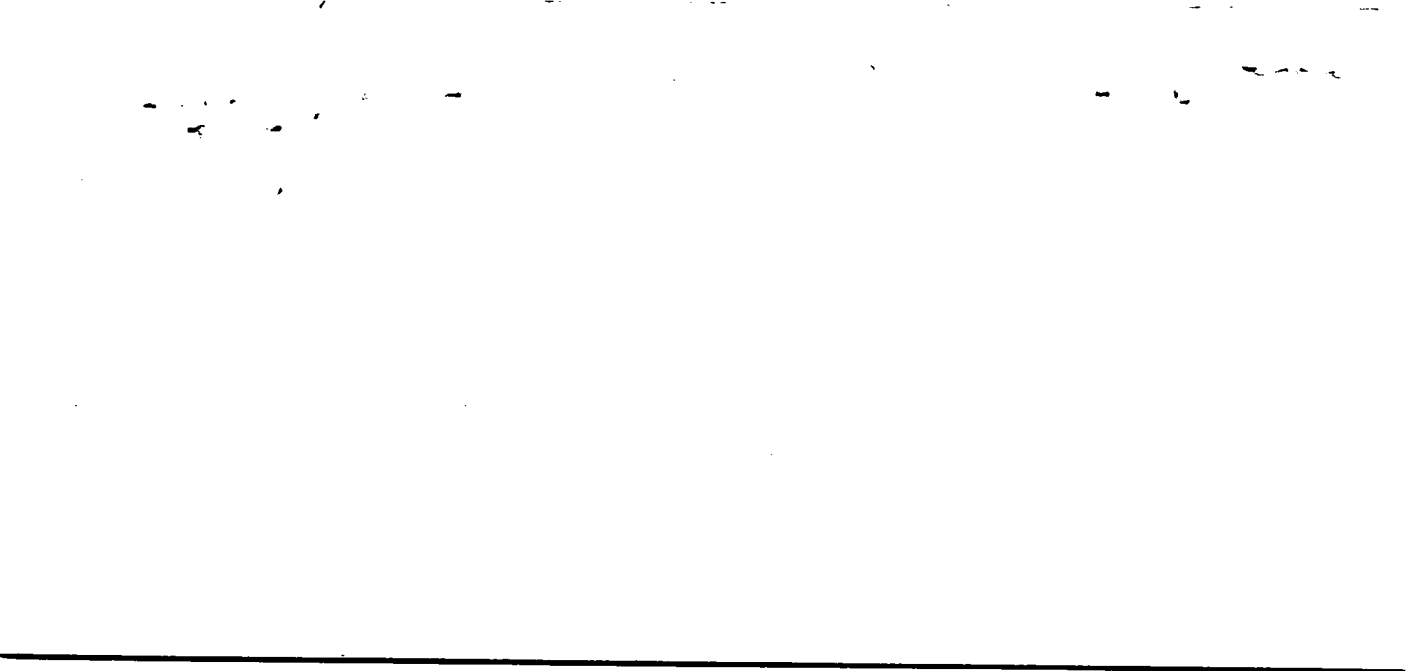
STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTHCity *Franklin*Registered No. *182*

Street and House No. \_\_\_\_\_

Registration Dist. No. *27*County *Franklin*Sex of Child *Female*Date of Birth *June* *13* *1920*  
MONTH DAY YEARFather *Merlin R. Swainston*  
FULL NAMEMother *Edna L. Whitehead*  
FULL MAIDEN NAMEI Hereby Certify that the child described herein  
has been named:*Carma Swainston*  
GIVEN NAME IN FULL SURNAMEas reported by *Mother*  
FATHER OR MOTHER*Dr. A. C. Curtis*  
LOCAL REGISTRAR





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

219-112,021-567  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Franklin  
Mink Creek

City of \_\_\_\_\_

Registration District No. 27

File No. 80799

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119

Registered No. 181

Hospital \_\_\_\_\_

FULL NAME OF CHILD Burnell Hogan Baird

Sex of Child <u>Male</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 12</u> <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	----------------------------	---

FULL NAME FATHER  
William D. Baird Jr.  
RESIDENCE Mink Creek

COLOR white AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Utah

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER  
Clara Hogan  
RESIDENCE Mink Creek

COLOR white AGE AT LAST BIRTHDAY 35  
(Years)

BIRTHPLACE Minn.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3.00 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician

(Physician or midwife)

Given names added from a supplemental report.

19\_\_\_\_

Address Preston Idaho

Filed 7/7 1920

Registrar

Registrar

5/7/41 Z.J.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

265-106-021-331

PLACE OF BIRTH

last name amend 2-5-86 dl

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27

File No. 80800

No. \_\_\_\_\_ St.

Primary Registration District No. 2119

Registered No. 180

Hospital \_\_\_\_\_

FULL NAME OF CHILD Max Clayton Swensen

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimacy? <u>yes</u>	Date of Birth <u>June 6 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FATHER Swensen  
FULL NAME Alvin C. Swenson  
RESIDENCE Preston  
COLOR white AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Arvilla Clayton  
RESIDENCE Preston  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6.50 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Curtis

Physician (Physician or midwife)

Given names added from a supplemental report.

Preston Idaho

Address

Filed 7/7 19 20

Registrar

Registrar

Franklin

27

18

219

50

June

yes

Male

3

White

3

White

Utah

Housewife

Farmer

born alive

Physician

Preston Idaho

11-27-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ } ss. FEB 4 9 58 AM '86 Certificate No. 80800  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Max Clayton Swainston who was born on June 6, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Preston (Franklin) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs last name</u>	<u>Swainston</u>	<u>Swensen</u>
<u>fathers last name</u>	<u>Swainston</u>	<u>Swensen</u>

Subscribed and sworn to before me this 24 day of

January, 1986

Notary Public, Garen Kotke

Residing at Provo

My commission expires 8-24-88

(Seal)

X May B. Swensen  
Signature of Applicant  
X 593 W 1220 S Provo, UT 84601  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss.  
County of Utah }

(Must be completed ☐ )

(Is not necessary ☐ )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of

Jan., 1986

Notary Public, Blow H Thomas

Residing at Provo, UT

My commission expires 4-86

(Seal)

Blow H Thomas  
Supporting Signature  
310 N. Univ. Ave. Provo, UT  
Street Address, City, State

Missionary Farewell Program lists Alvin Cornelius Swensen as  
Missionary for LDS Church and son Max Swensen. Dated Dec 20, 1964.  
Viewed by V.S.

Baptism record for Max Clayton Swensen born June 6, 1920 to Alvin  
Cornelius Swensen and Arvilla Clayton was baptised July 1, 1928.  
Viewed by V.S.

**FEB 14 1986**

317-1241221-764  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FranklinCity of DaytonRegistration District No. 27File No. 80801

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2149 Registered No. 167

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Larse Eldon LarsenSex of  
ChildMTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birthLegiti  
mate?1/6Date of  
BirthJUNE 24 19 20  
(Month) (Day) (Year)FULL  
NAMEFATHER Paul LarsenFULL  
MAIDEN  
NAMEMOTHER Carrie Godfrey

RESIDENCE

Dayton Idaho

RESIDENCE

Dayton Idaho

COLOR

WAGE AT LAST  
BIRTHDAY38  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 1:30 P. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Born alive or stillborn)

Burtis Blank  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston Idaho

Filed

7/619 20Dorothy Cullen

Registrar

Registrar





318-221-021-759

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

County of FranklinCity of PrestonRegistration District No. 27File No. 80802

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 166

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Elva Taylor

Sex of Child FTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate? yes

Date of Birth

June 21 1920  
(Month) (Day) (Year)

FULL NAME

FATHER John Ole Taylor

FULL MAIDEN NAME

MOTHER Mary Amoral Perkins

RESIDENCE

Preston Idaho

RESIDENCE

Preston IdahoCOLOR R

AGE AT LAST BIRTHDAY

36  
(Years)COLOR R

AGE AT LAST BIRTHDAY

34  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 7Number of children of this mother now living, including present birth. 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive, at 9 P M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Burke Bland  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

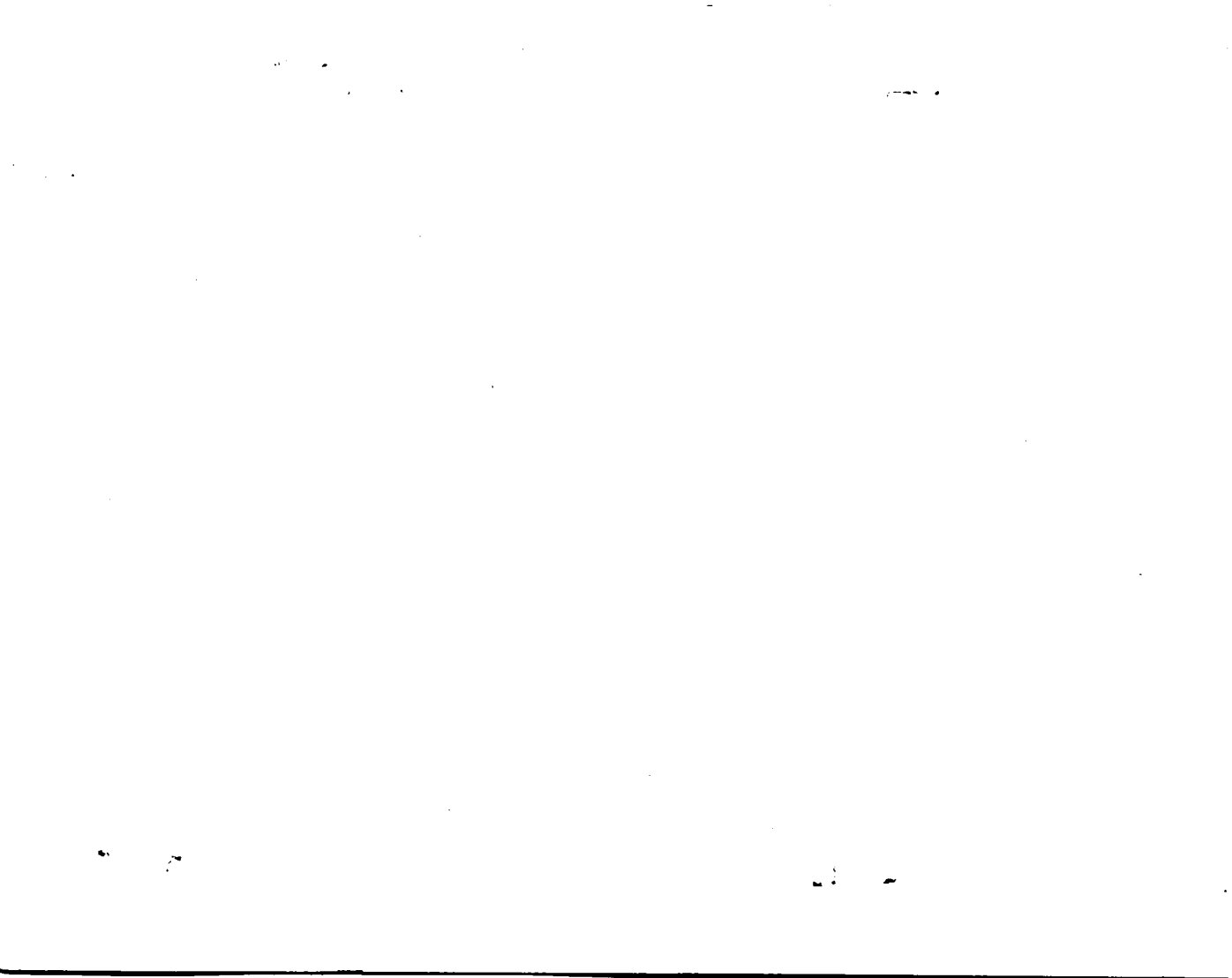
Address

Preston Idaho

Filed

7/6 1920 D. A. Crutcher  
Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. 80802  
County of ..... }  
APR 25 12 55 PM '77 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Taylor who was born on June 21, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Preston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Church Record prepared on 21 JUNE 1973 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

name ..... unnamed ..... Elva Taylor .....

Subscribed and sworn to before me this 11 day of APRIL, 1977

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....  
My commission expires 3-4-78  
(Seal)

141 N 3rd EAST FRANKLIN IDAHO  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... } ss.  
County of ..... }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed

(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

42 West 3rd North Idaho  
(Street Address, City, State)

Certif of Baptism and Confirmation from the LDS Church gives name as Elva ~~TAYLOR~~  
Taylor daughter of John O. Taylor and Mary Perkins. born June 21, 1920 at Preston,  
Idaho. Baptized June 28, 1928. viewed by V. S.

Diploma from LDS Seminary (Junior Sem inary) gives name as Elva Taylor. dated  
May 20, 1934. viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

219-126-021-443

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of PrestonNo. 74th St.Registration District No. 27File No. 80803

Hospital \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 164

FULL NAME OF CHILD

Glen Beaumont Barnes

Sex of Child

MTwin  
Triplet  
or other?

} and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?Yes

Date of Birth

June 26, 1920

19

(Month) (Day) (Year)

FULL NAME

FATHER

Albert Montie Beaumont Barnes

RESIDENCE

Preston, Idaho

COLOR

WAGE AT LAST  
BIRTHDAY36

(Years)

BIRTHPLACE

Missouri

OCCUPATION

Printer

FULL MAIDEN NAME

MOTHER

Emma Jennie Miller

RESIDENCE

Preston, Idaho

COLOR

WAGE AT LAST  
BIRTHDAY26

(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 9 AM M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Gertie RandPhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

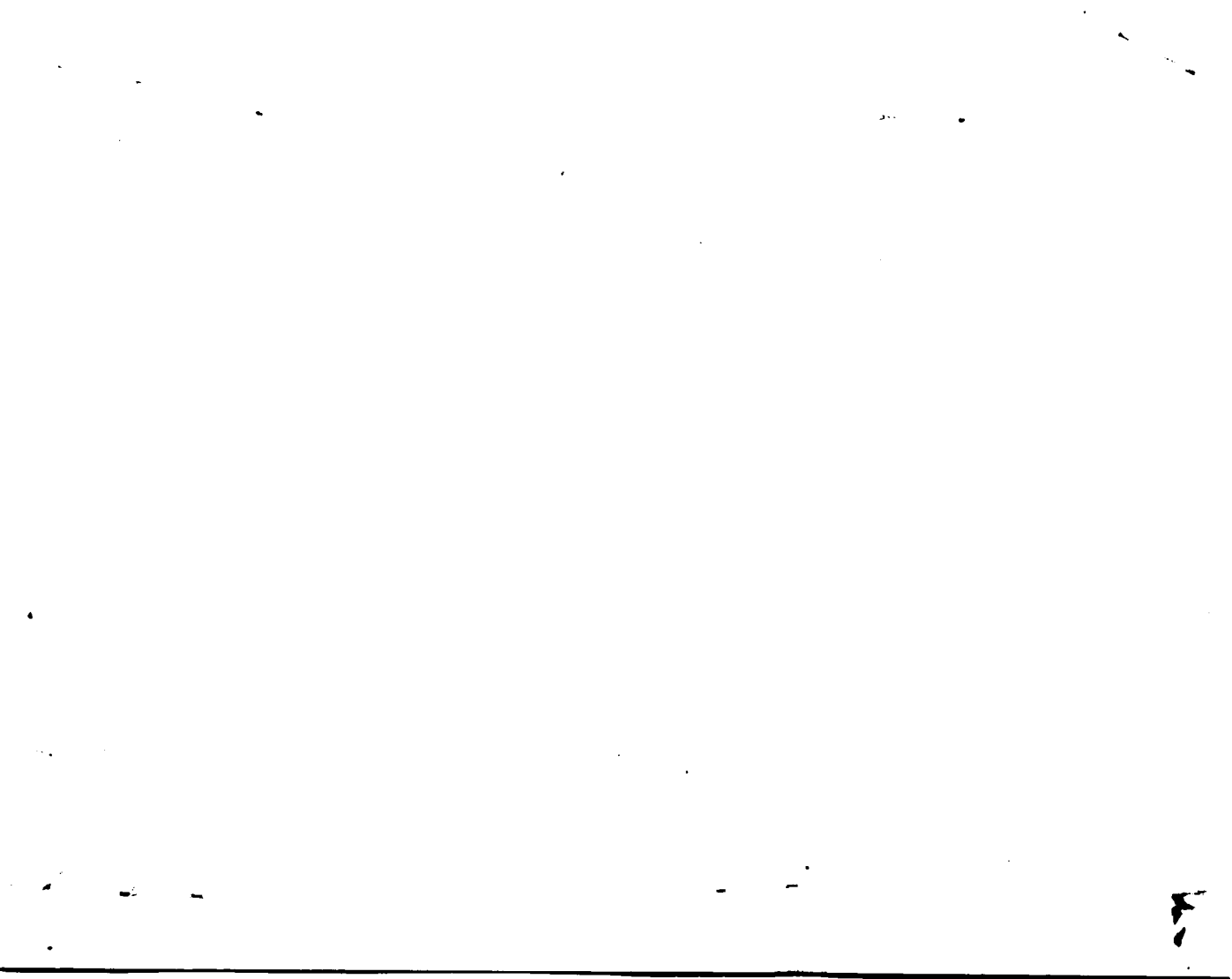
Preston Idaho

Filed

7/6 1920

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS  
**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho }  
County of Ada } ss.

Certificate No. 80803

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth

(Birth or death)

for Glen Beaumont Barnes who was born on not given  
(Name on original certificate) (Was born or died) (Date of event)

in Preston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)

facts as shown by ..... prepared on ....., are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO  
(“Name”, “birth date”, “cause of death”, etc.) (As on original) (The correct facts)

Birth date not given June 26, 1920

Subscribed and sworn to before me this 1st

day of July, 19 41

John Jackson  
Probate Judge Ada County, Idaho  
~~Notary Public, expiring at~~

My commission expires .....  
[SEAL]

Signed Mrs Emma Miller Barnes  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1010 No. 9th St, Boise, Idaho  
(Street Address, City, State)

**Supporting Affidavit of a Second Person**

State of Idaho }

County of Ada } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st

day of July, 19 41

John Jackson  
Probate Judge Ada County, Idaho  
~~Notary Public, expiring at~~

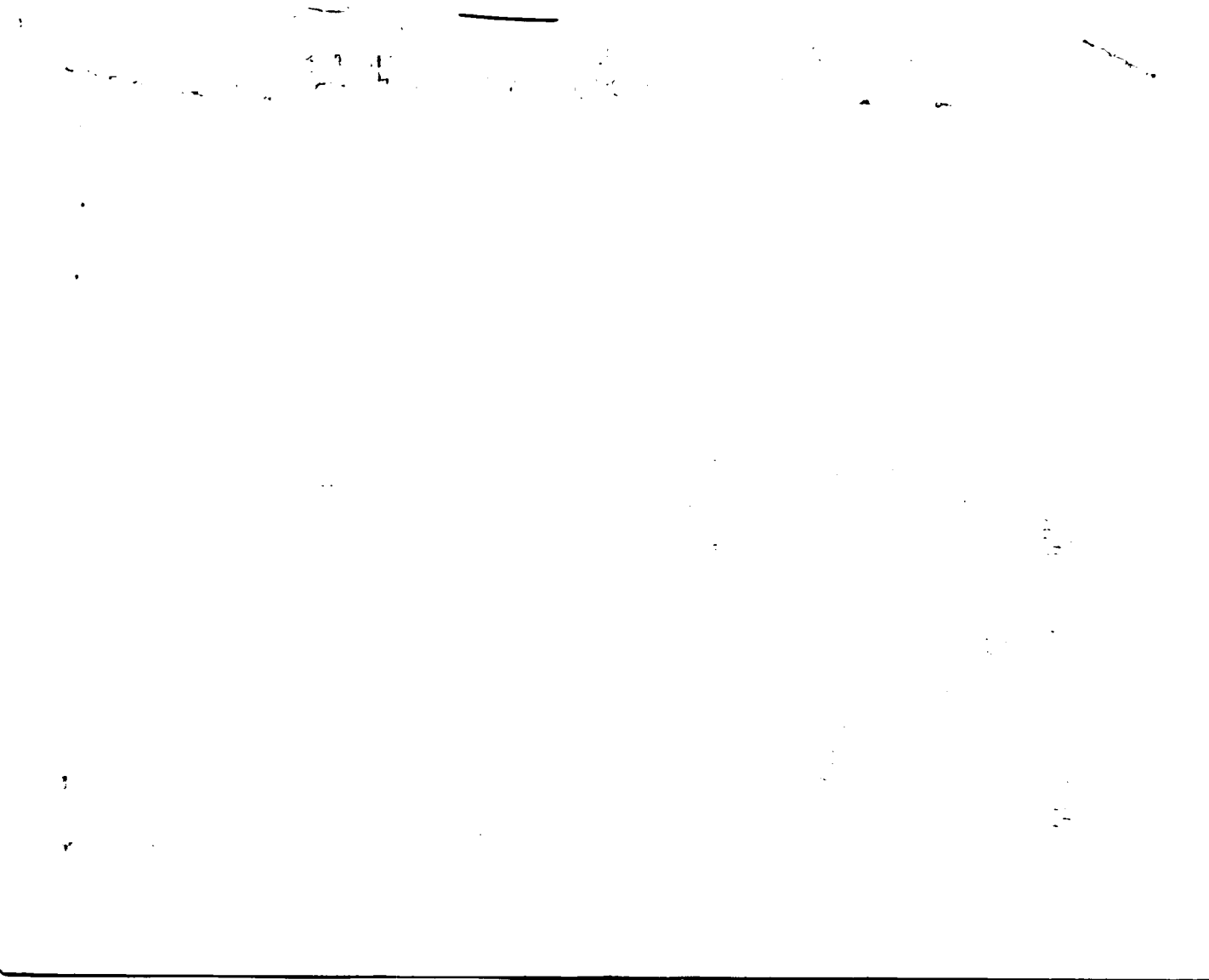
My commission expires .....  
[SEAL]

Signed M. B. Barnes  
(Signature of any credible person other than the previous affiant)

1010 No. 9th St, Boise, Idaho  
(Street Address, City, State)

Received for filing on ..... by .....  
(Registrar's signature)





866-220

## PLACE OF BIRTH

Form V. S. No. 11-C-23m-9-3-37

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80804

County of *Franklin*City of *Clifton*Registration District No. *27*

File No. ....

No. .... St.

Amended 6-18-81

Primary Registration District No. *2119*Registered No. *183*

Hospital .....

Helen Gay Howell

## FULL NAME OF CHILD

Sex of Child <i>7</i>	Twin Triplet or other? <i>and</i> { Number in order of birth }	Legitimate? <i>yes</i>	Date of Birth <i>June 20, 1915</i> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FULL NAME FATHER <i>Charles E. Howell</i>	FULL MAIDEN NAME MOTHER <i>Eliza Rainey</i>
RESIDENCE <i>Clifton, Ala</i>	RESIDENCE <i>Clifton, Ala</i>
COLOR <i>W</i> AGE AT LAST BIRTHDAY <i>25</i> (Years)	COLOR <i>W</i> AGE AT LAST BIRTHDAY <i>22</i> (Years)
BIRTHPLACE <i>Clifton, Ala</i>	BIRTHPLACE <i>Frederick, Wyoming</i>
OCCUPATION <i>Farmer</i>	OCCUPATION <i>House wife</i>

Number of child of this mother, including present birth .....	Number of children of this mother now living, including present birth .....
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *10:15 A.M.* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

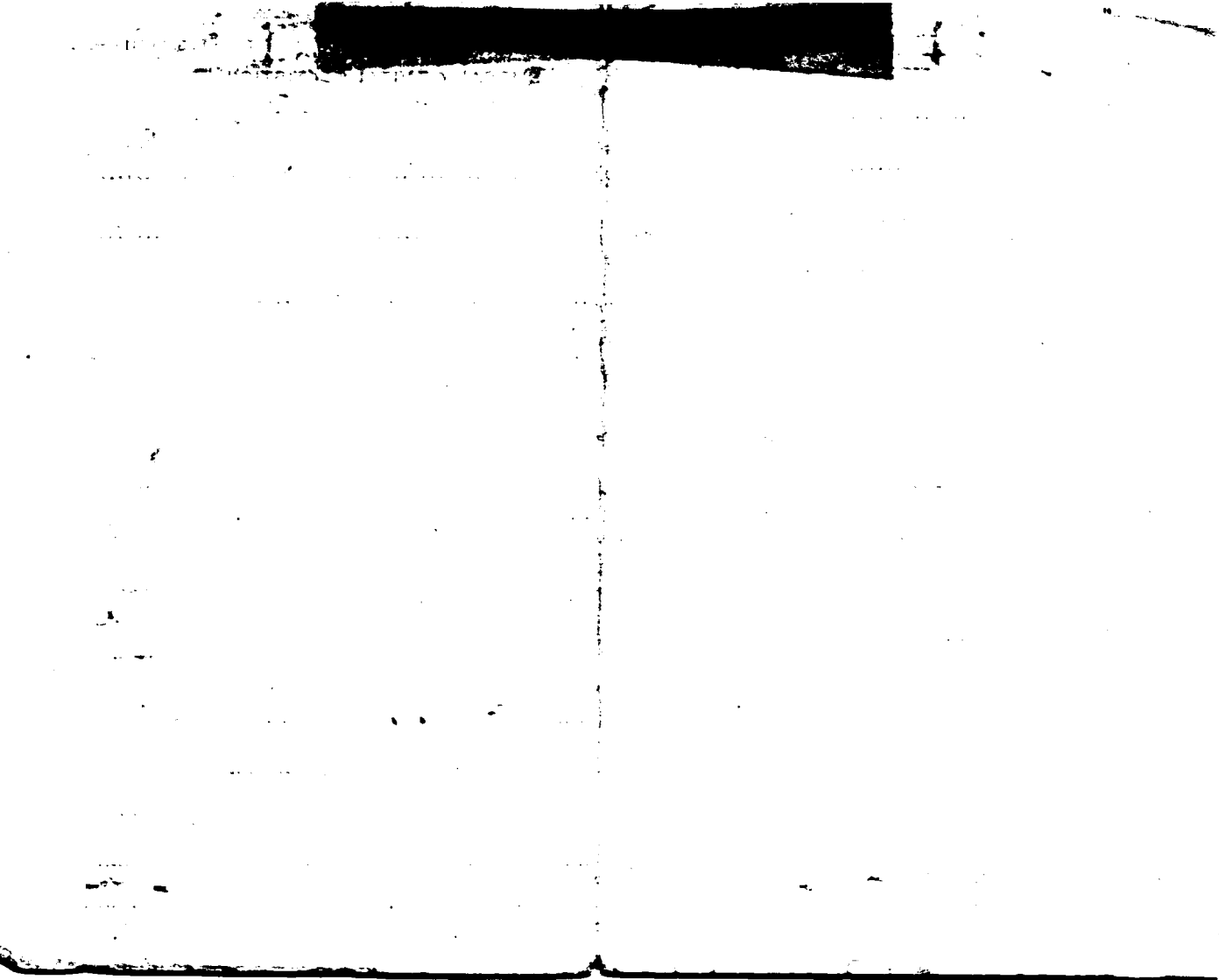
(Signature) *A. H. Cutler*

Given names added from a supplemental report.

Address *Clifton, Ala*Filed *7-11-15* *A. H. Cutler*

Registrar

Registrar



8/2/78

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... } **RECEIVED**  
County of..... } **BUREAU OF VITAL STATISTICS**  
Certificate No. 80804  
Date Filed.....  
The undersigned does solemnly swear that certain facts on the certificate of..... Birth  
for..... Unnamed Howell..... who was born on 6/21/20  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in..... Clifton, Idaho..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name..... Unnamed Howell..... Helen Gay Howell  
Date of Birth..... 6/21/20..... 6/20/20

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed X

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

X

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed.....

(Signature of Any Credible Person)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

(Street Address, City, State)

Church record of birth gives name as Helen Gay Howell born June 20, 1920,  
in Clifton, Idaho, to Orvid Eugene Howell and Alta Rainey. Church  
record recorded Nov. 30, 1959

Viewed by V.S.

JUN 17 1981

Patriarchal blessing gives name as Helen Gay Howell Garrison. Blessing  
given May 16, 1953. # 1701 L.D.S.Church.

Viewed by V.S.

336-114

PLAC

021-6537

Form V. S. No. 11-C-25m-4-3-37

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of FranklinCity of PrestonRegistration District No. 27File No. 80805

No. .... St.

Primary Registration District No. 2119Registered No. 180

Hospital .....

FULL NAME OF CHILD Lynn W. Lloyd

Sex of Child <u>W</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>yes</u>	Date of Birth <u>January 1920</u> (Month) (Day) (Year)
FULL NAME <u>Joseph Henry Lloyd</u>	FATHER	FULL MAIDEN NAME <u>Hattie Wells</u>	MOTHER
RESIDENCE <u>Preston Ida</u>		RESIDENCE <u>Preston Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Dayton Ida</u>		BIRTHPLACE <u>Preston Ida</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 P.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Cutler

Given names added from a supplemental report.

Address Preston IdaFiled 7/10/20 Over Cutler

Registrar

Registrar

Act 20 1956

5/1/41 Z.J.

STATE OF Idaho }  
COUNTY OF Cassia } ss.

Harriet Wells Lloyd, being first duly sworn,  
upon oath says: That she is the mother  
of Lynn H. Lloyd; that said Lynn H. Lloyd  
was born at Preston, County  
of Franklin, State of Idaho on the  
14th day of June, 1920.

Father's name Joseph Hyrum Lloyd

Mother's maiden name Harriet Wells

Physician's name Dr. Allen Butler

Nurse or attendant \_\_\_\_\_

This affidavit is made for the purpose of securing  
a birth certificate for said Lynn H. Lloyd.  
Harriet Wells Lloyd

Subscribed and sworn to before me this 25 day  
of April, A.D. 1941.

Nancy H. Fisher  
Notary Public for the State of  
Idaho, residing at  
Butte therein.

My commission expires:

June 1, 1942

To be sent to:  
Bureau of Vital Statistics,  
Board of Health  
City of Boise  
State of Idaho

To correct date - true date June 14, 1920  
not June 4, 1920.





WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-221-  
PLACE OF BIRTH  
02-1-68  
County of Franklin  
City of Clifton  
No. ....  
St. ....  
Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 808-06  
Primary Registration District No. 2119 Registered No. 184

FULL NAME OF CHILD GWEN J. SPERRY

Sex of Child <u>7</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>June 21</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Mr John Sperry</u>	FATHER	FULL MAIDEN NAME <u>Muriel Johnson</u>	MOTHER
RESIDENCE <u>Clifton Ida</u>		RESIDENCE <u>Clifton Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Clifton Ida</u>		BIRTHPLACE <u>Ogden Utah</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 1 A.M.

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) A. R. Cutler

Given names added from a supplemental report. ....19....  
Address Trouton Ida  
Filed 7/10/20 D. H. Russell Registrar

DEPARTMENT OF HEALTH  
STATISTICS  
BUREAU OF VITAL STATISTICS

Form 100-1

DATE OF BIRTH

PLACE OF BIRTH

CITY

COUNTY

STATE

COUNTRY

ETHNICITY

RELIGION

MARRIAGE

EDUCATION

OCCUPATION

INCOME

HEALTH

DIAGNOSIS

PROGNOSIS

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. 80806  
County of ..... } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Sperry who was born on June 21, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Clifton are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on....., are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name

omitted

Gwen J. Sperry

Subscribed and sworn to before me this 20th day of

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... } ss.  
County of ..... }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of

19.....

Signed

(Signature of Any Credible Person)

Notary Public, residing at

My commission expires

(Seal)

(Street Address, City, State)

Certificate of Baptism and Confirmation gives name as Gwen J. Sperry, daughter of Ivo J. Sperry and Muriel Johnson born June 21, 1920 at Clifton, Idaho. and Baptized April 2, 1929 in L. D.S. Church.  
Viewed by V.S.

Certificate of Blessing gives name as Gwen J. Sperry born June 21, 1920, to Ivo J. Sperry and Muriel Johnson. Blessed August 1, 1920 in L.D.S.Church.  
Viewed by V.S.

PLACE OF BIRTH

769-212-022-769

STATE OF IDAHO

Form V. S. No. 11—20m-7-26-19

## DEPARTMENT OF PUBLIC WELFARE

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BlaineCity of AshtonRegistration District No. 10thFile No. 80807

No. \_\_\_\_\_ St.

Primary Registration District No. 6Registered No. 11

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Grover Ellen Porter

Sex of Child

FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthone

Legitimate?

yes

Date of Birth

June 12 1920

(Month)

(Day)

(Year)

FULL NAME

Melvin

FATHER

H. Porter

RESIDENCE

Ashton, Ida.

COLOR

white

AGE AT LAST BIRTHDAY

29  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Electrician

FULL MAIDEN NAME

Ada Carlson Porter

MOTHER

RESIDENCE

Ashton, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

23  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive at 5:30 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Compass

(Physician or midwife)

Address

Ashton, Idaho

Filed

6/12 1920

Registrar.

Registrar.

P.C. 6/24/41

PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of PrincetonCity of BrummondRegistration District No. 104File No. 14 80808

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 61Registered No. 17

Hospital \_\_\_\_\_

FULL NAME OF CHILD Gessie HallSex of Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti-  
mate? no.

Date of Birth 6/15

(Month)

(Day)

(Year)

FULL NAME. FATHERHall

RESIDENCE \_\_\_\_\_

COLOR white

AGE AT LAST BIRTHDAY \_\_\_\_\_

(Years)

BIRTHPLACE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

FULL MAIDEN NAME MOTHERHallRESIDENCE LaranzoCOLOR whiteAGE AT LAST BIRTHDAY 20

(Years)

BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. M. M. Meehan

(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

Address Ashton, IdahoFiled 6/1519 20

Registrar. \_\_\_\_\_

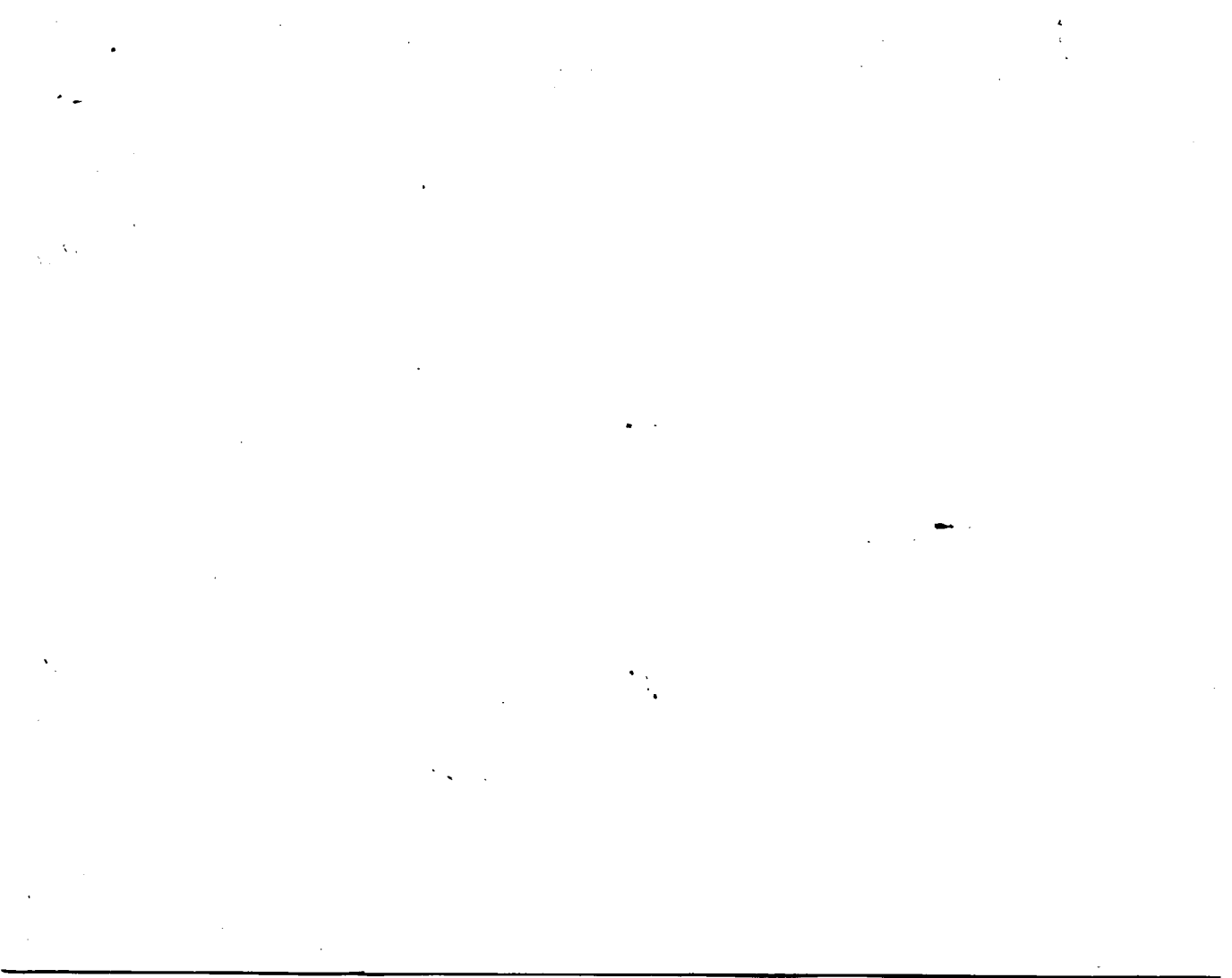
Registrar. \_\_\_\_\_

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.





PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of FreemontCity of AshtonRegistration District No. 100

File No.

80809

No. \_\_\_\_\_ St.

Primary Registration District No. 6Registered No. 13

Hospital \_\_\_\_\_

FULL NAME OF CHILD

JESSIE A. SMUIN

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate?	Date of Birth <u>6/15-20</u> (Month) (Day) (Year)
----------------------------	---	---------------------------------------	------------------	--

FULL NAME <u>Wm Smuin</u>	FATHER
RESIDENCE <u>Ashton, Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Darkroom</u>	

FULL MAIDEN NAME <u>Jessie A. Smuin</u>	MOTHER
RESIDENCE <u>Ashton, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Sam Chis at 5:30 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

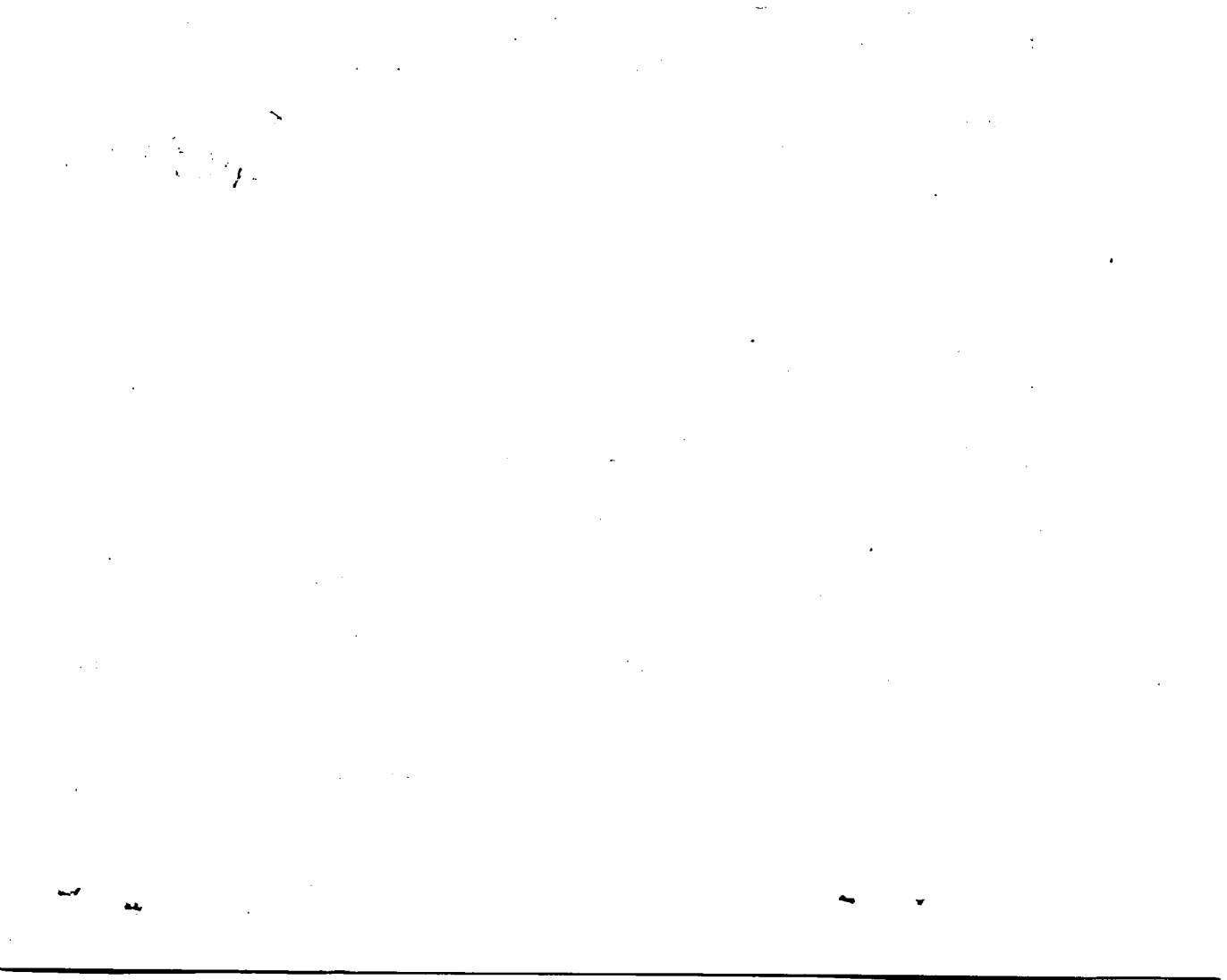
Filed

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 80309

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or Death)  
for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Jessie A. Smuin

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 1943

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Signed \_\_\_\_\_

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 19\_\_\_\_\_

Signed \_\_\_\_\_

(Signature of Any Credible Person Other Than Previous Year)

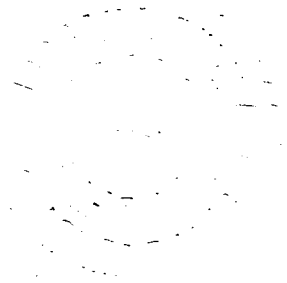
Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

1943

JUL 6



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

393-218022-393  
PLACE OF BIRTH

Form V. S. No. 11—28m-7-25-29

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80810

County of Gronmont  
City of Ashton, Ida. Registration District No. 110 File No. 1  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Primary Registration District No. 6 Registered No. 14  
Hospital \_\_\_\_\_  
FULL NAME OF CHILD Irene Phyllis Little

Sex of Child Female {Twin  
Triplet  
or other? } and {Number  
in order  
of birth } Legiti-  
mate? yes Date of Birth 6-18  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Raymond S. Little  
RESIDENCE Ashton, Ida.  
COLOR W. AGE AT LAST BIRTHDAY 37  
(Years)  
BIRTHPLACE Indiana  
OCCUPATION Forest Ranger

MOTHER  
FULL MAIDEN NAME Mary Elsie Little  
RESIDENCE Ashton, Idaho  
COLOR W. AGE AT LAST BIRTHDAY 29  
(Years)  
BIRTHPLACE Montana  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Lane Alvine at 10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. C. Chapman

(Physician or midwife)

Physician

Given names added from a supplemental report.

19

Address

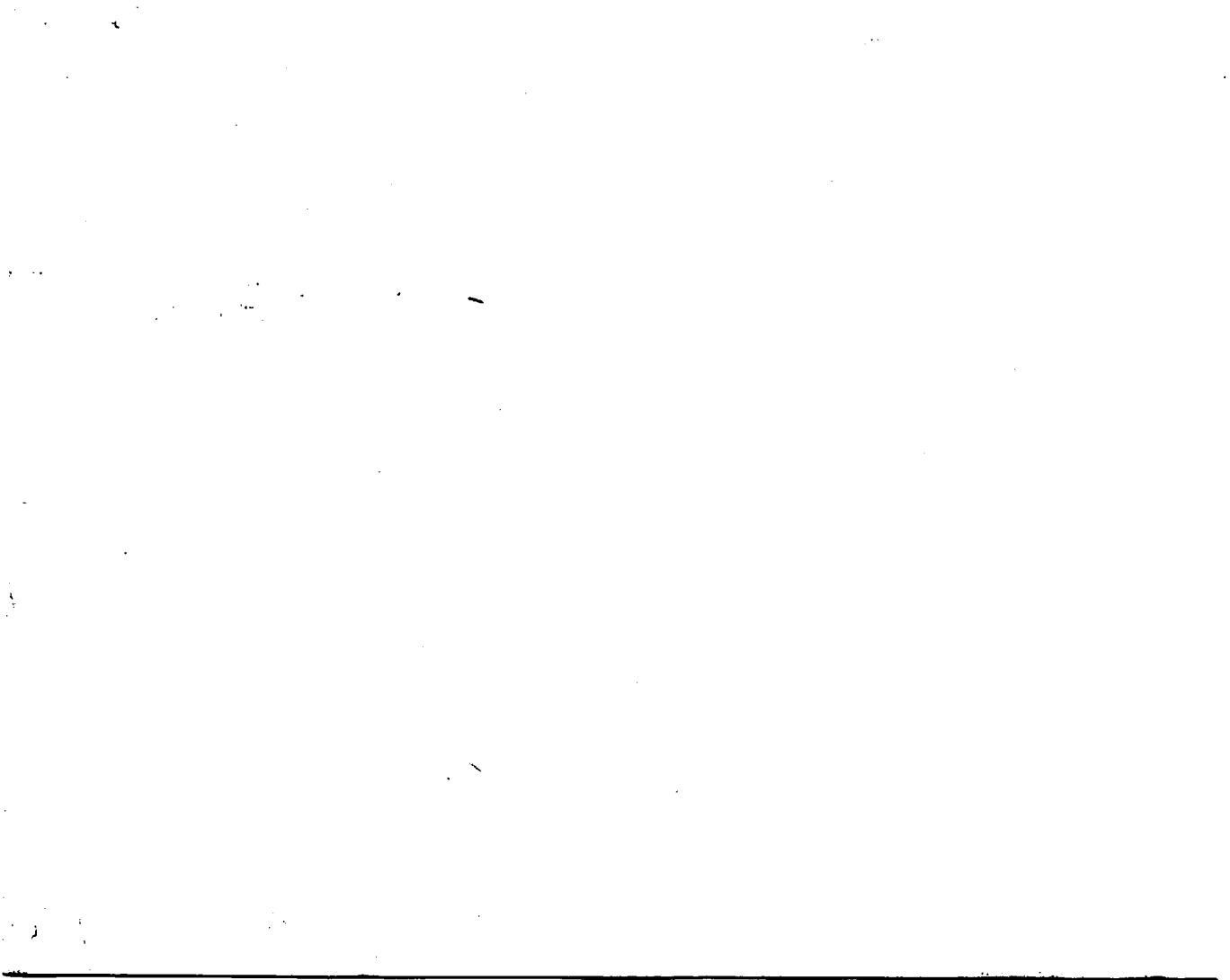
Ashton, Idaho

Filed

6/23 1920C. C. Chapman

Registrar.

Registrar.



693-221-022-693  
PLACE OF BIRTHSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80811

County of GreymontCity of AshtonRegistration District No. 10 VFile No. 1

No. \_\_\_\_\_ St.

Primary Registration District No. 6Registered No. 15-

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Marian Williams

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u>	and { Number in order of birth <u>    </u> }	Legitimate? <u>yes</u>	Date of Birth <u>6-21</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	------------------------------------	--	------------------------	--

FATHER  
FULL NAME John B. WilliamsRESIDENCE Ashton, IdaCOLOR white AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE MissouriOCCUPATION PainterMOTHER  
FULL MAIDEN NAME Esther WilliamsRESIDENCE Ashton, IdaCOLOR wt. AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE NebraskaOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. Jackson

(Physician or midwife)

Physician

Given names added from a supplemental report.

19

Address

Ashton, Ida

Filed

6/23 1920 Chas. Jackson

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



MAY 29 1951

419-123-022-7136  
PLACE OF BIRTH

Form V.-S. No. 11—20m-7-24-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80812

County of FremontCity of AshtonRegistration District No. 102 File No. 1

No. \_\_\_\_\_ St.

Primary Registration District No. 61 Registered No. 16

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Loye Everett MartindaleSex of Child MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate?Date of  
Birth6-231920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAME

FATHER

J. Edward Martindale

RESIDENCE

Marysville, Ida.

COLOR

W.AGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Edith Gross Martindale

RESIDENCE

Marysville, Ida.

COLOR

W.AGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 5 Number of children of this mother now living, including present birth. 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 2 A.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Chas. Jackson

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Ashton, Ida.

Filed

6/23 1920

Registrar.

Registrar.

certified copy issued October 25, 1940. E.W.

316-223-022-255  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-36-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80813

County of PremontCity of AshtonRegistration District No. 102File No. 7

No. \_\_\_\_\_ St.

Primary Registration District No. 6Registered No. 17

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mario Virginia Lawson

Sex of Child

FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate?yesDate of  
Birth6/231920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEFATHER  
Victor M. Lawson

RESIDENCE

Ashton, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
Hella Lentz Lawson

RESIDENCE

Ashton, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 11 A. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

C. C. M. M. M.Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Ashton, Idaho

Filed

6/23 20C. C. M. M. M.

Registrar.

Registrar.

12/13/40 L. B.

DEC 29 1958

363-101-022-113  
PLACE OF BIRTHSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80814

County of LemontCity of LemontRegistration District No. 102File No. 1

No. \_\_\_\_\_ St.

Primary Registration District No. 6Registered No. 18

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of  
ChildM.Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti-  
mate?yesDate of  
Birth7-1-

(Month) (Day)

1920 (Year)FULL  
NAMEFATHER  
Chas. CaldwellFULL  
MAIDEN  
NAMEMary Caldwell

RESIDENCE

Lemont, Mo.

RESIDENCE

Lemont, Mo.

COLOR

white

AGE AT LAST

26

BIRTHDAY

(Years)

COLOR

white

AGE AT LAST

26

BIRTHDAY

(Years)

BIRTHPLACE

Nebraska

BIRTHPLACE

Nebraska

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 10 P.M.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

C. M. Coakley

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Adrian, Mo.

Filed

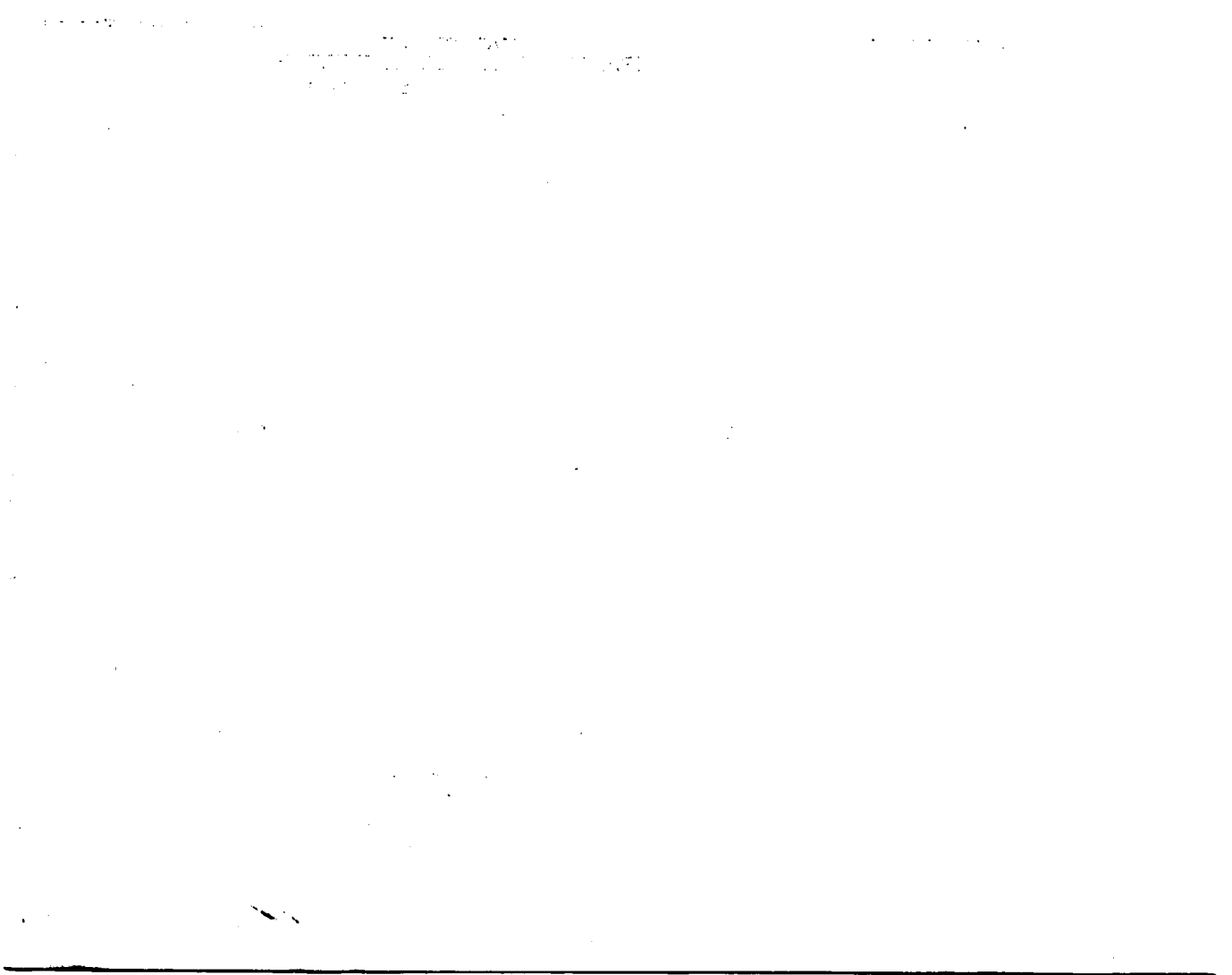
7/2119C. M. Coakley

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



785-203-022-693  
PLACE OF BIRTH

Form V. S. No. 11-20m-7-30-11

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80815

County of Gremont

City of Ashton

Registration District No. 102

File No. 1

No. \_\_\_\_\_ St.

Primary Registration District No. 6 Registered No. 19

Hospital \_\_\_\_\_

FULL NAME OF CHILD Agnes Elizabeth Phelps

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u> (To be answered only in event of plural births)	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>7-3-1920</u> (Month) (Day) (Year)
----------------------------	---	-----	-----------------------------------	------------------------	---

FATHER  
FULL NAME Horace Phelps

RESIDENCE Ashton, Idaho

COLOR white AGE AT LAST BIRTHDAY 38  
(Years)

BIRTHPLACE Ill.

OCCUPATION Contractor & Builder

MOTHER  
FULL MAIDEN NAME Anna Williams Phelps

RESIDENCE Ashton, Idaho

COLOR white AGE AT LAST BIRTHDAY 32  
(Years)

BIRTHPLACE Ohio

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Barnhart at 3:30 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Meacham  
Physician  
(Physician or midwife)

Given names added from a supplemental report.  
\_\_\_\_\_ 19\_\_\_\_

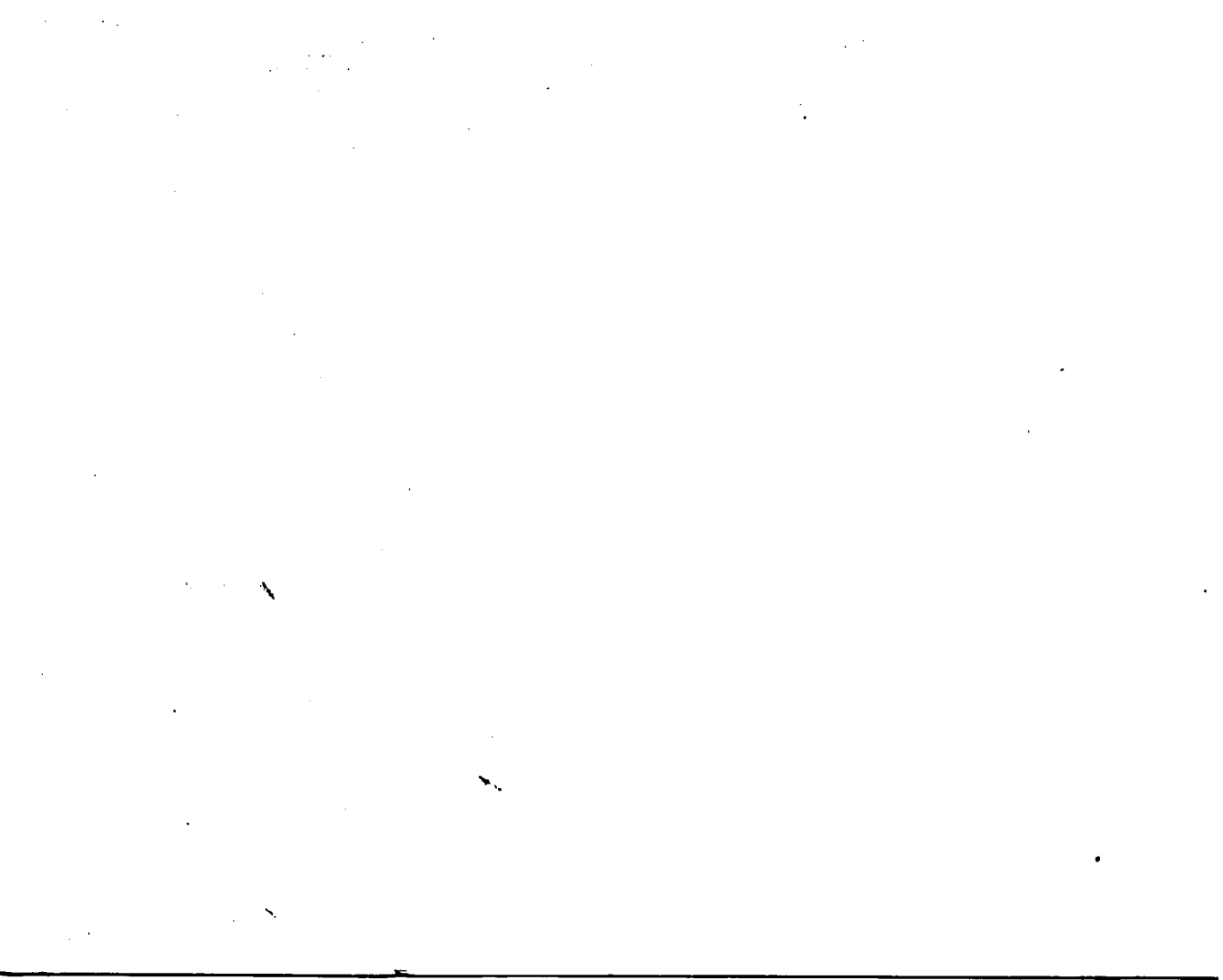
Address Ashton, Idaho

Filed 7/3/1920 C. M. Meacham  
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





466-106.022-864  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80816

County of LamontCity of LamontRegistration District No. 102File No. 1

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 6Registered No. 20

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth (Month) (Day) (Year) <u>7-6-1920</u>
--------------------------	---	-----	--------------------------------	---------------------------	--

FULL NAME FATHER Leslie J. MooreFULL MAIDEN NAME MOTHER Anna Grace MooreRESIDENCE Lamont, Ida.RESIDENCE Lamont, Ida.COLOR white AGE AT LAST BIRTHDAY 29 (Years)COLOR white AGE AT LAST BIRTHDAY 19 (Years)BIRTHPLACE KansasBIRTHPLACE NebraskaOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1:10 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Jackson

(Physician or midwife)

Given names added from a supplemental report.

Address Poston, IdahoFiled 7/6/20

Registrar.

Registrar.

Dup of 1920-313000

367-108

PLACE

023-464

County of *Levy*City of *Montour*No. *1* St.Registration District No. *1070*File No. *80817*

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD *Larriene Stanford Cox*

Sex of Child

*Female*Twin  
Triplet  
or other?and Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?*Yes*

Date of Birth

*June 8 1920*  
(Month) (Day) (Year)FULL  
NAME*Stanley Cox*

FATHER

RESIDENCE

*Montour*

COLOR

*W*AGE AT LAST  
BIRTHDAY*30*  
(Years)

BIRTHPLACE

*London England*

OCCUPATION

*Rancher*FULL  
MAIDEN  
NAME*Ellen Moulton*

MOTHER

RESIDENCE

*Montour*

COLOR

*W*AGE AT LAST  
BIRTHDAY*15*  
(Years)

BIRTHPLACE

*Emmett*

OCCUPATION

*Housewife*Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *11 P.M.* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *A. G. Boyd*

(Physician or midwife)

Given names added from a supplemental report.

Address *Emmett Idaho*Filed *6/30 1920*

Registrar

Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

PLACE HERE

County of .....

City of .....

MAY 27 1964

Address .....

1964 .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-229-023-122  
PLACE OF BIRTH

(amend 11-10-81)

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. & No. 11-C—22m-3-3-17

County of Gen

City of Emmett

Registration District No. 1011

File No. 80818

No. St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Charlotte Berkeley Nelson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	(Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>April 29</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	----------------------------	------------------------	--

FULL NAME <u>Frank Nelson</u>	FATHER
RESIDENCE <u>Emmett</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Va</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Suey M. Abbott</u>	MOTHER
RESIDENCE <u>Emmett</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Colorado</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. Boyd Mall

(Physician or midwife)

Given names added from a supplemental report.

Address Emmett 2d also  
Filed 6/30 1920  
Registrar J. D. Reynolds

Dup. of 1920-362062

not

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ } ss. Certificate No. 80818  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Nelson who was born on 4-29-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Emmett (Gem) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>Unnamed</u>	<u>Charlotte Berkeley Nelson</u>

Subscribed and sworn to before me this 26 day of  
October, 1981.  
Notary Public, James L. O'Leary  
Residing at Twain Falls Idaho  
My commission expires life  
(Seal)

Charlotte Berkeley Nelson Spencer  
Signature of Applicant  
160 Elm St, Twain Falls, Idaho  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss. (Must be completed \_\_)  
County of Twain Falls } (Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of  
October, 1981.  
Notary Public, Conne Dalbraith  
Residing at 444 Meadows Lane Twain Falls  
My commission expires lifetime  
(Seal)

Clara A. Bruner  
Supporting Signature  
136 10th Ave # Twain Falls Id  
Street Address, City, State



NOV 10 1981

Record from Family Bible gives Charlotte Berkeley Nelson born 4-29-20 in Emmett Idaho . Other children listed born between 1905-1917. Obviously old record.  
Viewed by V.S.

Cert of Birth for David Wayne Spencer born 2-11-48 in Twin Falls to Albert Cecil Spencer and CHARLOTTE BERKELEY NELSON age 27 born in Emmett, state file #48-2333.  
Viewed by V.S.

363-2241023-556

## PLACE OF BIRTH

County of SenCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 1020

Primary Registration District No. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Sanna Maybell ColeSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-16-18

File No. \_\_\_\_\_

80820

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>6/24/20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>James Frank Cole</u>			MOTHER FULL MAIDEN NAME <u>Ratie Newsham</u>	
RESIDENCE <u>Emmett</u>			RESIDENCE <u>Same</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth. 4 Number of children of this mother now living, including present birth. 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 3 P M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

19

Address EmmettFiled 6/24 1920

Registrar

Registrar J. H. Reynolds

FEB 12 1962

JAN 17 1962

239-123-023-296  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-18-19

County of GenCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 1020File No. 80821

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child

John Max Klingback

SEX OF CHILD

MaleTwin  
Triplet  
or other?

(To be answered only in event of plural births)

and Number  
in order  
of birthLegiti-  
mate?yesDATE OF  
BIRTH6/23/20  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Adam Klingback

RESIDENCE

Emmett

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
Frankiedavilla Brown

RESIDENCE

Same

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

House wifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Alive at 29 M  
(Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. D. Reynolds  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Emmett

Filed

6/23/20 1920

Registrar

J. D. Reynolds  
Registrar

MAY 12 1971

MAY 24 1971

255-101-

## PLACE OF BIRTH

023-266

County of EmmettCity of Idaho

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-14-18

## CERTIFICATE OF BIRTH

Registration District No. 1020File No. 80822

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

## Full Name of Child

HAROLD RAYHarold Ray Benning

SEX OF CHILD

MaleTwin  
Triplet  
or other?{ and } Number  
in order  
of birthLegiti-  
mate?YesDATE OF  
BIRTH6/1/20  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Harry Wells Benning

RESIDENCE

Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Stage DriverFULL  
MAIDEN  
NAMEMOTHER  
Ida May Bowler

RESIDENCE

Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth... 1Number of children of this mother now living, including present birth... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Alma  
(Born alive or stillborn)10 25 a M

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. K. Reynolds  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

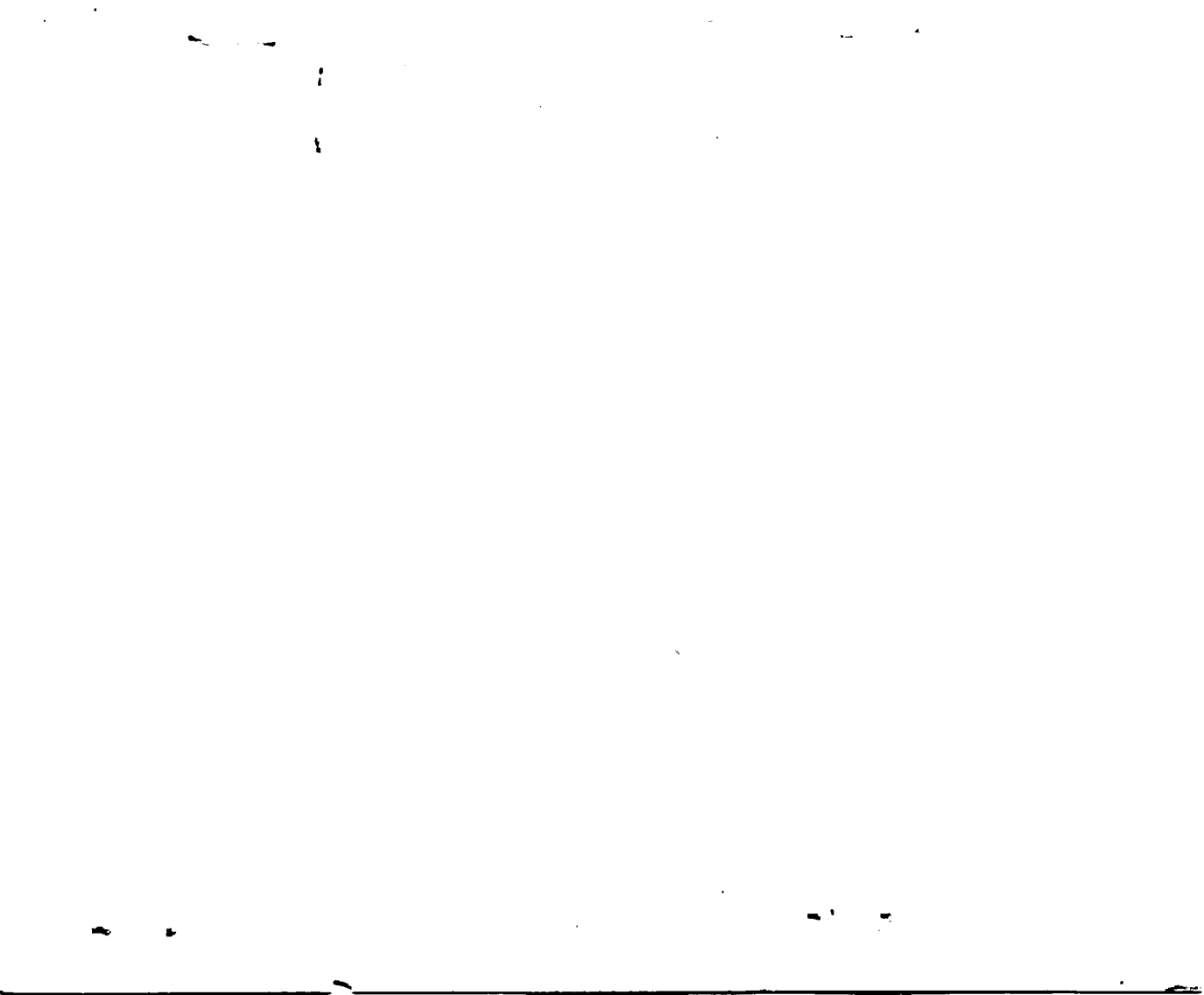
Emmett

Filed

6/3 1920

Registrar

J. K. Reynolds  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**  
**Oregon**

State of \_\_\_\_\_ }  
County of **Linn** } ss.

Certificate No. **80822**

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of

**birth**

(Birth or Death)

for \_\_\_\_\_ who \_\_\_\_\_ on **June 1st. 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Emmett, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by **Bible Record** prepared **in 1924**, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name **Harrol Grey** **Harold Ray Benninger**

Subscribed and sworn to before me this **11th**  
day of **August**, 19 **43**

Notary Public, residing at **Albany, Oregon**

My commission expires **Oct. 28-1945**  
(Seal)

Signed *Harold Ray Benninger*  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) **(father)**  
**1024 West 10th. St. Albany, Oregon**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Oregon** }  
County of **Linn** } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **11th**  
day of **August**, 19 **43**

Notary Public, residing at **Albany, Oregon**

My commission expires **Oct. 28-1945**  
(Seal)

Signed *Ida M. Benninger*  
(Signature of Any Credible Person Other Than Previous Year) **(mother)**  
**1024 West 10th. St. Albany, Oregon**  
(Street Address, City, State)



AUG 17 1943

319-217-273-657

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. & No. 11-C-Rev. 9-3-17

CERTIFICATE OF BIRTH

County of Idaho.....

City of Vicinity of Olathe.....

Registration District No. 107.....

File No. 80823.....

No. ....St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Children Evelyn - Carlock.....

Sex of Child <u>Fe</u>	Twin Triplet or other? <u>  </u> and { Number in order of birth <u>  </u> }	Legitimate? <u>yes</u>	Date of Birth <u>June 17 1924</u> (Month) (Day) (Year)
------------------------	---	------------------------	---

FULL NAME <u>Richard C. Carlock</u>	FATHER
RESIDENCE <u>Groes</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>5-9</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Mary V. Weatherholt</u>	MOTHER
RESIDENCE <u>Groes</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Oklahoma</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 10... Number of children of this mother now living, including present birth 9.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:45 AM on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D......

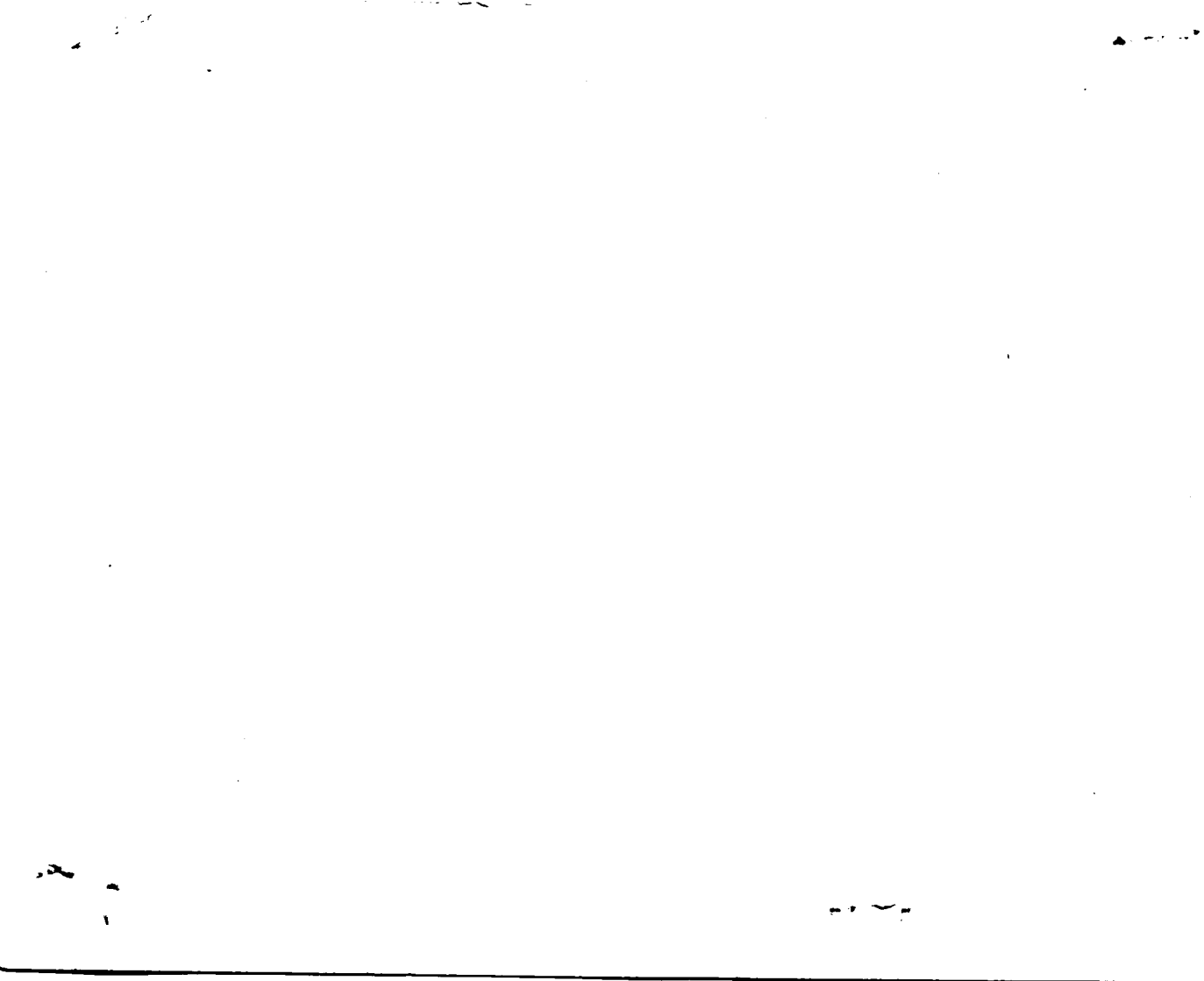
(Physician or midwife)

Given names added from a supplemental report.

Address Emmett Idaho.....

Filed 6/17 1924 J. L. Reynolds  
Registrar Registrar

WRITING PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Gem } ss. Certificate No. 80823

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed person who June 17 (Birth or Death) 1920  
in Gem Co. (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by my knowledge (Place of Event)  
(Birth Record, Insurance Policy, Etc.) prepared on June 17 (Give Date), are:

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
<u>Name</u>	<u>Unnamed</u>	<u>Mildred Evelyn Carlock</u>

Subscribed and sworn to before me this 27th  
day of June 1942  
J. P. Reed  
Notary Public, residing at Emmett, Idaho  
My commission expires 2/17/1944  
(Seal)

Signed Mary Valeria Carlock  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Gem } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th  
day of June 1942  
J. P. Reed  
Notary Public, residing at Emmett, Idaho  
My commission expires 2/17/1944  
(Seal)

Signed Richard S. Carlock  
(Signature of Any Credible Person Other Than Previous Year)  
Idaho  
(Street Address, City, State)

**JUN 29 1942**



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Emmett  
614-1291033-813  
 No. .... St.

Registration District No. .... 1. P. 20 .....

File No. .... 80824 .....

Primary Registration District No. .... Registered No. ....

Hospital ..... Wm Edwards .....

FULL NAME OF CHILD ..... Unnamed Foulke .....

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>June 29</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>George Foulke</u> RESIDENCE <u>Emmett</u> COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Pa.</u> OCCUPATION <u>Owner</u>		MOTHER FULL MAIDEN NAME <u>Silliana Hall</u> RESIDENCE <u>Emmett</u> COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>21</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4:10 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... A. L. Boyd M. D. .....  
 (Physician or midwife)

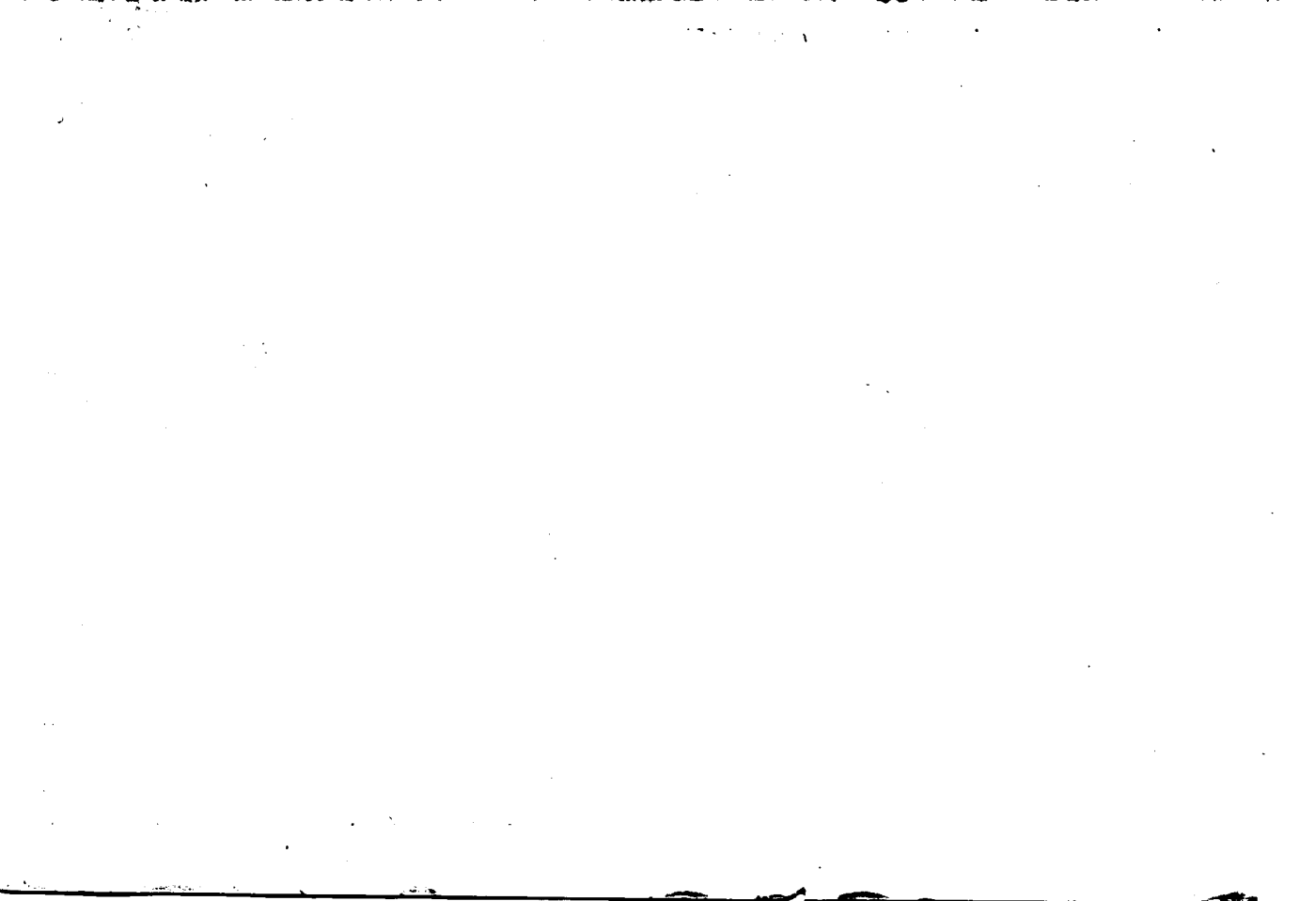
Given names added from a supplemental report.

..... 19 .....

Address Emmett Idaho

..... 19 .....

Filed 6/30 1920 J. H. Reynolds  
 Registrar Registrar



753.202

PLACE OF BIRTH

023-389

County of Den

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

City of EmmettRegistration District No. 1020

File No.

80825

No. St.

Primary Registration District No.

Registered No.

Hospital

Full Name of Child

Emmy Ruby Petersen

SEX OF CHILD <u>Female</u>	Twin <u>Twins</u> Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	DATE OF BIRTH <u>June 2, 20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME <u>James Petersen</u>	FATHER
RESIDENCE <u>Emmett</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Denmark</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Gertrude Christiansen</u>	MOTHER
RESIDENCE <u>Same</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Denmark</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth... 6... Number of children of this mother now living, including present birth... 6...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 1/2 PM on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. D. Reynolds  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Emmett

Filed

6/219 20

Registrar

J. D. Reynolds  
Registrar



**FEB 12 1960**

753-1021023-389  
PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of GenCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 1020File No. 80826

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child

Elma Petersen

SEX OF CHILD

MaleTwin  
Triplet  
or other?win

{and}

Number  
in order  
of birth1Legiti-  
mate?yesDATE OF  
BIRTH6/2/20  
(Month) (Day) (Year)FULL  
NAMEFATHER  
James Petersen

RESIDENCE

Emmett

COLOR

WhiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Denmark

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
Gistude Petersen

RESIDENCE

Same

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Denmark

OCCUPATION

House wifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Alive, at 10<sup>05</sup> P M  
(Born alive or stillborn){ \*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

J. A. Reynolds  
Emmett  
(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

Registrar \_\_\_\_\_

Filed

6/2/20

19 \_\_\_\_\_

J. A. Reynolds  
Registrar

Dup of 1920-190817

Z - ELMER  
TWIN TO EMMA

NOT

254219.023-231

## PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of GenCity of EmmettRegistration District No. 10-20File No. 80827

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

DORIS ELNORA BEUTLER

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>6</u> <u>19</u> <u>20</u> (Month) (Day) (Year)
FULL NAME <u>George Edward Beutler</u>	FATHER		FULL MAIDEN NAME <u>Anna Eliza Stanley</u>	MOTHER
RESIDENCE <u>Emmett Ida</u>			RESIDENCE <u>Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmers</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 11 20 A  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Reynolds

(Physician or midwife)

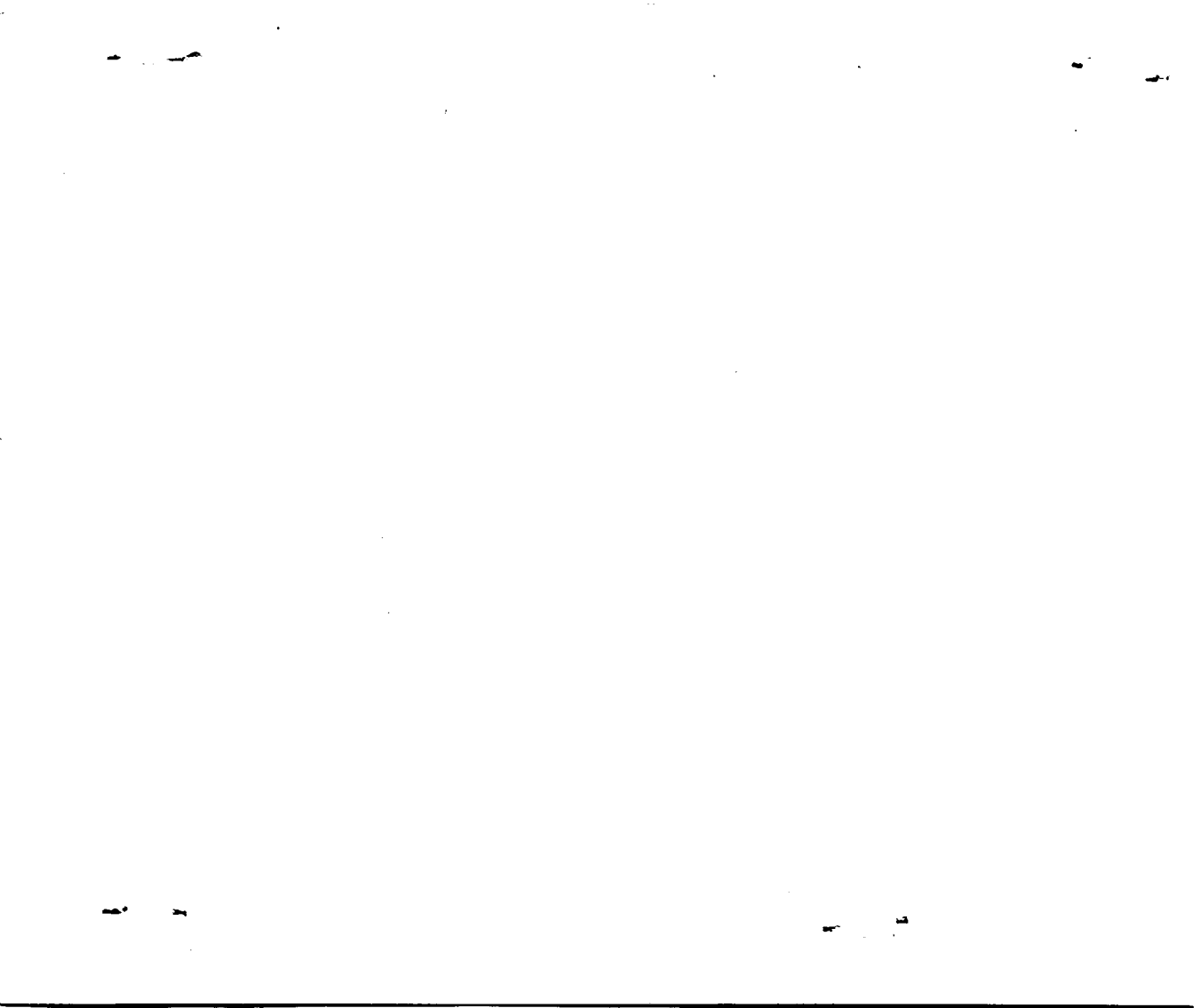
Given names added from a supplemental report.

Address EmmettFiled 6/22 1920 J. C. Reynolds  
Registrar

WHILE FAINTLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Gem } ss.

Certificate No. 80827

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for \_\_\_\_\_ who born on June 19, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Emmett, Gem Co., Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Baby Book Record prepared on At date of birth, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

Name Unnamed

Doris Elnora Beutler

Subscribed and sworn to before me this 20th  
day of July, 19 43

Notary Public, residing at Emmett, Idaho

My commission expires Nov. 20, 1944  
(Seal)

Signed George Edward Beutler  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 2, Emmett, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Gem } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th  
day of July, 19 43

Signed George Edward Beutler  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Emmett

My commission expires Nov. 20, 1944  
(Seal)

(Street Address, City, State)

MAY 27 1946

PLACE OF BIRTH

County of GenCity of Emmett

No. \_\_\_\_\_ St.

Registration District No. 1120No. 80828

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child Mary Maddocks Madsen

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>6</u> <u>1</u> <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Holger F Madsen</u>	FATHER		FULL MAIDEN NAME <u>Mary Etta Maddocks</u>	MOTHER
RESIDENCE <u>Emmett Ida</u>			RESIDENCE <u>Emmett Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Denmark</u>			BIRTHPLACE <u>Massachusetts</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1 P M on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

Address Emmett IdaFiled 673 1920

Registrar

Registrar



04 04 2004

# DECEASED

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Arizona } ss. SEP 12 8 59 AM '72 Certificate No. 80828  
County of Mohave } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Madsen (Female) who was born (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on 6-1-20  
(Date of Event)  
in Emmett, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on..... are:

(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name Unnamed Mary Maddocks Madsen

Subscribed and sworn to before me this 5th day of  
Sept, 1972.

Signed Mary M. Hood  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Bullhead City, Ariz. 86430  
My commission expires Jan. 16, 1974  
(Seal)

Box 272, Bullhead City, Ariz. 86430  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... } ss.  
County of..... }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed.....  
(Signature of Any Credible Person)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

(Street Address, City, State)

SEP 13 1972

Certificate of Promotion to Senior High School from Camas Junior High School, Camas, Washington gives name as Mary Maddocks Madsen. Dated May 28, 1934. Viewed by V. S.

Own child's birth certif. on file in Idaho (File # 329999) gives child's name as Mary Louise Pattee born 12-30-41. Father's name given as Paul F. Pattee and mother's name given as Mary M. Madsen. Viewed by V. S.

713-219-023-693  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-9-27

County of BernCity of MontoyaRegistration District No. 12 WFile No. 80829

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Isabella Louise Gatzfield

Sex of Child <u>female</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>6-19-20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Oliver J. Gatzfield</u>	FATHER
RESIDENCE <u>Montoya, Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Kans</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Violet Wellman</u>	MOTHER
RESIDENCE <u>Montoya</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Wyo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 3 a M.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Burt O. Clark MD  
Gunnitt  
(Physician or midwife)

Given names added from a supplemental report.

Address 12Filed 6/20 20 J. H. Reynolds  
Registrar Registrar

MARGIN RESERVED FOR B.I.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

C.C. C/4/41. W.D.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Amended October 14, 1958

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

713-230-023 - 693

County of Gem

City of Sweet

# CERTIFICATE OF BIRTH

No. \_\_\_\_\_ St. Registration District No. \_\_\_\_\_ File No. 80830

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD Nelma Burton Patterson

(Certificate of no value without full name of child.)

Sex of Child female	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? yes	Date of birth April 30 1920 (Month) (Day) (Year)
---------------------	--	--------------------------------	-----------------	--

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Burt F. Patterson	FULL MAIDEN NAME	Lula Augusta Wilson
RESIDENCE	Sweet	RESIDENCE	Sweet
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oklahoma
OCCUPATION	Rancher	OCCUPATION	Housewife

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3:00 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd, M.D.

(Physician or midwife)

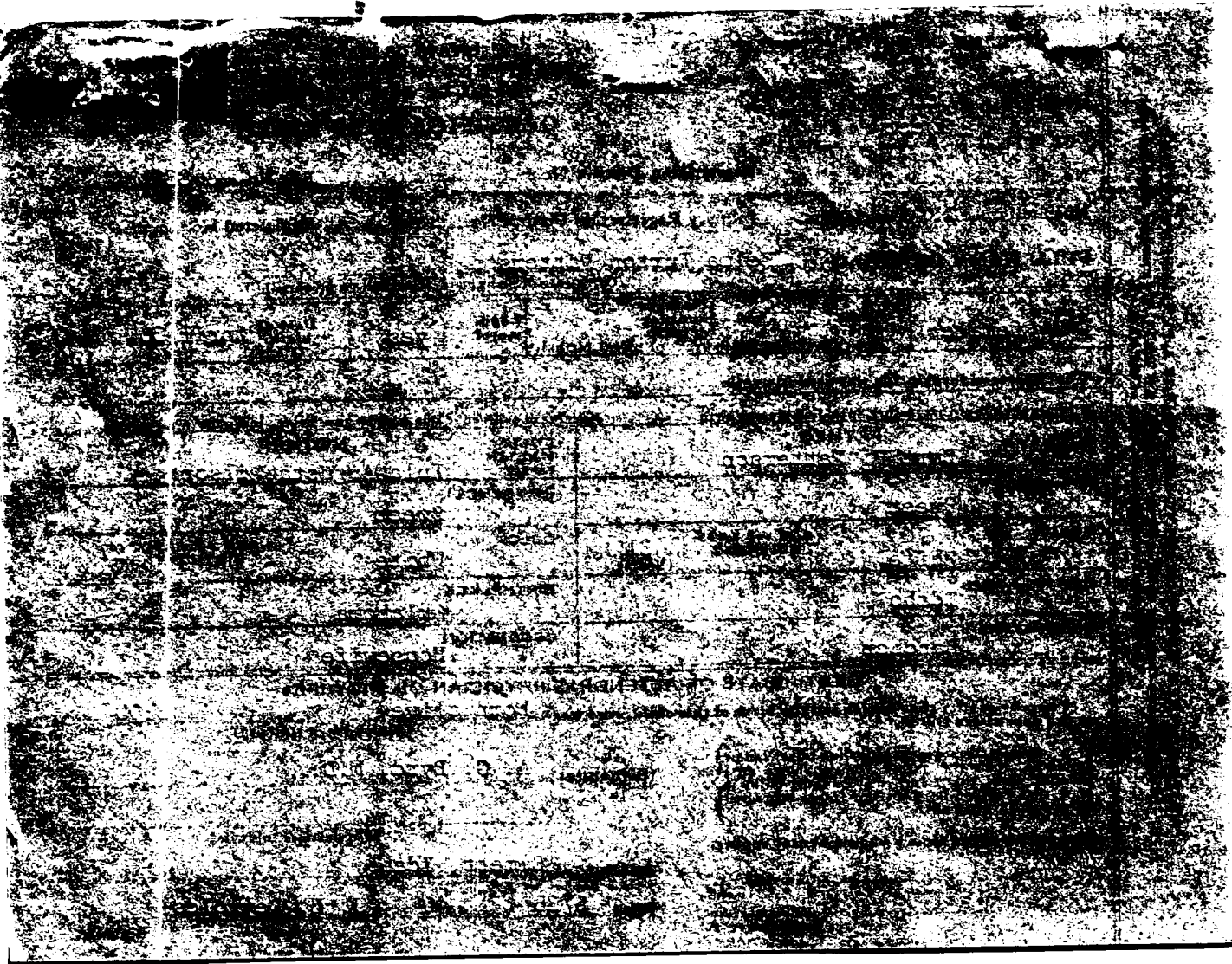
Give names added from a supplemental report.

Address Emmett, Idaho

Filed 6/30 1920 J. L. Reynolds

Registrar.

Registrar.



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. Certificate No. 80830  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed Patterson (Name on Original Certificate) who was born (Birth or Death) on April 29, 1920 (Date of Event)  
in Sweet, Gem County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
name unnamed Patterson Nelma Burton Patterson

Subscribed and sworn to before me this 3 day of October, 1958  
Notary Public, residing at Eagle, Idaho  
My commission expires April 28, 1960  
(Seal)

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
5707 Sunset Ave Boise  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of October, 1958.

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at Boise, Idaho  
My commission expires Nov 6, 1959  
(Seal)

2227 Sunset Ave  
(Street Address, City, State)  
Boise Idaho



OCT 13 1956

MAR 31 1965

OCT 14 1958



Father's birth cert. # 364126, viewed by V.S.

Marriage License, dated July 22, 1910, viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Ada } ss. Certificate No. 80830  
Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Nelma Burton Patterson who was born on April 30, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Sweet, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) viewed by V.S.  
true facts are shown by Bible Record prepared on obviously old are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> (“Name,” “Birth Date,” “Cause of Death,” Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
<u>father's name</u>	<u>Bert F. Patterson</u>	<u>Burt F. Patterson</u>
<u>mother's name</u>	<u>Gustae Wilson</u>	<u>Lula Augusta Wilson</u>
<u>Birth Date</u>	<u>April 29, 1920</u>	<u>April 30, 1920</u>

Subscribed and sworn to before me this 14 day of

October 1958  
Harold E. Hurlbert  
Notary Public, residing at Engle, Idaho  
My commission expires Sept. 28, 1968  
(Seal)

Signed Lula Augusta Patterson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Ada } ss.

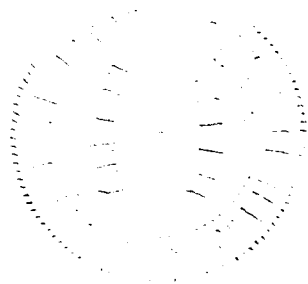
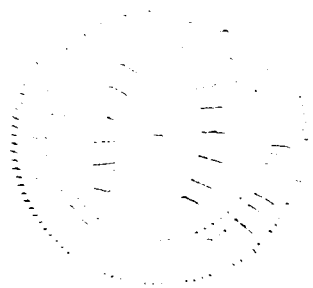
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of

October 1958  
Harold E. Hurlbert  
Notary Public, residing at Engle, Idaho  
My commission expires Sept. 28, 1968  
(Seal)

Signed Mrs. A. A. Holcomb  
(Signature of Any Credible Person)

P.O. Box 423 Winslow, Wash.  
(Street Address, City, State)



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-20-023-132  
PLACE OF BIRTHCounty of Germ

City of .....

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-25m-3-37

Registration District No. .... 10 M .....File No. .... 80831 .....

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD Frances Crist Wilhelm

Sex of Child <u>female</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	and { Number in order of birth <u>—</u>	Legiti- mate? <u>ye</u>	Date of Birth <u>6-20-20</u> (Month) (Day) (Year)
----------------------------	--	---	----------------------------	--

FULL NAME <u>Friedrich Wilhelm</u>	FATHER
RESIDENCE <u>Emmett Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Clara S. Alsager</u>	MOTHER
RESIDENCE <u>Emmett Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Id.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .....  
Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Born alive or stillborn) .....

at ..... M.

Given names added from a supplemental report.

(Physician or midwife)

Address .....

Filed .....

Registrar .....

Registrar .....



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

995-117023

PLACE OF BIRTH

County of Ben

City of Emmett

No. ....

Hospital .....

FULL NAME OF CHILD

CALVIN ROY IRELAND

Sex of Child <u>male</u>	Twin Triplet or other? <u>—</u> and { Number in order of birth <u>—</u> } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>6-17-20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Peter Ireland</u>	FATHER
RESIDENCE <u>Emmett Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Labourer</u>	

FULL MAIDEN NAME <u>Mary Marker</u>	MOTHER
RESIDENCE <u>Emmett</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10:30 a.m. on the date above stated.  
(Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Burt O'Flaherty  
(Physician or midwife)

Given names added from a supplemental report.

.....  
.....  
Registrar

Address Emmett Ida  
Filed 6/30/20  
Registrar

SEP 27 1967

AUG 26 1952

PLACE OF BIRTH

238-113

County of.....

City of.....

No.....

Hospital.....

FULL NAME OF CHILD

Sex of Child

Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate?Date of  
Birth

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.

alive

1:30 P.

(Born alive or stillborn)

(Signature).....

\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

Given names added from a supplemental report.

Address.....

Filed.....

Registrar

Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-2-17

Registration District No.....

File No.....

Primary Registration District No.....

Registered No.....

DARREL WAYNE

Schindler

Male

Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate?

Yes

Date of  
Birth

(Month)

(Day)

(Year)

FULL  
NAME

Elmire D Schindle

FULL  
MAIDEN  
NAME

Bertrude Bonney

RESIDENCE

Gooding

RESIDENCE

Gooding

COLOR

White

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

Illinois

BIRTHPLACE

Oregon

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.

alive

1:30 P.

(Born alive or stillborn)

(Signature).....

\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

Given names added from a supplemental report.

Address.....

Filed.....

Registrar

Registrar





10-11-12

STATE OF IDAHO  
DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 80833  
County of Gooding }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or Death)  
for Schindler who was born on June 13th 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name unnamed Schindler Darrel Wayne Schindler

Subscribed and sworn to before me this 24th  
day of April, 1942  
Albert B. Brink  
Notary Public, residing at Gooding, Idaho  
My commission expires Nov. 23, 1944  
(Seal)

Signed Hertude Schindler Johnson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Gooding, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Gooding }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th  
day of April, 1942  
Albert B. Brink  
Notary Public, residing at Gooding, Idaho  
My commission expires Nov. 23, 1944  
(Seal)

Signed Eva. E. Bess  
(Signature of Any Credible Person Other Than Previous Year)

Gooding, Idaho  
(Street Address, City, State)

APR 27 1942

123 20 1942

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. .... St.

Hospital Gooding

FULL NAME OF CHILD

Registration District No. ....

File No. 80834

Primary Registration District No. 1014

Registered No. ....

George Transue Knight

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>April 22</u> 191 <u>2</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------	--

FULL NAME <u>Creed Theo. Knight</u>	FATHER
RESIDENCE <u>Gooding, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Chicago, Ills</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Ruth Florida Transue</u>	MOTHER
RESIDENCE <u>Gooding, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Bethlehem, Penn.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 6 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. E. Lamb  
Allice King  
(Physician or midwife)

Given names added from a supplemental report.

Address Gooding, Ida

Filed 7-23-20 7 7 Cary MD

Registrar

Registrar

APR 8 1943

APR 26 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4431091004-613  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-9-8-17

County of Gooding

City of Gooding

No. St.

Registration District No. ....

File No. 80835

Primary Registration District No. 1014

Registered No. ....

Hospital .....

FULL NAME OF CHILD William George Miller

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } Legitimate? <u>Yes</u>	Date of Birth <u>June 9, 1920</u> (Month) (Day) (Year)
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FULL NAME <u>William H. Miller</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Cecil Helen Fall</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth...1..... Number of children of this mother now living, including present birth...1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9 A M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb  
Alcee J. Jagg  
(Physician or midwife)

Given names added from a supplemental report.

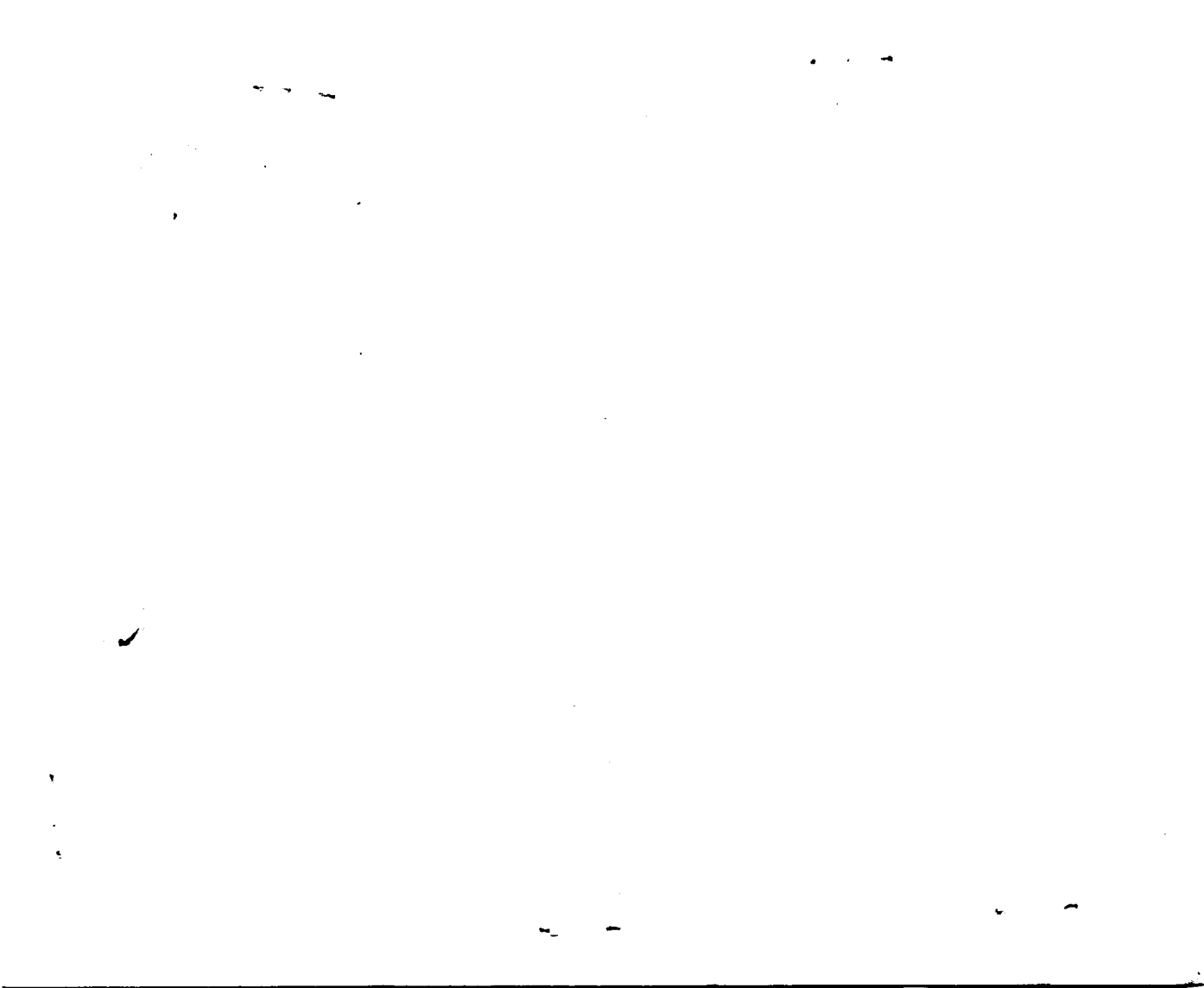
.....19.....

Address Gooding, Ida

Filed 7-23-20 7 7 Carmichael

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Washington } ss. Certificate No. 80835  
County of Thurston } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for Unnamed Miller (Male) who was born on June 9, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Gooding, Idaho (Gooding) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by EMPLOYMENT RECORD, SOCIAL SECURITY CARD prepared on 7-15-42 & 9-6-39 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

child's name \_\_\_\_\_ Unnamed \_\_\_\_\_ William George Miller  
S \_\_\_\_\_

Subscribed and sworn to before me this 6th day of

February 1978  
Sandra J. Sneyers  
Notary Public, residing at \_\_\_\_\_  
My commission expires 12/14/1980  
(Seal)

✓ Signed Cecil H. Miller  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
110 1/2 W. 10th #2 Olympia Wa  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington } ss.  
County of Thurston }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of

February 1978  
Sandra J. Sneyers  
Notary Public, residing at \_\_\_\_\_  
My commission expires 12/14/1980  
(Seal)

○ Signed Nora J. Scott  
(Signature of Any Credible Person)  
110 1/2 W. 10th #2 Olympia Wa  
(Street Address, City, State)



Social Security card issued September 6, 1939, gives name as William George Miller. Card # 533 14 1360.

Viewed by V.S.

Appointment by the United States Civil Service Commission of Washington D.C. gives name as William George Miller of Echo Oregon. Birthdate is listed as June 9, 1920 and birthplace is Gooding, Idaho. Appointed July 15, 1942.

Viewed by V.S.

551-222-024-266

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of GoodingCity of Gooding

No. .... St.

Registration District No. ....

File No. .... **80836**Primary Registration District No. 1014

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Katharine MaryEvans

Sex of Child <u>Female</u>	Twin Triplet or other? <u>  </u>	and (Number in order of birth) <u>  </u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 22 20</u> (Month) (Day) (Year)
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FULL NAME <u>Arthur Evans</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Louisiana</u>	
OCCUPATION <u>Minister</u>	

FULL MAIDEN NAME <u>Grace Frances Bowen</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3.....Number of children of this mother now living, including present birth... 3.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 6:30 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

H. E. Lamb

(Physician or midwife)

Alene Zingg

Given names added from a supplemental report.

Address .....

GoodingIda

Filed .....

7-23-2077 Caymo

Registrar

Registrar

JUN 26 1975

**RECEIVED**  
IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
AUG 12 11 06 AM '75

## Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Texas } ss. Certificate No. 80836  
County of Harris } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Evans (female) who was born on June 22, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Gooding, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
child's name Unnamed Katharine Mary Evans

Subscribed and sworn to before me this 8th day of August 1975  
Maurine Sparks  
Notary Public, residing at Houston Texas  
My commission expires June 1, 1977  
(Seal)

Signed [Signature]  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
7400 Clarewood Drive Houston Texas  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas } ss.  
County of Harris }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 8th day of August 1975  
Maurine Sparks  
Notary Public, residing at Houston Texas  
My commission expires June 1, 1975  
(Seal)

Signed [Signature]  
(Signature of Any Credible Person)  
7400 Clarewood Drive Houston Texas  
(Street Address, City, State)

MAURINE SPARKS

Genealogy & record for Bowen's Court ( George M. Bowen) gives name as

Katharine Mary Evans born June 22, 1920 at Gooding, Idaho. viewed by V. S.

Family Bible record give name as Katharine Mary Evans born June 22, 1920  
at Gooding, Idaho. viewed by V. S.

AUG 14 1975

693-22402X-43  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-2m-2-27

County of GoodingCity of Gooding

Registration District No. ....

File No. 80837

No. .... St.

Primary Registration District No. 1014

Registered No. ....

Hospital .....

FULL NAME OF CHILD NilesonSex of Child Female Twin Triplet or other? and { Number in order of birth }  
(To be answered only in event of plural births)Legitimate? YesDate of Birth June 24 20  
(Month) (Day) (Year)FATHER  
FULL NAME Wiley Lee Nelson  
RESIDENCE Gooding  
COLOR White AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Virginia  
OCCUPATION Day LaborerMOTHER  
FULL MAIDEN NAME Viola Dalby  
RESIDENCE Gooding  
COLOR White AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Missouri  
OCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 5:50 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Larnal  
W. D. Jorg

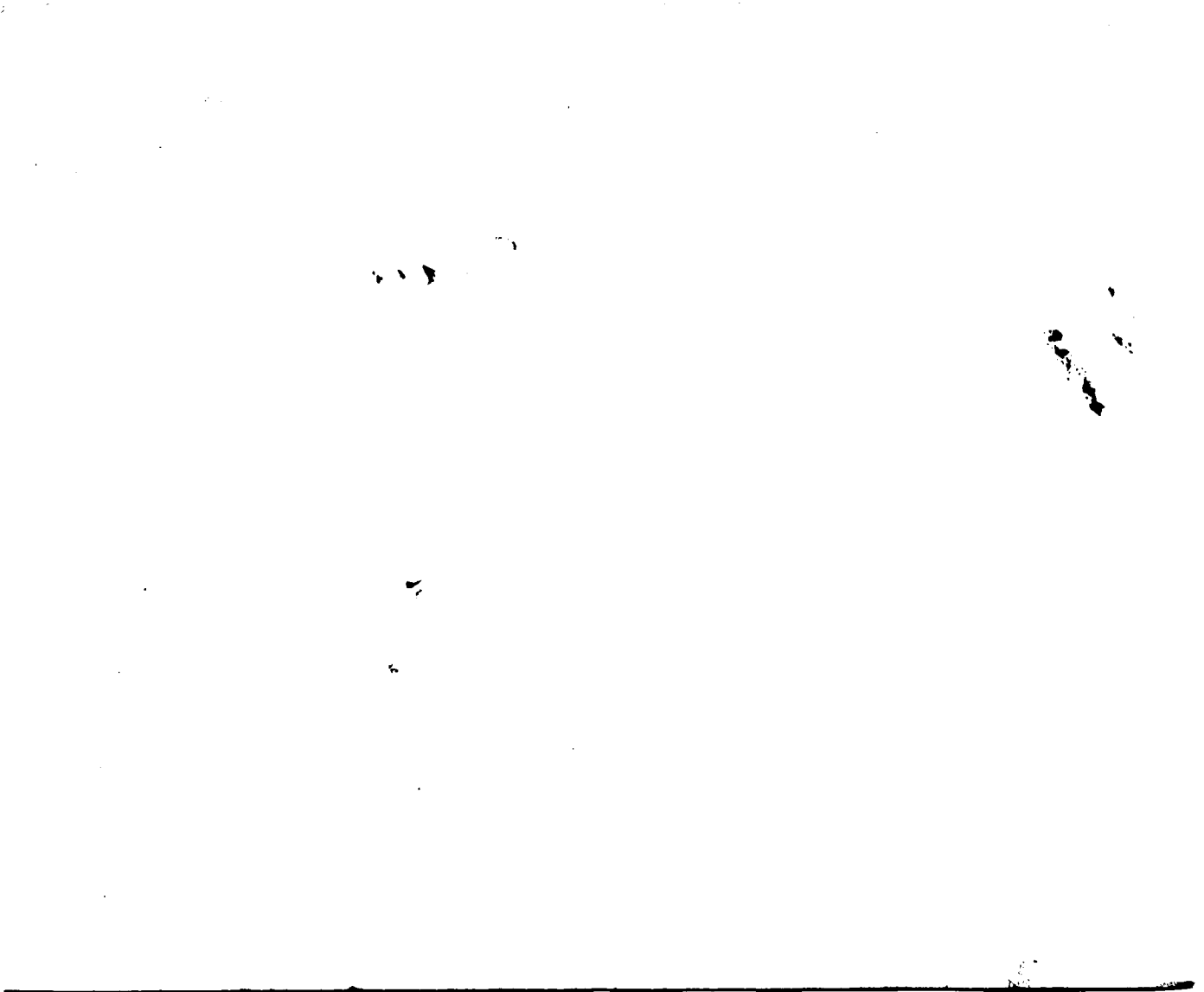
(Physician or midwife)

Given names added from a supplemental report.

Address Gooding, IdaFiled 7-23-20

Registrar

Registrar



141-218-024-844

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of GoodingCity of GoodingRegistration District No. \_\_\_\_\_ File No. 80838

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital GoodingPrimary Registration District No. 1014 Registered No. \_\_\_\_\_FULL NAME OF CHILD Katherine Adams

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>May 18</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-------	--------------------------------	-------------------------	--

FULL NAME FATHER Roger Hiram AdamsRESIDENCE Balboa C. Z.COLOR White AGE AT LAST BIRTHDAY 40 (Years)BIRTHPLACE MississippiOCCUPATION Government ClerkFULL MAIDEN NAME MOTHER Helen AndersonRESIDENCE Balboa C. Z.COLOR White AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE IllinoisOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cronwell M. S.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Gooding, IdahoFile 7-23 19 20 77 Canyon

Registrar

Registrar



JAN 16 1942

613-2181024-251  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of GoodingCity of Gooding

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

80839

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1044

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Martha Walgamoh

Sex of Child <u>Female</u>	Twins or other? <u>Triplet</u> (To be answered only in event of plural births)	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 18</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	------------------------	--

FULL NAME <u>Geo. Walgamoh</u>	FATHER
RESIDENCE <u>Gooding, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>49</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Plumber</u>	

FULL MAIDEN NAME <u>Lina Beach</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Mich</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cronquist, M.D.

(Physician or midwife)

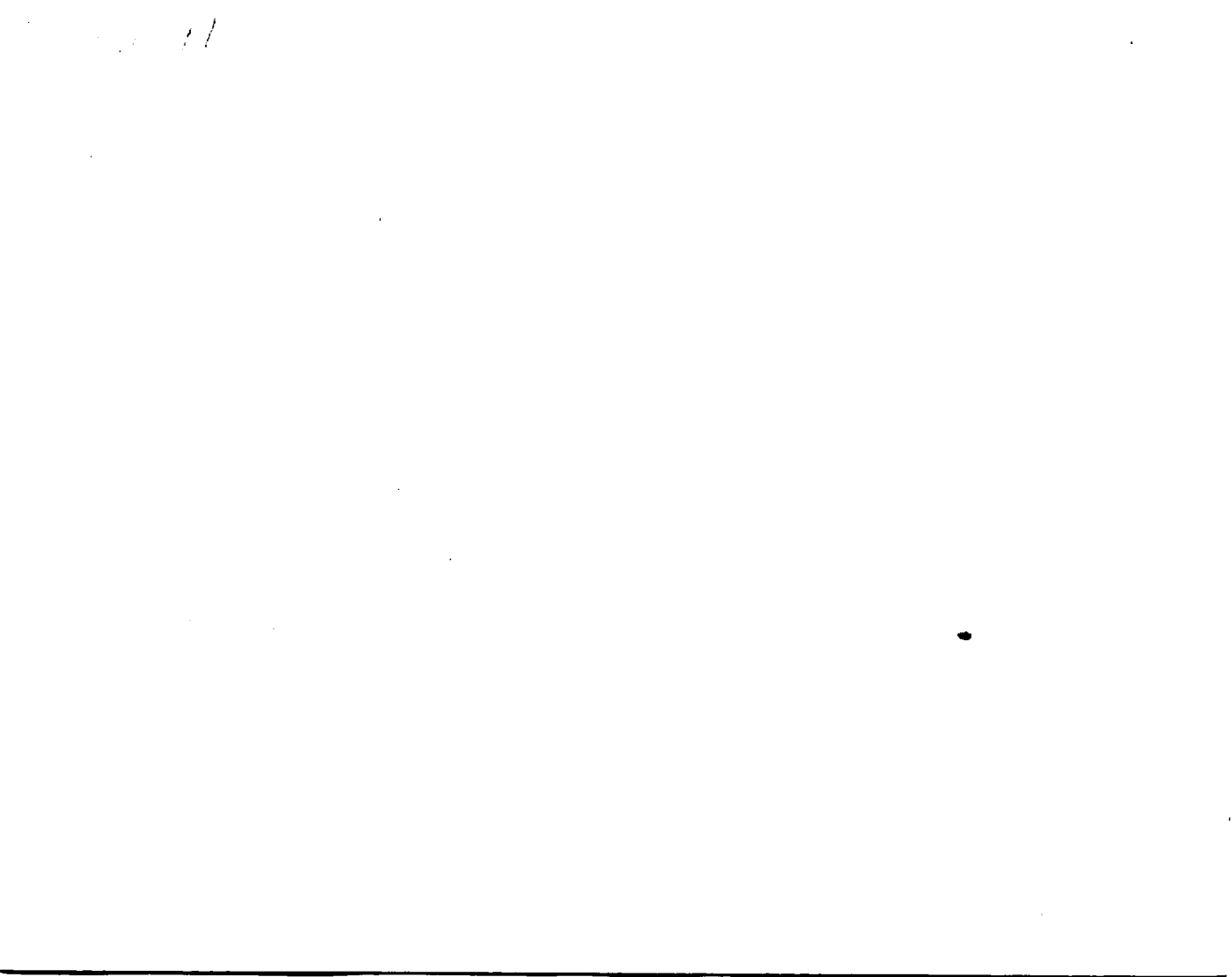
Given names added from a supplemental report.

19 \_\_\_\_\_

Address Gooding, Ida.Filed 7-23-1920

Registrar \_\_\_\_\_

Registrar 7 J. Cronquist



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

249-211-024-691

PLACE OF BIRTH  
Amended 12-13-78

County of Gooding

City of Gooding

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. \_\_\_\_\_ File No. **80841**

Primary Registration District No. 1014 Registered No. \_\_\_\_\_

William Burch

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>May 11, 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	---	----------------------------	---

FULL NAME <u>Oswald Burch</u>	FATHER
RESIDENCE <u>Gooding Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Carpenter</u>	

FULL MAIDEN NAME <u>Alta Francis</u>	MOTHER
RESIDENCE <u>Gooding Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P. M.  
on the date above stated. (Born alive or stillborn)

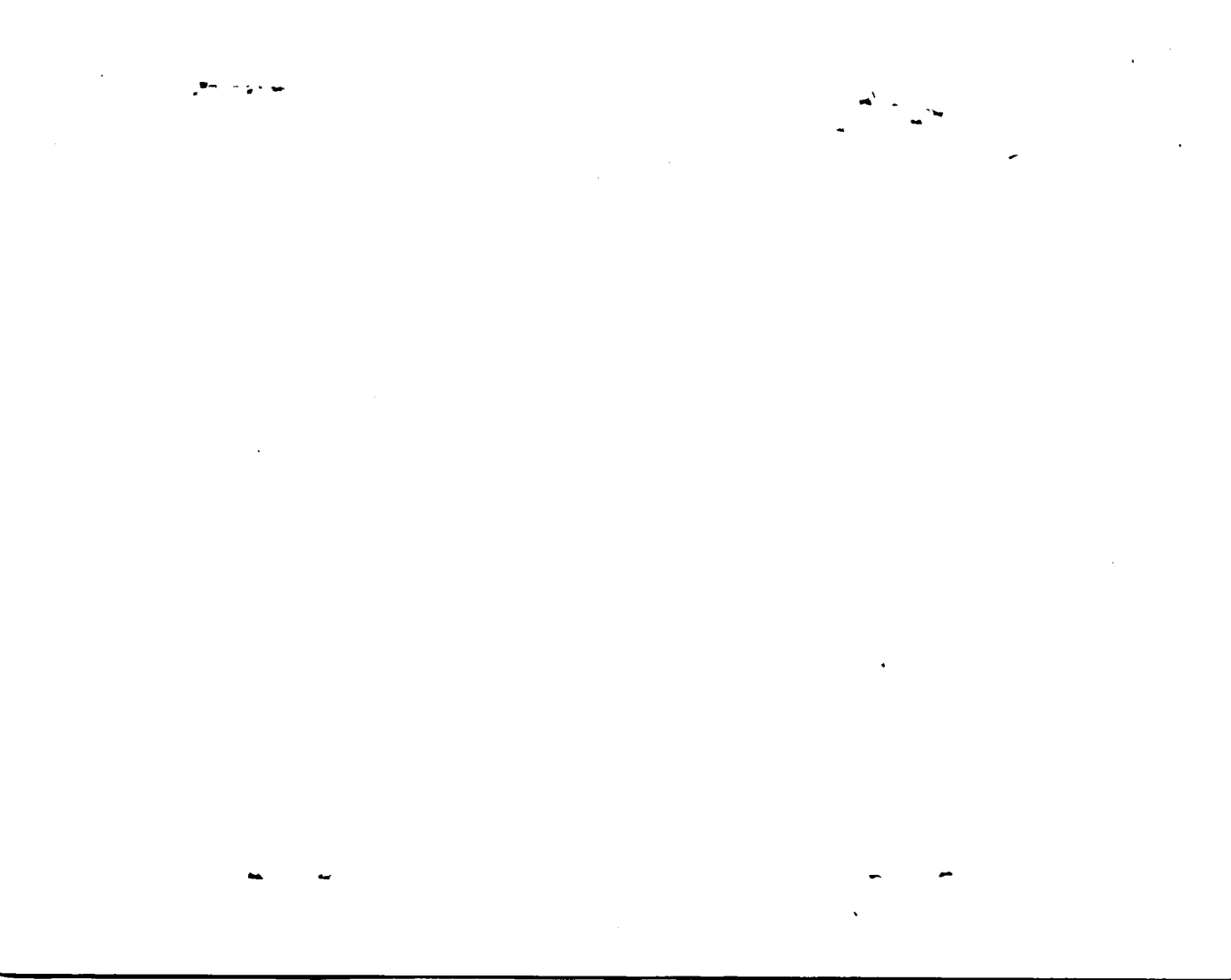
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cronwell M.D.  
Gooding Idaho  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 7-23-1920 J. J. Cary M.D.  
Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... }  
County of..... } ss. **RECEIVED**  
VITAL STATISTICS  
JEC 13 2 45 PM '78  
Certificate No. 80841  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for: Unnamed Baby Burch (female) who was born on May 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Gooding, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by presence at birth prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name	Unnamed	Wilma Burch
Birthdate	May 12, 1920	May 11, 1920

Subscribed and sworn to before me this 17 day of

Signed Alta Burch - Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Hotels Mission  
My commission expires January 28, 1979  
(Seal)

R2 Cabool Missouri  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed.....  
(Signature of Any Credible Person)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

.....  
(Street Address, City, State)

~~DEC 5 1978~~

letter from Houston Reorganized School Dist No. 1 of Texas County gives name as Wilma Burch born May 11, 1920. father's name as Orval Burch. entered school in Sept 1938. viewed by V. S.

DEC 19 1978

Receipt from Missouri, Application for Operators License gives name as Wilma Kelley. married. born May 11, 1920. No. 2138739. dated 3-11-65. viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

816-113-024-653

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-31-19

County of Gooding

City of Gooding

Registration District No. 514

File No. 80842

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

George Earl Hager

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 13</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	-------------------------------	--

FULL NAME FATHER Ralph Hager

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 34  
(Years)

BIRTHPLACE Iowa

OCCUPATION Farming

FULL MAIDEN NAME MOTHER Minna L Welch

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 34  
(Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:00 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Gooding, Idaho

Filed 7-23 1920 F. J. Conroy M.D.

Registrar

Registrar

K



MAR 26 1942

MAR 30 1965

DECEASED

386-220-024-895

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of GordiumCity of GordiumRegistration District No. 1014File No. 80843

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Marjorie Thompson

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?yes

Date of Birth

June 20 1920  
(Month) (Day) (Year)

FULL NAME

Asen E Thompson

FATHER

RESIDENCE

Gordium

COLOR

WhiteAGE AT LAST  
BIRTHDAY39  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

Mechanics

FULL MAIDEN NAME

Bircha Hinds

MOTHER

RESIDENCE

Gordium

COLOR

WhiteAGE AT LAST  
BIRTHDAY39  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)Foran alive12 M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J H Cromwell MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Gordium Idaho

Filed

1-23 1920J J Carney  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1943

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of... Gooding

813-14-024-19

City of... Gooding

Registration District No. ....

File No. .... 80844

No. .... St. ....

Primary Registration District No. .... 1014

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Baby Paul Hacker, Jr

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{ To be answered only in event of plural births }

Legiti-  
mate?YesDate of  
BirthJune 13 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER Paul E. HackerFULL  
MAIDEN  
NAMEMOTHER Lora Gravatt

RESIDENCE

Gooding

RESIDENCE

Gooding

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Chicago Ill -

BIRTHPLACE

Iowa -

OCCUPATION

Mechanics

OCCUPATION

Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... alive..... at 3:30 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

H. E. Lambper Alice Zingg  
(Physician or midwife)

Given names added from a supplemental report.

Address.....

Gooding, Idaho

Filed.....

7-23-20

Registrar

Filed.....

F. D. Caymer  
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

244 7 10-6

DEC 22 1958

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Gooding

City of Gooding

Registration District No. \_\_\_\_\_

File No. 80845

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 10.14

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Arys Greene Durhaum

Sex of Child female

Twins  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti  
mate?

Date of  
Birth

June 18, 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER

Alex Durhaum

RESIDENCE

Gooding, Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

4 1/2  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Laborer

FULL  
MAIDEN  
NAME

MOTHER

Estella May Alderson

RESIDENCE

Gooding, Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

4 1/2  
(Years)

BIRTHPLACE

Ohio

OCCUPATION

House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P M.  
on the date above stated. (Born alive or stillborn)

(Signature)

J. J. Cronquist M.D.

(Physician or midwife)

Address

Gooding, Idaho

Filed

7-23-20

19

F. J. Carney

Registrar

Registrar

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

JUL 1 1959

JUL 2 2 1942

JUN 7 7 1942

859-212-024-736

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of GoodingCity of GoodingNo. R. F. D. St.Registration District No. 2014File No. 80846

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Helen Leigh

Sex of Child

femaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthJune 12 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Arley Hugh Kergh

RESIDENCE

Gooding, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Colorado

OCCUPATION

FarmingFULL  
MAIDEN  
NAME

MOTHER

Maple Glover

RESIDENCE

Gooding, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Colorado

OCCUPATION

House WifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at Gooding, Idaho, on the date above stated.  
(Born alive or stillborn)

(Signature)

J. H. Cromwell M.D.

(Physician or midwife)

Address

Gooding, Idaho

Filed

7-23-20

19

J. J. Carney

Registrar

Registrar

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19



1911

296-130-225-168

PLACE OF BIRTH

County of IdahoCity of Grangerville

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 103File No. 8Primary Registration District No. 2181

Registered No. \_\_\_\_\_

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>June 30, 20</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME Alonzo T Brown FATHERRESIDENCE GrangervilleCOLOR W AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL NAME Lora B Johnston MOTHERRESIDENCE GrangervilleCOLOR W AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE Wash.OCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 10<sup>55</sup> A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) G. S. Stockton  
(Physician or midwife)Address Grangerville, IdaFiled July 2, 1920 G. S. Stockton  
Registrar

Registrar

SEP 30 1955

195-225-225-693

## PLACE OF BIRTH

County of IdahoCity of Grangeville

No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHRegistration District No. 103File No. 80848

Hospital \_\_\_\_\_

Primary Registration District No. 1001 Registered No. 37

FULL NAME OF CHILD

Alice Jean Arnold

Sex of Child

FTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 29  
(Month) (Day)1920  
(Year)FULL  
NAMEChester G Arnold

FATHER

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Wise

OCCUPATION

PlumberFULL  
MAIDEN  
NAMEMildred A Williamson

MOTHER

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M.  
on the date above stated. (Born alive or stillborn){ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

G D Stettin

Given names added from a supplemental report.

19

Address

Grangeville Ida

Filed

July 1 1920

Registrar

Registrar

CHARGING 11 11 11  
DE 11 11 11  
11 11 11 11 11

DEC 27 1950

STATE OF IDAHO

BOAHL

BUREAU OF VITAL STATISTICS

8-0

## SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City

Grangerville

Street and House No.

County

Idaho

Registered Number--

Registration District

Sex of Child

Female

Date of Birth,

June 29

(Month)

(Day)

1920

(Year)

Full Name

Father

Chester G Arnold

Full Maiden Name

Mother

Mildred A Williamson

I HEREBY CERTIFY that the child de  
been named:

Alice Jean Arnold

(Given name in full)

as reported by

Mildred A C

(Father or Mother)

G P Stick

(Local Registrar)

848

DEC 4 1973

37

No. 103

scribed herein

old

(Surname)

old

Stone

381-1251025-238

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of GrangevilleRegistration District No. 103File No. 80849

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2181 Registered No. 36

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Oscar Ray ChaseSex of  
ChildMTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJune 25-20  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEOscar R Chase

FATHER

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMyrtle M Schmadeka

MOTHER

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive  
on the date above stated.

(Born alive or stillborn)

at 5-15, M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

G S Stockton

(Physician or midwife)

Address

Grangeville Idaho

Filed

July 1 1920G S Stockton

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



14-51-21

NOV 9 1970

956-123-025-259

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of GrangevilleRegistration District No. 103 File No. 80850

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1001 Registered No. 335

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Robert Martin Refvem

Sex of Child

MTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJune 23  
(Month) (Day)1920  
(Year)FULL  
NAMEMartin Refvem

FATHER

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Sakota

OCCUPATION

LumbermanFULL  
MAIDEN  
NAMEChloe C Berry

MOTHER

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:55 P.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

(Signature)

G. S. Strickton  
(Physician or midwife)

Address

Grangeville Ida

Filed

June 30 1920G. S. Strickton

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

OCT 8 1941

JAN 14 1942

JAN 24 1956

944-106-025-433

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of Grangeville

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 103 File No. 80851

Hospital \_\_\_\_\_

Primary Registration District No. 1001 Registered No. 34

FULL NAME OF CHILD

not namedSex of  
ChildMTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJune 6 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Robert O Zumwalt

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY42  
(Years)

BIRTHPLACE

Wash.

OCCUPATION

Retired farmerFULL  
MAIDEN  
NAMEMOTHER  
Mary S McClellan

RESIDENCE

Grangeville

COLOR

WAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Georgia

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 3:25 A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

G. S. Stockton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Grangeville Ida

Filed

June 30 1920

Registrar

Registrar

100

100

100

815-117025-631

## PLACE OF BIRTH

YAM

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 13-C-44a-6-31

County of IdahoCity of CottonwoodRegistration District No. 105File No. 80852

No. .... St.

Primary Registration District No. 2183

Registered No. ....

Hospital .....

FULL NAME OF CHILD John H. Hanley

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>4. 17. 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------	-----------------------------	---

FULL NAME <u>Michael H. Hanley</u>	FATHER	FULL MAIDEN NAME <u>Kate Flanagan</u>	MOTHER
RESIDENCE <u>Cottonwood</u>		RESIDENCE <u>Cottonwood</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>52</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Ireland</u>		BIRTHPLACE <u>Ireland</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 9 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick

(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood IdahoFiled June 3<sup>rd</sup> 1920

Registrar

Registrar

MAY 19 1967

JAN

MAY 6 1968

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-212-025-759  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

80853

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 53

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2183

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Stella Elizabeth Clausen

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>5</u> <u>12</u> <u>1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Nicholas Clausen  
RESIDENCE Cottonwood  
COLOR white AGE AT LAST BIRTHDAY 44  
(Years)  
BIRTHPLACE Wisconsin  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Mary Geise  
RESIDENCE Cottonwood  
COLOR white AGE AT LAST BIRTHDAY 27  
(Years)  
BIRTHPLACE Bravaria, Germany  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1:30 a. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick  
Phys.  
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Idaho  
Filed June 3rd 19 20 H. B. Blake



FEB 18 1962

216-117-025-443

## PLACE OF BIRTH

County of IdahoCity of Cottonwood

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 105File No. 54Primary Registration District No. 2183 Registered No. \_\_\_\_\_

George A. Baune

80854

Sex of Child <u>male</u>	<div> <div>Twin Triplet or other?</div> <div>and</div> <div>Number in order of birth</div> </div> <div>(To be answered only in event of plural births)</div>	Legiti mate? <u>yes</u>	Date of Birth <u>June 17</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	--	----------------------------	--

FULL NAME FATHER

Tony E. Baune

RESIDENCE

Cottonwood

COLOR

whiteAGE AT LAST  
BIRTHDAY35

(Years)

BIRTHPLACE

Neb.

OCCUPATION

farming

FULL MAIDEN NAME

MOTHER

Julia B. Duclos

RESIDENCE

Cottonwood

COLOR

whiteAGE AT LAST  
BIRTHDAY32

(Years)

BIRTHPLACE

So. Dak.

OCCUPATION

housewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 10:00 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Wesley F. Ornd

(Physician or midwife)

Given names added from a supplemental report.

19

Address

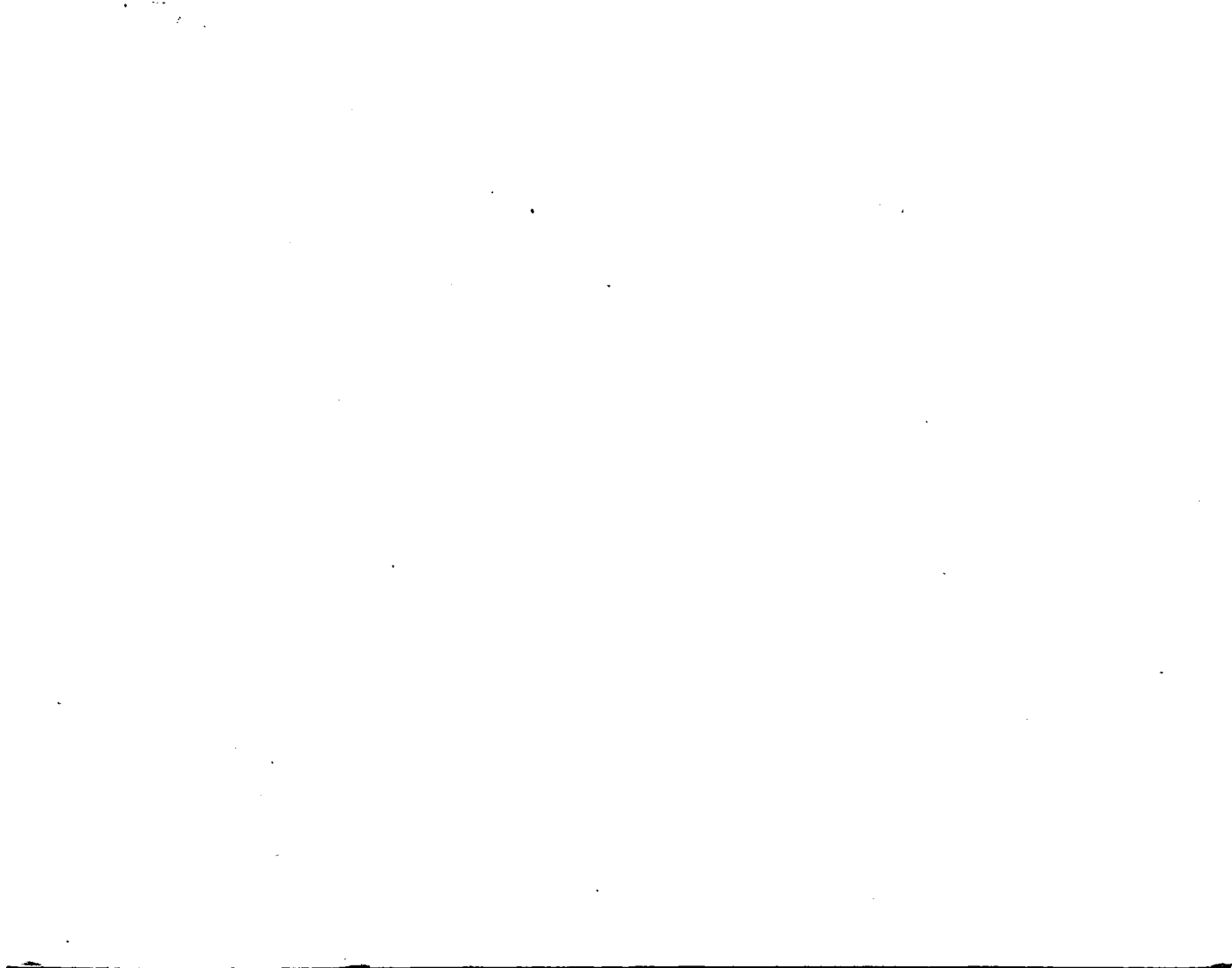
Cottonwood, Ida.

Filed

June 24 19 20

Registrar

Registrar



396-223-225-267

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of CottonwoodRegistration District No. 105File No. 5380855

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Olara Crosby

Sex of Child <u>Female</u>	Twin <u>yes</u> or other? <u>yes</u> and {	Number in order of birth <u>1st</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 23</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

FATHER  
FULL NAME Enoch CrosbyRESIDENCE Cottonwood, Ida.COLOR white AGE AT LAST BIRTHDAY 39  
(Years)BIRTHPLACE IowaOCCUPATION farmingMOTHER  
FULL MAIDEN NAME Mary KopczynskiRESIDENCE -Kan- CottonwoodCOLOR white AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE Kan.OCCUPATION housewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4:10 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F Orr  
(Physician or midwife)

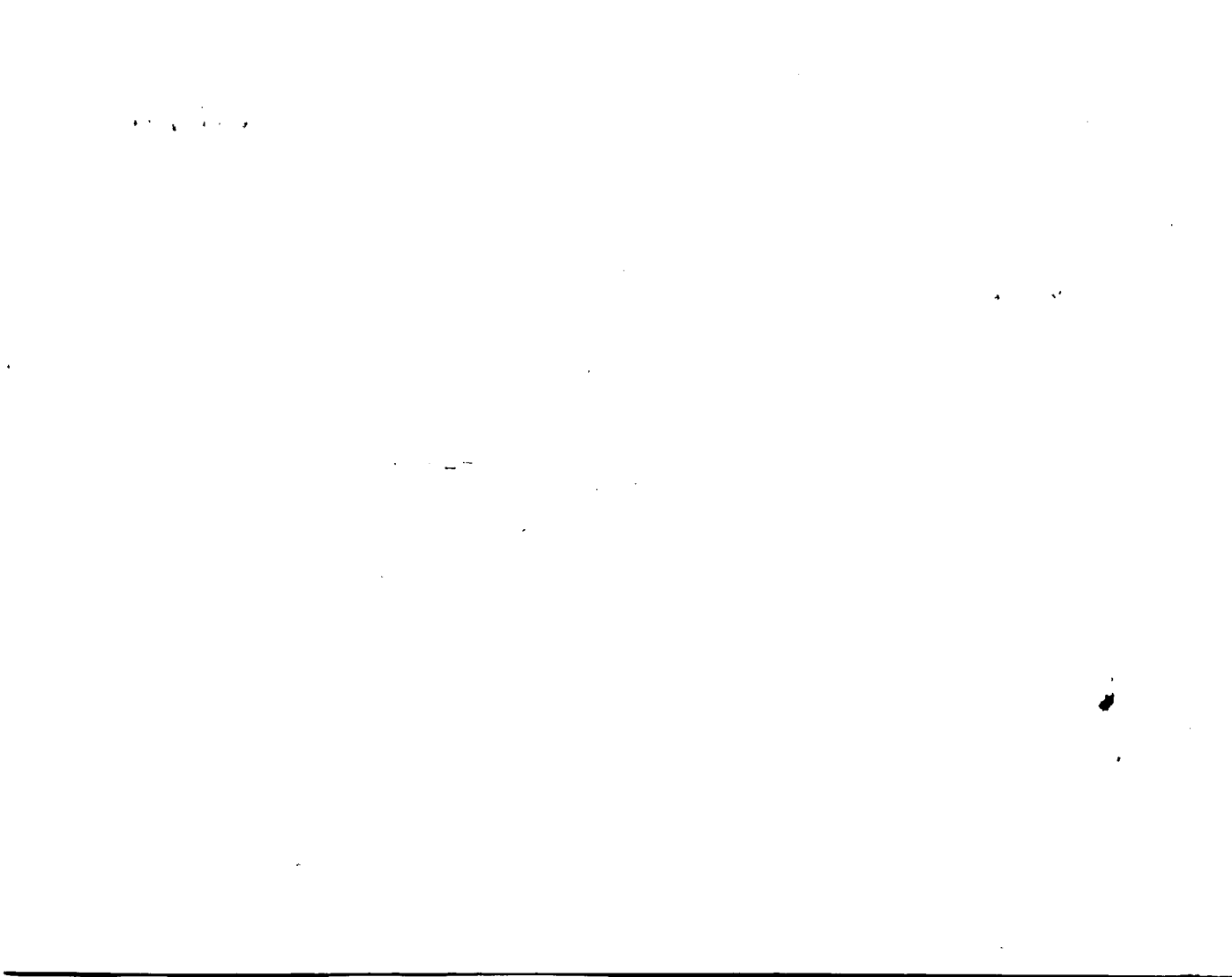
Given names added from a supplemental report.

19

Address Cottonwood, Ida.Filed June 24 1920 H B Blake  
Registrar

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

396-223-225-267

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80856

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 56

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mary Crosby

Sex of Child <u>Female</u>	Twin <u>yes</u> or other? <u>yes</u>	and {	Number in order of birth <u>2<sup>nd</sup></u>	Legit mate? <u>yes</u>	Date of Birth <u>May 23</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--------------------------------------	-------	--	------------------------	--

FATHER  
FULL NAME Enoch Crosby  
RESIDENCE Cottonwood  
COLOR white AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Iowa  
OCCUPATION farming

MOTHER  
FULL MAIDEN NAME Mary Kopczynski  
RESIDENCE Cottonwood  
COLOR white AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Kan.  
OCCUPATION housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley J. Orr

(Physician or midwife)

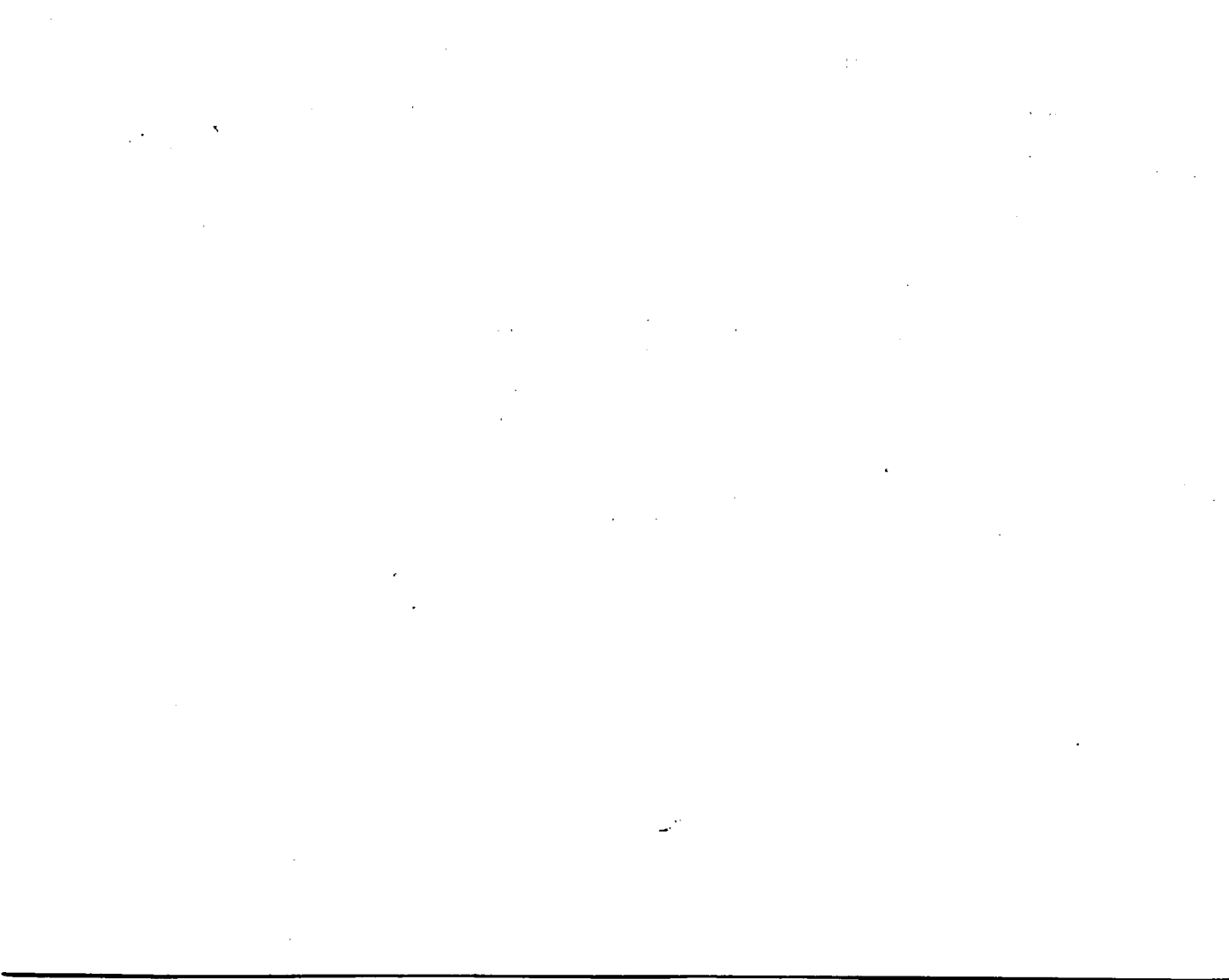
Given names added from a supplemental report.

19

Address Cottonwood, Ida.

Filed June 24 1920 W B Blake  
Registrar Registrar

Registrar



962-112-025-719

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80857

County of IdahoCity of WinonaRegistration District No. 105 File No. 54

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD James Wesley Roberts

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legitimacy? <u>yes</u>	Date of Birth <u>June 12</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-------	---	---------------------------	--

FATHER  
FULL NAME Jesse D. RobertsMOTHER  
FULL MAIDEN NAME Pearl U. ParsleyRESIDENCE WinonaRESIDENCE WinonaCOLOR white AGE AT LAST BIRTHDAY 27  
(Years)COLOR white AGE AT LAST BIRTHDAY 21  
(Years)BIRTHPLACE Mo.BIRTHPLACE Okla.OCCUPATION farmingOCCUPATION housewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr  
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood, Ida.Filed June 24 1920 H. B. Blake  
Registrar



APR 28 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

444-120-025-267

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Henry Duman

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

80858

Registration District No. 105 File No. 58

Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legit mate? <u>yes</u>	Date of Birth <u>June 20</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME FATHER  
Alloysius Duman

RESIDENCE Cottonwood

COLOR white AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Penn.

OCCUPATION farming

FULL MAIDEN NAME MOTHER  
Marie Bogli

RESIDENCE Cottonwood

COLOR white AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Schwitzerland

OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8:30 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr  
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Ida.

Filed June 24 1920 H B Blake  
Registrar



294-211-225-763

## PLACE OF BIRTH

County of IdahoCity of Cottonwood

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ellen Mary SimonSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

80859

Registration District No. 105 File No. 59Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 11</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-------------------------------	---

FULL NAME <u>Bartrum Simon</u>	FATHER
RESIDENCE <u>Cottonwood</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Ohio</u>	
OCCUPATION <u>Clerk</u>	

FULL MAIDEN NAME <u>May W. Polar</u>	MOTHER
RESIDENCE <u>Cottonwood</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Minneasota</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 7:00 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood, Ida.Filed June 24 19 20 H B Blake  
Registrar Registrar

Registrar

FEB 10 1943

995-214025-238

## PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80860

County of IdahoCity of CottonwoodRegistration District No. 105 File No. 60

No. \_\_\_\_\_ St.

Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Regina Riener

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 14</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-------------------------------	---

FULL NAME FATHER  
Clemens Riener

RESIDENCE Cottonwood

COLOR white AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Kan.

OCCUPATION farming

FULL MAIDEN NAME MOTHER  
Maragaret Schmidt

RESIDENCE Cottonwood

COLOR white AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood, Ida.

Filed June 24 1920 H. B. Blake  
Registrar

Registrar

**MAR 13 1962**

255-225-225-533

Form 7-8 No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80861

County of IdahoCity of CottonwoodRegistration District No. 105 File No. 61

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

GERALDINE VELMA BENNETT

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>June 25</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME Ired Custer BennettMOTHER  
FULL MAIDEN NAME Velma Grace EllsworthRESIDENCE Cottonwood IdahoRESIDENCE SameCOLOR White AGE AT LAST BIRTHDAY 40  
(Years)COLOR White AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE OregonBIRTHPLACE PennOCCUPATION MechanicOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B BlakePhysician  
(Physician or midwife)

Given names added from a supplemental report.

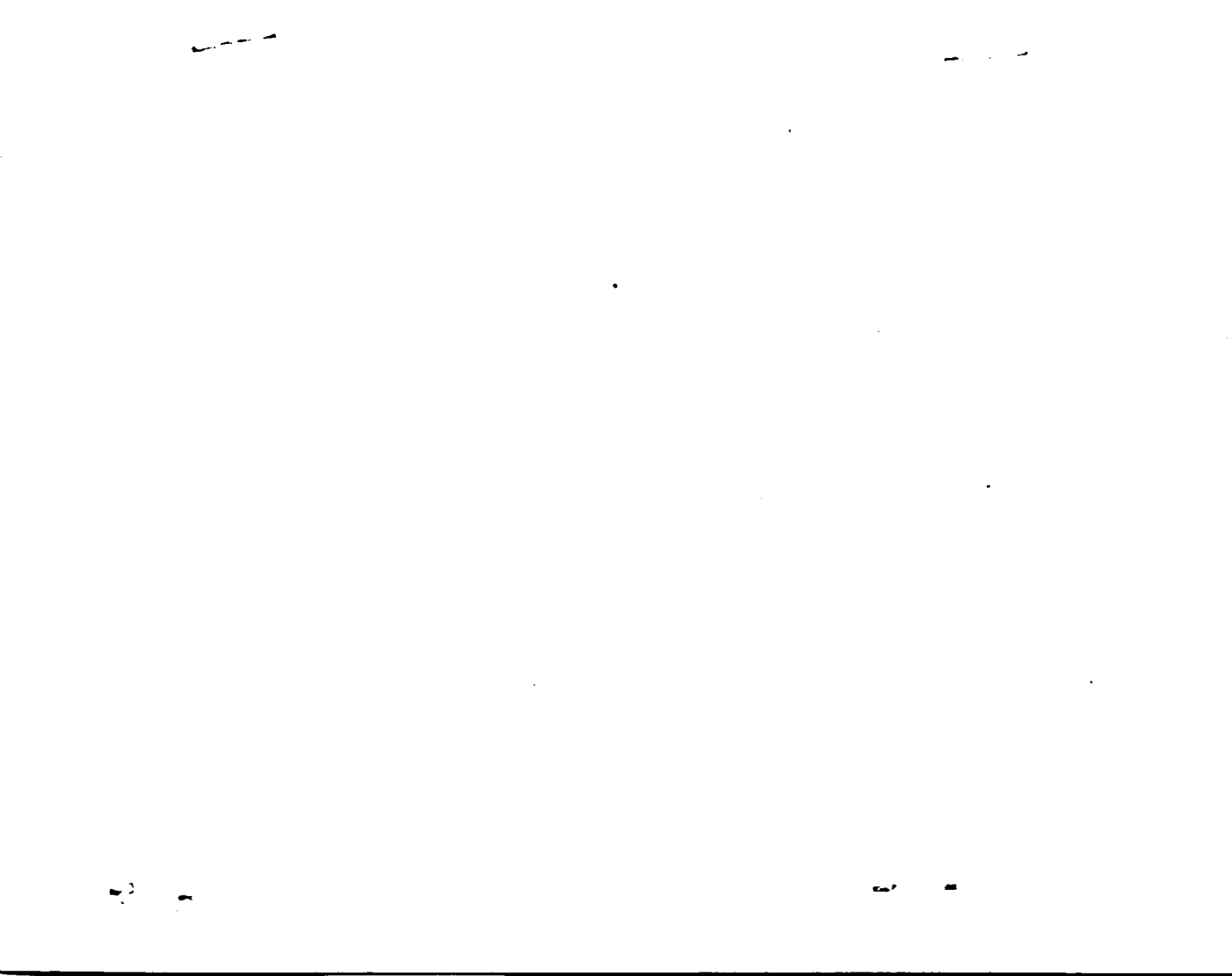
19

Address Cottonwood IdahoFiled June 26 1920 H B Blake

Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of New York  
County of Cattaraugus } ss.

Certificate No. 80861

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Geraldine Velma Bennett who was born on June 25, 1920  
in Bottomwood, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Bible Record prepared on or about July 10, 1920, are:  
(Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)  
Name

FROM  
(As on Original)  
Unnamed

TO  
(The Correct Facts)  
Geraldine Velma Bennett

Subscribed and sworn to before me this 28  
day of April, 1943

Notary Public, residing at Allegany, N.Y.

My commission expires March 30, 1944  
(Seal)

Signed Mrs. Velma Bennett  
(Signature of parent ~~or attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Allegany, New York

(Street Address, City, State)

(RFD #1, Olean, New York)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New York  
County of Cattaraugus } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th  
day of April, 1943

Notary Public, residing at Allegany, N. Y.

My commission expires March 30, 1944  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Mrs. Donna B. Clark  
(Signature of Any Credible Person Other Than Previous Year)

Allegany, New York

(Street Address, City, State)

(RFD #1, Olean, New York)

APR 24 1973

JUN 9 1943

243-1091025-659

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-16

County of Idaho  
City of Ferdinand

CERTIFICATE OF BIRTH

80862

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Leland Albert Kruher

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate?	Date of Birth <u>Feb 9<sup>th</sup> 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------	--

FATHER  
FULL NAME Joseph Anton Kruher  
RESIDENCE Ferdinand Ida  
COLOR White AGE AT LAST BIRTHDAY 25  
(Years)  
BIRTHPLACE Heaterwill Idaho  
OCCUPATION Merchant

MOTHER  
FULL MAIDEN NAME Antoinette Marie Weiss  
RESIDENCE \_\_\_\_\_  
COLOR White AGE AT LAST BIRTHDAY 21  
(Years)  
BIRTHPLACE Perham Minnesota  
OCCUPATION Housewife

Number of child of this mother, including present birth. One Number of children of this mother now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born Feb 9 at 9:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Loe E. Alcorn  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Ferdinand Ida  
Filed Febr 20 Loe E. Alcorn  
1920

100-1044

SEP 5 1973

645-221-025-363

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

80863

County of .....

City of .....

Registration District No. ....

File No. ....

No. .... St. ....

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD

*Ellen May Longley*

Sex of Child *Female*

Twin Triplet or other?

and Number in order of birth *5th*

Legitimate? *Yes*

Date of Birth

*Jan 21 1920*

FULL NAME

*FATHER Harold Miles Longley*

FULL MAIDEN NAME

*MOTHER Ellen May Longley*

RESIDENCE

*Terdinand, Ida*

RESIDENCE

*Terdinand, Ida*

COLOR

*White*

AGE AT LAST BIRTHDAY

*33* (Years)

COLOR

*White*

AGE AT LAST BIRTHDAY

*30* (Years)

BIRTHPLACE

*College Springs Iowa*

BIRTHPLACE

*Omaha Neb.*

OCCUPATION

*Miner*

OCCUPATION

*Housewife*

Number of child of this mother, including present birth *5th*

Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born Jan 21 1920 alive* at *1 A* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*Dr. E. Alcorn*

(Physician or midwife)

Given names added from a supplemental report.

Address

*Terdinand, Ida*

Filed

*Jan 29 1920*

*Dr. E. Alcorn*

Registrar

Registrar

JUN 1 1967

H- BIRTH PLACE

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

706-221-025-172  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. E. No. 11-0-22-2-17

County of Idaho

City of Ferdinand

Registration District No. ....

File No. ....

80864

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Verla Rae Goodall

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 31 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>FATHER</u> <u>James Roy Goodall</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Lela Carmen Goodall</u>
RESIDENCE <u>Ferdinand Idaho</u>	RESIDENCE <u>Ferdinand Idaho</u>
COLOR <u>White</u>	COLOR <u>White</u>
BIRTHPLACE <u>Arkansas</u>	BIRTHPLACE <u>Oregon</u>
OCCUPATION <u>Grain and Stock buyer</u>	OCCUPATION <u>Housewife</u>

AGE AT LAST BIRTHDAY <u>25</u> (Years)	AGE AT LAST BIRTHDAY <u>24</u> (Years)
---	---

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive ..... St. Idaho  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. Alcorn  
.....  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Ferdinand, Ida  
Filed Feb 12 1920 Dr. E. Alcorn

Registrar

Registrar



NOV 12 1970

363-124025-644

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-25a-9-8-17

County of IdahoCity of KooskiaRegistration District No. 106File No. 80865

No. .... St.

Primary Registration District No. 2184Registered No. 98

Hospital .....

FULL NAME OF CHILD

James Vernon TollSex of  
ChildMaleTwin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthJune 24 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Willard Toll

RESIDENCE

Kooskia - Id.

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Illinois

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Daisy Fresham

RESIDENCE

Kooskia - Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Illinois

OCCUPATION

Housewife

Number of child of this mother, including present birth ..... / ..... Number of children of this mother now living, including present birth ..... / .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 P.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

J. M. WintersPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Kooskia Idaho

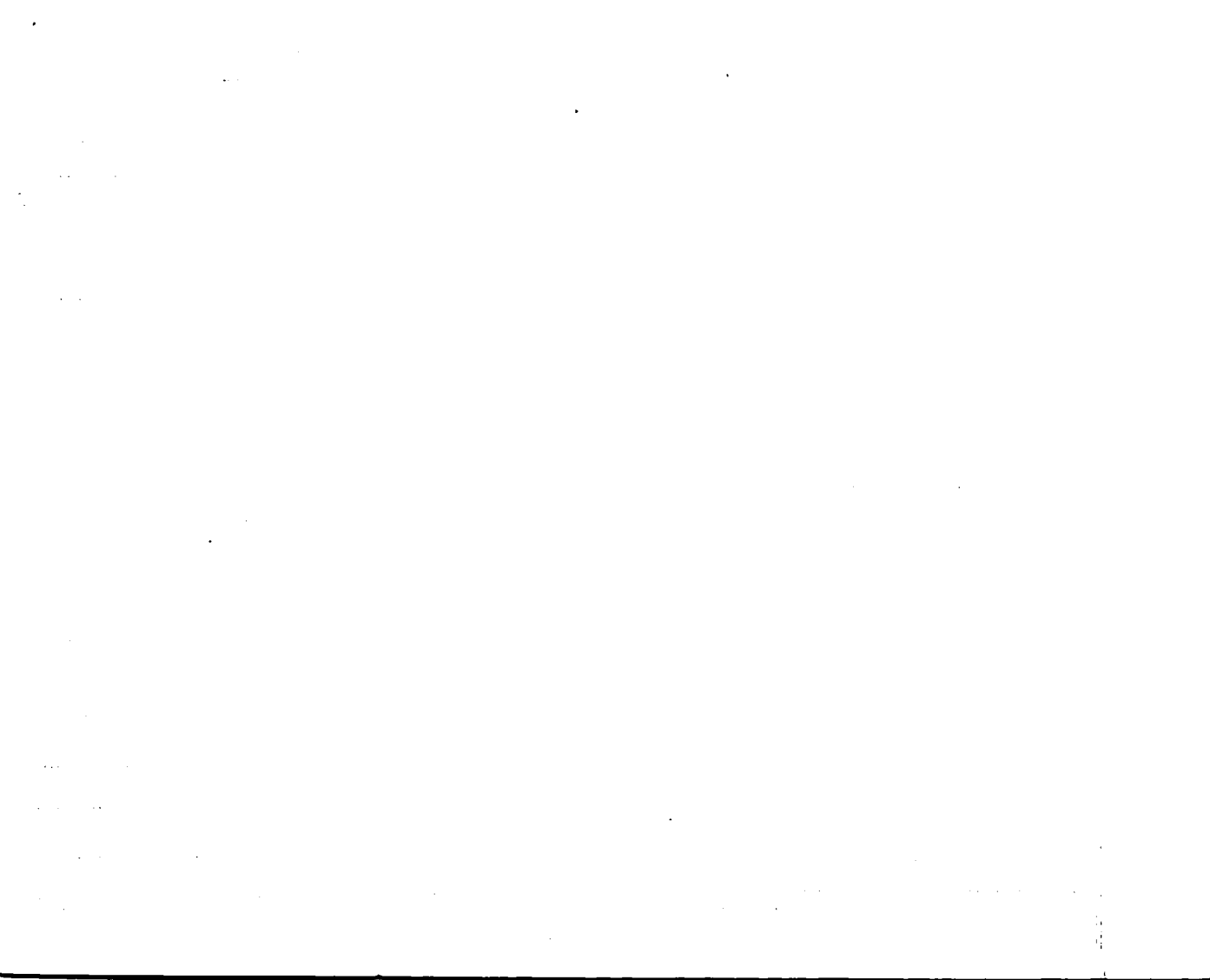
Filed

July 5 1920

Registrar

J. M. Winters

Registrar



## PLACE OF BIRTH

792-115-025-695  
County of IdahoCity of States

No. .... St.

Hospital .....

FULL NAME OF CHILD Joseph Gibler NED. FINLEY GIBLER

Sex of Child <u>Male</u>	Twin Triplet or other (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 5 1920</u> (Month) (Day) (Year)
--------------------------	--	---------------------------------------	-----------------------------	--

FULL NAME <u>Ed Clinton Gibler</u>	FATHER
RESIDENCE <u>States</u>	

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
-----------------------	---

BIRTHPLACE <u>Kansas</u>
-----------------------------

OCCUPATION <u>Rancher</u>
------------------------------

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25a-8-17

## CERTIFICATE OF BIRTH

Registration District No. 106File No. 80867Primary Registration District No. 2184Registered No. 36

FULL MAIDEN NAME <u>Matel Green</u>	MOTHER
RESIDENCE <u>States</u>	

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
-----------------------	---

BIRTHPLACE <u>Arkansas</u>
-------------------------------

OCCUPATION <u>Housewife</u>
--------------------------------

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. W. Wentworth M.D.

Given names added from a supplemental report.

Address

States IdahoFiled July 5 1920

Registrar

(Physician or midwife)

Registrar

DEC 29 1941

STATE OF IDAHO }  
County of Idaho } ss.

A F F I D A V I T

H. W. WENTWORTH, being first duly sworn, upon oath, deposes and says:

That he is a resident of the County of Idaho, State of Idaho, and a citizen of the United States of America; that he is and for more than twenty-five years last past has been a licensed and practicing physician engaged in practice in Idaho County, Idaho;

That he is well acquainted with Ned F. Gibler, whose true name is Ned Finley Gibler, and who is the son of Ed Clinton Gibler and Mable Wren Gibler, his wife; that affiant attended Mable Wren Gibler at the birth of said Ned F. Gibler in Idaho County, Idaho, June 5, 1920, and that affiant registered the birth of said child with the Bureau of Vital Statistics of the State of Idaho under the name of Joseph Gibler; that the registration was made under such name for the reason that affiant was informed and believed, although said child had not actually been named, that he was to be named Joseph Gibler; that said registration was, in fact, the registration of the birth of Ned Finley Gibler, and that the two names, Joseph Gibler and Ned Finley Gibler, designate but one person, whose true name is Ned Finley Gibler and who is generally known as Ned F. Gibler.

H. W. Wentworth M.D.

Subscribed and sworn to before me this 10<sup>th</sup> day of August, 1942.

W. B. Anderson  
Notary Public in and for the  
State of Idaho, residing at  
Stites, Idaho

(seal)



33X 223-025-466  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-0-25m-3

County of IdahoCity of HamletRegistration District No. 106File No. 80868

No. .... St.

Primary Registration District No. 2184Registered No. 195

Hospital .....

FULL NAME OF CHILD

Linnie Clark

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>May 23 1920</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>J. L. Clark</u>	FATHER
RESIDENCE <u>Hamlet</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>North Carolina</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Elna Moon</u>	MOTHER
RESIDENCE <u>Hamlet</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Arkansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... 4 ..... Number of children of this mother now living, including present birth ..... 3 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Clark  
Farmer  
(Physician or midwife)

Given names added from a supplemental report.

Address Hamlet Idaho  
Filed July 5 1920  
Registrar J. M. Weber Registrar



JUL 9 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-2191027-719  
PLACE OF BIRTH

Form V. S. No. 11-6-2017-7-21-19

County of Jerome

City of Jerome

Registration District No. 23

File No. 80869

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017-2117

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Patsy Louise Burks

Sex of Child

Female

Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of  
Birth

June 19 1920  
(Month) (Day) (Year)

FULL  
NAME

Sam Dennes Burks

FATHER

RESIDENCE

Jerome

COLOR

White

AGE AT LAST  
BIRTHDAY

26  
(Years)

BIRTHPLACE

Virginia

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

Saura Elizabeth Parks

MOTHER

RESIDENCE

Jerome

COLOR

White

AGE AT LAST  
BIRTHDAY

26  
(Years)

BIRTHPLACE

Virginia

OCCUPATION

Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

at 2 30 M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas A Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Jerome Idaho

Filed

7/27 1920

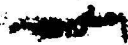
Registrar

Registrar

PLACE OF BIRTH



11-01-11



Newspaper clipping of this child's Engagement Clipping - To Wed In Virginia and gives full name as Patsy Louise Burks, daughter of Mr. & Mrs. S.D. Burks, clipping over five years old and unaltered - viewed by V.S.

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS  
Social Security Card, #519-12-5672 gives full name as Patsy Louise Burks - viewed by V.S.

### Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho employed when card was taken out was the Jerome Certificate No. 80869  
County of Jerome ss. Vanis Theater in Jerome, Idaho - Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Burks who was born June 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Jerome, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by family records prepared on date of birth, are:  
(Single Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Name of child Unnamed Burks Patsy Louise Burks

Subscribed and sworn to before me this 23rd day of July, 1959

Signed Laura E. Burks  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Jerome, Idaho  
(Street Address, City, State)

Richard H. Sealey  
Notary Public, residing at Jerome, Idaho  
My commission expires 12/31/62  
(Seal)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho  
County of Jerome } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of July, 1959

Signed Charlotte Roberson  
(Signature of Any Credible Person)  
Jerome, Idaho  
(Street Address, City, State)

Richard H. Sealey  
Notary Public, residing at Jerome, Idaho  
My commission expires 12/31/62  
(Seal)

NOV 27 1959

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-128-027-693  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of JeromeCity of JeromeRegistration District No. 23File No. 80870

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 107-2017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

DANIEL JAMES OLSEN

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

June 28 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Edward D. Olsen

FULL MAIDEN NAME

MOTHER  
Elisabeth Wilson

RESIDENCE

Jerome

RESIDENCE

Jerome

COLOR

White

AGE AT LAST BIRTHDAY

35  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

32  
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Kansas

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 30 M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. \*A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas F. Zeller, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Jerome Idaho

Filed

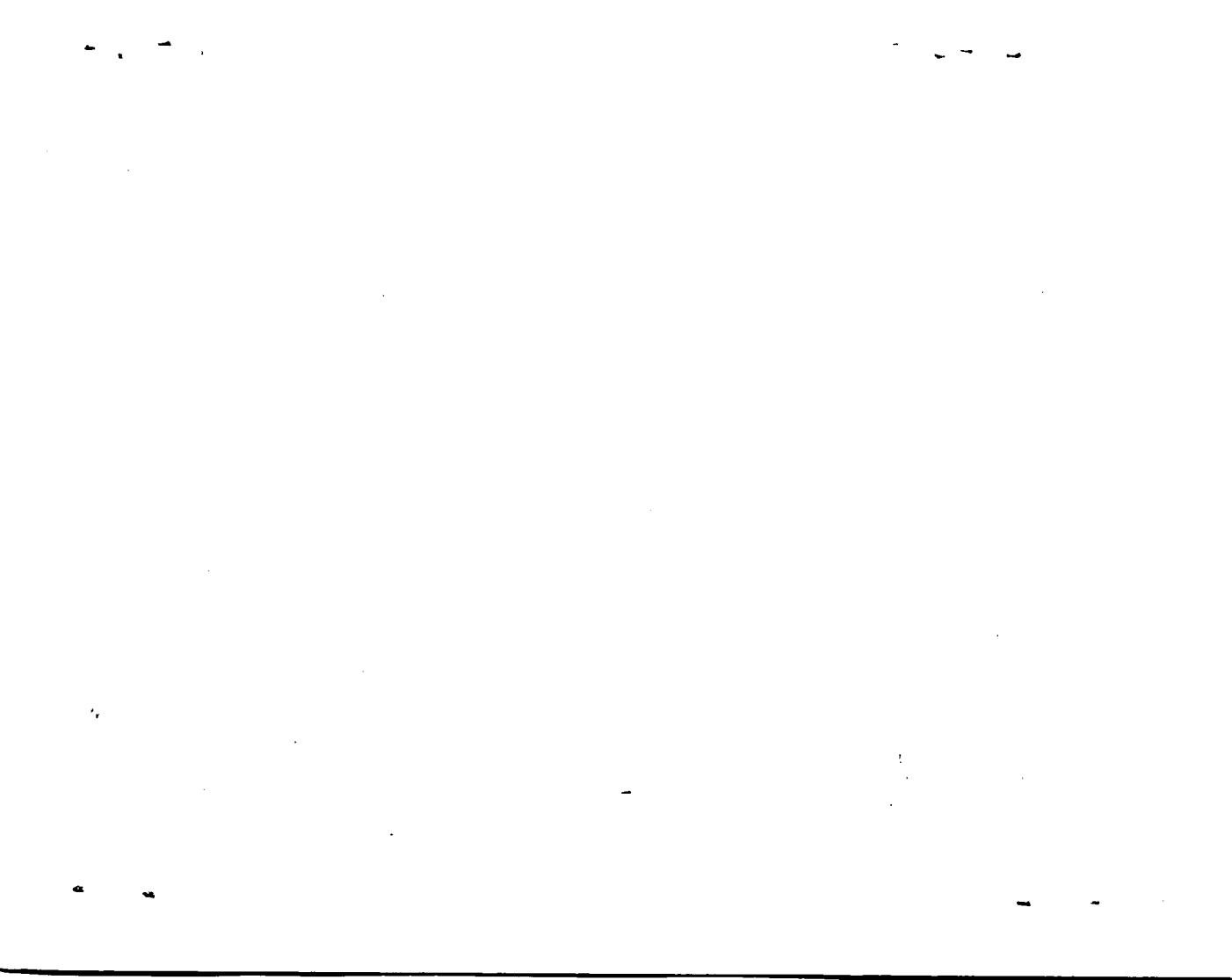
7/67

19

20 E.D. Piper M.D.

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Twin Falls } ss.

Certificate No. 80870

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Daniel James Olsen who was born on June 28, 1920  
(Name on original certificate) (Was born or died) (Date of event)

in Jerome, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)

true facts as shown by bible record prepared on or about the 10, July, 1920, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Sur Name

Unnamed Olson

Olsen

Name

Unnamed

Daniel James

Subscribed and sworn to before me this 8th  
day of November, 19 41

Signed Elsie J. Olsen  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Eddy Leonard  
Notary Public, residing at Twin Falls, Idaho

251 - 6th Ave. East,

My commission expires 2/27/45  
[SEAL]

Twin Falls, Idaho

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Twin Falls } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th  
day of November, 19 41

Signed Mrs R E. Babier  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Twin Falls, Idaho

251 Sixth Avenue East, Twin Falls,  
Idaho

My commission expires 2/27/45  
[SEAL]

(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_



NOV 3 1966

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-117027-418

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23

File No. 80871

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017-2017 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Wallace E. Brown

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>June 17</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	---	---------------------------	--

FATHER  
FULL NAME Dr. J. Brown  
RESIDENCE Jerome  
COLOR White  
AGE AT LAST BIRTHDAY 20  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Mgr. Lumber Co.

MOTHER  
FULL MAIDEN NAME Ruth Jean Mahler  
RESIDENCE Jerome  
COLOR White  
AGE AT LAST BIRTHDAY 28  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 15 M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Jerome  
Filed 7/27 1920 E. D. Piper, M.D.

Registrar

Registrar

10-11-41

249112-2 27236

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of JeromeCity of JeromeRegistration District No. 23File No. 80872

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017-2017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

JOHN WESLEY BURGOYNE, JR.

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>June 12 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>John W. Burgoyne</u>	FATHER
RESIDENCE <u>Jerome</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Nettie Irene Bloomquist</u>	MOTHER
RESIDENCE <u>Jerome</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Ill.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>1</u>	Number of children of this mother now living, including present birth <u>1</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11 30 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. A. Zeller M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

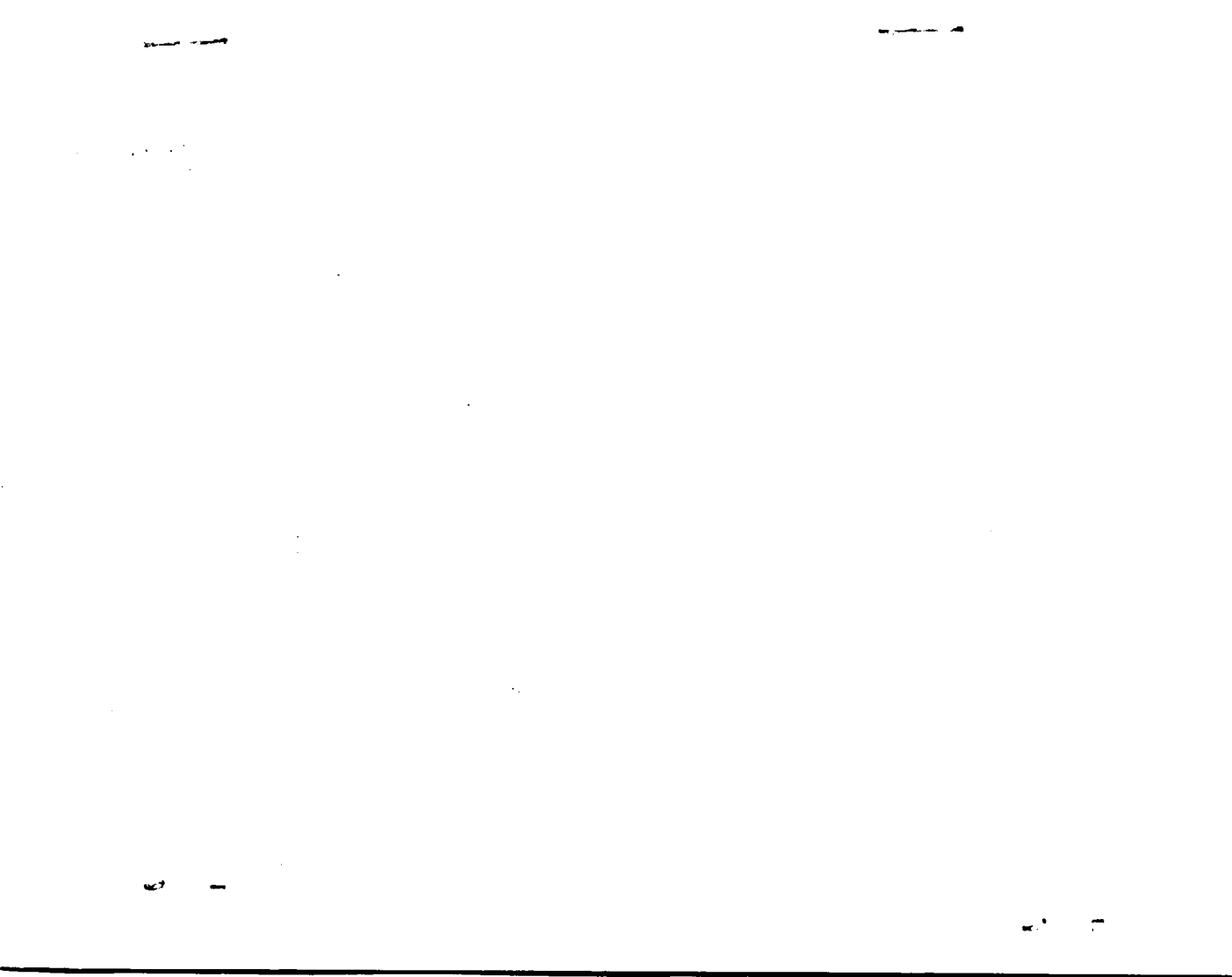
Address Jerome

Filed 7/27 1920 E. D. P. R. H. D.  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of California } ss.  
County of Modoc

Certificate No. 80872

Date Filed 9/26/42

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for \_\_\_\_\_ (Name on Original Certificate) who \_\_\_\_\_ on \_\_\_\_\_ (Birth or Death)  
in \_\_\_\_\_ (Place of Event) (Was Born or Died) \_\_\_\_\_ (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ (Bible Record, Insurance Policy, Etc.) prepared on \_\_\_\_\_, are:

**FACTS TO BE CORRECTED** FROM (Give Date)  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) TO  
Name \_\_\_\_\_ Unnamed \_\_\_\_\_ (The Correct Facts)  
\_\_\_\_\_ John Wesley Burgoyne, Jr.

Subscribed and sworn to before me this 19  
day of September, 19 42

Signed J. W. Burgoyne  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Fort Bidwell, Cal.

My commission expires 2/10/46  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

OCT 6 1975

DEC 12 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

354110-027-265  
**PLACE OF BIRTH**

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH**

Form V. S. No. 11-C-25m-7-21-19

County of JeromeCity of JeromeRegistration District No. 23File No. 80873

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017-2017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Edgar Donald TempletonSex of  
ChildMaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthJune 10  
(Month) (Day)1920  
(Year)FULL  
NAMEDonald Templeton

FATHER

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST  
BIRTHDAY29

(Years)

BIRTHPLACE

Colorado

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMary Kense

MOTHER

RESIDENCE

Jerome

COLOR

WhiteAGE AT LAST  
BIRTHDAY20

(Years)

BIRTHPLACE

Colorado

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive, at 11:30 P. M.  
 on the date above stated. (Born alive or stillborn)

(Signature)

Chas. F. Zeller, M.D.

(Physician or midwife)

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

Given names added from a supplemental report.

19

Address

Jerome Idaho

Filed

July 7 1920E. D. Piper

Registrar

Registrar



c.c. 5/6/41. w.h.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-106-027-4 Gross indexed with 68914 Form V. S. No. 11-C-25m-7-21-19  
PLACE OF BIRTH 3  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23

File No. 80874

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017-2017

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Isamu Nakagawa

Sex of Child

Male

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy

yes

Date of Birth

June 6

1920

FULL NAME

Emitaro Nakagawa

FATHER

RESIDENCE

Jerome

COLOR

Yellow

AGE AT LAST BIRTHDAY

40  
(Years)

FULL NAME

Idemata Matsuyo

MOTHER

RESIDENCE

Jerome

COLOR

Yellow

AGE AT LAST BIRTHDAY

24  
(Years)

BIRTHPLACE

Japan

BIRTHPLACE

Japan

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

1 Certified copy 2/8/45 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Peru Alene, at 7:30 M. on the date above stated. 1 Photostat copy 1/26/42 (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. F. Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Jerome Idaho

Filed

7/27 - 1920 E.D. Piper M.D.

Registrar

Registrar

FEB 26 1942

First copy issued Feb. 8, 1940. by L.B.

Dep of 1920-98914

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

464-727-027-296  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Hazelton

Registration District No. \_\_\_\_\_

File No. 80875

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Orval Frank Douglas

Sex of Child

M

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

2

Legiti  
mate?

Yes

Date of Birth

June 27

1920

(Month)

(Day)

(Year)

FULL NAME

FATHER

Ammon Douglas

RESIDENCE

Hazelton Ida

COLOR

W

AGE AT LAST

32

BIRTHDAY

(Years)

BIRTHPLACE

Utah

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Emma Bracks

RESIDENCE

Hazelton

COLOR

W

AGE AT LAST

26

BIRTHDAY

(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

Alive

7 45

A

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. R. Berry M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Hazelton Idaho

Filed

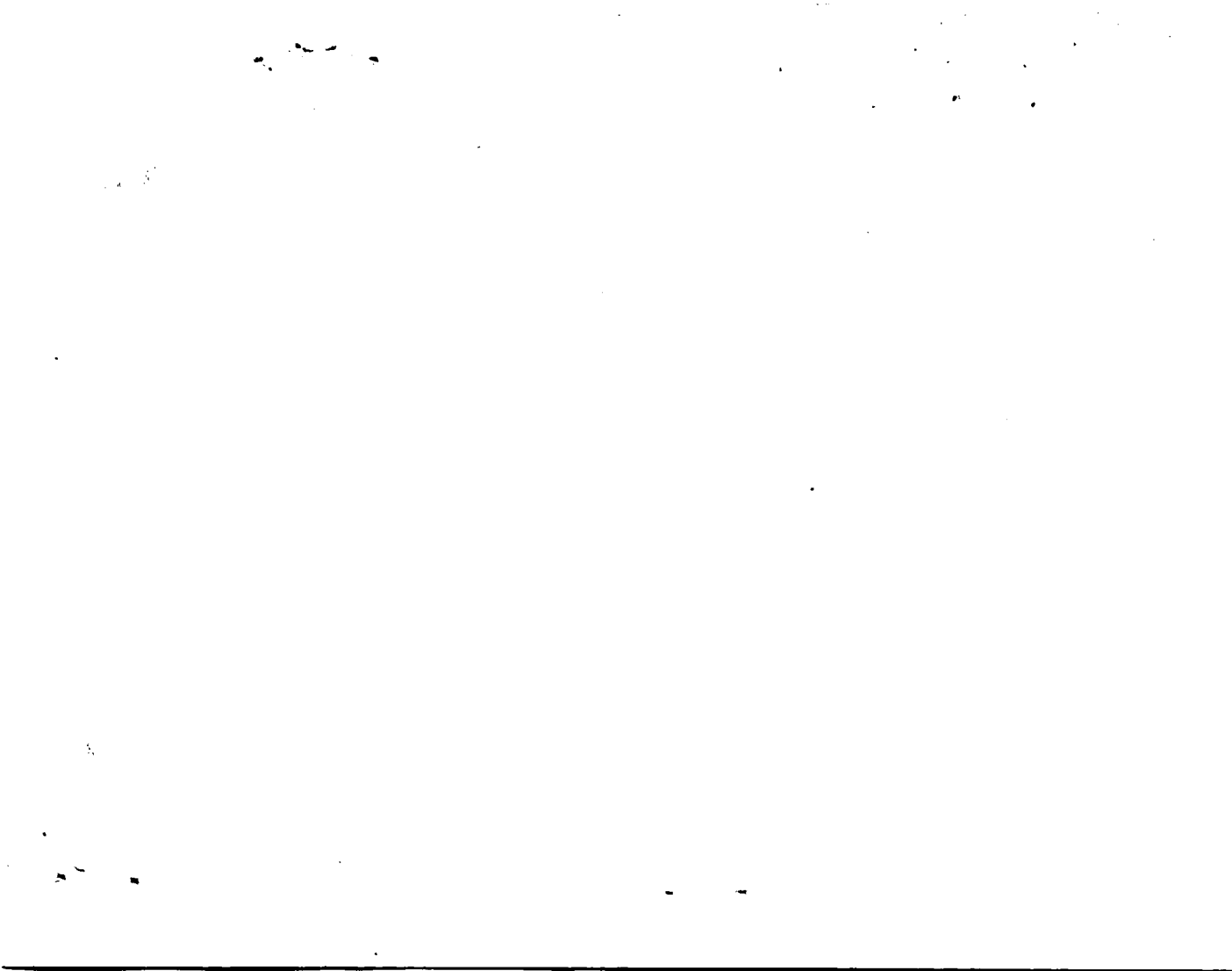
7/29

1920

E. D. P. [Signature]

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS  
**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of..... }  
County of..... } ss. Certificate No. 80875  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
(Birth or death)  
for..... who..... on.....  
(Name on original certificate) (Was born or died) (Date of event)  
in..... are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by..... prepared on....., are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

Name	Orville <del>Levey</del> Douglas	FROM	Orval Douglass	TO
Mother's name	Brooks	(on original)	Brooks	(to correct facts)
Birthdate	June 27, 1920		June 27, 1920	

Subscribed and sworn to before me this.....  
day of....., 19.....

Signed.....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at.....  
My commission expires.....  
[SEAL]

(Street Address, City, State)

**Supporting Affidavit of a Second Person**

State of..... }  
County of..... } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....  
day of....., 19.....

Signed.....  
(Signature of any credible person other than the previous affiant)

Notary Public, residing at.....  
My commission expires.....  
[SEAL]

(Street Address, City, State)

Probate Judge & Ex-Officio Clerk

Received for filing on..... by.....  
(Registrar's signature)

OCT 19 1987

Surname of child and father corrected to Douglass from Douglas as listed  
the correction affidavit. 10-19-87 lh

869-213-027-294

## PLACE OF BIRTH

County of JernseCity of Hazlet

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Dolly Gladys YorkSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 23File No. 80876Primary Registration District No. 1017

Registered No. \_\_\_\_\_

Sex of  
Child7Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?YesDate of  
BirthJune 13  
(Month) (Day)1920  
(Year)FULL  
NAMELemuel C. York

RESIDENCE

Hazlet Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY47  
(Years)

BIRTHPLACE

Ind.

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMartha Bruce

RESIDENCE

Hazlet Ida

COLOR

WAGE AT LAST  
BIRTHDAY40  
(Years)

BIRTHPLACE

Mo.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 9Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 7<sup>30</sup> PM\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

E. L. Barry M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Hazlet Ida

Filed

7/27

19

20E. D. Piper M.D.

Registrar

Registrar



**FEB 25 1942**

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

439-228-027-499  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County Jerome  
City of Jerome

Registration District No. 25

File No. 80877

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1017-2017 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Dorothy Helen M. Intyre

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 28</u>	<u>1920</u>
(To be answered only in event of plural births)					(Month)	(Day) (Year)

FATHER  
FULL NAME John P. M. Intyre  
RESIDENCE Jerome  
COLOR White AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Mich.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Elizabeth M. Mizek  
RESIDENCE Jerome  
COLOR White AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Austria  
OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10:25 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller, M.D.

Given names added from a supplemental report.

19

(Physician or midwife)  
Address Jerome Idaho  
Filed 7/27 1920 E. D. Piper M.D.

Registrar

Registrar

DEC 31 1963

Boise, Idaho,..... July 29, 1922, ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City .....  
Street .....  
County .....  
File Number ..... 80677  
Registration Dist. No. ....  
Date of Birth ..... June 28, 1920 ..... 192....  
Sex of Child ..... Female .....  
Father ..... Jno. P. McIntyre .....  
Full Name .....  
Mother ..... Elizabeth Mizak .....  
Full Maiden Name .....

I HEREBY CERTIFY that the child described herein has been named:

Child's Name in Full

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD  
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

393-101-027-963

PLACE OF BIRTH

Form V. S. No. 11-0-25a-2-27

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazleton

No. P. 7 D. St.

Registration District No. 23

File No. 80878

Primary Registration District No. 1017-2017

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Herbert Litchfield

Sex of Child <u>M</u>	Twin Triplet or other? <u>1</u> and (Number in order of birth) <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 1<sup>st</sup> 1920</u> (Month) (Day) (Year)
-----------------------	--	------------------------	---

FATHER  
FULL NAME Herbert Scott Litchfield

MOTHER  
FULL MAIDEN NAME Rexie Rockwell

RESIDENCE Hazleton P. D.

RESIDENCE same

COLOR W AGE AT LAST BIRTHDAY 35  
(Years)

COLOR W AGE AT LAST BIRTHDAY 31  
(Years)

BIRTHPLACE New Jersey

BIRTHPLACE Illinois

OCCUPATION Farm

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) 8 a M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

G. P. Smith M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address .....

Burley Idaho

Filed .....

7/27

C. D. Pipher M.D.

Registrar

Registrar

MAR 17 1942

622-218027-432

## PLACE OF BIRTH

County of *Lincoln* *Jerome*City of *Jerome (County)*

No. .... St.

Registration District No. *23*Primary Registration District No. *1617-2017*

Hospital .....

FULL NAME OF CHILD *Gorothy Louise Osborne*

Sex of Child <i>Female</i>	Twin Triplet or other? <i></i>	and Number in order of birth <i></i>	Legitimate? <i>yes</i>	Date of Birth <i>July 18 1920</i>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <i>Rollie Osborne</i>	FATHER
RESIDENCE <i>Jerome Ida (County)</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>40</i> (Years)
BIRTHPLACE <i>Missouri</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Emma McKenzie</i>	MOTHER
RESIDENCE <i>Jerome Ida (County)</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>35</i> (Years)
BIRTHPLACE <i>Arkansas</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *4* Number of children of this mother now living, including present birth *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn), at *6 P* on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Emma C. Crossland*  
*Obstetrician*  
 (Physician or midwife)

Given names added from a supplemental report.

Address *Union Falls, Ida.*  
 Filed *7/27 20* *E. D. Piper*  
 Registrar



JUN 17 1976

314-108-027-693

PLACE OF BIRTH

County of JeromeCity of Jerome

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 23Primary Registration District No. 1017  
9-2-7

File No. \_\_\_\_\_

80880

Registered No. \_\_\_\_\_

SEX OF CHILD

MTwin  
Triplet  
or other?{ and } Number  
in order  
of birthLegiti-  
mate?DATE OF  
BIRTHJuly 8 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Edward J. Laughlin

RESIDENCE

Jerome

COLOR

WAGE AT LAST  
BIRTHDAY16

(Years)

BIRTHPLACE

Idaho

OCCUPATION

farmerFULL  
MAIDEN  
NAME

MOTHER

Esther Wilson

RESIDENCE

Jerome

COLOR

WAGE AT LAST  
BIRTHDAY19

(Years)

BIRTHPLACE

Iowa

OCCUPATION

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

E. D. Piper M.D.

Given names added from a supplemental report

(Physician or midwife)

Address.....

Jerome Idaho

Filed

7/281920E. D. Piper M.D.

Registrar

Registrar

JAN. 6 1943

243 127-227-249  
PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of JarvisCity of Jarvis

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 23File No. 80881Primary Registration District No. 1017  
247

Registered No. \_\_\_\_\_

Full Name of Child

Donald Buck

SEX OF CHILD

MTwin  
Triplet  
or other?{and} Number  
in order  
of birth3

Legitimate?

Yes

DATE OF BIRTH

July 27, 20  
(Month) (Day) (Year)

FULL NAME

FATHER

Minell Norman Buck

RESIDENCE

Jarvis

COLOR

W

AGE AT LAST BIRTHDAY

36

(Years)

BIRTHPLACE

Iowa

OCCUPATION

Stock man

FULL MAIDEN NAME

MOTHER

Martha Smith

RESIDENCE

Jarvis

COLOR

W

AGE AT LAST BIRTHDAY

32

(Years)

BIRTHPLACE

Olin

OCCUPATION

House wifeNumber of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 3 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive , at 1 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. D. Piper M.D.

(Physician or midwife)

Given names added from a supplemental report

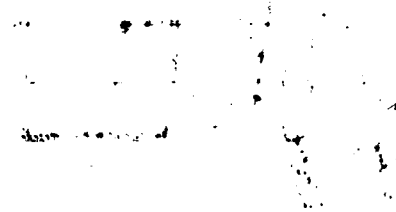
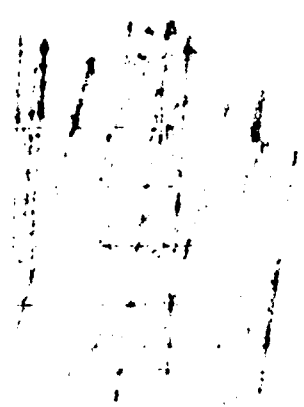
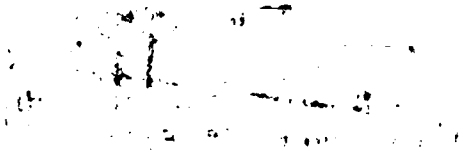
Address

Filed

7-28-1925

Registrar

Registrar



693212-228-869

Form V. S. No. 11-C-21a-2-43

STATICS

80822

Registration District No. 126

File No. 4

Primary Registration District No. 2204

Registered No. 76

OF CHILD

Charlotte Marie Melanson

Twin  
Triplet  
or other?

and  
Number  
in order  
of birth

Legiti-  
mate?

Date of  
Birth

(To be answered only in event of plural births)

Month (Day) (Year)

FATHER

W. Melanson

FULL  
MAIDEN  
NAME

Grace York

MOTHER

RESIDENCE

Harrison Ida

COLOR

W -

AGE AT LAST  
BIRTHDAY

23

(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

20

(Years)

BIRTHPLACE

Kan.

BIRTHPLACE

Ida

OCCUPATION

Bookkeeper

OCCUPATION

Housewife

Number of child of this mother, including present birth. 1

Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.

Born at Jan 12-20 at 6:40 P.M.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. D. Melanson

(Physician or midwife)

Given names added from a supplemental report.

Address

Harrison Ida

Filed

7-1-21 W. D. Melanson

Registrar

MAY 5 1943

YACHTS

3-10-1964

430

And not only that, but

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 26

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-2291028-653  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

80883

Country of Wooten

City of Harrison

Registration District No. 124

File No.

No. \_\_\_\_\_ St.

Hospital Lakewood

Primary Registration District No. 2204

Registered No. 77

FULL NAME OF CHILD Charlotte Marie Joyce

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 29 1902</u>
FULL NAME OF FATHER <u>Alfred E. Joyce</u>			FULL MAIDEN NAME OF MOTHER <u>Isis Wells</u>	
RESIDENCE <u>Spokane Wash.</u>			RESIDENCE <u>Spokane Wash.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>32</u> (Years)		
BIRTHPLACE <u>Wis.</u>			BIRTHPLACE <u>Kan.</u>	
OCCUPATION <u>Clark</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

June 29 - 1902 (Born alive or stillborn) at 9:50 A.M.  
(Signature) M. D. [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida  
Filed July 1 1902 Registrar [Signature]



NOV 24 1964

ALL INFORMATION ON THIS CARD MUST BE MADE FOR EACH CHILD, IN ORDER OF BIRTH STATED.

751-205

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

028-493

County of *Idaho*

City of *Coeur d'Alene, Ida*

Registration District No. *29*

File No. *80884*

No. *59* St.

Primary Registration District No. *1059*

Registered No. *59*

Hospital

FULL NAME OF CHILD *Betty Mae Pearson*

Sex of Child *Female*

Twin Triplet or other?

and Number in order of birth

Legitimate? *Yes*

Date of Birth *6 3*

(Month)

(Day)

(Year)

FULL NAME FATHER *Wynne C. Pearson*

FATHER

FULL MAIDEN NAME MOTHER *Pearl Miles*

MOTHER

RESIDENCE *Coeur d'Alene, Ida*

RESIDENCE *Coeur d'Alene, Ida*

COLOR *White*

AGE AT LAST BIRTHDAY *35*

(Years)

COLOR *W.*

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE *Mich.*

BIRTHPLACE *Idaho*

OCCUPATION *Room-Man.*

OCCUPATION *Id.*

Number of child of this mother, including present birth. *1*

Number of children of this mother now living, including present birth. *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive or stillborn* on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) *L. J. Johnson*


(Physician or midwife)

Address *Coeur d'Alene, Ida*

Filed *July 8, 1926*

Registrar *K*

Registrar *Gus Nelson*



**JUL 26 1973**

445-206-528-459

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-23m-2-27

County of *Butte*City of *Ch. Lual.*Registration District No. *29*File No. *80885.*

No. .... St.

Primary Registration District No. *1050*Registered No. *58*

Hospital .....

FULL NAME OF CHILD

*Jeanette Helen Munn.*

Sex of Child <i>Female</i>	Twin, Triplet or other? <i>No</i>	and Number in order of birth <i>1</i>	Legitimate? <i>Yes</i>	Date of Birth <i>6 6 1924</i> (Month) (Day) (Year)
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FULL NAME <i>John J. Munn</i>	FATHER	FULL MAIDEN NAME <i>Dorothy Dewey</i>	MOTHER
RESIDENCE <i>Acorn d'Almeida, Idaho</i>		RESIDENCE <i>Acorn d'Almeida, Idaho</i>	
COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>26</i> (Years)
BIRTHPLACE <i>Mass.</i>		BIRTHPLACE <i>Colorado</i>	
OCCUPATION <i>Contractor</i>		OCCUPATION <i>Rev.</i>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. John H. Wood*

(Physician or midwife)

Given names added from a supplemental report.

Address *Coeur d'Alene, Ida*Filed *July 8, 1924*

Registrar

Registrar

JAN 23 1974

N. B. - In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253226028513

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Dorothy Lucile Kelbell

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-4-18-18

CERTIFICATE OF BIRTH

80886

Registration District No. 29

File No. \_\_\_\_\_

Primary Registration District No. 1050

Registered No. 57

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>one</u>	Number in order of birth <u>one</u>	Legitimate? <u>yes</u>	DATE OF BIRTH <u>June 26</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Mike Kelbell</u>		FULL MAIDEN NAME <u>Luey Veronica Eackow</u>		
RESIDENCE <u>Coeur d Alene Ida.</u>		RESIDENCE <u>Coeur d Alene</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>Austria Hungary</u>		BIRTHPLACE <u>Austria Hungary</u>		
OCCUPATION <u>Mill Man</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:40 P.M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Nodder

Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur D'Alene, Ida

Filed July 8 1920 Gus Nelson  
Registrar

Registrar

Registrar

7-17-41

231-110028-251  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MontenaiCity of Coeur d'AleneRegistration District No. 29File No. 80888

No. \_\_\_\_\_ St.

Primary Registration District No. 1050Registered No. 55

Hospital \_\_\_\_\_

FULL NAME OF CHILD Robert Frank Stanley

Sex of Child <u>Male</u>	Twins or other? <u>None</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 10 1920</u> (Month) (Day) (Year)
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FULL NAME FATHER Robert F. StanleyRESIDENCE 1023-7th. Coeur d'Alene, Ida.COLOR white AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE Wash.OCCUPATION mechanicFULL MAIDEN NAME MOTHER Jeannette BeaverRESIDENCE Coeur d'Alene, Ida.COLOR white AGE AT LAST BIRTHDAY 18 (Years)BIRTHPLACE W. Dak.OCCUPATION housewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4:20 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. C. Meyer Physician  
(Physician or midwife)Address Coeur d'Alene, IdahoFiled July 8 1920

Registrar

Registrar Gus Nelson



NOV 3 1961

362-127-028-753  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of KootenaiCity of Coeur d'AleneRegistration District No. 29File No. 80889

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1050Registered No. 54

Hospital \_\_\_\_\_

FULL NAME OF CHILD Flored George Casady

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>June 22</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Edward Bryan Casady  
RESIDENCE Coeur d'Alene, Ida  
COLOR white AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Iowa  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Inga Peterson  
RESIDENCE Coeur d'Alene  
COLOR white AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Wisc.  
OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

J. C. Meyer  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Coeur d'Alene, Idaho

Filed \_\_\_\_\_

July 8 1920Gus Nelson

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

DEC 31 1970

MAR 17 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

236-16-028-446  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Kootenai

City of Coeur d'Alene

Registration District No. 29

File No. 80890

No. \_\_\_\_\_ St.

Primary Registration District No. 1050

Registered No. 53

Hospital \_\_\_\_\_

FULL NAME OF CHILD Rose Mary Stonestreet

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 16</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Roscoe E. Stonestreet</u>	FATHER
RESIDENCE <u>Coeur d'Alene, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>W. Va.</u>	
OCCUPATION <u>Logging Cont.</u>	

FULL MAIDEN NAME <u>Eva May Duffing</u>	MOTHER
RESIDENCE <u>Coeur d'Alene, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Mich.</u>	
OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. C. Dwyer  
Physician  
(Physician or midwife)

Per J. R. H.

Given names added from a supplemental report.

Address

Coeur d'Alene, Idaho.

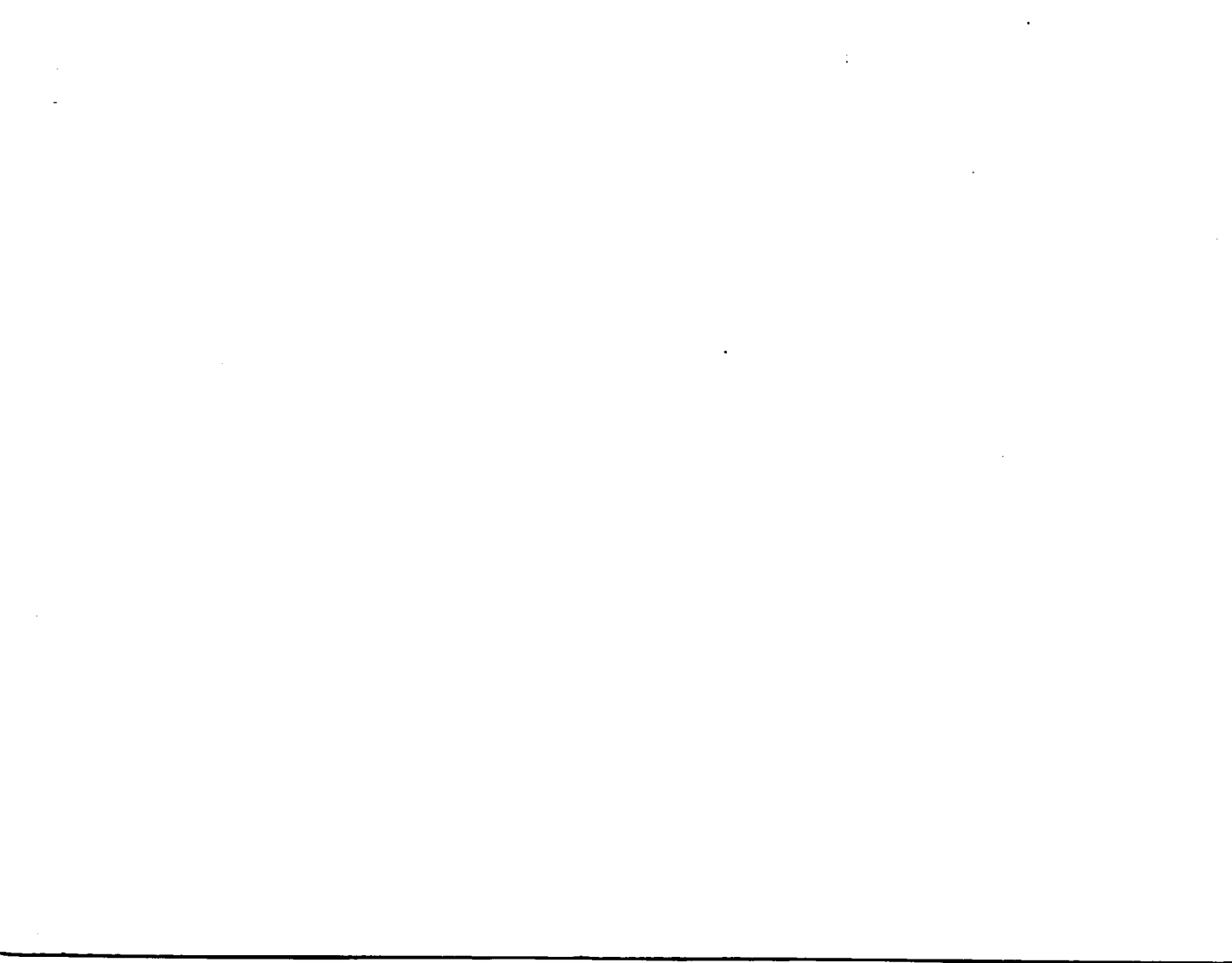
Filed

July 8 1920

Gus Nelson

Registrar

Registrar



268-118-028-714

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of KootenaiCity of Coeur d'AleneRegistration District No. 29

File No.

80891

No. \_\_\_\_\_ St.

Primary Registration District No. 1050

Registered No.

52

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Edgar Markias BoyerSex of  
ChildMaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?yesDate of  
BirthJune 18 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Arthur E. Boyer

RESIDENCE

Coeur d'Alene, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Wash

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Brigitte Ruth Pauline

RESIDENCE

Coeur d'Alene, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Switzerland

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive, at 3<sup>30</sup> P.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. C. Dwyer  
Phys.P. D. D.

(Physician or midwife)

Given names added from a supplemental report.

Address

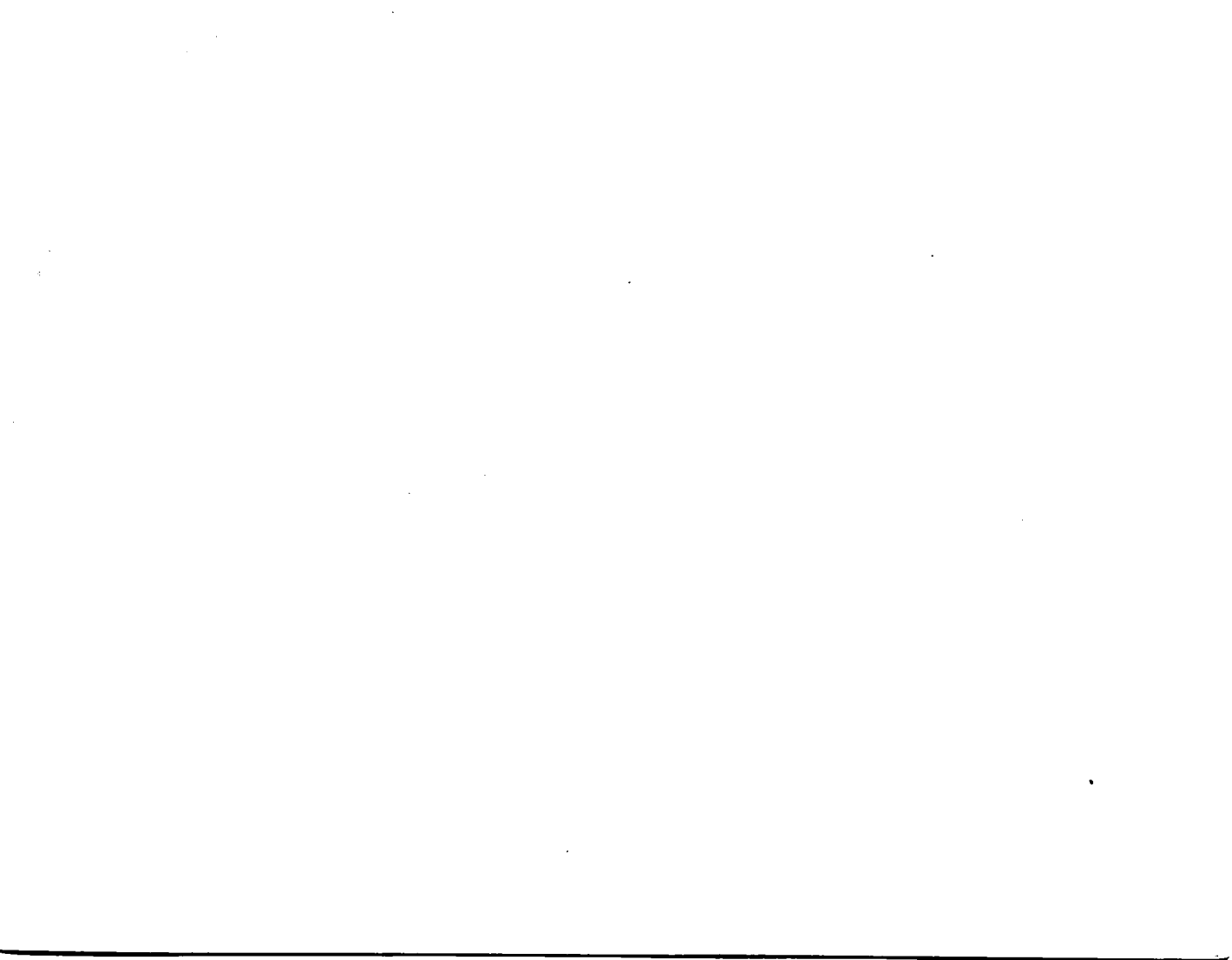
Coeur d'Alene, Idaho

Filed

July 8 1920Gust Nelson

Registrar

Registrar



795-1261078-214

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of

City of

## CERTIFICATE OF BIRTH

Registration District No.

File No.

No.

St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
Number  
in order  
of birthLegiti  
mate?Date of  
Birth

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

1920

Registrar

Registrar



7-17-4

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-117-588-349  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of *Kootenai*

City of *Coeur d'Alene, Idaho.*

Registration District No. *29*

File No. *80893*

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. *1050*

Registered No. *50*

Hospital \_\_\_\_\_

FULL NAME OF CHILD *Ralph Henry Bockmier, Jr.*

Sex of Child

*Male*

Twin  
Triplet  
or other?

and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate

*yes.*

Date of  
Birth

*June 11 1920*  
(Month) (Day) (Year)

FULL  
NAME

*Ralph H. Bockmier*

FATHER

*Bockmier*

FULL  
MAIDEN  
NAME

*Maed Turner*

MOTHER

RESIDENCE

*Coeur d'Alene, Ida*

RESIDENCE

*Coeur d'Alene, Ida.*

COLOR

*White*

AGE AT LAST  
BIRTHDAY

*27*  
(Years)

COLOR

*W.*

AGE AT LAST  
BIRTHDAY

*23*  
(Years)

BIRTHPLACE

*Wash.*

BIRTHPLACE

*Mehraska*

OCCUPATION

*Salesman*

OCCUPATION

*Housewife*

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

*Born alive* at *4:00* M.  
(Born alive or stillborn)

{ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

*Dr. John H. ...*

(Physician or midwife)

Given names added from a supplemental report.

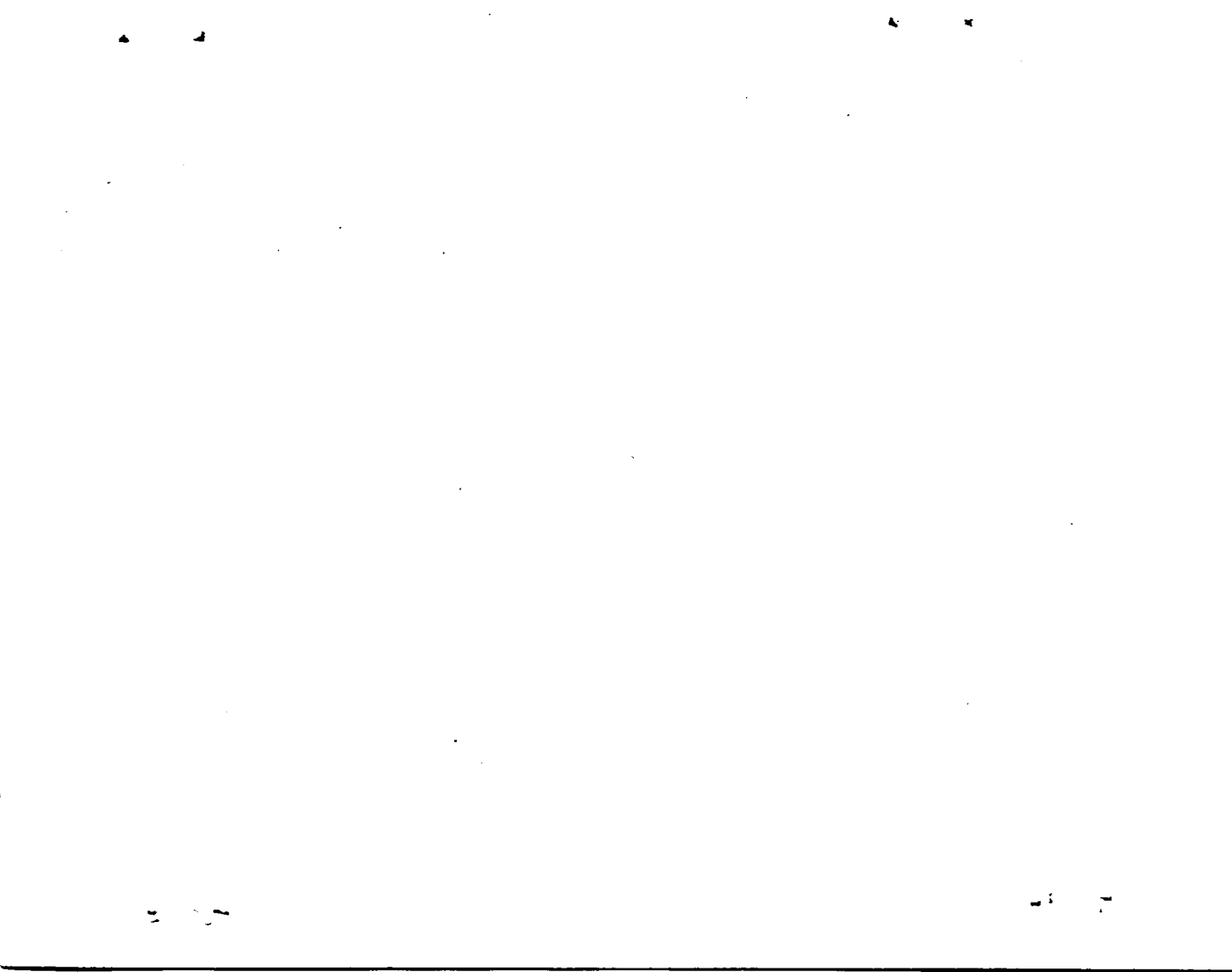
Address

*Coeur d'Alene, Ida.*

Filed

*July 8 1920 Gus Nelson*  
Registrar

Registrar



**STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Washington } ss. **FEB 13 1942** Certificate No. 80893  
County of Spokane } Date Filed BIRTH

The undersigned does solemnly swear that certain facts on the certificate of BIRTH  
for Ralph Henry Beckmire who BORN on JUNE 11 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Coeur d'Alene, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Bible Record prepared on May 1926, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM	TO
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	(AS ON ORIGINAL)	(THE CORRECT FACTS)
name <u>Ralph Henry Beckmire</u>	<u>Ralph Henry Beckmire</u>	<u>Ralph Henry Bockmire Jr.</u>
name of father <u>Ralph H. Bockmire</u>	<u>Ralph H. Bockmire</u>	<u>Ralph H. Bockmire</u>

Subscribed and sworn to before me this 10th  
day of February, 19 42

GA Hines  
Notary Public, residing at Spokane

My commission expires Mar. 4 - 1942  
(SEAL)

Signed Mrs. R. H. Beckmire  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington } ss.  
County of Spokane }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th  
day of February, 19 42

GA Hines  
Notary Public, residing at Spokane

My commission expires Mar. 4 - 1942  
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 120, 1937 IDAHO SESSION LAWS.)]  
Signed R. H. Beckmire  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2303 Jefferson  
(STREET ADDRESS, CITY, STATE)  
Spokane, Wash

Received for filing on **FEB 13 1942** By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

FEB 19 1942

MAR 18 1942

897-208-028294  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Porter  
 City of Genesee, Ida. Registration District No. 29 File No. 80894  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Hospital \_\_\_\_\_ Primary Registration District No. 2050 Registered No. 49  
 FULL NAME OF CHILD Grace Anna Higgle  
 Sex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? Yes Date of Birth June 7 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
 FULL NAME Gus Higgle  
 RESIDENCE Carlin Bay, Idaho  
 COLOR W. AGE AT LAST BIRTHDAY 38 (Years)  
 BIRTHPLACE Germany  
 OCCUPATION Rancher

MOTHER  
 FULL MAIDEN NAME Clattie Kruger  
 RESIDENCE Same  
 COLOR W. AGE AT LAST BIRTHDAY 40 (Years)  
 BIRTHPLACE Germany  
 OCCUPATION Nurse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 a.m.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

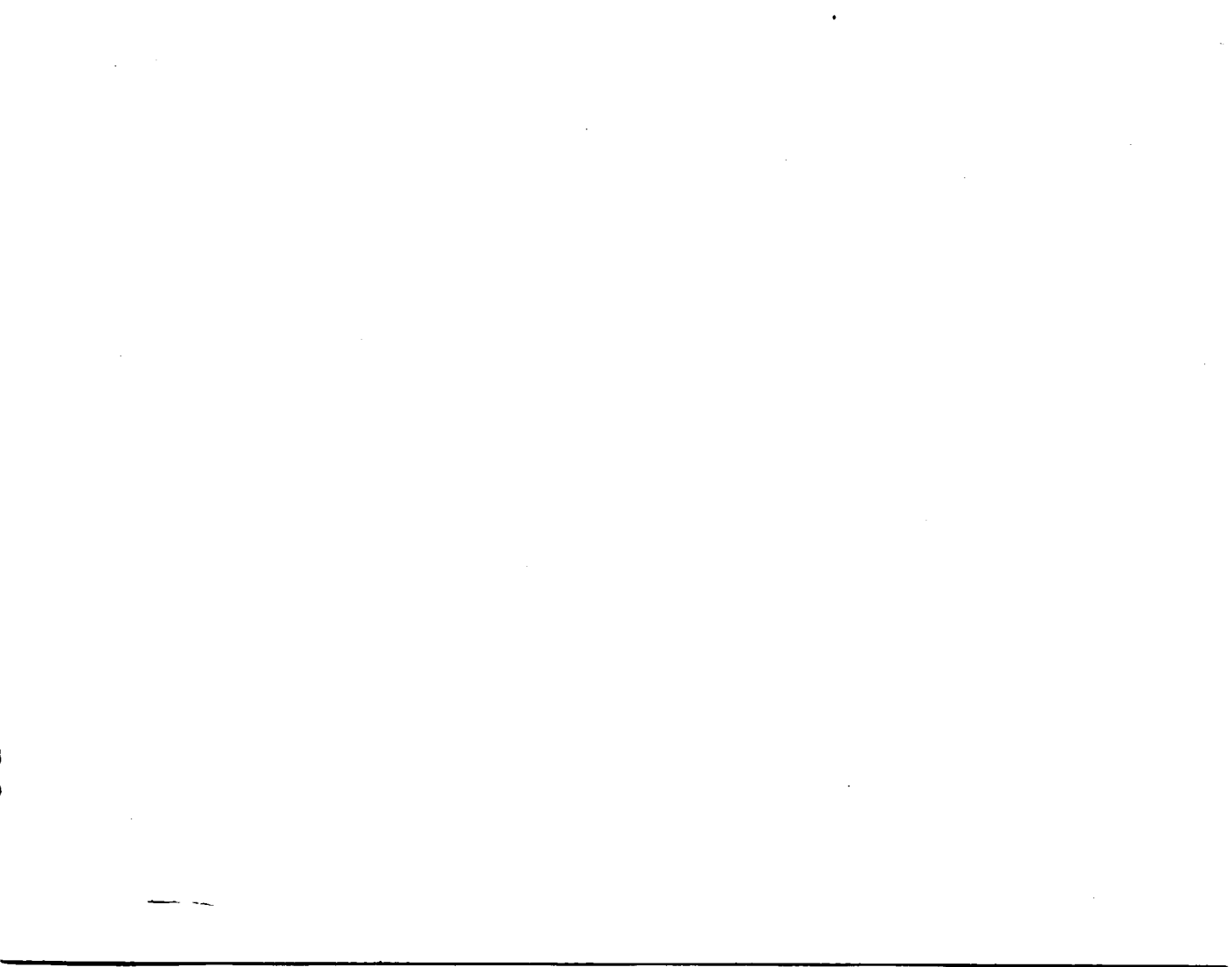
(Physician or midwife)

Given names added from a supplemental report.

19.

Address Corr. S. Alene, Idaho  
 Filed July 8 1920 Gus Nelson  
 Registrar

Registrar



962-221028-366

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of

## CERTIFICATE OF BIRTH

City of

Registration District No.

File No.

80895

No.

St.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Sex of Child

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
Number  
in order  
of birthLegiti  
mate?Date of  
Birth

(Month) (Day)

(Year)

FULL  
NAME

FATHER

ROBINS

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

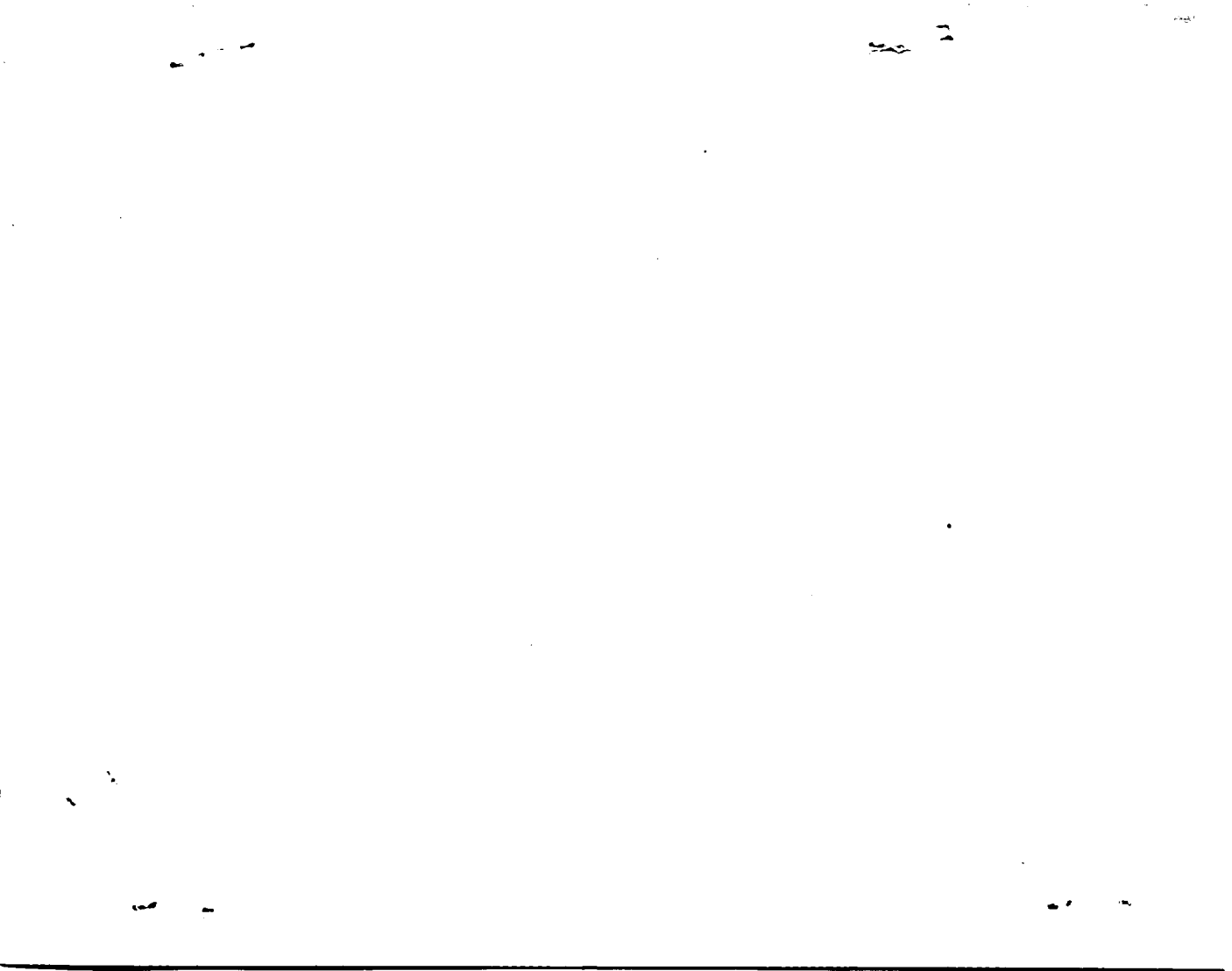
Filed

(Physician or midwife)

Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS—

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 80895  
County of Kootenai

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Charles Miles Robbins who was born on May 23, 1920 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Coeur d'Alene, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by fact prepared on August 21, 1943, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Charles M. Charles Miles Robbins  
Surname Robbins Robins

Subscribed and sworn to before me this 21  
day of August, 19 43

Signed Agnes C Robbins  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires OCT 10 1944  
(Seal)

707 Wallace, Coeur d'Alene, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Kootenai

[This Affidavit ~~MUST~~ Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21  
day of August, 19 43

Signed [Signature]  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Coeur d'Alene, Idaho

108 N. Fourth Street, Coeur d'Alene, Idaho  
(Street Address, City, State)

My commission expires OCT 10 1944  
(Seal)

JUN 26 1974

APR 10

1971

623-106-028-466

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

County of

City of

## CERTIFICATE OF BIRTH

Registration District No.

File No.

No.

St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child

Male.

Twin  
Triplet  
or other?  
(To be answered only in event of plural births){ and }  
Number  
in order  
of birthLegiti  
mate?

Yes

Date of  
BirthJune 6 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature)

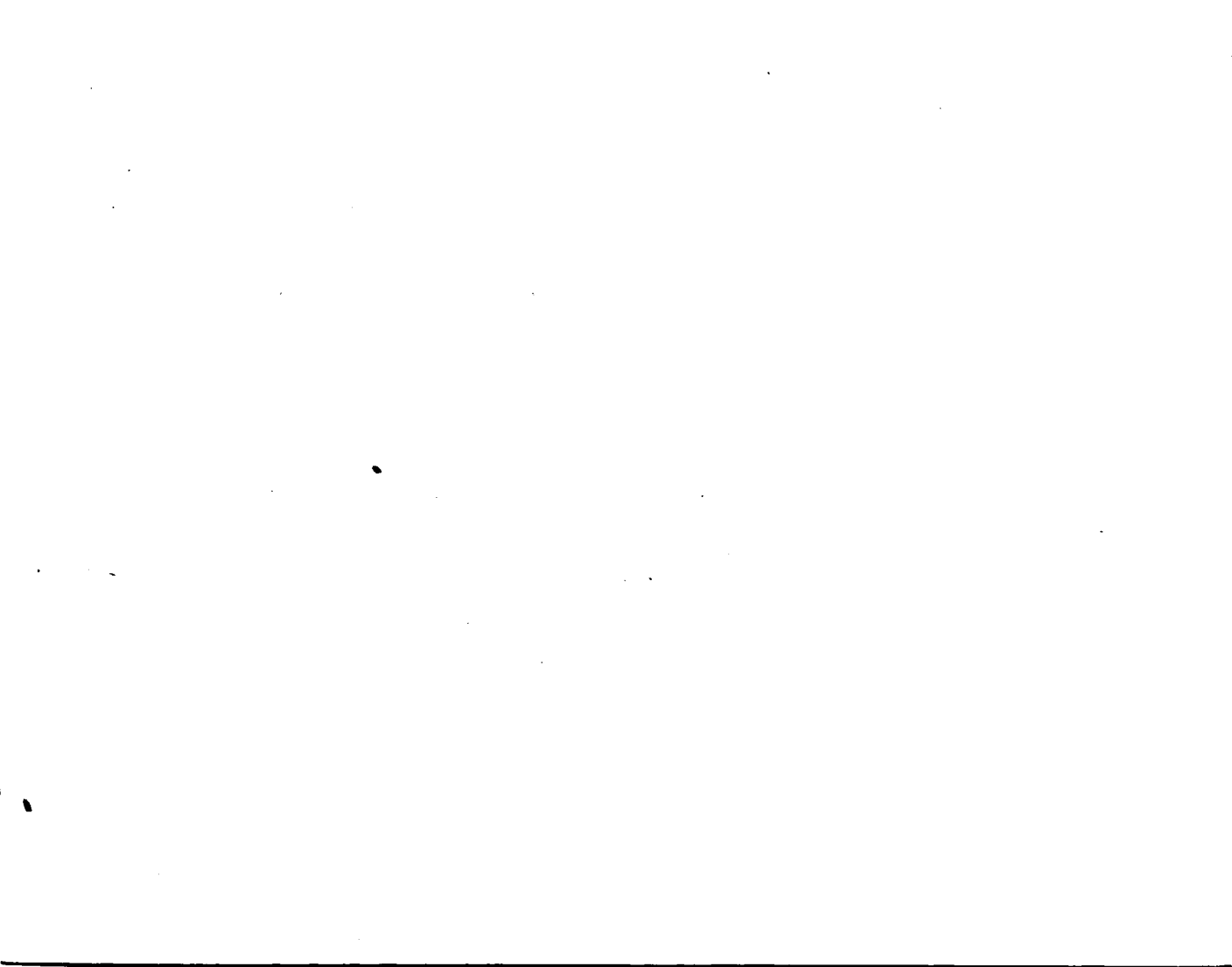
(Physician or midwife)

Address

Filed

1920

Registrar



465-207-028-799

## PLACE OF BIRTH

County of KathlametCity of Ratholun

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 30

File No. \_\_\_\_\_

80897

Primary Registration District No. \_\_\_\_\_

Registered No. 22

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>June 7, 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	---	----------------------------	---

FULL NAME <u>Louis Monaco</u>	FATHER
RESIDENCE <u>Ratholun, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Italy</u>	
OCCUPATION <u>Section Foreman U. P. Ry.</u>	

FULL MAIDEN NAME <u>Carolina Grice Clow</u>	MOTHER
RESIDENCE <u>Ratholun, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Italy</u>	
OCCUPATION <u>house wife</u>	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P. M. on the date above stated. (Born alive or stillborn)

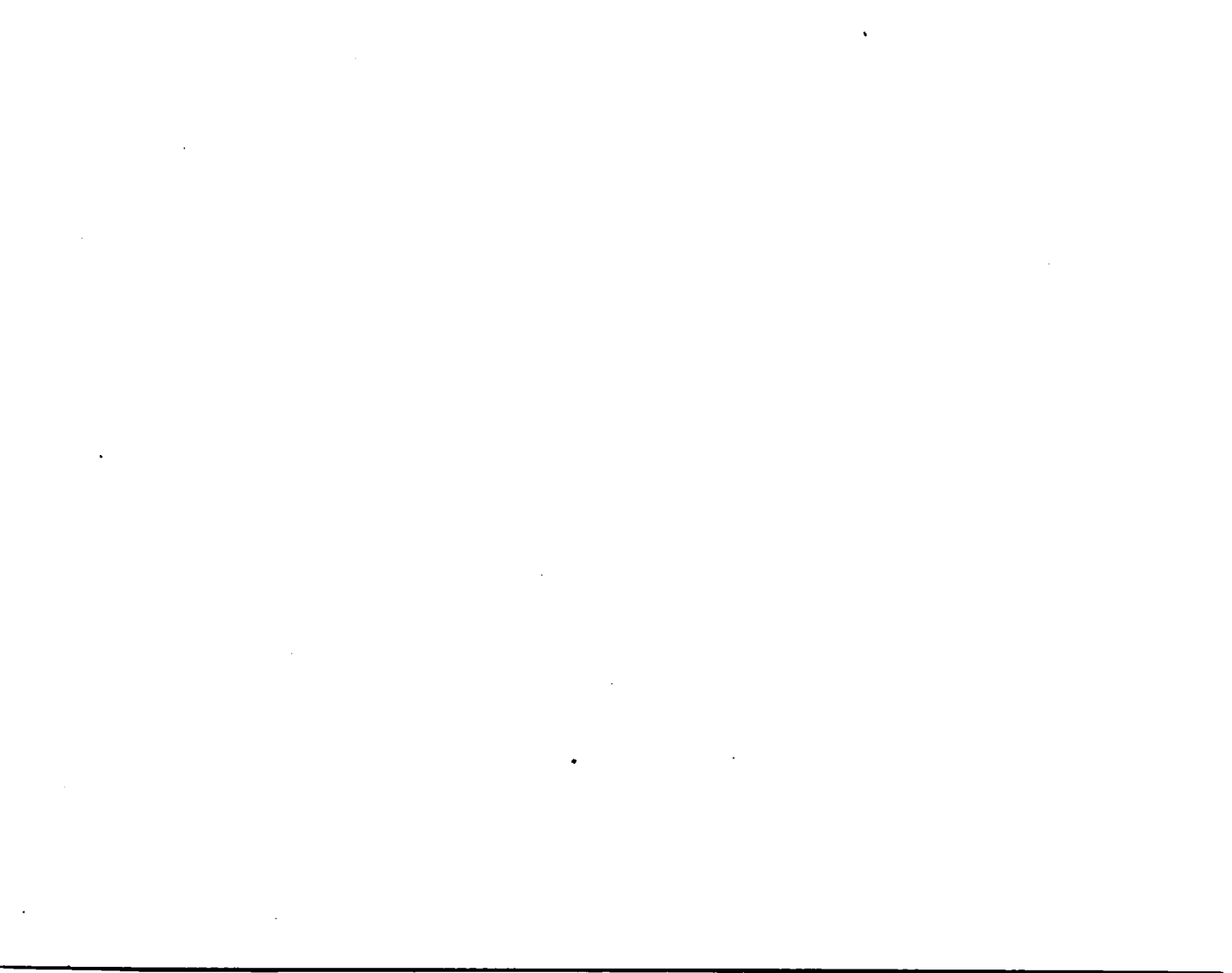
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Menz  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Ratholun, Ida.  
Filed 7/1, 1920 Frank Menz  
Registrar Frank Menz

Registrar



249-2191028-993

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH  
County of KootenaiSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCity of RotholmRegistration District No. 30 File No. 80898

No. \_\_\_\_\_ St.

Primary Registration District No. 1051.2051 Registered No. 23

Hospital \_\_\_\_\_

FULL NAME OF CHILD Carmen Rose SmithSex of Child female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth June 19 1920  
(Month) (Day) (Year)FULL NAME FATHER Paul H. SmithFULL MAIDEN NAME MOTHER Elvie L. RichmondRESIDENCE Rotholm, IdaRESIDENCE Rotholm, IdaCOLOR white AGE AT LAST BIRTHDAY 38 (Years)COLOR white AGE AT LAST BIRTHDAY 33 (Years)BIRTHPLACE Kans.BIRTHPLACE IowaOCCUPATION farmerOCCUPATION house wifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 5:00 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Mary  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Rotholm, IdaFiled 7/5 1920 Frank Mary  
Registrar Registrar



FEB 7 1968

291-1250028-458

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

80899

County of KootenaiCity of RathdrumRegistration District No. 30File No. 1

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1051-205 Registered No. 24

Hospital \_\_\_\_\_

FULL NAME OF CHILD Terrence Jason BradburySex of Child maleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJune 251920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAMEFATHER  
Harry J. BradburyFULL  
MAIDEN  
NAMEMOTHER  
Lucina Ellen Mayer

RESIDENCE

Rathdrum, Ida.

RESIDENCE

Rathdrum, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY39  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Idaho.

BIRTHPLACE

Idaho.

OCCUPATION

farmer

OCCUPATION

housewifeNumber of child of this mother, including present birth. 6 Number of children of this mother now living, including present birth. 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 P.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Frank Stang  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rathdrum, Ida.

Filed

7/5 19 20Frank Stang

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

342

366-229,028-959

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of KootenaiCity of RathdrumRegistration District No. 30File No. 80900

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1051-251 Registered No. 25

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Iola June Coon

Sex of Child <u>female</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 29, 1920</u> (Month) (Day) (Year)
----------------------------	--------------------------------	-----	-----------------------------------	------------------------	--

FATHER  
FULL NAME Fred L. CoonRESIDENCE Rathdrum, Ida.COLOR white AGE AT LAST BIRTHDAY 40  
(Years)BIRTHPLACE IowaOCCUPATION timber inspector U. S. Forest ServiceMOTHER  
FULL MAIDEN NAME Helia K. ReinhardtRESIDENCE Rathdrum, Ida.COLOR white AGE AT LAST BIRTHDAY 36  
(Years)BIRTHPLACE S. Dak.OCCUPATION housewifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Frank Wenz  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rathdrum, Ida.

Filed

7/5 19 20 Frank Wenz  
Registrar

Registrar

170

MAIL OFFICE FOR THIS CERTIFICATE TO YOUR LOCAL HEALTH OFFICE.  
NOT TO THE STATE BOARD OF HEALTH.

80901

PLACE OF BIRTH

Idaho

State Board of Health

Record No.

County of Teton

BUREAU OF VITAL STATISTICS

Registered No. 768

Town of Coeur d'Alene

CERTIFICATE OF BIRTH

Registration Dist. No. 30

Primary Reg Dist; 1051

St.; Ward)

FULL NAME OF CHILD

Simon  
Johnskaiser

{ If child is not yet named, make supplemental report, as directed.

Sex of Child

M

Twin, Triplet or other? ☒

and

Number in order of birth ☒Legitimate? ☒

Yes

Date of Birth

May

21

1920

Full Name

Michael  
Simon Kaiser

Full Maiden Name

Clair  
Lucille Brunelle

Residence

Coeur d'Alene

Residence

Coeur d'Alene

Color

W

Age at last Birthday

30

(Years)

Color

W

Age at last Birthday

23

(Years)

Birthplace

(State or Country)

Cloguet  
Minn.

Birthplace

(State or Country)

Cloguet  
Minn.

Occupation

Sawmill

Occupation

Housewife

Number of child of this mother 1

Number of children, this mother, now living 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was { born alive } † and that it occurred on May 21, 1920, at 7<sup>2</sup> A.M.

{ \* When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signature)

Alexander Barclay

(Physician or Midwife)

Give name added from a supplemental

report

Address

Coeur d'Alene, Idaho

Filed

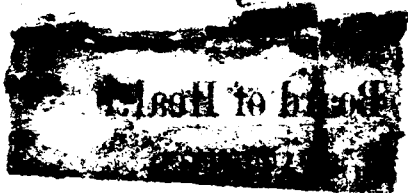
July 2, 1920 D.D. Drennon

Registrar.

Registrar.

† Indicate which by drawing line through superfluous word.

17208



STATE BOARD OF EXAMINERS  
OF THE  
UNIVERSITY OF CALIFORNIA



AUG 18 1950

JAN 22 1985

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

PLACE OF BIRTH  
-266119-028-249  
County of Kootenai

City or Town of Coeur d'Alene

# State Board of Health

Record No. 767  
Registered No. 767

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH  
Primary Registration Number No 1057  
(No. 1004)

Registration Dist. No. 130 St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Edward Marion Bowen Jr. { If child is not yet named, make supplemental report, as directed.

Sex of Child <u>M</u>	Twin, Triplet or other? <u>✓</u>	and	Number in order of birth <u>✓</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 19 1920</u> (Month) (Day) (Year)
-----------------------	----------------------------------	-----	-----------------------------------	------------------------	--

FATHER  
Full Name Edw M. Bowen  
Residence Coeur d'Alene  
Color W Age at last Birthday 34 (Years)  
Birthplace New York  
(State or Country)  
Occupation Mill Hand (Sawmill)

MOTHER  
Full Maiden Name Bertha F. Smith  
Residence Coeur d'Alene  
Color W. Age at last Birthday 24 (Years)  
Birthplace Oregon  
(State or Country)  
Occupation Housewife

Number of child of this mother 1 Number of children, this mother, now living 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was { born alive } † and that it occurred on May 19th, 1920, at 7:05 A.M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) Alexander Barclay  
(Physician or Midwife)

Give name added from a supplemental report.....

Address Coeur d'Alene Idaho.

Filed July 2, 1920 D. D. Dreamer  
Registrar.

† Indicate which



50902

[REDACTED]

[REDACTED]

NO  
OCT 28 1952

100 8 1956

[REDACTED]

319-130-028-943

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. .... 30 .....

File No. .... 80903 .....

No. .... St. .....

Primary Registration District No. .... 1051 .....

Registered No. .... 766 .....

Hospital .....

FULL NAME OF CHILD ..... Wayne Melborn Carter .....

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>4</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>May 30</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--	-----------------------------	--

FATHER		MOTHER	
FULL NAME <u>Frank Carter</u>	FULL MAIDEN NAME <u>Mabel Rule</u>	FULL NAME <u>Mabel Rule</u>	FULL MAIDEN NAME <u>Mabel Rule</u>
RESIDENCE <u>Coeur d'Alene</u>	RESIDENCE <u>Coeur d'Alene</u>	RESIDENCE <u>Coeur d'Alene</u>	RESIDENCE <u>Coeur d'Alene</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Iowa</u>	BIRTHPLACE <u>Iowa</u>	BIRTHPLACE <u>Iowa</u>	BIRTHPLACE <u>Iowa</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>House wife</u>	OCCUPATION <u>House wife</u>	OCCUPATION <u>House wife</u>

Number of child of this mother, including present birth .... 4 .....

Number of children of this mother now living, including present birth .... 4 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) ..... Alvin D. Drennan ..... at ..... 2 P. M.  
(Born alive or stillborn)

(Physician or midwife)

Address ..... Coeur d'Alene Ida .....

Filed July 2 19 20 D. D. Drennan

Registrar

Registrar



259-107-028-356

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. .... 30 .....

Primary Registration District No. .... 1051 .....

File No. .... 80904 .....

Registered No. .... 765 .....

Henry Leonard Kerr

Sex of Child <u>Male</u>	Twin Triplet or other? <u>  </u>	and { Number in order of birth <u>5</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Sept 7</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	----------------------------------	---	------------------------	--

FULL NAME <u>John Kerr</u>	FATHER
RESIDENCE <u>Coeur d'Alene</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Scotland</u>	
OCCUPATION <u>Mill Foreman</u>	

FULL MAIDEN NAME <u>Mary Leonard</u>	MOTHER
RESIDENCE <u>Coeur d'Alene</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Bristol Tenn</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .... 5 .... Number of children of this mother now living, including present birth .... 4 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Alive ..... at ..... 4:30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... D. W. Brennan - M.D. .....

(Physician or midwife)

Given names added from a supplemental report.

Address .... Coeur d'Alene, Ida. .....

Filed July 2 1920 D. W. Brennan .....

Registrar

Registrar



# State Board of Health

Record No. **8090**

City **Katahdin** No. **35-114.029-24** BUREAU OF VITAL STATISTICS

Registered No. **246**

## CERTIFICATE OF BIRTH

Registration Dist. No. **61** (No. **244** St.; **244** Ward)

Full Name of Child **Elvin Andrew Stephens** If child is not yet named, make supplemental report, as directed.

Sex of Child **Male** Twin, Triplet or other? **None** and Number in order of birth **1st** Legitimate? **Yes** Date of Birth **June 14**, 19**20** (Month) (Day) (Year)

FATHER  
Full Name **Fred Joseph Stephens**  
Residence **Latah County Idaho**  
Color **White** Age at last Birthday **20** (Years)

Birthplace **Washington**  
(State or Country)  
Occupation **Farmer**

MOTHER  
Full Maiden Name **Ruby May Smith**  
Residence **Latah County Idaho**  
Color **White** Age at last Birthday **23** (Years)

Birthplace **Idaho**  
(State or Country)  
Occupation **Housewife**

Number of child of this mother **1**

Number of children, this mother, now living **1**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was **born alive** **stillborn** and that it occurred on **June 14**, 19**20**, at **10 P.M.**

\* When there was no attending physician or midwife when the father, householder, etc., should make this return.

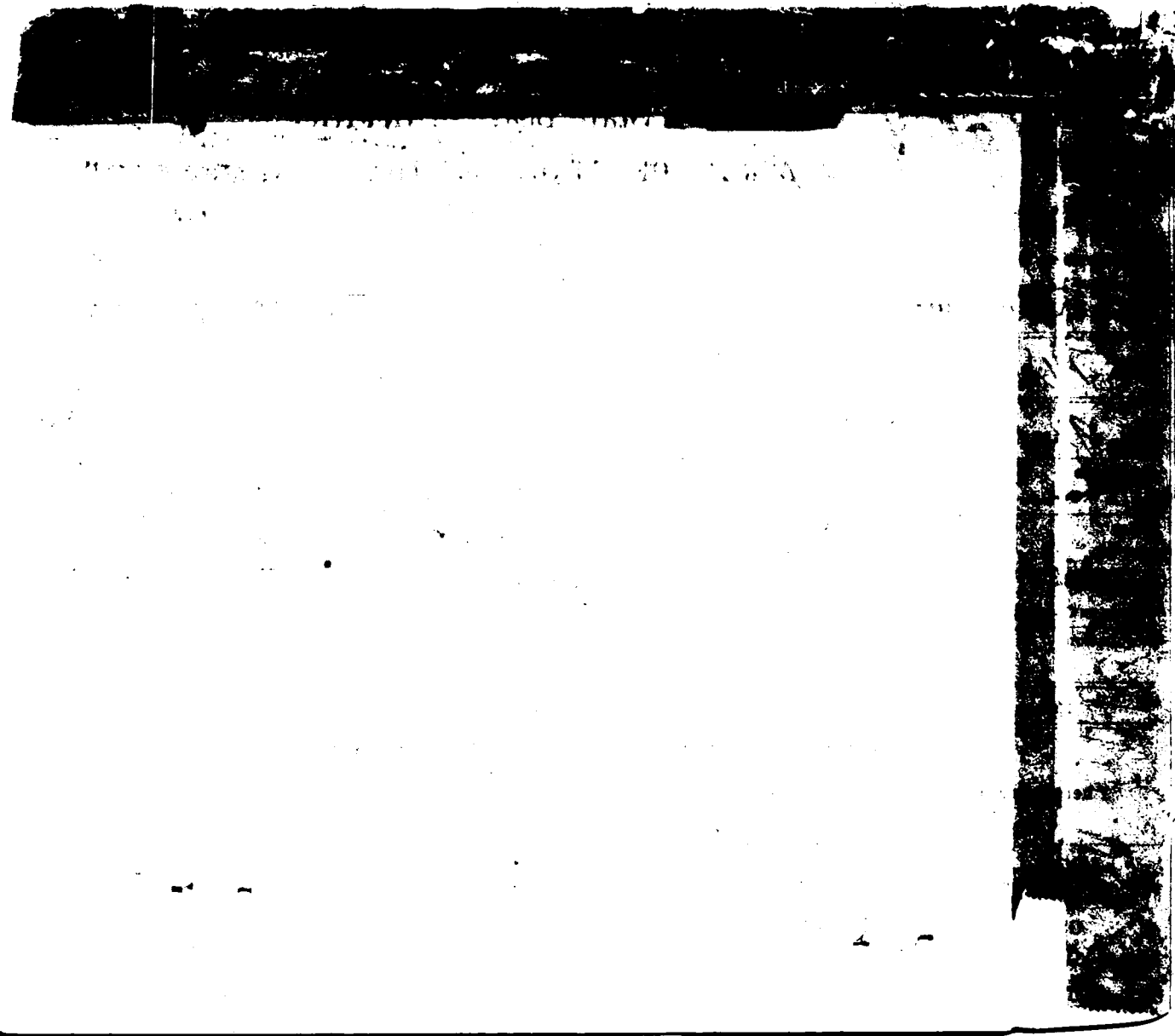
(Signature) **W. C. Murphy**

Give name added from a supplemental report **Elvin Andrew Stephens** Address **W. C. Murphy**

(Physician or Midwife) **Garfield Nash**

State Registrar **W. C. Murphy**

Filed **June 30**, 19**20** Registrar **W. H. Carithers**



BOARD OF HEALTH-BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

City \_\_\_\_\_ Registered No. 61  
Place of Birth { Street and House No. \_\_\_\_\_  
County Latah Co. Registration Dist. No. 2141

I Hereby Certify that the child described herein  
has been named:

Eileen Andrew Stephens SURNAME  
GIVEN NAME IN FULL  
as reported by Mrs. Mrs. F. J. Stephens FATHER OR MOTHER  
W. H. Caruthers LOCAL REGISTRAR

Sex of Child Male  
Date of Birth June 14 1920  
NORTH DAY YEAR  
Father Fred Joseph Stephens FULL NAME  
Mother Ruby May Smith Stephens FULL MARRIAGE NAME



JAN 21 1942

713-228-

PLACE OF

029-763  
County of LalalaCity of Murrow

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 61File No. 80907Primary Registration District No. 1011Registered No. 243Mary Frances Packer

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____	and	Number in order of birth _____	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 28</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	------------------------------------	-----	--------------------------------------	-----------------------------	---

FATHER		MOTHER	
FULL NAME <u>Roy Packer</u>	FULL MAIDEN NAME <u>Katie Goldschorrough</u>	FULL NAME <u>Roy Packer</u>	FULL MAIDEN NAME <u>Katie Goldschorrough</u>
RESIDENCE <u>Murrow</u>	RESIDENCE <u>Murrow</u>	RESIDENCE <u>Murrow</u>	RESIDENCE <u>Murrow</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Irel</u>	BIRTHPLACE <u>Maryland</u>	BIRTHPLACE <u>Maryland</u>	BIRTHPLACE <u>Maryland</u>
OCCUPATION <u>Laborer</u>	OCCUPATION <u>House wife</u>	OCCUPATION <u>Laborer</u>	OCCUPATION <u>House wife</u>

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 1-11-20 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or midwife)

Given names added from a supplemental report.

Mary Frances Packer

Address \_\_\_\_\_

B. Murphy State RegistrarFiled June 29 1920 N. H. Coarthers Registrar

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BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City MOSCOW -----  
Street and House No. -----  
County Latah -----

Registered No. 243 -----  
Registration Dist. No. 61 -----

Sex of Child Female -----  
Date of Birth May 28 1920 -----  
                    MONTH      DAY      YEAR  
Father Ray Packer -----  
                    FULL NAME  
Mother Katie Goldsborough -----  
                    FULL MAIDEN NAME

**I Hereby Certify** that the child described herein  
has been named:

Mary Frances Packer -----  
                    GIVEN NAME IN FULL      SURNAME  
as reported by Ray Packer -----  
                    FATHER OR MOTHER  
N. H. Carithers -----  
                    LOCAL REGISTRAR

MAR 9 1962

MAY 28 1969

PLACE OF BIRTH

769-130-500-759  
County of LatahCity of Muscow

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 61Primary Registration District No. 1011STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-16-18

## CERTIFICATE OF BIRTH

File No.

80908

Registered No. 244

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>ye</u>	DATE OF BIRTH <u>May 30 1930</u> (Month) (Day) (Year)
FULL NAME <u>John H. Gurnin</u>	FATHER		FULL MAIDEN NAME <u>Bessie M. Kerns</u>	MOTHER
RESIDENCE <u>Muscow</u>			RESIDENCE <u>Muscow</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Printer</u>			OCCUPATION <u>now wife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 9-9 M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. H. Clarke

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed

June 30 1930 M. H. Carothers

Registrar

Registrar

FEB 27 1942

958.208.029-312  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 3-3-17

County of Latah

City of Moscow

Registration District No. 61

File No. 80909

No.        St.

Primary Registration District No. 10.11

Registered No. 245

Hospital Caruthers

FULL NAME OF CHILD Virginia Marguerite Geyson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>      </u> (To be answered only in event of plural births)	and in order of birth <u>      </u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 8</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>William John Geyson</u>	FATHER
RESIDENCE <u>Leland Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Sprague, Wash</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>E. Marie Cassady</u>	MOTHER
RESIDENCE <u>Leland Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Hatton, Wash</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 12:10 A.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Caruthers  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Moscow  
Filed June 8 1920 W. H. Caruthers  
Registrar



APR 4 1972

DEC 4 1942

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663214-029-241

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V.S. No. 11-C-23-03-27

County of... Latah .....City of... Moscow .....Registration District No. .... 61 .....File No. .... 80910 ..No. .... 720 South Main St. .....Primary Registration District No. .... 1011 .....Registered No. .... 247 ..Hospital .... The Critman .....FULL NAME OF CHILD ..... Esther Ann Follatt .....

Sex of Child	<u>Female</u>	Twin Triplet or other?	} and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth
		(To be answered only in event of plural births)			<u>June 14, 1900</u> (Month) (Day) (Year)

FULL NAME <u>Ezra B. Follatt</u>	FATHER	FULL MAIDEN NAME <u>Amy Ann Smathers</u>	MOTHER
RESIDENCE <u>Agatha, Idaho.</u>		RESIDENCE <u>Agatha, Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Missouri</u>		BIRTHPLACE <u>Idaho.</u>	
OCCUPATION <u>Farming</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... 2 ..... Number of children of this mother now living, including present birth ..... 2 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at ..... 4:30 A.M. ..... on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Chas. L. Critman M.D. .....

(Physician or midwife) .....

Given names added from a supplemental report.

Address ..... Moscow, Idaho. .....Filed June 20, 1900 ..... M. H. Smathers .....

Registrar

Registrar

FEB 27 1967

FEB 29 1967

763,218-029-236

## PLACE OF BIRTH

County of LatahCity of MoscowNo. Watch and Harrison St

Hospital

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-27

## CERTIFICATE OF BIRTH

Registration District No. 61File No. 80911Primary Registration District No. 1011Registered No. 249

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { <u>Number in order of birth</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>June 18</u> , 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>FATHER</u> <u>Harry Gallup</u>		FULL MAIDEN NAME <u>MOTHER</u> <u>Sylvia Story</u>	
RESIDENCE <u>Moscow, Idaho</u>		RESIDENCE <u>Moscow, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Clay Center, Kansas</u>		BIRTHPLACE <u>Pomeroy, Wash.</u>	
OCCUPATION <u>Manager Lumber Company</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7..... Number of children of this mother now living, including present birth 5.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive..... at 2:25 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe L. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, IdahoFiled June 30, 1920 N. H. Leavithers

Registrar

Registrar

FEB 16 1970

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-117029-753

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22-425

County of....Latah.....

City of....Moscow.....

No....720..Sec..Main....St

Hospital The...Gritman.....

Registration District No. ....61.....

File No. ....80912.....

Primary Registration District No. ....1011.....

Registered No. ....218.....

FULL NAME OF CHILD.....

Robert Frances Halpin

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 17</u> (Month) (Day) (Year) <u>1912</u>
-----------------------------	---	--------------------------------------	-----------------------------	---

FATHER FULL NAME <u>William Halpin</u>	
RESIDENCE <u>Pullman, Wash.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Oakland, California</u>	
OCCUPATION <u>Farming</u>	

MOTHER FULL MAIDEN NAME <u>Eva A. Gatchell</u>	
RESIDENCE <u>Pullman, Wash</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Palouse, Washington</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth...5..... Number of children of this mother now living, including present birth...5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....813-117029-753....., at 1:15 A......M.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.  
.....  
(Physician or midwife)

Given names added from a supplemental report.

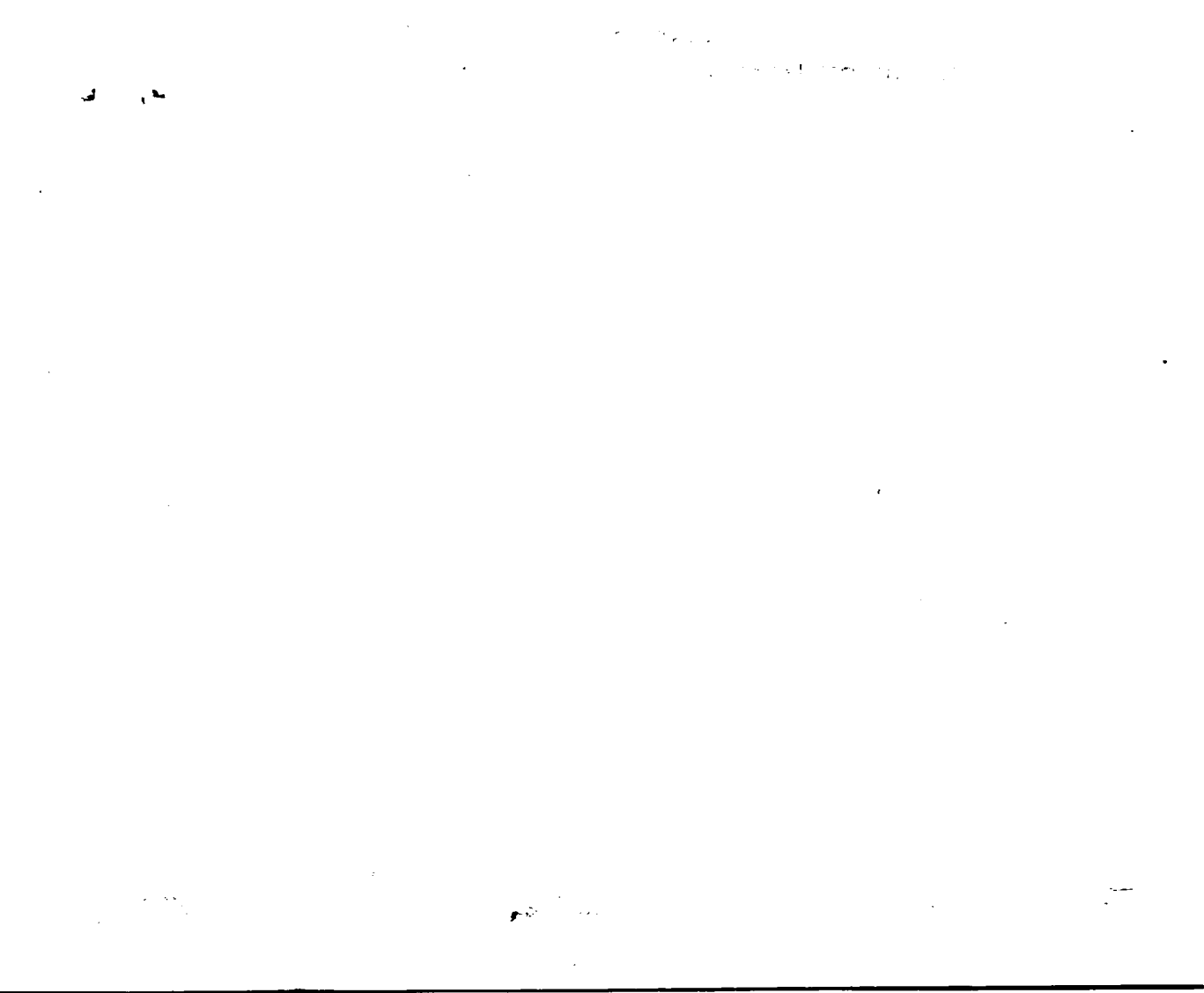
Address.....Moscow, Idaho.

Registrar

Filed June 20 1912

M. H. Carthers

Registrar



BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

80912

Place of Birth { City Moscow Registered No. 61  
Street and House No. Gutman Hospital  
County Latah Registration Dist. No. 1011

Sex of Child Male  
Date of Birth June 17 1920  
MONTH DAY YEAR  
Father William Halpin  
FULL NAME  
Mother Eva A. Getcheel  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Robert Frances Halpin  
GIVEN NAME IN FULL SURNAME

as reported by Wm. Halpin  
FATHER OR MOTHER  
M. H. Carithers  
LOCAL REGISTRAR





258-708-029-437

Form V. S. No. 11-0-25m-4-4-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80913

County of... Latah.....City of... Moscow.....Registration District No. b1.....

File No. ....

No. .... 720..South Main...St.Primary Registration District No. 1011.....Registered No. .... 250.....Hospital... The Gritman.....FULL NAME OF CHILD... Richard Lee Snyder.....

Sex of Child	Male	Twin Triplet or other?	and (Number in order of birth (To be answered only in event of plural births))	Legiti- mate?	Yes	Date of Birth	June 8	1920
						(Month)	(Day)	(Year)

FULL NAME FATHER  
Robert Shirley Snyder

RESIDENCE

Moscow, Idaho.

COLOR

WhiteAGE AT LAST  
BIRTHDAY30

(Years)

BIRTHPLACE

Betram, Iowa

OCCUPATION

Soil Chemist, U. of I.FULL MAIDEN NAME MOTHER  
Eva May McGraw

RESIDENCE

Moscow, Idaho.

COLOR

WhiteAGE AT LAST  
BIRTHDAY27

(Years)

BIRTHPLACE

Beaver, Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth... 2..... Number of children of this mother now living, including present birth... 2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... alive..... at 6:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

Chas. L. Fulmer M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address.....

Moscow, Idaho.

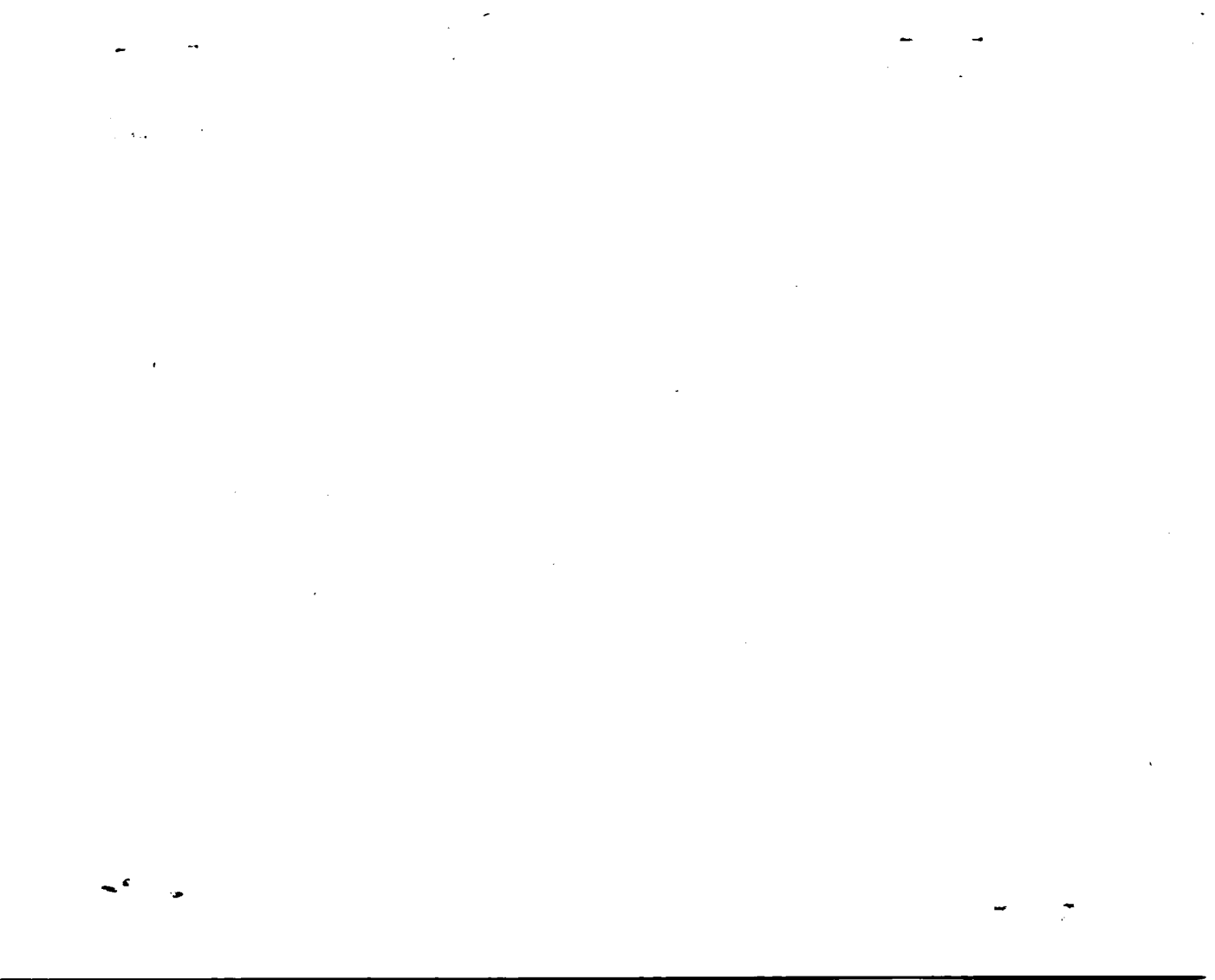
Filed.....

June 30.....1920.....

Registrar

Registrar

MARGIN RESERVED FOR BIRTH RECORD  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 80913  
County of Latah }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Richard Lee Snyder who was born on June 8, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Moscow, Idaho are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Date June 18th June 8, 1920

Subscribed and sworn to before me this \_\_\_\_\_  
day of June 1942  
Frank K. Stanton  
(Notary Public, residing at Moscow)  
My commission expires Oct 12 - 1943  
(Seal)  
Signed Robert S. Snyder  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
617 - Elm Street  
(Street Address, City, State) Moscow, Idaho.

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Latah }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_  
day of June 1942  
Frank K. Stanton  
(Notary Public, residing at Moscow)  
My commission expires Oct 12 - 1943  
(Seal)  
Signed Donald W. Bolin  
(Signature of Any Credible Person Other Than Previous Year)  
185 W. Main Street  
(Street Address, City, State) Moscow, Idaho.

**JUN 8 1942**

MAR 5 1971

MAR 7 0 1971

962-129.029 462  
PLACE OF BIRTHCounty of IdahoCity of Genese

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. .... 62Primary Registration District No. .... 2142File No. .... 80915Registered No. .... 12

Sex of Child <u>M</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	and { Number in order of birth —	Legiti- mate? <u>Yes</u>	Date of Birth <u>6 29 20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Ans D Roseman</u>			FULL MAIDEN NAME MOTHER <u>Emma Norrcheck</u>	
RESIDENCE <u>Genese</u>			RESIDENCE <u>Genese</u>	
COLOR <u>N</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)		COLOR <u>N</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Prine</u>			BIRTHPLACE <u>Id.</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. .... 4 Number of children of this mother now living, including present birth. .... 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... W. H. Ehem

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address ..... Genese

..... 19.....

Filed 6-30-20 W. H. Ehem

Registrar

Registrar

JUN 12 1945

685-128-029-312

PLACE OF BIRTH

County of IdahoCity of Seneca

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. 62Primary Registration District No. 2142File No. 80916Registered No. 1

Sex of Child <u>M</u>	Twin Triplet or other? <u>—</u> and { Number in order of birth <u>—</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>June 28</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	------------------------	---

FULL NAME <u>Leo Wheeler</u>	FATHER	FULL MAIDEN NAME <u>William Casey</u>	MOTHER
RESIDENCE <u>Seneca</u>		RESIDENCE <u>Seneca</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Drayman</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Born alive or stillborn) at Seneca Idaho June 28 1920 M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Wheeler

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Seneca Idaho

.....19.....

Filed 6-29-20 W. E. Wheeler

Registrar

Registrar



2/18/41 Z.J.

OCT 16 1967

845-204-29-253  
PLACE OF BIRTH

County of Utah

City of Troy

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. .... 64

Primary Registration District No. .... 2144

File No. .... 80918

Registered No. ....

Sex of Child Female Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth June 4 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME James C. Hunter  
RESIDENCE Troy Idaho  
COLOR white AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Scotland  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Lena Beck  
RESIDENCE Troy Idaho  
COLOR white AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Wisconsin  
OCCUPATION House wife

Number of child of this mother, including present birth ..... 1 Number of children of this mother now living, including present birth ..... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9:00 P. on the date above stated. (Born alive or stillborn)

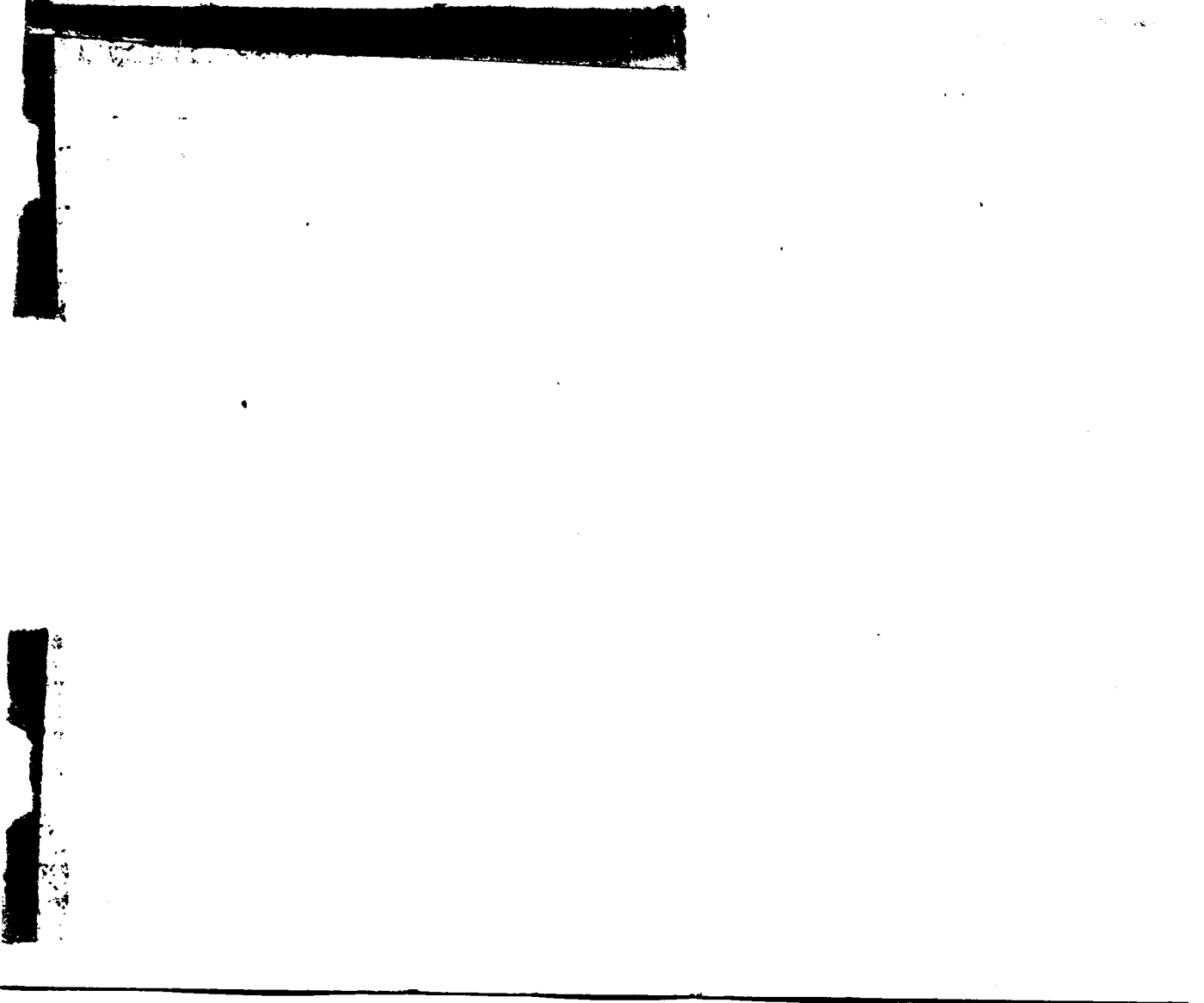
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McCall  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

J. E. Pickard 1920 Registrar

Troy Idaho Filed June 20 1920 J. E. Pickard Registrar



City of <u>Prans</u>		Registration District No. <u>64</u>		File No. <u>80919</u>	
No. .... St.		Primary Registration District No. <u>2144</u>		Registered No. ....	
Hospital <u>IRMA</u>		<u>IRENE</u>			
FULL NAME OF CHILD <u><del>XXXXXXXXXXXXXXXXXXXX</del> Spencer</u>					
Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u>	and {	Number in order of birth <u>5</u>	Legitimate? <u>yes</u>	Date of Birth <u>MAY 14</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>William Jackson Spencer</u>			FULL MAIDEN NAME <u>Ethel Crilla Couey</u>		
RESIDENCE <u>Pray Idaho</u>			RESIDENCE <u>Pray Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	
BIRTHPLACE <u>Pray Idaho</u>			BIRTHPLACE <u>Lexington Oregon</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House Wife</u>		
Number of child of this mother, including present birth <u>5</u> Number of children of this mother now living, including present birth <u>.....</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at Pray on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Henkle

(Physician or midwife)

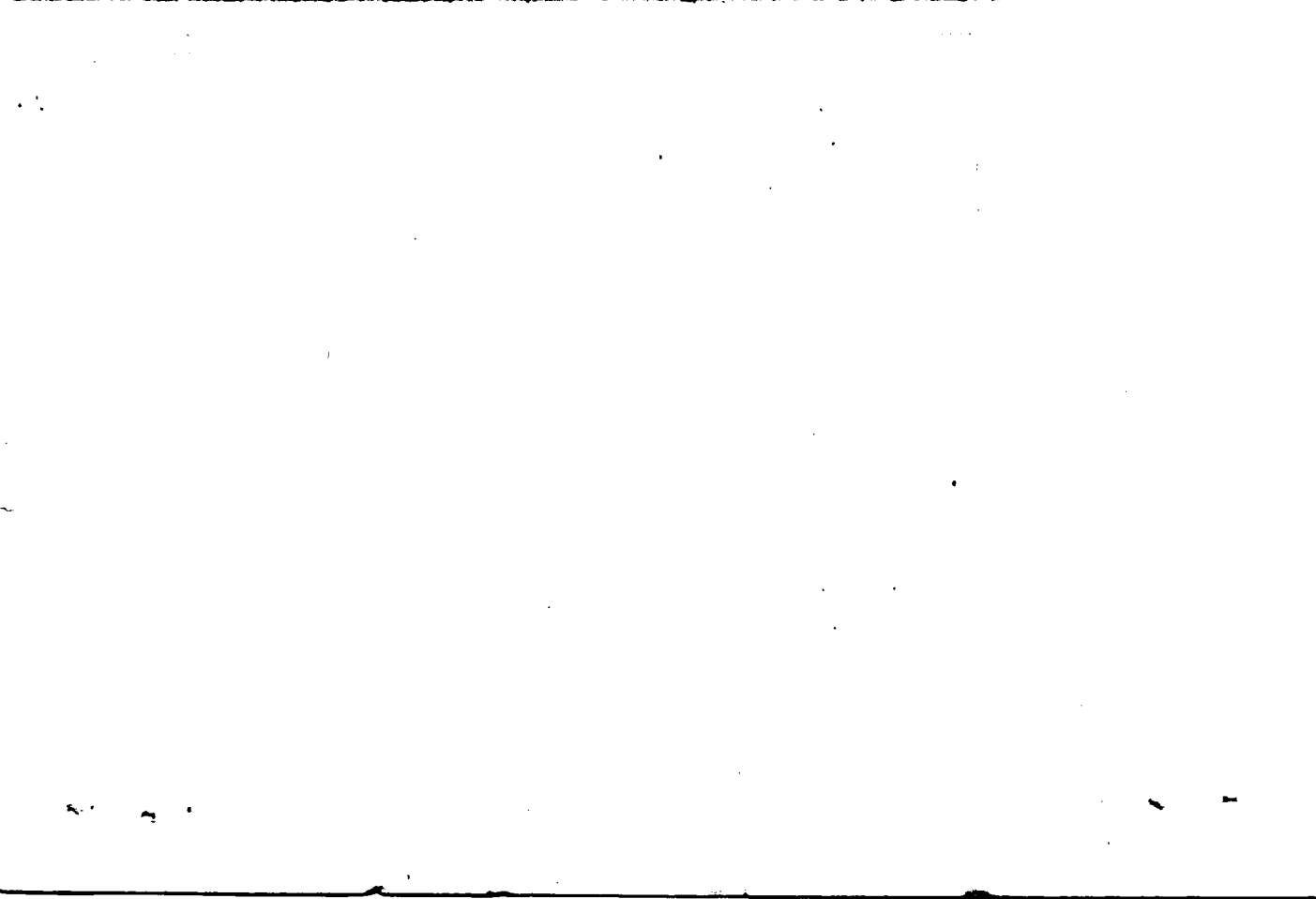
Given names added from a supplemental report.

Imme & J. E. Pickard 1920  
Registrar

Address Pray Idaho

Filed June 8 1920

J. E. Pickard  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

"AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH"

State of IDAHO }  
County of TWIN FALLS } ss.

Certificate No. 80919

Date Filed IRMA IRENE SPENCER  
(Birth or Death)

The undersigned does solemnly swear that certain facts on the certificate of IRMA IRENE SPENCER  
for CORRECTION OF NAME AND BIRTH DATE who BORN on MAY 14 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in LATAH COUNTY IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by BIBLE RECORD prepared on JUNE 13 1944, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

Name	<u>Irene Irma Spencer</u>	<u>Irene Irene Spencer</u>
Birth Date	<u>June 14, 1920</u>	<u>May 14, 1920</u>

Subscribed and sworn to before me this 13th  
day of June, 1944

Signed [Signature]  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Notary Public, residing at Twin Falls, Idaho  
My commission expires Jan. 16, 1945  
(Seal)

[Signature] 2530 Addison  
(Street Address, City, State) Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Twin Falls } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th  
day of June, 1944

Signed Mrs. W. J. Ramsey  
(Signature of Any Credible Person Other Than Previous Year)  
367 - 3th Ave North Twin Falls Idaho

Notary Public, residing at Twin Falls, Idaho  
My commission expires Jan. 16, 1945  
(Seal)

(Street Address, City, State)

JUN 22 1944

NOV 17 1958

361-221-029-299  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 11-0-22-1-37

County of Latah.....City of Pray.....Registration District No. 64.....File No. 80920

No. ....St.

Primary Registration District No. 2144.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	Number and in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>6</u> <u>21</u> <u>1909</u> (Month) (Day) (Year)
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FULL NAME <u>FATHER</u> <u>Edwin Coatney</u>	RESIDENCE <u>Pray Idaho</u>	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	BIRTHPLACE <u>Holyoke Colorado</u>	OCCUPATION <u>Clergyman</u>
---	-----------------------------	--------------------	---	------------------------------------	-----------------------------

FULL MAIDEN NAME <u>MOTHER</u> <u>Gertie Brigham</u>	RESIDENCE <u>Pray Idaho</u>	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	BIRTHPLACE <u>Thurston Wash.</u>	OCCUPATION <u>House Wife</u>
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Number of child of this mother, including present birth <u>1</u> .....	Number of children of this mother now living, including present birth <u>1</u> .....
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 7:30 P.M.

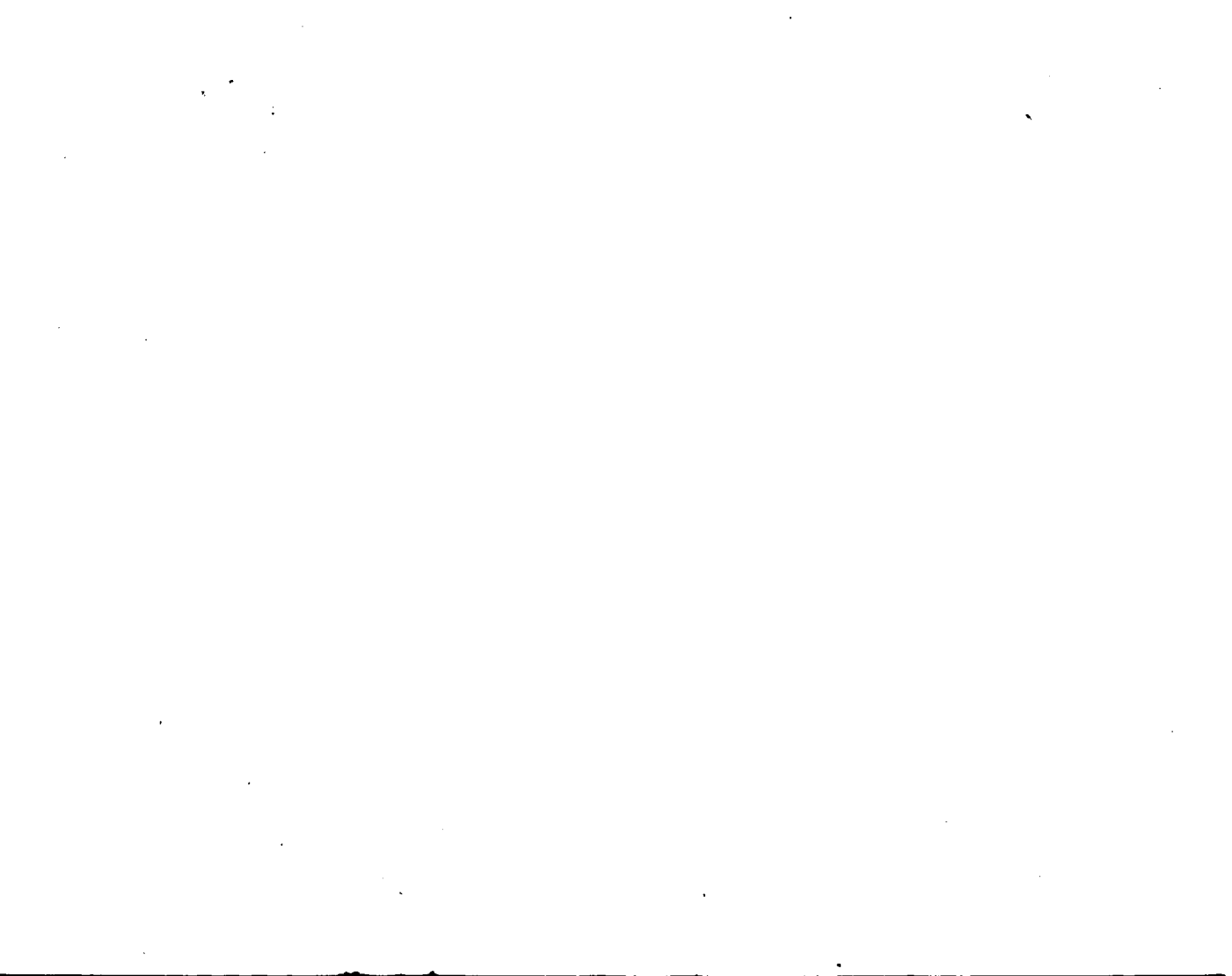
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Hinkle  
.....  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

James E. Pickard 19 20 Address Pray Idaho  
James E. Pickard Registrar Filed James E. Pickard Registrar





793-110-229-231

## PLACE OF BIRTH

County of PatahCity of Potlatch

No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 65 File No. 80921Hospital \_\_\_\_\_ Primary Registration District No. 2145 Registered No. \_\_\_\_\_FULL NAME OF CHILD Arthur John Gilliam Jr.

Sex of Child <u>male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June 10</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME FATHER Arthur Peter GilliamRESIDENCE Potlatch, IdahoCOLOR white AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE WashingtonOCCUPATION minerFULL MAIDEN NAME MOTHER Grace E. BlaylockRESIDENCE Potlatch, IdahoCOLOR white AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE MissouriOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2 15 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul J. Ferris  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Potlatch, Idaho  
Filed June 15 1920 J. W. Thompson  
per Apt Registrar

Registrar

MAR 30 1943

753.119-029-417

## PLACE OF BIRTH

County of IdahoCity of Pollatch

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 65 File No. 80922Primary Registration District No. 2145 Registered No. \_\_\_\_\_Edwin Elan PettysSex of Child maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate? yesDate of  
BirthJune 19 1920  
(Month) (Day) (Year)FULL  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 7 45 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul J. Lewis

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pollatch, IdahoFiled June 22 1920T. W. Thompson  
per pph Registrar

Registrar

JAN 31 1941

331-118,029-466

## PLACE OF BIRTH

County of PatatahCity of Potlatch

No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

Registration District No. 65 File No. 80923Primary Registration District No. 2145 Registered No. \_\_\_\_\_Hospital \_\_\_\_\_  
FULL NAME OF CHILD James Duncan Clark

Sex of Child <u>male</u>	Twins or other? <u>no</u> (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 18</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Charles Earl ClarkRESIDENCE Potlatch, IdahoCOLOR white AGE AT LAST BIRTHDAY 36  
(Years)BIRTHPLACE WashingtonOCCUPATION Lumber-BusinessMOTHER  
FULL MAIDEN NAME Sadie Hline MooneyRESIDENCE Potlatch, IdahoCOLOR white AGE AT LAST BIRTHDAY 34  
(Years)BIRTHPLACE WisconsinOCCUPATION housewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 4 30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul J. Lewis  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Potlatch, Idaho  
Filed June 22 1920 J. W. Thompson  
per J. H. Registrar

Registrar

NOV 3 1961

575-2141029-417

## PLACE OF BIRTH

County of LatahCity of PotlatchRegistration District No. 65

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHFile No. 80924

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2145

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Eva Agnes Van Idour

Sex of Child

femaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 14  
(Month) (Day)1920  
(Year)FULL  
NAME

FATHER

RESIDENCE

Byron Van Idour  
Potlatch, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY44  
(Years)

BIRTHPLACE

Michigan

OCCUPATION

Lumber BusinessFULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

whiteAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Washington

OCCUPATION

housewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive  
(Born alive or stillborn)at 8 20 A. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Paul J. Lewis  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Potlatch, Idaho

Filed

June 17 1920J. W. Thompson  
per J. W. Thompson

Registrar

Registrar



Feb 6 1045

395-125-029-168  
PLACE OF BIRTHCounty of FatahCity of Potlatch

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 65 File No. 80925Primary Registration District No. 2145 Registered No. \_\_\_\_\_Elvin Fester Friday

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>June 25</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Herman Olson Friday</u>	FATHER	FULL MAIDEN NAME <u>Amelia A. Johnson</u>	MOTHER
RESIDENCE <u>Potlatch, Idaho</u>		RESIDENCE <u>Potlatch, Id.</u>	

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
--------------------	---	--------------------	---

BIRTHPLACE <u>Sweden</u>	BIRTHPLACE <u>Sweden</u>
--------------------------	--------------------------

OCCUPATION <u>farmer</u>	OCCUPATION <u>housewife</u>
--------------------------	-----------------------------

Number of child of this mother, including present birth <u>3</u>	Number of children of this mother now living, including present birth <u>3</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive 9 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I and J. Fewes

Given names added from a supplemental report.

19

Address Potlatch, IdahoFiled June 28 1920 I. W. Thompson

Registrar

per Aff Registrar

DEC 23 1974

MAY 21 1976

JUL 14 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

345-124-029-843

PLACE OF BIRTH

County of Katahdan

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

City of \_\_\_\_\_

Registration District No. 65

File No. 80926

No. 770 Cedar St.

Primary Registration District No. 2145

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Joseph Cunningham

Sex of Child male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth  
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth June 24 1920  
(Month) (Day) (Year)

FULL NAME

Ira Joseph Cunningham

FATHER

RESIDENCE

Pollatch Idaho

COLOR

white

AGE AT LAST  
BIRTHDAY

22  
(Years)

BIRTHPLACE

Belmont Wash

OCCUPATION

Grader

FULL  
MAIDEN  
NAME

Myrtle Hutchinsone

MOTHER

RESIDENCE

Pollatch Idaho

COLOR

white

AGE AT LAST  
BIRTHDAY

19  
(Years)

BIRTHPLACE

Oregon.

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 7 P. M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Emmett H. Hens  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

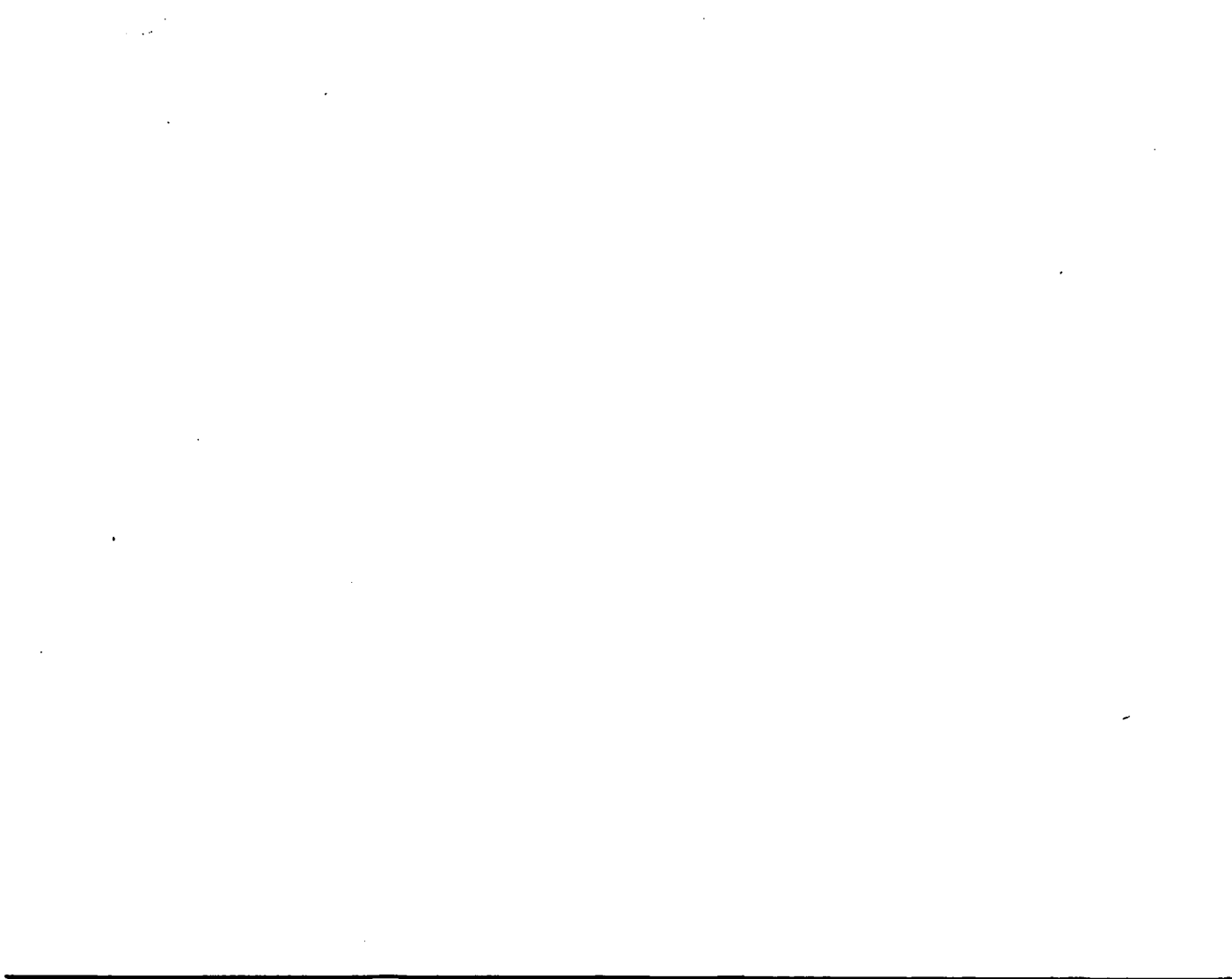
Palouse, Wash

Filed

June 28 1920

J. W. Thompson  
Registrar

Registrar



345-104-029-695  
PLACE OF BIRTHCounty of Latah

City of \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Harry David Cunningham

Sex of Child <u>Male</u>	Twin, Triplet or other? <u>r</u>	and {	Number in order of birth <u>r</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 4</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>W. M. Cunningham</u>	FATHER
RESIDENCE <u>10 mi. N. Pottlatch</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Gertrude Wingate</u>	MOTHER
RESIDENCE <u>Same</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>4</u>	Number of children of this mother now living, including present birth <u>4</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. K. Wolfe M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Palouse, Ida.

Filed

June 10 1920J. W. Thompsonper Agt Registrar

Registrar

DEC 20 1941

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

415-125-029-517  
 PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

County of BlaineCity of BozillRegistration District No. 66File No. 80928  
12

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Bozill HospPrimary Registration District No. 2146

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Dell Richard David

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>June 20<sup>th</sup> 1920</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	----------------------------	--

FATHER  
 FULL NAME Angus George David  
 RESIDENCE Bozill Idaho

MOTHER  
 FULL MAIDEN NAME Harriett Evaline Ragotte  
 RESIDENCE Bozill Idaho

COLOR White AGE AT LAST BIRTHDAY 33  
(Years)

COLOR White AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE CanadaBIRTHPLACE WisconsinOCCUPATION EngineerOCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 6:50 P.M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Gibson  
Physician  
 (Physician or midwife)

Given names added from a supplemental report.

Address Bozill Idaho

Filed June 30 1920 Wm. J. Gibson  
 Registrar



AUG 24 1966

OCT 10 1943

319-116-029-469

## PLACE OF BIRTH

County of LatahCity of Bovill

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 66File No. 11Primary Registration District No. 2146

Registered No. \_\_\_\_\_

Adin Homer Tarbox

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?Yes

Date of Birth

June 1619 20  
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 10<sup>30</sup> P.M.  
on the date above stated. (Born alive or stillborn)

(Signature)

J. C. Gibson

(Physician or midwife)

Address

Bovill Idaho

Filed

June 20 19 20Mrs J. C. Gibson

Registrar

Registrar

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

JAN 28 1970

553 001-229-168  
PLACE OF BIRTHCounty of IdahoCity of Bovill

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Bovill Hosp.

FULL NAME OF CHILD

Registration District No. 66Primary Registration District No. 2186Elizabeth May Nelson

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHFile No. 80930  
10

Registered No. \_\_\_\_\_

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{ }

Legiti  
mate?YesDate of  
BirthJune 12 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Emil Carl Nelson

RESIDENCE

Bovill Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Sweden

OCCUPATION

Logging ConductorFULL  
MAIDEN  
NAMEMOTHER  
Maggie May Johnson

RESIDENCE

Bovill Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 11<sup>30</sup> A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. C. Gibson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bovill Idaho

Filed

June 7<sup>th</sup> 1920Mrs. F. C. Gibson  
Registrar

Registrar

SEP 13 1960

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

291-101-029-593

PLACE OF BIRTH

County of Butte

City of Butte

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Marshall Nicholas Bradley

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 65 File No. 80931

Primary Registration District No. 2145 Registered No. \_\_\_\_\_

Sex of Child Male ☒ Twin ☐ Triplet ☐ or other? ☐ and ☐ Number in order of birth ☐ Legitimate? yes Date of Birth 6 1 20  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Conley McKee Bradley

RESIDENCE 3 miles E. Framingham Wash

COLOR white AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE North Carolina

OCCUPATION Farming

FULL MAIDEN NAME MOTHER Edda May Nichols

RESIDENCE 13 miles E. Framingham

COLOR white AGE AT LAST BIRTHDAY 18  
(Years)

BIRTHPLACE Penn

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 12:30 PM on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Dwyer

(Physician or midwife)

Given names added from a supplemental report.

Address Framingham Wash

Filed June 16 1920 J. W. Thompson

Registrar

Registrar

JAN 26 1961

100000

515-220-229-235

Form V. S. No. 11-0-22m-3-3-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

80932

County of Satah  
 City of Kendrick P.2 Registration District No. 5147 File No. 3

No. .... St. ....  
 Primary Registration District No. 67 Registered No. 40

Hospital .....  
 FULL NAME OF CHILD Mildred Loretta Van Moulken

Sex of Child <u>F.</u>	Twin Triplet or other? <u>✓</u> and { Number in order of birth <u>✓</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>June 20 20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Thor. Van Moulken</u>		FULL MAIDEN NAME MOTHER <u>Lyda Elenden</u>	
RESIDENCE <u>Kendrick</u>		RESIDENCE <u>Kendrick P.2</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>minn.</u>		BIRTHPLACE <u>Kas</u>	
OCCUPATION <u>farmer</u>		OCCUPATION <u>HW.</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 1:00 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs Lyda Van Moulken  
 Mother  
 (Physician or midwife)

Given names added from a supplemental report.

7-19 Address Kendrick P.2  
Ple Faust Registrars Filed 7/19 20 Ple Faust Registrar



JAN 26 1951

395-2191029-391

Form V. S. No. 11-C-Mm-9-2-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80933

County of *Latah*City of *Avon P.I.*Registration District No. *2147*File No. *5*

No. ....St.

Primary Registration District No. *67*Registered No. *41*Hospital ..... *Margaret Rose Linde*

FULL NAME OF CHILD

Sex of Child <i>F.</i>	Twin Triplet or other?	(Number and in order of birth (To be answered only in event of plural births)) <i>1</i>	Legiti- mate? <i>Yes</i>	Date of Birth <i>July 19 20</i> (Month) (Day) (Year)
------------------------	------------------------------	--	-----------------------------	---

FULL NAME <i>Ernest C. Linde</i>	FATHER	FULL MAIDEN NAME <i>Helen A. Craine</i>	MOTHER
RESIDENCE <i>Avon P.I.</i>		RESIDENCE <i>Avon P.I.</i>	
COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>46</i> (Years)	COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)
BIRTHPLACE <i>Wis.</i>		BIRTHPLACE <i>Minn.</i>	
OCCUPATION <i>laborer</i>		OCCUPATION <i>HW.</i>	

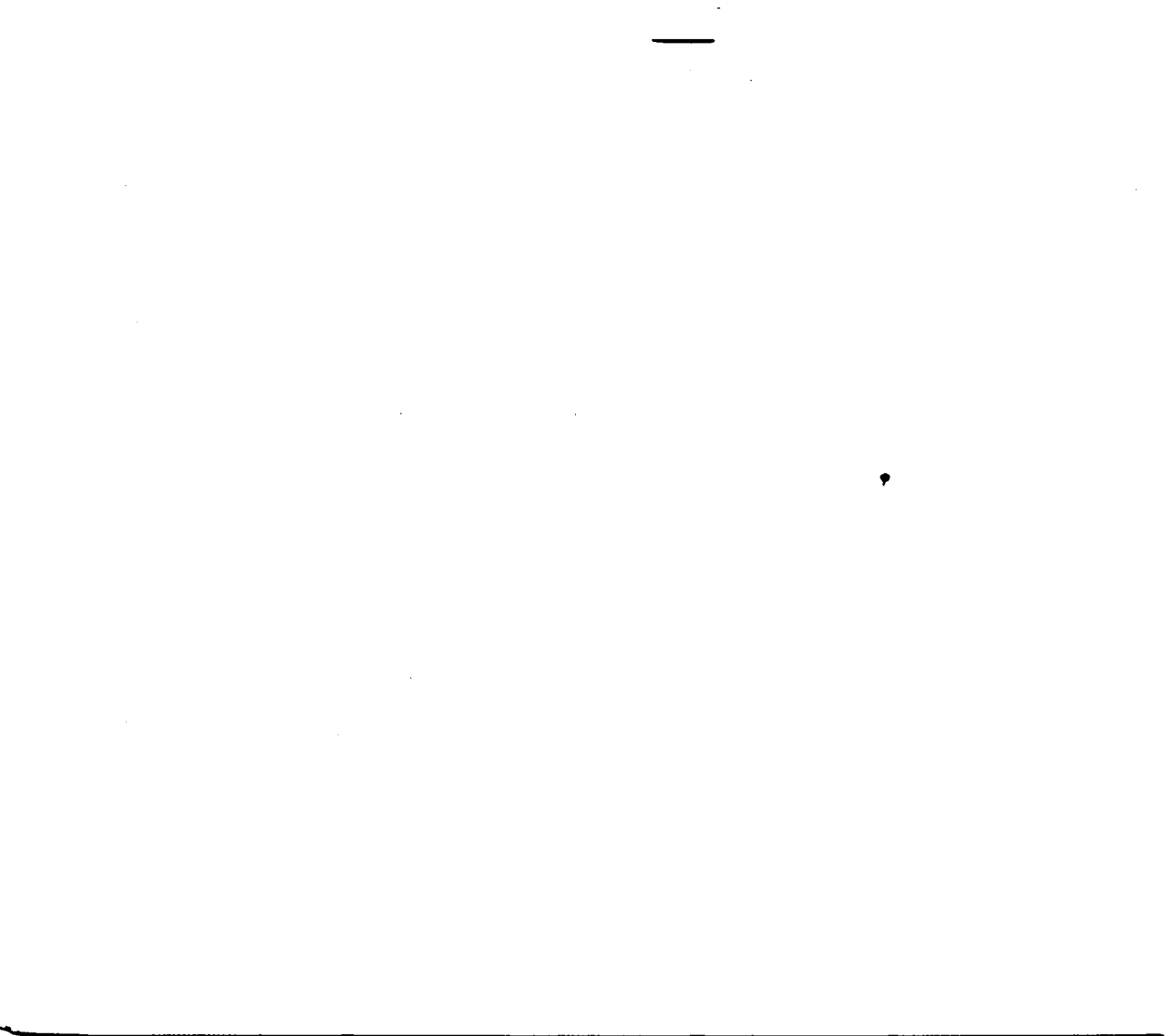
Number of child of this mother, including present birth... *3* Number of children of this mother now living, including present birth... *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* at *3:45 P.*  
on the date above stated. (Born alive or stillborn)(Signature) *Dr. Faust**physician*  
(Physician or midwife)

Given names added from a supplemental report.

Address *29*Filed *7/19 20*Registrar *Dr. Faust*Registrar *Dr. Faust*



267222-029-494  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of Latah  
City of Deary  
No. .... St.

Registration District No. 2147  
Primary Registration District No. 67  
File No. 5  
Registered No. 37

Hospital .....

FULL NAME OF CHILD .....

Sex of Child <u>F.</u>	Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input checked="" type="checkbox"/> and { Number in order of birth <u>1</u> }	Legitimate? <u>yes</u>	Date of Birth <u>June 22 20</u> (Month) (Day) (Year)
FULL NAME <u>Chester A. Bogar</u>		FULL MAIDEN NAME <u>Larrah Drury</u>	
RESIDENCE <u>Deary</u>		RESIDENCE <u>Deary</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>laborer</u>		OCCUPATION <u>H.W.</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. 8:25 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. B. Faust  
Physician  
(Physician or midwife)

Given names added from a supplemental report.  
P. B. Faust Deary  
Address .....  
Filed 6/25 20  
Registrar Registrar



654-1191029-1032

Form V. S. No. 11-C-25m-8-8-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80935

County of LatahCity of Deary P.I.Registration District No. 2147File No. 3No. StPrimary Registration District No. 67Registered No. 38Hospital Irwin Thomas FennriteFULL NAME OF CHILD Irwin Thomas Fennrite

Sex of Child <u>M.</u>	Twin Triplet or other? <u>1</u>	and (Number in order of birth (To be answered only in event of plural births) <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 19 20</u> (Month) (Day) (Year)
------------------------	---------------------------------------	---	------------------------	---

FULL NAME <u>FATHER</u> <u>Henry Fennrite</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Laura Olson</u>
--	--

RESIDENCE <u>Deary P.I.</u>	RESIDENCE <u>Deary P.I.</u>
-----------------------------	-----------------------------

COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
-----------------	---	-----------------	---

BIRTHPLACE <u>Wis (Rapid Co.)</u>	BIRTHPLACE <u>Iowa (Attenuke Co.)</u>
-----------------------------------	---------------------------------------

OCCUPATION <u>farmer</u>	OCCUPATION <u>HST</u>
--------------------------	-----------------------

Number of child of this mother, including present birth <u>4</u>	Number of children of this mother now living, including present birth <u>3</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry Fennrite  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

6/26 Address Deary P.I.  
Joe Fannet Filed 6/26 20  
Registrar Registrar

Certified copy issued 12-23-1940 D.P.

APR 16 1974

792-102 1029-419

Form V.-A. No. 11-C-25m-9-3-37

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

80936

## CERTIFICATE OF BIRTH

County of Idaho Registration District No. 2147 File No. 5  
 City of Deary P.I. Primary Registration District No. 67 Registered No. 39  
 No. .... St. ....  
 Hospital .....

FULL NAME OF CHILD Conrad Earl Gjesen

Sex of Child M. Twin ✓ Triplet ✓ and (Number in order of birth) ✓ Legitimate? yes Date of Birth July 2 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER <u>Lawrence W. Gjesen</u>	FULL MAIDEN NAME MOTHER <u>Lena Darr</u>
RESIDENCE <u>Deary P.I.</u>	RESIDENCE <u>Deary P.I.</u>
COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>59</u> (Years)	COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Germany</u>	BIRTHPLACE <u>Wis</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>H.V.</u>

Number of child of this mother, including present birth ..... 8 ..... Number of children of this mother now living, including present birth ..... 8 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:30 A. on the date above stated. (Born alive or stillborn) M.

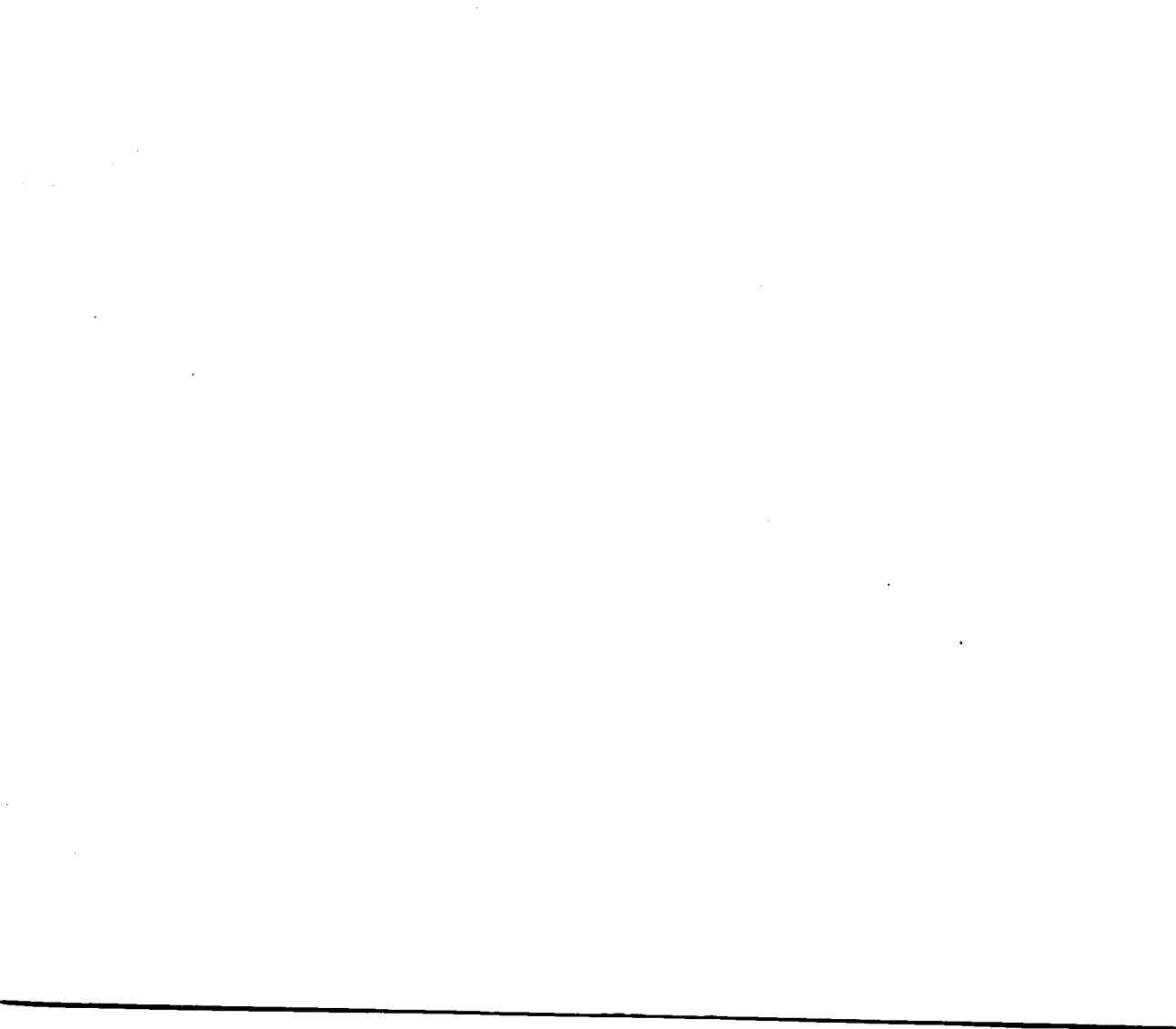
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ms Christina Dahlgren  
midwife  
 (Physician or midwife)

Given names added from a supplemental report.

Address Deary P.I.  
7-17-20  
H. C. Faust Registrars





255-106-029-313  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C-25m-9-8-15

County of IdahoCity of Kennewick

## CERTIFICATE OF BIRTH

Registration District No. 68

File No.

80937

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

John Edward Knepper

Sex of Child <u>Male</u>	Twins, Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 6</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------------------	------------------------	---

FULL NAME FATHER Ralph B. KnepperRESIDENCE Kennewick IdahoCOLOR White AGE AT LAST BIRTHDAY 34  
(Years)BIRTHPLACE IllinoisOCCUPATION EditorFULL MAIDEN NAME MOTHER Winifred P. GalpinRESIDENCE Kennewick IdahoCOLOR White AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE MissouriOCCUPATION HousewifeNumber of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 11:45 A.M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. A. Rothwell M.D.

Given names added from a supplemental report.

Address

Filed

Kennewick Idaho  
June 15 1920  
R. E. Peppers  
Julius

Registrar

Registrar

JUL 29 1942

JUL 31 1942

FEB 28 1952

AUG 14 1944

AUG 23 1944

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

846-169-  
029-766  
County of DadeCity of Kendrick

Registration District No.

68

File No.

80938

No. \_\_\_\_\_ St.

Primary Registration District No.

Registered No.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

James Russel Huffman

Sex of Child

MaleTwin  
Triplet  
or other?{ and } Number  
in order  
of birthLegiti-  
mate?yes

Date of Birth

June 9, 1920  
(Month) (Day) (Year)

FULL NAME

Oscar Huffman

FATHER

RESIDENCE

Kendrick Idls. R. 2

COLOR

WhiteAGE AT LAST  
BIRTHDAY39  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEKatie Rose

MOTHER

RESIDENCE

Kendrick Idls. R. 2

COLOR

WhiteAGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

Housewife

Number of child of this mother, including present birth

6

Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 6 P.M.\* When there was no attending physician or  
midwife, then the father, householder, etc, should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

W. C. R. Shivers MD

(Physician or midwife)

Given names added from a supplemental report.

Address

Kendrick Idls

Filed

7-8-20R. H. Pepple

Registrar



129-226-029-513  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of IdahoCity of KendrickRegistration District No. 68File No. 80989

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Dorothy Abrams

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and } Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June 26 1920</u> (Month) (Day) (Year)
FULL NAME <u>Andrew Abrams</u>	FATHER		FULL MAIDEN NAME <u>Stella Catman</u>	MOTHER
RESIDENCE <u>Kendrick Idaho</u>			RESIDENCE <u>Kendrick Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Wash</u>			BIRTHPLACE <u>North Carolina</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. \_\_\_\_\_

Number of children of this mother now living, including present birth. \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 7:10 A. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

W. G. Rothwaite MD

Given names added from a supplemental report.

(Physician or midwife)

Address \_\_\_\_\_

Kendrick Idaho

Filed \_\_\_\_\_

7-8 20

JAN 9 1976

445-113  
PLACE O030-2947 *Blanch*  
County ofCity of *Salmon*

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

Registration District No. *41*File No. *80940*Primary Registration District No. *2116*

Registered No. \_\_\_\_\_

Sex of Child <i>male</i>	Twin Triplet or other?	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>June 13<sup>th</sup> 1912</i> (Month) (Day) (Year)
--------------------------	------------------------------	--------------------------------------	-----------------------------	--

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME <i>Pullins Samlap</i>	FULL MAIDEN NAME <i>Ella Simons</i>	FULL NAME <i>Pullins Samlap</i>	FULL MAIDEN NAME <i>Ella Simons</i>
RESIDENCE <i>Salmon</i>	RESIDENCE <i>Salmon</i>	RESIDENCE <i>Salmon</i>	RESIDENCE <i>Salmon</i>
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>48</i> (Years)	COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>34</i> (Years)
BIRTHPLACE <i>Montana</i>	BIRTHPLACE <i>Idaho</i>	BIRTHPLACE <i>Idaho</i>	BIRTHPLACE <i>Idaho</i>
OCCUPATION <i>Chief Police</i>	OCCUPATION <i>House</i>	OCCUPATION <i>House</i>	OCCUPATION <i>House</i>

Number of child of this mother, including present birth *5*
Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *11:40 a.m.*  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. S. Wright*

(Physician or midwife)

Given names added from a supplemental report.

Address *Salmon*Filed *7/10 1920* *Leola Noddings**Deputy*

Registrar





699-1264 03D 1866  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Lemhi

City of Bohannon Bar

Registration District No. 41

File No. 80941

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2116

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Wright *This child only lived 10 hours - (was 7 month child)*

Sex of Child <u>boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>June 26</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Orville Wright</u>			MOTHER FULL MAIDEN NAME <u>Estella Howard</u>	
RESIDENCE <u>Bohannon Bar</u>			RESIDENCE <u>Bohannon Bar</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

at 330 a M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Wright

(Physician or midwife)

Given names added from a supplemental report.

Address

Salmon

Filed

7/10

1920

Lola Noddings  
Deputy

Registrar

1941

1

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-166-

PLACE OF BIRTH

031-419 *Lewis*  
County of .....

City of *Nez Perce* *RFD*

Registration District No. ....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-25m-8-8-17

CERTIFICATE OF BIRTH

80942

File No. ....

No. .... St. ....

Primary Registration District No. *0129*

Registered No. *17*

Hospital .....

FULL NAME OF CHILD

*Elton Ray Clock*

Sex of Child

*male*

Twin  
Triplet  
or other?

- and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

*yes*

Date of  
Birth

*6-6-20*  
(Month) (Day) (Year)

FULL  
NAME

*Dallas Clock*

FATHER

RESIDENCE

*Nez Perce RFD*

COLOR

*white*

AGE AT LAST  
BIRTHDAY

*33*  
(Years)

BIRTHPLACE

*Ill.*

OCCUPATION

*Rancher*

FULL  
MAIDEN  
NAME

*Grace Eva Necker*

MOTHER

RESIDENCE

*Nez Perce RFD*

COLOR

*white*

AGE AT LAST  
BIRTHDAY

*24*  
(Years)

BIRTHPLACE

*Latah Wash*

OCCUPATION

*housewife*

Number of child of this mother, including present birth .... *2* Number of children of this mother now living, including present birth .... *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at *7:30 A.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*P. E. Dunlop M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address

*Idaho*

Filed

*419-20*

Registrar

Registrar



CHILD'S NAME ADDED, MOTHER'S NAME ADDED, & FATHER'S NAME AMENDED

569-114051-1451-5-2008 CMW

Form V. S. No. 11-C-25a-03-17

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis...

City of Marrow Idaho...

No. .... St.

Registration District No. .... 30

Primary Registration District No. .... 2129

File No. .... 80943

Registered No. .... 18

Hospital .....

FULL NAME OF CHILD RALPH ? ALONZO NORTON

Sex of Child <u>male</u>	Twin Triplet or other? <u>no</u> and { Number in order of birth <u>1</u> }	Legitimate? <u>yes</u>	Date of Birth <u>June 19, 1929</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>ALPHA</u> <u>Alpha A. Norton</u>	FATHER <u>DARWIN</u>
RESIDENCE <u>Marrow, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>MOTHER DULCE</u> <u>Vivian Junkin</u>
RESIDENCE <u>Marrow, Idaho</u>
COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Oregon</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth... 2 ... Number of children of this mother now living, including present birth... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... Born alive ... at 7:15 P.M. on the date above stated.  
(Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) John J. Parby  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Craigmont, Idaho

Filed 7/23/29 P.B. Dulce  
Registrar

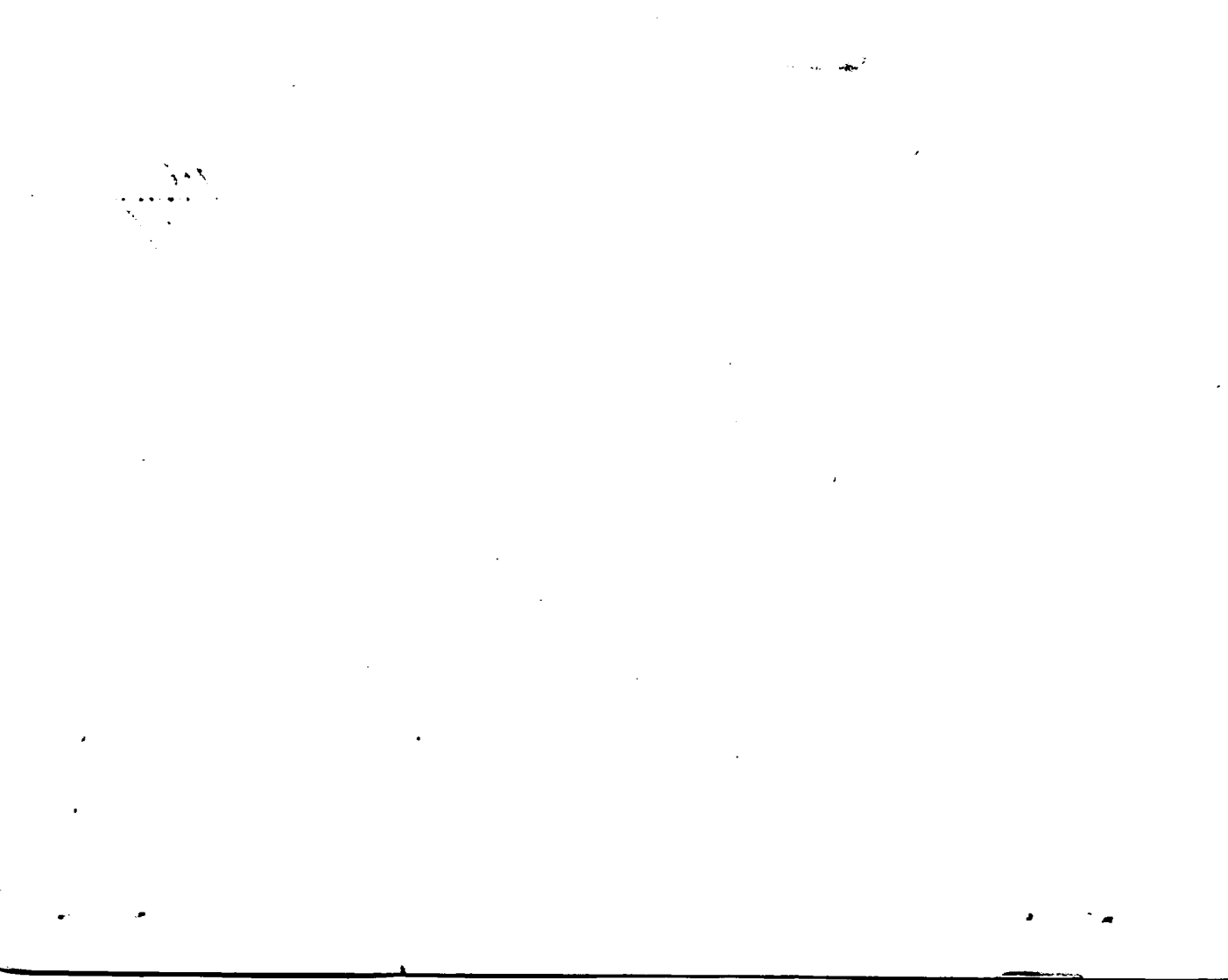
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED

NOV 03 2008

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon }  
County of Morrow } SS

Certificate No. 1920-80943

Date Filed 06/23/1920

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth \_\_\_\_\_  
(Birth, Death, Marriage, etc.)  
for unnamed Norton who was born on 06/19/1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Morrow (Lewis Co), Id.  
(Place of Event)  
are erroneous or were omitted.

## ITEMS TO BE CORRECTED

## FROM

## TO

child's name	None	Ralph Alonza Norton
father's first name	Alpha	Alpha
father's middle name	D.	Darwin
mother's middle name	None	Dulce

Subscribed and sworn to before me this 27<sup>th</sup> day of

Notary Public, Tricia L Rollins

Residing at 320 W. 2<sup>nd</sup> Lane, OR 97843

My commission expires 2/6/2010  
(Seal)



October, 2008

Ralph Alonza Norton  
Signature of Applicant  
320 Union Ave. Heppner, OR 97836  
Street Address, City, State and Zip

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS

(Must be completed ☐ )

(Is not necessary ☒ )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Signature of Applicant

Street Address, City, State and Zip

October 23, 2008

CA MARRIAGE CERTIFICATE RALPH ALONZO NORTON & BEVERLY JANE FABIAN  
MARRIED 9-15-1953 VIEWED BY VS  
CA BC #55-209880 GEORGE WALLACE NORTON BORN 10-14-1955 FATHER'S NAME:  
RALPH ALONZO NORTON VIEWED BY VS  
ID BC #1934-229972 HAZEL VIVIAN NORTON BORN 1-21-1934 MOTHER'S MAIDEN  
NAME: VIVIAN DULCE JUNKIN FATHER'S NAME: ALPHIA DARWIN NORTON VIEWED BY  
VS  
ID DEATH CERT #1971-005406 ALPHIA DARWIN NORTON DIED 11-30-1971 VIEWED  
BY VS  
ID DEATH CERT #1989-01567 VIVIAN DULCE WALKER DIED 3-22-1989 VIEWED BY  
VS





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-225-031-296

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

County of Leiries  
City of Craigmont RAP

Registration District No. ....

30

File No. ....  
80944

No. .... St.

Primary Registration District No. ....

2129

Registered No. ....  
19

Hospital .....

FULL NAME OF CHILD Fronil Wright

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth -	Legitimacy married <u>yes</u>	Date of Birth <u>6 25 20</u> (Month) (Day) (Year)
----------------------------	---	-------------------------------------	----------------------------------	--

FATHER  
FULL NAME Harry E. Wright  
RESIDENCE Sunco Idaho  
COLOR white AGE AT LAST BIRTHDAY 27  
(Years)  
BIRTHPLACE Salt Lake City  
OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Fronil Grace Hamblett  
RESIDENCE Sunco Idaho  
COLOR white AGE AT LAST BIRTHDAY 21  
(Years)  
BIRTHPLACE Crescent City Cal.  
OCCUPATION housewife

Number of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... at 4:07 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... P. E. Dineen

(Physician or midwife)

Given names added from a supplemental report.

Address..... Craigmont Idaho

Filed 6/28/20 Registrar P. E. Dineen

Registrar

Registrar

NOV 19 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. R. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

913-106031-154  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-37

County of... *Lewis*

City of... *Merble P.D.*

Registration District No. .... *60*

File No. .... *80945*

No. .... *St.*

Primary Registration District No. .... *2129*

Registered No. .... *2's*

Hospital .....  
FULL NAME OF CHILD ... *Robert Edward Robison*

Sex of Child ... <i>male</i>	Twin Triplet or other? ... <i>—</i> and (Number in order of birth) ... <i>—</i> (To be answered only in event of plural births)	Legitimacy of ... <i>yes</i>	Date of Birth ... <i>6-26-1920</i> (Month) (Day) (Year)
------------------------------	--	------------------------------	--

FATHER  
FULL NAME ... *Albert Edward Robison*  
RESIDENCE ... *Merble P.D.*  
COLOR ... *white* AGE AT LAST BIRTHDAY ... *26* (Years)  
BIRTHPLACE ... *Leland Ida*  
OCCUPATION ... *carver*

MOTHER  
FULL MAIDEN NAME ... *Irene Anderson*  
RESIDENCE ... *Merble P.D.*  
COLOR ... *white* AGE AT LAST BIRTHDAY ... *26* (Years)  
BIRTHPLACE ... *Stolt, Wyo.*  
OCCUPATION ... *housewife*

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ... *born alive* ... *3:09* P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ... *R. E. Duval* ...  
(Physician or midwife)

Given names added from a supplemental report.  
..... 19.....  
.....  
Registrar

Address ... *Lincoln*  
Filed ... *1920* ... *R. E. Duval*  
Registrar

K

MAR 23 1943

366-2141031-569

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-26m-1-1-13

County of LatahCity of Timmonville

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. BOFile No. 80946Primary Registration District No. 2129Registered No. 21

FULL NAME OF CHILD

Duez Pearl Cooper

Sex of Child <u>Female</u>	Twin Triplet or other? <u>1</u>	and	Number in order of birth <u>1</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 14</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---------------------------------------	-----	---	-----------------------------	---

FATHER  
FULL NAME William Alexander CooperRESIDENCE WentworthCOLOR American AGE AT LAST BIRTHDAY 68 (Years)BIRTHPLACE North CarolinaOCCUPATION Lawyer's PartnerMOTHER  
FULL MAIDEN NAME Minnie Myrtle MartinRESIDENCE Wentworth IdaCOLOR White AGE AT LAST BIRTHDAY 81 (Years)BIRTHPLACE Pullman, Stan.OCCUPATION HousekeeperNumber of child of this mother, including present birth Three, 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born June 14 on the date above stated.

(Born alive or stillborn)

2:14 A.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

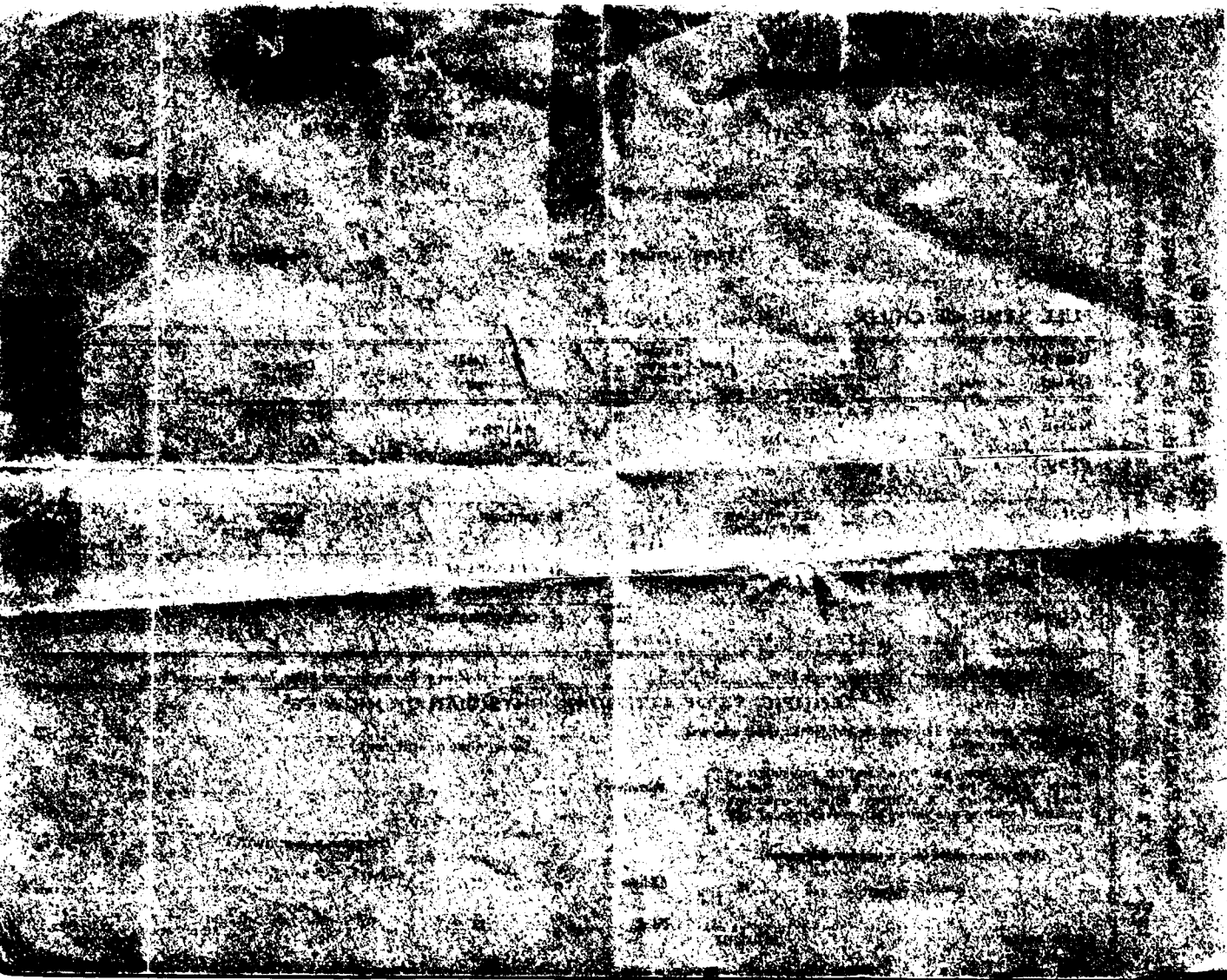
Given names added from a supplemental report.

(Signature)

Address

Filed

(Physician or midwife)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each in order of birth stated.

259-227-031-843

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Mar-1-1-18

CERTIFICATE OF BIRTH

County of Lenix

City of Morrison

Registration District No. B

File No. 80947

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2129

Registered No. 22

Hospital \_\_\_\_\_

FULL NAME OF CHILD Pauline Alma Bessard

Sex of Child <u>Female</u>	Twin Triplet or other? <u>1</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 27</u> 19 <u>20</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)
FULL NAME <u>Paul E. Bessard</u>	FATHER		FULL MAIDEN NAME <u>Alice Huttley</u>	MOTHER
RESIDENCE <u>Craigmont Ida</u>			RESIDENCE <u>Craigmont Ida</u>	
COLOR <u>American</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)		COLOR <u>American</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Holyoke, Colorado</u>			BIRTHPLACE <u>Majors Landing Oregon</u>	
OCCUPATION <u>R. F. P. Carrier</u>			OCCUPATION <u>Housekeeper</u>	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born on the date above stated.

June 29 A. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Fannie Jobe  
(Physician or midwife)

Given names added from a supplemental report.

Address Craigmont Ida

Filed 6/28/20 R. B. Bessard  
Registrar



CHARLES W. BAKER  
BOSTON, MASS.  
BOSTON, MASS.

THE BOSTON POST  
BOSTON, MASS.

THE BOSTON POST  
BOSTON, MASS.

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BOSTON, MASS.

DECEASED

RECEIVED FOR THE  
BOSTON POST  
BOSTON, MASS.

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Washington } **RECEIVED**  
County of Clark } **OCT 26 1964**  
Bureau of Vital Statistics

Certificate No. 80947

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Alma Bevard (Name on Original Certificate) who was born on June 27, 1920 (Birth or Death)  
in Morrow, Idaho - Lewis County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child Alma Bevard

Pauline Alma Bevard

Subscribed and sworn to before me this 9 day of

Signed Alice Bevard  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

111 West 12th St. Vancouver  
(Street Address, City, State) Wash

Notary Public, residing at \_\_\_\_\_  
My commission expires 6-10-68  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington }  
County of Clark } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of

Signed Olga E. Dammon  
(Signature of Any Credible Person)

4300 Columbia St. Vancouver, Wash.  
(Street Address, City, State)

Notary Public, residing at \_\_\_\_\_  
My commission expires 6-10-68  
(Seal)

Statement from Roy Sandberg, County Supt. of Clark County, Clark County Common Schools, Vancouver, Washington, dated Oct. 1, 1964 states "This is to certify that our records indicate the following information as shown on Census Blank (Census of children between the ages of Five and Twenty-one years of age, residing in School District #91, La Center, Clark County, Washington, on the First Day of May, 1932:) - Pauline Bevard, female, born June 27, 1920 - parent-Mrs. P.E. Bevard - viewed by V.S.

NOV 2 1964

State of Washington, County of Clark, dated April 26, 1941, Marriage Affidavit and Application to Wed, gives full name of male as Cecil E. Tooley and full name of female as Pauline A. Bevard - viewed by V.S.

adding first name only -

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

City of Craigmont Registration District No. 1 File No. 23  
 No. 2129 St. 23 Primary Registration District No. 2129 Registered No. 23  
 Hospital ? FULL NAME OF CHILD JOSEPHINE LEE CLOVIS

Sex of Child Female Twin Triplet or other? — and { Number in order of birth — Legitimate? yes Date of Birth June 26, 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME HARRY LEE CLOVIS FATHER  
 RESIDENCE Craigmont, Ida.  
 COLOR white AGE AT LAST BIRTHDAY 30  
 (Years)  
 BIRTHPLACE Kansas  
 OCCUPATION Grain Warehouse man

FULL MAIDEN NAME Isa Eastman MOTHER  
 RESIDENCE Craigmont, Ida.  
 COLOR white AGE AT LAST BIRTHDAY 24  
 (Years)  
 BIRTHPLACE Idaho  
 OCCUPATION Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11:40 A.M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John J. Darby  
 Physician or midwife

Given names added from a supplemental report.

Address Craigmont, Ida.Filed 7/1 1920 F. C. Duvall

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } **FEB 2 1942** Certificate No. 80948  
County of Lewis } ss.  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Josephine Lee Clovis who Born on June 26, 1920  
in Craigmont (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
(PLACE OF EVENT)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by Bible prepared on June 26, 1920, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**  
(AS ON ORIGINAL)

**TO**  
(THE CORRECT FACTS)

Name

Unnamed Clovis

Josephine Clovis

Subscribed and sworn to before me this 31st  
day of January, 1942

F. H. Hamrell  
Notary Public, residing at Craigmont  
My commission expires 8-13-45  
(SEAL)

Signed Mrs. Isa F. Clovis (mother)  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
Craigmont, Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Lewis } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st  
day of January, 1942

F. H. Hamrell  
Notary Public, residing at Craigmont  
My commission expires 8-13-45  
(SEAL)

Signed P. E. Dureloff  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
Craigmont, Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

10/10/19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH315-127-031-132  
County of JeromeCity of Meridian

Registration District No. ....

47

File No. ....

80949

No. .... St.

Primary Registration District No. ....

Registered No. ....

95

Hospital .....

FULL NAME OF CHILD

James Rufus LangdonSex of  
Child maleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate  
male?YesDate of  
Birth .....May 27 19120  
(Month) (Day) (Year)FULL  
NAME

FATHER

Eugene W. Langdon

RESIDENCE

Meridian

COLOR

whiteAGE AT LAST  
BIRTHDAY .....37  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

RancherFULL  
MAIDEN  
NAME

MOTHER

Fraunce Atherton

RESIDENCE

Meridian

COLOR

whiteAGE AT LAST  
BIRTHDAY .....27  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

housewife

Number of child of this mother, including present birth ....

Number of children of this mother now living, including present birth ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

P. E. D. ...

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Idaho

Filed .....

7-4-20Albert Huff Registrar

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING



JUN 24 1943

238213-171-895  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-37

County of LewisCity of NezperceRegistration District No. 47File No. 80950

No. .... St.

Primary Registration District No. ....

Registered No. 94

Hospital .....

FULL NAME OF CHILD

Elizabeth Ann Schultkreuth

Sex of Child

FemaleTwin  
Triplet  
or other?

} and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate

Yes

Date of Birth

3-13-20  
(Month) (Day) (Year)

FULL NAME

Hans William Schultkreuth

FULL NAME

Pholena Schultkreuth

RESIDENCE

Nezperce Ida.

RESIDENCE

Nezperce Ida.

COLOR

white

AGE AT LAST BIRTHDAY

24  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

24  
(Years)

BIRTHPLACE

New Orleans Miss.

BIRTHPLACE

Kendall Ida.

OCCUPATION

Bank Clerk

OCCUPATION

housewifeNumber of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. H. Dwyer

(Physician or midwife)

Given names added from a supplemental report.

Address

Dr. J. H. Dwyer

Filed

7-11-20

Registrar

Albert Huff  
Registrar

JUL 30 1948

853228 031-165

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of LewisCity of NepareRegistration District No. 47File No. 80951

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 96

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Elisabeth Beck

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth {	Legitimate? <u>yes</u>	Date of Birth <u>March-28-1912</u> (Month) (Day) (Year)
FATHER FULL NAME <u>On Joseph Beck</u> RESIDENCE <u>Nepare Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>21</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Furnace</u>			MOTHER FULL MAIDEN NAME <u>Susan Elsie Jones</u> RESIDENCE <u>Nepare</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>19</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>125</u>			Number of children of this mother now living, including present birth <u>125</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Born alive or stillborn)

Given names added from a supplemental report.

Address

Filed

(Physician or midwife)

MAY 17 1943,

JUN 13 1963

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

567-224031-443  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Latah

City of Heppner

Registration District No. 47

File No. 80953

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. 99

Hospital \_\_\_\_\_

FULL NAME OF CHILD Cathleen Marie Vogel

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jan - 24 - 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Fred Vogel</u> RESIDENCE <u>Heppner</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>34</u> (Years) BIRTHPLACE <u>Germany</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Anna Mary Mucken</u> RESIDENCE <u>Heppner</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>25</u> (Years) BIRTHPLACE <u>J. Oak</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 10:30 M.  
on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. List

(Physician or midwife)

Given names added from a supplemental report.

Address Heppner Idaho

Filed 7-7-20

AUG 8 1973



Amended 11-10-69

## PLACE OF BIRTH

432-1901-831-432

County of LunaCity of RussellRegistration District No. 47

File No.

80954

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 98

Hospital \_\_\_\_\_

FULL NAME OF CHILD Bryce B. McLean

Sex of Child

MaleTwin  
Triplet  
or other?and Number  
in order  
of birthLegiti-  
mate?Date of  
BirthJuly 1 19120  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Robert Edwin McLeanFULL  
MAIDEN  
NAME

MOTHER

Norma Marie McLeary

RESIDENCE

Nezperce

RESIDENCE

Nezperce

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Iowa

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

2

Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John F. Gear

(Physician or midwife)

Given names added from a supplemental report.

Address

Nezperce Idaho

Filed

7-19 1920Albert Huff

Registrar

Registrar



APR 7 1969

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss.  
County of Idaho }

RECEIVED  
AUG 15 1969

Certificate No. 80954

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Bryce B. McClain Bureau of Vital Statistics was born on July 1, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Russell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Grade School Diploma - May 15 - 1936 Report Card - May 4 - 1936 prepared on May 4 - 1936, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's last name McClain McLean  
Father's name Robin Elmer McClain Robert Elmer McLean

Subscribed and sworn to before me this 19<sup>th</sup> day of

July, 1969  
Shirley R. ...  
Notary Public, residing at Rimbey, Idaho  
My commission expires May 15 - 1971  
(Seal)

X Signed Emma Muriel McLean  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) mother  
Clearwater, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... } ss.  
County of..... }

{This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)}

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of  
....., 19.....

Signed.....  
(Signature of Any Credible Person)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

.....  
(Street Address, City, State)

Monthly report Card give name as Bryce McLean. 8th grade. dated May 4, 1936.  
Signed by J. P. Swayne. Viewed by V. S.

NOV 10 1969

State of Idaho Public School Diploma gives name as Bryce McLean. Dated May 15, 1936. Signed by. Ella M. Arnold. Viewed by V. S.

Selective Service Registration Certificate gives name as Robert Elmer McLean. Dated April 27, 1942. Viewed by V. S.

Marriage License gives name as Robert Elmer McLean. to Muriel McKinney. Dated August 4, 1917. Viewed by V. S.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

V. S. No. 11-C—Rev. 9-3-15

## CERTIFICATE OF BIRTH

County of JuniperCity of Paris RussellRegistration District No. 47

File No.

80955No. 123-127-1031-493 St.

Primary Registration District No.

Registered No.

97

Hospital

FULL NAME OF CHILD

Robert Thomas Albens

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthJune-27-1912  
(Month) (Day) (Year)

FATHER

John H. AlbensFULL  
MAIDEN  
NAMEBuna Edna Miller

RESIDENCE

Paris, Ida. Russell, Ida.

RESIDENCE

Paris, Ida. Russell, Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Paris, Ida.

BIRTHPLACE

Cheney, Wash.

OCCUPATION

Farmer

OCCUPATION

House wifeNumber of child of this mother, including present birth 3rdNumber of children of this mother now living, including present birth 3rd

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Anna

(Born alive or stillborn)

at 129 M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John H. Albens

(Physician or midwife)

Given names added from a supplemental report.

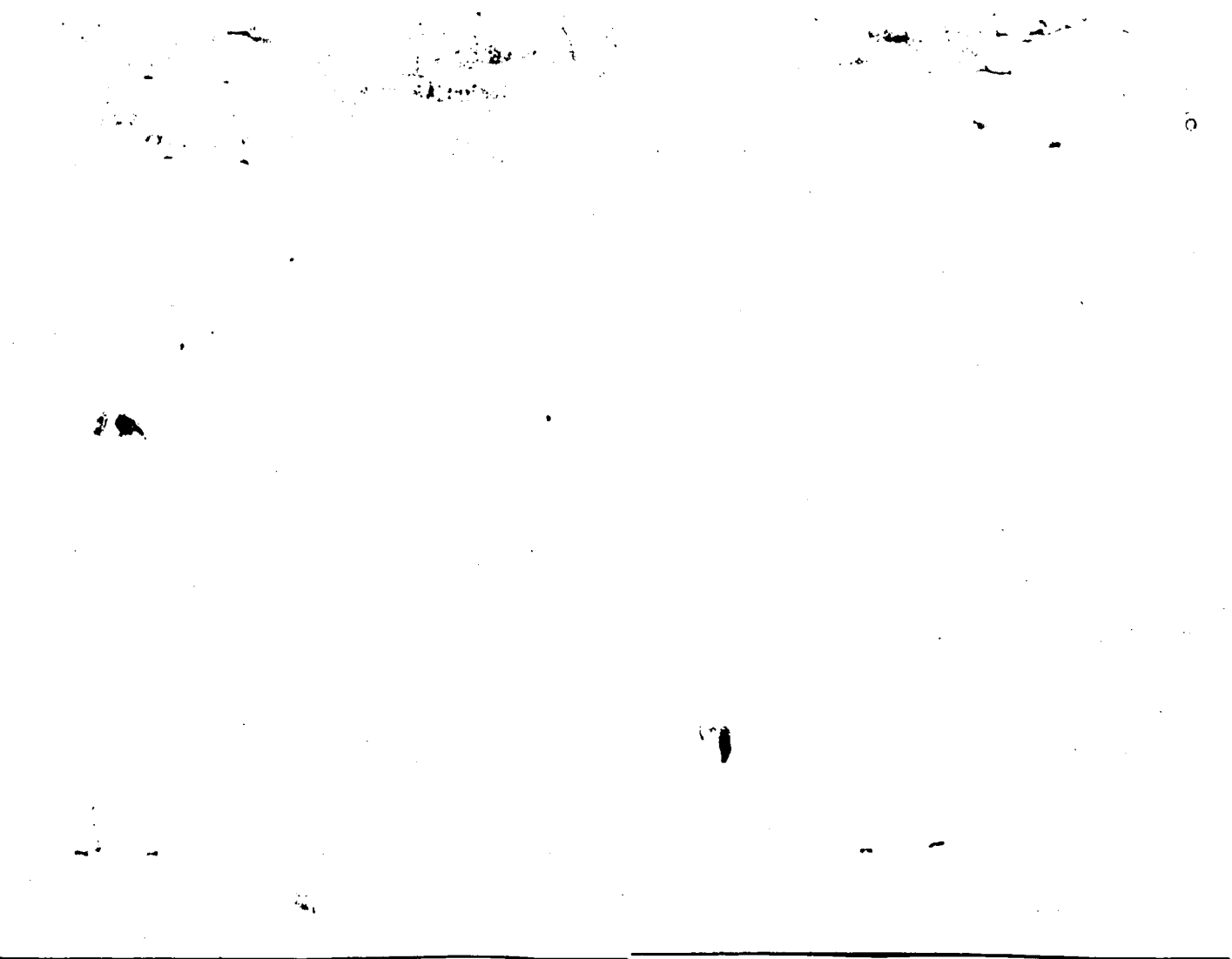
Address

Mayhew Idaho

Filed

7-121920Albert Huff

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS  
**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Oregon }  
County of Washington } ss. Certificate No. 80955  
Date Filed           

The undersigned does solemnly swear that certain facts on the certificate of            (Birth or death)  
for Robert Herman Albers who was born on June 27, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Orofino are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by            prepared on           , are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
<u>          </u>	<u>Buna Edna Meek</u>	<u>Buna <del>of</del> (Buna) Edna Miller</u>
<u>          </u>	<u>Orofino</u>	<u>instead of Buna Edna Meek</u>

Subscribed and sworn to before me this 15th  
day of May, 1941

Signed John H. Albers  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at Forest Grove, Oregon

My commission expires September 13, 1943  
[SEAL]

(Street Address, City, State)

**Supporting Affidavit of a Second Person**

State of            }  
County of            } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this             
day of           , 19          

Signed             
(Signature of any credible person other than the previous affiant)

Notary Public, residing at           

My commission expires             
[SEAL]

(Street Address, City, State)

Received for filing on            by             
(Registrar's signature)

c.c. 5/22/41. w.h.

State of Oregon            )  
                              : ss  
County of Washington    )

I, John H. Albers, being first duly sworn depose and say that I am the father of Robert Herman Albers whose certified copy of certificate of birth No. 27429, State File No. 80955, has been referred to me. That said certificate of birth is erroneous in that the place of birth was given as County of Lewis, city of Orofino when it should have been County of Lewis, city of Russell and that the Usual Residence of the mother was given as County of Lewis, city of Orofino when it should have been the City of Russell. I further depose and say that my place of birth was the City of Keystone, State of Iowa.

John H. Albers

Subscribed and sworn to before me this 28th day of May, 1941.

B. V. Bump  
Notary Public for Oregon

My commission expires:  
September 13, 1943

RECEIVED  
MAY 29 1941  
No money collected





893.226-08-412  
PLACE OF BIRTHCounty of LagunaCity of Shoshone

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 16Primary Registration District No. 1016

Form V, S. No. 11-25m-6-18-1

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 80957Registered No. 33ELOISE  
Lara Nickman

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth <u>3</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>June 26</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Johnston Barlow Nickman</u> RESIDENCE <u>Shoshone</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>29</u> (Years) BIRTHPLACE <u>Mo</u> OCCUPATION <u>Lawyer</u>			MOTHER FULL MAIDEN NAME <u>Grace Mason</u> RESIDENCE <u>Shoshone</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>31</u> (Years) BIRTHPLACE <u>Mo</u> OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 8 a.m. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edna M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Lincoln } ss.

Certificate No. 80957

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or Death)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name", "Birth Date", "Cause of Death", Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
<u>Name</u>	<u>unnamed</u>	<u>Doris Eloise Hickman</u>

Subscribed and sworn to before me this 11th  
day of May, 19 42  
*Arthur Hansen*

Notary Public, residing at Shoshone, Idaho

My commission expires May 2, 1945  
(Seal)

*Jonathan B. Hickman*  
Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shoshone, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

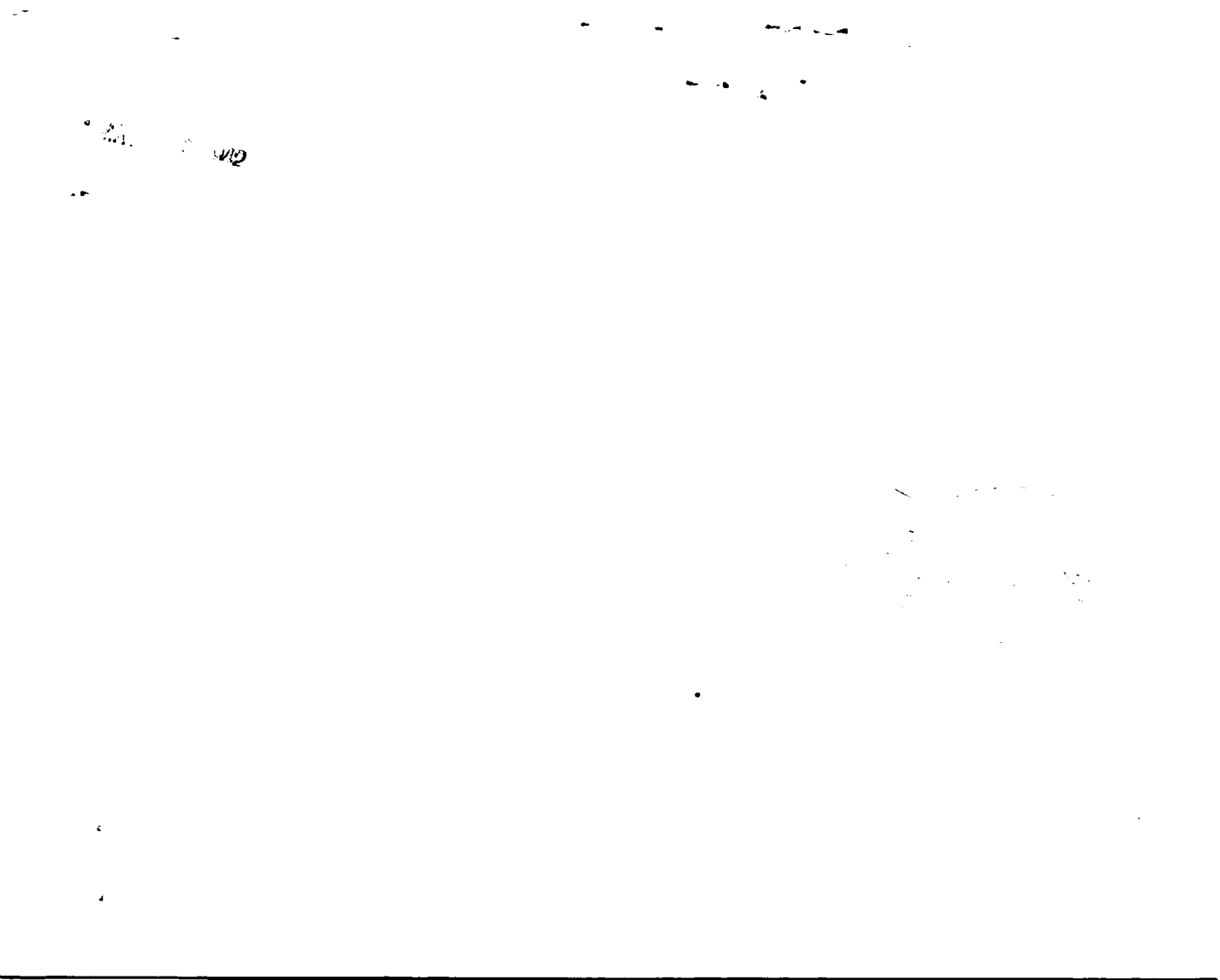
Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

**MAY 20 1942**



**Registrar**

SEP 1 1945

AUG 18 1952

SINCLAIR

Dup of 1920-318919

695-1041032-459

PLACE OF BIRTH

County of LemhiCity of Shoshone

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-1

## CERTIFICATE OF BIRTH

Registration District No. 16File No. 80959Primary Registration District No. 1616Registered No. 35Full Name of Child Howard Earl Hinegar

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>—</u>	{and} Number in order of birth <u>6</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 4</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Stephen Alfred Hinegar</u>			FULL MAIDEN NAME <u>Emma Meinster</u>	
RESIDENCE <u>Shoshone</u>			RESIDENCE <u>Shoshone</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Id</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 45 M on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed July 5 1920 [Signature]

Registrar

Registrar



MAY 13 1944

County of LincolnCity of Shoshone

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 16Primary Registration District No. 2016

Hospital \_\_\_\_\_

Full Name of Child

Lewis Melvin E. Raudy

SEX OF CHILD

MaleTwin  
Triplet  
or other?—{and} Number  
in order  
of birth5Legiti-  
mate?YesDATE OF  
BIRTHJuly 9 1920  
(Month) (Day) (Year)FULL  
NAMEMyron E. Raudy

FATHER

RESIDENCE

Shoshone

COLOR

White

AGE AT LAST

28

BIRTHDAY (Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMaria Paddock

MOTHER

RESIDENCE

Shoshone

COLOR

White

AGE AT LAST

26

BIRTHDAY (Years)

BIRTHPLACE

Utah

OCCUPATION

Wife

Number of child of this mother, including present birth. \_\_\_\_\_ Number of children of this mother now living, including present birth. \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 6:00 a. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. J. Davis M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed July 9<sup>th</sup> 1920

Registrar

Registrar

81912

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**STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS**

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho }  
County of Boise } ss.

**AUG 7 1941**

Certificate No. 15-1-15  
Date Filed 7-7-41

The undersigned does solemnly swear that certain facts on the certificate of  
for Melvin E. Roundy no July 9 1920 on  
(Name on original certificate) (Was born or died) (Date of event)  
in Boise are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event) Father prepared on Aug. 7 1941, are:  
facts as shown by (Bible record, insurance policy, etc.) (Give date)  
**FACTS TO BE CORRECTED FROM TO**  
(“Name”, “birth date”, “cause of death”, etc.) (As on original) (The correct facts)

LeDance Melvin E. Roundy Lewis Melvin Roundy  
Subscribed and sworn to before me this 7th  
day of August 19 41  
Notary Public, residing Boise  
My commission expires April 1, 1945  
[SEAL]  
Signed M. E. Roundy  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)  
Provo Utah 186-w-center  
(Street Address, City, State)

**Supporting Affidavit of a Second Person**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
[SEAL]

\_\_\_\_\_  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ by \_\_\_\_\_  
(Registrar's signature)



PLACE OF BIRTH

753-109-032-962  
County of *Lincoln*City of *Richfield*No. *2 mi West* St.

Hospital .....

FULL NAME OF CHILD

Registration District No. *17*File No. *31 80961*Primary Registration District No. *2200*Registered No. *15**Robert Peterson*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i> (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <i>Yes</i>	Date of Birth <i>July 9 1920</i> (Month) (Day) (Year)
----------------------------	---	--------------------------------	------------------------	--

FULL NAME *Sam Peterson* FATHERRESIDENCE *Richfield 2 mi West*COLOR *White* AGE AT LAST BIRTHDAY *34*  
(Years)BIRTHPLACE *Denmark*OCCUPATION *Farmer*FULL MAIDEN NAME *Ruth Roberts* MOTHERRESIDENCE *Richfield 2 mi West*COLOR *White* AGE AT LAST BIRTHDAY *32*  
(Years)BIRTHPLACE *Longmont Col*OCCUPATION *House wife*Number of child of this mother, including present birth.....*5*... Number of children of this mother now living, including present birth.....*5*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive* at *9 P* M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *R. E. Bloom*

(Physician or midwife)

Given names added from a supplemental report.

Address *Richfield 2 mi West*Filed *July 10 1920* *R. E. Bartlett*

Registrar

Registrar



256-222-032-755

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-17

## CERTIFICATE OF BIRTH

80962

County of LatahCity of RichfieldRegistration District No. 17File No. 82 32No. 17th West St.Primary Registration District No. 2.2.00Registered No. 16

Hospital .....

FULL NAME OF CHILD

Virginia Evaline KnodelSex of  
ChildFemaleTwin  
Triplet  
or other?and (Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthJune 22 1920  
(Month) (Day) (Year)FULL  
NAMEEdward Knodel

FATHER

RESIDENCE

Richfield 17th West

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Trif. I. D.

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMargaret Penner

MOTHER

RESIDENCE

Richfield 17th West

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Norman Co. Minn.

OCCUPATION

House wifeNumber of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at Richfield on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

O. E. Brown  
M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Richfield IdahoFiled July 10 1920 P. E. Bartlett

Registrar

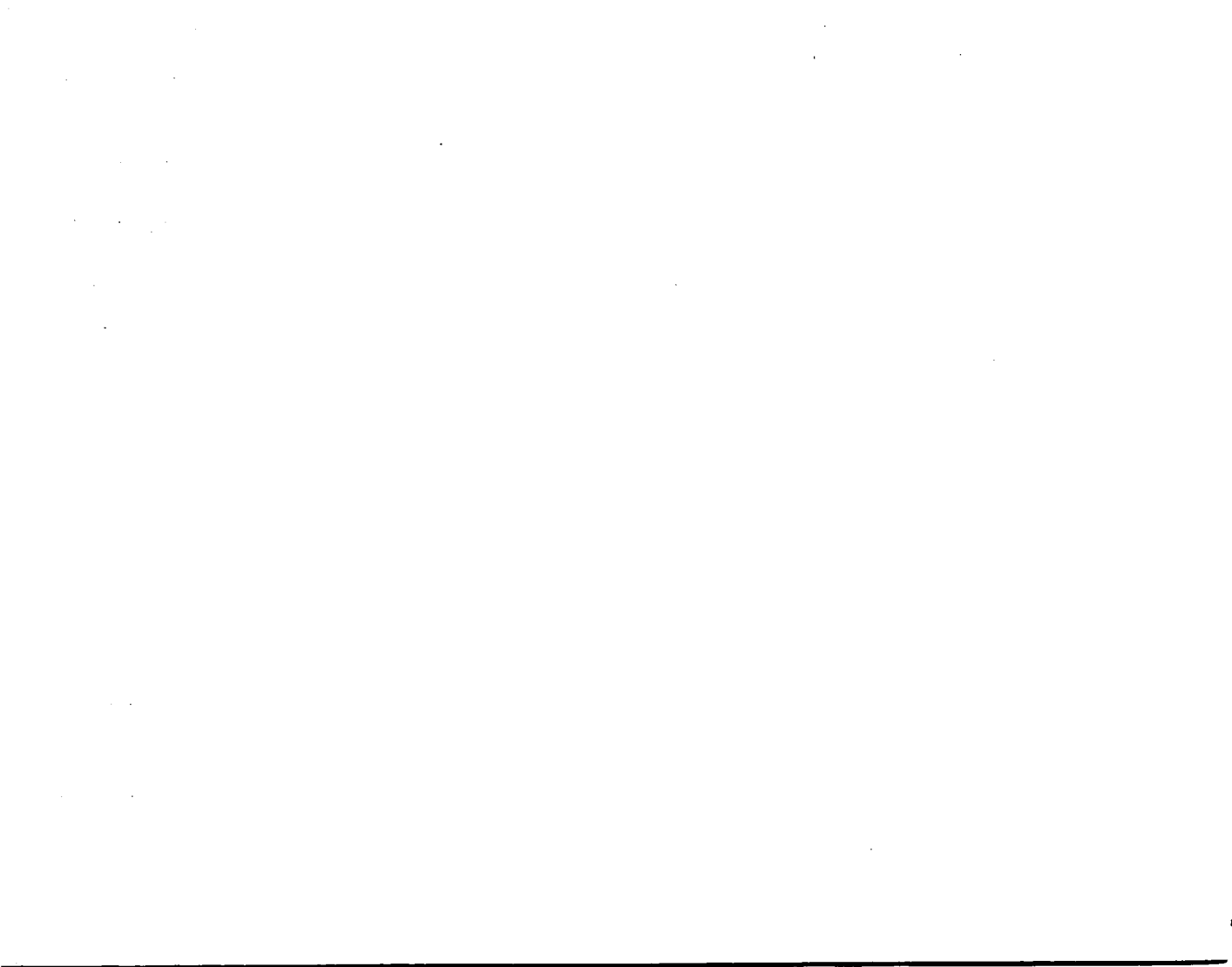
Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING





381-218-032-713

## PLACE OF BIRTH

County of LincolnCity of RichfieldNo. 2 1/4 mi. N.W. St.STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 11-C-22a-6-6-17

80966

Registration District No. 17File No. 36Primary Registration District No. 2.200Registered No. 20Hospital .....  
FULL NAME OF CHILD Mary Imogene Chatfield

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 18</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FATHER	
FULL NAME <u>Christopher O. Chatfield</u>	
RESIDENCE <u>Richfield 2 1/4 mi. N.W.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Farmer</u>	

MOTHER	
FULL MAIDEN NAME <u>Mary Patrick</u>	
RESIDENCE <u>Richfield 2 1/4 mi. N.W.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Lexington, Me.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. M. Chatfield  
Father  
(Physician or midwife)

Given names added from a supplemental report.

Address Richfield Idaho  
Filed July 10 1920  
P. E. Battlett  
Registrar

Registrar

JAN 11 1943

243.129.033-299

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

80967

County of MadisonCity of ArcherRegistration District No. 100 File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 259

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Jessie Lillis Sutton

Sex of Child <u>Male</u>	Twin <u>One</u> or other <u>One</u>	and	Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>6-29-20</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

FATHER FULL NAME <u>Jessie Lillis Sutton</u>
RESIDENCE <u>Sunnydale Ida.</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Archer Ida.</u>
OCCUPATION <u>Farmer</u>

MOTHER FULL MAIDEN NAME <u>Rachel Briggs</u>
RESIDENCE <u>Sunnydale Ida.</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Archer Idaho</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

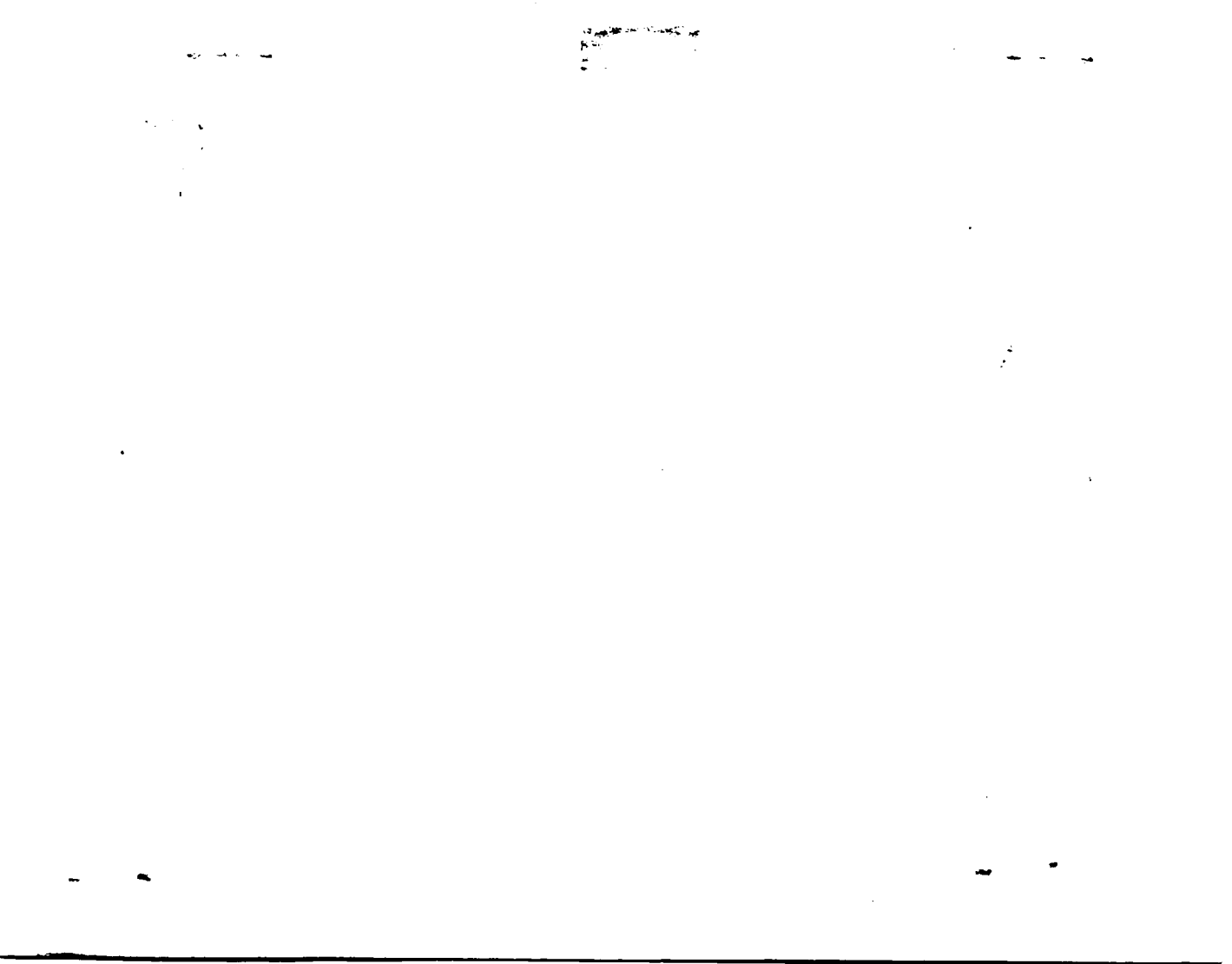
(Signature) G. H. Harrison  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 7-6-20 G. H. Harrison  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



I D A V I T

I, Henry L. Sutton, being first duly sworn depose and say that Jessie Lillis Sutton, my son, was born on June 29, 1920 at Archer, Madison County, Idaho, and that Dr. G. S. Parkinson, then of Rexburg, Idaho, was the attending Physician.

In Witness Whereof, I hereunto set my hand and seal this 19th day of April 1941.

*Henry L. Sutton*

Subscribed and sworn to before me the undersigned Notary Public, this 19th day of April 1941.

*W. L. Stearns*  
Notary Public  
Residing at Rexburg, Idaho.



294128.033-861

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of LugarRegistration District No. 100

File No.

80968

No. \_\_\_\_\_ St.

Primary Registration District No. 2178Registered No. 258

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mitsuru Kimura

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJune 25  
(Month) (Day)1920  
(Year)FULL  
NAMEJoseph Kimura

FATHER

RESIDENCE

Lugar City

COLOR

JapaneseAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Japan  
Farmer

OCCUPATION

FULL  
MAIDEN  
NAMEKiya Oyama

MOTHER

RESIDENCE

Lugar City

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Japan

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive, at 6 A.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

A. B. Evans  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

7-6-20  
G. H. Cape

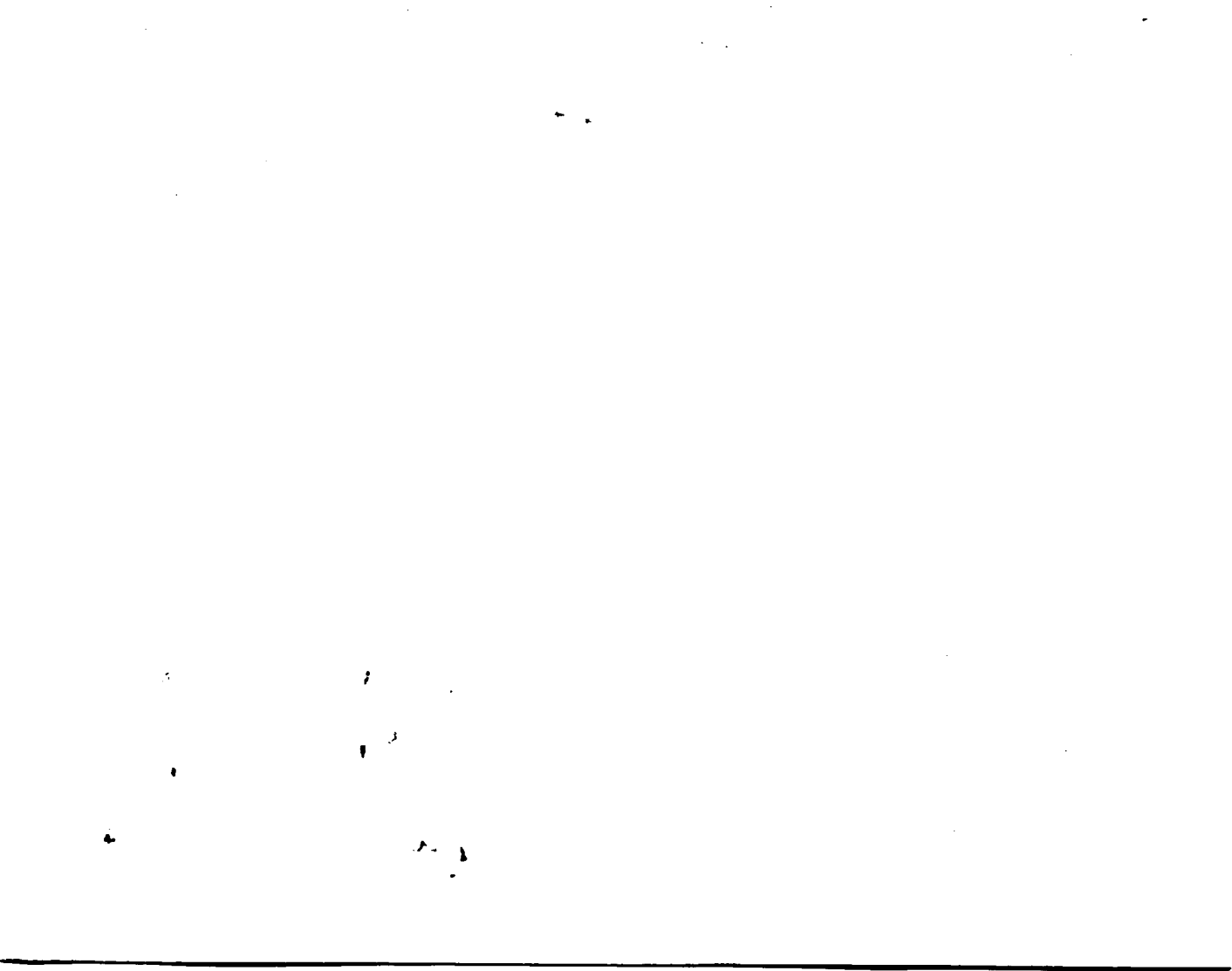
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

652-125-033-249

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100

File No. 80969

No. \_\_\_\_\_ St.

Primary Registration District No. 2178

Registered No. 257

Hospital \_\_\_\_\_

FULL NAME OF CHILD Loris Dee Westover

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>4th</u>	Date of Birth <u>June 25th</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	--

FULL NAME <u>Arnold Westover</u>	FATHER
RESIDENCE <u>Rexburg Idaho</u>	
COLOR <u>"hite"</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Rexburg Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary Smith</u>	MOTHER
RESIDENCE <u>Rexburg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Victor Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive On June 25th 1920 10-10 P. M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) Parley Nelson  
M.D.  
(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Rexburg Idaho.  
Filed 7-6 19 20  
Registrar

NOV 9 1972

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho  
County of Madison

Certificate No. 80969

Date Filed Nov 14 10 18 AM '72

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Westover (Male) who was born on June 25, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Church record & Ins. Policy prepared on Sept. 5, 1920 & Apr. 13, 1937, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name

Unnamed

Loris Dee Westover

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho  
County of Madison } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of November, 1972

Signed Loris Dee Westover

(Signature of Any Credible Person)

Notary Public, residing at Las Vegas, Nev.

My commission expires 1/8/74

(Seal)

IDA STEWART

(Notary Public - State of Nevada)

(Street Address, City, State)

Certif. of birth from Washington gives name as Karen Lynn Westover born Jan. 17, 1948. Father's name given as Loris Dee Westover and mother's name as Pauline Ann. ~~Hicks~~ Hicks. Viewed by V. S.

DEC 20 1972

Certif. of Baptism and Confirmation from LDS Church gives name as Loris Dee Westover son of Arnold Westover and Mary Smith. Born June 25, 1920. Was Baptized Oct. 5, 1928. Viewed by V. S.

719-122-033-693

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of RexburgRegistration District No. 100File No. 80970

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178Registered No. 256

Hospital \_\_\_\_\_

FULL NAME OF CHILD

BURT TAGGART PARKINSON

Sex of Child <u>Male</u>	Twin <u>Yes</u> Triplet <u>Yes</u> and { } Number in order of birth _____ (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>6-22-20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>Dr. Parkinson</u>	FATHER
RESIDENCE <u>Rexburg Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Coaldale Wt.</u>	
OCCUPATION <u>Physician &amp; Surgeon</u>	

FULL MAIDEN NAME <u>Therese Wilson</u>	MOTHER
RESIDENCE <u>Rexburg Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Cody Wt.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>7</u>	Number of children of this mother now living, including present birth <u>7</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

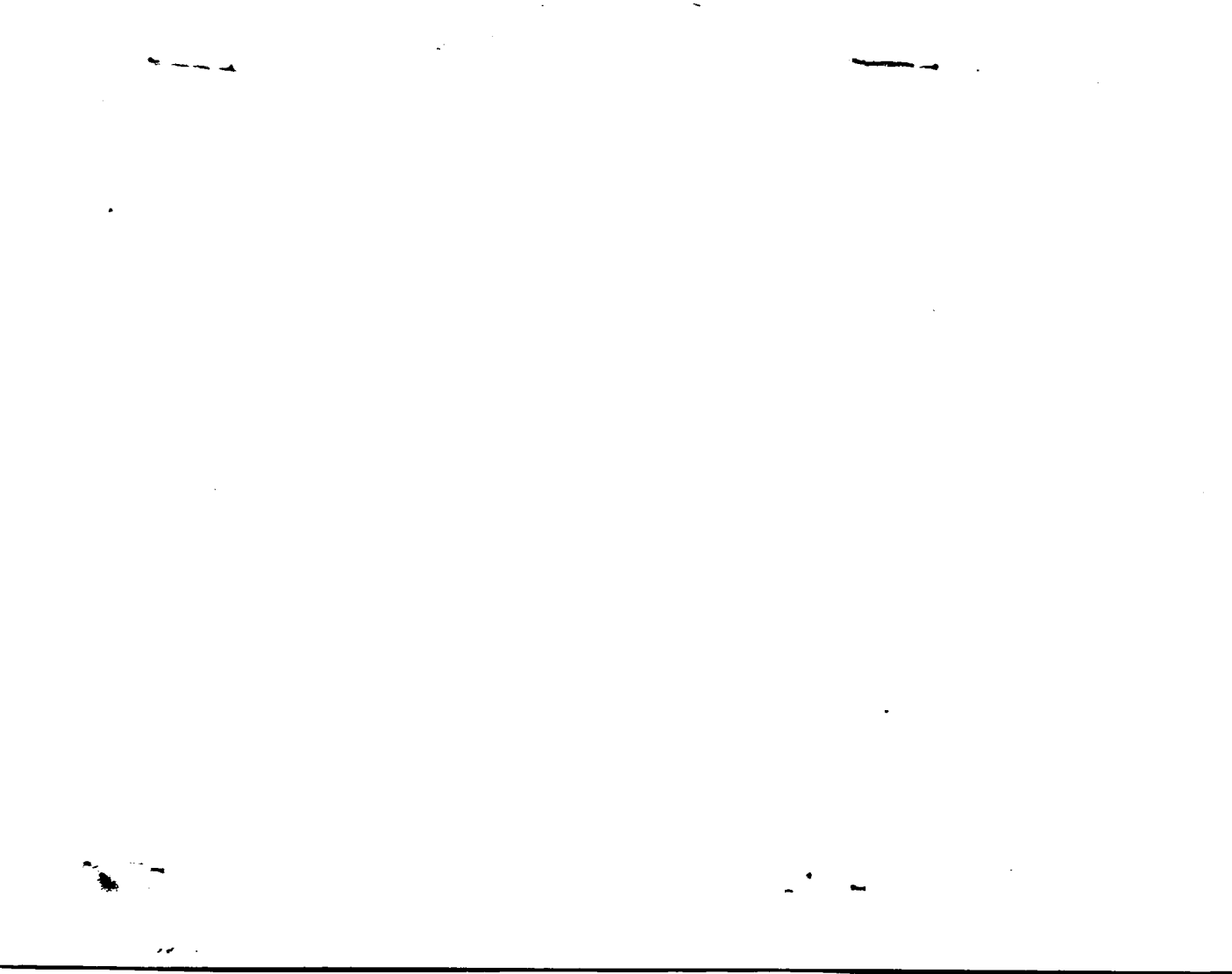
(Signature) Dr. Parkinson  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 7-6-20 1920  
Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



## STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
 County of Shoshone } ss.

Certificate No. 80970

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of

(Birth or death)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
 (Name on original certificate) (Was born or died) (Date of event)

in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of event)

true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
 ("Name", "birth date", "cause of death", etc.)

FROM  
 (As on original)

Burt Taggart TO  
 (The correct facts)

Name

Unnamed Parkinson

Burt Taggart Parkinson

Subscribed and sworn to before me this 16th  
 day of December, 1941

Notary Public, residing at

My commission expires

[SEAL]

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.

[This affidavit MUST also be executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_\_

Signed

(Signature of any credible person other than the previous affiant.)

Notary Public, residing at

My commission expires

[SEAL]

(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

(Registrar's signature)



JUL 31 1972

DEC 18 1941

NOV 27 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number in order of each, in order of birth stated.

253-222033-963  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of MadisonCity of RexburgRegistration District No. 100File No. 80971

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178Registered No. 255

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>6-22-1920</u> (Month) (Day) (Year)
----------------------------	--	---------------------------------------	-----------------------------	--

FULL NAME <u>William Beck</u>	FATHER
RESIDENCE <u>Rexburg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Rosa Rottweiler</u>	MOTHER
RESIDENCE <u>Rexburg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

2:20 M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 7-6-20



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

614-221-033-318

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Madison

City of Rexburg

Registration District No. 100

File No. 80972

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2178 Registered No. 253

FULL NAME OF CHILD

Mary Evelyn Dolyn Fausett

Sex of Child	Female	Twin Triplet or other?	and	Number in order of birth	Legit mate?	Yes	Date of Birth	June 21st 1920
		(To be answered only in event of plural births)					(Month)	(Day) (Year)

FULL NAME FATHER  
Alfred A. Fausett

RESIDENCE Rexburg Idaho

COLOR White AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Wellington Utah

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER  
Beatrice L. Taylor

RESIDENCE Rexburg Idaho

COLOR White AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE Spanish Fork Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive On June 21 1920 at 8-45 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. D.  
(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Rexburg Idaho

Filed 7-6-20 Registrar G. E. [Signature]

Registrar

NOV 3 1944

613-22-033-293 amend 5-16-83

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of BurtonRegistration District No. 100 File No. 80973

No. \_\_\_\_\_ St.

Primary Registration District No. 2178 Registered No. 254

Hospital \_\_\_\_\_

Vera Billeter Walz

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child	Female	Twin Triplet or other?	and	Number in order of birth	Legiti mate?	Yes	Date of Birth	June 22nd	19 20
(To be answered only in event of plural births)							(Month)	(Day)	(Year)

FATHER  
FULL NAME Conrad L. WalzMOTHER  
FULL MAIDEN NAME Aurelia BilleterRESIDENCE Burton IdahoRESIDENCE Burton IdahoCOLOR White AGE AT LAST BIRTHDAY 27  
(Years)COLOR White AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE Burton IdahoBIRTHPLACE Salt Lake City UtahOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born live On June 22 1920 1-06 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carley Nelson

M.D.

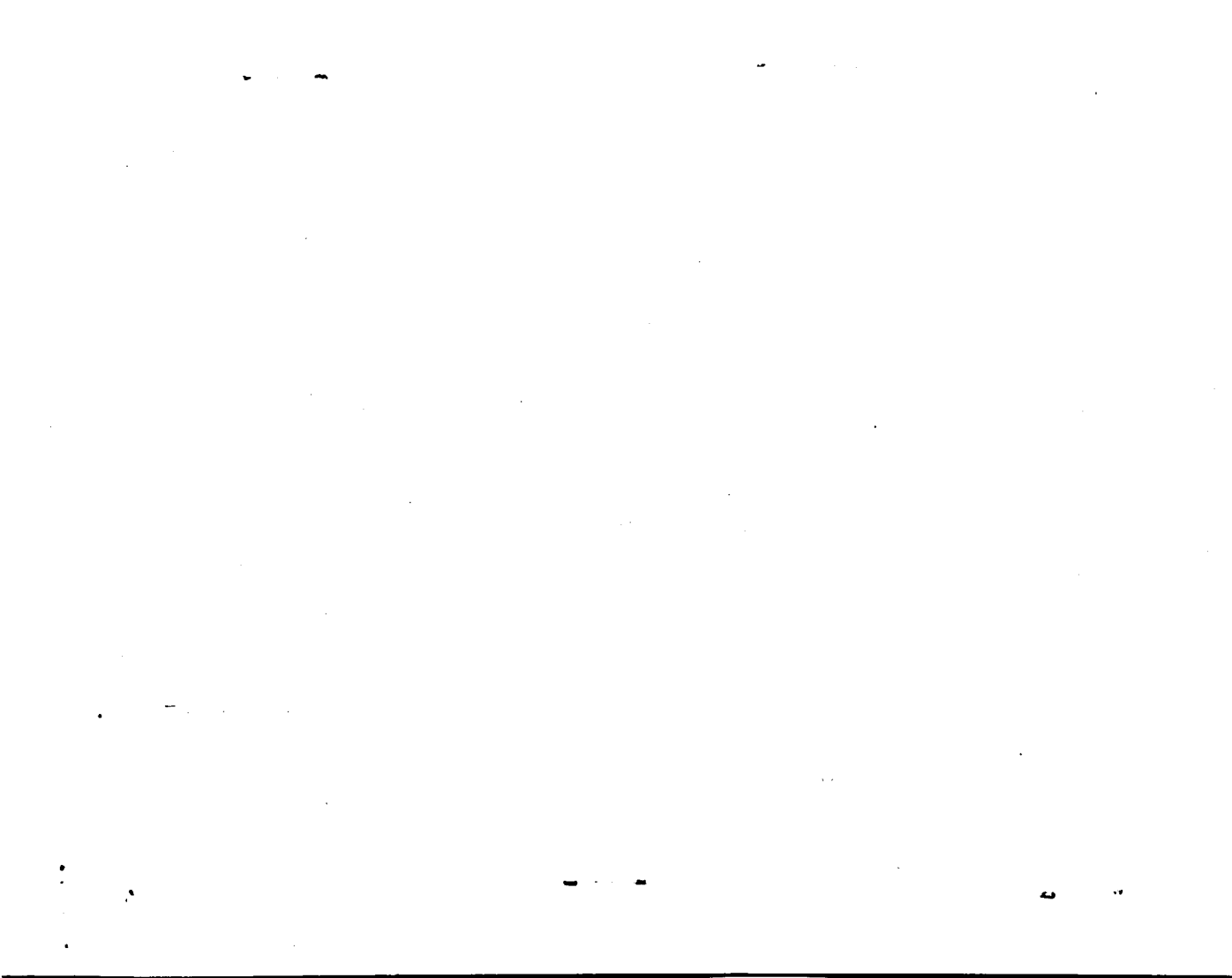
(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg IdahoFiled 7-6-20 19 20

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ } ss. 11 10 32 AM '83  
County of \_\_\_\_\_ }  
Certificate No. 80973  
Date Filed \_\_\_\_\_  
birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Unnamed Walz who was born on June 21, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Burton (Madison) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

childs name	Unnamed	Vera Billeter Walz
date of birth	June 21, 1920	June 22, 1920

Subscribed and sworn to before me this 10th day of  
May 1983  
Notary Public, Chittie W. Gann  
Residing at Rexburg Idaho  
My commission expires 10-85  
(Seal)

X Mary J. Stewart  
Signature of Applicant  
R#1. box 257 Rexburg Idaho  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of IDAHO } ss. (Must be completed \_\_\_)  
County of Madison } (Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of  
May 1983  
Notary Public, Chittie W. Gann  
Residing at Rexburg Idaho  
My commission expires 10-85  
(Seal)

Denton G. Brewster  
Supporting Signature  
32 So 3rd West Rexburg  
Street Address, City, State  
John F 3440

1cc credit



Certificate of Baptism from LDS Church gives Vera Billeter Walz daughter of Conrad L Walz and Aurelia Emily Billeter born June 22, 1920 in Burton was baptised June 22, 1928. Viewed by V.S.

MAY 16 1983

Family REcord gives Vera Billeter Walz and Denton Young Brewerton were married Jan 8, 1943 at Salt Lake City, LDS Temple. Viewed by V.S. Wifes date of birth listed as June 22, 1920. Obviously old record.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

312.121-033-652

PLACE OF BIRTH

County of Madosn

City of Plano

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	3rd	Date of Birth <u>June 21st</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	-----------------	-----	---

FULL NAME <u>George L Lake</u>	FATHER
RESIDENCE <u>Plano Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Fairview Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Magdalen Westover</u>	MOTHER
RESIDENCE <u>Palno Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Sanford Colo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born live On June 21 1920 at 6-42 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harley Nelson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

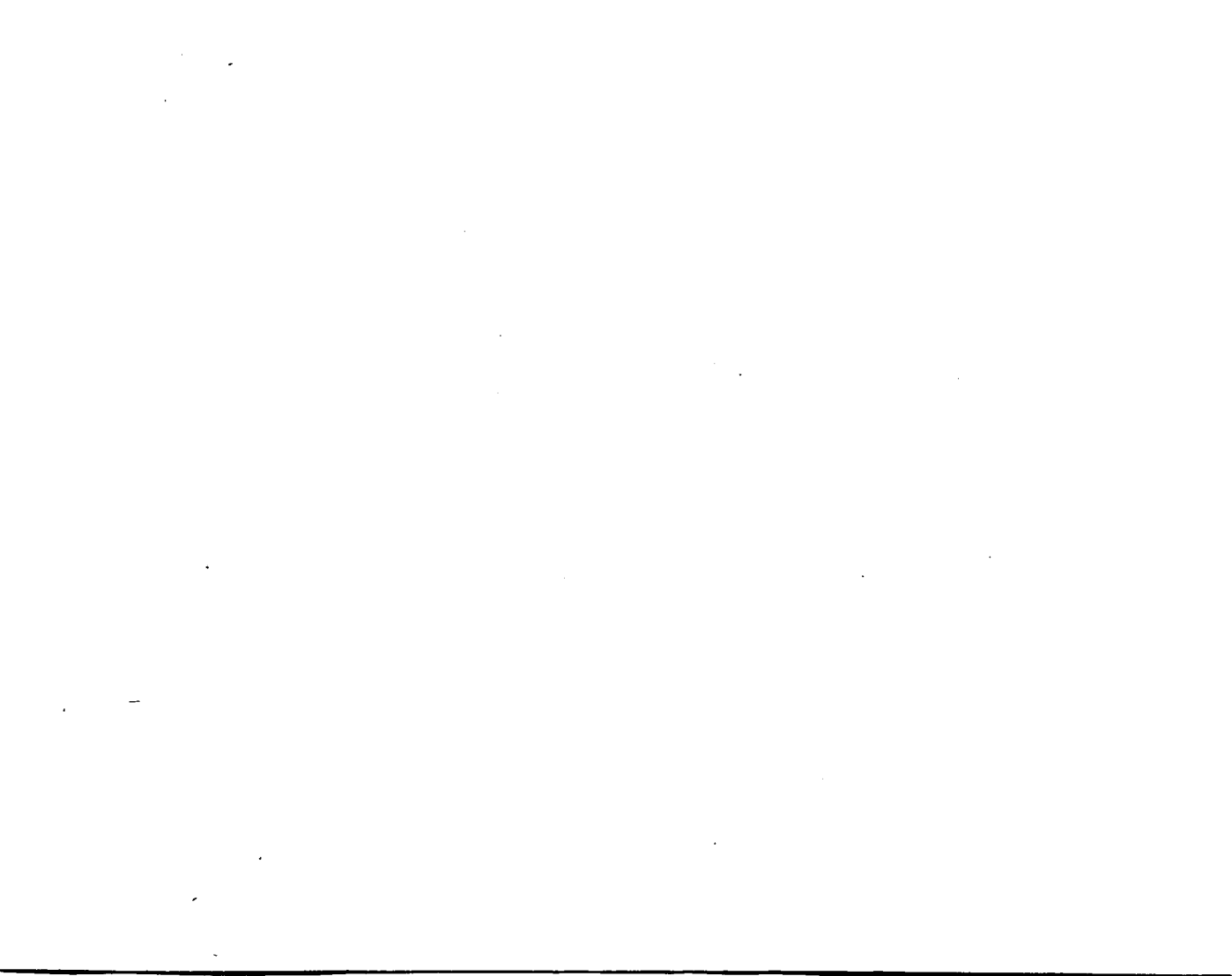
Rexburg Idaho

Filed

7-6 19 20

Registrar

Registrar



257-220-033-613

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of LibbardRegistration District No. 100File No. 80975

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178Registered No. 251

Hospital \_\_\_\_\_

FULL NAME OF CHILD Virginia Ellen Keppner

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>6-20-1920</u> (Month) (Day) (Year)
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FATHER		MOTHER	
FULL NAME <u>Joseph Keppner</u>	FULL MAIDEN NAME <u>Kate Watson</u>	FULL NAME <u>Joseph Keppner</u>	FULL MAIDEN NAME <u>Kate Watson</u>
RESIDENCE <u>Libbard</u>	RESIDENCE <u>Libbard</u>	RESIDENCE <u>Libbard</u>	RESIDENCE <u>Libbard</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Utah</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

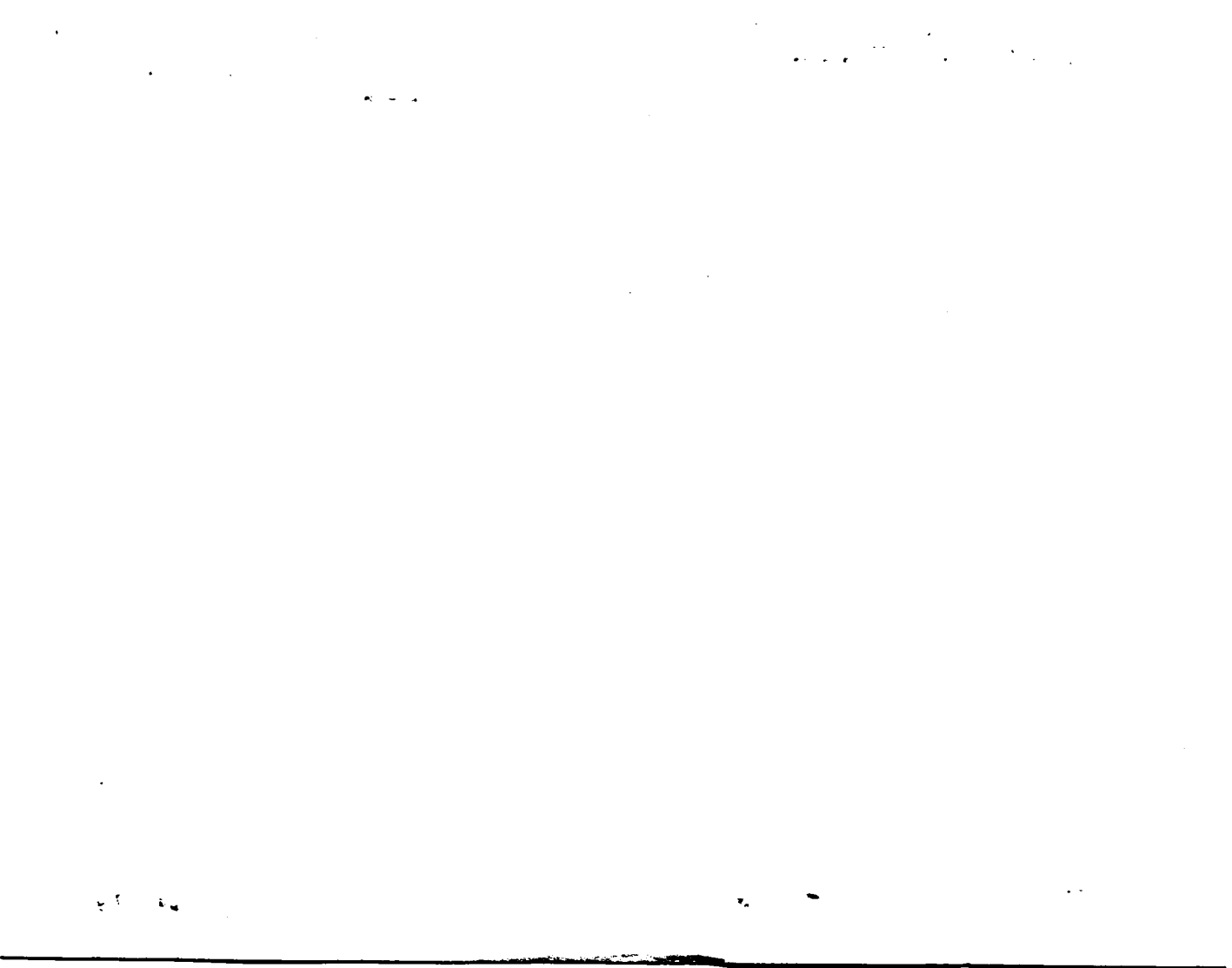
Number of child of this mother, including present birth. <u>8</u>	Number of children of this mother now living, including present birth. <u>8</u>
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 10 45 a. M.  
(Born alive or stillborn)\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) Lain F. Rich  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Reynolds  
Filed 7-6-20 1920 G. E. Speer  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Madison } ss. 148 25 9 39 AM '76  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for (none) who born on June 20, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Hibbard, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) Virginia Ellen Keppner (mother)  
true facts are shown by child's birth certificate #322498 - 9/14/41 (bw) are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

child's name

(None)

**TO**  
(The Correct Facts)

Virginia Ellen  
Keppner

Subscribed and sworn to before me this 26<sup>th</sup> day of  
February, 1976

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Rockburg Idaho  
My commission expires Jan 1979  
(Seal)

Y The Lowell  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Madison } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26<sup>th</sup> day of  
February, 1976

Signed Lawrence K. Smith  
(Signature of Any Credible Person)

Notary Public, residing at Rockburg Idaho  
My commission expires Jan 1979  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

APR 15 1976

Diploma from Public Schools of Idaho gives name as Virginia Ellen Keppner  
dated May 10, 1934. viewed by V. S.

Baptismal record ~~from~~ gives name as Virginia Ellen Keppner, father's name as  
Joseph Keppner and mother's name as Kate Watson. born June 20, 1920 at  
Hibbard, Idaho Baptized ~~XXXXX~~ Aug 31, 1928. viewed by V. S.

## PLACE OF BIRTH

289-220-233-289  
County of MadisonSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-254-6-15-18

## CERTIFICATE OF BIRTH

City of RexburgRegistration District No. 100File No. 80976

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178Registered No. 250

Hospital \_\_\_\_\_

Full Name of Child Teruko Shiratori

SEX OF CHILD <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH... <u>6</u> <u>20</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>Teruko Shiratori</u>	FATHER <u>Isao Shiratori</u>	FULL MAIDEN NAME <u>Teruko Shiratori</u>	MOTHER <u>Teruko Shiratori</u>	
RESIDENCE <u>Rexburg</u>		RESIDENCE <u>Rexburg</u>		
COLOR <u>Jap</u>	AGE AT LAST BIRTHDAY... <u>42</u> (Years)	COLOR <u>Jap</u>	AGE AT LAST BIRTHDAY... <u>23</u> (Years)	
BIRTHPLACE <u>Japan</u>		BIRTHPLACE <u>Japan</u>		
OCCUPATION <u>Laborer</u>		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth... 2... Number of children of this mother now living, including present birth... 2...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

1 Photostat copy 3/6/42  
I hereby certify that I attended the birth of this child, who was... Born alive... at 5:30 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs. Mae Irelson  
Midwife  
(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed

7-6-20

Registrar

Registrar



MAR 6 1942

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Madison } ss.  
Certificate No. 80976  
Date Filed \_\_\_\_\_  
The undersigned does solemnly swear that certain facts on the certificate of birth  
(BIRTH OR DEATH)  
for Helen Teruko Shiratori who born on June 20, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by record prepared on or about birth date, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
<u>Name</u> <u>Teruko Shiratori</u>		<u>Helen Teruko Shiratori</u>
<u>Mother's maiden name</u> <u>Shiratori</u>		<u>Hagiwara</u>
<u>Sex</u> <u>Male</u>		<u>Female</u>
Subscribed and sworn to before me this <u>18th</u>		
day of <u>February</u> , 19 <u>42</u>		

Signed J. Shiratori  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
R.D No. 1 Rexburg, Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Madison } ss.  
[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 18th  
day of February, 19 42  
Signed J. E. Barber  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
Rexburg, Idaho  
(STREET ADDRESS, CITY, STATE)  
Notary Public, State of Idaho  
My commission expires \_\_\_\_\_  
(SEAL)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

MAR 6 1942

4488 7 80/54

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

795-19-033-458

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100

File No. 80977

No. \_\_\_\_\_ St.

Primary Registration District No. 2178

Registered No. 249

Hospital \_\_\_\_\_

FULL NAME OF CHILD William Robert Pieper

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>June 19th</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Fredrick W. Pieper

MOTHER  
FULL MAIDEN NAME Bertha C. Meyers

RESIDENCE  
Rexburg Idaho

RESIDENCE  
Rexburg Idaho

COLOR White AGE AT LAST BIRTHDAY 21  
(Years)

COLOR White AGE AT LAST BIRTHDAY 18  
(Years)

BIRTHPLACE  
Germany

BIRTHPLACE  
Garden Creek Idaho

OCCUPATION  
Grocery Clerk

OCCUPATION  
Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive On June 19, 1920 at 10-10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho

Filed 7-6-20

Registrar

Registrar



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. Certificate No. 80977

Date Filed .....  
birth

The undersigned does solemnly swear that certain facts on the certificate of .....  
for ..... Unnamed Pieper ..... who was born ..... on June 19, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in ..... Rexburg ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Cert. of Baptism ..... prepared on July 8, 1928  
Bert. of Ordination (Bible Record, Insurance Policy, Etc.) July 10, 1932 (Give Date) are:

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Witnessed by V.S. ....

Child's Name ..... Unnamed ..... William Robert Pieper

Subscribed and sworn to before me this 15<sup>th</sup> day of May, 1937

Notary Public, residing at .....  
My commission expires 9-15-38  
(Seal)

Signed, Frederick W. Pieper  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)  
374 Willard Ave. Pocatello, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of IDAHO }  
County of Benneville } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15<sup>th</sup> day of May, 1937

Notary Public, residing at .....  
My commission expires 9-15-38  
(Seal)

Signed, Beatha C. Quinn  
(Signature of Any Credible Person)  
374 Willard Ave. Pocatello Idaho  
(Street Address, City, State)

MAY 24 1957

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-217033-284

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Madison

City of Refrburg

Registration District No. 100

File No. 80979

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2178

Registered No. 247

FULL NAME OF CHILD

Leta Marie Anderson

Sex of Child <u>F.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth
				<u>yes</u>	<u>June 17</u> 19 <u>20</u> (Month) (Day) (Year)

FATHER  
FULL NAME James C. Anderson  
RESIDENCE Refrburg Idaho  
COLOR W. AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer & School teacher

MOTHER  
FULL MAIDEN NAME Cora Shurtliff  
RESIDENCE Refrburg Idaho  
COLOR W. AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

born alive at 5:10 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

7-6-20 G. H. Coyle



JUN 8 1948

453117033-239  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of \_\_\_\_\_

City of \_\_\_\_\_

Registration District No. 100File No. 80980

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178Registered No. 246

Hospital \_\_\_\_\_

FULL NAME OF CHILD Sherron K. Velle

Sex of Child <u>Male</u>	Twin <u>no</u> Triplet <u>no</u> and <u>no</u> Number in order of birth <u>—</u> (To be answered only in event of plural births)	Legitimacy? <u>yes</u>	Date of Birth <u>6</u> <u>17</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>S. K. Velle</u>	FATHER
RESIDENCE <u>Rexburg Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Salam Ida.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Rose Klingler</u>	MOTHER
RESIDENCE <u>Rexburg Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Rexburg Ida.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:15 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Harrison  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 7-6 1920 G. H. Espe  
Registrar \_\_\_\_\_

Registrar

APR 23 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866 117-033 - 314  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Madison

City of Rebun

Registration District No. 100

File No. 80981

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178

Registered No. 243

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>June 17 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Clifford William Hooper</u> RESIDENCE <u>Rebun</u>			MOTHER FULL MAIDEN NAME <u>Cora Lamborn</u> RESIDENCE <u>Rebun</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>31</u> (Years)		
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Automobile Mechanic</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth. <u>6</u>			Number of children of this mother now living, including present birth. <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

born alive  
(Born alive or stillborn)

220 a M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

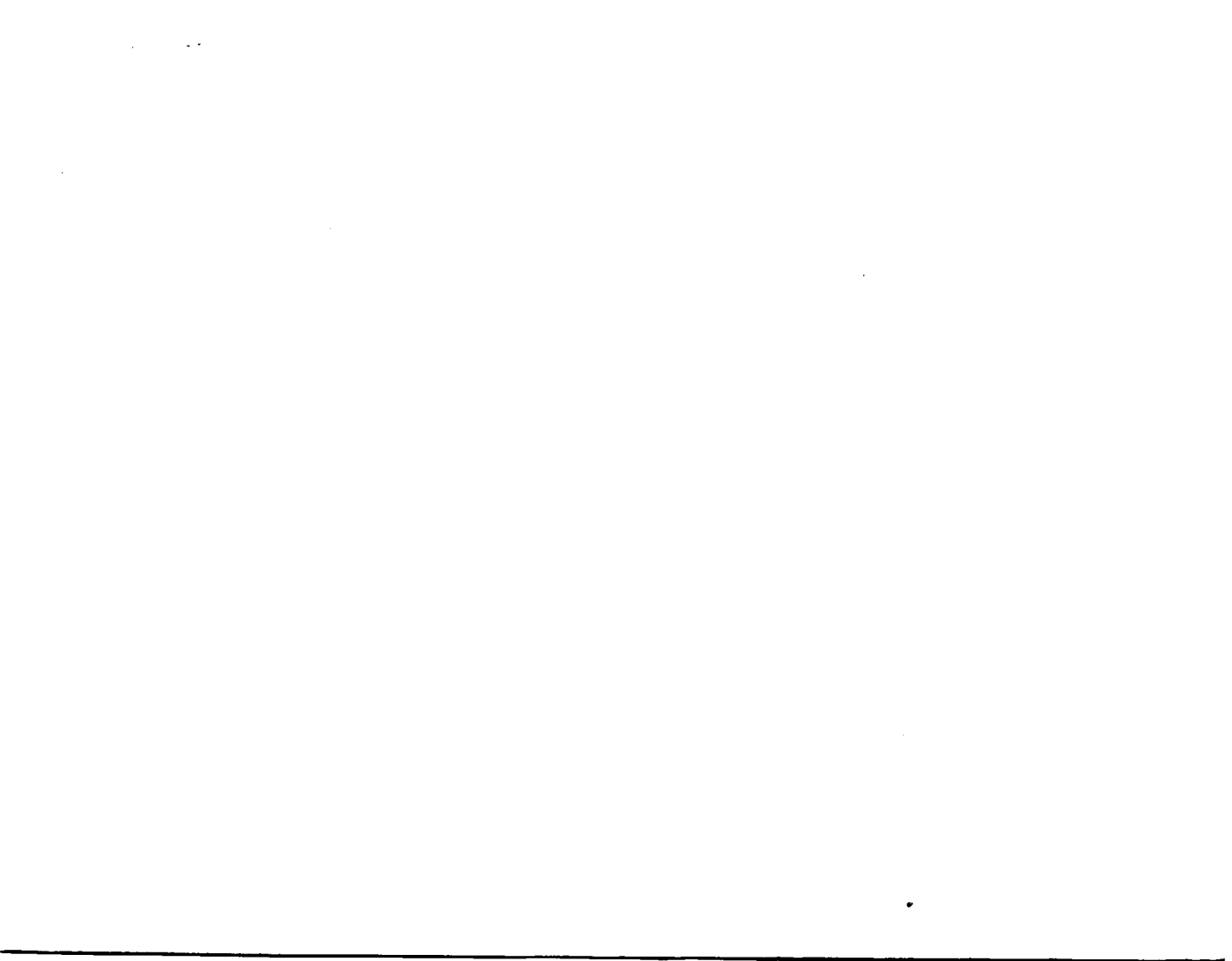
Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 7-6 19 20

Registrar

Registrar



719-116-033-469  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ReyburgRegistration District No. 100 File No. 80982

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 244

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Morgan Kay GarnerSex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and } Number  
in order  
of birth

Legitimacy?

Yes

Date of Birth

May 161920  
(Month) (Day) (Year)

FULL NAME

FATHER  
John Earl Garner

FULL MAIDEN NAME

MOTHER  
Edith Morgan

RESIDENCE

Reyburg Idaho

RESIDENCE

Reyburg Idaho

COLOR

White

AGE AT LAST BIRTHDAY

36  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

36  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive, at 9:10 a M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Larrie J. Rich  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

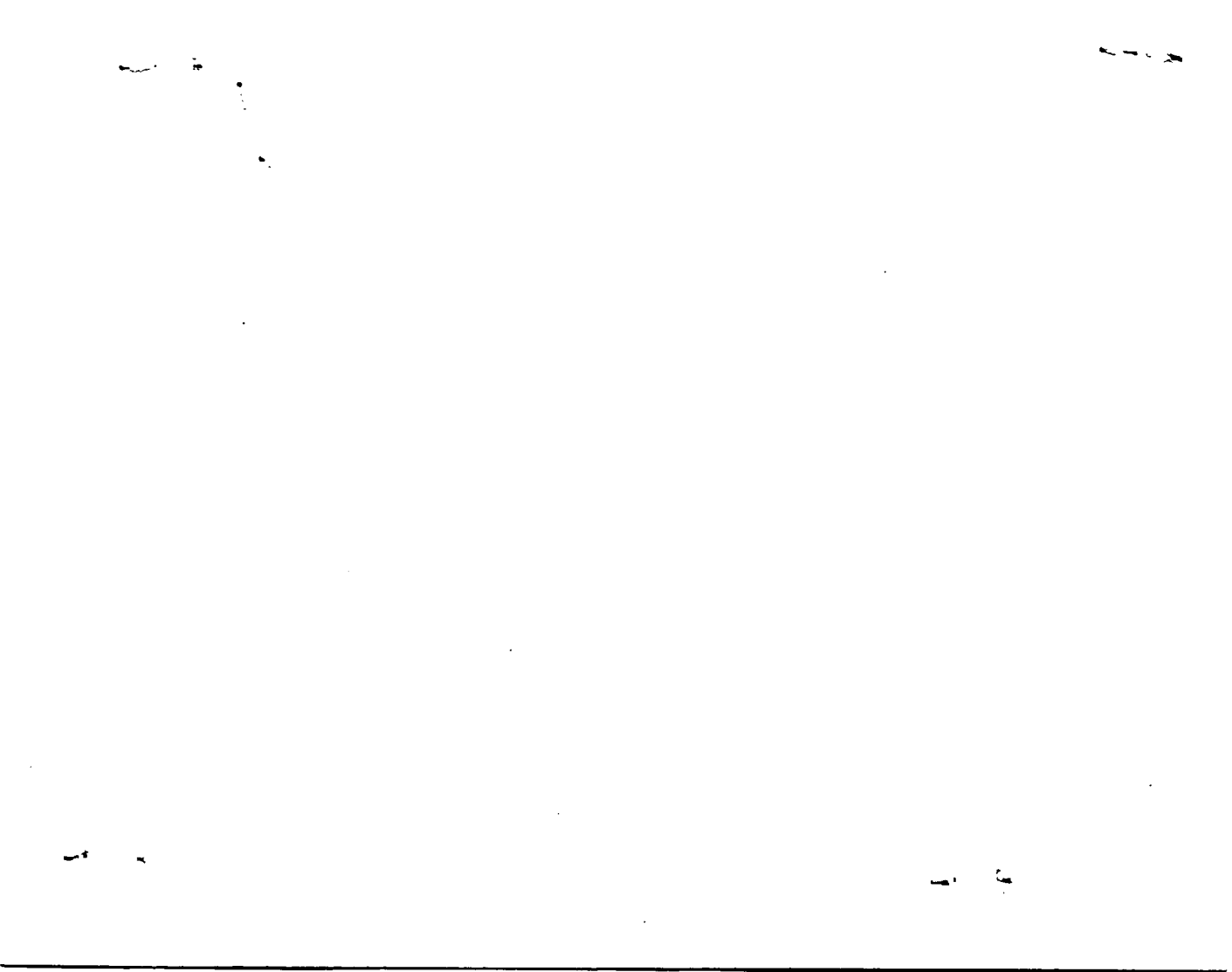
Reyburg

Filed

7-6-20

Registrar

Registrar



NOV 10 1946

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Madison } ss.

Certificate No. 80982

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

(Birth or Death)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

name

none given

Morgan Kay Garner

Subscribed and sworn to before me this 8th  
day of November, 1946.  
Bill Stowell

Notary Public, residing at Reynolds

My commission expires Sept 5 1946  
(Seal)

Signed J. B. Garner

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

138 N. 1st East Reynolds  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Madison } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th  
day of Nov, 1946.  
W. Stowell

Notary Public, residing at Reynolds

My commission expires Sept 5 1946  
(Seal)

Signed Mrs Edith Garner

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)



NOV 16 1949

NOV 22 1949

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

242-216033-312

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Madison

City of Lugan

Registration District No. 100 File No. 80983

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 242

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>June 16</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	--------------------------------	-------------------------	---

FATHER  
FULL NAME Joe Kusaki  
RESIDENCE Lugan  
COLOR Japan AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE Japan  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME M. Y. Kazawa  
RESIDENCE Lugan  
COLOR White AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Japan  
OCCUPATION \_\_\_\_\_

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 3a M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Civan  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 7-11 1920 G. E. Espe  
Registrar

Registrar

Registrar

Dup of 1920-198736

993215-033-155

## PLACE OF BIRTH

County of

Madison

City of

Sugar

No.

St.

Registration District No.

100

File No.

80984

Hospital

Primary Registration District No.

2178

Registered No.

241

FULL NAME OF CHILD

FLOREINE RICKS

Sex of Child

F.

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legitimate?

Yes

Date of Birth

June 15 1920  
(Month) (Day) (Year)

FULL NAME

Alfred Ricks Jr.

FATHER

RESIDENCE

Sugar City

COLOR

White

AGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

Rachel Jenkins

MOTHER

RESIDENCE

Sugar City

COLOR

White

AGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive

at 5 a. M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

(Signature)

(Born alive or stillborn)

H. B. Evans

Physician

(Physician or midwife)

Address

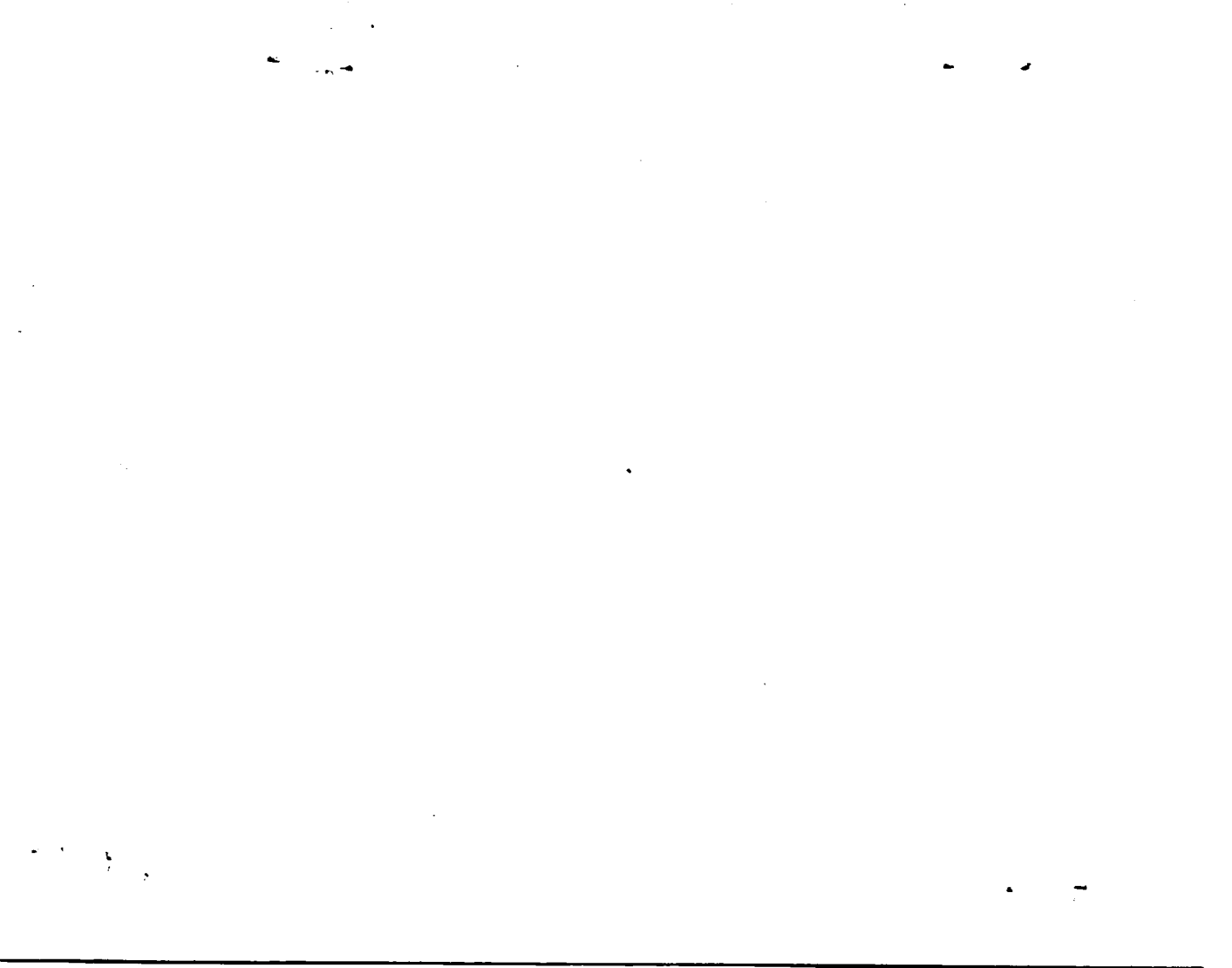
Sugar City

Filed

7-6 1920

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Madison } ss.

ACT 27 1941

Certificate No. 80984  
Date Filed Oct. 20, 1941  
Birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for None who born on June 15, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Sugar City, Ida. are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Name

Unnamed Ricks

Florence Ricks

Subscribed and sworn to before me this 20th  
day of October, 1941

Signed Rachel J. Ricks  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

DEPUTY CLERK OF THE DISTRICT COURT  
Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
[SEAL]

Sugar City, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Madison } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th  
day of October, 1941

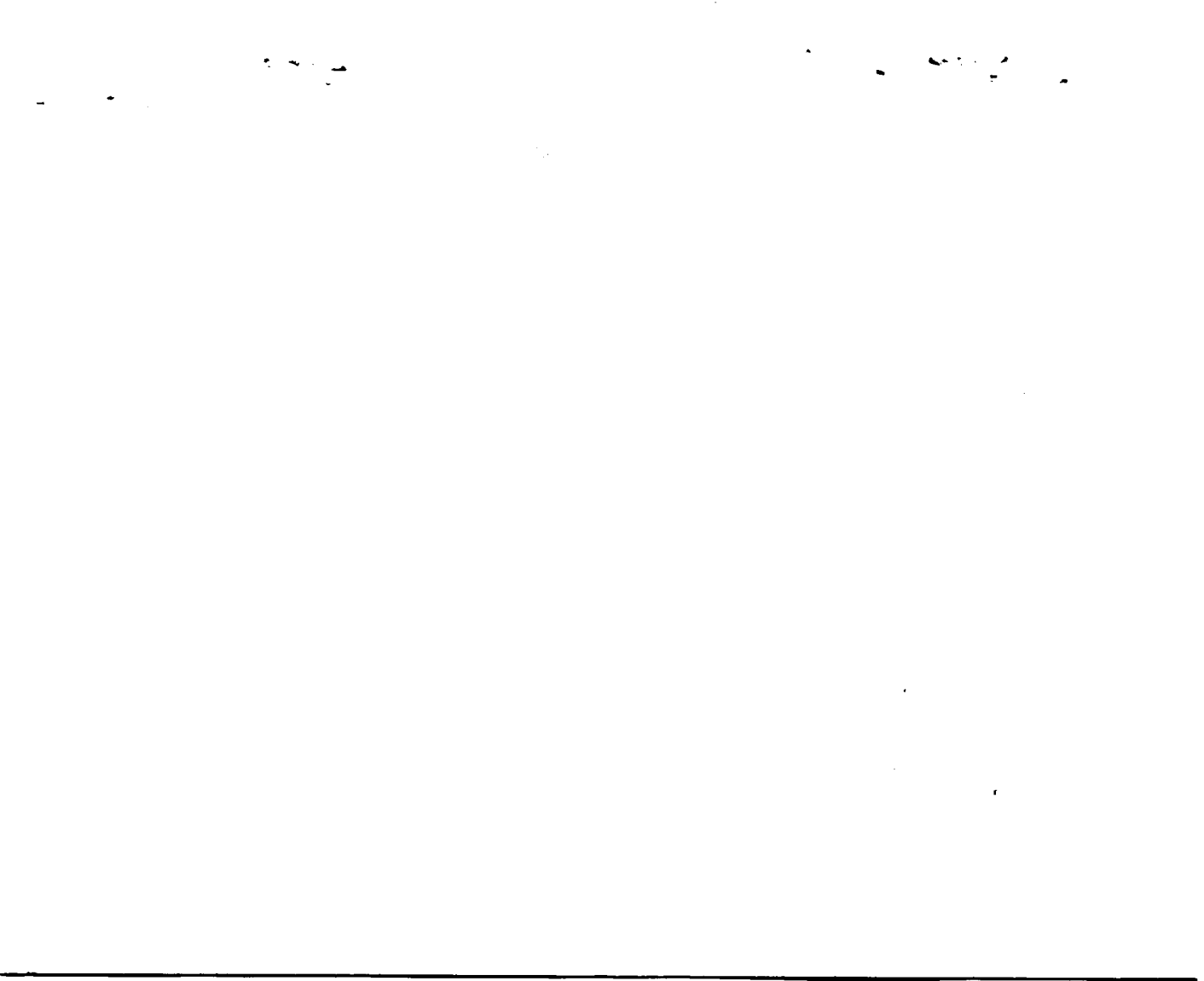
Signed J. S. [Signature]  
(Signature of any credible person other than the previous affiant.)

DEPUTY CLERK OF THE DISTRICT COURT  
Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
[SEAL]

\_\_\_\_\_  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-119-033-195  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Madison

City of Lynman

Registration District No. 100

File No. 80986

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178

Registered No. 239

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 14</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Clara L. Beck</u>			MOTHER FULL MAIDEN NAME <u>Mayme Arnold</u>	
RESIDENCE <u>Lynman</u>			RESIDENCE <u>Lynman</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

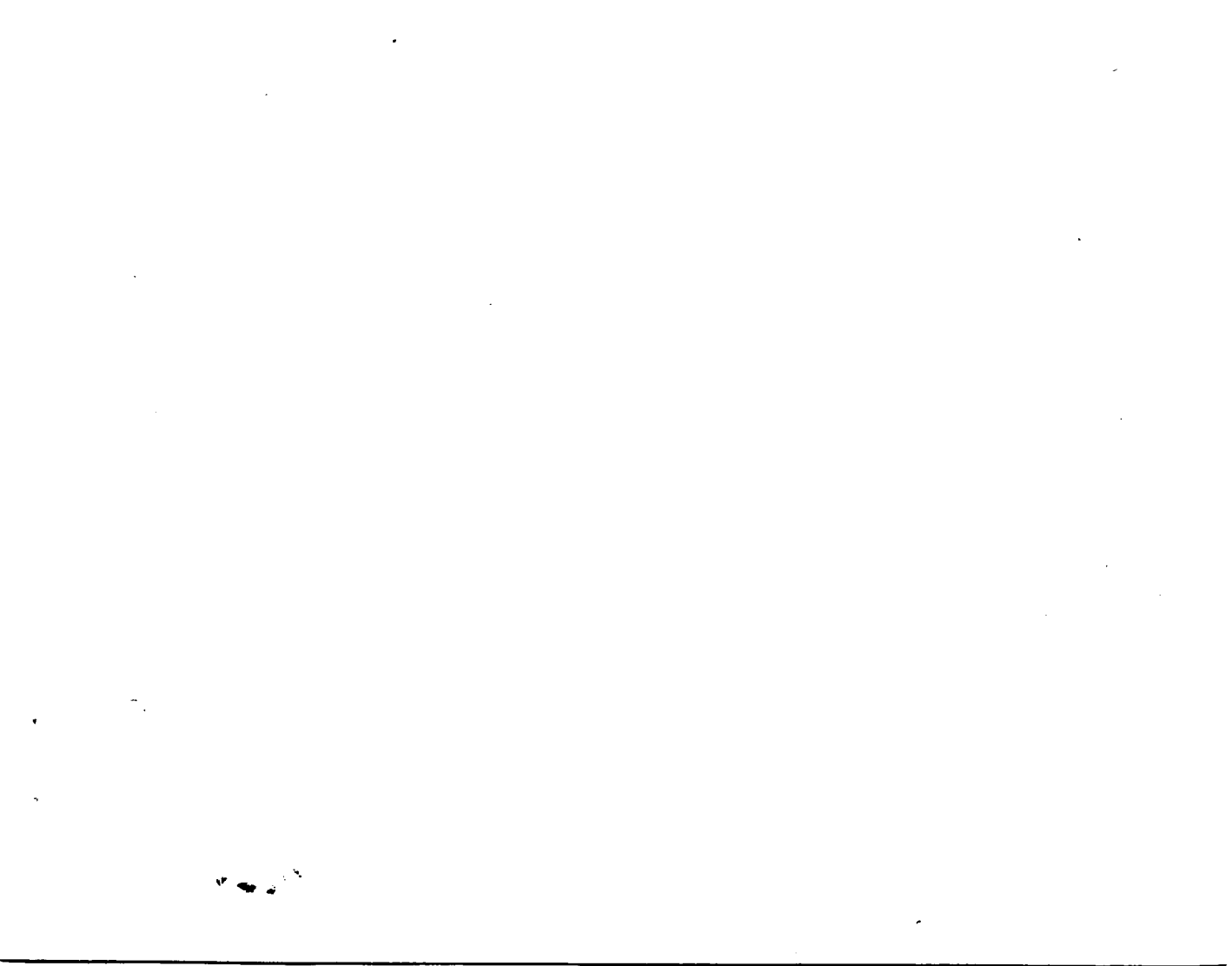
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 7-6-20





685 - 311-033-469  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Madison

City of Reynolds

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 100

File No. 80987

Primary Registration District No. 2178

Registered No. 238

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>6-11-20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>William Henry Wheelwright</u> RESIDENCE <u>Reynolds</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>32</u> (Years) BIRTHPLACE <u>Utah</u> OCCUPATION <u>Carpenter/Contractor</u>			MOTHER FULL MAIDEN NAME <u>Vivian Morgan</u> RESIDENCE <u>Reynolds</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>32</u> (Years) BIRTHPLACE <u>Utah</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 1230 P M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed \_\_\_\_\_

7-6-20 \_\_\_\_\_  
Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-111-033-553  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of MadisonCity of IndependenceRegistration District No. 100File No. 80988

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178Registered No. 237

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>6-11-1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Elmer L. Jensen</u>	FATHER
RESIDENCE <u>Independence</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Anna Nelson</u>	MOTHER
RESIDENCE <u>Independence</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Denmark</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5
Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.
Born alive at 8:30 a M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

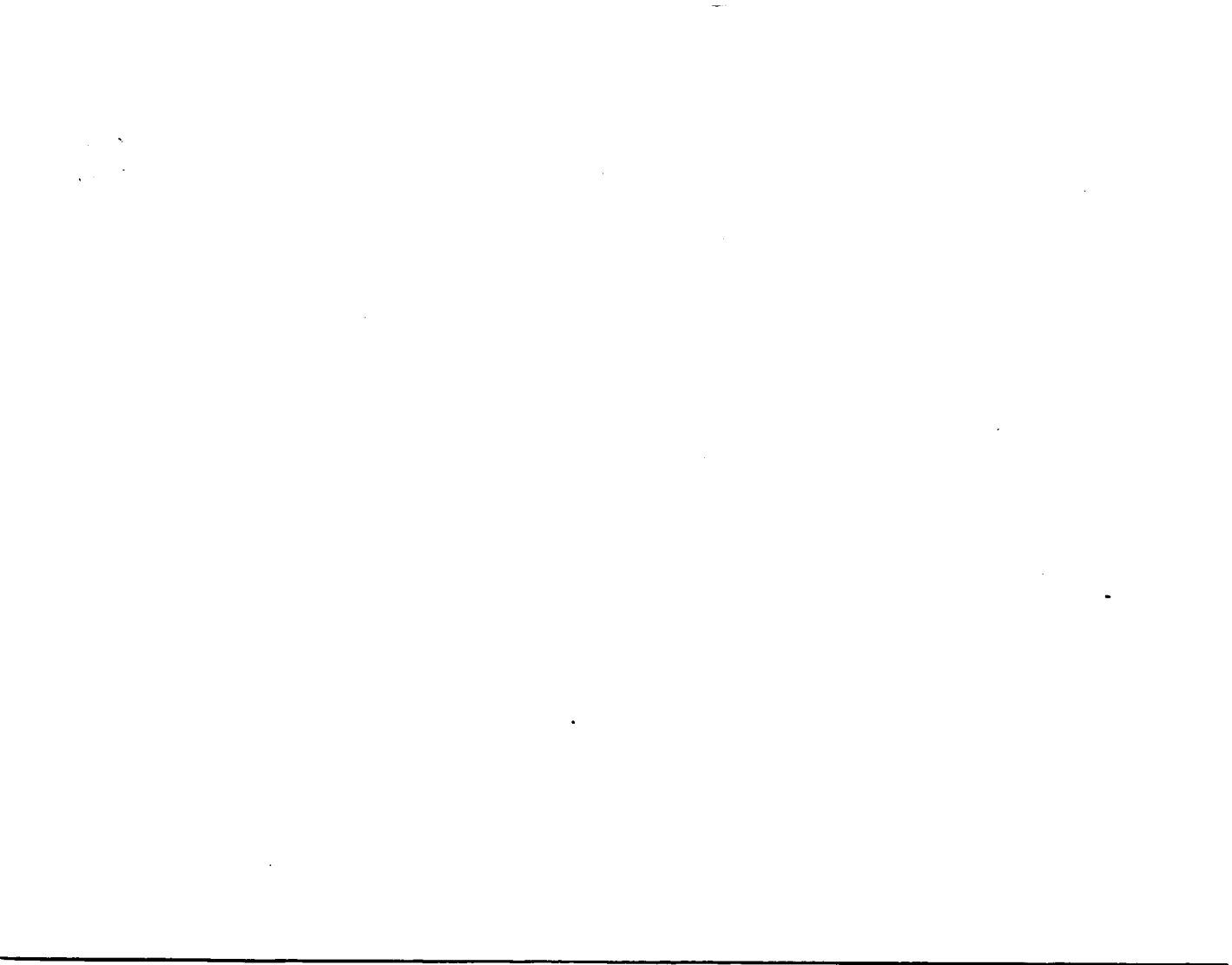
(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 7-6-20



259-108.033-653

PLACE OF BIRTH

Form V. E. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of Replburg Registration District No. 100 File No. 80989

No. \_\_\_\_\_ St.

Primary Registration District No. 2178 Registered No. 236

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Frederick Raymond Bergendorff

Sex of Child <u>M.</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>June 8</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	--------------------------------	-----	--------------------------------	------------------------	--

FATHER  
FULL NAME Nels Peter BergendorffRESIDENCE Replburg IdahoCOLOR W. AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE MissouriOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Flourance FeldstedtRESIDENCE Replburg IdahoCOLOR W. AGE AT LAST BIRTHDAY 18  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8<sup>15</sup> A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Espe

(Physician or midwife)

Given names added from a supplemental report.

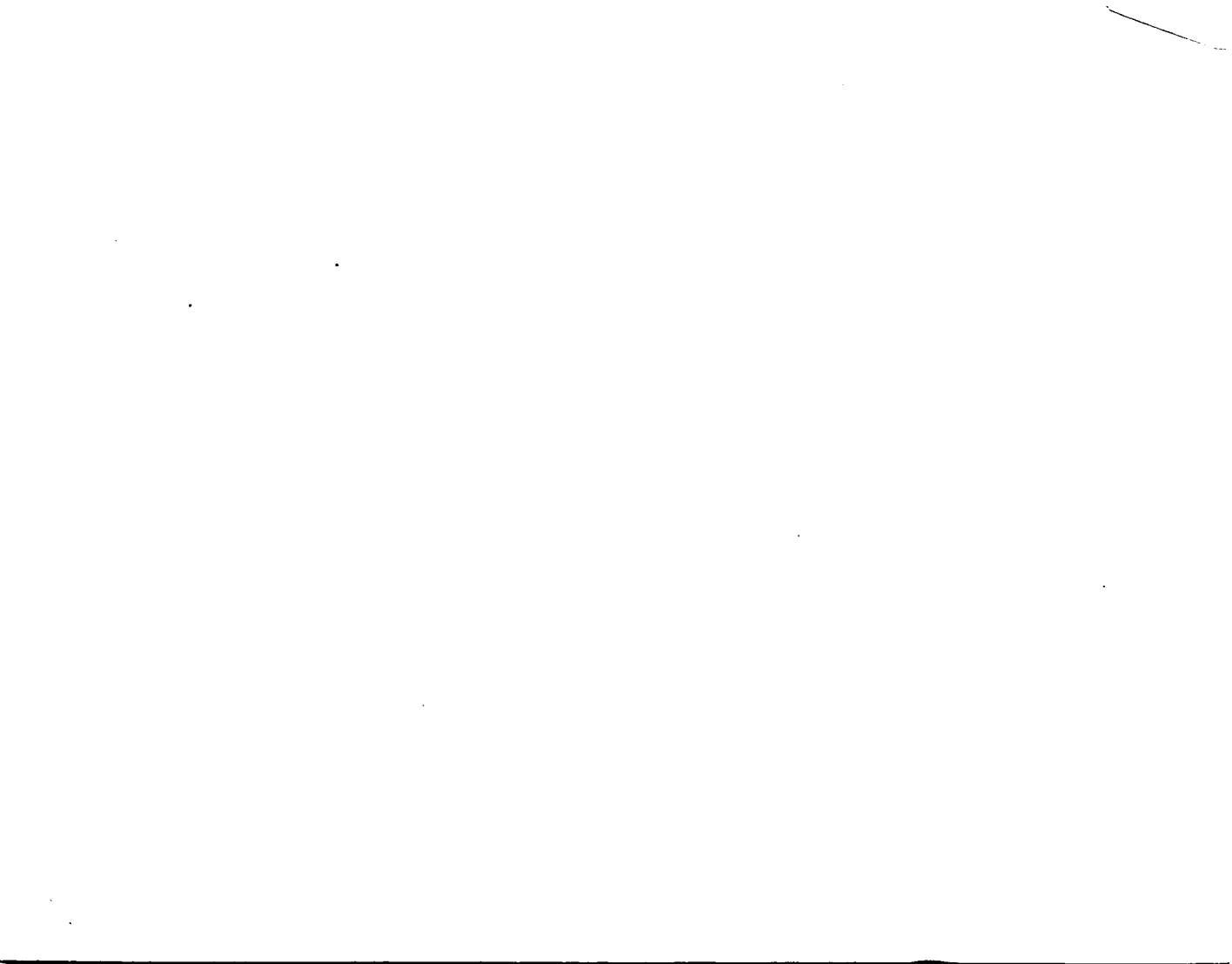
Address Replburg, IdahoFiled 7-6 1920 E. G. Espe

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



758208033-265

PLACE OF BIRTH

Form V. B. No. 11-C-200-5-1-10

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of TreyburgRegistration District No. 100 File No. 80990

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 2335

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mignon Perry

Sex of Child <u>Female</u>	Twin Triplet or other <u>Yes</u> and {	Number in order of birth _____	Legitimate <u>Yes</u>	Date of Birth <u>6 5 20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

FULL NAME <u>Tom Perry</u>	FATHER
RESIDENCE <u>Reensburg Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Three mile Creek Utah</u>	
OCCUPATION <u>Lawyer</u>	

FULL MAIDEN NAME <u>Marah Dorney</u>	MOTHER
RESIDENCE <u>Reensburg Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Togau Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Harrison  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 7-6 19 20 G. E. E. E.  
Registrar \_\_\_\_\_ Registrar \_\_\_\_\_



MAR 1 1961

JUN 15 1961

296.107.033-155

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of RexburgRegistration District No. 100File No. 80992

No. \_\_\_\_\_ St.

Primary Registration District No. 2178Registered No. 233

Hospital \_\_\_\_\_

FULL NAME OF CHILD

LLOYD EMIL BROWNING

Sex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legitimacy? YesDate of Birth June 7th 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Emil A Browning

FULL MAIDEN NAME

MOTHER  
Ida R. Jensen

RESIDENCE

Rexburg Idaho

RESIDENCE

Rexburg Idaho

COLOR

White

AGE AT LAST BIRTHDAY

23 29  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

28

(Years)

BIRTHPLACE

Ogden Utah

BIRTHPLACE

Redmond Utah

OCCUPATION

ROR Agent

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive On June 7th 1920 7-20 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Barley Nelson  
M.D.

(Physician)

Given names added from a supplemental report.

19

Address

Rexburg Idaho

Filed

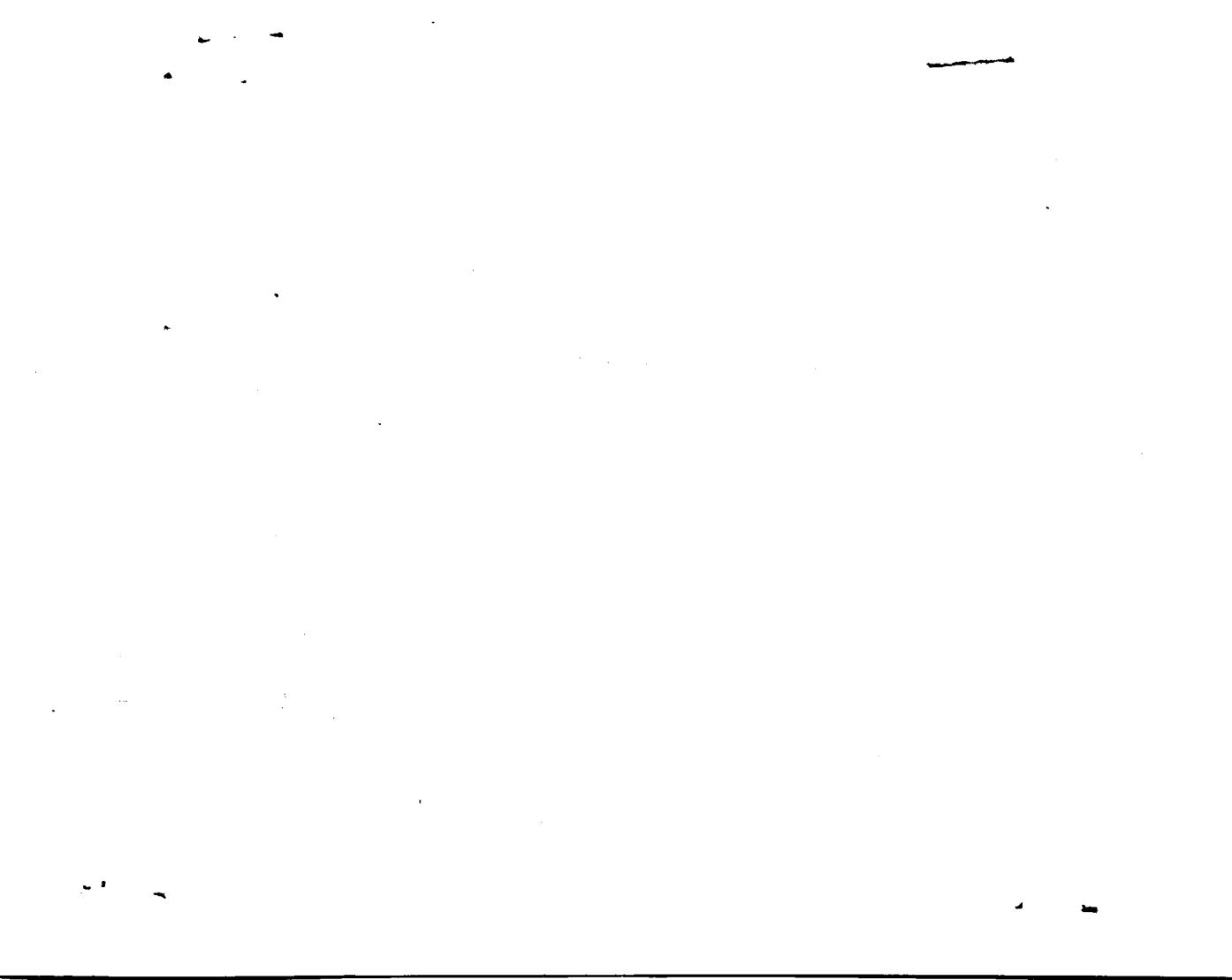
7-6 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of \_\_\_\_\_ } ss. Certificate No. 80992

County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Lloyd Emil Browning who was born on June 7, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Reverborg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)  
Name Unnamed TO  
Lloyd Emil Browning  
(The Correct Facts)

Subscribed and sworn to before me this 6th  
day of August, 1947  
D. W. Smith  
Notary Public, residing at Reverborg, Idaho  
My commission expires Jan 24, 1948  
(Seal)  
Signed Emil A. Browning  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Reverborg, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss. [This Affidavit MUST Also be Executed.  
County of \_\_\_\_\_ } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_\_  
Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)

AUG 7 1947

AUG 40

762-106-33.613  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Madison

City of Replung

Registration District No. 100

File No. 80993

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178

Registered No. 232

Hospital \_\_\_\_\_

FULL NAME OF CHILD William Edward Robe

Sex of Child <u>m</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____ (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>June 6 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Geo. A. Robe  
RESIDENCE Replung Idaho  
COLOR w. AGE AT LAST BIRTHDAY 35  
(Years)  
BIRTHPLACE England  
OCCUPATION Book Binder

MOTHER  
FULL MAIDEN NAME Hella Walker  
RESIDENCE Replung Idaho  
COLOR w. AGE AT LAST BIRTHDAY 27  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 1025 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Espe  
Physician  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

Address \_\_\_\_\_  
Filed 7-6 19 20 G. H. Espe  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1942

AUG 21 1942

OCT 10 1974

359-106-533-619

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. R. No. 11-C-25m-7-21-19

County of MadisonCity of RexburgRegistration District No. 100File No. 80994

No. \_\_\_\_\_ St.

Primary Registration District No. 2178Registered No. 231

Hospital \_\_\_\_\_

FULL NAME OF CHILD

ROBERT F. LEININGER

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>June 6th</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER  
Clarence R. LeiningerFULL MAIDEN NAME MOTHER  
Hazel FarnesRESIDENCE Rexburg IdahoRESIDENCE Rexburg IdahoCOLOR White AGE AT LAST BIRTHDAY 28  
(Years)COLOR White AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE Arcadia Neb,BIRTHPLACE Rexburg IdahoOCCUPATION et al. JewelerOCCUPATION HousewifeNumber of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive On June 6, 1920 12-45 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

M.D.

(Physician or midwife)

Given names added from a supplemental report.

Rexburg Idaho

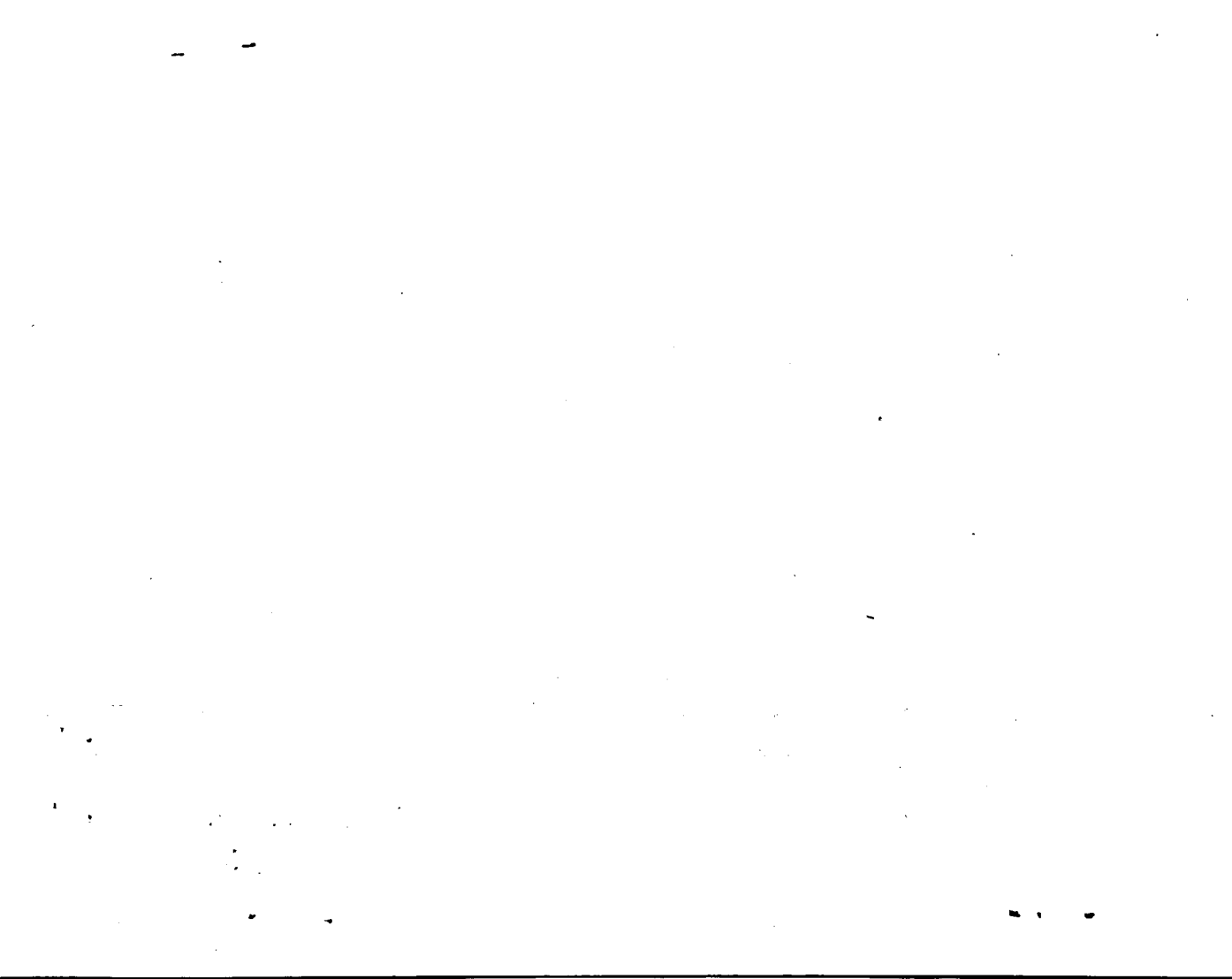
Address \_\_\_\_\_

Filed 7-6-20

Registrar

Registrar





## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } Certificate No. 80994County of Grundy } ss. Date Filed \_\_\_\_\_The undersigned does solemnly swear that certain facts on the certificate of birthfor Leininger who <sup>was</sup> born on June 6, 1920.in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, thetrue facts as shown by attending Physician prepared on February 2, 1942, are:

## FACTS TO BE CORRECTED

## FROM

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

name

no name

## TO

(THE CORRECT FACTS)

Robert F. Leininger

Subscribed and sworn to before me this 18thday of February, 19 42Rene FairNotary Public, residing at Trenton, MissouriMy commission expires December 9, 1945

(SEAL)

Signed R. Leininger - (FATHER)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Trenton, Missouri.

(STREET ADDRESS, CITY, STATE)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.County of Grundy }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13thday of February, 19 42Clara Belle InmanNotary Public, residing at TrentonMy commission expires January 13, 1945

(SEAL)

Signed MEMORIS

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

4138 View Trenton Missouri

(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 2 1942 By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)

MAD 11 10 12

ADU 10 1950

266-1041033-154  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of MadisonCity of RexburgRegistration District No. 100File No. 80995

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 230

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Robert Monroe Koon

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>6-4-1920</u> (Month) (Day) (Year)
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FULL NAME FATHER  
Monroe Koon

RESIDENCE

Rexburg

COLOR

White

AGE AT LAST

27

BIRTHDAY

(Years)

BIRTHPLACE

Nebraska 1 dead

OCCUPATION

Grain DealerFULL  
MAIDEN  
NAME

MOTHER

Mabel Anderson

RESIDENCE

Rexburg

COLOR

White

AGE AT LAST

26

BIRTHDAY

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive9-8 M.\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Arvin J. Rich  
Physician  
(Physician or midwife)

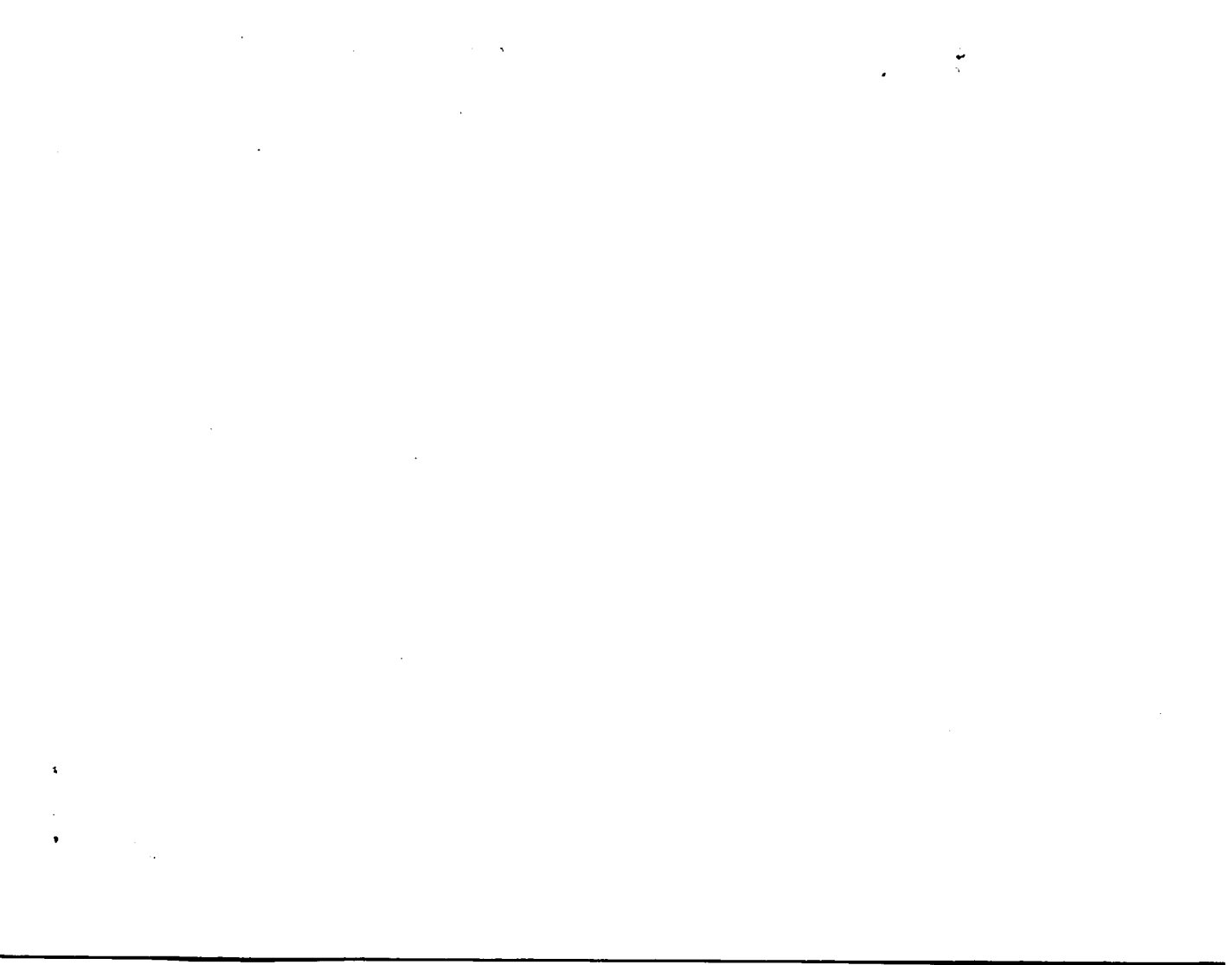
Given names added from a supplemental report.

Address

Filed

June 1920

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 4-10-69

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Madison  
355-202-033867  
City of Rippling

Registration District No. 100 File No. 80996

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 229

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Nellida Lee

Sex of Child F. Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? Yes Date of Birth June 2 19 20  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Mark Lee  
RESIDENCE Rippling Idaho  
COLOR W. AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Hattie Horze  
RESIDENCE Rippling Idaho  
COLOR W. AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive at 8:55 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

Physician  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

7-6 19 20 G. H. Cape  
Registrar

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of..... }  
County of..... } ss. **RECEIVED**  
MAR 2 11 1969  
Bureau of Vital Statistics

Certificate No. 80996

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for **Unnamed Lee (female child)** who **was born** on **June 2, 1920**  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in **Rexburg, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

**Full Name of Child**

**Unnamed**

**Nelda Lee**

Subscribed and sworn to before me this **18** day of  
**March**, 19**69**

Signed **Bonnie Lee Murphy**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at **Bozeman, Montana**  
My commission expires **May 19, 1970**  
(Seal)

**Box 15 Ovando, Montana**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed **Justin Dillies**  
(Signature of Any Credible Person)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

**Ovando, Mont.**  
(Street Address, City, State)



Marriage License and Marriage Certificate dated February 5, 1935 gives  
the name as Nellda Lee of Rexburg, Idaho - Viewed by V.S.  
(Married name Dillree)

APR 11 1969

Fishing License, #4796, dated October 26, 1956 gives the name as Nellda  
Dillree. Viewed by V.S.

268-1033-251

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Mason

## CERTIFICATE OF BIRTH

City of ReynoldsRegistration District No. 100File No. 80997No. 4 St.Primary Registration District No. 2176 Registered No. 228

Hospital

FULL NAME OF CHILD

Mark Keith Boyle

Sex of Child <u>Male</u>	Twin <u>Yes</u> or other? <u>Yes</u> and { Number in order of birth —	Legitimate? <u>yes</u>	Date of Birth <u>6 3 1930</u> (Month) (Day) (Year)
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FULL NAME <u>C. S. Boyle</u>	FATHER
RESIDENCE <u>Reynolds, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Payson, Utah</u>	
OCCUPATION <u>Book Keeper</u>	

FULL MAIDEN NAME <u>Billie Bean</u>	MOTHER
RESIDENCE <u>Reynolds, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Pleasant Grove, Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11:20 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

7-4 1920

Registrar

Registrar

**MAR 27 1974**

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

993-101-033-215

PLACE OF BIRTH

Form V, S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 80998

No. \_\_\_\_\_ St.

Primary Registration District No. 2178 Registered No. 227

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Kenneth M. Ricks

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and {	Number in order of birth _____	Legit mate? <u>Yes</u>	Date of Birth <u>June 1st</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Martin Ricks</u>	FATHER
RESIDENCE <u>Rexburg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Benson Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Maud Sanders</u>	MOTHER
RESIDENCE <u>Rexburg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Farmington Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive On June 1st 1920 1-45 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M.D.

(Physician or Midwife)

Given names added from a supplemental report.

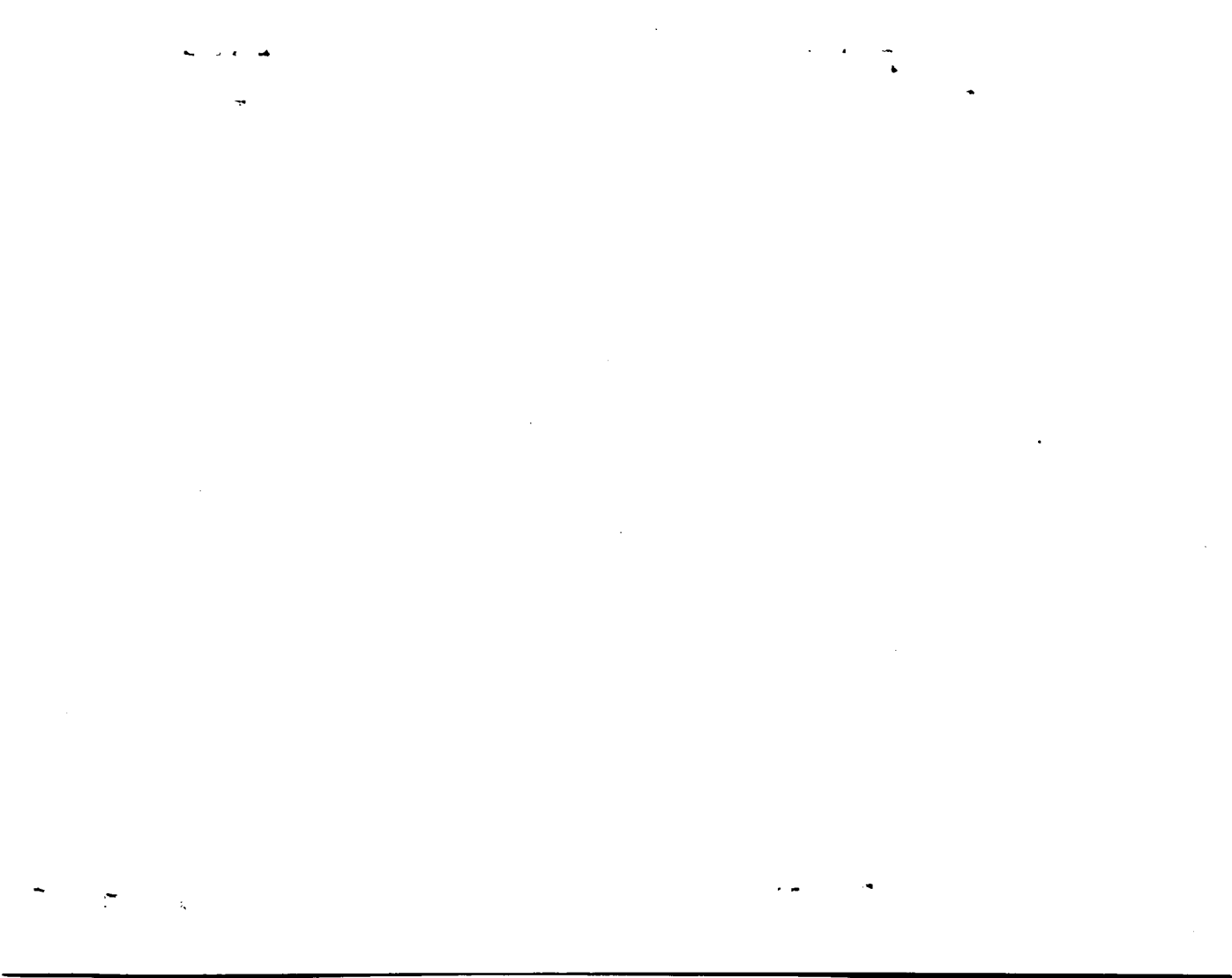
19

Address Rexburg Idaho

Filed 7-6 1920 G. E. Espe

Registrar

Registrar



State of Idaho } ss.  
County of MADISON }  
- 4 1941

Certificate No. 80998  
Date Filed 11-11-41

(Registrar's signature)

SEP 18 1941

655-131-033 439

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

For Year 1920-1921

County of MadisonCity of ArcherRegistration District No. 100File No. 80999No. StPrimary Registration District No. 2178Registered No. 226

Hospital

FULL NAME OF CHILD Robert Edward Weekes

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 31</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>Fredrick weekes</u>	FATHER
RESIDENCE <u>Archer</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Sunny Dell Ida.</u>	
OCCUPATION <u>laborer</u>	

FULL MAIDEN NAME <u>Arda G. McIntire</u>	MOTHER
RESIDENCE <u>Archer</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Lysman Ida.</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 8-45-a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret A. Briggs

(Physician or midwife)

Given names added from a supplemental report.

Address Thornton Rd. Ida.Filed 7-6-20 GEESPE

Registrar

Registrar





# STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

### AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Mason } ss.

Certificate No. 80999

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of

for \_\_\_\_\_ who Born May 31 1920 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Archer are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Robert Edward Weekes

Subscribed and sworn to before me this 20  
day of Sept, 1943

Signed: Veda Holbraith McIntire  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Payson Idaho

My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Mason } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20  
day of Sept, 1943

Signed: Henry Dietrich  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Payson

Payson Idaho  
(Street Address, City, State)

My commission expires Sept 5 - 1943  
(Seal)

OCT. 4 1943

OCT 9 1948



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

993-231-033-243

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Madison

City of Independence

Registration District No. 100

File No. 81000

No. \_\_\_\_\_ St.

Primary Registration District No. 2178

Registered No. 225

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>May 31st</u> <u>1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Joseph Ritter  
RESIDENCE Independence Idaho  
COLOR White AGE AT LAST BIRTHDAY 33  
(Years)  
BIRTHPLACE Culbertson Neb.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Lydia Butherus  
RESIDENCE Independence Idaho  
COLOR White AGE AT LAST BIRTHDAY 31  
(Years)  
BIRTHPLACE Russia  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born live On May 31st 1920 at 7:20 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

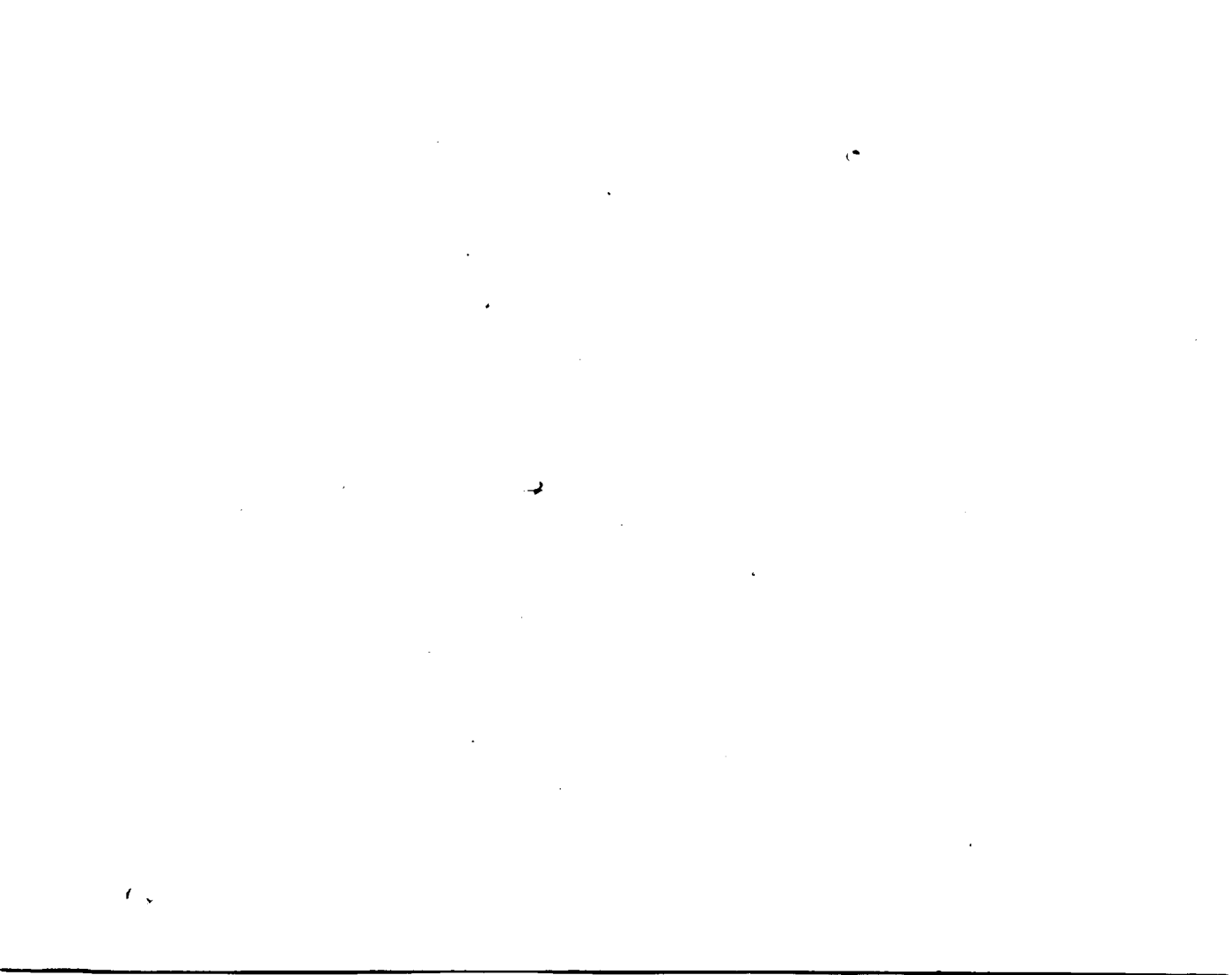
(Signature) Farley Nelson  
M.D.  
(Physician or ~~midwife~~\*)

Given names added from a supplemental report.

Address Rexburg Idaho  
Filed 7-6 1920

Registrar

Registrar



Amended 3-30-71

219-223-033-843  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of BurtonRegistration District No. 100 File No. 81001

No. \_\_\_\_\_ St.

Primary Registration District No. 2178 Registered No. 224

Hospital \_\_\_\_\_

FULL NAME OF CHILD SARAH ELLEN BARRATT

Sex of Child <u>Female</u>	Twin <u>Triplet</u> or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>May 23rd</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER James H. BarrettFULL MAIDEN NAME MOTHER Susan S. HutchisonRESIDENCE Burton IdahoRESIDENCE Burton IdahoCOLOR White AGE AT LAST BIRTHDAY 30  
(Years)COLOR White AGE AT LAST BIRTHDAY 36  
(Years)BIRTHPLACE American Fork UtahBIRTHPLACE Spanish Fork Utah.OCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born live On May 23rd 1920 2-22 i. m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.

(Physician or Midwife)

Given names added from a supplemental report.

Address Rexburg Idaho.Filed 7-6 19 20

Registrar

Registrar

RECEIVED  
OFFICE OF THE  
DIRECTOR OF THE  
FEDERAL BUREAU OF INVESTIGATION

MAR 16 1971

1057762

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

3-16-71

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of \_\_\_\_\_ } **RECEIVED**  
County of \_\_\_\_\_ } ss. **MAR 29 1971**  
Certificate No. **81001**  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts in the certificate of \_\_\_\_\_  
for **Unnamed Barrett** who was born **Birth**  
(Name on Original Certificate) (Was Born or Died) on **May 23, 1920**  
(Date of Event)  
in **Burton, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by **Certificate of Baptism** prepared on **May 18, 1930**, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name," "Birth Date," "Cause of Death," Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
childs name	omitted	<b>Sarah Ellen Barratt</b>
father's name	<b>Barrett</b>	<b>Barratt</b>

Subscribed and sworn to before me this **18** day of

**MARCH** 19 **71**

Signed **[Signature]**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at **[Signature]**  
My commission expires **Oct 19, 1972**  
(Seal)

**851 W 34th Lodi, Utah**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Utah** }  
County of **Utah** } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **18** day of

**MARCH** 19 **71**

Signed **Mrs. Arnel Hutchison**  
(Signature of Any Credible Person)

Notary Public, residing at **[Signature]**  
My commission expires **Oct 19, 1972**  
(Seal)

**45 W 34th American Fork Utah**  
(Street Address, City, State)



Utah Operator's License # 101066 dated May 23, 1966 gives name as Sarah Barratt Price who was born May 23, 1920. Social Security # 528 18 3186  
Viewed by V.S.

Own child's birth certificate, David Barratt Price, # 52-1501, State of Utah gives name of Mother as Sarah Ellen Barratt. Child born July 24, 1952.  
Viewed by V.S.

MAR 30 1971

MARGIN RESERVED FOR BINDING

275

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

519.216.033-449  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-25

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100

File No. 81003

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178

Registered No. 222

Hospital \_\_\_\_\_

FULL NAME OF CHILD Rhea Eardley

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>May 16</u> 19 <u>30</u> (Month) (Day) (Year)
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FULL NAME FATHER  
John Edward Eardley  
RESIDENCE Rexburg  
COLOR White AGE AT LAST BIRTHDAY 49 (Years)  
BIRTHPLACE Wyoming  
OCCUPATION Farmer

FULL MAIDEN NAME Maggie Muir  
RESIDENCE Rexburg  
COLOR White AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis J. Rich  
Physician  
(Physician or midwife)

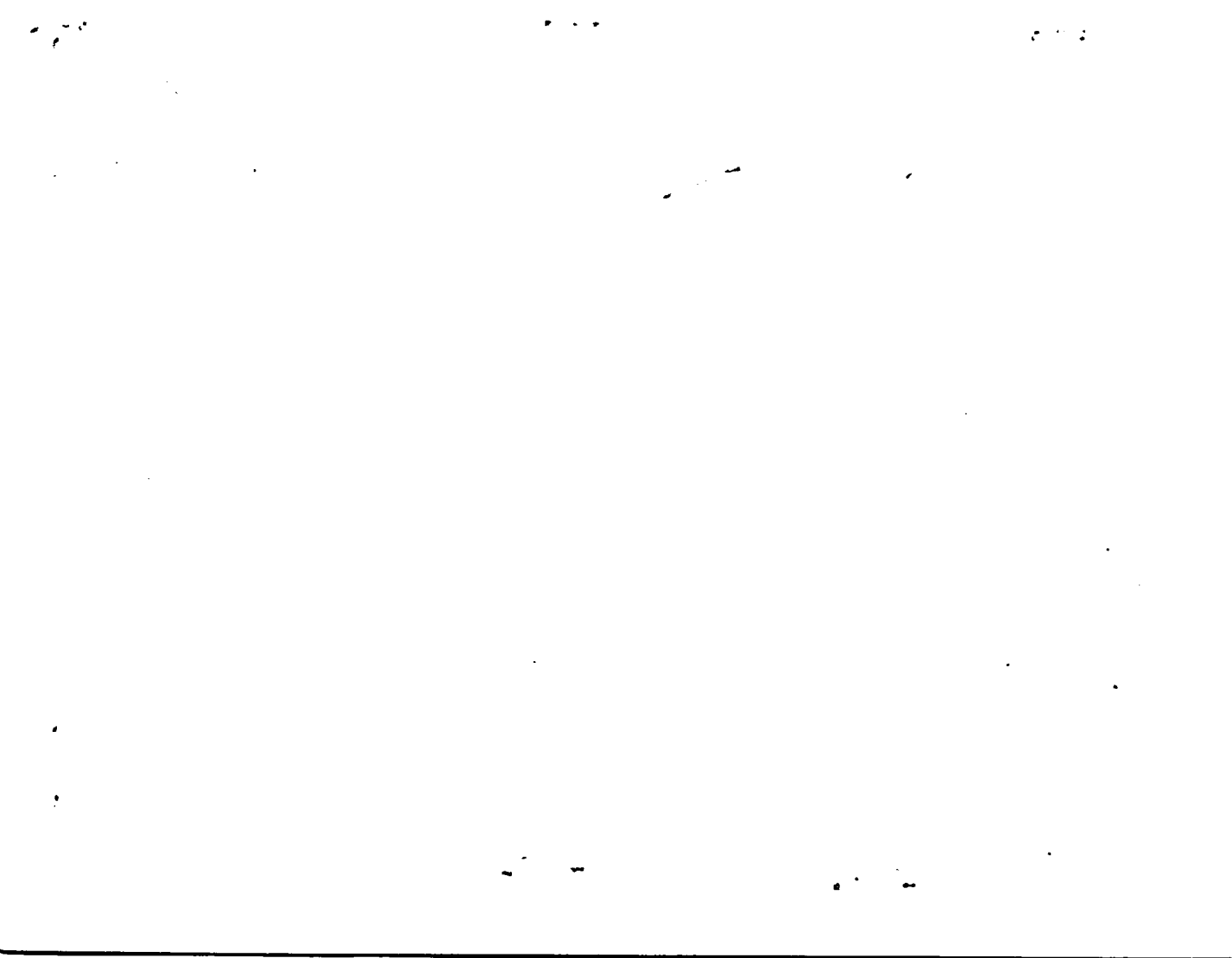
Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ 19 \_\_\_\_\_

Filed 7-6-30 19 30



Recommend for Baptism, January 30, 1955, St. Helens Ward, Columbia River Stake, St. Helens, Oregon gives full name as Rhea Eardley Powell, born May 16, 1920 at Rexburg, Idaho to Edward Eardley and IDAHO DEPARTMENT OF HEALTH  
Maggy Muir - Powell is married name viewed by V.S.  
BUREAU OF VITAL STATISTICS

### Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }  
County of ADA } ss. Certificate No. 81003  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Unnamed Eardley who was born on May 16, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by prepared on are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name of child Unnamed Eardley Rhea Eardley

Subscribed and sworn to before me this 11th day of  
July, 1964

Notary Public, residing at MPH, IDAHO  
My commission expires FEB 20, 1964  
(Seal)

Signed Rhea Eardley Lucas  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
173 Meridian IDAHO  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of ADA } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of  
July, 1964

Notary Public, residing at MPH, IDAHO  
My commission expires FEB 20, 1964  
(Seal)

Signed Rhea Eardley Lucas  
(Signature of Any Credible Person)  
173 Meridian IDAHO  
(Street Address, City, State)

JUL 19 1961

816-116.033-693

## PLACE OF BIRTH

County of \_\_\_\_\_

City of \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <i>Male</i>	Twin Triplet or other <i>One</i> and	Number in order of birth <i>—</i>	Legitimacy <i>yes</i>	Date of Birth <i>May 16 1920</i>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <i>W. W. Adams</i>	FATHER
RESIDENCE <i>Reverburg # 3</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE <i>Logan Utah</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Laura Williams</i>	MOTHER
RESIDENCE <i>Reverburg # 3</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE <i>Logan Utah</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Born alive*, at *S.P. M.* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. Parkinson*

(Physician or midwife)

Given names added from a supplemental report.

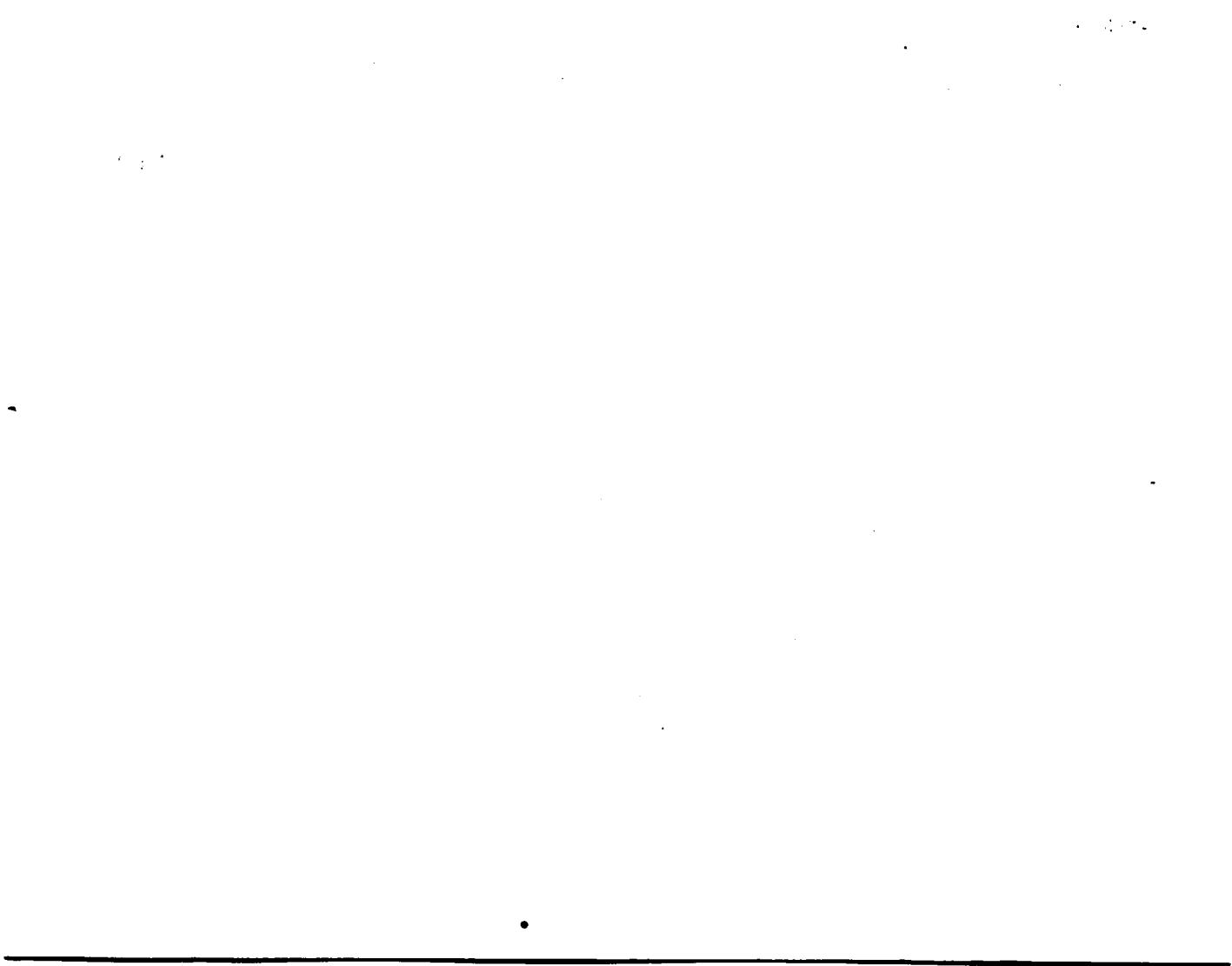
19

Address \_\_\_\_\_

Filed *7-6* 19 *20*

Registrar

Registrar *G. E. Espe*STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHRegistration District No. *100* File No. *81004*Primary Registration District No. *2178* Registered No. *221*



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

79-112,033-864

Form V. S. No. 11-C-25m-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of MADISON

City of REXBURG

Registration District No. 100

File No. 81005

No. \_\_\_\_\_ St.

Primary Registration District No. 2178 Registered No. 220

Hospital \_\_\_\_\_

FULL NAME OF CHILD DONALD YOUNG PRATT

Sex of Child <u>Male</u>	Twin <u>Not</u> Triplet <u>Not</u> and { } Number in order of birth _____ (To be answered only in event of plural births)	Legitimacy <u>Yes</u>	Date of Birth <u>5</u> <u>12</u> <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----------------------	--

FATHER  
FULL NAME J. M. Pratt  
RESIDENCE Rexburg, Ida  
COLOR White AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Bear Lake Utah  
OCCUPATION Employment & Tailor

MOTHER  
FULL MAIDEN NAME Myrtle Young  
RESIDENCE Rexburg, Idaho  
COLOR White AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Rexburg Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:30 P. M. on the date above stated.  
(Born alive or stillborn)

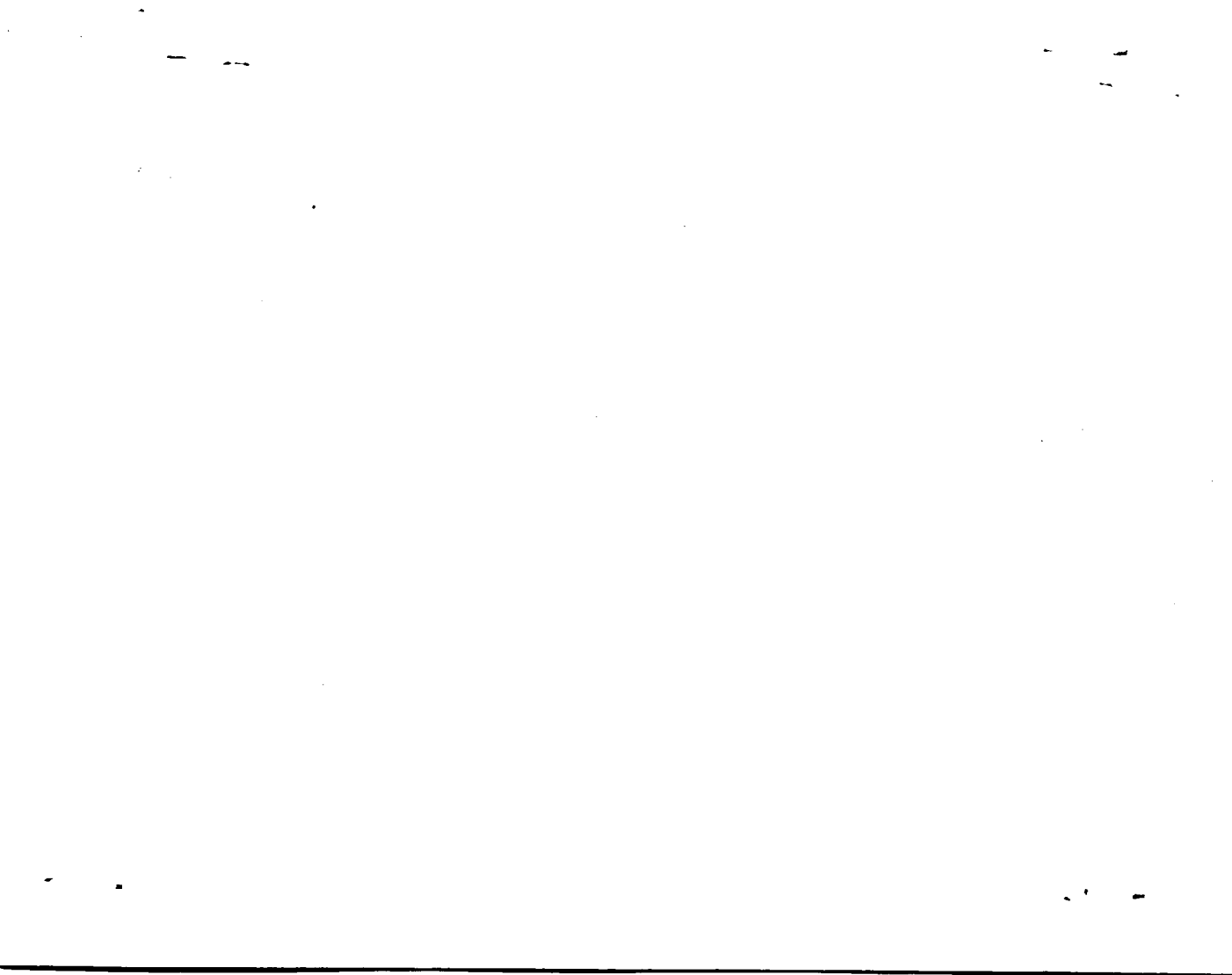
{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Dr. J. H. Harrison  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 7-6 20 G. H. Spe.  
Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Utah } ss. Certificate No. 81005  
County of Davis }  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Donald Young Pratt who born on May 12, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible record prepared on May 12, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name", "Birth Date", "Cause of Death", Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
<u>Name</u>	<u>Unnamed</u>	<u>Donald Young Pratt</u>
<u>Birthplace</u>	<u>not given</u>	<u>Rexburg, Idaho</u>

Subscribed and sworn to before me this 23rd  
day of April 1942  
Notary Public, residing at Idaho, Utah.  
My commission expires Nov. 7, 1942  
(Seal)

Signed Mrs. F. M. Pratt  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Clearfield, Utah.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
County of \_\_\_\_\_ } (See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

\_\_\_\_\_  
(Street Address, City, State)

1942

## PLACE OF BIRTH

667-211-933-993  
County of MadisonSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCity of ReplurgRegistration District No. 100File No. 81006

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 219

Hospital \_\_\_\_\_

FULL NAME OF CHILD

JUNE MARIE FOGG

Sex of Child <u>Female</u>	<u>One</u> { and { Number in order of birth — (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>5</u> <u>11</u> <u>20</u> (Month) (Day) (Year)
----------------------------	--	-------------------------	--

FULL NAME <u>M. M. Fogg</u>	FATHER
RESIDENCE <u>Rexburg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Logan Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Josephine Ricks</u>	MOTHER
RESIDENCE <u>Rexburg Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Logan Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>9</u>	Number of children of this mother now living, including present birth <u>9</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 12:30 M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

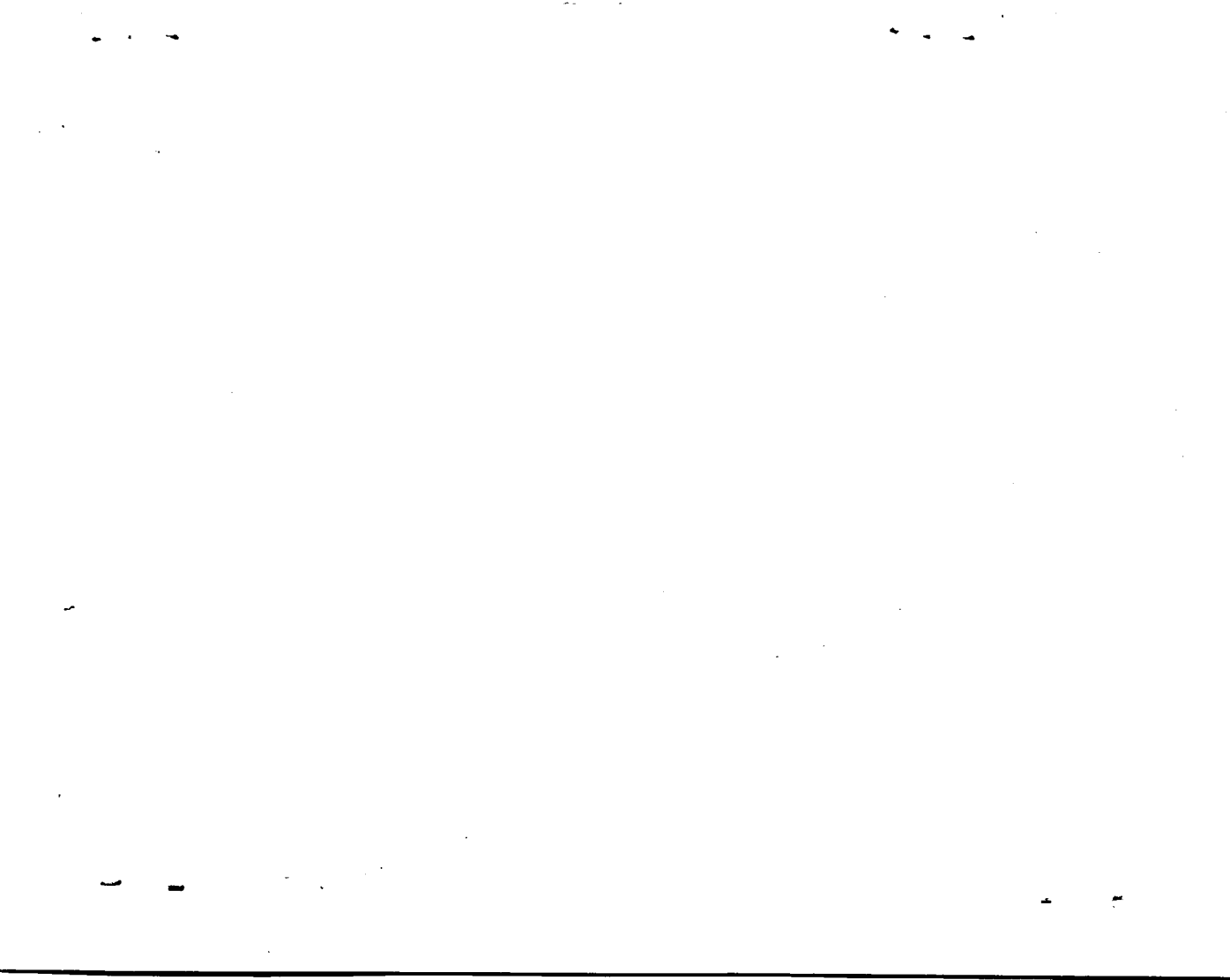
7-6 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }  
County of Los Angeles } ss. JAN 11  
Certificate No. 81006  
Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of birth  
for June Marie Fogg who was born on May 11th, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Rexburg Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by                      prepared on                     , are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
Name Unnamed Fogg June Marie Fogg

Subscribed and sworn to before me this 10th  
day of January, 19 42  
Robert M. Mink

Notary Public, residing at Long Beach Calif.  
My commission expires Dec. 14th, 1944  
(SEAL)

Signed William O. Foggather  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
823 Cedar, Burbank Calif.  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }  
County of Los Angeles } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th  
day of January, 19 42  
Robert M. Mink

Signed George A. Wickstrom  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Long Beach Calif. 50 Belmont, Long Beach Calif.  
My commission expires Dec. 14th, 1944  
(SEAL) (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 14 By                       
(REGISTRAR'S SIGNATURE)

FEB 19 1956

813-109-033-693

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of Rexburg Registration District No. 100 File No. 81007No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. 2178 Registered No. 218

Hospital \_\_\_\_\_

FULL NAME OF CHILD Wilson HalesSex of Child Male Twin only and { Number in order of birth \_\_\_\_\_ } Legiti mate? yes Date of Birth 5 9 20  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	<u>W. B. Hales</u>	FULL MAIDEN NAME	<u>Bell Nilsson</u>
RESIDENCE	<u>Rexburg Ida.</u>	RESIDENCE	<u>Rexburg Ida.</u>
COLOR	<u>White</u>	COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>26</u> (Years)	AGE AT LAST BIRTHDAY	<u>26</u> (Years)
BIRTHPLACE	<u>Spanish Fork Utah</u>	BIRTHPLACE	<u>Midway Utah</u>
OCCUPATION	<u>Teacher</u>	OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Harrison  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 7-6 1920 G. H. Harrison

Registrar

Registrar



**MAY 29 1968**

869.207-033-314

PLACE OF BIRTH

amend 3-24-82

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of ThorntonRegistration District No. 100 File No. 81008

No. \_\_\_\_\_ St.

Primary Registration District No. 2178 Registered No. 217

Hospital \_\_\_\_\_

FULL NAME OF CHILD Lois Evelyn Horne

Sex of Child <u>Female</u>	<u>Female</u> or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? Yes	Date of Birth <u>May 7</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------	-----------------	---

FULL NAME <u>Karl A. Horne</u>	FATHER
RESIDENCE <u>Thornton Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Merinda S. Lauridsen</u>	MOTHER
RESIDENCE <u>Thornton Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Mt. Pelier Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive On May 8, 1920, at 10-30 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. D.  
(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address

Rexburg Idaho

Filed

7-6 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

10-19-81

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

NOV 9 1981

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

Bureau of Vital Statistics

Certificate No. 81008

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Horne who was born on 5-8-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Thornton (Madison) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs name	Unnamed	Lois Evelyn Horne
childs date of birth	5-8-20	5-7-20
mothers maiden name	Marinda L Lauredsen	Merinda S Lauridsen

Subscribed and sworn to before me this 1st day of November, 19 81.Notary Public, Carol NuminResiding at BinghamMy commission expires lifetime

(Seal)

Lois Evelyn Horne Freeman  
Signature of Applicant  
R#1 Box 313 Rexburg Idaho  
Street Address, City, State 83440

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Bingham }(Must be completed   )(Is not necessary   )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day ofNovember, 19 81.Notary Public, Carol NuminResiding at BinghamMy commission expires lifetime

(Seal)

1 cc pd

Paul A Horn  
Supporting Signature  
Rexburg P. I. Idaho  
Street Address, City, State

Cert. of Birth from State of Idaho gives Nancy Dawn Freeman born 10-24-50 in Rigby to Don S Freeman and LOIS EVELYN HORNE. Mothers birth date is 5-7-20 in Thornton. Viewed by V.S.

**MAR 24 1982**

Family Record gives Lois Evelyn Horne born 5-7-20 at Thornton to Albert Karl Horne and Merinda Sylvania Lauridsen. Lois married June 24, 1940 to Don Sylvan Freeman. Viewed by V.S.

Birth Certificate for Dorothy Mae Horne state file # 102602 gives birth date as 5-20-22 in Madison County. Gives mothers name as Merinda Lauridsen.

155-224-034-696  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Minidoka.City of Heyburn.Registration District No. 19File No. 81009

No. \_\_\_\_\_ St.

Primary Registration District No. 2013 Registered No. 125-

Hospital \_\_\_\_\_

FULL NAME OF CHILD Catherine Jensen.

Sex of Child <u>Female.</u>	<u>Twin</u> Triplet --- { and { or other? (To be answered only in event of plural births)	Number in order of birth of birth ----	Legitimate? <u>Yes.</u>	Date of Birth <u>June 24, 1920.</u> (Month) (Day) (Year)
-----------------------------	--	--	-------------------------	---

FULL NAME FATHER  
Isaac H. Jensen.FULL MAIDEN NAME MOTHER  
Vera M. Frost.RESIDENCE  
Heyburn.RESIDENCE  
Heyburn.COLOR White. AGE AT LAST BIRTHDAY 26.  
(Years)COLOR White. AGE AT LAST BIRTHDAY 22.  
(Years)BIRTHPLACE  
West Jordan, Utah.BIRTHPLACE  
Sapete County, Utah.OCCUPATION  
Plumber.OCCUPATION  
Housewife.Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive 6.45 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. V. Barber

(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Idaho.Filed 7-2-20

Registrar

Registrar E. H. Elmore



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MinidokaCity of RupertRegistration District No. 19File No. 81010

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Elizabeth Grene Burnett Primary Registration District No. 2015 Registered No. 126FULL NAME OF CHILD Elizabeth Grene Burnett

Sex of Child <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>6 30 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER William BurnettFULL MAIDEN NAME MOTHER Lara FlowersRESIDENCE RupertRESIDENCE RupertCOLOR White AGE AT LAST BIRTHDAY 27  
(Years)COLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE MoBIRTHPLACE ArkOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Born alive, at 12:05 A.M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kema

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 7-2 1920Registrar E. E. Moore

Registrar \_\_\_\_\_



MAR 11 1974

**YEAR: 1920**

**FILE # 81011**

**IDAHO BIRTH CERTIFICATE**

**VOID VOID VOID**

**SEE 1920-81011 A & B TWINS**

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

995-129-034-239

PLACE OF BIRTH  
995-229-034-239

County of Minidoka

City of Reper

Registration District No. 19

File No. 81011

No. \_\_\_\_\_ St.

Primary Registration District No. 2015 Registered No. 127

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Boy</u> <u>girl</u>	Twin Triplet or other? (To be answered only in event of	and }	Number in order of birth <u>2</u> <u>girl</u> (Twin births)	Legiti mate? <u>yes</u>	Date of Birth <u>6</u> <u>29</u> <u>1930</u> (Month) (Day) (Year)
--	--	-------	--	----------------------------	---

FATHER  
FULL NAME Fred Ringe  
RESIDENCE Reper  
COLOR White AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Germany  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Minnie Klingebail  
RESIDENCE Reper  
COLOR White AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE Germany  
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 4 30 M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Joe R. Roney  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 7-2 1930

Registrar

Registrar

Z-TWINS A+B

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

995-129-034-239

PLACE OF BIRTH

995-229-034-239

County of MinidokaCity of ReperRegistration District No. 19

File No.

81011

No. \_\_\_\_\_ St.

Primary Registration District No. 2015 Registered No. 127

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of  
ChildBoy  
girlTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth37  
girl  
(To be answered only in event of  
tural births)Legiti  
mate?yesDate of  
Birth6 29 1930  
(Month) (Day) (Year)FULL  
NAMEFred Ringe

FATHER

RESIDENCE

Reper

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Germany

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMinnie Klingebail

MOTHER

RESIDENCE

Reper

COLOR

WhiteAGE AT LAST  
BIRTHDAY40  
(Years)

BIRTHPLACE

Germany

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 4 30 M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Joe R. Roney  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed

7-21930Ettehuore

Registrar

Registrar

Z-TWINS A+B

291-113-03X-352

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MissidokaCity of BoysertRegistration District No. 19File No. 81012

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 128

Hospital \_\_\_\_\_

FULL NAME OF CHILD DELBERT EARL BRANSON

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>6 13 1920</u> (Month) (Day) (Year)
-------------------------	---	-----	---	----------------------------	---

FULL NAME Earl Branson FATHERFULL MAIDEN NAME Clara Leet MOTHER

RESIDENCE

RESIDENCE

COLOR WhiteAGE AT LAST  
BIRTHDAY 33  
(Years)COLOR WhiteAGE AT LAST  
BIRTHDAY 33  
(Years)BIRTHPLACE S DakBIRTHPLACE IowaOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 p. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Keagay

(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

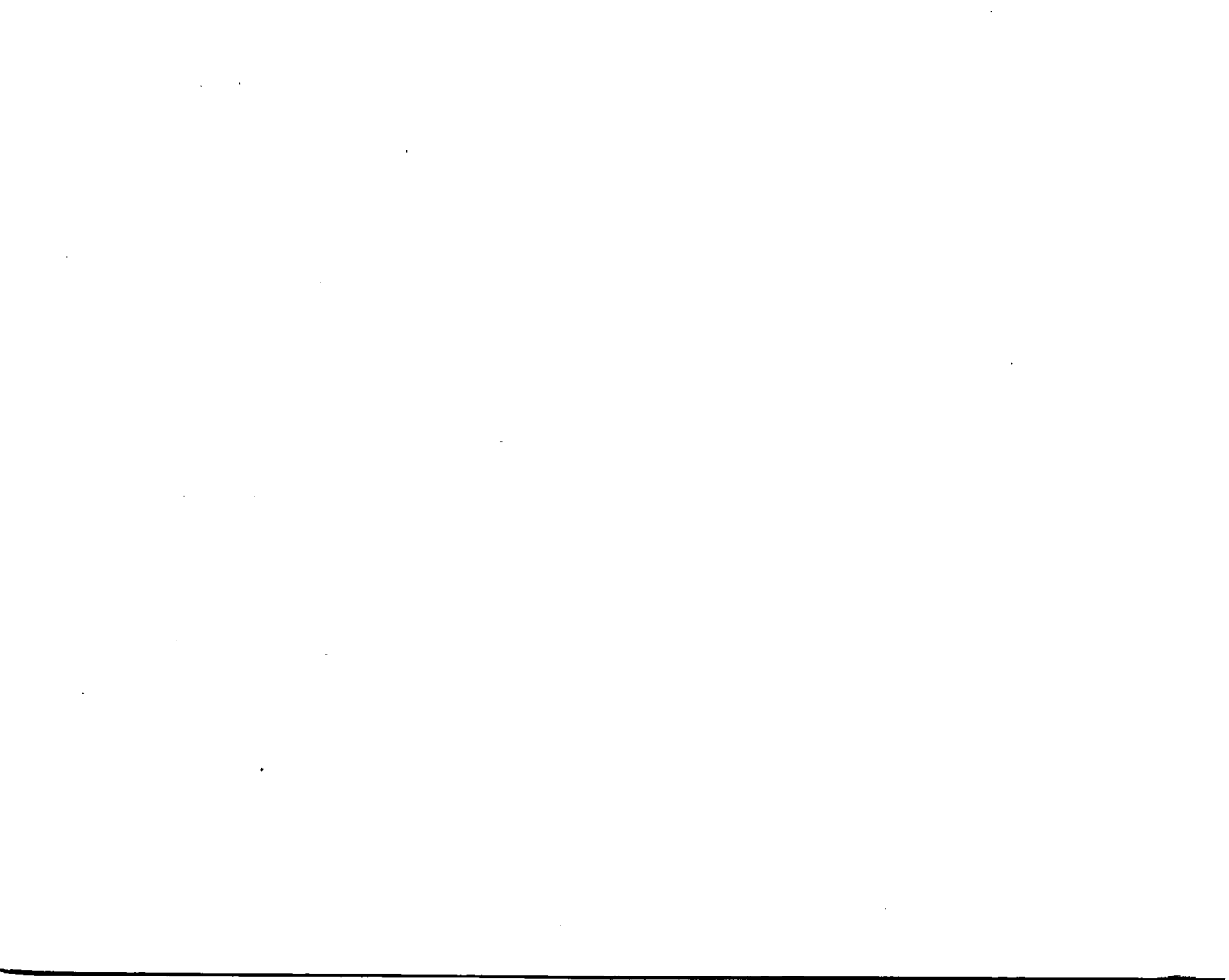
Filed 7-2-20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





343.213-034-165

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Minidoka

City of  Rupert

Registration District No.  19

File No.  81013

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No.  2016

Registered No.  128

Hospital \_\_\_\_\_

FULL NAME OF CHILD  Mildred Alice Culley

Sex of Child <u> girl </u>	Twin Triplet or other? <u> (To be answered only in event of plural births) </u>	and {	Number in order of birth <u> </u>	Legiti mate? <u> yes </u>	Date of Birth <u> 6 13 1920 </u> (Month) (Day) (Year)
----------------------------	---	-------	-----------------------------------	---------------------------	--

FULL NAME FATHER  J E Culley

FULL MAIDEN NAME MOTHER  Grace Jones

RESIDENCE  Rupert

RESIDENCE  Rupert

COLOR  White  AGE AT LAST BIRTHDAY  28   
(Years)

COLOR  White  AGE AT LAST BIRTHDAY  32   
(Years)

BIRTHPLACE  Ill

BIRTHPLACE  Ill

OCCUPATION  Farmer

OCCUPATION  Housewife

Number of child of this mother, including present birth  3  Number of children of this mother now living, including present birth  3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  Born alive , at  4:30 PM  on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)  J B Keagy   
 Physician   
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed  7-2 1920

E H Moore   
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1942

Amended 9-11-56

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

419-212-034-993  
County of *Minnesota*STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCity of *Boise*Registration District No. *19*File No. *81014*

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. *2015*Registered No. *130*

Hospital \_\_\_\_\_

FULL NAME OF CHILD

June Florence Ottelia Maier

Sex of Child

*girl*Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?*yes*Date of  
Birth*6 12 1920*  
(Month) (Day) (Year)FULL  
NAME*John Maier*

FATHER

RESIDENCE

*Boise*

COLOR

*White*AGE AT LAST  
BIRTHDAY*22*

(Years)

BIRTHPLACE

*Russia*

OCCUPATION

*Laborer*FULL  
MAIDEN  
NAME*Barrie Riskart*

MOTHER

RESIDENCE

*Boise*

COLOR

*White*AGE AT LAST  
BIRTHDAY*18*

(Years)

BIRTHPLACE

*Ill.*

OCCUPATION

*Housewife*Number of child of this mother, including present birth *2*Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive*, at *1:45 P.M.*  
on the date above stated. (Born alive or stillborn){ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

*J. B. Kanagy*

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

*7-2*19*20**E. D. Elmore*

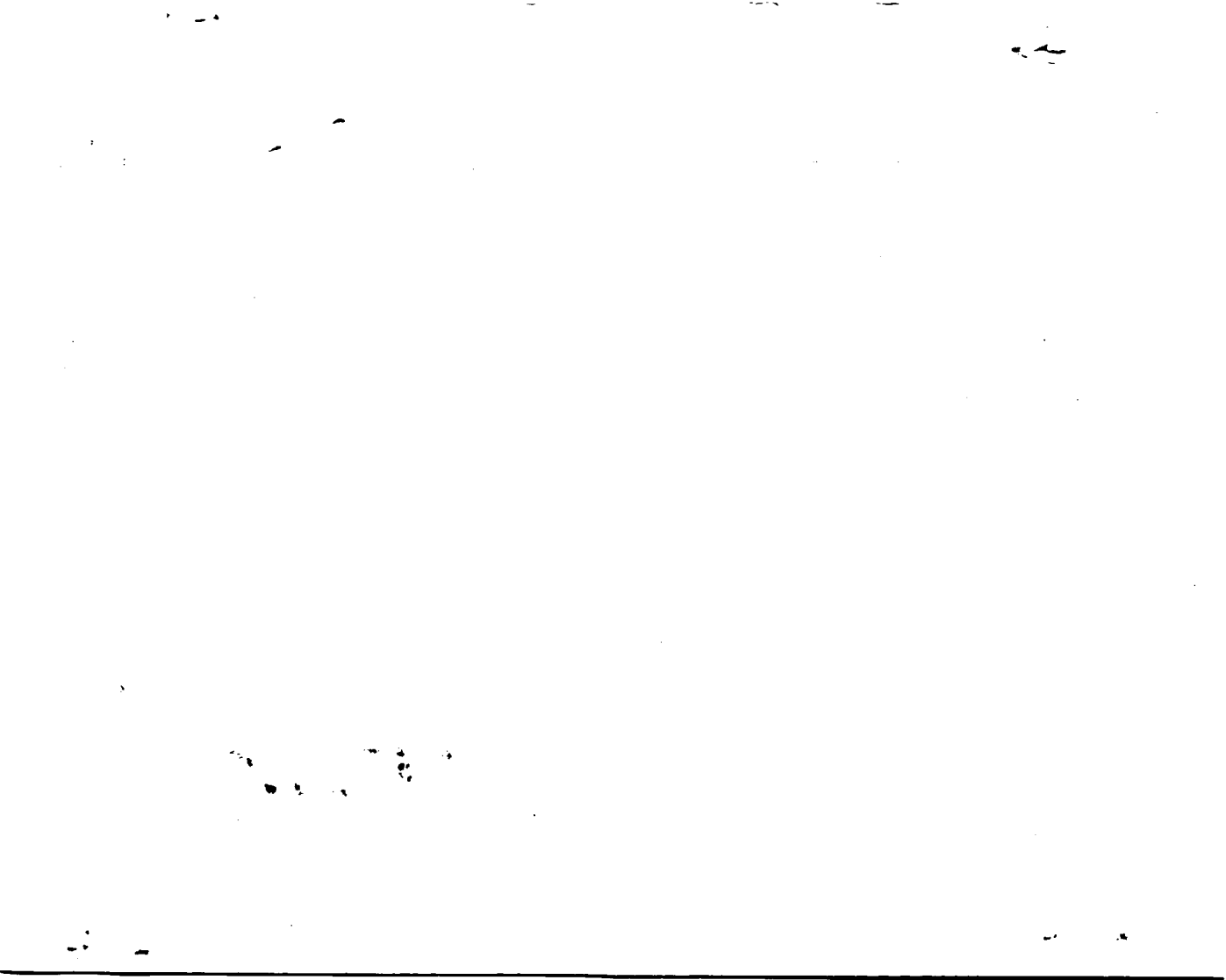
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Minidoka } ss. Certificate No. 81014  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Missing who was born on 6-12-20 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rupert are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Child's School Record prepared on Aug. 24, 1956  
Doctor's Affidavit (Bible Record, Insurance Policy, Etc.) Aug. 30, 1956 Viewed by Vital (Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) Statistics (The Correct Facts)

Child's Name Missing June Florence Ottelia Maier

Subscribed and sworn to before me this 10th day of  
September, 1956

Signed Caroline O. Maier Mother  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Rt. 2, Rupert, Idaho  
(Street Address, City, State)

Notary Public, residing at Rupert, Idaho  
My commission expires 3/3/58  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Minidoka } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of  
September, 1956

Signed [Signature]  
(Signature of Any Credible Person)

Notary Public, residing at Rupert, Idaho  
My commission expires 1/16/60  
(Seal)

Rupert, Idaho  
(Street Address, City, State)

SEP 12 1956

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

693-105-034-663

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Minidoka

City of Reupert

Registration District No. 19 File No. 81015

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2015 Registered No. 131

FULL NAME OF CHILD Clarence Folsom Willford

Sex of Child <u>Boy</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>6</u> <u>5</u> <u>1920</u> (Month) (Day) (Year)
-------------------------	---	-----------	--------------------------------	------------------------	---

FATHER  
FULL NAME Leo Willford  
RESIDENCE Reupert  
COLOR White AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Wyo  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Edna Folsom  
RESIDENCE Reupert  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 p. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. B. Knappey  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

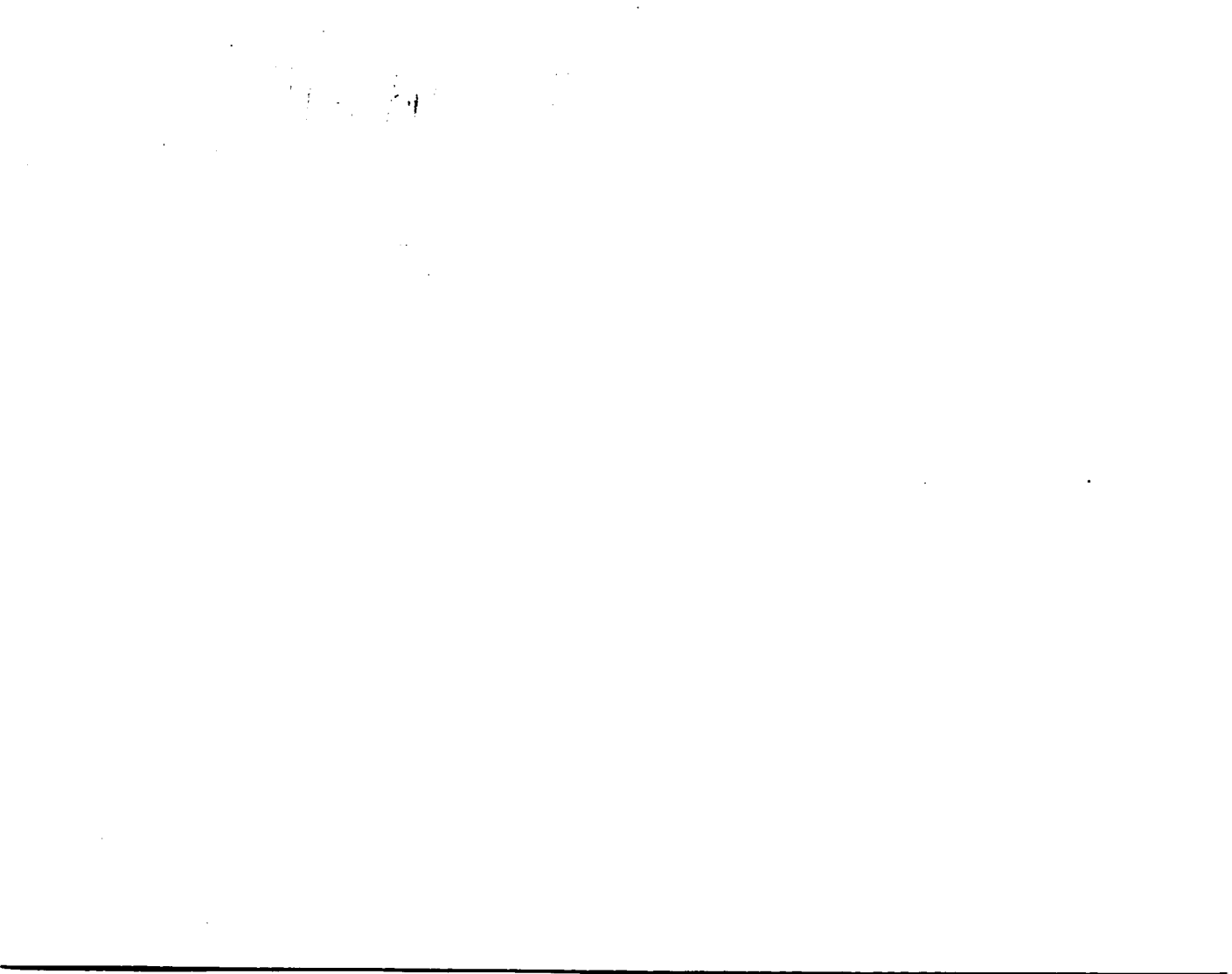
19. \_\_\_\_\_

Registrar

Address \_\_\_\_\_

Filed 7-2 1920 Edna

Registrar





367215-034-389

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MinidokaCity of BufertRegistration District No. 19File No. 81016

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 132

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>6-15-20</u> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	--------------------------------	------------------------	--

FULL NAME <u>Byman Roy Cox</u>	FATHER
RESIDENCE <u>Bufert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>laborer</u>	

FULL MAIDEN NAME <u>Anna Dora Christensen</u>	MOTHER
RESIDENCE <u>Bufert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Alive, at 5:20 a.m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Elmore

(Physician or midwife)

Given names added from a supplemental report.

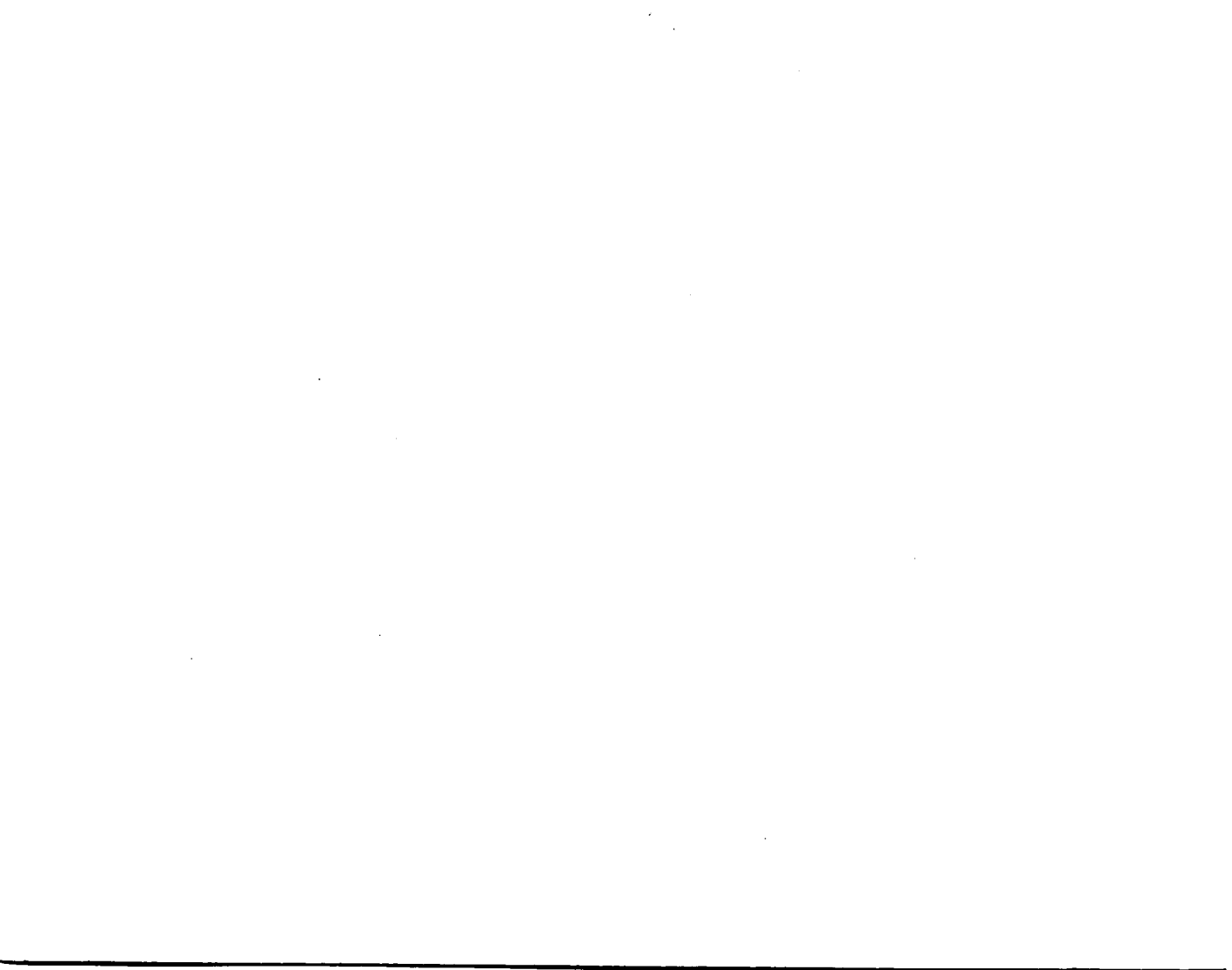
19

Address BufertFiled 6-15-20Registrar E. E. Elmore

Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



693123-034-335  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-1-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81017

County of MinidokaCity of RupertRegistration District No. 19 File No. 133

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2015 Registered No. 133

FULL NAME OF CHILD

Floyd Martin Williams

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>6 - 23 - 20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	----------------------------	---

FULL NAME FATHER  
Neal Lee Williams

RESIDENCE

RupertCOLOR White AGE AT LAST  
BIRTHDAY 25  
(Years)

BIRTHPLACE

mo

OCCUPATION

LaborerFULL NAME MOTHER  
Hazel Ann Clevenger

RESIDENCE

RupertCOLOR White AGE AT LAST  
BIRTHDAY 20  
(Years)

BIRTHPLACE

mo

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 2 45 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Ed. Elmore  
MD.  
(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

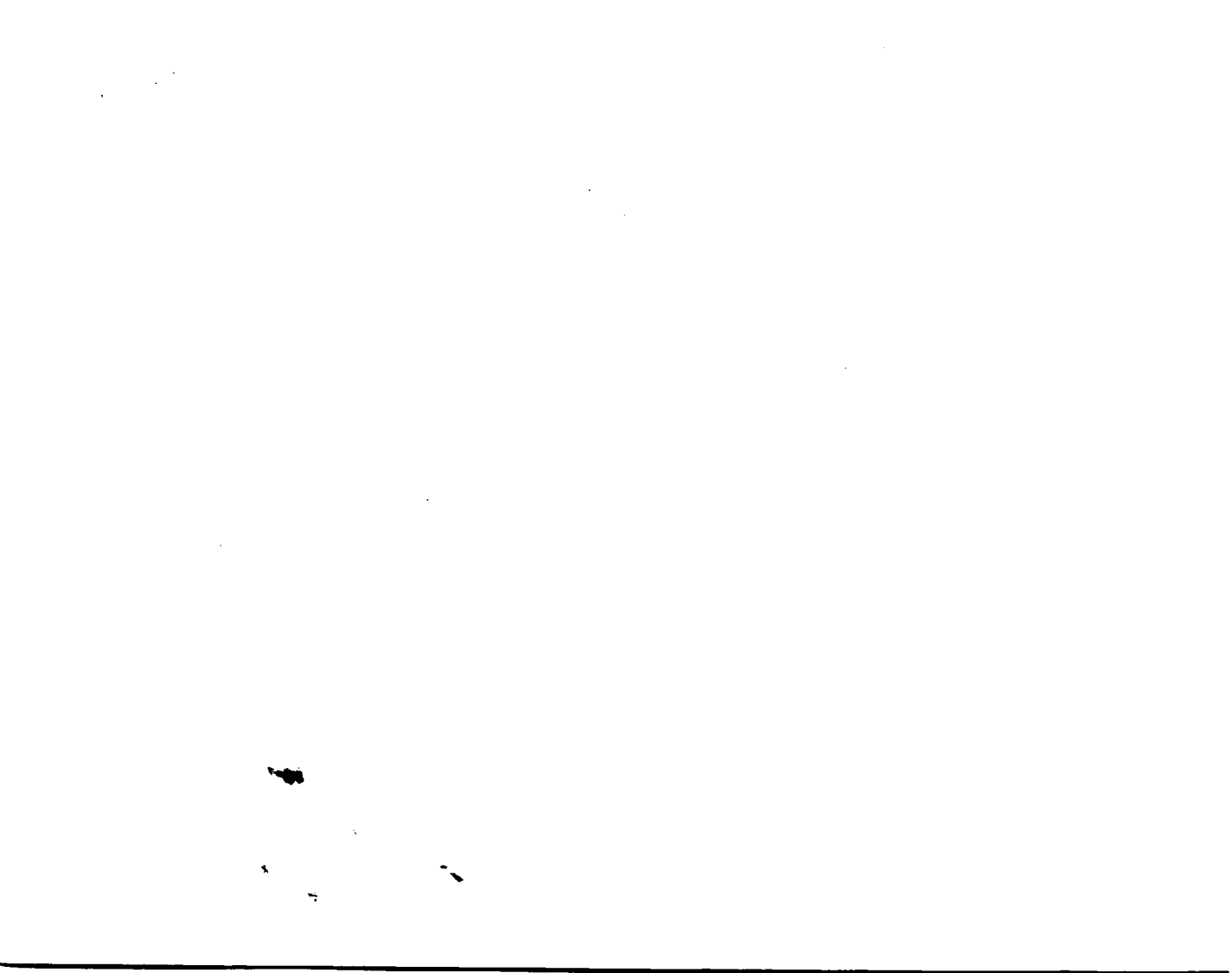
Address RupertFiled 6 - 26 - 22 Ed. Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



8934 24-034-669

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MinidokaCity of RupertRegistration District No. 19File No. 81018

No. \_\_\_\_\_ St.

Primary Registration District No. 2013Registered No. 134

Hospital \_\_\_\_\_

FULL NAME OF CHILD Lamar Elwood Hickenlooper

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>6 - 26</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Merle H. HickenlooperRESIDENCE RupertCOLOR whiteAGE AT LAST  
BIRTHDAY 24  
(Years)BIRTHPLACE UtahOCCUPATION laborerFULL MAIDEN NAME MOTHER Eveline WorkmanRESIDENCE RupertCOLOR whiteAGE AT LAST  
BIRTHDAY 20  
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive, at 8:55 a.m.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) E. E. Elmore  
m.d.

(Physician or midwife)

Given names added from a supplemental report.

Address RupertFiled 6 - 27 1920 E. E. Elmore

Registrar

Registrar

MAY 12 1972

AUG 28 1945

SEP 5 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

666-201-034-713

## PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

Maxine Woods

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of  
Child

Female

Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

July 1st 20

(Month)

(Day)

(Year)

FULL  
NAME

Frederick Edwin Woods

FULL  
MAIDEN  
NAME

Edna Viola Callaway

RESIDENCE

Rupert

RESIDENCE

Rupert

COLOR

White

AGE AT LAST  
BIRTHDAY26  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY2  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Cool/Cell Proprietor

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

 Alive  
(Born alive or stillborn)

2457, M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

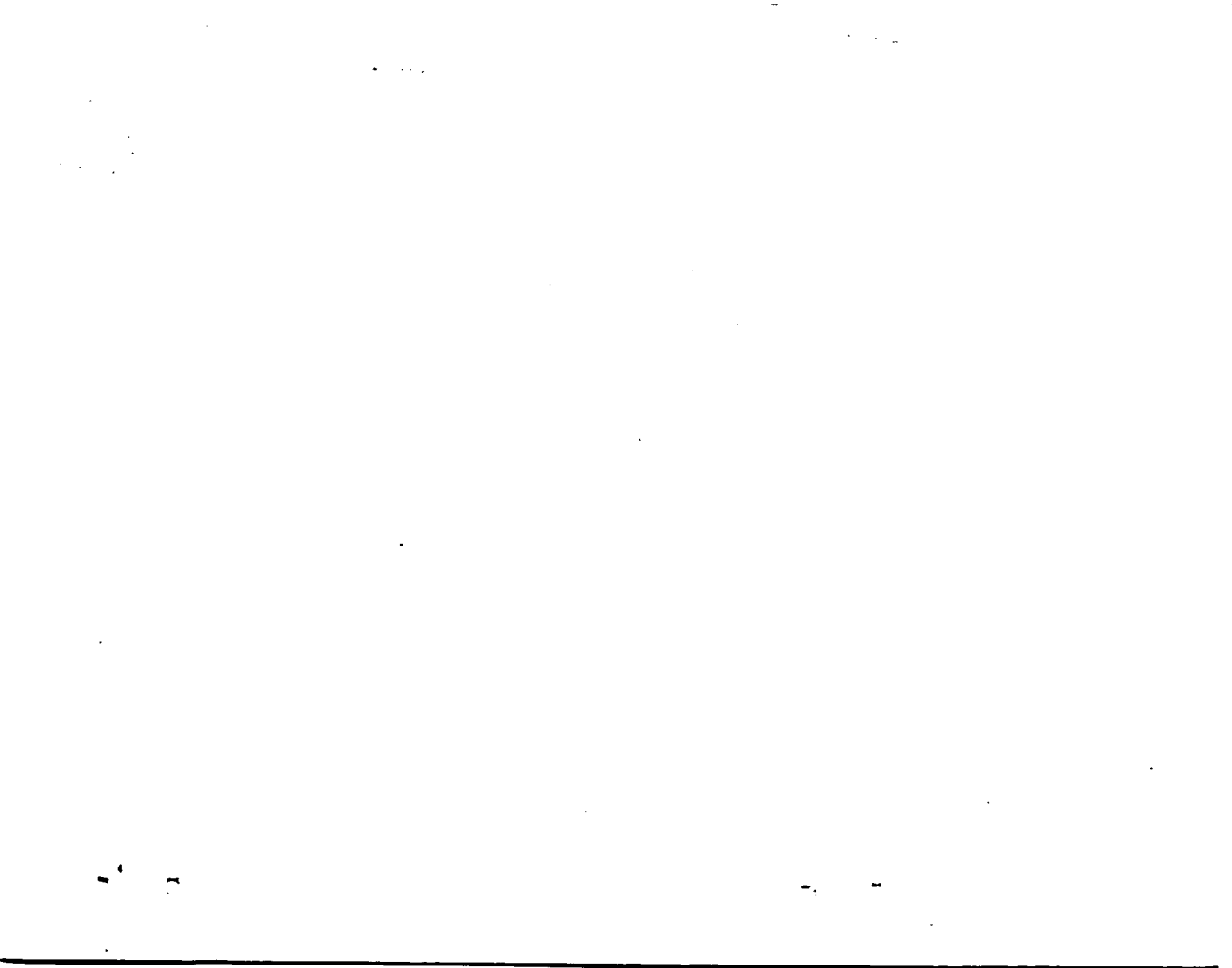
19

Address

Filed

Registrar

Registrar





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

RECEIVED  
BUREAU OF  
VITAL STATISTICS

Certificate No. 81019

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Unnamed Wood who was born (Birth or Death)  
in Report (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name  
Surname

Unnamed  
Wood

Maxine Woods  
Woods

Subscribed and sworn to before me this August  
day of 17, 1966

Signed \_\_\_\_\_

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Notary Public, residing at Gucamonga CA.

My commission expires January 25, 1978

OFFICIAL SEAL

Adelina D. Juarez - Notary (Street Address, City, State)

**ADELINA D. JUAREZ** REPORTING AFFIDAVIT OF A SECOND PERSON

NOTARY PUBLIC - CALIFORNIA

PRINCIPAL OFFICE IN

SAN BERNARDINO COUNTY

} ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_

(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

(Street Address, City, State)

Certif of Live brith from California gives child's name as Nancy Susan Noreen  
born Sept 13, 1957. father's name as Lester Henery Noreen and mother's name  
as Maxine Woods. File No. 45240. 7071. viewed by V S

OCT 12 1976

Certif of Death from California gives name as Fredrick Edwin Woods born 10-26-1893.  
died Aug 5, 1954. certif No 1262. viewed by V. S.

Marriage certificate-Personal Statisticsal Particulars gives name as Lester Henry  
Noreen and Maxine Woods. dated May 16, 1942. from California. viewed by V. S.

459 223-234-219  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MinidokaCity of RupertRegistration District No. 19 File No. 81020

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 136

Hospital \_\_\_\_\_

FULL NAME OF CHILD Olive Bernier Merrill

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>June 23</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-------	--------------------------------	-------------------------	---

FULL NAME <u>Leo Emil Merrill</u>	FATHER
RESIDENCE <u>Rupert, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Laura Ellen Bailey</u>	MOTHER
RESIDENCE <u>Rupert, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leona Frazier, M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Rupert Ida  
Filed 7-2-20 E. H. Emerson  
Registrar

Registrar

JUL 12 1968

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

249-111-034-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

Registration District No. 19

File No. 81021

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 137

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ralph M. Smith

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 11</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>F. E. Smith</u>	FATHER
RESIDENCE <u>Paul Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY _____ (Years)
BIRTHPLACE <u>Texas</u>	
OCCUPATION <u>Lumberman</u>	

FULL MAIDEN NAME <u>Pearl Bailey</u>	MOTHER
RESIDENCE <u>Paul Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Wash.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M. D.

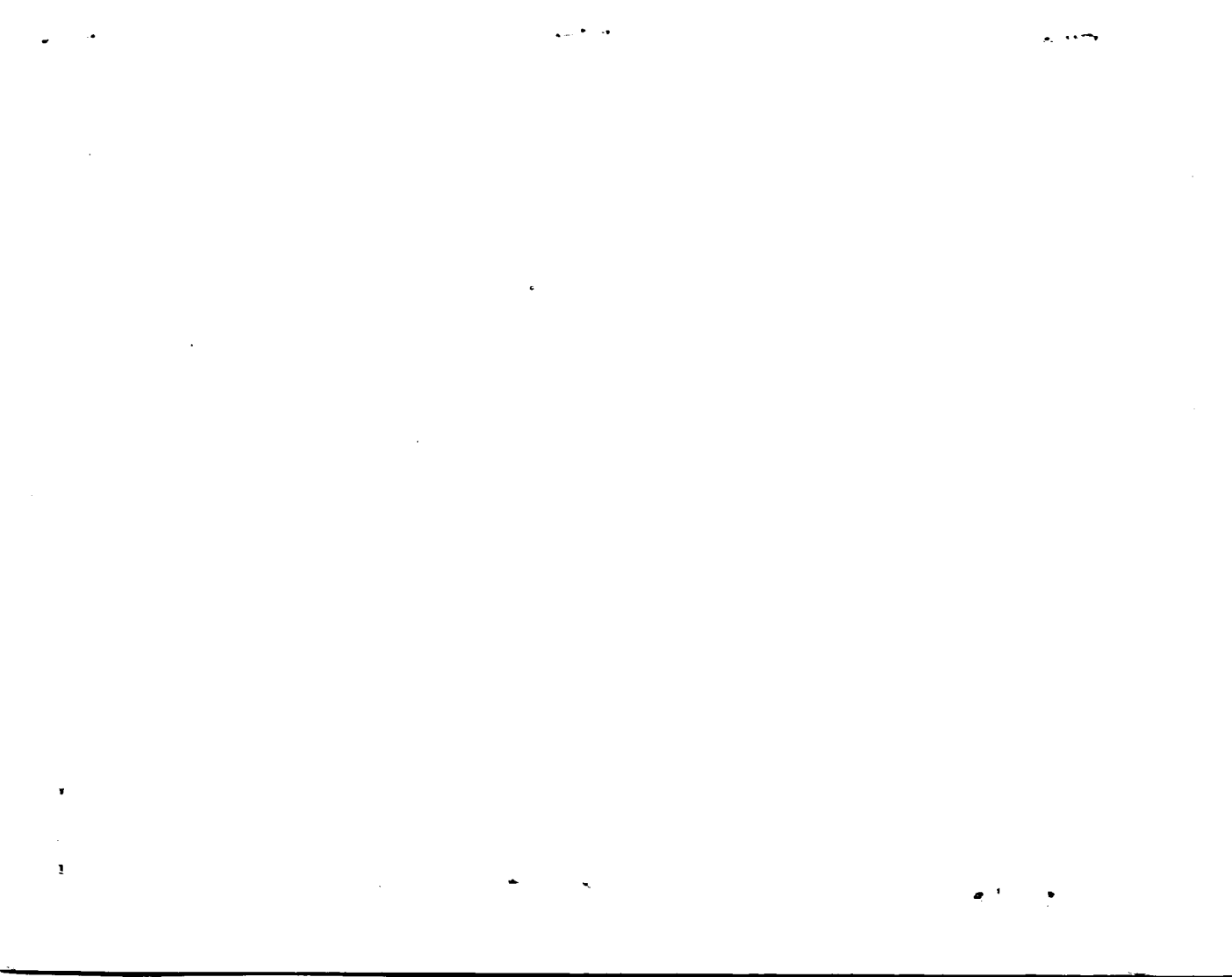
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.

Filed 7-5-20 Ed Ehman  
Registrar

Registrar



Military Record, U.S. Army, Honorable Discharge, dated Sept. 22, 1945 gives full name as Ralph M Smith, born May 11, 1920 at Paul, Idaho - viewed by V.S.

Cert. Copy of Own Child's Birth Cert., State of California, child born Jan. 3, 1947 at Woodland, California gives full name of father as Ralph Moore Smith, age 26, born in Idaho - cert. copy issued Jan. 28, 1963. - viewed by V.S.

Photo Copy of Benevolent and Protective Order of Elks, Membership Record, 1954-1963 gives full name as Ralph M. Smith, born May 11, 1920 at Paul, Idaho - No. 1854 - viewed by V.S.

STATE OF CALIFORNIA

County of Butte

ss

**AFFIDAVIT**

**FLETCHER E. SMITH and PEARL BAILEY SMITH, husband and wife, being first duly sworn, each for himself and herself, deposes and says:**

**The undersigned are the parents of RALPH M. SMITH, who was born at Paul, Minadoca County, Idaho, on May 11, 1920.**

**Subscribed and sworn to before me this 24th day of January, 1963**

*Matthew E. Marsh*  
**Matthew E. Marsh**

**Notary Public in and for said County and State**

JAN 30 1963



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-103-03K-449

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Minidoka

City of Rupert

Registration District No. 19

File No. 81022

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2015 Registered No. 138

FULL NAME OF CHILD Edwin Reed Corbui

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 3</u> <u>20</u>
(To be answered only in event of plural births)				(Monthly)	(Day) (Year)

FATHER  
FULL NAME Edwin Reed Corbui

RESIDENCE Hazelton

COLOR white AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE M. Y.

OCCUPATION Garage Manager

MOTHER  
FULL MAIDEN NAME Evelyn Munn

RESIDENCE Hazelton

COLOR white AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother including present birth \_\_\_\_\_ Number of children of this mother now living including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Rupert  
Filed 7-8-20 E. H. Elmore  
Registrar

Registrar

JUL 8 1965

FEB 14 1944

492-103-034-243

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MinidokaCity of MinidokaRegistration District No. 19File No. 81023No. Rupert St.Primary Registration District No. 2015 2201Registered No. 139Hospital 

FULL NAME OF CHILD

Sex of Child <u>male</u>	Twin Triplet or other? <u></u>	and	Number in order of birth <u></u>	Legitimate? <u>yes</u>	Date of Birth <u>7 3 20</u> (Month) (Day) (Year)
--------------------------	--------------------------------	-----	----------------------------------	------------------------	---

FULL NAME <u>Benny Hittle</u>	FATHER	FULL MAIDEN NAME <u>Belle Rutler</u>	MOTHER
RESIDENCE <u>Minidoka</u>		RESIDENCE <u>Minidoka</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>min.</u>		BIRTHPLACE <u>min.</u>	
OCCUPATION <u>U.S.R.S.</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at O.A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Brown  
M. J.  
(Physician or midwife)

Given names added from a supplemental report.

Address Rupert Ida.Filed 7-8 1920 E. J. Brown

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DIBBLE

Dup of 1920-316771

763216-034-239

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MinidokaCity of RupertRegistration District No. 19File No. 81024

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2013 Registered No. 140

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Kathryn Donarose Pollard

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>6 16 20</u> (Month) (Day) (Year)
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FULL NAME FATHER James T PollardRESIDENCE RupertCOLOR white AGE AT LAST BIRTHDAY 34  
(Years)BIRTHPLACE IowaOCCUPATION auto mechanicFULL MAIDEN NAME MOTHER Ethel EltraitRESIDENCE RupertCOLOR white AGE AT LAST BIRTHDAY 31  
(Years)BIRTHPLACE So DakotaOCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 5 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

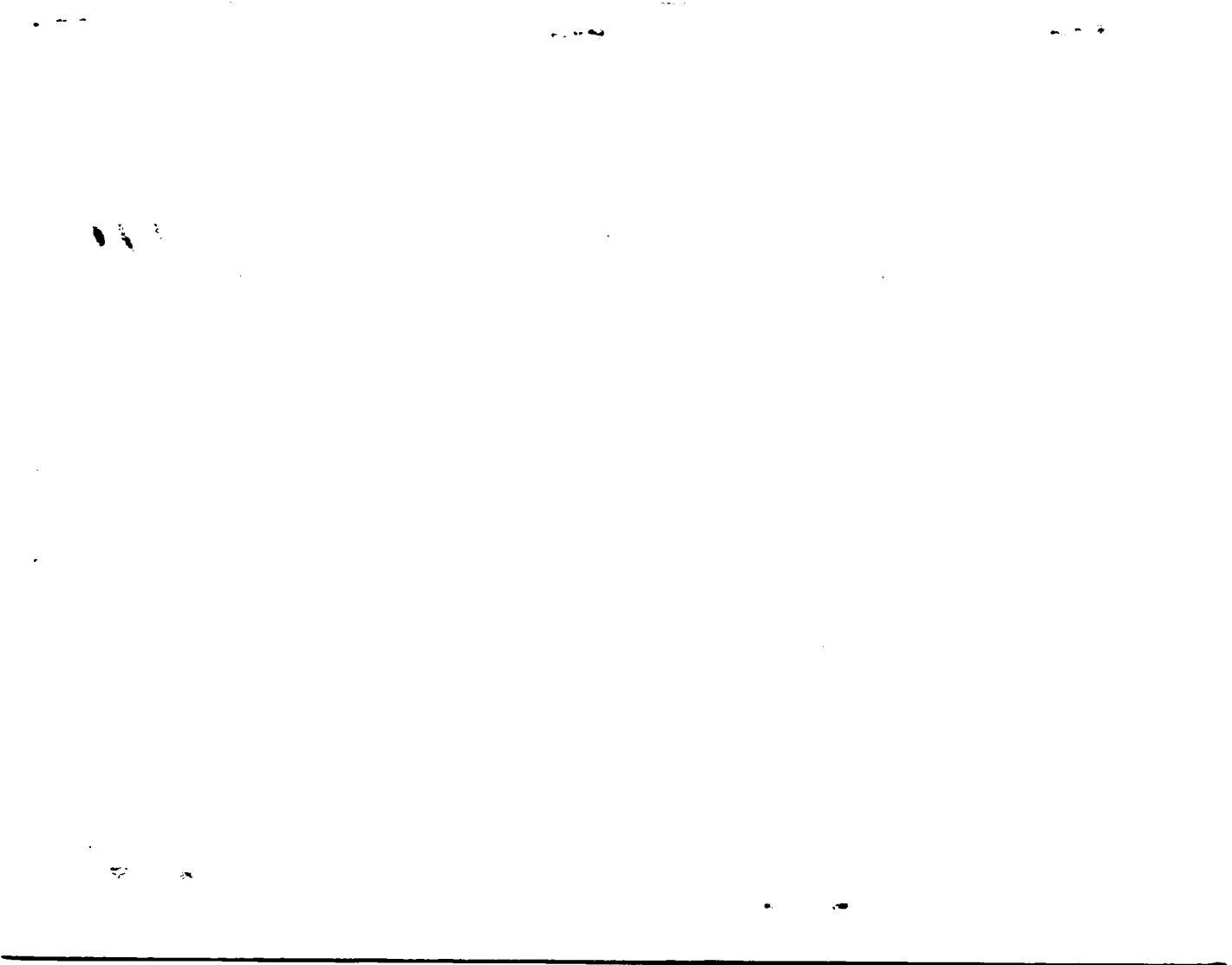
(Signature) C. P. Gurno(Physician or midwife) M. H.

Given names added from a supplemental report.

Address Rupert, Ida.Filed 7-8-20 W. H. Elmer

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss.  
County of ..... }  
Certificate No. 81024  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... Birth  
for Unnamed Pollard (female child) who was born on June 18, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Rupert, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Kathryn Donarose Pollard
.....	.....	.....
.....	.....	.....
.....	.....	.....

Subscribed and sworn to before me this ..... day of  
....., 19.....

Notary Public, residing at .....  
My commission expires .....  
(Seal)

Signed .....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....  
(Street Address, City, State)

State of ..... }  
County of ..... } ss.  
**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Notary Public, residing at .....  
My commission expires .....  
(Seal)

Signed Jenna Lesta Clark  
(Signature of Any Credible Person)  
320 Union - Orcutt Calif  
(Street Address, City, State)

Photo Copy of Own Child's Birth Cert., State of California, gives full name of child as Karen Lee Jacobs, born March 1, 1941 at Santa Maria, California to William Newton Jacobs, age 27, born in New Jersey and Kathryn Donarose Pollard, age 20, born in Idaho - viewed by V.S. APR 5 1965

Certificate of Marriage, State of Nevada, County of Esmeralda gives full name of groom as Wm. N. Jacobs and full name of bride as Kathryn Donarose Pollard, married May 20, 1940 - viewed by V.S.



433220-034-418

## PLACE OF BIRTH

County of MinidokaCity of Thupert

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

Registration District No. 79 File No. 81025Primary Registration District No. 2015 Registered No. 141

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>5 20 20</u> (Month) (Day) (Year)
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FULL NAME <u>Therug McLean</u>	FATHER
RESIDENCE <u>Thupert</u>	

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
--------------------	---

BIRTHPLACE W. Vag.OCCUPATION Rancher

FULL MAIDEN NAME <u>Edna May</u>	MOTHER
RESIDENCE <u>Thupert</u>	

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
--------------------	---

BIRTHPLACE Calif.OCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 4 a. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Spooner  
M. H.  
(Physician or midwife)

Given names added from a supplemental report.

Address Thupert IdaFiled 7-8-20 ETB

Registrar

Registrar

100

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

915-106-034666

PLACE OF BIRTH.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Mingus

City of Declo

Registration District No. 19

File No. 81026

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2013 Registered No. 142

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Francis Eugene Ranes

Sex of Child

male

Twins  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

6

6

1920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Thomas E. Ranes

RESIDENCE

Declo

COLOR

white

AGE AT LAST

BIRTHDAY

21

(Years)

BIRTHPLACE

Oregon

OCCUPATION

Labor

FULL  
MAIDEN  
NAME

MOTHER

Francis Foubes

RESIDENCE

Declo

COLOR

white

AGE AT LAST

BIRTHDAY

21

(Years)

BIRTHPLACE

Moore

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

alive  
(Born alive or stillborn)

at 4 A. M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

C. P. Groom

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Phupul.

Filed

7-8

1920

Registrar

Registrar

**MAY 15 1973**

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

695-113 024

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Blaine

CERTIFICATE OF BIRTH

81027

City of Rupert

Registration District No. 19

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 143

Hospital \_\_\_\_\_

FULL NAME OF CHILD

PHILLIP HAYES FINLEY

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>5 13 20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	------------------------	--

FULL NAME <u>Chas C Finley</u>	FATHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Ohio</u>	
OCCUPATION <u>Electrician</u>	

FULL MAIDEN NAME <u>Marion Bowble</u>	MOTHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Ohio</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 11:45 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

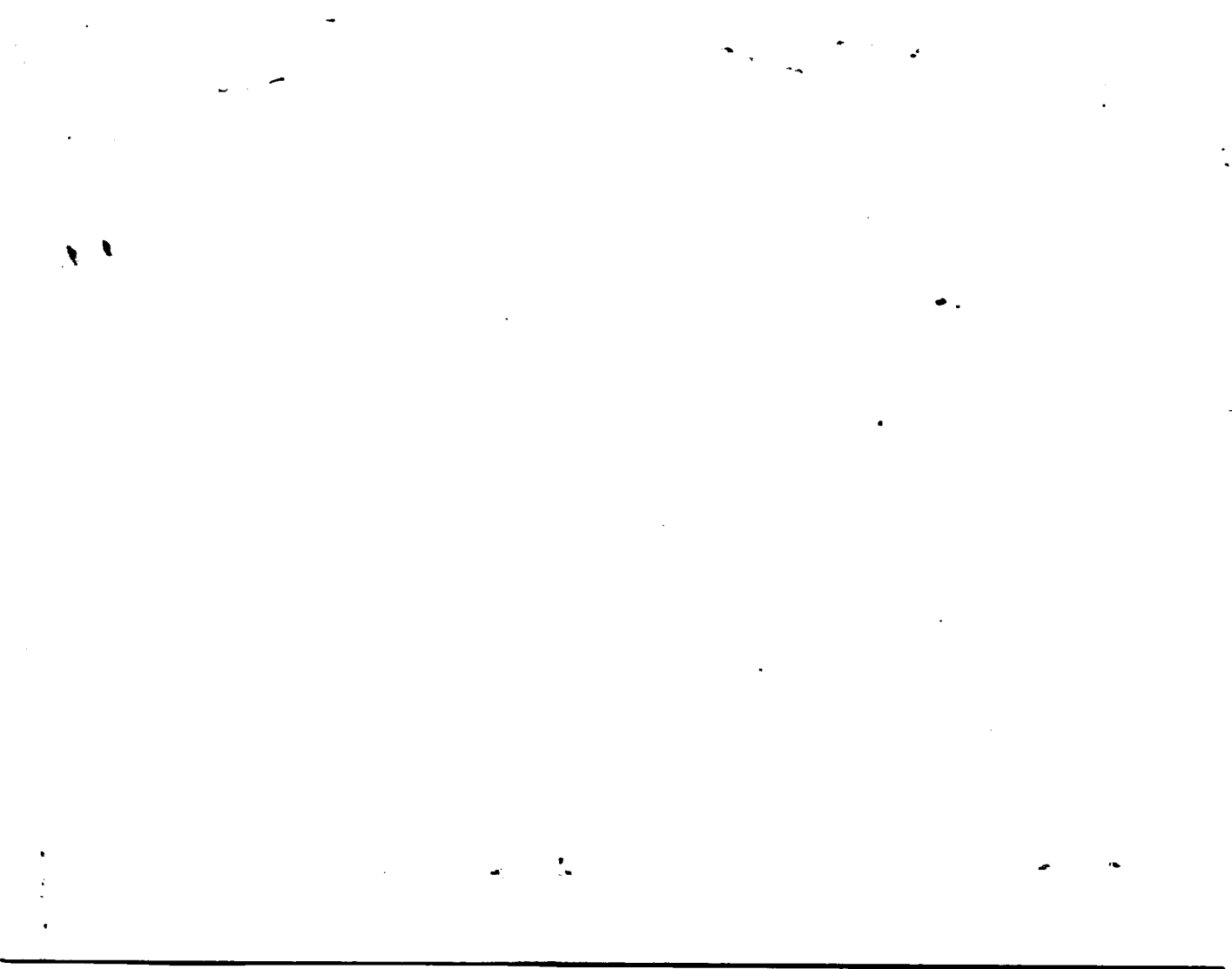
(Signature) C. P. Groom  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Rupert  
Filed 7-8 20 EDG

Registrar

K



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Birth Phillip Hayes Finley Certificate No. 81027  
County of Cassia } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Phillip Hayes Finley  
for \_\_\_\_\_ who was born on May 13, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Declo, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED (“Name”, “birth date”, “cause of death”, etc.)	FROM (As on original)	TO (The correct facts)
Name <u>Unnamed Finley</u>		Phillip Hayes Finley

Subscribed and sworn to before me this 8th  
day of January, 19 42.

Signed Naomi Finley  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[Signature]  
Notary Public, residing at Burley, Idaho  
My commission expires March 1st, 1943.  
[SEAL]

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
[SEAL]

\_\_\_\_\_  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

OCT 13 1950



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

356 113-234-393

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Minnesota

City of Rupert

Registration District No. 19

File No. 81028

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015

Registered No. 144

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>5 13 20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>Arnold Lewis</u>	FATHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>Carpenter</u>	

FULL MAIDEN NAME <u>Louise Littlefield</u>	MOTHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 8 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

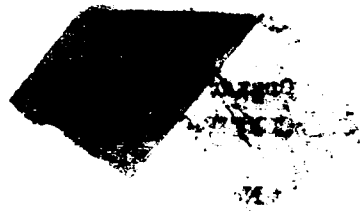
(Signature) C. P. Groom  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Rupert  
Filed 7-8-20 E. D. Shreve

Registrar

Registrar



957217034-962

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81030

County of minidokaCity of HeclaRegistration District No. 19

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2013Registered No. 146

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mary Emma Ingiam

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth6  
(Month)17  
(Day)1920  
(Year)FULL  
NAMEFATHER  
Harvey L. Ingiam

RESIDENCE

Hecla

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Utah

OCCUPATION

RancherFULL  
MAIDEN  
NAMEMOTHER  
Josie Ross

RESIDENCE

Hecla

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Wyoming

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive, at 3 A. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

C. P. Brown  
M. H.

(Physician or midwife)

Given names added from a supplemental report.

Address

Thyruel, Ida

Filed

7-8 1920 E. H. Brown

Registrar

Registrar

AUG 14 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

433-201-034-493

PLACE OF BIRTH

County of minidoka

City of Payson

No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 17

File No. 81031

Hospital \_\_\_\_\_

Primary Registration District No. 2815 Registered No. 147

FULL NAME OF CHILD

Edna May McCoy

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>16</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Jas McCoy</u>	FATHER
RESIDENCE <u>Payson</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Puncher</u>	

FULL MAIDEN NAME <u>Lusson Miller</u>	MOTHER
RESIDENCE <u>Payson</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. P. Brown at 7 A. M.  
(Born, alive or stillborn)  
Chas. P. Brown  
(Physician or midwife)

Given names added from a supplemental report.

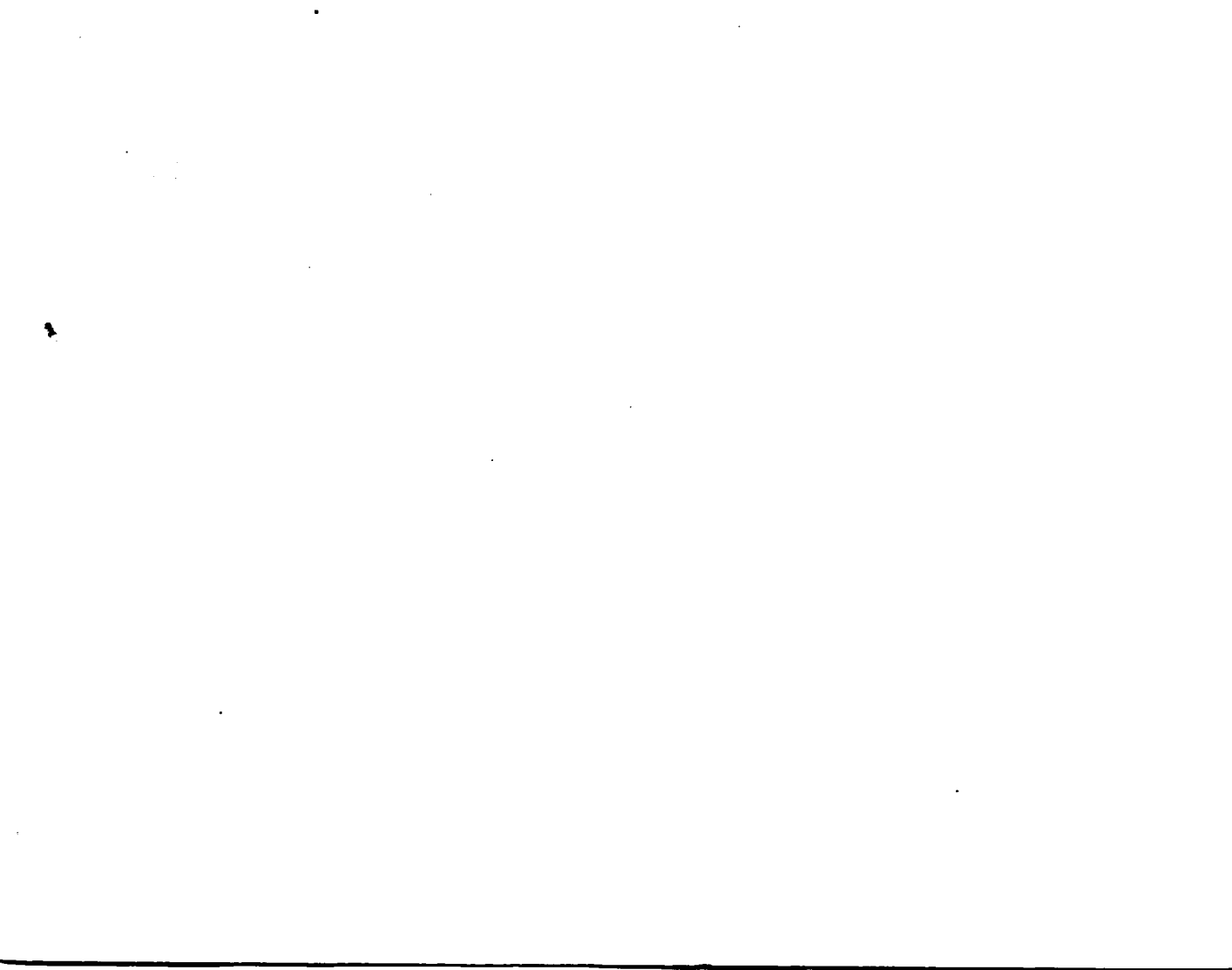
Address

Filed

7-8-20

Registrar

Registrar



955128-034-255

## PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of minidokaCity of PayneRegistration District No. 19File No. 81032

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 148

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Harry Morton Renfro

Sex of Child

maleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth6 29 1920  
(Month) (Day) (Year)FULL  
NAMEHarry A. Renfro

RESIDENCE

Payne

COLOR

whiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

R. R. BreakmeyerFULL  
MAIDEN  
NAMEBertha Burns

RESIDENCE

Payne

COLOR

whiteAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive at 6 a. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

C. P. Elsworth  
M. H.

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address

Payne, Ida.

Filed

7-8-20 E. H. Elsworth

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

10-6-44

FEB 29 1944



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914-128034-269 name added 11-4-83 dl

Form V. S. No. 11-C-25m-7-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Munidoeka

City of Pupert

Registration District No. 17

File No. 81033

No. \_\_\_\_\_ St.

Primary Registration District No. 2013 Registered No. 149

Hospital \_\_\_\_\_

Roy Dale Ramsey

FULL NAME OF CHILD

Sex of Child <u>male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>6 28 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------	-------------------------	--

FULL NAME <u>Eug Ramsey</u>	FATHER
RESIDENCE <u>Pupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>mo</u>	
OCCUPATION	

FULL MAIDEN NAME <u>Lula Swearingen</u>	MOTHER
RESIDENCE <u>Pupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>mo</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

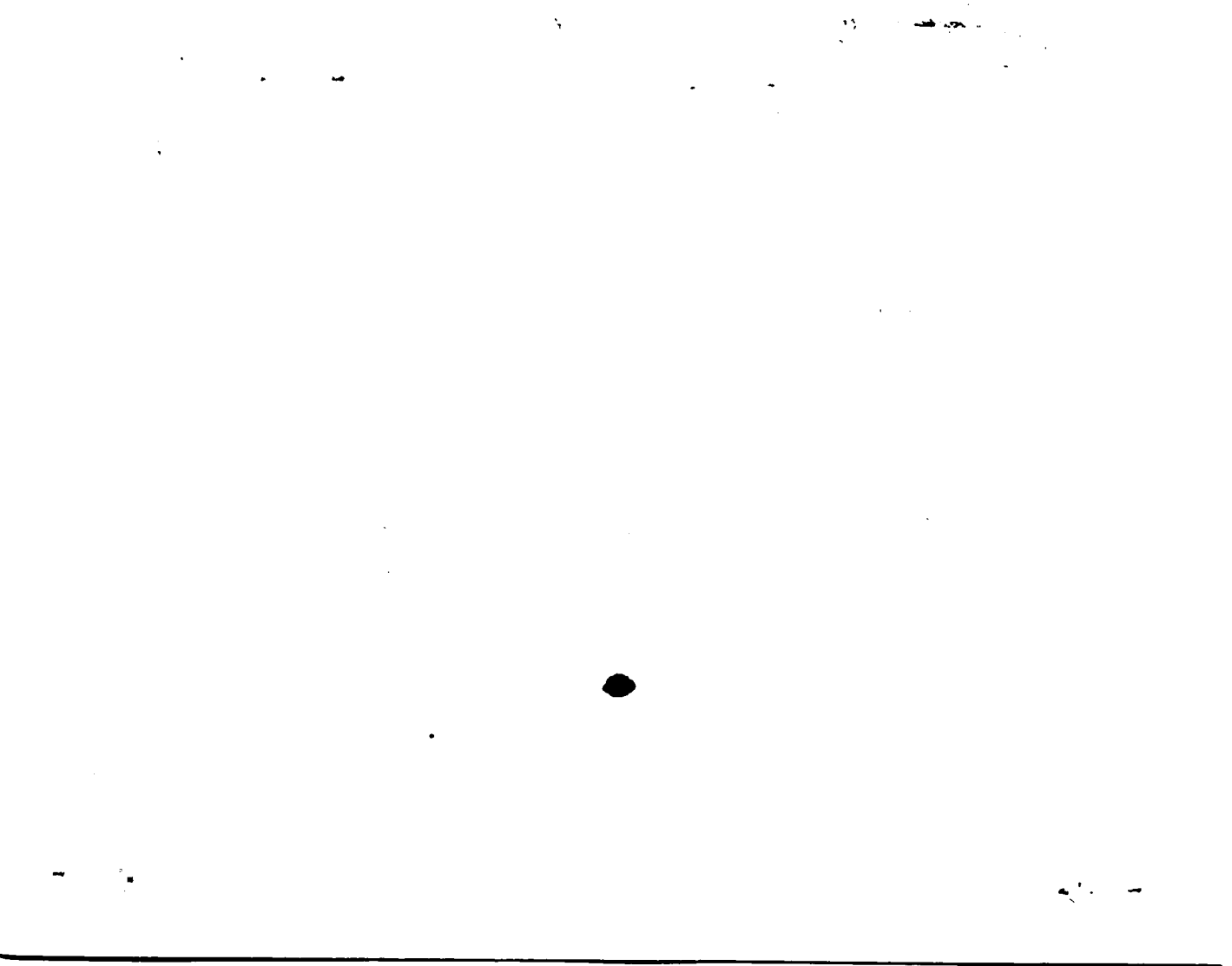
I hereby certify that I attended the birth of this child, who was alive at 11 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom  
M.H.  
(Physician or midwife)

Given names added from a supplemental report.

Address Pupert  
Filed 7-8-20 E. D. Shriver  
Registrar



10-25-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho } ss. YOU 3 10 06 AM '83 Certificate No. 81033  
County of Minidoka } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Ramsey who was born on June 28, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Rupert (Minidoka) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Unnamed</u>	<u>Roy Dale Ramsey</u>

Subscribed and sworn to before me this 31st day of  
October, 1983

Notary Public, Betty L. Anderson

Residing at Rupert, Idaho

My commission expires Life

(Seal)

x Roy Dale Ramsey  
Signature of Applicant  
x Rupert Ramsey  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } (Must be completed \_\_ )  
County of \_\_\_\_\_ } ss. (Is not necessary \_\_ )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

Honorable Discharge from U.S. Armed Forces lists Roy D Ramsey born 6-28-20 .  
in Rupert, Idaho was discharged Nov 25, 1946: Viewed by V.S.

**NOV 4 1963**

Marriage Certificate from State of Nevada lists Roy Dale Ramsey and Dorothy  
Ramsey were married Nov 15, 1943. in Elko. Viewed by V.S .

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

31-278-035314  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C—Rev. 3-4-17

County of *Payson*

City of *Safford*

No. .... St.

Hospital .....

Registration District No. .... 92

Primary Registration District No. .... 2170

File No. .... 81034

Registered No. .... 20

FULL NAME OF CHILD ..... *June Wilma Talbath*

Sex of Child <i>Fe</i>	Twin Triplet or other? <i>1</i> } and { Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>4 19 1920</i> (Month) (Day) (Year)
------------------------	---	------------------------	--

FULL NAME <i>Edward Talbath</i>	FATHER
RESIDENCE <i>Safford</i>	
COLOR <i>Wh</i>	AGE AT LAST BIRTHDAY <i>35</i> (Years)
BIRTHPLACE <i>Wm</i>	
OCCUPATION <i>farmer</i>	

FULL MAIDEN NAME <i>Myrtle Campbell</i>	MOTHER
RESIDENCE <i>Safford</i>	
COLOR <i>Wh</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)
BIRTHPLACE <i>Wm</i>	
OCCUPATION <i>house</i>	

Number of child of this mother, including present birth ..... *4* Number of children of this mother now living, including present birth ..... *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive*, at *935 P* on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) ..... *E. E. Watts*

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address .....

..... 19 .....

Filed *6-19* 19 *20*

Registrar

*E. E. Watts*  
Registrar

JUN 25 1942

864. 204.035-363

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of My placeCity of TulhoveRegistration District No. 92

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2170Registered No. 16

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Baby Yount

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>6</u> <u>4</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FULL  
NAME

FATHER

Frank A Yount

RESIDENCE

Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY39  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

RancherFULL  
MAIDEN  
NAME

MOTHER

Olla Coleman

RESIDENCE

Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A M.  
on the date above stated. (Born alive or stillborn)

(Signature)

Dr. Charles E. E. E. E. E.

(Physician or midwife)

Address

Ranch, Idaho

Filed

6-7-1920

Registrar

Registrar

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731.21.5-035-766

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. & No. 11-O-22m-2-2-17

CERTIFICATE OF BIRTH

County of *My Perce*

City of *Mslroon*

No. .... St.

Registration District No. *92*

File No. *81036*

Primary Registration District No. *2170*

Registered No. *18*

Hospital .....

FULL NAME OF CHILD *Bernice Dell Platt*

Sex of Child <i>✓</i>	Twin Triplet or other? <i>✓</i>	Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>6 15 1920</i> (Month) (Day) (Year)
-----------------------	---------------------------------	-----------------------------------	------------------------	--

FULL NAME <i>Edwin Platt</i>	FATHER
RESIDENCE <i>Mslroon</i>	
COLOR <i>Wh</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE <i>Wm</i>	
OCCUPATION <i>farmer</i>	

FULL MAIDEN NAME <i>Mina Pool</i>	MOTHER
RESIDENCE <i>Mslroon</i>	
COLOR <i>Wh</i>	AGE AT LAST BIRTHDAY <i>23</i> (Years)
BIRTHPLACE <i>Mslroon</i>	
OCCUPATION <i>house</i>	

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive* at *B. P.* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *E. E. Watts*  
(Physician or midwife)

Given names added from a supplemental report.

Address .....  
Filed *6-15-1920* *E. E. Watts*  
Registrar

K

OCT 22 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

947-204-035-251  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-1-21-19

County of Frederick

City of Chesley

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 92

File No. 81037

Primary Registration District No. 2170

Registered No. 17

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Baby Rupe

Sex of Child Female Twin Triplet or other? } and { Number in order of birth } Legitimate? yes Date of Birth 6 4 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Marion J. Rupe  
RESIDENCE Idaho  
COLOR White AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Missouri  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Vassar Deal  
RESIDENCE Idaho  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Missouri  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Alford Gore, M.D.

(Physician or midwife)

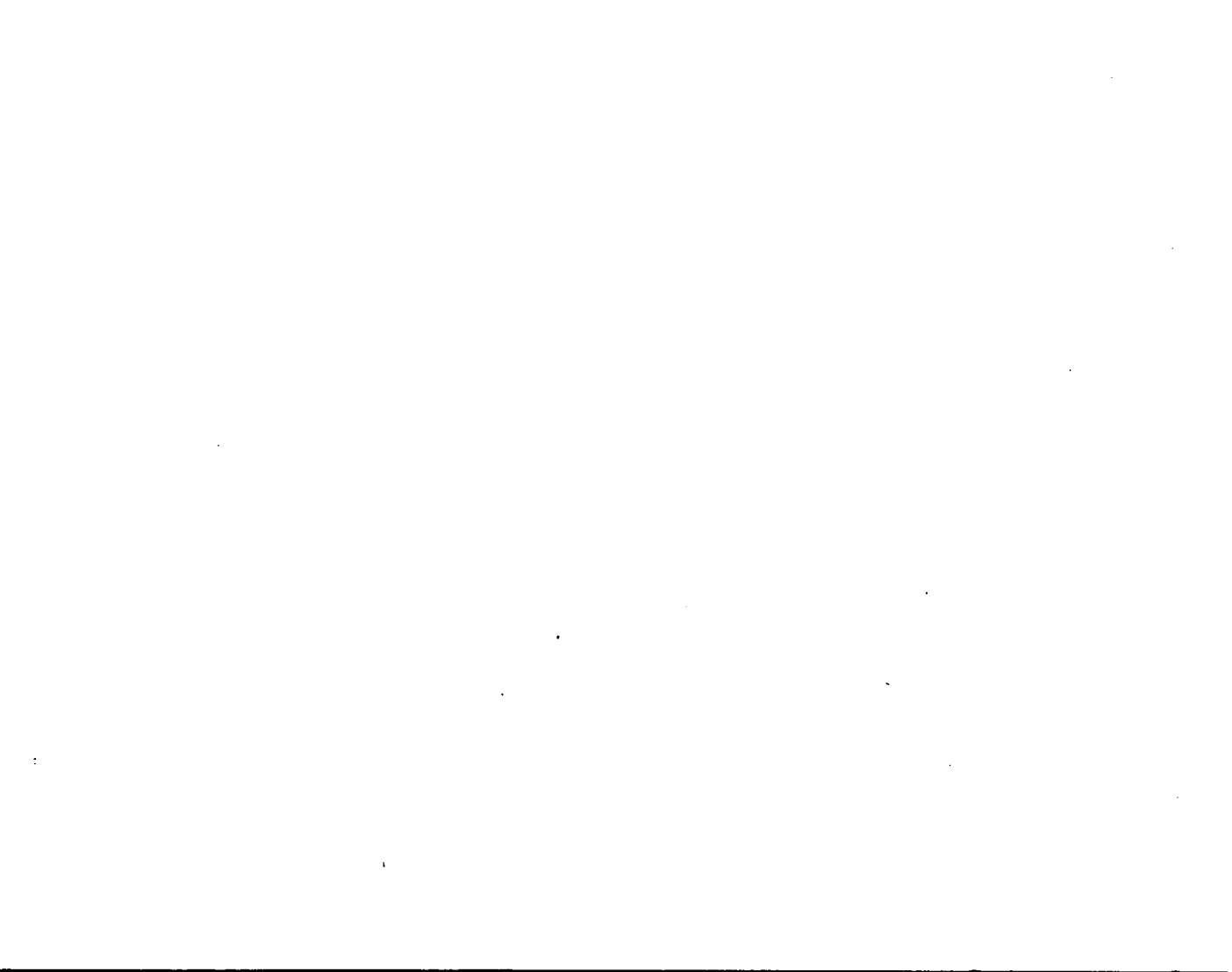
Given names added from a supplemental report.

Address Rushes, Idaho.

Filed 6 7 1920 E. E. Watts

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-116-035-815

PLACE OF BIRTH

County of *My Peres*

City of *Gifford*

No. .... St.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. *92*

File No. *81038*

Primary Registration District No. *2170*

Registered No. *19*

Hospital .....

FULL NAME OF CHILD *Harold Lester Fredrickson*

Sex of Child *M* Twin Triplet or other? *S* and { Number in order of birth *1* Legitimate? *yes* Date of Birth *6 16 1920* (Month) (Day) (Year)

FATHER  
FULL NAME *Chris Fredrickson*  
RESIDENCE *Gifford*  
COLOR *M* AGE AT LAST BIRTHDAY *37* (Years)  
BIRTHPLACE *Denmark*  
OCCUPATION *farmer*

MOTHER  
FULL MAIDEN NAME *Helga Hanson*  
RESIDENCE *Gifford*  
COLOR *M* AGE AT LAST BIRTHDAY *37* (Years)  
BIRTHPLACE *Denmark*  
OCCUPATION *house*

Number of child of this mother, including present birth *5* Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive*, at *6:00 a.m.* on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) *E. E. Shatto*

(Physician or midwife)

Given names added from a supplemental report.

Address .....  
Filed *6-17 1920* *E. E. Shatto*  
Registrar Registrar

NOV 17 1941

AUG 21 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

595-125-235-263  
PLACER COUNTY

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

County of NezPerce

City of Culdesac, R.F.D.

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

AMENDED

1/6/46

CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ 97 \_\_\_\_\_ File No. 81039

Primary Registration District No. 2174 \_\_\_\_\_ Registered No. \_\_\_\_\_ 13 \_\_\_\_\_

FULL NAME OF CHILD Vester A. Vincent

(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>X</u> } and { Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of birth <u>June 25, 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 4 \_\_\_\_\_ Number of children of this mother now living, including present birth 4 \_\_\_\_\_

FATHER  
FULL NAME Andrew Vincent

RESIDENCE Culdesac, R.F.D.

COLOR White AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Wash.

OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Andra Kollenborn

RESIDENCE Culdesac R.F.D.

COLOR White AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Wash.

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M.  
on the date above stated. (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

Give names added from a supplemental report.

(Signature) William R. H. Habel

M. D.  
(Physician or midwife)

Address Lapwai, Idaho

Filed June 26, 1920 William R. H. Habel

Registrar.

Registrar.

DECEASED



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Nez Perce } ss. Certificate No. 81039  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Burt Vincent who June 25, 1920 on Born (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Culdesac, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Family Record prepared on June 25, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Name Burt Vincent Vester A. Vincent

Subscribed and sworn to before me this 8th  
day of January, 1946

Notary Public, residing at happas, Idaho  
My commission expires Jan. 20, 1947  
(Seal)

Signed Andrew Vincent  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Myrtle, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Nez Perce } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th  
day of January, 1946

Notary Public, residing at happas, Idaho  
My commission expires Jan. 20, 1947  
(Seal)

Signed Andre M. Vincent  
(Signature of Any Credible Person)  
Myrtle, Idaho  
(Street Address, City, State)

1948 1-2 1948

631-224-035-9855

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Ney Pence  
 City of Caldwell, R.F.D.  
 Registration District No. 97 File No. 81040  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Hospital \_\_\_\_\_ Primary Registration District No. 2174 Registered No. 12  
 FULL NAME OF CHILD Dorothy A. Flaudus

Sex of Child female Twin - Triplet - and - Number in order of birth -  
 (To be answered only in event of plural births) Legiti mate? yes Date of Birth June 24 1920  
 (Month) (Day) (Year)

FATHER  
FULL NAME James L. FlaudusRESIDENCE Caldwell, R.F.D.COLOR White AGE AT LAST BIRTHDAY 29  
(Years)BIRTHPLACE No.OCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Angeline ReedRESIDENCE Caldwell, R.F.D.COLOR White AGE AT LAST BIRTHDAY 36  
(Years)BIRTHPLACE Wash.OCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 7:12 p. M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Idaho  
June 26 1920

Registrar

Registrar

JAN 2 1 1944

815-218-035-754

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of RegenceCity of LapwaiRegistration District No. 97File No. 81041

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2174Registered No. 11

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Heleen Genevieve Hanson

Sex of Child

femaleTwin  
Triplet  
or other?✓

and

Number  
in order  
of birth✓Legiti  
mate?yesDate of  
BirthJune 141920FULL  
NAME

FATHER

Charles Hanson

RESIDENCE

Lapwai, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

North Dakota

OCCUPATION

CookFULL  
MAIDEN  
NAME

MOTHER

Julia Pederson

RESIDENCE

Lapwai, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Minn.

OCCUPATION

House wifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 5:30 A. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

William R. Haffel  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Lapwai, Ida.

Filed

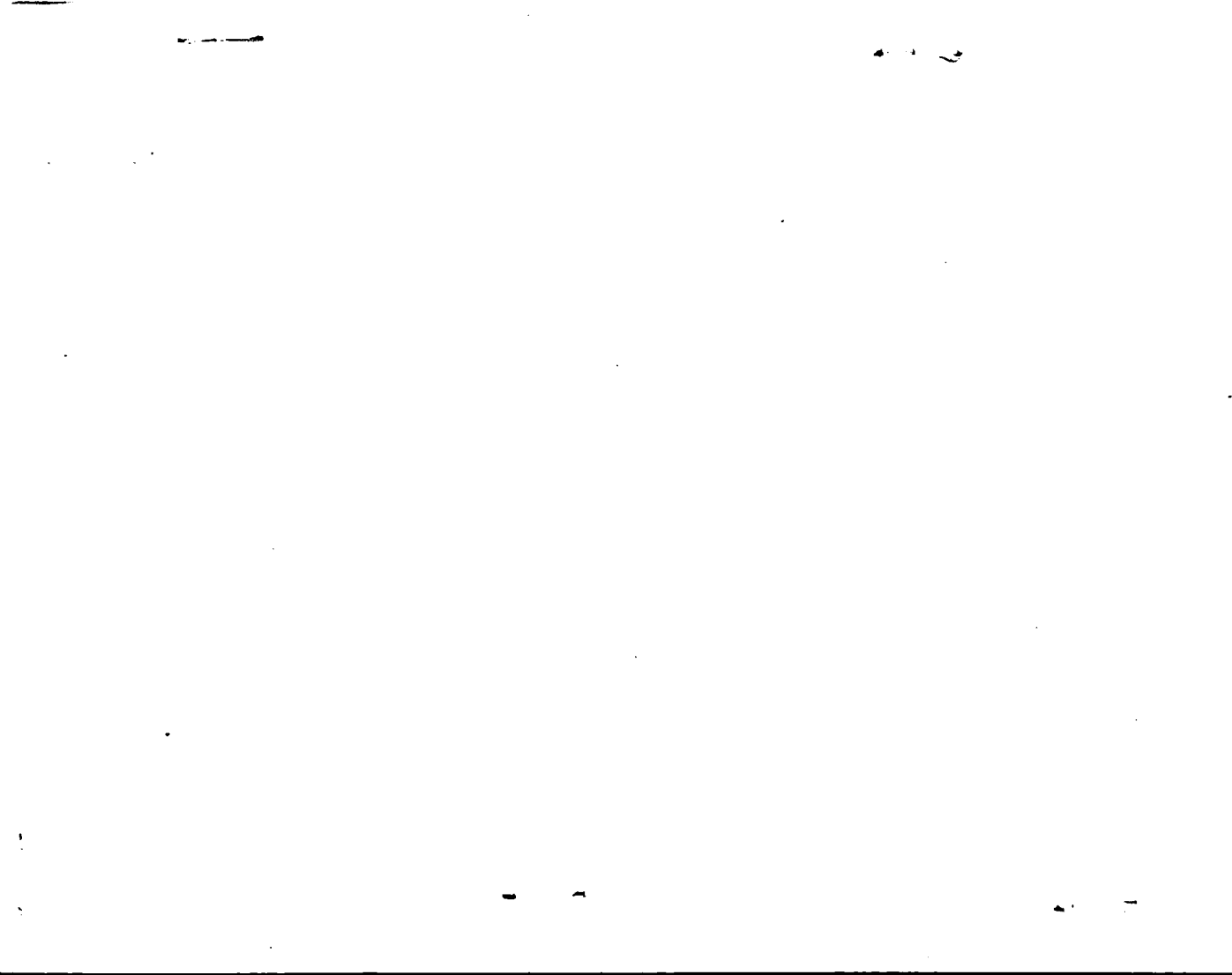
June 15

19

20 William R. Haffel

Registrar

Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Washington }  
County of Spokane } SS.  
Certificate No. 81041  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Helen Genevieve who was born on June 14, 1926  
(NAME ON ORIGINAL CERTIFICATE) (BIRTH OR DEATH)  
in Lapwai, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT) (DATE OF EVENT)

true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

<b>FACTS TO BE CORRECTED</b> ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	<b>FROM</b> (AS ON ORIGINAL)	<b>TO</b> (THE CORRECT FACTS)
Name <u>Helen Genevieve</u>		<u>Helen Charlotte Geneva Hanson</u>

Subscribed and sworn to before me this 11  
day of Dec 1942  
Winnifred McPherson  
Notary Public, residing at Spokane  
My commission expires 8/7/44  
(SEAL)

Signed Julia Helene Hanson  
(SIGNATURE OF PERSON OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
\_\_\_\_\_  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington }  
County of Spokane } SS.  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 11  
day of Dec 1942  
Winnifred McPherson  
Notary Public, residing at Spokane  
My commission expires 8/7/44  
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

Signed Mrs H O Phillips and  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
602 W Dalton Spokane Wash  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

DEC 19 1942



386-227-036-415

## PLACE OF BIRTH

County of QuincyCity of Sammara

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 26File No. 81060Primary Registration District No. 2069 Registered No. 99FULL NAME OF CHILD Adelle Thomas

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>5 = 27</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	---------------------------	--

FULL NAME <u>Nora Thomas</u>	FATHER
RESIDENCE <u>Sammara</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Brighton Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Anna Doris</u>	MOTHER
RESIDENCE <u>Sammara</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Sammara</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 2 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Thomas

(Physician or midwife)

Given names added from a supplemental report.

Adelle Thomas 19\_\_\_\_

Address

Malad IdaW. C. Murphy State Registrar

Filed

July 5 1920R. J. M. Jones Registrar

UNITED STATES OF AMERICA  
BUREAU OF REVENUE  
WASHINGTON, D. C. 20540

APR 1 1966  
PLACE STAMP HERE

1

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

391-230-236-753

PLACE OF BIRTH

name added 12-5-84 dl

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 26

File No. 81061

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2064

Registered No. 100

Hospital \_\_\_\_\_

Marie Jane Craghead

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 30 1920</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>William Henry Craghead</u>			FULL MAIDEN NAME <u>Virginia Elizabeth McIntosh Peterson</u>		
RESIDENCE <u>Brigham City Utah</u>			RESIDENCE <u>Brigham City Utah</u>		
COLOR <u>White</u>			COLOR <u>White</u>		
AGE AT LAST BIRTHDAY _____ (Years)			AGE AT LAST BIRTHDAY <u>19</u> (Years)		
BIRTHPLACE <u>Brigham City Utah</u>			BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 11:40 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Ardleigh M.D.

(Physician or midwife)

Given names added from a supplemental report.

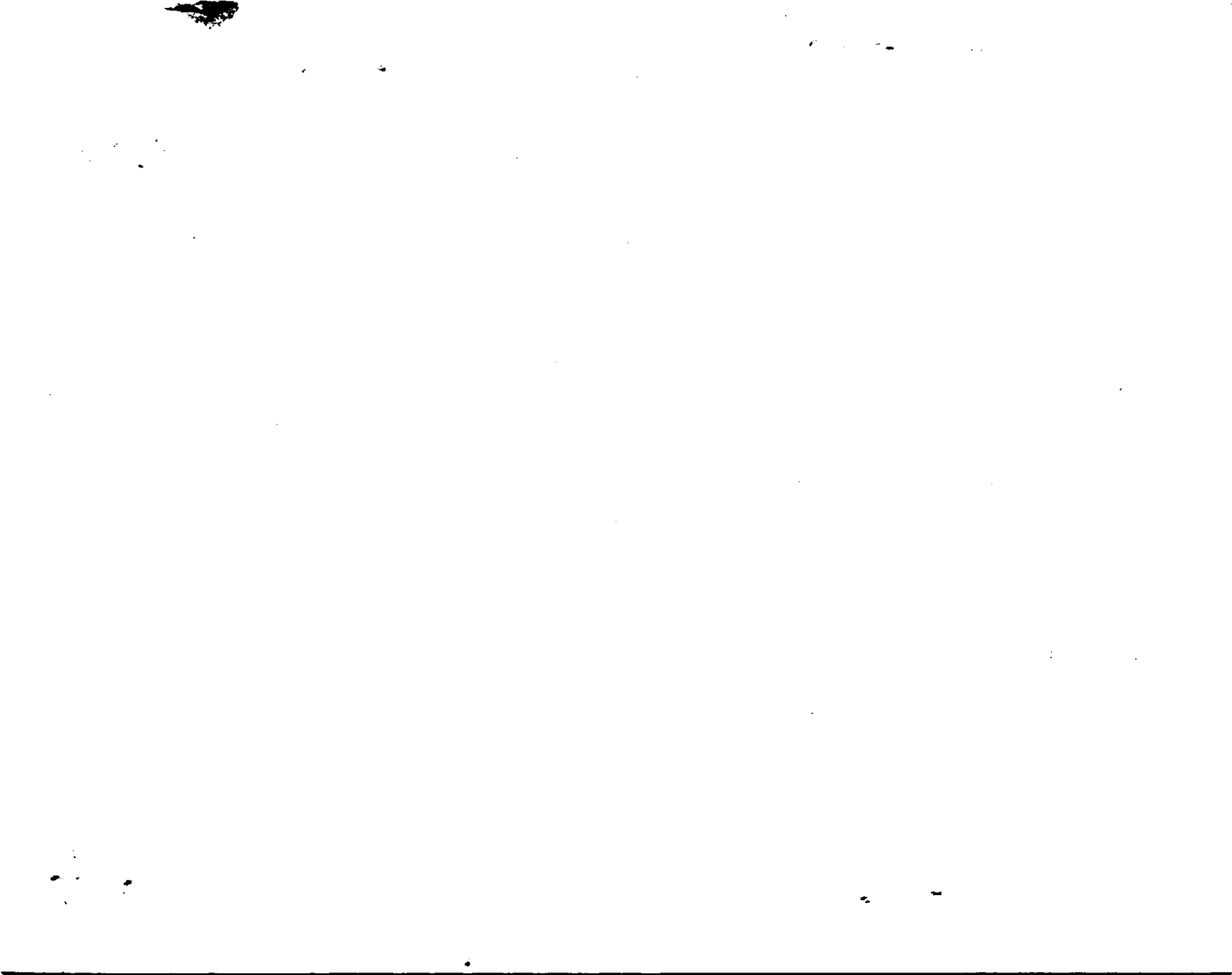
19

Address Shoshone Utah

Filed July 5 1920

Registrar

Registrar



**IDAHO DEPARTMENT OF HEALTH AND WELFARE**  
 Bureau of Vital Statistics, Records, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Utah }  
 County of Box Elder } ss.

DEC 5 9 31 AM '84

Certificate No. 81061

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
 for Unnamed Craghead who was born on May 30, 1920  
 in Holbrook (Oneida) (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 are erroneous or were omitted:  
 (Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

childs name

Unnamed

Marie Jane Craghead

Subscribed and sworn to before me this 3rd day of  
December, 1984.

Notary Public, Jorge Nelson

Residing at Provo, Utah

My commission expires MY COMMISSION EXPIRES APRIL 6, 1985

(Seal)

X Marie Lansen  
 Signature of Applicant

X Box 68 Corinne UT  
 Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah }  
 County of Box Elder } ss.

(Must be completed \_\_\_)

(Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of  
December, 1984.

Notary Public, Jorge Nelson

Residing at Provo, Utah

My commission expires MY COMMISSION EXPIRES APRIL 6, 1985

(Seal)

Lama Lansen  
 Supporting Signature

Box 68 Corinne UT  
 Street Address, City, State

Certificate of Baptism from LDS Church gives Marie Jane Craghead daughter of William H Craghead and Urania Petersen born May 30, 1920 at Holbrook and was baptised Nov 3, 1928.  
Viewed by V.S.

DEC 5 1984

Obituary lists Urania Celestia Gertrude Craghead died June 14, 1978 in Brigham City, Utah and lists one daughter as Mrs Marie Larsen.  
Viewed by V.S

367-101-036-962

## PLACE OF BIRTH

Form V. S.-No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of OneidaCity of HolbrookRegistration District No. 26File No. 81062

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 101

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Verlin Lee Coxey

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u> (To be answered only in event of plural births)	and	Number in order of birth <u>1</u>	Legitimate? <u>No</u>	Date of Birth <u>June 1st 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	-----------------------------------	-----------------------	--

FULL NAME <u>Verlin Lee Coxey</u>	FATHER
RESIDENCE <u>Holbrook Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>North Carolina</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Edna Perkins</u>	MOTHER
RESIDENCE <u>Holbrook Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19\_\_\_\_

Address Snowville UtahFiled June 1st 1920

Registrar

Registrar R. M. Jones

JUL 13 1970



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

4-6-71

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Utah Certificate No. 81062  
County of Weber Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Unnamed Coxe who was born on June 1, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Holbrook are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Childs name omitted Verlin Lee Coxe

Subscribed and sworn to before me this 8th day of April, 1971  
Alvin M. Garland  
Notary Public, residing at  Ogden, Utah  
My commission expires April 23, 1971  
(Seal)

Signed Verlin L. Coxe  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss.  
County of Weber

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 8th day of April, 1971

Signed Fred L. Coxe  
(Signature of Any Credible Person)

Alvin M. Garland  
Notary Public, residing at  Ogden, Utah  
My commission expires April 23, 1971  
(Seal)

1614 Childs Ave Ogden Utah  
(Street Address, City, State)

Certificate of Ordination states that Verlin Lee Coxey was ordained a Deacon  
in the L.D.S.Church on Feb. 5, 1933.

Viewed by V.S.

Certificate of Baptism & Confirmation states thea Verlin Lee Coxey son of Frederick  
Coxey and Alva Robbins was born at Holbrook, Idaho.

Viewed by V.S.

APR 13 1971

263-1041036-299

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of OwadaCity of MaladRegistration District No. 26 File No. 81063

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069 Registered No. 102

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Frank Solomon

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 4</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Frank Solomon</u>	FATHER
RESIDENCE <u>Malad, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Salt Lake City, U</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary E. Brisson</u>	MOTHER
RESIDENCE <u>Malad, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Garden City, U</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 2 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) RTH/aver

(Physician or midwife)

Given names added from a supplemental report.

19

Address Malad, IdahoFiled July 5 1920 RTH/aver

Registrar

Registrar

DEC 19 1941

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

816-112036-799

PLACE OF BIRTH

County of Owada

City of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 26

File No. 81064

Primary Registration District No. 2069

Registered No. 103

James Keith Hawkins

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>June 12 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Thomas E Hawkins

RESIDENCE Samaria

COLOR White AGE AT LAST BIRTHDAY 36  
(Years)

BIRTHPLACE Idaho

OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Jane Price

RESIDENCE Samaria

COLOR white AGE AT LAST BIRTHDAY 29  
(Years)

BIRTHPLACE Samaria

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 4 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Albion  
(Physician or midwife)

Given names added from a supplemental report.

James Keith Hawkins 19

W. C. Murphy State Registrar

Address Malad

Filed July 5 1920 R. C. M. M. Registrar

APR 27 1970

JUN 2 1969

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

165-213-036-577

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 81065

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2049

Registered No. 104

Hospital \_\_\_\_\_

FULL NAME OF CHILD Edna Jones

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>June 13</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	-----	--	----------------------------	--

FULL NAME FATHER John B. Jones

FULL MAIDEN NAME MOTHER Veda Ogilston

RESIDENCE Malad

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 27  
(Years)

COLOR White AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE Malad

BIRTHPLACE Idaho Springs

OCCUPATION Farming

OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 1230 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Altom  
(Physician or midwife)

Given names added from a supplemental report.  
Edna Jones 19 \_\_\_\_\_

Address Malad  
Filed July 5 1920 R.W. Miller  
Registrar

W.C. Murphy Registrar

FEB 18 1942



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

269-113-036-257

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Blaine

City of Idaho Falls

Registration District No. 26

File No. 81066

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2064

Registered No. 105

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Wiley Soren Sorenson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>None</u>	and	Number in order of birth <u>1</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>June 13 1920</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME <u>Soren Sorenson</u>	FATHER
RESIDENCE <u>Idaho Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Logan Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ida Soren</u>	MOTHER
RESIDENCE <u>Idaho Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 9:40 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Centandergh M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Loren Wiley Sorenson 19

Address Snowville Utah

W. C. Murphy State Registrar

Filed July 5 1920 R. M. anti M. P. Registrar

10. C. 6-20-41

572-117.003-249

## PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Bannock Amended 9/14/78City of DowneyRegistration District No. 2cFile No. 81068

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 101

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Wayne Ernest Egbert

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 17</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	--

FULL NAME <u>C. Ernest Egbert</u>	FATHER
---	--------

RESIDENCE <u>Downey</u>
----------------------------

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
-----------------------	--

BIRTHPLACE <u>Granite, Utah</u>
OCCUPATION <u>Farmer</u>

FULL MAIDEN NAME <u>Jennie J. Smith</u>	MOTHER
--	--------

RESIDENCE <u>Downey</u>
----------------------------

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
-----------------------	--

BIRTHPLACE <u>Mill city, Utah</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was live, at 3:30 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. M. Mauer M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

July 5 1920

Registrar

Registrar

SEP 29 1943

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF **RECEIVED** STATISTICS  
BUREAU OF

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. **AUG 30 9 34 AM '78** Certificate No. **81068**  
County of \_\_\_\_\_ Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for \_\_\_\_\_ **Wayne Earnest Egbert** who was born \_\_\_\_\_ on **June 17, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ **Malad** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's middle name \_\_\_\_\_ **Earnest**  
Place of birth \_\_\_\_\_ **Malad ( Oneida Co. )**  
Residence of parents \_\_\_\_\_ **Malad**

**Ernest**  
**Downey (Bannock Co.)**  
**Downey ( Bannock Co. )**

Subscribed and sworn to before me this **28<sup>th</sup>** day of  
**Aug.** 19**78**  
**Roger M. Tacer**  
Notary Public, residing at **Grace, Id. 83241**  
My commission expires **Lifetime**  
(Seal)

Signed **Wayne E. Egbert**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
**P.O. Box 252, Shoshone, Idaho 83241**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Idaho** } ss.  
County of **Caribou**

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **28<sup>th</sup>** day of  
**Aug.** 19**78**  
**Roger M. Tacer**  
Notary Public, residing at **Grace, Id. 83241**  
My commission expires **Lifetime**  
(Seal)

Signed **Oscar E. Egbert**  
(Signature of Any Credible Person)  
**P.O. Box 252.**  
(Street Address, City, State)  
**Shoshone Id.**

Certif of Blessing from the LDS Church gives name as Wayne Ernest Egbert son of C. Ernest Egbert and Jennie I. Smith. born June 17, 1920 at Downey, Idaho Bannock Co. Blessed July 3, 1921. viewed by V. S.

SEP 14 1978

Certif of Baptism from the LD<sup>S</sup> Church gives name as Wayne Ernest Egbert son of Charles Ernest Egbert and Jennie I. Smith. born June 17, 1920 at Downey Idaho, Bannock Co. Baptized June 29, 1929. viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

593-117-036-666

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Conada

City of Danels

Registration District No. 26

File No. 81069

No. \_\_\_\_\_ St.

Primary Registration District No. 2064

Registered No. 108

Hospital \_\_\_\_\_

FULL NAME OF CHILD Donald Rex Vickery

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 17</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FATHER Vickery  
FULL NAME George Arthur Vickery  
RESIDENCE Danels, Idaho  
COLOR white AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER Woodruff  
FULL MAIDEN NAME Mary Woodruff  
RESIDENCE Danels, Idaho  
COLOR white AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 2<sup>15</sup> P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. Mauer M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

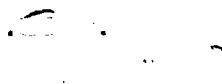
Donald Rex Vickery 19 \_\_\_\_\_

Address Malad, Idaho

W. S. Murphy State Registrar

Filed July 5 19 20 R. M. Mauer M.D. Registrar

K





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

759-117-036217

PLACE OF BIRTH

County of Cassia

City of Delmar Stone

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 24

File No. 81070

Primary Registration District No. 2064

Registered No. 109

FULL NAME OF CHILD LEON C. TERRIERE

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) <u>June</u> (Day) <u>17</u> (Year) <u>1920</u>
FULL NAME <u>Leonard C. Terriere</u>	FATHER <u>Delmar Stone</u>			MOTHER <u>Pearl Jane Baggett</u>	
RESIDENCE <u>Delmar Stone Idaho</u>	RESIDENCE <u>Delmar Stone Idaho</u>			RESIDENCE <u>Delmar Stone Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)			COLOR <u>White</u>	
BIRTHPLACE <u>Republic Michigan</u>	BIRTHPLACE <u>Kentucky</u>			BIRTHPLACE <u>Kentucky</u>	
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 12:50 P. M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll M. C. Snow  
(Physician or midwife)

Given names added from a supplemental report.

Address Snowville Utah  
Filed July 5 1920 Registrar R. W. over 1101

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 14 1942 Certificate No. 81070  
County of Cassia } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or Death)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name no name Leon C Teriere

Subscribed and sworn to before me this 9  
day of February, 1942

Notary Public, residing at Burley

My commission expires March 1-1943  
(Seal)

Signed Pearl Terriere  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Burley Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

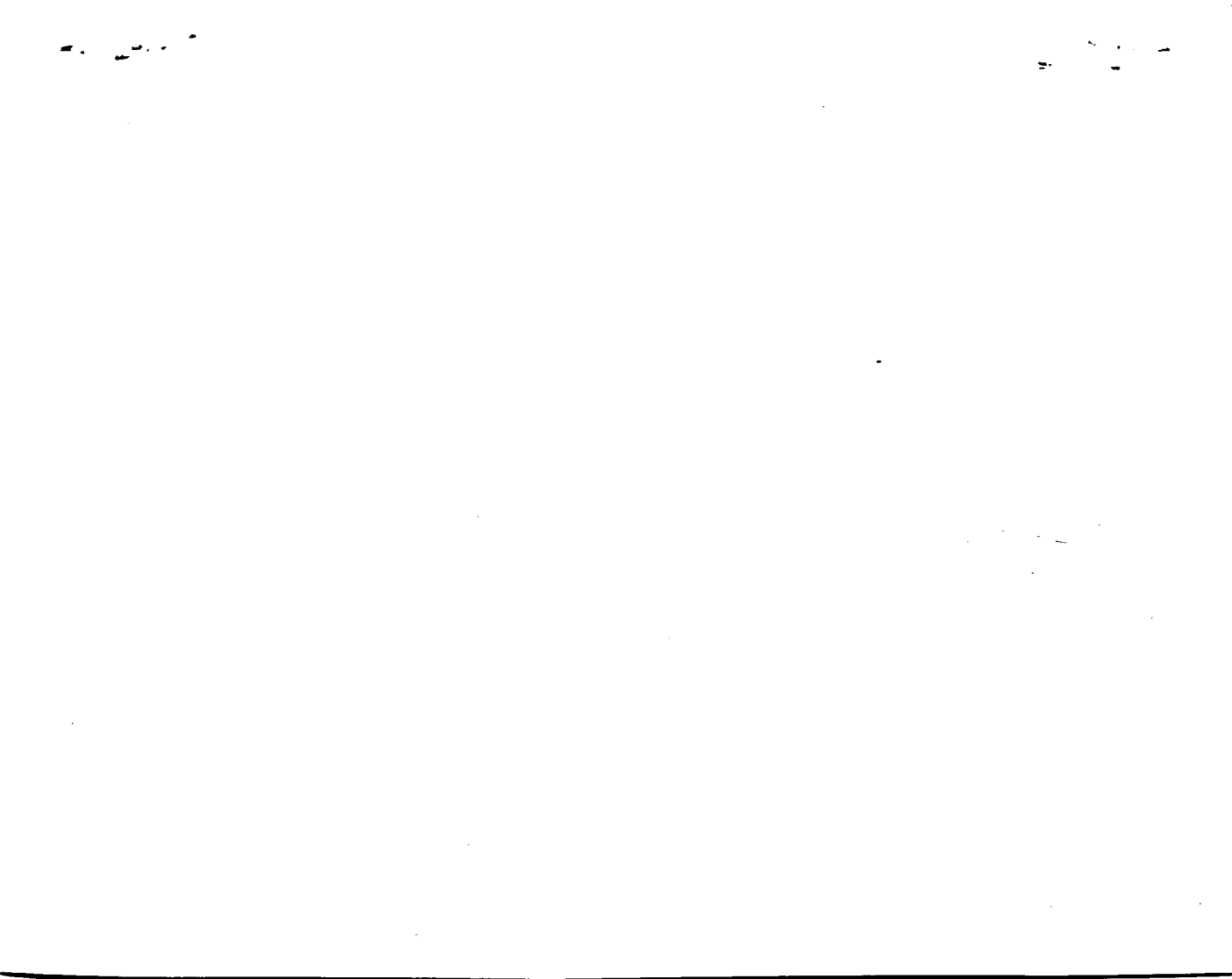
Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

\_\_\_\_\_  
(Street Address, City, State)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793120-036-386

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 41-C-25m-7-21-19

County of Oneida

City of Samuels

Registration District No. 26

File No. 81071

No. \_\_\_\_\_ St.

Primary Registration District No. 2049

Registered No. 110

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legit mate? <u>Yes</u>	Date of Birth <u>June 30</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Joseph H. Gilson</u>	FATHER		FULL MAIDEN NAME <u>Mary Thorpe</u>	MOTHER
RESIDENCE <u>Samuels</u>			RESIDENCE <u>Samuels</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Saynara</u>	
OCCUPATION <u>Farming</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 1:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

George Fairmel Gilson 19 \_\_\_\_\_

Address \_\_\_\_\_

W. C. Murphy State Registrar

Filed July 5 1920

R. M. Jones Registrar

11

12

13

14

15

342-20-036-168

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CaribouCity of Fullbrook IdaRegistration District No. 24File No. 81072

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069Registered No. 111

Hospital \_\_\_\_\_

## FULL NAME OF CHILD.

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____	Number in order of birth <u>8</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 20</u> 19 <u>35</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)
FATHER	FULL MAIDEN NAME		MOTHER	
<u>William Albert Tubbs</u>	<u>Edna Johnson</u>		<u>Edna Johnson</u>	
RESIDENCE	RESIDENCE		RESIDENCE	
<u>Fullbrook Ida</u>	<u>Fullbrook Ida</u>		<u>Fullbrook Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	
BIRTHPLACE <u>Hamington Utah</u>		BIRTHPLACE <u>Deererville Utah</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		
Number of child of this mother, including present birth <u>8</u>		Number of children of this mother now living, including present birth <u>8</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 135 a.m. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

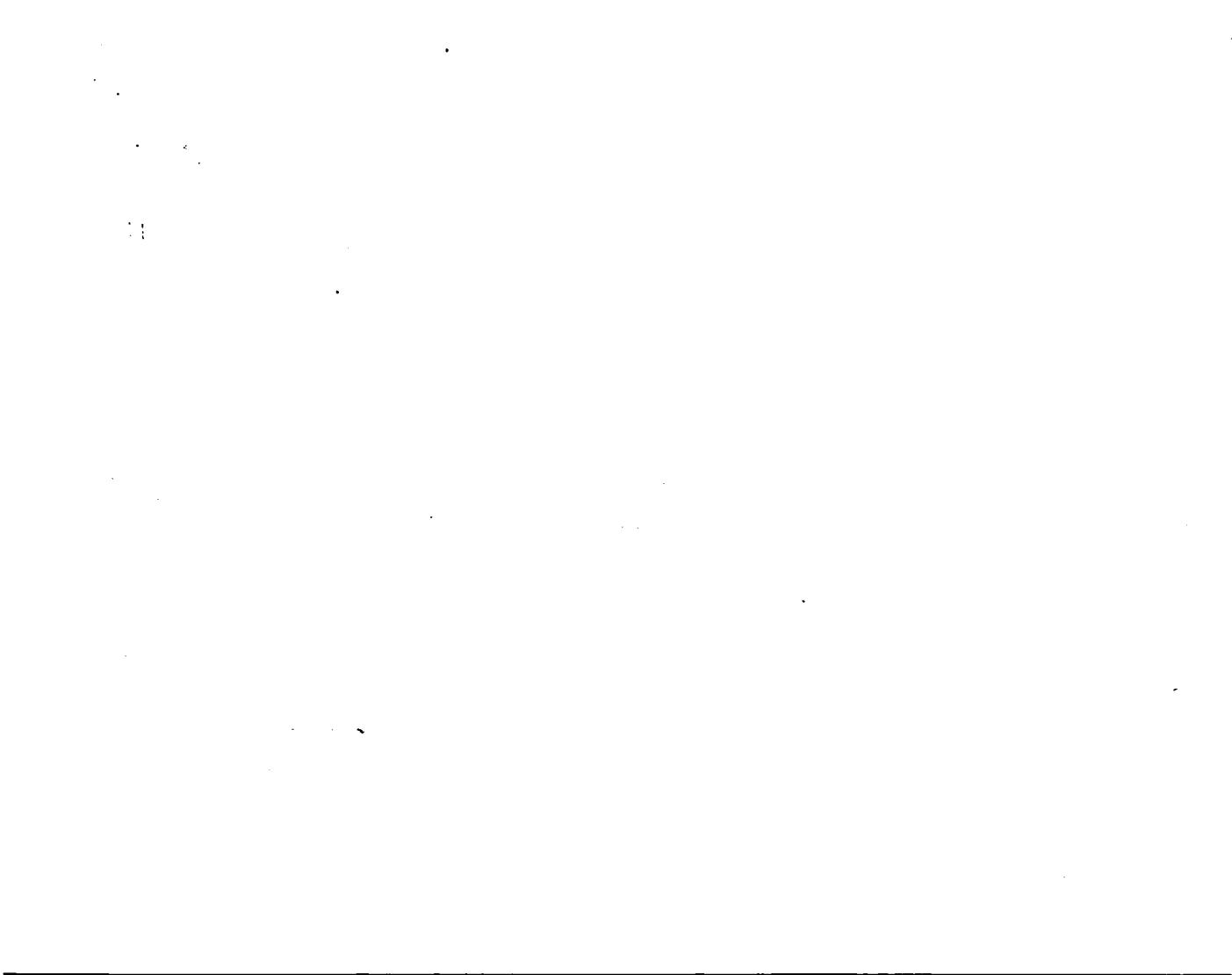
(Signature) Dr. S. S. S. S. S.

(Physician or midwife)

Given names added from a supplemental report.

Dean W. Tubbs 19. \_\_\_\_\_W. C. Murphy State RegistrarAddress Snowville UtahFiled July 5 1935

Registar





367-121-076-764  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of OneidaCity of MaladRegistration District No. 26File No. 81073

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2044Registered No. 112

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Floyd M. Copen

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth (Month) <u>June</u> (Day) <u>21</u> (Year) <u>1920</u>
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FULL NAME FLOYD M. COPENFULL MAIDEN NAME RUTH SODDARDRESIDENCE MaladRESIDENCE MaladCOLOR White AGE AT LAST BIRTHDAY 19 (Years)COLOR White AGE AT LAST BIRTHDAY 18 (Years)BIRTHPLACE N. V.BIRTHPLACE MaladOCCUPATION Common LaborerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Allegory at G. S. P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

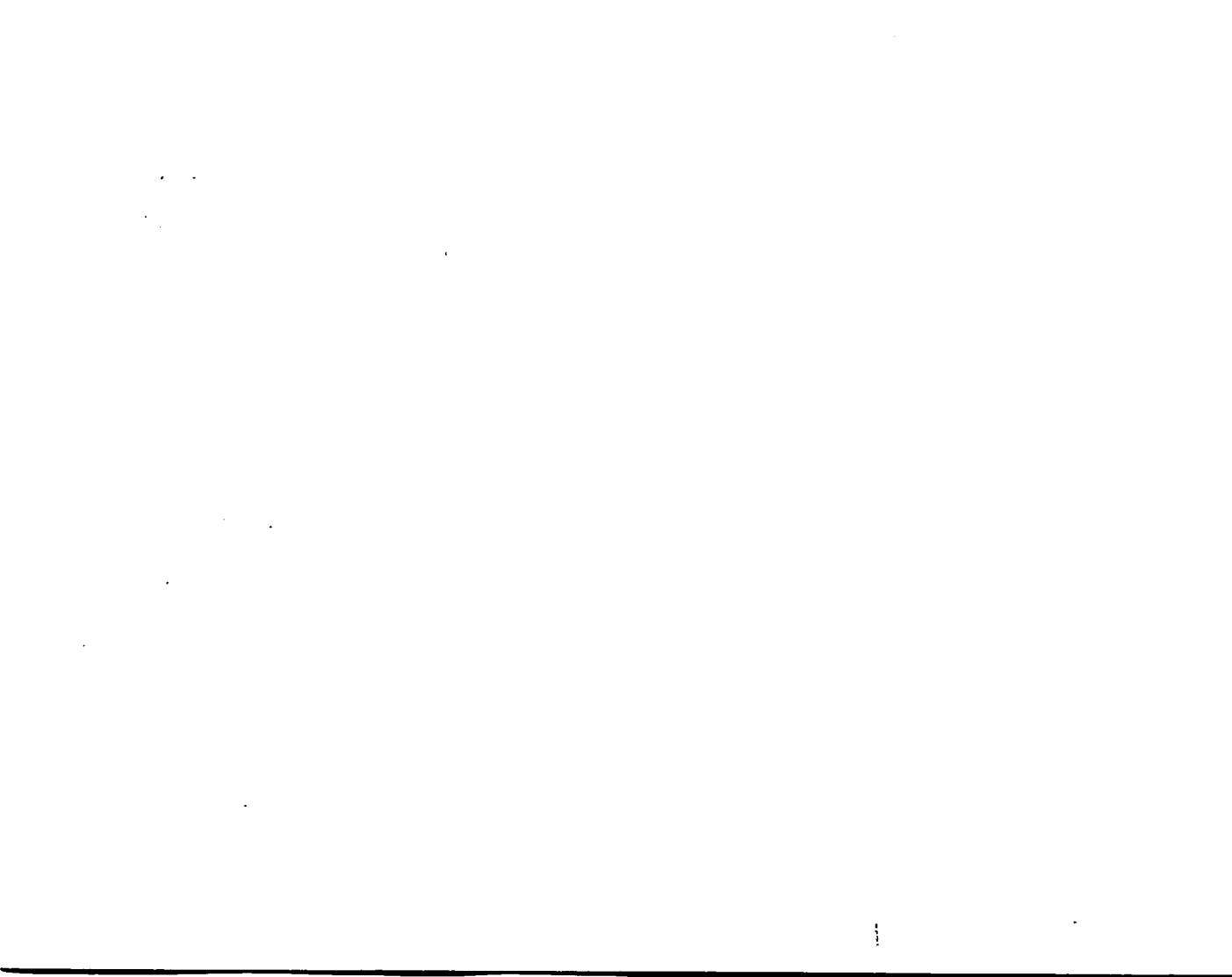
(Signature) Allegory  
(Physician or midwife)

Given names added from a supplemental report.

19.

Address MaladFiled July 5 1920 R. M. Mower Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

36-2-23-036-692

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Owyhee

City of Malad

Registration District No. 26

File No. 81074

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069 Registered No. 113

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
<u>Male</u>				<u>Yes</u>	<u>June 23</u> 19 <u>20</u>

FULL NAME OF FATHER Basel A. C. Soponce

FULL MAIDEN NAME OF MOTHER Fannie Fisher

RESIDENCE Malad

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

BIRTHPLACE Marion

OCCUPATION Hardware Clerk

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 3:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Utton  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Kiva Ann Soponce 19

Address Malad

W. C. Murphy State Registrar

Filed July 5 1920 P. M. Over Registrar

MAR 24 1967

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

359-226-036-713

Filed 1/21/20

Form V. S. No. 11-C-25m-7-21

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of Oneida

CERTIFICATE OF BIRTH

City of Malad

Registration District No. 26

File No. 81075

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 114

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mabel Dolores Leigh

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 26 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	---	--------------------------------	---

FATHER  
FULL NAME Guyle Leigh

MOTHER  
FULL MAIDEN NAME Mabel K Palmer

RESIDENCE Malad

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 27  
(Years)

COLOR White AGE AT LAST BIRTHDAY \_\_\_\_\_  
(Years)

BIRTHPLACE Malad

BIRTHPLACE Utah

OCCUPATION Farming

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 5:45 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

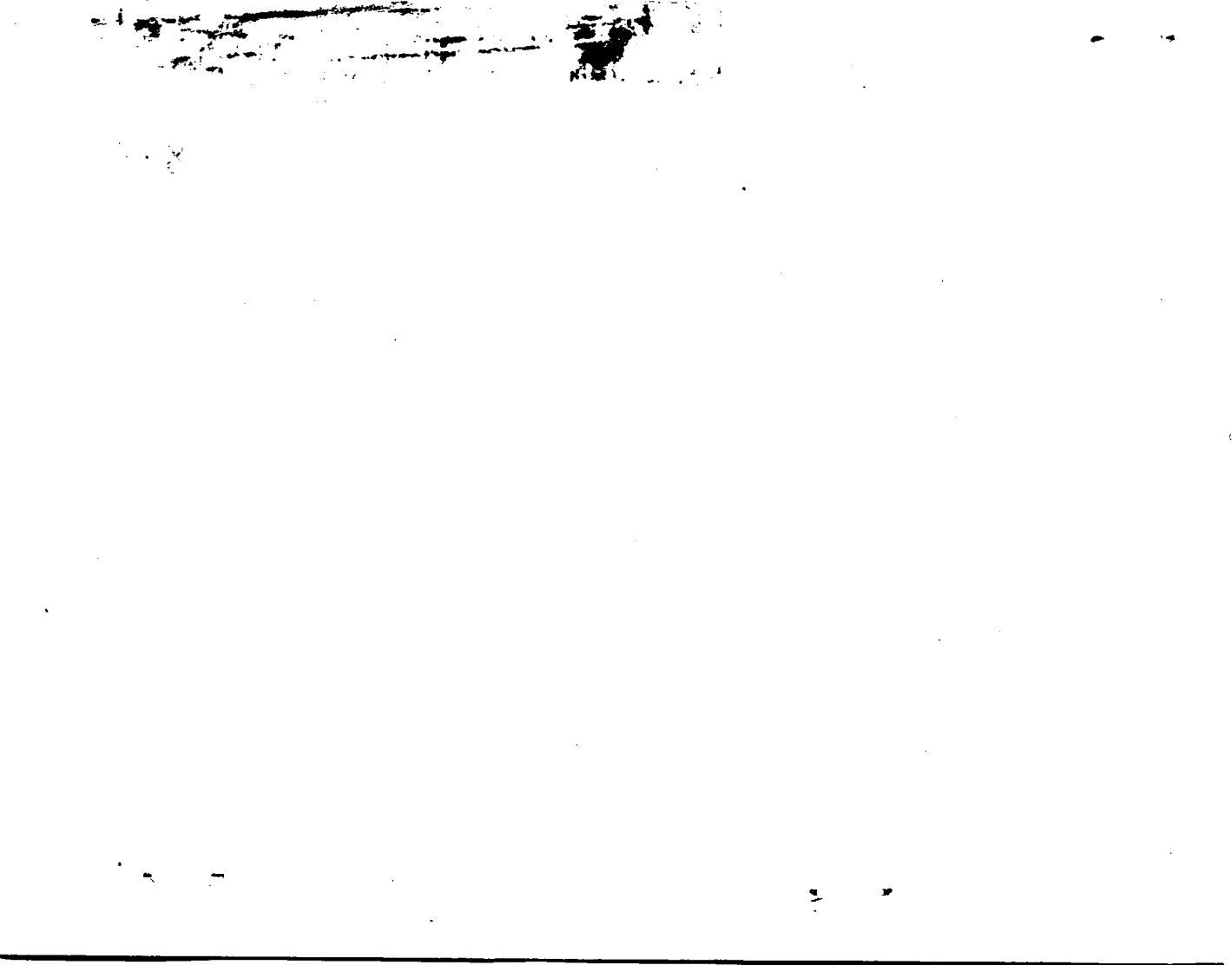
(Signature) J. F. Alton  
(Physician or midwife)

Given names added from a supplemental report.  
Mabel Dolores Leigh 19

Address Malad

W. E. Murphy State Registrar

Filed July 5 1920 R. H. Hare Registrar



1/27/83~

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho } ss. ANZI AUG 21 1983 Certificate No. 81075  
County of Ada } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed Leigh who was born on June 26, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Malad, ID Oneida are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

ITEMS TO BE CORRECTED	FROM	TO
<u>full name of child</u>	<u>unnamed</u>	<u>Mabel Dolores Leigh</u>

Subscribed and sworn to before me this 27 day of  
January, 1983.  
Notary Public Theresa L. Gentry  
Residing at Boise, Idaho  
My commission expires April 3, 1985  
(Seal)

Mabel Dolores Leigh  
Signature of Applicant  
2015 Dora  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss. \_\_\_\_\_ (Must be completed \_\_)  
County of \_\_\_\_\_ } (Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Supporting Signature  
\_\_\_\_\_  
Street Address, City, State

JAN 27 1983

Birth certificate of son Dwaine Leigh Carver born Feb. 14, 1959 at Boise S.F.# 59-1258 gives name of mother as Mabel Dolores Leigh.  
Viewed by V.S.

District Court document dated August 25, 1960 gives name of plaintiff as Mable Dolores Carver -vs- John Robert Carver ex-husband for reimbursement of support.  
Viewed by V.S.



165-203-037-613

PLACE OF BIRTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81076

County of *Carroll*City of *Hamdale*

Registration District No. ....

*130*

File No. ....

No. .... St.

Primary Registration District No. ....

*Hamdale*

Registered No. ....

Hospital .....

FULL NAME OF CHILD .....

*Ruby Jane Jones*

Sex of Child

*FM*Twin  
Triplet  
or other?  
(To be answered only in event of plural births)Number  
and in order  
of birthLegiti-  
mate?*yes*

Date of Birth

*June 3 1920*  
(Month) (Day) (Year)

FULL NAME

*Geo. V Jones*

FATHER

FULL MAIDEN NAME

*Margaret Walters*

MOTHER

RESIDENCE

*Hamdale*

RESIDENCE

*Hamdale*

COLOR

*W*

AGE AT LAST BIRTHDAY

*34*  
(Years)

COLOR

*White*

AGE AT LAST BIRTHDAY

*23*  
(Years)

BIRTHPLACE

*Idaho*

BIRTHPLACE

*Idaho*

OCCUPATION

*Farmer*

OCCUPATION

*HW*

Number of child of this mother, including present birth .....

*7*

Number of children of this mother now living, including present birth .....

*7*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated.*Born alive* ..... at *11* .....  
(Born alive or stillborn) *PM*

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

*Simone Hopper*

(Physician or midwife)

Given names added from a supplemental report.

*June 30 1920*  
*Simone Hopper*  
Registrar

Address .....

*Hamdale*

Filed .....

*June 30 1920**Simone Hopper*  
Registrar

MARGIN RESERVED FOR BONDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1920-404827

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

912-212-038-133

PLACE OF BIRTH

amend 11-5-81

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Payette

City of \_\_\_\_\_

Registration District No. 4File No. 81078

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1008Registered No. 19

Hospital \_\_\_\_\_

FULL NAME OF CHILD Hazel RabySex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?YesDate of  
BirthJan 121920

(Month)

(Day)

(Year)

FULL NAME B. J. Raby FATHERFULL MAIDEN NAME Pansy Allen MOTHERRESIDENCE Near Payette, IdahoRESIDENCE Near Payette, IdahoCOLOR WhiteAGE AT LAST BIRTHDAY 44  
(Years)COLOR WhiteAGE AT LAST BIRTHDAY 21  
(Years)BIRTHPLACE North CarolinaBIRTHPLACE IdahoOCCUPATION FarmingOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 2<sup>45</sup> A. M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) B. H. AveryPhysician  
(Physician or midwife)

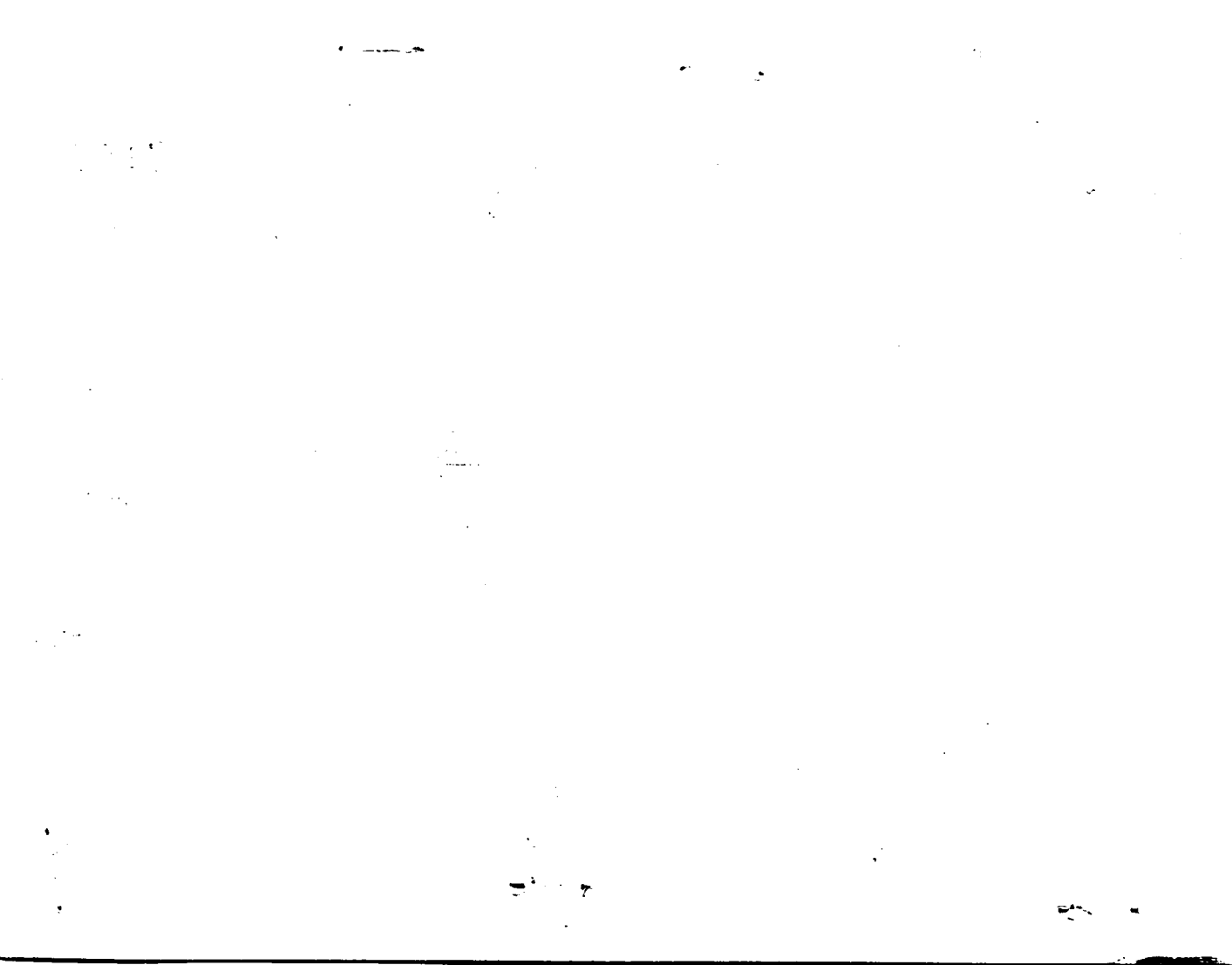
Given names added from a supplemental report.

19 \_\_\_\_\_

Address Payette, IdaFiled JUL 15 1920 19 \_\_\_\_\_

Registrar

Registrar J. C. Woodward



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Nov 4 9 24 AM '81 Certificate No. 81078  
County of Payette } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for unnamed Raby who was born on January 11, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Payette, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

name unnamed Hazel Raby  
date Jan. 11, 1920 Jan. 12, 1920  
mother's maiden name omitted Pansy L. Allen

Subscribed and sworn to before me this 30th day of July, 1976

Signed Gordon W. Raby  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Payette, Id.  
My commission expires 6-1-77  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Payette }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of July, 1976

Signed Hazel Mogensen  
(Signature of Any Credible Person)

Notary Public, residing at Payette, Id.  
My commission expires 6-1-77  
(Seal)

Star Route, Payette, Idaho  
(Street Address, City, State) 83661

High School record dated 9-4-34 gives Hazel Raby daughter of Sam Raby was born 1-12-20. Viewed by V.S. - Graduated 5-20-35

NOV 5 1981

Brothers birth Certificate Eugen Jack Raby born 2-17-21 at Payette to Samuel J Raby and Pansy Allen state file # 328188.

Family record dated and notarized 7-30-76 in Payette gives Hazel Raby now Hazel Raby Morgensen was born 1-12-20 at Payette to Samuel J Raby and Pansy L Raby maiden name Allen. Viewed by V.S.

FEB 26 1982

133-126-038-393

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of PayetteRegistration District No. 4 File No. 81079

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1008 Registered No. 20

Hospital \_\_\_\_\_

FULL NAME OF CHILD IVAN CLARENCE ALLEN

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Mar 26</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	---------------------------	---

FULL NAME <u>Henry Allen</u>	FATHER	FULL MAIDEN NAME <u>Hazel Siller</u>	MOTHER
RESIDENCE <u>Payette Ida</u>		RESIDENCE <u>Payette Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Iowa</u>		BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>6</u>	Number of children of this mother now living, including present birth <u>6</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive, at 12:05 p.m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

JUL 15 1920

Filed \_\_\_\_\_

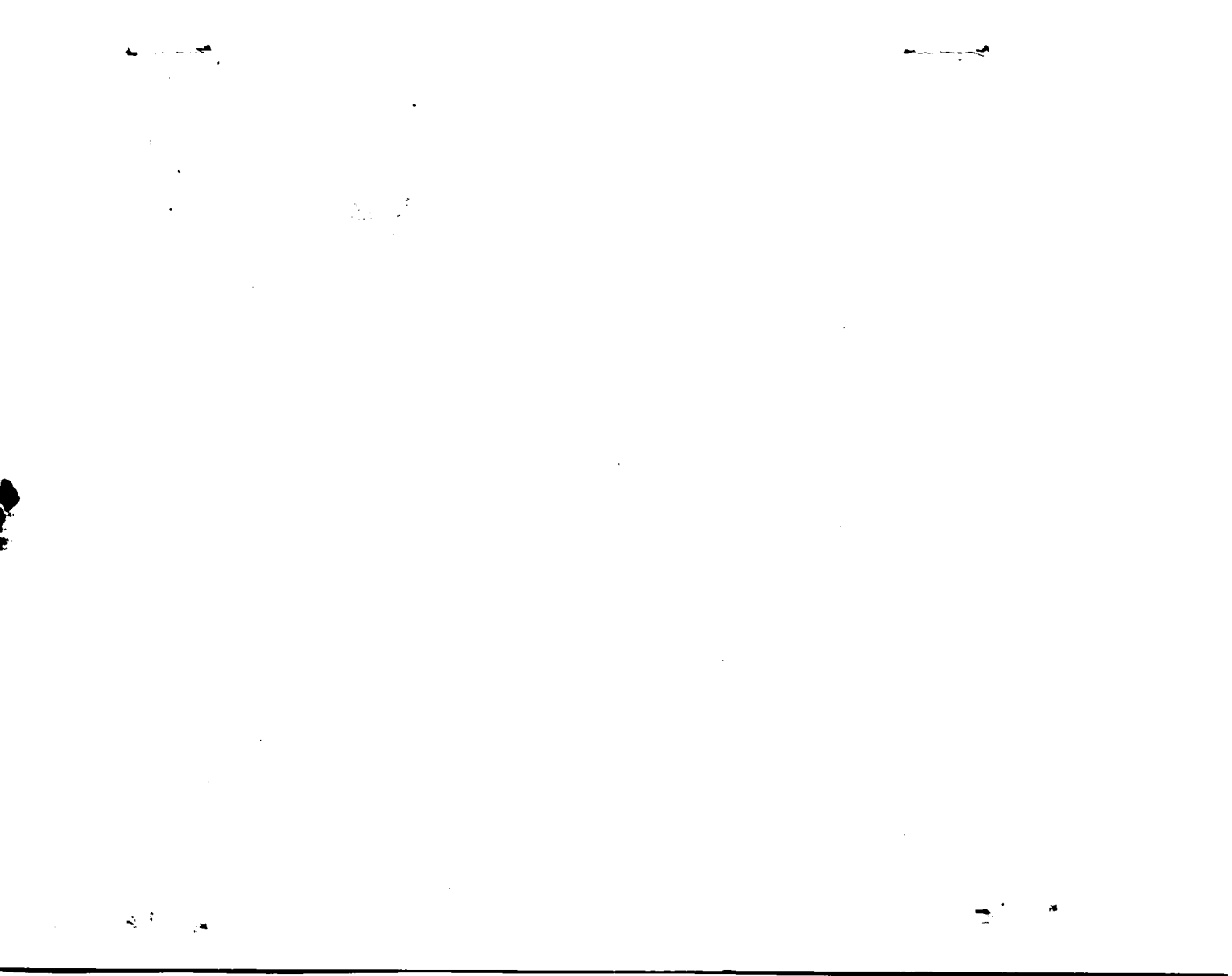
19 \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





# STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

### AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 81079  
County of Lane } JUN 21 1943

The undersigned does solemnly swear that certain facts on the certificate of Ivan Clarence Allen Date Filed

for Allen who was on March 26, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Fayette, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record prepared on Shorttime after birth are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name" "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Ivan Clarence Allen

Subscribed and sworn to before me this 17  
day of June 19 43  
Hazel Simpson  
Notary Public, residing at Cottage Grove, Oregon  
My commission expires 10/23/45  
(Seal)

Signed Hazel Simpson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Cottage Grove, Oregon  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss. [This Affidavit **MUST** Also be Executed.  
County of Lane } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17  
day of June 19 43  
Ellen Tiller  
Notary Public, residing at Cottage Grove, Oregon Oakridge, Oregon  
My commission expires 10/23/45  
(Seal) (Street Address, City, State)

JUN 23 1943

MAR 12 1958

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

451-131-038-254

Form V. S. No. 11-C-35m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 81080

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1008 Registered No. 21

Hospital \_\_\_\_\_

FULL NAME OF CHILD Samuel Clarence Deardorff, Jr.

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Mar 31 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-------------------------------	--

FULL NAME <u>S C Deardorff</u>	FATHER
RESIDENCE <u>Payette Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Penn.</u>	
OCCUPATION <u>Barber</u>	

FULL MAIDEN NAME <u>Pearl Bidell</u>	MOTHER
RESIDENCE <u>Payette Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Ind.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 220 p  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) g R Woodward MD

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

JUL 15 1920

Filed \_\_\_\_\_

19 \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

(Physician or midwife)

Payette, Ida

g R Woodward

104 2<sup>nd</sup> ed

659-1071038-564

amended 11/5/80

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of PayetteNo. Cor 10 St 47<sup>th</sup> Ave. St.Registration District No. 4File No. 81081

Hospital \_\_\_\_\_

Primary Registration District No. 1008Registered No. 22

FULL NAME OF CHILD

Duane Lindsay Weir

Weir

Sex of Child

m

Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?

Yes

Date of  
Birth

Apr 7

1920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Archie L. Weir

FULL  
MAIDEN  
NAME

MOTHER

Elma Nodde

RESIDENCE

Ontario, Or - R 70.

RESIDENCE

with husband

COLOR

W

AGE AT LAST  
BIRTHDAY

35

(Years)

COLOR

W

AGE AT LAST  
BIRTHDAY

24

(Years)

BIRTHPLACE

Kans.

BIRTHPLACE

Iowa

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

New Plymouth Idaho

Filed

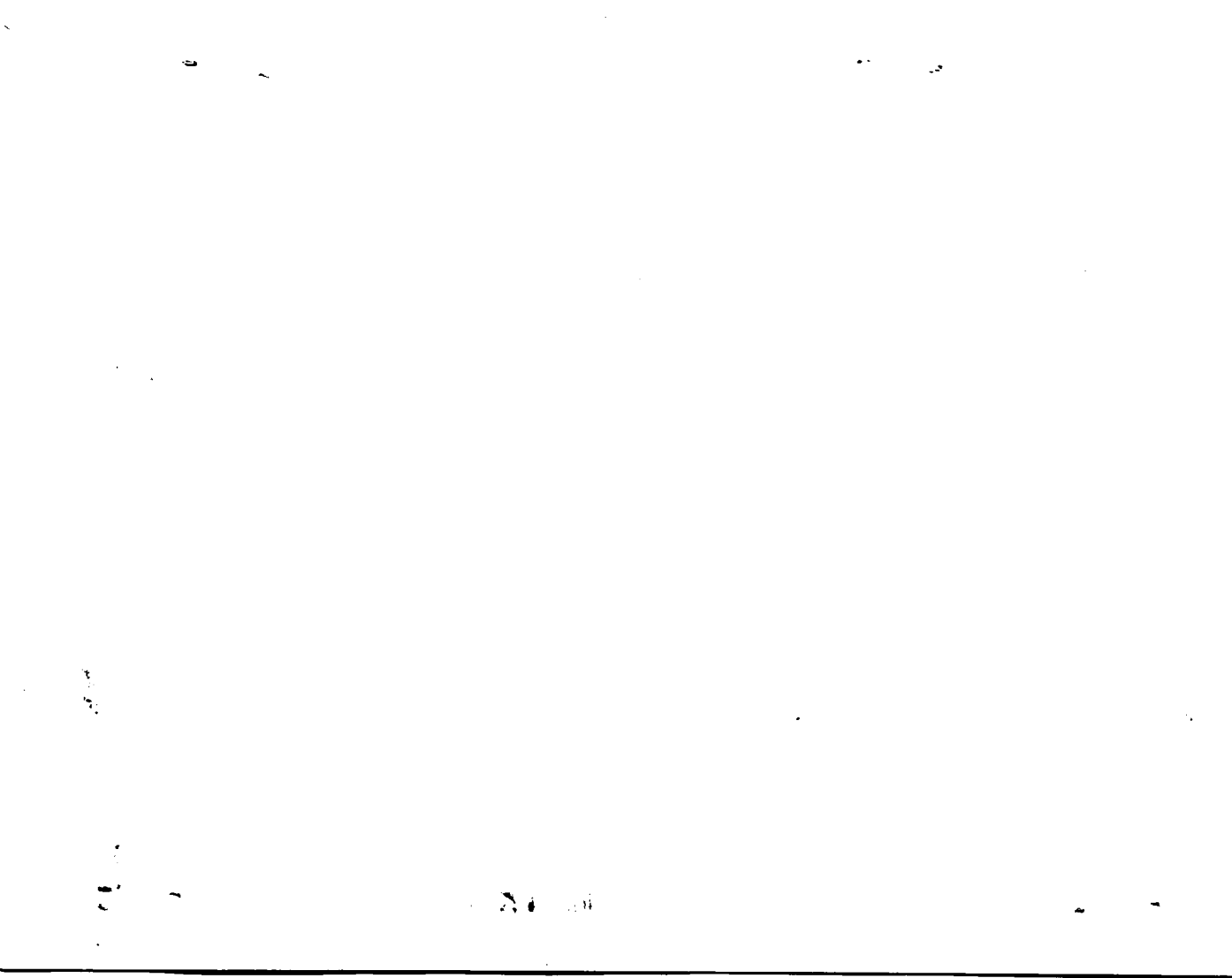
JUL 16 1920

19

J.C. Woodward

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

NOV 3 - 1980

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

Certificate No. 81081

Date Filed \_\_\_\_\_

Bureau of Vital Statistics

birth \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for Dwain Lindsay Weir who was born on Apr. 7, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Payette are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

Child's name

Dwain

Duane

Subscribed and sworn to before me this 27th day of

October, 1980

Notary Public, Florence Cartwright

Residing at Boise

My commission expires Lifetime  
(Seal)

Dwain L. Weir  
Signature of Applicant

3422 11th - Lewiston 83501  
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal) In office 10-27-80

Supporting Signature

1 Card  
- JCP pd - 10-27-80

Public School Leaving Diploma from Dept of Education of the Province of Alberta  
Canada gives name as Duane Lindsay Weir, dated July 25, 1924. for Grade 8.  
viewed by V. S.

Honorable Discharge from the US Army gives name as Duane L. Weir. born April 7  
1920 in Payette, Idaho. date of separation is Sept 21, 1945. viewed by V. S.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

364-110-038-863

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of PayetteCity of PayetteRegistration District No. 4File No. 81082

No. \_\_\_\_\_ St.

Primary Registration District No. 1008 Registered No. 23

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Emmett E. ComptonSex of  
ChildMaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthApril 10 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEEmmett E. Compton

FATHER

FULL  
MAIDEN  
NAMEAnna Hallands

MOTHER

RESIDENCE

Payette Ida

RESIDENCE

Payette Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY56  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Wich

BIRTHPLACE

So Dakota

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Born alive, at 6 p. m.  
(Born alive or stillborn)

J. R. Woodward M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Payette Ida

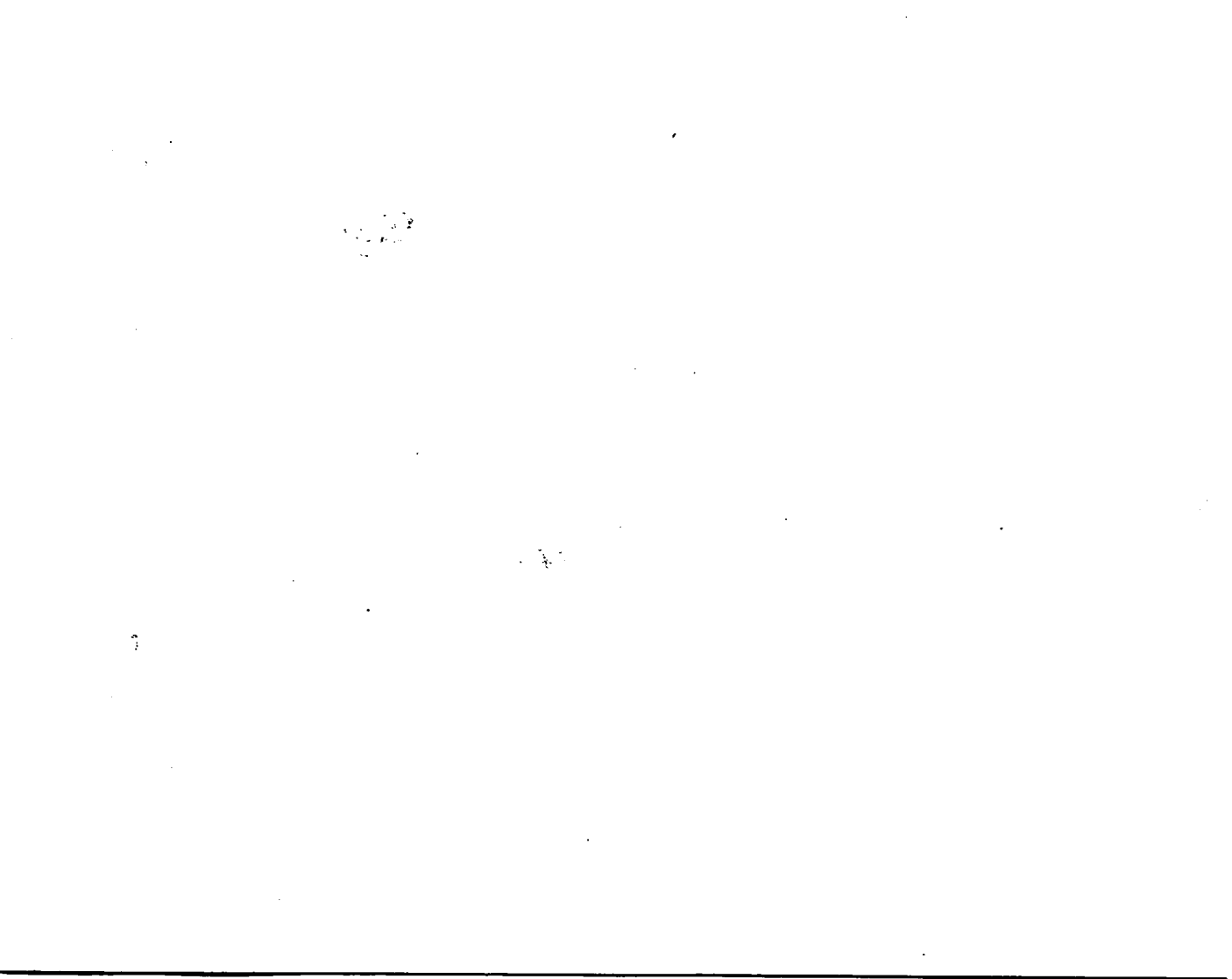
Filed

JUL 15 1920

19

Registrar

Registrar



751-2161038-295

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of PayetteCity of Payette

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 4 File No. 81083

Hospital \_\_\_\_\_

Primary Registration District No. 1008 Registered No. 24

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Apr 16</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Jos &amp; Please</u>	FATHER		FULL MAIDEN NAME <u>Alpha May King</u>		MOTHER
RESIDENCE <u>Payette Ida</u>			RESIDENCE <u>Payette, Ida</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>White</u>		AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Neb.</u>			BIRTHPLACE <u>Miss.</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Woodward

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

Filed 15 1920

19. \_\_\_\_\_

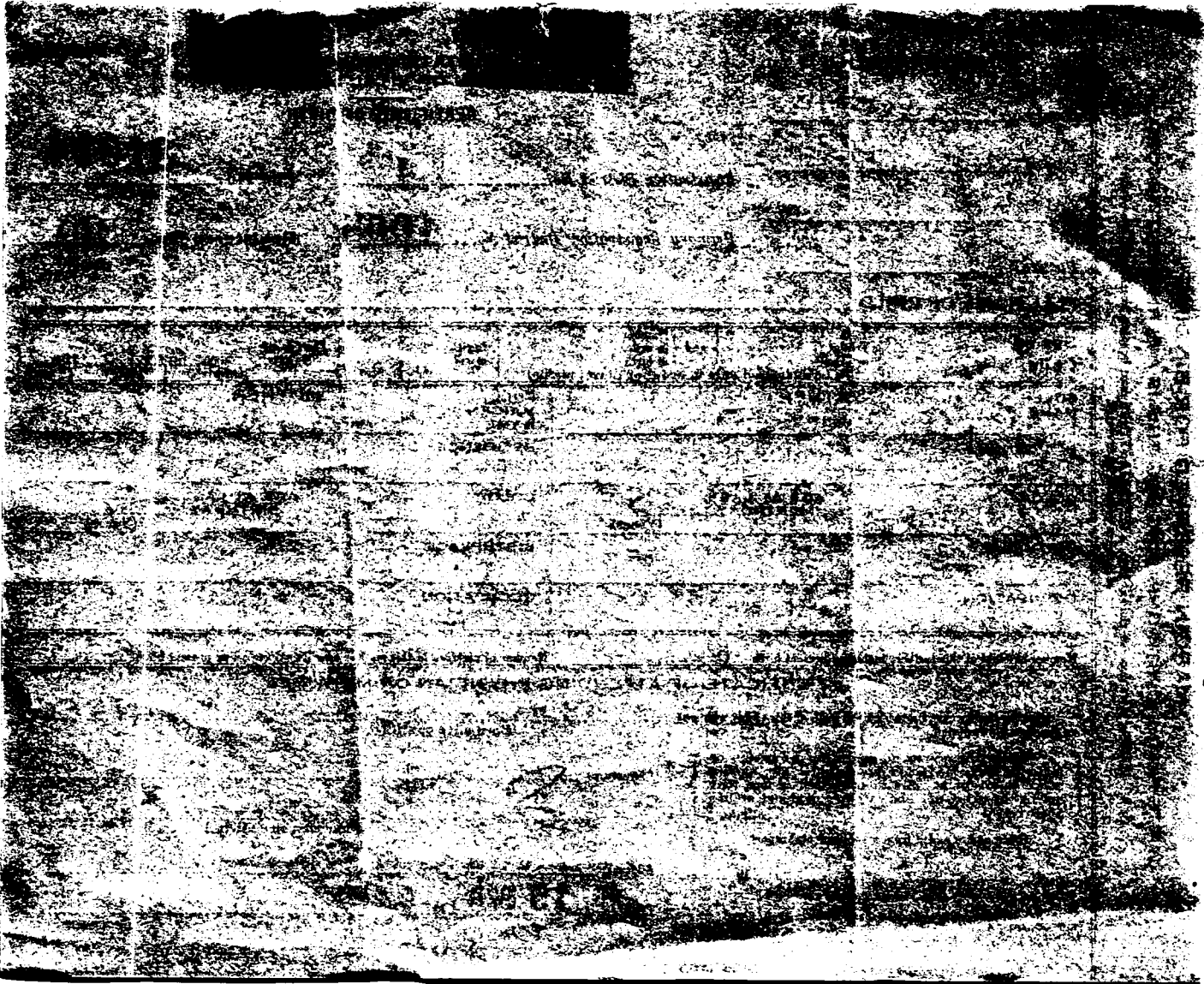
Registrar

Registrar

NOV 14 1966

FEB 15 1973

**Registrar**



MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-220-078-231

PLACE OF BIRTH

County of Payette

City of Payette

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V, S. No. 11-C-20a-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 81085

Primary Registration District No. 1008 Registered No. 26

Hazel Eta Price

Sex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth 5 20 1920 (Month) (Day) (Year)

FATHER  
FULL NAME William Price  
RESIDENCE Payette Ida  
COLOR W. AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Butcher

MOTHER  
FULL MAIDEN NAME Hilda Scanlin  
RESIDENCE Payette Ida  
COLOR W. AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Ida.  
OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_

Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

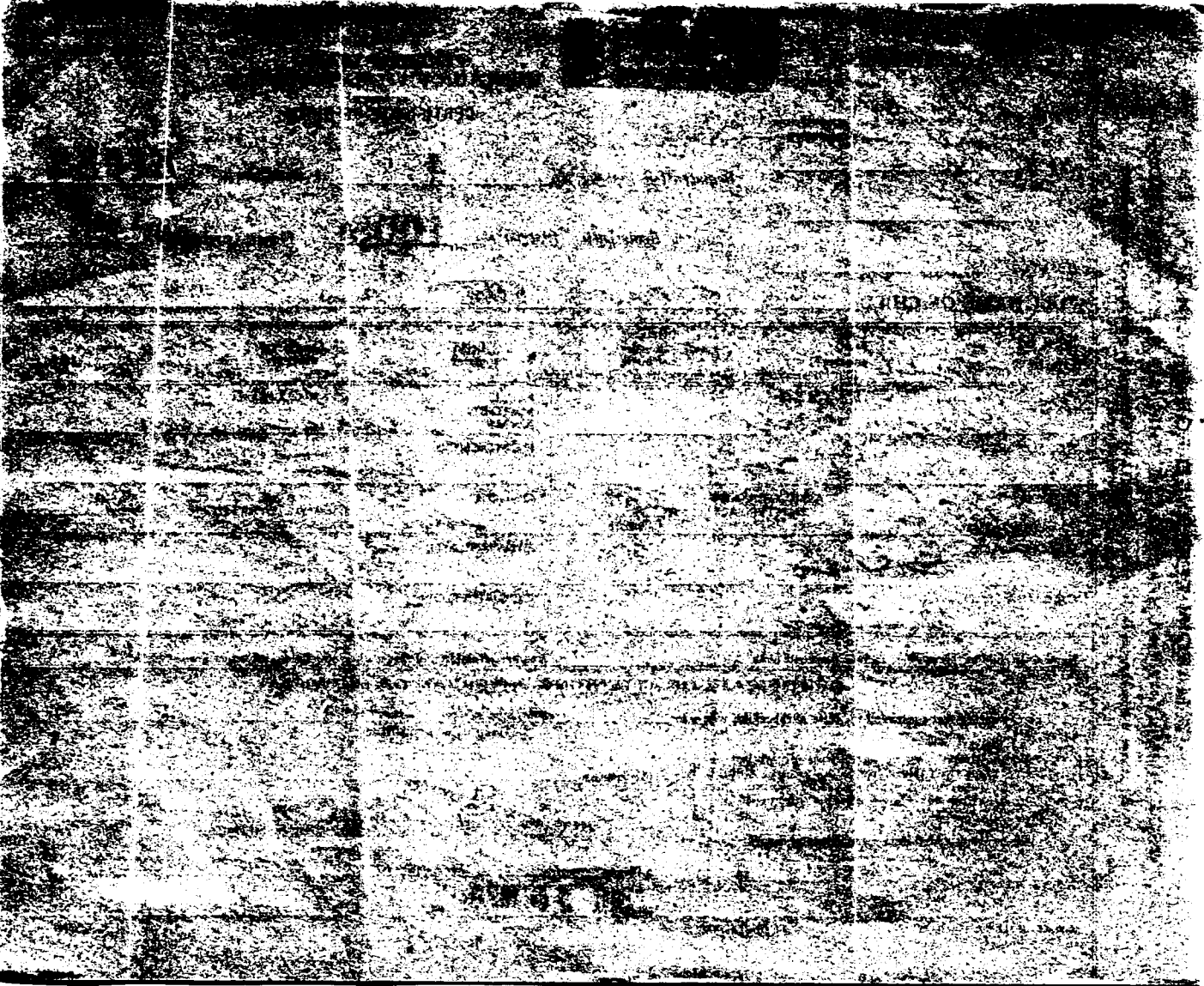
Born alive at 9 9 A. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. McDonald (Physician or midwife)

Given names added from a supplemental report

Address Payette Ida  
File JUL 15 1920 J. C. Woodward Registrar





819-220-078-356

PLACE OF BIRTH

County of Payette

City of New Plymouth

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Eula Kennedy May

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20a-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 4

File No. 81086

Primary Registration District No. 1008

Registered No. 27

Sex of Child <u>Female</u>	Twin, Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>5</u> <u>20</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Jean May</u>	FATHER
RESIDENCE <u>New Plymouth Ida</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Ida.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Florence Lewis</u>	MOTHER
RESIDENCE <u>New Plymouth</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_

Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Lain alive at 4 P. M.  
(Born alive or stillborn)

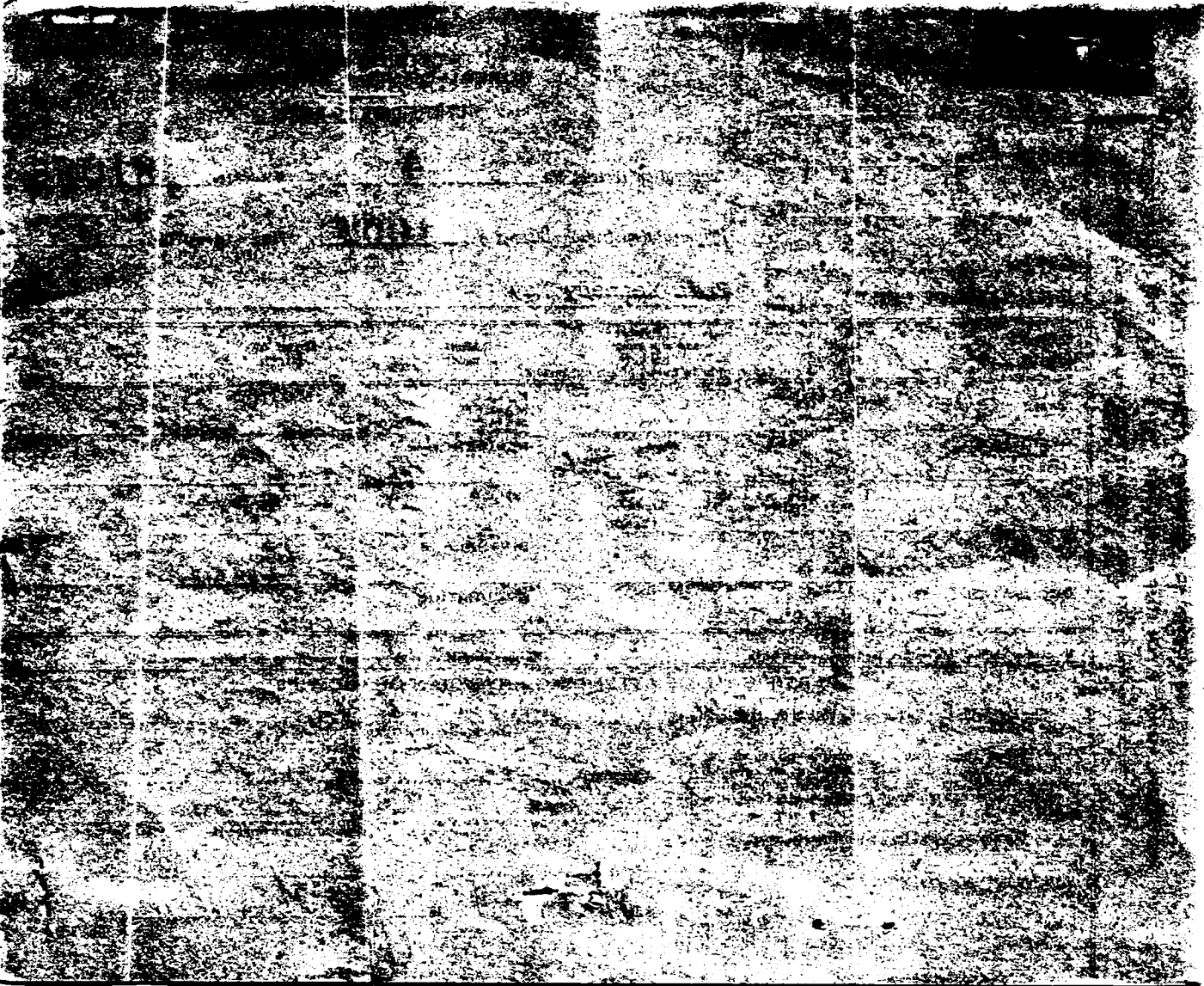
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Woodward  
Payette Ida.  
(Physician or midwife)

Given names added from a supplemental report

\_\_\_\_\_ 19 \_\_\_\_\_

Address \_\_\_\_\_  
JUN 15 1920  
J. C. Woodward  
Registrar



Own child's birth cert. #365063, gives mother's name as Eula Kennedy May, viewed  
by V.S. Marriage license dated August 26, 1939, Payette Co., shows name as  
Eula Kennedy May, viewed by IDAHO STATE BOARD OF HEALTH  
V.S. DIVISION OF VITAL STATISTICS

## Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 81086  
County of Payette } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed May who born on May 20, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in New Plymouth, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Bible Record prepared on 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Eula Kennedy May

Subscribed and sworn to before me this 6th day of  
May, 1959  
John E. Wagner  
Notary Public, residing at New Plymouth, Idaho  
My commission expires Sept. 19, 1962  
(Seal)

Signed Florence King  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
New Plymouth, Idaho  
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit MUST Also be Executed.  
County of Payette } (See Chapter 139, 1937 Idaho Session Laws.)  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge.  
Subscribed and sworn to before me this 6th day of  
May, 1959  
John E. Wagner  
Notary Public, residing at New Plymouth, Idaho  
My commission expires Sept. 19, 1962  
(Seal)

Signed Thos. R. ...  
(Signature of Any Credible Person)  
New Plymouth, Idaho  
(Street Address, City, State)

JUL 14 1959

859-126-038-244

## PLACE OF BIRTH

County of PayetteCity of Payette

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Walter Wade HazeltimeSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-4-18-18

Registration District No. 4 File No. 81087Primary Registration District No. 1008 Registered No. 28

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth {and}	Legiti- mate?	DATE OF BIRTH <u>May 26</u> (Month) (Day) (Year) <u>1922</u>
FULL NAME <u>Walter D. Hazeltime</u>	FATHER <u>Hazeltime</u>		FULL MAIDEN NAME <u>Elsie M. Smith</u>	MOTHER
RESIDENCE <u>Payette</u>			RESIDENCE <u>Payette</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Kansas</u>			BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Bus driver</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Keese M.D.

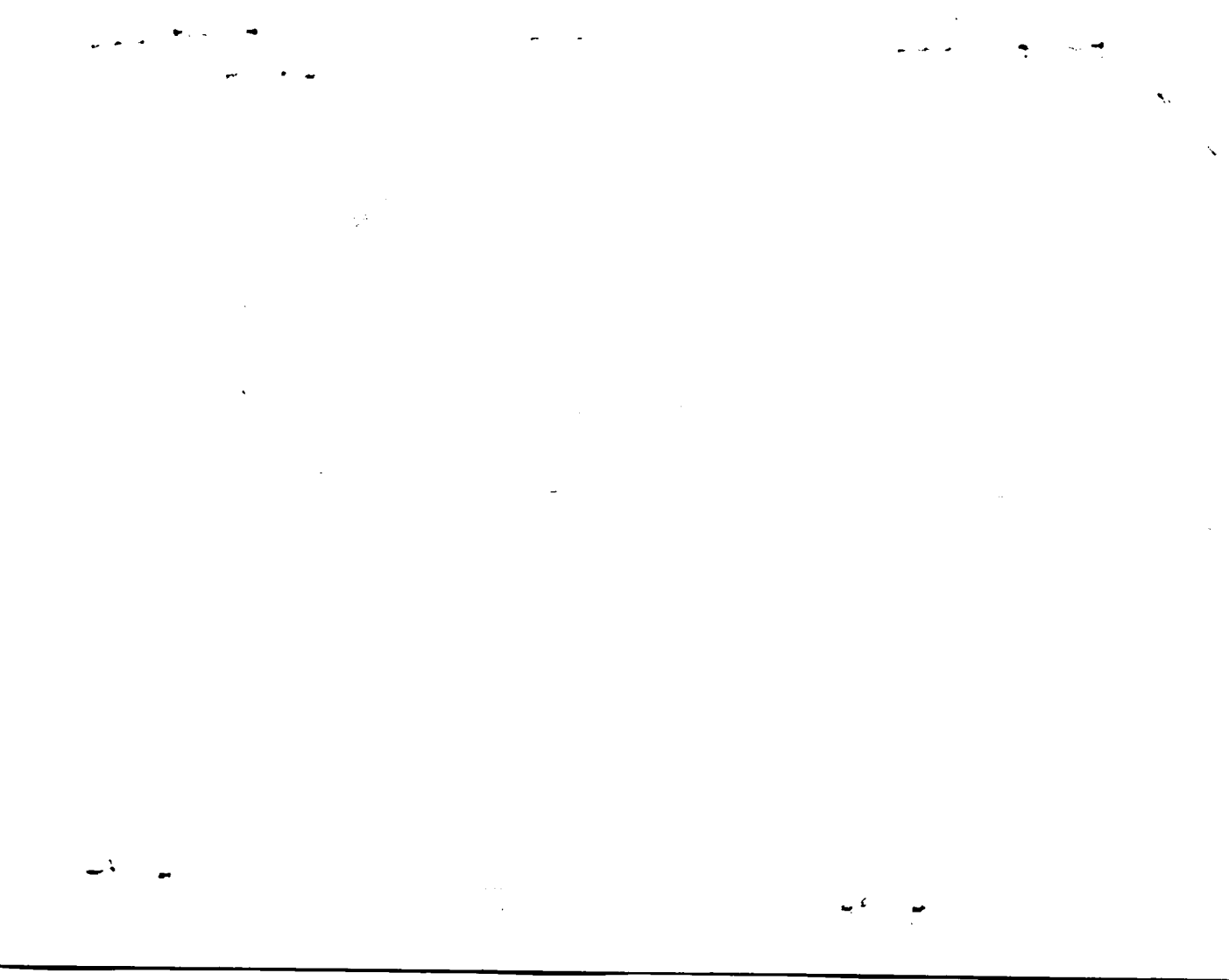
(Physician or midwife)

Given names added from a supplemental report.

Address Ontario, OregonJUL 15 1922  
Filed \_\_\_\_\_ 19 \_\_\_\_\_

Registrar

Registrar



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
 County of Ada } ss.

Certificate No. 81087  
 Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of  
 for Unnamed Hazelting who born on May 26, 1920  
 (Name on original certificate) (Was born or died) (Date of event)  
 in Dayette, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of event)  
 true facts as shown by mother prepared on \_\_\_\_\_, are:  
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
 ("Name", "birth date", "cause of death", etc.)

FROM  
 (As on original)

TO  
 (The correct facts)

name Omitted Kalter Hada-  
Hazelting Hazelting

Subscribed and sworn to before me this 22d  
 day of December, 1941

Signed Elsie Hazelting  
 (Signature of parent or attendant if correcting a birth record; of  
 attendant, funeral director, informant if correcting a death record;  
 or other credible person.)

Notary Public, residing at Dayette, Idaho  
 My commission expires April 1, 1945  
 [SEAL]

Emmett Hada  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.

[This affidavit MUST also be executed.  
 (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
 (Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 [SEAL]

(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (Registrar's signature)

NOV 13 1969

DEC 22 1941



544.202.038-418

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of PayetteRegistration District No. 4File No. 81088

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1008 Registered No. 29

Hospital \_\_\_\_\_

FULL NAME OF CHILD ARLENE JUNE EDMUNSON

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimacy? <u>Yes</u>	Date of Birth <u>June 2, 1920</u> (Month) (Day) (Year)
----------------------------	----------------------------------	-----	-----------------------------------	------------------------	---

FULL NAME J. J. EdmundsonRESIDENCE Payette IdahoCOLOR White AGE AT LAST BIRTHDAY 4-9 (Years)BIRTHPLACE Samuel, Oreg.OCCUPATION LaborerFULL MAIDEN NAME Elizabeth MayfieldRESIDENCE Payette IdahoCOLOR White AGE AT LAST BIRTHDAY 39 (Years)BIRTHPLACE Oreg.OCCUPATION HousewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 8-10 a. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. P. Woodward M.D.

Given names added from a supplemental report.

19

Address Payette, Ida.Filed JUL 15 1920 19

Registrar

Registrar

SEP 4 1942

369-2041038-219

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of PayetteRegistration District No. 4File No. 81089

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1008 Registered No. 30

Hospital \_\_\_\_\_

FULL NAME OF CHILD

HAZEL ARLENE CORNELIUS

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birth

Legitimate?

yes

Date of Birth

June 4 1920  
(Month) (Day) (Year)

FULL NAME

Geo R Cornelius

FATHER

RESIDENCE

Payette Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Nevada

OCCUPATION

LaborerFULL  
MAIDEN  
NAMEBulah Barron

MOTHER

RESIDENCE

Payette, Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Colo.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

G. R. Woodward, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Payette, Ida

Filed

JUL 15 1920

19

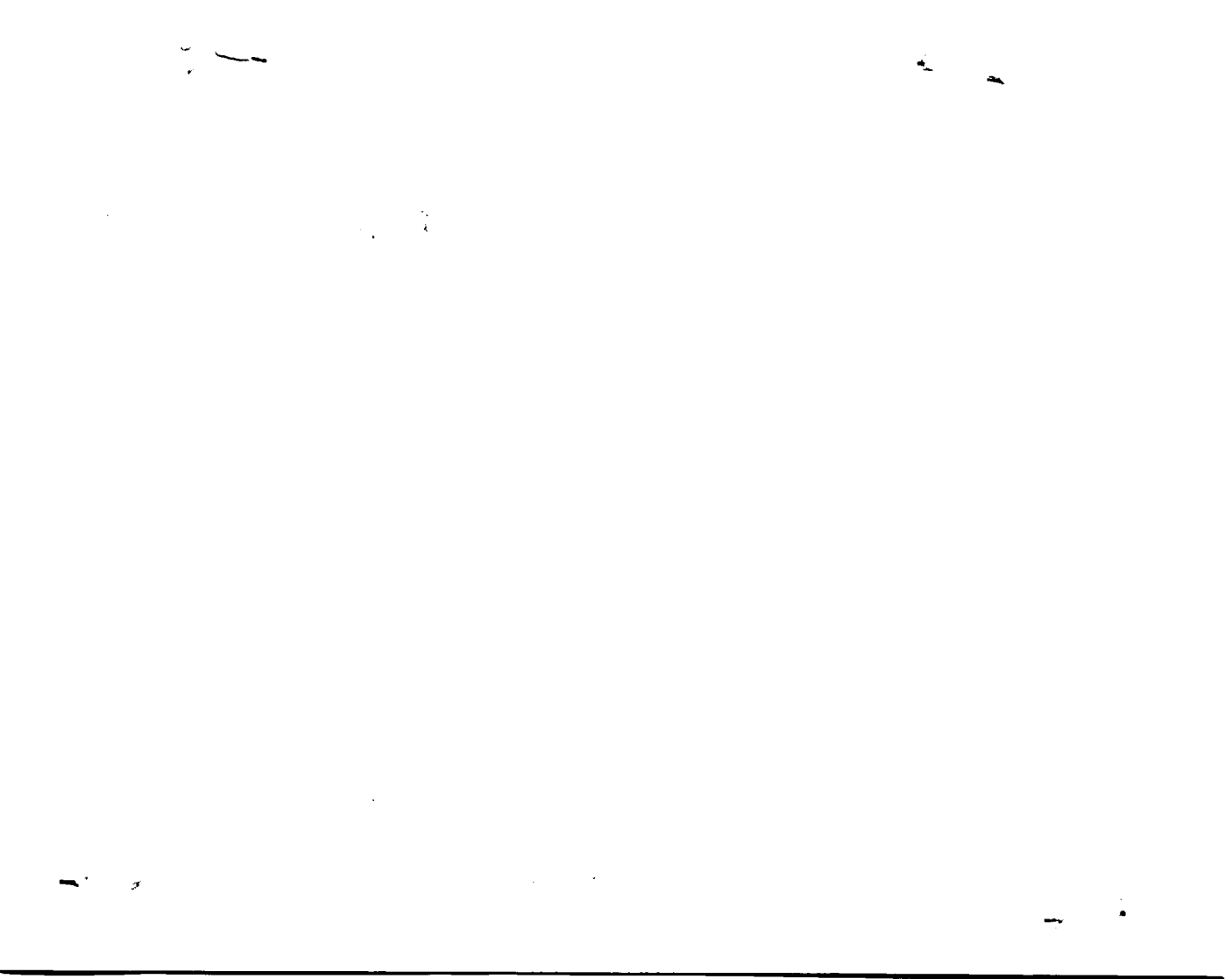
J. C. Woodward

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. **NOV 8 1941** Certificate No. 81089  
County of Payette } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or death)  
for Unnamed Cornelius who was born on June 4 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Payette, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by Bible record prepared on June 30 1920, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Name \_\_\_\_\_

Unnamed Cornelius

Hazel Arlene Cornelius

Subscribed and sworn to before me this 7<sup>th</sup>  
day of November, 1941

Signed Mrs. B. Cornelius  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Payette, Idaho  
(Street Address, City, State)

Notary Public, residing at Payette, Idaho  
My commission expires Sept. 10, 1945  
[SEAL]

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Payette }

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7<sup>th</sup>  
day of November, 1941

Signed Mary E. Hulley  
(Signature of any credible person other than the previous affiant.)

Payette, Idaho  
(Street Address, City, State)

Notary Public, residing at Payette, Idaho  
My commission expires Sept. 10, 1945  
[SEAL]

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

363-109-038-291

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Payette

City of Payette

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 4 File No. 81090

Hospital \_\_\_\_\_

Primary Registration District No. 1008 Registered No. 31

FULL NAME OF CHILD

Kenneth Le Verne

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>June 9</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME Glen Collingsworth

RESIDENCE Emmett Ida

COLOR White AGE AT LAST BIRTHDAY 26  
(Years)

BIRTHPLACE Kan

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Gerese Brady

RESIDENCE Emmett Ida

COLOR White AGE AT LAST BIRTHDAY 22  
(Years)

BIRTHPLACE Colo.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 p. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Woodward, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Payette, Ida  
Filed JUL 15 1920 19 J. H. Woodward  
Registrar

Registrar

DEC 18 1963

Dup of 1920-232830



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-121-038-942

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-5-2-11-12

County of Payette

CERTIFICATE OF BIRTH

City of Payette

Registration District No. 4

File No. 81091

No.        St.       

Primary Registration District No. 1008

Registered No. 32

Hospital       

FULL NAME OF CHILD JUSTIN FRANKLIN RICHARDSON

Sex of Child <u>Male</u>	Twin Triplet or other? <u>      </u> (To be answered only in event of plural births)	and } Number in order of birth <u>      </u>	Legitimate? <u>Yes</u>	Date of Birth <u>6</u> <u>21</u> <u>1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME J. F. Richardrson  
RESIDENCE Payette, Idaho.  
COLOR White AGE AT LAST BIRTHDAY 36 (Years)  
BIRTHPLACE Pa.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Alpha Russell  
RESIDENCE Payette, Idaho.  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Ore.  
OCCUPATION Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at        at 11:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Russell  
(Physician or midwife)

Given names added from a supplemental report

       19       

Address Payette, Idaho.  
Filed JUL 15 1920 J. C. Woodward  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Washington }  
County of Spokane } SS.  
Certificate No. 81091  
Date Filed Birth  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Justin Franklin Richardson who was born on June 21, 1930  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)  
in Malheur County, Oregon are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by letter of mother prepared on Nov. 4<sup>th</sup> 1942, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**

(AS ON ORIGINAL)

**TO**

(THE CORRECT FACTS)

Name Justin Franklin Richardson  
Unnamed Justin Franklin Richardson

Subscribed and sworn to before me this 1<sup>st</sup>  
day of December, 1942

Edward J. Smith  
Notary Public, residing at Spokane

My commission expires April 24, 1943  
(SEAL)

Signed Alpha R. Richardson  
(SIGNATURE OF PERSON OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

\*The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

CONFIDENTIAL - SECURITY INFORMATION

APR 24 1955

DEC 4 1942

W. J. I.

CONFIDENTIAL - SECURITY INFORMATION

349-123-038-555

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of PayetteCity of PayetteNo. 1030 Center St.Registration District No. 4 File No. \_\_\_\_\_

81092

Hospital \_\_\_\_\_

Primary Registration District No. 1008 Registered No. 33FULL NAME OF CHILD Robert Lloyd Curtis

Sex of Child <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 23</u> (Month) (Day) (Year) <u>1920</u>
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FATHER  
FULL NAME L. Webster CurtisRESIDENCE near Plymouth IdaCOLOR m AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE OhioOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Maudie Jeanette McElRESIDENCE with husbandCOLOR m AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE Kans.OCCUPATION HousewifeNumber of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 a.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

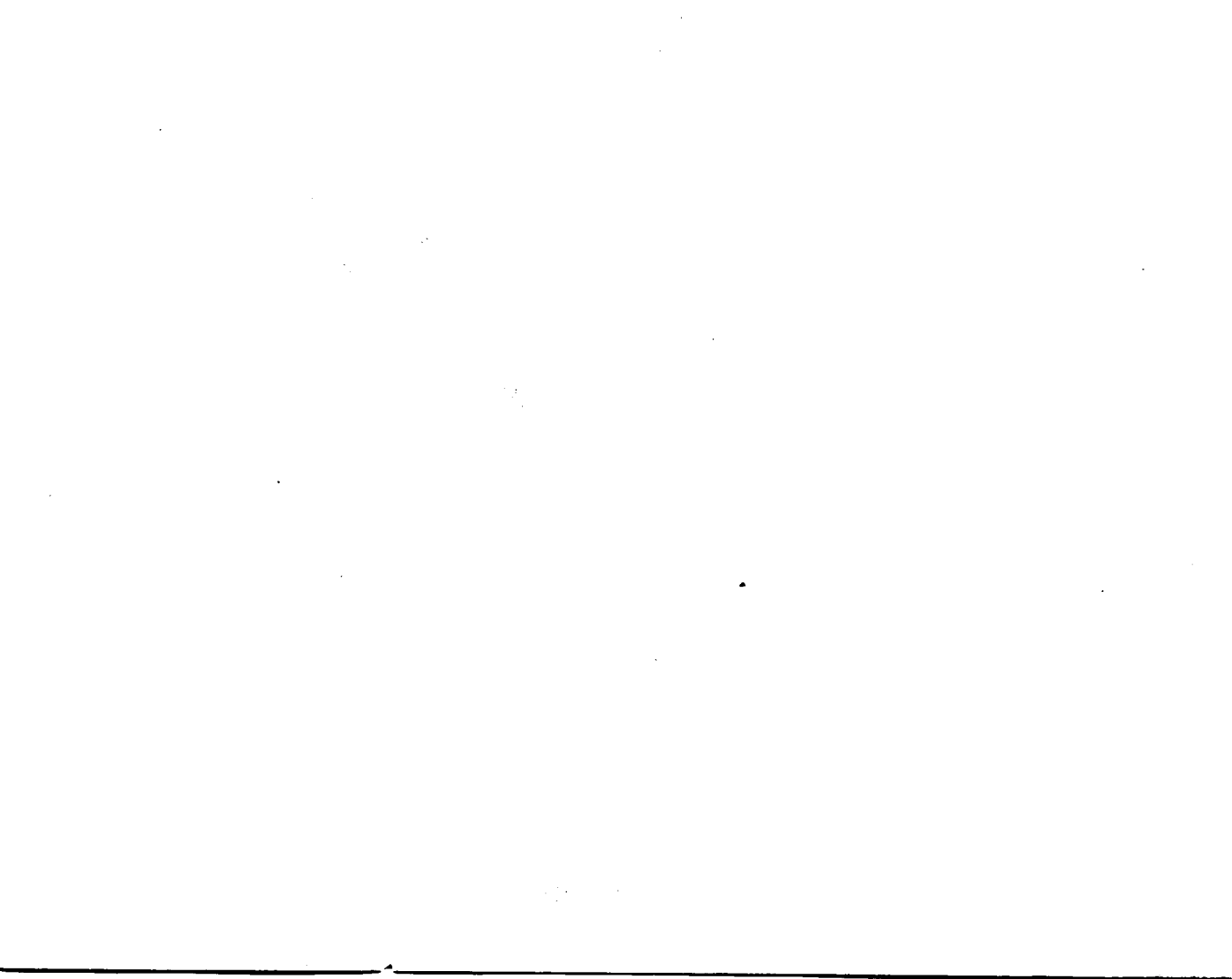
19

Address near Plymouth Ida

JUL 15 1920

Registrar

J.C. Woodward  
Registrar



MARGIN REQUIRED, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

185-225-038-229

PLACE OF BIRTH

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4

File No. 81093

No.        St.       

Primary Registration District No. 1008

Registered No. 34

Hospital       

FULL NAME OF CHILD Ellen Louise Ayers

Sex of Child <u>Female</u>	Twin Triplet or other? <u>      </u> and <u>      </u> Number in order of birth <u>      </u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>6</u> <u>25</u> <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>FATHER</u> <u>Clifford H. Ayers</u>
RESIDENCE <u>Payette, Idaho.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Ore.</u>
OCCUPATION <u>Farmer</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Edith E. Skippon</u>
RESIDENCE <u>Payette, Idaho.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Canada</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

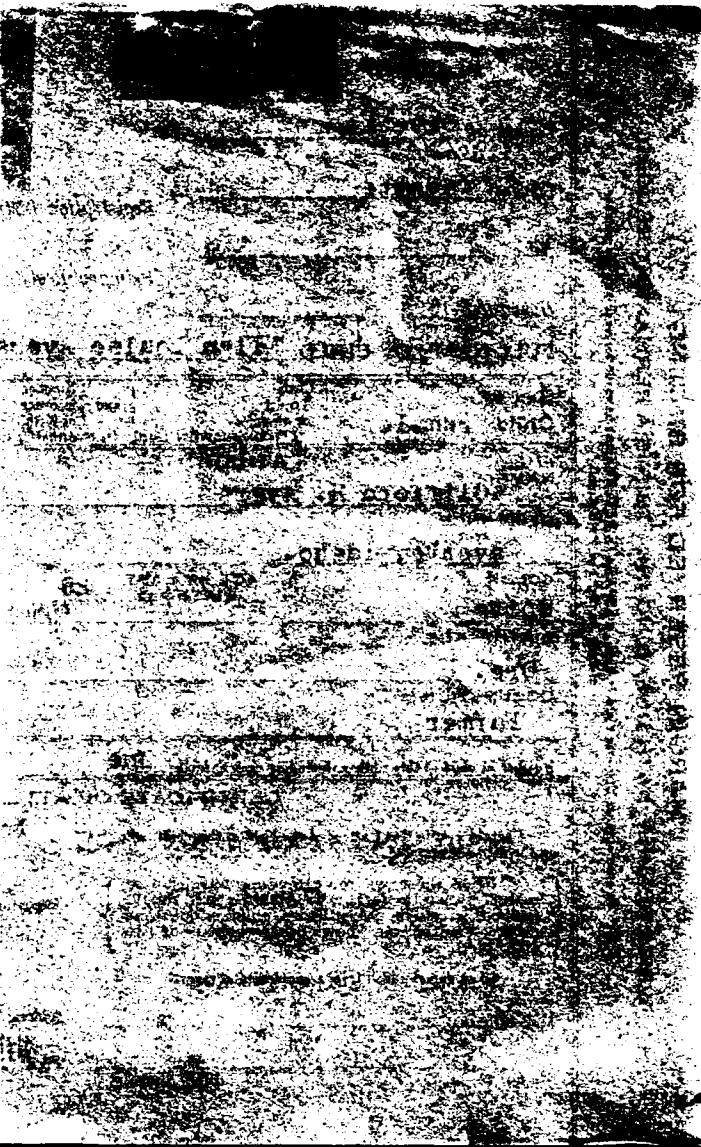
I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 8:45 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) *J. L. McDonald*  
(Physician or midwife)

Address Payette, Idaho.  
JUL 15 1920  
Filer *J. C. Woodward*  
Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

331-227-078-693

PLACE OF BIRTH

County of Payette

City of Payette

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ainslie Beatrice Clauson

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 4 File No. 81094

Primary Registration District No. 1008 Registered No. 35

Sex of Child <u>Female</u>	Twins Triplet or other? <u>No</u>	and {	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 27 20</u> (Month) (Day) (Year)
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FULL NAME <u>Carl A. Clauson</u>	FATHER
RESIDENCE <u>Payette Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Sweden</u>	
OCCUPATION <u>Bookman O. S. S. Ry</u>	

FULL MAIDEN NAME <u>Ethel Wilson</u>	MOTHER
RESIDENCE <u>Payette Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 a. m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Halenbauer  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida  
Filed JUL 15 1920 19 J. C. Woodward  
Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

413-209-038-356

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH
County of PayetteCity of New PlymouthRegistration District No. 5 File No. 81095

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2009 Registered No. 27

Hospital \_\_\_\_\_

FULL NAME OF CHILD Phyllis June Matthews **MATHEWS**

Sex of Child <u>7</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>June 9</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FULL NAME Ira Matthews **FATHER MATHEWS**RESIDENCE near New PlymouthCOLOR W AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE Kans-OCCUPATION farmer-FULL MAIDEN NAME Hattie Lewis **MOTHER**RESIDENCE with husbandCOLOR W AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:45 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D

(Physician or midwife)

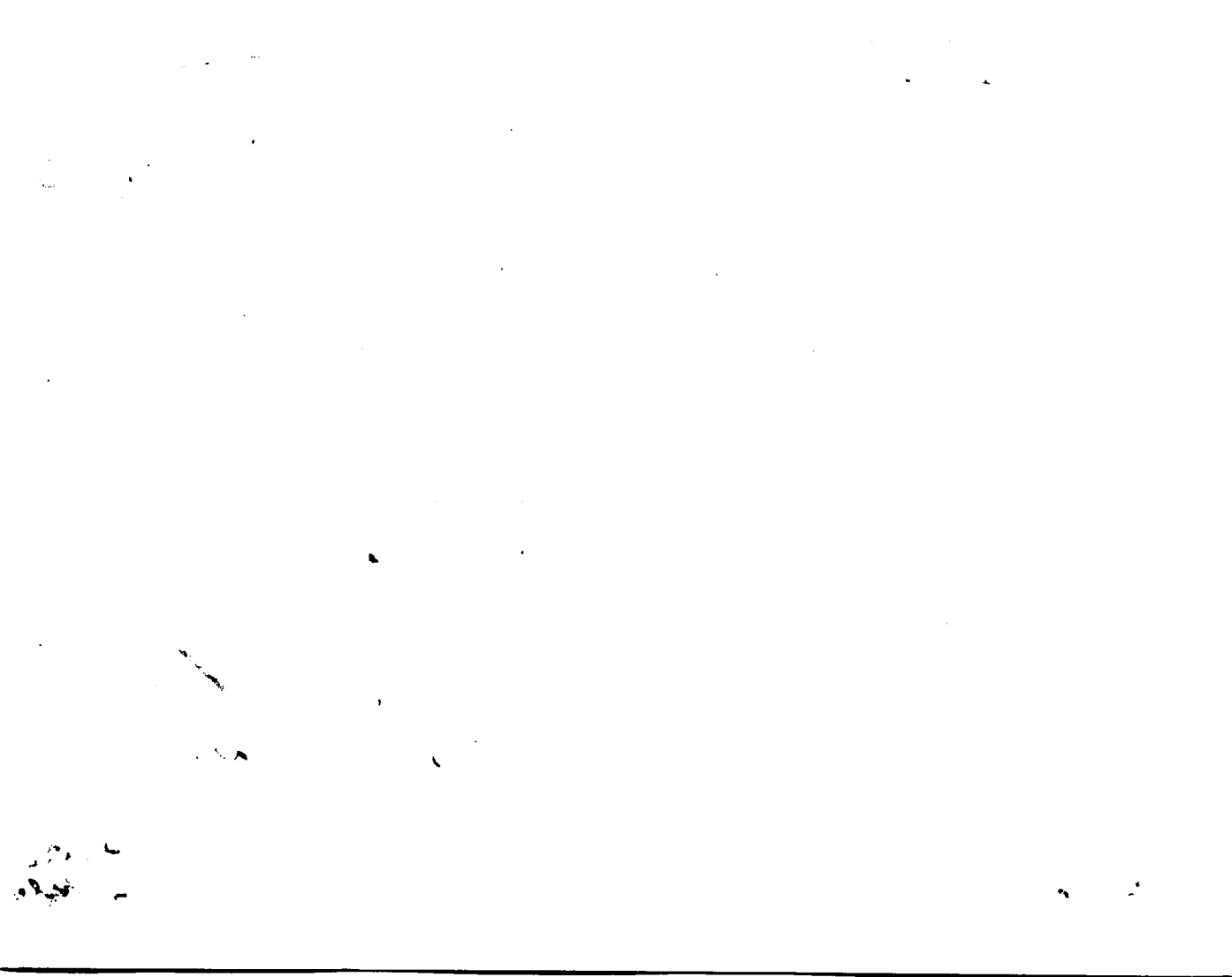
Given names added from a supplemental report.

19

Address New Plymouth IdaFiled 7-15 1920

Registrar

Registrar Wm J. Drysdale



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 81095  
County of Payette }

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)  
for Phyllis June Mathews who was born on June 9, 1920 (Date of Event)  
in New Plymouth, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Bible Record prepared on June 21/30, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)  
Surname Mathews TO  
Mathews (The Correct Facts)

Subscribed and sworn to before me this 24  
day of August, 1942

Harriet Leila  
Signed Harriet Mathews (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at New Plymouth, Idaho  
My commission expires 7-6-1945  
(Seal) New Plymouth, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Payette }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24  
day of August, 1942

Ammie Hill  
Signed Ammie Hill  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at New Plymouth, Idaho  
My commission expires 7-6-1945  
(Seal) New Plymouth, Idaho  
(Street Address, City, State)

AUG 25 1942

MAY 7 1975

AUG 26 1964

214113-038-695

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of PayetteCity of New PlymouthNo. R 7 D 2 St.Registration District No. 5File No. 81096

Hospital

Primary Registration District No. 2009 Registered No. 28

FULL NAME OF CHILD

Joseph Wayne Barnes

Sex of Child

MTwin  
Triplet  
or otherand } Number  
in order  
of birthLegiti  
mate?yes

Date of Birth

June 131920  
(Month) (Day) (Year)

FULL NAME

Charles F. Barnes

FULL MAIDEN NAME

Martha Greer

RESIDENCE

New Plymouth Ida

RESIDENCE

with husband

COLOR

W

AGE AT LAST BIRTHDAY

32  
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

31  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born aliveat 8.45 P. M.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

New Plymouth Ida

Filed

June 1920Wm J. Drysdale

Registrar

Registrar

OCT 9 1941



619-222-038-363

Form V. S. No. 11-G-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of New PlymouthRegistration District No. 5File No. 81097

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2009 Registered No. 29

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Wail

Sex of Child <u>M</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>June 22</u> (Month) (Day) (Year) <u>1922</u>
-----------------------	--	-----	---	---------------------------	--

FULL NAME <u>Karl Wail</u>	FATHER
RESIDENCE <u>near New Plymouth</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary Cole</u>	MOTHER
RESIDENCE <u>with husband</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Ore</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth IdaFiled June 1920 Wm J Drysdale  
Registrar

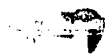
Registrar

19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-127-038-235

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form No. 11-C-25m-7-21-19

County of Payette

City of New Plymouth

Registration District No. 5

File No. 81098

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 3009

Registered No. 30

Hospital \_\_\_\_\_

FULL NAME OF CHILD

DONALD EUGENE Carter

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes.</u>	Date of Birth <u>June 27</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	---	-------	---	--------------------------------	--

FATHER  
FULL NAME Wilbur Carter  
RESIDENCE New Plymouth  
COLOR W AGE AT LAST BIRTHDAY 33  
(Years)  
BIRTHPLACE Ore  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Myrtle Stegner  
RESIDENCE with husband  
COLOR W AGE AT LAST BIRTHDAY 19  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

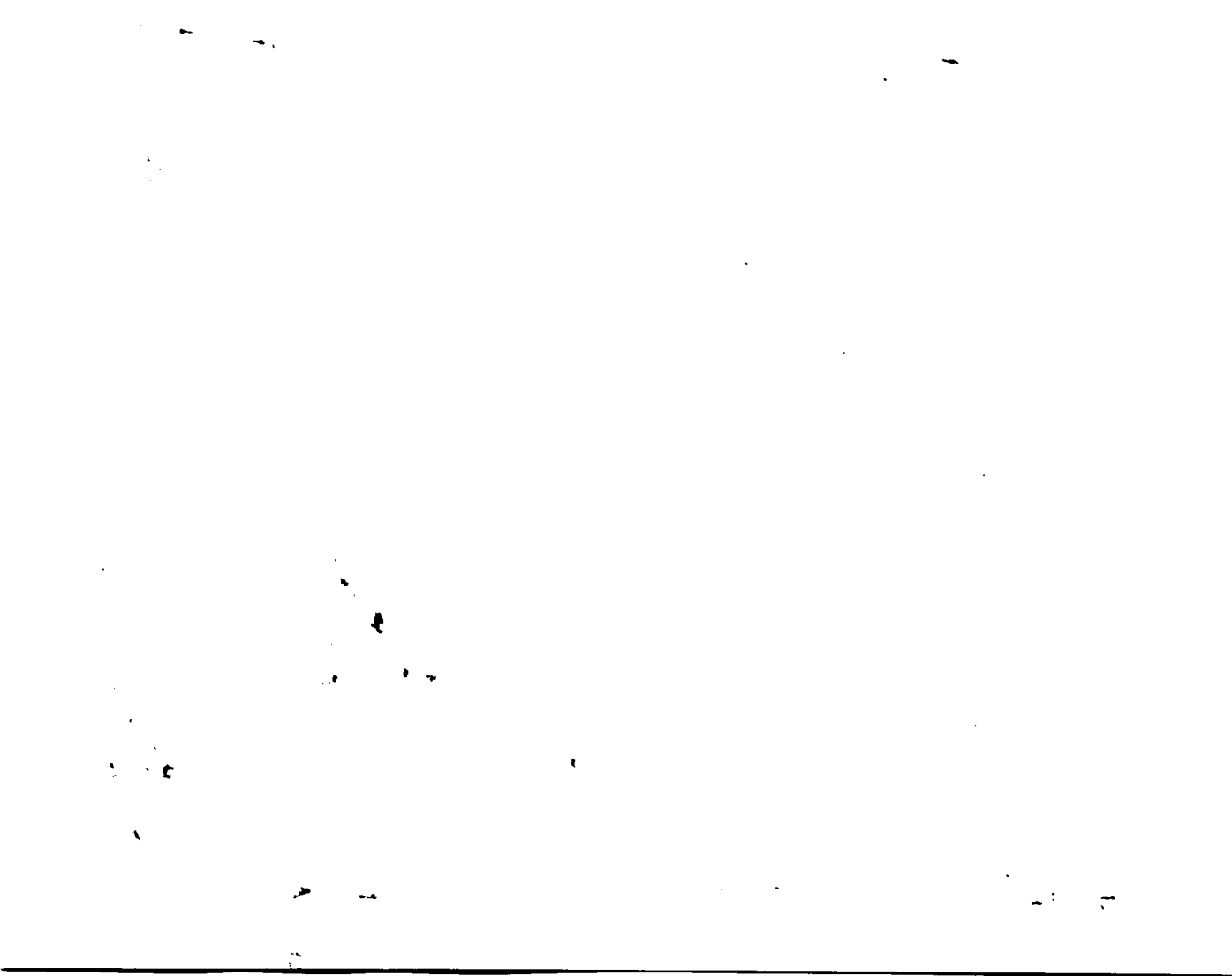
(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth, Idaho

Filed June 1920 Wm J. Drysdale  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Oregon } ss. DEC 2 1941 Certificate N81098  
County of Malheur } Date Filed \_\_\_\_\_  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Donald Eugene Carter who was born on June 27th, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in New Plymouth Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)  

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
<u>Name</u>	<u>Unnamed Carter</u>	<u>Donald Eugene Carter</u>

Subscribed and sworn to before me this 1st  
day of December, 1941

[Signature]  
Notary Public, residing at Vale, Oregon

My commission expires June 27, 1943  
[SEAL]

Signed [Signature]  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Vale, Oregon  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon } ss. DEC 2 1941  
County of Malheur }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st  
day of December, 1941

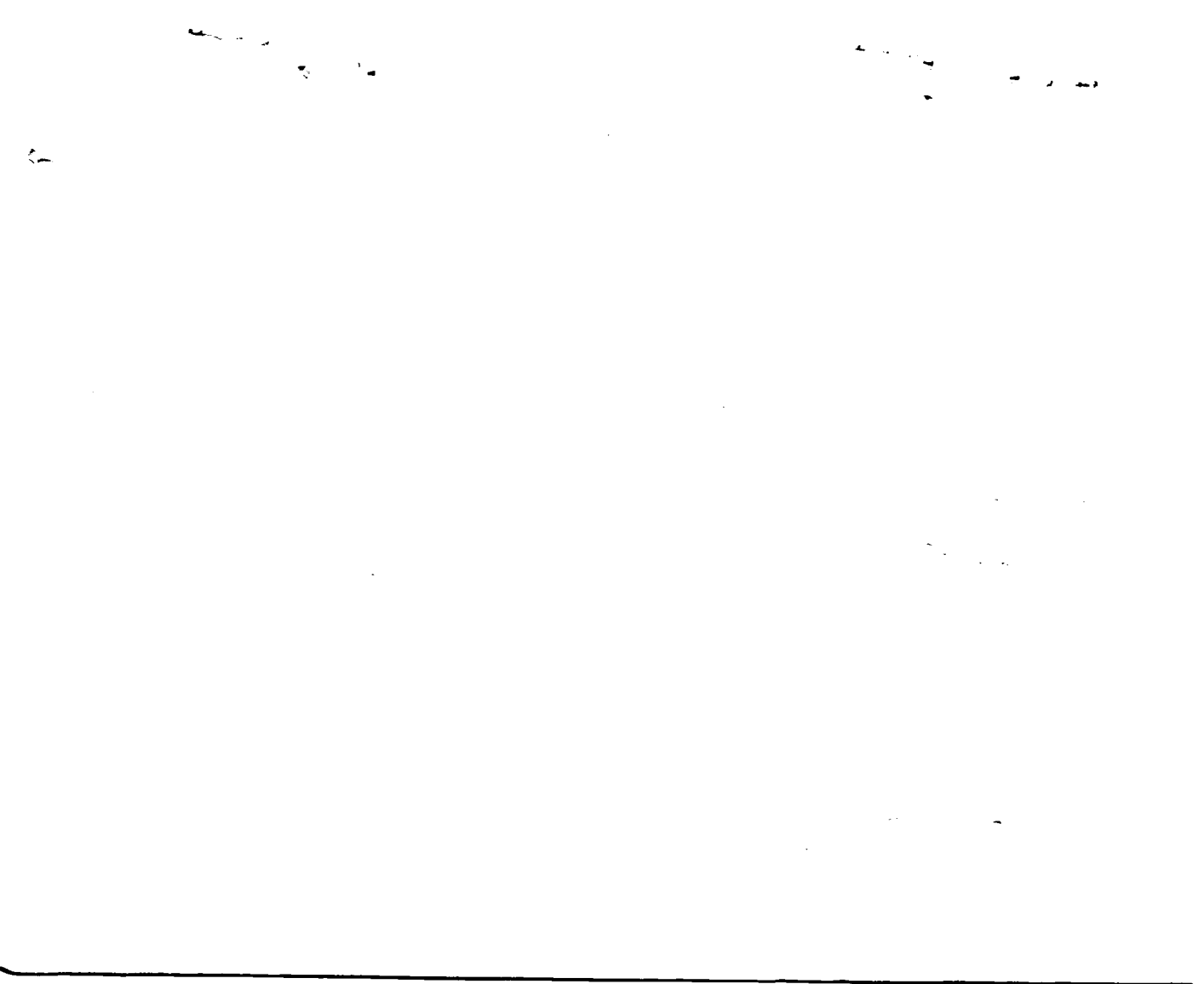
[Signature]  
Notary Public, residing at Vale, Oregon

My commission expires June 27, 1943  
[SEAL]

Signed [Signature]  
(Signature of any credible person other than the previous affiant.)

Vale, Oregon  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-228.038-249

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Payette

City of Falk

Registration District No. 5

File No. 81099

No. \_\_\_\_\_ St.

Primary Registration District No. 2009

Registered No. 31

Hospital \_\_\_\_\_

FULL NAME OF CHILD Mrs. Esther Grooms

Sex of Child <u>F</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____ (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>June 28</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----------	---	------------------------	---

FULL NAME Charles Grooms  
FATHER  
RESIDENCE Falk Ida.  
COLOR W AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Ida.  
OCCUPATION Farmer

FULL MAIDEN NAME Mabel Burnett  
MOTHER  
RESIDENCE with husband.  
COLOR W AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Ida.  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

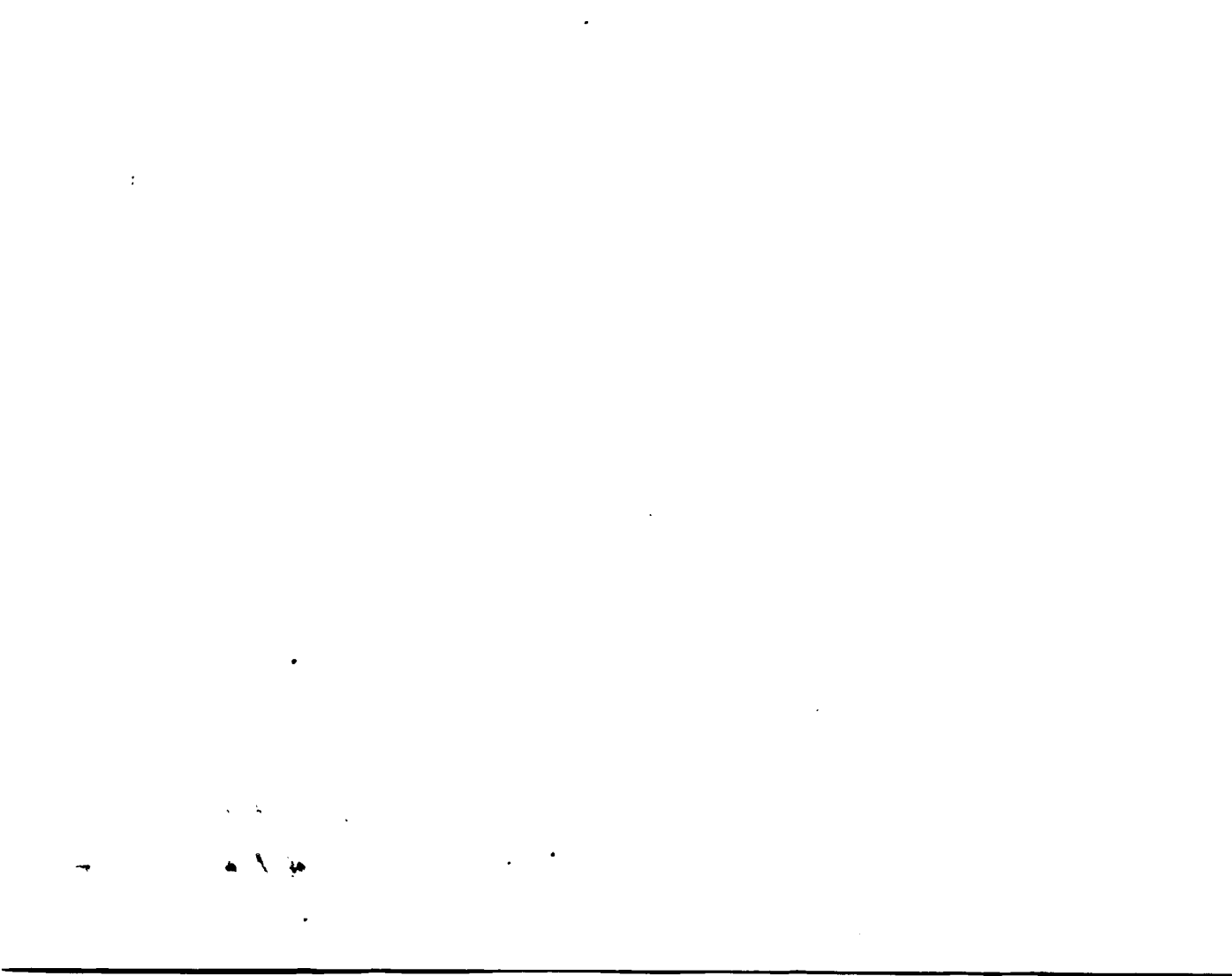
19

Address New Plymouth Ida.

Filed June 1920

Wm J. Drysdale  
Registrar

Registrar





296-113-039-219  
PLACE OF BIRTHCounty of PowerCity of Roy

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. 25Primary Registration District No. 2072STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-9-8-17

## CERTIFICATE OF BIRTH

81100

File No. 4Registered No. 187

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	Number in order of birth	Legitimate <u>yes</u>	Date of Birth <u>June 13 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Albert E. Brown</u>			MOTHER FULL MAIDEN NAME <u>Erma Grace Battist</u>	
RESIDENCE <u>Roy Idaho</u>			RESIDENCE <u>Roy Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>37</u> (Years)		
BIRTHPLACE <u>Rochester, Minn.</u>			BIRTHPLACE <u>Ellsworth, Me.</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 6 ... Number of children of this mother now living, including present birth... 6 ...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 P M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Wood

(Physician or midwife)

Given names added from a supplemental report.

Address American Falls Idaho  
Filed 6/14 19 20 R. F. Wood  
Registrar

PLACE OF BIRTH

במבט

13

866-215-039-214

## PLACE OF BIRTH

County of PowerCity of Key

No. .... St.

Registration District No. ....

Primary Registration District No. ....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-3-347

## CERTIFICATE OF BIRTH

81101

File No. ....

Registered No. ....

Hospital .....  
FULL NAME OF CHILD Martha Irene Hoffmann

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 15 20</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Reinhold Hoffmann</u>			FULL MAIDEN NAME <u>Theresa Kuntz</u>	
RESIDENCE <u>Key Idaho</u>			RESIDENCE <u>Key Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u>		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Russia</u>			BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Harmon</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth ..... 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. North

(Physician or midwife)

Given names added from a supplemental report.

Address American Falls IdahoFiled 6/16/20 R. F. North

Registrar

Registrar

REB 5 1942

893-119-039-437

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-9-8-17

## CERTIFICATE OF BIRTH

81102

County of PowerCity of American FallsRegistration District No. 25File No. 4

No. .... St.

Primary Registration District No. 2072Registered No. 189

Hospital .....

FULL NAME OF CHILD Vernon Leslie Hicks

Sex of Child

MaleTwin  
Triplet  
or other?{ and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?YrsDate of  
BirthJune 19 1920  
(Month) (Day) (Year)FULL  
NAMEStephen Leslie Hicks

FATHER

RESIDENCE

American Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Coffeyville, Kas

OCCUPATION

MillerFULL  
MAIDEN  
NAMEDoreen May McClothlin

MOTHER

RESIDENCE

American Falls, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

Carters Cove, Ky

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Richard F. Roth  
(Physician or midwife)

Given names added from a supplemental report.

Address

American Falls, Id.

Filed

6/19/20 R. F. Roth  
Registrar

Registrar

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and the role of the accounting department in ensuring the integrity of the financial data. It emphasizes the need for transparency and accountability in all financial reporting.

2. The second part of the document outlines the various methods used to collect and analyze financial data, including the use of spreadsheets, databases, and specialized accounting software. It also discusses the importance of regular audits and the role of external auditors in verifying the accuracy of the financial statements.

3. The third part of the document focuses on the preparation and presentation of financial statements, including the balance sheet, income statement, and cash flow statement. It provides detailed guidance on the format and content of these statements, as well as the importance of clear and concise communication in all financial reporting.

4. The fourth part of the document discusses the role of the accounting department in managing the company's financial resources and ensuring the efficient use of funds. It highlights the importance of budgeting and forecasting, as well as the need for regular monitoring and reporting on financial performance.

5. The fifth part of the document concludes with a summary of the key points discussed and a final statement on the importance of the accounting department in the overall success of the company. It reiterates the commitment to accuracy, transparency, and accountability in all financial reporting.

652-121-039-559  
PLACE IN NORTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-16

81103

County of Power

## CERTIFICATE OF BIRTH

City of American FallsRegistration District No. 25File No. 4

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2072Registered No. 190Hospital Bethany

FULL NAME OF CHILD

MILLARD FRANK WESTFALL

Sex of Child

MaleTwin  
Triplet  
or other? -and (Number  
in order  
of birth) -Legit-  
mate? yesDate of  
BirthJune 21, 1920  
(Month) (Day) (Year)FULL  
NAMEFrank Le Roy Westfall

FATHER

RESIDENCE

Aberdeen, Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

farmerFULL  
MAIDEN  
NAME

MOTHER

Fannie Jessie Verbick

RESIDENCE

Aberdeen, Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Colorado

OCCUPATION

housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 7:05 A.M.\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

M. C. Mackinson, M.D.

(Physician or midwife)

Given names added from a supplemental report.

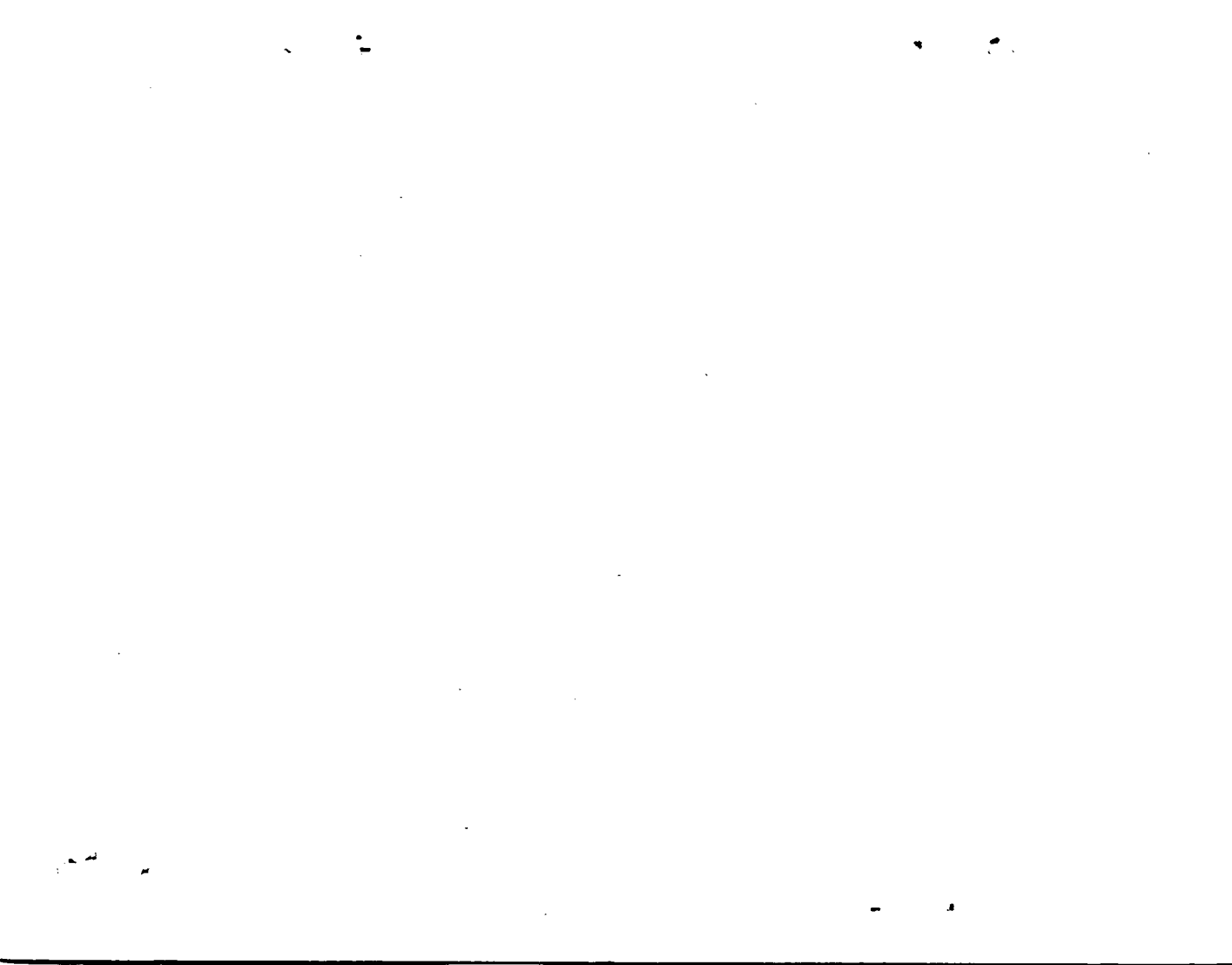
Address

Aberdeen, Ida

Filed

6/21 1920 R. F. Nath

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of.....) Certificate No. 81103.....  
County of.....)ss Date Filed. Sept. 17-1941

The undersigned does solemnly swear that certain facts on the certificate  
of birth for Millard Frank Westfall born  
(birth or death) (Name on original certificate) (was born or died)  
on June 21 in ..... are erroneous or were omitted;  
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown  
by ..... prepared on ..... are:  
(Bible record, insurance pley.etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	Frank Leroy Westfall	Millard Frank Westfall
.....	.....	.....
.....	.....	.....
.....	.....	.....

Subscribed and sworn to before me this 17 day of September 1941  
Signed Mrs. J. L. Westfall  
(Signature of parent or attendant if correct-  
ing a birth record; of attendant, funeral  
director, informant if correcting a death  
record; or other credible person.)  
Notary Public G. A. Bartel  
Residing at Aberdeen Idaho  
(Street address, City, State)  
My commission expires 3-26-45

SUPPORTING AFFIDAVIT OF A SECOND PERSON  
(Both affidavits must be completed)

State of Idaho  
County of Bingham

The undersigned does solemnly swear that he has knowledge of the corrected  
facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 17 day of September 1941  
Signed Mrs. J. W. Vanderford  
(Signature of any credible person other than  
the previous affiant.)  
Notary Public G. A. Bartel  
Residing at Aberdeen Idaho  
(Street address, City, State)  
My commission expires 3-26-45

JAN 21 1942 MAY 28 1941

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track every aspect of their operations, from procurement to sales.

2. The second section addresses the challenges associated with data management in a rapidly changing environment. It highlights the need for flexible and scalable solutions that can adapt to new technologies and evolving business requirements. The author argues that investing in modern data infrastructure is crucial for staying competitive and making informed decisions based on real-time information.

3. The third part of the document explores the role of leadership in driving organizational success. It stresses that effective leaders must possess strong communication skills, strategic vision, and the ability to inspire and motivate their teams. The text provides several examples of successful leaders who have transformed their organizations through innovative thinking and decisive action.

4. The fourth section focuses on the importance of continuous learning and development for individuals and the organization as a whole. It encourages a culture where employees are encouraged to seek out new knowledge, skills, and experiences. The author notes that ongoing education and training are vital for keeping the workforce up-to-date with the latest industry trends and technologies.

5. The final part of the document discusses the significance of ethical considerations in business operations. It argues that companies have a responsibility to act with integrity and fairness, not only towards their stakeholders but also towards society at large. The text outlines key principles of business ethics and provides guidance on how to navigate complex moral dilemmas that may arise in the course of doing business.

PLACE OF BIRTH  
257-227-040-312  
County of Washington

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

City of Walla Walla

Registration District No. ....

File No. 81104

No. .... St. ....

Primary Registration District No. ....

Registered No. ....

Hospital Providence

FULL NAME OF CHILD Lola Seppanen

Sex of Child <u>F</u>	Twin Triplet or other? <u>  </u> and Number in order of birth <u>  </u>	Legitimate? <u>Yes</u>	Date of Birth <u>3/17/20</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FULL NAME <u>Emil Seppanen</u>	FATHER	FULL MAIDEN NAME <u>Emma Takinen</u>	MOTHER
RESIDENCE <u>Mullan</u>		RESIDENCE <u>Mullan</u>	
COLOR <u>N</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>N</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Ireland</u>		BIRTHPLACE <u>Ireland</u>	
OCCUPATION <u>Miner</u>	<u>1</u>	OCCUPATION <u>Geo</u>	<u>1</u>

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R. Bran  
(Physician or midwife)

Given names added from a supplemental report.

Address .....  
Filed .....  
Registrar .....  
Registrar James R. Bran



253-701-040-296

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

County of Shoshone

## CERTIFICATE OF BIRTH

City of Wallace

Registration District No. \_\_\_\_\_

File No. 81105

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1011Registered No. 2Hospital Providence

FULL NAME OF CHILD

Harold Arthur Kellogg

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 1</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Roy Arthur Kellogg</u>	FATHER			FULL MAIDEN NAME <u>Louise Brown</u>	MOTHER
RESIDENCE <u>Interstate</u>				RESIDENCE <u>Interstate</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)			COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Washington</u>				BIRTHPLACE <u>Canada</u>	
OCCUPATION <u>Miner</u>				OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

49

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Born alive  
Dr. Mowery  
Physician  
 (Physician or midwife)

Given names added from a supplemental report.

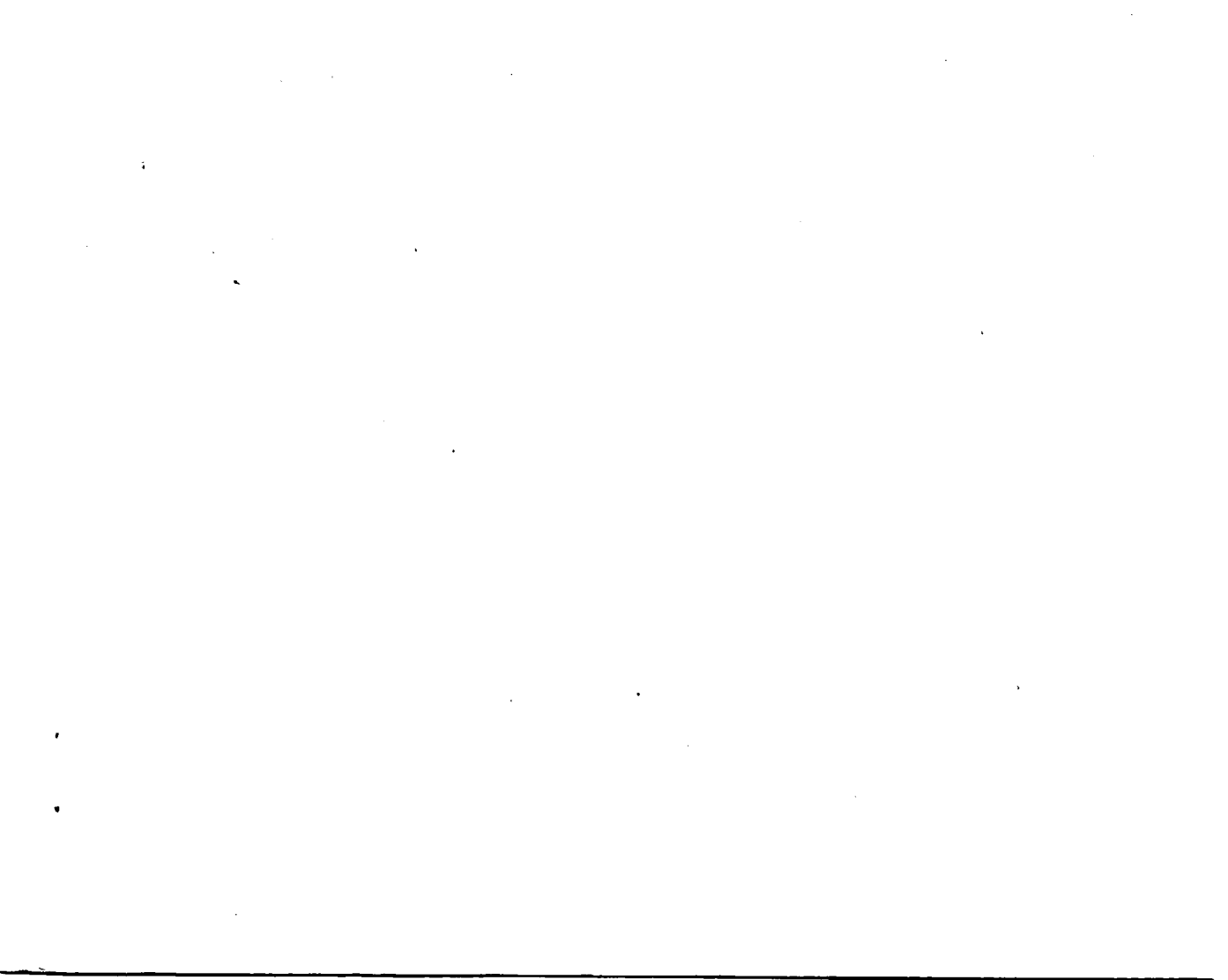
Address

Filed

Wallace  
May 2 1920

Registrar

Registrar



635-2081040-314

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

## CERTIFICATE OF BIRTH

County of

City of

Registration District No.

File No.

81106

No.

St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate?Date of  
Birth

(To be answered only in event of plural births)

191

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Address

Filed

0101 0 2

AUG 12 1970



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-115040-796

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C—Rev. 11-1-19

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 81102

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1011

Registered No. 74

Hospital Wallace

FULL NAME OF CHILD

George Donald Hauck

Sex of Child

Male

Twin  
Triplet  
or other?

\_\_\_\_\_

and

\_\_\_\_\_

Number  
in order  
of birth

\_\_\_\_\_

(To be answered only in event of plural births)

Length  
male?

yes

Date of Birth

May 15 1920  
(Month) (Day) (Year)

FATHER  
FULL NAME

George Eli Hauck

RESIDENCE

Wallace Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

48  
(Years)

BIRTHPLACE

Illinois

OCCUPATION

Car Foreman

MOTHER  
FULL MAIDEN NAME

Eveline Grobe

RESIDENCE

Wallace Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

28  
(Years)

BIRTHPLACE

Oakland Calif.

OCCUPATION

Housewife

Number of child of this mother, including present birth, \_\_\_\_\_

Number of children of this mother now living, including present birth, \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Remond May 15 1920 at 10<sup>30</sup> a. m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

S. V. CO. 22222

Registrar

May 12 1920

F. L. J. [Signature]

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

STATE OF California )  
COUNTY OF Los Angeles ) SS.

AFFIDAVITS FOR CORRECTION  
OF A RECORD

81107

Evalena Houck of Mar Vista, Calif.

Being first duly sworn, deposes and says that she is mother  
(if related, specify degree,

of George Donald Houck  
if friend or otherwise, so state)

who was born in the city of Wallace, County of Shoshone  
(was born, died)

on the 15th day of May, 19 20, as stated in a certificate of birth  
birth or

death filed by Thomas E. Hanson, M.D.  
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Wallace, County of Shoshone  
Idaho, on the 20th day of May, 19 20

That the following facts set forth in said certificate are not correctly  
stated therein, to wit: Mother Maiden name: Evalena Grohe

That affiant upon her own knowledge states the true facts to be,  
his, her

and the changes necessary to make the record correct are, as follows,  
Mother's Maiden Name: Evalena Grohe

(SEAL)

Affiant Evalena Houck  
3788 Boise Ave.,  
Address Mar Vista, Cal.

Subscribed and sworn to before me this 15th day of August, 19 40

Albert M. Engler  
Notary Public  
My Commission Expires June 13, 1941

STATE OF California )  
COUNTY OF Los Angeles ) SS.

SUPPORTING AFFIDAVIT

Geo. W. Burzell of West Los Angeles, Calif.

being first duly sworn, deposes and says that he has knowledge of the facts  
hereinbefore alleged and that the said facts as stated are true.

Affiant Geo. W. Burzell  
11317 S.M. Blvd.  
Address West Los Angeles, Calif.

Subscribed and sworn to before me this 15th day of August, 19 40

Albert M. Engler  
Notary Public  
My Commission Expires June 13, 1941

(Seal)

JUL 30 1947

751-118-040-168

PLACE OF BIRTH

Form V, S. No. 11-C-25m-1-1-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ShoshoneCity of WallaceRegistration District No. 70File No. 81198

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 104Registered No. 25Hospital Wallace

FULL NAME OF CHILD

Adolph Ragnar PearsonSex of  
ChildMaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
Birth.May 18 1910  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Adolph R. PearsonFULL  
MAIDEN  
NAMEMOTHER  
Parina ~~Carlson~~ Johnson

RESIDENCE

Mullan Idaho

RESIDENCE

Mullan Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

Varmland Sweden

BIRTHPLACE

Bohustun Sweden

OCCUPATION

Mine Motorman

OCCUPATION

HousewifeNumber of child of this mother, including present birth, 1Number of children of this mother now living, including present birth, 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Parina Johnson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address



599-1181040-569

PLACE OF BIRTH

Form V. S. No. 11-C-25m-1-1-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ShoshoneCity of WallaceRegistration District No. 70File No. 81109

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1011Registered No. 26Hospital WallaceFULL NAME OF CHILD Anton Warner Erickson

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 18</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER  
FULL NAME Anton Linus EricksonRESIDENCE Gem IdahoCOLOR White AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE Walstrand SwedenOCCUPATION MinerMOTHER  
FULL MAIDEN NAME Jennie NordRESIDENCE Gem IdahoCOLOR White AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE Gasborne SwedenOCCUPATION HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

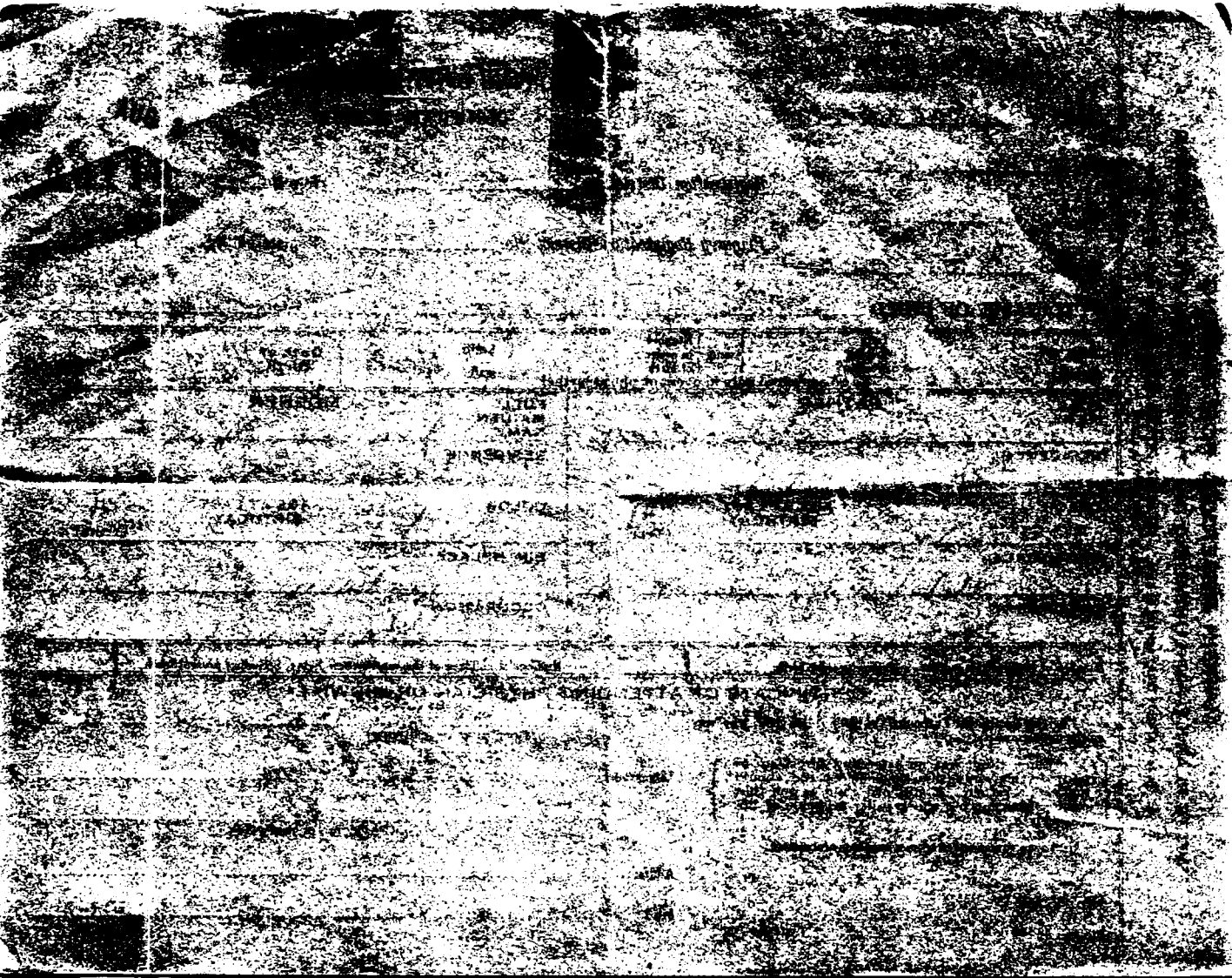
(Signature) Dr. C. J. [illegible]

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed \_\_\_\_\_





493-213 040-252  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

County of Phoshone

City of Wallace

Registration District No. 70

File No. 81110

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1011

Registered No. 23

Hospital \_\_\_\_\_

FULL NAME OF CHILD Eleanor Linnick Miller

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legitimate? _____	Date of Birth <u>May 13</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Horatio Hamilton Miller Jr</u>		MOTHER FULL MAIDEN NAME <u>Freda Linnick</u>		
RESIDENCE <u>Wallace</u>		RESIDENCE <u>Wallace</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	
BIRTHPLACE <u>Penn</u>		BIRTHPLACE <u>Salt Lake Utah</u>		
OCCUPATION <u>Reporter</u>		OCCUPATION _____		

Number of child of this mother, including present birth \_\_\_\_\_

Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 4:00 P. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Le Stone Miller  
Wallace Idaho  
(Physician or midwife)

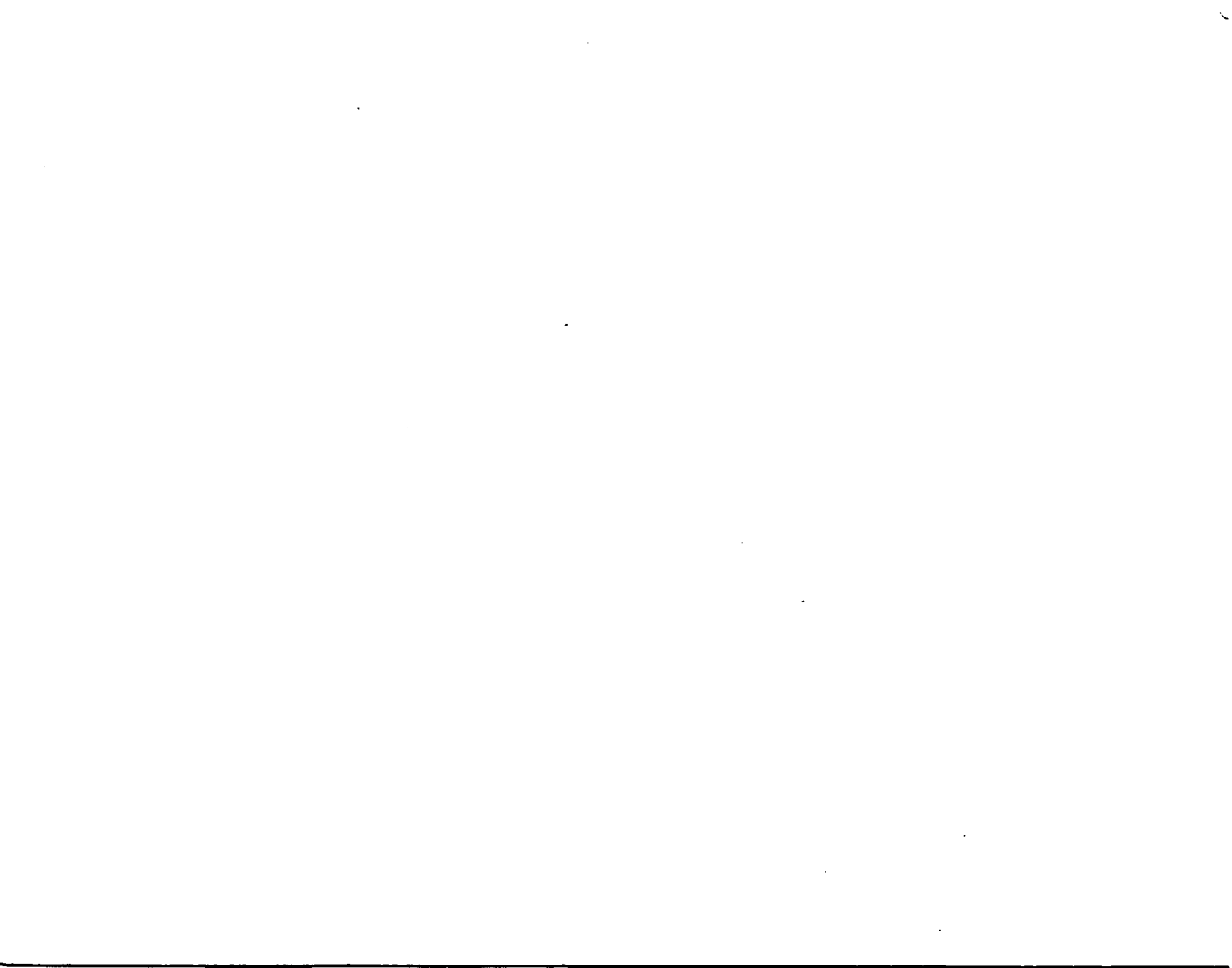
Given names added from a supplemental report.

Address \_\_\_\_\_

Filed \_\_\_\_\_

Registrar

Registrar



993-229-040-386

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of

City of

Registration District No.

## CERTIFICATE OF BIRTH

File No.

No.

St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin  
Triplet  
or other?and  
{ Number  
in order  
of birthLegiti-  
mate?Date of  
Birth191-  
(Year)FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

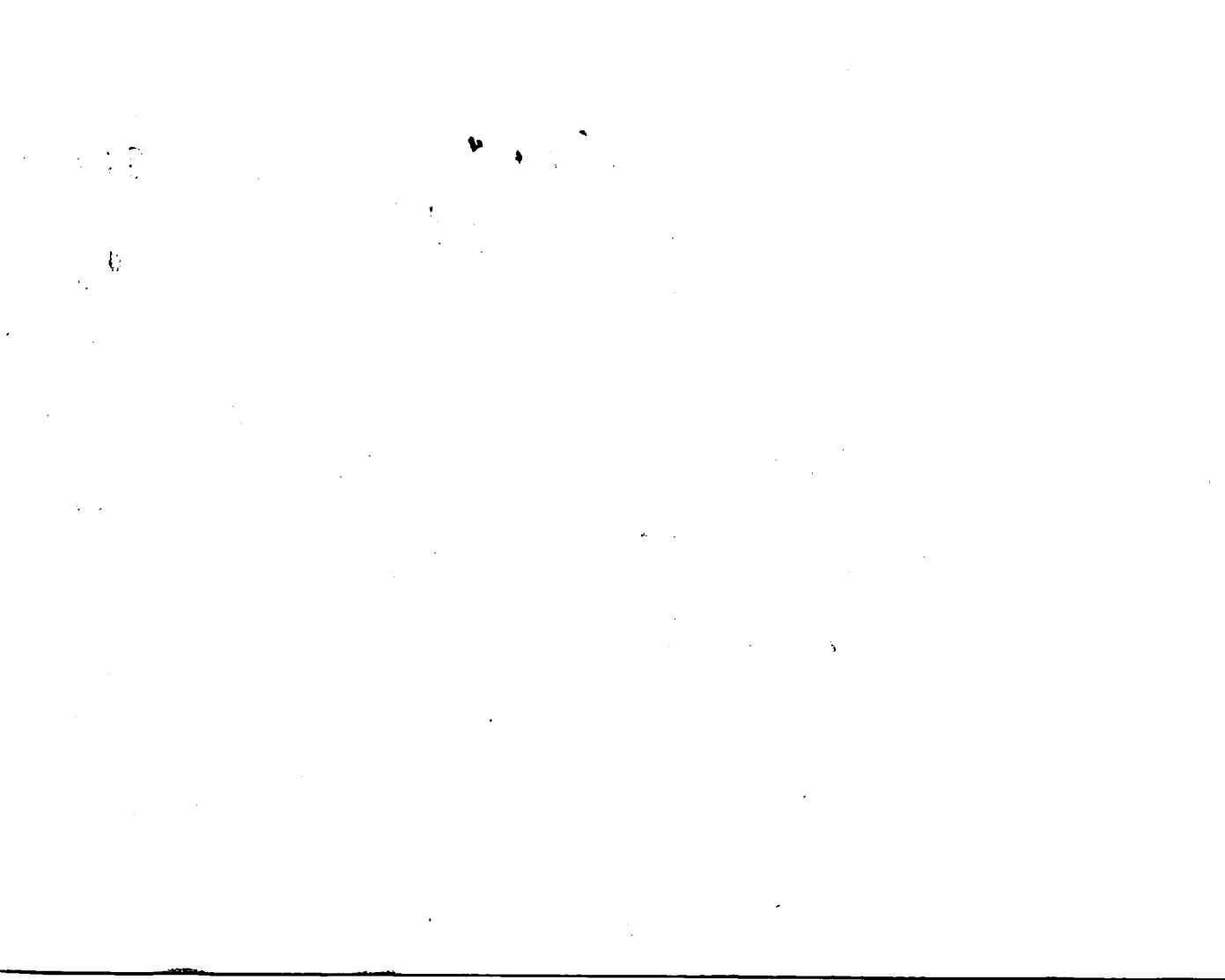
Address

Filed

19

Registrar

Registrar



319-2891040-219

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of

## CERTIFICATE OF BIRTH

City of

Registration District No.

File No.

No.

St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Ruth Kathryn Cartwright

Sex of Child

Twin  
Triplet  
or other?{ and { Number  
in order  
of birthLegiti-  
mate?Date of  
BirthJune 29, 1910  
(Month) (Day) (Year)FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY43  
(Years)

COLOR

AGE AT LAST  
BIRTHDAY40  
(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Signature)

(If born alive or stillborn)

at 6 P. M.

\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

Given names added from a supplemental report.

Address

Filed

19

Registrar

Registrar

MAR 12 1968

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. 81112  
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... birth  
for Unnamed Cartwright (Female) who was born on June 29, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Wallace, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name

Unnamed

Ruth Kathryn Cartwright

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....

(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California } ss.  
County of Riverside }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of

August

1974

Signed

(Signature of Any Credible Person)

Nancy M. McIntyre

OFFICIAL SEAL

289 S. Santa Fe

Notary Public, residing at 445 E. Florida Street

San Jacinto, Ca. 92383

NANCY M. MCINTYRE

San Jacinto, Ca. 92383

My commission expires July 11, 1976

(Street Address, City, State)

(Seal)

NOTARY PUBLIC - CALIFORNIA

PRINCIPAL OFFICE IN  
RIVERSIDE COUNTY

OCT 29 1974

Marriage record from California gives groom's name as Hugh Lyle Henshaw and the bride's name as Ruth Kathryn Cartwright, dated Feb. 27, 1940. viewed by VS

Transcript ~~XXXXXX~~ dated Feb. 3, 1935. ~~XXX~~ Entered from Franklin Junior High School to Wilson ~~XX~~ gives name as Ruth ~~Kathryn~~ Cartwright. Katherine viewed by V. S.

Own child's birth certificate from California gives name as ~~XXX~~ Donna Jean Henshaw born March 23, 1942 gives father's name as Hugh Lyle Henshaw, Jr. and the mother's name as Ruth Kathryn Cartwright, born in Long Beach, California. viewed by VS



613-2081040-455

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of

Shoshone

City of

Near Gem Ida

Registration District No.

122

No.

St.

Primary Registration District No.

02200

File No.

81113

Hospital

Registered No.

187

FULL NAME OF CHILD

Claudia Lee Walters

Sex of Child

F

Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti-  
mate?

Yes

Date of Birth

July 8, 1910

(Month) (Day) (Year)

FULL NAME

Claude Norton Walters

FULL MAIDEN NAME

Sarah Dent

RESIDENCE

Near Gem Ida

RESIDENCE

Near Gem Ida

COLOR

W

AGE AT LAST BIRTHDAY

31

(Years)

COLOR

W

AGE AT LAST BIRTHDAY

23

(Years)

BIRTHPLACE

Wash.

BIRTHPLACE

Ill.

OCCUPATION

Lumberman

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive

10309

(Signature or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D. D. Mowery

(Physician or midwife)

Given names added from a supplemental report.

Address

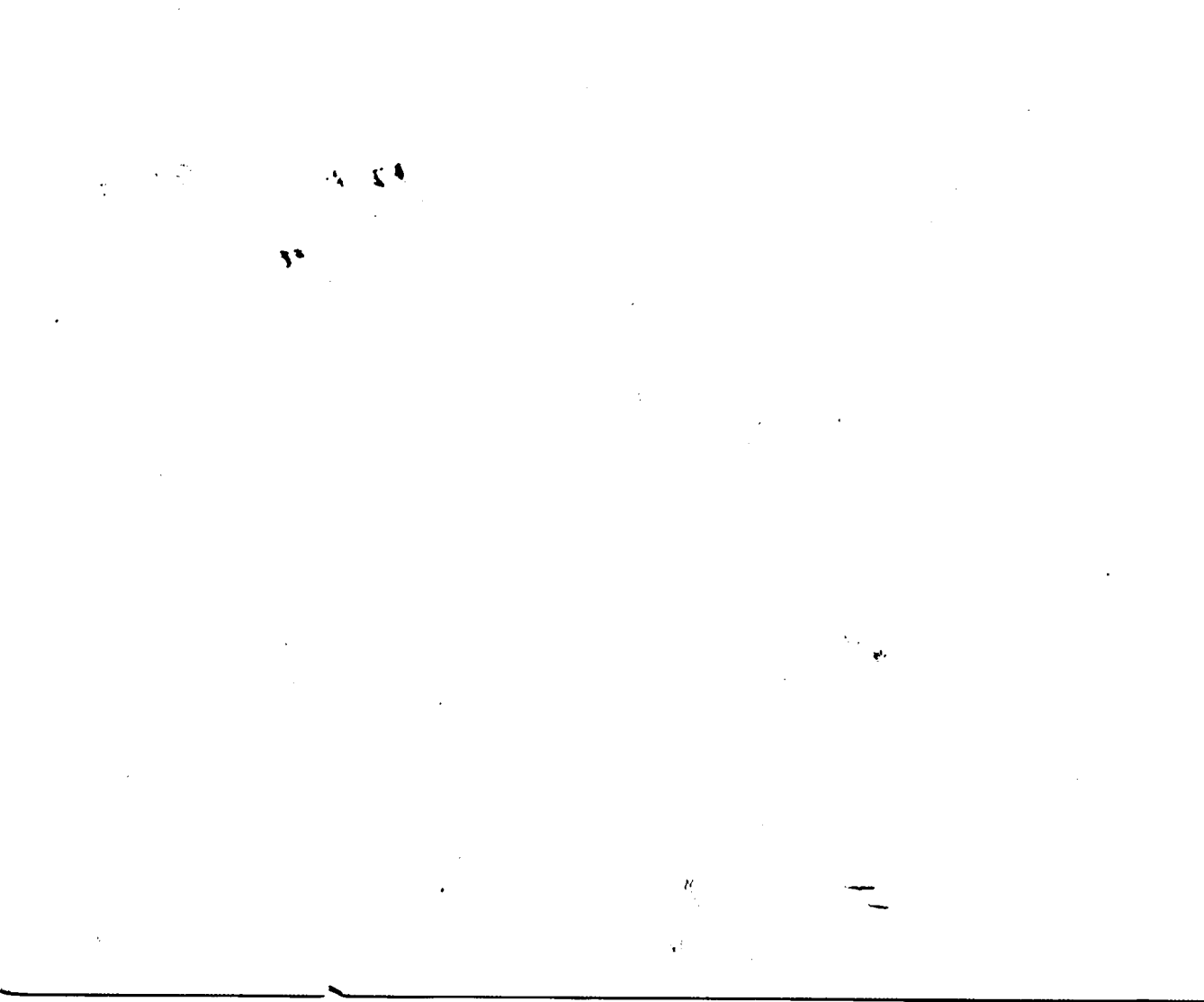
Wallace Ida

Filed

July 9, 1910

H. C. Mowery

Registrar



864-202-040-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V S. No. 11-25m-9-8-15

## CERTIFICATE OF BIRTH

County of *Shoshone*City of *Wallace*Registration District No. *122*File No. *81114*

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. *2200*Registered No. *188*

Hospital \_\_\_\_\_

FULL NAME OF CHILD

HELEN FRANCES YOUNG

Sex of Child *F*Twin  
Triplet  
or other?and { Number  
in order  
of birthLegiti-  
mate? *yes*

Date of Birth

*July 1<sup>st</sup> 1920*

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR *W*

AGE AT LAST BIRTHDAY

*25*COLOR *W*

AGE AT LAST BIRTHDAY

*21*

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. H. C. Mowery*

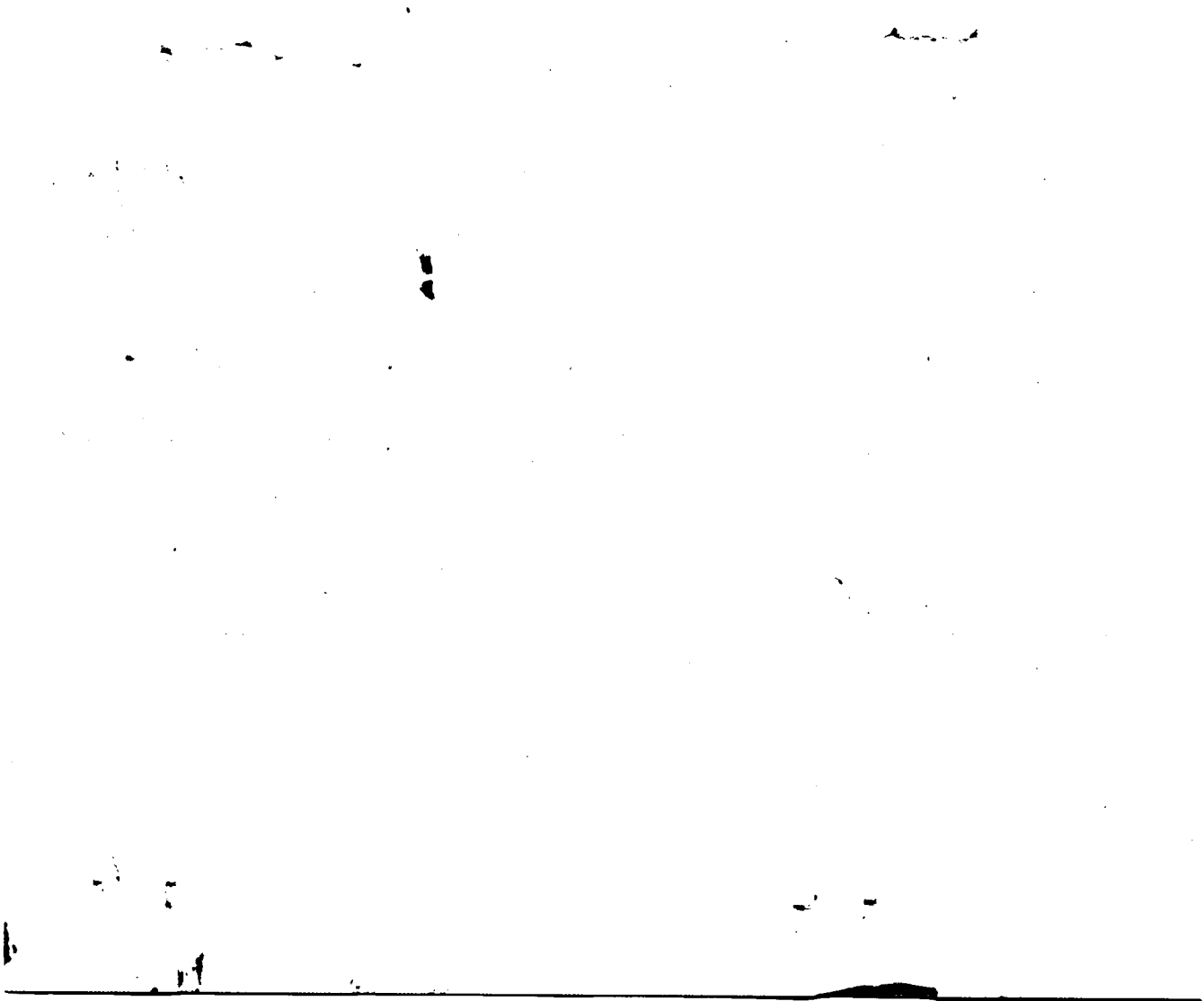
(Physician or midwife)

Given names added from a supplemental report.

Address *City*Filed *July 3 1920*

Registrar

Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 81114  
County of Shoshone

The undersigned does solemnly swear that certain facts on the certificate of Helen Frances Young  
(Birth or Death)  
for who was born on July 2, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Wallace, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name _____	Unnamed	Helen Frances Young
Date _____	July 1st	July 2, 1920

Subscribed and sworn to before me this 30<sup>th</sup>  
day of July, 1942  
Walter M. Ryan  
Notary Public, residing at Wallace, Idaho  
My commission expires 2/4/45  
(Seal)

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Shoshone

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30  
day of July, 1942

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Wallace, Idaho  
My commission expires 2/4/45  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

AUG 3 1942

AUG 5 1942

417-109,040-445  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Shoshone

City of Hailey

No. 224 High St.

Registration District No. 122

File No. 81115

Primary Registration District No. 2200

Registered No. 189

Hospital

FULL NAME OF CHILD Clifford John Magnuson

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 9</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	---	---------------------------	--

FATHER  
FULL NAME Clifford Albert Magnuson

RESIDENCE Hailey, Ida

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Clerk

MOTHER  
FULL MAIDEN NAME Annice Marcela Murphy

RESIDENCE Hailey, Ida

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Burke, Ida

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born at 5 A M. on the date above stated. (Born alive or stillborn)

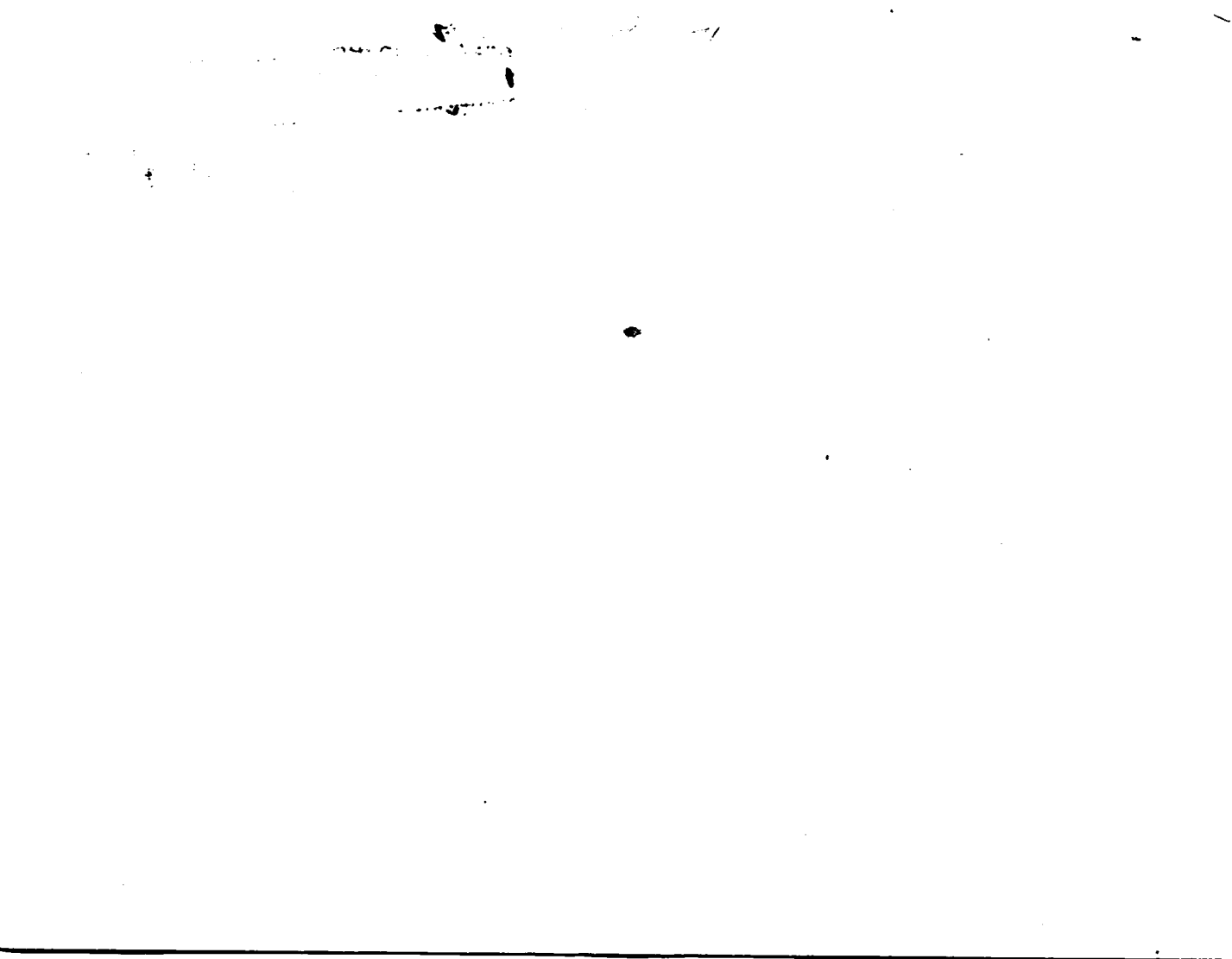
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. B. Threlkeldy MD

(Physician or midwife)

Given names added from a supplemental report.

Address June 11 1920  
Filed H. C. McGowan





WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

138-12-1040-689  
PLACE OF BIRTH

U. S. No. 11-10m-6-11

County of Shelby CERTIFICATE OF BIRTH  
 City of Waco Registration District No. 127 File No. 81116  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Primary Registration District No. 2200 Registered No. 190  
 Hospital \_\_\_\_\_ JUNE IRENE  
 FULL NAME OF CHILD Irene Jane Allen

Sex of Child <u>7</u>	Twin, Triplet, or other? <u>One</u> and {Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>7</u>	Date of birth <u>6</u> <u>12</u> <u>1920</u> (Month) (Day) (Year)
FULL NAME <u>DAN</u> FATHER <u>Robert Allen</u>	FULL MAIDEN NAME <u>Irene Whitten</u>		
RESIDENCE <u>Waco</u>	RESIDENCE <u>Waco</u>		
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)		
BIRTHPLACE <u>Col</u>	BIRTHPLACE <u>Mo</u>		
OCCUPATION <u>Miner</u>	OCCUPATION <u>Housewife</u>		
Number of child of this mother, including present birth <u>3</u>		Number of children, of this mother, now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

at 6:30 A. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Phar. A. Drenth M.D.

(Physician or Midwife)

Given name added from a supplemental report

Address

Filed

Registrar

11118

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Minnesota }  
County of Hennepin } ss. Certificate No. 81116  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for June Irene Allen who was born on June 12, 1920  
in Burke, Ida. (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by Supporting Affidavit prepared on \_\_\_\_\_, are:  
(PLACE OF EVENT) (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM	TO
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	(AS ON ORIGINAL)	(THE CORRECT FACTS)
Name <u>Irene June</u>	<u>June Irene Allen</u>	
Father's name <u>Robert</u>	<u>Den Allen</u>	

Subscribed and sworn to before me this 21  
day of December, 19 42

Signed Nell Allen Johannsen Elder Sister  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ruth Coover  
Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(SEAL) RUTH COOVER, Notary Public, Henn. County, Minn.  
My Commission Expires April 22, 1947.

2501 Lowry Ave. N.E.  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Minnesota }  
County of Hennepin } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21  
day of December, 19 42

Signed Nell Allen Johannsen Elder Sister  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Ruth Coover  
Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(SEAL) RUTH COOVER, Notary Public, Henn. County, Minn.  
My Commission Expires April 22, 1947.

2501 Lowry Ave. N.E.  
(STREET ADDRESS, CITY, STATE)  
Minneapolis, Minn.

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

DEC 28 1942

MAR 11 1952

MAR 11 1952

493-128, 040-434

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of ShoshoneCity of BoiseRegistration District No. 122File No. 81417

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2200Registered No. 191

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Roy Milholland

Sex of Child <u>Male</u>	Twin Triplet or other? <u>X</u>	and { Number in order of birth <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 27, 1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------	---	------------------------	--

FULL NAME <u>Edgar Milholland</u>	FATHER	FULL MAIDEN NAME <u>Lucie Minerva McDowell</u>	MOTHER
-----------------------------------	--------	--	--------

RESIDENCE <u>Boise Ida</u>	FATHER	RESIDENCE <u>Boise</u>	MOTHER
----------------------------	--------	------------------------	--------

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
--------------------	---	--------------------	---

BIRTHPLACE <u>Mo</u>	FATHER	BIRTHPLACE <u>Ore.</u>	MOTHER
----------------------	--------	------------------------	--------

OCCUPATION <u>Miner</u>	FATHER	OCCUPATION <u>Housewife</u>	MOTHER
-------------------------	--------	-----------------------------	--------

Number of child of this mother, including present birth. <u>3</u>	Number of children of this mother now living, including present birth. <u>2</u>
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated. (Both alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Signature) <u>L. B. Steaksley SM</u>
--	---------------------------------------

(Physician or midwife)

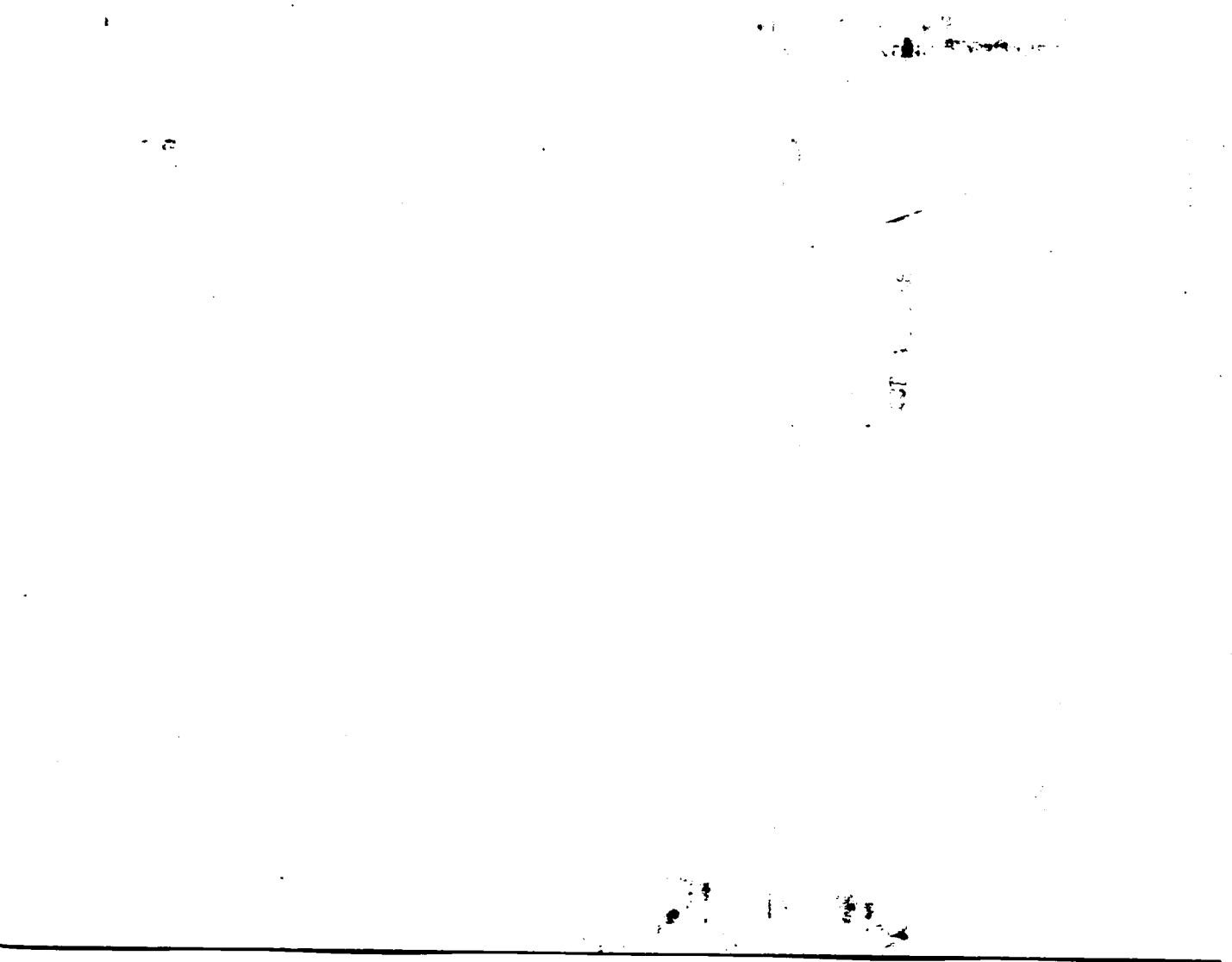
Given names added from a supplemental report.

\_\_\_\_\_ 19\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ 19\_\_\_\_

Filed June 30, 1920 H. E. Mowbray



PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-2-24-29-15

County of Teton

CERTIFICATE OF BIRTH

811118

City of Driggs, B. D. 1  
249-1071041-195  
No. \_\_\_\_\_ St.Registration District No. 77File No. 86Primary Registration District No. 2176Registered No. One

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Donald Bruce Smith

Sex of Child

boyTwin  
Triplet  
or other?{ and } Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yes

Date of Birth

June 7, 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

Joe Smith

FULL MAIDEN NAME

MOTHER

Verge Greene

RESIDENCE

Driggs, B. D. 1

RESIDENCE

Driggs, B. D. 1

COLOR

White

AGE AT LAST BIRTHDAY

33  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

24  
(Years)

BIRTHPLACE

Salam Idaho

BIRTHPLACE

Lehi Utah

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

4

Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 5 A.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Anne Larsen

(Physician or midwife)

Driggs Idaho B. D. 1

Given names added from a supplemental report.

Address

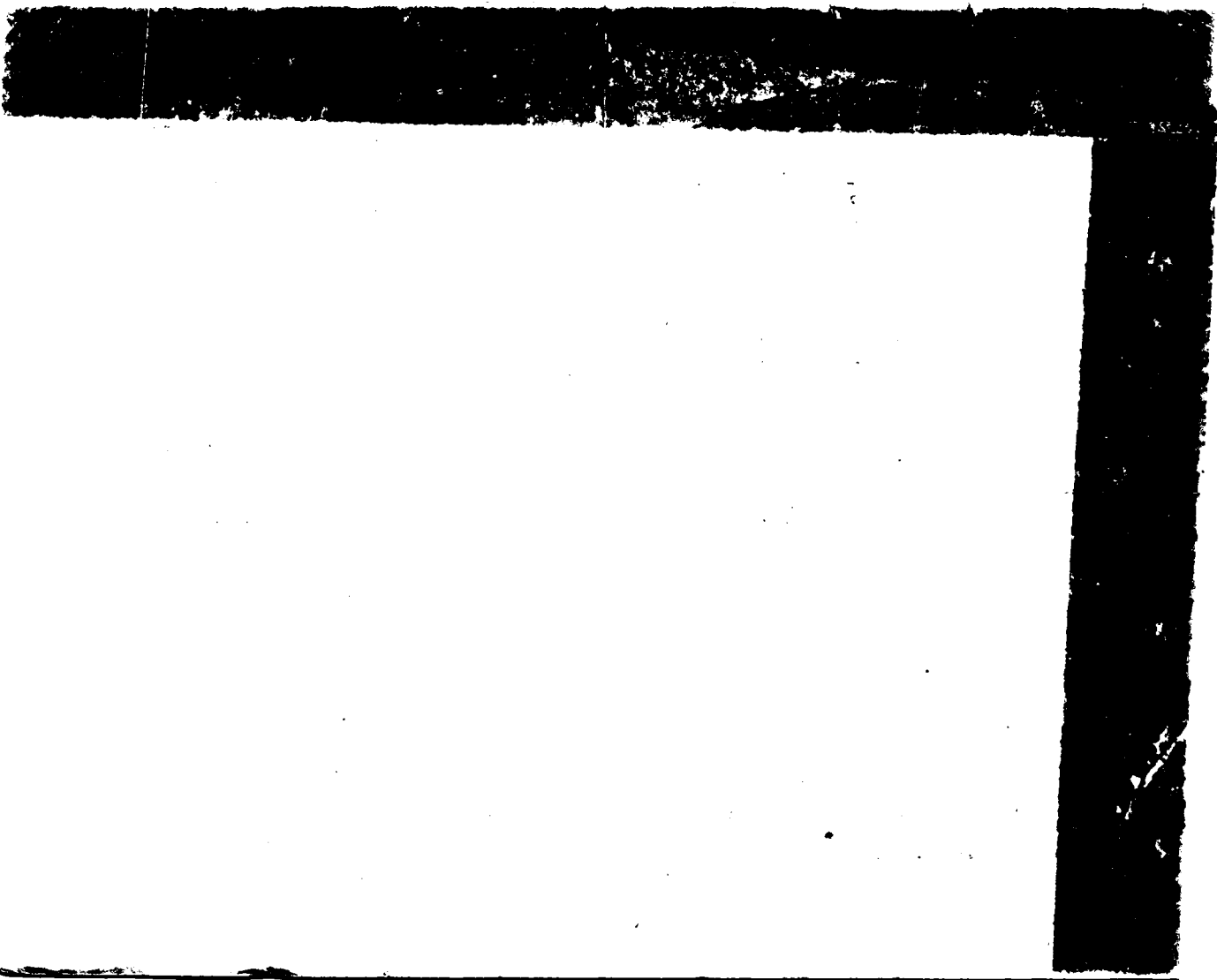
BX 25

Filed

June 20, 1920 Martha Marker

Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH  
09-264  
County of Twin Falls  
City of Hansen

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

No. \_\_\_\_\_ St. \_\_\_\_\_  
Registration District No. 36 File No. 81119  
Hospital home Primary Registration District No. \_\_\_\_\_ Registered No. 44

FULL NAME OF CHILD Ferna June Daniel

Sex of Child Female Twin Triplet or other? { and } Number in order of birth Legitt mate? yes Date of Birth June 1 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Sam H. Daniel  
RESIDENCE Hansen, Idaho  
COLOR W AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Missouri  
OCCUPATION Farm hand

FULL MAIDEN NAME MOTHER Marie Georgia Bougeard  
RESIDENCE Hansen, Ida.  
COLOR W AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE La.  
OCCUPATION Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE


I hereby certify that I attended the birth of this child, who was born alive, at 9:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Daniel  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Kimberly, Idaho  
Filed June 10 1920  
Registrar



MAY 5 1952

296210-042-387

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Martough Twin Falls,City of KimberlyRegistration District No. 36File No. 81120

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. 45Hospital homeFULL NAME OF CHILD Ruby Jaunita Brownfield

Sex of Child <u>female</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 10</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	-----	--------------------------------	----------------------------	---

FULL NAME FATHER  
Elick Brownfield

RESIDENCE

Kimberly, Ida.

COLOR

WAGE AT LAST  
BIRTHDAY 28  
(Years)

BIRTHPLACE

Mo.

OCCUPATION

CarpenterFULL MAIDEN NAME MOTHER  
Lillian May Chandler

RESIDENCE

Kimberly, Ida.

COLOR

WAGE AT LAST  
BIRTHDAY 27  
(Years)

BIRTHPLACE

Mo.

OCCUPATION

Hw.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Kimberly, IdahoFiled June 20 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



313-210-42-652  
PLACE OF BIRTHCounty of Twin FallsCity of Kimberly

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. .... 36 .....

Primary Registration District No. ....

File No. .... 81121

Registered No. .... 46 .....

Sex of Child Female } and { Number of birth } Legitimate? yes Date of Birth June 10 1918  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FLOYD Tate  
RESIDENCE  
COLOR W AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Tenn.  
OCCUPATION Farmer

FULL MAIDEN NAME Evelyn Webster Tate  
RESIDENCE  
COLOR W AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE neb.  
OCCUPATION House wife

Number of child of this mother, including present birth... 2 ..... Number of children of this mother now living, including present birth... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

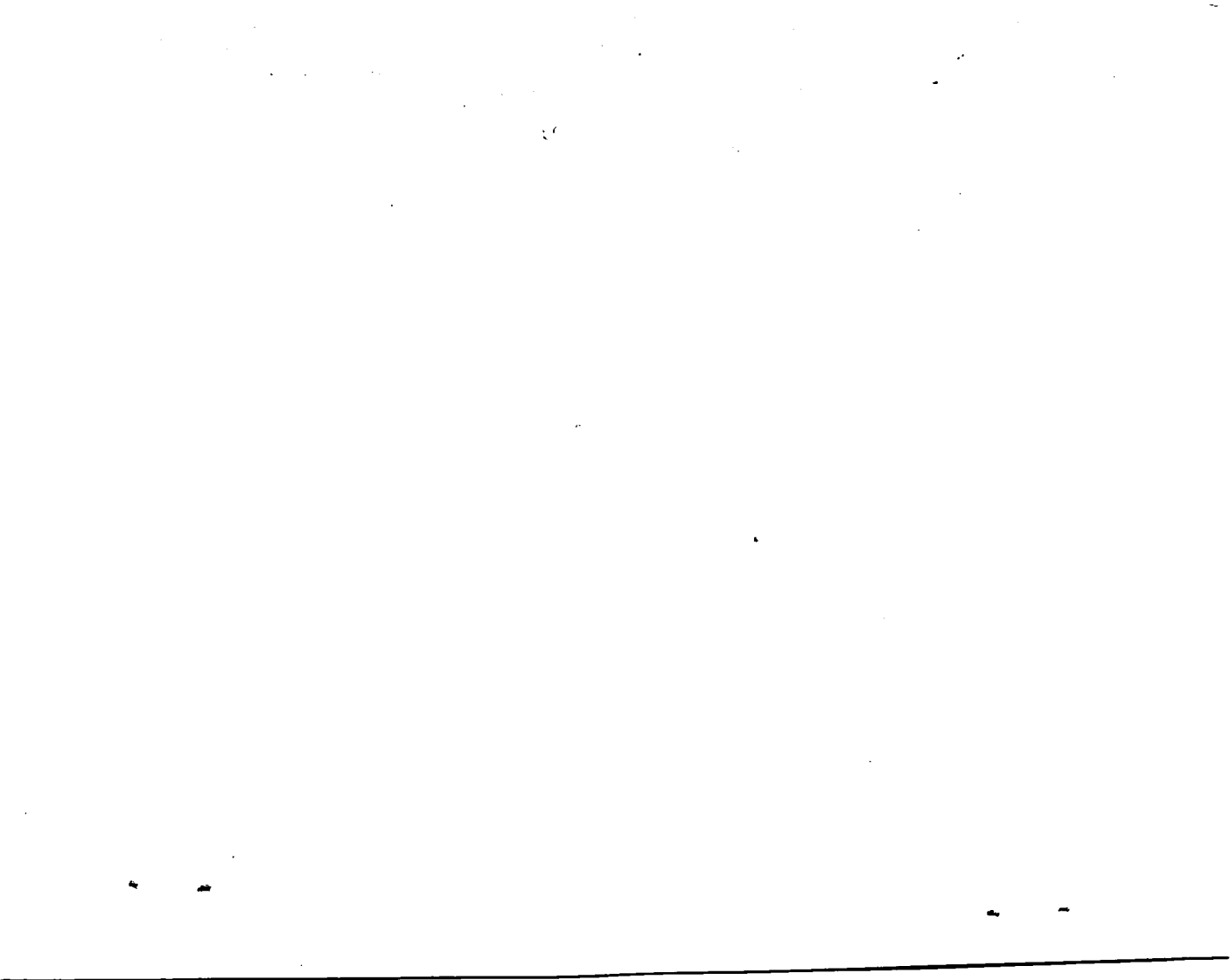
I hereby certify that I attended the birth of this child, who was Born alive at Kimberly on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. H. Goodspeed M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Kimberly Idaho  
Date June 20 1918  
Registrar J. H. Davis



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

81121

Place  
of Birth

City

Kimberly

BUS

Registered No.

46

Street and House No.

County

Twin Falls

Registration Dist. No.

36

Sex of Child

Female

Date of Birth

June 10

1920

MONTH

DAY

YEAR

Father

Floyd Tate

FULL NAME

Mother

Evelyn Webster

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Grace Evelyn Tate

GIVEN NAME IN FULL

SURNAME

as reported by

Evelyn Tate

FATHER OR MOTHER

LOCAL REGISTRAR

11

11

11

11



893-217,042-652

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of Kimberly,Registration District No. 36File No. 81122

No. \_\_\_\_\_ St.

Hospital homePrimary Registration District No. \_\_\_\_\_ Registered No. 47

FULL NAME OF CHILD

*Thelma Ramona Hill*

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 17</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER  
Thomas Walter HillRESIDENCE  
Kimberly, IdahoCOLOR W AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE  
Wyo.OCCUPATION  
FarmerFULL MAIDEN NAME MOTHER  
Nancy Melba WebbRESIDENCE  
Kimberly, IdahoCOLOR W AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE  
Tenn.OCCUPATION  
Hw.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8:40 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

physician

(Physician or midwife)

Given names added from a supplemental report:

19

Address Kimberly, IdahoFiled June 25, 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CONFIDENTIAL

SECRET

TOP SECRET

SECRET

SECRET

STATE OF IDAHO

# BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

Place  
of BirthCity Kootenai

Street and House No. \_\_\_\_\_

County Twin FallsRegistered No. 47Registration Dist. No. 36

Sex of Child

Female

Date of Birth

June 171920

MONTH

DAY

YEAR

Father

Thomas Walter Hill

FULL NAME

Mother

Nancy Melba Webb

FULL MAIDEN NAME

**I Hereby Certify** that the child described here  
has been named:

Thelma Ramona Hill

GIVEN NAME IN FULL

SURNAME

as reported by

Mrs. T. W. Hill

FATHER OR MOTHER

Local Registrar

District Registrar

LOCAL REGISTRAR

AUG 15 1966

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

294-119-034-753

PLACE OF BIRTH

County of Minidoka

City of Eden

No. \_\_\_\_\_ St.

Hospital home

FULL NAME OF CHILD

Jack Lamar Simmons

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 36

File No. 81123

Primary Registration District No. \_\_\_\_\_ Registered No. 48

Sex of Child <u>male</u>	Twin Triplet or other? <u>    </u> { and } { Number in order of birth <u>    </u> }	Legit mate? <u>yes</u>	Date of Birth <u>June 19</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Joseph L. Simmons  
RESIDENCE Eden Idaho  
COLOR W AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Anna A. Peterson  
RESIDENCE Eden Idaho  
COLOR W AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Denmark  
OCCUPATION Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

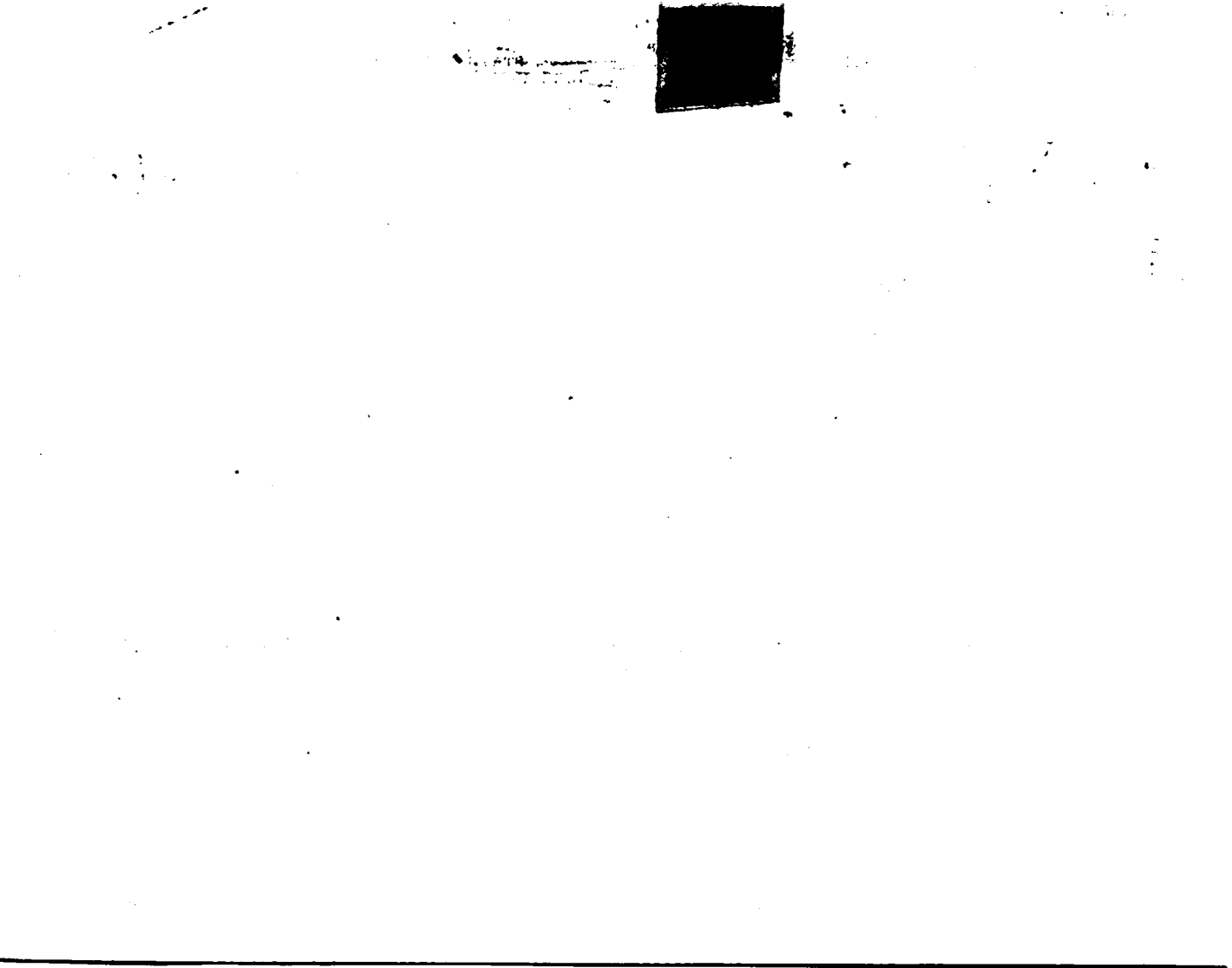
I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) JN Davis  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Kimberly, Idaho  
Filed June 28 19 20 JN Davis  
Registrar Registrar



255-223-042-819

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Twin Falls,

CERTIFICATE OF BIRTH

City of HansenRegistration District No. 36

File No.

81124

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No.

Hospital homeFULL NAME OF CHILD Rose Elizabeth BenderSex of  
Child

Fem.

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti  
mate?

yes

Date of  
BirthJune 23 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

George A. Bender

RESIDENCE

Hansen, Idaho

COLOR

W

AGE AT LAST  
BIRTHDAY

30

(Years)

BIRTHPLACE

Kansas

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

MOTHER

Mary E. Harvey

RESIDENCE

Hansen, Idaho

COLOR

W

AGE AT LAST  
BIRTHDAY

28

(Years)

BIRTHPLACE

Kansas

OCCUPATION

Hw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Kimberly, IdahoFiled June 30 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

SEP 18 1972

SEP 26 1972



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

451-110-042-296

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. \_\_\_\_\_ St.

Hospital Counxy

Registration District No. 37

File No. 81125

Primary Registration District No. 10855 Registered No. \_\_\_\_\_

FULL NAME OF CHILD Wayne Brooks Weathers

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 10</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	--

FULL NAME Hester Frances Weathers FATHER

RESIDENCE 435 - 3rd Ave. Shovel

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE St Louis Mo.

OCCUPATION Mechanic

FULL MAIDEN NAME Clara Karl Brooks MOTHER

RESIDENCE 435 - 3rd Ave Shovel

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Lincoln Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 11:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Coughlin  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19 \_\_\_\_\_

Address Twin Falls Id  
Filed July 6 1920 John H Coughlin  
Registrar

Registrar

6-1-41  
P. 1

DECEASED

381.220-042-997

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *Twin Falls*City of *Twin Falls*Registration District No. *37*File No. *81128*

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital *County*Primary Registration District No. *1085* Registered No. \_\_\_\_\_

FULL NAME OF CHILD

*Olivia June Chapman*Sex of Child *Female*Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?*yes*Date of  
Birth*June 20 1920*  
(Month) (Day) (Year)FULL  
NAME*William O. Chapman*

FATHER

FULL  
MAIDEN  
NAME*Eva June Pigg*

MOTHER

RESIDENCE

*503 2nd Ave North*

RESIDENCE

*503-2nd Ave North*

COLOR

*White*AGE AT LAST  
BIRTHDAY*30*  
(Years)

COLOR

*White*AGE AT LAST  
BIRTHDAY*24*  
(Years)

BIRTHPLACE

*Mo.*

BIRTHPLACE

*Lakeland, Wash.*

OCCUPATION

*Lawyer*

OCCUPATION

*Housewife*Number of child of this mother, including present birth. *1* Number of children of this mother now living, including present birth. *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was *Born alive*, at *6:40 P. M.*,  
on the date above stated. (Born alive or stillborn) *June 20 1920*

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*Dr J F Coughlin*  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

*Twin Falls*Filed *June 28* 19*20**John F Coughlin*  
Registrar

Registrar

SEP 4 1942

792-124.042-718  
PLACE OF BIRTH

V. S. No. 11--20m-7-20-19

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Yuin FallsCity of " "No. " " St.Registration District No. 37File No. 81129Hospital " "Primary Registration District No. 1085Registered No. " "FULL NAME OF CHILD " "

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 24</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	------------------------	---

FATHER FULL NAME <u>Ben Gibin</u>	MOTHER FULL MAIDEN NAME <u>Hidea Gahro</u>
RESIDENCE <u>Yuin Falls</u>	RESIDENCE <u>" "</u>
COLOR <u>Yellow</u> AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR <u>Yellow</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Japan</u>	BIRTHPLACE <u>Japan</u>
OCCUPATION <u>Cook</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth " " Number of children of this mother now living, including present birth " "

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was " " on the date above stated.Born alive 4 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. H. Coughlin  
(Physician or midwife)

Given names added from a supplemental report.

Address

Yuin Falls Ida

Filed

June 28 1920 John F. Coughlin  
Registrar.

Registrar.



FOIA b 7 - D  
FOIA b 7 - C  
FOIA b 7 - D  
FOIA b 7 - C

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

133-222-042-142

PLACE OF BIRTH

County of Lincoln

City of Lincoln

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital County

FULL NAME OF CHILD Gloria Ann Allen

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 37

Primary Registration District No. 1085

Form V. S. No. 11-C-25m-7-21-19

81130

Sex of Child

Female

Twin  
Triplet  
or other?

and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of  
Birth

June 22 1920  
(Month) (Day) (Year)

FULL  
NAME

Winifred Allen

FATHER

RESIDENCE

57 5th Ave North

COLOR

White

AGE AT LAST  
BIRTHDAY

22  
(Years)

BIRTHPLACE

Lincoln, Idaho

OCCUPATION

Girl

FULL  
MAIDEN  
NAME

Neva Brock Amos

MOTHER

RESIDENCE

157 5th Ave North

COLOR

White

AGE AT LAST  
BIRTHDAY

17  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Wife

Number of child of this mother at present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

(Signature)

John F. Coughlin

(Physician or midwife)

Address

Yuin Falls Ida

Filed

July 6 1920

John F. Coughlin  
Registrar

Registrar

FEB 9 1942

MAY 12 1961



JUL 15 1944





867-130-042-155

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Doni FallsCity of Doni FallsRegistration District No. 37File No. 81131

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital County Primary Registration District No. 1085 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Worley E. Hopkins

Sex of Child

maleTwin  
Triplet  
or other?

- } and {

Number  
in order  
of birth

- }

Legiti  
mate?yesDate of  
BirthJune 301920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAMEFATHER  
Roy Evert HopkinsFULL  
MAIDEN  
NAMEMOTHER  
Merna Aversie

RESIDENCE

Buhl Idaho

RESIDENCE

Buhl Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY26

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY25

(Years)

BIRTHPLACE

Boeing Mo.

BIRTHPLACE

Woodruff, Kans.

OCCUPATION

Quicker

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive, at 2:40 A. M.  
on the date above stated. (Born alive or stillborn)

(Signature)

H. Wilson

(Physician or midwife)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Address

Filed

July 6 1920 John G. Coughlin  
Registrar

Registrar

FEB 20 1942

DEC 31 1940

Dup of 1920-91133

799-10-042-154

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of *Idaho*City of *Idaho Falls*Registration District No. *37*File No. *81132*

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital *County* Primary Registration District No. *1085* Registered No. \_\_\_\_\_

FULL NAME OF CHILD

*James Antonin Priebe*

Sex of Child <i>male</i>	Twins Triplet or other? <i>—</i>	and	Number in order of birth <i>—</i>	Legiti mate? <i>yes</i>	Date of Birth <i>July 1, 1920</i> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME FATHER *Walter R. Priebe*RESIDENCE *155 7th E.*COLOR *White* AGE AT LAST BIRTHDAY *39* (Years)BIRTHPLACE *Rochester Minn*OCCUPATION *Jeweler*FULL MAIDEN NAME MOTHER *Marie L. Anderson*RESIDENCE *155 7th E.*COLOR *White* AGE AT LAST BIRTHDAY *39* (Years)BIRTHPLACE *Long Island, N. York*OCCUPATION *Housewife*Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive*, at *9<sup>00</sup> A. M.* on the date above stated. (Born alive or stillborn) *July 1st 1920*

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *H. Wilson*

(Physician or midwife)

Given names added from a supplemental report.

19.

Address *Idaho Falls*Filed *July 6* 19 *20*

Registrar

Registrar *John L. Coughlin*

c.c. 5/23/41. W.H.

692-23-042-114  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin Falls

City of \_\_\_\_\_

Registration District No. 37File No. 81134

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1085 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Thelma EyvonFisher

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>yes</u>	Legiti mate? <u>yes</u>	Date of Birth <u>June 23</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	-----------------------------------	-------------------------------------	-------------------------	---

FATHER  
FULL NAME Elwood H. FisherRESIDENCE Twin Falls, IdaCOLOR white AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE KansasOCCUPATION MechanicMOTHER  
FULL MAIDEN NAME Cora Ethel JamesRESIDENCE Twin Falls, IdaCOLOR white AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE Iowa

OCCUPATION \_\_\_\_\_

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.Born alive at 6:20 am M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elwood H. Fisher

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, IdahoFiled July 2 19 20

Registrar

Registrar John F. Loughlin

SEP 26 1969

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss.

Certificate No. 81134

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Fisher who was born on June 23, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Add child's name

Unnamed Fisher

Thelma Evonne Fisher

Subscribed and sworn to before me this 23 day of  
October, 1967

X Signed Edwood H. Fisher  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Winston, Oregon  
My commission expires May 20, 1970  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon }  
County of Douglas } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of  
October, 1967

Signed Esther E. Fisher  
(Signature of Any Credible Person)

Notary Public, residing at Winston, Oregon  
My commission expires May 20, 1970  
(Seal)

(Street Address, City, State)

Standard Certificate of Live Birth from the State of Oregon No. 1284 gives child's name as Marlene Elaine Scott born February 25, 1945 to Mervin Walter Scott and Thelma Eyvon Fisher. Viewed by V. S.

MAR 5 1970

Certified copy of Marriage from the State of Oregon gives Bride's name as Thelma Eyvon Fisher and the Groom's name as Mervin Walter Scott. Bride's date of birth June 23, 1920 and groom's Nov. 9, 1909. Dated June 21, 1944 in Columbia County St. Helens, Oregon. Viewed by V. S.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

553-126-042-795

PLACE OF BIRTH

County of Twin Falls

City of \_\_\_\_\_

No. 511 4th and St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD Douglas Pierce Nelson

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 37

File No. \_\_\_\_\_

81135

Primary Registration District No. 1085 Registered No. \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth	Legitimacy <u>yes</u>	Date of Birth <u>June 26</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------	-----------------------	--

FULL NAME WELVIN ROSS NELSON  
RESIDENCE Twin Falls  
COLOR white AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Auto. Mechanic

FULL MAIDEN NAME Sadie Beatrice Pierce  
RESIDENCE Twin Falls  
COLOR white AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Idaho  
OCCUPATION \_\_\_\_\_

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 7:40 am M.  
on the date above stated. (Born alive or stillborn)

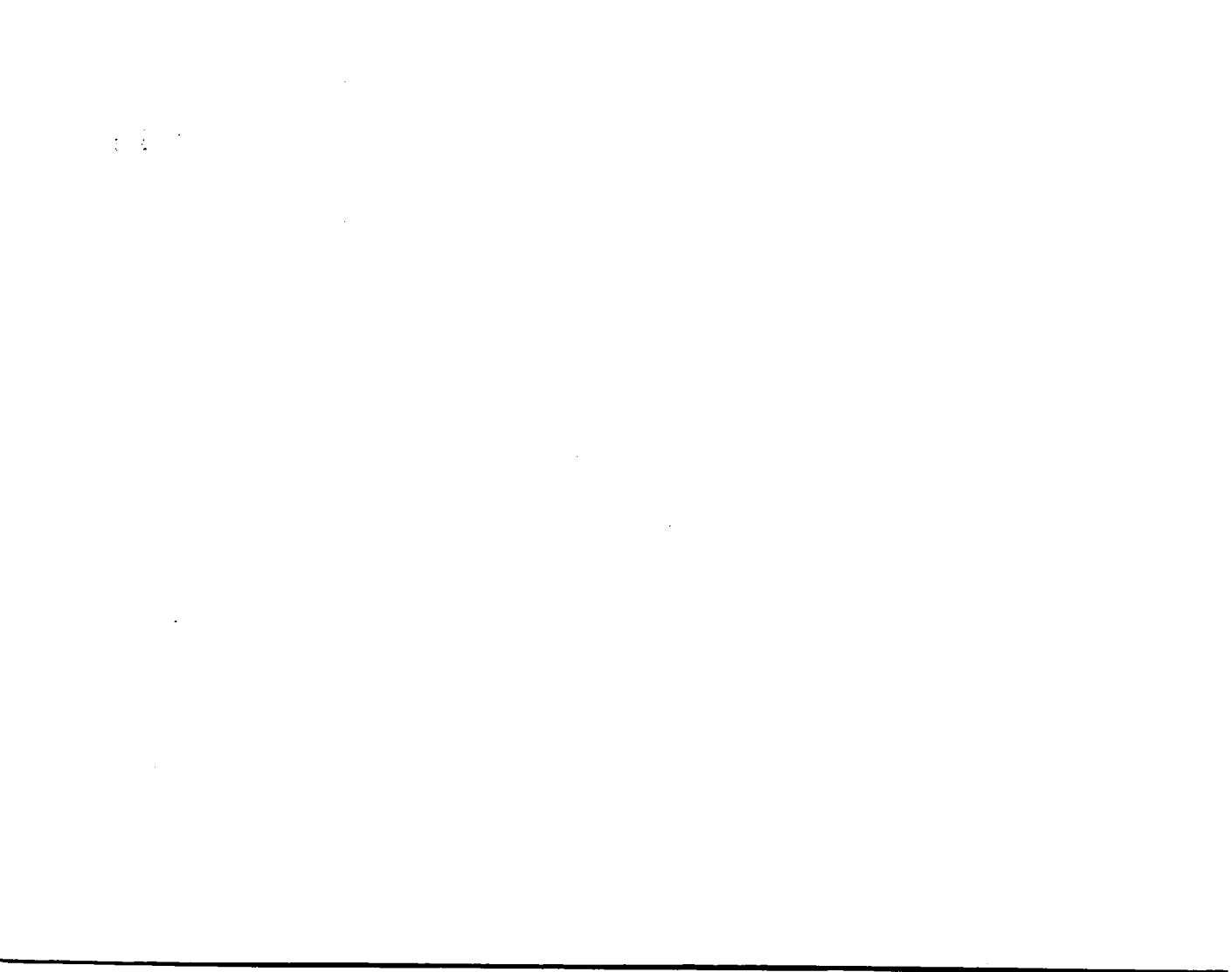
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho  
Filed July 7 1920 John F. Houghlin  
Registrar

Registrar



389-216-042-796  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-3-8-17

County of Twin Falls,....

City of .....

Registration District No. ....37.....

File No. ....81136.....

No. ....St.

Primary Registration District No. ....1085.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Patricia Marie Thralls

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	} and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 16-20</u> (Month) (Day) (Year)
-------------------------------	---	--	--------------------------------	---

FULL NAME <u>FATHER</u> <u>Louis E Thralls</u>
RESIDENCE <u>Twin Falls, Idaho.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Kansas.</u>
OCCUPATION <u>Farmer.</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Nellie Prough.</u>
RESIDENCE <u>Twin Falls, Idaho.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Kansas.</u>
OCCUPATION <u>Housewife.</u>

Number of child of this mother, including present birth...1.... Number of children of this mother now living, including present birth...1....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive 8/30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

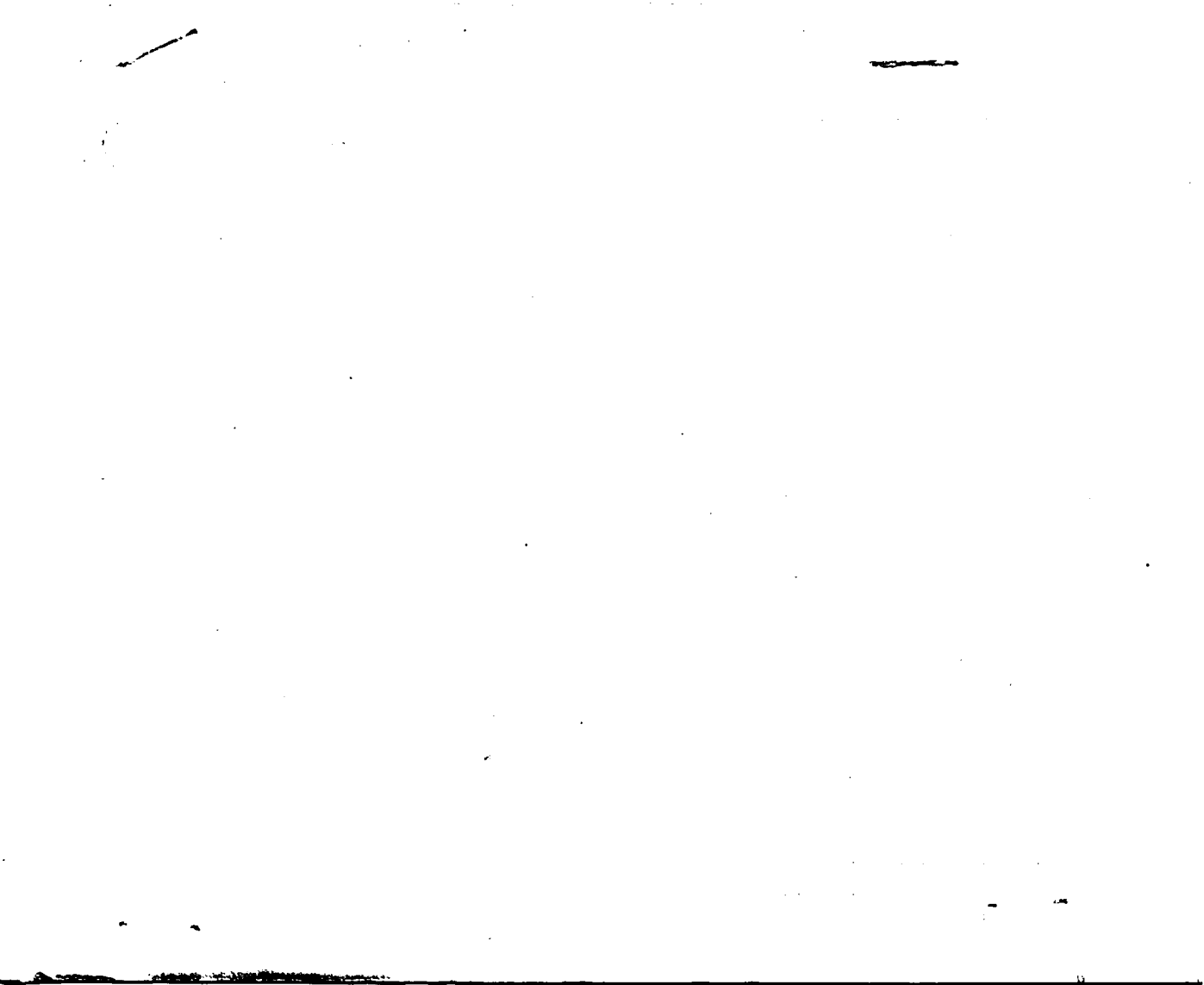
(Signature) 6 D. WeaverPhysician.  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.Filed July 2, 1920 John F. Coughlin

Registrar

Registrar



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.  
 County of San Bernardino

Certificate No. 81156Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of unnamed was born June 16th 1920

for (Name on Original Certificate) Twin Falls, Idaho who (Was Born or Died) on (Date of Event)  
 in (Place of Birth) are erroneous or were omitted; and that, to the best of his knowledge, the  
person's knowledge  
 true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

**FACTS TO BE CORRECTED** **FROM** **TO**  
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Patricia Marie Thralls

Subscribed and sworn to before me this 26th.  
 day of June 19 42

John A. Hadaller  
 Notary Public, residing at San Bernardino

My commission expires March 3, 1945  
 (Seal)

Signed Nellie Estella Turnbull.  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
126 Alder Ave., Fontana, California  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
 County of Twin Falls she

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th  
 day of March 19 43

John A. Hadaller  
 Notary Public, residing at Twin Falls, Idaho

My commission expires Dec. 29, 1945  
 (Seal)

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

Signed Mrs A Prough  
 (Signature of Any Credible Person Other Than Previous Year)

Twin Falls, Idaho  
 (Street Address, City, State)

APR 1 1943

JUL 19 1956

231-1041042-734

## PLACE OF BIRTH

County of Twin Falls...City of Twin Falls....

No. .... St.

Hospital .....

FULL NAME OF CHILD Billie Junior Standley

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>Yes</u>	Date of Birth <u>June-4-20</u> 191... (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME <u>FATHER</u> <u>James H. Standley</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Cora V. Plumlee</u>
RESIDENCE <u>Twin Falls, Idaho.</u>	RESIDENCE <u>Twin Falls, Ida.</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>36</u> (Years)	COLOR <u>White.</u> AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Ark.</u>	BIRTHPLACE <u>Ark.</u>
OCCUPATION <u>Well Driller.</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 8... Number of children of this mother now living, including present birth 6...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10:15 Am on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. J. ThayerPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.Filed July 7 1920 John F. Connelley

Registrar

Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-3-8-17

81137

Registration District No. 37.....

File No. ....

Primary Registration District No. 1085.....

Registered No. ....

CC Issued Jan. 29, 1941 Z.J.



275-205-042-318  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-8-17

County of Twin Falls.....City of Twin Falls.....Registration District No. .... 37.....File No. .... **81138**No. .... St.Primary Registration District No. .... 1085....

Registered No. ....

Hospital .....

FULL NAME OF CHILD ..... Janet Darlene Stearman.....

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June -5-</u> <u>20</u> (Month) (Day) (Year)
-------------------------------	---	--------------------------------------	--------------------------------	---

FULL NAME <u>Wallace Ira Stearman.</u>	FATHER
RESIDENCE <u>Twin Falls, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY ... <u>24</u> ..... (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Machinist.</u>	

FULL MAIDEN NAME <u>Manilla E. Taylor</u>	MOTHER
RESIDENCE <u>Twin Falls, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY ..... <u>20</u> ..... (Years)
BIRTHPLACE <u>Utah.</u>	
OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth 2..... Number of children of this mother now living, including present birth 2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive at 11:55 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. WeaverPhysician  
(Physician or midwife)

Given names added from a supplemental report:

Address Twin Falls, Idaho.Filed July 7, 1920 John Y. Coughlin  
Registrar

Registrar

CONFIDENTIAL

State of California, Marriage License, Sept. 7, 1940, gives full name of groom as Leo M. Corby, age 23 and full maiden name of bride as Janet Darlene Stearman, age 20 - viewed by V.S. and Certified Copy of Child's Birth Certificate, State of California, child born Aug. 5, 1942 at Redding, Calif., Shasta County, gives full maiden name of mother as Janet Darlene Stearman, born in Idaho - viewed by V.S. recorded in Birth Records, BUREAU OF VITAL STATISTICS

### Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA Volume 9, Page 186 - viewed by V.S. Certificate No. 81138  
County of SACRAMENTO } ss. Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
for Unnamed Stearman who was born on June 5, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child Unnamed Janet Darlene Stearman

Subscribed and sworn to before me this 21 day of

May 1961

Signed Marjorie E. Stearman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Sacramento, Calif

My commission expires Feb. 18, 1965

(Seal)

5021 Mendocino Blvd

(Street Address, City, State)

Sacramento, Calif.

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA  
County of SACRAMENTO } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of

May 1961

Signed Charles H. Chase  
(Signature of Any Credible Person)

Notary Public, residing at Sacramento, Calif

My commission expires Feb. 18, 1965

(Seal)

3807 Chestnut Ave

(Street Address, City, State)

Long Beach 7 - Calif

JUN 13 1984

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-1021042-352

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 11-C-2ha-4-8-17

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 81139

No. .... St.

Primary Registration District No. 1085

Registered No. ....

Hospital .....

FULL NAME OF CHILD JOHN ALFORD Fred Marwick

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>July-2-</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	------------------------	--

FATHER  
FULL NAME Fred Marwick  
RESIDENCE Twin Falls Ida  
COLOR White AGE AT LAST BIRTHDAY 28  
(Years)  
BIRTHPLACE Mountain Green Utah  
OCCUPATION Mechanic

MOTHER  
FULL MAIDEN NAME Dorothy L. Lester  
RESIDENCE Twin Falls  
COLOR White AGE AT LAST BIRTHDAY 20  
(Years)  
BIRTHPLACE Wyo.  
OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Weaver

Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Ida

Filed July 7, 1920 John Y. Corbett  
Registrar



—

—

## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } SS. \_\_\_\_\_ Certificate No. 81139County of Monterey } Date Filed \_\_\_\_\_The undersigned does solemnly swear that certain facts on the certificate of July 2 - 1920for Fred Marwick who July 2 - 1920 on 7/2/1920in Twin Falls Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN ON) (DATE OF EVENT)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.)

(GIVE DATE)

## FACTS TO BE CORRECTED

## FROM

## TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

name

Fred Marwick

John Alford Marwick

Subscribed and sworn to before me this 30day of January, 19 42Notary Public, residing at SolidedMy commission expires 4/3/44

(SEAL)

Signed Dorothy Marwick  
Reuben Dorothy Lewis

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } SS. \_\_\_\_\_

County of \_\_\_\_\_

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.

(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

FEB

(REGISTRAR'S SIGNATURE)

1942 14 1942



396218-042-463

PLACE OF BIRTH

Form V. S. No. 11-0-25a-3-8-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81140

County of Twin Falls.....City of Hollister.....Registration District No. ....37.....

File No. ....

No. ....St......Primary Registration District No. ....2085.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Ruth Juanita.....Troendly.....

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 18</u> ..... <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>John H. Troendly</u>	FATHER
RESIDENCE <u>Hollister, Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Colorado.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Edna May Motley</u>	MOTHER
RESIDENCE <u>Hollister, Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth.....2..... Number of children of this mother now living, including present birth.....2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....Born alive..... at.....8:30 A  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....B. S. Troendly..........Physician.....  
(Physician or midwife)

Given names added from a supplemental report.

Address.....Twin Falls, Idaho......Filed.....July 7.....1920.....John F. Laughlin.....  
Registrar Registrar

7-8-41

JUL 22 1941

OCT 16 1941

318-217-242-514  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-3-8-17

County of Twin Falls,City of Twin Falls,Registration District No. 37File No. 81141No. ..... St.Primary Registration District No. 1085Registered No. .....Hospital .....FULL NAME OF CHILD Virginia Louise Taylor

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 17</u> (Month) (Day) (Year) <u>20</u>
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FULL NAME <u>Joseph B Taylor.</u>	FATHER
RESIDENCE <u>Twin Falls, Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Va.</u>	
OCCUPATION <u>Farmer.</u>	

FULL MAIDEN NAME <u>Christine Vaughan</u>	MOTHER
RESIDENCE <u>Twin Falls, Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Va.</u>	
OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10: A  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. WeaverPhysician  
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....Address Twin Falls, Idaho...... 19 .....Filed July 7 19 20 John Y Coughlin

Registrar

Registrar

1.1.13.

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Virginia } ss. JUN 14 1966 Certificate No. 81141  
County of Cravson } **Bureau of Vital Statistics**  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ **Birth**  
for Unnamed Taylor (female child) who was born on June 18, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) **BOOK**  
true facts are shown by Bible & Baby/ prepared on June 17, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child Unnamed Virginia Louise Taylor  
Child's Date of Birth June 18, 1920 June 17, 1920  
Full Maiden Name of Mother Christine Vaughan Chrystine Vaughan

Subscribed and sworn to before me this 25th day of May 1966.

Signed J. B. Taylor  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Independence, Virginia  
(Street Address, City, State)

Notary Public, residing at Virginia  
My commission expires April 6, 1968  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Virginia } ss.  
County of Cravson }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of May 1966.

Signed J. Colin Campbell  
(Signature of Any Credible Person)

Notary Public, residing at Virginia  
My commission expires April 6, 1968  
(Seal)

Independence, Virginia  
(Street Address, City, State)

School Record from Grayson County School Board gives name as Virginia Louise Taylor and was 16 yrs. of age in 1936-37 school year. Signed by Birginia Bryant.  
Viewed by V. S.

NOV 3 1969

Family Bible Record gives name as Louise Virginia Taylor, born June 17, 1920,  
Viewed by V. S.

854-1281042-412

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G-25m-8-8-17

## CERTIFICATE OF BIRTH

County of Twin Falls.....City of Twin Falls.....

Registration District No. ....37.....

File No. ....81142..

No. ....St.

Primary Registration District No. ....1085.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Glen Roger Hempleman.....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and in order of birth</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>June 28</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Glen B. Hempleman.</u>	FATHER
RESIDENCE <u>Twin Falls, Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Illinois.</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Gladys M. Masters.</u>	MOTHER
RESIDENCE <u>Twin Falls, Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Silverton, Texas.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .....1..... Number of children of this mother now living, including present birth .....1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A. on the date above stated. (Born alive or stillborn) M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. D. Weaver..........Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.Filed July 7 1920 John Coughlin

Registrar

Registrar

AUG 5 1954

2 Certified ~~copy~~ Copies issued Jan. 16, 1941. E.W.



142-130-042-593

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-0-25a-8-8-17

## CERTIFICATE OF BIRTH

County of..Twin..Falls,...

City of...Twin..Falls.....

Registration District No.....37.....

File No.....81143.

No.....St.

Primary Registration District No....1085.....

Registered No.....

Hospital.....

FULL NAME OF CHILD.....Milton Chas. Austin.

Sex of Child <b>Male</b>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth (of birth in event of plural births)	Legiti- mate? <b>Yes</b>	Date of Birth <b>June - 30 - 1920</b> (Month) (Day) (Year)
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FULL NAME <b>FLOYD CHAS. AUSTIN.</b>	FATHER
RESIDENCE <b>Twin Falls, Idaho</b>	
COLOR <b>White</b>	AGE AT LAST BIRTHDAY <b>28</b> (Years)
BIRTHPLACE <b>KANSAS.</b>	
OCCUPATION <b>Carpenter.</b>	

FULL MAIDEN NAME <b>MINNIE H. NICKELS.</b>	MOTHER
RESIDENCE <b>Twin Falls, Idaho.</b>	
COLOR <b>White</b>	AGE AT LAST BIRTHDAY <b>25</b> (Years)
BIRTHPLACE <b>Austin, Minn</b>	
OCCUPATION <b>Housewife.</b>	

Number of child of this mother, including present birth....2.... Number of children of this mother now living, including present birth.2....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....Born alive.....at 3: A.....M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....*Ed Weaver*.....

Physician

(Physician or midwife)

Twin Falls, Idaho.

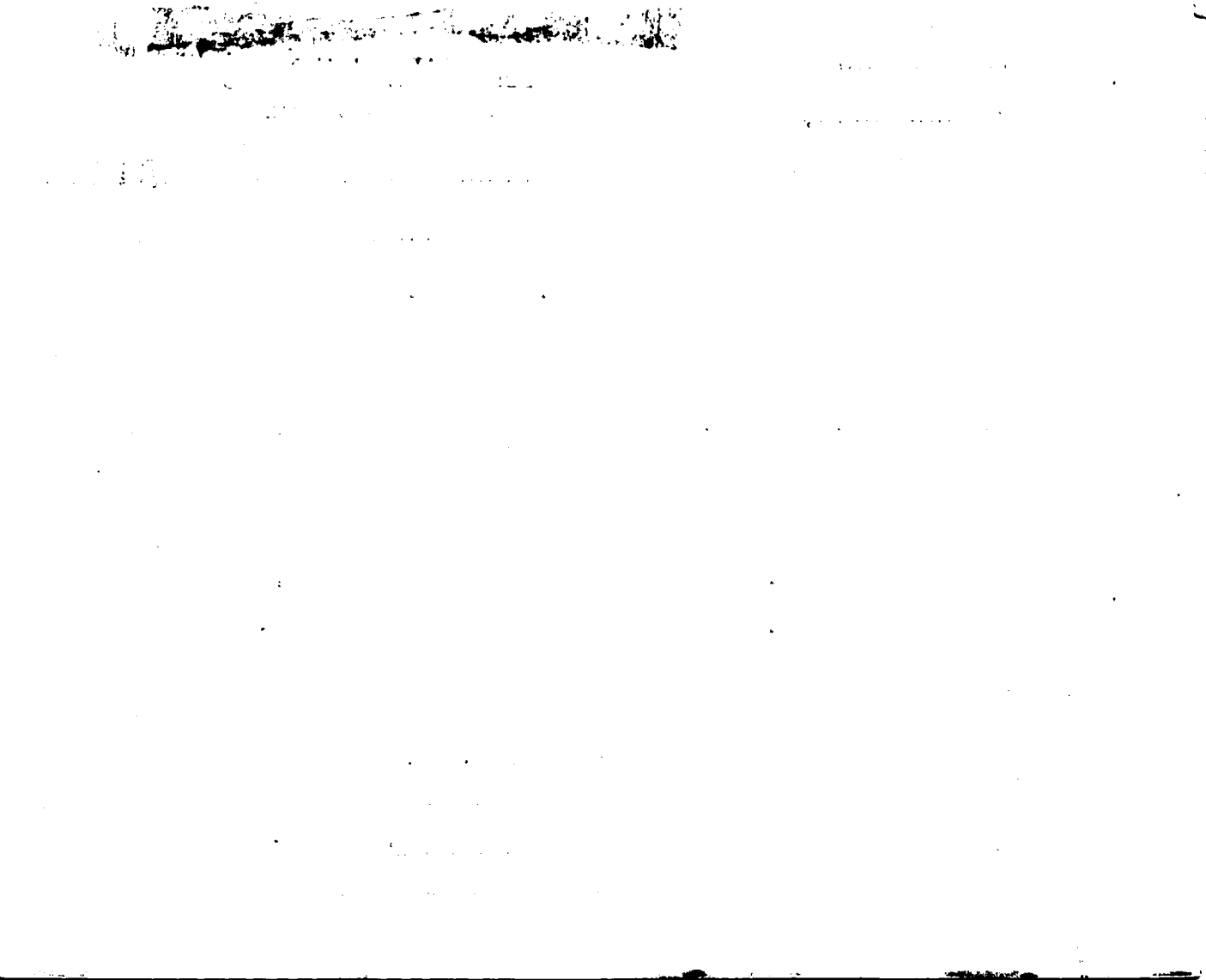
Address.....

Filed, *July 7, 1920*.....*John F. Coughlin*.....

Registrar

Registrar

MARGIN FADING INK THIS IS A PERMANENT RECORD  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-226-042-275

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 10-2 Rev. 8-8-17

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 81144

No. St.

Primary Registration District No. 1085

Registered No. ....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of Birth <u>June -26-</u> <u>1929</u> (Month) (Day) (Year)
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FATHER FULL NAME <u>Mr. Geo. C. Fellon.</u>		MOTHER FULL MAIDEN NAME <u>Etha Pearl Spencer.</u>	
RESIDENCE <u>Twin Falls, Idaho.</u>		RESIDENCE <u>Twin Falls, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Minn.</u>		BIRTHPLACE <u>Anthony, Wis.</u>	
OCCUPATION <u>Laborer.</u>		OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth 2 \*Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 12-30 P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Weaver

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho

Filed July 7, 1928 John Y Coughlin  
Registrar

RECEIVED

RECEIVED

1918

THAT A

DUP OF 1920-81158

866-119,042-666

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-21a-9-8-17

## CERTIFICATE OF BIRTH

County of Twin Falls.....City of Twin Falls.....

Registration District No. ....37.....

File No. ....81145.....

No. ....St.

Primary Registration District No. ....1085.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Herbert T. David Howard

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June-19-</u> (Month) (Day) (Year) <u>1920</u>
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FATHER  
FULL NAME Dan Andrew Howard.RESIDENCE Churchill, Idaho.  
~~#####~~COLOR White AGE AT LAST  
BIRTHDAY 23  
(Years)BIRTHPLACE  
Blair Neb.OCCUPATION  
Farmer.MOTHER  
FULL MAIDEN NAME Florence R. Woods.RESIDENCE  
Churchill, IdahoCOLOR White AGE AT LAST  
BIRTHDAY 20  
(Years)BIRTHPLACE  
Mason City, Neb.OCCUPATION  
Housewife.Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. WeaverPhysician.  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.Filed July 7, 1920 John F. Coughlin  
Registrar

Certified Copy Issued Jan. 29, 1941. E.W.

231-210-042256

## PLACE OF BIRTH

County of Twin Falls,City of 11 11No. 220, Addison, East St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD Dorothy Eunice StanleySTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 37 File No. 81146Primary Registration District No. 1085 Registered No. \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 10, 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Wm. H. Stanley  
RESIDENCE 220, Addison, East.  
COLOR white AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Springfield, Mass.  
OCCUPATION Business manager.

MOTHER  
FULL MAIDEN NAME Dorothy Eunice Snodgrass  
RESIDENCE 220, Addison East  
COLOR white AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Albion Idaho  
OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6:45 a. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

Twin Falls, Idaho,  
(Physician or midwife)

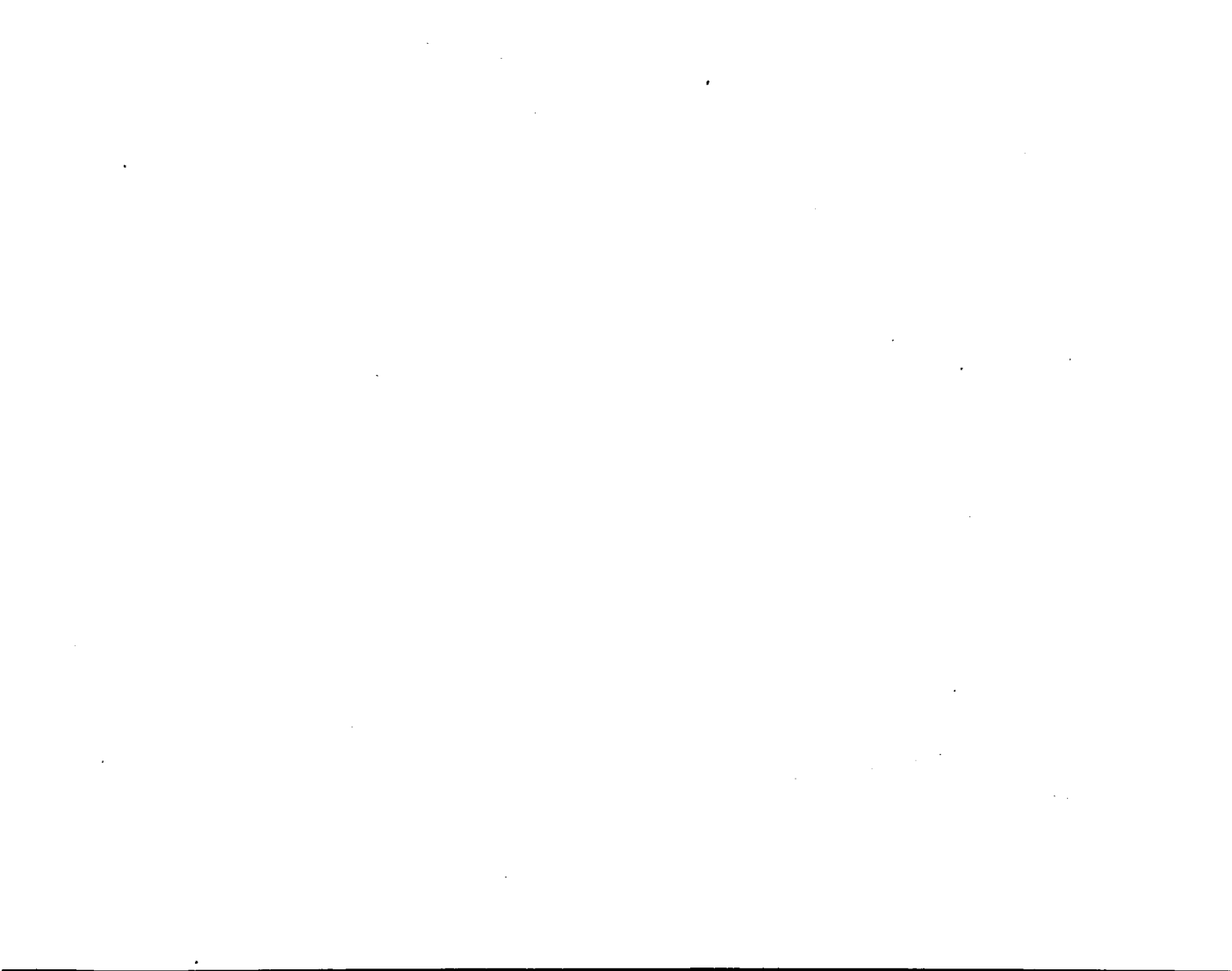
Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed July 12th 1920John F. Coughlin  
Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

545-230-042-763

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Blue Lakes Blvd S St.

Registration District No. 37

File No. 81147

Hospital \_\_\_\_\_

Primary Registration District No. 1085

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Betty Lucile Emerick

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth	Legitimacy? <u>yes</u>	Date of Birth <u>6</u> <u>30</u> <u>1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Varance Emerick  
RESIDENCE Blue Lakes Blvd South  
COLOR white AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Lebanon, Iowa  
OCCUPATION Telegrapher

MOTHER  
FULL MAIDEN NAME Eunice May Patter  
RESIDENCE Blue Lakes Blvd South  
COLOR white AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE North Platte, Neb.  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
Twin Falls, Idaho  
(Physician or midwife)

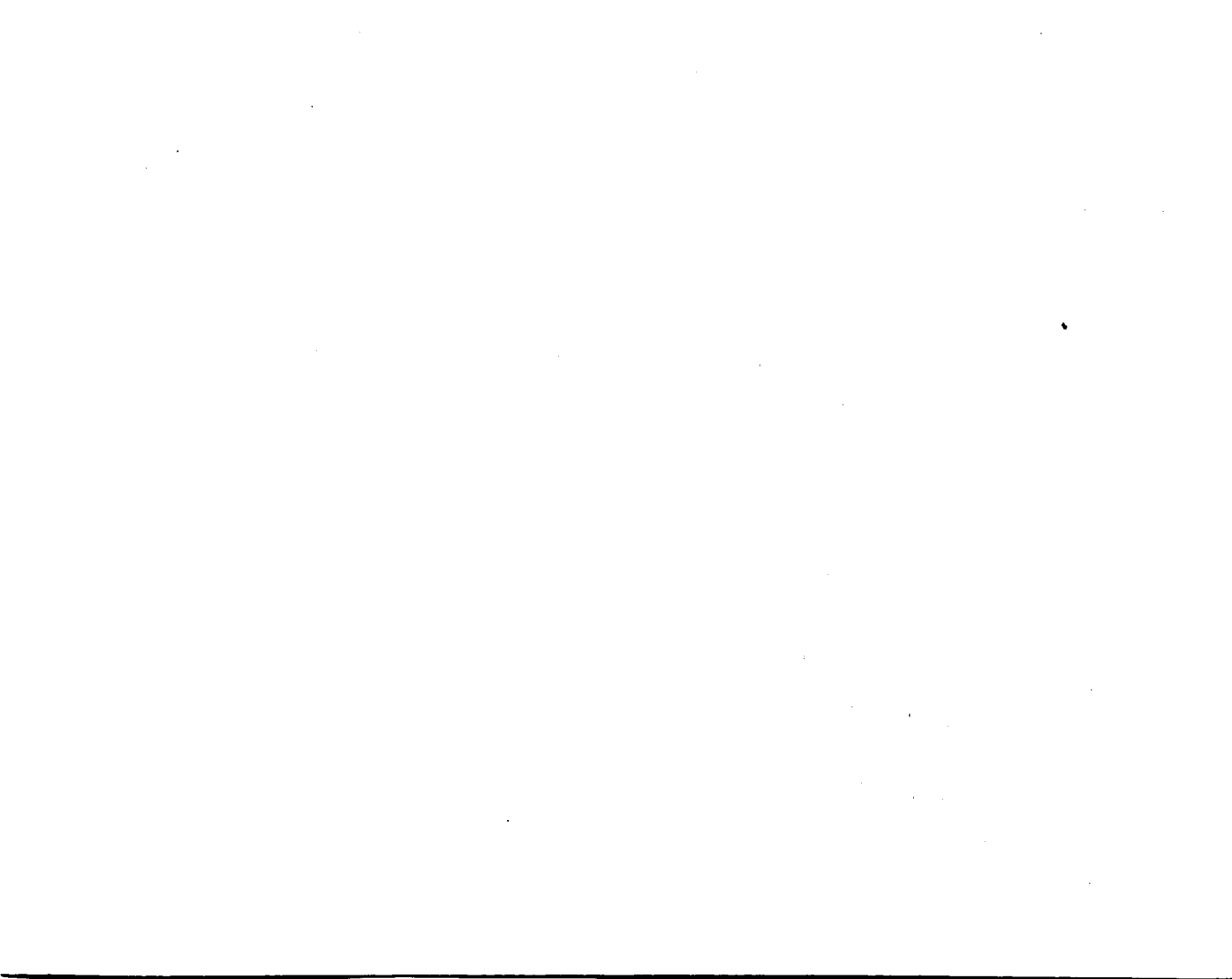
Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed July 1st 1920 John F. Coughlin  
Registrar

Registrar



3962091042-655

## PLACE OF BIRTH

County of Twin Falls,City of Twin Falls,No. 331, Van Buren St.

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>6</u> <u>9</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>Russell Elmer Tiffany</u>	FATHER
RESIDENCE <u>331 Van Buren St.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Salem, Utah</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Ruby Weech</u>	MOTHER
RESIDENCE <u>331 Van Buren St.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Pima, Ariz.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. H. Hays, D.O.  
Twin Falls, Idaho,  
 (Physician or midwife)

Given names added from a supplemental report.

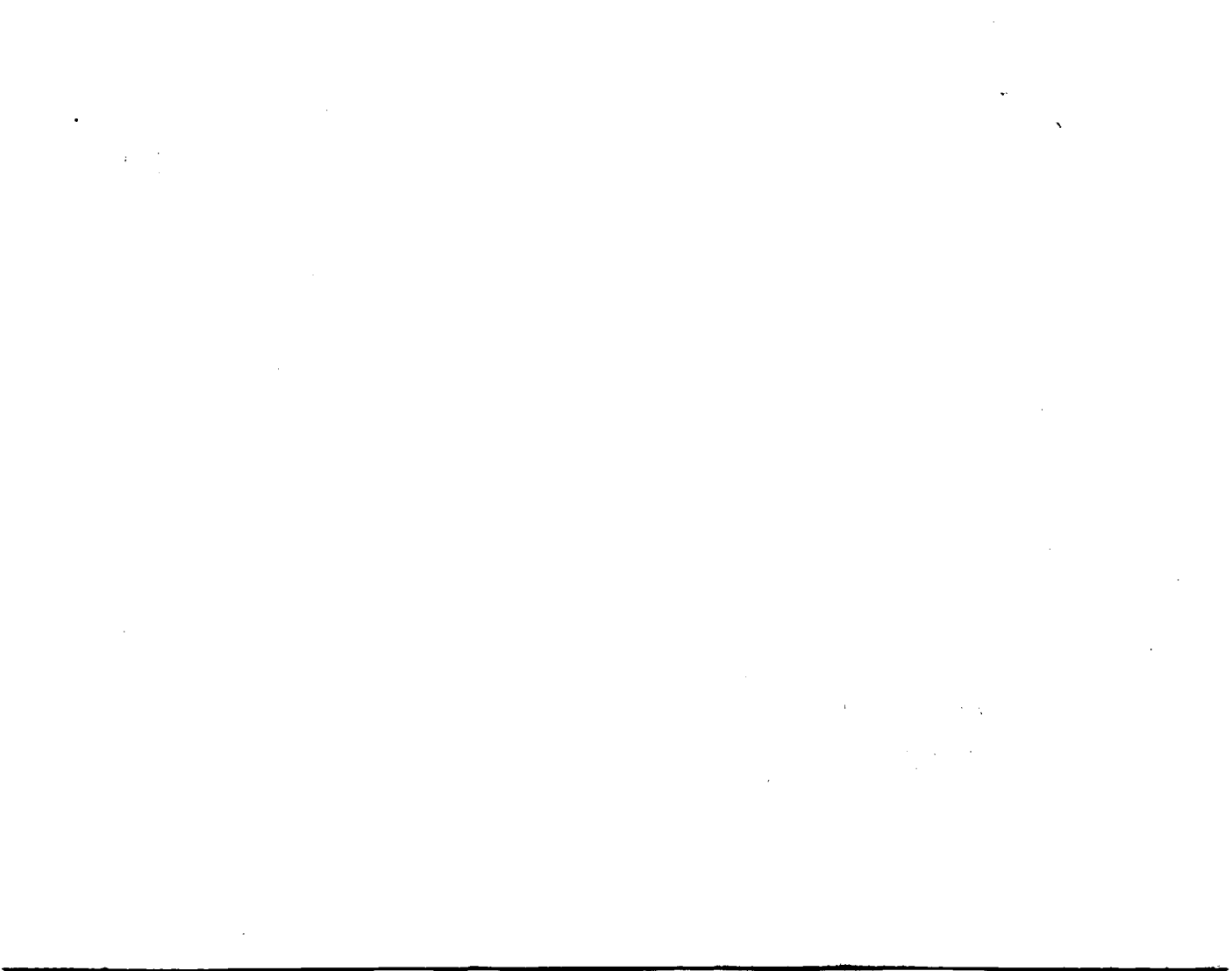
19

Registrar

Address \_\_\_\_\_

Filed

July 12 1920John F. Coughlin  
RegistrarSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHRegistration District No. 37 File No. 81149Primary Registration District No. 1085 Registered No. \_\_\_\_\_



168-223-042-595

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of Twin FallsRegistration District No. 37File No. 81150

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital CountyPrimary Registration District No. 1085 Registered No. \_\_\_\_\_FULL NAME OF CHILD Olive Louise Johansen

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>6</u> <u>23</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>Wilford Woodruff Johanson</u>	FATHER
RESIDENCE <u>534 3<sup>rd</sup> Ave N.</u>	

FULL MAIDEN NAME <u>Olive Louise Vincent</u>	MOTHER
RESIDENCE <u>Post Office Box 534 3<sup>rd</sup> Ave N.</u>	

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
-----------------------	---

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
-----------------------	---

BIRTHPLACE <u>Salt Lake, Utah</u>
--------------------------------------

BIRTHPLACE <u>Salt Lake, Utah</u>
--------------------------------------

OCCUPATION <u>Seed Analyst</u>
-----------------------------------

OCCUPATION <u>House wife</u>
---------------------------------

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Twin girls, at 6:25 A.M. on the date above stated.  
(Both alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
Twin Falls, Idaho  
(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_  
Filed July 7 1920 John F. Houghlin  
Registrar

Registrar

not

ALPC 1992 31148

253-203-042-753  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of Twin FallsCity of Twin FallsRegistration District No. 37File No. 81151No. 242 Blue Lake St.Primary Registration District No. 1085

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD ALGRETTA MAXINE KELLY

Sex of Child <u>F.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>7-3</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	--	------------------------------	------------------------	---

FULL NAME <u>FATHER</u> <u>Earl Kelly</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Alta Peterson</u>
RESIDENCE <u>Twin Falls, Ida.</u>	RESIDENCE <u>Twin Falls, Ida.</u>
COLOR <u>white</u>	COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>25</u> (Years)	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Pauls Valley, Okla.</u>	BIRTHPLACE <u>Benton Co. Ark.</u>
OCCUPATION <u>Farming</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 10 A. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel L. McCandlessPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed July 6 1920John F. Corcoran  
Registrar

STATE OF NEW YORK  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

*James H. Smith*  
*James H. Smith*



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho Certificate No. 81151  
County of Twin Falls ss. Date Filed March 1, 1942  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Algetta Maxine Kelly who was born on July 3rd 1920  
in Twin Falls, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)  
name

**FROM**  
(As on Original)  
unnamed

**TO**  
(The Correct Facts)  
Algetta Maxine Kelly

Subscribed and sworn to before me this 3rd  
day of March 1942  
Nicholas P. Hipp.  
Notary Public, residing at Lincoln Acres  
My commission expires March 1 - 1945  
(Seal)

Signed Lucy Alta Kelly  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
P.O. Box 417, Lincoln Acres, Calif.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

MAR 8

1942

OCT 2 1942



249-125-042-652  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Swain FallsCity of Swain FallsNo. 620 index WRegistration District No. 37File No. 81152Hospitals Swain Falls CoPrimary Registration District No. 1085-

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Stanford Henry Smith

Sex of Child

MTwin  
Triplet  
or other?0/1

and

Number  
in order  
of birth1Legiti  
mate?YESDate of  
BirthJune 2519 20  
(Month) (Day) (Year)FULL  
NAMERalph Henry Smith

FATHER

FULL  
MAIDEN  
NAMEDarah Deane Smith

MOTHER

RESIDENCE

Swain Falls Oda

RESIDENCE

Swain Falls Oda

COLOR

W.AGE AT LAST  
BIRTHDAY32  
(Years)

COLOR

W.AGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Lone Elm. Kans

BIRTHPLACE

Festus Mo

OCCUPATION

State employed

OCCUPATION

HwpNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Physician, at 11:45 A.M.  
(Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Duncan F. H. H. H. H.  
Physician  
(Physician or midwife)

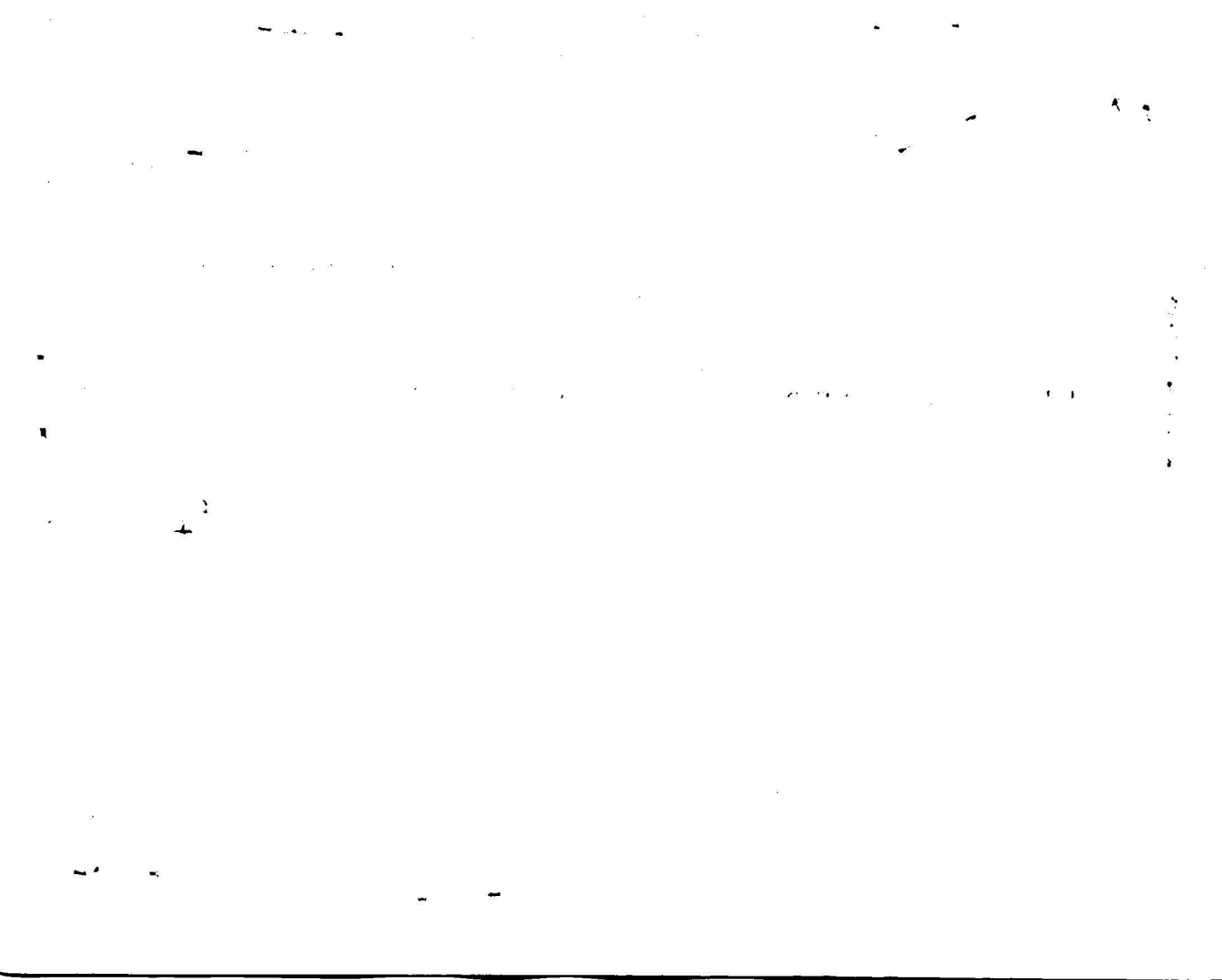
Given names added from a supplemental report.

19

Address

Filed July 6 19 20John F. Coughlin  
Registrar

Registrar



I, Sarah F. Smith testify that my son, Stanford Henry  
Smith was born in the Twin Falls County Hospital, Twin  
Falls County, Idaho on June 25th, 1920.

State of California,

COUNTY OF Los Angeles

Sarah F. Smith

ss



On this 5th day of June, A. D., 1941, before me,  
Miriam Shyer a Notary Public in and for said County and  
State, residing therein, duly commissioned and sworn, personally appeared  
Sarah F. Smith

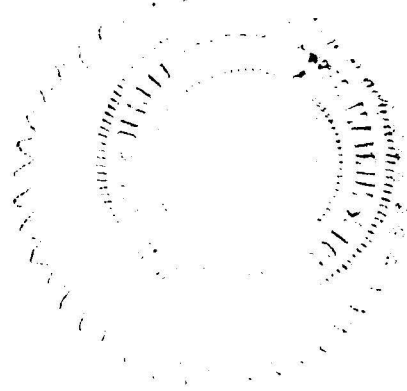
known to me to be the person whose name is subscribed to the within  
Instrument, and acknowledged to me that she executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my  
official seal the day and year in this certificate first above written.

Miriam Shyer

Notary Public in and for said County and State

COUNTY OF LOS ANGELES  
OFFICE OF THE CLERK



693-125-042-462

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

of Duwin FallsCity Duwin FallsRegistration District No. 37 File No. 81153

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital County Primary Registration District No. 1085 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child Male Twin Triplet or other? - and - Number in order of birth - Legiti mate? yes Date of Birth June 25 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FATHER  
FULL NAME Orlo Williams  
RESIDENCE Duwin Falls  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Iowa  
OCCUPATION FloristMOTHER  
FULL MAIDEN NAME Olive Roberts  
RESIDENCE Duwin Falls  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Oklahoma  
OCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3<sup>45</sup> P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Duncan L. Harrison June 20, 1920  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed July 6 1920 John F. Coughlin  
Registrar

Registrar

11 1964

PLACE OF BIRTH

County of

OHIO  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

MAY 27 1912

DECEASED



331-101-042-614

## PLACE OF BIRTH

County of LincolnCity of Lincoln

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 11-0-244-17

Registration District No. .... 37

File No. .... 81154

Primary Registration District No. .... 1085

Registered No. ....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>  </u>	and (Number or other of birth) <u>  </u>	Defective? <u>yes</u>	Date of Birth <u>6</u> <u>1</u> <u>1920</u> (Month) (Day) (Year)
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FATHER		MOTHER	
FULL NAME <u>Geo. P. Clark</u>	FULL MAIDEN NAME <u>Lute Hadsoworth</u>	FULL NAME <u>Geo. P. Clark</u>	FULL MAIDEN NAME <u>Lute Hadsoworth</u>
RESIDENCE <u>Lincoln, Idaho</u>	RESIDENCE <u>Lincoln, Idaho</u>	RESIDENCE <u>Lincoln, Idaho</u>	RESIDENCE <u>Lincoln, Idaho</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Missouri</u>	BIRTHPLACE <u>Ogden, Utah</u>	BIRTHPLACE <u>Ogden, Utah</u>	BIRTHPLACE <u>Ogden, Utah</u>
OCCUPATION <u>Contractor &amp; Builder</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Contractor &amp; Builder</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth... 3..... Number of children of this mother now living, including present birth... 3.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... Born alive..... at 1:59.....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Coughlin

Given names added from a supplemental report.

Address Lincoln, IdahoFiled July 7, 1920 John F. Coughlin  
Registrar

SEP 7 1984

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

964-120-042-553

PLACE OF BIRTH

County of *Twin Falls*City of *Twin Falls*

No. .... St.

Hospital .....

FULL NAME OF CHILD *CLYDE ROSS*STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25a-S-17

## CERTIFICATE OF BIRTH

Registration District No. .... *37* .....File No. .... *81155* .....Primary Registration District No. .... *1085-* .....

Registered No. ....

Sex of Child <i>Male</i>	Twin Triplet or other? <i>and</i> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <i>yes</i>	Date of Birth <i>6 20 1920</i> (Month) (Day) (Year)
FULL NAME <i>Chas. Romans</i>	FATHER		MOTHER
RESIDENCE <i>Twin Falls Ida.</i>	FULL MAIDEN NAME <i>Martina Nelson</i>		RESIDENCE <i>Twin Falls Ida.</i>
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>50</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)
BIRTHPLACE <i>Kentucky</i>	BIRTHPLACE <i>Nebraska</i>		
OCCUPATION <i>Farming</i>	OCCUPATION <i>Housewife</i>		
Number of child of this mother, including present birth <i>4</i>		Number of children of this mother now living, including present birth <i>4</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was *Born alive*, at *12:20 A.* on the date above stated.  
 (Born alive or stillborn)

\*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature) .... *W. H. Pike* .....

Physician or midwife

Given names added from a supplemental report.

Address *Twin Falls Idaho*Filed *July 7 1920 John F. Coughlin*

Registrar

Registrar

118

MAR 27 1951

6113-042-893

PLACE OF BIRTH

County of *Twain Halls*City of *Twain Halls*

No. .... St.

Hospital .....

FULL NAME OF CHILD ..... ARTHUR DEE *Tranmer*

Form V. S. No. 11-0-22a-8-8-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. .... 37

File No. .... 81156

Primary Registration District No. .... 1085

Registered No. ....

Sex of Child *Male* Twin Triplet or other? *and* (Number in order of birth) (To be answered only in event of plural births) Legitimate? *yes* Date of Birth *6 13 1900* (Month) (Day) (Year)

FULL NAME *Wm Gay Tranmer* FATHER  
RESIDENCE *Twain Halls, Ida*  
COLOR *white* AGE AT LAST BIRTHDAY *43* (Years)  
BIRTHPLACE *Rock Creek, Ida*  
OCCUPATION *Day Laborer*

FULL MAIDEN NAME *Phoebe Hill* MOTHER  
RESIDENCE *Twain Halls, Ida*  
COLOR *white* AGE AT LAST BIRTHDAY *70* (Years)  
BIRTHPLACE *West Virginia*  
OCCUPATION *Housewife*

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Born alive* at *2:15* P. M. on the date above stated. (Born *alive* or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) *W. H. Cope* Physician (Physician or midwife)

Address *Twain Halls, Ida*Filed *July 7 1920* *John F. Coughlin* Registrar

Registrar

1942

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Twij Falls } SS. JAN 15 1942 Certificate No. 81156111  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Arthur D. Tranmer who was born on June 13 - 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Twij Falls are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**  
(AS ON ORIGINAL)

**TO**  
(THE CORRECT FACTS)

Name \_\_\_\_\_

Unnamed Tranmer \_\_\_\_\_

Arthur Dee Tranmer \_\_\_\_\_

Subscribed and sworn to before me this 3rd  
day of January, 19 42

Ed Bailey, Notary Public  
Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(SEAL)

Mrs Phoebe Hutchinson  
Signed family Phoebe Tranmer  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; IF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
161-Jackson St. Twij Falls - Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Twij Falls } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th  
day of January, 19 42

Signed Julius Howard  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
639 - Locust St. Twij Falls, Idaho  
(STREET ADDRESS, CITY, STATE)

Ed Bailey, Notary Public  
Notary Public, residing at \_\_\_\_\_  
My commission expires JAN 15 1942  
(SEAL)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

NOV 10 1942



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

203.042-152

PLACE OF BIRTH

County of *Swain*

City of *Swain*

No. .... St.

Hospital .....

FULL NAME OF CHILD

STATE OF ~~INDIANA~~  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-22-17

Registration District No. .... 37

File No. .... 81157

Primary Registration District No. .... 1085

Registered No. ....

*King, Marion Jean*

Sex of Child <i>Female</i>	Twin Triplet or other? <i> }</i>	Number in order of birth <i> }</i>	Legiti- mate? <i>yes</i>	Date of Birth <i>7 3 20</i> (Month) (Day) (Year)
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FULL NAME <i>Almon J. King</i>	FATHER
RESIDENCE <i>Swain, Swain Co. Ida</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>25</i> (Years)
BIRTHPLACE <i>Missouri</i>	
OCCUPATION <i>Farming</i>	

FULL MAIDEN NAME <i>Ruth Foster</i>	MOTHER
RESIDENCE <i>Swain, Swain Co. Ida</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>23</i> (Years)
BIRTHPLACE <i>Nebraska</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth... *2* Number of children of this mother now living, including present birth... *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....  
*John F. Coughlin*

.....  
(Physician or midwife)

Given names added from a supplemental report.

Address .....  
*Swain, Swain Co. Ida*

Filed *July 7 1920* *John F. Coughlin*  
Registrar

Registrar

Registrar

FEB 17 1950

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

122-224,042-713  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin Falls,  
City of Twin Falls. Registration District No. 37 File No. 81159  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital County Primary Registration District No. 1085 Registered No. \_\_\_\_\_  
FULL NAME OF CHILD Martha Ellen Arbury

Sex of Child Female Twin Triplet } and { Number in order of birth 2nd Legiti mate? Yes Date of Birth 6 24 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Mr. Emmet Arbury  
RESIDENCE 7736th Ave E. Twin Falls, Ida  
COLOR White AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Barrenington, Missouri  
OCCUPATION Printer

FULL MAIDEN NAME MOTHER Mabel Patnott  
RESIDENCE 773 6th Ave. East, Twin Falls, Ida  
COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Keysterville, Missouri  
OCCUPATION Home wife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 7:45 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Lake  
Physician  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

Address Twin Falls, Ida  
Filed July 6 1920 John F. Coughlin  
Registrar

Registrar

OCT 27 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 8/13/71

PLACE OF BIRTH

366-227-042-225-  
County of Twin Falls

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

City of Twin Falls

Registration District No. 37

File No. 81161

No. \_\_\_\_\_ St.

Primary Registration District No. 1085

Registered No. \_\_\_\_\_

Hospital home

FULL NAME OF CHILD

Ferne Leone Cooke

Sex of Child <u>female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and } Number in order of birth	Legitimacy? <u>yes</u>	Date of Birth <u>June 27</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Joseph H. Cooke  
RESIDENCE Twin Falls, Ida.  
COLOR W AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Utah  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Saby E Skeen  
RESIDENCE Twin Falls, Idaho.  
COLOR W AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Utah  
OCCUPATION Hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

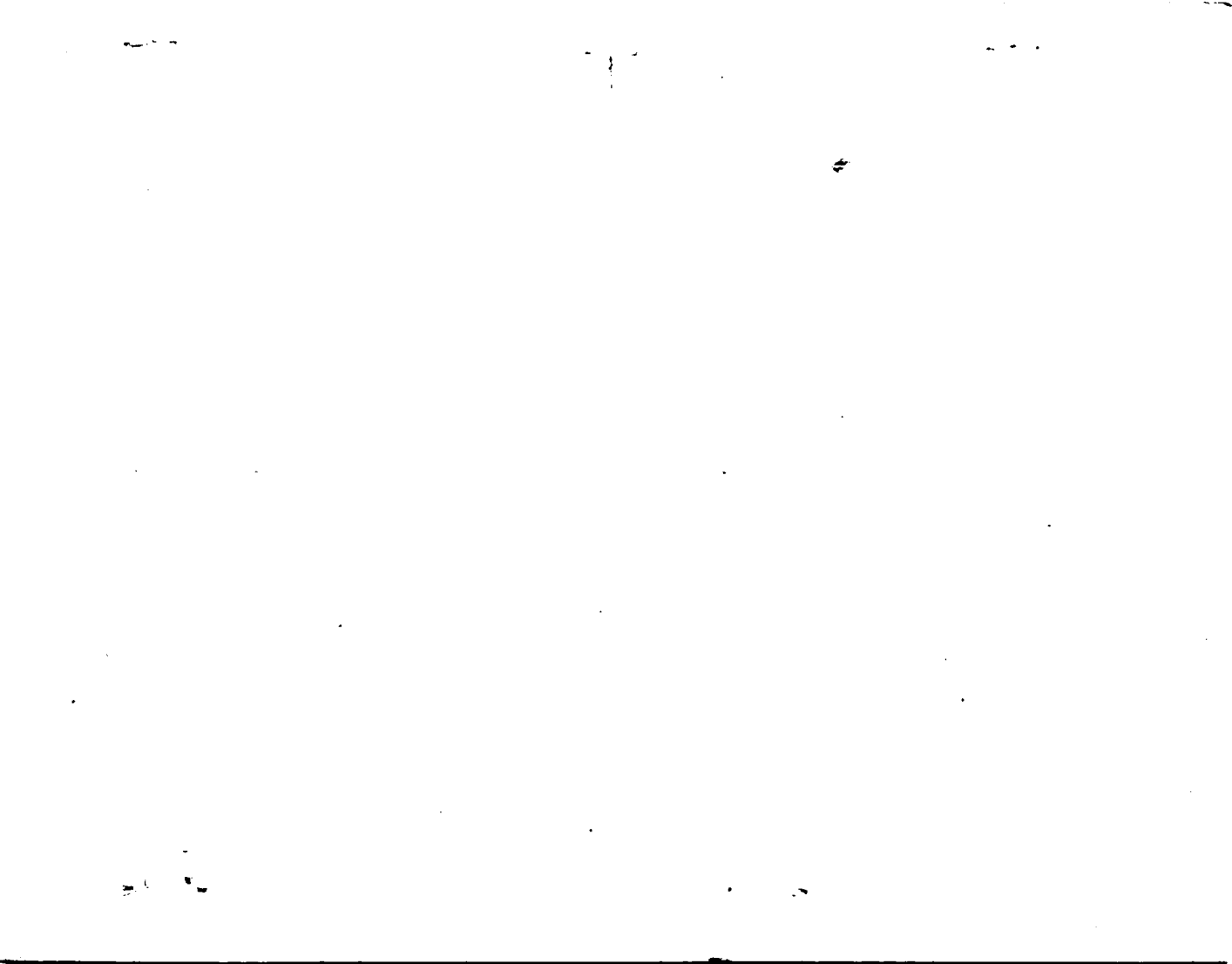
I hereby certify that I attended the birth of this child, who was born alive, at 2:45 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Kimberly, Idaho  
Filed July 6 1920 John F. Coughlin  
Registrar



State of Idaho Public School Diploma, Elementary School Diploma, May 10, 1935 gives full name as Fern Leone Cooke - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Twin Falls } ss. Certificate No. 81161  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Unnamed Cook who born on June 27, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Twin Falls, Idaho ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by school, & church record prepared on 5-10-35, 10-3-20, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
Full Name of Child	<u>Unnamed</u>		<u>Fern Leone Cooke</u>
Last Name of Father	<u>Cook</u>		<u>Joseph H. Cooke</u>

Subscribed and sworn to before me this 22nd day of July, 1960

Notary Public, residing at Twin Falls, Idaho  
My commission expires 6-14-64  
(Seal)

Signed Norris Marshall Assistant Cashier,  
Twin Falls Bank & Trust Co.  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
102 Main Avenue South, Twin Falls, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of July, 1960

Notary Public, residing at Twin Falls, Idaho  
My commission expires 11-28-62  
(Seal)

Signed Norris Marshall  
Asst. Cashier, Twin Falls Bank & Trust Co.  
102 Main Avenue South, Twin Falls, Idaho  
(Street Address, City, State)

Marriage License from Utah gives groom's name as Franklin Dell Jenkins and the bride's name as Ferne Leone Cooke. Dated Feb. 12, 1938. Performed by Lawrence M. Maan. Maan., Elder of the LDS Church. Viewed by V. S.

AUG 20 1971

Twin Falls Public School Diploma from Idaho gives name as Ferne Leone Cooke. Certificate that may be admitted to any high school course in Idaho. Dated May 10, 1935. Signed by Maude F. Kleinkopf, County Superintendent of Public Instruction. Viewed by V. S.

Death certificate filed in Idaho File No. 58-4302 gives name as Joseph H. Cooke. Died Nov. 6, 1958. Date of birth March 19, 1900. Viewed by V. S.

Identification Card obviously old gives name as Joseph H. Cooke. Social Security No. 518-22-9500. Address in Pocatello. Viewed by V. S.



236-1261042-219  
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of Twin FallsRegistration District No. 37 File No. 81162

No. \_\_\_\_\_ St.

Primary Registration District No. 1085 Registered No. \_\_\_\_\_Hospital home

## FULL NAME OF CHILD

Sex of Child	<u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 26</u> 19 <u>20</u> (Month) (Day) (Year)
--------------	-------------	---	---------	--------------------------------	-------------------------------	---

FULL NAME  
FATHER  
Charles StoddardRESIDENCE  
Twin Falls, IdahoCOLOR  
W AGE AT LAST  
BIRTHDAY 30  
(Years)BIRTHPLACE  
UtahOCCUPATION  
Farmer, IFULL MAIDEN NAME  
MOTHER  
Sadie Olivia BarryRESIDENCE  
Twin Falls, IdahoCOLOR  
W AGE AT LAST  
BIRTHDAY 29  
(Years)BIRTHPLACE  
N. Car.OCCUPATION  
Hw.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

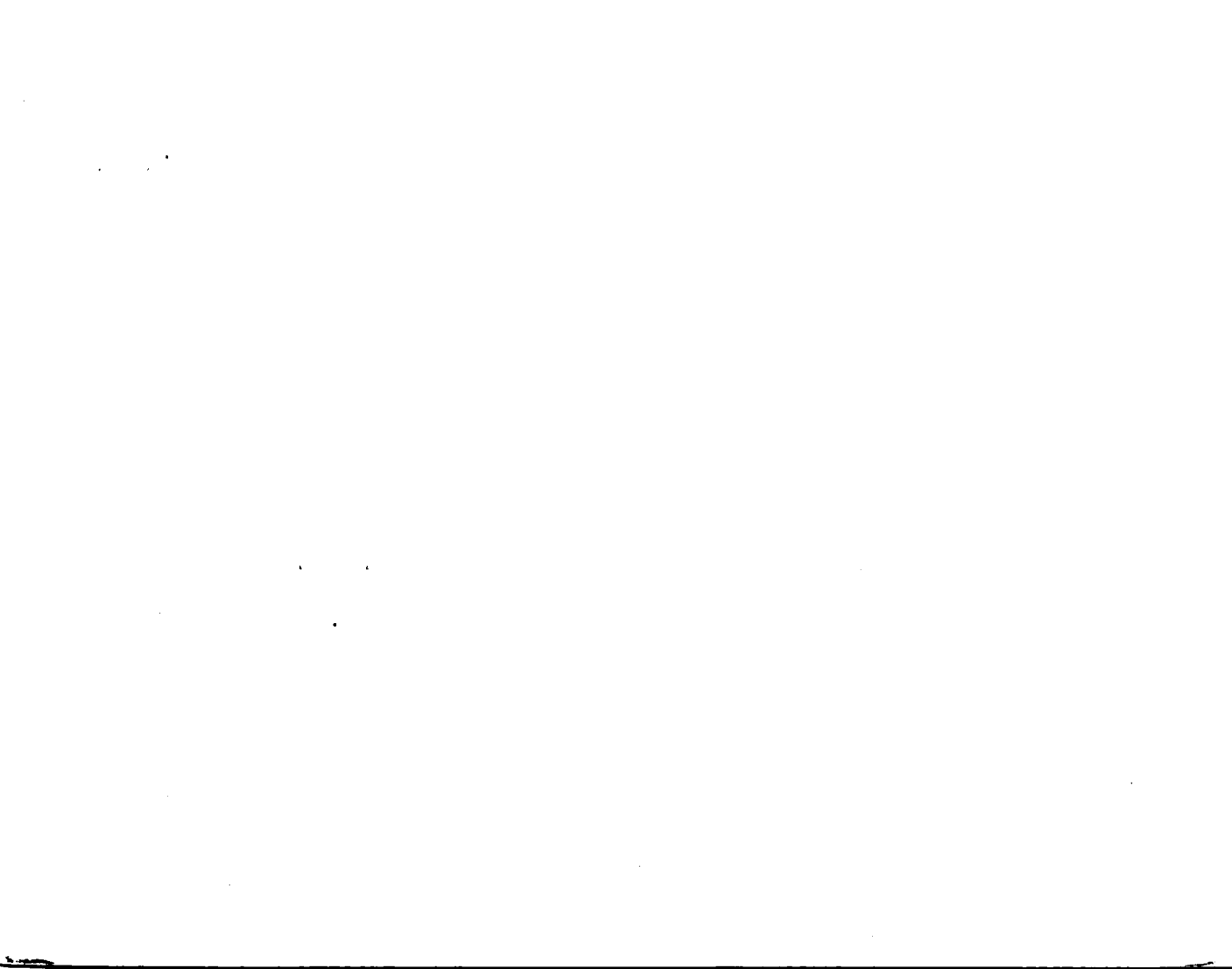
(Signature)

physician

(Physician or midwife)

Given names added from a supplemental report.

Address Kimberly, IdahoFiled July 6 1920 John F. Coughlin  
Registrar Registrar



595 221-042-967

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BlaineCity of BlaineRegistration District No. 37File No. 81163

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital CountyPrimary Registration District No. 1085

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Jane Marnie Vincent

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
Number  
in order  
of birth  
(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

June 21  
(Month) (Day) (Year)

FULL NAME

FATHER  
Edgar Holby Vincent

FULL MAIDEN NAME

MOTHER  
Marian Ann Rogers

RESIDENCE

Kimberley, Idaho

RESIDENCE

Kimberley, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

25  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

24  
(Years)

BIRTHPLACE

Daytonville, Ill.

BIRTHPLACE

Haverhill, Mass.

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive at 4 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. J. Davis  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Kimberley, Idaho

Filed

July 6 19 20John F. Houghton  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

5/8/41 L. B.

4

4

285 217.042-695

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Twin Falls

Amended 10/24/74 CERTIFICATE OF BIRTH

City of Twin FallsRegistration District No. 37File No. 81164

No. \_\_\_\_\_ St.

Primary Registration District No. 1085 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Lorraine Fay Sherbert

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 17</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-------------------------------	---

FULL NAME Devey A SherbertFULL MAIDEN NAME Lueffa FreamRESIDENCE Twin Falls, IdahoRESIDENCE Twin FallsCOLOR white AGE AT LAST BIRTHDAY 22 (Years)COLOR white AGE AT LAST BIRTHDAY 19 (Years)BIRTHPLACE KanaBIRTHPLACE OreOCCUPATION laborerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Aline, at 119 M. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

AW Stouchet  
Physician  
 (Physician or midwife)

Given names added from a supplemental report.

19

Address

Twin Falls, Idaho.

Filed

July 7 1920 John Froughlin  
 Registrar

Registrar

Registrar

AUG 5 1968

see 5 all (sc)

to David

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend Original Certificate of Birth or Death**

**RECEIVED**  
**JUN 26 1969**  
Bureau of Vital Statistics

Corr. made 10/24/74

State of Idaho }  
County of Conyon } ss.  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Sherbert who was born on June 17, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Add Child's name Unnamed Lorraine F. Sherbert  
Mothers maiden name Sherbert Fream  
Lorraine Fay Sherbert

Subscribed and sworn to before me this 29th day of May, 1969  
[Signature]  
Notary Public, residing at Perma - Idaho  
My commission expires 10-1-73  
(Seal) (Street Address, City, State)

X Signed Luelle M. Sherbert  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.  
[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)

Photocopy Certificate of Marriage State of California , County of Los Angeles  
date of marriage June 22, 1940 Ernest E. Biles and Lorraine F. Sherbert by  
Eldred Charles - Christian Minister witnesses mothers brother Everett W. Fream  
and his wife Erma E. Fream.

Viewed by VS

OCT 24 1974

Own child Barbara Jean Biles born Feb. 15, 1943 at San Fernando, Calif. No. 1927-66  
father Ernest Eugene Biles mother Lorraine Fay Sherbert.

Viewed by VS

Baby Book by family gives Loraine Faye Sherbert born June 17, 1920 in Twin Falls,  
Idaho Mother Luella M. Fream Sherbert, father Dewey A. Sherbert.

Viewed by VS



794.2 2910 42-962

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Twin FallsCity of Twin FallsNo. 750 6th St. E.Registration District No. 37File No. 81165Hospital -Primary Registration District No. 1085Registered No. -

FULL NAME OF CHILD

Virginia Lee Grubb

Sex of Child <u>female</u>	Twin Triplet or other? <u>-</u> (To be answered only in event of plural births)	and	Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>June, 29,</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	--	-----	-----------------------------------	------------------------	--

FULL NAME <u>Albert Emery Grubb</u>	FATHER
RESIDENCE <u>Twin Falls, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>Sheet Metal Worker</u>	

FULL MAIDEN NAME <u>Elzora Roberts</u>	MOTHER
RESIDENCE <u>Twin Falls, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was at 8.30 A.M.  
on the date above stated. (Born alive or stillborn -)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. Bieler M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Twin Falls, Ida.

Filed

July 31930John F. Coughlin

Registrar

Registrar

JUL 20 1942

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *Turn Falls*City of *Turn Falls*Registration District No. *37*File No. *81166*

No. .... St.

Primary Registration District No. *1085*

Registered No. ....

Hospital .....

FULL NAME OF CHILD *Evelyn Hazeltha Errin*

Sex of Child

*female*Twin  
Triplet  
or other?(Number  
and in order  
of birth  
(To be answered only in event of plural births))Legiti-  
mate?*yes*Date of  
Birth*May 17 1920*  
(Month) (Day) (Year)FULL  
NAME*John Errin*

FATHER

FULL  
MAIDEN  
NAME*Ruth Evelyn Middleton*

MOTHER

RESIDENCE

*Turn Falls - Ida*

RESIDENCE

*Turn Falls - Ida*

COLOR

*white*AGE AT LAST  
BIRTHDAY *25*  
(Years)

COLOR

*white*AGE AT LAST  
BIRTHDAY *16*  
(Years)

BIRTHPLACE

*West Virginia*

BIRTHPLACE

*North Dakota*

OCCUPATION

*laborer*

OCCUPATION

*housewife*Number of child of this mother, including present birth *1*..... Number of children of this mother now living, including present birth *1*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at *7 P.* M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature).....

*Chas. R. Scott*  
(Physician or midwife)

Given names added from a supplemental report.

Address.....

*Turn Falls - Ida*

Filed.....

*June 8 1920*  
*John H. Caughy*  
Registrar

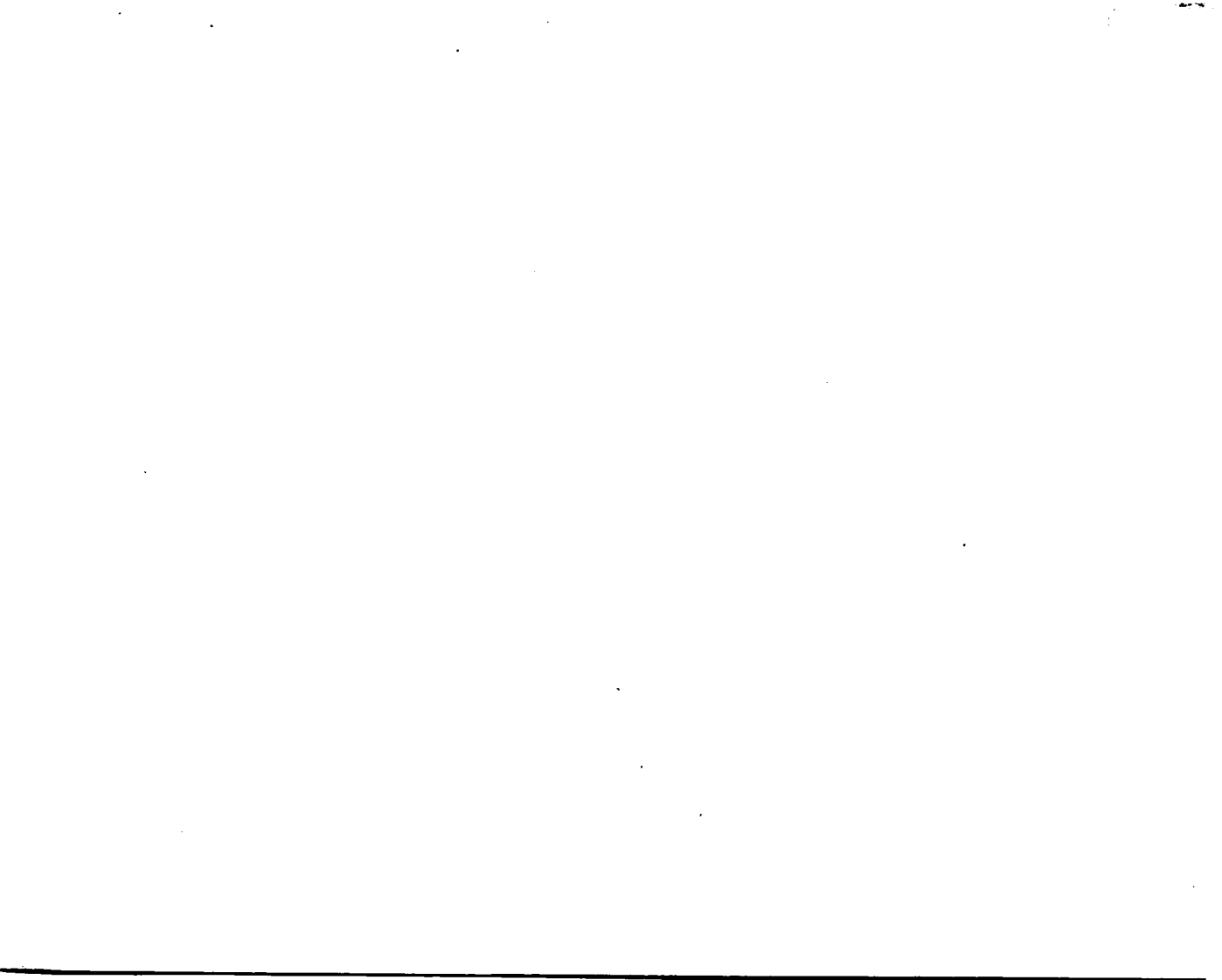
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

433-203-042-433

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

81167

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1085

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Marjorie Marcella McCauley

Sex of Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti  
mate? yes

Date of Birth 7 3 1920  
(Month) (Day) (Year)

FULL NAME FATHER Frank McCauley

RESIDENCE Twin Falls

COLOR W AGE AT LAST BIRTHDAY 46  
(Years)

BIRTHPLACE Ark.

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Junie McCarty

RESIDENCE Twin Falls

COLOR W AGE AT LAST BIRTHDAY 39  
(Years)

BIRTHPLACE Tex.

OCCUPATION Shop

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 10 a. m.  
on the date above stated. (Born alive or ~~stillborn~~)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. O. Mason

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Twin Falls

Filed July 7 1920 John F. Coughlin  
Registrar

Registrar

11/28/40 L. B.

SEP 21 1945

SEP 21 1945

JUN 17 1985

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

666105-042-666

## PLACE OF BIRTH

 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Yim FallsCity of Yim FallsRegistration District No. 37File No. 81168

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1085 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Richard Robert Wood

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>7</u> <u>5</u> <u>1920</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME Leonard Highland WoodRESIDENCE Yim FallsCOLOR M. AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE Id.OCCUPATION clerkFULL MAIDEN NAME Sherr WoodsRESIDENCE Yim FallsCOLOR M. AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE Mo.OCCUPATION shop.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 10 P. M.  
 on the date above stated. (Born alive or stillborn.)

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

(Signature) T. S. Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Address Yim FallsFiled July 7 1920 John F. Coughlin  
Registrar

Registrar

JUN 11 1942



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

455-105-042-551

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Jim Falls

City of Jim Falls

Registration District No. 37

File No. 81169

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1085 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD James Elmer Lever

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>7</u> <u>5</u> <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME Joseph Lever  
RESIDENCE Jim Falls  
COLOR M AGE AT LAST BIRTHDAY 28  
(Years)  
BIRTHPLACE Mo.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Hattie Evans  
RESIDENCE Jim Falls  
COLOR M AGE AT LAST BIRTHDAY 29  
(Years)  
BIRTHPLACE Mo.  
OCCUPATION Hwf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 5 P. M.  
on the date above stated. (Born alive or ~~stillborn~~)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. W. W. W.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Jim Falls

Filed July 7 19 20 John F. Coughlin  
Registrar

Registrar

JUL 8 1969

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

814-204-042-855

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Yum Yall

City of Yum Yall

Registration District No. 37

File No. 81170

No. \_\_\_\_\_ St.

Primary Registration District No. 685 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Nancy Fern Hammons

Sex of Child <u>F</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>6</u> <u>6</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------	-------------------------	---

FATHER  
FULL NAME Edw. Berrett Hammons

MOTHER  
FULL MAIDEN NAME Cora Hendricks

RESIDENCE Yum Yall

RESIDENCE Yum Yall

COLOR W AGE AT LAST BIRTHDAY 24  
(Years)

COLOR W AGE AT LAST BIRTHDAY 20  
(Years)

BIRTHPLACE Mo.

BIRTHPLACE Mo.

OCCUPATION Farmer

OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 10 P. M.  
on the date above stated. (Born alive or ~~unborn~~)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

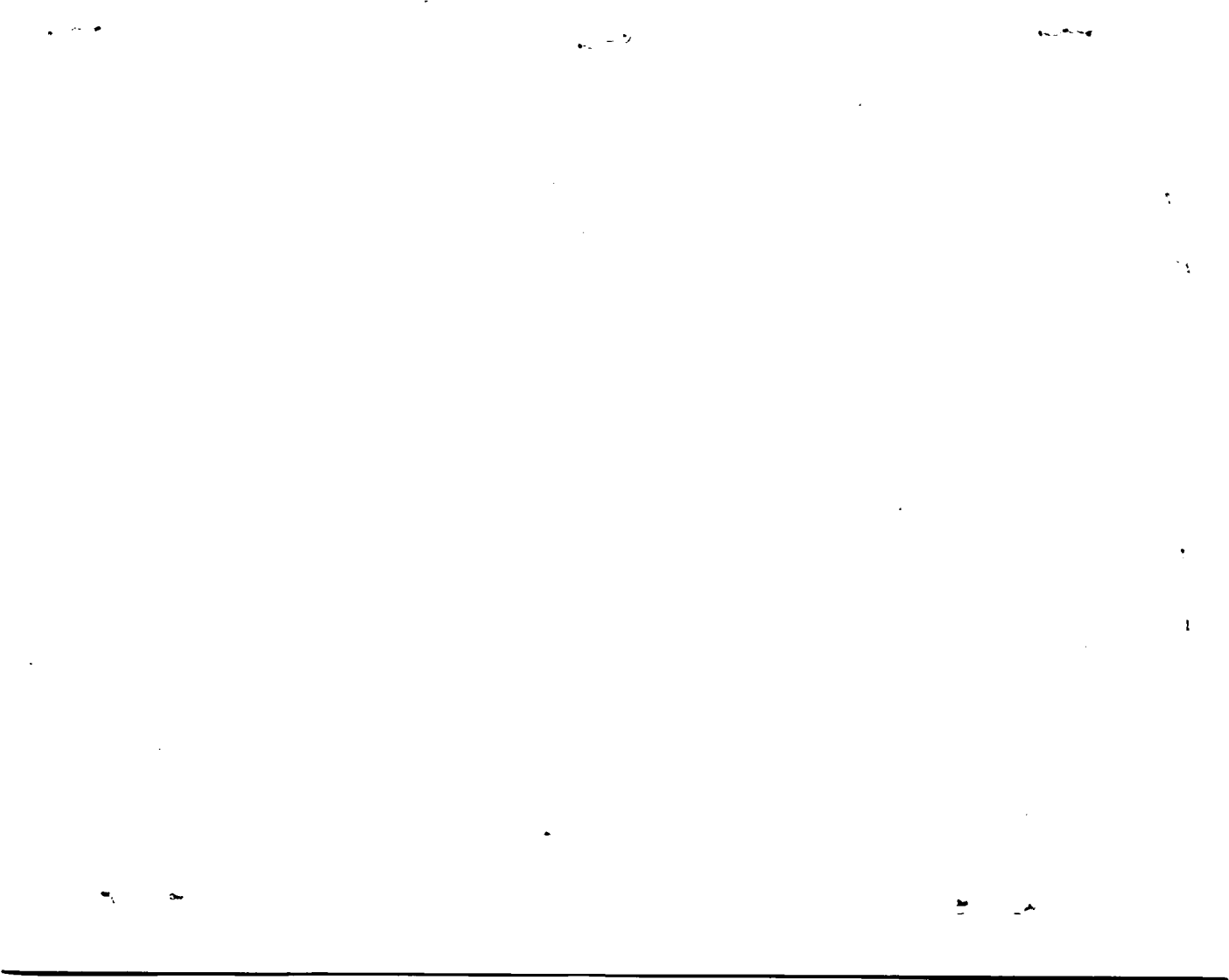
(Signature) T. S. Meason

(Physician or ~~midwife~~)

Given names added from a supplemental report. \_\_\_\_\_ 19 \_\_\_\_\_

Address Yum Yall

Filed July 7 19 20 John J. Conaghan  
Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

8-17-67

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. 81170  
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts of the certificate of birth for Unnamed Hammons who was born on June 4, 1920 in Twin Falls are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... prepared on ....., are:

**FACTS TO BE CORRECTED** FROM **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
childs name unnamed Nancy Fern Hammons

Subscribed and sworn to before me this 17 day of August, 1967.  
Notary Public, residing at Chamberlain  
My commission expires Sept 28, 1968  
(Seal)

X Signed Robert C. Tullis  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
5435 Gato Ave, San Diego  
(Street Address, City, State) Calif.

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... } ss. [This Affidavit MUST Also be Executed.  
County of ..... } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... 19.....  
Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal) (Street Address, City, State)

State of California, Cert. Copy of Own Child's Birth Cert., #58-082578 gives full name of child as Nancy Jane Tullis, born March 7, 1958 at San Diego, California to Nancy Fern Hammons, age 37, born in Idaho and Reuben Cecil Tullis - viewed by V.S. copy issued July 3, 1959 -

DEC 11 1967

Photo Copy of Adoption Paper for Nancy Jane Tullis, parents names are given as Reuben Cecil Tullis and Nancy Fern Hammons Tullis - Adoption Paper dated May 26, 1959 - viewed by V.S.

469-224-042-133

PLACE OF BIRTH

County of Yim FallsCity of Yim FallsRegistration District No. 37

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81171

No. \_\_\_\_\_ St.

Primary Registration District No. 1085 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Fern Lucille Morgan

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth8 24  
(Month) (Day)1920  
(Year)FULL  
NAMERalph T Morgan

RESIDENCE

Fiber

COLOR

WhiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

FarmerFULL  
MAIDEN  
NAMECarrie Allmand

RESIDENCE

Fiber

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Wf.Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 3 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

T. Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Yim Falls

Filed

July 7 1920John F. Coughlin  
Registrar

Registrar

OCT 20 1970



231226.042-962

## PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-31-19

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of Child

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?

Date of Birth

(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or Stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Registrar

AUG 1 1967

954-130-042-713

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of SummitCity of SummitRegistration District No. 37File No. 81173

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital CountyPrimary Registration District No. 1085

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

William Harold Red

Sex of Child

maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

-

and

Number  
in order  
of birth

-

Legiti  
mate?yesDate of  
BirthJune 30 - 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 P. M.  
on the date above stated. (Born alive or stillborn)

(Signature)

Chas. R. Scott

(Physician or midwife)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Address

Filed

July 6 1920 John F. Coughlin  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Certified Copy 10/21/70  
H.W.

415-130-042-231

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ButteCity of ButteRegistration District No. 37File No. 81174

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital County Primary Registration District No. 1085 Registered No. \_\_\_\_\_FULL NAME OF CHILD Douglas Walter Savies

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u>	and <u>-</u>	Number in order of birth <u>-</u>	Legiti mate? <u>yes</u>	Date of Birth <u>June 30 1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------------	--------------	---	----------------------------	--

FULL NAME <u>Douglas D. Savies</u>	FATHER	FULL MAIDEN NAME <u>Lena Stahl</u>	MOTHER
RESIDENCE <u>550-2nd Ave North</u>		RESIDENCE <u>550-2nd Ave North</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Denver, Colo</u>		BIRTHPLACE <u>Midland, Michigan</u>	
OCCUPATION <u>Foreman of construction work</u>		OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>1</u>		Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 9:10 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Post

(Physician or midwife)

Given names added from a supplemental report.

19.

Address \_\_\_\_\_

Filed July 6 1920 John F. Coughlin  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1952

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-2171042-519  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 81175

No. \_\_\_\_\_ St.

Primary Registration District No. 1685

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Elizabeth May Berry

Sex of Child

F

Twin  
Triplet  
or other?  
(To be answered

and

Number  
in order  
of birth

2

Legiti  
mate?

yes

Date of Birth

May 17  
(Month) (Day)

1920  
(Year)

FULL NAME

FATHER

Arthur Harold Berry

RESIDENCE

Twin Falls, Ida

COLOR

W

AGE AT LAST BIRTHDAY

22  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Lula Marie Harrison

RESIDENCE

Twin Falls, Ida

COLOR

W

AGE AT LAST BIRTHDAY

22  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

Housewife

Number of child of this mother, including present birth \_\_\_\_\_

Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

alive

(Born alive or stillborn)

at 9:10 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. R. Berry

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Hazletton, Ida

Filed

July 7

19

John F. Coughlin  
Registrar

Registrar

APR 1 1942



314 202.092-866  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 11-C-22m-9-5-17

County of Twin FallsCity of HansonRegistration District No. 37File No. 81176

No. .... St.

Primary Registration District No. 2085

Registered No. ....

Hospital .....

FULL NAME OF CHILD Beatrice Campbell

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u>	and { Number in order of birth <u>    </u>	Legitimate? <u>yes</u>	Date of Birth <u>June 2, 1910</u> (Month) (Day) (Year)
----------------------------	------------------------------------	--	------------------------	---

FULL NAME <u>E. L. Campbell</u>	FATHER	FULL MAIDEN NAME <u>Beatrice Hood</u>	MOTHER
RESIDENCE <u>Hanson</u>		RESIDENCE <u>Hanson</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>94</u> (Years)
BIRTHPLACE <u>Wyoming</u>		BIRTHPLACE <u>Wyoming</u>	
OCCUPATION <u>Teacher</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 3.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Bebe (Born alive or stillborn) at 40 on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Shiffard  
Physician or midwife

Given names added from a supplemental report.

Address Twin FallsFiled June 2, 1910

Registrar

Registrar

OCT 6 1975

239120-042-395

PLACE OF BIRTH

County of Twin FallsCity of Kimberly

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 110-22-2-17

Registration District No. .... 37

File No. .... 81177

Primary Registration District No. .... 2085

Registered No. ....

Oliver George Stratton

Sex of Child male      Twin Triplet or other?      { and { Number in order of birth      Legitimate? yes      Date of Birth June 30 1920  
(To be answered only in event of plural births)      (Month)      (Day)      (Year)

FULL NAME W. O. Stratton  
RESIDENCE Kimberly  
COLOR White      AGE AT LAST BIRTHDAY ... 32 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

FULL MAIDEN NAME Iris A. Lincoln  
RESIDENCE Kimberly  
COLOR white      AGE AT LAST BIRTHDAY ... 30 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth ... 8 ...      Number of children of this mother now living, including present birth ... 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... P. M.  
on the date above stated.      (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....  
.....  
(Physician or midwife)

Given names added from a supplemental report.

Address .....  
.....  
Filed June 29 1920 John F. Archiblin  
Registrar

JAN 20 1945

296-222-042-465

## PLACE OF BIRTH

County of Turner FallsCity of Giler

No. .... St.

Hospital .....

## FULL NAME OF CHILD

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and { Number  
in order  
of birthLegiti-  
mate?yesDate of  
Birth6 22 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Walter L. Brown

RESIDENCE

Giler, Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY48  
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
Mabelle Monticott

RESIDENCE

Giler, Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.Born alive  
(Born alive or stillborn)11:45 a.m.\*When there was no attending physician or  
midwife (then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.)

(Signature) .....

W. H. PikePhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address .....

Turner Falls, Ida

Filed .....

July 7 1920 John F. Coughlin  
Registrar

Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22-50-47

## CERTIFICATE OF BIRTH

Registration District No. 37File No. 81178Primary Registration District No. 2085

Registered No. ....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

PLACE OF BIRTH

1-2-438 187

81178

1907

168-208.042-566

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin Falls,City of 2 1/2 mile north of FilerRegistration District No. 37File No. 81179

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2085 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Helen Lucille Johnston

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 8</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME Orvie Clinton JohnstonRESIDENCE 2 1/2 mile north of FilerCOLOR white AGE AT LAST BIRTHDAY 40 (Years)BIRTHPLACE Edgar Neb.OCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Bertha VoorheesRESIDENCE 2 1/2 mile north of FilerCOLOR white AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE Edgar Neb.OCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7:40 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Baugher, D.O.Twin Falls, Idaho  
(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed July 1st 1920John F. Coughlin  
Registrar

Registrar

APR 1 1942



692-211-042-689

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 81180

No. \_\_\_\_\_ St.

Primary Registration District No. 2086

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Virginia Elaine Orser

Sex of Child

♀

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

Legiti-  
mate?

Yes

Date of Birth

June 11 1920  
(Month) (Day) (Year)

FULL NAME

FATHER E. G. Orser

FULL MAIDEN NAME

MOTHER Virginia White

RESIDENCE

Filer, Ida.

RESIDENCE

Filer, Ida.

COLOR

W.

AGE AT LAST BIRTHDAY

22  
(Years)

COLOR

W.

AGE AT LAST BIRTHDAY

21  
(Years)

BIRTHPLACE

Colorado

BIRTHPLACE

Iowa

OCCUPATION

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn) \_\_\_\_\_

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

A. A. Newberry

(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

Address June 11 20

\_\_\_\_\_ 19 \_\_\_\_\_

Filed June 11 20

AUG 31 1943

Amended 4/6/70.

PLACE OF BIRTH

693-208-042-293  
County of Twin Falls

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-16

CERTIFICATE OF BIRTH

City of Filer.

Registration District No. 38

File No. 81181

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2086

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Delores Josephine Wilcox

Sex of Child <u>Girl</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>June 4</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>G. W. Wilcox</u> RESIDENCE <u>Filer. Ida.</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>41</u> (Years) BIRTHPLACE <u>Ida.</u> OCCUPATION <u>Barber</u>		MOTHER FULL MAIDEN NAME <u>Leonora Bickford</u> RESIDENCE <u>Filer. Ida.</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>38</u> (Years) BIRTHPLACE <u>Kansas</u> OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>4</u>		Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Dr. A. A. Newberry  
(Physician or midwife)  
Address Filer. Ida.  
File June 3 1920 A A Newberry  
Registrar

JAN 16 1968

MAR 11 1970

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. **RECEIVED FEB 27 1970**  
 County of Shoshone  
 The undersigned does solemnly swear that certain facts on the certificate of BIRTH  
 for Delores Josephine Wilcox who was born on June 4, 1920  
 in Filer, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT)  
 are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts as shown by Bible Record prepared on June 4, 1920, are:  
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED		FROM		TO	
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)		(AS ON ORIGINAL)		(THE CORRECT FACTS)	
Name	Unnamed			Delores Josephine Wilcox	
Date	June 3rd			June 4, 1920	

Subscribed and sworn to before me this 25th  
 day of Feb, 1970

Signed Alene M. Maddox  
 (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Pinehurst  
 My commission expires Sept. 6, 1972  
 (SEAL)

Alene M. Maddox  
Box 55 (STREET ADDRESS, CITY, STATE) Pinehurst Idaho

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
 County of Shoshone

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
 (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th  
 day of Feb, 1970

Signed Paul Raccaro  
 (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Pinehurst  
 My commission expires 9-6-72  
 (SEAL)

Box 306  
 (STREET ADDRESS, CITY, STATE)  
Thelace, Idaho 83823

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (REGISTRAR'S SIGNATURE)

Rose Lake High School, Rose Lake Idaho gives name as Delores Josephine Wilcox.  
Dated May 18, 1937. Signed by. B.E. Toth, Superintendent. /Viewed by V. S.  
APR 6 1970

Certificate of Marraige gives grooms' name as Harold L. Patchett and Bride's name Dolores J. Wilcox. Dated July 3, 1938. Signed by Delbert B. Patchett and Willard E. Stanton, Methodist Minister. Viewed by V. S.

Child's birth certificate #279944, Ronald Lester Patchett gives father's name as Harold Lester Patchett and Mother's name as Dolores Josephine Wilcox age 18. date of birth May 4, 1939. Viewed by V. S.

Kootenai County, Coeur d'Alene, Idaho 83814 Dated March 31, 1970 office of County Recorder TO WHOM IT MAY CONCERN: The Census report of 1926 now on file in the Kootenai County Courthouse shwos that Delores Wilcox was listed in the records of School Distric Number 1 Coeur d'Alene, Kootenai Coutny, Idaho. At that time her birthdate was listed as June 4, 1920. Signed by. Arleda Jakopson, Deputy. Viewed by V. S.

365-201042-141

PLACE OF BIRTH

County of Twin FallsCity of Filer

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 38Primary Registration District No. 2086

Hospital \_\_\_\_\_

File No. 81182

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Not named PAULINE JUNE CONNERSex of Child GirlTwin  
Triplet  
or other?and  
(Number  
in order  
of birth)Legiti-  
mate? YesDate of  
BirthJune 1 20  
(Month) (Day) (Year)FULL  
NAMEFATHER  
R. E. ConnerFULL  
MAIDEN  
NAMEMOTHER  
Ida May Adams

RESIDENCE

Filer Idg

RESIDENCE

Filer Idg

COLOR

WAGE AT LAST  
BIRTHDAY39  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Mo

BIRTHPLACE

Mo

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 12-5-20 M.\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Dr. A. A. Newberry

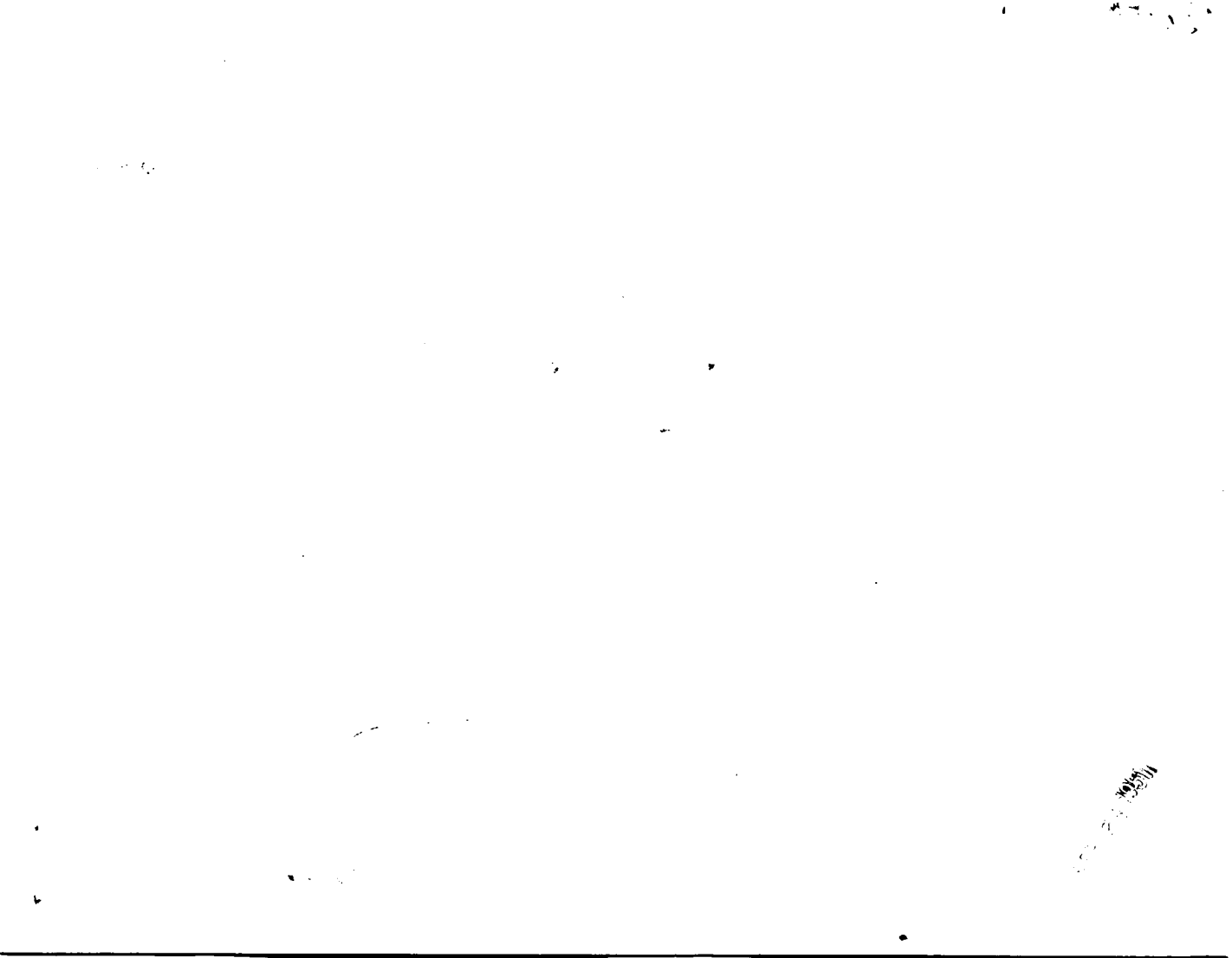
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

6/1 10 A. A. Newberry





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

863-101-042-795

PLACE OF BIRTH

name added 7-2-85  
dl

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of Twin Falls

CERTIFICATE OF BIRTH

City of Buhl

Registration District No. 39

File No. 81183

No. \_\_\_\_\_ St.

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Mark J. Holland

FULL NAME OF CHILD

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>6</u> <u>1</u> <u>1920</u> (Month) (Day) (Year)
-------------------------	-----------------------------------	-----------------------------------	------------------------	---

FULL NAME <u>J. E. Holland</u>	FATHER
RESIDENCE <u>Buhl, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Pa</u>	
OCCUPATION <u>Real Estate Agent</u>	

FULL MAIDEN NAME <u>Phoda B Greenough</u>	MOTHER
RESIDENCE <u>Buhl, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 A. M.  
on the date above stated. (Born alive or stillborn)

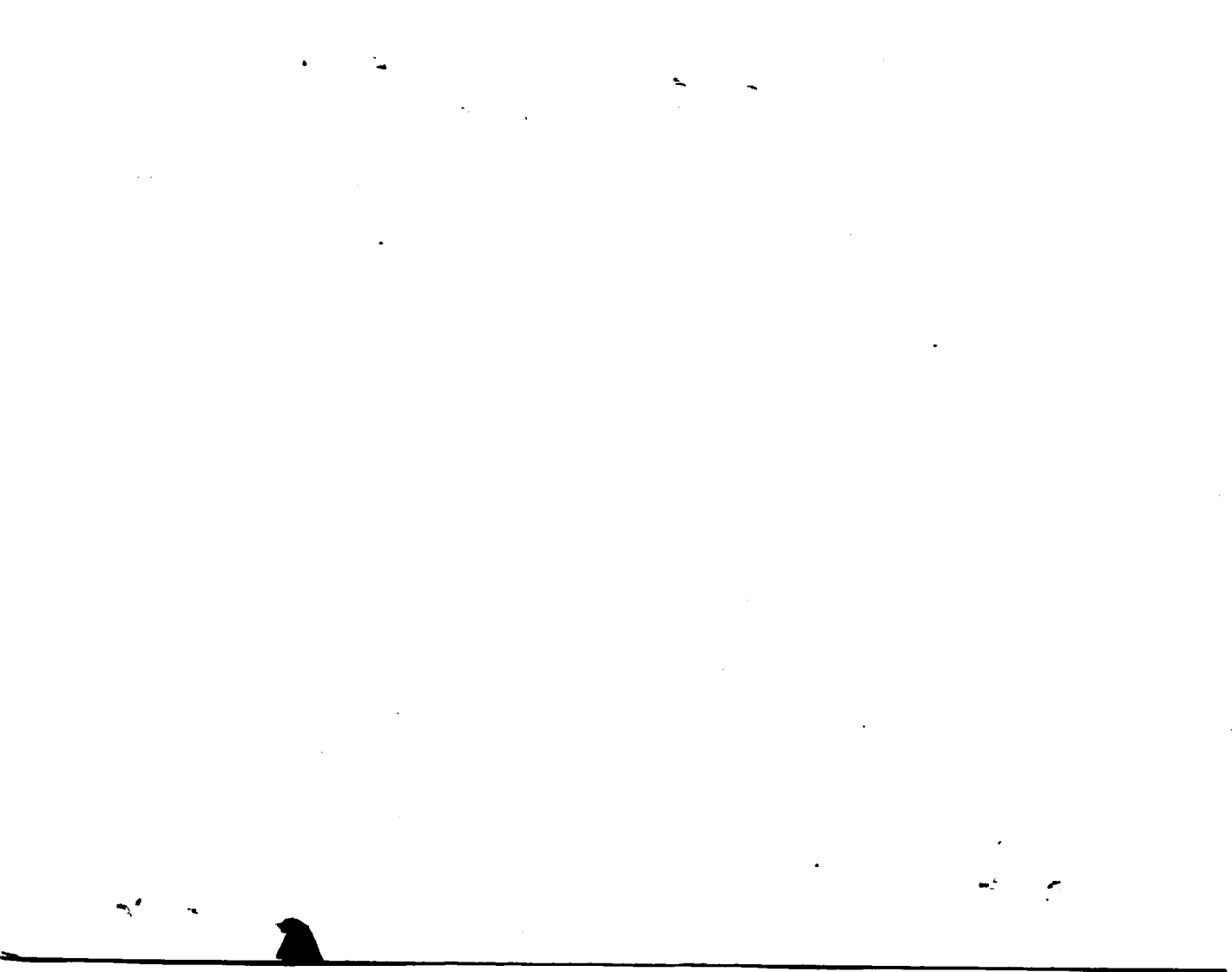
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Idaho  
Filed JUL 1 1920  
Registrar J. H. Murphy

Registrar



**IDAHO DEPARTMENT OF HEALTH AND WELFARE**  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Washington }  
County of Whatcom } ss.

Certificate No. 81183  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Holland who was born on June 1, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Buhl (Twin Falls) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>Unnamed</u>	<u>Mark J. Holland</u>

Subscribed and sworn to before me this 17 day of  
June, 1985.  
Notary Public, W. Kadenhour  
Residing at Bellingham  
My commission expires 1-14-85  
(Seal)

Mark J. Holland  
Signature of Applicant  
3411 Lummi Shore Rd. Bellingham, Wa.  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington }  
County of Whatcom } ss.

(Must be completed \_\_\_)  
(Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of  
June, 1985.  
Notary Public, W. Kadenhour  
Residing at Bellingham  
My commission expires 1-14-85  
(Seal)

Eva Jane Holland  
Supporting Signature  
3411 Lummi Shore Rd. Bellingham, Wa.  
Street Address, City, State

Certificate in Lieu of Discharge lists Mark Joseph Holland born June 1, 1920 in Idaho was discharged from U.S. Coast Guard on Dec 29, 1945. Viewed by V.S.

Certificate of Marriage lists Mark Joseph Holland and Eva Jane Hess were married on Jan 26, 1946 in Washington. Viewed by V.S.

**JUL 2 1985**

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

289-105-042-514  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Sevier Falls.

City of Buhl

Registration District No. 34

File No. 81184

No. \_\_\_\_\_ St.

Primary Registration District No. 2077

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

PAUL JENNINGS

Skrinner

Sex of Child male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate? yes

Date of Birth 6 5 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER

Alva B. Skinner

RESIDENCE

Buhl, Ida.

COLOR

whit.

AGE AT LAST  
BIRTHDAY

61  
(Years)

BIRTHPLACE

Waltham, Mass.

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

MOTHER

Augusta Vaughan

RESIDENCE

Buhl, Ida.

COLOR

whit.

AGE AT LAST  
BIRTHDAY

33  
(Years)

BIRTHPLACE

Yeb.

OCCUPATION

St. nurse

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

born alive, at S. A. W.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. J. Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

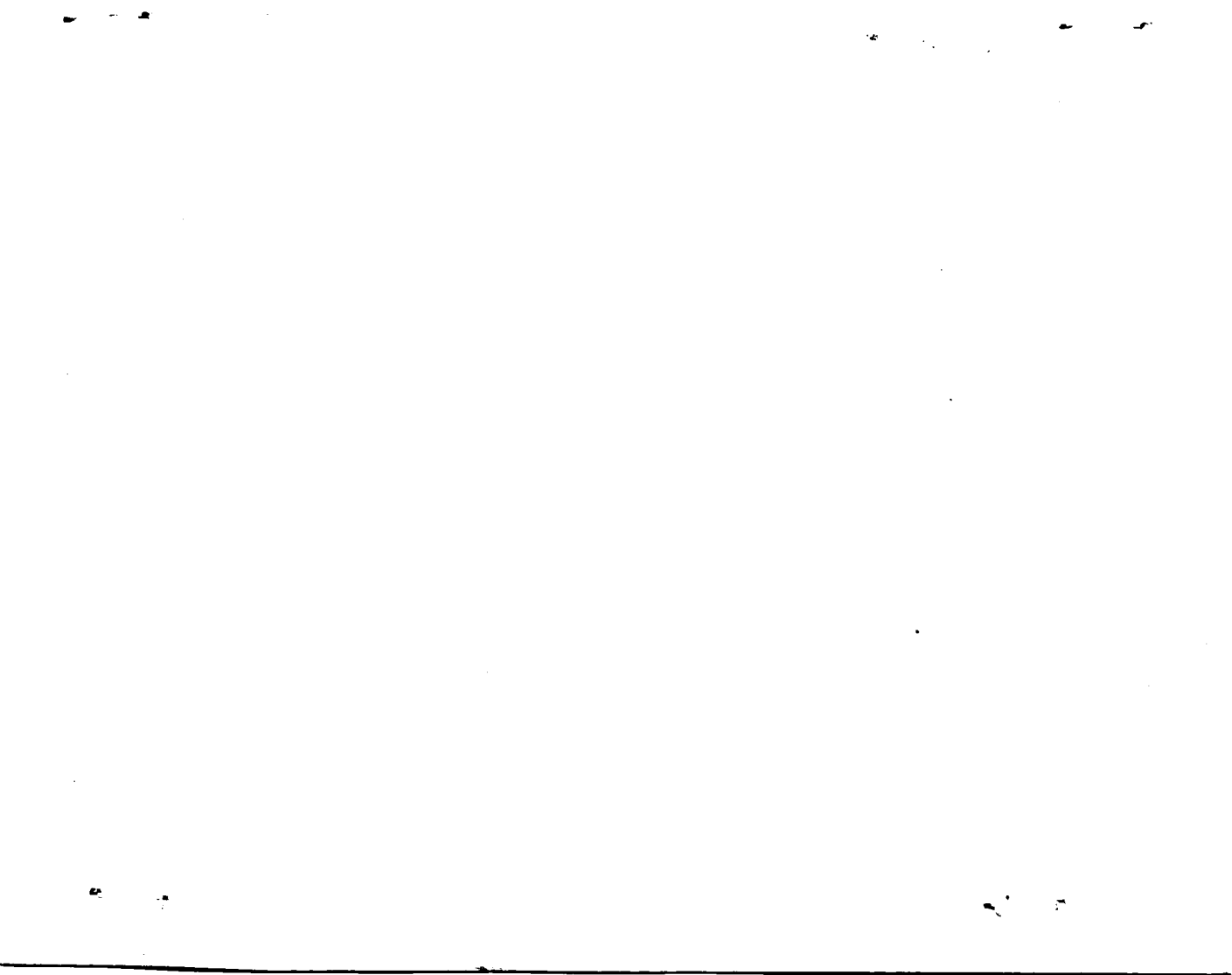
19

Address

Filed JUL 1 1920 19

Registrar

Registrar



RECEIVED

MAR 3 1955

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO }  
County of TWIN FALLS } ss.Certificate No. 81184

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birthfor "Unnamed" Shriver who was born on 6-5-1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)true facts are shown by Insurance Policy prepared on Nov. 23rd 1943, are:  
(Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital (Give Date)FACTS TO BE CORRECTED  
(Name, "Birth Date," "Cause of Death," Etc.) FROM Statistics. TO  
Child's Name "Unnamed" Shriver Paul Jennings Shriver  
(The Correct Facts)Subscribed and sworn to before me this 1ST day ofSigned Mrs. Augusta Shriver  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)Notary Public, residing at Buhl  
My commission expires Jan. 1, 1958  
(Seal)R. 2, Buhl, Idaho  
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }  
County of TWIN FALLS } ss.[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1ST day ofSigned Mrs. Nettie Shriver x  
(Signature of Any Credible Person)Notary Public, residing at Buhl, Idaho  
My commission expires Jan. 1, 1958  
(Seal)Rt 2 - Buhl, Idaho  
(Street Address, City, State)

MAR 7 1953



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-11-042-356

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Twin Falls

City of Castleford

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 34

File No. 81185

Hospital \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

FULL NAME OF CHILD JAMES DREW THOMPSON

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u> and <u>-</u> Number in order of birth <u>-</u>	Legit mate? <u>Yes</u>	Date of Birth <u>June 11 - 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FATHER  
FULL NAME John William Thompson  
RESIDENCE Castleford Idaho  
COLOR White AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Washington  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Nancy Adeline Lewis  
RESIDENCE Castleford  
COLOR White AGE AT LAST BIRTHDAY 36 (Years)  
BIRTHPLACE Arkansas  
OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born June 11 - 1920, at 6.45 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

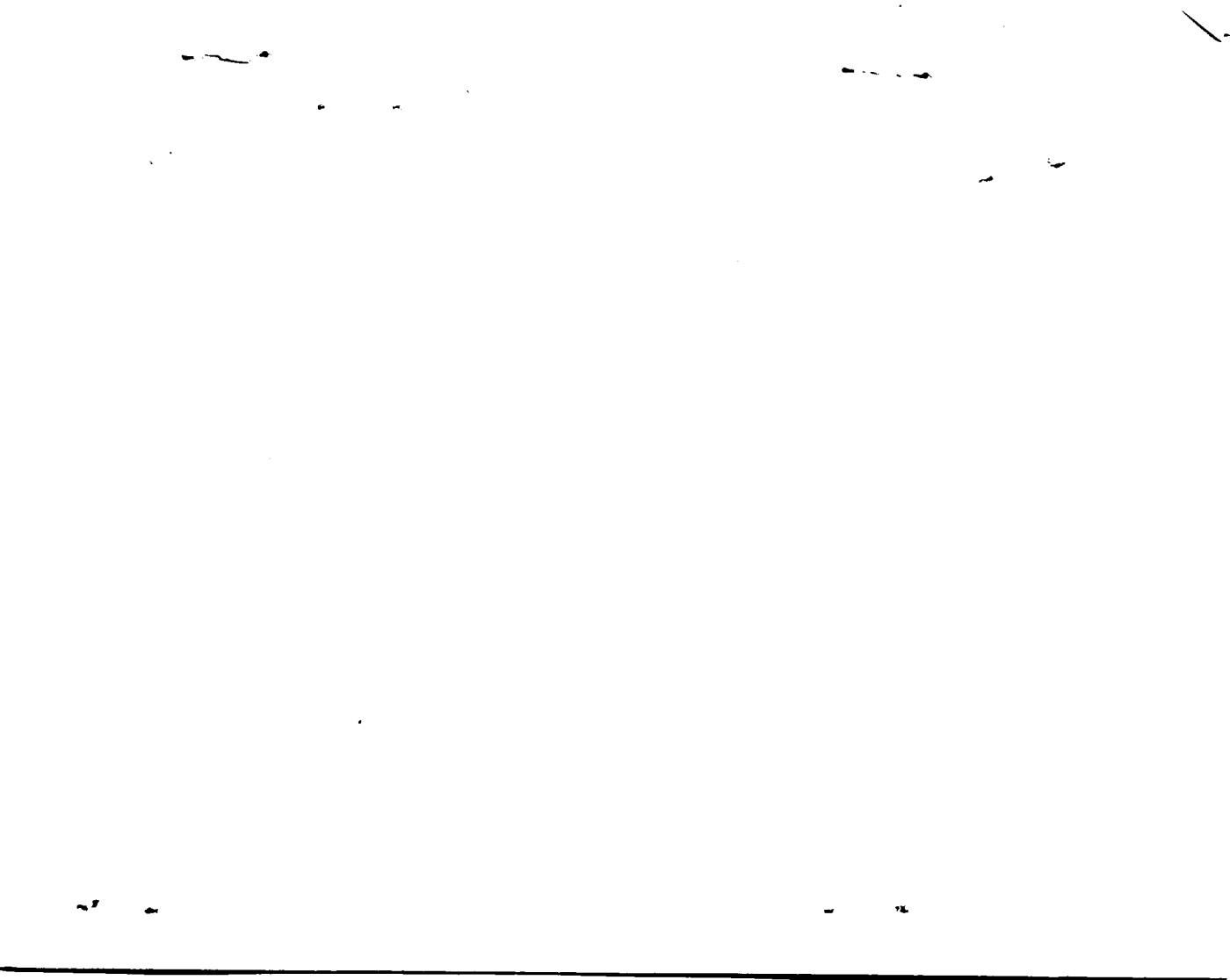
(Signature) F. A. Irmen M.D.  
Physician.  
(Physician or midwife)

Given names added from a supplemental report.

19.

Address \_\_\_\_\_  
Filed 6-27 1920  
J. T. Murphy  
Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Juin Falls } ss.

Certificate No. 81185

Date Filed May 23, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)  
for James Drew Thompson who was born on June 11, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Castledale are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on May 23, 1942, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)  
Unnamed

TO  
(The Correct Facts)  
James Drew Thompson

James Drew Thompson

Subscribed and sworn to before me this 28  
day of May 1942

Signed X Nancy Adeline Thoms  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Notary Public, residing at Mountain City, Nev

My commission expires May 18, 1945  
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

JUN 2 1942

JUN 18 1942

815-112-042-763

## PLACE OF BIRTH

 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-9-8-17

County of *Newin Falls*City of *Buhl*Registration District No. *3A*File No. *81186*

No. .... St.

Primary Registration District No. *2087*

Registered No. ....

Hospital .....

FULL NAME OF CHILD

*Liebert John Hanel*

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <i>One</i>	Legiti- mate? <i>yes</i>	Date of Birth <i>6 12 1920</i> (Month) (Day) (Year)
--------------------------	---	--	-----------------------------	---

FULL NAME <i>Emil Hanel</i>	FATHER
RESIDENCE <i>Buhl, Ida</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>24</i> (Years)
BIRTHPLACE <i>N. Dakota</i>	
OCCUPATION <i>Farming</i>	

FULL MAIDEN NAME <i>Kattie Polensky</i>	MOTHER
RESIDENCE <i>Buhl, Ida</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>22</i> (Years)
BIRTHPLACE <i>N. Dakota</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was..... at..... M.  
 on the date above stated.

 \*When there was no attending physician or  
 midwife then the father, householder, etc., should  
 make this return. A stillborn child is one that  
 neither breathes nor shows other evidence of life  
 after birth.
(Signature) *J. A. March**Physician*

(Physician or midwife)

Given names added from a supplemental report.

Address *Buhl, Ida*Filed *6-1A 1920*

Registrar

Registrar

FOR BINDING

THIS IS A PERMANENT RECORD

WRITE PLAIN

N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 18 1943

MAY 21 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

294414-042-495

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twain Falls

City of Buhl

Registration District No. 34

File No. 81187

No. \_\_\_\_\_ St.

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sims

Sex of Child <u>male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>(To be answered only in event of plural births)</u>	Legitimacy? <u>yes</u>	Date of Birth <u>6</u> <u>14</u> <u>1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Chas W. Sims  
RESIDENCE Buhl Ida.  
COLOR wht. AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Mo.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Bessie Gertrude Diehl  
RESIDENCE Buhl Ida.  
COLOR wht. AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Nebr.  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings

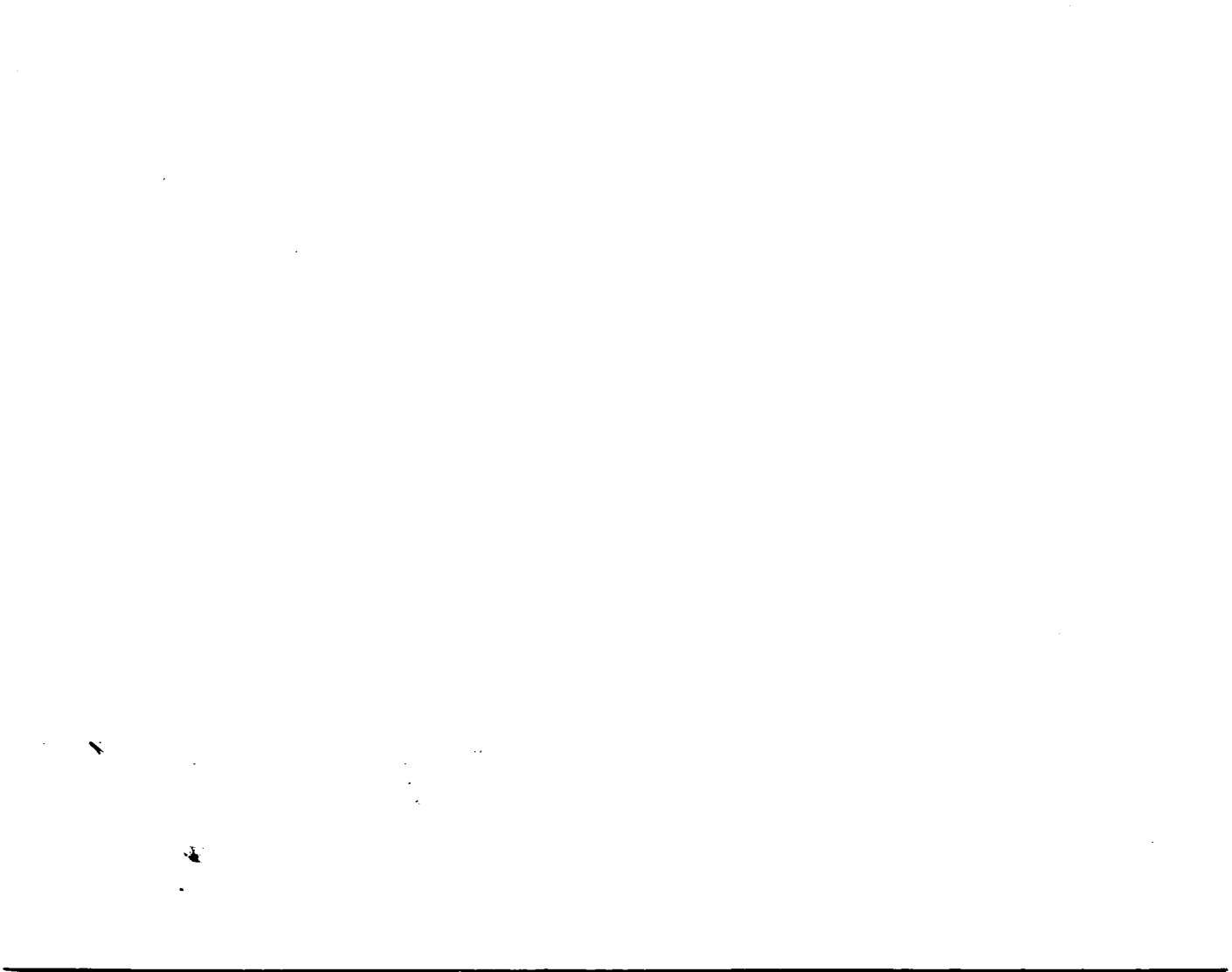
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed JUL 1 1920 19 \_\_\_\_\_

Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

554216.042-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of *Min. Falls*

City of *Castleford*

Registration District No. *39*

File No. *81188*

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. *2087*

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

*Euna Melona Neumann*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>—</i> and <i>—</i> Number in order of birth <i>—</i>	Legiti mate? <i>Yes</i>	Date of Birth <i>June 16 - 1920</i> (Month) (Day) (Year)
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FATHER FULL NAME <i>Paul Herman Neumann</i>	MOTHER FULL MAIDEN NAME <i>Ela Bell Richardson</i>
RESIDENCE <i>Castleford</i>	RESIDENCE <i>Castleford</i>
COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>26</i> (Years)	COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>21</i> (Years)
BIRTHPLACE <i>Nebraska</i>	BIRTHPLACE <i>Virginia</i>
OCCUPATION <i>Clerk</i>	OCCUPATION <i>Housewife</i>

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born June 16 - 1920* at *2:30 A. M.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F.A. Irmen M.D.*  
*Physician.*  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed *6-27* 1920

Registrar \_\_\_\_\_

Registrar *J. Murphy*

MAY 17 1944

599-118042-313  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of Twin Falls

City of Buhl Castleford

Registration District No. 39

File No. 81189

No. .... St.

Primary Registration District No. 2087

Registered No. ....

Hospital .....

FULL NAME OF CHILD Yoshio Kiida

Sex of Child <u>M</u>	Twin Triplet or other? <u>No</u>	and (Number in order of birth) <u>1st</u>	Legitimate? <u>yes</u>	Date of Birth <u>6-18</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Wakiche Kiida  
RESIDENCE Castleford  
COLOR Jap. AGE AT LAST BIRTHDAY 44  
(Years)  
BIRTHPLACE Japan  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Masa Tatsugawa  
RESIDENCE same  
COLOR Jap. AGE AT LAST BIRTHDAY 26  
(Years)  
BIRTHPLACE Japan  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Murphy

Given names added from a supplemental report.

Address Buhl Ida

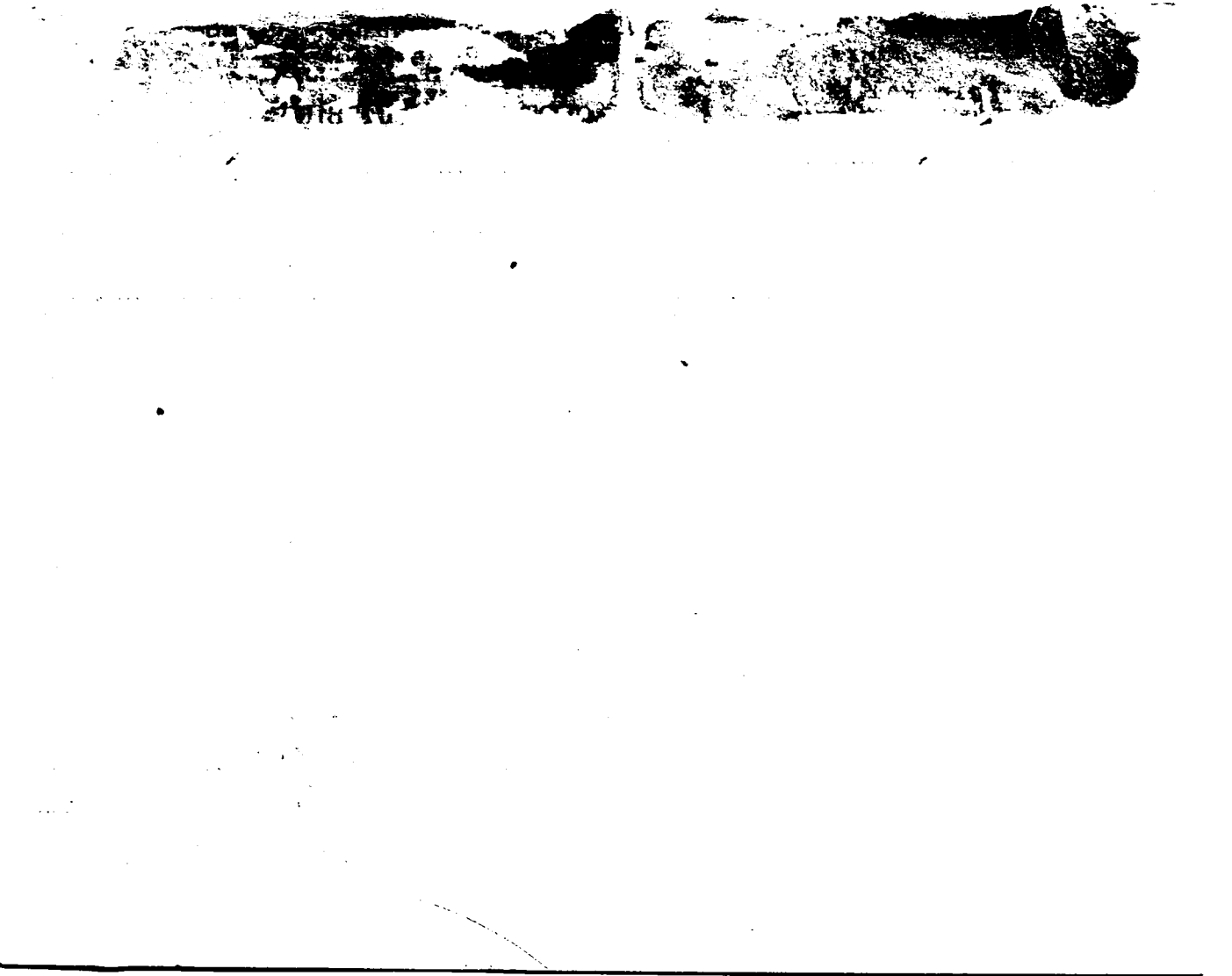
..... 19.....

Filed JUL 1 1920

Registrar

J. Murphy  
Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

359-118-042-249

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Swain Falls

City of Buhl

Registration District No. 39

File No. 81190

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Surdy

Sex of Child <u>male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>6</u> <u>15</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------	-------------------------	--

FATHER  
FULL NAME Joe C. Surdy  
RESIDENCE Buhl, Ida.  
COLOR wht. AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Anna Burda  
RESIDENCE Buhl, Ida.  
COLOR wht. AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Dickinson, N. Dakota  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 3 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

George Jennings

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed JUL 1 1920

Registrar

Registrar

J. S. Murphy

TVR-DY

962-1181042-261

## PLACE OF BIRTH

County of Blaine FallsCity of Buhl

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD John WilliamSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-7-21-19

Registration District No. 39File No. 81191Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Roberts

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> { } Number in order of birth <u>1</u>	Legitimacy? <u>yes</u>	Date of Birth <u>6</u> <u>18</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME FATHER Albert Daniel RobertsRESIDENCE Buhl, Ida.COLOR whit. AGE AT LAST BIRTHDAY 43 (Years)BIRTHPLACE Mo.OCCUPATION FarmerFULL MAIDEN NAME MOTHER Emily SwansonRESIDENCE Buhl, Ida.COLOR whit. AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE SwedenOCCUPATION StamesswifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 11 P.M. on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Grover Jennings, M.D.

(Physician or midwife)

Given names added from a supplemental report.

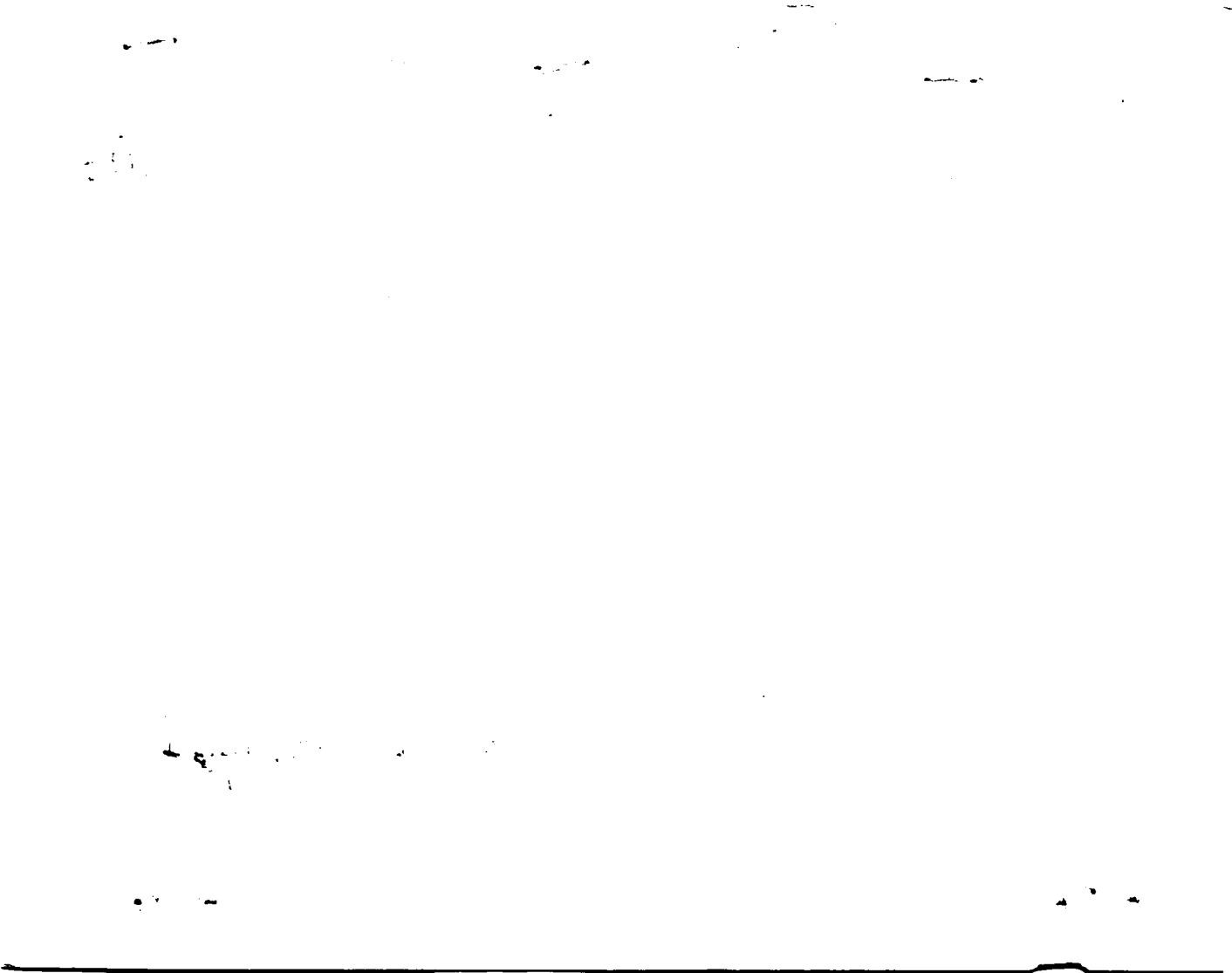
19

Address \_\_\_\_\_

Filed JUL 1 1920 19

Registrar \_\_\_\_\_

Registrar J. H. Murphy





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

4-7-71

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. APR 8 1971 Certificate No. 81191  
County of ..... Bureau of Vital Statistics Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Roberts who was born on June 18, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Buhl are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by prepared on are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Childs name omitted John William Roberts

Subscribed and sworn to before me this 8<sup>th</sup> day of April 1971  
Notary Public, residing at Buhl, Idaho  
My commission expires February 7, 1975  
(Seal)

Signed John W. Roberts  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Rt 4 Buhl, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Ada

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8<sup>th</sup> day of April 1971  
Notary Public, residing at Buhl, Idaho  
My commission expires February 7, 1975  
(Seal)

Signed Roy L. Lively  
(Signature of Any Credible Person)  
546 Sunset Blvd  
Green Falls, Idaho  
(Street Address, City, State)

Master Mason's Certificate gives name as John William Roberts. Given April 15, 1943.  
L. Guy Newman Instructor. John H. Rhoads, Secretary.  
Viewed by V.S.

APR 8 1971  
Public Employee Retirement System has established the following account # for  
John William Roberts, # 518 10 7646.  
Viewed by V.S.

265-120-042-693

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Twin FallsCity of BuhlRegistration District No. 39File No. 81192

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Luke V Sonner JrSex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
Number  
in order  
of birthLegiti  
mate? YesDate of Birth 6 20 20

(Month)

(Day)

(Year)

FULL NAME

FATHER

Luke V Sonner

RESIDENCE

Buhl IdaCOLOR WAGE AT LAST BIRTHDAY 32

(Years)

BIRTHPLACE

Kansas

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Hazel Wilson

RESIDENCE

Buhl IdaCOLOR WAGE AT LAST BIRTHDAY 34

(Years)

BIRTHPLACE

Nebraska

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) [Signature]

(Physician or midwife)

Address Buhl IdaFiled JUL 1 1929Registrar [Signature]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-21-41

SEP 21 1944

241-121-042-251  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Trigg PallyCity of CastlefordRegistration District No. 39File No. 81193

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

CLARENCE H. BOATMAN

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u> and <u>-</u>	Number in order of birth <u>-</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 21</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

FATHER FULL NAME <u>Ridley P. Boatman</u>	MOTHER FULL MAIDEN NAME <u>Ermine Beatty</u>
RESIDENCE <u>Castleford Idaho</u>	RESIDENCE <u>Castleford Idaho</u>
COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>30</u> (Years)	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Tennessee</u>	BIRTHPLACE <u>Tennessee</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was June 21-1920, at 1 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Immen M.D.  
Physician.  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed 6-21 1920

Registrar

Registrar J. H. Murphy

SEP 24 1951

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

759-221-042-319

PLACE OF BIRTH amended 10/20/80

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

County of Bannock

CERTIFICATE OF BIRTH

City of Buhl  
St. Idaho

Registration District No. 34 File No. 81194

Hospital \_\_\_\_\_ Primary Registration District No. 2087 Registered No. \_\_\_\_\_

FULL NAME OF CHILD Virginia Marie Perry

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>6 21 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Walter L. Perry  
RESIDENCE Buhl, Idaho  
COLOR white AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Arkansas  
OCCUPATION Ditch Rider

MOTHER  
FULL MAIDEN NAME Violet Tartar  
RESIDENCE Buhl Idaho  
COLOR white AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Texas  
OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

(Physician or midwife)

Address Buhl, Idaho

Filed JUL 1 1920

Registrar

Registrar

NOV 9 1970

APR 23 1973

JUN 21 1974



## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Texas } ss.  
 County of Bexar

Certificate No. 81194  
 Date Filed \_\_\_\_\_

RECEIVED  
 JUN 18 7 50 AM '80  
 VITAL STATISTICS

The undersigned does solemnly swear that certain facts on the certificate of birth  
 for unnamed Perry who was born on June 21, 1920  
 in Buhl (Twin Falls) (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 are erroneous or were omitted:  
 (Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>childs name</u>	<u>omitted</u>	<u>Virginia Marie Perry</u>
<u>sex of child</u>	<u>Boy</u>	<u>female</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 9th day of June, 19 80  
 Notary Public, [Signature]  
 Residing at Bexar Co., Texas  
 My commission expires 5/10/81  
 (Seal)

[Signature]  
 Signature of Applicant  
3746 Green Glade Apt. B San Antonio, TX  
 Street Address, City, State 78213

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas } ss.  
 County of Bexar

(Must be completed \_\_)  
 (Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of June, 19 80  
 Notary Public, [Signature]  
 Residing at Bexar Co., Texas  
 My commission expires 5/10/81  
 (Seal)

[Signature]  
 Supporting Signature  
234 W. Rosewood San Antonio, TX 78212  
 Street Address, City, State

Note from Dr. Norman L. Jacobson, M. D. gives patient's name as Virginia Marie Kent from Texas. She has been patient for number of years. viewed by V. S.

Certified copy from Alabama gives name of child as Peery Lee Kent born Feb 5, 1954 at Birmingham, Alabama. father's name as Ellis M. Kent and mother's name as Virginia Marie Perry. File No. 54-009689. viewed by V. S

OCT 20 1986

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-121-042-238  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. & No. 11-C-28m-03-17

County of Twin Falls.

City of Buhl

Registration District No. 39

File No. 8.1195.

No. St.

Primary Registration District No. 2081

Registered No. .....

Hospital DALE DWIGHT

FULL NAME OF CHILD A. A. Schaffer, Dale Dwight

Sex of Child <u>M</u>	Twin Triplet or other? <u>.....</u>	and (Number in order of birth) <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>6.21.1920</u> (Month) (Day) (Year)
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FULL NAME <u>R. R. Schaffer</u>	FATHER
RESIDENCE <u>Buhl</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Or</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Glennice Schaffer</u>	MOTHER
RESIDENCE <u>Dauer</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Kan</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:50 P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Murphy  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Ida  
Filed JUL 1 1920  
Registrar J. A. Murphy

dup of 1920-215698

**STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of California } ss. FR 4 1942 Certificate No. 81195

County of Fresno } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Dale Dwight Schaeffer who born on June 21st, 1920

in Buhl, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

**FROM**

**TO**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

Surname \_\_\_\_\_

Schaefer

Schaeffer

Name \_\_\_\_\_

Dale

Dale Dwight Schaeffer

Subscribed and sworn to before me this 23rd

day of January 19 42

Signed Mrs. John Soto

(SIGNATURE OF FATHER OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Fresno

1497 N. 9th St. Fresno, Calif.

My commission expires April 15, 1945

(STREET ADDRESS, CITY, STATE)

(SEAL)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington } ss.

County of King }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 128, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3/2

day of January 19 42

Signed Mrs. W.C. Shreve

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Seattle

5015-48th Ave S. Seattle

My commission expires 6/21/43

(STREET ADDRESS, CITY, STATE)

(SEAL)

Received for filing on FEB 4 1942 By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)

FEB 14 1942

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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-221-242-794  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 81196

No. \_\_\_\_\_ St.

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Alice Laura Stratton

Sex of Child <u>Girl</u>	<u>Twin</u> Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>6</u> <u>21</u> <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME H. G. Stratton  
RESIDENCE Buhl Idaho  
COLOR white AGE AT LAST BIRTHDAY 28  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Lula Pruett  
RESIDENCE Buhl, Id.  
COLOR white AGE AT LAST BIRTHDAY 20  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 8:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

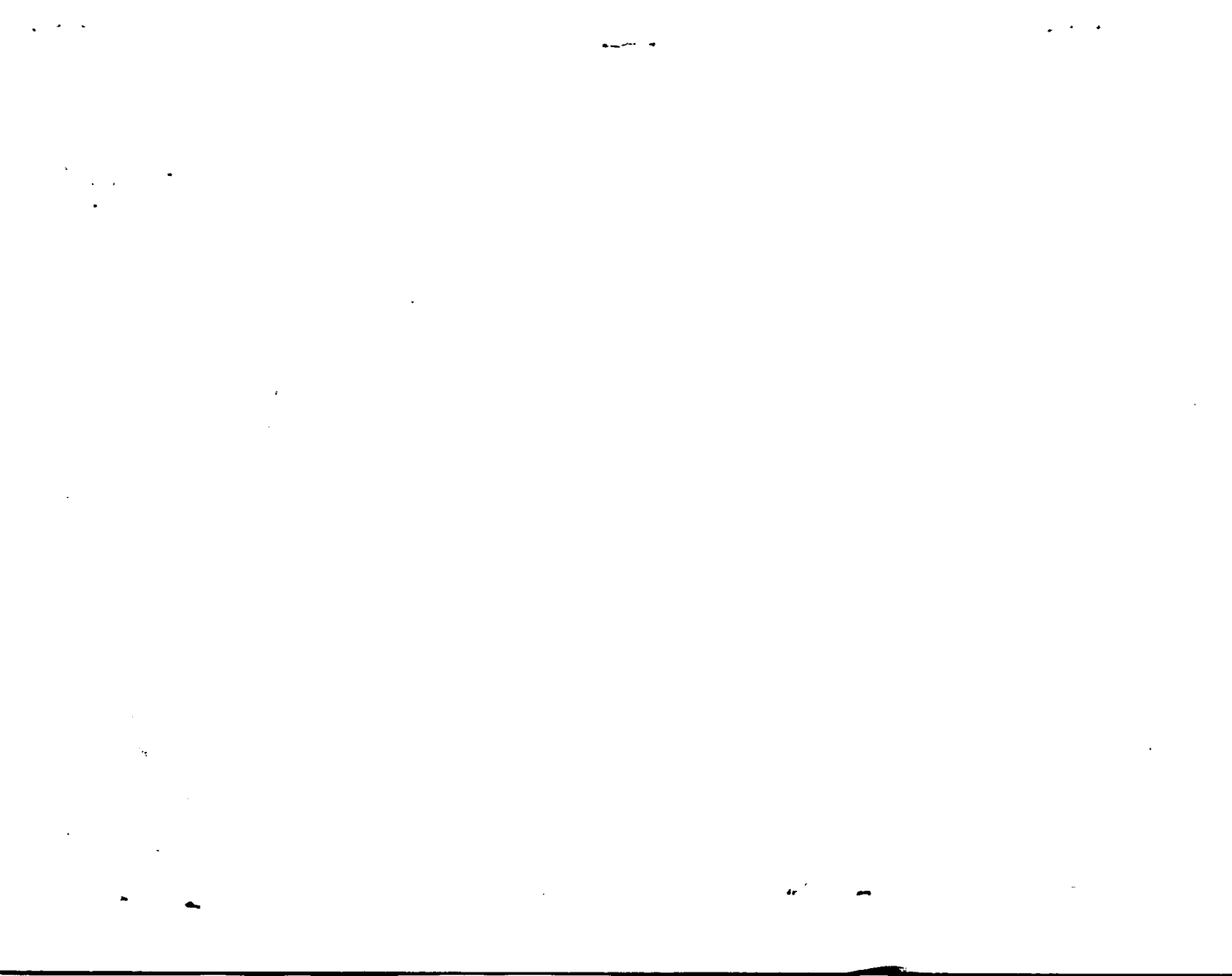
(Signature) A. F. Hylleberg  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Idaho  
Filed JUL 1 1920

Registrar

Registrar





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of CALIFORNIA  
County of SACRAMENTO

ss.

**RECEIVED**  
OCT 25 1965

Certificate No. 81196

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... Birth

for Unnamed Stratton (girl child) who was born on June 21, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child Unnamed Alice Laura Stratton

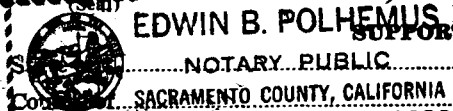
Subscribed and sworn to before me this 22<sup>nd</sup> day of  
OCTOBER 1965

Signed Henry B. Stratton

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Edwin B. Polhemus  
Notary Public, residing at Elk Grove, Cal. 95624

My commission expires July 31, 1966 9166 Grove St., Elk Grove, California  
EDWIN B. POLHEMUS (Street Address, City, State)



**EDWIN B. POLHEMUS**

**NOTARY PUBLIC**

**SACRAMENTO COUNTY, CALIFORNIA**

ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of  
....., 19.....

Signed.....  
(Signature of Any Credible Person)

Notary Public, residing at.....  
My commission expires.....  
(Seal)

(Street Address, City, State)

L.B.S. Church Record, gives full name as Alice Laura Stratton, born June 21, 1920 at Buhl, Idaho to Henry G. Stratton and Lulu May Pruett, baptized Mar. 10, 1929 - viewed by V.S.

NOV 17 1966

Marriage License and Certificate, State of California, County of Sacramento, married Sept. 10, 1937 at Falsom, California gives full name of groom as Shurrel Henry Gray and Alice Laura Stratton - viewed by V.S.

26 K-226-042-565

Form V. 8-10-17 C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Lincoln FallsCity of BuhlRegistration District No. 34File No. 81197

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 7087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

ELSIE EDNA KODESH

Sex of Child

FTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?Yes

Date of Birth

6 26 1920  
(Month) (Day) (Year)

FULL NAME

Frank Kodesh

FATHER

FULL MAIDEN NAME

Emilie Novacek

MOTHER

RESIDENCE

Buhl Ida

RESIDENCE

Buhl Ida

COLOR

W

AGE AT LAST BIRTHDAY

28  
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

27  
(Years)

BIRTHPLACE

Bohemia

BIRTHPLACE

Washington

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 12:15 A  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. H. Murphy

(Physician or midwife)

Given names added from a supplemental report.

Address

Buhl Ida

Filed

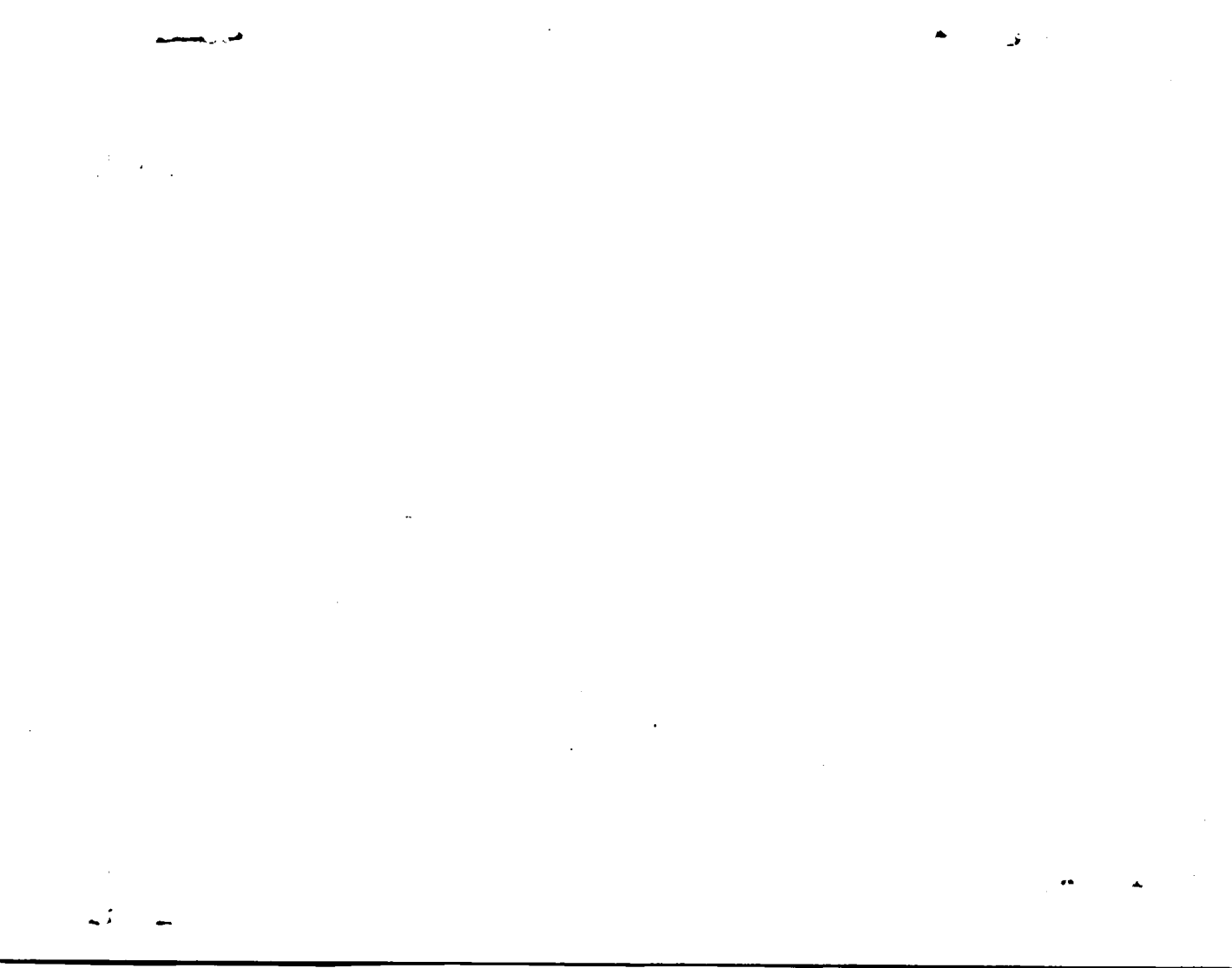
JUL 1 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



# STATE OF IDAHO

MAY 1942

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

### AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Twin Falls } ss. Certificate No. 81197

The undersigned does solemnly swear that certain facts on the certificate of Elsie Edna Kodesch  
for Buhl (Name on Original Certificate) who BORN (Was Born or Died) on June 26 (Birth or Death) (Date of Event)  
in Buhl (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name unnamed Elsie Edna Kodesch

Subscribed and sworn to before me this 9  
day of March, 1942  
W. L. Hays  
Notary Public, residing at Buhl Id  
My commission expires July 13 1943  
(Seal)

Signed Emily Kodesch Frank Kodesch  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
\_\_\_\_\_  
(Street Address, City, State)

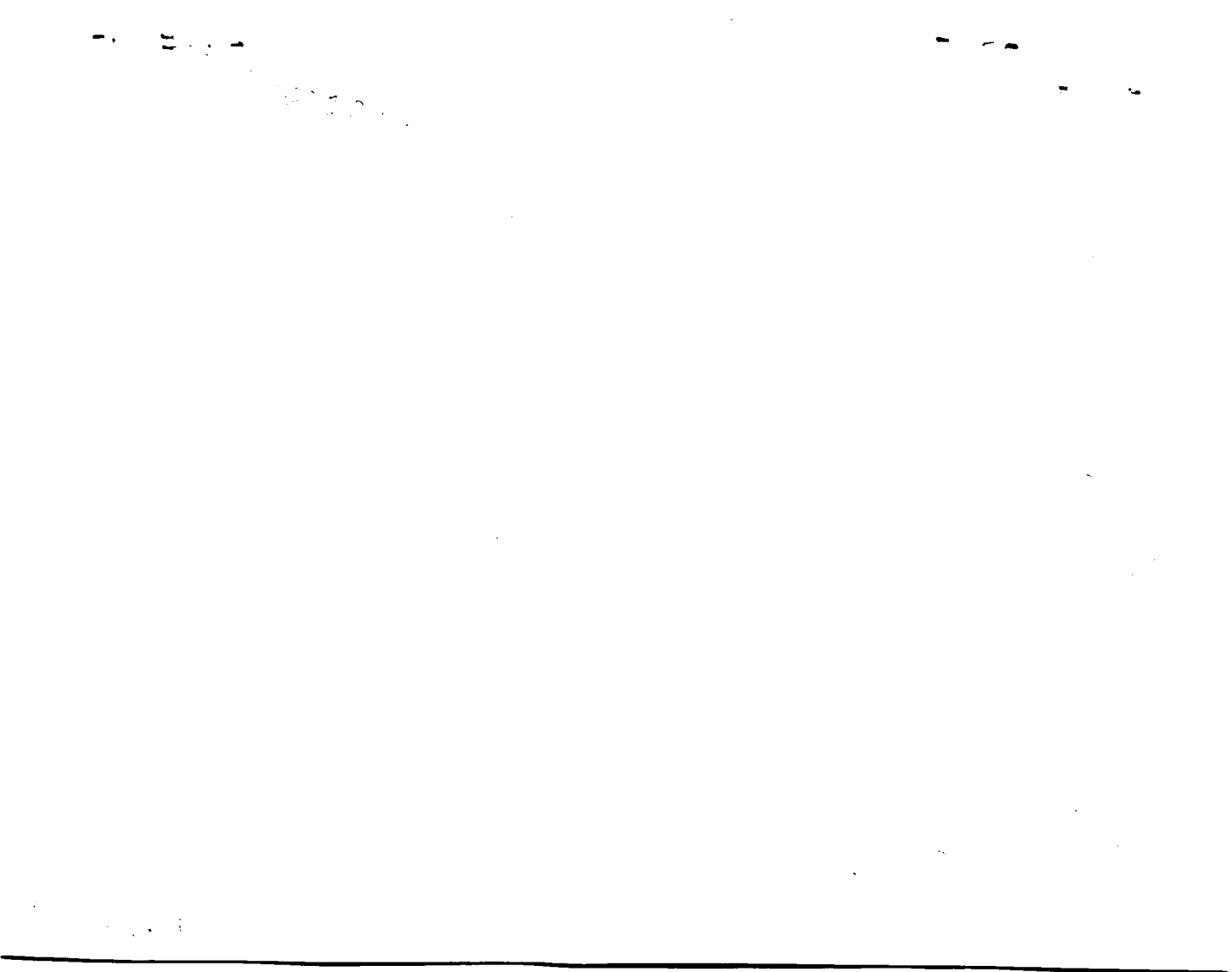
### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Twin Falls } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 9th  
day of March, 1942  
W. L. Hays  
Notary Public, residing at Buhl Id  
My commission expires July 13 1943  
(Seal)

Signed Mrs. Elma Brog  
(Signature of Any Credible Person Other Than Previous Year)  
12<sup>th</sup> & Maple Buhl, Id  
(Street Address, City, State)



495-127042-393  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Twin Falls

CERTIFICATE OF BIRTH

81198

City of Buhl

Registration District No. 39

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital Buhl General

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>6-27</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>P. A. Ring</u>			MOTHER FULL MAIDEN NAME <u>Florence Nilson</u>	
RESIDENCE <u>Buhl</u>			RESIDENCE <u>Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Boysen, at 10 M. on the date above stated.  
(Born alive or stillborn)

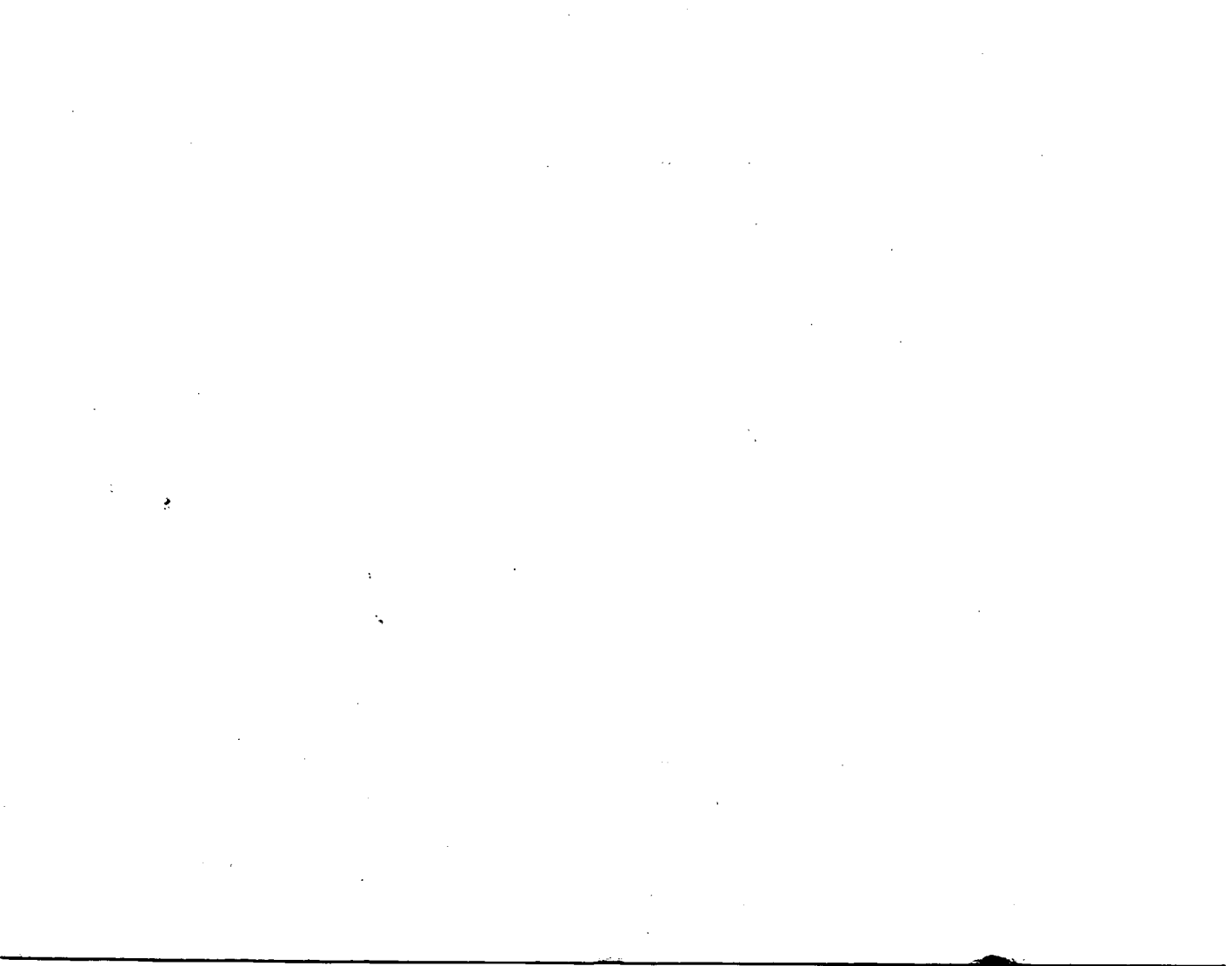
\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy  
W. O.  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Idaho

Filed JUL 1 1920





252-127-042-599  
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of BuhlRegistration District No. 39 File No. 81199

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

George Donald BessSex of Child Boy Twin Triplet or other? and Number in order of birth 1 Legiti mate? yes Date of Birth 6 27 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME G. B. Bess FATHERRESIDENCE Castleford #1COLOR white AGE AT LAST BIRTHDAY 35  
(Years)BIRTHPLACE KentuckyOCCUPATION FarmerFULL MAIDEN NAME Bessie Miley MOTHERRESIDENCE BuhlCOLOR white AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE KentuckyOCCUPATION HouseworkNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McElusky  
Phys  
(Physician or midwife)

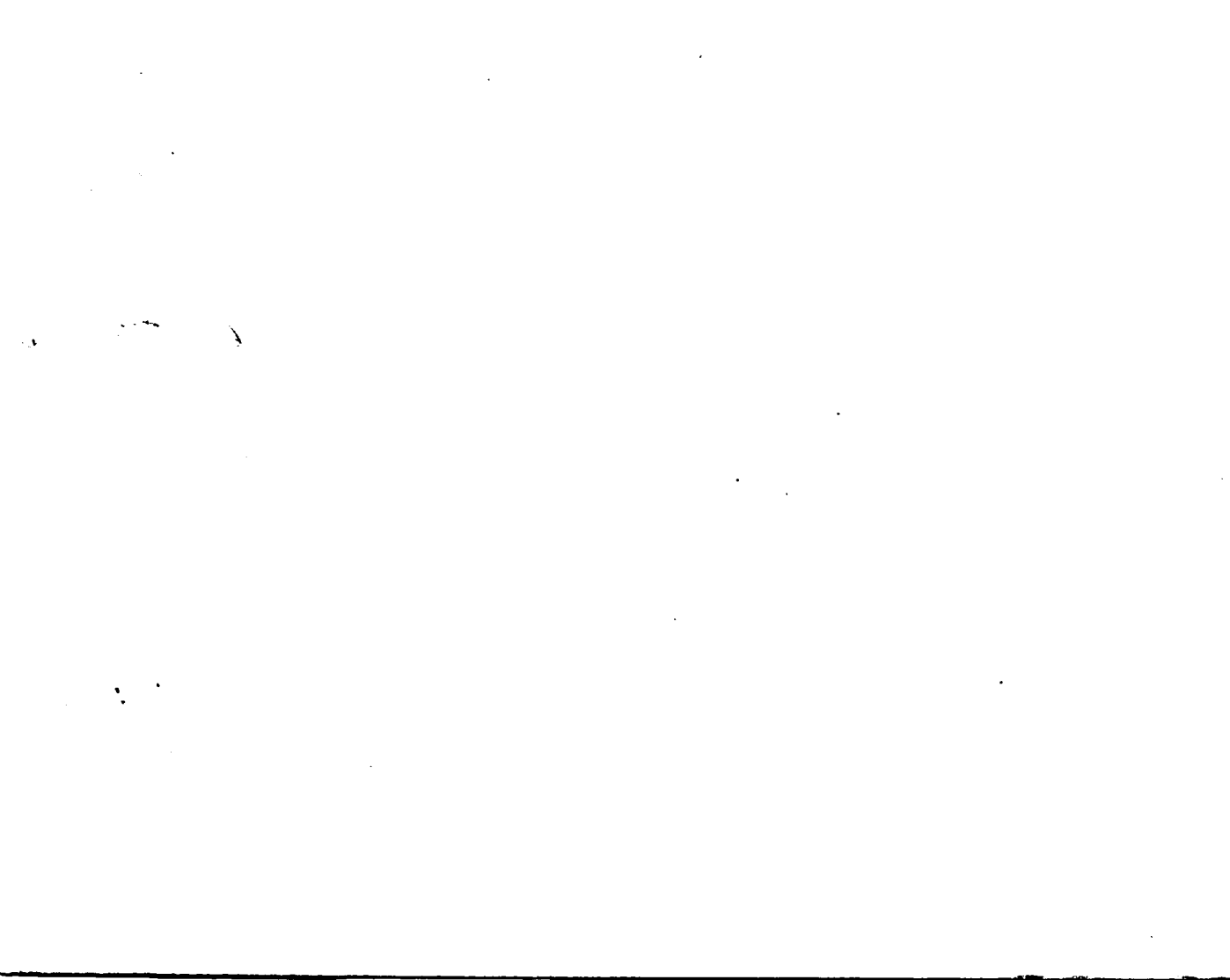
Given names added from a supplemental report.

19

Address Buhl Ida  
Filed JUL 1 1920

Registrar

Registrar



255-227-042-133

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of BuhlRegistration District No. 39File No. 81200

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Velma BennettSex of Child Girl { Twin Triplet or other? } and { Number in order of birth } Legit mate? yes Date of Birth 6 27 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME FATHER B. E. BennettFULL MAIDEN NAME MOTHER Ethel AllenRESIDENCE Buhl. Id.RESIDENCE Buhl. Id.COLOR white AGE AT LAST BIRTHDAY 38  
(Years)COLOR white AGE AT LAST BIRTHDAY 34  
(Years)BIRTHPLACE IllinoisBIRTHPLACE WisconsinOCCUPATION Farmer.OCCUPATION HouseworkNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 11:15 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

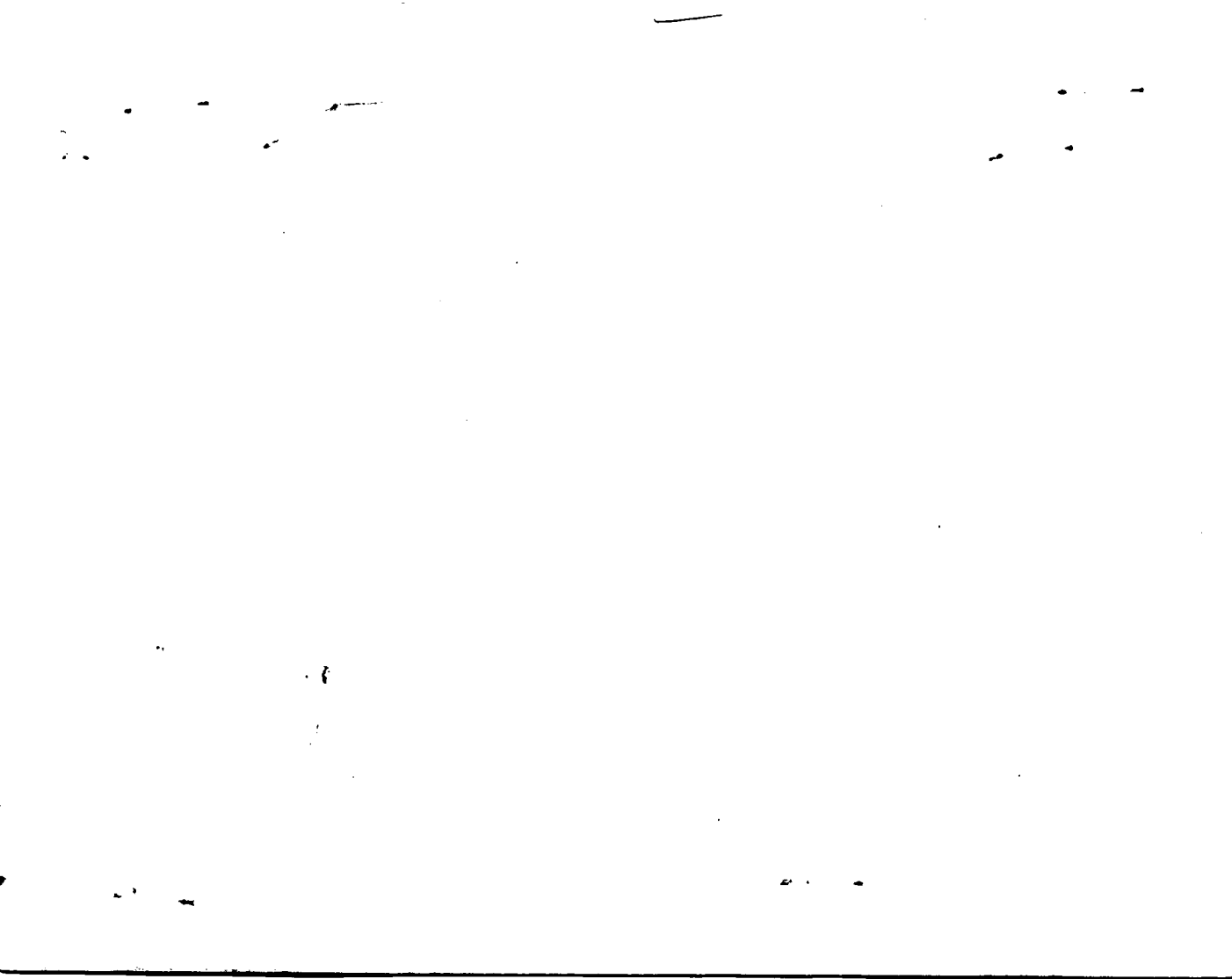
Address Buhl. Id.  
Filed JUL 1 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



**RECEIVED**

FEB 27 1958

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

Bureau of Vital Statistics

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Nevada }  
County of Esmeralda } ss.

Certificate No. 81200

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of Unnamed Bennett who was born on 6-27-20 (Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event)

in Buhl are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Application for Social Security No. shows full name prepared on May 22, 1944 (Bible Record, Insurance Policy, Etc.) (Give Date) are: received by V.S.

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's Name Unnamed Bennett Velma Ruth Bennett

Subscribed and sworn to before me this 11th day of June 1957

Signed Ethel M. Jones  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5th Ave. Goldfield, Nevada  
(Street Address, City, State)

Notary Public, residing at Goldfield, Nev.  
My commission expires 8/11/59  
(Seal) Clerk of District Court

**TERRITORY OF HAWAII SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of HONOLULU }  
County of HONOLULU } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of JULY 1957

Signed Alvin E. Bennett  
(Signature of Any Credible Person)

Co B 725 2d Bn.  
APO 25, San Francisco, Cal.  
(Street Address, City, State)

Notary Public, residing at Wahiawa, Hawaii  
My commission expires 8/11/59  
(Seal)

1954

1954

**PLACE OF BIRTH**

Form V, S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl.

Registration District No. 39

File No. **81201**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No 2087

Registered No.....

Hospital .....

**FULL NAME OF CHILD.**

ORVILLE KENNETH BROYLES

Sex of Child	Boy	Twin Triplet or other?	and	Number in order of birth	Legitimate?	yes	Date of Birth	6	29	1920
		(To be answered only in event of plural births)					(Month)	(Day)	(Year)	

FULL NAME Harry Browlee FATHER Harry Browlee

FULL MAIDEN NAME **MOTHER** Ruth Shackelford

RESIDENCE Buhl Idaho

RESIDENCE Buhal Id

COLOR white AGE AT LAST BIRTHDAY 19  
(Years)

COLOR *white* AGE AT LAST BIRTHDAY *18*  
(Years)

BIRTHPLACE Okla.

BIRTHPLACE *Mo*

OCCUPATION Farmer

OCCUPATION Housework.

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Alvin, at 8:30 A.M.  
on the date above stated. (Born alive or stillborn) 33

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

**Given names added from a supplemental report.**

**Address**

**Filed**

JUL 1 1920

## Registrar

## Registrar

**MARGIN RESERVED FOR BINDING.**

**WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD**

**N. B.—**In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

NOV 16 1942



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho )  
County of Twin Falls )ss  
Certificate No. 81201  
Date Filed

The undersigned does solemnly swear that certain facts on the certificate  
of Birth for Orville Kenneth Broyles born  
(birth or death) (Name on original certificate) (was born or died)  
on June 29, 1920 Buhl Idaho erroneous or were omitted;  
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown  
by Insurance Policy prepared on 1923 are:  
(Bible record, insurance plcy. etc.) (Give date)

FACTS TO BE CORRECTED FROM TO  
(Name, birthdate, etc.) (As on original) (The correct facts)

Name no name given Orville  
Orville Kenneth Broyles  
.....  
.....  
.....  
.....

Subscribed and sworn to  
before me this 9th day  
of November 1942

Signed Harry E. Broyles  
(Signature of parent or attendant if correct-  
ing a birth record; of attendant, funeral  
director, informant if correcting a death  
record; or other credible person.)

George J. Wolff # 5724 N. Mississippi Ave. Portland Oregon  
Notary Public (Street address, City, State)  
Residing at Portland Ore.

My commission expires Nov. 20, 1945

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON  
(Both affidavits must be completed)

State of Oregon )  
County of Multnomah )ss

The undersigned does solemnly swear that he has knowledge of the corrected  
facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to  
before me this 9th day  
of November 1942

Signed Moxy Shackleford  
(Signature of any credible person other than  
the previous affiant.)

George J. Wolff # 5724 N. Mississippi Ave. Portland Ore.  
Notary Public (Street address, City, State)  
Residing at Portland Ore.

My commission expires Nov. 20, 1945

(SEAL)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-129-042-753

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form No. 11-C-25m-3-3-17

CERTIFICATE OF BIRTH

County of *Franklin*

City of *Bohl 1 1/2 miles north*

Registration District No. *31 2087*

File No. *81202*

No. .... St. ....

Primary Registration District No. *2017 34*

Registered No. ....

Hospital .....

FULL NAME OF CHILD *Infant* *Harold Ernest Green*

Sex of Child <i>M.</i>	Twin Triplet or other? <i>No</i>	(Number in order of birth)	Legitimate? <i>Yes</i>	Date of Birth <i>6 29 1920</i> (Month) (Day) (Year)
------------------------	----------------------------------	----------------------------	------------------------	--

FULL NAME <i>Ernest E. Green</i>	FATHER	FULL MAIDEN NAME <i>Ruth E. Peterson</i>	MOTHER
RESIDENCE <i>1 1/2 miles north of Bohl - Ida.</i>		RESIDENCE <i>Bohl.</i>	
COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)	COLOR <i>W.</i>	AGE AT LAST BIRTHDAY <i>19</i> (Years)
BIRTHPLACE <i>Kandel - d. s. a.</i>		BIRTHPLACE <i>Idaho - d. s. a.</i>	
OCCUPATION <i>Farming</i>		OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth. *1* Number of children of this mother now living, including present birth. *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *Bohl* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn-child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Gary D. Randall M.D.*

Given names added from a supplemental report.

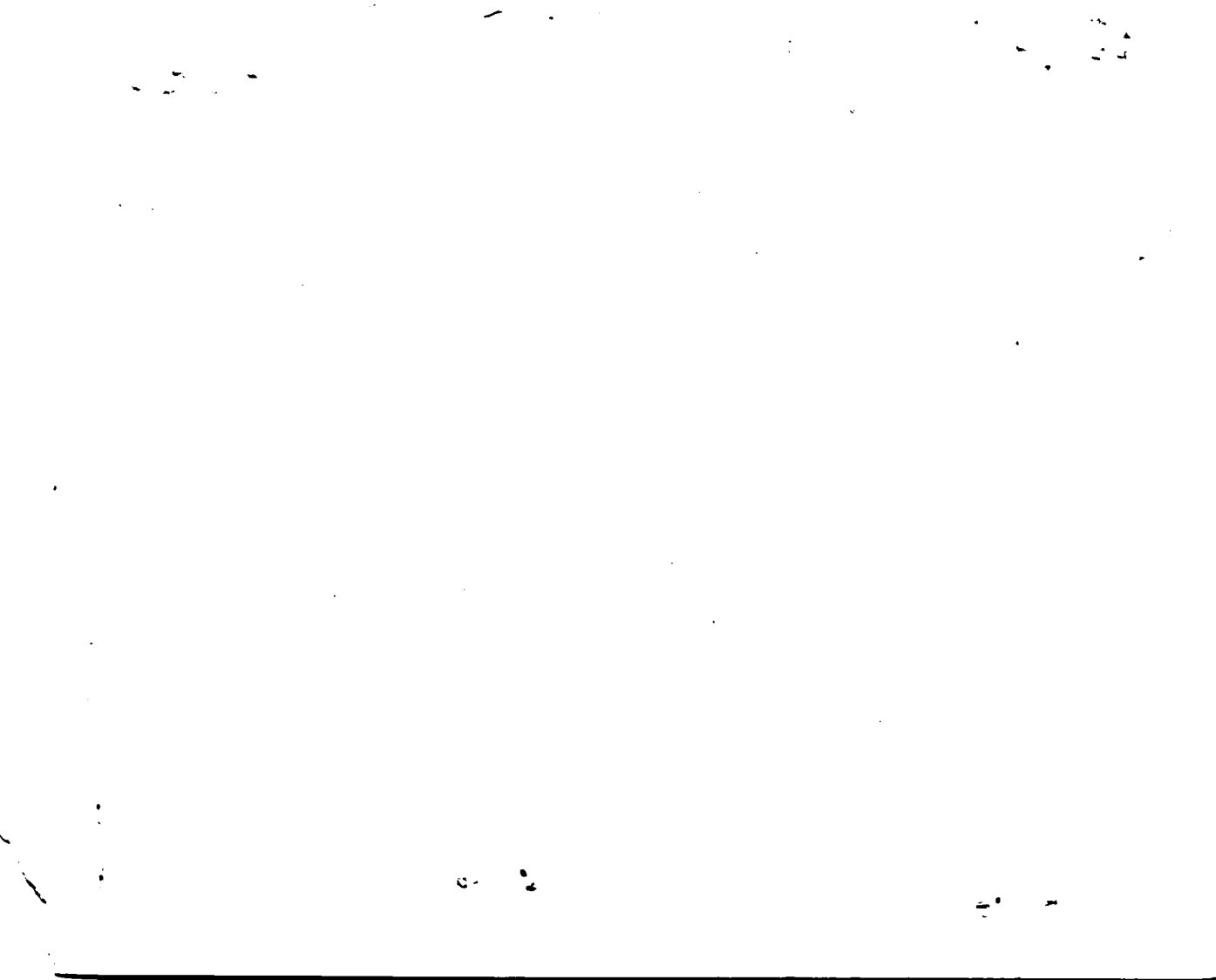
Address *Bohl - Ida.*

Filed *6-30* 19*22*

Registrar

Registrar

K



APPLICATION FOR A BIRTH CERTIFICATE  
Address correspondence and make money order payable to  
BUREAU OF VITAL STATISTICS  
Department of Public Health  
Boise, Idaho

RECEIVED  
APR 8 1941

To avoid errors and unnecessary delays, use typewriter:

Full name of child Harold Ernest Green 8/20/2  
City and county of birth Buhl - Twin Falls Co.  
Date of birth June 29 - 1920  
Name of father Ernest Elmer Green  
Maiden name of mother Ruth Edmura Peterson  
Name of attending physician or midwife Dr. Geo. Randell  
Person making request Mrs. Ernest E. Green  
Present P. O. address Buhl Ida. R7B4

Certified copies are 50¢ each, payable by money order in advance. NO  
copies made C. O. D. or without remittance in hand.

The first part of the report deals with the general situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and a list of the names of the persons who have contributed to it.

The second part of the report deals with the financial situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and a list of the names of the persons who have contributed to it.

The third part of the report deals with the social situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and a list of the names of the persons who have contributed to it.

The fourth part of the report deals with the economic situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and a list of the names of the persons who have contributed to it.

The fifth part of the report deals with the political situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and a list of the names of the persons who have contributed to it.

The sixth part of the report deals with the cultural situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and a list of the names of the persons who have contributed to it.

The seventh part of the report deals with the scientific situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and a list of the names of the persons who have contributed to it.

The eighth part of the report deals with the health situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and a list of the names of the persons who have contributed to it.

The ninth part of the report deals with the education situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and a list of the names of the persons who have contributed to it.

The tenth part of the report deals with the environment situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and a list of the names of the persons who have contributed to it.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

431-105-042-845

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 39

File No. 81203

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

ELSTON LOWELL M<sup>c</sup> Atee

Sex of Child male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and } Number  
in order  
of birth

Legiti  
mate? yes

Date of Birth 6 5 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER

Bernard Lawrence M<sup>c</sup> Atee

RESIDENCE

Buhl, Ida

COLOR

wht.

AGE AT LAST  
BIRTHDAY

26  
(Years)

BIRTHPLACE

Hammond, Id.

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

Effie Jane Hunter

RESIDENCE

Buhl, Ida

COLOR

wht.

AGE AT LAST  
BIRTHDAY

21  
(Years)

BIRTHPLACE

Webster City, Ia.

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive, at 2 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) Roye Jennings

(Physician or midwife)

Given names added from a supplemental report.

19.

Address \_\_\_\_\_

Filed JUL 1 1920

Registrar

Registrar

J. A. McFarland

NOM 7-1960

Certificate named from #125549. Z.J.

AUG 4

DECEASED

Dup of 1920-125549



366-130-043-141  
OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-10m-6-20-11

Bureau of Vital Statistics

## CERTIFICATE OF BIRTH

County of ValleyCity of CascadeRegistration District No. 15-File No. 81204

No. \_\_\_\_\_, St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 241

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Donald Cooke

Sex of Child <u>M</u>	Twin, Triplet, or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>5-30</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	--------------------------------	-----------	--------------------------------	------------------------	--

FATHER FULL NAME <u>Jas Cooke</u>	MOTHER FULL MAIDEN NAME <u>Louis Adams</u>
RESIDENCE <u>Cascade</u>	RESIDENCE <u>Cascade</u>
COLOR <u>wht</u> AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR <u>wht</u> AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Mass</u>	BIRTHPLACE <u>N.Y.</u>
OCCUPATION <u>mechanic</u>	OCCUPATION <u>Housekeeper</u>

Number of child of this mother, including present birth 6Number of children, of this mother, now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

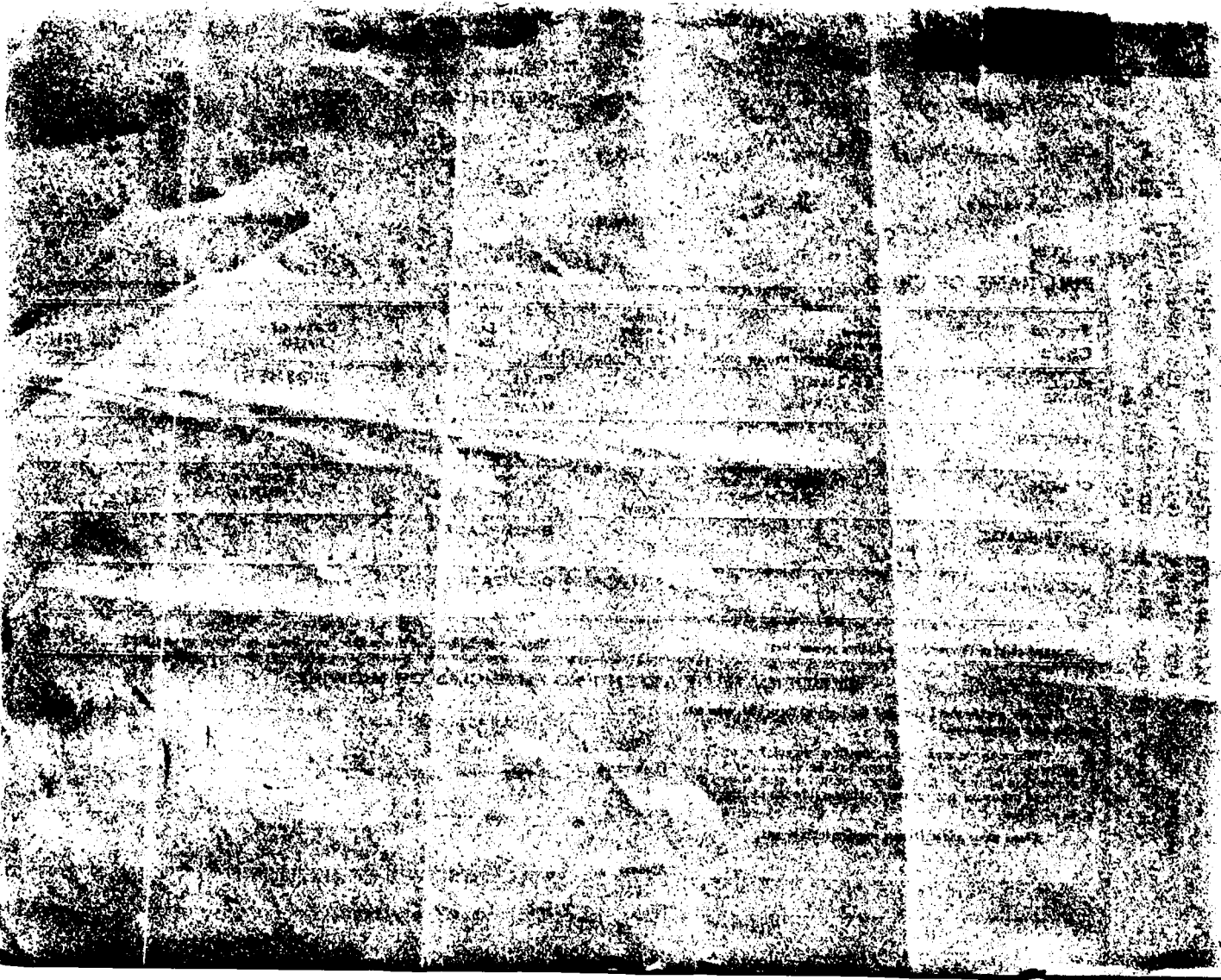
(Signature)

(Under alias or stillborn)

(Physician or Midwife)

Address

Filed



612-11-043-413

Place of Birth  
County of Vally  
City of Cascade

STATE OF IDAHO  
Bureau of Vital Statistics  
CERTIFICATE OF BIRTH

Form V. S. No. 11-10m-2-2-11

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 15

File No. 81205

Primary Registration District No. \_\_\_\_\_ Registered No. 240

Hospital \_\_\_\_\_  
FULL NAME OF CHILD ashley Hashburn

Sex of Child <u>M</u>	Twin, Triplet, or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>5</u> / <u>11</u> / 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					
FATHER FULL NAME <u>A. A. Hashburn</u>			MOTHER FULL MAIDEN NAME <u>Lillie Mathews</u>		
RESIDENCE <u>Cascade</u>			RESIDENCE <u>Cascade</u>		
COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>52</u> (Years)		COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	
BIRTHPLACE <u>Kans</u>			BIRTHPLACE <u>Ind</u>		
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housekeeper</u>		

Number of child of this mother, including present birth. 1

Number of children, of this mother, now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.  
(Born alive or stillborn)

{ "When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth." }

(Signature) [Signature]  
(Physician or Midwife)

Given name added from a supplemental report

Address Cascade Ida

Filed 7 / 12 / 20 M. M. Donald  
Registrar

40

10. 10. 1947

10. 10. 1947

10. 10. 1947

10. 10. 1947

10. 10. 1947

10. 10. 1947

10. 10. 1947

10. 10. 1947

10. 10. 1947

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Valley

City of Cabarton

No. 412-122-043-351 St.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

81206

(If born in hospital or institution  
give name.)

Registration District No. .... State File No. ....

Prim. Registration District No. .... Local Registrar's No. ....

John Russell Massey

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	<u>Male</u>	Twin Triplet or other?	{ and }	Number in order of birth	Legiti- mate? Yes	Date of birth	<u>June 22, 1920</u>	<u>19</u>
						(Month)	(Day)	(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth..... (a) Born alive and now living.....

Born alive but now dead..... Stillborn .....

FATHER FULL NAME <u>Russell C. Massey</u>	MOTHER FULL MAIDEN NAME <u>Teanie</u>
Residence (Usual place of abode).....	Residence (Usual place of abode).....
If non-resident, give place and State.....	If non-resident, give place and State.....
Color or race..... Age at last Birthday..... (Years)	Color or race..... Age at last Birthday..... (Years)
Birthplace (City and State or County).....	Birthplace (City and State or County).....
Occupation .....	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

Born alive

I hereby certify that I attended the birth of this child, who was born alive at 4:00 P.M. on the date above stated.

(Signature) [Signature]

(Physician or midwife)

Address Cascade

Filed 7-6 1920 [Signature] Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

GRADUATE TEACHERS' & LEADERSHIP DEVELOPMENT  
 SHORT-TERM RESIDENTIAL PROGRAMS IN PUBLIC AND PRIVATE SCHOOLS  
 LOOKING AHEAD TO THE FUTURE OF EDUCATION

There was no wedding ceremony. The father, however, told about the return of William. It was not until after the return of William that the father told about the return of William. It was not until after the return of William that the father told about the return of William.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

[illegible]

Color of hair: \_\_\_\_\_  
Color of eyes: \_\_\_\_\_  
Color of nose: \_\_\_\_\_  
Color of mouth: \_\_\_\_\_  
Color of skin: \_\_\_\_\_  
Color of hair: \_\_\_\_\_  
Color of eyes: \_\_\_\_\_  
Color of nose: \_\_\_\_\_  
Color of mouth: \_\_\_\_\_  
Color of skin: \_\_\_\_\_

.....

[illegible]

BTOM      JETON      SINTAN

(b) Name of child of this mother including present birth date

... was used to prevent (phthalate) ...

*[Faint, mostly illegible header information at the top of the page]*

11. If a person is a member of a group, then he is a member of the group.

John Wesley Berry  
Ravenscroft District No.  
L-000

Registration District No. 12

CERTIFICATION ON HIGH

REPORT OF THE STATE OF TEXAS  
IN RESPONSE TO A RESOLUTION PASSED BY THE HOUSE OF REPRESENTATIVES  
ON FEBRUARY 1, 1907, RELATIVE TO THE  
MATTER OF THE LANDS BELONGING TO THE STATE

215-215-243-535

PLACE OF BIRTH

BUREAU OF

U. S. No. 11-C-25a-1-1-18

County of Valley

CERTIFICATE OF BIRTH

City of Nowood

Registration District No. 16

File No. 81207  
298

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Hilma Johanna Kangas

Sex of Child <u>girl</u>	Was Triplet or other? <u>No</u>	and <u>Normal</u> in order of birth <u>1</u>	Light-maternal	Date of Birth <u>May 18</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---------------------------------	--	----------------	--

FATHER  
FULL NAME Henry V. Kangas  
RESIDENCE Nowood  
COLOR white AGE AT LAST BIRTHDAY 47 (Years)  
BIRTHPLACE Finland  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Anna L. Eteläaho  
RESIDENCE Nowood  
COLOR White AGE AT LAST BIRTHDAY 45 (Years)  
BIRTHPLACE Finland  
OCCUPATION Farmer

Number of child of this mother, including present birth, 10 Number of children of this mother now living, including present birth, 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

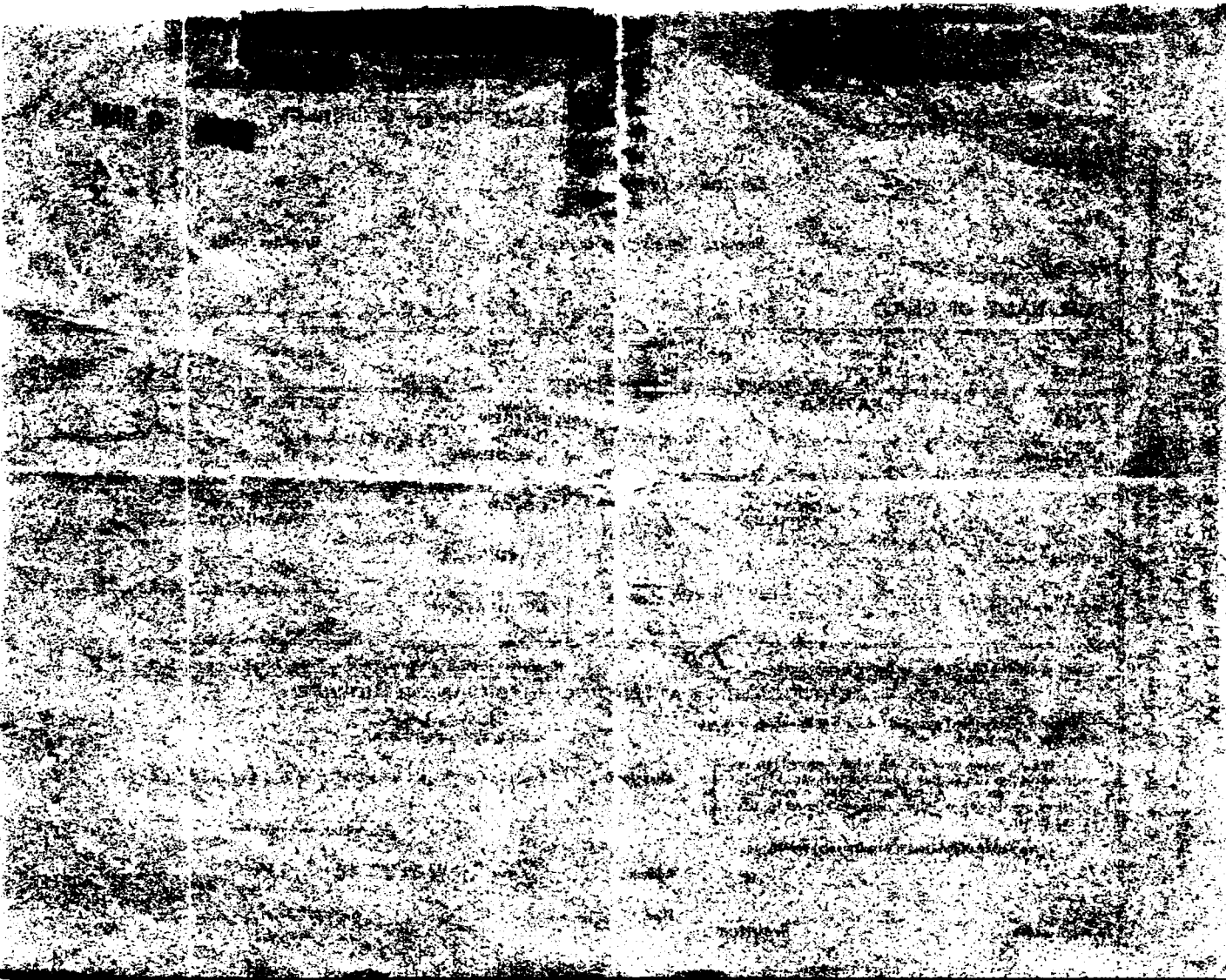
I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn)

{ "When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth." }

Given names added from a supplemental report.

(Signature) Henry V. Kangas  
(Physician or midwife)

Address Nowood, Ida  
Filed 7-6 20 May 19 McDonald  
Registrar





1111

364-2

-284

PLA

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Washington

## CERTIFICATE OF BIRTH

81208

City of WeiserRegistration District No. 86

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2112Registered No. 37

Hospital \_\_\_\_\_

FULL NAME OF CHILD Verna Lucille Couper

Sex of Child	<u>Female</u>	Twin Triplet or other?	<u>#</u>	{ and }	Number in order of birth	<u>1</u>	Legiti- mate?	<u>Yes</u>	Date of Birth	<u>5</u>	<u>18</u>	<u>20</u>
(To be answered only in event of plural births)										(Month)	(Day)	(Year)

FATHER  
FULL NAME Andrew Eldon Couper  
RESIDENCE Sunnyside, Idaho  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Oregon  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Effie Maud Squires  
RESIDENCE Sunnyside, Idaho  
COLOR White AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Washington  
OCCUPATION House-wife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

born alive

at 12.10a.m.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser, Idaho.Filed June 22 1920

Registrar

W. R. Hamilton  
M. L. H. Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO  
COUNTY OF BLAINE

CERTIFICATE OF BIRTH



1960 JAN 26

RECORDED

JAN 26 1960

RECORDED

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho  
County of Washington } ss.

Certificate No. 81208

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Verna Lucille Couper who was born on May 18, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Sunnyside, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by School Record prepared on 5/4/74, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's Place of Birth

Sunnyside, Idaho

Weiser, Idaho

Subscribed and sworn to before me this 29th day of

May, 19 74.

S. Francis McDaniel  
Notary Public, residing at Weiser, Idaho

My commission expires 9/1/74

(Seal)

Signed \_\_\_\_\_

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

924 W 1st Weiser  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho  
County of Washington } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of

May, 19 74.

S. Francis McDaniel  
Notary Public, residing at Weiser, Idaho

My commission expires 9/1/74

(Seal)

Signed \_\_\_\_\_

(Signature of Any Credible Person)

601 W 2nd St Weiser, Idaho  
(Street Address, City, State)

X Attendance Scholarship record from Weiser, Idaho Weiser High school gives name as Couper, Verna born May 18, 1920 and place of birth Weiser, Idaho. viewed by VS

birth certif from Oregon for Janice Jean Rodriguez born July 13, 1946 at Ontario, Oregon gives name of father as Lloyd Edward Rodriguez and mother's name as Verna Lucille Couper. born in Weiser, Idaho (mother) viewed by V. S.

MAR 8 1977

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-212-044-666

PLACE OF BIRTH  
County of Washington  
City of Wasis  
No. R. F. D. No 2 St.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-2-1933

Registration District No. 86 File No. 81209  
Primary Registration District No. 2112 Registered No. 38

Hospital .....

FULL NAME OF CHILD VESTA INETA STEINWEDEN

Sex of Child <u>Female</u>		Twin Triplet or other? <u>  </u> and { Number in order of birth <u>  </u>		Legitimate? <u>Yes</u>	Date of Birth <u>May 12</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Frank Steinweden</u>		FULL MAIDEN NAME <u>Maudie Moody</u>			
RESIDENCE <u>Wasis Ida.</u>		RESIDENCE <u>Wasis Ida.</u>			
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)	COLOR <u>White</u>		AGE AT LAST BIRTHDAY <u>35</u> (Years)	
BIRTHPLACE <u>Kansas.</u>		BIRTHPLACE <u>Kansas.</u>			
OCCUPATION <u>Farmer.</u>		OCCUPATION <u>House wife</u>			

Number of child of this mother, including present birth 5..... Number of children of this mother now living, including present birth 5.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive..... at 9.45 P. M. on the date above stated. (Born alive or stillborn)

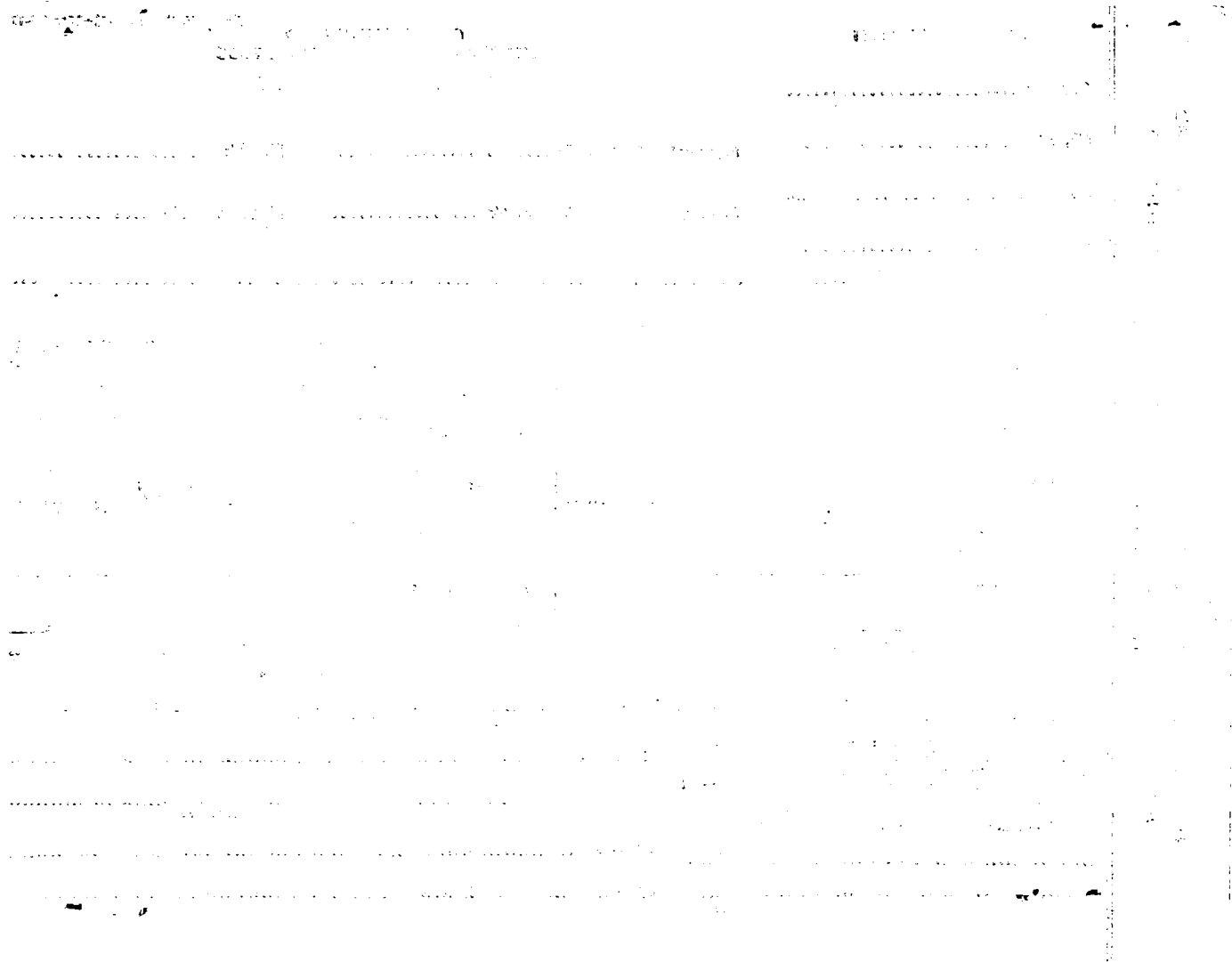
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) M. R. Hamilton M.D.

Given names added from a supplemental report. (Physician or midwife) .....

Address Wasis Ida. .....

Filed June 22 1920 M. R. Hamilton Registrar

M. L. H



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }  
County of Yakima } ss.  
Certificate No. 81209  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth  
(BIRTH OR DEATH)  
for no name given who was born on May 12, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in "eiser, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Bible record prepared on May 12, 1920, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM  
(AS ON ORIGINAL)

TO  
(THE CORRECT FACTS)

Name

Unnamed Steinweden

Vesta Ineta Steinweden

Vesta Ineta Steinweden

Subscribed and sworn to before me this 11  
day of February, 19 42.

Signed Mauda ann. Steinweden  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Wapato  
My commission expires 12/29/44  
(SEAL)

Box 536, Wapato, Washington  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }  
County of Yakima } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11  
day of February, 19 42.

Signed Opal Tilton  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Wapato  
My commission expires 12/29/44  
(SEAL)

Wapato, Washington  
(STREET ADDRESS, CITY, STATE)

Received for filing on..... By .....

(REGISTRAR'S SIGNATURE)

1912

1912



867-1131044-363 Be sure the information is complete and accurate)  
**Amended 11-1-68**  
**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

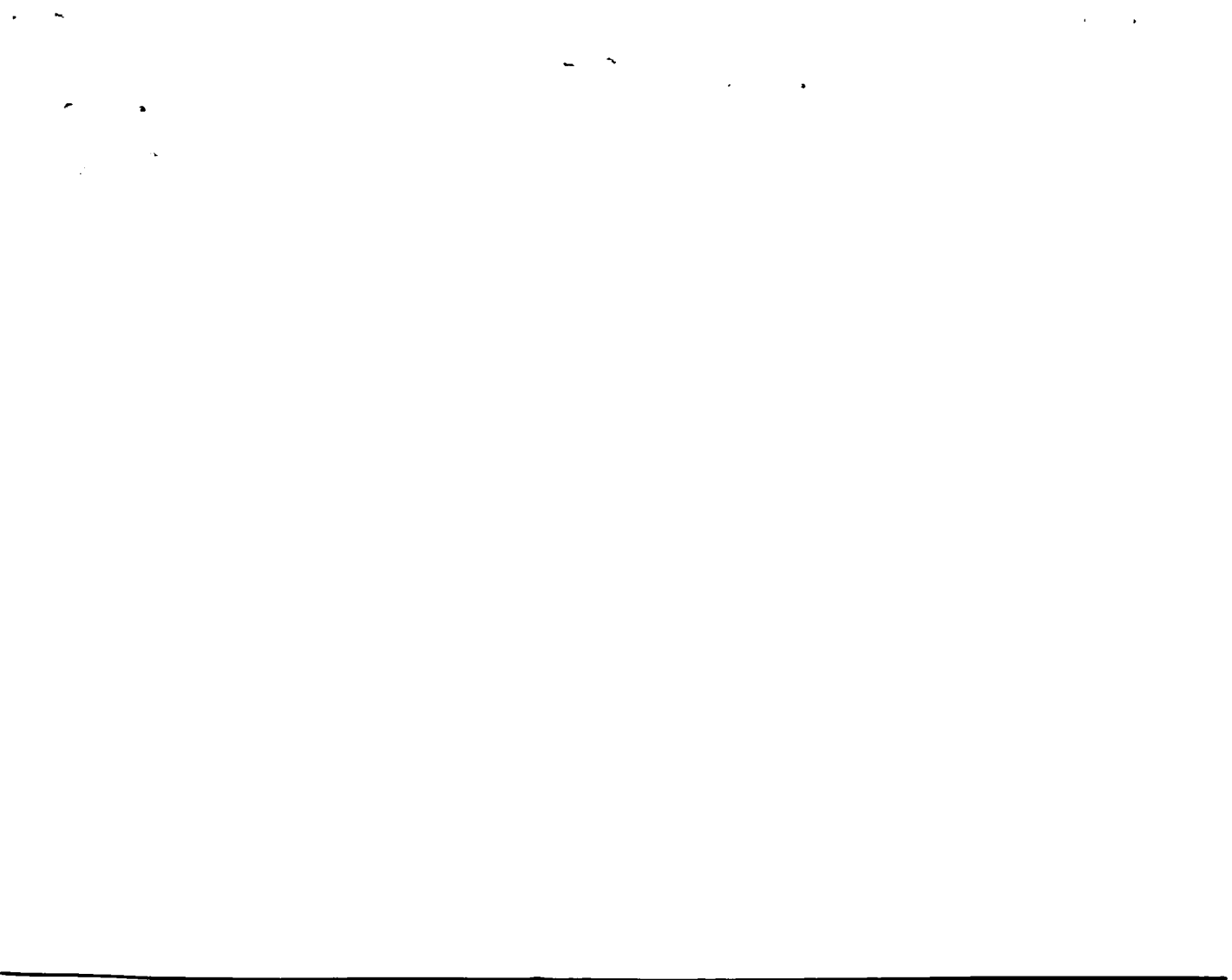
State File No. **81210**  
 Local Reg. No. **39**  
 Reg. Dist. No. **86**

<b>1. PLACE OF BIRTH</b>		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?)	
a. COUNTY <b>Washington</b>		a. STATE <b>Idaho</b>	b. COUNTY <b>Washington</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Weiser</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Weiser</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>6th &amp; E. Com. St.</b>		d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b>			
a. (First) <b>Eugene</b>		b. (Middle) <b>Howard</b>	
		c. (Last) <b>Hopper</b>	
4. SEX <b>Male</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) <b>March 13, 1920</b>
<b>FATHER OF CHILD</b>			
7. FULL NAME a. (First) <b>Eugene</b>		b. (Middle) <b>L.</b>	
		c. (Last) <b>Hopper</b>	
8. AGE (At time of this birth) <b>23</b> YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) <b>Midvale, Ida.</b>	10. USUAL OCCUPATION <b>Farmer</b>	11. KIND OF BUSINESS OR INDUSTRY
<b>MOTHER OF CHILD</b>			
12. FULL MAIDEN NAME a. (First) <b>Mary</b>		b. (Middle) <b>Cocke</b>	
		c. (Last)	
13. AGE (At time of this birth) <b>17</b> YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) <b>Mo.</b>	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		a. How many OTHER children are now living? <b>0</b>	b. How many OTHER children were born alive but are now dead? <b>0</b>
		c. How many children were stillborn (born dead after 20 wks. pregnancy?) <b>0</b>	
I hereby certify that this child was born alive on the date stated above.		17. SIGNATURE <b>G. M. Waterhouse</b>	
		18. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____	
19. ADDRESS <b>Weiser, Idaho</b>		20. DATE SIGNED	
21. DATE REC'D BY LOCAL REG. <b>June 22, 1920</b>	22. REGISTRAR'S SIGNATURE <b>W. R. Hamilton by M.L.H.</b>		23. DATE ON WHICH GIVEN NAME ADDED BY _____ Registrar

**FOR MEDICAL AND HEALTH USE ONLY**

Was a test for phenylketonuria performed? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

Was a standard serological test for syphilis performed? YES \_\_\_\_\_ NO \_\_\_\_\_ APPROXIMATE DATE \_\_\_\_\_



TO 447 C  
(Individual)



STATE OF CALIFORNIA

COUNTY OF Los Angeles

} SS.

On September 25, 1968

before me, the undersigned, a Notary Public in and for said  
State, personally appeared Mary E. Hopper and Terry Brunette

\_\_\_\_\_, known to me

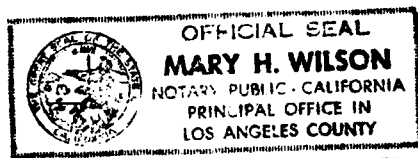
to be the person s whose name are subscribed  
to the within instrument and acknowledged that they  
executed the same.

WITNESS my hand and official seal.

Signature

*Mary H. Wilson*

Name (Typed or Printed)



My Commission Expires Oct. 9, 1971

(This area for official notarial seal)



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... }  
County of..... } ss.

Certificate No. 81210  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... **Birth**  
for **Howard Eugene Hopper** who was born on **March 13, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Weiser, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child

Howard Eugene Hopper

Eugene Howard Hopper

Subscribed and sworn to before me this **25th** day of  
**September**, 19**68**

Signed **Mary E Hopper**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at **La Grange, Calif**  
My commission expires **October 9, 1971**  
(Seal)

**45545 N. Beech Ave Lancaster**  
(Street Address, City, State) **Calif**

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **California** }  
County of **Los Angeles** } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **25th** day of  
**September**, 19**68**

Signed **Edy Brune**  
(Signature of Any Credible Person)

Notary Public, residing at **La Grange, Calif**  
My commission expires **October 9, 1971**  
(Seal)

**38609 21st & Palmdale,**  
(Street Address, City, State) **Calif**

Photo copy of Social Security Card, date of issue June 9, 1938, SS# 551-12-0107 -  
viewed by VS.

Photo copy of Child's Birth Certificate, State of California, County of Los Angeles,  
Local Register No. 5462, born October 25, 1943, gives father's name as Eugene Howard  
Hopper - viewed by VS.

296-229-044-739

PLACE OF BIRTH name added 12-5-84

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-27

County of Washington

dl

## CERTIFICATE OF BIRTH

City of KeizerRegistration District No. 86File No. 81211.No. 713 E Court St.Primary Registration District No. 2112Registered No. 40

Hospital .....

LaVon Glines

FULL NAME OF CHILD

Brown

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>mch 29 20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Horace S. Brown</u>	FATHER
RESIDENCE <u>Keizer Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Salt Lake City Utah</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Lila Glines</u>	MOTHER
RESIDENCE <u>Weiser Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Gerald Utah</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waples

(Physician or midwife)

Given names added from a supplemental report.

Address Keizer IdaFiled June 22 1922 M. R. Hammett

Registrar

Registrar

M. L. H





11-20-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 81211  
Date Filed \_\_\_\_\_

104 20 1 43 PM '84

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Brown who was born on March 29, 1920  
in Weiser (Washington) are erroneous or were omitted:  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs name	Unnamed	LaVon Glines Brown

Subscribed and sworn to before me this 27th day of Nov., 1984.

Notary Public James Wayne Curtis  
Residing at Salt Lake  
My commission expires 8/16/85  
(Seal)

x Martha B. Rose parent  
Signature of Applicant H  
x 1140 East 2700 S  
Street Address, City, State Salt Lake City UT 84106

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }  
County of Salt Lake } ss.

(Must be completed \_)

(Is not necessary \_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of Nov., 1984.

Notary Public James Wayne Curtis  
Residing at Salt Lake  
My commission expires 8/16/85  
(Seal)

Supporting Signature \_\_\_\_\_  
Street Address, City, State \_\_\_\_\_

1 cc credit

Baptism record lists LaVon Glines Brown born March 29, 1920  
at Weiser was baptised in LDS Church on April 28, 1928..  
Viewed by V.S.

DEC 5 1984

Certificate of Blessing for Elmo Randy Scott son of Elm Scott  
and LaVon Glines Brown born July 4, 1954 was blessed Aug 1, 1954.  
Viewed by V.S.

442-203-084-267  
PLACE OF BIRTH

County of Washington  
City of Keese  
No. Mr. Pitt + Court St.

Registration District No. 86 File No. ....  
Primary Registration District No. 1010 Registered No. 41

Hospital .....

FULL NAME OF CHILD Helw Musselman

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 3 30</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>Claude J. Musselman</u>	FATHER	FULL MAIDEN NAME <u>Myrtle Boggs</u>	MOTHER
RESIDENCE <u>Keese Ida</u>		RESIDENCE <u>Keese Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Mo</u>		BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>Corp. Battery Station</u>		OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth... 1..... Number of children of this mother now living, including present birth... 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 1500 M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address Keese Ida

Filed June 22 19 30 M. R. Hamilton Registrar

M. L. N

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

JUL 25 1944

JUL 24 1944

236-112-044-689  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-27

County of Washington

City of Kenner

No. E. Coug. St.

Registration District No. 86

File No. 81213

Primary Registration District No. 1010

Registered No. 42

Hospital.....  
FULL NAME OF CHILD Edwin Jesse Storrie

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 12</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>Wm A Storrie</u>	FATHER
RESIDENCE <u>Wenatchee Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>laborer</u>	

FULL MAIDEN NAME <u>Emma Whiting</u>	MOTHER
RESIDENCE <u>Wenatchee Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth.....4 Number of children of this mother now living, including present birth.....4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 230a M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....J. M. Walenhausen  
.....physician  
(Physician or midwife)

Given names added from a supplemental report.

Address.....Kenner Ida

Filed June 22 1920 W. R. Donalton  
Registrar

M. L. H.

CONFIDENTIAL - SECURITY INFORMATION

CONFIDENTIAL - SECURITY INFORMATION

CONFIDENTIAL - SECURITY INFORMATION

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**FEB 25 1943**

CONFIDENTIAL - SECURITY INFORMATION

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-203-044-165  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-2-27

County of Washington

City of Keese

Registration District No. 86

File No. 81214

No. .... St.

Primary Registration District No. 2112

Registered No. 43

Hospital .....

FULL NAME OF CHILD Mary Miller

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>in event of plural births</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 3 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Mike Miller</u> RESIDENCE <u>Keese Ida</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>36</u> (Years) BIRTHPLACE <u>Germany</u> OCCUPATION <u>farmer</u>		MOTHER FULL MAIDEN NAME <u>Mary Jones</u> RESIDENCE <u>Keese Ida</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>25</u> (Years) BIRTHPLACE <u>Ky</u> OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth... 5 Number of children of this mother now living, including present birth... 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at Keese Ida on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Valchov  
(Physician or midwife)

Given names added from a supplemental report.

Address Keese Ida

Filed June 22 1920 N. R. Hamilton

Registrar

Registrar

M. L. H.

UNITED STATES DEPARTMENT OF THE ARMY  
 OFFICE OF THE CHIEF OF STAFF  
 WASHINGTON, D. C. 20315

OFFICE OF THE CHIEF OF STAFF

DEC 27 1960

RECEIVED  
 100-100000-100000  
 100-100000-100000

TO: THE SECRETARY OF THE ARMY

FROM: THE CHIEF OF STAFF

1. The purpose of this report is to provide a summary of the activities of the Office of the Chief of Staff during the month of December 1960.

2. The following is a summary of the activities of the Office of the Chief of Staff during the month of December 1960:

3. The Office of the Chief of Staff held a meeting on December 1, 1960, to discuss the activities of the Office of the Chief of Staff during the month of November 1960.

4. The Office of the Chief of Staff held a meeting on December 8, 1960, to discuss the activities of the Office of the Chief of Staff during the month of November 1960.

5. The Office of the Chief of Staff held a meeting on December 15, 1960, to discuss the activities of the Office of the Chief of Staff during the month of November 1960.

6. The Office of the Chief of Staff held a meeting on December 22, 1960, to discuss the activities of the Office of the Chief of Staff during the month of November 1960.

7. The Office of the Chief of Staff held a meeting on December 29, 1960, to discuss the activities of the Office of the Chief of Staff during the month of November 1960.

8. The Office of the Chief of Staff held a meeting on December 30, 1960, to discuss the activities of the Office of the Chief of Staff during the month of November 1960.

9. The Office of the Chief of Staff held a meeting on December 31, 1960, to discuss the activities of the Office of the Chief of Staff during the month of November 1960.

10. The Office of the Chief of Staff held a meeting on December 31, 1960, to discuss the activities of the Office of the Chief of Staff during the month of November 1960.



693-127.044-391

PLACE OF BIRTH

County of

City of

No. .... St.

Hospital .....

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-22-2

## CERTIFICATE OF BIRTH

Registration District No. ....

File No. ....

Primary Registration District No. ....

Registered No. ....

Marvin Jonas Williams

Sex of  
Child

Male

Twin  
Triplet  
or other?and Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?

yes

Date of  
BirthMay 27 20  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Henry R. WilliamsFULL  
MAIDEN  
NAMEMOTHER  
Bernice Craft

RESIDENCE

Weiser Ida

RESIDENCE

Weiser Ida

COLOR

White

AGE AT LAST  
BIRTHDAY35  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

Om

BIRTHPLACE

Penn

OCCUPATION

farmer

OCCUPATION

housewife

Number of child of this mother, including present birth. ....

Number of children of this mother now living, including present birth. ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

310 P  
born alive or stillborn

Physician  
(Physician or midwife)

Address

Filed June 22 1920

M. P. Hamilton

Registrar

Registrar

M. L. N.

.....JAN 5 1943

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-205-20-615  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. .... St.

Registration District No. .... 96

File No. .... 81216

Primary Registration District No. .... 1010

Registered No. .... 43-

Hospital .....

FULL NAME OF CHILD Josephine Laverne Lund

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in birth of order <u>yes</u>	Legitimate? <u>yes</u>	Date of Birth <u>6</u> <u>5</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FATHER  
FULL NAME Walter L. Lund  
RESIDENCE Weiser Idaho  
COLOR White AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Weiser Idaho  
OCCUPATION Salesman

MOTHER  
FULL MAIDEN NAME Hanna T. Waverick  
RESIDENCE Weiser Idaho  
COLOR White AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Antimony Arkansas  
OCCUPATION Housewife

Number of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:30 pm on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... Ernest O. Timney  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Idaho

Filed June 29 1920 N. R. Hamilton  
Registrar

A. L. H.

41  
cc 2/25/41 rmf

1930  
OCT 21 1930

795-2141044-689

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of WashingtonCity of WeiserRegistration District No. 86File No. 81217

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2112Registered No. 46

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Helen Rose Green

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>6-14-</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>John C. Green</u>			FULL MAIDEN NAME <u>Belle White.</u>	
RESIDENCE <u>Weiser Idaho</u>			RESIDENCE <u>Weiser Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>58</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>98</u> (Years)		
BIRTHPLACE <u>Centerville Iowa</u>		BIRTHPLACE <u>Moulton, Iowa.</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 7Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_, at \_\_\_\_\_, Mo.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ernest O. Finney  
Physician  
 (Physician or midwife)

Given names added from a supplemental report.

Address

Weiser Idaho

Filed

June 29 1920W. R. Hamilton

Registrar

M. L. H

1013

AUG 3 1942

364-115-044-556  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of WashingtonCity of WeiserRegistration District No. 86File No. 81218

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1010Registered No. 47

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>male</u>	Twin Triplet or other?	and { Number in order of birth	Legiti- mate? <u>no</u>	Date of Birth <u>6 15 1920</u> (Month) (Day) (Year)
--------------------------	------------------------------	--------------------------------------	----------------------------	---

FULL NAME <u>hee Todd</u>	FATHER
RESIDENCE <u>—</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>—</u>	
OCCUPATION <u>—</u>	

FULL MAIDEN NAME <u>Verda Newton</u>	MOTHER
RESIDENCE <u>Weiser</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>16</u> (Years)
BIRTHPLACE <u>Pony Montana</u>	
OCCUPATION <u>At home.</u>	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 5:18 p. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser, IdahoFiled June 29 1920 W. R. Hamilton

7



515-102,044-692  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-4-3-17

County of Washington

City of W. Weiser

No. .... St.

Hospital .....

Registration District No. .... 86

File No. .... 81219

Primary Registration District No. .... 3912

Registered No. .... 48

FULL NAME OF CHILD ..... Van Buren

Sex of Child <u>m.</u>	Twin Triplet or other? <u>    </u> and { Number in order of birth (To be answered only in event of plural births) <u>    </u>	Legitimate? <u>yes</u>	Date of Birth <u>6</u> <u>2</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>Stanley Gus Van Buren</u>	FATHER
RESIDENCE <u>Weiser, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Aurora Ore.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ethyl Mary Wisdom</u>	MOTHER
RESIDENCE <u>Weiser Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Tronside Oregon</u>	
OCCUPATION <u>house wife</u>	

Number of child of this mother, including present birth .... 4 ..... Number of children of this mother now living, including present birth .... 4 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

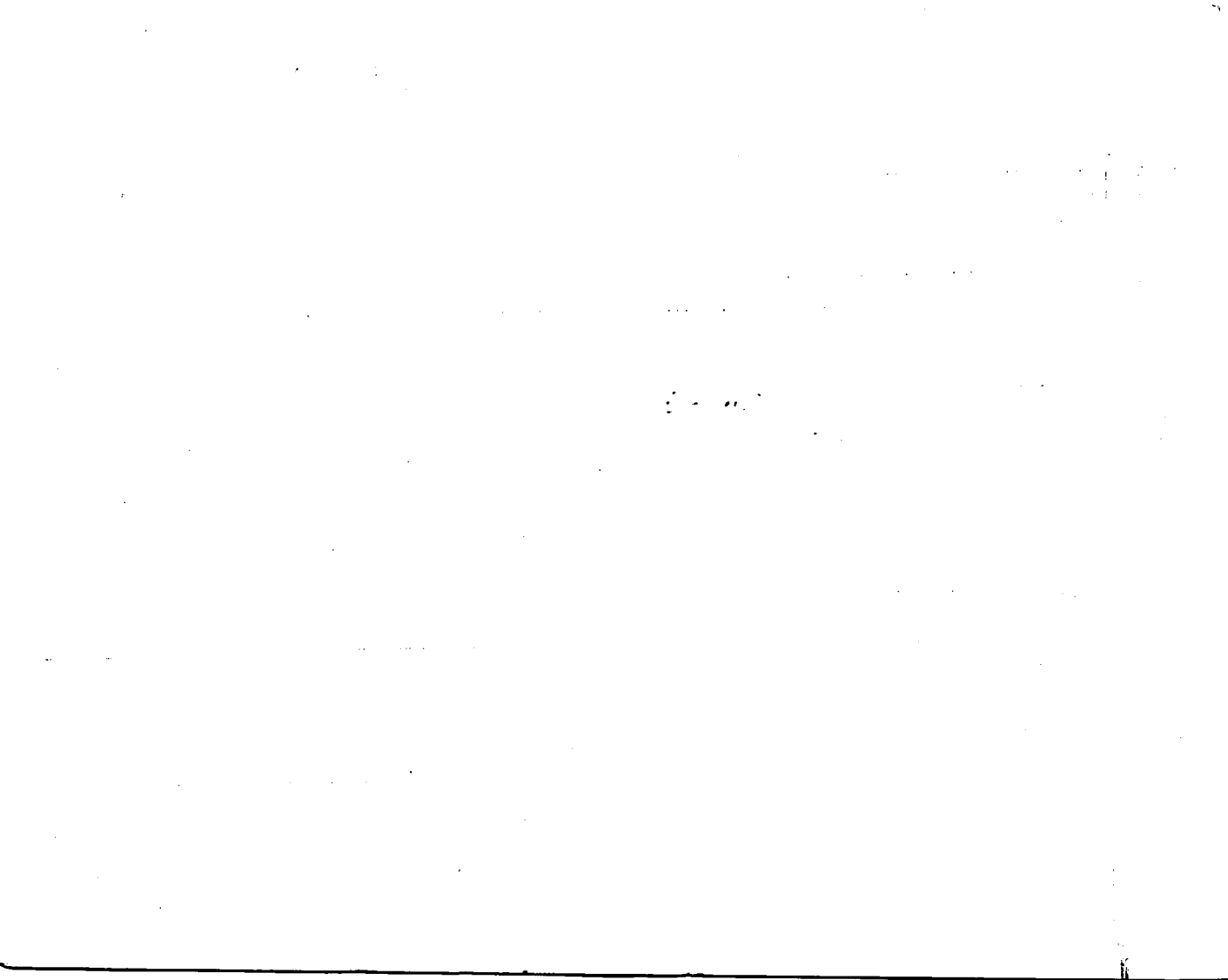
(Signature) ..... E. A. Finney .....  
..... Physician .....  
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Idaho  
.....  
Filed June 29 1922 W. R. Hamilton  
Registrar

Registrar

W. L. H.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

902-126-944-219  
County of... Washington

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-2-17

City of... Boise

Registration District No. 86

File No. 81220

No.        St.       

Primary Registration District No. 2112

Registered No. 49

Hospital       

FULL NAME OF CHILD

Sex of Child <u>m.</u>	Twin Triplet or other? <u>      </u> and Number in order of birth <u>      </u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>4</u> <u>26</u> <u>1920</u> (Month) (Day) (Year)
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**FATHER**

FULL NAME Willard T. Rose

RESIDENCE Weiser Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Hyrum Utah

OCCUPATION Farmer

**MOTHER**

FULL MAIDEN NAME Elgie Barrett

RESIDENCE Weiser Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Mendon Utah

OCCUPATION House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 2:30 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest A. Timney  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Idaho

Filed June 29 1920 W. P. Hamilton  
Registrar

M. L. H.  
Registrar

DUP OF 20-323187

990201-044-168  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22m-22-17

## CERTIFICATE OF BIRTH

County of Washington..City of Weiser.....

Registration District No. ....

File No. ....

81221

No. .... St.

Primary Registration District No. ....

Registered No. ....

50

Hospital .....

FULL NAME OF CHILD William Elizabeth Ridnour.....

Sex of Child <u>3</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>5</u> <u>1</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME FATHER  
Ray E. RidnourRESIDENCE  
Weiser IdahoCOLOR White AGE AT LAST BIRTHDAY 37  
(Years)BIRTHPLACE  
bone tree IowaOCCUPATION  
ElectricianFULL MAIDEN NAME MOTHER  
Helen JonssonRESIDENCE  
Weiser, IdahoCOLOR White AGE AT LAST BIRTHDAY 34  
(Years)BIRTHPLACE  
Kendall, KansasOCCUPATION  
House wife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at.....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... Ernest A. Finney..........  
(Physician or midwife)

Given names added from a supplemental report.

Address..... Weiser Idaho.....Filed June 29 1920 W. P. Hamilton.....

Registrar

Registrar

M. L. H.

NOV 16 1943

DECEASED

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

664-142-244-236  
PLACE OF BIRTH

County of Washington

City of Wase

No. 142-244-236 Sl

Hospital .....

Registration District No. 86

File No. 81222

Primary Registration District No. 2112

Registered No. 51

FULL NAME OF CHILD Lura Pauline Hornack

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>June 21</u> (Month) (Day) (Year) <u>1920</u>
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FULL NAME <u>Arthur Hornack</u>	FATHER
RESIDENCE <u>Wase, Ida (R. 1, D. No 2)</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ethel Stone</u>	MOTHER
RESIDENCE <u>Wase, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:45 A on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) W. P. Hamilton M.D.

Given names added from a supplemental report.

..... (Physician or midwife)

Address Wase, Ida

Filed June 30 1920 W. P. Hamilton

Registrar

Registrar

m. l. h

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1973



394123-044-386

PLACE OF BIRTH

County of WashingtonCity of ItascaNo. .... StRegistration District No. .... 86File No. .... 8-12-23Primary Registration District No. .... 1010Registered No. .... 52

Hospital .....

FULL NAME OF CHILD

Victor Donald

Sex of Child

MaleTwin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthMay 23

(Month) (Day) (Year)

FULL  
NAMEFATHER  
David Clarence LindgrenFULL  
MAIDEN  
NAMEMOTHER  
Edith Thornton

RESIDENCE

Wass. Ida RYD No 2.

RESIDENCE

Wass. Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY39  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Kansas

BIRTHPLACE

Oregon

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth .... 6Number of children of this mother now living, including present birth .... 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

Wm. R. Hamilton at 4 a. m.  
(Born alive or stillborn)W. R. Hamilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Wass. Ida

Filed .....

June 30 1920W. R. Hamilton

Registrar

Registrar

M. L. H

NOV 23 1973

718-114,044-249  
PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of WashingtonCity of WeiserRegistration District No. 86File No. 81224

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1010Registered No. 53

Hospital \_\_\_\_\_

FULL NAME OF CHILD Palmer Burley Gaylord

Sex of Child	Male	Twin Triplet or other? #	1	and	Number in order of birth	6	Legitimate?	Yes	Date of Birth	6	14	20
(To be answered only in event of plural births)												
FATHER				MOTHER								
FULL NAME				FULL MAIDEN NAME								
Palmer B. Gaylord				Leona Myrtle Burley								
RESIDENCE				RESIDENCE								
Weiser, Idaho				Weiser, Idaho								
COLOR		AGE AT LAST BIRTHDAY		COLOR		AGE AT LAST BIRTHDAY						
White		53		White		35						
		(Years)				(Years)						
BIRTHPLACE				BIRTHPLACE								
Iowa				Nebraska								
OCCUPATION				OCCUPATION								
Painter				House-wife								

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1.30 a. M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser, Idaho.Filed June 31, 1920 W. P. Hamilton  
Registrar

SEP 21 1951

1112

168-201-044-997  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of WashingtonCity of Monroe CreekRegistration District No. 86File No. 81225

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2112Registered No. 54

Hospital \_\_\_\_\_

FULL NAME OF CHILD Nellie May Johnson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>#</u>	and { Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>6</u> <u>1</u> <u>20</u> (Month) (Day) (Year)
----------------------------	---------------------------------	---	------------------------	---

FULL NAME <u>Marshall C. Johnson</u>	FATHER
RESIDENCE <u>Monroe Creek, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Eva Marie Riggs</u>	MOTHER
RESIDENCE <u>Monroe Creek, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>House-wife</u>	

Number of child of this mother, including present birth <u>1</u>	Number of children of this mother now living, including present birth <u>1</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11.52 p.m.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) C. B. Shirley, M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser, IdahoFiled June 30 1970 N. P. Hamilton  
Registrar M. G. H.

OCT 30 1963

SEP 19 1972

141-214-044-391

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-16

## CERTIFICATE OF BIRTH

County of WashingtonCity of WenatcheeRegistration District No. 86File No. 81226

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1010Registered No. 55

Hospital \_\_\_\_\_

FULL NAME OF CHILD Frauced Henrietta AdamsSex of Child FemaleTwin  
Triplet  
or other?{ and { Number  
in order  
of birthLegiti-  
mate? YesDate of Birth June 14 1920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Ray Adams

RESIDENCE

Wenatchee IdahoCOLOR WhiteAGE AT LAST  
BIRTHDAY 31

(Years)

BIRTHPLACE

Illinois

OCCUPATION

LaborerFULL  
MAIDEN  
NAME

MOTHER

Margaret Crawford

RESIDENCE

Wenatchee IdahoCOLOR WhiteAGE AT LAST  
BIRTHDAY 27

(Years)

BIRTHPLACE

Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 5Number of children of this mother now living, including present birth. 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 2:30 A.M.\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) W. R. Hamilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Wenatchee IdahoFiled July 9 1920W. R. Hamilton

Registrar

MAY 23 1973



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

961-209104V-699

PLACE OF BIRTH

County of Washington

City of Kaiser

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 86

File No. 81227

Primary Registration District No. 2112 Registered No. 56

Naoma May Roadman

Sex of Child <u>female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Jul 9</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Leo Roadman

RESIDENCE Kaiser Ida

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Calif

OCCUPATION farmer

FULL MAIDEN NAME MOTHER Josephine Wright

RESIDENCE Kaiser Ida

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Ontario Or

OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11:40 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Valenhouse

(Physician or midwife)

Given names added from a supplemental report.

19

Address Kaiser Ida

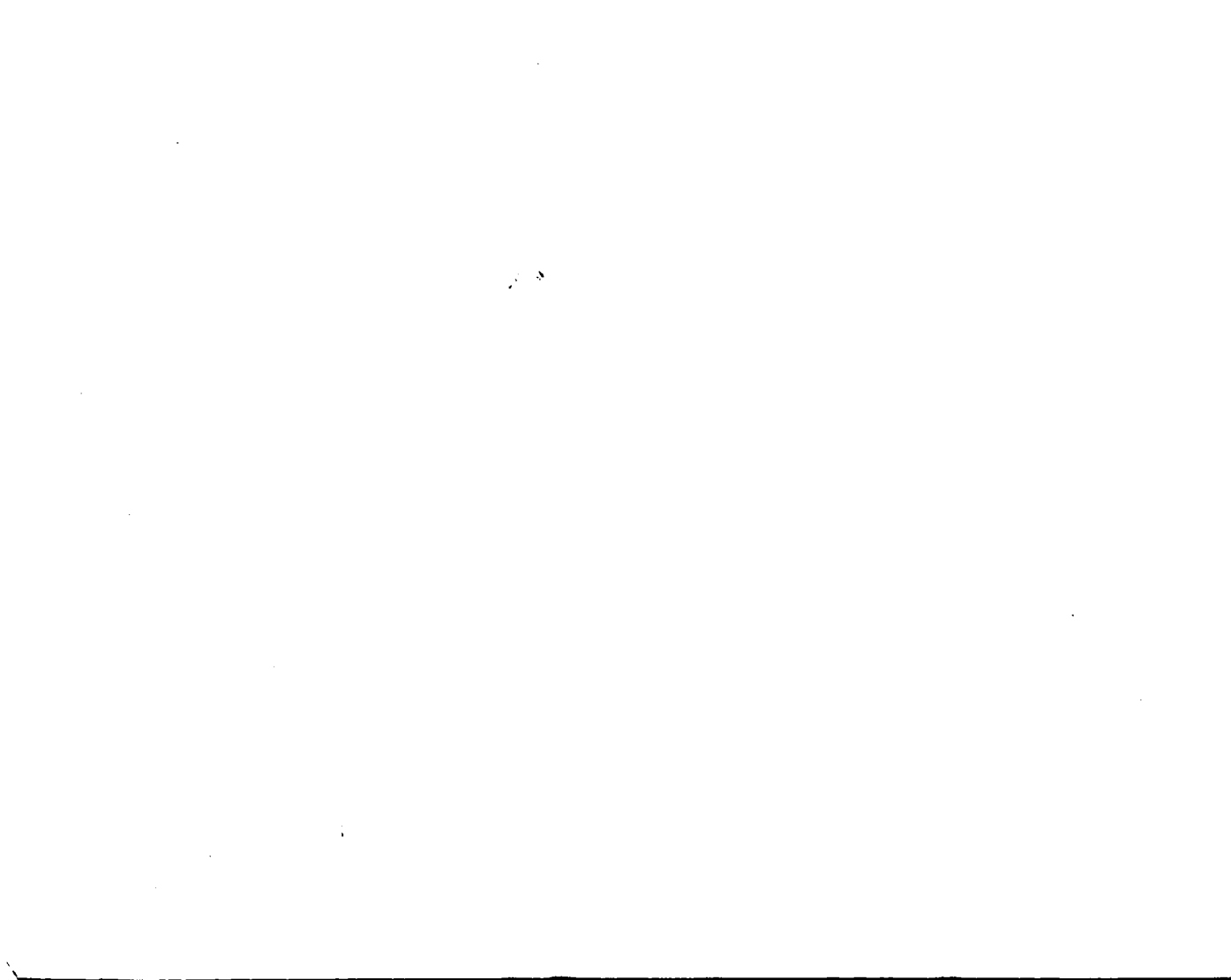
Filed July 9 1920

W. R. Hamilton

Registrar

Registrar

M. L. H.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

492-211-044-396

PLACE OF BIRTH

County of Washington

City of Wenatchee

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 86

File No. 81228

Primary Registration District No. 2112

Registered No. 57

Violet Dishion

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 11</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER E. J. Dishion

FULL MAIDEN NAME MOTHER Mattie Larson

RESIDENCE Wenatchee Ida

RESIDENCE Wenatchee Ida

COLOR White AGE AT LAST BIRTHDAY 41  
(Years)

COLOR White AGE AT LAST BIRTHDAY 38  
(Years)

BIRTHPLACE Mo

BIRTHPLACE Mo

OCCUPATION farmer

OCCUPATION housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was benign at 930 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Dishion

Given names added from a supplemental report.

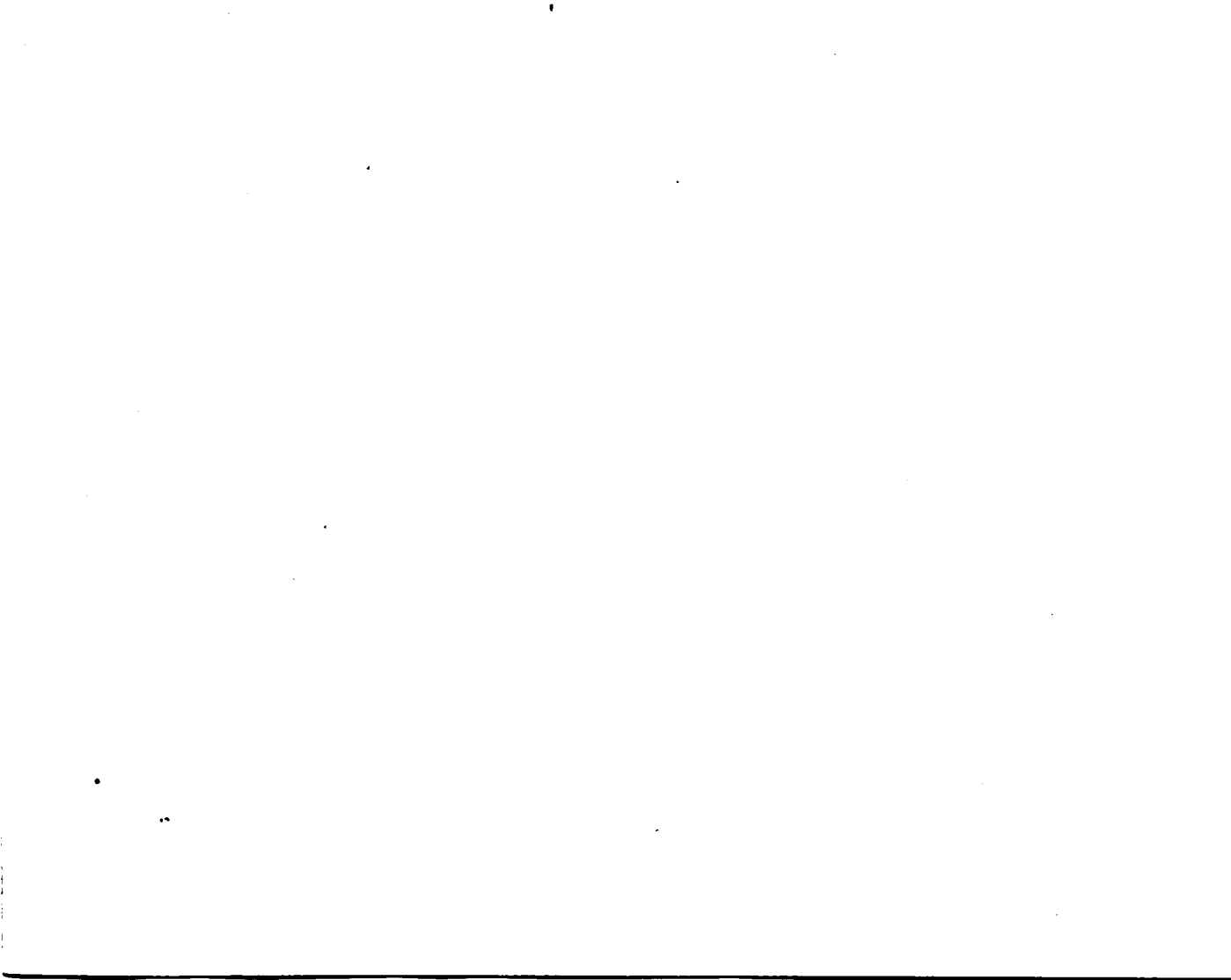
19

Address Wenatchee Ida

Registrar

Filed July 10 1920

W. P. Hamilton  
Registrar  
M. L. N



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

962-112 1944-559

PLACE OF BIRTH

County of Nashua

City of Keiser

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Primary Registration District No. 2112 Registered No. 58  
Albert Carl Robinson

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 86 File No. 81229

Sex of Child <u>Male</u>	Twin <u>First</u> or other? _____	and _____	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>June 12 1921</u> (Month) (Day) (Year)
--------------------------	-----------------------------------	-----------	-----------------------------------	-------------------------	---

FULL NAME <u>Jos. Robinson</u>	FATHER
RESIDENCE <u>Keiser Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Ark</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Ida Robinson</u>	MOTHER
RESIDENCE <u>Keiser Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Wash.</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 459 M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Wapshoret  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

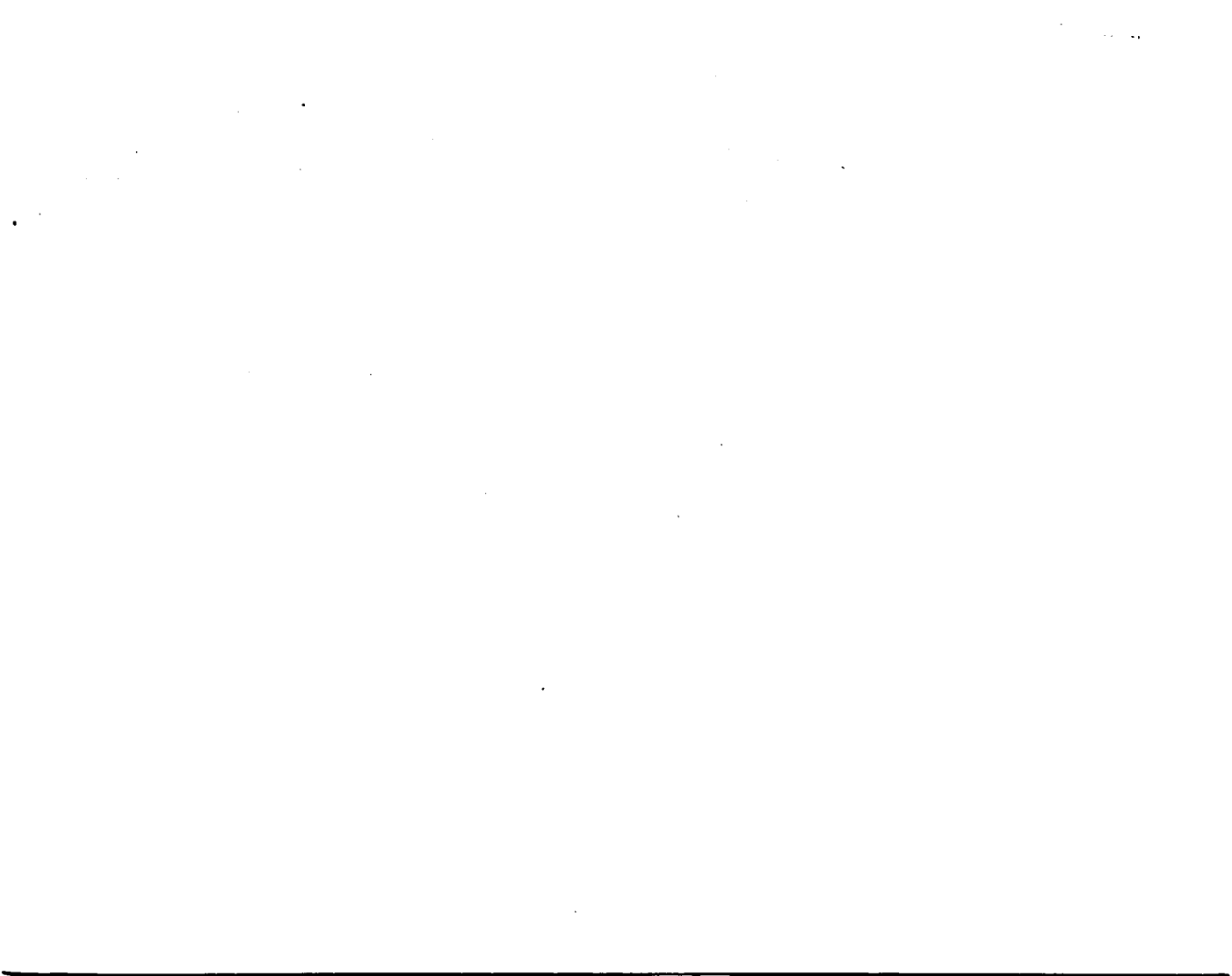
Address Keiser Ida

Filed July 10 1921

W. P. Hamilton  
Registrar

Registrar

M. L. St



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

962-111-044-557

PLACE OF BIRTH

County of Washington

City of Keene

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 86

File No. 81230

Hospital \_\_\_\_\_

Primary Registration District No. 2112 Registered No. 59

FULL NAME OF CHILD Elbert Earl Robinson (Robison)

Sex of Child Male Twin or other? and Number in order of birth 2 Legitimate? yes Date of Birth June 21 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Robison  
Jos. Robison

FULL MAIDEN NAME MOTHER June 11-20  
Ida Vestner

RESIDENCE Keene Ida

RESIDENCE Keene Ida

COLOR white AGE AT LAST BIRTHDAY 28  
(Years)

COLOR white AGE AT LAST BIRTHDAY 19  
(Years)

BIRTHPLACE Ark

BIRTHPLACE Ark

OCCUPATION farmer

OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 15 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Melchior  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Keene Ida

Filed July 10 19 20 W. R. Dimmitt  
Registrar

Registrar

A. L. H.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

COUNTY OF

Ada

ss.

AFFIDAVITS FOR CORRECTION  
OF A RECORD

Joe Robison

of

Boise, Idaho

being first duly sworn, deposes and says that he is,

Father

if related, specify degree, if friend

or otherwise, so state of Delbert Earl Robison who was born in the city  
was born or died

of Weiser, County of Washington, on the 12 day of June, 1920

as stated in a certificate of birth filed by G. M. Waterhouse, M.D.  
birth or death name of physician or midwife or under

with the Local Registrar for the city of Weiser, County of  
ADEPT FOR DEATH

Washington, Idaho, on the 10th day of July, 1920.

That the following facts set forth in said certificate are not correctly stated  
therein, to wit: Date of Birth: June 12, 1920

That affiant upon his own knowledge states the true facts to be, and the changes  
his, her

necessary to make the record correct are, as follows:

Date of Birth: June 11, 1920

(Seal)

Affiant

Address

Subscribed and sworn to before me this 8 day of Feb 1939.

Notary Public

STATE OF IDAHO

COUNTY OF

Washington

ss.

Bamma Robison

of

Weiser

being first duly sworn, deposes and says that s he has knowledge of the facts herein-  
before alleged and that the said facts as stated are true.

Affiant Bamma Robison

Address 123 E. Galloway, Weiser, Idaho

Subscribed and sworn to before me this 9th day of February, 1939.

Notary Public

(Seal)

746 87 331

746 87 331

100

00001,91000 to 00001,91000

CONFIDENTIAL

0-17

[illegible]

SECRET

1. *Staphylococcus aureus* (100%)

0171 0006 0000 0000 0000 0000 0000 0000 0000 0000

*(The following information was obtained from the records of the Department of Health, Education and Welfare, Office of Research and Statistics, Bureau of Census, Washington, D.C.)*

[illegible]

Page 1114

[illegible]

01. in the middle of

100

1000

Chad Smith

*[Handwritten signature]*

11/11/71

10. The following table shows the number of people who have been convicted of a crime in the United States since 1970, by race and sex. The data are from the Bureau of the Census, *Statistical Abstract of the United States*, 1992.

1. *Journal of Management Studies*, 1996, 33, 1, 1-14.  
 2. *Journal of Management Studies*, 1996, 33, 1, 15-29.  
 3. *Journal of Management Studies*, 1996, 33, 1, 31-45.  
 4. *Journal of Management Studies*, 1996, 33, 1, 47-61.  
 5. *Journal of Management Studies*, 1996, 33, 1, 63-77.  
 6. *Journal of Management Studies*, 1996, 33, 1, 79-93.  
 7. *Journal of Management Studies*, 1996, 33, 1, 95-109.  
 8. *Journal of Management Studies*, 1996, 33, 1, 111-125.  
 9. *Journal of Management Studies*, 1996, 33, 1, 127-141.  
 10. *Journal of Management Studies*, 1996, 33, 1, 143-157.  
 11. *Journal of Management Studies*, 1996, 33, 1, 159-173.  
 12. *Journal of Management Studies*, 1996, 33, 1, 175-189.  
 13. *Journal of Management Studies*, 1996, 33, 1, 191-205.  
 14. *Journal of Management Studies*, 1996, 33, 1, 207-221.  
 15. *Journal of Management Studies*, 1996, 33, 1, 223-237.  
 16. *Journal of Management Studies*, 1996, 33, 1, 239-253.  
 17. *Journal of Management Studies*, 1996, 33, 1, 255-269.  
 18. *Journal of Management Studies*, 1996, 33, 1, 271-285.  
 19. *Journal of Management Studies*, 1996, 33, 1, 287-301.  
 20. *Journal of Management Studies*, 1996, 33, 1, 303-317.  
 21. *Journal of Management Studies*, 1996, 33, 1, 319-333.  
 22. *Journal of Management Studies*, 1996, 33, 1, 335-349.  
 23. *Journal of Management Studies*, 1996, 33, 1, 351-365.  
 24. *Journal of Management Studies*, 1996, 33, 1, 367-381.  
 25. *Journal of Management Studies*, 1996, 33, 1, 383-397.  
 26. *Journal of Management Studies*, 1996, 33, 1, 399-413.  
 27. *Journal of Management Studies*, 1996, 33, 1, 415-429.  
 28. *Journal of Management Studies*, 1996, 33, 1, 431-445.  
 29. *Journal of Management Studies*, 1996, 33, 1, 447-461.  
 30. *Journal of Management Studies*, 1996, 33, 1, 463-477.  
 31. *Journal of Management Studies*, 1996, 33, 1, 479-493.  
 32. *Journal of Management Studies*, 1996, 33, 1, 495-509.  
 33. *Journal of Management Studies*, 1996, 33, 1, 511-525.  
 34. *Journal of Management Studies*, 1996, 33, 1, 527-541.  
 35. *Journal of Management Studies*, 1996, 33, 1, 543-557.  
 36. *Journal of Management Studies*, 1996, 33, 1, 559-573.  
 37. *Journal of Management Studies*, 1996, 33, 1, 575-589.  
 38. *Journal of Management Studies*, 1996, 33, 1, 591-605.  
 39. *Journal of Management Studies*, 1996, 33, 1, 607-621.  
 40. *Journal of Management Studies*, 1996, 33, 1, 623-637.  
 41. *Journal of Management Studies*, 1996, 33, 1, 639-653.  
 42. *Journal of Management Studies*, 1996, 33, 1, 655-669.  
 43. *Journal of Management Studies*, 1996, 33, 1, 671-685.  
 44. *Journal of Management Studies*, 1996, 33, 1, 687-701.  
 45. *Journal of Management Studies*, 1996, 33, 1, 703-717.  
 46. *Journal of Management Studies*, 1996, 33, 1, 719-733.  
 47. *Journal of Management Studies*, 1996, 33, 1, 735-749.  
 48. *Journal of Management Studies*, 1996, 33, 1, 751-765.  
 49. *Journal of Management Studies*, 1996, 33, 1, 767-781.  
 50. *Journal of Management Studies*, 1996, 33, 1, 783-797.  
 51. *Journal of Management Studies*, 1996, 33, 1, 799-813.  
 52. *Journal of Management Studies*, 1996, 33, 1, 815-829.  
 53. *Journal of Management Studies*, 1996, 33, 1, 831-845.  
 54. *Journal of Management Studies*, 1996, 33, 1, 847-861.  
 55. *Journal of Management Studies*, 1996, 33, 1, 863-877.  
 56. *Journal of Management Studies*, 1996, 33, 1, 879-893.  
 57. *Journal of Management Studies*, 1996, 33, 1, 895-909.  
 58. *Journal of Management Studies*, 1996, 33, 1, 911-925.  
 59. *Journal of Management Studies*, 1996, 33, 1, 927-941.  
 60. *Journal of Management Studies*, 1996, 33, 1, 943-957.  
 61. *Journal of Management Studies*, 1996, 33, 1, 959-973.  
 62. *Journal of Management Studies*, 1996, 33, 1, 975-989.  
 63. *Journal of Management Studies*, 1996, 33, 1, 991-1005.  
 64. *Journal of Management Studies*, 1996, 33, 1, 1007-1021.  
 65. *Journal of Management Studies*, 1996, 33, 1, 1023-1037.  
 66. *Journal of Management Studies*, 1996, 33, 1, 1039-1053.  
 67. *Journal of Management Studies*, 1996, 33, 1, 1055-1069.  
 68. *Journal of Management Studies*, 1996, 33, 1, 1071-1085.  
 69. *Journal of Management Studies*, 1996, 33, 1, 1087-1101.  
 70. *Journal of Management Studies*, 1996, 33, 1, 1103-1117.  
 71. *Journal of Management Studies*, 1996, 33, 1, 1119-1133.  
 72. *Journal of Management Studies*, 1996, 33, 1, 1135-1149.  
 73. *Journal of Management Studies*, 1996, 33, 1, 1151-1165.  
 74. *Journal of Management Studies*, 1996, 33, 1, 1167-1181.  
 75. *Journal of Management Studies*, 1996, 33, 1, 1183-1197.  
 76. *Journal of Management Studies*, 1996, 33, 1, 1199-1213.  
 77. *Journal of Management Studies*, 1996, 33, 1, 1215-1229.  
 78. *Journal of Management Studies*, 1996, 33, 1, 1231-1245.  
 79. *Journal of Management Studies*, 1996, 33, 1, 1247-1261.  
 80. *Journal of Management Studies*, 1996, 33, 1, 1263-1277.  
 81. *Journal of Management Studies*, 1996, 33, 1, 1279-1293.  
 82. *Journal of Management Studies*, 1996, 33, 1, 1295-1309.  
 83. *Journal of Management Studies*, 1996, 33, 1, 1311-1325.  
 84. *Journal of Management Studies*, 1996, 33, 1, 1327-1341.  
 85. *Journal of Management Studies*, 1996, 33, 1, 1343-1357.  
 86. *Journal of Management Studies*, 1996, 33, 1, 1359-1373.  
 87. *Journal of Management Studies*, 1996, 33, 1, 1375-1389.  
 88. *Journal of Management Studies*, 1996, 33, 1, 1391-1405.  
 89. *Journal of Management Studies*, 1996, 33, 1, 1407-1421.  
 90. *Journal of Management Studies*, 1996, 33, 1, 1423-1437.  
 91. *Journal of Management Studies*, 1996, 33, 1, 1439-1453.  
 92. *Journal of Management Studies*, 1996, 33, 1, 1455-1469.  
 93. *Journal of Management Studies*, 1996, 33, 1, 1471-1485.  
 94. *Journal of Management Studies*, 1996, 33, 1, 1487-1501.  
 95. *Journal of Management Studies*, 1996, 33, 1, 1503-1517.  
 96. *Journal of Management Studies*, 1996, 33, 1, 1519-1533.  
 97. *Journal of Management Studies*, 1996, 33, 1, 1535-1549.  
 98. *Journal of Management Studies*, 1996, 33, 1, 1551-1565.  
 99. *Journal of Management Studies*, 1996, 33, 1, 1567-1581.  
 100. *Journal of Management Studies*, 1996, 33, 1, 1583-1597.  
 101. *Journal of Management Studies*, 1996, 33, 1, 1599-1613.<

*Walter H. Murray*

*[Handwritten signature]*

100-44388-100

1000

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

459-221-044-355  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Washington  
City of Kaiser

Registration District No. CP File No. 81231

No. \_\_\_\_\_ St. \_\_\_\_\_  
Primary Registration District No. 1010 Registered No. 60

Hospital \_\_\_\_\_  
FULL NAME OF CHILD June Bernice Merritt

Sex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth June 21 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Gail B. Merritt FATHER  
RESIDENCE Nampa Ida  
COLOR White AGE AT LAST BIRTHDAY 30  
BIRTHPLACE Kans (Years)  
OCCUPATION Vulcanizer

FULL MAIDEN NAME Edna Lee MOTHER  
RESIDENCE Nampa Ida  
COLOR White AGE AT LAST BIRTHDAY 18  
BIRTHPLACE Mont. (Years)  
OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 A. M.  
on the date above stated. (born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.  
\_\_\_\_\_ 19 \_\_\_\_\_

Address Nampa Ida  
Filed July 10 1920 W. C. Hamilton Registrar  
M. L. H.

Registrar

DEC 31 1941

17

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

689221-044-255

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of  
ChildTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?Date of  
Birth

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was normal, at 1:55 P. M.  
 on the date above stated.

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

Given names added from a supplemental report.

19

Address

Filed

Registrar

1920

Registrar

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81232

86

2118

61

Helene June

White

female

yes

June 21

1920

Earl R. White

Ira Bennett

Neises Ida

Neises Ida

white

21

white

19

Nebr

Canada

farmer

housewife

2

2

normal

1:55 P.

(Signature)

S. M. Hatcher

(Physician or midwife)

Neises Ida

Address

Filed

W. R. Hamilton

A. L. N

Unfilled Copy Issued Feb. 27, 1941. R.M.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

215-125044-133

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of  
ChildTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?Date of  
Birth

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature)

Address

Filed

(Born alive or stillborn)

(Physician or midwife)

Registrar

SEP 10 1953



663 103-00-215  
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnevilleCity of UconRegistration District No. 73File No. 81235

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2142Registered No. 126

Hospital \_\_\_\_\_

FULL NAME OF CHILD Baby Wolf

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>7</u> <u>3</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>Harvey Wolf</u>	FATHER
RESIDENCE <u>Ucon Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Henrietta Sanders</u>	MOTHER
RESIDENCE <u>Ucon Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>North Carolina</u>	
OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature)

(Physician or midwife)

Address

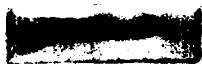
Filed

7/10/4

19

20

Registrar



1940-1941

1940-1941

1940-1941

1940-1941

1940-1941

1940-1941

1940-1941

1940-1941

1940-1941

1940-1941

1940-1941

1940-1941

1940-1941

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1940-1941

1940-1941

1940-1941

1940-1941

1940-1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

514-217.033-864

Form V. S. No. 11-C-25m-7-21-18

PLACE OF BIRTH  
Amended 10-8-14

STATE OF IDAHO  
DEPARTMENT OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Madison  
City of Rebun  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 100 File No. 81236

Hospital \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 243

FULL NAME OF CHILD Gladys Ruth Nadauld

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 17, 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	---------------------------	---

FULL NAME FATHER George A. Nadauld

FULL MAIDEN NAME MOTHER Lillian Young

RESIDENCE Rebun

RESIDENCE Rebun

COLOR White AGE AT LAST BIRTHDAY 32  
(Years)

COLOR White AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE Utah

BIRTHPLACE Idaho

OCCUPATION Mail Carrier

OCCUPATION Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 2:45 A.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. B. Evans  
Physician

Given names added from a supplemental report.

(Physician or midwife)  
Surgeon at Idaho

Address \_\_\_\_\_

Filed 7-6 1920 G. H. G. S.

Registrar

Registrar

STATE OF IDAHO  
DEPARTMENT OF HEALTH  
BIRTH RECORD

STATE OF IDAHO  
DEPARTMENT OF HEALTH  
BIRTH RECORD

OCT 2 1974

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Utah } ss. OCT 6 10 52 AM '74 Certificate No. 81236  
County of Salt Lake } Date Filed     

The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or Death)  
for Unnamed Nadauld who was born on June 17, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Rexburg, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by      prepared on     , are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Childs name omitted Gladys Ruth Nadauld  
Wrong date June 16, 1920 June 17, 1920

Subscribed and sworn to before me this 7 day of  
October, 19 74

Notary Public, residing at       
My commission expires 5/26/76  
(Seal)

Signed Gladys Ruth Nadauld  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
106 West 1900 South  
Bountiful, Utah  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss.  
County of Salt Lake }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of  
October, 19 74

Notary Public, residing at Bountiful, Utah  
My commission expires 8/1/78  
(Seal)

Signed R. Lish  
(Signature of Any Credible Person)  
320 S. 3rd East  
Salt Lake City, Utah  
(Street Address, City, State)

OCT 8 1974

Church Certificate of Birth gives name as Gladys Ruth Nadauld born  
June 17, 1920 in Rexburg, Idaho, to George Albert Nadauld and Lillian C. Young.  
Entered on record December 5, 1920.  
Viewed by V.S.

Public School Diploma gives name as Gladys Ruth Nadauld who graduated May 11, 1934  
from the Public Schools in Rexburg, Madison County, Idaho. C. W. Cutler,  
Principal and E. S. Stucki, Superintendent  
Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

622-202-001-799

## PLACE OF BIRTH

County of AdaCity of Boise

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Primary Registration District No. 2044Registered No. 47

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Edith Alfreda Osborn

Sex of Child

F.Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and } Number  
in order  
of birthLegiti  
mate?yes

Date of Birth

7  
(Month)2  
(Day)1920  
(Year)

FULL NAME

FATHER

Thos. Osborn

RESIDENCE

Boise R. 5

COLOR

W.AGE AT LAST  
BIRTHDAY39

(Years)

BIRTHPLACE

Eng.

OCCUPATION

Laborer

FULL MAIDEN NAME

MOTHER

Gertrude Grubbe

RESIDENCE

Boise R. 5

COLOR

W.AGE AT LAST  
BIRTHDAY34

(Years)

BIRTHPLACE

Michigan

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. H. [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise Idaho

Filed

7/17 '20

Registrar

Registrar

Dup of 1920-146827



299-106-001-396

PLACE OF BIRTH

STATE OF ILLINOIS  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-2-21-19

County of AdairCity of BaieRegistration District No. 8File No. 81239No. Passi and Colorado St.Primary Registration District No. 2004 Registered No. 48

Hospital \_\_\_\_\_

FULL NAME OF CHILD

George Harry Birdsell

Sex of Child

M.Twin  
Triplet  
or other? \_\_\_\_\_

{ and }

Number  
in order  
of birth  
\_\_\_\_\_

(To be answered only in event of plural births)

Legitimacy?

-yes

Date of Birth

July 6 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

George Henry Birdsell

FULL MAIDEN NAME

MOTHER

Edna Crank

RESIDENCE

South Baie (R5)

RESIDENCE

South Baie

COLOR

W.

AGE AT LAST BIRTHDAY

31

(Years)

COLOR

W.

AGE AT LAST BIRTHDAY

23

(Years)

BIRTHPLACE

N.Y.

BIRTHPLACE

New York

OCCUPATION

Cook

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:45 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. Allen Cawway  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Baie, Idaho

Filed

7/17 20 R. J. Roman  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRDSEL

Dup of 1920-150790

286-2A-00K 523  
PLACE OF BIRTH

Form V. S. No. 11-C-25a-7-21-22

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BaieRegistration District No. 8File No. 81240No. R. 2 St.Primary Registration District No. 2004Registered No. 49

Hospital

FULL NAME OF CHILD

Berlin H. Shook

Sex of Child

7Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth3  
(Month)1  
(Day)1920  
(Year)FULL  
NAME

FATHER

Guy M. Shook

RESIDENCE

Baie R. 2FULL  
MAIDEN  
NAME

MOTHER

Mamie Estes

RESIDENCE

Baie R. 2

COLOR

W.AGE AT LAST  
BIRTHDAY24  
(Years)

COLOR

W.AGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Calo.

OCCUPATION

Farmer

OCCUPATION

Hw.Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

barn alive, at 9 P M.

on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mallie Callaway  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Baie Ida

Filed

7-7-20  
H. H. H. H.  
Registrar

Registrar

Registrar

STATE OF MD  
BUREAU OF VITAL RECORDS  
CERTIFICATE OF

200-100-200-200  
County of

1910

AGE

MAILED 1910  
M. B. in case of

Given as

Dup of 1920-14920

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of IDAHO } ss. Certificate No. 81240  
County of ADA }

The undersigned does solemnly swear that certain facts on the certificate of Beulah Ida Shook  
for Beulah Shook who ~~was~~ born on March first 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)  
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT) (DATE OF EVENT)  
true facts as shown by birth Certificate on file prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
<u>Name</u>	<u>Beulah Shook</u>	<u>Beulah Ida Shook</u>

Subscribed and sworn to before me this 27th  
day of February, 1942  
E. Thompson

Notary Public, residing at Boise, Idaho  
My commission expires April 1942  
(SEAL)

Signed Mrs Mamie M Shook (Mother)  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-  
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2801 20th Avenue South, Boise, Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of ADA }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th  
day of February, 1942  
E. Thompson

Notary Public, residing at Boise, Idaho  
My commission expires April 1942  
(SEAL)

Signed Mrs Mamie M Shook  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
Mattie V. Buckingham  
2801 20th Avenue South, Boise, Ida  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

JUL 25 1974

MAY 19 1983

862

9 130

DEC 7 1942

319-254-001-469

PLACE OF BIRTH

Form V. S. No. 11-0-21m-3-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 8File No. 81241No. St.Primary Registration District No. 2004Registered No. 50Hospital New York DitchFULL NAME OF CHILD CaricoSex of Child MTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegitimate?  
YesDate of Birth July 4(Month) (Day) (Year) 1976

FULL NAME

FATHER

Walter Carico

FULL MAIDEN NAME

MOTHER

Maud Mason

RESIDENCE

Boise Idaho

RESIDENCE

Boise Idaho

COLOR

White

AGE AT LAST BIRTHDAY

40

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

3rd

(Years)

BIRTHPLACE

Mo.

BIRTHPLACE

Oregon

OCCUPATION

Farmer

OCCUPATION

H.M.Number of child of this mother, including present birth 5Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1400 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ch. Pagan M.D.

(Physician or midwife)

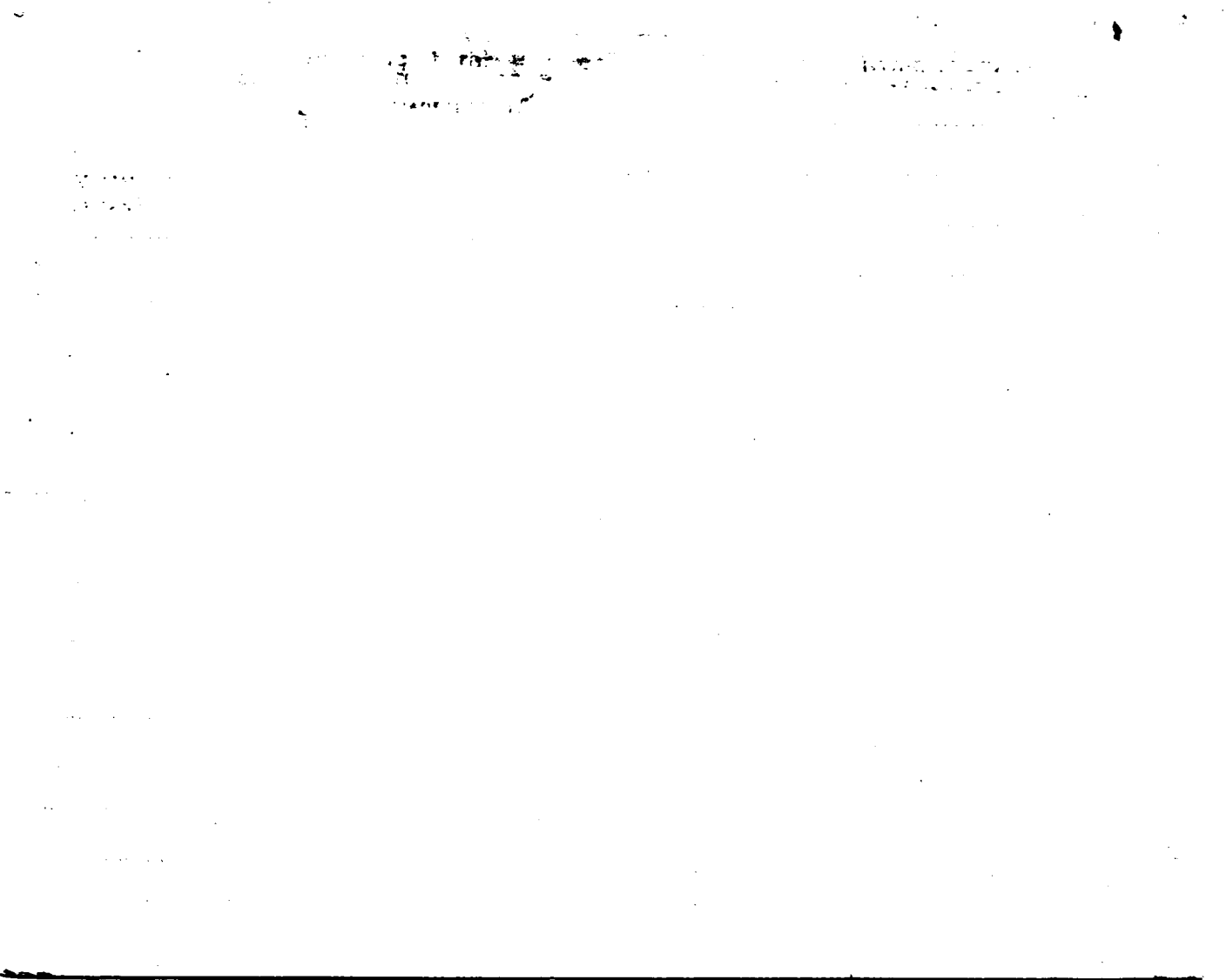
Given names added from a supplemental report.

Address 303 - Mc Gerty BldgFiled 7/23/20 St. Herman

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

459-101-001-493  
County of Ada

City of Boise,

Registration District No. \_\_\_\_\_

File No. **81242**

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Alphonsus.

Primary Registration District No. \_\_\_\_\_

Registered No. 262

FULL NAME OF CHILD Lewis Charles Merrell.

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Light- met? <u>Yes</u>	Date of Birth <u>May 1,</u> 19 <u>20</u> (Month) (Day) (Yr)
--------------------------	---	--------------------------------------	---------------------------	--

FULL NAME FATHER  
Lewis Charles Merrell

FULL MAIDEN NAME MOTHER  
Margaretta D. Michael

RESIDENCE  
Boise,

RESIDENCE  
Boise

COLOR White AGE AT LAST BIRTHDAY 42 (years)

COLOR  
White

BIRTHPLACE  
New York

BIRTHPLACE  
New York

OCCUPATION  
Capitellist

OCCUPATION  
Bank

Number of child of this mother, including present birth. 2 Number of children of mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 5 PM  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph F. Fall

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Boise

Filed 7/19/20

Registrar

Registrar

APR 20 1942

1942

1942

1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

313-1041001-469

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Baie

Registration District No. 2

File No. 81243

No. 1431 E. Jeff. St.

Primary Registration District No. 1004

Registered No. 263

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Laurel Lee Lacey

Sex of  
Child

M.

Twin  
Triplet  
or other?

and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

6 4 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER

Ed Lacey

FULL  
MAIDEN  
NAME

MOTHER

Ruth Lacey

RESIDENCE

Baie

RESIDENCE

Baie

COLOR

W.

AGE AT LAST  
BIRTHDAY

37  
(Years)

COLOR

W.

AGE AT LAST  
BIRTHDAY

27  
(Years)

BIRTHPLACE

Ida

BIRTHPLACE

Ida

OCCUPATION

Switchman

OCCUPATION

N.S.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Barbara Lacey, at 11:35 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Mallen Caccinay  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

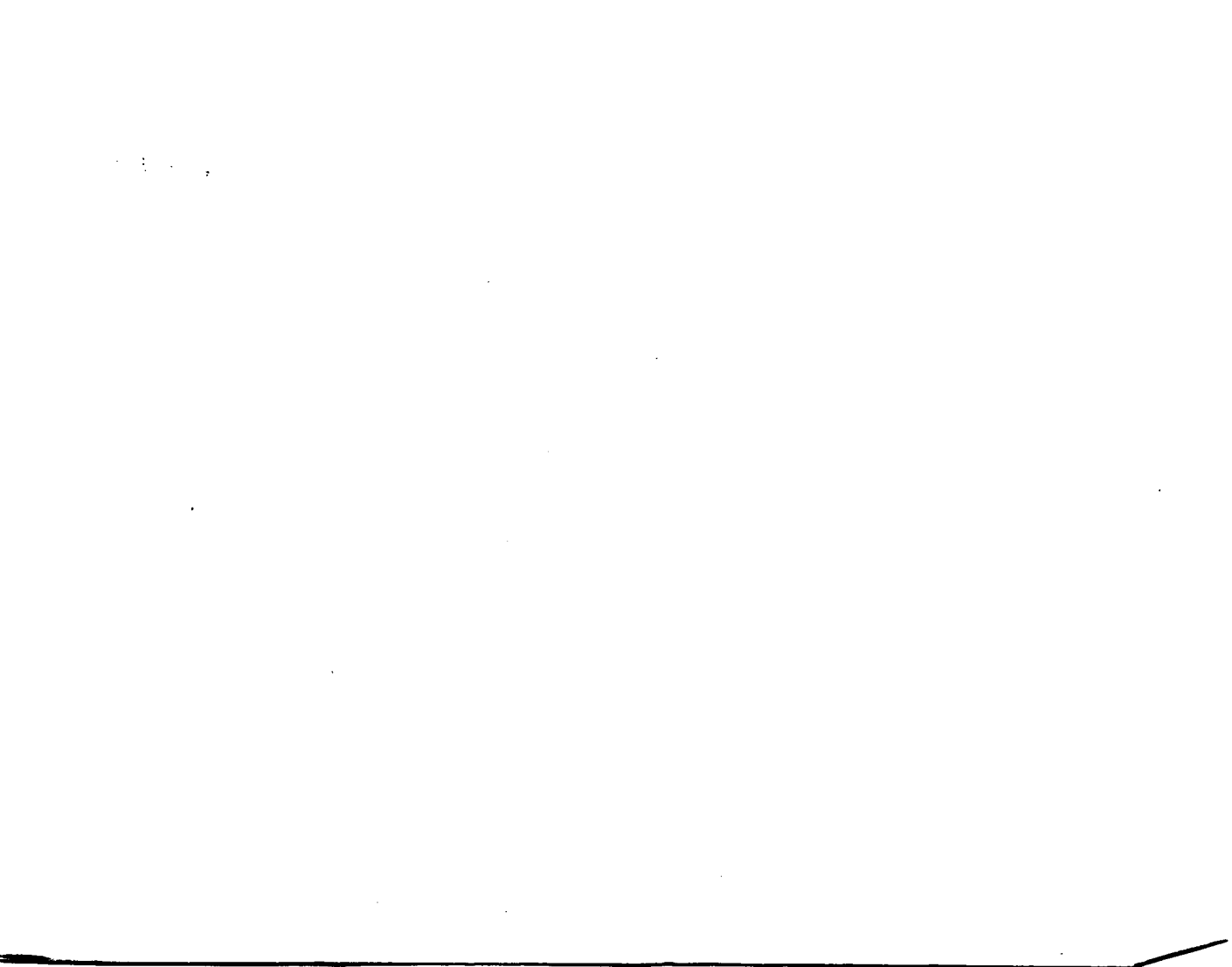
Baie Ida

Filed

7/17 20

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

295-217007-466

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 611 1/2 S13. St.

Registration District No. 2 File No. 81244

Hospital \_\_\_\_\_ Primary Registration District No. 1004 Registered No. 264

FULL NAME OF CHILD Mary Ida Sinclair.

Sex of Child <u>F.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes.</u>	Date of Birth <u>June 17. 19. 20.</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------	-----------------------------	---

FULL NAME Floyd L. Sinclair FATHER

RESIDENCE 611 1/2 South 13-

COLOR white AGE AT LAST BIRTHDAY 35-  
(Years)

BIRTHPLACE Kansas.

OCCUPATION machinist.

FULL MAIDEN NAME Hazel A. Downey. MOTHER

RESIDENCE 611 1/2 South 13-

COLOR white AGE AT LAST BIRTHDAY 25-  
(Years)

BIRTHPLACE color -

OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 1.25 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

Filed The 20 1920 L. J. Herman

Registrar

Registrar

MAY 1 1967

MAR 20 1975

693225.001-154

## PLACE OF BIRTH

County of AdaCity of Boise

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Lukes

FULL NAME OF CHILD

Registration District No. 2 File No. 81245Primary Registration District No. 1004 Registered No. 255FULL NAME OF CHILD Eva Marie Filley

Sex of Child <u>F</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 25 1920</u> (Month) (Day) (Year)
-----------------------	--------------------------------	-----	-----------------------------------	------------------------	---

FATHER		MOTHER	
FULL NAME <u>Wm R. Filley</u>	FULL MAIDEN NAME <u>Katie Anderson</u>	FULL NAME <u>Wm R. Filley</u>	FULL MAIDEN NAME <u>Katie Anderson</u>
RESIDENCE <u>Mountain Home</u>	RESIDENCE <u>Mountain Home</u>	RESIDENCE <u>Mountain Home</u>	RESIDENCE <u>Mountain Home</u>
COLOR <u>white</u>	COLOR <u>white</u>	COLOR <u>white</u>	COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>40</u> (Years)	AGE AT LAST BIRTHDAY <u>43</u> (Years)	AGE AT LAST BIRTHDAY <u>40</u> (Years)	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Mish.</u>	BIRTHPLACE <u>Denmark</u>	BIRTHPLACE <u>Mish.</u>	BIRTHPLACE <u>Denmark</u>
OCCUPATION <u>farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck  
(Physician or midwife)

Given names added from a supplemental report.

Address 303 M<sup>e</sup> Garty Bldg.  
7/23 20  
Filed 10 20  
Registrar Dr. John Boeck

Registrar

DECEASED



MARGIN FOR BINDING

WRITE PLAINLY IN INK THIS IS A PERMANENT RECORD

N. B. In case of multiple births, a separate return must be made for each child at birth, in order of birth stated.

296-226-006314  
PLACE OF BIRTH

County of *Ada*

City of *Bain*

No. *Irving* St.

Hospital *St. Luke's*

FULL NAME OF CHILD *Bettina J. Kroeger*

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. 2, No. 11-C-22-4-17

Registration District No. *2*

File No. *81246*

Primary Registration District No. *1004*

Registered No. *266*

Sex of Child *F* Twin Triplet or other? *\* and in order of birth *\* Legitimate? *Yes* Date of Birth *June 26 1916*  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER *Gustave H. Kroeger*

FULL MAIDEN NAME MOTHER *Stella Campbell*

RESIDENCE *Bain Idaho*

RESIDENCE *Bain Idaho*

COLOR *white* AGE AT LAST BIRTHDAY *32*  
(Years)

COLOR *white* AGE AT LAST BIRTHDAY *28*  
(Years)

BIRTHPLACE *Nebraska*

BIRTHPLACE *Canada*

OCCUPATION *Farmer*

OCCUPATION *H.N.*

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *3:40 a.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. J. D. ...*

(Physician or midwife)

Given names added from a supplemental report.

Address *303 - McCarty Bldg.*

Filed *7/23/20*

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 81246  
County of Ada }  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Kroeger who born on June 26, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Boise Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Name

Unnamed Kroeger

Bettina J. Kroeger

Subscribed and sworn to before me this 22nd  
day of December, 1941

Signed Bettina J. Kroeger ✓  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise Idaho

(Street Address, City, State)

My commission expires Feb 27th 1944  
[SEAL]

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho } ss.  
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd  
day of December, 1941

Signed Bettina J. Kroeger  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Boise Idaho

(Street Address, City, State)

My commission expires Feb 27th 1944  
[SEAL]

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

010 10 1071

619-130-001-219

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 81247

No. \_\_\_\_\_ St.

Hospital St. Luke's Primary Registration District No. 1004Registered No. 267FULL NAME OF CHILD Joseph Stockton Farley

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate mate? <u>Yes</u>	Date of Birth (Month) <u>6</u> (Day) <u>30</u> (Year) <u>1920</u>
--------------------------	---	-----	---	--------------------------------	--

FULL NAME <u>Allen C. Farley</u>	FATHER
RESIDENCE <u>Prairie, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Ohio</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Nance L. Sargent</u>	MOTHER
RESIDENCE <u>Prairie, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive, at 7:00 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brastan M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, Idaho  
Filed 7/13/20 L. J. Rorman  
Registrar

Registrar

4/1/41 L. B.  
6/10/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

49510-001-816

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 1004File No. 81248

No. \_\_\_\_\_ St.

Primary Registration District No. 2Registered No. 268Hospital St. Luke's

FULL NAME OF CHILD

Charles Franklin Dienst, JrSex of  
ChildMaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
Birth7-1-  
(Month) (Day)1920  
(Year)FULL  
NAMEChas. F. Dienst

FATHER

FULL  
MAIDEN  
NAMELillian H. Hawk

MOTHER

RESIDENCE

412 N. 3rd, Boise, Idaho

RESIDENCE

412 N. 3rd St., Boise, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Missouri

BIRTHPLACE

Ohio

OCCUPATION

Teacher

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 8:45 a. m.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

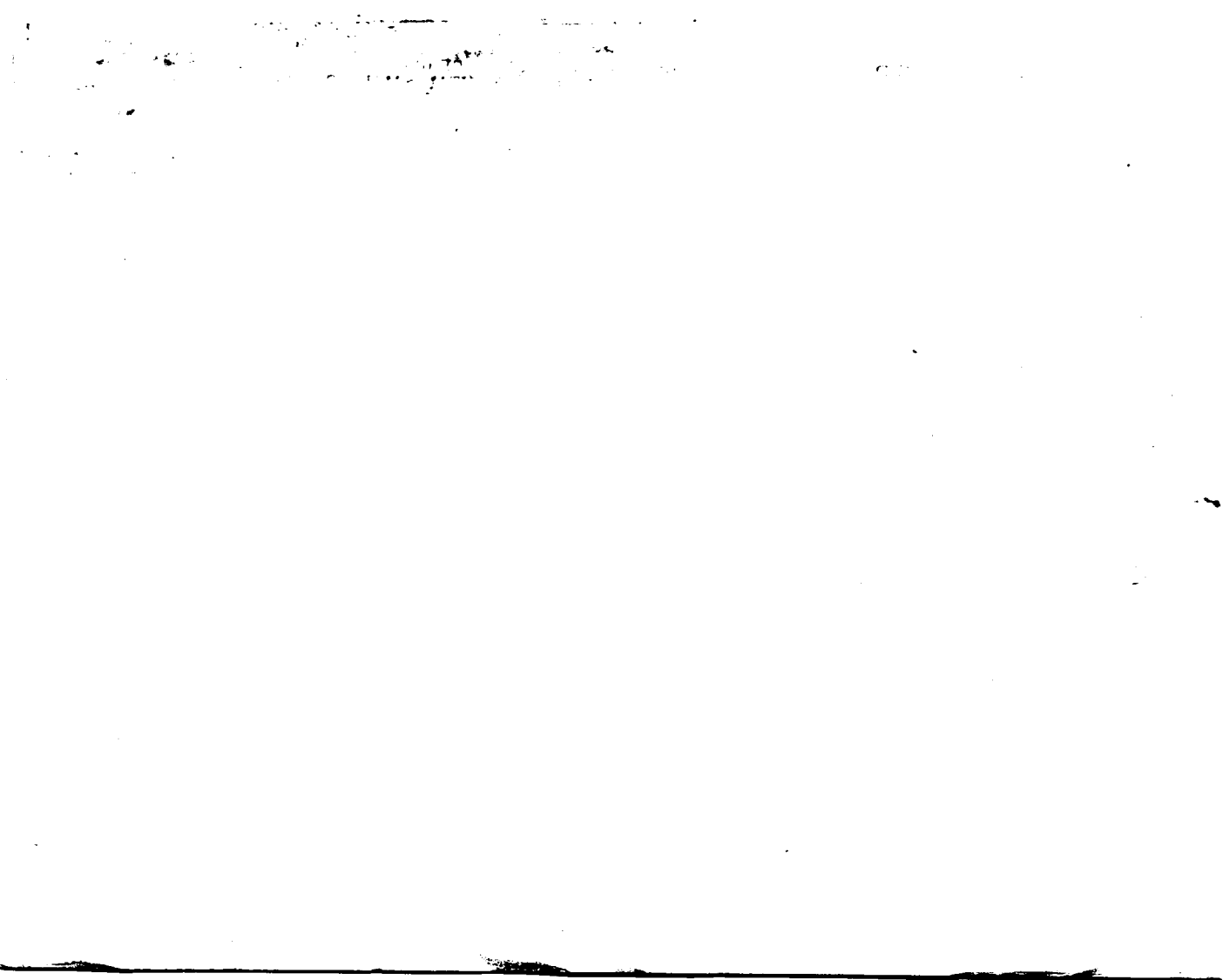
19

Address

Filed

Registrar

Registrar





465-201-01-819

## PLACE OF BIRTH

County of AdaCity of Boise

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St LukeFULL NAME OF CHILD Dorothy Inez Montgomery

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

Registration District No. 2File No. 81249Primary Registration District No. 1004Registered No. 269

Sex of Child <u>7</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 1</u> 19 <u>20</u> Month (Day) (Year)
-----------------------	---	---	------------------------	--

FULL NAME <u>Virgil Theodore Montgomery</u>	FATHER
RESIDENCE <u>Boise, 501 So 3</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>Clark</u>	

FULL MAIDEN NAME <u>Elsie Abner Harrison</u>	MOTHER
RESIDENCE <u>Boise</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housekeeper</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive at 1 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Willis Almond M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address 7/6 20 St. Roman

S-V CO. 24688

Registrar

Filed 7/6 20 Registrar

AUG 11 1950

APR 21 1950

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

243-101-001-656  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-10

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of AdaCity of BaieRegistration District No. 2File No. 81250

No. \_\_\_\_\_ St.

Primary Registration District No. 1004Registered No. 270

Hospital \_\_\_\_\_

FULL NAME OF CHILD

John Sullivan

Sex of Child <u>m</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>7</u> <u>1</u> <u>20</u> (Month) (Day) (Year)
-----------------------	-----------------------------------	-----------------------------------	-------------------------	---

FULL NAME Wm Q Sullivan

FATHER

RESIDENCE BaieCOLOR W AGE AT LAST BIRTHDAY 39  
(Years)BIRTHPLACE IllOCCUPATION Electrical machinistFULL MAIDEN NAME Effe O Connor

MOTHER

RESIDENCE BaieCOLOR W AGE AT LAST BIRTHDAY 35  
(Years)BIRTHPLACE MoOCCUPATION WNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address

Filed

19. \_\_\_\_\_

Registrar

Registrar

Dup of 1920 Q499011 - 1151

10-23-41

364-103: 221-855

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of adaCity of BoiseRegistration District No. 2File No. 81252

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 272

FULL NAME OF CHILD

asa Jack Rampton

Sex of Child

MTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?Date of  
Birth7  
(Month)3  
(Day)1920  
(Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

Harren Compton

RESIDENCE

Boise R 5

COLOR

W.AGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

N. D.

OCCUPATION

ForemanFULL  
MAIDEN  
NAME

MOTHER

Nettie Henlin

RESIDENCE

Boise R 5

COLOR

WAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

neb

OCCUPATION

W.

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Malen Olesaway  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise Idaho

Filed

7/23 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

9-9-41

469-103.004-962  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 23-C-22a-3-37

County of AdaCity of BoiseRegistration District No. 2File No. 81253No. 973 St.Primary Registration District No. 1004Registered No. 273Hospital St. Alphonsus

FULL NAME OF CHILD

Howard Larue MorrisonSex of Child MaleTwin  
Triplet  
or other?and { Number  
in order  
of birthLegiti-  
mate?yesDate of  
Birth731940

(Month)

(Day)

(Year)

FULL  
NAMEHoward L. Morrison

FATHER

FULL  
MAIDEN  
NAMERoxie Robinette

MOTHER

RESIDENCE

912 N. 17th Boise Idaho.

RESIDENCE

Boise Idaho.

COLOR

White.AGE AT LAST  
BIRTHDAY48

(Years)

COLOR

White.AGE AT LAST  
BIRTHDAY26

(Years)

BIRTHPLACE

Kennonsburg Ohio.

BIRTHPLACE

Heartville, Missouri

OCCUPATION

Jeweler - Cash Prop.

OCCUPATION

Housekeeper.

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....

Born alive5th M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

M. D. SullivanM. D.

(Physician or midwife)

Given names added from a supplemental report.

Address.....

Boise Idaho

Filed.....

7/15/20

Registrar

Registrar

DEC 17 1945

6/6/41 L.B.



N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

162-103-001-297  
PLACE OF BIRTH

County of Ada

City of Boise

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Luke's

Full Name of Child

Registration District No. 2

Primary Registration District No. 1004

File No. 81254

Registered No. 274

Jack Judson Joslin

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number (and) in order of birth	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>July 3</u> (Month) (Day) (Year) <u>1920</u>
FATHER FULL NAME <u>Charles A. Joslin</u> RESIDENCE <u>Meridian, Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>35</u> (Years) BIRTHPLACE <u>Kansas</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Anna Kipper</u> RESIDENCE <u>Meridian, Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>29</u> (Years) BIRTHPLACE <u>Kansas</u> OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Boise, Idaho on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) PP French M.D.

(Physician or midwife)

Given names added from a supplemental report

Address 417 Overland Bldg. Boise, Idaho  
Filed 7/22/20 L. J. Thomas  
Registrar

JAN 29 1958

MARGIN RESERVED FOR BINDING

**PLACE OF BIRTH**

City of Borse.....

**No. .... St.**

Hospital .....

Hospital.....  
**FULL NAME OF CHILD**...*Esther Buscdean Mathews*.....

Sex of Child <i>Female</i>	Twin Triplet or other?	} and { Number in order of birth	(To be answered only in event of plural births)
----------------------------	------------------------------	---	---

Legitimate? *yes*

Date of Birth. July ..... 3 ..... 1920  
 (Month) (Day) (Year)

FULL NAME *David F. Mathews* FATHER

RESIDENCE 119 S 29 St

COLOR White AGE AT LAST BIRTHDAY..... 81.....  
(Years)

BIRTHPLACE Princeton Mon

OCCUPATION *Common Labor*

FULL MAIDEN NAME *Berna Matthews* MOTHER

RESIDENCE 119 827 St

COLOR *White* AGE AT LAST BIRTHDAY *27* (Years)

BIRTHPLACE *Moscow, Idaho*

OCCUPATION *Housewife*

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was.....Born alive....., at.....Y. A. M.  
on the date above stated. (Born alive ~~stillborn~~)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Donna Williams .....

(Physician or midwife)

**Given names added from a supplemental report.**

.....19.....

Address.....1021 State St.

.....

Filed..... 1/20/20 ..... *A. J. German*

*Registrar*

*Registrant*

Form V. S. No. 11-C-25m-9-8-17

**STATE OF IDAHO**  
**BUREAU OF VITAL STATISTICS**

## CERTIFICATE OF BIRTH

Registration District No. ....2.....

File No. .... **81255** ....

Primary Registration District No. 1004.....

Registered No. 275

MAY 23 1975

JUN 16 1976

719-2041001-741  
PLACE OF BIRTHCounty of AdaCity of Boise

No. \_\_\_\_\_ St.

Hospital St Lukes

Full Name of Child

Registration District No. 2Primary Registration District No. 1004File No. 81256Registered No. 276Dorothy Evelyn Garrett

SEX OF CHILD <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>July 4</u> 19 <u>20</u> Month (Day) (Year)
FULL NAME <u>Lloyd Garrett</u>	FATHER		FULL MAIDEN NAME <u>Pearl Quay</u>	MOTHER
RESIDENCE <u>So Boise Idaho RD #5</u>			RESIDENCE <u>RD #5 So Boise Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Illinois</u>			BIRTHPLACE <u>Wisconsin</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 5 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. French M.D.

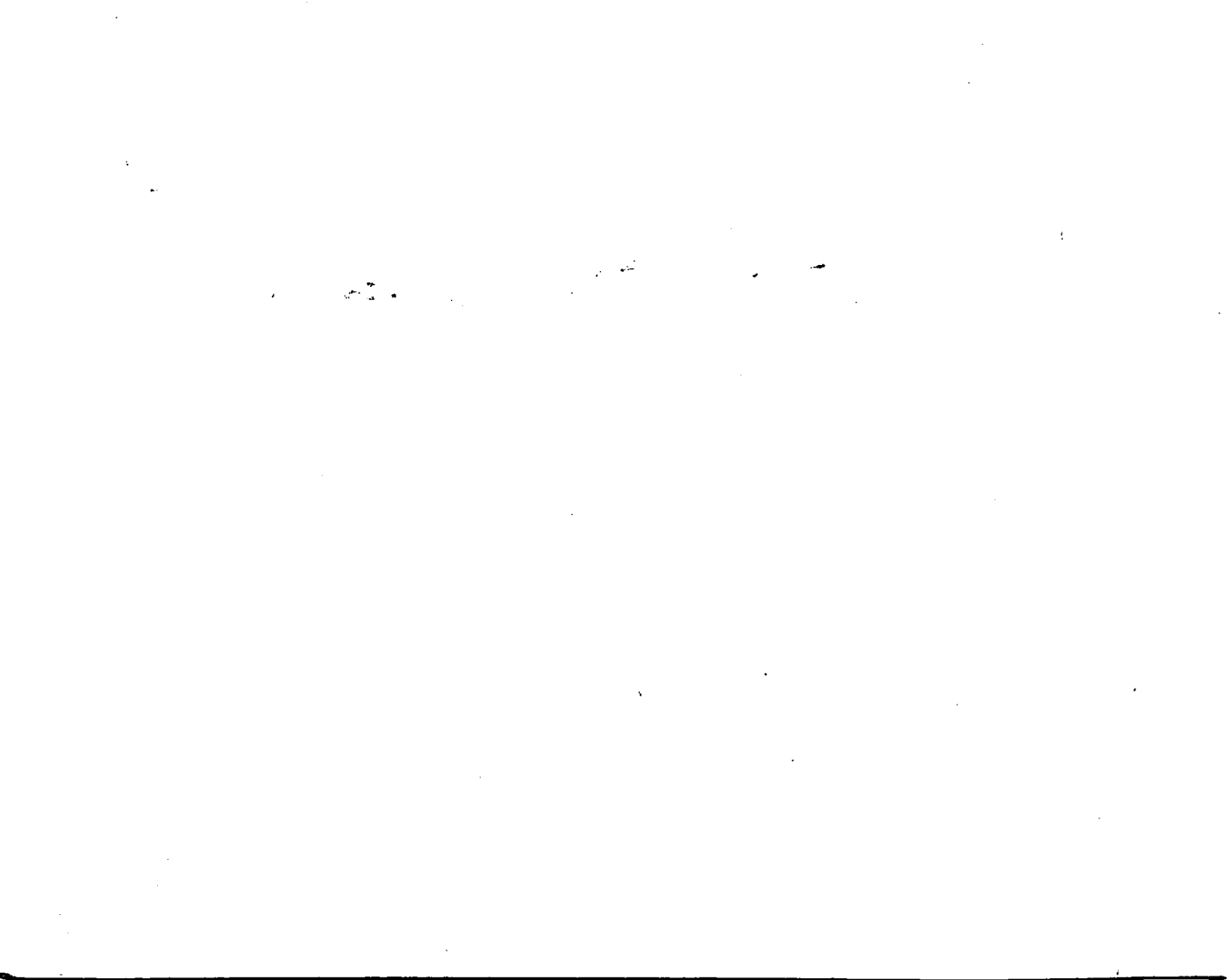
(Physician or midwife)

Given names added from a supplemental report

Address 417 Overland Bldg. Boise IdaFiled 7/22/20 L. J. Ferman

Registrar

Registrar



231-1041001-284

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-18-18

CERTIFICATE OF BIRTH

County of Idaho

City of Boise

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 2

File No. 81257

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 277

Full Name of Child

Barber, C. Stanley

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{and} Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>7</u> <u>4</u> <u>1904</u> (Month) (Day) (Year)
FULL NAME <u>Charles S. Barber</u>	FATHER		FULL MAIDEN NAME <u>Pearl Shultz</u>	MOTHER
RESIDENCE <u>515 Wash St.</u>			RESIDENCE <u>515 Wash St.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Miner</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 7 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Earl Hill  
(Physician or midwife)

Given names added from a supplemental report.

Address 4/15 20 L. J. J. J.  
Filed 4/15 20 L. J. J. J.  
Registrar

FEB 16 1955



318-105-001-168

Form V. S. No. 11-C-55m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81258

County of AdaCity of BoiseRegistration District No. 2File No. 81258No. 614 Grove St.Primary Registration District No. 1004Registered No. 278

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Vernon Byron TaylorSex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and }  
Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?YesDate of  
Birth7-5-1920  
(Month) (Day) (Year)FULL  
NAMEJoseph Vernon Taylor

FATHER

FULL  
MAIDEN  
NAMEEvelyn M. Johnson

MOTHER

RESIDENCE

614 Grove St., Boise, Idaho

RESIDENCE

614 Grove St., Boise, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY22

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY20

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Clerk

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive, at 11:15 p. M.  
(Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

J. M. Taylor  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

7/13/20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

FEB

AUG 14 1962

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

597-2071-001-855

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 81259

No. St.

Primary Registration District No. 1004

Registered No. 279

Hospital St. Anthony

FULL NAME OF CHILD Jorathy Nixon

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth }	Legitimate? <u>yes</u>	Date of Birth <u>July 7</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Clarence D. Nixon</u>	FATHER
RESIDENCE <u>Brownlee, Or.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Minnie O. Fredrickson</u>	MOTHER
RESIDENCE <u>Brownlee, Or.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was July 7<sup>th</sup> 1920, at Boise, Idaho on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Chambers  
(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho  
Filed 7/10/20  
Registrar Edgar

AUG 8 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

354-1081008-154

PLACE OF BIRTH

County of Ada

City of Paris

No. 1215 E. Work

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 2

Primary Registration District No. 1004

Frank Teuscher

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

File No. 81260

Registered No. 280

Sex of Child <u>M.</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>7</u> <u>8</u> <u>26</u> (Month) (Day) (Year)
------------------------	------------------------------	-----------	--------------------------------	------------------------	---

FATHER  
FULL NAME Joseph Teuscher

RESIDENCE 1215 E. Work Paris

COLOR W AGE AT LAST BIRTHDAY 36  
(Years)

BIRTHPLACE Paris Idaho

OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Edwada Anderson

RESIDENCE Summit point W. Ya

COLOR W AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Summit point W. Ya

OCCUPATION H W

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M.  
on the date above stated. (Born alive or stillborn)

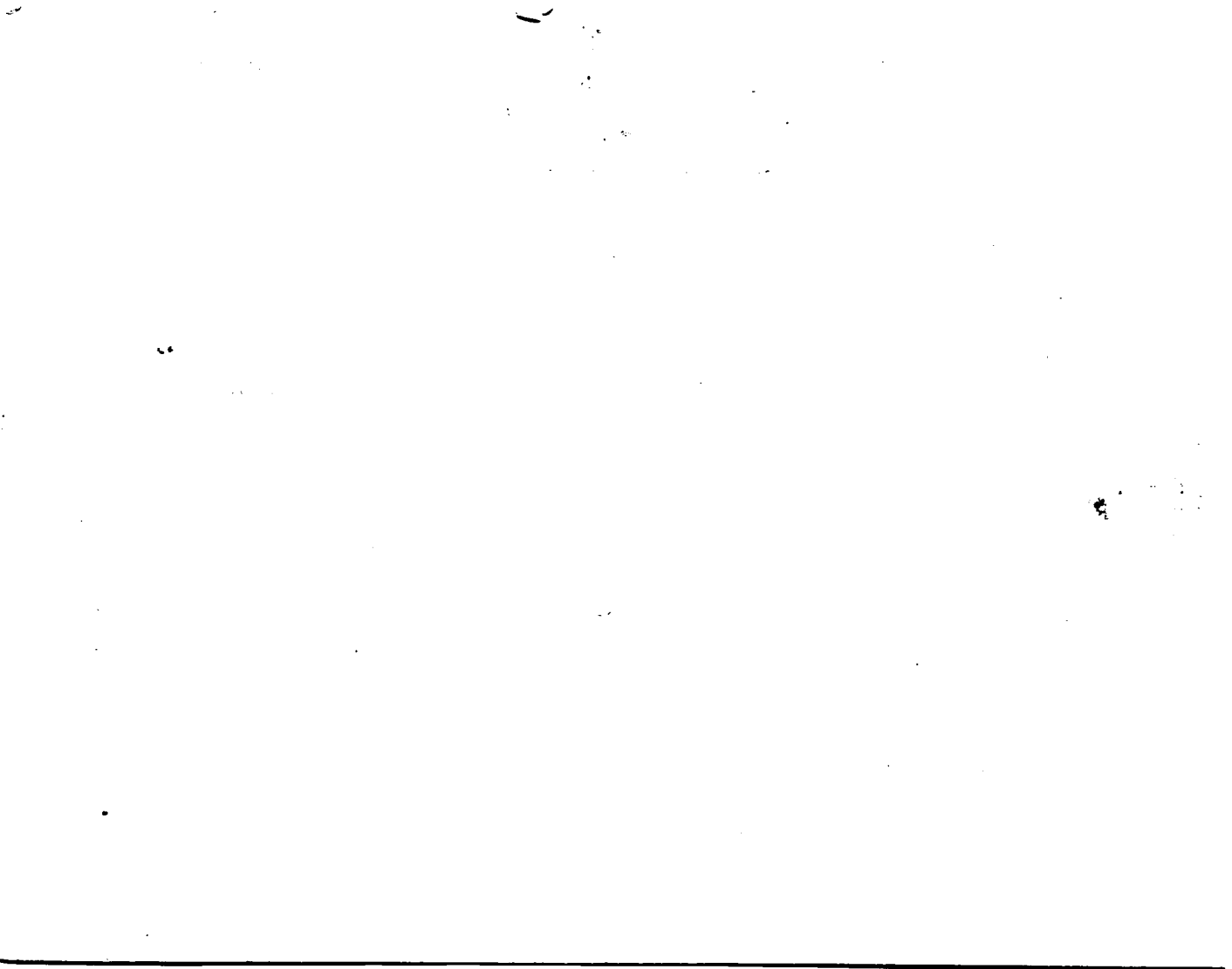
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Paris Idaho  
Filed 7/13/20  
Registrar L. E. Egan

Registrar



695-1 091001 418

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2 File No. 81261No. Palatine Room St.Primary Registration District No. 1004 Registered No. 221

Hospital

FULL NAME OF CHILD RALPH COLEMANWinn (Winn)

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>7</u> <u>9</u> <u>1920</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------	-----------------	--

FULL NAME <u>Ralph Winn</u>	FATHER
RESIDENCE <u>Boise Ida</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Mildred Day</u>	MOTHER
RESIDENCE <u>Boise Ida</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Hom.</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M Allen Callaway  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Boise Idaho  
7/23 20  
German  
Registrar

Registrar

Registrar



NOV 8 1961



## PLACE OF BIRTH

238-110-1001-515  
County of AdaCity of Boise

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Alphonsus

Full Name of Child

Registration District No. 2Primary Registration District No. 1004Kenneth Harry Sly

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 81262Registered No. 292

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH... <u>July 10</u> 19 <u>27</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Claud F. Sly</u> RESIDENCE <u>1124 Grand Ave Boise Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>30</u> (Years) BIRTHPLACE <u>N. Dak</u> OCCUPATION <u>Stock man in Wholesale house</u>			MOTHER FULL MAIDEN NAME <u>Louise Van Duill</u> RESIDENCE <u>1124 Grand Ave Boise Ida</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>29</u> (Years) BIRTHPLACE <u>Salt Lake Utah</u> OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth... 2..... Number of children of this mother now living, including present birth... 2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... Born alive... at 11 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

P. P. French M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address

417 Overland Bldg. Boise Ida

Filed

7/22/20

Registrar

Registrar

JAN 12 1953

819-112-04-655

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-3-37

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 81263No. St.Primary Registration District No. 1004Registered No. 283Hospital St. Alphonsus

FULL NAME OF CHILD

James Evan Hardie

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>July 13</u> (Month) (Day) (Year) <u>1970</u>
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>George Evan Hardie</u>	FATHER
RESIDENCE <u>Meridian Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ester Henson</u>	MOTHER
RESIDENCE <u>Meridian</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was July 13, 1970, at St. P.  
on the date above stated. (Born alive at birth)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R. Henson

(Physician or midwife)

Given names added from a supplemental report.

Address Boise IdahoFiled 7/27/70 Steferman

Registrar

Registrar

FEB 1 1987

169-213-001-619

## PLACE OF BIRTH

County of AdaCity of Bor

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Sp. Super

FULL NAME OF CHILD

Registration District No. 2 File No. 81264Primary Registration District No. 1004 Registered No. 284

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 13</u> 19 <u>20</u>
(To be answered only in event of plural births)				Month (Day) (Year)

FATHER  
FULL NAME Harry JordanRESIDENCE 1808 N. 8th Boise IdahoCOLOR white AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE IdahoOCCUPATION CarpenterMOTHER  
FULL MAIDEN NAME Ellen Abby FarrellRESIDENCE 802 Oak Boise IdahoCOLOR white AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was July 13, at 3 30 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. Armstrong  
Physician or midwife

Given names added from a supplemental report.

Address 414 Overland Bldg.Filed 7/24/20 Registrar A. J. [Signature]

Registrar

OCT 11 1972

AUG 2 1943

AUG 24 1943

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-114-001-466  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 81265

No. St.

Primary Registration District No. 1004

Registered No. 285

Hospital St. Al Thomas

FULL NAME OF CHILD Leland Thomas White

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>7-14-20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME FATHER Carl White

FULL MAIDEN NAME MOTHER Elsie Moore

RESIDENCE Fairfield, Ida

RESIDENCE Fairfield, Ida

COLOR white AGE AT LAST BIRTHDAY 27  
(Years)

COLOR white AGE AT LAST BIRTHDAY 23  
(Years)

BIRTHPLACE Oregon

BIRTHPLACE Wash.

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6 30 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, household-r, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Hegg

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Fairfield, Ida

.....19.....

Filed 7/15/20

Registrar

Registrar

OCT 22 1942

JUN 3 1952



81266

City of Boise Registration District No. 2 File No. \_\_\_\_\_  
 No. 1201 7. 12<sup>th</sup> St. Primary Registration District No. 1004 Registered No. 286  
 Hospital \_\_\_\_\_  
 FULL NAME OF CHILD Ethel Lois Jolley  
 Sex of Child Female Twin Triplet { and { Number in order of birth { Legiti mate? Yes Date of Birth 7-16- 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME G. B. Jolley FATHER  
 RESIDENCE King Hill, Idaho  
 COLOR White AGE AT LAST BIRTHDAY 21 (Years)  
 BIRTHPLACE Utah  
 OCCUPATION Farmer

FULL MAIDEN NAME Lois B. Morrison MOTHER  
 RESIDENCE King Hill, Idaho  
 COLOR White AGE AT LAST BIRTHDAY 21 (Years)  
 BIRTHPLACE Kansas  
 OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1<sup>15</sup> p. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

JUL 11 1957

JUL 2 1957

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

659-227-  
PLACE OF BIRTH

001-544  
County of ADA

City of BOISE

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 2 File No. 81267

Primary Registration District No. 1004 Registered No. 287

FULL NAME OF CHILD RUTH LORINE FERGUSON

(Certificate of no value without full name of child.)

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	} and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>JULY 21</u> 192 <u>0</u> (Month) (Day) (Year)
----------------------------	---	---	--------------------------------	--

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

FATHER  
FULL NAME Clark William Ferguson

RESIDENCE \_\_\_\_\_

COLOR white AGE AT LAST BIRTHDAY 49  
(Years)

BIRTHPLACE Michigan

OCCUPATION U.P.R.R.

MOTHER  
FULL MAIDEN NAME Amanda Melvina Emerson

RESIDENCE \_\_\_\_\_

COLOR white AGE AT LAST BIRTHDAY 44  
(Years)

BIRTHPLACE Missouri

OCCUPATION \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10:10 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A.N. JACQUEMIN

(Physician or midwife)

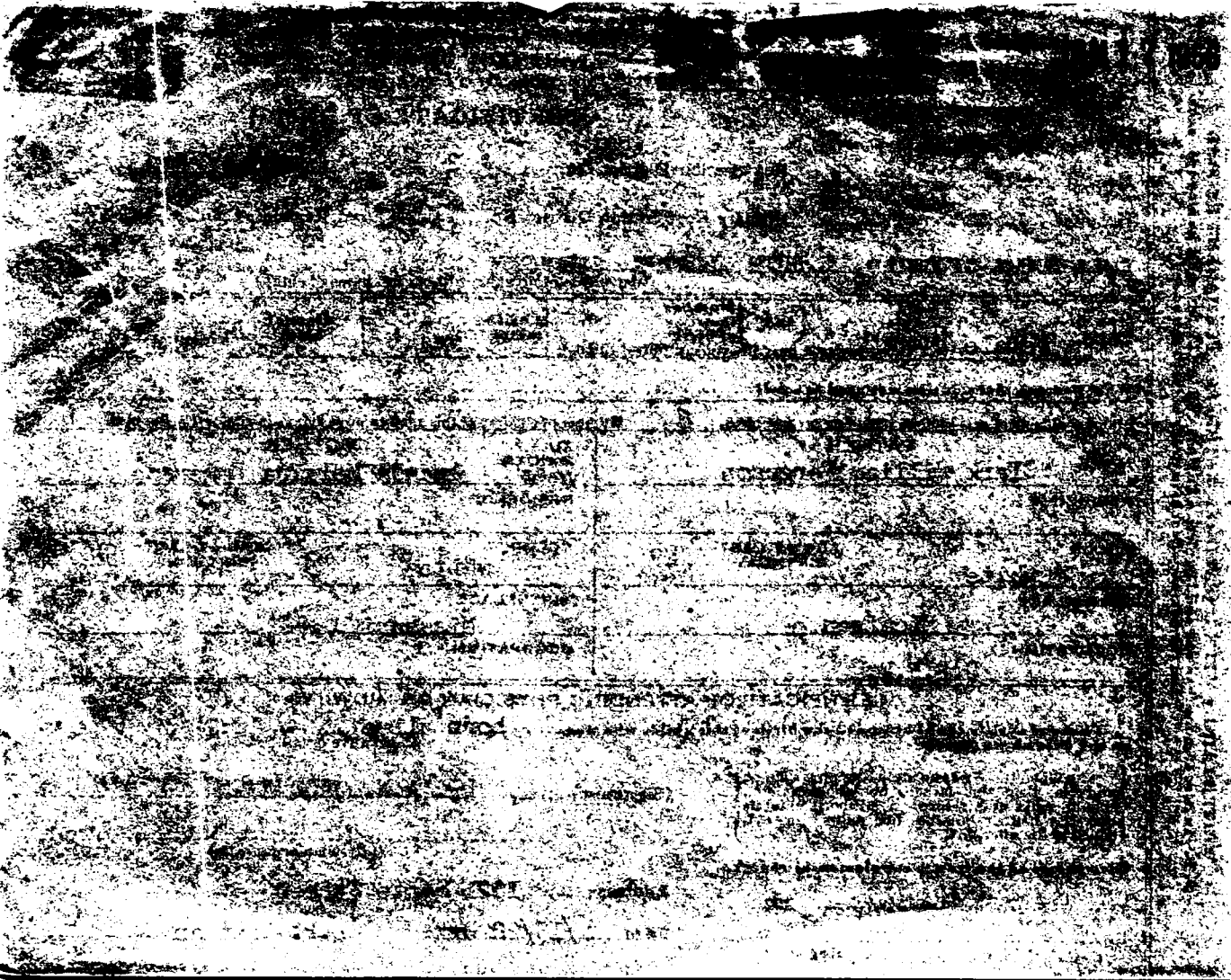
Give names added from a supplemental report.

Address 1021 State Street

Filed 4/15/20 mx L.P. Pferman

Registrar.

Registrar.



PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 81268

No. Boise, F.R.D. St.

Primary Registration District No. 1004

Registered No. 288

Hospital St. Alph. Hospital

FULL NAME OF CHILD

Betty Jane Wegener

Sex of Child

female

Twin  
Triplet  
or other?

and { Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti-  
mate?

Date of  
Birth

July 22 1920  
(Month) (Day) (Year)

FULL  
NAME

A. H. Wegener

FATHER

FULL  
MAIDEN  
NAME

Fae Steward

MOTHER

RESIDENCE

Boise, Ida. F.R.D.

RESIDENCE

Boise, Ida.

COLOR

White

AGE AT LAST  
BIRTHDAY

2.5  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

19  
(Years)

BIRTHPLACE

Nebraska

BIRTHPLACE

Nebraska

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was July 22, 1920 at 6:30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joe R. Summers

(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Ida.

Filed 7/27/20 L. J. J. J.

Registrar

Registrar

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

U.S. GOVERNMENT



FD-302

JAN 21 1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-125001-930  
PLACE OF BIRTH

Form V. S. No. 11-C—25m-3-3-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of.....Ada

City of.....Boise

Registration District No.....2

File No.....81269

No.....St.

Primary Registration District No.....1004

Registered No.....289

Hospital.....St. Alphonsus

FULL NAME OF CHILD.....Evans, ~~Albert~~ Jack Albert

Sex of Child.....male	and { Number in order of birth / }	Legitimate?.....yes	Date of Birth.....7 25 1920 (Month) (Day) (Year)
-----------------------	------------------------------------	---------------------	---

FULL NAME.....Evans, <del>John</del> Ida	FATHER
RESIDENCE.....Mt. Home	
COLOR.....W	AGE AT LAST BIRTHDAY.....34 (Years)
BIRTHPLACE.....Oregon	
OCCUPATION.....Ship Steamer	

FULL MAIDEN NAME.....M <sup>rs</sup> Williams Dorothy	MOTHER
RESIDENCE.....Mt. Home	
COLOR.....W	AGE AT LAST BIRTHDAY.....18 (Years)
BIRTHPLACE.....Mt. Home Ida	
OCCUPATION.....	

Number of child of this mother, including present birth..... / ..... Number of children of this mother now living, including present birth..... / .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....Born alive  
on the date above stated. (Born alive or stillborn).....at 1:15 A. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....Chas. V. Genovay

(Physician or midwife)

Given names added from a supplemental report.

Address.....Orlando, Fla. Boise

Filed.....7/29 1920 L. J. Gorman

Registrar

Registrar

Certified Copy Issued Feb. 11, 1941. E.W.

1954

AUG



219-1291001-291  
PLACE OF BIRTH

Form V. S. No. 11-O-25m-7-21-f9

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseNo. 908 State St.Registration District No. 2File No. 81270Hospital                     Primary Registration District No. 1604Registered No. 290

FULL NAME OF CHILD

James William BairdSex of  
ChildMaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
Birth6-29-1920  
(Month) (Day) (Year)FULL  
NAMEJesse H. Baird

FATHER

FULL  
MAIDEN  
NAMESuzanna Bragstad

MOTHER

RESIDENCE

908 State St., Boise, Idaho

RESIDENCE

908 State St., Boise, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY31  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Pennsylvania

BIRTHPLACE

South Dakota

OCCUPATION

Minister

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive, at 2<sup>10</sup> a. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

H. N. Brantano M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho  
7/13 20 L. J. Roman

Filed

Registrar

Registrar

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
CERTIFICATE OF BIRTH

STATE OF NEW YORK  
BUREAU OF VITAL RECORDS  
CERTIFICATE OF BIRTH

The No.

Registration No.

James William Davis

DATE OF BIRTH

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

COLOR

BIRTHDAY

(Year)

CERTIFICATE OF BIRTH

Federal Taxes Withholding Statement for year of 1953 gives full name as Rev. James William Baird - viewed by V.S. State of Nevada, Department of Agriculture, Cert. of Idaho DEPARTMENT OF HEALTH Brand Rerecording for a period of 5 years ending December 31, 1960 gives full name as James Wm. Baird - viewed by VSBUREAU OF VITAL STATISTICS

# Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of \_\_\_\_\_ } ss. \_\_\_\_\_  
County of \_\_\_\_\_ }  
Certificate No. 81270  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
for \_\_\_\_\_ (male child) who was born \_\_\_\_\_ (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on June 29, 1920  
(Date of Event)  
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child \_\_\_\_\_ Unnamed \_\_\_\_\_ James William Baird

Subscribed and sworn to before me this 4th day of  
October, 1963.  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed Jesse H. Baird  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss. \_\_\_\_\_  
County of San Joaquin }  
[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of  
February, 1964.  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed Ruth Ellen Baird  
(Signature of Any Credible Person)  
2336 West Alpine Stockton 4-Calif.  
(Street Address, City, State)

MAR 12 1964

355-130-001-294

## PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of EagleRegistration District No. 9File No. 81271

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD Louis Ler

Sex of Child <u>Male</u>	Twin <u>Twin</u> { and { Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July</u> <u>30</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	--	-------------------------	---

FULL NAME En Ko Ler FATHERRESIDENCE EagleCOLOR Korran AGE AT LAST BIRTHDAY 37 (Years)BIRTHPLACE KorraOCCUPATION GardenerFULL MAIDEN NAME Mary Mary Kiri MOTHERRESIDENCE EagleCOLOR Korran AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE KorraOCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:30 A.M. on the date above stated. (Born alive or stillborn)

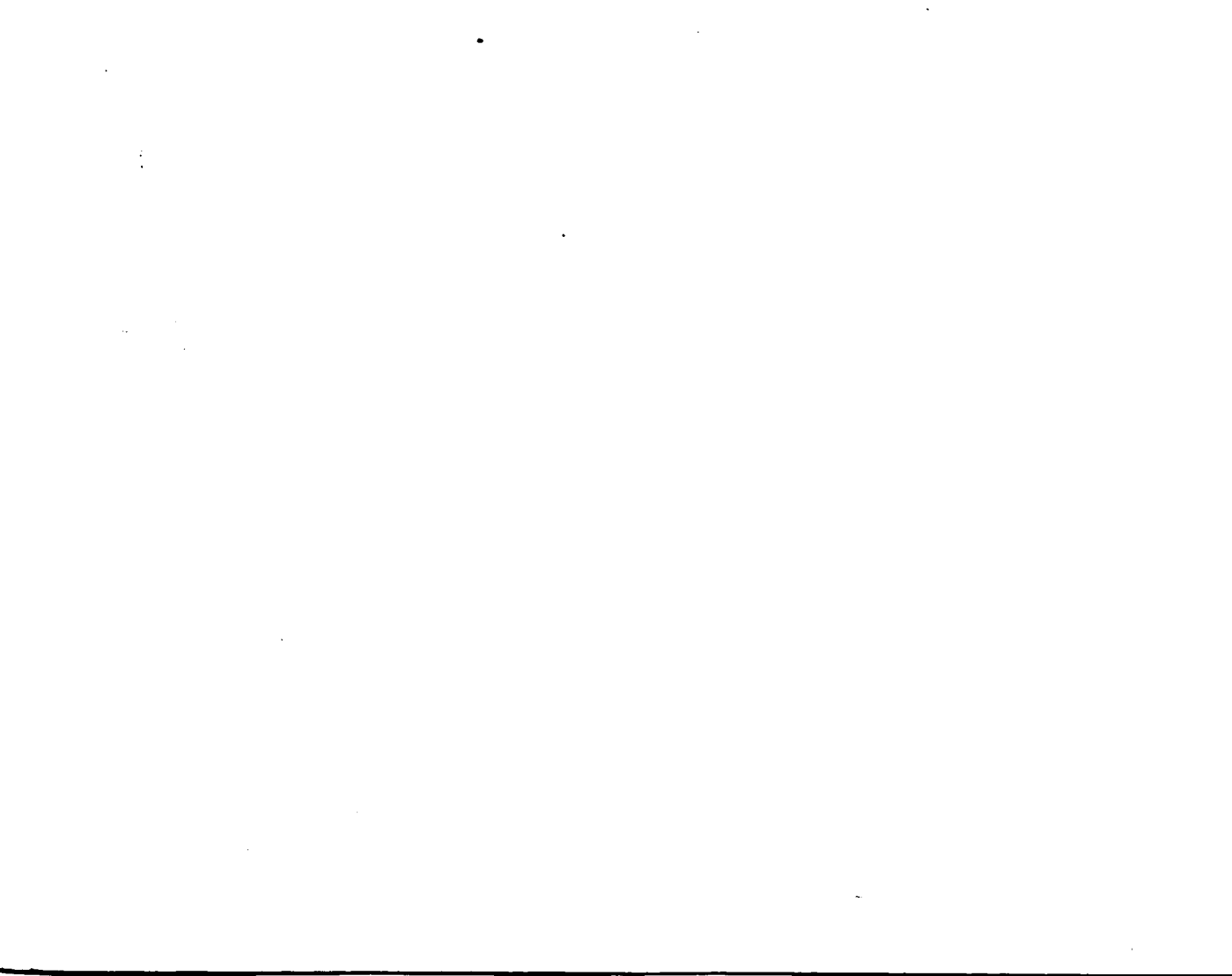
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredrick K. Lewers  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Eagle, Idaho  
Filed July 31 1920 Fredrick K. Lewers Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

355-130-001-294  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Ada

City of Engle

Registration District No. 9

File No. 81272

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

James Lee

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 30</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	----------------------------------	-----	-----------------------------------	------------------------	---

FATHER  
FULL NAME En Ko Lee  
RESIDENCE Engle  
COLOR Korean AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Korea  
OCCUPATION Gardener

MOTHER  
FULL MAIDEN NAME Mary Wang Kim  
RESIDENCE Engle  
COLOR Korean AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Korea  
OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11 A. M. on the date above stated. (Born alive or stillborn)

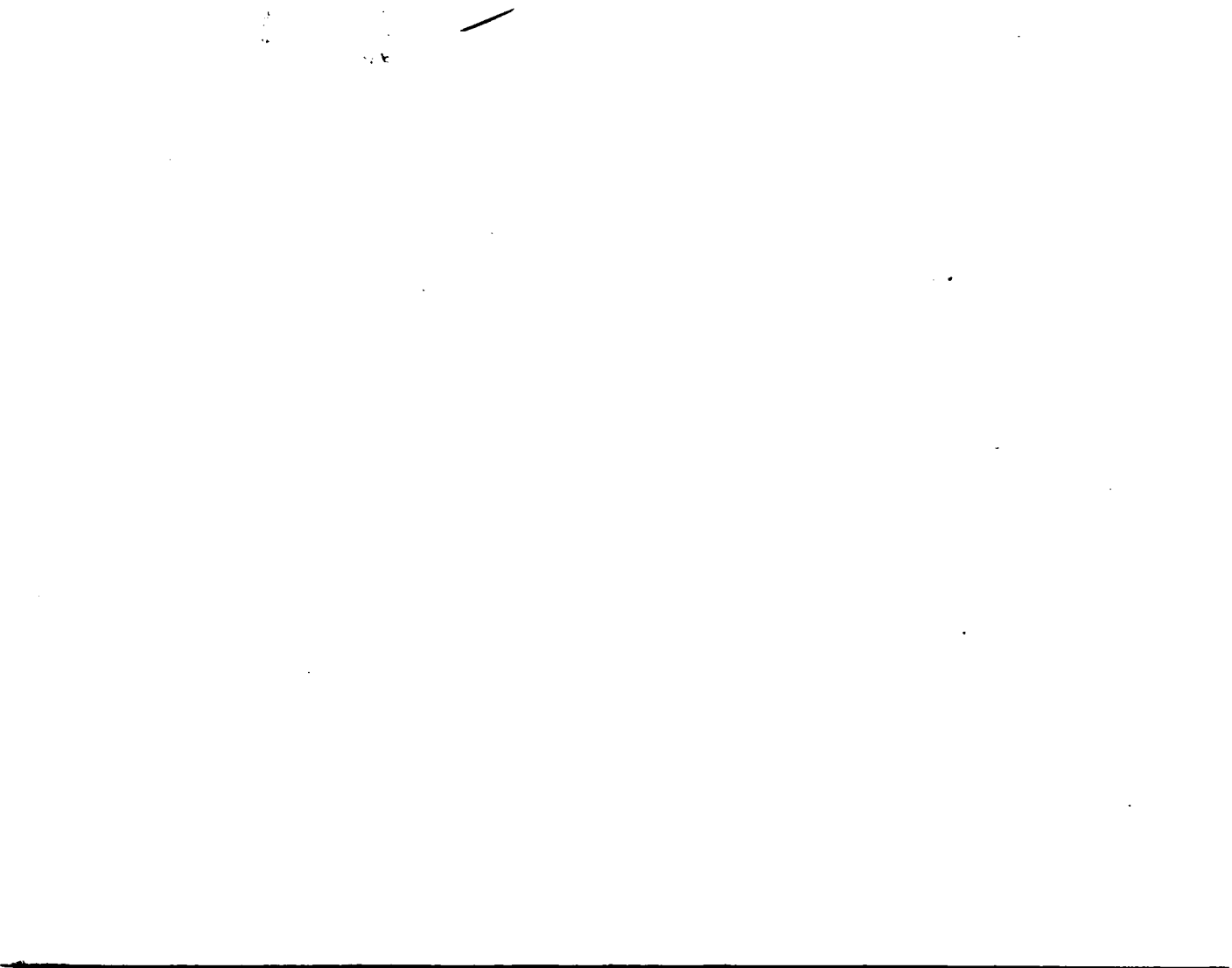
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ferdinand K. Lewers  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Engle Idaho  
Filed July 31 1920 Ferdinand K. Lewers Registrar

Registrar





168-122-005-363

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 24-100-227

County of BlaineCity of Soda SpringRegistration District No. 11File No. 81273

No. .... St.

Primary Registration District No. 2048Registered No. 22

Hospital .....

FULL NAME OF CHILD Dorrel Ray Johnson

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>March 22</u> <u>1925</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	-----------------------------	---

FATHER		MOTHER	
FULL NAME <u>Therbor Johnson</u>	FULL MAIDEN NAME <u>Lucy Gale</u>	FULL NAME <u>Therbor Johnson</u>	FULL MAIDEN NAME <u>Lucy Gale</u>
RESIDENCE <u>Way</u>	RESIDENCE <u>Way</u>	RESIDENCE <u>Way</u>	RESIDENCE <u>Way</u>
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Iceland</u>	BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>Iceland</u>	BIRTHPLACE <u>Utah</u>
OCCUPATION <u>Rancher</u>	OCCUPATION <u>Wife</u>	OCCUPATION <u>Rancher</u>	OCCUPATION <u>Wife</u>

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

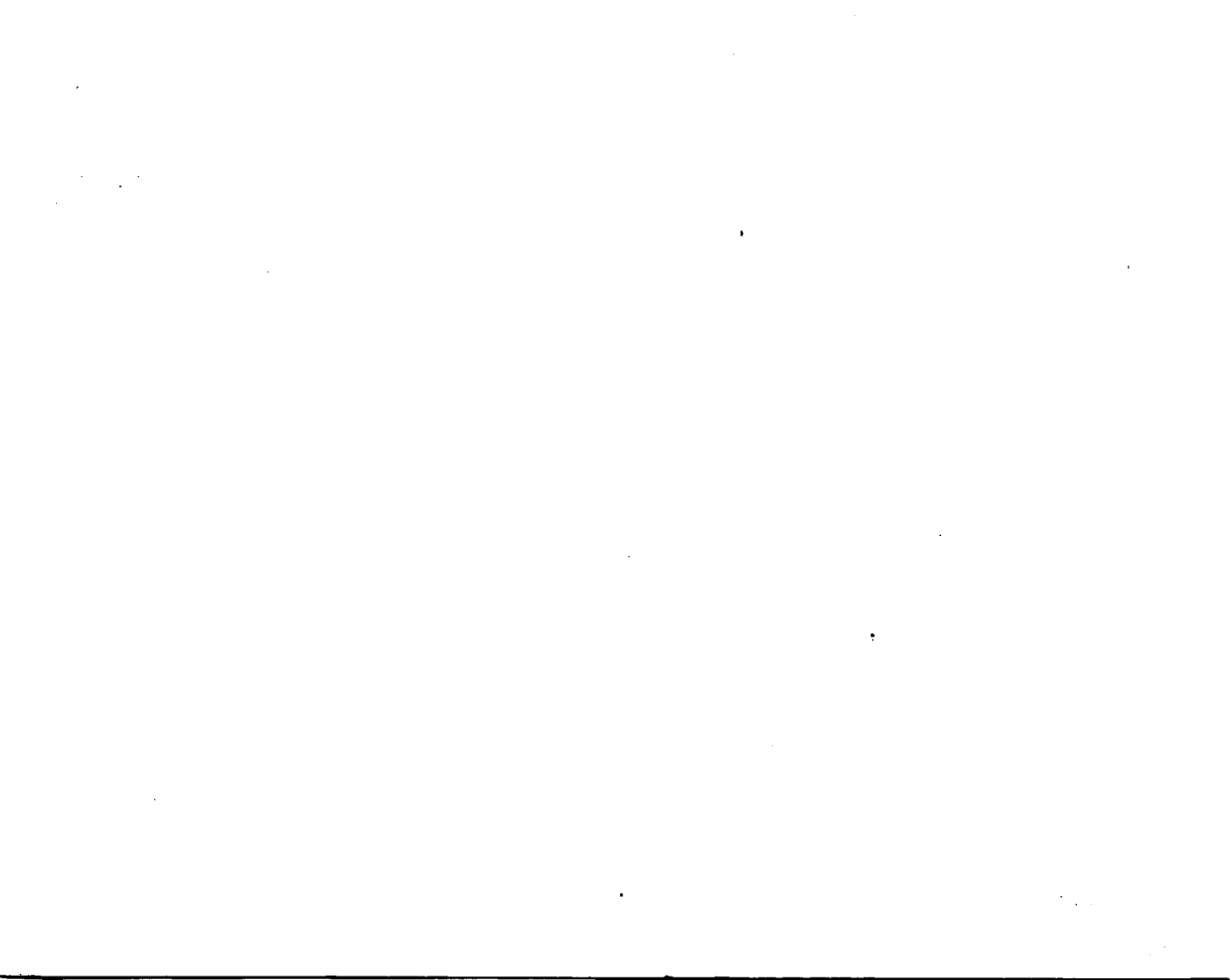
I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ..... at 1:20 P. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erin K. Kessler

Given names added from a supplemental report.

Address Soda Spring, IdahoFiled Aug 25 1925 Erin K. Kessler  
Registrar



666-203-015-289

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-3-17

Amended 9/18/78

## CERTIFICATE OF BIRTH

County of CaribouCity of Soda SpringRegistration District No. 11File No. 81274No. St.Primary Registration District No. 2048Registered No. 21

Hospital.....

FULL NAME OF CHILD Phyllis Minerva Woodard

Sex of Child <u>L</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	and { Number in order of birth <u>—</u> }	Legitimate? <u>yes</u>	Date of Birth <u>July 3</u> (Month) (Day) (Year) <u>1912</u>
-----------------------	--	---	------------------------	---

FULL NAME FATHER Charles W. WoodardRESIDENCE IdahoCOLOR W AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE UtahOCCUPATION RancherFULL MAIDEN NAME MOTHER Maymie SherreRESIDENCE IdahoCOLOR W AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE UtahOCCUPATION WifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at..... 8 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Kaepler

(Physician or midwife)

Given names added from a supplemental report.

E. K. Kaepler 19 1912Address Soda Spring, IdahoFiled July 31 19 1912 E. K. Kaepler

Registrar

Registrar

1941

1

1941

1941

1941

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. Certificate No. 81274  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Woodard (female child) who was born on July 3, 1920  
(Name on Original Certificate) (Birth or Death)  
(Was Born or Died) (Date of Event)  
in Soda Springs, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Phyllis Minerva Woodard  
.....  
.....

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of SALT LAKE } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 7th day of  
June, 1928

Signed Phyllis Brunsinger  
(Signature of Any Credible Person)

Notary Public, residing at Salt Lake City, Utah  
My commission expires December 30, 1979  
(Seal)

3137 So. 27th E. Salt Lake  
(Street Address, City, State)

Certif of Blessing from LDS Church gives name as Phyllis Minerva Woodard daughter  
of Charles J. Woodard and Mayne Sharr. born July 3, 1920  
at Sodal Springs, Idaho. Blessed Dec 5, 1920. viewed by V. S.

SEP 18 1978

Diploma from Salem High school, Salem, Oregon gives name as Phyllis Minerva Woodard ~~XXXXXXJune~~ dated June 3, 1938. viewed by V. S.

Marriage certif from Oregon gives names as Robert Eugene Brown and Phyllis M. Woodward. dated Sept 4, 1943. viewed by V. S.

569-116-001-259  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

No. 11-C-23m-9-3-37

## CERTIFICATE OF BIRTH

County of....*Ada*.....City of....*Meridian*.....Registration District No. ....*11*.....

File No. ....

81275

No. ....*R. 1*.....St. ....Primary Registration District No. ....*2003*.....

Registered No. ....

Hospital .....

FULL NAME OF CHILD

*George Wayne Houser*

Sex of Child

*Male*Twin  
Triplet  
or other?

and

(Number  
in order  
of birth)

(To be answered only in event of plural births)

Legiti-  
mate*Yes*

Date of Birth

*Aug. 16, 1928*  
(Month) (Day) (Year)

FULL NAME

*George H. Houser*

FATHER

RESIDENCE

*Meridian, Idaho*

COLOR

*White*

AGE AT LAST BIRTHDAY

*28*  
(Years)

BIRTHPLACE

*Idaho*

OCCUPATION

*Farmer*

FULL MAIDEN NAME

*Frances Kerr*

MOTHER

RESIDENCE

*Meridian, Idaho*

COLOR

*White*

AGE AT LAST BIRTHDAY

*26*  
(Years)

BIRTHPLACE

*Ohio*

OCCUPATION

*Housewife*Number of child of this mother, including present birth *2*.....Number of children of this mother now living, including present birth *2*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive or stillborn* at *Meridian, Idaho* on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

*W. L. Button*

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address .....

*Meridian, Idaho*

Filed .....

*Aug 20, 1928*

Registrar

Registrar



JUN 24 1942

JAN 5 1956



85 4 223-001-386  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form 724 No. 11-C-25m-3-3-11

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11

File No. 81276

No. 2003 St.

Primary Registration District No. 2003

Registered No. 2003

Hospital

FULL NAME OF CHILD Betty May Hedges

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 23 1920</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>John W. Hedges</u>	FATHER
RESIDENCE <u>Meridian, Ada</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Picture Show Business</u>	

FULL MAIDEN NAME <u>May Thomas</u>	MOTHER
RESIDENCE <u>Meridian, Ada</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Meridian, Ada on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice C. Dutton

Given names added from a supplemental report.

(Physician or midwife)

Address Meridian, Ada

File July 30 1920

Registrar

Registrar

APR 30 1949

219-110-001-235

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-7-21-19

County of AdaCity of MeridianRegistration District No. 11File No. 81277

No. \_\_\_\_\_ St.

Primary Registration District No. 2013

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Martin Stewart Barber

Sex of Child

MTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yes

Date of Birth

7101920

(Month)

(Day)

(Year)

FULL NAME

FATHER

Wm H. Barber

RESIDENCE

Meridian

COLOR

W.

AGE AT LAST BIRTHDAY

29

(Years)

BIRTHPLACE

Ida

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Grace Stewart

RESIDENCE

Meridian

COLOR

W.

AGE AT LAST BIRTHDAY

26

(Years)

BIRTHPLACE

Ida

OCCUPATION

Hom.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Barber, Martin, at 11 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. Helen CallawayPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Boise Idaho

Filed

July 17 1920

Registrar

Registrar

Dup of 1920-151413

- 366-106-001-249

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of AdaCity of KunaRegistration District No. 124File No. 81278

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2202Registered No. 69

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Russell Eric LoweSex of Child Male Twin Triplet } and { Number in order of birth Legiti mate? Yes Date of Birth July 6 1920 (Month) (Day) (Year) (To be answered only in event of plural births)

FULL NAME

FATHER  
Eric Plumbly Lowe

RESIDENCE

Kuna Ida.

COLOR

White

AGE AT LAST BIRTHDAY

25 (Years)

BIRTHPLACE

Greentown So. Africa

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Minnie Cecelia Smith

RESIDENCE

Kuna Ida.

COLOR

White

AGE AT LAST BIRTHDAY

22 (Years)

BIRTHPLACE

St. Anthony Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 10 a. M. on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

R. M. Bowell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Russell Eric Lowe 19

Address

Kuna Idaho

Filed

July 7 1920R. M. Bowell

Registrar

W. C. Murphy State Registrar

JAN 20 1954

STATE OF IDAHO

# BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

8/278

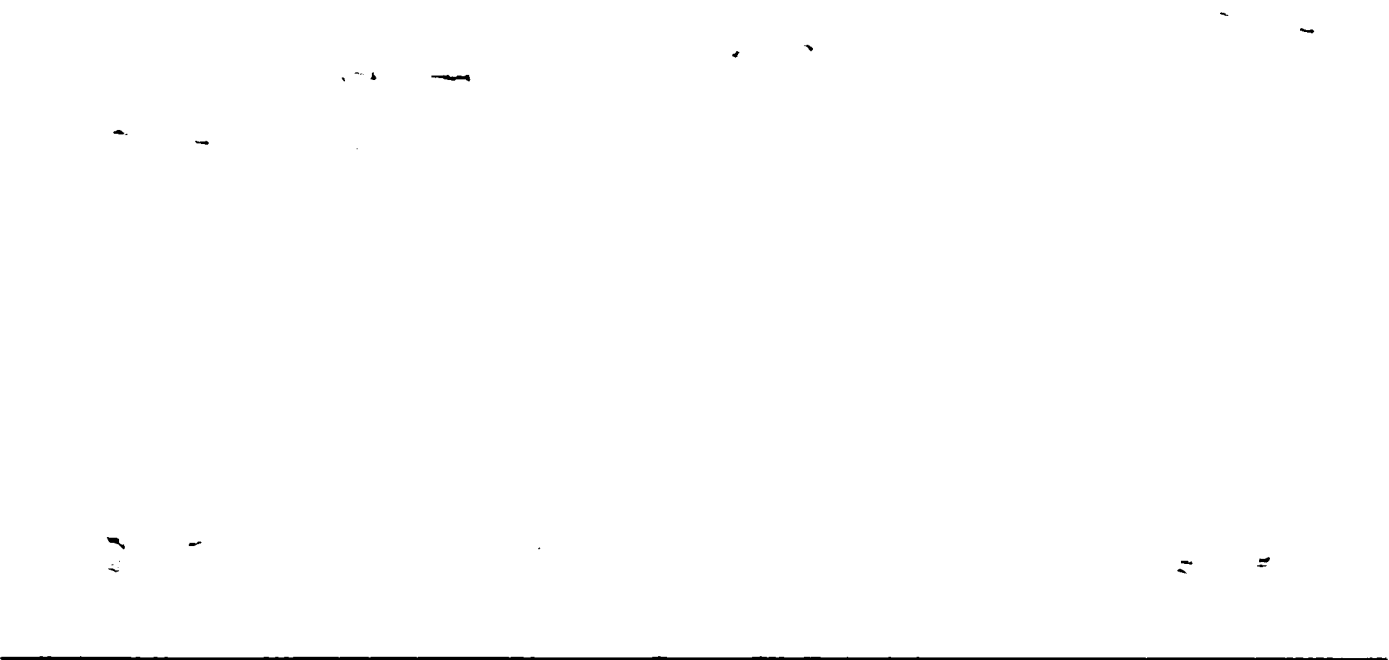
City       Tuna       Registered No.       69        
 Place of Birth { Street and House No. \_\_\_\_\_  
 County       Ada       Registration Dist. No.       124      

Sex of Child       Male        
 Date of Birth       July             6             1900        
                     MONTH            DAY            YEAR  
 Father       Eric Plumby Lown        
                     FULL NAME  
 Mother       Minnie Cecelia Smith        
                     FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

      Russel Eric Lown        
                     GIVEN NAME IN FULL            SURNAME

as reported by       Father        
                     FATHER OR MOTHER  
      R. B. Bowell        
                     LOCAL REGISTRAR





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

442-2241 001-652

PLACE OF BIRTH

County of Ada

City of Kuna

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Evelyn June Musselman

Sex of Child Female Twin Triplet or other? and Number in order of birth Legiti mate? yes

Date of Birth July 24 1920  
(Month) (Day) (Year)

FULL NAME FATHER James Roy Musselman

RESIDENCE Kuna, Idaho

COLOR white AGE AT LAST BIRTHDAY 40  
(Years)

BIRTHPLACE Iowa

OCCUPATION Merchant

FULL MAIDEN NAME MOTHER Emma Jane Webb

RESIDENCE Kuna, Idaho

COLOR white AGE AT LAST BIRTHDAY 39  
(Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rm Bowell M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Kuna Idaho

Filed July 27 1920 Rm Bowell  
Registrar Registrar

Registrar

Registrar

FEB 9 1967

OCT 23 1942

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH  
225-205-002-449  
County of Adams

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

City of Ar.

Registration District No. ....

File No. .... 81280No. .... ✓ St.

Primary Registration District No. ....

Registered No. ....

Hospital ✓

FULL NAME OF CHILD

Estrella May Skew

Sex of Child

femaleTwin  
Triplet  
or other? ✓and { Number  
in order  
of birth  
(To be answered only in event of plural births) ✓Legiti-  
mate? ✓Date of  
Birth7/5/30  
(Month) (Day) (Year)FULL  
NAMEOlin Skew

FATHER

RESIDENCE

Adams Co

COLOR

whiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Washington

OCCUPATION

RancherFULL  
MAIDEN  
NAMEIda Murphy

MOTHER

RESIDENCE

Adams Co, Indian Valley

COLOR

whiteAGE AT LAST  
BIRTHDAY3  
(Years)

BIRTHPLACE

Booth

OCCUPATION

House wifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 on the date above stated. A.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ed. W. JohnsonPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Cambridge, Mass.

File

Registrar

Registrar

RECEIVED  
BUREAU OF INVESTIGATION  
JUN 8 1971

JUN 8 1971

3-8-18

100

813-206.003-268

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. 22

County of **Bannock.**

City of **Oxford Idaho.**

Registration District No. **27**

File No. **81281.**

No. **St.**

Primary Registration District No. **2119**

Registered No. **228**

Hospital

FULL NAME OF CHILD **Etta. Hatch**

Sex of Child <b>Female.</b>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <b>Yes.</b>	Date of Birth <b>July, 6 1920</b> (Month) (Day) (Year)
-----------------------------	---	---	-------------------------	---

FULL NAME <b>Elmer Hatch.</b>	FATHER
RESIDENCE <b>Oxford Idaho.</b>	
COLOR <b>White.</b>	AGE AT LAST BIRTHDAY <b>29</b> (Years)
BIRTHPLACE <b>Oxford Idaho.</b>	
OCCUPATION <b>Farmer.</b>	

FULL MAIDEN NAME <b>Ruby Boyce.</b>	MOTHER
RESIDENCE <b>Oxford Idaho.</b>	
COLOR <b>White.</b>	AGE AT LAST BIRTHDAY <b>30</b> (Years)
BIRTHPLACE <b>Oxford Idaho.</b>	
OCCUPATION <b>Housewife.</b>	

Number of child of this mother, including present birth **3** Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive.** at **1:10 P.M.**  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **Edw. States**

**Physician.**

(Physician or midwife)

Given names added from a supplemental report.

Address **Preston Idaho.**

Filed **July 19 20**

Registrar

Registrar

•Honorable

JUL 7 1967

769-1021003-235

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannockCity of PocatelloRegistration District No. 2884File No. 6181282No. 636 So. 3<sup>rd</sup> Ave.Primary Registration District No. 2161Registered No. 3227Hospital Home

FULL NAME OF CHILD

James Clarence Gains

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Apr. 2</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Edward R. GainsRESIDENCE 636 So. 3<sup>rd</sup> Ave.COLOR Immature AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE Kearney Neb.OCCUPATION Common laborFULL MAIDEN NAME MOTHER Ethel May StewardRESIDENCE 636 So. 3<sup>rd</sup> Ave.COLOR Immature AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE Banbolt. Col.OCCUPATION HousekeepingNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

alive, at 5 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs. Ann W. Bird  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

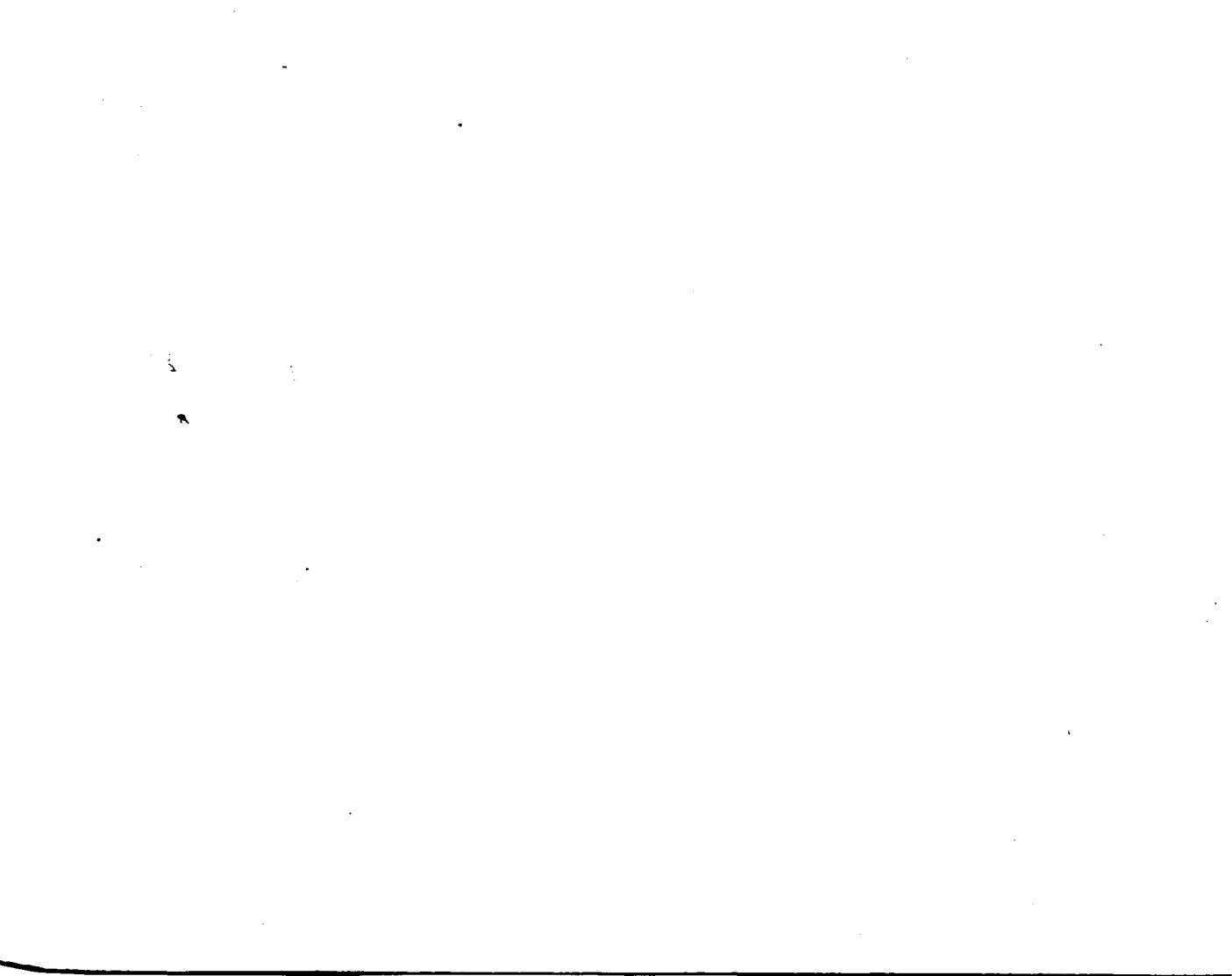
205 So. Main St.

Filed

8/11920

Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

296-1021003-466  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81283

County of Bannock

City of Pocatello

No. 745 West Benton

Registration District No. 84

File No. 61

Hospital Home

Primary Registration District No. 2161

Registered No. 3228

FULL NAME OF CHILD Lred C. Brown

Sex of Child Male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

Number  
in order  
of birth

Legiti  
mate? yes

Date of Birth April 2  
(Month) (Day) (Year) 1920

FATHER  
FULL NAME Henry Ermer Brown

RESIDENCE 745 West Benton

COLOR white AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Missouri

OCCUPATION O.S.L. Engineer

MOTHER  
FULL MAIDEN NAME Mary Jane Moore

RESIDENCE 745 West Benton

COLOR White AGE AT LAST BIRTHDAY 38  
(Years)

BIRTHPLACE Kansas

OCCUPATION Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 9:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) Mrs. Ann W. Bird  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

19

Address 905 So. Main St.

Filed 8/1 1920 McYoung Registrar

Registrar

NOV 10 1972

816-203-003-215

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IOWA  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PasatellaNo. 1600 In. 2<sup>nd</sup> Ave.Hospital Home

FULL NAME OF CHILD

Registration District No. 84File No. 81284Primary Registration District No. 2161Registered No. 3224FRIEDA  
Ella ~~Frederica~~ Haffner

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimacy? <u>yes</u>	Date of Birth <u>April 3</u> (Month) (Day) (Year) <u>1920</u>
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FATHER  
FULL NAME Christian Charles HaffnerRESIDENCE 1600 In. 2<sup>nd</sup> AveCOLOR white AGE AT LAST BIRTHDAY 37  
(Years)BIRTHPLACE Olinet So. DakotaOCCUPATION FarmingMOTHER  
FULL MAIDEN NAME Fredricka SandanRESIDENCE 1600 In. 2<sup>nd</sup> Ave.COLOR white AGE AT LAST BIRTHDAY 31  
(Years)BIRTHPLACE Scotland South DakotaOCCUPATION HousekeepingNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 3 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address 905 So. Main St  
Filed 8/1 19 20 Haffner Registrar

Registrar

OCT 14 1960

FEB 28 1961

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-113003-294  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Bannock

City of Pocatello

No. 727 No 13 St.

Registration District No. 84

File No. 681285

Hospital \_\_\_\_\_

Primary Registration District No. 2461

Registered No. 3230

FULL NAME OF CHILD not named

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>May 13 1920</u> (Month) (Day) (Year)
-----------------------	---	-----	---	-------------------------------	--

FULL NAME FATHER  
Albert Johnson  
RESIDENCE white  
COLOR \_\_\_\_\_ AGE AT LAST BIRTHDAY 33  
(Years)

FULL MAIDEN NAME MOTHER  
Eveline Kimball  
RESIDENCE 727 No 13th  
COLOR white AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Montana  
OCCUPATION R.R. man

BIRTHPLACE Pocatello, Ida  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

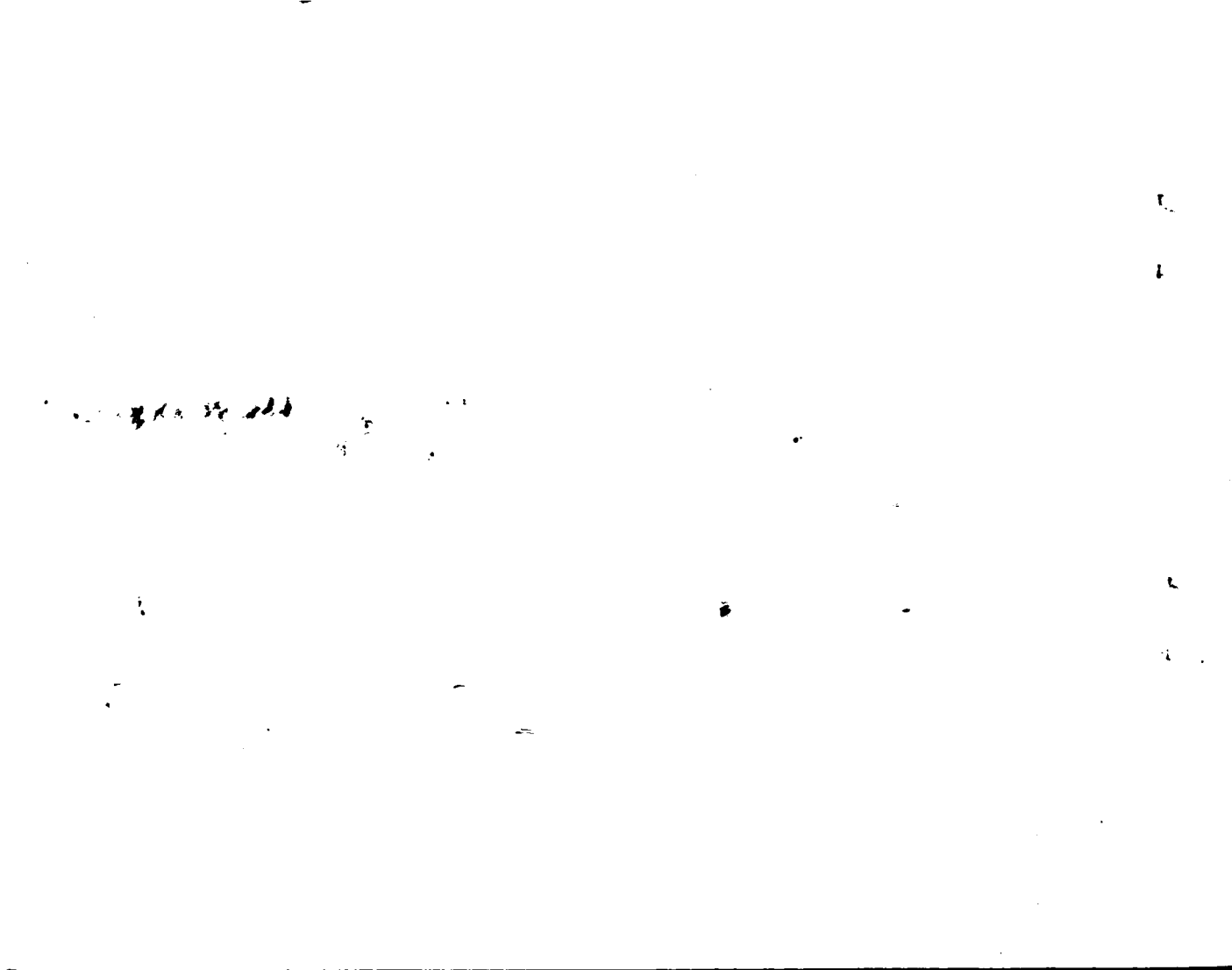
I hereby certify that I attended the birth of this child, who was Born alive, at IDA MO.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Lynn  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_  
Address \_\_\_\_\_  
Filed 8/1 19 20 W. J. Young  
Registrar Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-203-003-712

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Bannock

City of Procella

No. 122 No 8 St.

Registration District No. 84

File No. 81286

Hospital Alley

Primary Registration District No. 2161

Registered No. 3231

FULL NAME OF CHILD Rose Hansen

Sex of Child <u>girl</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>5</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>June 3rd</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Phillip Hansen

RESIDENCE 122 No 8th

COLOR white AGE AT LAST BIRTHDAY 34  
(Years)

BIRTHPLACE Denmark

OCCUPATION Carpenter

MOTHER  
FULL MAIDEN NAME Julia Gabler

RESIDENCE 122 No 8th

COLOR white AGE AT LAST BIRTHDAY 32  
(Years)

BIRTHPLACE New York City, N.Y.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive, at 3:45 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lynn

(Physician or midwife)

Given names added from a supplemental report.

19

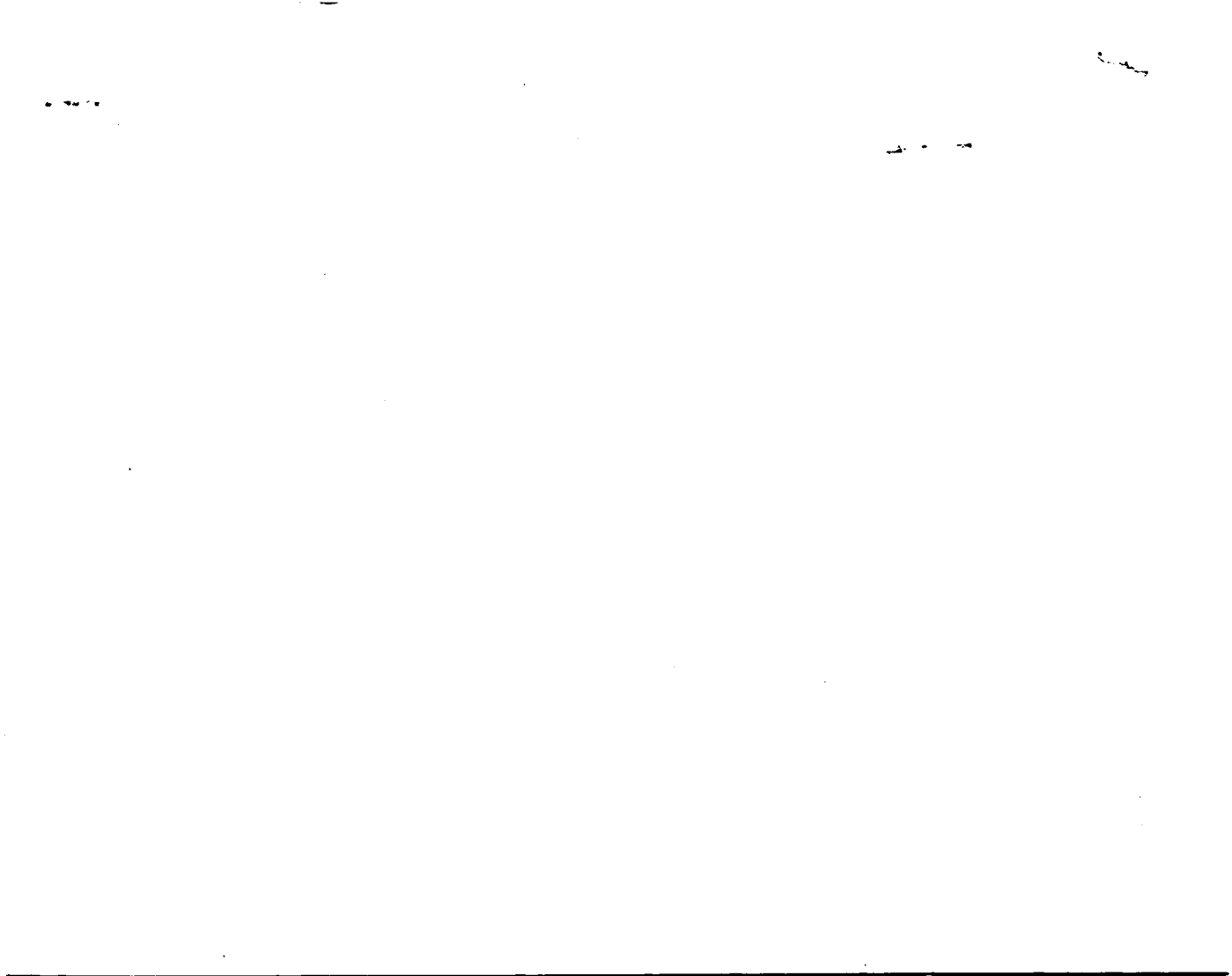
Address

Filed 8/1

1920

Registrar

Registrar





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Illinois {  
County of Kane } ss. Certificate No. 81286  
Date Filed Birth

The undersigned Rose does solemnly swear that certain facts on the certificate of Birth  
for Alice/Hansen who was born on June 3, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT) now destroyed  
true facts as shown by Family Bible/ prepared on are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**  
(AS ON ORIGINAL)

**TO**  
(THE CORRECT FACTS)

name

Rose Hansen

Alice Rose Hansen

Subscribed and sworn to before me this 30  
day of April, 19 42

R. D. Jewell  
Notary Public, residing at Elgin, Ill.

My commission expires Nov. 23, 1944  
(SEAL)

Signed Julia Y. Hansen  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Roselle, Illinois

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Illinois {  
County of Kane } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 0  
day of April, 19 42

R. D. Jewell  
Notary Public, residing at Elgin, Ill.

My commission expires Nov. 23, 1944  
(SEAL)

Signed Phyllis A. Hansen  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Roselle, Illinois

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 4 1942 By (REGISTRAR'S SIGNATURE)

MAY 3

1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-203-003-519  
PLACE OF BIRTH

STATE OF ILLINOIS  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bamook

City of Pocateello

No. 422 70 3rd St.

Registration District No. 84

File No. 61

81287

Hospital —

Primary Registration District No. 2161

Registered No. 3232

FULL NAME OF CHILD Emmanuel Martinis

Sex of Child M

~~Twin~~  
~~Triplet~~  
or other?

{ and { Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

June 3 19 20  
(Month) (Day) (Year)

FULL  
NAME

FATHER  
Jafreicio Martinis

RESIDENCE

Pocateello 422 N. 3rd.

COLOR

W

AGE AT LAST  
BIRTHDAY

21  
(Years)

BIRTHPLACE

Mexico

OCCUPATION

laborer

FULL  
MAIDEN  
NAME

MOTHER  
422 N. 3rd.

RESIDENCE

Epifancio Vargas

COLOR

W.

AGE AT LAST  
BIRTHDAY

15  
(Years)

BIRTHPLACE

Mexico

OCCUPATION

housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

alive

at 11 a. M.

(Born alive or stillborn)

{ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

[Signature]  
physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

8/1

19 20

Registrar

Registrar

[Signature]

10-231024

10-231024

10-231024

DUP OF 20-231024

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

652-214.003-413

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 544 E Benton St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 824

File No. 61

Primary Registration District No. 2461

Registered No. 3233

Dorothy Louise Weston

Sex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legit mate? Yes Date of Birth June 14 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME George B. Weston

RESIDENCE 438 S. 5th

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Saratoga Springs N. Y.

OCCUPATION Salesman

MOTHER  
FULL MAIDEN NAME Dorothy Grace Mallender

RESIDENCE 438 S. 5th

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Minier Illinois

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4:00 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W. Clark M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Cor Main & Center Sts Pocatello Idaho

Filed 8/1 1920 J. Young  
Registrar

SEP 30 1942

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

817-16003-493  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-24a-2-17

81289

County of Bannock  
City of Paratello

Registration District No. 84 File No. 61

No. 1 St. Primary Registration District No. 2161 Registered No. 3234  
Hospital St. Anthony

FULL NAME OF CHILD Robert Clark Hagerman

Sex of Child <u>Male</u>	Twin Triplet or other? <u></u> and in order of birth <u></u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 16</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>C. C. Hagerman</u> RESIDENCE <u>Paratello Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>20</u> (Years) BIRTHPLACE <u>Oklahoma</u> OCCUPATION <u>Labourer</u>		MOTHER FULL MAIDEN NAME <u>Renee Micard</u> RESIDENCE <u>Paratello Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>19</u> (Years) BIRTHPLACE <u>France</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 11:50 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.

(Physician or midwife)

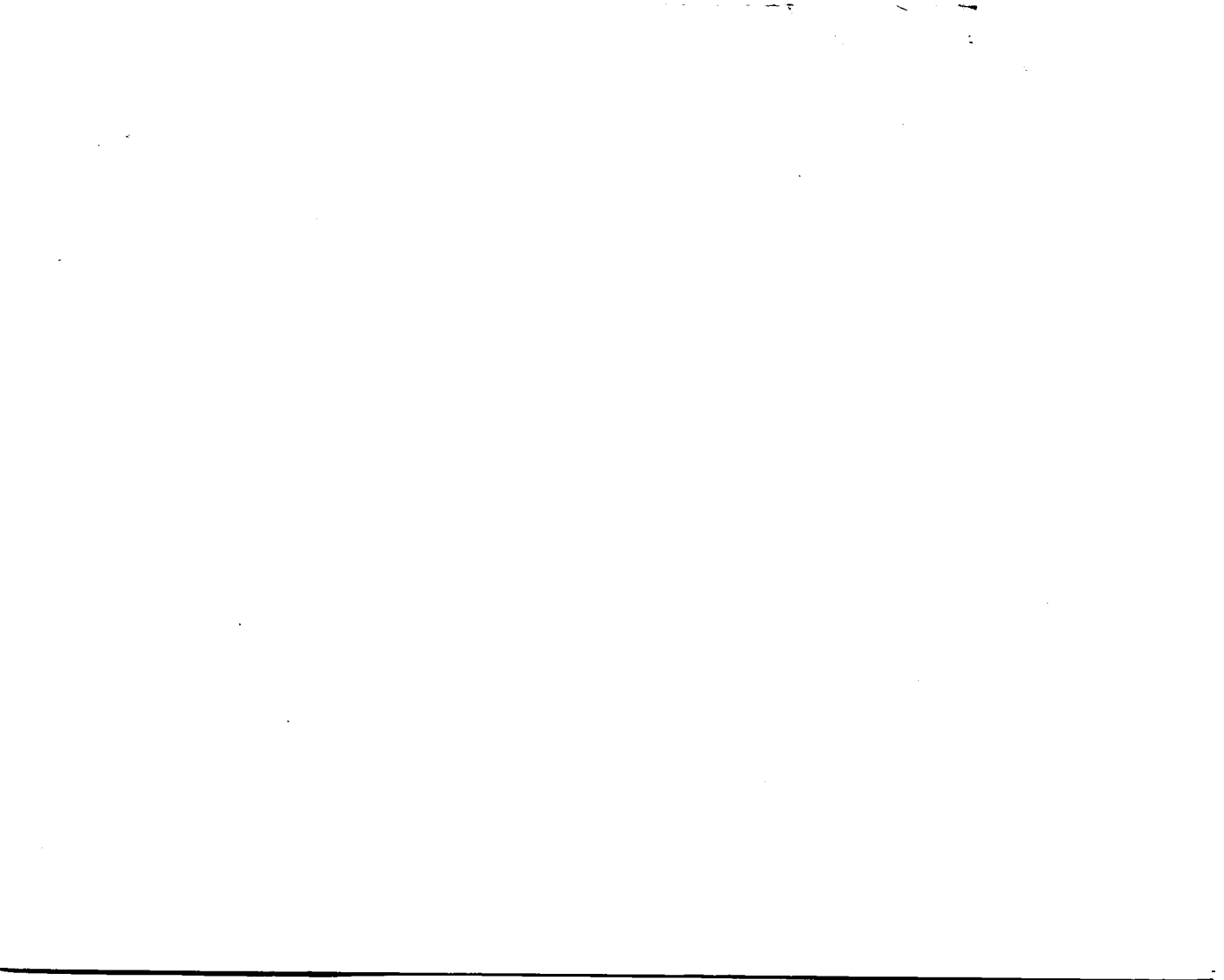
Given names added from a supplemental report.

Address Paratello Idaho

Filed 7/1 1920 Registrar W. J. Hagerman

Registrar

Registrar





753-221-003-392

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81290

County of CannockCity of Bozelle FairviewRegistration District No. 84File No. 41No. 944 Randolph St.Primary Registration District No. 2161Registered No. 5235

Hospital \_\_\_\_\_

FULL NAME OF CHILD Norma Louise Pellum

Sex of Child

femaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune 21 1920  
(Month) (Day) (Year)FULL  
NAMEU.S. Senord Pellum

FATHER

FULL  
MAIDEN  
NAMEMyra Sarah Lich

MOTHER

RESIDENCE

Fairview, Idaho

RESIDENCE

Fairview, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY24  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

Preston, Idaho

BIRTHPLACE

McCannon, Idaho

OCCUPATION

Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

Norma Louise Pellum, at 4 PM M.  
(Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

W. W. Brothman  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Bozelle, Idaho  
11 1920  
J. J. Young  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

K

DECEASED

363-128.003-845

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of Pocatello (void)No. 1541 Roosevelt St.Registration District No. 84File No. 61

81291

Hospital \_\_\_\_\_

Primary Registration District No. 216 1Registered No. 3236

FULL NAME OF CHILD

Baby Collins Jay Robert

Sex of Child

M.Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

- { and } -

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?yesDate of  
Birth6-281920FULL  
NAMEJames Walter Collins

FATHER

FULL  
MAIDEN  
NAMEJane Smith

MOTHER

RESIDENCE

Pocatello.

RESIDENCE

Pocatello.

COLOR

W.AGE AT LAST  
BIRTHDAY47  
(Years)

COLOR

W.AGE AT LAST  
BIRTHDAY46  
(Years)

BIRTHPLACE

England.

BIRTHPLACE

Utah.

OCCUPATION

Gen. General Car Foreman

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 7.30 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

F. J. Smith

Given names added from a supplemental report.

19

Address

Pocatello.

(Physician or midwife)

Filed

8/1 1920 J. J. Smith  
Registrar

Registrar

OCT 3 1956

SEP 25 1959

MARGIN RESERVED FOR BONDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

513-428.003-357

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 527 So. Harrison

Hospital Home

FULL NAME OF CHILD

Registration District No. 84

Primary Registration District No. 2/6/

Tony Valente

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81292

File No. 61

Registered No. 3237

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>June 28 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Gary Valente  
RESIDENCE 527 So. Harrison  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Italy  
OCCUPATION Boiler maker

MOTHER  
FULL MAIDEN NAME Rosina Lepole  
RESIDENCE 527 So. Harrison  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Italy  
OCCUPATION Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 8:40 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Ann W. Bird  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

19

Address 419 So. 4th Ave.  
Filed 8/1 1920  
J. P. Young  
Registrar

Registrar

APR 6 1959

983230-003-718

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81293

County of BannockCity of PocatelloRegistration District No. 84File No. 61No. 905 So. HarrisonPrimary Registration District No. 7161Registered No. 3238Hospital Home

FULL NAME OF CHILD

Laman June Rything

Sex of Child

femaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

{ Number  
in order  
of birth }

{ }

Legitimate?

Yes

Date of Birth

June 301922

(Month)

(Day)

(Year)

FULL NAME

Laman John Rything

FATHER

RESIDENCE

905 So. Harrison

COLOR

white

AGE AT LAST BIRTHDAY

25

(Years)

BIRTHPLACE

Grantsville, Utah

OCCUPATION

Common labor

FULL MAIDEN NAME

Ruth Irene Taylor

MOTHER

RESIDENCE

905 So. Harrison

COLOR

White

AGE AT LAST BIRTHDAY

20

(Years)

BIRTHPLACE

Alberta, Canada

OCCUPATION

HousekeepingNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 4:50 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs. Ann W. BirdMidwife

(Physician or midwife)

Given names added from a supplemental report.

19

Address

413 So. 4th Ave.

Filed

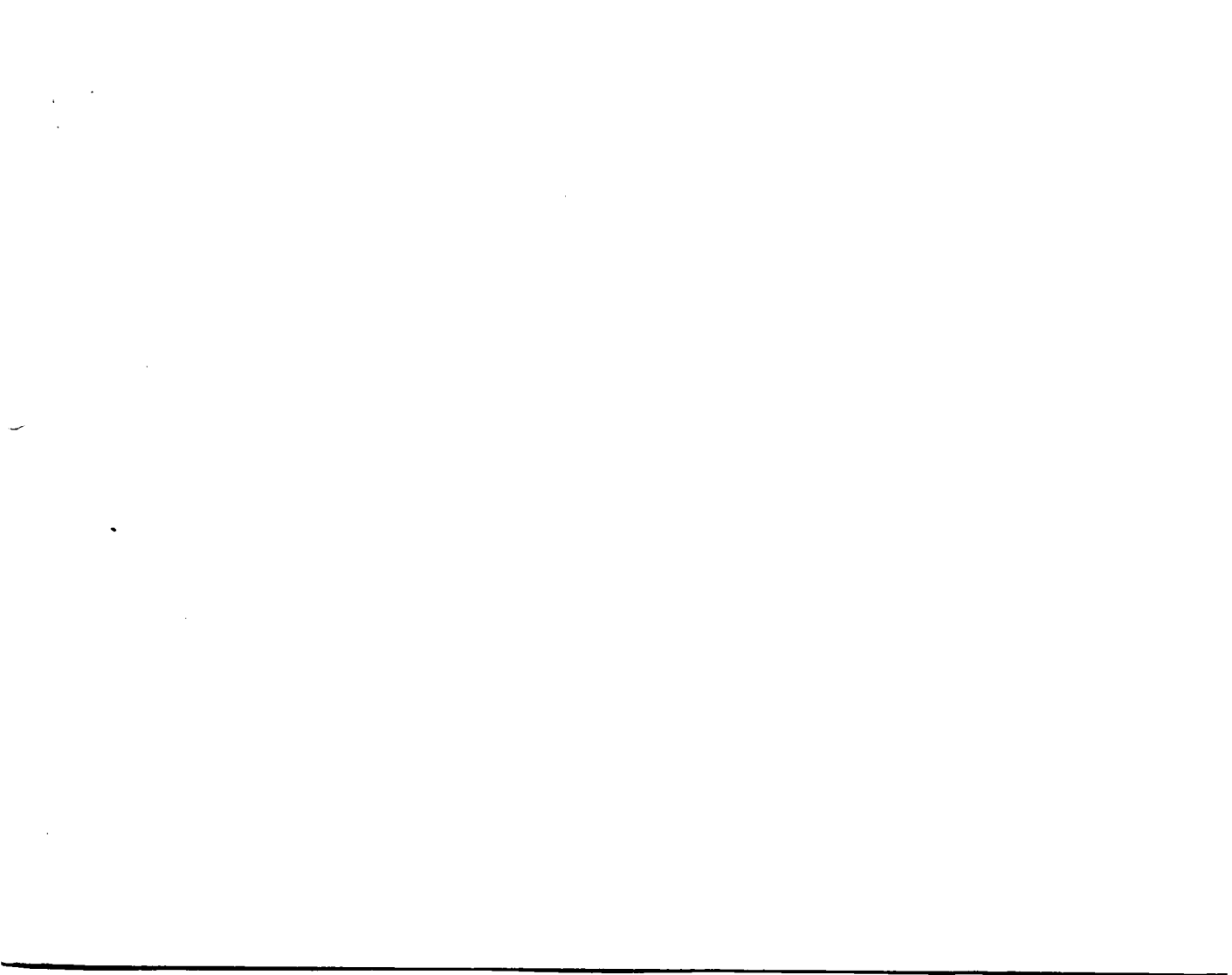
8/1 31

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





551-101-007-319

## PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81294

County of BannockCity of DracetoNo Idaho Sta.Registration District No. 84 File No. 41Hospital \_\_\_\_\_ Primary Registration District No. 2141 Registered No. 3239FULL NAME OF CHILD Martin Alvin Evans

Sex of Child <u>male</u>	Twin Triplet or other? <u>—</u>	{ and }	Number in order of birth <u>—</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 1 1920</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME FATHER Edward William EvansRESIDENCE IdahoCOLOR wht. AGE AT LAST BIRTHDAY 35  
(Years)BIRTHPLACE Ida.OCCUPATION Section Labour - OSG, RRFULL MAIDEN NAME MOTHER Elizabeth Mary LarsenRESIDENCE IdahoCOLOR wht. AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE UtahOCCUPATION H-WNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive July 1, 1920, at Idaho.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. F. Miller MD  
Box 174 Draceto Ida.  
(Physician or midwife)

Given names added from a supplemental report.

19

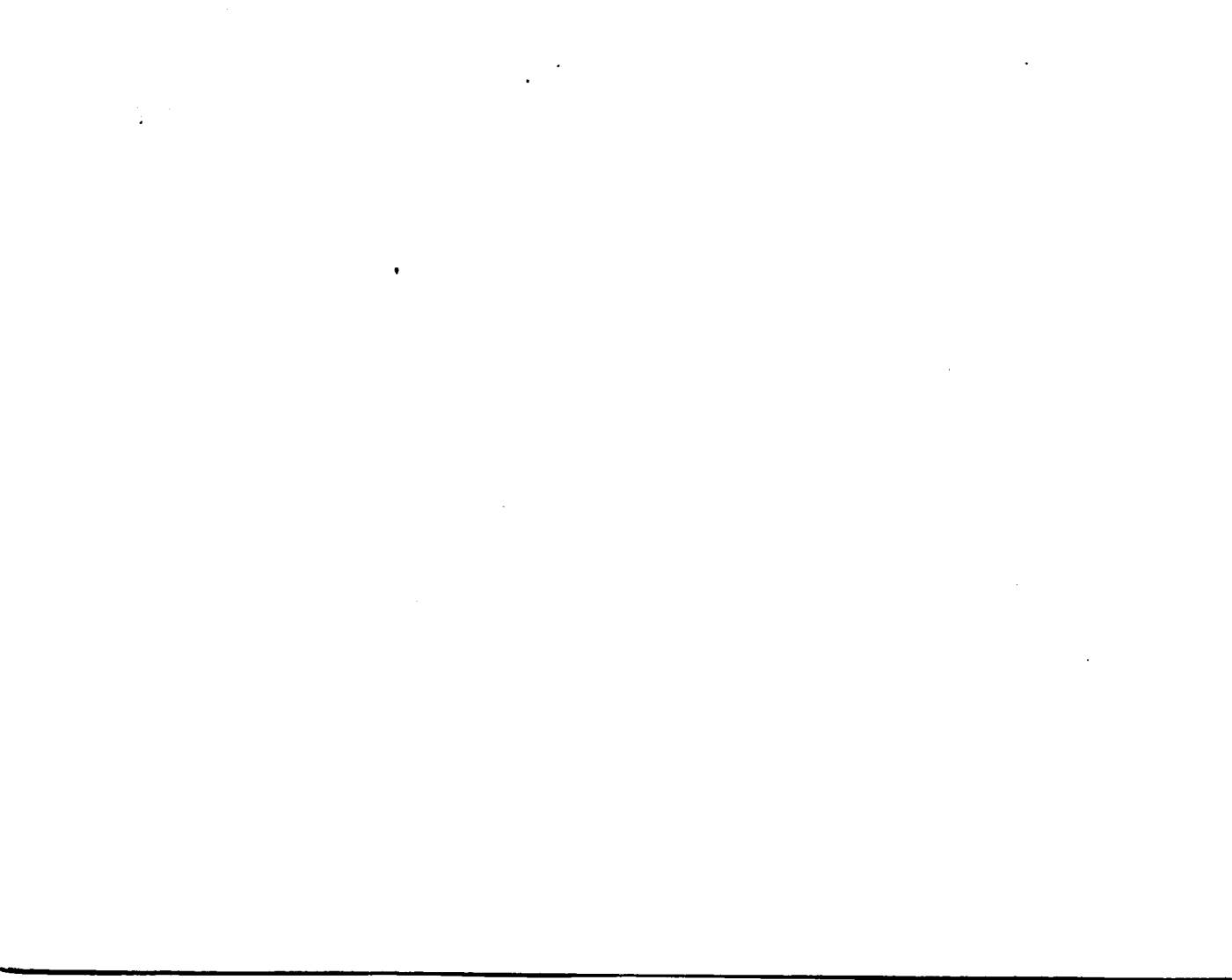
Address

Filed

19

Registrar

Registrar



331-221,003-659

Form V. S. No. 11-C-22m-4-3-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81295

County of BannockCity of TocatellaNo. 125 N 3 ave St.Registration District No. 84File No. 61Primary Registration District No. 2161Registered No. 3240

Hospital .....

FULL NAME OF CHILD Alice Louise Clark

Sex of Child <u>Female</u>	Twin Triplet or other? <u>no</u>	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>July 1 1920</u> (Month) (Day) (Year)
----------------------------	----------------------------------	--------------------------------	------------------------	--

FULL NAME <u>Albert J Clark</u>	FATHER
RESIDENCE <u>125 N 3<sup>rd</sup> ave</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Blackfoot 2da</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Lorina Bethany Level</u>	MOTHER
RESIDENCE <u>same</u>	
COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 1:30 P  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Young

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed 7/23 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

✓

[Faint, illegible text covering the majority of the page, possibly bleed-through from the reverse side.]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

297-104.003-239

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bannock

City of Postville

Registration District No. 84

File No. 81296

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital General Primary Registration District No. 2461 Registered No. 3241

FULL NAME OF CHILD Arthur Leo Biggs

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 4</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER  
FULL NAME Arthur Leo Biggs  
RESIDENCE 712 S. 4th Postville Idaho  
COLOR white AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Bonesteel So. Dakota  
OCCUPATION Pool hall proprietor

MOTHER  
FULL MAIDEN NAME Anna Marie Struck  
RESIDENCE 712 S. 4th Postville Idaho  
COLOR white AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Bloomfield, Nebraska  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 4 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

Given names added from a supplemental report.

(Physician or midwife)

Address Postville Idaho

Filed 8/1 1920 J. Young Registrar

Registrar

8-22-11

MIN 30 1942

County 855-0031  
 City of Seattle, 2nd Registration District No. 84 File No. 61251  
 No. 130 South 4th St. Primary Registration District No. 2661 Registered No. 3242

Hospital .....  
 FULL NAME OF CHILD Isabella Mc Carthy Hensley

Sex of Child 7 Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of Birth July 5 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
 FULL NAME Arthur Mansfield Hensley  
 RESIDENCE 130 South 4th  
 COLOR white AGE AT LAST BIRTHDAY 34 (Years)  
 BIRTHPLACE Colorado  
 OCCUPATION Fireman

MOTHER  
 FULL MAIDEN NAME Catherine Mc Carthy  
 RESIDENCE 130 South 4th  
 COLOR white AGE AT LAST BIRTHDAY 29 (Years)  
 BIRTHPLACE Colorado  
 OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at .....  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lysen  
 (Physician or midwife)

Given names added from a supplemental report.

Address 440 2nd Hayden  
 Filed 8/1 1920  
 Registrar J. H. Lysen

SEP 16 1957

DECEASED



943-105-003-416  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-40-1-1-1

81298

County of Bannock

City of Parlatella

No. 413 N. 7th Ave

Hospital \_\_\_\_\_

Registration District No. 84

File No. 61

Primary Registration District No. 2161

Registered No. 3243

FULL NAME OF CHILD Jack Nepht Ruchti

Sex of Child <u>Male</u>	Twin Triplet or other? <u>X</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 5 1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------	-----------------------------------	------------------------	--

FATHER  
FULL NAME Ernest N. Ruchti  
RESIDENCE 413 N. 7th Ave  
COLOR White AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Logan Utah  
OCCUPATION Business Director P. S. L. R. P.

MOTHER  
FULL MAIDEN NAME Mabel A. Law  
RESIDENCE 413 N. 7th Ave  
COLOR White AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Leesfield Utah  
OCCUPATION \_\_\_\_\_

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9:45 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Asa Newton M.D.

Given names added from a supplemental report.

Address Parlatella Idaho

Filed 84 20

Registrar

(Physician or Midwife)

Address Parlatella Idaho

Filed 84 20

Registrar



Amended 8/8/73

(Be sure the information is complete and accurate)

State File No. 81299

Local Reg. No.

Reg. Dist. No. 84

CERTIFICATE OF BIRTH  
STATE OF IDAHO

## 1. PLACE OF BIRTH

a. COUNTY

Bannock

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN

Pocatello

c. FULL NAME OF (If NOT in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

## 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN

Pocatello

d. STREET  
ADDRESS (If rural, give location)

## 3. CHILD'S NAME

(Type or print)

a. (First)

Genevieve

b. (Middle)

c. (Last)

Newbold

4. SEX

Female

5a. THIS BIRTH

SINGLE

TWIN

TRIPLET

5b. IF TWIN OR TRIPLET (This child born)

1st

2nd

3rd

6. DATE

OF  
BIRTH

(Month)

(Day)

(Year)

July 5, 1920

## FATHER OF CHILD

## 7. FULL NAME

a. (First)

John

b. (Middle)

c. (Last)

Newbold

8. AGE (At time of this birth)

37

YEARS

9. BIRTHPLACE (State or foreign country)

Smithfield, Utah

10. USUAL OCCUPATION

Rancher

11. KIND OF BUSINESS OR INDUSTRY

## MOTHER OF CHILD

## 12. FULL MAIDEN NAME

a. (First)

Isabel

b. (Middle)

c. (Last)

Lowe

13. AGE (At time of this birth)

33

YEARS

14. BIRTHPLACE (State or foreign country)

Franklin, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER  
children are now  
living?

6

b. How many OTHER children were  
born alive but are now dead?c. How many children  
were stillborn (born dead  
after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

*I hereby certify that  
this child was born  
alive on the date  
stated above.*

## 17. SIGNATURE

W. F. Howard, M. D.

## 19. ADDRESS

Pocatello, Idaho

## 18. ATTENDANT AT BIRTH

M.D. ☒ MIDWIFE

OTHER

(Specify)

## 20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.

8-1-20

22. REGISTRAR'S SIGNATURE

J. N. Young

23. DATE ON WHICH GIVEN NAME ADDED

BY

Registrar

## FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? \_\_\_\_\_

YES

NO

DATE

Was a standard serological test for syphilis performed? \_\_\_\_\_

YES

NO

APPROXIMATE DATE

LENGTH OF PREGNANCY \_\_\_\_\_ WEEKS

WEIGHT AT BIRTH \_\_\_\_\_ LBS. \_\_\_\_\_ OZS.

TIME: 10:10 PM

RACE OR COLOR OF FATHER

White

RACE OR COLOR OF MOTHER

White

METHOD OF DELIVERY

Was 1% Silver Nitrate Used  
to prevent blindness?

YES

NO

BIRTH INJURY TO INFANT

\_\_\_\_\_ YES IF YES, DESCRIBE

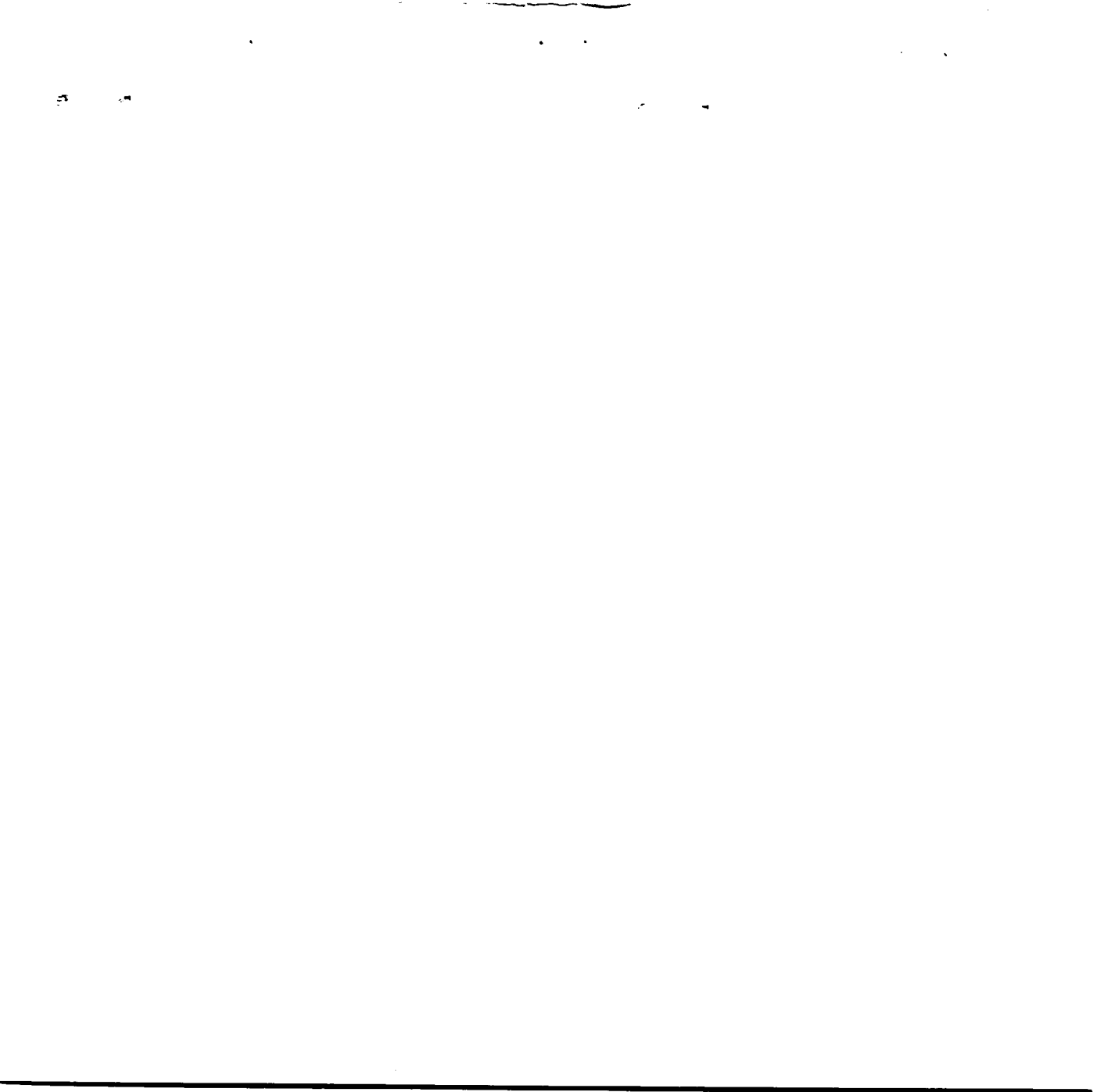
\_\_\_\_\_ NO

CONGENITAL MALFORMATIONS OF INFANT

\_\_\_\_\_ YES IF YES, DESCRIBE

\_\_\_\_\_ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. 81299  
County of ..... } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Verda Dewbold who was born on July 5, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Baptism Cert. Church Record, School Record prepared on July 14, 1940 - 1940, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
Name of Child	Verda Dewbold	Genevieve Newbold	
Father's Name	John Dewbold	John Newbold	

Subscribed and sworn to before me this 27 day of

Signed Lela P. Hamilton  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Harbin Grove  
My commission expires Aug 23 1976

12431 Amethyst St. Harbin Grove, Calif.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... } ss.  
County of ..... }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

.....  
(Street Address, City, State)

Certificate of Baptism and Confirmation from LDS Church gives name as Genevieve Newbold daughter of Hyrum John Newbold and Isabell Lowe. Born July 5, 1920 Was Baptized July 14, 1940. Viewed by V. S.

Diploma from Pocatello Senior High School, Pocatello, Idaho gives child's name as Genevieve Newbold. Dated May 22, 1940. Viewed by V. S.

Funeral Program from Laurn R. Riuce Mortuary, Maywood, California for Hyrum John Newbold. Born Jan. 14, 1883 & Died July 24, 1949. Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-1071003-243

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81300

County of Bannock

City of Pocatello

Registration District No. 84

File No. 61

No. R. Malad, Ida. St.

Primary Registration District No. 2161

Registered No. 324 S

Hospital Pocatello General Hospital/ Thomas Ford Giles.  
FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>July 7</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	---	-------------------------------	--

FULL NAME FATHER  
Jessie H. Giles  
RESIDENCE  
Malad, Idaho  
COLOR White AGE AT LAST BIRTHDAY 35  
(Years)  
BIRTHPLACE  
Abington, Mass.  
OCCUPATION  
Civil Engineer

FULL MAIDEN NAME MOTHER  
Gladys Buckingham  
RESIDENCE  
Malad, Idaho.  
COLOR White AGE AT LAST BIRTHDAY 27  
(Years)  
BIRTHPLACE  
Perry, Iowa  
OCCUPATION  
Hswf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. Howard, M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello, Idaho

Filed 8/1 19 20

Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-109-  
003-313  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81301

County of Idaho  
City of Booth  
No. 1152  
Registration District No. 84  
File No. 61  
Primary Registration District No. 2161  
Registered No. 3246  
Hospital \_\_\_\_\_  
FULL NAME OF CHILD Charles William Crane

Sex of Child male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth July 9 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Ashley Charles Crane  
RESIDENCE Fairview Idaho  
COLOR white AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Idaho Utah  
OCCUPATION Machinist

MOTHER  
FULL MAIDEN NAME Melvina Call  
RESIDENCE Fairview Idaho  
COLOR white AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Woodruff, Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

Given names added from a supplemental report.

(Physician or midwife)

Address Booth, Idaho

Filed 8/1 1920 Registrar J. H. Young

Registrar

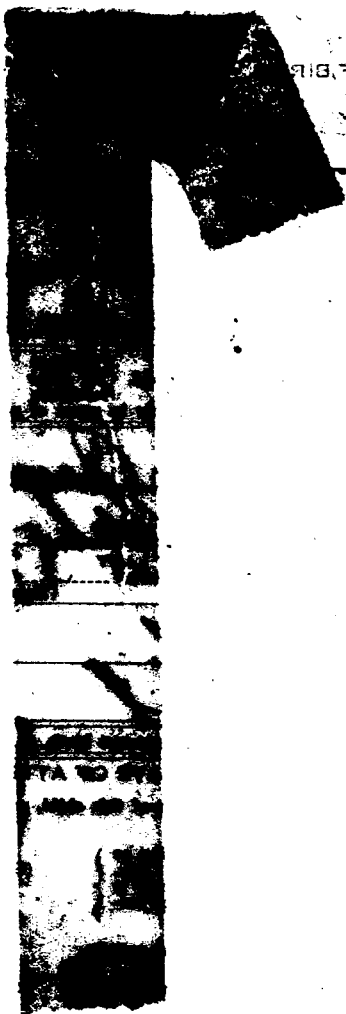
JAN 8 1942

1031R

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

RECEIVED

RECEIVED



## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81302

County of BannockCity of PocatelloRegistration District No. 841File No. 61

No. \_\_\_\_\_ St.

Hospital StAnthony Hosp.Primary Registration District No. 2161Registered No. 3247FULL NAME OF CHILD Virginia Chaves

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>July 9</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-----	---	---------------------------	--

FULL NAME FATHER  
Manuel ChavesRESIDENCE  
McCammon, Idaho.COLOR Mexican AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE  
El Paso, TexasOCCUPATION  
LaborerFULL MAIDEN NAME MOTHER  
May HurtadoRESIDENCE  
McCammon, Idaho.COLOR Mexican AGE AT LAST BIRTHDAY 19  
(Years)BIRTHPLACE  
Canon City, Colo.OCCUPATION  
Homf.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11:15 A.  
on the date above stated. Born alive (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello, Idaho.

Filed

19 20

Registrar

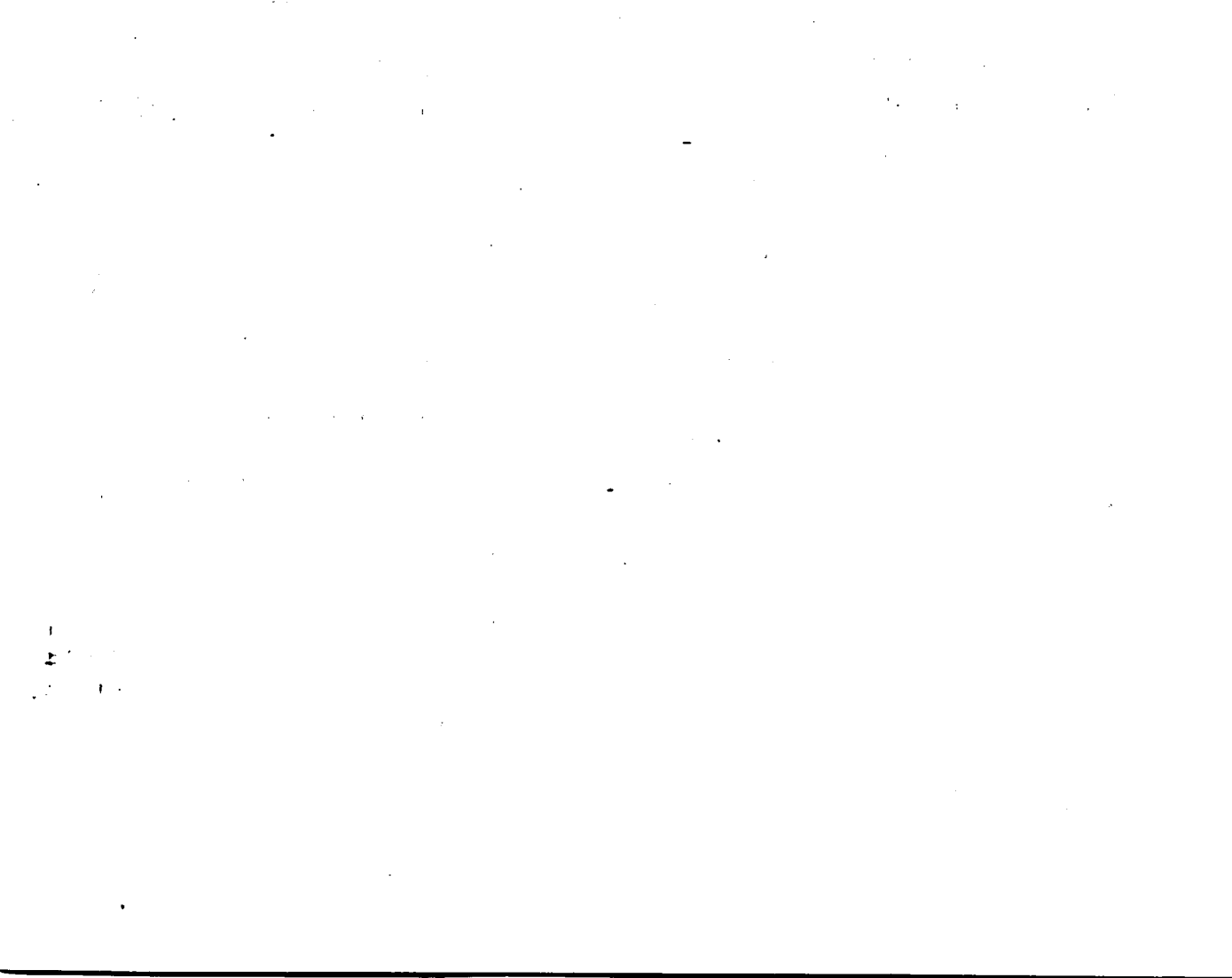
Registrar

MARGIN RESERVED FOR BONDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

381-2091003-849



659-1091003-795

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81303

County of BannockCity of PocatelloRegistration District No. 84File No. 61No. 823 West BridgesPrimary Registration District No. 2161Registered No. 3248Hospital Home

## FULL NAME OF CHILD

George Jesse Ferguson

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>July 9</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	--

FULL NAME George Jesse Ferguson FATHERRESIDENCE 823 West BridgesCOLOR White AGE AT LAST BIRTHDAY 32 (Years)BIRTHPLACE IdahoOCCUPATION BarberFULL MAIDEN NAME Ora Letitia Gresham MOTHERRESIDENCE 823 West BridgesCOLOR White AGE AT LAST BIRTHDAY 19 (Years)BIRTHPLACE Rockwell MissouriOCCUPATION HousekeepingNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 5:25 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Jess Ann W. Bird  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

413 So. 3rd Ave

Filed

8/1 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1942

924-109-003-512

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81304

County of BannockCity of PocatelloNo. 129 So. 3<sup>rd</sup> St.Registration District No. 84File No. 61Hospital HomePrimary Registration District No. 2161Registered No. 3249

FULL NAME OF CHILD

Sanji Tsukamoto

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 9 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER Kunichi TsukamotoRESIDENCE 139 So. 3<sup>rd</sup> Ave.COLOR Japanese AGE AT LAST BIRTHDAY 41 (Years)BIRTHPLACE JapanOCCUPATION CarpenterFULL MAIDEN NAME MOTHER Shizuyo TsukamotoRESIDENCE 139 So. 3<sup>rd</sup> Ave.COLOR Japanese AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE JapanOCCUPATION HousekeepingNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 31 Photostat copy 5/21/42 DATE OF ATTENDING PHYSICIAN OR MIDWIFEI hereby certify that I attended the birth of this child, who was alive at 2 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann M. Bird  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address 413 So. 4<sup>th</sup> Ave.  
Filed 8/1 1920 Albany  
Registrar

Registrar

FEB 21 1942

JUL 27 1973



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

994-210-003-249

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81305

County of Bannock

City of Pocatello Ida

No. 1232 No grants St.

Registration District No. 84

File No. 61

Hospital

Primary Registration District No. 2161

Registered No. 3250

FULL NAME OF CHILD Helen Mary Rimmer

Sex of Child girl

Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

4

Legiti-  
mate?

Yes

Date of  
Birth

July 10

1920

FULL  
NAME

FATHER

Gas Rimmer

RESIDENCE

1232 No grant

COLOR

white

AGE AT LAST  
BIRTHDAY

34  
(Years)

BIRTHPLACE

Kansas City

OCCUPATION

Laborer

FULL  
MAIDEN  
NAME

MOTHER

Jessie Smith

RESIDENCE

1232 No grant

COLOR

white

AGE AT LAST  
BIRTHDAY

28  
(Years)

BIRTHPLACE

Utah

OCCUPATION

H. wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Born alive at 3 A M.  
(Born alive or stillborn)

{ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

J. H. Lynn

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Ida

Filed

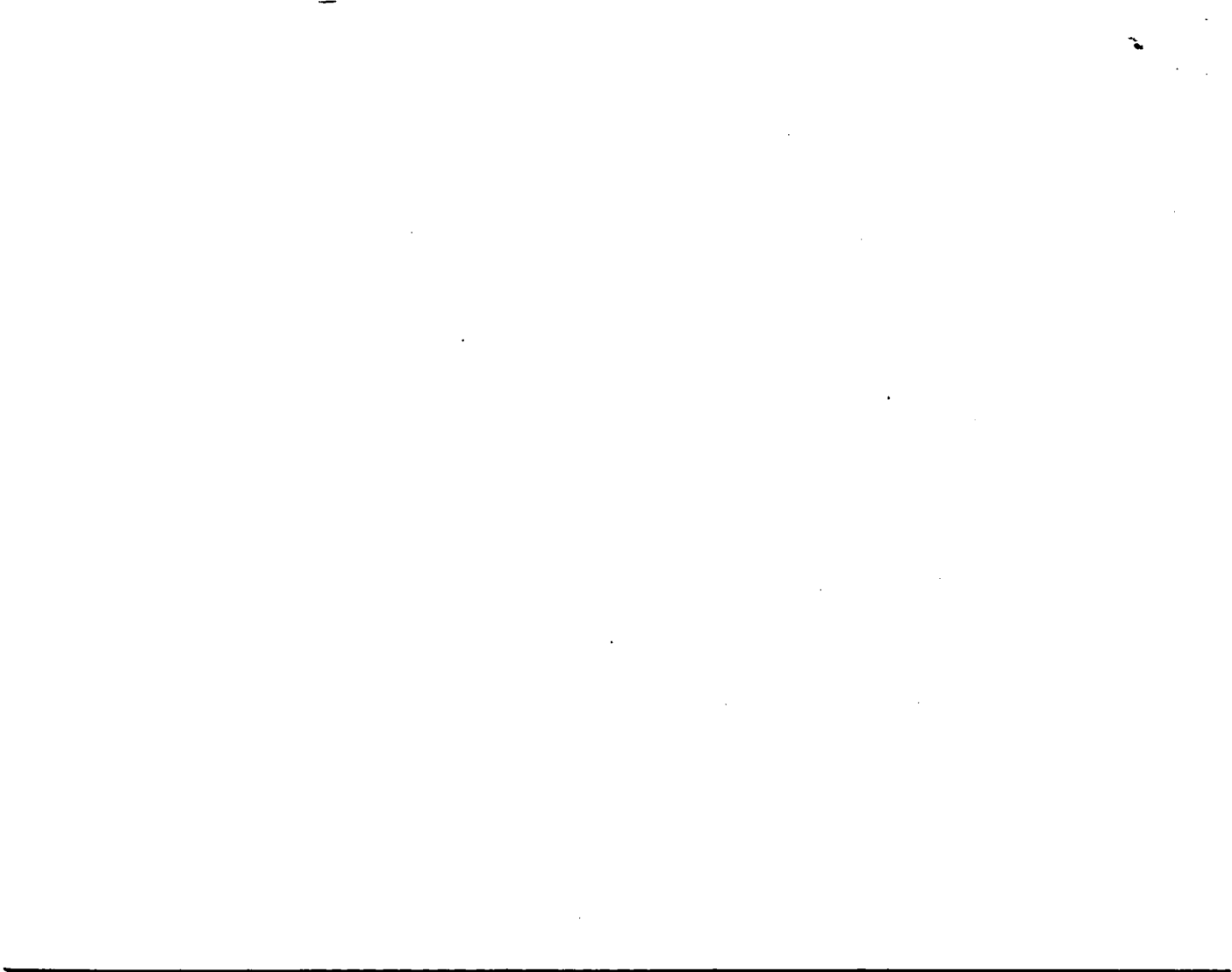
8/1

19

J. H. Lynn

Registrar

Registrar



695-210-003-769

PLACE OF BIRTH

Form V. S. No. 24-C-26m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81306

County of BannockCity of PocatelloRegistration District No. 84File No. 61No. 1301 N. Harr. St.Primary Registration District No. 2461Registered No. 3257

Hospital

FULL NAME OF CHILD

Opal Lucille WiedemanSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered

and

Number  
in order  
of birth  
(only in event of plural births)

Legitimate?

yes

Date of Birth

July 10 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

Conrad Wiedeman

RESIDENCE

Crystal, Idaho.

COLOR

WhiteAGE AT LAST  
BIRTHDAY31

(Years)

BIRTHPLACE

Akron, Ohio  
RancherFULL  
MAIDEN  
NAME

MOTHER

Mearl Porter

RESIDENCE

Crystal, Idaho.

COLOR

WhiteAGE AT LAST  
BIRTHDAY23

(Years)

BIRTHPLACE

Centralia, Ill.  
Hswf.Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive

(Born alive or stillborn)

at 9:30 P. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. F. Howard M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello, Idaho.

Filed

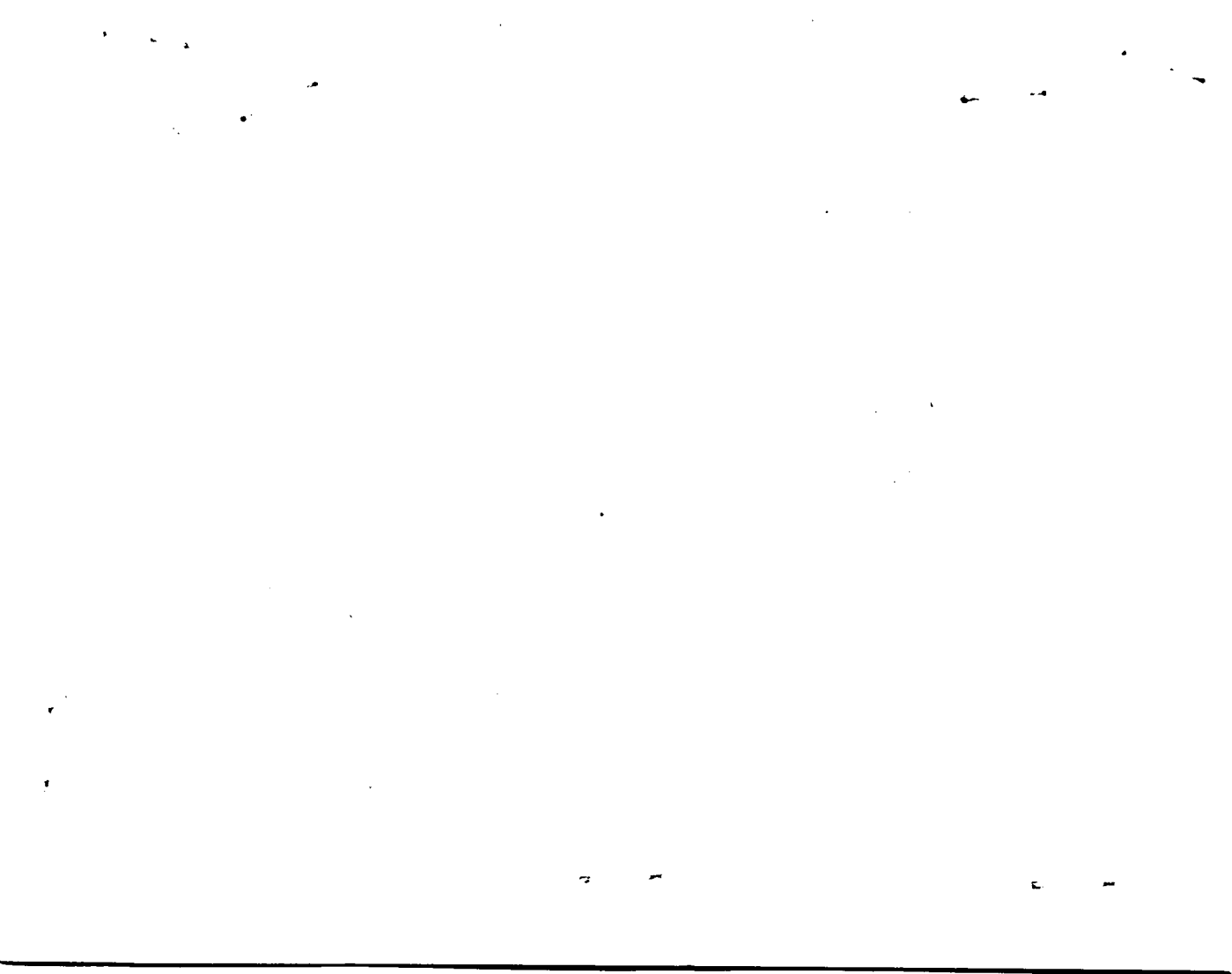
8/17 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 81306  
 County of Bannock }  
 The undersigned does solemnly swear that certain facts on the certificate of Opal Lucille Wiedeman who born on July 10, 1920  
 for Opal Lucille Wiedeman (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)  
 in Medical Record (PLACE OF EVENT) are erroneous or were omitted; and that to the best of his knowledge, the  
 true facts as shown by Medical Record prepared on July 20, 1920, are:  
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)  
 FACTS TO BE CORRECTED FROM TO  
 ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

name Unnamed Wiedeman Opal Lucille Wiedeman  
Medical Record in possession of attending physician

Subscribed and sworn to before me this.....  
 day of....., 19.....

Signed William F. Howard MD  
 (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
115 S. Fairfield Ave. Pocatello Idaho  
 (STREET ADDRESS, CITY, STATE)

Notary Public, residing at.....  
 My commission expires.....  
 (SEAL)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }  
 County of..... } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
 (SEE CHAPTER 129, 1927 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....  
 day of....., 19.....

Signed.....  
 (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at.....  
 My commission expires.....  
 (SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 8 1942 By.....  
 (REGISTRAR'S SIGNATURE)

MAY 11 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

243-211-003-279

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bannock

City of Pocatello

No. 147 Twins St.

Registration District No. 84

File No. 61

81307

Hospital General

Primary Registration District No. 2161

Registered No. 3252

FULL NAME OF CHILD

Blaine Milled Bullis

Sex of Child

F.

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

Legiti  
mate?

Yes

Date of Birth

7-11

1920

FULL NAME

Edwin Clark Bullis

FULL MAIDEN NAME

Hilda

RESIDENCE

Pocatello

RESIDENCE

Pocatello

COLOR

W.

AGE AT LAST BIRTHDAY

24

COLOR

W.

AGE AT LAST BIRTHDAY

23

BIRTHPLACE

Wisconsin

BIRTHPLACE

Oregon

OCCUPATION

Train Dispatcher

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive at 7:30 P. M.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. J. Roberts

Given names added from a supplemental report.

19

Address

Pocatello, Idaho

Filed

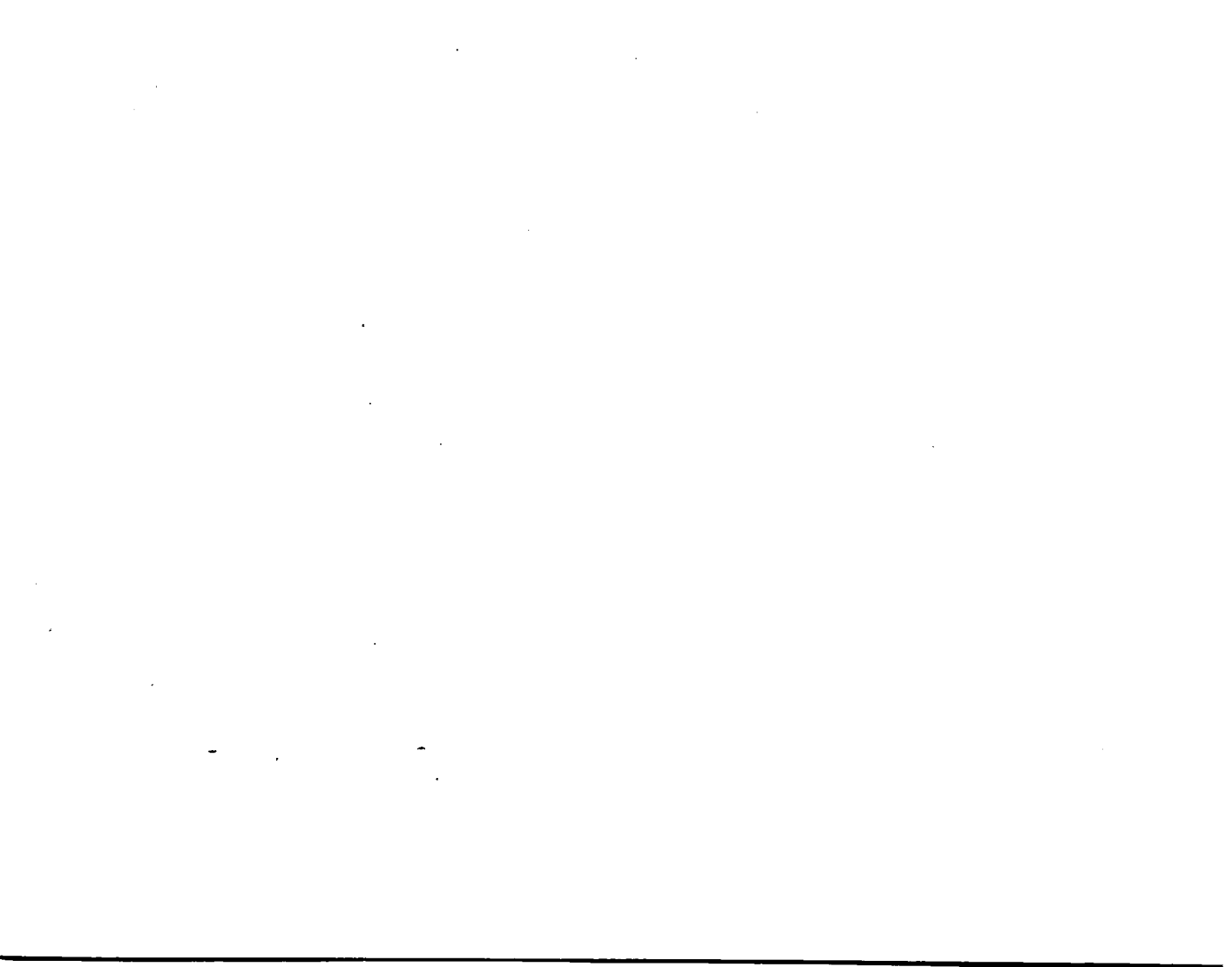
8/1

19 24

J. J. Roberts

Registrar

Registrar





623-212.00 316  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 C-22a-9-2-17

## CERTIFICATE OF BIRTH

County of Bannock....City of Pocatello.....Registration District No. 84.....File No. 61.....No. 9th Nat. Lewis St.Primary Registration District No. 216.....Registered No. 3253.....

Hospital .....

FULL NAME OF CHILD

Billie Gladys WilliamsSex of  
ChildGirlTwin  
Triplet  
or other?and (Number  
in order  
of birthLegiti-  
mate?yes  
intendedDate of  
BirthJuly.....12.....1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Roy Duane Williams

RESIDENCE

946 West Lewis St. Pocatello

COLOR

WhiteAGE AT LAST  
BIRTHDAY29.....  
(Years)

BIRTHPLACE

Salt Lake City, Ut.

OCCUPATION

Auto. SalesmanFULL  
MAIDEN  
NAME

MOTHER

Gladys Paul Lawson

RESIDENCE

946 West Lewis Pocatello, Id.

COLOR

WhiteAGE AT LAST  
BIRTHDAY21.....  
(Years)

BIRTHPLACE

Provo City, Utah

OCCUPATION

StudentNumber of child of this mother, including present birth....2.... Number of children of this mother now living, including present birth....2....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....alive....., at...7:30 A.M....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

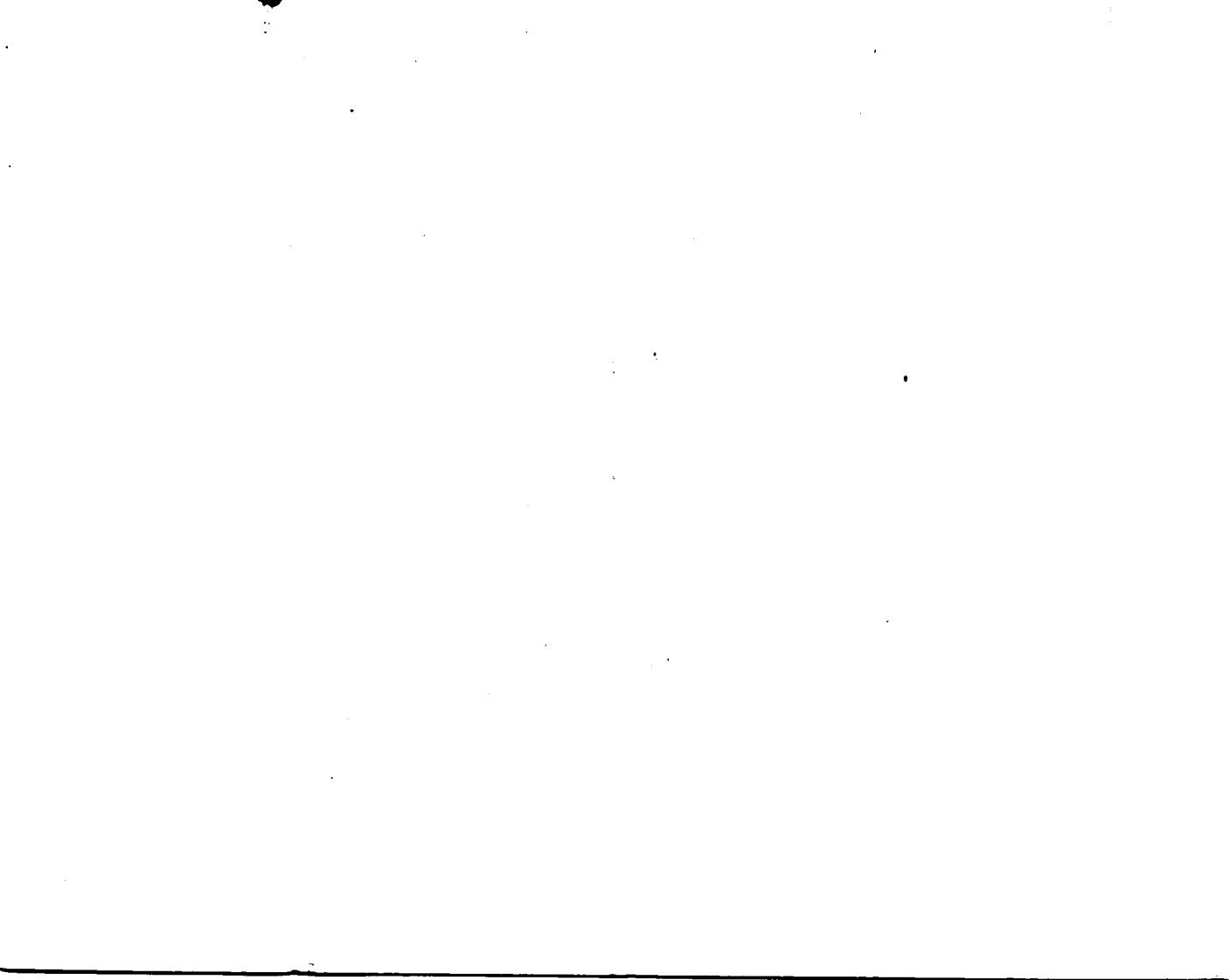
(Signature).....Asm. Newton M.D......

Given names added from a supplemental report.

Address.....Pocatello Ida.....Filed.....8/1.....1920.....

Registrar

Registrar



689-212-003-365

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81309

County of BannockCity of PocatelloRegistration District No. 84File No. 61

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital GeneralPrimary Registration District No. 2161Registered No. 3254FULL NAME OF CHILD Leta May WhettenSex of Child femaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate? yesDate of  
BirthJuly 12

(Month) (Day)

19 20  
(Year)FULL  
NAMEAlbert William Whetten

FATHER

FULL  
MAIDEN  
NAMEFlorence Lorna Cone

MOTHER

RESIDENCE

Blackfoot, Idaho

RESIDENCE

Blackfoot, Idaho

COLOR

white

AGE AT LAST

BIRTHDAY

32  
(Years)

COLOR

white

AGE AT LAST

BIRTHDAY

22  
(Years)

BIRTHPLACE

California

BIRTHPLACE

McCook, Nebraska

OCCUPATION

Harmoner

OCCUPATION

housewifeNumber of child of this mother, including present birth 1Number of children of this mother now living including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

4 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brotherton(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Pocatello, IdahoFiled 8/1 19 20Registrar J. Young

Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MAY 26 1972

AUG 22 1972

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

281.113.003-795

PLACE OF BIRTH

**Bannock**

County of \_\_\_\_\_

City of **Pocatello**

No. **1045 S. 3rd St.**

Registration District No. **84**

File No. **61**

Primary Registration District No. **2161**

Registered No. **3255**

Hospital **Pocatello General Hosp.**

FULL NAME OF CHILD **Robert Clark Shane**

Sex of Child <b>Male</b>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <b>Yes</b>	Date of Birth <b>July 13 20</b> (Month) (Day) (Year)
--------------------------	---	-----	---	-------------------------------	---

FULL NAME **FATHER**  
**Wayne Jennings Shane**

RESIDENCE  
**1045 S. 3rd. Ave.**

COLOR **White** AGE AT LAST BIRTHDAY **22**  
(Years)

BIRTHPLACE  
**Omaha, Neb.**

OCCUPATION  
**Truck driver**

FULL MAIDEN NAME **MOTHER**  
**Winifred Green**

RESIDENCE  
**1045 S. 3rd. Ave.**

COLOR **White** AGE AT LAST BIRTHDAY **22**  
(Years)

BIRTHPLACE  
**Star Valley, Wyo.**

OCCUPATION  
**Hawf.**

Number of child of this mother, including present birth **1** Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was **Born alive**, at **4:45 A.** M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **H. J. Howard**  
(Physician or midwife)

Given names added from a supplemental report.

19

Address **Pocatello, Idaho.**

Filed **8/1** 19 **20** **R. Young** Registrar

Registrar

**SEP** 4 1951

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

592113-007-292

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81311

County of Bannock

City of Pocatello

No. 857 So. Arthur

Hospital Home

FULL NAME OF CHILD

Registration District No. 84

File No. 61

Primary Registration District No. 2141

Registered No. 3256

Hiroshi Eignuch

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legit mate? <u>Yes</u>	Date of Birth <u>July 19</u> (Month) (Day) 19 <u>20</u> (Year)
--------------------------	---	-----	---	---------------------------	---

FATHER  
FULL NAME Charley Eignuch  
RESIDENCE 857 So. Harrison  
COLOR Japanese AGE AT LAST BIRTHDAY 42  
(Years)  
BIRTHPLACE Japan  
OCCUPATION Gardening

MOTHER  
FULL MAIDEN NAME Kubato Kiku  
RESIDENCE 857 So. Harrison  
COLOR Japanese AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Japan  
OCCUPATION Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 9:15 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address 413 So. 4th Ave  
Filed 8/1 1920 J. Young  
Registrar

Registrar

Dup of 1920-161406



691-214,003-855

## PLACE OF BIRTH

County of BannockCity of PocatelloNo. 1122 N. 9th AveHospital Home

FULL NAME OF CHILD

Registration District No. 84Primary Registration District No. 2161

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81312

File No. 61Registered No. 3257Abigail June Frasier

Sex of Child <u>female</u>	Twins or other? <u>Triplets</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 14</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

FULL NAME FATHER Elijah FrasierRESIDENCE 1122 N. 9th Ave.COLOR white AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE Lloyd Co. KyOCCUPATION common laborFULL MAIDEN NAME MOTHER Lamery HensonRESIDENCE 1122 N. 9th Ave.COLOR white AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE Lloyd Co. KyOCCUPATION HousekeepingNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 12:25 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

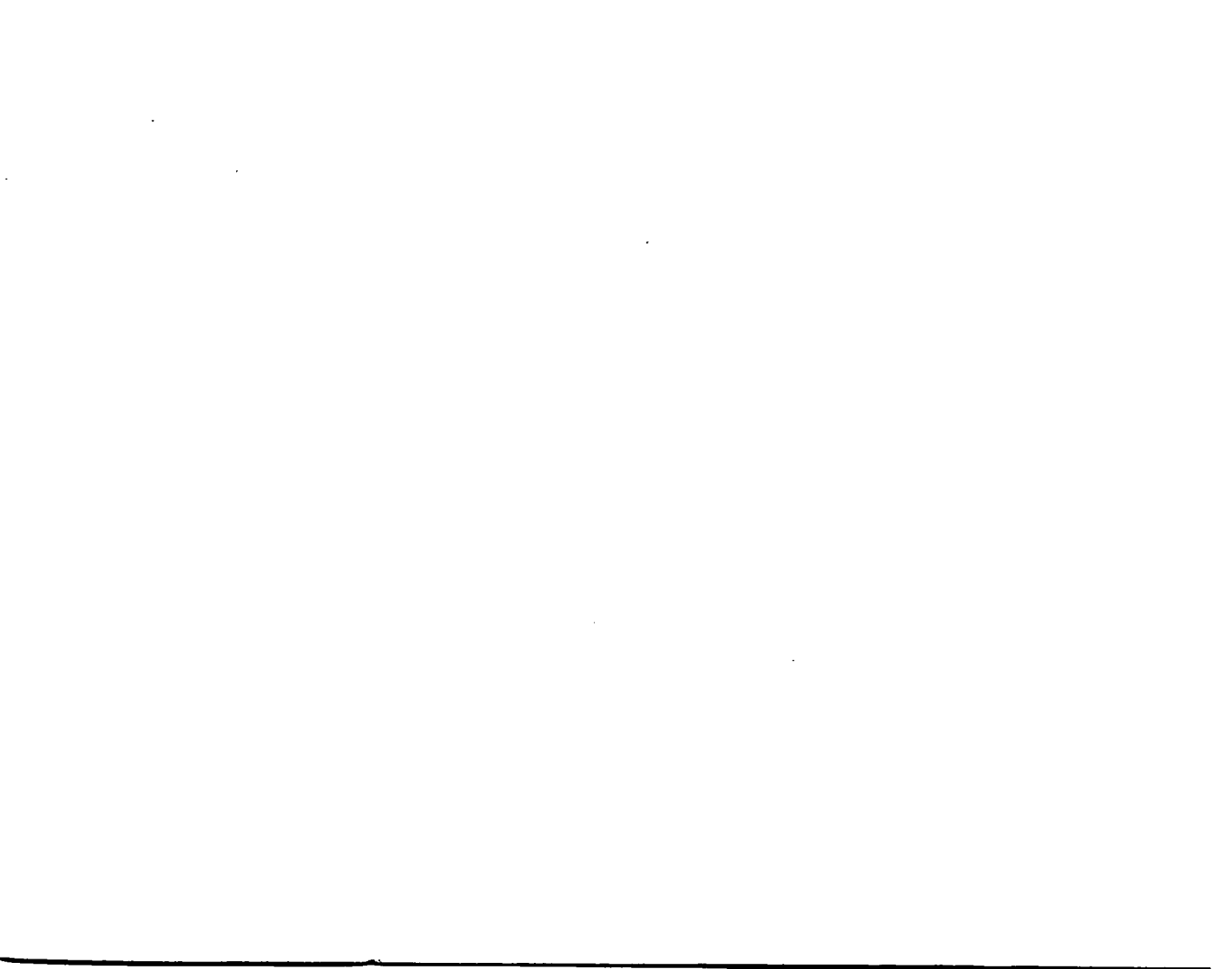
Given names added from a supplemental report.

19

Address 905 So. Main St.Filed 8/1 1920

Registrar

Registrar J. Young



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

169-215-003-313

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-24m-4-8-17

County of Bannock

CERTIFICATE OF BIRTH

81313

City of Pocatello

Registration District No. 84

File No. 61

No. 726 E. Hayden

Primary Registration District No. 2161

Registered No. 3258

Hospital

FULL NAME OF CHILD Maria Christina Jordan

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>July 15 1920</u> Month (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>Phillip Jordan</u>	FATHER
RESIDENCE <u>726 E. Hayden</u>	
COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Italy</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Ines Caccia</u>	MOTHER
RESIDENCE <u>Same</u>	
COLOR <u>wh</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Italy</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:20 P on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Young

Given names added from a supplemental report.

Address Pocatello

Filed July 20 1920

Registrar

Registrar

AUG 19 1942

County of Barnstable

## CERTIFICATE OF BIRTH

81814

City of PocassetRegistration District No. 84File No. 61No. 839 N. 10 avePrimary Registration District No. 24Registered No. 3259

Hospital

FULL NAME OF CHILD

Alice Deloras Marvin

Sex of Child

FemaleTwin  
Triplet  
or other?and Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

July 18 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Earl N. Marvin

FULL MAIDEN NAME

MOTHER

Alice Allen

RESIDENCE

839 N 10 ave

RESIDENCE

same

COLOR

wh

AGE AT LAST BIRTHDAY

30  
(Years)

COLOR

wh

AGE AT LAST BIRTHDAY

29  
(Years)

BIRTHPLACE

S. Dakota

BIRTHPLACE

Wyoming

OCCUPATION

Laborer

OCCUPATION

housewifeNumber of child of this mother, including present birth... 3Number of children of this mother now living, including present birth... 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alice on the date above stated. (Born alive or stillborn) at 8 10 a

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. Young

(Physician or midwife)

Given names added from a supplemental report.

Address

Pocasset, Ida

Filed

8 10 20

Registrar

J. Young

Registrar

DEC 10 1957

141-118003-371

PLACE OF BIRTH

County of *Bannock*City of *Paratello*

No. .... St.

Hospital *None*FULL NAME OF CHILD ..... *WALTER DEE ADAMS*STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81315

Registration District No. .... *84*File No. .... *61*Primary Registration District No. .... *2161*Registered No. .... *3260*

Sex of Child <i>male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth (To be answered only in event of plural births)	Legitimate? <i>yes</i>	Date of Birth <i>July 18 1912</i> (Month) (Day) (Year)
--------------------------	---	---	---------------------------	---

FULL NAME <i>Herschel Adams</i>	FATHER	FULL MAIDEN NAME <i>Lillian E. Clark</i>	MOTHER
RESIDENCE <i>Paratello</i>		RESIDENCE <i>Paratello</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>23</i> (Years)
BIRTHPLACE <i>California</i>		BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Labourer</i>		OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth ..... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

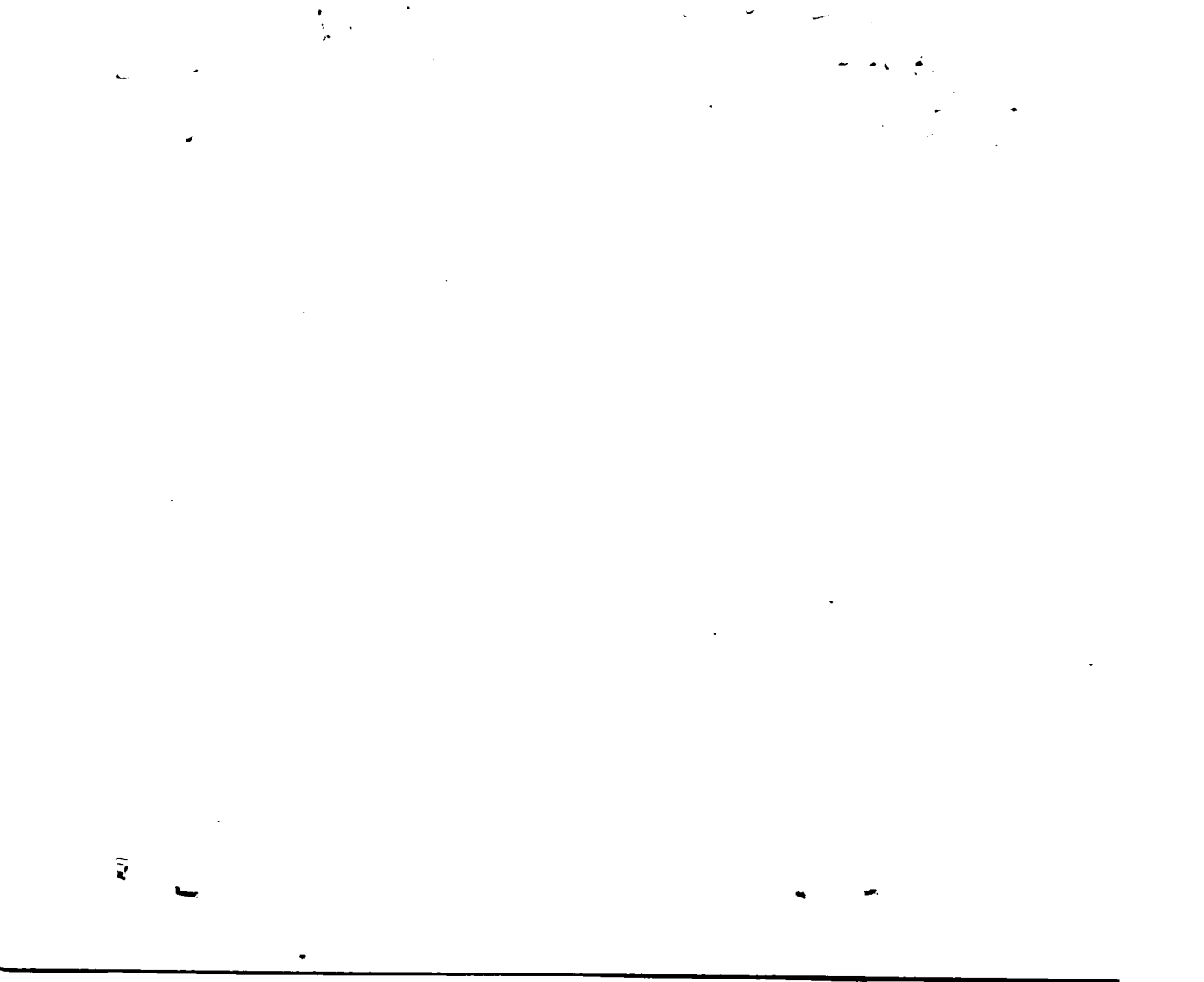
(Signature) ..... *John J. Roaf M.D.*

Given names added from a supplemental report.

Address ..... *Paratello Idaho*Filed ..... *8/1 1912*

Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of \_\_\_\_\_ } ss. \_\_\_\_\_ Certificate No. 81315  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or death)  
for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on original certificate) (Was born or died) (Date of event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

**Name**

**Unnamed Adams**

**Walter Dee Adams**

Subscribed and sworn to before me this \_\_\_\_\_  
day of October, 1941

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
[SEAL]

Signed \_\_\_\_\_

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

675 Patton, Ogden Utah

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss. \_\_\_\_\_ [This affidavit MUST also be executed.  
County of \_\_\_\_\_ } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st  
day of October, 1941

Notary Public, residing at Ogden, Utah

My commission expires Feb. 3, 1942  
[SEAL]

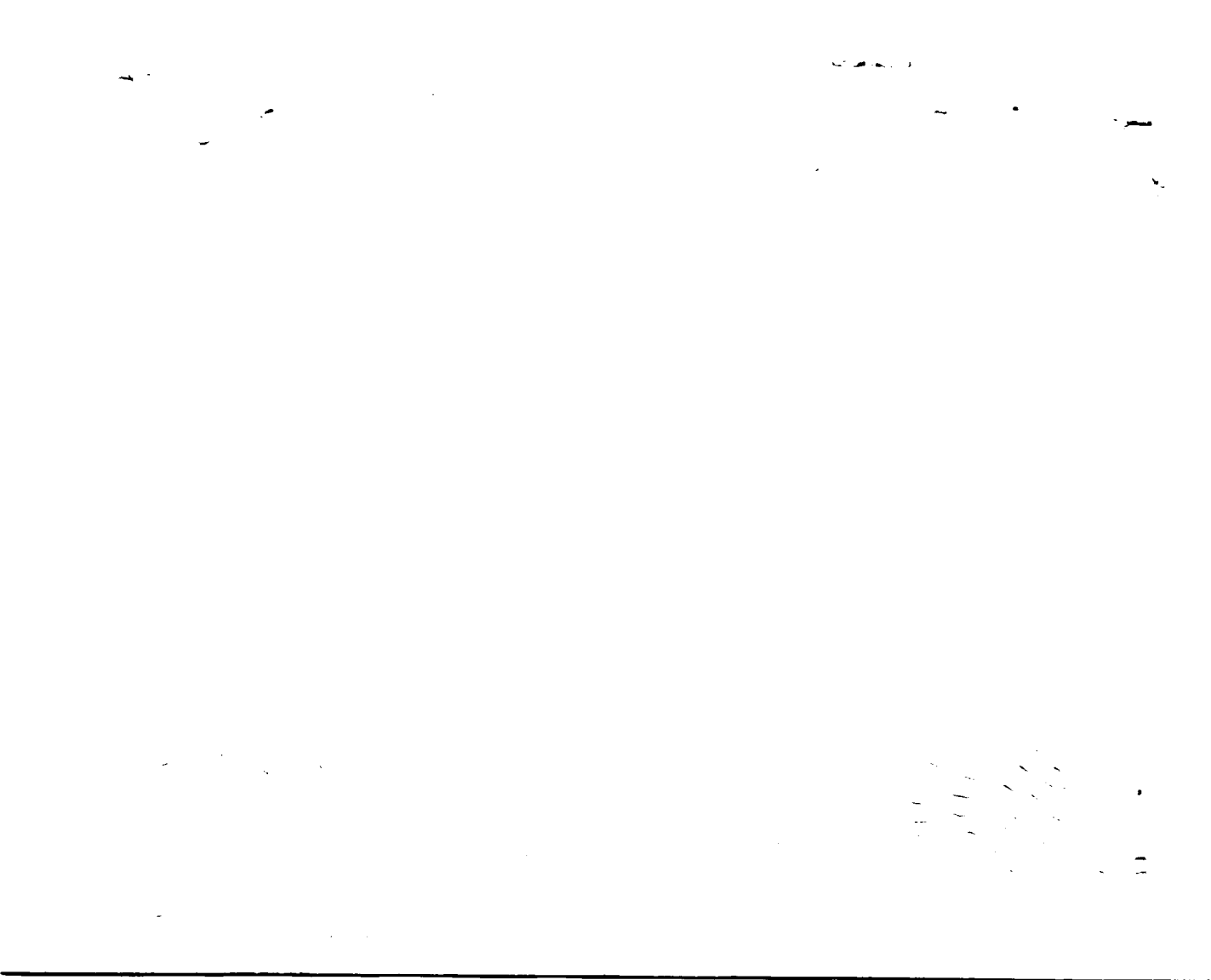
Signed \_\_\_\_\_

(Signature of any credible person other than the previous affiant.)

675 Patton, Ogden Utah

(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)



719-121003-454

## PLACE OF BIRTH

County of BannockCity of PocatelloNo. 650 7 SavatthareHospital St. Anthony

FULL NAME OF CHILD

Registration District No. 84Primary Registration District No. 214.1File No. 61Registered No. 3261

81316

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>July 26</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-----------------	---

FULL NAME <u>Ruperto Garcia</u>	FATHER
RESIDENCE <u>346 E. Fremont</u>	
COLOR <u>Mexican</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Mexico</u>	
OCCUPATION <u>Laborer R.R. Shops</u>	

FULL MAIDEN NAME <u>Delfina Medina</u>	MOTHER
RESIDENCE <u>346 E. Fremont</u>	
COLOR <u>Mexican</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Mexico</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4<sup>15</sup> a M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Carl W. Clark  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

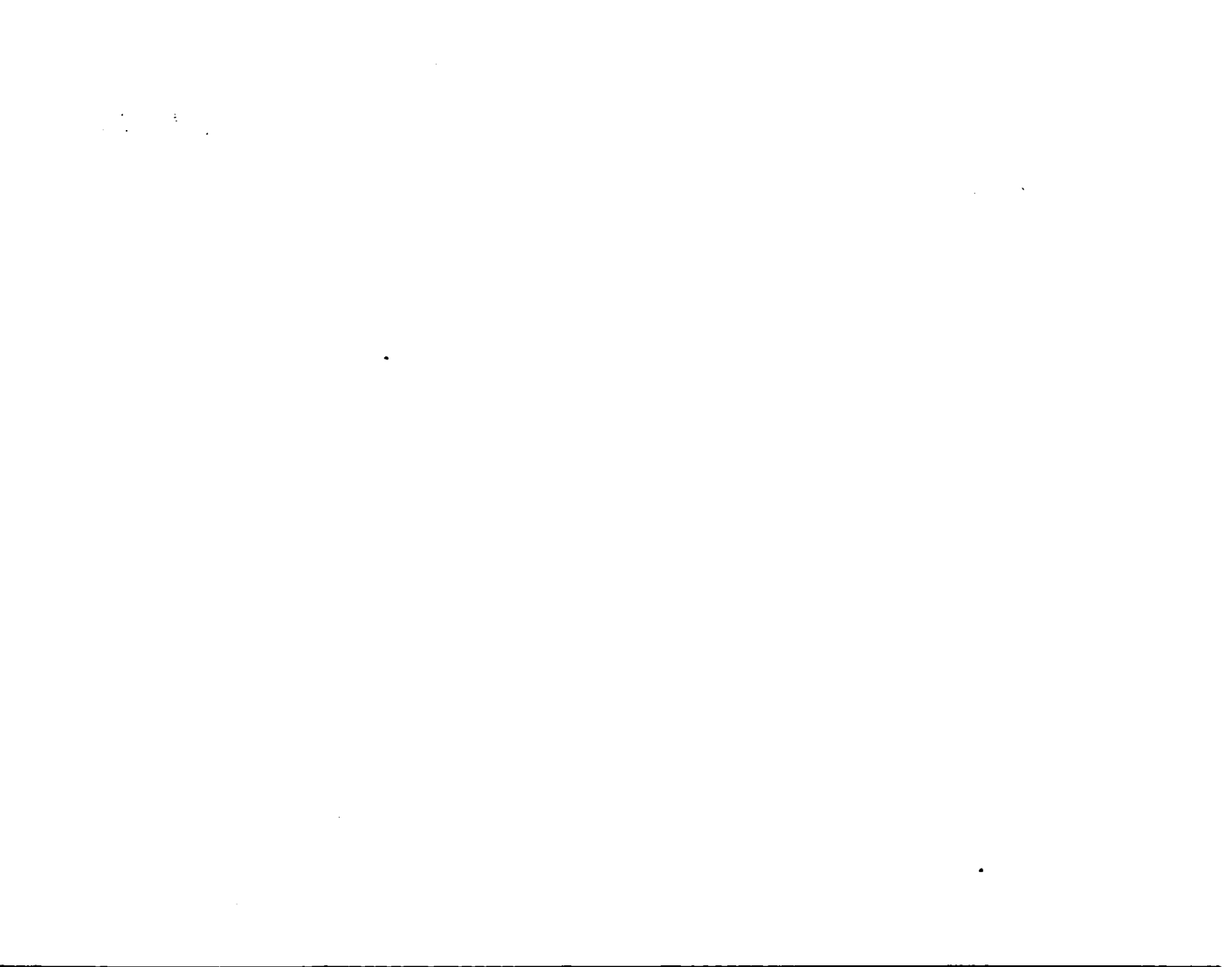
Address

Cor Main & Center St. Pocatello Idaho

Filed

8/1 1920 J. L. Young  
Registrar

Registrar



STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81317

PLACE OF BIRTH

County of BannockCity of PocatelloRegistration District No. 84File No. 61No. 4354 H. JohnsonHospital John RaymondPrimary Registration District No. 2161Registered No. 3262FULL NAME OF CHILD MarshallSex of Child MTwin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate? yes

Date of Birth

7-231920

(Month) (Day) (Year)

FULL NAME

FATHER John Hughes Marshall

FULL MAIDEN NAME

MOTHER Florence Raymond

RESIDENCE

Pocatello

RESIDENCE

PocatelloCOLOR W.

AGE AT LAST BIRTHDAY

38

(Years)

COLOR W.

AGE AT LAST BIRTHDAY

30

(Years)

BIRTHPLACE ScotlandBIRTHPLACE New YorkOCCUPATION ContractorOCCUPATION HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1.30 A.M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Roberts

(Physician or midwife)

Given names added from a supplemental report, \_\_\_\_\_

19. \_\_\_\_\_

Address PocatelloFiled 8/1 1920

Registrar

Registrar W. J. Young

MARGIN RESERVED FOR BONDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1953

JUL 5 1972

FEB 8 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

342-2241003-753

PLACE OF BIRTH

Form S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81318

County of Bannock

City of Pocatello

Registration District No. 84

File No. 61

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161

Registered No. 3263

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lushinsky **ELNORA KATHERINE LUSHINSKY**

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>Y</u>	Date of Birth <u>Jul 27th</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----------	--------------------------------	----------------------	--

FULL NAME **FATHER** Herbert Lushinsky  
RESIDENCE 1570 Roosevelt Ave  
COLOR White AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Russia  
OCCUPATION \_\_\_\_\_

FULL MAIDEN NAME **MOTHER** Marie Peterson  
RESIDENCE 1570 Roosevelt Ave U. Pocatello  
COLOR Wht AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Idaho  
OCCUPATION HF W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive Jul 24/20 at 5:41 P. M.  
on the date above stated. (Born alive or stillborn)

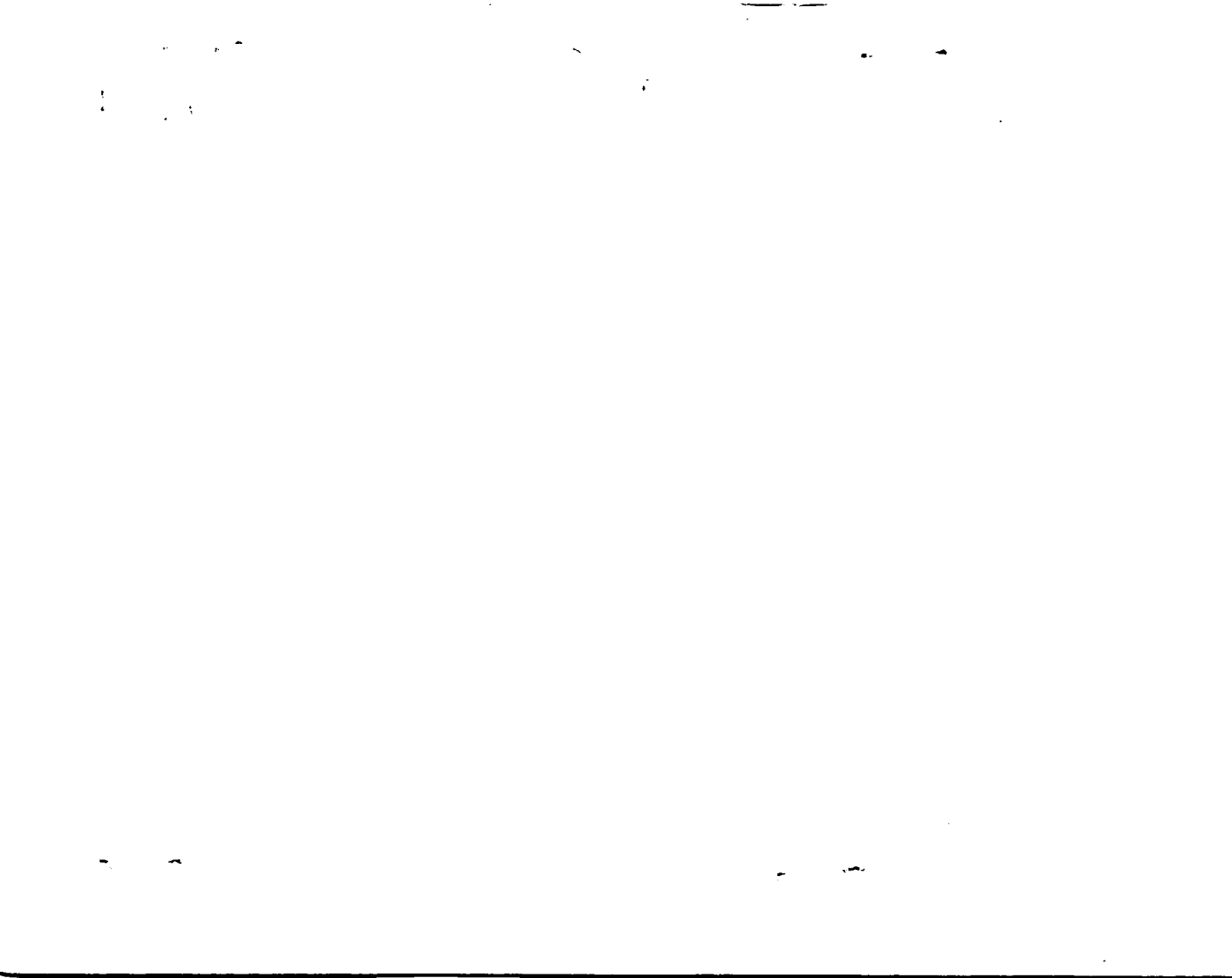
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Miller MD

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho  
Filed 8/1 19 20 J. H. Young  
Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 81318  
County of Bannock }

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Elnora Katherine Lushinsky who was born on July 24, 1920 <sup>(Birth or Death)</sup>  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pocatello, Bannock County, are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
<u>Name</u>	<u>Unnamed</u>	<u>Elnora Katherine Lushinsky</u>
		<u>Elnora Katherine Lushinsky</u>

Subscribed and sworn to before me this 21st  
day of AUGUST, 19 22.  
[Signature]  
Notary Public, residing at Pocatello, Idaho.  
My commission expires 8-1-45.  
(Seal)

Signed Elnora Katherine Lushinsky  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
125 Roosevelt, Pocatello, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

AUG 23 1945

MAR 26 1964

AUG 24 1943

NOV 4 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-125-003-945

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81319

County of Bannock

City of Pocatello

No. 123 W. Hays St.

Registration District No. 84

File No. 61

Hospital

Primary Registration District No. 246

Registered No. 3264

FULL NAME OF CHILD Thomas Fontaine Jereel

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>7-25</u> (Month) (Day) (Year) <u>1920</u>
------------------------	---	-----	---	-------------------------------	---

FULL NAME FATHER Robert Marshall Jereel

FULL NAME MOTHER Olivia Rueben

RESIDENCE Pocatello

RESIDENCE Pocatello

COLOR W. AGE AT LAST BIRTHDAY 36  
(Years)

COLOR W AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Blairsville, Ky.

BIRTHPLACE St. Louis Mo.

OCCUPATION Attorney

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 13. M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
Physician

Given names added from a supplemental report.

(Physician or midwife)  
Pocatello

Address

Filed 8/1 1920

Registrar

Registrar

Dup of 1920-405929

363-2271007-819

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. &amp; No. 11-C—22m-6-3-17

## CERTIFICATE OF BIRTH

81320

County of BannockCity of PocatelloRegistration District No. 84File No. 61No. 3Primary Registration District No. 7461Registered No. 3265Hospital St. Anthony

FULL NAME OF CHILD

Dolores Lackey

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>July 27</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	---	-----------------------------	---

FULL NAME FATHER Clifford R. LackeyFULL MAIDEN NAME MOTHER Palma HarryRESIDENCE PocatelloRESIDENCE PocatelloCOLOR White AGE AT LAST BIRTHDAY 25 (Years)COLOR White AGE AT LAST BIRTHDAY 19 (Years)BIRTHPLACE Pocatello IdahoBIRTHPLACE ColoradoOCCUPATION CarpenterOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 8:35 a. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello IdahoFiled 84 1920

Registrar

Registrar

Dup of 1920-177~~18~~19

235-128-

PLACE OF BIRTH  
003-459  
County of BannockSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81321

City of PocatelloRegistration District No. 84File No. 61

No. \_\_\_\_\_ St.

Hospital Pocatello Gen. Hosp.Primary Registration District No. 2161Registered No. 3265

FULL NAME OF CHILD

Steers

Sex of Child	<u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	Date of Birth	<u>July 28</u> (Month) (Day)	<u>20</u> (Year)
					<u>Yes</u>			

FULL NAME FATHER  
William W. Steers

RESIDENCE

Crystol, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY 22  
(Years)

BIRTHPLACE

Idaho Falls, Idaho

OCCUPATION

RancherFULL MAIDEN NAME MOTHER  
Helen Meitzenheimer

RESIDENCE

Crystol, Idaho.

COLOR

WhiteAGE AT LAST  
BIRTHDAY 17  
(Years)

BIRTHPLACE

Milwaukee, Wis.

OCCUPATION

Hawf.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

3:45 A.

I hereby certify that I attended the birth of this child, who was Born alive, at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. F. Howard  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

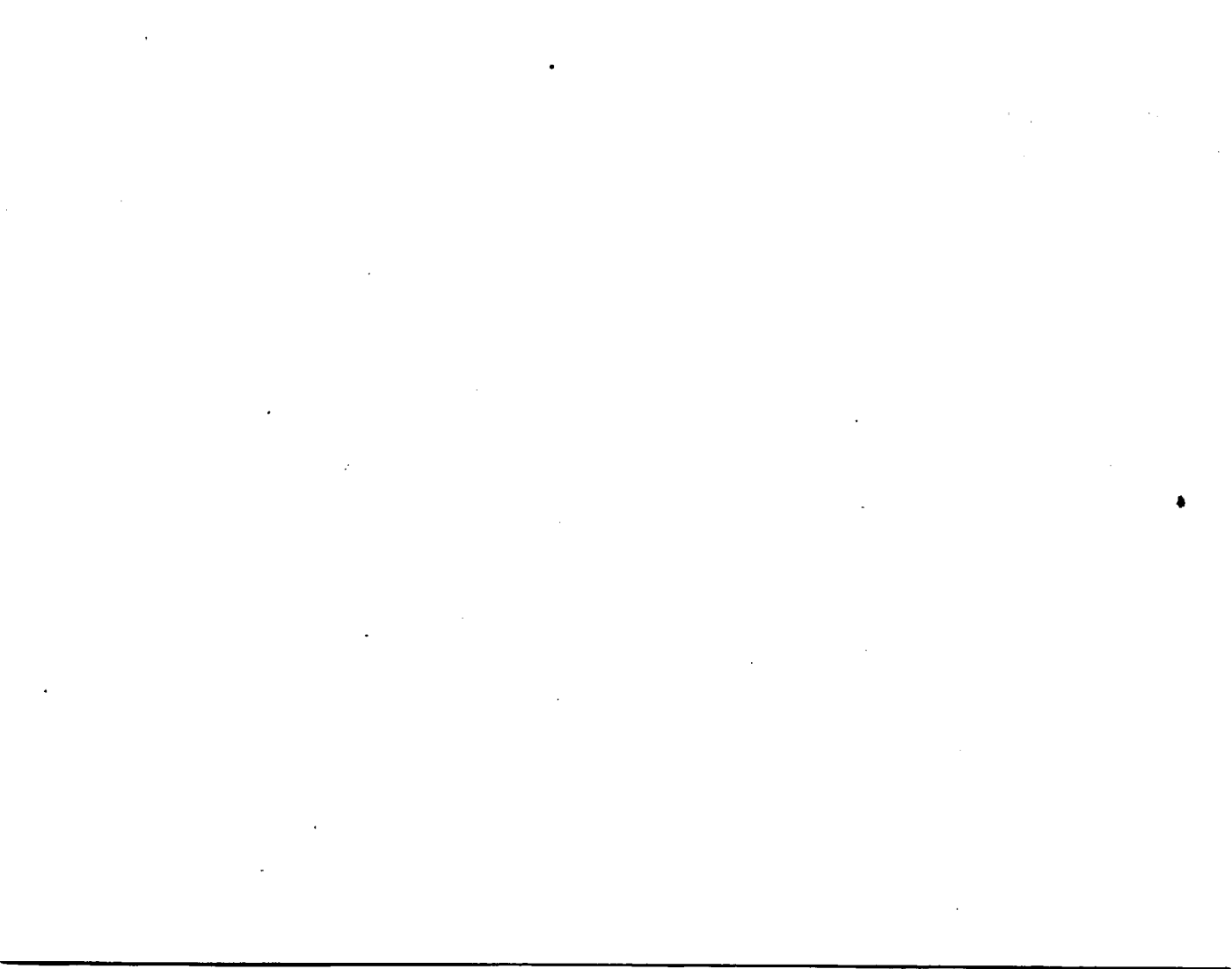
Pocatello, Idaho.

Filed

8/1  
1920

Registrar

Registrar





386-209.003-753

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81322

County of BannockCity of FairviewNo. 968 Randolph St.Registration District No. 84File No. 61

Hospital

Primary Registration District No. 2161Registered No. 3266

Elma Patricia

FULL NAME OF CHILD

Thompson

Sex of Child

F.

Twin  
Triplet  
or other?

- { and

Number  
in order  
of birth

-

Legiti  
mate?

Yes

Date of Birth

7-29

1920

FULL NAME

FATHER Albert Thompson

FULL MAIDEN NAME

MOTHER Viola Bellum

RESIDENCE

Pocatello

RESIDENCE

Pocatello

COLOR

W.

AGE AT LAST BIRTHDAY

38

(Years)

COLOR

W.

AGE AT LAST BIRTHDAY

3

(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Illinois

OCCUPATION

Conductor - Auto bus

OCCUPATION

HousewifeNumber of child of this mother, including present birth 9Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born aliveat 3. A. M.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Fred Roberts

(Physician or midwife)

Physician

Given names added from a supplemental report.

19.

Address

Pocatello

Filed

8/17

1920

J. Young

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-201-003-249

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81323

County of BannockCity of TukomRegistration District No. 84File No. 61

No. \_\_\_\_\_ St.

Primary Registration District No. 2691 Registered No. 3267

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Carol Mae WilliamsSex of Child frTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?Date of  
Birth

(Month)

(Day)

(Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

Harry G Williams

RESIDENCE

Tukom

COLOR

whAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

farmerFULL  
MAIDEN  
NAME

MOTHER

Margaret Smith

RESIDENCE

Tukom

COLOR

whAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Colorado

OCCUPATION

housewifeNumber of child of this mother, including present birth, 2 Number of children of this mother now living, including present birth, 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

at 2:30 M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

D C Bay M D

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello Idaho.

Filed

8/171920J Young

Registrar

Registrar

SEP 2 1953

MAY 20 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

469-219,003-122

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81324

County of CammerCity of PocatelloRegistration District No. 84File No. 62

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Pocatello Gen.Primary Registration District No. 2161Registered No. 3268

FULL NAME OF CHILD

Ethel June MoiseSex of  
Child FTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate? yesDate of  
BirthJune 19 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ P. M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) J. McKay

(Physician or midwife)

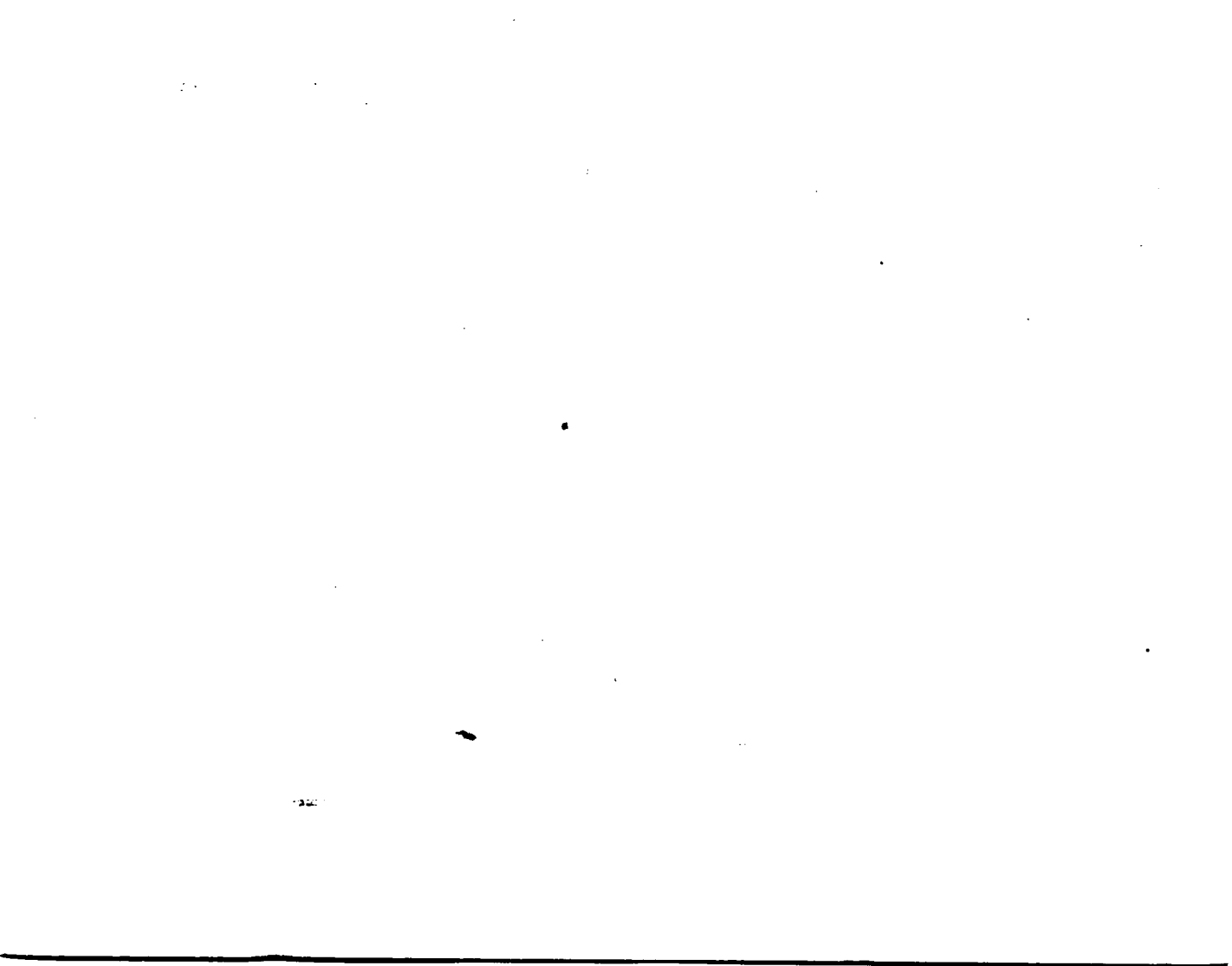
Given names added from a supplemental report.

19

Address Pocatello IdaFiled 8/1819 20

Registrar

Registrar J. Young



569-116-003-551  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C—Rev. 3-3-17

## CERTIFICATE OF BIRTH

81325

County of... Burnt...City of... Pocatello...Registration District No. .... 84 .....File No. .... 1.2 .....No. .... St. .....Primary Registration District No. .... 2161 .....Registered No. .... 3269 .....Hospital... None .....FULL NAME OF CHILD... No Name .....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate?	Date of Birth <u>June 16</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Char Norton</u>			MOTHER FULL MAIDEN NAME <u>Alice Evans</u>	
RESIDENCE <u>Pocatello</u>			RESIDENCE <u>Pocatello</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Wyoming</u>	
OCCUPATION <u>Labourer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 7 ... Number of children of this mother now living, including present birth... 5 ...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... Alice ... at... 4:25 P.M. ... on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

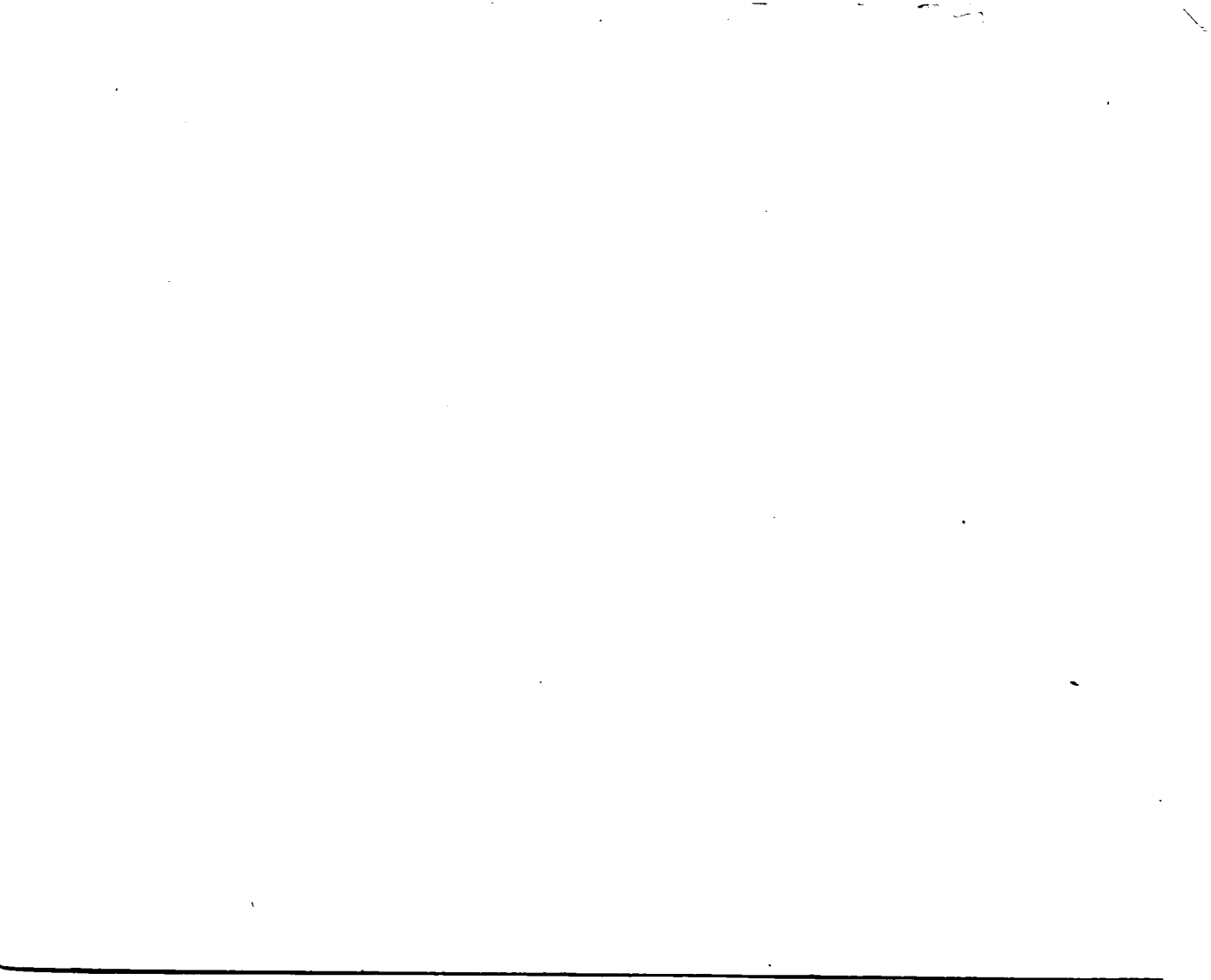
(Signature) ... John J. Rao ...

(Physician or midwife)

Given names added from a supplemental report.

Address... Pocatello Idaho .....Filed... 8/18 1920 ... W. J. Young Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

334-207.003-367

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81326

County of Bannock

City of Locustville

Registration District No. 84

File No. 62

No. Rank No of Locustville

Primary Registration District No. 841

Registered No. 3270

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>M.</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>7 7 20</u> (Month) (Day) (Year)
------------------------	------------------------------	-----------	--------------------------------	------------------------	---

FATHER  
FULL NAME Marion J. Tump  
RESIDENCE Crystal, Idaho  
COLOR W. AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Teacher

MOTHER  
FULL MAIDEN NAME Oral Tupper  
RESIDENCE Same  
COLOR W. AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Mississippi  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 9 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Ray

(Physician or midwife)

Given names added from a supplemental report.

Address Locustville Ida

Filed 8/18 20

Registrar

Registrar

Dup of  
1920-383139

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546216.003-863

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81327

County of BannerCity of PocatelloRegistration District No. 84File No. 62

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Lincoln Gen.Primary Registration District No. 2461Registered No. 3291

FULL NAME OF CHILD

Phyllis Rae EdwardsSex of Child J.Twin  
Triplet  
or other?  
(To be answered only in event of plural births){ and } Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate? yesDate of  
Birth 7 16

(Month)

(Day)

1920  
(Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 26  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 22  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 7 A. M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. May

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello IdaFiled 8/18 1920

Registrar

Registrar J. P. Young

NOV 18 1947

FEB 6 1981

793-117-003-255

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81328

County of BannockCity of PocatelloRegistration District No. 84File No. 62

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Pocatello General Primary Registration District No. 2161 Registered No. 3272FULL NAME OF CHILD Lay Charon Gillies

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 17</u> (Month) (Day) 19 <u>20</u> (Year)
-----------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER Lay Charon GilliesRESIDENCE Pocatello, IdaCOLOR W. AGE AT LAST BIRTHDAY 29  
(Years)BIRTHPLACE Parson, Kan.OCCUPATION AccountantFULL MAIDEN NAME MOTHER Roberta SmallRESIDENCE SameCOLOR W. AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE Blumen, TexasOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 10<sup>30</sup> 9. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Ray

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address PocatelloFiled 8/18 19 20

Registrar

Registrar J. R. Young

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth, stated.

10.10.1948

454 213-003-532  
PLACE OF BIRTH

Form V. S. No. A-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81329

County of BannockCity of PocatelloRegistration District No. 84 File No. 62

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161 Registered No. 327'3

Hospital \_\_\_\_\_

FULL NAME OF CHILD

HATTIE DORA DEUTSCH

Sex of Child <u>fr</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 13</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER Wm Edward DeutschFULL MAIDEN NAME MOTHER Pauline Louise ElasserRESIDENCE PocatelloRESIDENCE PanceCOLOR wh AGE AT LAST BIRTHDAY 37 (Years)COLOR wh AGE AT LAST BIRTHDAY 36 (Years)BIRTHPLACE nebrBIRTHPLACE nebrOCCUPATION glass cutterOCCUPATION housewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2:10 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. Ray

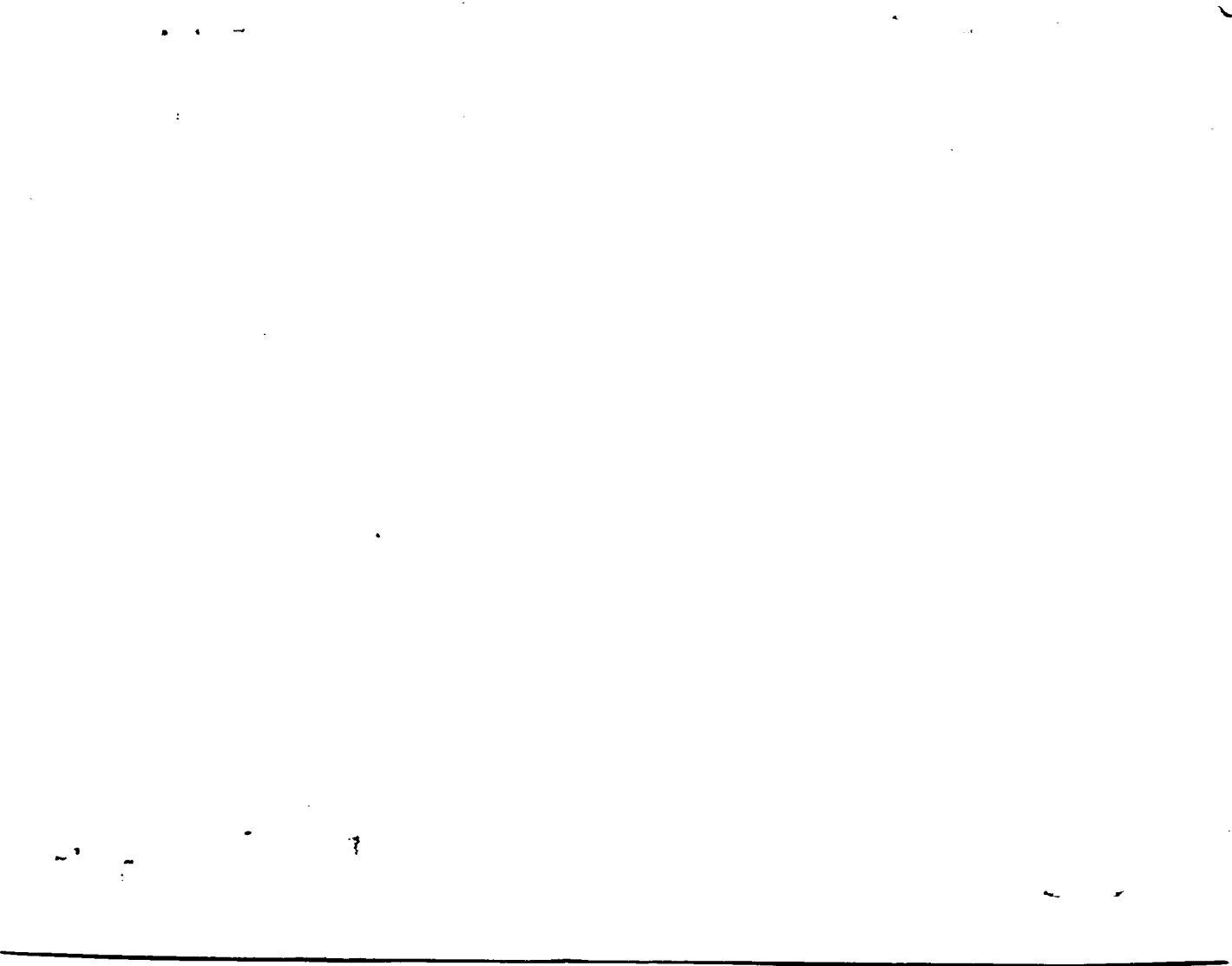
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello IdahoFiled 8/18 1920 J. P. Young

Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Utah } ss. **MAR 22 1943** Certificate No. 81329  
County of Salt Lake Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)  
for Hattie Dora Deutsch who was born on July 13, 1920  
(Name on Original Certificate) (Was Born ~~as~~ Birth) (Date of Event)  
in Pocatello, Idaho ~~and certain facts~~ were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Baptismal Record prepared on August 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name", "Birth Date", "Cause of Death", Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
Name _____	Unnamed _____	<u>Hattie Dora Deutsch</u>

Subscribed and sworn to before me this 19th  
day of March, 19 43.

Notary Public, residing at Salt Lake City, Utah  
My commission expires May 3, 1943  
(Seal)

Signed William P Deutsch  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

112 South 1st West, Salt Lake City, Ut.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss.  
County of Salt Lake

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th  
day of March, 19 43.

Signed Bessie M. Lakin  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Salt Lake City, Utah  
My commission expires May 3, 1943  
(Seal)

1069 Bryan Avenue, Salt Lake City, Ut.  
(Street Address, City, State)

**MAR 23 1943**

## Bureau of Vital Statistics

## CERTIFICATE OF BIRTH

81330

593-188-23-365  
County of BonanzaCity of PocatelloRegistration District No. 84File No. 62No. 440 E. Hyden St.Primary Registration District No. 2461Registered No. 3274Hospital NoFULL NAME OF CHILD Aevaline VillalpandoSex of Child BoyTwin, Triplet, or other? One

and

Number in order of birth OneLegitimate? YesDate of birth July 18, 1920

(Month)

(Day)

(Year)

FULL NAME Alfonso Villalpando

FATHER

FULL MAIDEN NAME Concepcion Contreras

MOTHER

RESIDENCE

RESIDENCE

COLOR SpanishAGE AT LAST BIRTHDAY 29

(Years)

COLOR SpanishAGE AT LAST BIRTHDAY 24

(Years)

BIRTHPLACE Tlaxiaco, MexicoBIRTHPLACE Tlaxiaco, MexicoOCCUPATION SlaborerOCCUPATION HousewifeNumber of child of this mother, including present birth, OneNumber of children, of this mother, now living, including present birth, One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Born alive or stillborn)

at 4:20 P.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Baugh

Physician or Midwife

Given names added from a supplemental report

Address 606 North GarfieldFiled 8/18 20Registrar J. Young

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



8-1-18

1/2

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

294-218-001-395

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1146 No. Gay St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child M. Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes

Date of Birth July 18 1920  
(Month) (Day) (Year)

FULL NAME FATHER Wm A Kimball

RESIDENCE Pocatello, Idaho

COLOR W. AGE AT LAST BIRTHDAY 41  
(Years)

BIRTHPLACE Chicago

OCCUPATION Switchman

FULL MAIDEN NAME MOTHER Elma Lindberg

RESIDENCE Idaho

COLOR W. AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE Sweden

OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at E. P. M.  
on the date above stated. (Born alive ~~or~~ stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. May  
(Physician or midwife)

Address Pocatello, Ida

Filed 8/15 1920

Registrar

Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

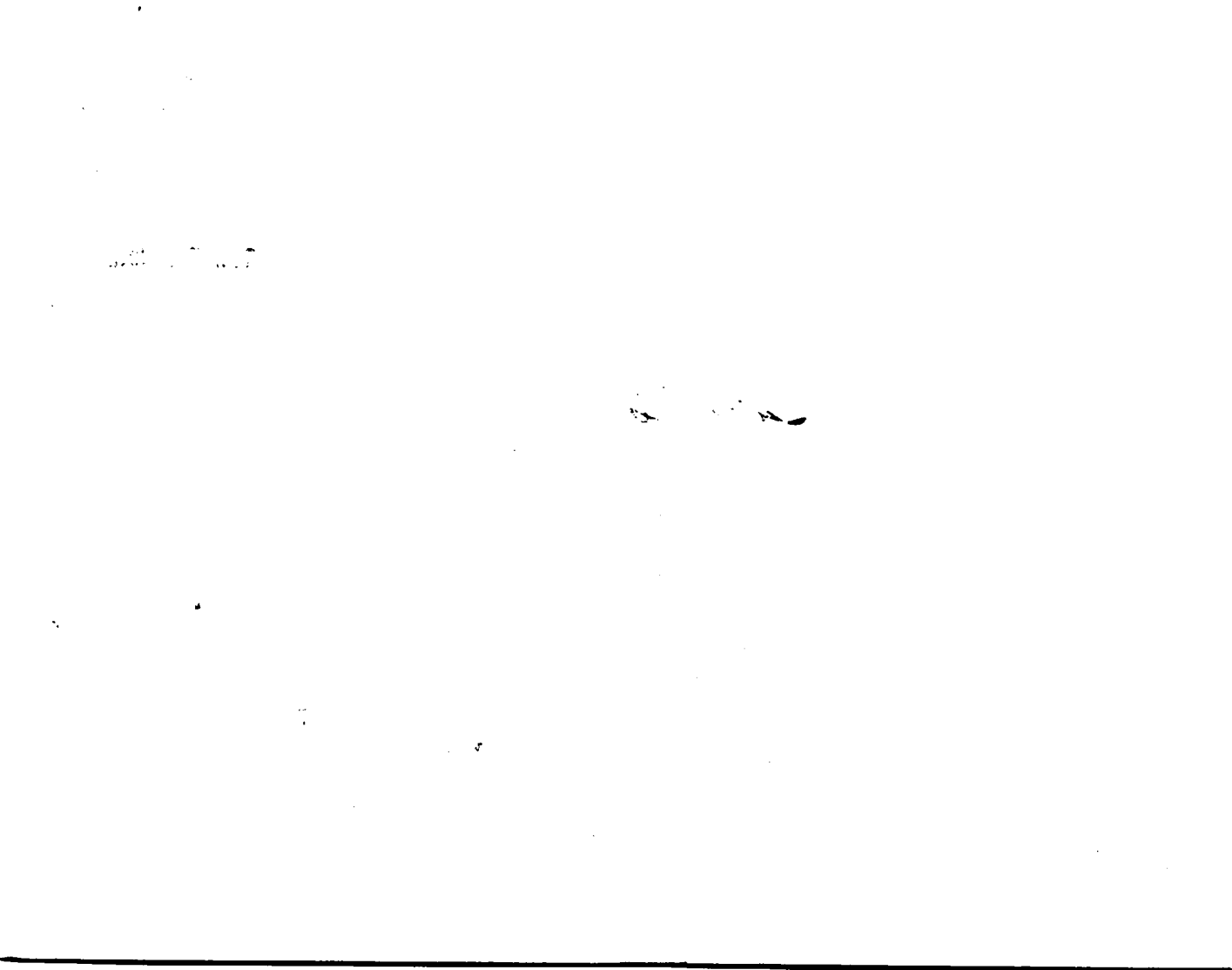
81331

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 84 File No. 62

Primary Registration District No. 2141 Registered No. 3275

Kimball



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

256218-007-469

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81332

County of Bannock

City of Pocatello

Registration District No. 84 File No. 62

No. \_\_\_\_\_ St.

Primary Registration District No. 2141 Registered No. 3276

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Dorothy Fay Knopf

Sex of Child <u>fr</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth (Month) <u>July</u> (Day) <u>18</u> (Year) <u>20</u>
------------------------	---	-----	--------------------------------	-----------------------------	--

FATHER  
FULL NAME Glen A Knopf  
RESIDENCE Pocatello  
COLOR wh AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Kansas  
OCCUPATION farming

MOTHER  
FULL MAIDEN NAME Edna Moore  
RESIDENCE same  
COLOR wh AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Kans  
OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:28 M. on the date above stated. (Born alive or stillborn)

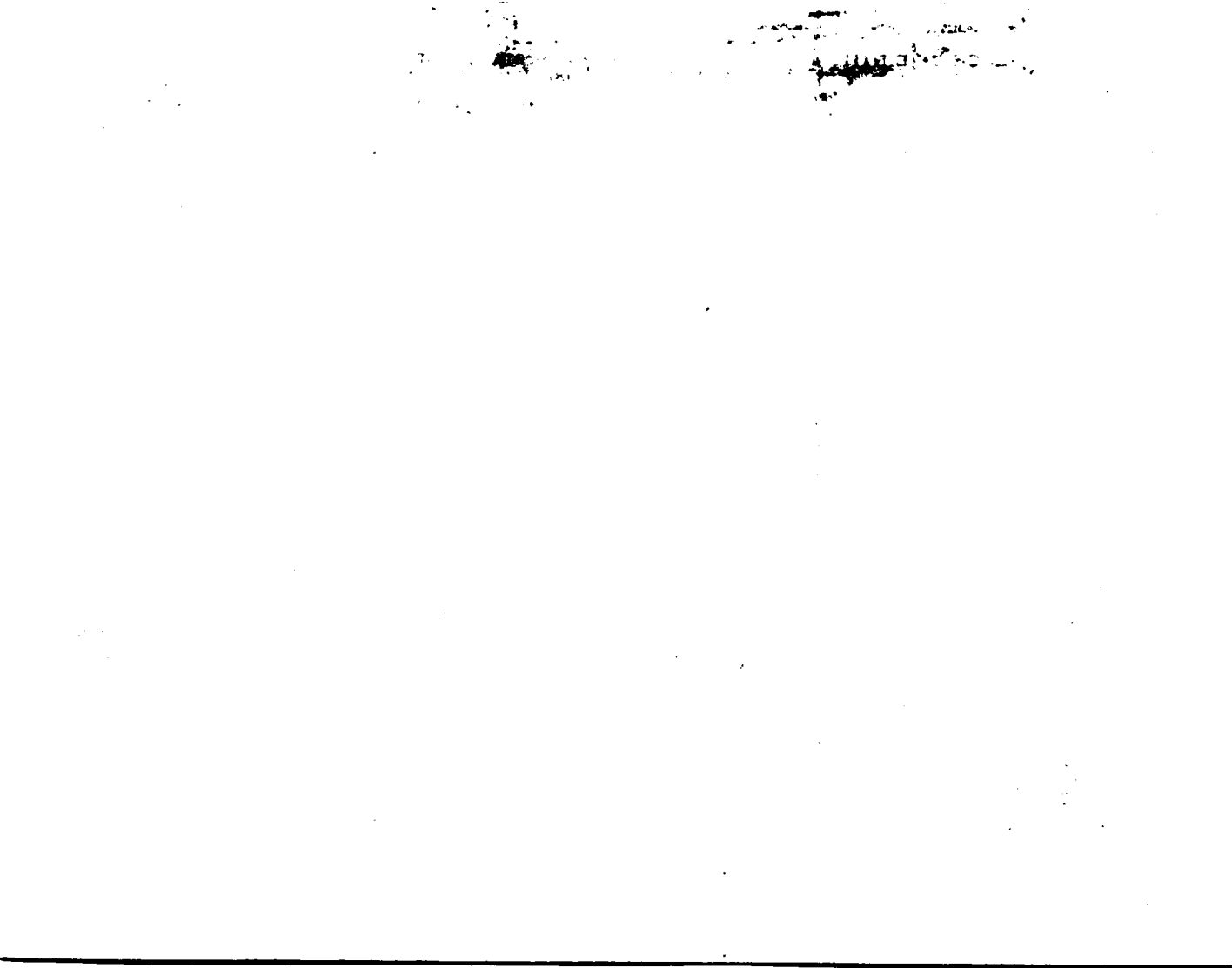
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D.

Given names added from a supplemental report.

(Physician or midwife)  
Address Pocatello Idaho  
Filed 8/18 19 20 JL Young Registrar

Registrar





292-29

PL

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

County of BannockCity of McLannan

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

## CERTIFICATE OF BIRTH

81333

Registration District No. 84File No. 42Primary Registration District No. 2161Registered No. 3277

FULL NAME OF CHILD

Fumie Kishiyama

Sex of Child <u>Female</u>	Twin, Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 30<sup>th</sup> 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Jingoro Kishiyama</u>	FATHER
RESIDENCE <u>McLannan</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Tetsuko Kawamura</u>	MOTHER
RESIDENCE <u>McLannan Idaho</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Farmer Wife</u>	

Number of child of this mother, including present birth 14Number of children of this mother now living, including present birth 14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

1 photostatic copy 2/4/45

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Amos W W Lewis

Given names added from a supplemental report.

Address

McLannan Idaho

Filed

8/18 1920

Registrar

Registrar

FEB 4 1952

13

JOHN H. HANCOCK

RECEIVED  
FEB 10 1952  
U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C.

PLACE OF BIRTH

452-1281003-289

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-16

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Spg

Registration District No. 30

File No.

81334

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 30

Registered No.

Hospital Home

FULL NAME OF CHILD Carlton Theron

Messinger

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June 24, 1920</u> (Month) (Day) (Year)
--------------------------	---	-----------	--------------------------------	------------------------	--

FATHER  
FULL NAME Melvin Messinger  
RESIDENCE Lava Hot Springs  
COLOR White  
AGE AT LAST BIRTHDAY 49  
(Years)  
BIRTHPLACE Beaver Utah  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Grace Byington  
RESIDENCE Lava Hot Spg  
COLOR White  
AGE AT LAST BIRTHDAY 29  
(Years)  
BIRTHPLACE Lava Hot Springs  
OCCUPATION Housewife

Number of child of this mother, including present birth. 3

Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

born alive at 2:20 A.M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Kathie Coraig

Midwife

(Physician or midwife)

Given names added from a supplemental report.

Carlton Theron Messinger  
W. C. Murphy Registrar

Address

Filed

Lava Hot Springs, Ida.  
1920

Registrar

FEB 23 1953

OCT 15 1941

STATE OF IDAHO

## BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

Place  
of Birth

City

Lava Hot Springs

Street and House No.

County

Bannock

Registered No.

F4

Registration Dist. No.

2161

Sex of Child

Male

Date of Birth

June

24

1920

MONTH

DAY

YEAR

Father

Melvin Messenger

FULL NAME

Mother

Grace Byington.

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

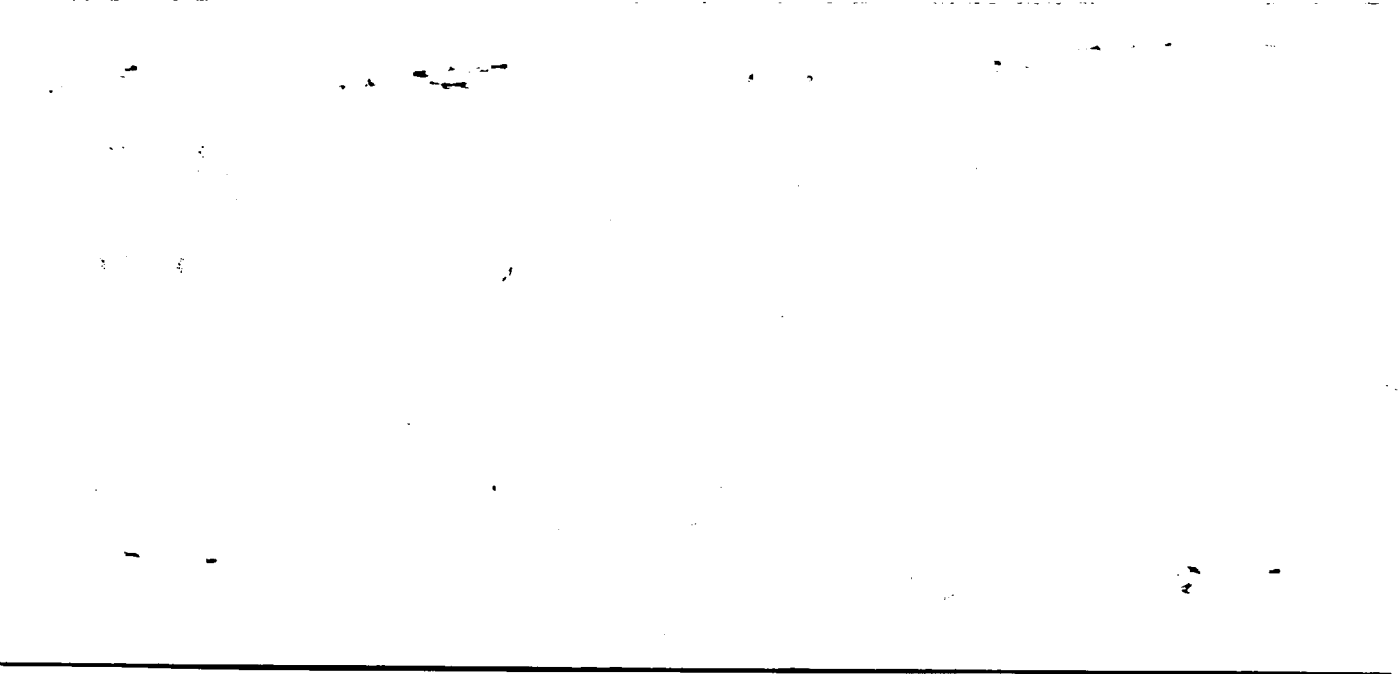
GIVEN NAME IN FULL

SURNAME

as reported by

FATHER OR MOTHER

LOCAL REGISTRAR



**YEAR: 1920**

**FILE # 81335**

**IDAHO BIRTH CERTIFICATE**

**VOID VOID VOID**

**SEE 1920-81335 A & B NOT TWINS**

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

997-102-003-165  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84

File No. 81335A

No. \_\_\_\_\_ St.

Primary Registration District No. 2161

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Venice Rigby

Sex of Child <u>female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { } Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>July 2nd,</u> 19 <u>20.</u> (Month) (Day) (Year)
----------------------------	---	--	-------------------------	--

FULL NAME FATHER  
Harold E. Rigby

FULL MAIDEN NAME MOTHER  
Mary Jones,

RESIDENCE Bancroft

RESIDENCE Bancroft

COLOR W AGE AT LAST BIRTHDAY 23  
(Years)

COLOR B. AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE Newton Utah

BIRTHPLACE Coalville Utah

OCCUPATION Farmer

OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

born alive a 8.20 a. m.  
(Born alive or stillborn)  
Dr. W. C. Murphy  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Venice Rigby 19 \_\_\_\_\_  
W. C. Murphy State Registrar

Address,

Bancroft Idaho

Filed

19

Registrar



MAY 08 2003

3 - added A to cert # on comp screen 12-28-11 P2

292-203-003-815

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannockCity of TopezRegistration District No. 49

File No.

81335-13

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 49

Registered No. \_\_\_\_\_

Hospital Home

FULL NAME OF CHILD

Orvella

Elizabeth Kessel

Sex of Child

Female

Twin  
Triplet  
or other?

{

and {

Number  
in order  
of birthLegiti-  
mate?

Yes

Date of  
Birth

July 3, 1920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Everet Kessel

RESIDENCE

Topez

COLOR

White

AGE AT LAST  
BIRTHDAY

22

(Years)

BIRTHPLACE

Carrol Iowa

OCCUPATION

Laborer

FULL  
MAIDEN  
NAME

MOTHER

Laura Hansen

RESIDENCE

Topez

COLOR

White

AGE AT LAST  
BIRTHDAY

31

(Years)

BIRTHPLACE

Topez Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 9:20 P.M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Kittie Craig

Midwife

(Physician or midwife)

Address

Laura Hansen, Topez, Idaho

Filed

30 1920

Registrar

APR 24 1944

313.210-003-412

## PLACE OF BIRTH

STATE OF ~~UTAH~~  
BUREAU OF ~~VITAL STATISTICS~~  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of ChesterfieldRegistration District No. 84 File No. 81336

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Leida Ruth Call

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 10th.</u> <u>1920.</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-------------------------------	---

FULL NAME <u>Ruben Call</u>	FATHER
RESIDENCE <u>Chesterfield</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Chesterfield Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mona Dabbling</u>	MOTHER
RESIDENCE <u>Chesterfield</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Wallsburg Utah</u>	
OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive 11.30a.m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

Physician

(Physician or midwife)

Given names added from a supplemental report.

Leida Ruth Call \_\_\_\_\_ 19\_\_\_\_  
W. C. Murphy \_\_\_\_\_  
Registrar

Address \_\_\_\_\_

Bnacraft Idaho.

Filed \_\_\_\_\_

19\_\_\_\_

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form 1  
U.S. DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE OF BIRTH

MAR 17 1952

STATE OF IDAHO

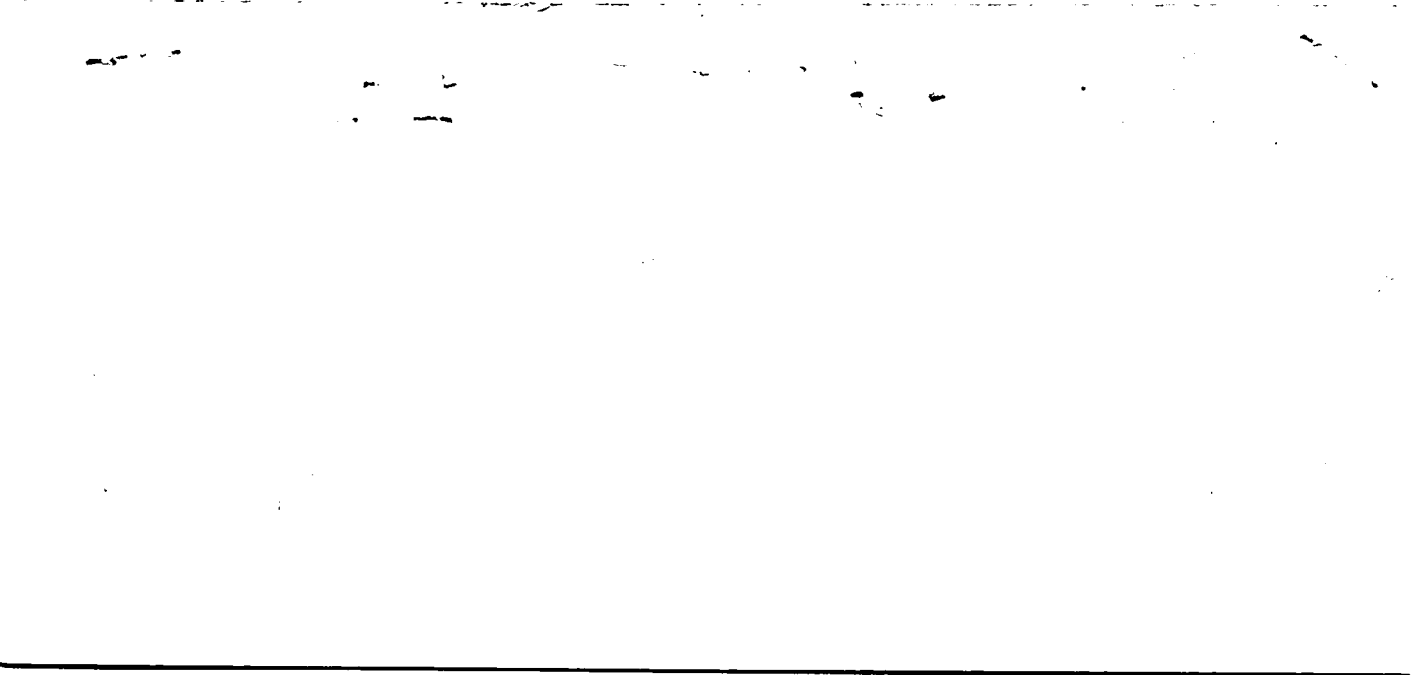
BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTHcorrected  
copy 86336  
AUG 31 1920

Place of Birth { City Chesterfield Registered No. 81  
Street and House No. ✓  
County Bannock Registration Dist. No. 2161

Sex of Child Female  
Date of Birth July 10 1920  
MONTH DAY YEAR  
Father Ruben Call  
FULL NAME  
Mother Mona Dabling  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Leida Ruth Call  
GIVEN NAME IN FULL SURNAME  
as reported by Mrs. Mona Call  
FATHER OR MOTHER  
W. J. J. J. J.  
LOCAL REGISTRAR



256-130-003-483

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BarnockCity of LundRegistration District No. 84File No. 81337

No. \_\_\_\_\_ St.

Primary Registration District No. 2161

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Clarence Myler Knowles,Sex of  
Child maleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate? yesDate of  
BirthJuly 30th19 20.

(To be answered only in event of plural births)

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Clarence W. Knowles

RESIDENCE

Pocatello Idaho

COLOR

W.AGE AT LAST  
BIRTHDAY33

(Years)

BIRTHPLACE

Logan Utah

OCCUPATION

stationary engineerFULL  
MAIDEN  
NAME

MOTHER

Isabell Myler

RESIDENCE

Pocatello Idaho.

COLOR

W.AGE AT LAST  
BIRTHDAY34

(Years)

BIRTHPLACE

Lewisville Idaho.

OCCUPATION

housewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1.10 a. M.  
on the date above stated. (Born alive or stillborn)

(Signature)

physician

(Physician or midwife)

{ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

Given names added from a supplemental report.

19

Address

Bancroft Idaho.

Filed

19

Registrar

Registrar

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



23 1942

## BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

81337

JUL 31 1921

City Rund. Registered No. 84

Place of Birth { Street and House No. \_\_\_\_\_

County Bannock Registration Dist. No. 2161

Sex of Child male

Date of Birth July 30 1920  
MONTH DAY YEAR

Father CLARENCE W. KNOWLES  
FULL NAME

Mother Isabella Meyler  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
 has been named:

Elmer Myler Knowles  
GIVEN NAME IN FULL SURNAME

as reported by Clarence W. Knowles  
FATHER OR MOTHER

Othello Lusk  
LOCAL REGISTRAR

NOV 18 1942

253-131-003-539

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannockCity of BancroftRegistration District No. 84File No. 81338

No. \_\_\_\_\_ St.

Primary Registration District No. 2161

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Denver Eliason Kelly

Sex of Child <u>male</u>	Twin Triplet or other? <u>  </u>	{ and } Number in order of birth <u>  </u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 31st</u> 19 <u>20</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FULL NAME <u>Teller H. Kelly</u>	FATHER
RESIDENCE <u>Bancroft</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Rockland Idaho.</u>	
OCCUPATION <u>Laborer-railroad.</u>	

FULL MAIDEN NAME <u>Marie M. Eliason</u>	MOTHER
RESIDENCE <u>Bancroft</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Logan Utah.</u>	
OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 6.35 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

physician

(Physician or midwife)

Given names added from a supplemental report.

Denver Eliason Kelly 19W. C. Murphy state Registrar

Address

Bancroft Idaho.

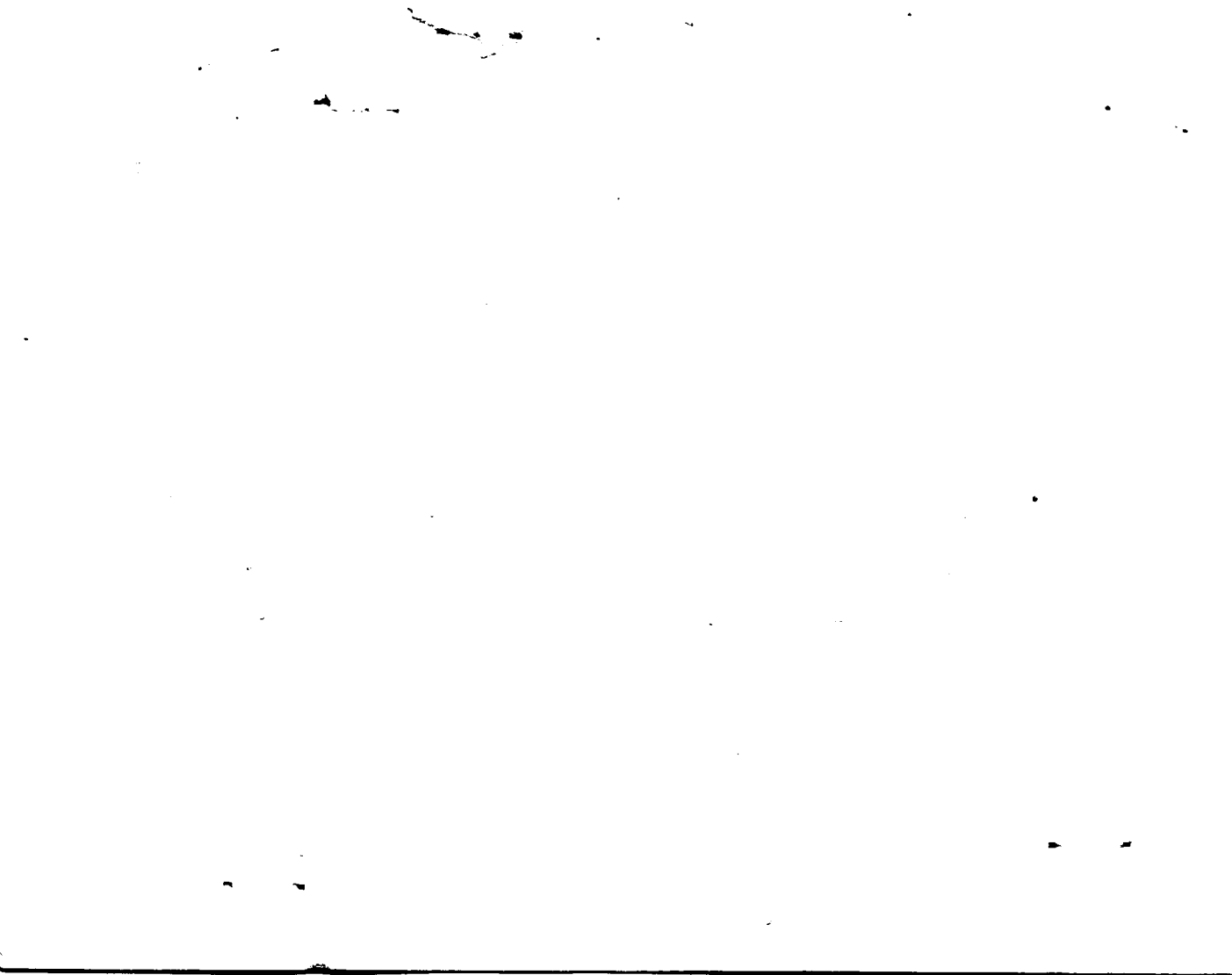
Filed

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Bancroft Registered No. 84  
Street and House No. \_\_\_\_\_  
County Bannock Registration Dist. No. 2161

Sex of Child maleDate of Birth July 31st 1920  
MONTH DAY YEARFather Teller H. Kelly  
FULL NAMEMother Marie M. Eliason  
FULL MAIDEN NAMEI Hereby Certify that the child described herein  
has been named:Denver Eliason Kelly

GIVEN NAME IN FULL

SURNAME

as reported by mother  
FATHER OR MOTHERQueen D. Reed

LOCAL REGISTRAR

SEP 15 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

252-131-003-493  
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84

File No. 81339

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Lloyd Winton Best

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>July 31st</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	---------	---	----------------------------	---

FULL NAME <u>FATHER</u> <u>Conway Best</u>
RESIDENCE <u>Bancroft</u>
COLOR <u>W</u>
AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Madisonville Tenn.</u>
OCCUPATION <u>auto Mechanic</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Mary Lee Miller</u>
RESIDENCE <u>Bancroft</u>
COLOR <u>W.</u>
AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Kingston Tenn.</u>
OCCUPATION <u>housewife.</u>

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

born alive 11.30 p. m.  
(Born alive or stillborn)

{ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

physician  
(Physician or midwife)

Given names added from a supplemental report.

Lloyd Winton Best 19  
W. C. Murphy State Registrar

Address

Bancroft Idaho.

Filed

19

Registrar



MAN 31

11.1942

STATE OF IDAHO

# BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

21339

84

Place of Birth { City Buncroft  
 Street and House No. ✓  
 County Bannock

Registered No. \_\_\_\_\_

Registration Dist. No. 2161

Sex of Child male  
 Date of Birth July 31 1920  
MONTH DAY YEAR  
 Father Conway Best  
FULL NAME  
 Mother Mary ~~Best~~ Miller  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
 has been named:

Loyd Winton Best

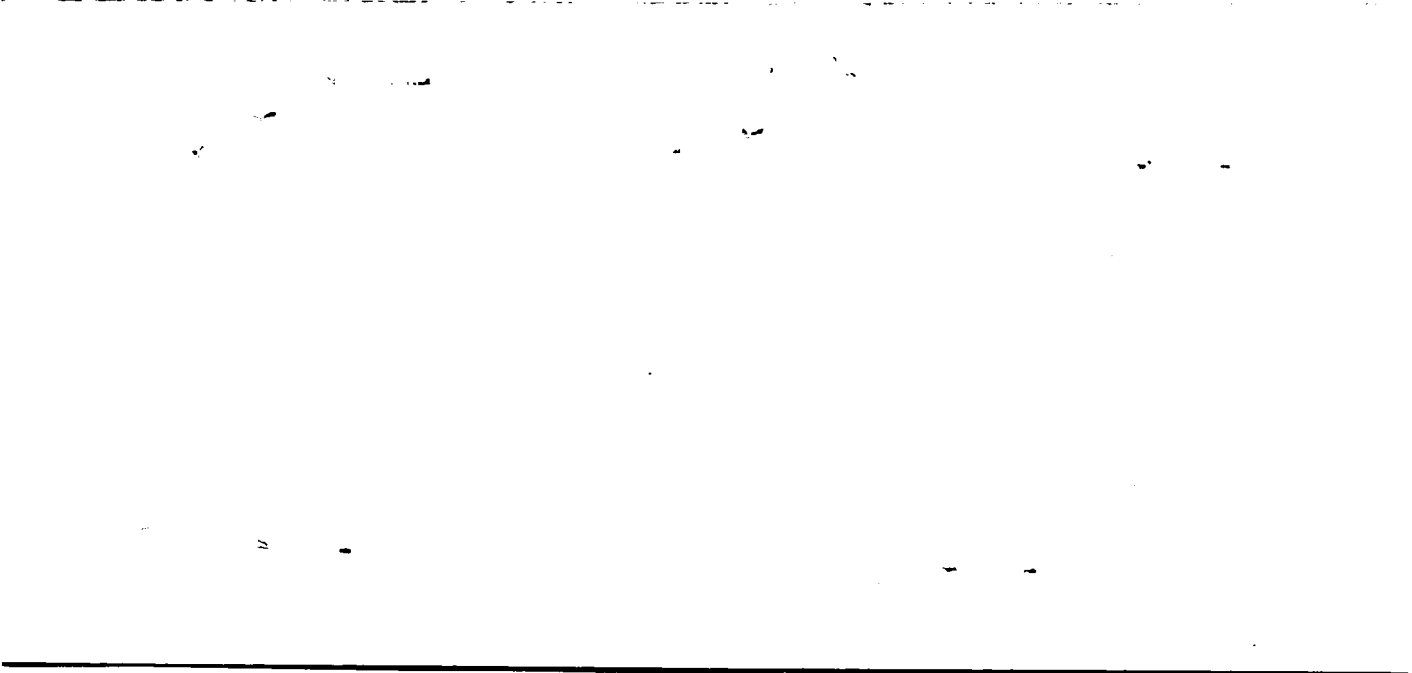
GIVEN NAME IN FULL

SURNAME

as reported by Mother

OK FATHER OR MOTHER?

LOCAL REGISTRAR



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-128,003-539

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Bannock

CERTIFICATE OF BIRTH

City of Bancroft

Registration District No. 84

File No. 81340

No. \_\_\_\_\_ St.

Primary Registration District No. 2161

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Fay Eliason Millward.

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 28th</u> 19 <u>20</u> . (Month) (Day) (Year)
(To be answered only in event of plural births)			

FULL NAME <u>Vickus Millward</u>	FATHER
RESIDENCE <u>Bancroft</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Chesterfield Idaho</u>	
OCCUPATION <u>Assist. Bank Cashier</u>	

FULL MAIDEN NAME <u>Evelyn Eliason</u>	MOTHER
RESIDENCE <u>Bancroft</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Logan Utah</u>	
OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

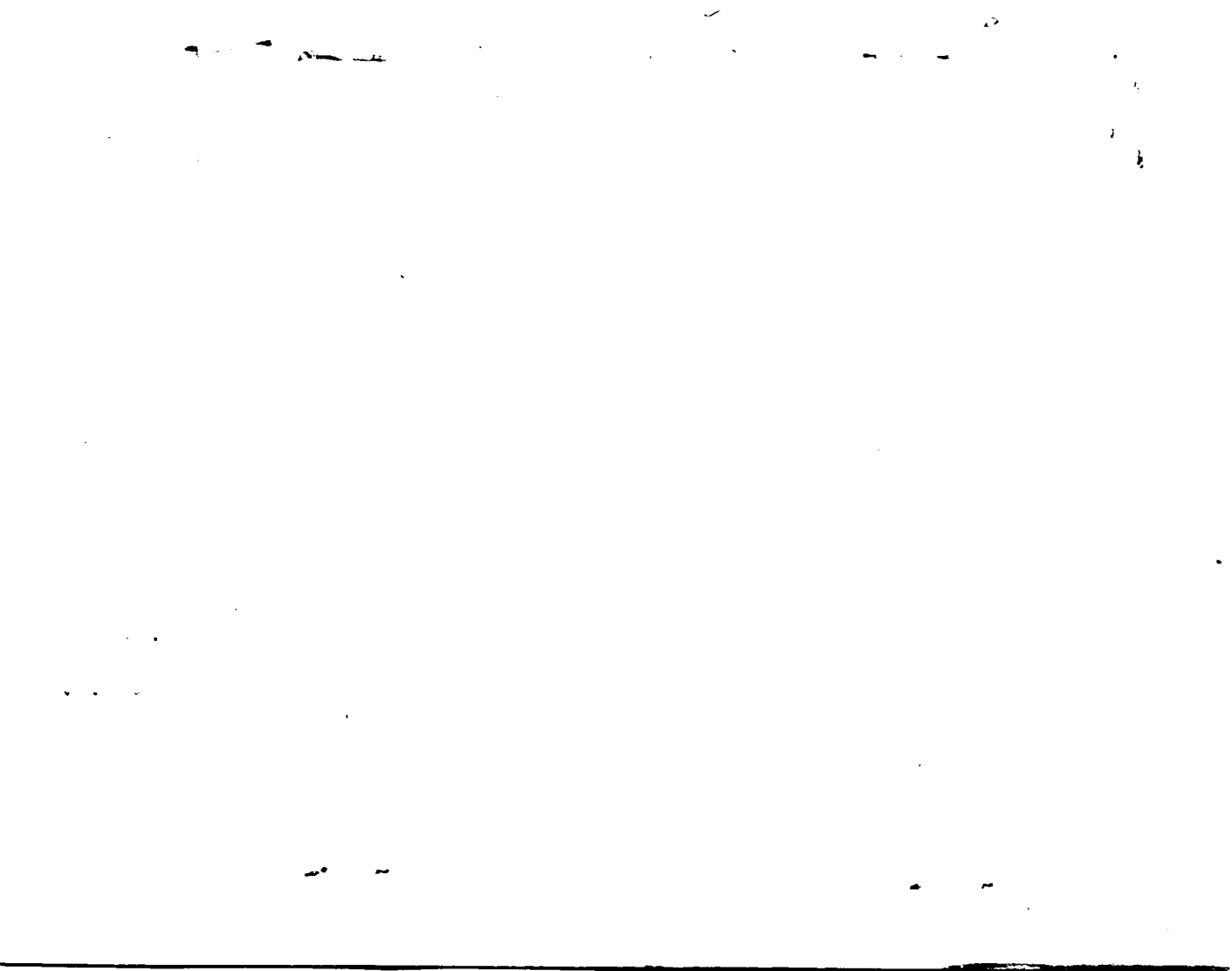
I hereby certify that I attended the birth of this child, who was born alive on the date above stated. 3.12.p. m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar V. Lundmark  
physician  
(Physician or midwife)

Given names added from a supplemental report.  
Fay Eliason Millward 19  
W. C. Murphy State Registrar

Address Bancroft Idaho  
Filed 19 Registrar Oscar V. Lundmark



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTHCity **Bancroft**Registered No. **84**

Street and House No. \_\_\_\_\_

Registration Dist. No. **2161**County **Bannock**Sex of Child **male**Date of Birth **July 28th, 1920**

MONTH

DAY

YEAR

Father **Wickus Millward**

FULL NAME

Mother **Evelyn Eliason**

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:**Fay Eliason Millward**

GIVEN NAME IN FULL

SURNAME

as reported by **mother**

FATHER OR MOTHER

LOCAL REGISTRAR

DEC 29 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

157-225-003-271  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bannock  
City of Bancroft Registration District No. 84 File No. 81341  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital \_\_\_\_\_  
Primary Registration District No. 2161 Registered No. \_\_\_\_\_  
FULL NAME OF CHILD Leona Jeppesen

Sex of Child female Twin Triplet or other? \_\_\_\_\_ { and } Number in order of birth \_\_\_\_\_ Legitimacy? yes Date of Birth July 25th 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Frederick H. Jeppesen  
RESIDENCE Bancroft  
COLOR white AGE AT LAST BIRTHDAY 25  
(Years)  
BIRTHPLACE Logan Utah  
OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME LaVira Spackman  
RESIDENCE Bancroft  
COLOR white AGE AT LAST BIRTHDAY 23  
(Years)  
BIRTHPLACE Lewiston Utah  
OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4.25 p. m.  
on the date above stated. (Born alive or stillborn)

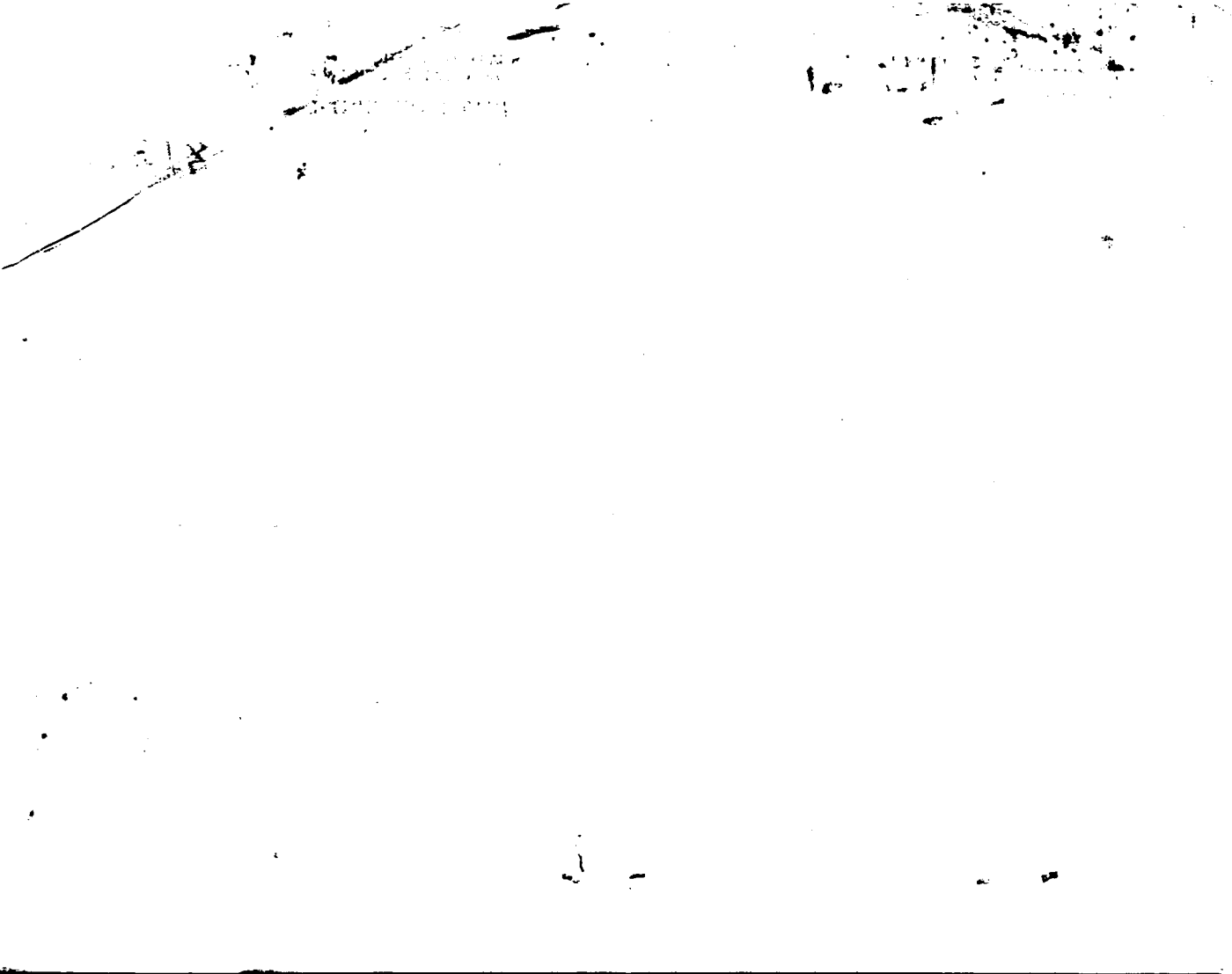
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oliver L. Lihurath  
physician  
(Physician or midwife)

Given names added from a supplemental report.  
Leona Jeppesen 19\_\_\_\_\_  
W. C. Murphy Registrar

Address Bancroft Idaho  
Filed July 31 1920 Oliver L. Lihurath  
Registrar





BOARD OF HEALTH-BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Bancroft Registered No. 84  
Street and House No. \_\_\_\_\_  
County Bannock Registration Dist. No. w2161

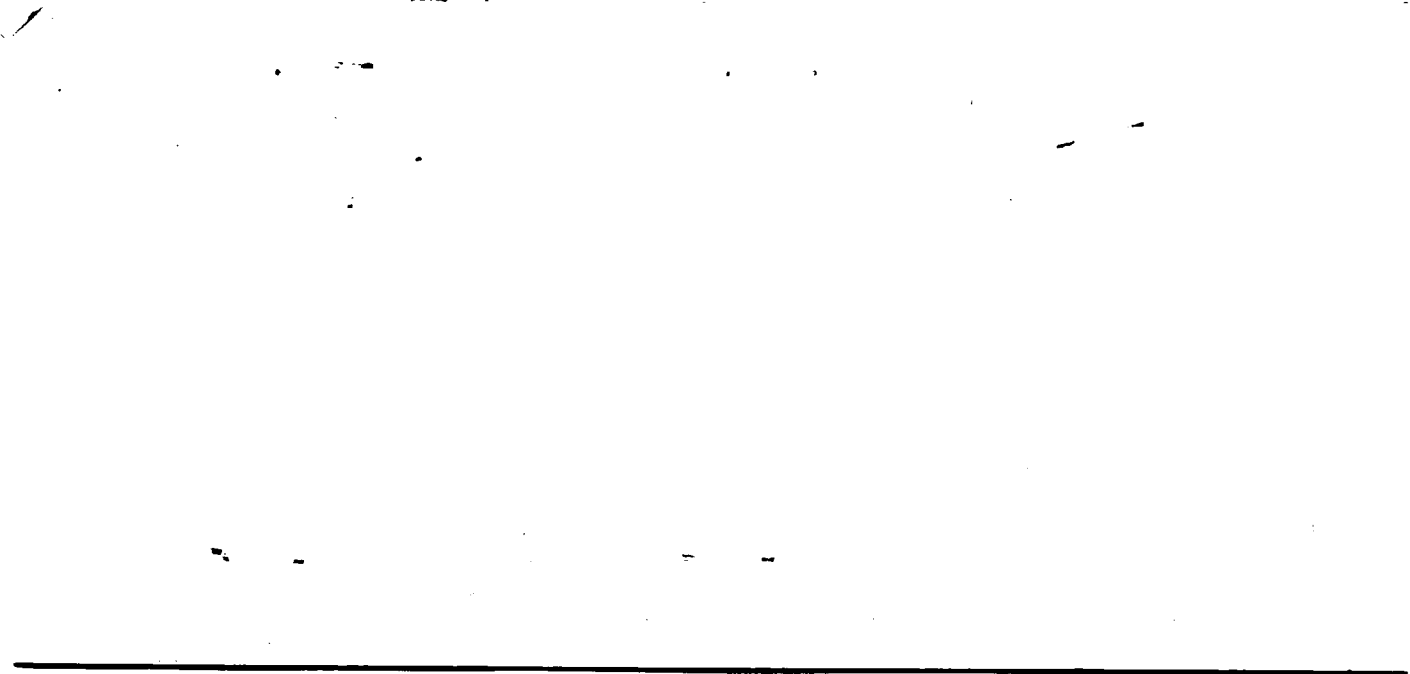
Sex of Child female  
Date of Birth July 25th, 1920 191  
MONTH DAY YEAR  
Father Frederick H. Jeppesen  
FULL NAME  
Mother La Vera Spackman  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Gern Jeppesen  
GIVEN NAME IN FULL SURNAME

as reported by Mother  
FATHER OR OTHER

C. V. Linkins  
LOCAL REGISTRAR



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Paris Registration District No. 5-3 File No. 460

No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. 2132 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Warren Thomas Caldwell

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>July 21</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Thomas Caldwell</u>			FULL MAIDEN NAME <u>Lena Hunsaker</u>	
RESIDENCE <u>Paris Idaho</u>			RESIDENCE <u>Paris Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House wife</u>	
Number of child of this mother, including present birth <u>1</u>			Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 9 50 P. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

C. O. Moore M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Paris Idaho

Filed 8/10 1920

R. J. Sutton  
Registrar

JUN 26 1942

712-207004-612  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

## CERTIFICATE OF BIRTH

81344

County of Bear LakeCity of ParisRegistration District No. 33File No. 459

No. \_\_\_\_\_ St.

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 7</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	------------------------------	--------------------------------------	------------------------	---

FATHER		MOTHER	
FULL NAME <u>Ezra Thomas Passer</u>	FULL MAIDEN NAME <u>Mary Greta Oakley</u>	FULL NAME <u>Ezra Thomas Passer</u>	FULL MAIDEN NAME <u>Mary Greta Oakley</u>
RESIDENCE <u>Paris Idaho</u>	RESIDENCE <u>Paris Idaho</u>	RESIDENCE <u>Paris Idaho</u>	RESIDENCE <u>Paris Idaho</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

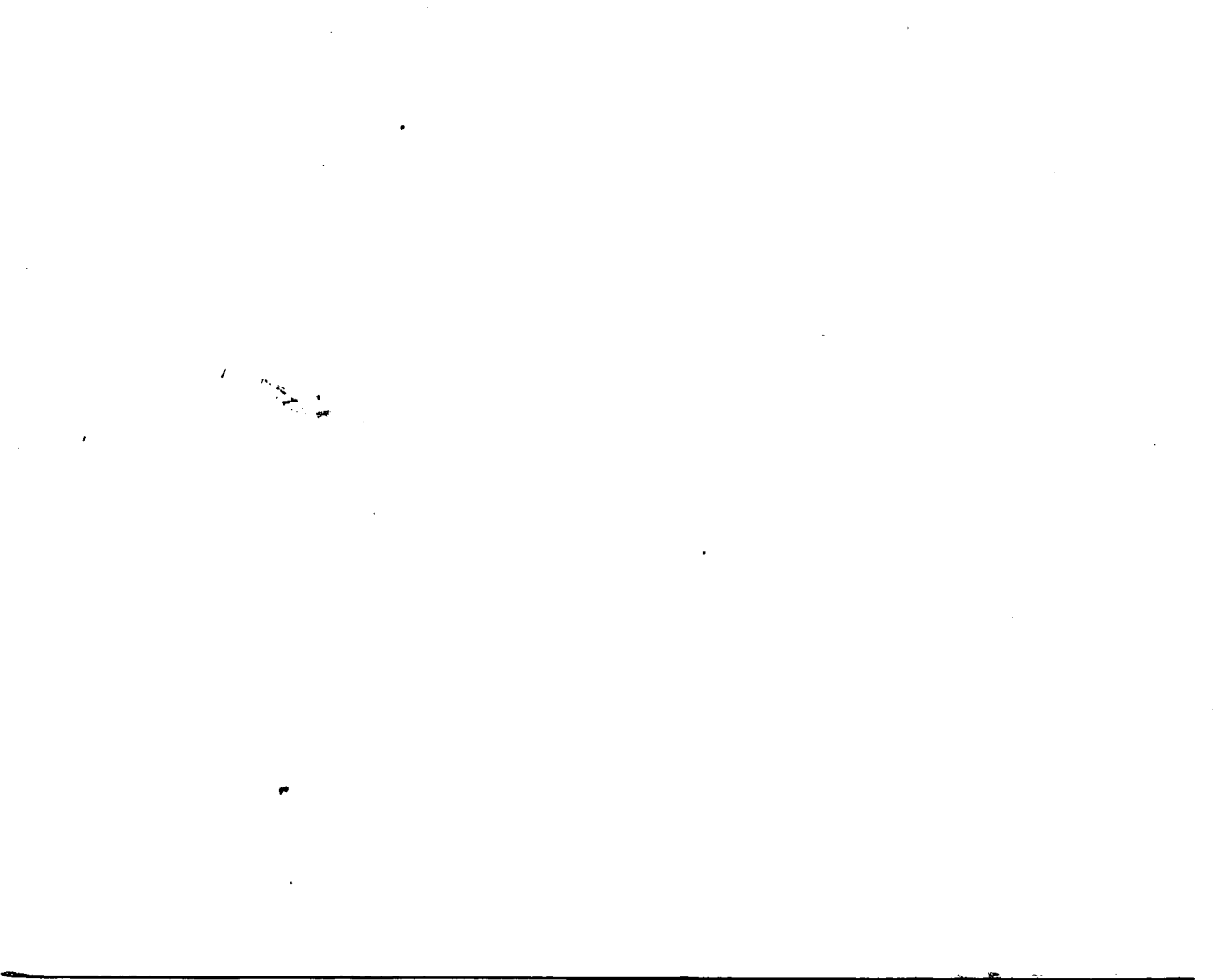
I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 5 45 A.M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O. Moore M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed 8/10 1920 R. J. Sutton  
Registrar



243-212-004-114  
PLACE OF BIRTHSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81345

County of Bear LakeCity of ParisRegistration District No. 33File No. 458

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2/32

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>7-12</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	--	-----------------------------	---

FULL NAME <u>William Kulicke</u>	FATHER
RESIDENCE <u>Paris</u>	

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Rose Gaussi</u>	MOTHER
RESIDENCE <u>Paris</u>	

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. \_\_\_\_\_

19 \_\_\_\_\_

Registrar. \_\_\_\_\_

(Signature) \_\_\_\_\_

(Born alive or stillborn)

(Physician or midwife)

Address \_\_\_\_\_

Filed \_\_\_\_\_

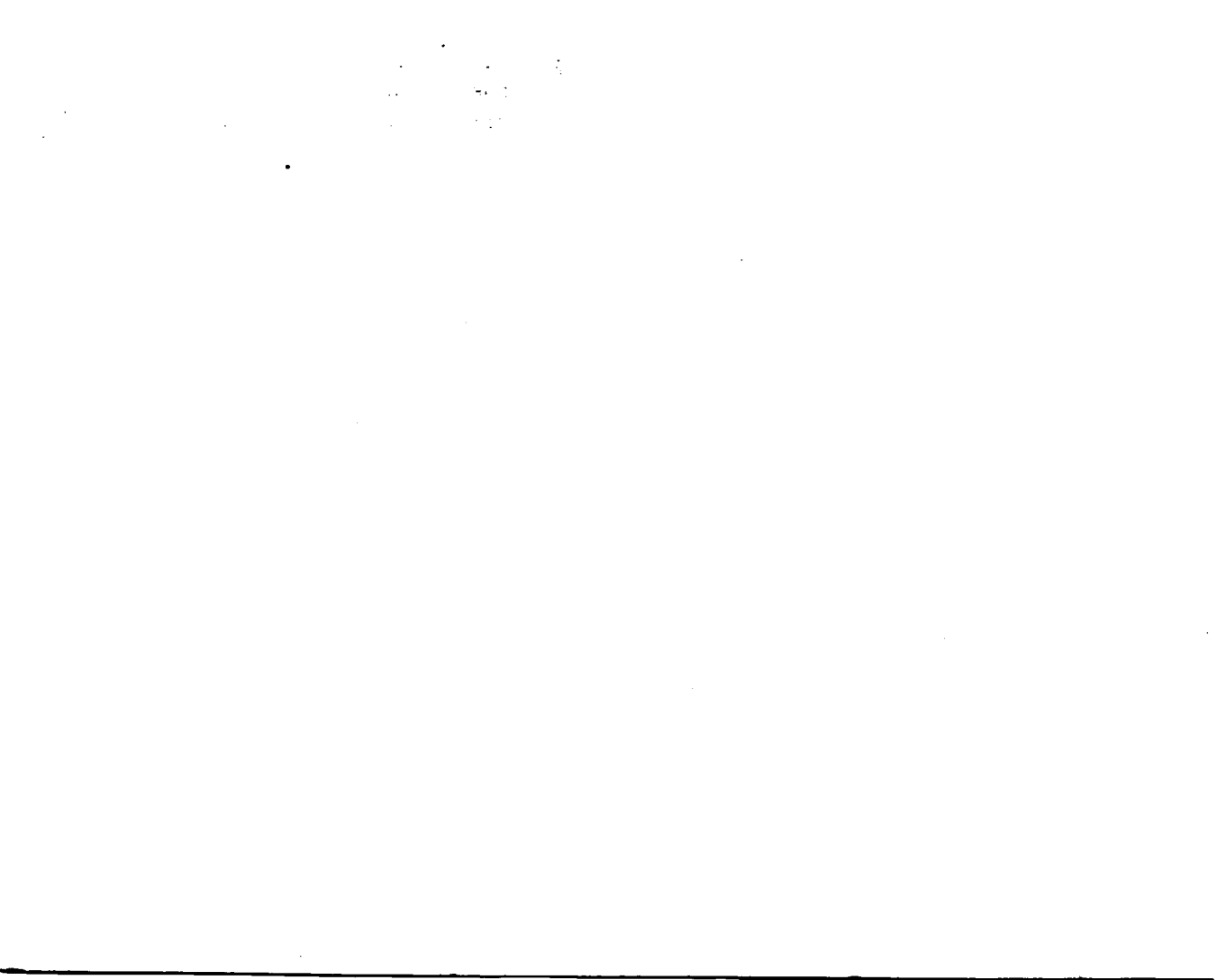
1920

Registrar. \_\_\_\_\_

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-130-004-799  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

County of Bear Lake

City of St. Charles

Registration District No. 38

File No. 81346

No. \_\_\_\_\_ St.

Primary Registration District No. 2/32

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Avard William Booth

Sex of Child <u>Male</u>	Twin Triplet or other? <u>Twin</u> and { Number in order of birth <u>2nd</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 29</u> <sup>1920</sup> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FATHER  
FULL NAME Louis Eugene Booth  
RESIDENCE St. Charles, Idaho  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE St. Charles Idaho  
OCCUPATION Mechanic

MOTHER  
FULL MAIDEN NAME Phoebe Price  
RESIDENCE St. Charles Ida.  
COLOR White AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Paris Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 6 30 P. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

B. O. Moore M.D.

Given names added from a supplemental report.

8 1/2

(Physician or midwife)

Address

Paris

Filed

8/10

1920

John Mattson

Registrar

Registrar

CERTIFICATE OF BIRTH  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

NOV 4 1943

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 81346  
County of Salt Lake }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for None given (Averd William Booth) who born (Birth or Death) on July 30th 1920  
in St. Charles, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Family Historical Record prepared on July 30th 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
FACTS TO BE CORRECTED FROM TO  
(“Name”, “Birth Date”, “Cause of Death”, Etc.) (As on Original) (The Correct Facts)

name	none given	Averd William Booth
birthdate	July 29 1920	July 30, 1920

Subscribed and sworn to before me this third  
day of November, 19 43  
*[Signature]*  
Notary Public, residing at Salt Lake City, Utah  
My commission expires Nov. 22nd 1946  
(Seal)

Signed Phoebe P. Booth  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
75 "L" St., Salt Lake City, Utah  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss. [This Affidavit **MUST** Also be Executed.  
County of Salt Lake } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this third  
day of November, 19 43  
*[Signature]*

Notary Public, residing at Salt Lake City, Utah #75 "L" St., Salt Lake City, Utah  
My commission expires Nov. 22nd 1946  
(Seal) (Street Address, City, State)

Signed Lewis N. Booth  
(Signature of Any Credible Person Other Than Previous Year)

SLR 9 10M

FEB 26, 1964

243-1141004-753  
PLACE OF BIRTHSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Bear LakeCity of St CharlesRegistration District No. 33File No. 81347

No. \_\_\_\_\_ St.

Primary Registration District No. 232 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD REED CAMPBELL BULLOCK

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>7-14</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	-----------------------------	--

FULL NAME FATHER Harold C. BullockRESIDENCE St CharlesCOLOR white AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Luie PetersonRESIDENCE St CharlesCOLOR white AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE St CharlesOCCUPATION House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 A. M.  
on the date above stated. (Born alive or stillborn)(Signature) R. J. Sutton  
M. D.  
(Physician or midwife)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

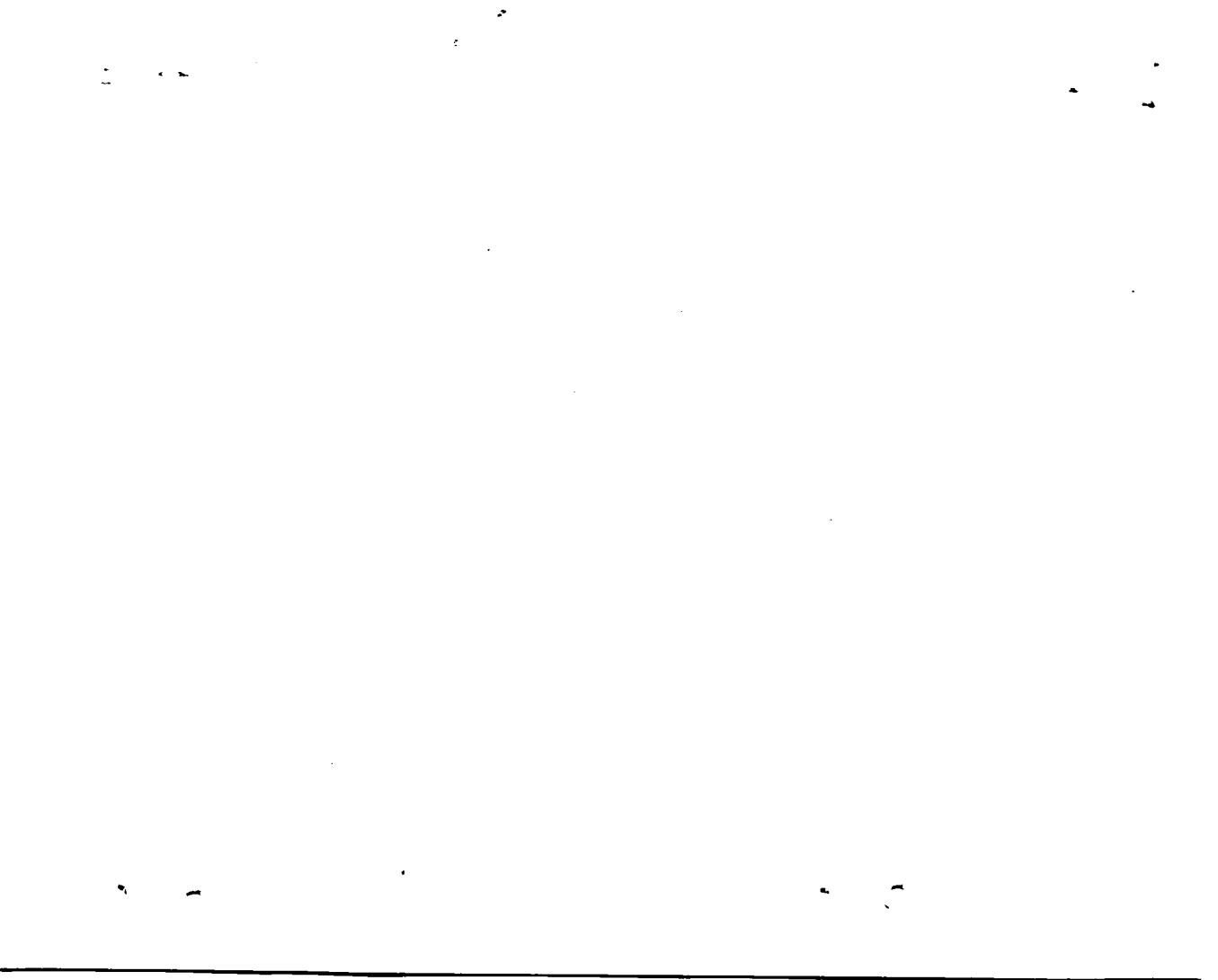
Address Paris IdahoFiled 8/10 1920 John Mattson  
Registrar.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



MAY 1 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of UTAH  
County of SALT LAKE } ss.

Certificate No. 81347  
Date Filed March 31, 1944

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Reed Campbell Bullock who Born on July 14, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in St. Charles, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Certificate of Bles sing prepared on September 5, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)  
Name Unnamed TO  
(The Correct Facts)  
Reed Campbell Bullock

Subscribed and sworn to before me this 31st  
day of MARCH, 19 44.

Notary Public, residing at Salt Lake City, Ut.

My commission expires 1-10-48  
(Seal)

Signed Harold E. Bullock  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH  
County of SALT LAKE } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st  
day of MARCH, 19 44.

Signed Irving R. Bullock  
(Signature of Any Credible Person Other Than Previous Year)

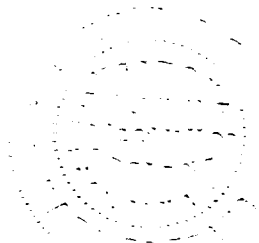
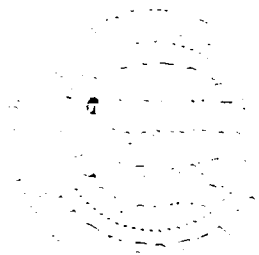
Notary Public, residing at Salt Lake City, Ut.

My commission expires 1-10-48  
(Seal)

547 East 29th South St.  
(Street Address, City, State)  
Salt Lake City, Utah



MAY 2 1944



260-230.004-799

PLACE OF BIRTH

amend 7-20-82

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

## CERTIFICATE OF BIRTH

County of Bear LakeCity of St. CharlesRegistration District No. 33File No. 81348

No. \_\_\_\_\_ St.

Primary Registration District No. 2/32

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Rhea Booth

Sex of Child <u>Female</u>	Twin Triplet or other? <u>Twin</u>	and {Number in order of birth <u>1st</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>July 30</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	--	-----------------------------	---

FULL NAME <u>Louis Nyrum Booth</u>	FATHER
RESIDENCE <u>St. Charles, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>St. Charles, Ida.</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Phoebe Price</u>	MOTHER
RESIDENCE <u>St. Charles Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 5:22 P. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. O. Moon M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

ParisFiled 8/101920John Mattson

Registrar

4019

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. Certificate No. 81348  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for \_\_\_\_\_ Unnamed \_\_\_\_\_ who was born \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in \_\_\_\_\_ St. Charles \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name \_\_\_\_\_ no name \_\_\_\_\_ Rhea Booth \_\_\_\_\_  
Birthdate \_\_\_\_\_ July 29, 1920 \_\_\_\_\_ July 30, 1920 \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ 9 \_\_\_\_\_ day of  
Sept, 1975

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
2045 E 9th South  
(Street Address, City, State)

Notary Public, residing at \_\_\_\_\_ Salt Lake \_\_\_\_\_  
My commission expires \_\_\_\_\_ 7-29-76 \_\_\_\_\_  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ 9 \_\_\_\_\_ day of  
Sept, 1975

Signed \_\_\_\_\_  
(Signature of Any Credible Person)  
4888 Highland Circle  
(Street Address, City, State)

Notary Public, residing at \_\_\_\_\_ Salt Lake \_\_\_\_\_  
My commission expires \_\_\_\_\_ 6-29-76 \_\_\_\_\_  
(Seal)

Certificate of Birth from LDS Church gives Rhea Booth born  
7-30-20 at St. Charles to Louis H Booth and Phoebe Price was  
entered on record 10-3-20. Viewed by V.S.

JUL 20 1982

Marriage License from State of Utah County of Salt Lake gives  
William LaMonte Robison and Rhea Booth married 3-21-39 and lists  
brides date of birth as July 30, 1920. Viewed by V.S.

553-208-004-655  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of BeauregardCity of MontpelierRegistration District No. 52File No. 81349No. 2136 St.Primary Registration District No. 2136Registered No. 2136Hospital Gait NelsonFULL NAME OF CHILD Gladys Gayle Nelson GLADYS GAYLE NELSON

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> (Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>Aug 8 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>Nolan J. Nelson</u>	FATHER
----------------------------------	--------

RESIDENCE <u>Montpelier, Ida</u>	
----------------------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
--------------------	---

BIRTHPLACE <u>Idaho</u>	
-------------------------	--

OCCUPATION <u>Lineman (Electric)</u>	
--------------------------------------	--

FULL MAIDEN NAME <u>Jennie N. O'Neil</u>	MOTHER
--	--------

RESIDENCE <u>Montpelier, Idaho</u>	
------------------------------------	--

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
--------------------	---

BIRTHPLACE <u>Colorado</u>	
----------------------------	--

OCCUPATION <u>Wife</u>	
------------------------	--

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1302 on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. H. M.D.

(Physician or midwife)

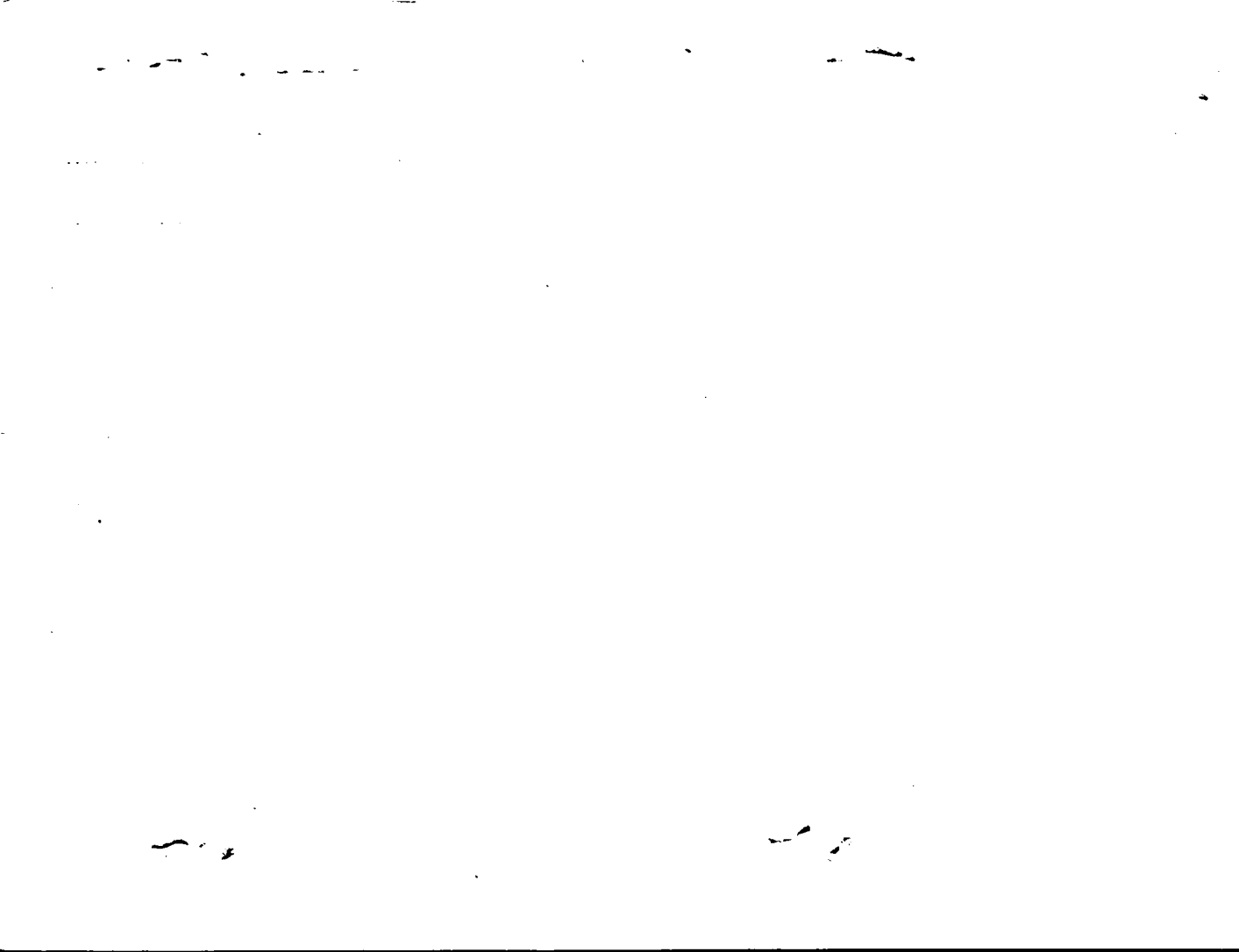
Given names added from a supplemental report.

Wm. Bruce Wright 19W. E. Murphy 19

State Registrar

Address Montpelier, IdahoFiled Aug 7 1920

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 81349  
County of Bannock } Date Filed June 5, 1942

The undersigned does solemnly swear that certain facts on the certificate of Buck (Birth or Death)  
for Gladys Gayle Nelson who was Born on Aug. 8, 1920 (Date of Event)  
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Bible Record prepared on Aug. 12, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Gail Gladys Gayle Nelson

Subscribed and sworn to before me this 5th  
day of June, 1942

Signed Olau J. Nelson father  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Lava Hot Springs  
My commission expires Jan 10, 1944 Ida.  
(Seal) (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Bannock }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th

day of June, 1942

Signed Mildred J. Chapin  
(Signature of Any Credible Person Other than Previous Year)

Notary Public, residing at Lava Hot Springs  
My commission expires Jan 10, 1944 Ida.  
(Seal) (Street Address, City, State)



1000 1000

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245 127.004-753  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE-  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Lawson

Registration District No. 52

File No. 81350

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2,36

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order (of birth)	Legiti- mate? <u>for</u>	Date of Birth <u>2 27 20</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>W. S. Kury</u>			FULL MAIDEN NAME <u>Maudy Reese</u>		
RESIDENCE <u>Lawson</u>			RESIDENCE <u>Lawson</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>15</u> (Years)	
BIRTHPLACE <u>Bear</u>			BIRTHPLACE <u>Lawson</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

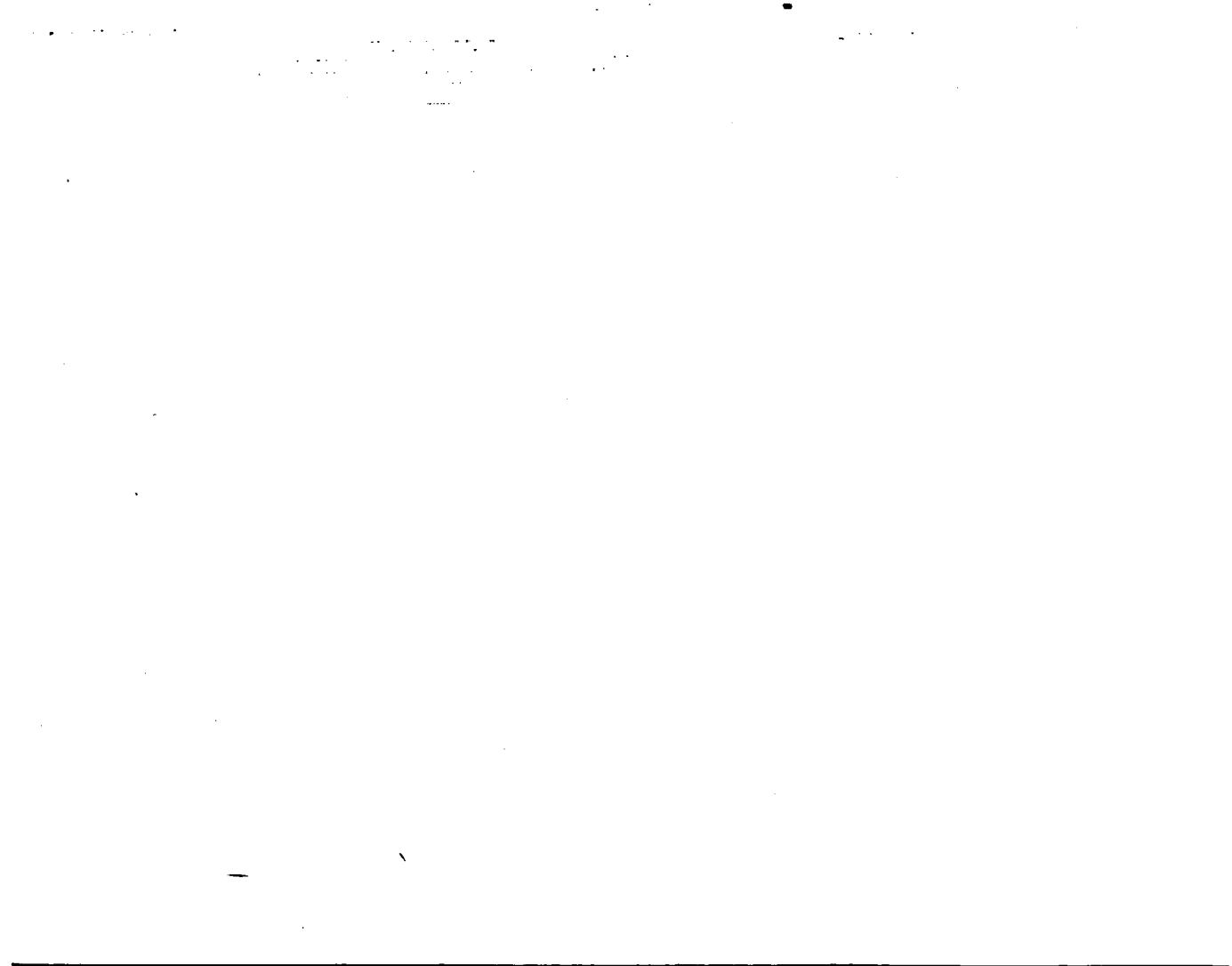
(Signature) W. S. Kury

Given names added from a supplemental report.

Address Montpelier, Id.

Filed Aug 12 1920 Registrar.

Registrar.



Amended 1-24-62

(Be sure the information is complete and accurate)

State File No. 81351

## CERTIFICATE OF BIRTH

Local Reg. No.

Federal Security Agency  
United States Public Health Service

STATE OF IDAHO

Reg. Dist. No. 52

<b>1. PLACE OF BIRTH</b>		<b>2. USUAL RESIDENCE OF MOTHER (Where does mother live?)</b>	
a. COUNTY <b>Bear Lake</b>		a. STATE <b>Idaho</b>	b. COUNTY <b>Bear Lake</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Montpelier</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Georgetown</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b>			
a. (First) <b>Alice</b>		b. (Middle) <b>Hayes</b>	
c. (Last)			
<b>4. SEX</b> <b>Girl</b>	<b>5a. THIS BIRTH</b> SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	<b>5b. IF TWIN OR TRIPLET (This child born)</b> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<b>6. DATE OF BIRTH</b> (Month) (Day) (Year) <b>4 - 1 - 1920</b>
<b>FATHER OF CHILD</b>			
<b>7. FULL NAME</b>		<b>8. COLOR OR RACE</b>	
a. (First) <b>Horace</b>		b. (Middle) <b>Hayes</b>	
c. (Last)		<b>W.</b>	
<b>9. AGE (At time of this birth)</b> <b>40</b> YEARS	<b>10. BIRTHPLACE (State or foreign country)(City or Town)</b> <b>Georgetown, Ida.</b>	<b>11a. USUAL OCCUPATION</b> <b>Farmer</b>	<b>11b. KIND OF BUSINESS OR INDUSTRY</b>
<b>MOTHER OF CHILD</b>			
<b>12. FULL MAIDEN NAME</b>		<b>13. COLOR OR RACE</b>	
a. (First) <b>Alice</b>		b. (Middle) <b>Roberts</b>	
c. (Last)		<b>W.</b>	
<b>14. AGE (At time of this birth)</b> <b>37</b> YEARS	<b>15. BIRTHPLACE (State or foreign country)(City or Town)</b> <b>Bloomington, Ida.</b>	<b>16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> (Relationship)		a. How many OTHER children are now living? <b>4</b>	b. How many OTHER children were born alive but are now dead? <b>0</b>
		c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
<b>18a. SIGNATURE</b> <b>Geo. F. Ashley</b>		<b>18b. ATTENDANT AT BIRTH</b>	
<b>18c. ADDRESS</b> <b>Montpelier, Ida.</b>		M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
		<b>18d. DATE SIGNED</b>	
<b>19. DATE REC'D BY LOCAL REG.</b> <b>Aug. 1, 1920</b>	<b>20. REGISTRAR'S SIGNATURE</b> <b>H.H. King</b>	<b>21. DATE ON WHICH GIVEN NAME ADDED BY</b> (Registrar)	

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT (Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....  
.....

(b) Labor: Complication.....

.....  
..... Induced?.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury? .....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 81351  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Hays (female child) who was born on April 1, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Montpelier, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child

Unnamed

Alice Hayes

Father's Last Name

Hays

Hayes

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Benewah } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19<sup>th</sup> day of

Signed \_\_\_\_\_

(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_

My commission expires Oct 11 - 1962

(Seal)

(Street Address, City, State)

L.D.S. Church Certificate of Blessing, April 1, 1920 gives full name of child as Alice Hayes, daughter of Horace A. Hayes and Alice A. Roberts, born April 1, 1920 at Montpelier, Idaho - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #319983 gives full maiden name of mother as Alice Hayes, age 21, born in Idaho - viewed by V.S.

Father's Death Cert. on file: (Idaho Death) #137765 gives full name as Horace Alma Hayes - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893215-004-266  
PLACE OF BIRTH

Form V. S. No. 11—Rev. 7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 81352

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Wendy Lillian Hill

Sex of Child <u>Girl</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>4-15-20</u> (Month) (Day) (Year)
--------------------------	---	-----------	--------------------------------	------------------------	--

FATHER  
FULL NAME Loran Hill  
RESIDENCE St Charles  
COLOR W AGE AT LAST BIRTHDAY 23  
(Years)  
BIRTHPLACE St Charles  
OCCUPATION Labor

MOTHER  
FULL MAIDEN NAME Netta May Bannister  
RESIDENCE St Charles  
COLOR W AGE AT LAST BIRTHDAY 18  
(Years)  
BIRTHPLACE Logan Utah  
OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was female at 7 P M.  
(Born alive or stillborn)

(Signature) Wm J. Culligan

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. \_\_\_\_\_ 19 \_\_\_\_\_

Address Montpelier Bay

Filed Aug 15 1920

Registrar. \_\_\_\_\_

Registrar. \_\_\_\_\_



APR 22 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

248-189-004-295  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bear Lake

City of Beauregard

Registration District No. 52

File No. 81353

No. 45 St.

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Roscoe Jesse Buhler

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>ja</u>	Date of Birth <u>4 9 20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Jesse Buhler  
RESIDENCE Beauregard  
COLOR W AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Beauregard  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Iris Perry  
RESIDENCE Beauregard  
COLOR W AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Beauregard  
OCCUPATION Wife

Number of children of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

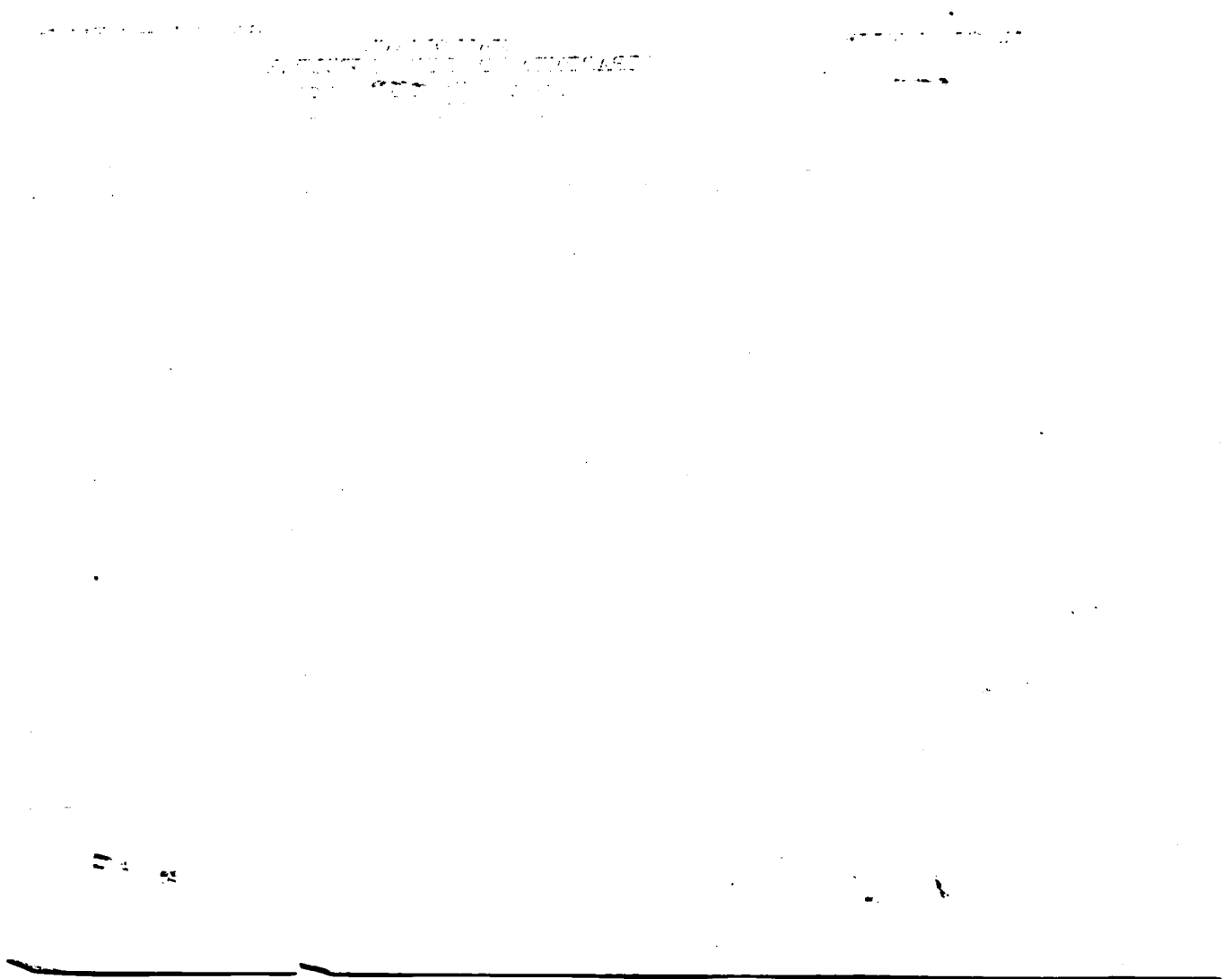
Address

Filed

19

Registrar.

Registrar.



6/28/77

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Utah } ss. AUG 31 10 01 AM '77  
County of Shall Lake }  
Certificate No. 81353  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth for Unnamed Buhler who was born on April 9, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in Bern, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Birth Records Ins. Policy prepared on Aug-26-1977 (Bible Record, Insurance Policy, Etc.) (Give Date) are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name

~~Unnamed~~ Unnamed

Roscoe Jesse Buhler

Subscribed and sworn to before me this 26 day of

August 1977

Paul E. M. Jones  
Notary Public, residing at 242 Locust, Malheur

My commission expires 6-1-79

(Seal)

Signed Jessie M. Buhler (Mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1411 Monroe  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss.  
County of Shall Lake }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of

August 1977

Lowell Young  
Notary Public, residing at Malheur, Idaho

My commission expires 2-20-1979

(Seal)

Signed Lowell Young

Murray, Idaho  
(Street Address, City, State)

5461 So State  
Murray, Idaho 84107

Membership record from LDS Church gives name as Roscow Jesse Buhler born April 9 1920 in Bern, Idaho. father's name as Joseph Jesse Bühler and mother's name as Iris Grace Kunz. Blessed June 2, 1920 and Baptized Nov 4 1928. viewed by V. S. **REVIEWED**

**SEP 23 1977**

Application for insurance to Kansas City Life Ins. Co. gives name as Roscoe J. Buhler. born April 9 1920. dated Dec 31, 1941. viewed by V. S. **REVIEWED**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-127-004-236  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-28-19

County of Benewah

City of Hailey

Registration District No. 2136

File No. 81354

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD DeORR EARNEST HOLMES

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of Birth <u>4 27 20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Ernest Holmes

RESIDENCE Hailey

COLOR W AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE Hailey

OCCUPATION Labor

MOTHER  
FULL MAIDEN NAME Estelle Stocks

RESIDENCE Hailey

COLOR W AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE St Charles

OCCUPATION Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

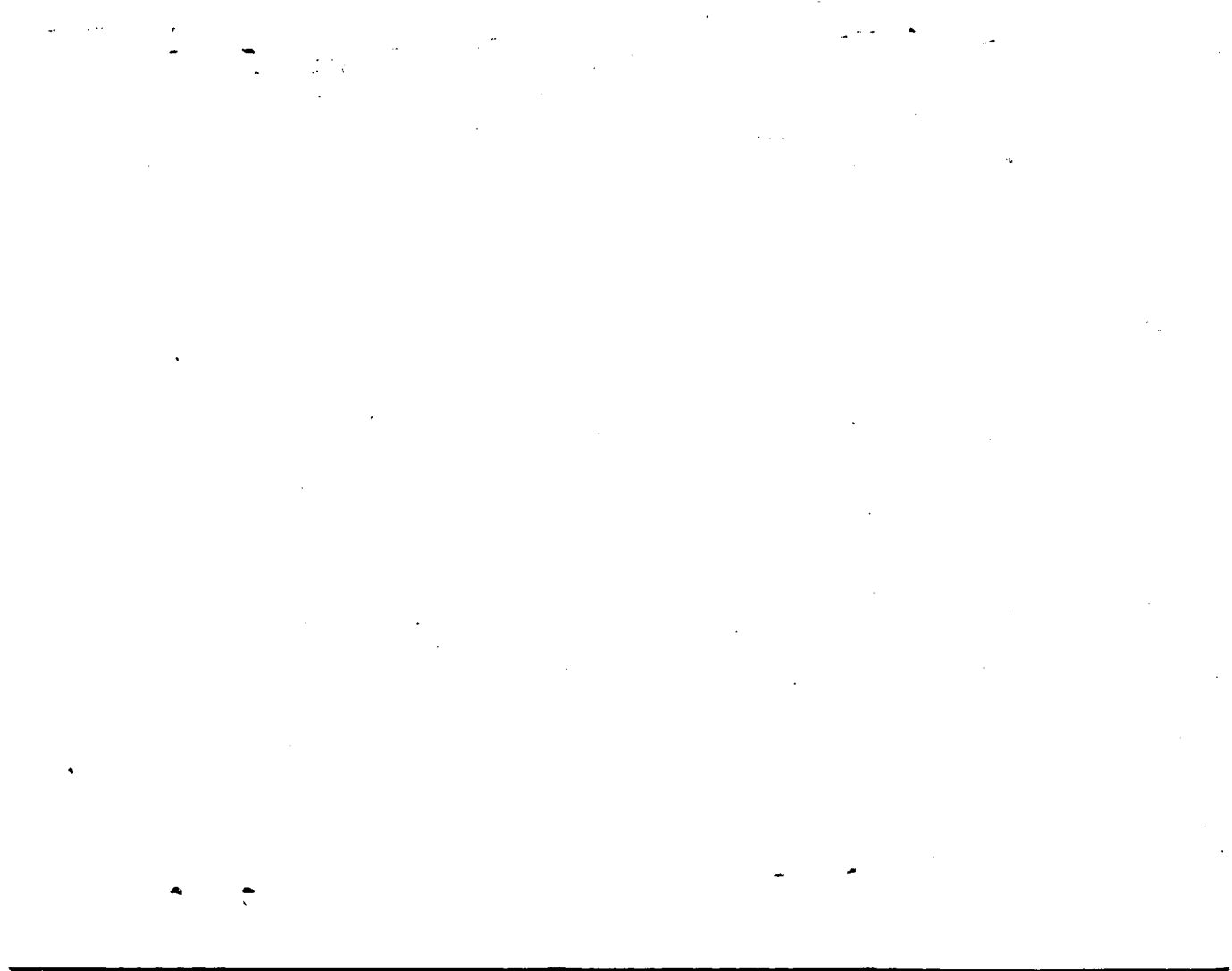
(Physician or midwife)

Address

Filed

Registrar.

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. OCT 20 1941 Certificate No. 81354  
County of Bonneville Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
(Birth or death)  
for DeOrr Earnest Holmes who was born on April 27, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Montpelier, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by insurance policy prepared on May - 24 - 1939, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth-date", "cause of death", etc.)

**FROM**  
(As on original)  
Unnamed Holmes

**TO**  
(The correct facts)  
DeOrr Earnest Holmes

Subscribed and sworn to before me this 10th  
day of October, 19 41  
Marie Markowski

Notary Public, residing at Idaho Falls, Idaho  
My commission expires October 11, 1943  
[SEAL]

Signed Golden E. Holmes  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

359 Lomax, Idaho Falls, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bonneville

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10  
day of October, 19 41  
Marie Markowski

Notary Public, residing at Idaho Falls, Idaho  
My commission expires October 11, 1943  
[SEAL]

Signed L M Blaylock  
(Signature of any credible person other than the previous affiant.)

177 Second St., Idaho Falls, Idaho  
(Street Address, City, State)



6061 4 1944

FEB 15 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-109-004-612  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

Registration District No. 52

File No. 81355

No. \_\_\_\_\_

St. \_\_\_\_\_

Primary Registration District No. 236

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>5 9 20</u> (Month) (Day) (Year)
-------------------------	---	-----	--------------------------	------------------------	---

FATHER  
FULL NAME Ldney Thurnick  
RESIDENCE Bloomington  
COLOR w  
AGE AT LAST BIRTHDAY 31  
(Years)  
BIRTHPLACE Bloomington  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Maggie Oakley  
RESIDENCE Bloomington  
COLOR w  
AGE AT LAST BIRTHDAY 23  
(Years)  
BIRTHPLACE Paris  
OCCUPATION Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo. L. Buckley  
Physician or midwife

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed \_\_\_\_\_

Registrar.

Registrar.

THE UNIVERSITY OF CHICAGO  
LIBRARY  
1100 EAST 58TH STREET  
CHICAGO, ILL. 60637

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-115-004-395  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Beauregard

City of Orin

Registration District No. 52

File No. 81356

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>5 15 20</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>Oliver Peterson</u>			FULL MAIDEN NAME <u>Hazel Lindsey</u>		
RESIDENCE <u>Orin</u>			RESIDENCE <u>Orin</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	
BIRTHPLACE <u>Orin</u>			BIRTHPLACE <u>Paris</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alfred at 119 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Buckley  
Physician or midwife

Given names added from a supplemental report.

Address Aug 12 20  
Filed 19

Registrar.

Registrar.

1870-1871  
 1870-1871  
 1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

Amended 4-3-67

(Be sure the information is complete and accurate)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **81357**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. **52**

<b>1. PLACE OF BIRTH</b>		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?)	
a. COUNTY <b>Bear Lake</b>		a. STATE <b>Idaho</b>	b. COUNTY <b>Bear Lake</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bennington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bennington</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

<b>3. CHILD'S NAME</b> (Type or print)			
a. (First) <b>May</b>		b. (Middle)	
		c. (Last) <b>Lindsay</b>	
4. SEX <b>Girl</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (Month) (Day) (Year) <b>5 - 31 - 1920</b>

**FATHER OF CHILD**

<b>7. FULL NAME</b>			
a. (First) <b>Hyrum</b>		b. (Middle) <b>Lester</b>	
		c. (Last) <b>Lindsay</b>	
8. AGE (At time of this birth) <b>37</b> YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) <b>Bennington, Idaho</b>	10. USUAL OCCUPATION <b>Farmer</b>	11. KIND OF BUSINESS OR INDUSTRY

**MOTHER OF CHILD**

<b>12. FULL MAIDEN NAME</b>			
a. (First) <b>Vera</b>		b. (Middle)	
		c. (Last) <b>Mouritsen</b>	
13. AGE (At time of this birth) <b>32</b> YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) <b>Bennington, Idaho</b>	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		a. How many OTHER children are now living? <b>5</b>	b. How many OTHER children were born alive but are now dead? <b>0</b>
		c. How many children were stillborn (born dead after 20 wks. pregnancy)? <b>0</b>	

<i>I hereby certify that this child was born alive on the date stated above.</i>	<b>17. SIGNATURE</b> <b>Geo. F. Ashley, M.D.</b>	<b>18. ATTENDANT AT BIRTH</b> M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____
	<b>19. ADDRESS</b> <b>Montpelier, Idaho</b>	<b>20. DATE SIGNED</b>
<b>21. DATE REC'D BY LOCAL REG.</b> <b>Aug. 1, 1920</b>	<b>22. REGISTRAR'S SIGNATURE</b> <b>H.H. King</b>	<b>23. DATE ON WHICH GIVEN NAME ADDED</b> BY _____ Registrar

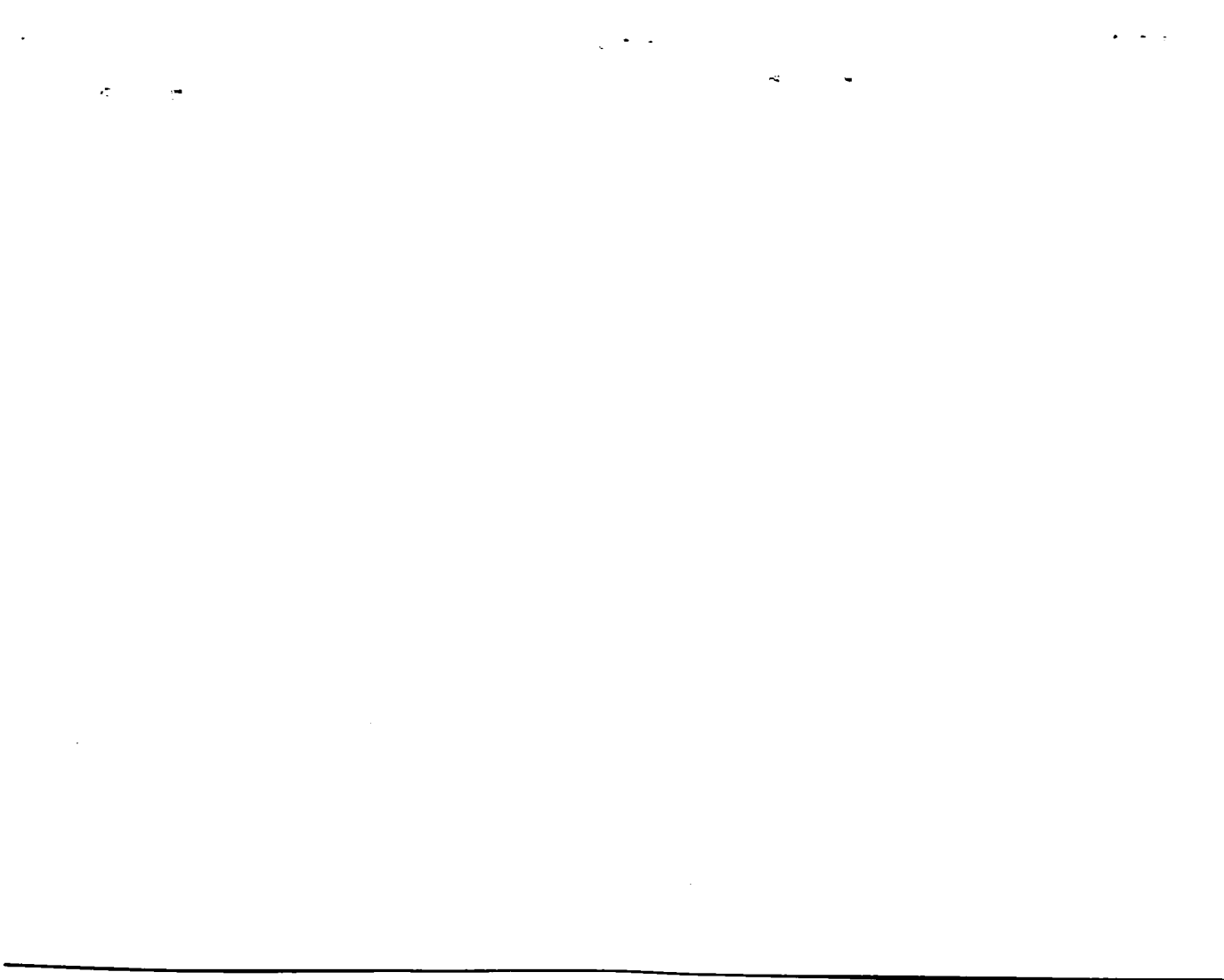
**FOR MEDICAL AND HEALTH USE ONLY**

Was a test for phenylketonuria performed?

VER

NO

DATE



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ }

ss.

Certificate No. 81357

Date Filed \_\_\_\_\_

**RECEIVED**  
JAN 3 0 1967  
Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
for \_\_\_\_\_ Unnamed Lindsay (girl child) who was born \_\_\_\_\_ (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on May 31, 1920 (Date of Event)  
in \_\_\_\_\_ Bennington, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child \_\_\_\_\_ Unnamed  
Full Name of Father \_\_\_\_\_ Lister Lindsay  
Full Maiden Name of Mother \_\_\_\_\_ Vera Moutinsen

May Lindsay  
Hyrum Lester Lindsay  
Vera Mouritsen

Subscribed and sworn to before me this 30 day of

Signed Man L. Call  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Caribou }

ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of

Signed Elizabeth L. Williams  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

4212 Street  
Rock Springs, Wyoming  
(Street Address, City, State)



L.D.S. Church Cert. of Blessing, July 4, 1920 gives full name as May Lindsay, daughter of Hyrum Lested Lindsay and Vera Mouritsen, born May 31, 1920 at Bennington, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, June 2, 1928 gives full name as May Lindsay, daughter of Lester Lindsay and Vera Mouritsen, born May 31, 1920 at Bennington, Idaho - viewed by V.S.

PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Clear LakeCity of ManupelleeRegistration District No. 52

File No.

81358

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Delane Simmons Beutler

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>6</u> <u>18</u> <u>28</u> (Month) (Day) (Year)
-------------------------	---	-----	--------------------------------	---------------------------	---

FATHER  
FULL NAME Lyman Beutler  
RESIDENCE Manupellee  
COLOR W  
AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Shuman  
OCCUPATION Black-Smith

MOTHER  
FULL MAIDEN NAME Lusa Simons  
RESIDENCE Manupellee  
COLOR W  
AGE AT LAST BIRTHDAY 22  
(Years)  
BIRTHPLACE Liberty  
OCCUPATION Wife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

19

Address

Filed

19

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1970

OCT 2 1970

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. 81358  
County of ..... } Date Filed Aug. 1, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Beutler who was born on June 10, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Montpelier, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name," "Birth Date," "Cause of Death," Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
Child's name	Unnamed	De Lane Simmons Beutler

Subscribed and sworn to before me this 28<sup>th</sup> day of September, 1920  
*Mary E. Bondary*  
Notary Public, residing at Sacramento County  
My commission expires April 28, 1924  
(Seal)

Signed *Lynman W. Beutler*  
*Marie Viola Beutler*  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
5624 Callister Ave - Sacramento Calif  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California } ss.  
County of Sacramento }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 28<sup>th</sup> day of September, 1920  
Notary Public, residing at Sacramento County  
My commission expires April 28, 1924  
(Seal)

Signed *William Stinson*  
(Signature of Any Credible Person)  
5223 Sonoma Way, Carmichael, Ca.  
(Street Address, City, State)

Certificate of Baptism and Confirmation from LDS Church gives name as DeLane Simmons Beutler and gives parents names as Lyman W. and Sussie Viola Simmons. Born June 10, 1920. at Montpelier, Idaho Was Baptised Sept. 1, 1928. ~~WKKW~~ Signed by Sept. 2, 1928. Signed by J. H. Haag, Bishop. Viewed by V. S.

Honorable Discharge from U.S. Navy gives name as DeLane Simmons Beutler, Aviation Metalsmith Third Class. Dated Feb. 18, 1946. ~~could not read signature of officer who signed for me The copy was xxxxxx~~ Viewed by V. S. Officer's name who signed it name is J. R. Corcoran, Liet. USNR.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-107,004-231  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Shannon 52

Registration District No.

File No. 81359

No. \_\_\_\_\_ St.

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>6-7-20</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>W. A. Shaw</u>			FULL MAIDEN NAME <u>Rhoda Haggan</u>		
RESIDENCE <u>Shannon</u>			RESIDENCE <u>Shannon</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)	
BIRTHPLACE <u>North Ogden</u>			BIRTHPLACE <u>Shannon</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

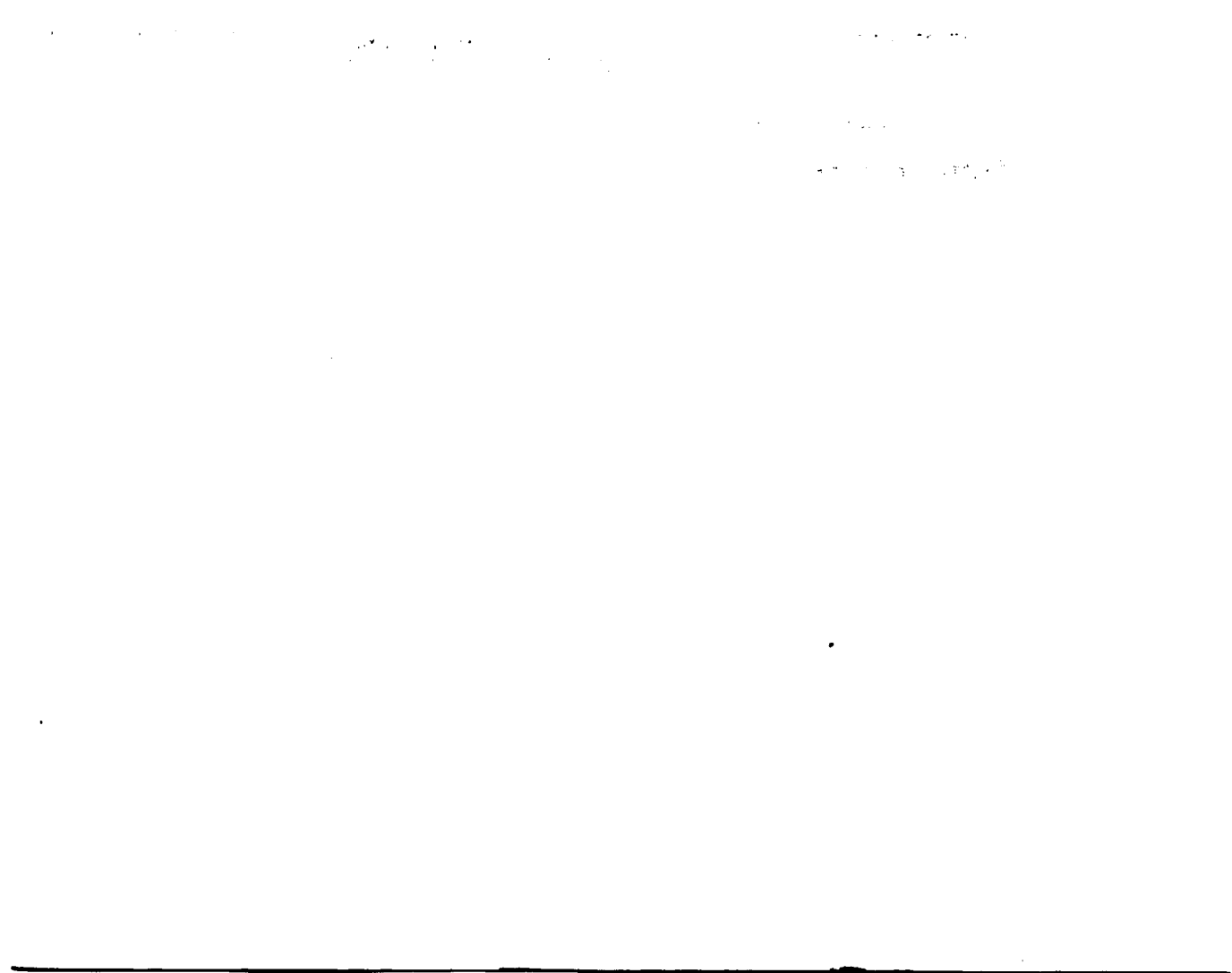
I hereby certify that I attended the birth of this child, who was alive at 5:25 A. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest L. Luley  
Physician or midwife

Given names added from a supplemental report.

Address Shannon, Idaho  
Filed Aug 10 1920 W. H. Haggan  
Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-204-004-993  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-24-19

County of Bear Lake

City of Bennington

Registration District No. 52

File No.

81360

No. \_\_\_\_\_ St.

Primary Registration District No. 2136

Registered No.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Florence Alice Crane

Sex of Child

Female

Twins  
Triplet  
or other?

and  
(Number  
in order  
of birth)

(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

6-4

20

(Month) (Day)

(Year)

FULL NAME

FATHER

H.C. Crane

FULL MAIDEN NAME

MOTHER

Fern Riches

RESIDENCE

Bennington

RESIDENCE

Bennington

COLOR

W

AGE AT LAST BIRTHDAY

26

(Years)

COLOR

W

AGE AT LAST BIRTHDAY

26

(Years)

BIRTHPLACE

Bennington

BIRTHPLACE

Neghi Utah

OCCUPATION

Farmer

OCCUPATION

Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Eros Richley

(Physician or midwife)

Montpelier, Ida

Given names added from a supplemental report.

19

Address

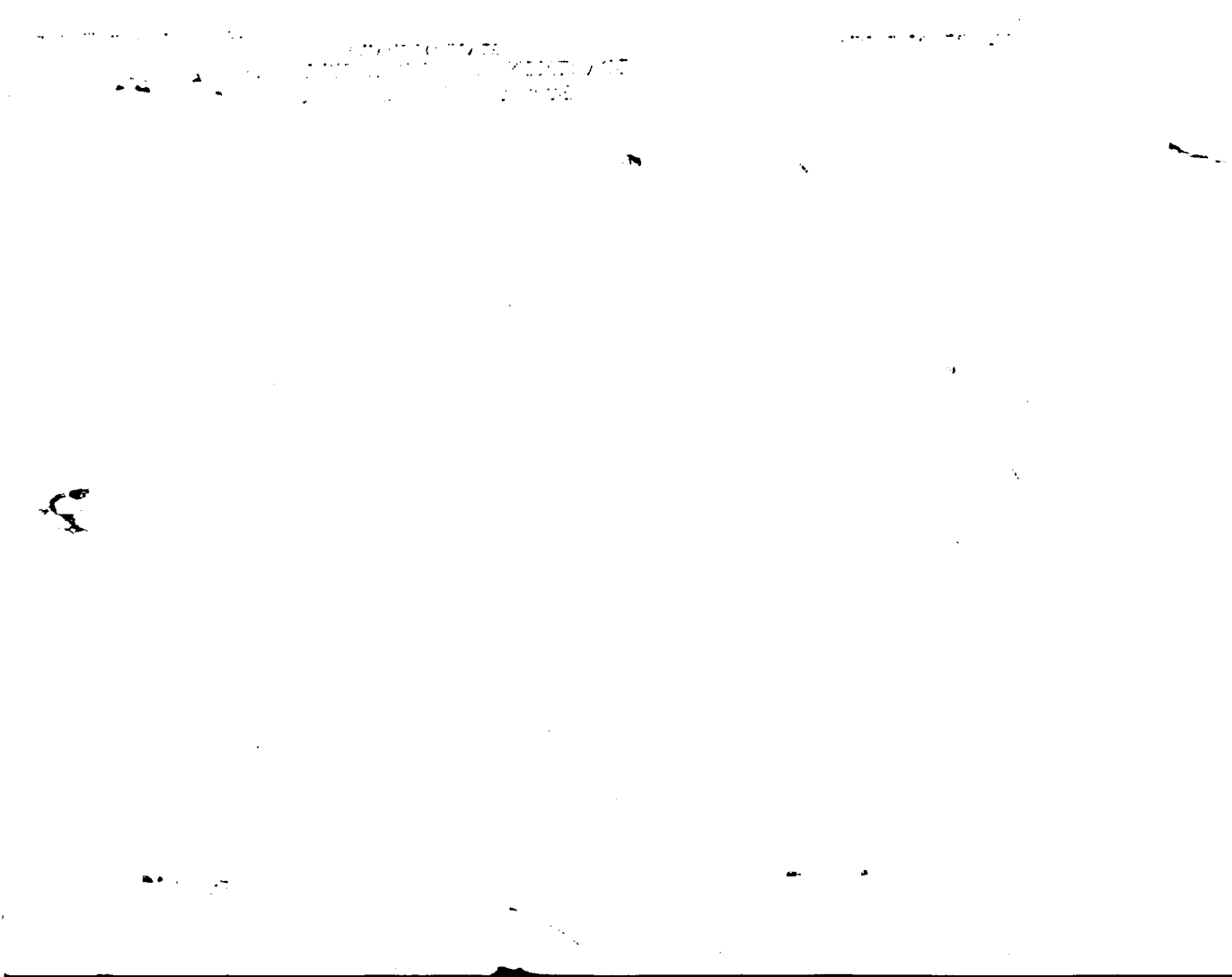
Filed

Aug 13 1920

Registrar.

Registrar.





# STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

### AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }  
County of Juab } ss.

Certificate No. 81360

Date Filed January 13, 1944

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Florence Alice Crane who was born on June 4, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in Bennington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record prepared on \_\_\_\_\_, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Florence Alice Crane

Subscribed and sworn to before me this 13th.  
day of January, 19 44.

Ernest Warner  
Juab Co. Recorder, residing at Nephi, Utah

My commission expires \_\_\_\_\_  
(Seal)

Signed Gern R. Crane.  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

250 East 1st. No. Nephi, Utah  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }  
County of Salt Lake } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th  
day of February, 19 44.

George A. Ryan  
Notary Public, residing at Salt Lake City, Utah  
My commission expires October 9, 1946  
(Seal)

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

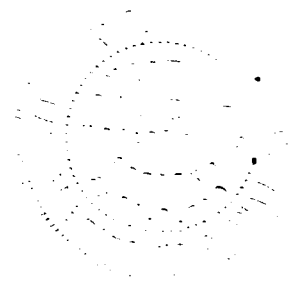
Signed Mayors R. E. Eason  
(Signature of Any Credible Person Other Than Previous Year)

716 West 1st North  
(Street Address, City, State)  
Salt Lake City, Utah

1957

1957

1944



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

144-1031004-795  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-26-19

County of Bear Lake

City of Sharon

Registration District No. 52

File No. 81361

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2186

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>pro</u>	Date of Birth <u>6 3 20</u> (Month) (Day) (Year)
-------------------------	---	-----	--------------------------------	------------------------	---

FULL NAME FATHER  
W. P. Judd  
RESIDENCE Burley  
COLOR W AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

FULL MAIDEN NAME MOTHER  
E. A. Curren  
RESIDENCE Burley  
COLOR W AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Sharon  
OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 4 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Les F. Cully  
H. H. H. H.  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19 \_\_\_\_\_

Address Montpelier, Ida  
Filed Aug 13 19 20 H. H. H. H.  
Registrar.

Dup of 1920-332301

NOT

785-1091009-363  
PLACE OF BIRTH

Form V. S. No. 11-20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

81362

No. St.

Hospital

Primary Registration District No. 2136

Registered No.

FULL NAME OF CHILD

Royal Stull Phelps

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>6 9 20</u> (Month) (Day) (Year)
-------------------------	----------------------------------	---------------------------------------	------------------------	---

FATHER  
FULL NAME Harmer Phelps  
RESIDENCE Shing Creek  
COLOR W AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Montpelier  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Mary Cole  
RESIDENCE Shing Creek  
COLOR W AGE AT LAST BIRTHDAY 18 (Years)  
BIRTHPLACE Seattle Wash  
OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 P M. on the date above stated.

(Born alive or stillborn)

(Signature)

Dr. F. L. Lively

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address

Montpelier, Ida

Filed

Aug 12 20 R. H. King

Registrar.

Registrar.

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

THE  
LIBRARY OF THE  
MUSEUM OF MODERN ART  
1000 MUSEUM AVENUE  
NEW YORK, N. Y. 10028

MARGIN RESERVED FOR BONDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-111-004-395  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11--20m-7-26-19

County of Bear Lake

City of Hailey

Registration District No. 52

File No. 81363

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD BERNE E. CAMPBELL

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>6 11 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Oral Campbell</u>			MOTHER FULL MAIDEN NAME <u>June Indray</u>		
RESIDENCE <u>Hailey</u>			RESIDENCE <u>Hailey</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	
BIRTHPLACE <u>Bellingham</u>			BIRTHPLACE <u>Vancouver</u>		
OCCUPATION <u>Insurance</u>			OCCUPATION <u>Nurse</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alma at 1509 M.  
(Born alive or stillborn)

(Signature) Dr. C. C. C. C.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Physician or midwife)  
Address Hailey  
Filed Aug 12 1920  
Registrar.



2001 JUN 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-112-004-295  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bear Lake

City of Shannon

Registration District No. 52

File No. 81365

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Richard King Long

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>      </u> (To be answered only in event of plural births)	and { Number in order of birth <u>1</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>6 12 20</u> (Month) (Day) (Year)
-------------------------	---	---	------------------------	--

FULL NAME FATHER R. H. Long

FULL MAIDEN NAME MOTHER Hayes King

RESIDENCE Shannon

RESIDENCE Shannon

COLOR W AGE AT LAST BIRTHDAY 21  
(Years)

COLOR W AGE AT LAST BIRTHDAY 18  
(Years)

BIRTHPLACE Bloomington

BIRTHPLACE Shannon

OCCUPATION Student

OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Alma at 7:30 P M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Oakley  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

1920

Registrar.

Registrar.

July 4th 1920

Dup of 1920-98035

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-113-004-389  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bear Lake

City of Hailey

Registration District No. 52

File No. 81366

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2,36

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child Boy John Edward Cochran  
Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? Yes  
(To be answered only in event of plural births) Date of Birth 6 13 20  
(Month) (Day) (Year)

FATHER  
FULL NAME Chas. A. Cochran  
RESIDENCE Hailey  
COLOR W AGE AT LAST BIRTHDAY 33  
(Years)  
BIRTHPLACE Id  
OCCUPATION Eng. Dist.

MOTHER  
FULL MAIDEN NAME Anna Christina  
RESIDENCE Hailey  
COLOR W AGE AT LAST BIRTHDAY 31  
(Years)  
BIRTHPLACE Hailey  
OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

John E. Cochran (Born alive or stillborn) M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John E. Cochran  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19. \_\_\_\_\_

Address

Filed

Registrar.

Aug 18 1920  
Registrar.

41 307 64

156-219,004-269  
PLACE OF BIRTH

Form V. S. No. 11--20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Bear LakeCity of MontpelierRegistration District No. 52

File No.

81367

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Saras JewettSex of  
ChildGirlTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

\ and

Number  
in order  
of birth  
1Legiti-  
mate?yesDate of  
BirthJune 19, 1920  
(Month) (Day) (Year)FULL  
NAMESeaman Jewett

FATHER

RESIDENCE

Mountain

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Mountain

OCCUPATION

FarmingFULL  
MAIDEN  
NAMEMettie Sorensen

MOTHER

RESIDENCE

Mountain

COLOR

WhiteAGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

HousekeepingNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Address

Filed

Montpelier, Idaho  
Aug, 20 1920

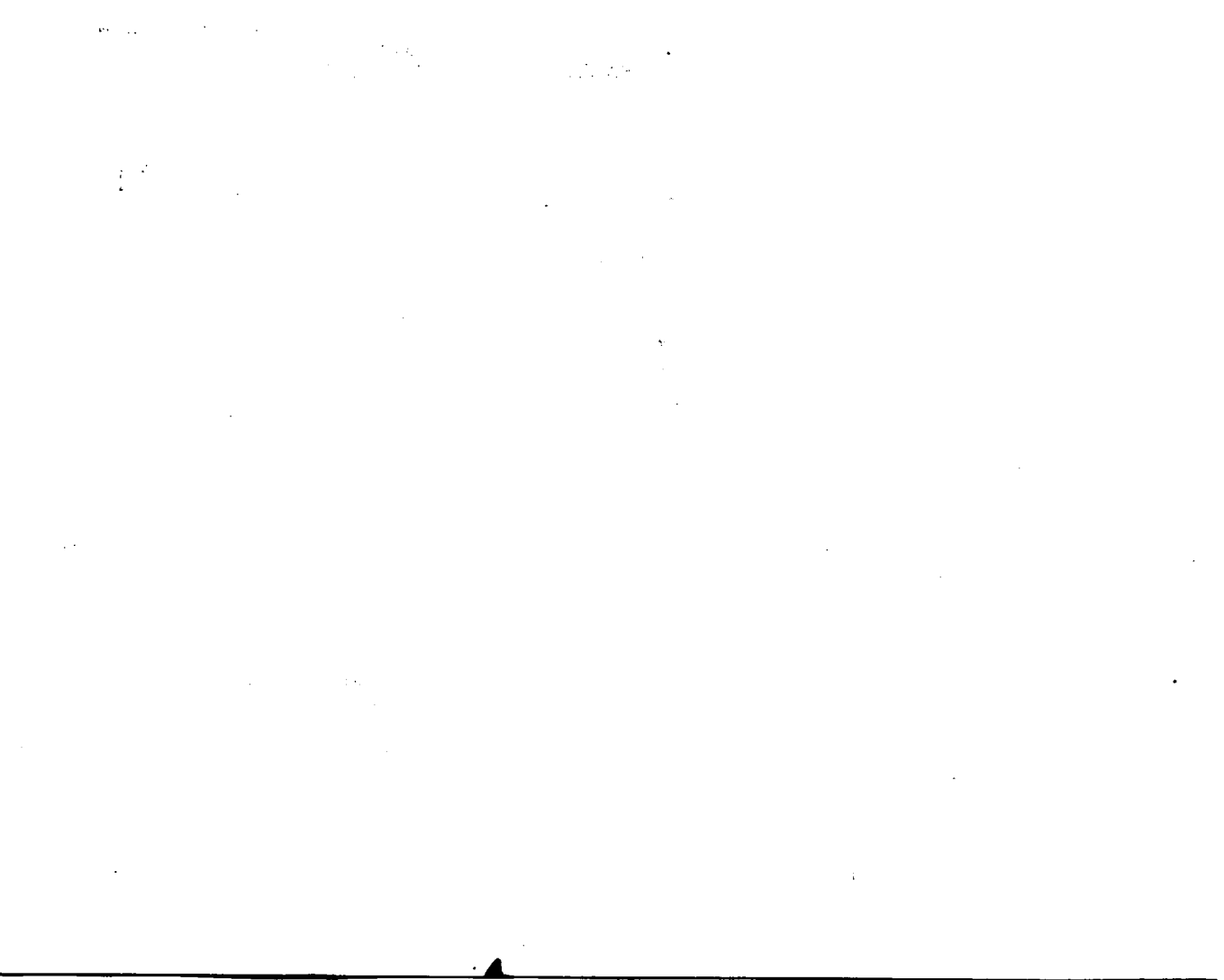
Registrar.

Registrar.

Born alive at 10:30 A. M.  
(Born alive or stillborn)

(Signature)

Elmer C. Hindley  
Physician  
(Physician or midwife)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

651-126.000-855  
PLACE OF BIRTH

Form V. S. No. 11--20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of BeauregardCity of BemingtonRegistration District No. 52File No. 81368

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2136, Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Maxwell Garr Weaver

Sex of Child

BoyTwin  
Triplet.  
or other?

and

Number  
in order  
of birthLegiti-  
mate?Date of  
Birth6 26 20

(Month)

(Day) (Year)

FULL  
NAME

FATHER

RESIDENCE

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth 6Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

(Signature)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Address

Filed

19

Registrar.

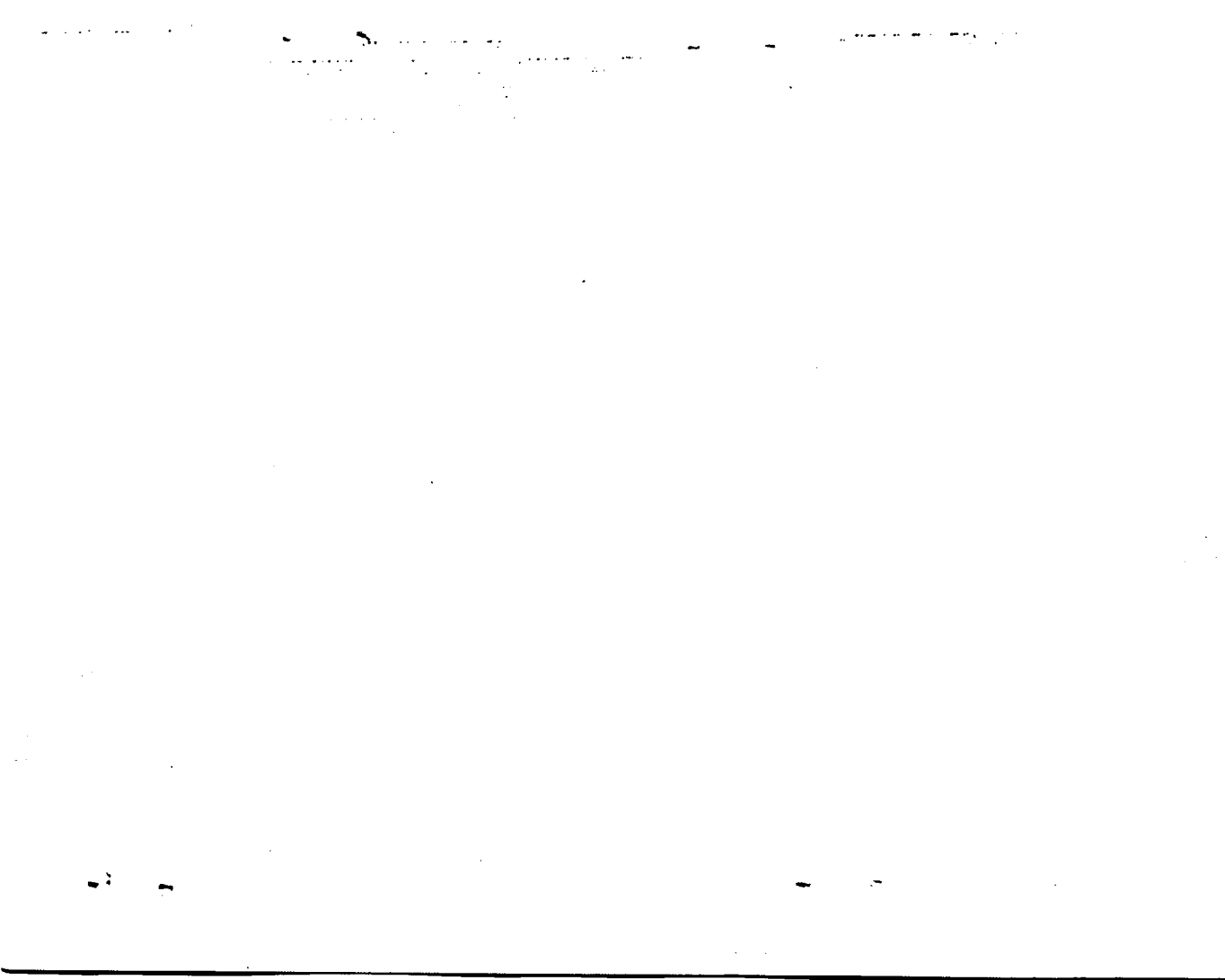
Registrar.



RECEIVED  
U.S. DEPARTMENT OF THE ARMY  
WASHINGTON, D.C.  
AUG 5 1953

AUG 5 - 1953

Registrar.



3-1-82

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Idaho } ss. MAR 18 4 42 PM '82 Certificate No. 81369  
 County of Bonneville } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Johnson who was born on 6-29-20  
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Montpelier (Bear Lake) are erroneous or were omitted:  
 (Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs name	Unnamed Johnson	Jeanne Lorene Johnston
fathers name	Edward Johnson	Edward Johnston
Mothers name	Peggy Hensen	Marguerite Hansen

Subscribed and sworn to before me this 16<sup>th</sup> day of March, 1982

Notary Public, Patricia A. Decker  
 Residing at Idaho Falls, Idaho  
 My commission expires May 10, 1982  
 (Seal)

Jeanne L. Johnston  
 Signature of Applicant  
Rt Box 44 B Idaho Falls, Idaho  
 Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
 County of Bonneville }

(Must be completed    )(Is not necessary    )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16<sup>th</sup> day of March, 1982

Notary Public, Patricia A. Decker  
 Residing at Idaho Falls, Idaho  
 My commission expires May 10, 1982  
 (Seal) 1 cc pd

Sally DeWester  
 Supporting Signature  
Rt 1 Box 46 Idaho Falls, Idaho  
 Street Address, City, State

83401

Cert of Blessing gives Jeanne Lorene Johnston was born 6-29-20 in Montpelier to Edward R Johnston and Marguerite Hansen and was blessed 8-1-20. Viewed by V.S.

MAR 22 1982

Cert of Baptism gives Jeanne Lorene Johnston born 6-29-20 in Montpelier to Edward R Johnston and Marguerite Hansen was baptised 6-29-28. Viewed by V.S.

Cert of Marriage for Edward Roy Johnston and Marguerite Hansen on 8-31-19 at Denver, Colorado. Viewed by V.S.

389-130-004-864  
PLACE OF BIRTH

Form V. S. No. 11-20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Bear LakeCity of HaileyRegistration District No. 52File No. 81370

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Merlin Hargrave Christman

Sex of Child

BoyTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate?YesDate of  
Birth6 30 20

(Month) (Day) (Year)

FULL  
NAMEF. J. Christman

FATHER

FULL  
MAIDEN  
NAMEB. M. Hanslow

MOTHER

RESIDENCE

Hailey

RESIDENCE

Hailey

COLOR

WAGE AT LAST  
BIRTHDAY29  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Id

BIRTHPLACE

Idaho

OCCUPATION

Owner of store (hardware)

OCCUPATION

Wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

(Signature)

W. J. Cuddy

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Hailey, Idaho

Filed

Aug 1 1920

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1985

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-103-004-213  
PLACE OF BIRTH

Form V. S. No. 11—Rev. 7-22-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bear Lake

City of George Town

Registration District No. 52

File No.

81371

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Primary Registration District No. 2136 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>July 3</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Frank R Barchi</u>			MOTHER FULL MAIDEN NAME <u>Emmalyn Barchi</u>		
RESIDENCE <u>Geo Town</u>			RESIDENCE <u>Geo Town</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)	
BIRTHPLACE <u>Wilford, Idaho</u>			BIRTHPLACE <u>Geo Town</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alma at 8 9 M.  
on the date above stated. (Born alive or stillborn)

(Signature) Geo V Buckley

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address Montpelier, Idaho

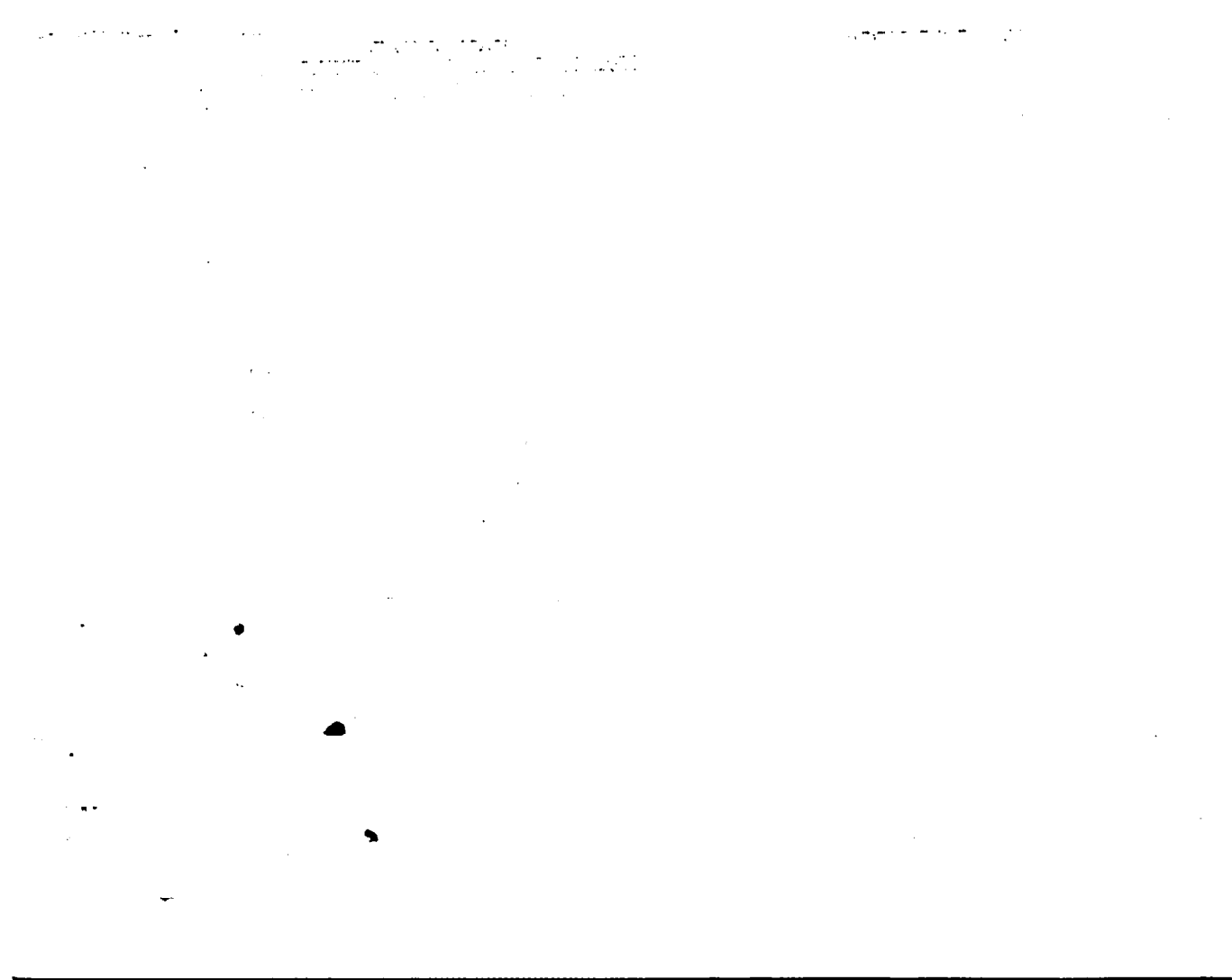
Filed Aug 10 1920

Registrar.

Registrar.

K





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-205,004-219  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bear Lake  
City of Montpelier  
Registration District No. 52 File No. 81372

No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital \_\_\_\_\_ Primary Registration District No. 2136 Registered No. \_\_\_\_\_

FULL NAME OF CHILD Janice June Lockman

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>7</u> <u>11</u> <u>20</u> (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>Joseph C. Lockman</u>			FULL MAIDEN NAME <u>Margaret Lockman</u>		
RESIDENCE <u>Montpelier</u>			RESIDENCE <u>Montpelier</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Montpelier</u>		
OCCUPATION <u>Eng. Dist.</u>			OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Chiles  
Montpelier, Idaho  
(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier, Idaho  
Filed Aug 16 1920 N. N. King  
Registrar.

[illegible]

11-1-79

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

RECEIVED  
Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

NOV 3 1979

State of Utah } ss. Bureau of Vital Statistics Certificate No. 81372  
 County of Salt Lake } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Lockman who was born on July 5, 1920  
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Montpelier, (Bear Lake) are erroneous or were omitted:  
 (Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameomittedJanice June Lockman

Subscribed and sworn to before me this 5 day of

November, 1979.

Notary Public, Mark F. Thompson

Residing at 6841 So. 2030 East, SLC, UT.

My commission expires October 26, 1983

(Seal)

Janice L. Price  
 Signature of Applicant

430 East 6770 South  
 Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.

(Must be completed \_\_\_\_\_)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

Certificate of Baptism and Confirmation gives name as Janice June Lockman daughter of Joseph Lockman and Mareta Sarbach born July 5, 1920 at Montpelier, Bear Lake, Idaho Baptized Auguts 19, 1928.  
Viewed by V.S.

Certificate of Graduation from the Primary Association of the L. D.S.Church gives name as Janice Lockman. Issued September 7, 1934.  
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-106-0004-513  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Beauregard

City of Hailey

Registration District No. 52

File No. 81373

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	(Number in order of birth)	Legitimate? <u>Y</u>	Date of Birth <u>7</u> <u>6</u> <u>20</u> (Month) (Day) (Year)
-------------------------	---	-----	----------------------------------	-------------------------	--

FATHER  
FULL NAME Oliver W. Halverson

MOTHER  
FULL MAIDEN NAME W. J. Hall

RESIDENCE Hailey

RESIDENCE Hailey

COLOR W AGE AT LAST BIRTHDAY 17  
(Years)

COLOR W AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE Hailey

BIRTHPLACE Birmingham

OCCUPATION Farmer

OCCUPATION Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 8:40 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo. C. Linder  
Hailey, Idaho  
(Physician or midwife)

Given names added from a supplemental report.

Address

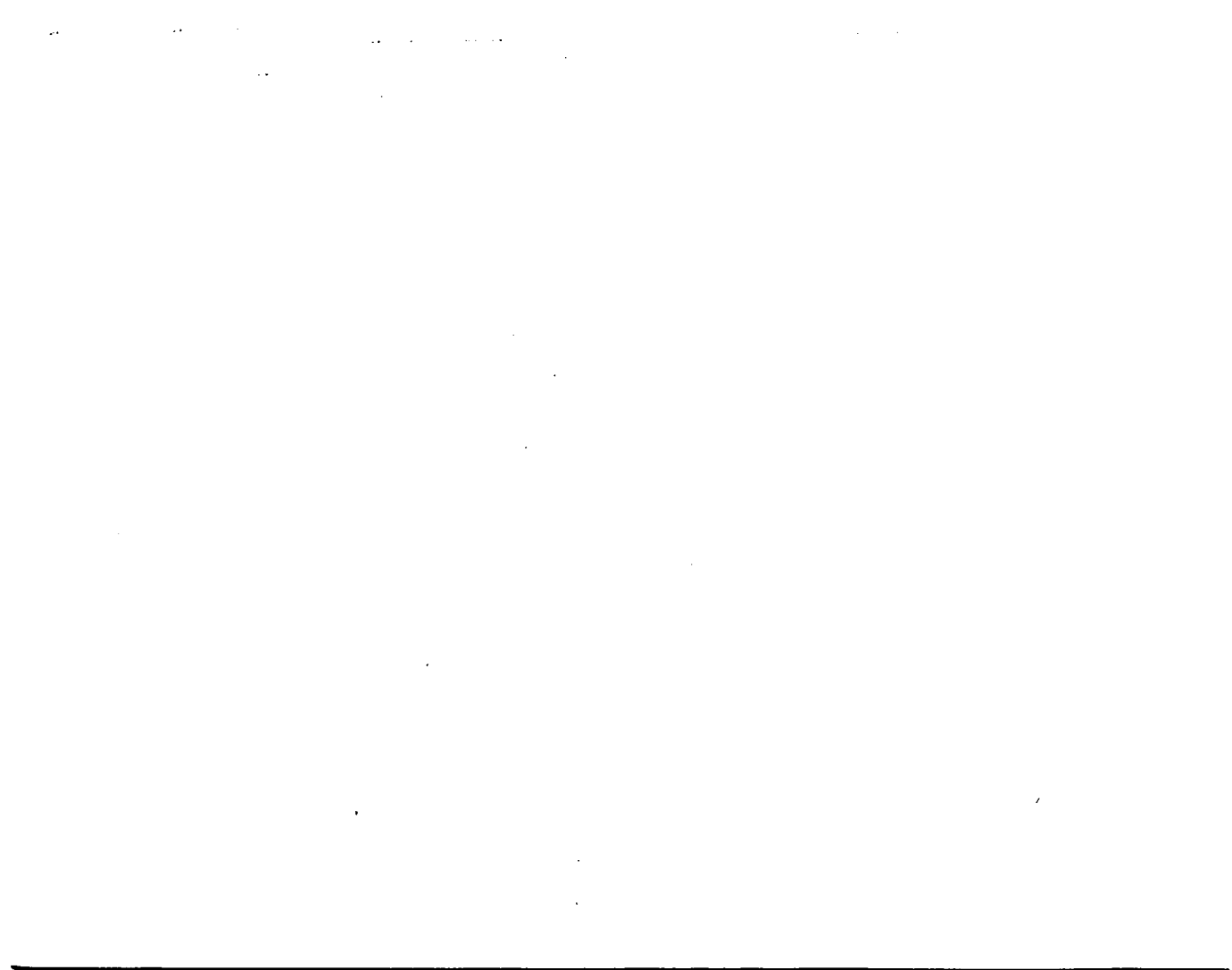
Hailey, Idaho

Filed

Aug 1 1920

Registrar.

Registrar.



449-107-008-131

PLACE OF BIRTH

County of *Bear Lake*City of *Pegram*

No. .... St.

Registration District No. *52*File No. .... *81374*Primary Registration District No. *2136*

Registered No. ....

Hospital .....

FULL NAME OF CHILD

*Harvey Milford Murphy*

Sex of Child

*Male*Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti-  
mate?*Yes*Date of  
Birth*July 7<sup>th</sup>*  
(Month) (Day) (Year)FULL  
NAME*George Milford Murphy*

RESIDENCE

*Montpelier Idaho*

COLOR

*White*AGE AT LAST  
BIRTHDAY*22*  
(Years)

BIRTHPLACE

*Wyoming*

OCCUPATION

*Rancher*FULL  
MAIDEN  
NAME*Alta Dolores Aland*

RESIDENCE

*Montpelier Idaho*

COLOR

*White*AGE AT LAST  
BIRTHDAY*23*  
(Years)

BIRTHPLACE

*Idaho*

OCCUPATION

*Housewife*

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) .....

*W. H. King M.D.*

Address .....

*Montpelier Idaho*

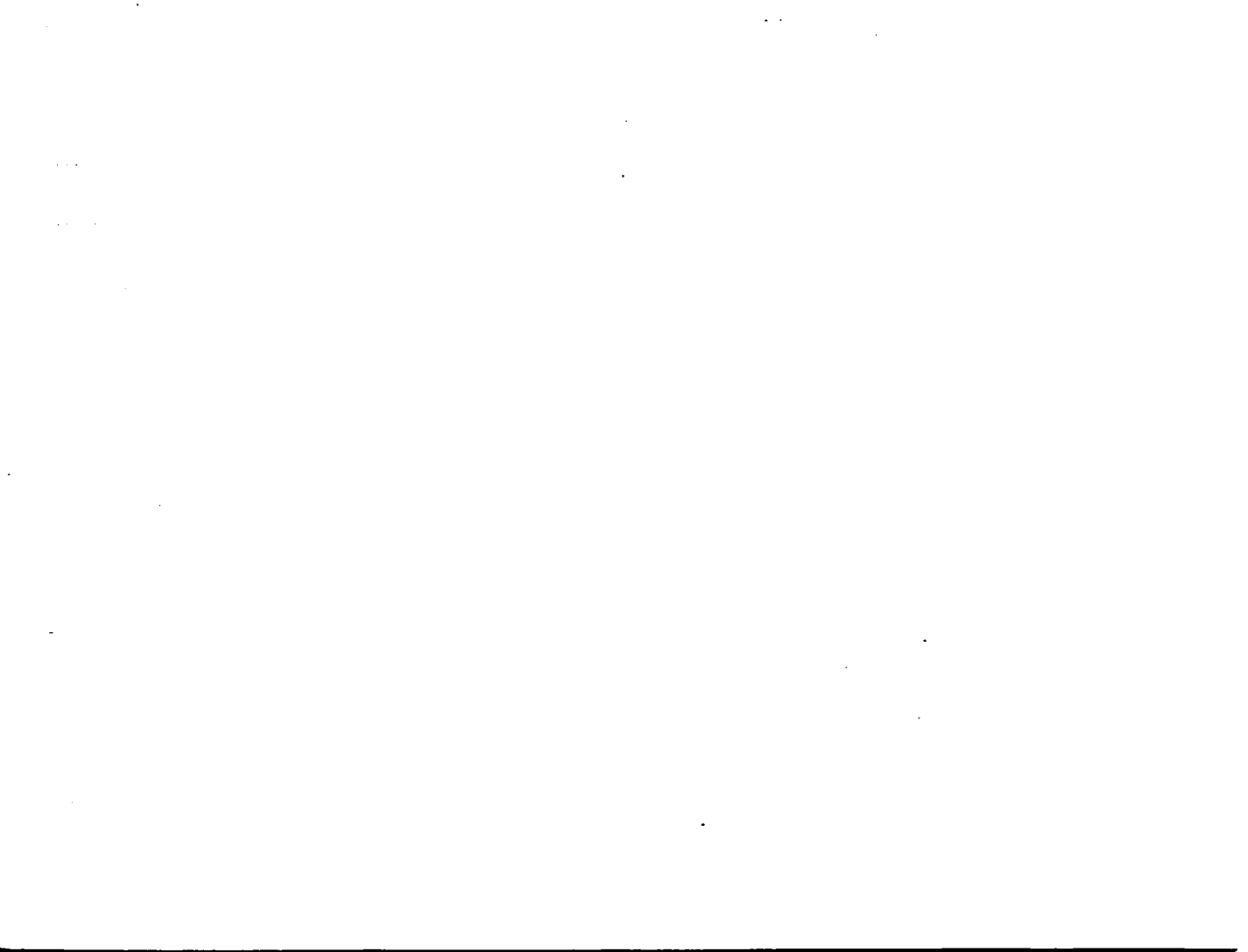
Filed .....

*July 28 1920*

Registrar

Registrar





PLACE OF BIRTH

235-212-004-493

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bear LakeCity of MontpelierRegistration District No. 52

File No.

81375

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Eleanore Stephens

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti-  
mate?Date of  
Birth7 12 20  
(Month) (Day) (Year)FULL  
NAME

FATHER

Thomas V. StephensFULL  
MAIDEN  
NAME

MOTHER

Clara E. Kieker

RESIDENCE

Montpelier

RESIDENCE

Montpelier

COLOR

WAGE AT LAST  
BIRTHDAY11 24  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY42  
(Years)

BIRTHPLACE

Bernington

BIRTHPLACE

Bloomington

OCCUPATION

Farmer

OCCUPATION

WagonNumber of child of this mother, including present birth 9Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. F. Buckley

Given names added from a supplemental report.

Address

Montpelier, Ida.

Filed

Aug 13 1920

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUL 30 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

791-2185004-785  
County of Bear Lake

City of Hailey

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 52

File No. \_\_\_\_\_

81376

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of Birth (Month) (Day) (Year)
FATHER			MOTHER		
FULL NAME <u>Edward Hanson</u>			FULL MAIDEN NAME <u>Lillian Phelps</u>		
RESIDENCE <u>Hailey</u>			RESIDENCE <u>Hailey</u>		
COLOR <u>WT</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)	
BIRTHPLACE <u>Switzerland</u>			BIRTHPLACE <u>Hailey</u>		
OCCUPATION <u>Barber</u>			OCCUPATION <u>Physician</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar.

Registrar.

GROSJEAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-220-004-245  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-26-19

County of Bear Lake

City of Bear

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 52

File No. 81377

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

LOUISE KUNZ

Sex of Child <u>Girl</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of Birth (Month) (Day) (Year)
FULL NAME <u>Henry FATHER Kunz</u>				FULL NAME <u>Matilda Esther OTHER Kunz</u>	
RESIDENCE <u>Bear</u>				RESIDENCE <u>Bear</u>	
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>34</u> (Years)				COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>30</u> (Years)	
BIRTHPLACE <u>Bear</u>				BIRTHPLACE <u>Bear</u>	
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

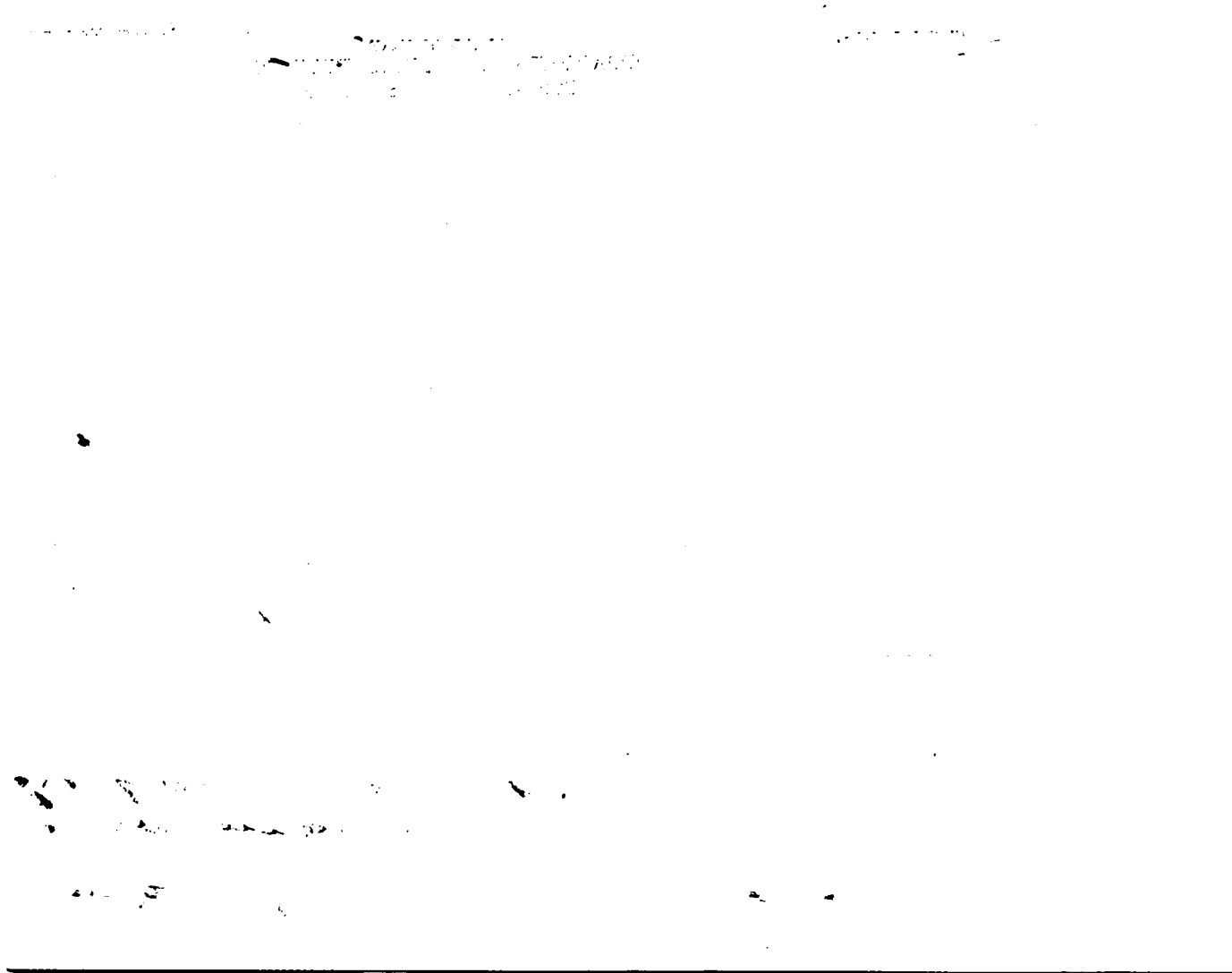
Given names added from a supplemental report.

Address

Filed

Registrar.

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }  
County of Cache } ss.

Certificate No. 81377

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Louise Kunz who was born on July 20, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death)  
in Bern, Bear Lake Co., Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) (Date of Event)  
true facts are shown by Affidavit of Mother prepared on May 23, 1942, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

Name

Unnamed

Louise Kunz

Mother's name

M. E. Kunz

Father's Name

Henry D. Kunz

Subscribed and sworn to before me this 23rd

day of May, 1942

N. J. CROOKSTON, CACHE COUNTY CLERK,

~~NOTARY PUBLIC, FIDELITY~~ By

~~MY COMMISSION EXPIRES~~  
(Seal)

Deputy Clerk

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3-05-Black Logan Utah  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }  
County of Cache } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd

day of May, 1942

Signed

(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Logan Utah

My commission expires Aug 14, 1945  
(Seal)

(Street Address, City, State)

MAY 25 1942



JAN 21 1974

MAY 27 1942

JUN 3 1942

## PLACE OF BIRTH

235-128-004-759  
County of Bear LakeSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCity of MontpelierRegistration District No. 52

File No.

81378

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

CHARLES CULVER STEPHENS

Sex of  
ChildBoyTwin  
Triplet  
or other?

}

Number  
in order  
of birthLegiti-  
mate?Date of  
Birth7 20 20

(Month) (Day) (Year)

FULL  
NAMEJohn Stephens

FATHER

RESIDENCE

Montpelier

COLOR

WAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Bennington

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEJ. L. Perkins

MOTHER

RESIDENCE

Montpelier

COLOR

WAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Bennington

OCCUPATION

WifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

(Signature)

Charles Culver\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

Address

Montpelier, Idaho

Filed

Aug 1 20 20

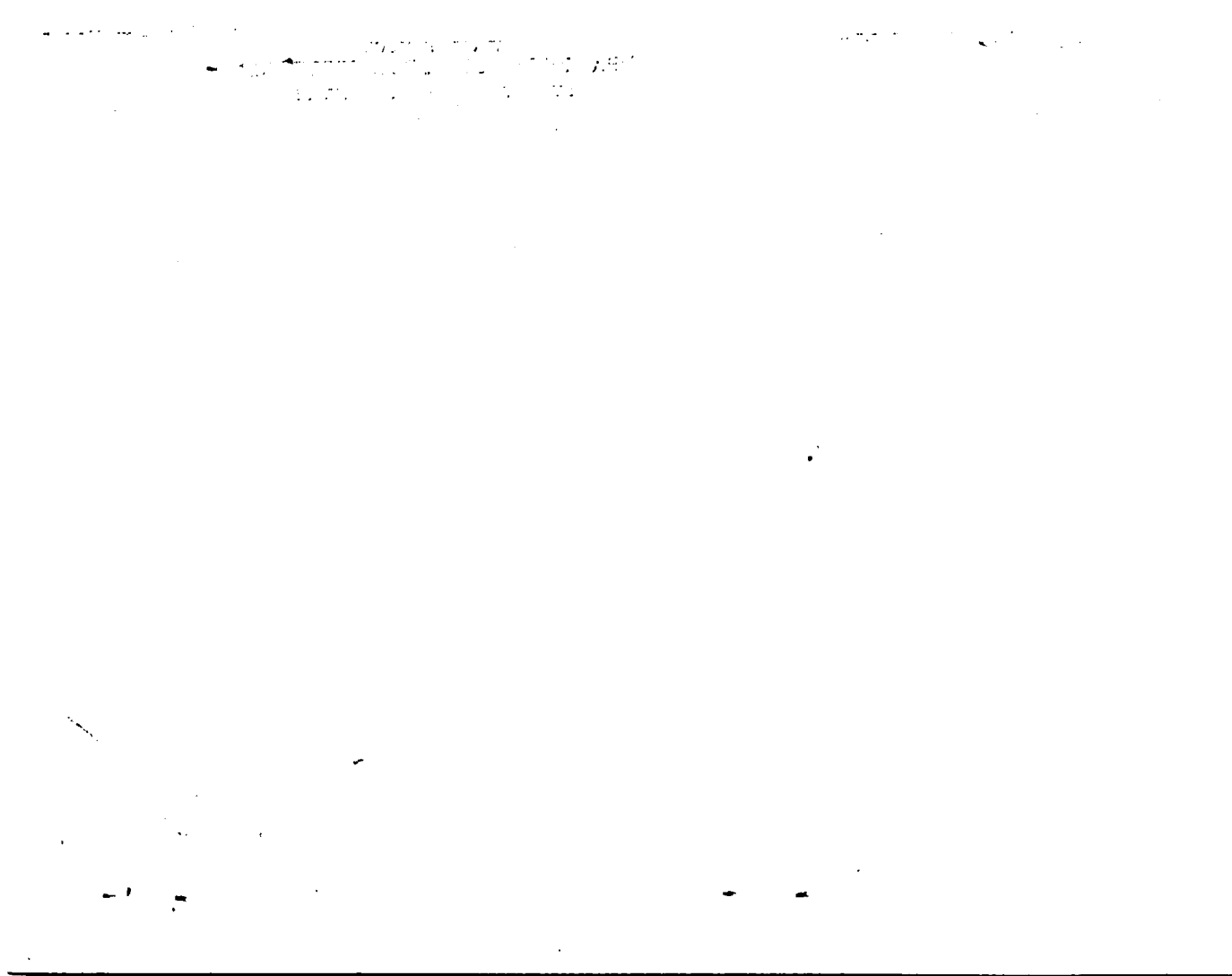
19

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho, }  
County of Bear Lake } SS. JAN 26 1942 Certificate No. 81378  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed Stephens who born on July 20, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Montpelier, Idaho, are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by my own knowledge prepared on baptismal certificate, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
Name Unnamed Stephens Charles Culver Stephens

Subscribed and sworn to before me this 14, 1942.  
day of January, 1942.

Char E. Hooper  
Notary Public, residing at Montpelier, Idaho,  
My commission expires Mch 7, 1942.  
(SEAL)

Signed Louisa Perkins Stephens  
(SIGNATURE OF MOTHER OF CHILD CORRECTING BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
Montpelier, Idaho.  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho, }  
County of Bear Lake, } SS. JAN 26 1942  
[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th  
day of January, 1942.

Char E. Hooper  
Notary Public, residing at Montpelier, Idaho.  
My commission expires Mch. 7, 1942.  
(SEAL)

Signed John Edwin Stephens  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
Montpelier, Idaho.  
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

JAN 24 1942

FEB 8 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-121-004-389  
PLACE OF BIRTH  
Amended 8-22-72

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-26-19

County of Bear Lake  
City of Bloomington  
Registration District No. 52 File No. 81379  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Primary Registration District No. 2136 Registered No. \_\_\_\_\_  
Hospital \_\_\_\_\_

FULL NAME OF CHILD Philip Thornock

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of Birth (Month) (Day) (Year)
FATHER				MOTHER	
FULL NAME <u>James A. Thornock</u>				FULL MAIDEN NAME <u>B. L. Chubbuck</u>	
RESIDENCE <u>Bloomington</u>				RESIDENCE <u>Bloomington</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)			COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Bloomington</u>				BIRTHPLACE <u>Bloomington</u>	
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:30 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

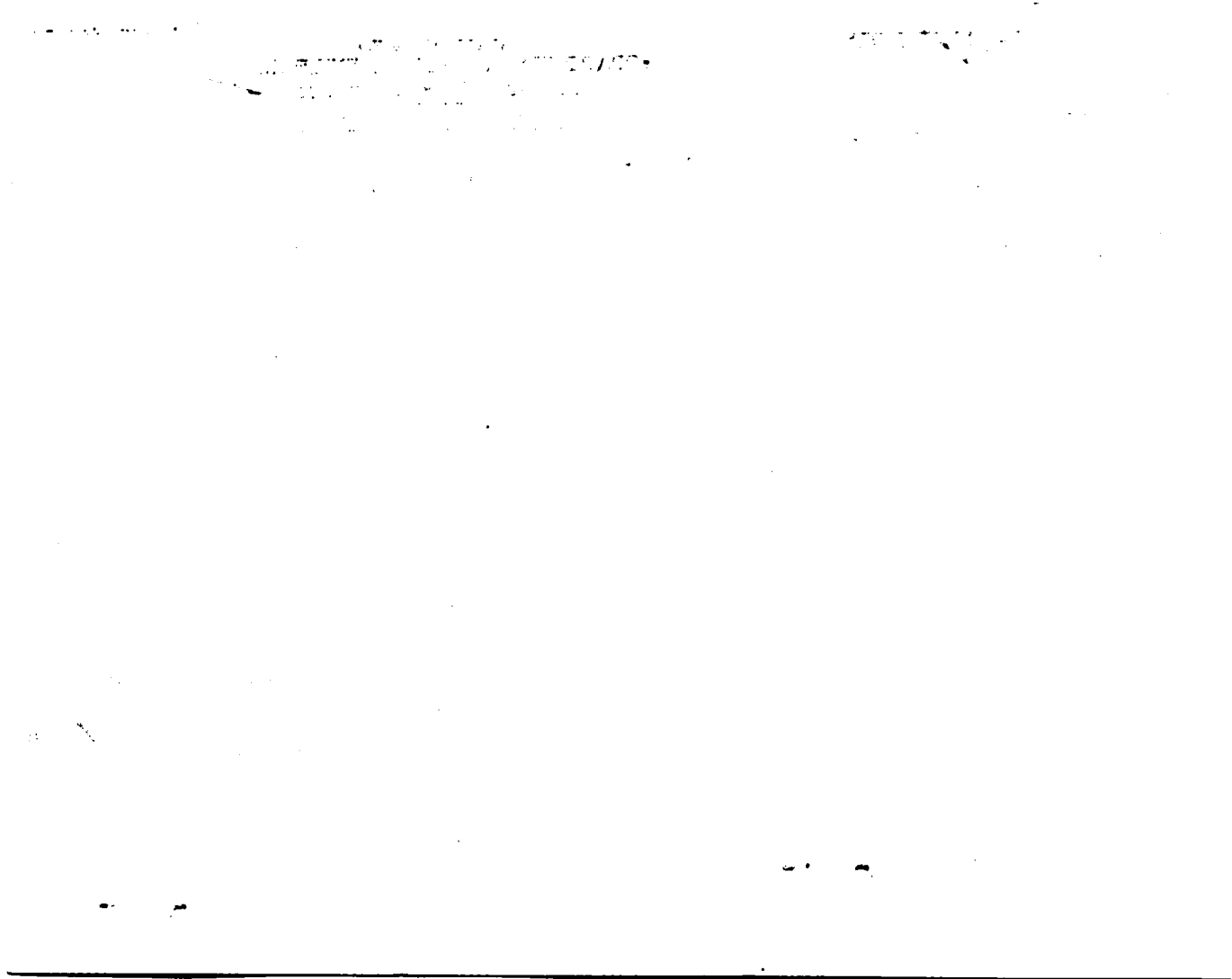
(Signature)

Address

Filed

Registrar.

Registrar.



8-22-72

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. **AUG 23 8 56 AM '72**  
Certificate No. **81379**  
Date Filed.....  
Birth.....  
The undersigned does solemnly swear that certain facts on the certificate of  
for **Unnamed Thornick** who was born on **July 21, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Bear Lake Co.** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on..... are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

childs name

omitted

**Philip Thornock**

Father's name

**James A. Thornock**

**James A. Thornock**

Subscribed and sworn to before me this **22** day of

**August 9, 1972**

**Notary Public, residing at**

My commission expires

(Seal)

✓ Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of

**19**

Signed

(Signature of Any Credible Person)

Notary Public, residing at.....

My commission expires.....

(Seal)

(Street Address, City, State)



AUG 23 1972

Own childs birth certificate on file with state of Idaho, # 393090 gives name of father as Philip Thornock. Child born June 21, 1944. Father born Bloomington, Idaho age 23 at time of childs birth.

Viewed by V.S.

Certificate of Ordination certifies that Philip Thornock was ordained a Elder in the Melchisedek priesthood in the L.D.S.Church on Dec. 2, 1939 by Paul Haddock.

Viewed by V.S.            Parents - James Abraham Thornock and Bertha Christensen.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-121-004-366  
PLACE OF BIRTH

Form V. S. No. 11—22m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bear Lake  
City of Hammer Registration District No. 52 File No. 81380  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital \_\_\_\_\_ Primary Registration District No. 2136 Registered No. \_\_\_\_\_  
FULL NAME OF CHILD TOM L. BURGOYNE

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and { Number in order of birth <u>    </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>7 21 28</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Edgar Burgoyne</u> RESIDENCE <u>Hammer</u> COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Hammer</u> OCCUPATION <u>clerk</u>		MOTHER FULL MAIDEN NAME <u>Mary P Cook</u> RESIDENCE <u>Hammer</u> COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>single</u> OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. 89 M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

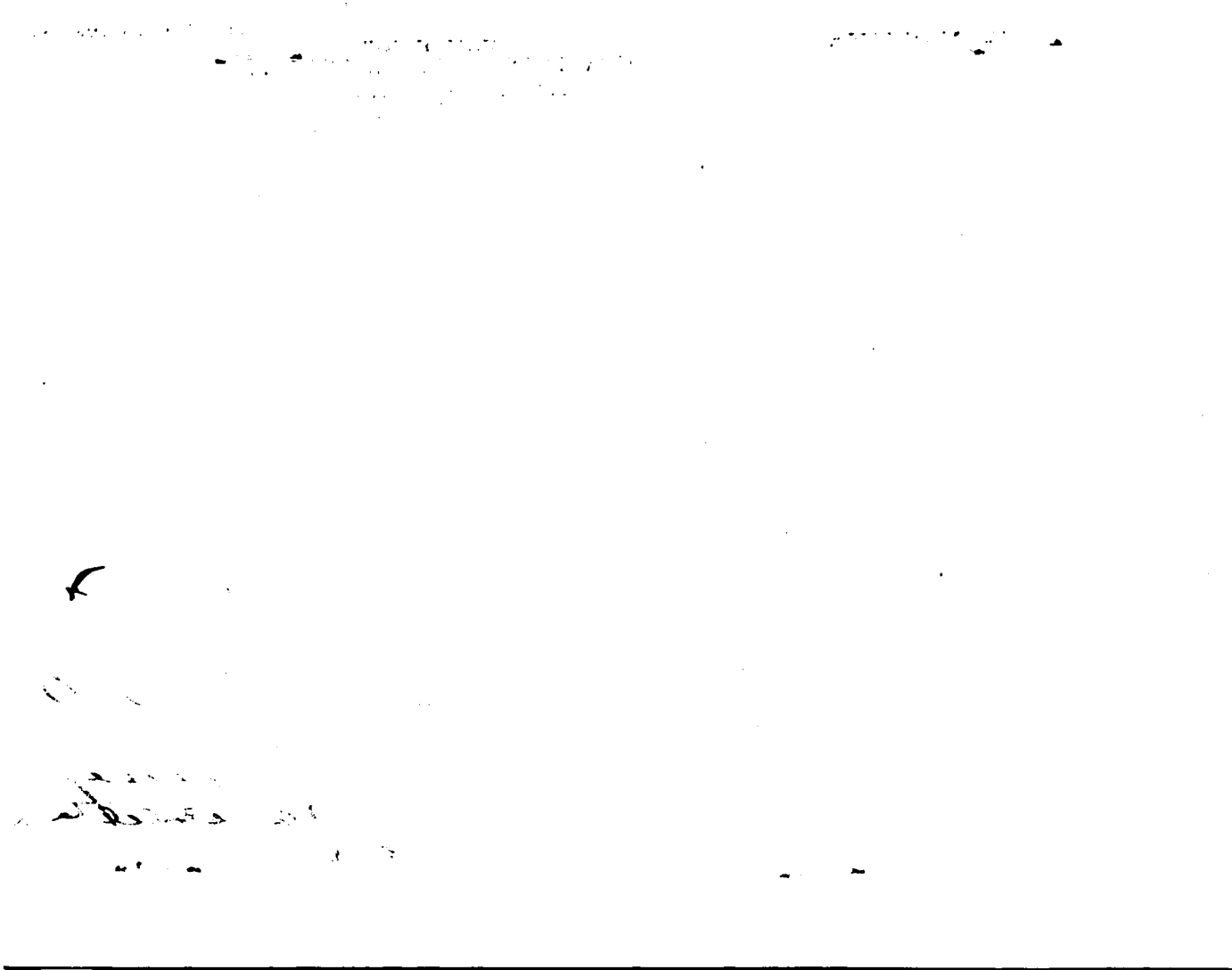
Given names added from a supplemental report.

Address

Filed

Registrar.

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 81380

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or Death)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

name

unnamed

Tom L. Burgoyne

Subscribed and sworn to before me this 12  
day of March, 1942.

Notary Public, residing at Salt Lake City

My commission expires 7-10-43  
(Seal)

Signed Marie L. Burgoyne  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant or other credible person.)

256 E 3rd St Salt Lake City, Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

MAR 19 1942



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-122-004-386  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Beau Lake

City of Bloomington

Registration District No. 52

File No. 81381

No. 52

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>7-22-20</u> (Month) (Day) (Year)
FATHER					
FULL NAME <u>Joseph Patrick</u>			FULL MAIDEN NAME <u>Eliza Thumach</u>		
RESIDENCE <u>Bloomington</u>			RESIDENCE <u>Bloomington</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	
BIRTHPLACE <u>Bloomington</u>			BIRTHPLACE <u>Bloomington</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Wife</u>		

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11-40 A.M. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar.

Registrar.

THE  
OFFICE OF THE  
SHERIFF  
COUNTY OF  
SHERBORN  
MASSACHUSETTS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

852-122-0004-694  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Dear Lake

City of Genewa

Registration District No. 52

File No. 81382

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of Birth (Month) (Day) (Year)
FATHER				MOTHER	
FULL NAME <u>Christ Hirschfeld</u>				FULL MAIDEN NAME <u>May Widmer</u>	
RESIDENCE <u>Genewa</u>				RESIDENCE <u>Genewa</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)	
BIRTHPLACE <u>Genewa</u>				BIRTHPLACE <u>Genewa</u>	
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Genewa at 7 10 9 M.  
on the date above stated. (Born alive or stillborn)

(Signature)

Wm. J. Buckley  
(Physician or midwife)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19. \_\_\_\_\_

Address

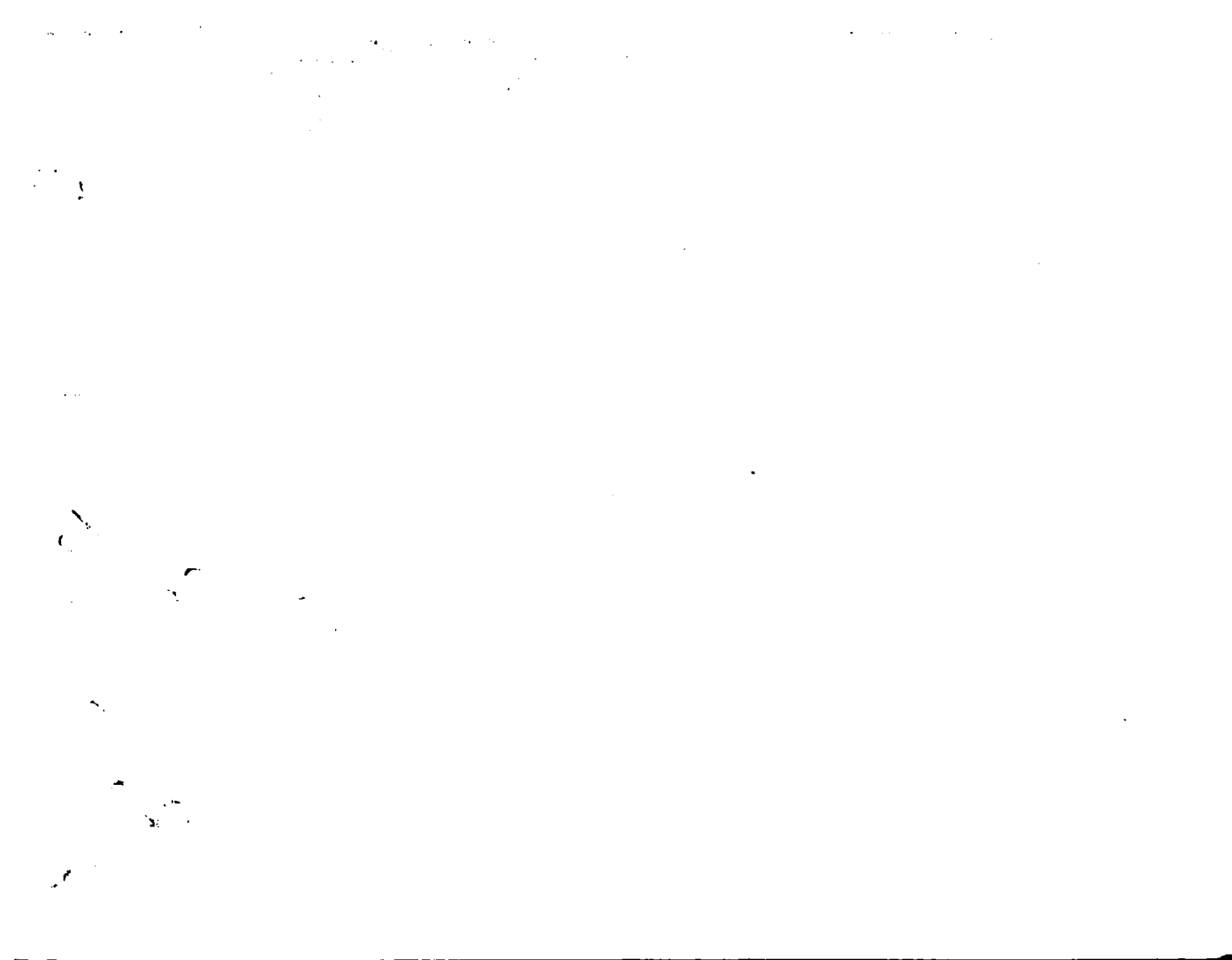
Filed

19. \_\_\_\_\_

Registrar.

Registrar.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-224-004-918  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-26-19

County of Beauregard

City of Hauppelle

Registration District No. 52

File No. 813

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2136

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD MARGERY STEPHENS

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>7 24</u> (Month) (Day)
FATHER FULL NAME <u>Delmas O Stephens</u>		MOTHER <u>Raymond</u>	
RESIDENCE <u>Hauppelle</u>		RESIDENCE <u>Hauppelle</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Hauppelle</u>		BIRTHPLACE <u>Hauppelle</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. F. L. Lichley  
Hauppelle  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19 \_\_\_\_\_

Address

Filed

Montpelier, Vt.  
Aug 1, 1950  
N. H. Thompson

Registrar.

Registrar.

RECEIVED  
JAN 10 1970  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 81383  
County of Beauregard }

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Margery Stephens (unnamed) who was born on July 24, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in Montpelier, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record prepared on July 29, 1920, are: (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name", "Birth Date", "Cause of Death", Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
<u>Name</u>	<u>Unnamed</u>	<u>Margery Stephens</u>
<u>Mother's name</u>	<u>Haggie</u>	<u>Raymond</u>

Subscribed and sworn to before me this 31 day of August, 1943  
Levi Alano  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

**LEVI ALANO**  
NOTARY PUBLIC  
MONTPELIER, IDAHO  
MY COMMISSION EXPIRES  
DECEMBER 15, 1949

Signed Delmar Stephens  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Montpelier, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Beauregard }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of Sept, 1943  
Albert E. Leight  
Notary Public, residing at Montpelier, Idaho  
My commission expires March 9, 1945  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Frances Stephens  
(Signature of Any Credible Person Other Than Previous Year)  
Montpelier, Idaho  
(Street Address, City, State)

SEP 1 1943

SEP 7 1943

SEP 9 1943

269-227-004-632

PLACE OF BIRTH

name added 4-25-85 dl

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of *Bear Lake*City of *Ovid*Registration District No. *52*File No. *81384*

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. *2136*

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Lenora Sorensen

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of Birth (Month) (Day) (Year)
FATHER				MOTHER	
FULL NAME <i>Charles E Sorensen</i>				FULL MAIDEN NAME <i>Marie Olsen</i>	
RESIDENCE <i>Ovid</i>				RESIDENCE <i>Ovid</i>	
COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)			COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>30</i> (Years)
BIRTHPLACE <i>Ovid</i>				BIRTHPLACE <i>Norway</i>	
OCCUPATION <i>Farmer</i>				OCCUPATION <i>Wife</i>	

Number of child of this mother, including present birth *2*Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

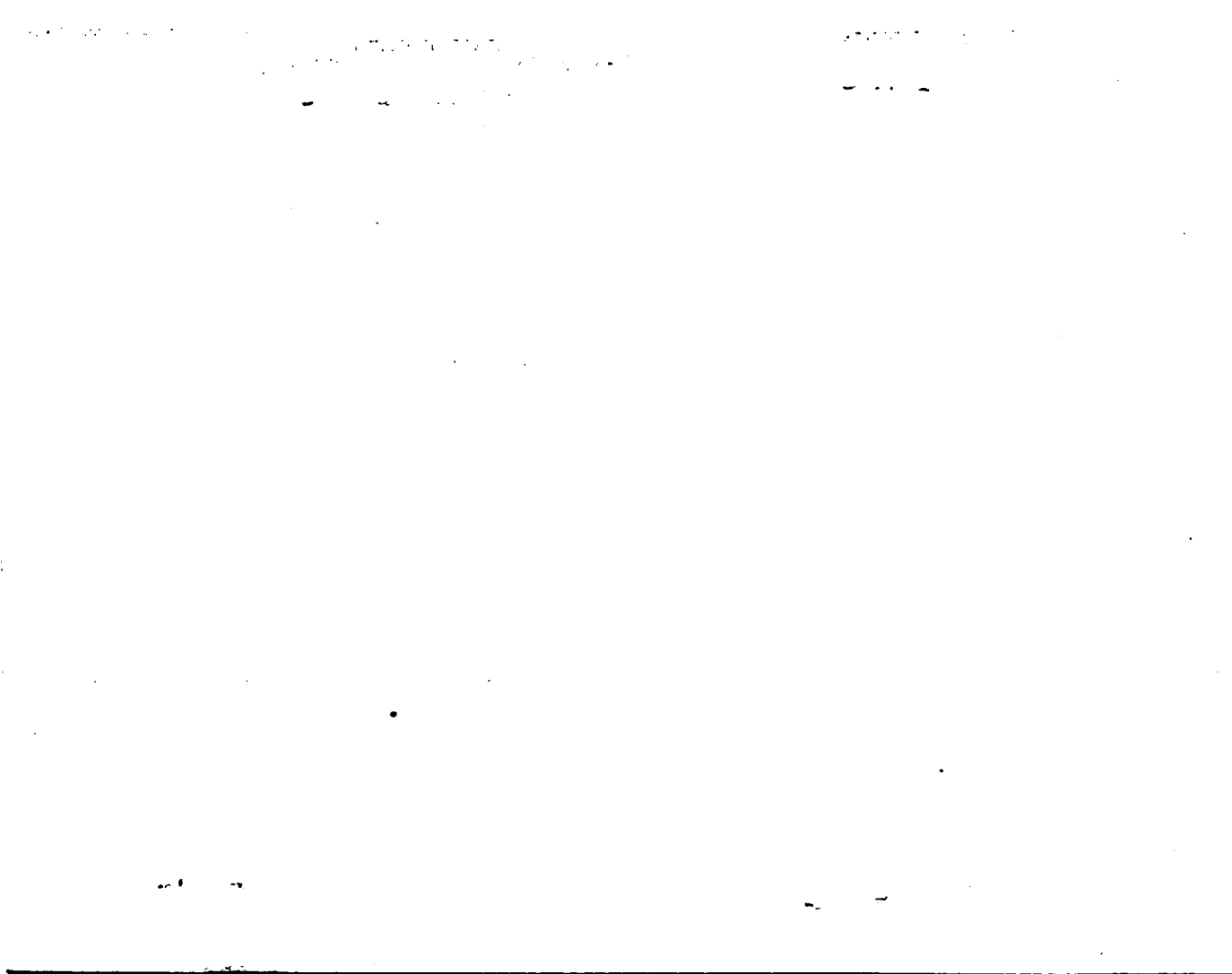
19. \_\_\_\_\_

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



2-8-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Utah } ss. APR 23 10 57 AM '85  
County of Washington }  
Certificate No. 81384  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Sorensen who was born on July 27, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Ovid (Bear Lake) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameUnnamedLenora Sorensen

Subscribed and sworn to before me this 12nd day of  
February 19 85

Notary Public, G. Blair Jernigan

Residing at Washington, Utah

My commission expires 08/28/86

(Seal)

Lenora S. Phillips  
Signature of Applicant

X

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH }  
County of UTAH } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of

APR 1985  
Notary Public, Carol W. Wernick

Residing at 402 W. Center Provo UT

My commission expires OCT 10, 86

(Seal)

Lenora Sorensen Green  
Supporting Signature

230 So 800 East Provo Utah  
Street Address, City, State



APR 25 1985

Marriage License from Utah lists Robert Owen Phillips and Lenora Sorensen were married in St. George, Utah on Aug 31, 1940. Viewed by V.S.

Blessing record from LDS Church gives Lenora Sorensen born July 27, 1920 was blessed Sept 5, 1920. Viewed by V.S.

155-2389-004-334

PLACE OF BIRTH

County of

City of

No. .... St.

Hospital

Amended 7/19/78

FULL NAME OF CHILD

Ruth Jensen

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-5-25-2-17

## CERTIFICATE OF BIRTH

Registration District No. 52

File No. .... 81385.

Primary Registration District No. 2136

Registered No. ....

Sex of Child

Female

Twin  
Triplet  
or other?  
(To be answered only in  
event of plural births)and Number  
in order  
of birthLegiti-  
mate?

Yes

Date of  
BirthJuly 29 1917  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Albert Brown JensenFULL  
MAIDEN  
NAMEMOTHER  
Myrtle S. Lemberg

RESIDENCE

Montpelier, Ida

RESIDENCE

Montpelier Idaho.

COLOR

White AGE AT LAST  
BIRTHDAY 24  
(Years)

COLOR

White AGE AT LAST  
BIRTHDAY 24  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Stage-driver

OCCUPATION

mfr

Number of child of this mother, including present birth ..... 2 Number of children of this mother now living, including present birth ..... 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

Given names added from a supplemental report.

(Signature) .....

(Born alive or stillborn) .....

730 2

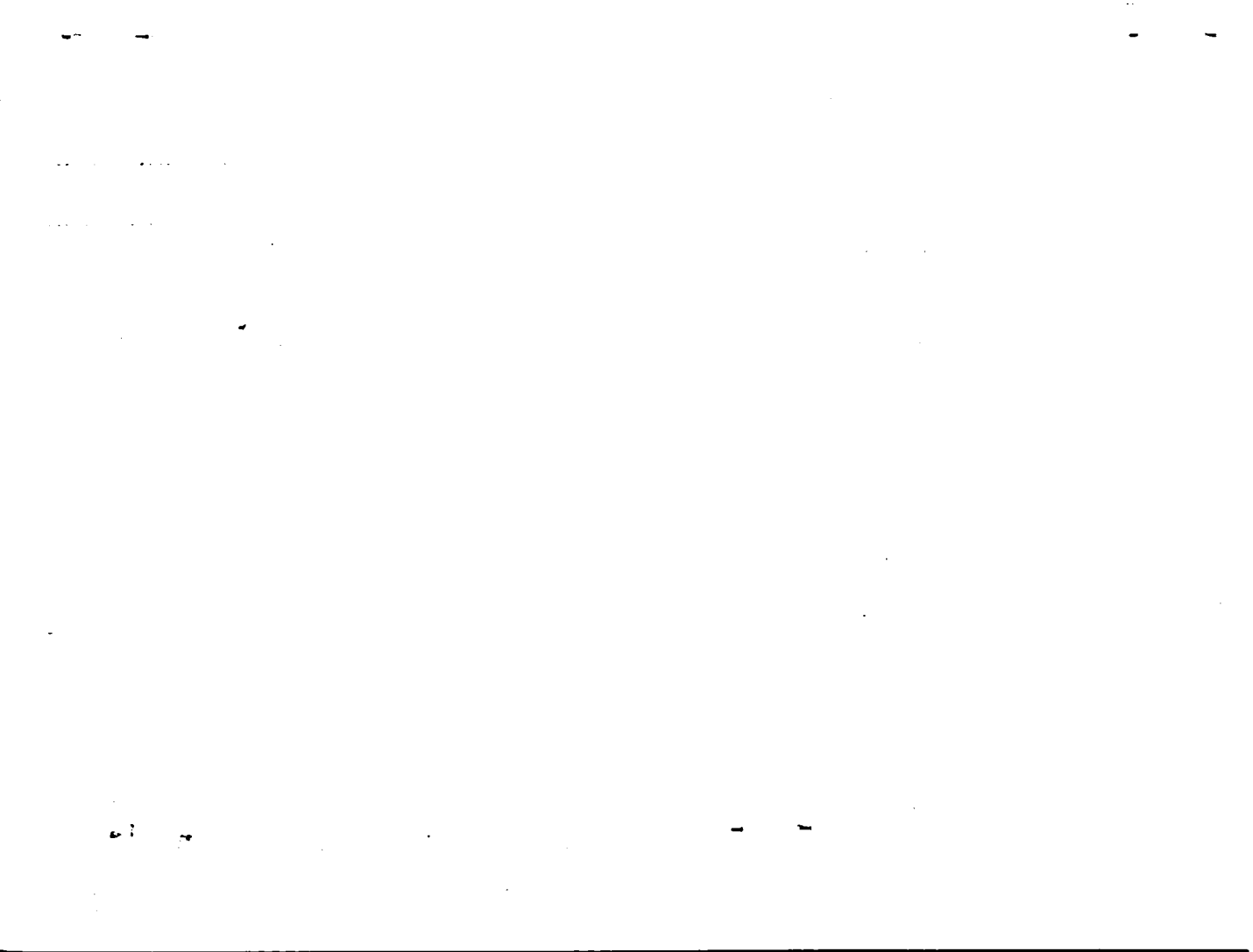
Address .....

Filed .....

Registrar

(Physician or midwife)

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. Certificate No. 81385  
Date Filed .....  
birth

The undersigned does solemnly swear that certain facts on the certificate of .....  
for Dorothy Jensen who was born ..... (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on July 29, 1920  
(Date of Event)  
in Montpelier are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)  
childs name

**FROM**  
(As on Original)  
Dorothy Jensen

**TO**  
(The Correct Facts)  
Ruth L. Jensen

Subscribed and sworn to before me this 13<sup>TH</sup> day of

Signed Mrs. Ruth Jensen (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Full M. Deegman  
Notary Public, residing at Ogden, Utah  
My commission expires May 23, 1980  
(Seal)

Afton, Wyo  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah }  
County of Weber } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

I, the undersigned, does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13<sup>TH</sup> day of

Signed Mrs. Susie Reeves  
(Signature of Any Credible Person)

Full M. Deegman  
Notary Public, residing at Ogden, Utah  
My commission expires May 25, 1980  
(Seal)

2165 Adams Ave. Ogden, Utah  
(Street Address, City, State)

- Certificate of Baptism and Confirmation issued by E.A. Reed, Bishop of the Ogden 51st Ward of the LDS Church gives name of person as Ruth Jensen (Reed) married name) child baptised 2/15/31. viewed by V.S.

Certificate of Blessing issued by the LDS Church lists name of child as Ruth Jensen (Reed) married name. child blessed 8/21/20. viewed by V/S

JUL 19 1978

JUL 21 1978

MAR. -VED FOR BINDING

WRITE PLAINLY WITH INK. FADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-227,004-399

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

Sex of Child

FULL NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Twin  
Triplet  
or other?

(To be answered only in event of plural births)

FATHER

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

Number  
in order  
of birth

(To be answered only in event of plural births)

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-27

## CERTIFICATE OF BIRTH

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <i>Yes</i>	Date of Birth 7 27 20 (Month) (Day) (Year)
FULL NAME <i>Grand Corbett</i>	FATHER		FULL MAIDEN NAME <i>Mary Litchton</i>	MOTHER
RESIDENCE <i>Montpelier</i>			RESIDENCE <i>Montpelier</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY 24 (Years)		COLOR <i>White</i>	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE <i>Colo.</i>			BIRTHPLACE <i>Utah</i>	
OCCUPATION <i>Py Trainman</i>			OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

*Born alive* 5-P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*J. P. Gaertner*

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



388-19-005-  
PLACE OF BIRTH

Form V. S. No. 11-25m-9-8-15

TICS

County of Benevolah

CERTIFICATE OF BIRTH

City of Orsant

Registration District No. 31

File No. 1 81388

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 18

Hospital \_\_\_\_\_

FULL NAME OF CHILD

(unnamed) Lyden

Sex of Child <u>M</u>	Twins or other? <u>-</u> and (Number in order of birth) <u>-</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 1</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	--	------------------------	--

FATHER FULL NAME <u>Fred Lyden</u>
RESIDENCE <u>Orsant, Ind.</u>
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Kan.</u>
OCCUPATION <u>Robber</u>

MOTHER FULL MAIDEN NAME <u>Beulah May</u>
RESIDENCE <u>Orsant, Ind.</u>
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Ind.</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth. 4

Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

at 10:30 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. A. Nelson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Joseph July 19 20  
J. L. B. B. B.  
Registrar

Address

Des Moines, Wash

Filed

July 7 19 20

J. L. B. B. B.  
Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

469-2238PS-296

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form No. 11-C-25m-7-21-19

County of Benedict

CERTIFICATE OF BIRTH

City of St. Maries

Registration District No. 32

File No. 81390

No. \_\_\_\_\_ St.

Primary Registration District No. 2049

Registered No. 65

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Druckell

Sex of Child <u>7</u>	Twin Triplet or other? <u>-</u>	and	Number of birth <u>10</u>	Legiti mate? <u>yes</u>	Date of Birth <u>7 23 20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Edwin B Druckell

MOTHER  
FULL MAIDEN NAME Myrtle Brown

RESIDENCE St. Maries

RESIDENCE St. Maries Ida

COLOR w AGE AT LAST BIRTHDAY 47  
(Years)

COLOR w AGE AT LAST BIRTHDAY 39  
(Years)

BIRTHPLACE Ida.

BIRTHPLACE Ida.

OCCUPATION W. Walchman

OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 40 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin B. Platt  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address St. Maries Ida

Filed Aug 6 19 20 H. E. Hunt

Registrar

Registrar

K

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

1891

652-2171005-285

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of newahCity of St. MariesRegistration District No. 32File No. 81391

No. \_\_\_\_\_ St.

Primary Registration District No. 2049 Registered No. 64

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Wrestling

Sex of Child <u>7</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>7 13 1920</u> (Month) (Day) (Year)
-----------------------	---------------------------------------	-----	---	----------------------------	---

FATHER  
FULL NAME Phil. L. WrestlingRESIDENCE St Maries IdaCOLOR we AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE MinerOCCUPATION P. R. manMOTHER  
FULL MAIDEN NAME Gladys H. ShefferRESIDENCE St Maries IdaCOLOR w AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 2:30 p.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

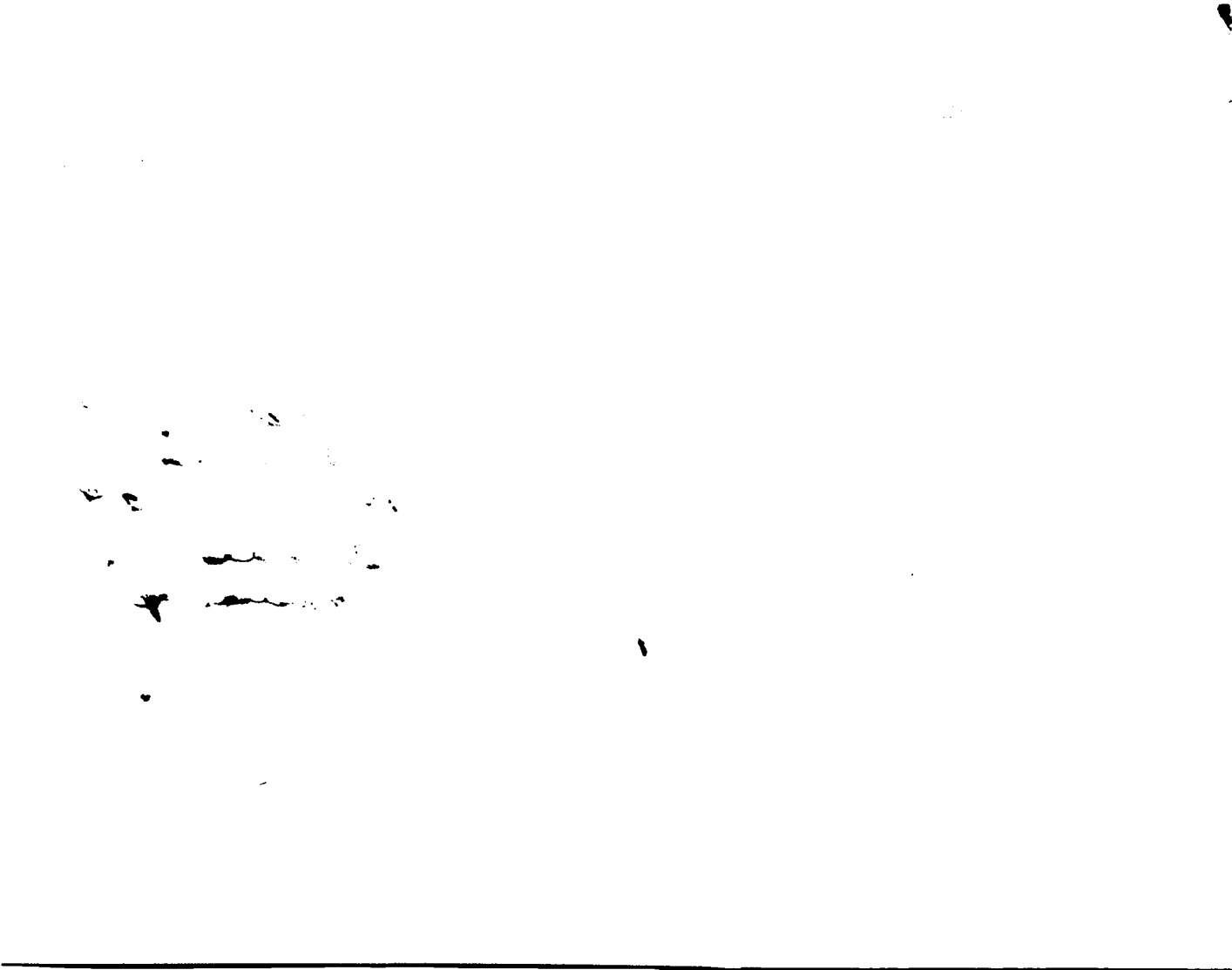
(Signature) Owen D. Platt  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address St. Maries Idaho  
Filed Aug 6 19 20 H. E. H. H. H.  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-715-005-225  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Benedict

City of St-Marie's

Registration District No. 32

File No. 81394

No. \_\_\_\_\_ St.

Primary Registration District No. 2049 Registered No. 61

Hospital \_\_\_\_\_

FULL NAME OF CHILD

JOHN SAMUEL KERSEY

Sex of Child <u>M</u>	Twin <u>✓</u> Triplet <u>✓</u> or other? <u>✓</u> (To be answered only in event of plural births)	and	Number in order of birth <u>3</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>6</u> <u>15</u> <u>20</u> (Month) (Day) (Year)
-----------------------	--	-----	-----------------------------------	-------------------------	--

FATHER  
FULL NAME John W. Kersey  
RESIDENCE St-Marie's Id  
COLOR W AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Iowa  
OCCUPATION merchant

MOTHER  
FULL MAIDEN NAME Elizabeth Skellon  
RESIDENCE St-Marie's Id  
COLOR W AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Wash.  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 9 M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. Platt

(Physician or midwife)

Given names added from a supplemental report.

Address

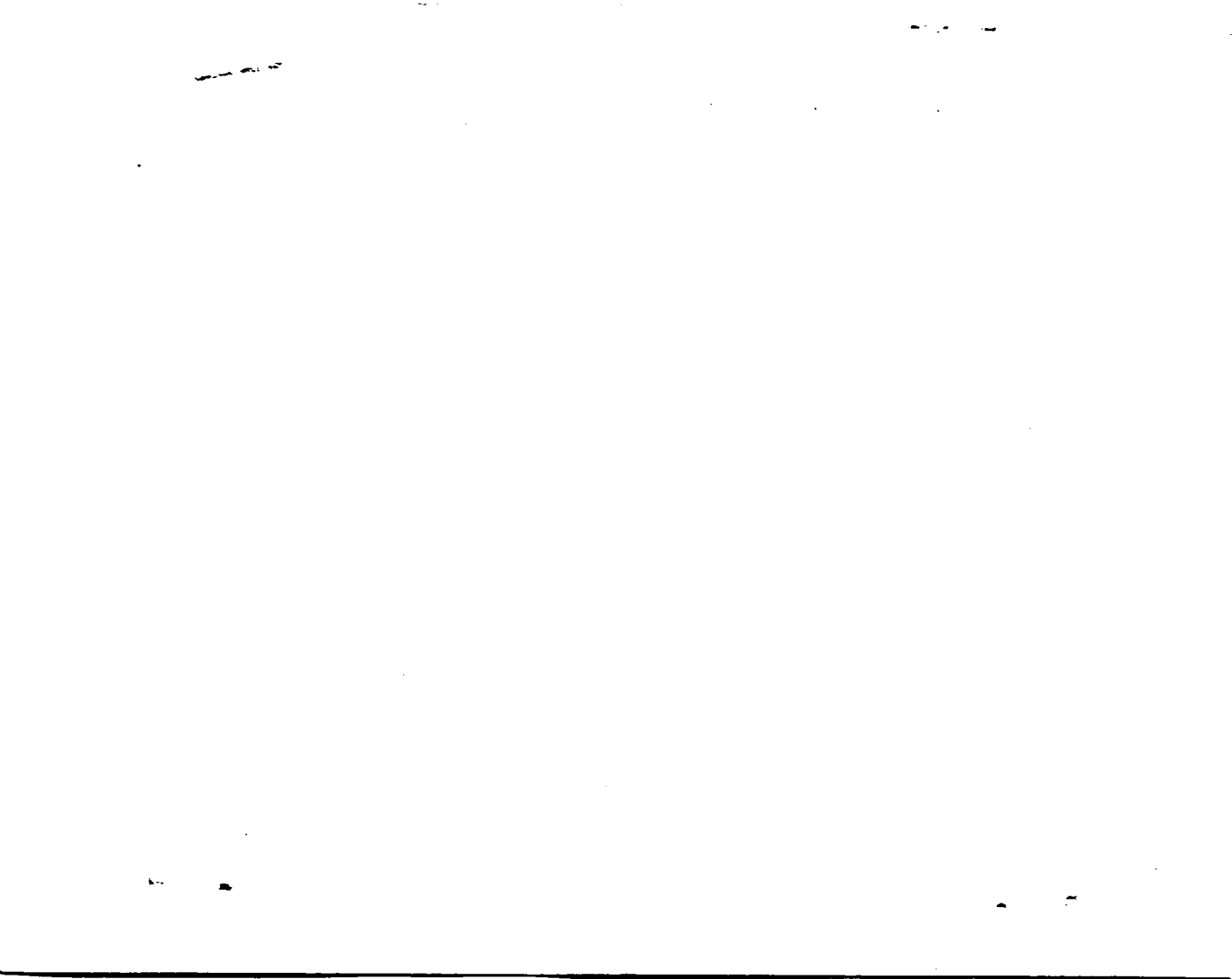
St-Marie's

Filed

July 15-20

Registrar

Registrar



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 81394County of Benevolence } Date Filed JAN 25 1942The undersigned does solemnly swear that certain facts on the certificate of Birthfor who was born on June 15-1920in St. Marcus Idaho are erroneous or were omitted; and that, to the best of his knowledge, the

(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

(PLACE OF EVENT)

true facts as shown by prepared on, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.)

(GIVE DATE)

## FACTS TO BE CORRECTED

## FROM

## TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

Surname

Kersey

Kersey

Name

Unnamed

John Samuel Kersey

Subscribed and sworn to before me this 21day of January, 19 42Signed John W. Kersey

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

Notary Public, residing at St. MarcusMy commission expires Idaho

(SEAL)

229-10th St. Marcus Idaho

(STREET ADDRESS, CITY, STATE)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.County of Benevolence }[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21day of January, 19 42Signed O. D. Platt, M.D.

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at St. MarcusMy commission expires Idaho

(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 25 1942 By

(REGISTRAR'S SIGNATURE)



8 1149

MAY 13 1954

993-215005-853

PLACE OF BIRTH

V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BeneviahCity of St. MariesRegistration District No. 32File No. 81395

No. \_\_\_\_\_ St.

Primary Registration District No. 2049 Registered No. 60

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Maxine June Richardson

Sex of Child

FTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth1Legiti  
mate?yesDate of  
Birth6151920

(Month)

(Day)

(Year)

FULL  
NAMECharles C. Richardson

FATHER

FULL  
MAIDEN  
NAMELillie Helgeson

MOTHER

RESIDENCE

St. Maries, Ida

RESIDENCE

St. Maries, Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY23

(Years)

COLOR

WAGE AT LAST  
BIRTHDAY30

(Years)

BIRTHPLACE

Ohio

BIRTHPLACE

Minnesota

OCCUPATION

Rancher

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Bernice Alevin, at 39 M.  
on the date above stated. (Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Owen O'Fallon

(Physician or midwife)

Given names added from a supplemental report.

19

Address

St. Maries

Filed

July 15 - 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JUN 28 1942

JAN 14 1955

# Dr. Platt's Hospital

OWEN D. PLATT, M. D.

H. E. PATTON, M. D.

Bureau of Vital Statistics  
Boise, Ida.

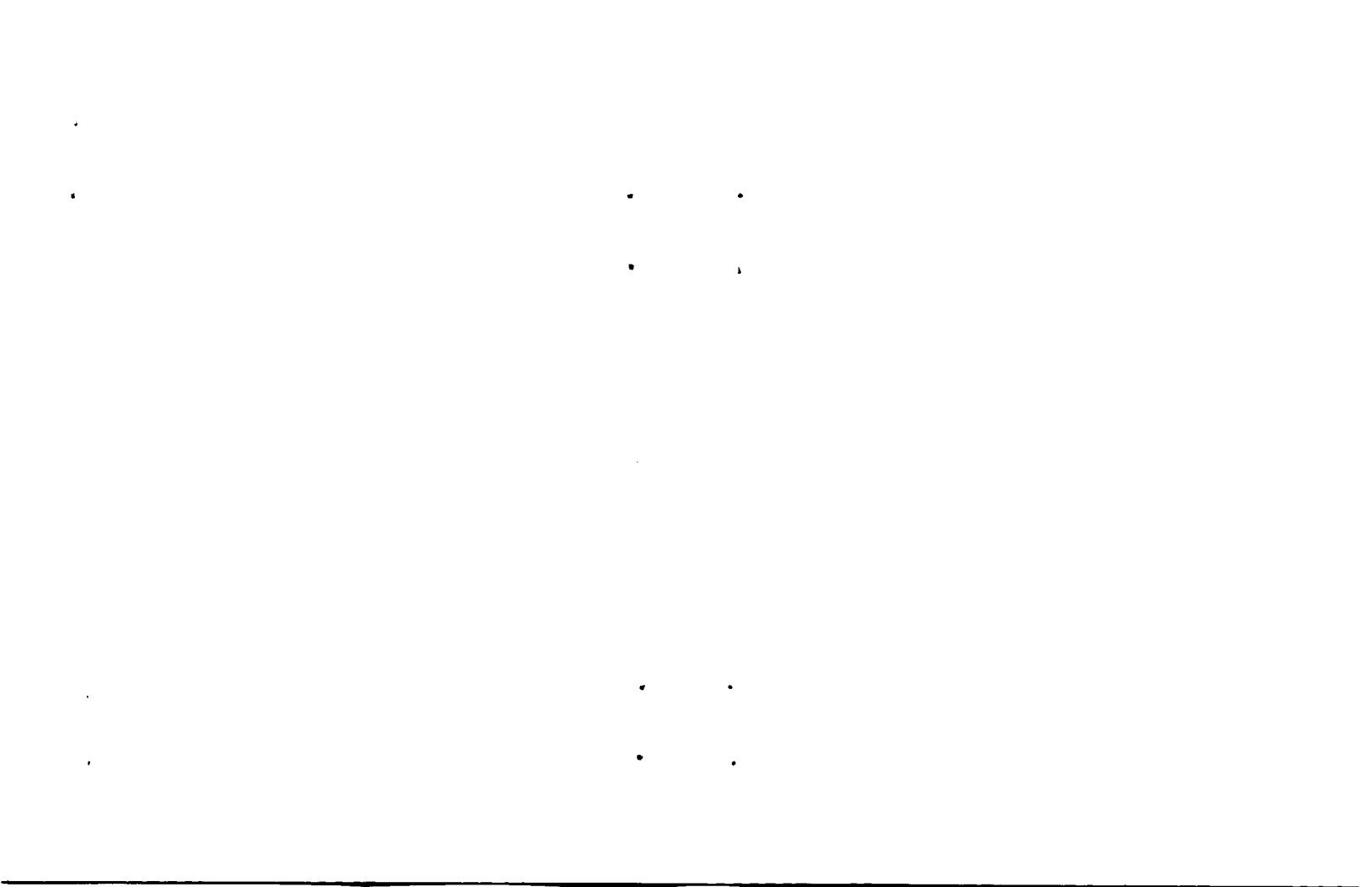
St. Maries, Idaho 7/4/42

This is to certify that I attended at the birth of Maxine June Richardson

on the 15th day of June 1920 and a mistake was made at that time in regards to the color of Charles Richardson her Father which should be white instead of yellow. so if you can make the change on the original certificate do so if not send a deferred certificate and I will fill it out and the original can be destroyed.

*Owen D. Platt, M.D.*

JUL 8 1942



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-2071005-168  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Bennett

City of Near Plummer

Registration District No. 46

File No. 81396

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 8123

Registered No. 13

Hospital \_\_\_\_\_

FULL NAME OF CHILD Bernice Lucille Taylor

Sex of Child <u>71</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 7</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	------------------------	--

FULL NAME <u>ARTHUR Taylor</u>
RESIDENCE <u>Near Plummer Benewah Co.</u>
COLOR <u>W</u>
AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Kansas</u>
OCCUPATION <u>Roborner</u>

FULL MAIDEN NAME <u>MAY Johnson</u>
RESIDENCE <u>Near Plummer</u>
COLOR <u>W</u>
AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Wash</u>
OCCUPATION <u>House wife</u>

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

Born alive (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

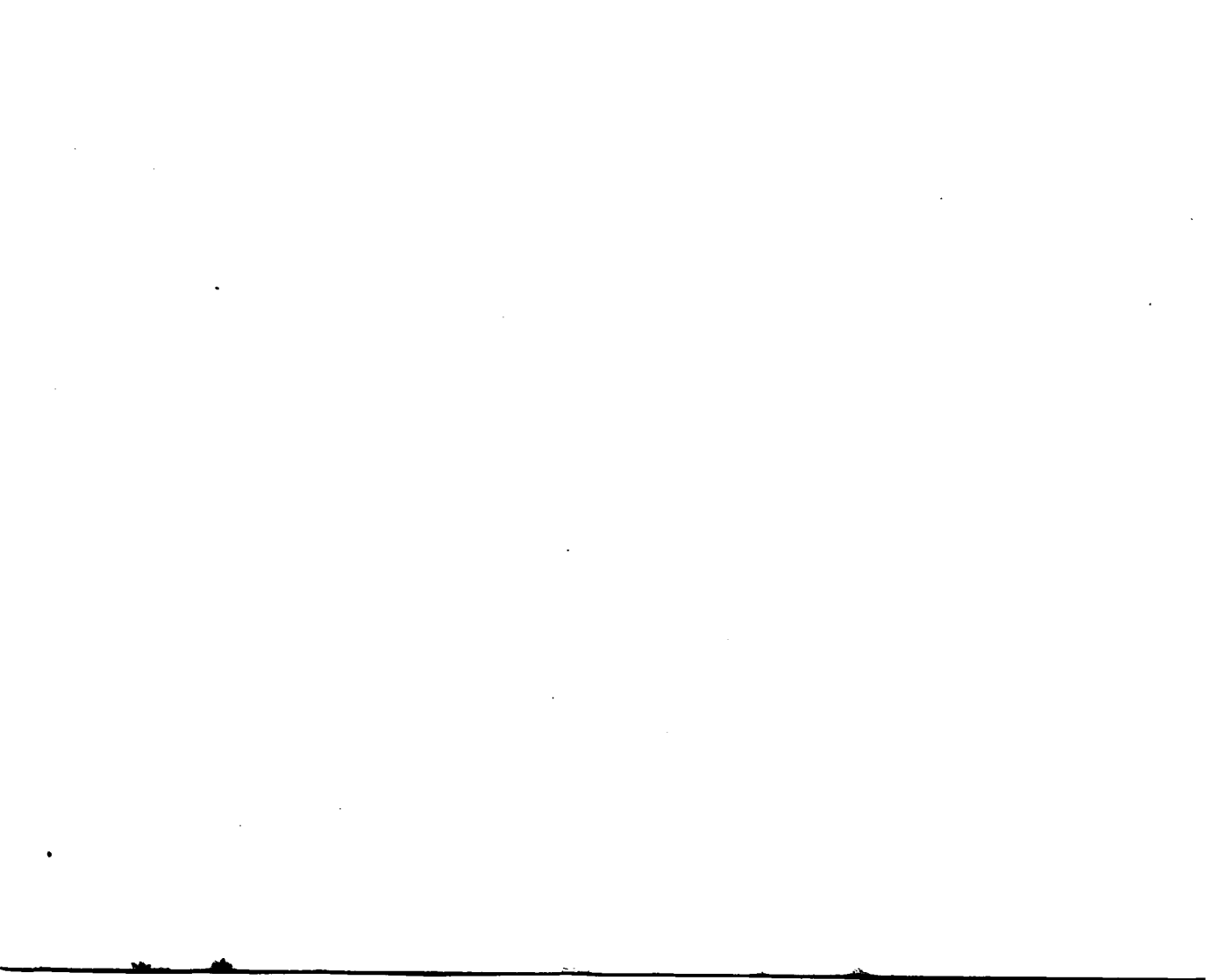
(Signature)

J. A. Nelson  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Taylor, Wash  
July 12, 1920  
Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

799-114,005-795

PLACE OF BIRTH

County of BenedictCity of St. MariesRegistration District No. 32

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

81397

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Primary Registration District No. 2049Registered No. 59

FULL NAME OF CHILD

Richard M. GriffinSex of  
ChildmTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth1Legiti  
mateyesDate of  
Birth6 141920FULL  
NAMERichard M. Griffin

FATHER

RESIDENCE

St. Maries, Ida

COLOR

wAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Ore

OCCUPATION

Lumber workerFULL  
MAIDEN  
NAMEKesle Green

MOTHER

RESIDENCE

St. Maries, Ida

COLOR

wAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Ore

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

10 a.m.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Owen D. Platt

(Physician or midwife)

Given names added from a supplemental report.

Address

St. Maries

Filed

July 15 1920

Registrar

Registrar



JAN 12 1971

244-128-028-433

BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-2-24

## CERTIFICATE OF BIRTH

County of PostonaiCity of PlummerRegistration District No. 46File No. 81398

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2123Registered No. 14

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Everett Chester Smith

Sex of Child

maleTwin  
Triplet  
or other?☒

and

Number  
in order  
of birth2Legiti-  
mate?yesDate of  
BirthJune 28 1900

(To be answered only in event of plural births)

FULL  
NAMEClyde E. Smith

FATHER

FULL  
MAIDEN  
NAMEOpel Mc Cluskey

MOTHER

RESIDENCE

Plummer Idaho

RESIDENCE

Plummer Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY32  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Red Mt Colorado

BIRTHPLACE

Shayis Kansas

OCCUPATION

Farmer

OCCUPATION

house wife

Number of child of this mother, including present birth

(2)

Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born aliveat 12 P.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. C. C. Clegg

(Physician or midwife)

Given names added from a supplemental report.

Address

Idaho

Filed

July 17, 1900

Registrar

Registrar

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BIRTHDAY

(Year)

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OR

(Physician or military)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH  
 County of Renewal  
 City of Plummer  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Registration District No. 46 File No. 81399  
 Primary Registration District No. 2123 Registered No. 15  
 Hospital \_\_\_\_\_  
 FULL NAME OF CHILD Raymond Ralph Hannamaker

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>7/22/20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Rollie Hannamaker</u>			MOTHER FULL MAIDEN NAME <u>Emma Theodof</u>		
RESIDENCE <u>Plummer</u>			RESIDENCE <u>Plummer</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)	
BIRTHPLACE <u>His cousin</u>			BIRTHPLACE <u>Iowa</u>		
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive 7/22/20 at 9 0 M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. B. B. Blazer

(Physician or midwife)

Given names added from a supplemental report.

Address 210 Kearney

Filed August 7, 1920

STATE OF  
BUREAU OF ATTORNEY GENERAL  
CERTIFICATE OF

FOR THE RECORDS OF THE STATE OF

267-2806.006-363

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Bingham CERTIFICATE OF BIRTHCity of AberdeenRegistration District No. 116

File No.

81400

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2180Registered No. 576

FULL NAME OF CHILD

Lucy Louise Kopper

Marguerite Louise

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>-</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 6 20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Detrich H KopperRESIDENCE Aberdeen IdaCOLOR White AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE RussiaOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Mada T DeasRESIDENCE Aberdeen IdaCOLOR White AGE AT LAST BIRTHDAY 29  
(Years)BIRTHPLACE KansasOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 9:10 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. C. Morfitt

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Aberdeen Ida

Filed

7/7 20 M. C. Morfitt

19.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

DEC 30 1941

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } SS. Certificate No. 81400

County of Bingham } Date Filed APR 16 1942

The undersigned does solemnly swear that certain facts on the certificate of birth

for Luella Kopper who was born on July 6 1920

in Herdeen Idaho (WAS BORN OR DIED) (DATE OF EVENT)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Bible record prepared on July 1920, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED** **FROM** **TO**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

name Luella Kopper Marguerite Louise Kopper

2208 Oregon Dr.

Bakersfield California

affirmed

Subscribed and sworn to before me this 16th

day of April, 1942

Estelle M. Cruppen

Notary Public, residing at Herdeen Idaho

My commission expires March 1 1946

(SEAL)

Signed D M Kopper

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Herdeen Idaho

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } SS.

County of Bingham } [THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and

that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th

day of April, 1942

Estelle M. Cruppen

Notary Public, residing at Herdeen Idaho

My commission expires March 1 1946

(SEAL)

Signed Margaret E. Giesbrecht

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Herdeen Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)



APR 23 1942

APR 23 1942

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361-213-006336

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81401  
10County of BinghamCity of AberdeenRegistration District No. 116

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2195Registered No. 577

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Grace Emma Boatney

Sex of Child <u>Female</u>	Twin <u>-</u> Triplet <u>-</u> or other? <u>-</u> and <u>-</u> Number in order of birth <u>-</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 13 20</u> (Month) (Day) (Year)
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FULL NAME <u>Grover Boatney</u>	FATHER
RESIDENCE <u>Aberdeen, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Evan Cloud</u>	MOTHER
RESIDENCE <u>Aberdeen Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>7</u>	Number of children of this mother now living, including present birth <u>5</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alone at 5 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 \_\_\_\_\_

Registrar

(Signature) M. C. Mackinnon, M.D.  
Physician  
(Physician or midwife)  
Address Aberdeen Ida  
Filed July 16 20 M. C. Mackinnon  
19 \_\_\_\_\_ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



253-2181006-231

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH81402  
16County of BinghamCity of AberdeenRegistration District No. 116

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2193Registered No. 578

Hospital \_\_\_\_\_

FULL NAME OF CHILD Gertrude Leah Becker

Sex of Child <u>female</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>-</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 18 20</u> (Month) (Day) (Year)
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FULL NAME FATHER Gustav Ben BeckerRESIDENCE Aberdeen IdaCOLOR white AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE KansasOCCUPATION FarmerFULL MAIDEN NAME MOTHER Gertrude SlauchRESIDENCE Aberdeen IdaCOLOR white AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at A.S.A.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

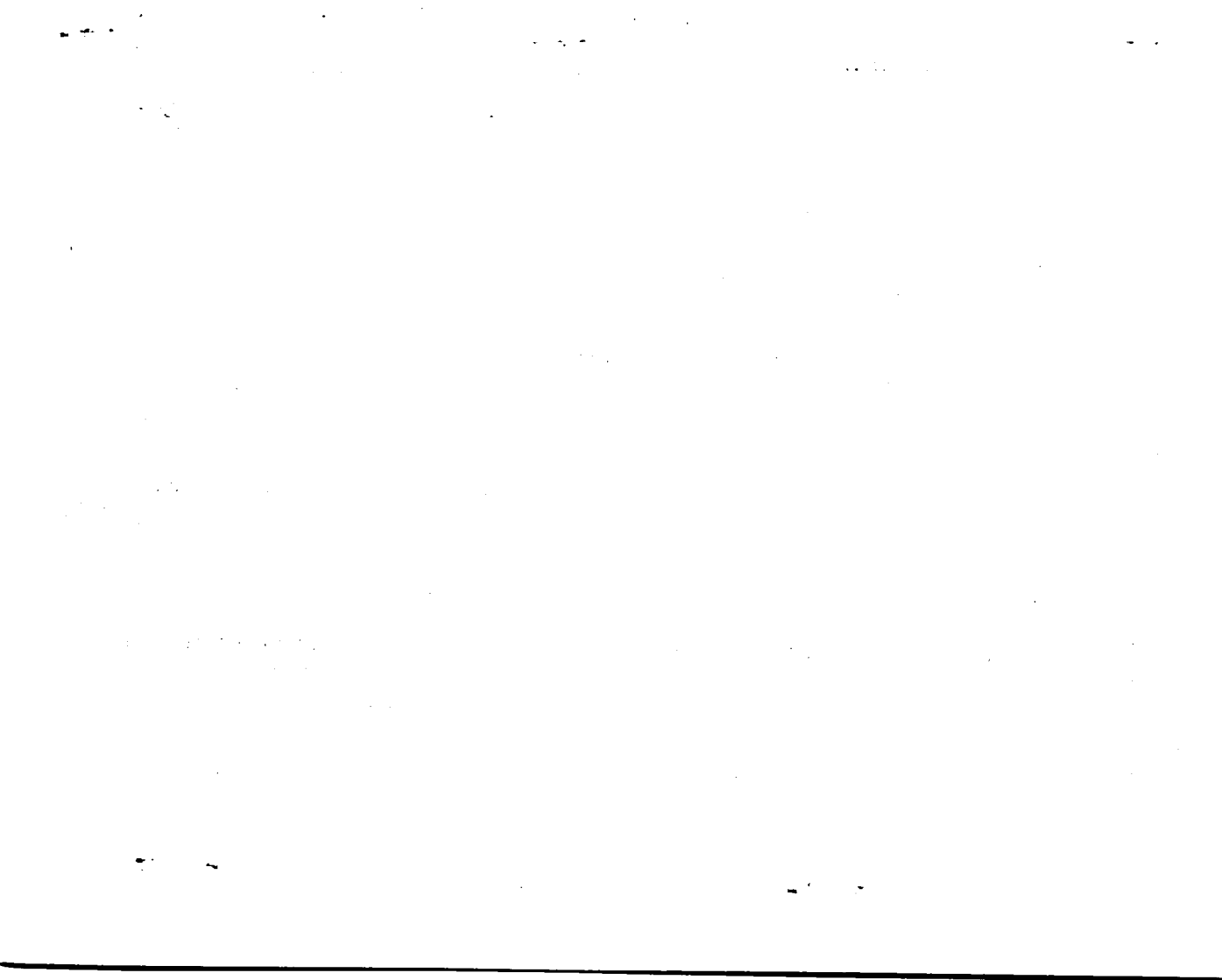
Address Aberdeen IdaFiled July 20 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



copy of Family Bible with Notarized statement from Notary Public, states family sold and gives the Child's Name as Gertrude Leah Becker - viewed by V.S. and copy of The Idaho Mutual Benefit Insurance Policy with Statement from Notary Public stating that he has IDAHO STATE BOARD OF HEALTH DIVISION OF VITAL STATISTICS the Policy, June 27, 1941, gives name as Gertrude Leah Becker viewed by V.S.

# Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wyoming } ss. Certificate No. 81402  
County of Uinta }

The undersigned does solemnly swear that certain facts on the certificate of Birth for Unnamed Becker who born on July 18, 1920 (Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Aberdeen, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record and Ins. Policy record prepared on Dec. 22, 1958 (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date) are:

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
Full Name of Child	<u>Unnamed</u>		<u>Gertrude Leah Becker</u>

Subscribed and sworn to before me this 22 day of December, 19 58  
Notary Public, residing at Lyman, Wyoming  
My commission expires 6/19/60  
(Seal)

Signed Gertrude Becker  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Lyman, Wyo.  
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss.  
County of Uinta }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of December, 19 58  
Notary Public, residing at Lyman, Wyo.  
My commission expires 6/19/60  
(Seal)

Signed Lyman Forman  
(Signature of Any Credible Person)  
Lyman, Wyo.  
(Street Address, City, State)

MAY 18 1959

814-119,006-464

## PLACE OF BIRTH

County of BinghamCity of AberdeenSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81403

Registration District No. 116

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2835 Registered No. 579

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Melvin Yamishita

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>-</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>July 19 20</u> (Month) (Day) (Year)
--------------------------	---------------------------------------	-----	---	----------------------------	--

FULL NAME FATHER Gaokichi T. YamishitaRESIDENCE Aberdeen IdaCOLOR Yellow AGE AT LAST BIRTHDAY 40  
(Years)BIRTHPLACE JapanOCCUPATION Labr agentFULL MAIDEN NAME MOTHER Shizu MomuraRESIDENCE Aberdeen IdaCOLOR White Yellow AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE JapanOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Given names added from a supplemental report.  
1 Photostat copy 12/17/41Address Aberdeen Ida  
Filed July 20 20 M. C. MacKinnon  
Registrar

Registrar



DEC 17 1941

553-121-006-165

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81404

County of BinghamCity of StirlingRegistration District No. 116File No. 8

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2195 Registered No. 580

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Andrew Jones NelsonSex of Child maleTwin  
Triplet  
or other? - { and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate? YesDate of Birth July 21, 20  
(Month) (Day) (Year)FULL NAME FATHER Daniel Edwin NelsonRESIDENCE Stirling IdaCOLOR white AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Anna Rebecca JonesRESIDENCE Stirling IdaCOLOR white AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE UtahOCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10:15 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

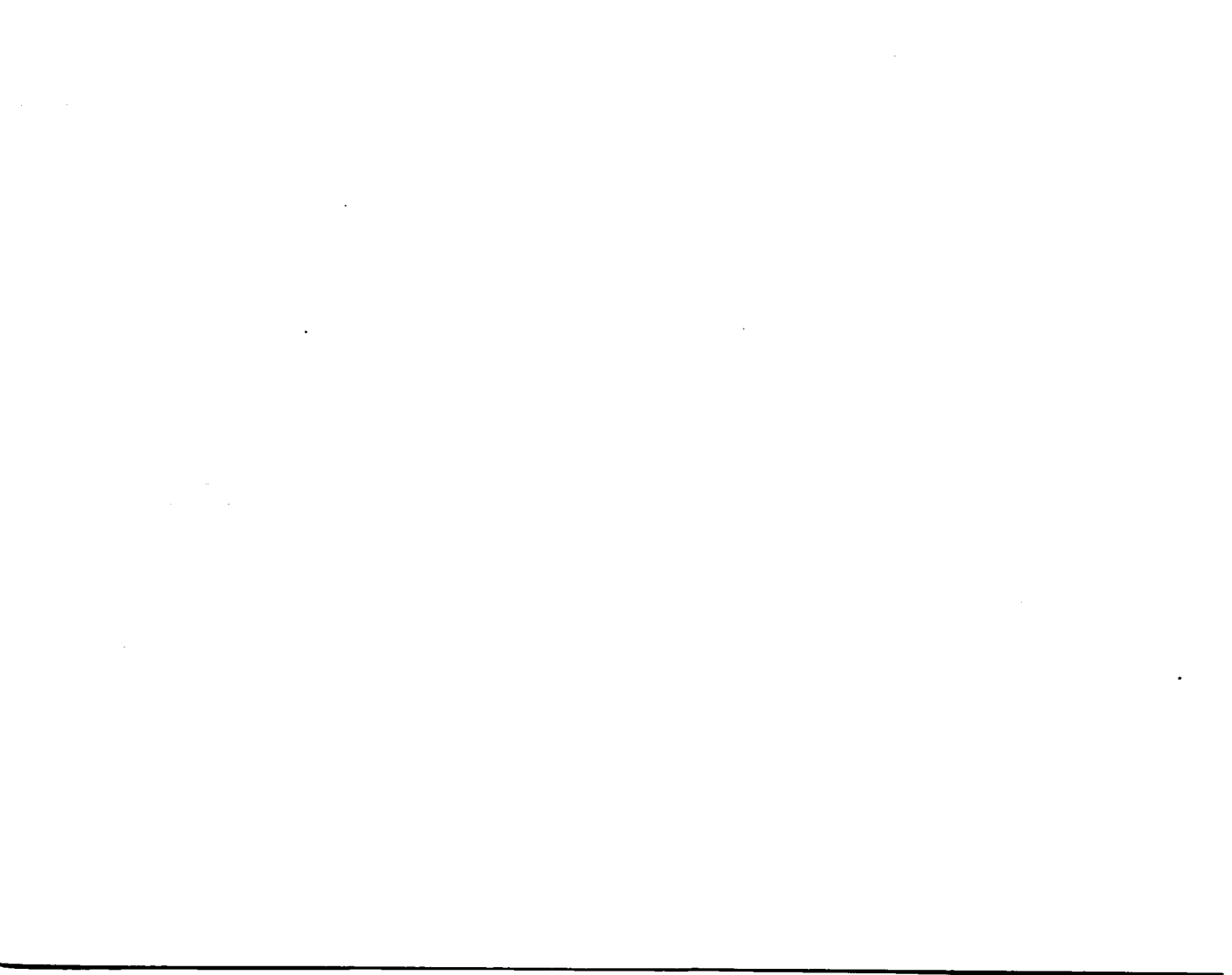
Address Healden Ida  
Filed July 28 20 MacKinnon  
19 \_\_\_\_\_

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993101-006-289  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-0-22-17

County of Bingham.

City of Blackfoot

No. R.D.# 4 St.

Registration District No. 121

File No. 81405

Primary Registration District No. 2194

Registered No. 205

Hospital Unnamed

FULL NAME OF CHILD Unnamed Rice

Sex of Child Male Twin Triplet and Number in order of birth 1 Legitimate? Yes Date of Birth July 1 1917  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Lawrence Joseph Rice

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Oklahoma

OCCUPATION Farming & Laborer

FULL MAIDEN NAME MOTHER Nevada Dare Shinn

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE West Virginia

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 12:15 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Beck

Physician  
(Physician or midwife)

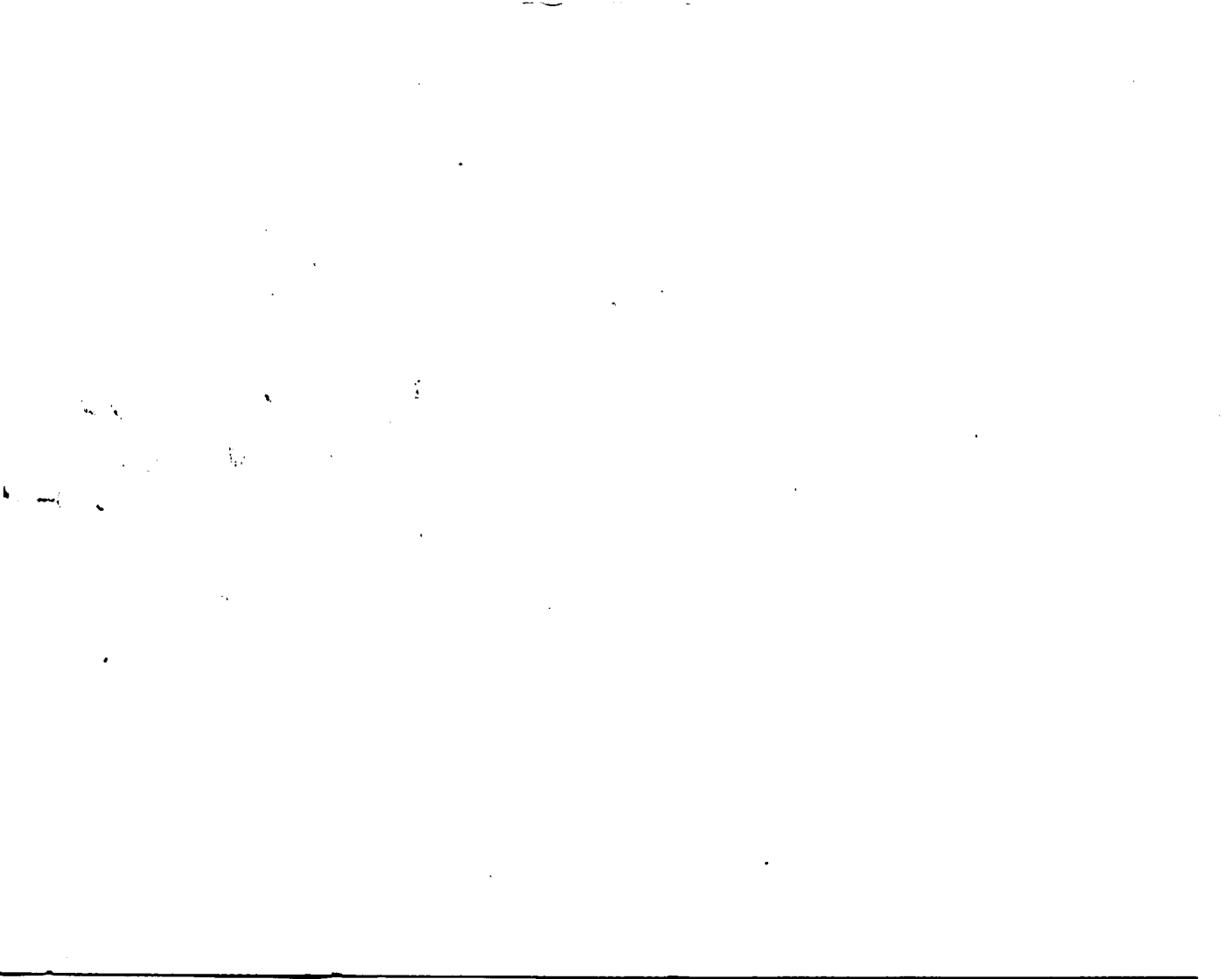
Given names added from a supplemental report.

Address Blackfoot, Idaho

Filed Aug 10 1917 Mr. Thaddeus E. Patine

Registrar

Registrar



813-205-006-295

PLACE OF BIRTH

County of BinghamCity of BlackfootNo. RD # 2 St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C—Rev. 4-3-17

## CERTIFICATE OF BIRTH

Registration District No. 121File No. 81406Primary Registration District No. 2194Registered No. 206FULL NAME OF CHILD Verda Hale

Sex of Child <u>Female</u>	Twin <u>Yes</u> and (Number in order of birth of birth) <u>First</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>July 5 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Varian Edgar Hale</u>	FATHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Auto Mechanic</u>	

FULL MAIDEN NAME <u>Ecdemia Bingham</u>	MOTHER
RESIDENCE <u>Blackfoot</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 2..... Number of children of this mother now living, including present birth... 2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Beck

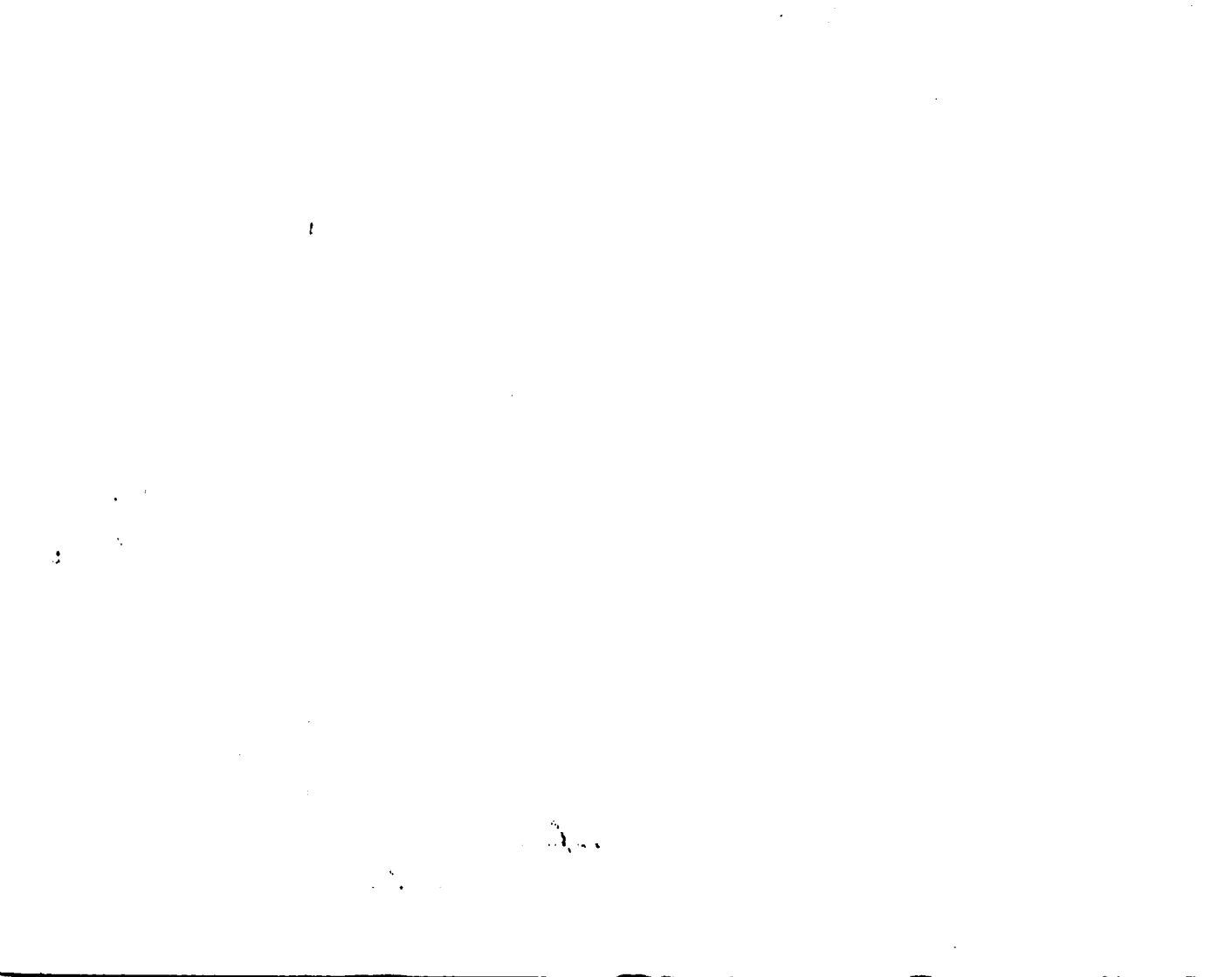
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot IdahoFiled Aug 10 1920 Alvin E. Patrice

Registrar

Registrar



813-205-006-295  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 9-9-17

County of BinghamCity of BlackfootNo. R.D. # 4 St.Registration District No. 121File No. 81407Primary Registration District No. 2194Registered No. 207

Hospital .....

FULL NAME OF CHILD Verla Hale

Sex of Child <u>Female</u>	Twin <u>Twins</u> and <u>2nd</u> in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>July 5</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME FATHER Varion Edgar HaleRESIDENCE BlackfootCOLOR White AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE UtahOCCUPATION Auto MechanicFULL MAIDEN NAME MOTHER Cedonia BinghamRESIDENCE BlackfootCOLOR White AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 2:45 PM on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. BeckPhysician  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Blackfoot, Idaho

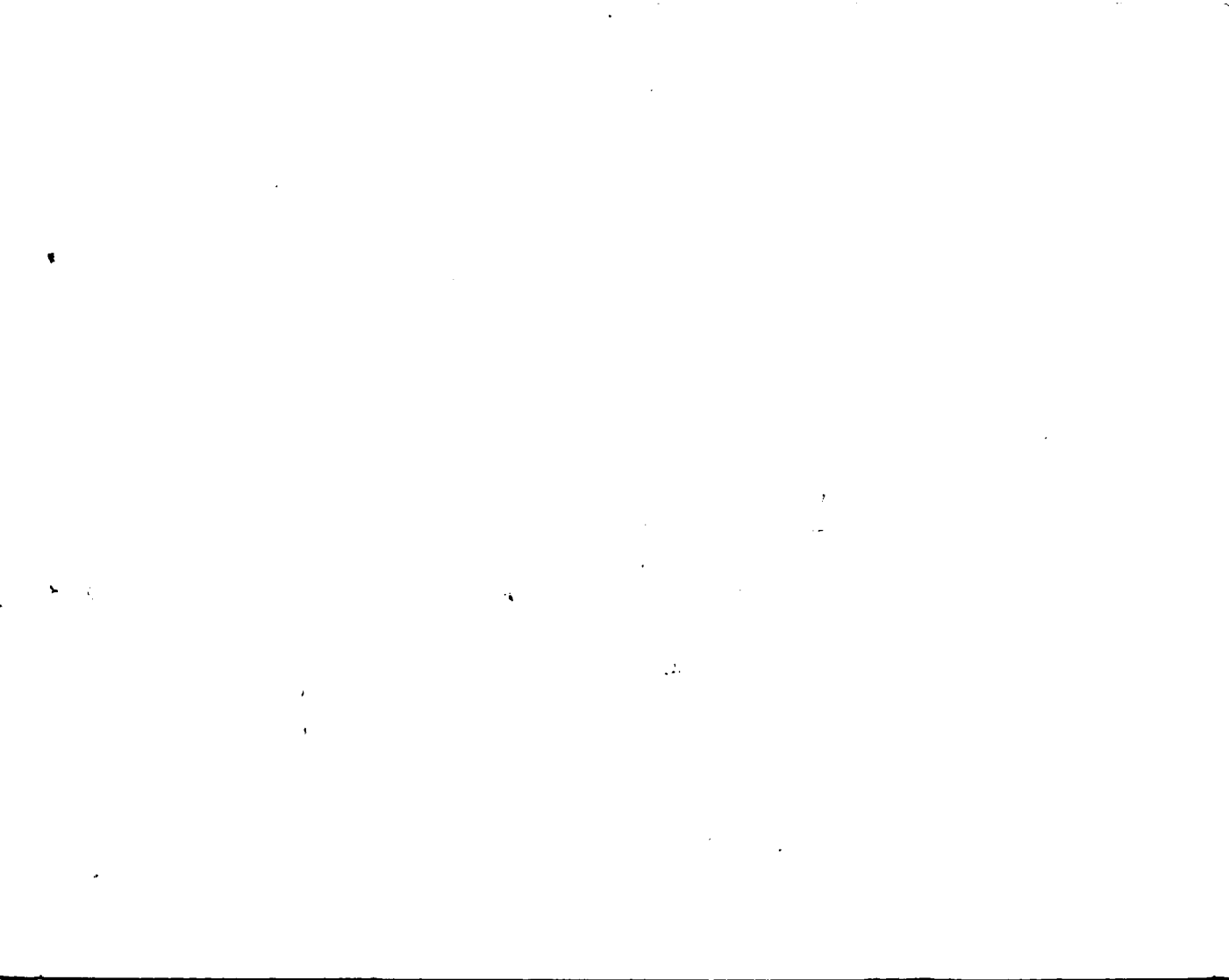
.....19.....

Filed Aug 10 1920 Mrs. Helen E. Patine

Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-105.006-993  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bingham

City of Moscow

Registration District No. 121

File No. 81408

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2194

Registered No. 208

Hospital \_\_\_\_\_

FULL NAME OF CHILD Unmarried

Christiansen

Sex of Child Male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate?

Date of  
Birth

July 5 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive,  
on the date above stated.

(Born alive or stillborn)

at 6:20 A. M.

{ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature) W. W. Beck

(Physician or midwife)

Given names added from a supplemental report.

19

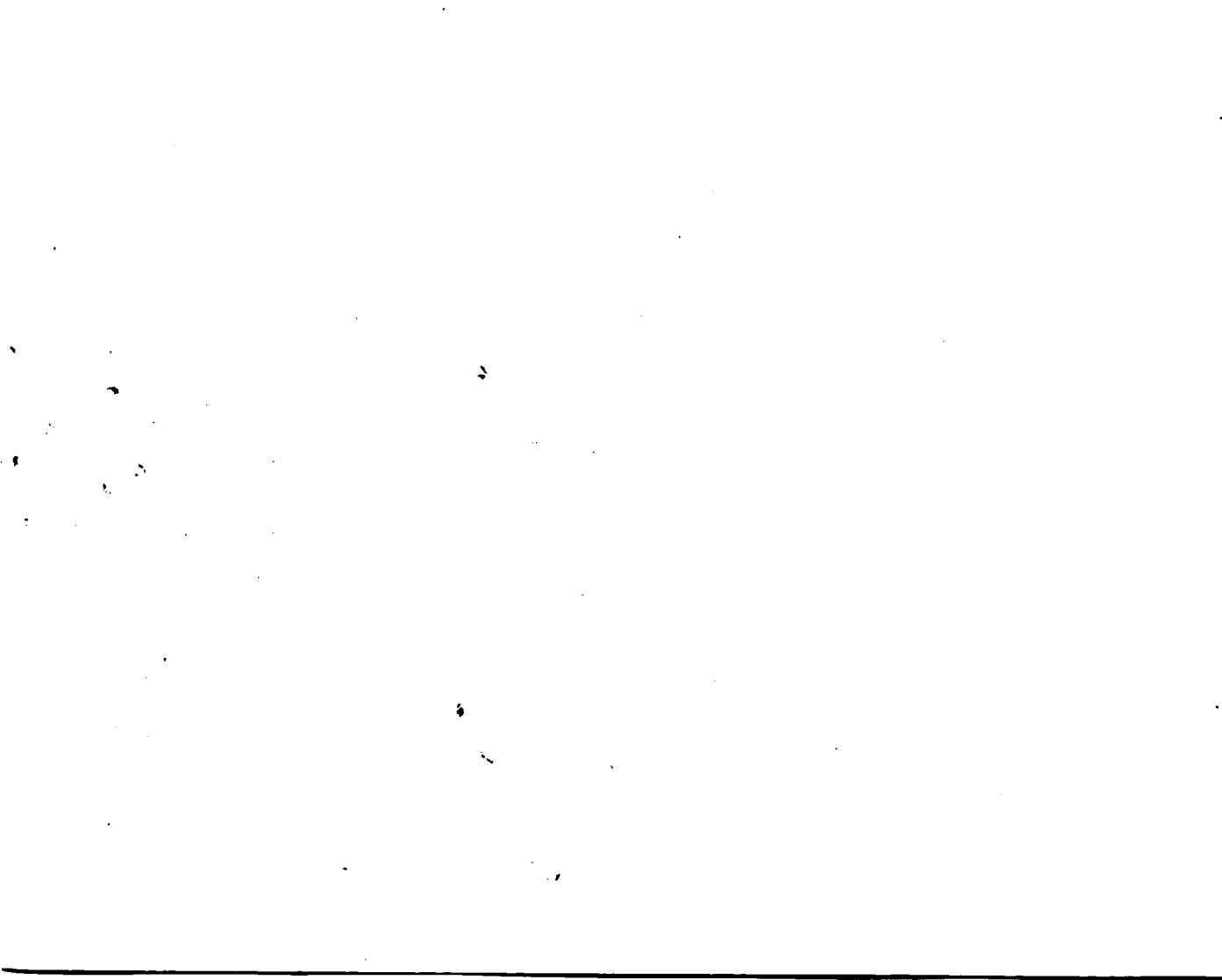
Address Blackfoot, Idaho

Filed Aug 10 1920

Dr. H. E. T.

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-110-006-818

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH  
County of Bingham  
City of Blackfoot  
No. RD# 1 St. \_\_\_\_\_  
Registration District No. 121 File No. 81409  
Hospital \_\_\_\_\_ Primary Registration District No. 2194 Registered No. 209  
FULL NAME OF CHILD John Armstrong Ellison

Sex of Child Male Twin Triplet or other? Yes and { Number in order of birth (To be answered only in event of plural births) } Legitimacy? Yes Date of Birth July 10 1920 (Month) (Day) (Year)

FULL NAME Donald FATHER Don Ellison  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farming

FULL MAIDEN NAME Ruth A. Hayes MOTHER Ansera  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, on the date above stated. (Born alive or stillborn) as 11:45 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho  
Filed Aug 10 1920 Mrs Helen E. Fatio  
Registrar

Registrar

Verified Copy issued Nov. 18, 1970. F.W.

DEC 1 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293211-006-747

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 5 Cleveland St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 121

File No. 81410

Primary Registration District No. 1007

Registered No. 210

Ora Madeline Bills

Sex of Child <u>Female</u>	Twin <input type="checkbox"/> Triplet <input type="checkbox"/> or other? <input type="checkbox"/> (To be answered only in event of plural births)	and {	Number in order of birth <u>1</u>	Legitimacy <u>Yes</u>	Date of Birth <u>July 11</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-------	-----------------------------------	-----------------------	---

FATHER  
FULL NAME Oren Eugene Bills  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Utah  
OCCUPATION Manager Bingham Motor Co.

MOTHER  
FULL MAIDEN NAME Leone Pope  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 2:30 A. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. W. Beck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot, Idaho

Filed

Aug 10 1920 Mrs. Halus E. Fiske  
Registrar

Registrar

Registrar

44-110

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-111-006-845

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Pingham

City of Blackfoot

No. R.D. # 4 St.

Registration District No. 121

File No. 81411

Hospital

Primary Registration District No. 2194 Registered No. 511

FULL NAME OF CHILD

James Christian Hansen Jr

Sex of Child

Male

Twin  
Triplet  
or other

1 and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of  
Birth

July 11 20  
(Month) (Day) (Year)

FULL  
NAME

FATHER

James C. Hansen Sr

FULL  
MAIDEN  
NAME

MOTHER

Aleen Hunsaker

RESIDENCE

Blackfoot

RESIDENCE

Blackfoot

COLOR

White

AGE AT LAST  
BIRTHDAY

20  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

33  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farming

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Born alive, at 9:30 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. W. Beck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Blackfoot, Idaho

Filed

Aug 10 1920 Wm. H. E. Taber  
Registrar

Registrar



MAR 13 1972

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-213006-539

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 1 St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 121

File No. 81412

Primary Registration District No. 2194 Registered No. 212

Clarence Brown

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>July 17</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FATHER  
FULL NAME Charles Luane Brown  
RESIDENCE Pingree, Idaho  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Mary Johannah Elison  
RESIDENCE Pingree, Ida  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 1:30 a M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. W. Beck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

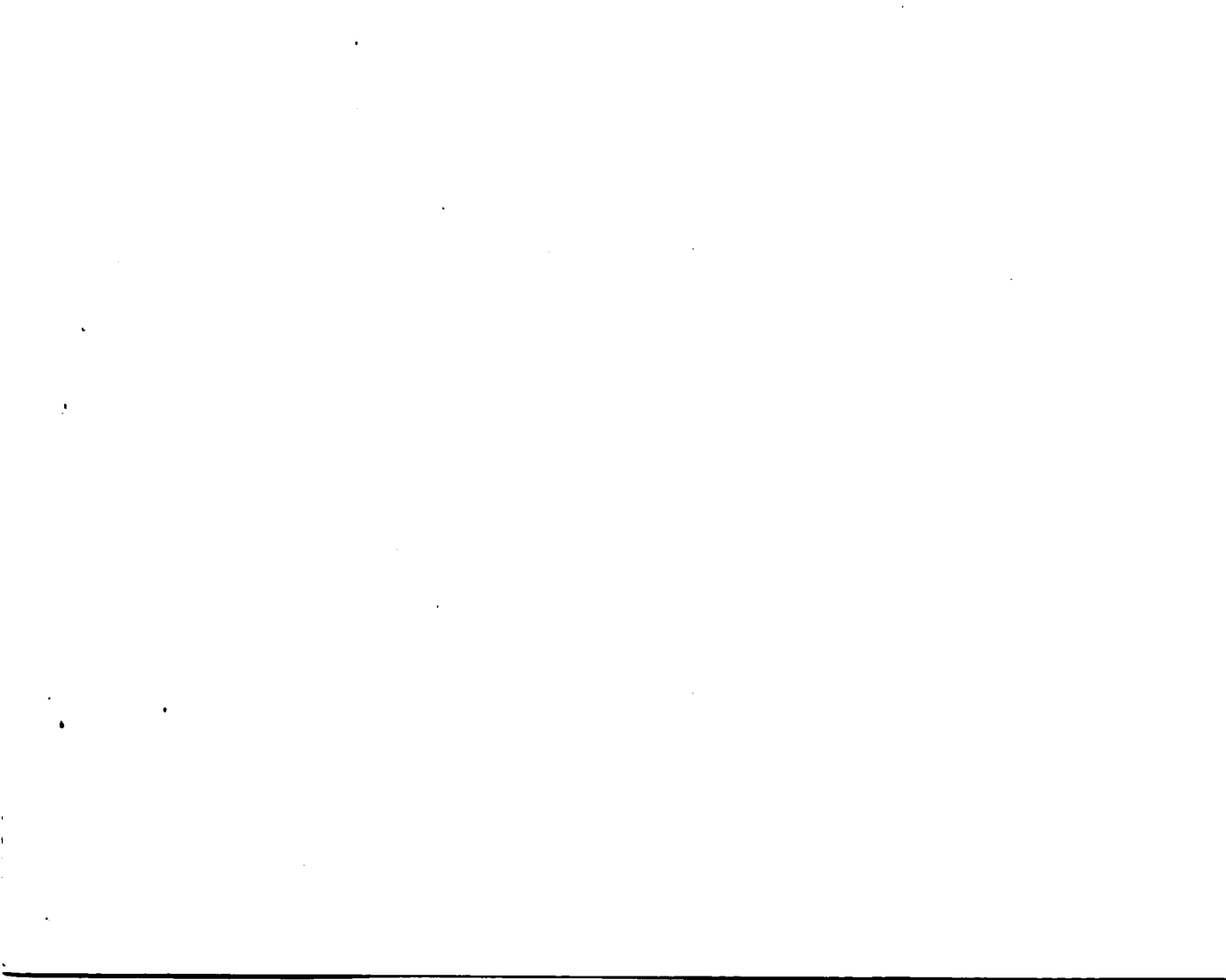
Blackfoot Idaho

Filed

Aug 10, 1920 Mrs Helen E. Pattee  
Registrar

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

432-116.006-294

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 121

File No. 81413

Primary Registration District No. 1007 Registered No. 213

Glen Mack McKeller

Sex of Child Male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

Number  
in order  
of birth  
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July 16 1920  
(Month) (Day) (Year)

FULL NAME

Glen Donald McKeller

RESIDENCE

Blackfoot

COLOR

White

AGE AT LAST  
BIRTHDAY

23  
(Years)

BIRTHPLACE

Mexico

OCCUPATION

Farmer and Laborer

FULL  
MAIDEN  
NAME

Grace Emily Simmons

RESIDENCE

Blackfoot

COLOR

White

AGE AT LAST  
BIRTHDAY

23  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive, at 2:45 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) W. W. Beck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot, Idaho

Filed Aug 10 1920 Mrs. Helen E. Patrick  
Registrar

Registrar

SEP 13 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

46.006249  
PLACE OF BIRTH  
*Bingham*  
*Blackfoot*

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81414

Registration District No. *121*

File No.

St.

Primary Registration District No. *1007*

Registered No. *214*

FULL NAME OF CHILD

*Thurman D. Irving*

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <i>Yes</i>	Date of Birth (Month) <i>July</i> (Day) <i>16</i> (Year) <i>1920</i>
-----------------------------	---	-----	---	---------------------------	---

FATHER  
NAME *Joseph Irving*  
RESIDENCE *Darlington, Ida*  
COLOR *White* AGE AT LAST BIRTHDAY *50* (Years)  
BIRTHPLACE *Utah*  
OCCUPATION *Farming*

MOTHER  
FULL MAIDEN NAME *Grace Burke*  
RESIDENCE *Darlington, Ida*  
COLOR *White* AGE AT LAST BIRTHDAY *34* (Years)  
BIRTHPLACE *Canada*  
OCCUPATION *Housewife*

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

*Born alive*, at *6:30 P. M.*  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. W. Beck*  
*Physician*  
(Physician or midwife)

Given names added from a supplemental report.

19

Address *Blackfoot, Idaho*  
Filed *Aug 19, 20* *Mr. Walter E. Patis*  
Registrar

Registrar

DEPARTMENT OF HEALTH  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

BIRTH  
MAY 9 1956

MAY 19 1964

FEB 28 1960

A STATE OF IDAHO

Number of Child

Residence

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 655-2181006-213

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R D # 3 St.

Registration District No. 121

File No. 81415

Hospital \_\_\_\_\_

Primary Registration District No. 2194

Registered No. 815

FULL NAME OF CHILD

~~XXXXXXXXXXXX~~ HELEN Weeding

Sex of Child

Female

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

Legiti  
mate?

Yes

Date of  
Birth

July 18 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER  
Charles E. Weeding

RESIDENCE

Blackfoot

COLOR

White

AGE AT LAST  
BIRTHDAY

36  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Farming

FULL  
MAIDEN  
NAME

MOTHER  
Wanda Hannah Salver

RESIDENCE

Blackfoot

COLOR

White

AGE AT LAST  
BIRTHDAY

33  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Born alive, at 3 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. W. Beck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

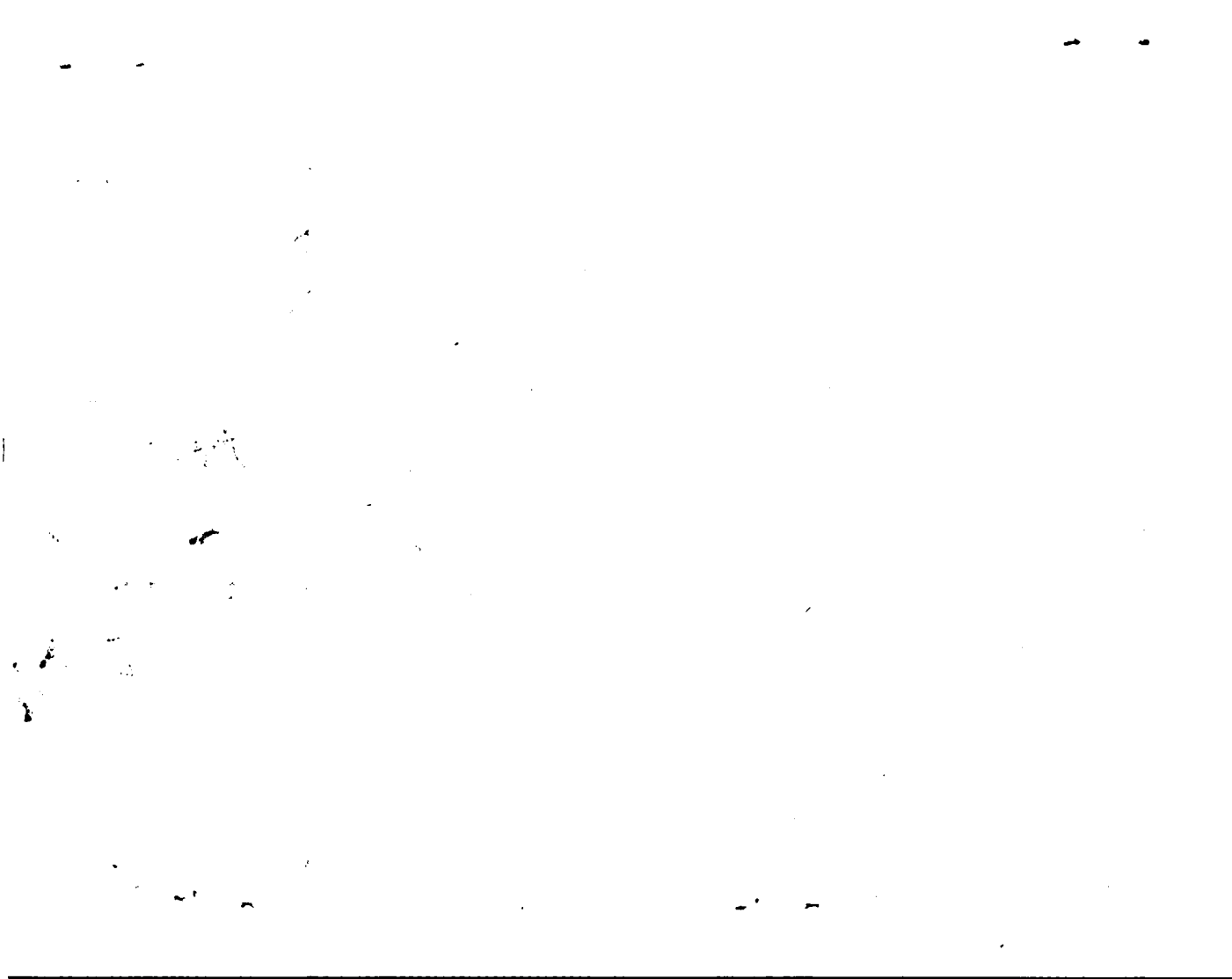
Blackfoot Idaho

Filed

Aug 10 1920 Dr. Helen E. Pattee  
Registrar

Registrar





IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Bingham } ss. Certificate No. 81415  
Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Wedding who was born on July 18, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) High School Diploma May 8, 1938  
true facts are shown by Certificate of Baptism prepared on July 1, 1930 are:  
(Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Child's name missing Helen Weeding

Subscribed and sworn to before me this 18th day of April, 19 56

Notary Public, residing at Blackfoot, Idaho  
My commission expires Jan. 6, 1960  
(Seal)

Signed Wanda Weeding  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
391 N. Broadway, Blackfoot, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bingham } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of April, 19 56

Signed Robert L. Peterson  
(Signature of Any Credible Person)

Notary Public, residing at Blackfoot, Idaho  
My commission expires Jan. 6, 1960  
(Seal)

327 So. University  
Blackfoot, Idaho  
(Street Address, City, State)

APR 25 1964

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

293-219-006-355

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF ~~SAHO~~  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 81416

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1007

Registered No. 816

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Drue

Killion

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>(To be answered only in event of plural births)</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>July 19 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-------------------------	---

FULL NAME Marvin D. Killion  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Mechanic Sugar Co.

FULL MAIDEN NAME Kress R. Lenherr  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 2:10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. W. Beck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho  
Filed Aug 10 1920 Dr. H. E. Patton  
Registrar

MAR 25 1974

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ Certificate No. 81416  
County of \_\_\_\_\_ Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for Unnamed Killion (female) who was born on July 19, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:

(Bible Record, Insurance Policy, Etc.)		(Give Date)
<b>FACTS TO BE CORRECTED</b>	<b>FROM</b>	<b>TO</b>
("Name," "Birth Date," "Cause of Death," Etc.)	(As on Original)	(The Correct Facts)
child's name	Unnamed Killion	Drue Killian
father's last name	Killion	Killian

Subscribed and sworn to before me this 16TH day of JULY  
1920  
Notary Public, residing at MAKERVILLE, IDAHO  
My commission expires JAN 7, 1928  
(Seal)

Signed Freda R Killian (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
3091 Goldner St. Placerville Calif  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of CALIF }  
County of EL DORADO } ss.  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 16TH day of JULY  
1920  
Notary Public, residing at MAKERVILLE, IDAHO  
My commission expires JAN 7, 1928  
(Seal)

Signed Earl C R Killian (brother)  
(Signature of Any Credible Person)  
3091 GOLDNER ST.  
(Street Address, City, State)  
PLACERVILLE, CA 95667

RECEIVED  
BUREAU OF VITAL STATISTICS  
JUL 19 11 14 AM '20

NOTARY PUBLIC  
MAKERVILLE, IDAHO  
JUL 19 1920

NOTARY PUBLIC  
EL DORADO, CALIF  
JUL 19 1920

Father's driver's license from Calif. gives name as Marvin Demarius Killian  
born Sept. 19, 1889. dated 9-19-60. viewed by V. S.

MAR 20 1975

Certificate of Marriage from Nevada gives names as William Cotter and Drue Killian.  
dated April 12, 1941. viewed by V. S.

Eighth Grade diploma from California gives names Drue Killian. date May 19, 1934.  
viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-223-006-369

Amended 2/22/79

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD# 3 St.

Registration District No. 121

File No. 81417

Hospital \_\_\_\_\_

Primary Registration District No. 2194

Registered No. 217

FULL NAME OF CHILD Noma Lorentzen

Christensen

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 23 1920</u> (Month) (Day) (Year)
----------------------------	-----------------------------------	-----------------------------------	------------------------	---

FATHER  
FULL NAME Nephi Christensen  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Laura Lorentzen  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Norway  
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 9:20 P. M. on the date stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck  
Physician  
(Physician or midwife)

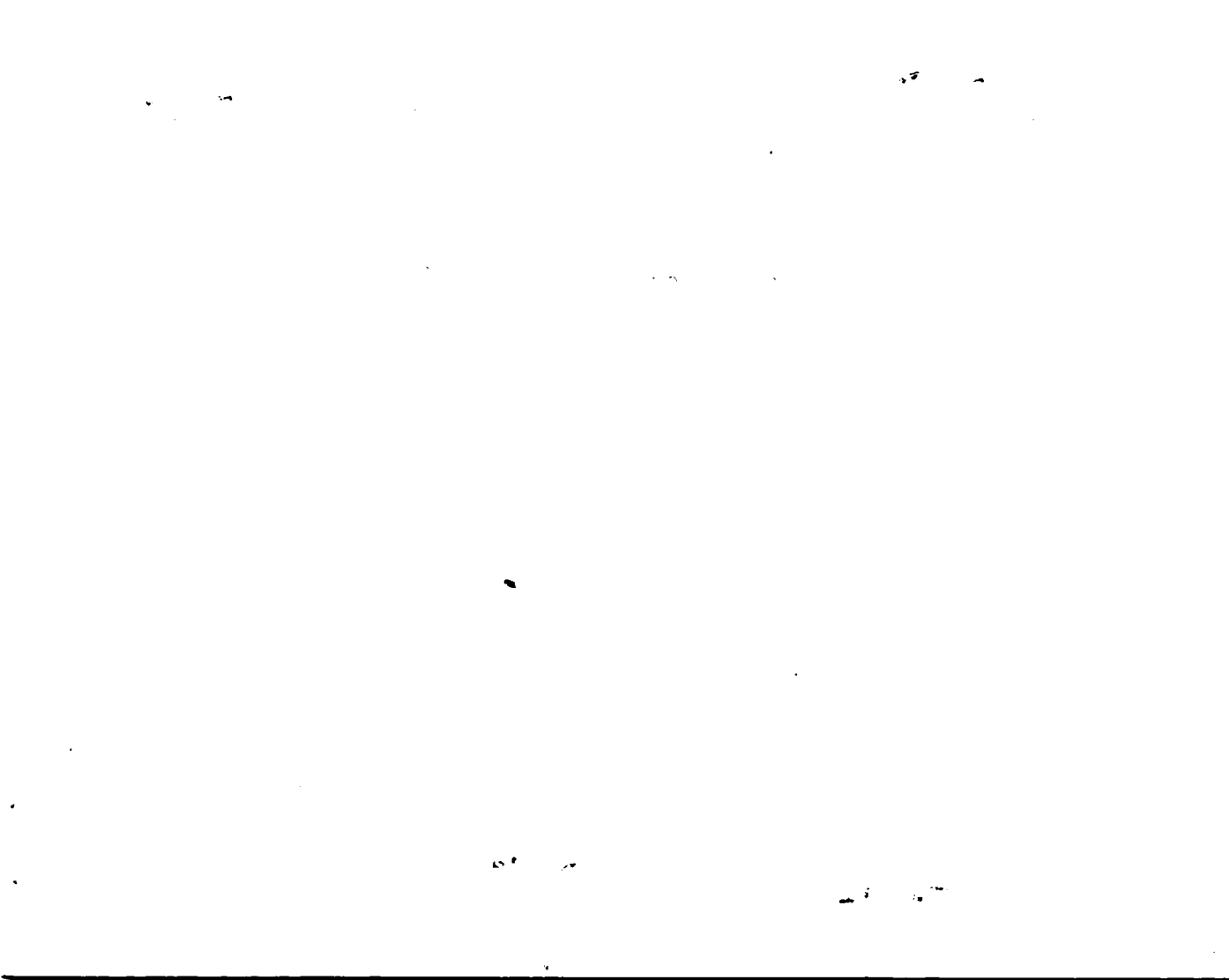
Given names added from a supplemental report.

19

Address Blackfoot, Idaho  
Filed Aug 10 1920 Dr. M. H. E. Nelson  
Registrar

Registrar





IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics  
**AFFIDAVIT TO CORRECT AN ORIGINAL CERTIFICATE**

RECEIVED  
BUREAU OF  
VITAL STATISTICS

State of Idaho }  
County of Bingham } ss.

Certificate No. 81417  
Date Filed \_\_\_\_\_

EB 16 4 08 PM '79

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Christensen (female) who was born on July 20, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Blackfoot, Idaho (Bingham) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's name  
date of birth

Unnamed  
July 20, 1920

Noma Lorentzen Christensen  
July 23, 1920

Subscribed and sworn to before me this 13 day of  
February 1979.

Notary Public, Kent H. Jew  
Residing at Fifth Idaho  
My commission expires April 1980  
(Seal)

Noma C. Jew  
Signature of Applicant  
Rt 1 Box 190 Fifth Idaho  
Street Address, City, State 83236

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Bingham } ss.

(Must be completed \_\_\_)  
(Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of  
Feb 1979.

Notary Public, Kent H. Jew  
Residing at Fifth Idaho  
My commission expires April 1980  
(Seal)

Olive C. Barclay  
Supporting Signature  
Rt 5 Box 16 Blackfoot Idaho  
Street Address, City, State 83221

CL 2/8/79

RUSH

FE3 22 1979

Family group record for Nephi Christensen and Laura Antonie Lorentzen gives child's name as Noma Lorentsen Christensen born July 23, 1920 in Blackfoot Idaho. Baptized Aug 4, 1928. viewed by V. S.

Membership record from the LDS Church gives name as Noma Lorentzen Christensen Tew born July 23 1920 at Blackfoot, Idaho. father's name as Nephi Christensen and mother's name as Laura Antonie Lorentzen. Blessed Oct 3, 1920 and Baptized Aug 4 1928. viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493107.006-715

PLACE OF BIRTH amend 11-6-81

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Indian Reservation  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 121

File No. 81418

Hospital \_\_\_\_\_

Primary Registration District No. 2194

Registered No. 218

FULL NAME OF CHILD

Ed Awald Miller

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>July 13</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME FATHER Fred F. Miller

FULL MAIDEN NAME MOTHER Amelia Ganski

RESIDENCE Blackfoot Idaho

RESIDENCE do

COLOR Wh. AGE AT LAST BIRTHDAY 23 (Years)

COLOR white AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Rumania

BIRTHPLACE Russia

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. Patrie

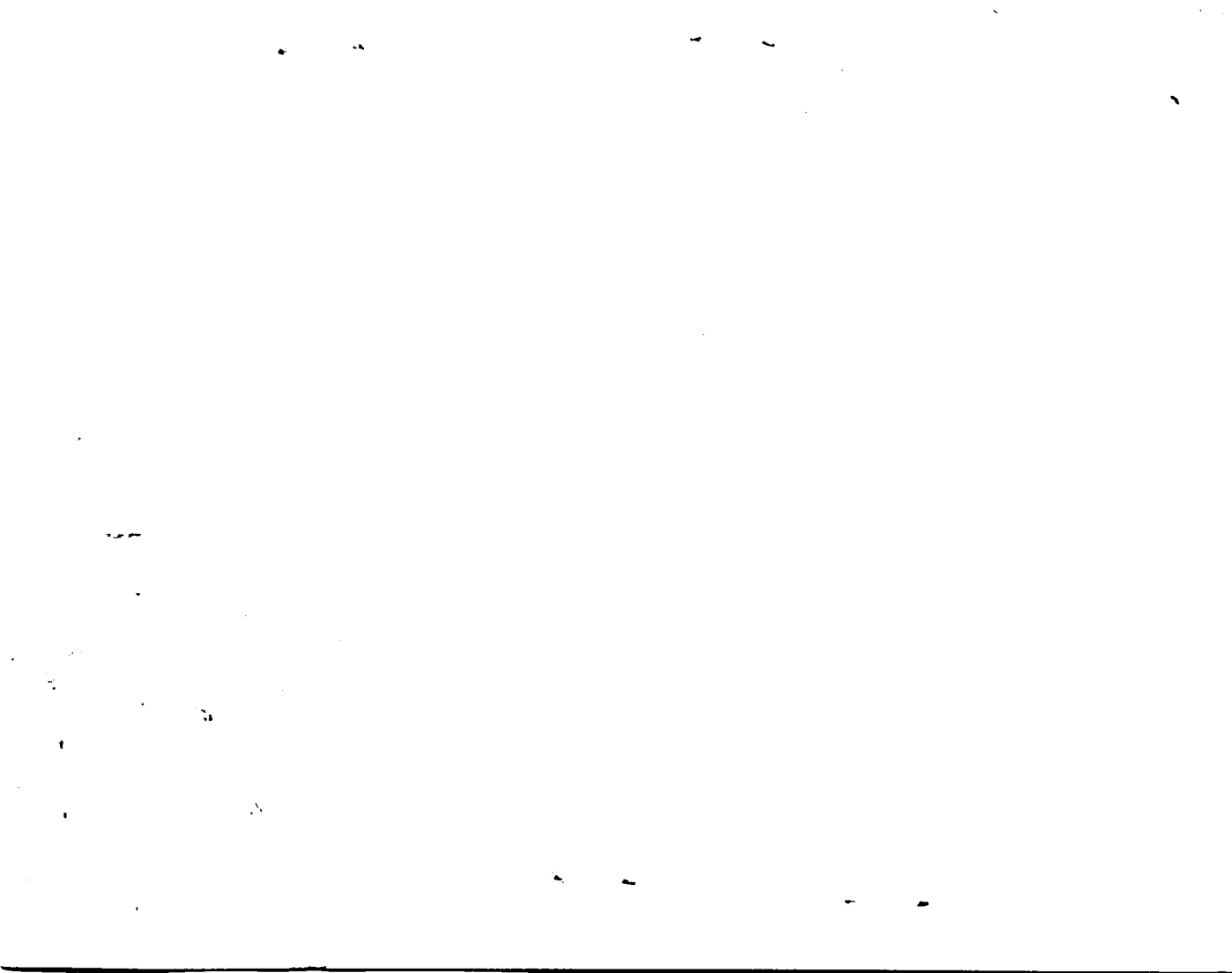
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Ida.

Filed Aug 10 1920 Dr. E. Patrie Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

Certificate No. 81418

Date Filed \_\_\_\_\_

birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for Reuben Miller who was born on 7-7-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Blackfoot (Bingham) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

childs name	Reuben Miller	Ed Awald Miller

Subscribed and sworn to before me this 20th day of

November, 19 81

Notary Public, Margaret E. Thompson

Residing at Roseburg, OR

My commission expires 11-10-84

(Seal)

X Ed A Miller  
Signature of Applicant  
X 1829 E. Todd Roseburg OR  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon } ss.  
County of Clatsop }

(Must be completed   )

(Is not necessary   )

• The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

credit lcc

State of Idaho-Public School Diploma gives Ed Awald Miller completed course of Study on 5-18-35 Jerome County. Viewed by V.S.

**NOV 6 1981**

Social Security Card gives Ed Awald Miller of Jerome, Idaho social security # 519-14-1184. Dated 11-9-39. Viewed by V.S.

OKd by FC

753-207,006-695  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-25m-2-2-17

County of BinghamCity of GrovelandRegistration District No. 121File No. 81419

No. ....St.

Primary Registration District No. 2194Registered No. 219

Hospital .....

FULL NAME OF CHILD Agatha Mary PetersSex of  
ChildFemaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birthLegiti-  
mateYesDate of  
BirthJuly 7 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER Theodore Peters

RESIDENCE

Blackfoot No. 1  
Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY45  
(Years)

BIRTHPLACE

Germany

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER Agatha Weber

RESIDENCE

do

COLOR

WhiteAGE AT LAST  
BIRTHDAY43  
(Years)

BIRTHPLACE

Winn

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 10 P  
on the date above stated. (Born alive or stillborn) ....., at ....., M.{ \*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth. }

(Signature)

M. E. Feltz M.D.

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address

Blackfoot, Idaho

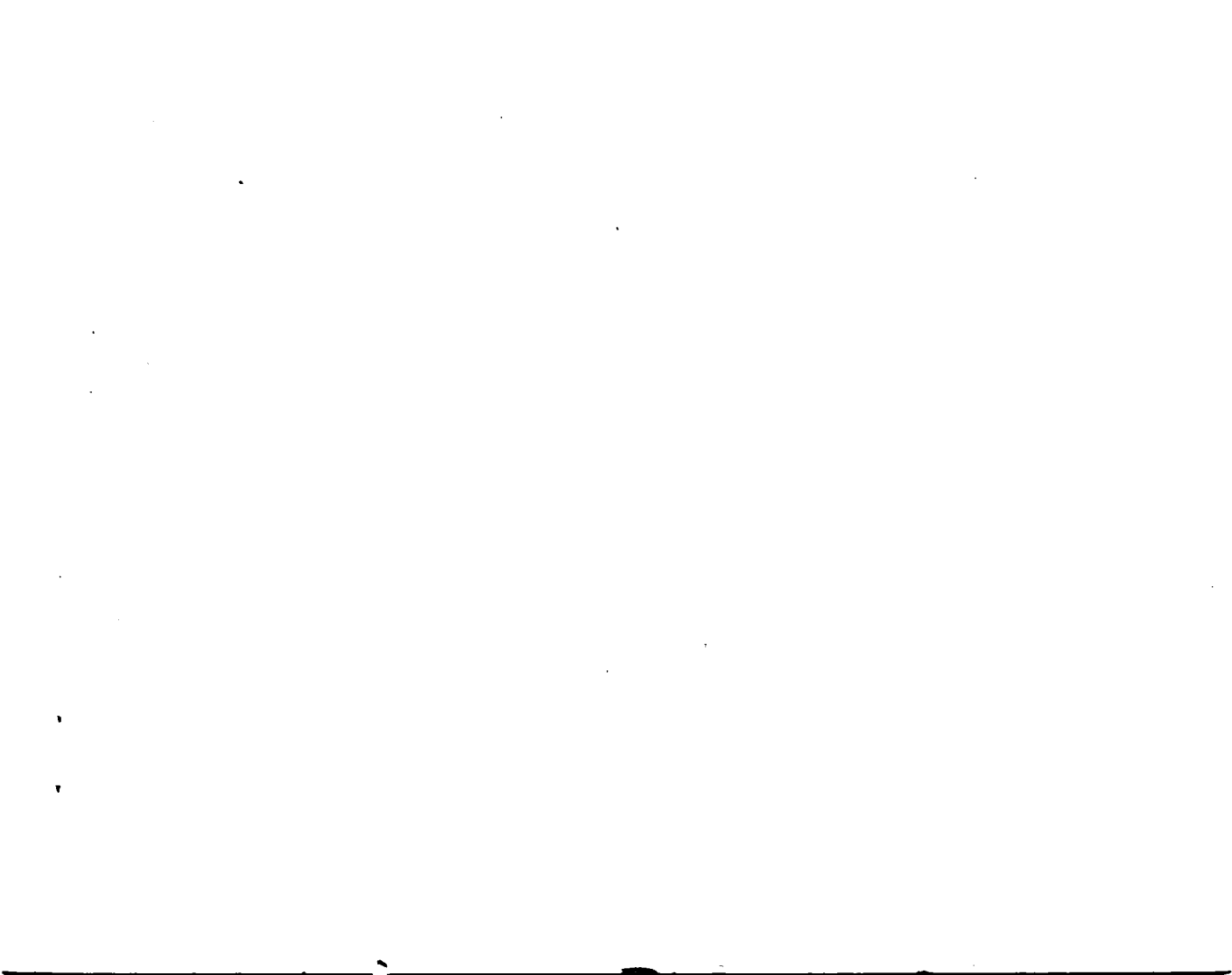
Filed

Aug 10 1920

Registrar

Registrar





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

563-010-006-493

## PLACE OF BIRTH

County of BinghamCity of BlackfootRegistration District No. 121

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81420

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 121Registered No. 220

Hospital \_\_\_\_\_

FULL NAME OF CHILD Unnamed Tallveler

Sex of Child

Twin  
Triplet  
or other?and } Number  
in order  
of birth  
(To be answered only in event of plural births)

Legitimate

Date of Birth

July 10 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2Number of children of this mother now living, including present 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

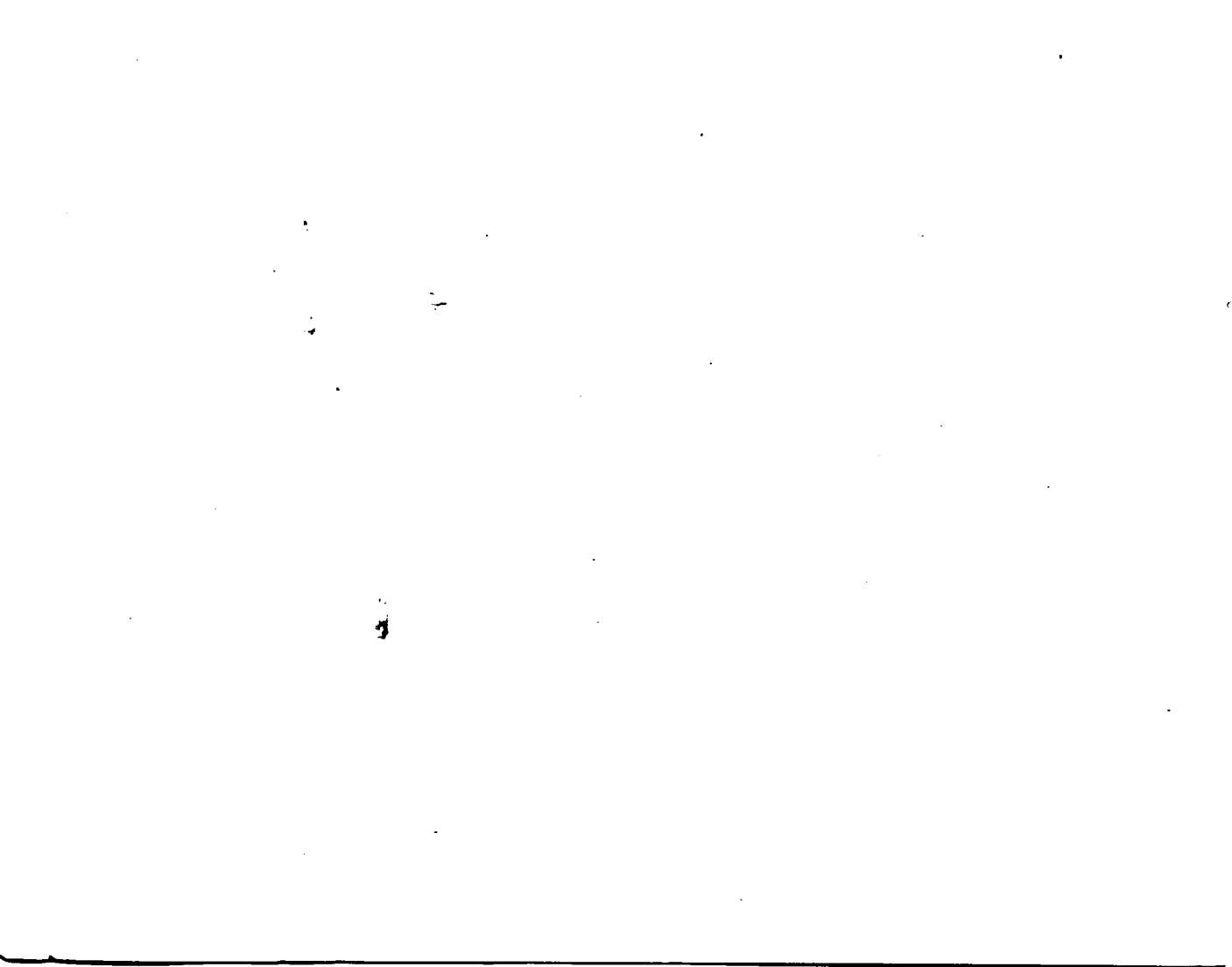
(Signature) W. E. Patrick

(Physician or midwife)

Address Blackfoot, IdahoFiled Aug 10 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-255-006-235

PLACE OF BIRTH  
Amended 6-81

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S., No. 11-C-25m-7-21-19

County of BinghamCity of BlackfootRegistration District No. 121File No. 81421

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2194Registered No. 221Hospital \_\_\_\_\_  
FULL NAME OF CHILD Eleanor Enid Evans

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>July 15 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	---	----------------------------	---

FATHER  
FULL NAME Albert Evans  
RESIDENCE Blackfoot Prr.  
COLOR White AGE AT LAST BIRTHDAY 45 (Years)  
BIRTHPLACE Indiana  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Henrietta Steed  
RESIDENCE Do.  
COLOR White AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Indiana  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:20 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. F. M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot, Idaho.Filed Aug 10 1920

Registrar

Registrar Mr. Nathan E. Pattee

- AUG 28 1947

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICSState of Idaho } ss.  
County of Lincoln

DEC 15 2 59 PM '80

Certificate No. 81421

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birthfor Elenor Evans who was born on July 15, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Blackfoot, Idaho (Bingham) the erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

child's nameElenor EvansEleanor Enid EvansSubscribed and sworn to before me this 11th day of  
December, 19 80Notary Public, Robert L. NewmanResiding at Shoshone, IdahoMy commission expires February 1981

(Seal)

Eleanor Enid Evans  
Signature of ApplicantRt. 1, Box 65, Shoshone, IdahoStreet Address, City, State 83352

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Lincoln(Must be completed   )(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of  
December, 19 80.Notary Public, Robert L. NewmanResiding at Shoshone, IdahoMy commission expires February 1981

(Seal)

Thelma E. Clark  
Supporting SignatureBox 705, Shoshone, Idaho  
Street Address, City, State 83352

in office 12-4-80

corresp (E)

Certificate of Baptism and Confirmation gives name as Eleanor Enid Gooch daughter of Alb ert Evans and Henrietta Steen born July 15, 1920 at Blackfoot, Idaho and Baptized March 27, 1954 in L.D.S.CHurch.  
Viewed by V.S.

Marriage Certificate issued by the county of Bingham, State of Idaho, gives name as Eleanor Enid Evans married to Harold Gooch on January 2, 1940, Recorder Jan 2, 1940 by John Falk, Recorder  
Viewed by V.S.

Family Record gives name as Eleanor Enid Evans married to Harold Gooch.  
Family Record issued March 1953.  
Viewed by V.S.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

189-105-006-154

PLACE OF BIRTH

County of Bonanza

City of Bladefoot

No. 1000 St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-4-17

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 81422

Primary Registration District No. 2194

Registered No. 222

FULL NAME OF CHILD Leonard Phillips

Sex of Child <u>male</u>	Twin Triplet or other? <u>no</u> and (Number in order of birth) <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 5</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FATHER  
FULL NAME John L. Phillips  
RESIDENCE Bladefoot, Idaho  
COLOR White AGE AT LAST BIRTHDAY 36  
(Years)  
BIRTHPLACE Neb.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Mary Emmerson  
RESIDENCE Bladefoot  
COLOR White AGE AT LAST BIRTHDAY 34  
(Years)  
BIRTHPLACE Neb.  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

Given names added from a supplemental report.

(Physician or midwife)

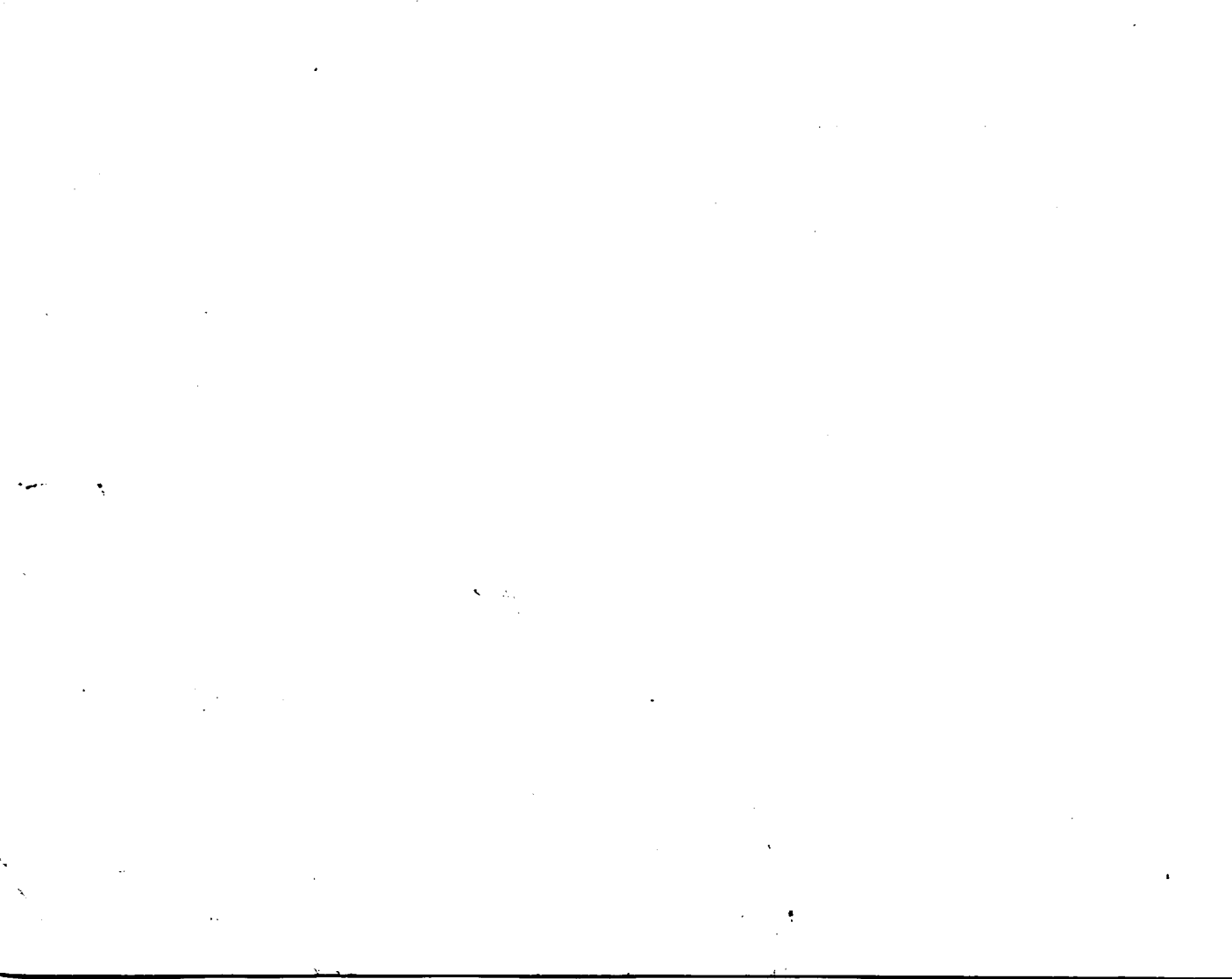
Address Bladefoot, Idaho

Filed Aug 10 20 Dr. H. E. Pabst

Registrar

Registrar





249-121-006-666

## PLACE OF BIRTH

County of *Bennington*...City of *Blackfoot*.....No. *94 So. Spruce St.*

Hospital .....

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-27

## CERTIFICATE OF BIRTH

Registration District No. *121*File No. *81423*Primary Registration District No. *1007*Registered No. *224**Charles Maurice Smith*

Sex of Child

*Male*Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and (Number  
in order  
of birth)Legiti-  
mate?Date of  
Birth*July 27 1920*  
(Month) (Day) (Year)FULL  
NAME*Charles M. Smith*

FATHER

FULL  
MAIDEN  
NAME*Edw. Woodburn*

MOTHER

RESIDENCE

*Blackfoot, Idaho*

RESIDENCE

*Blackfoot, Idaho*

COLOR

*White*AGE AT LAST  
BIRTHDAY*28*  
(Years)

COLOR

*White*AGE AT LAST  
BIRTHDAY*25*  
(Years)

BIRTHPLACE

*Penn.*

BIRTHPLACE

*Idaho*

OCCUPATION

*Book Keeper*

OCCUPATION

*Housewife*Number of child of this mother, including present birth.....*2*Number of children of this mother now living, including present birth.....*2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....*born alive or stillborn*..... at.....*9 P. M.*  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) *H. W. [Signature]*

(Physician or midwife)

Given names added from a supplemental report.

Address *Blackfoot, Idaho*Filed *Aug 14 2020* *Malie E. Patine*

Registrar

Registrar

DEC 27 1948

**YEAR: 1920**

**FILE # 81424**

**IDAHO BIRTH CERTIFICATE**

**VOID VOID VOID**

**SEE 1920-81424 A & B NOT TWINS**

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

395-262-006-815  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R. D #1 St.

Registration District No. 121

File No.

81424A

Hospital

Primary Registration District No. 2194

Registered No. 225

FULL NAME OF CHILD Larue Lindsey

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>July 2nd 1920</u> (Month) (Day) (Year)	
FULL NAME <u>Alford W. Lindsey</u>	FATHER			FULL MAIDEN NAME <u>Cella Pauline Hansen</u>	MOTHER	
RESIDENCE <u>Blackfoot #1</u>				RESIDENCE <u>Blackfoot Ida</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)				COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Utah</u>				BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

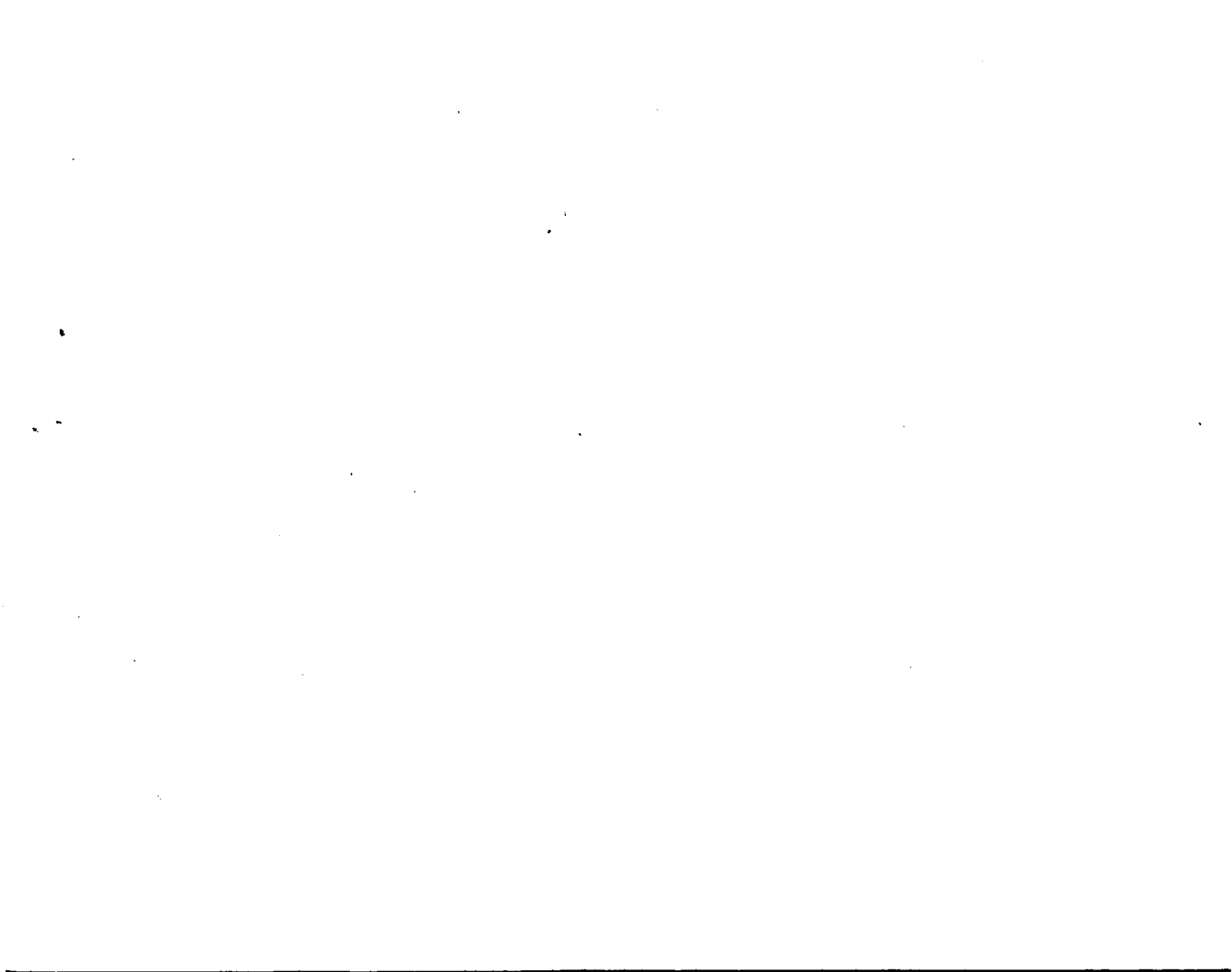
I hereby certify that I attended the birth of this child, who was born alive at 10:30 p.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida  
Filed Aug 10 1920 Dr. J. O. Hampton M.D.  
Registrar



365-2071006-215

## PLACE OF BIRTH

County of BinghamCity of BlackfootNo. Wood #44

Hospital .....

FULL NAME OF CHILD James Conrad

Sex of Child <u>Female</u>	Twin, Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 7 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FATHER FULL NAME <u>Arthur Conrad</u>		MOTHER FULL MAIDEN NAME <u>Jane E. Savage</u>	
RESIDENCE <u>Blackfoot Idaho</u>		RESIDENCE <u>Blackfoot Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Penn.</u>		BIRTHPLACE <u>Penn.</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 2: P. M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Mitchell

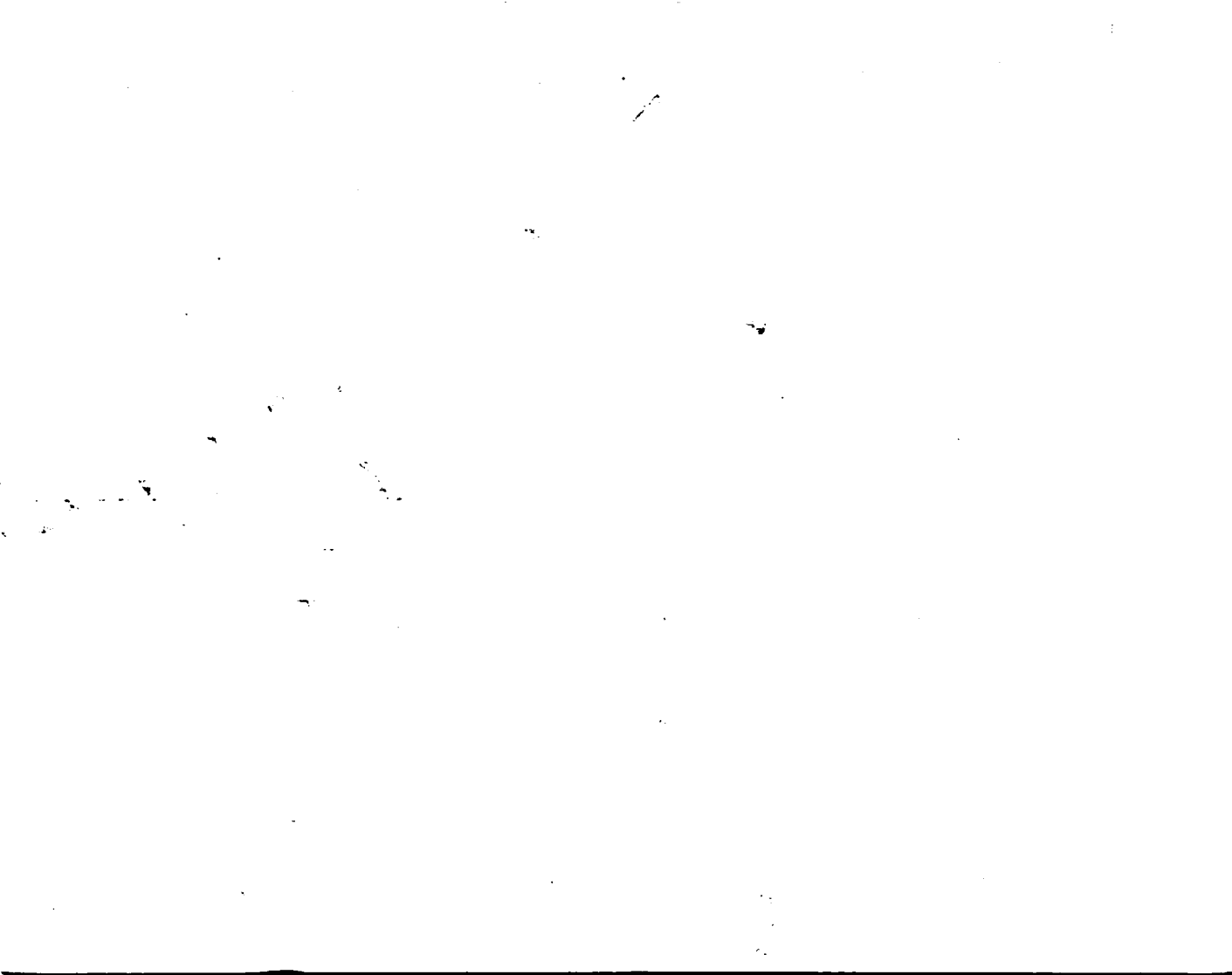
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot IdahoFiled Aug 10 20 Mrs Helen E. Pattee

Registrar

Registrar





231-211-006-291

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81425

County of BlaineCity of BlackfootRegistration District No. 121

File No. \_\_\_\_\_

No. R. D. #2 St. \_\_\_\_\_Primary Registration District No. 2194Registered No. 226

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Geraldine Stander

Sex of Child

FemaleTwin  
or other?

and

Number  
in order  
of birth1Legiti  
mate?yes

Date of Birth

7 11 1920

(Month)

(Day)

(Year)

FULL NAME

Ralph Stander

FATHER

FULL MAIDEN NAME

MOTHER

Margaret Krause

RESIDENCE

Blackfoot #2

RESIDENCE

Blackfoot Ida

COLOR

white

AGE AT LAST BIRTHDAY

24 (Years)

COLOR

white

AGE AT LAST BIRTHDAY

21 (Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Jos O Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address

Blackfoot Ida

Filed

Aug 10 1920

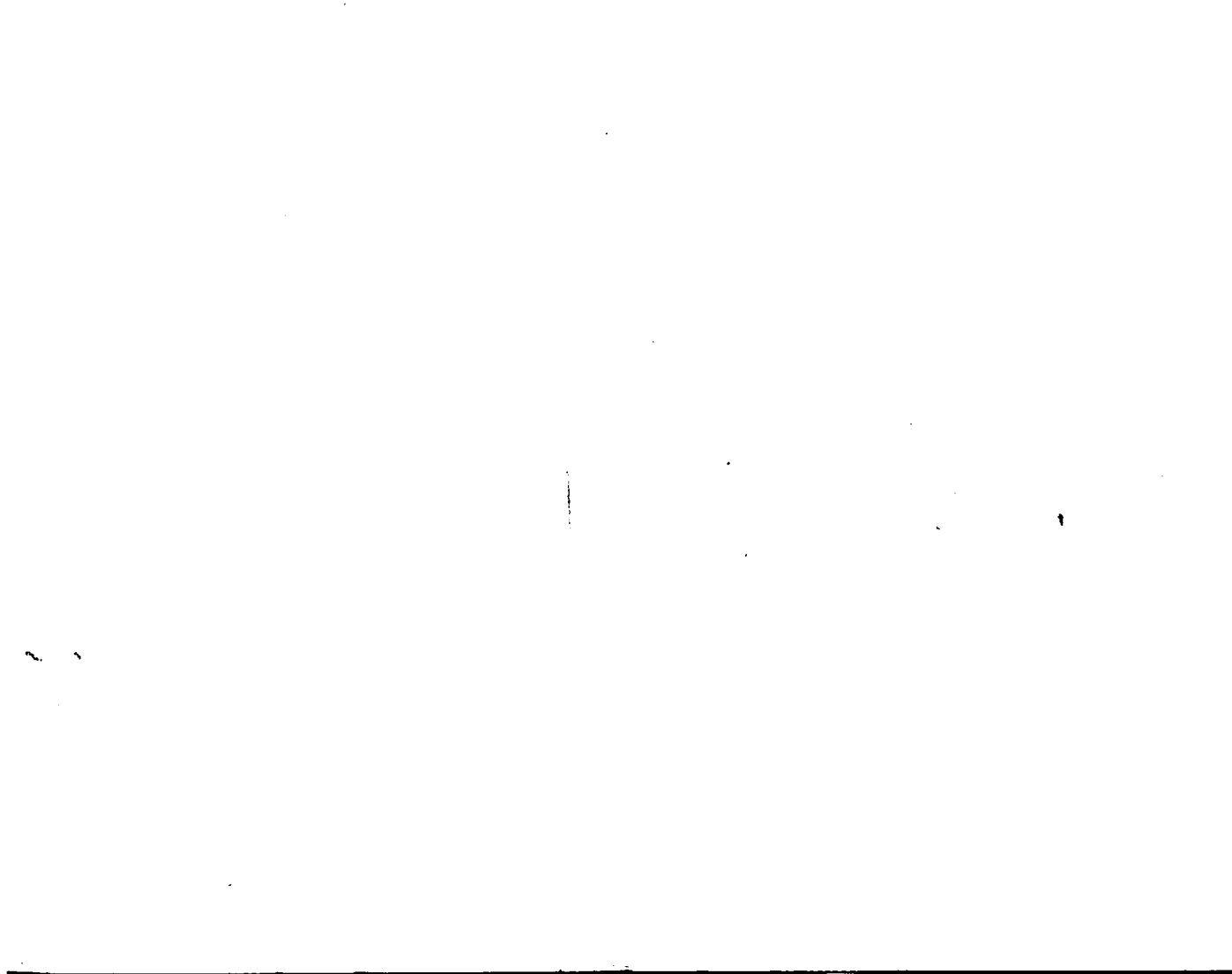
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-20-006-291  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Boise

City of Blackfoot

No. R. D. #2 St.

Registration District No. 121

File No. 81426

Hospital \_\_\_\_\_

Primary Registration District No. 2194 Registered No. 227

FULL NAME OF CHILD Lorence Stander

Sex of Child Female (To be answered only in event of plural births) and Number in order of birth 2 Legiti mate? yes Date of Birth 7/14/20 (Month) (Day) (Year)

FATHER  
FULL NAME Ralph Stander

RESIDENCE Blackfoot Ida

COLOR white AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Margaret Krause

RESIDENCE Blackfoot Idaho

COLOR white AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3:50 p.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joe O Hampton M.D.  
(Physician or midwife)

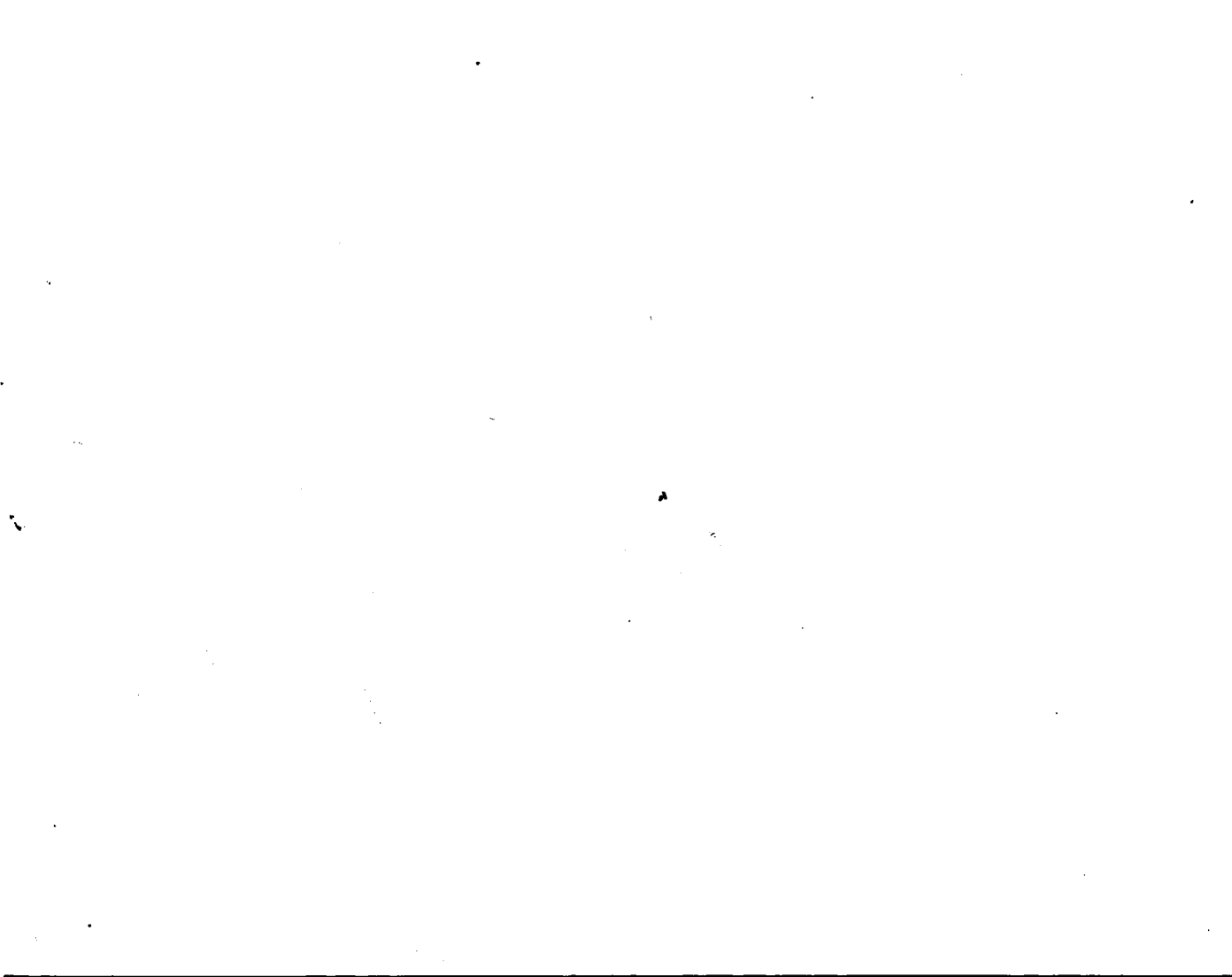
Given names added from a supplemental report. \_\_\_\_\_

Address Blackfoot Ida

Filed Aug 10 1920 Wm Haler E. Patine

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

491-115-006-386

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bingham

City of Blackfoot

No. R. D. #2 St.

Registration District No. 121

File No. 81427

Hospital \_\_\_\_\_

Primary Registration District No. 2194

Registered No. 228

FULL NAME OF CHILD Neal Donald Traker

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	Date of Birth <u>7 15 20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	-----------------	---

FATHER  
FULL NAME Byron J. Traker  
RESIDENCE Blackfoot #2  
COLOR white AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Colorado  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Julia M. Thomas  
RESIDENCE Blackfoot Idaho  
COLOR white AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated. (Born alive or stillborn)

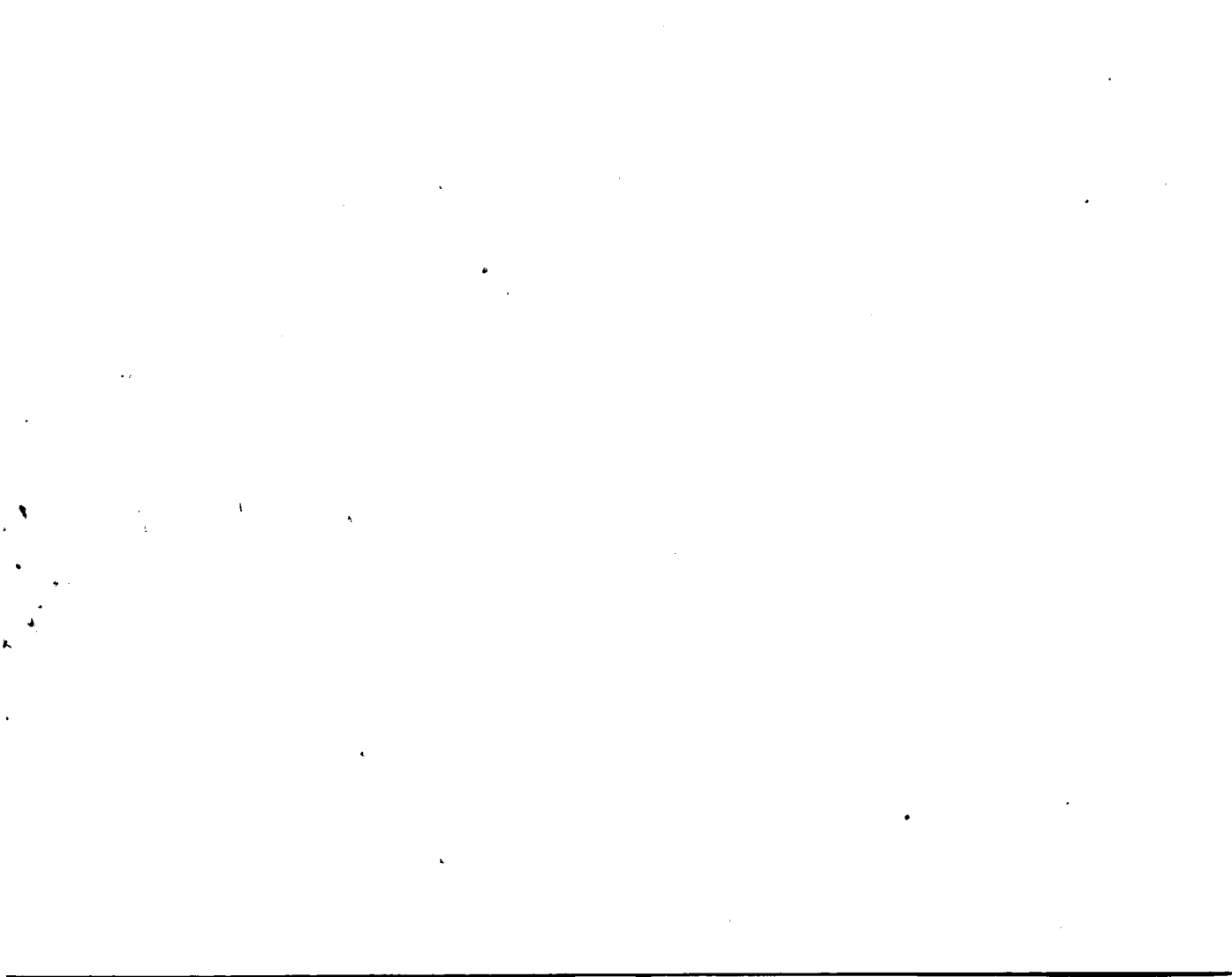
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Gas A. Hampton  
(Physician or midwife)

Address Blackfoot Idaho

Filed Aug 10 1920 Wm. H. E. Patrie  
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-221-006-791  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bingham

City of Idaho

Registration District No. 121

File No. 81429

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2194

Registered No. 230

Hospital \_\_\_\_\_

FULL NAME OF CHILD Helenos Bula Carson

Sex of Child Female

Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_  
(To be answered only in event of plural births)

Legitimacy? yes

Date of Birth 7/21/20  
(Month) (Day) (Year)

FULL NAME

FATHER

James H. Carson

RESIDENCE

Idaho

COLOR

white

AGE AT LAST BIRTHDAY

26  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Cara Adeline Pratt

RESIDENCE

Idaho

COLOR

white

AGE AT LAST BIRTHDAY

22  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 11 p.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Joe O. Hampton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

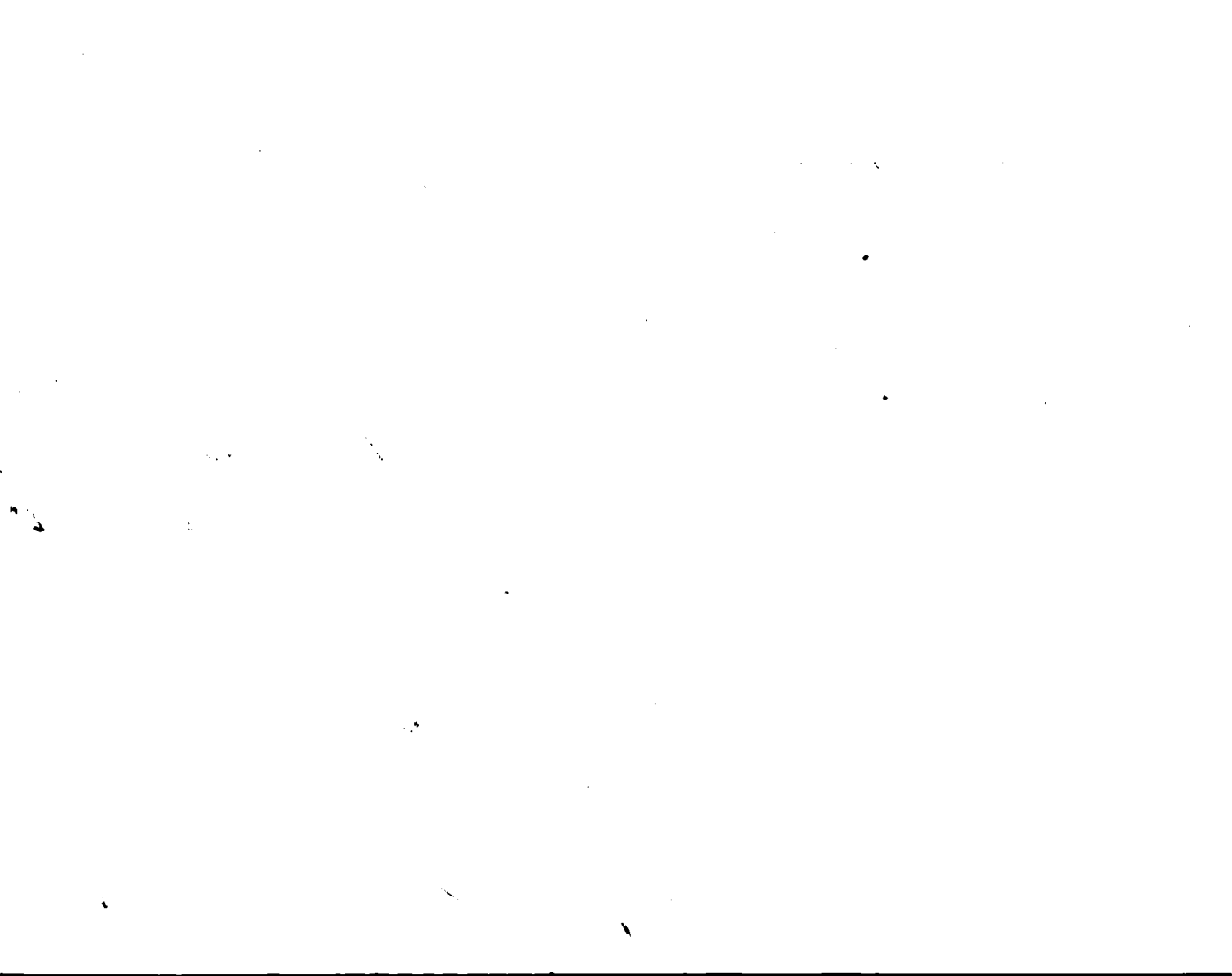
Blackfoot Idaho

Filed

Aug 10 1920 Mr. Walter E. Patric

Registrar

Registrar





627-230.006-444  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BinghamCity of BlackfootRegistration District No. 121File No. 81430

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2194 Registered No. 231

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ramona Oguthorpe

Sex of Child

FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?Date of  
Birth7301920

(To be answered only in event of plural births)

yes

(Month)

(Day)

(Year)

FULL  
NAMEGeo O Oguthorpe

FATHER

FULL  
MAIDEN  
NAMEElizabeth Midgley

MOTHER

RESIDENCE

Blackfoot Ida

RESIDENCE

Blackfoot Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY29  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY16  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive at 3:30 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J P Hamplin M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Blackfoot Ida

Filed

Aug 10 1920  
Dr. Thelma E. Patrice  
Registrar

Registrar

FEB 01 1989

419-203-006-419

## PLACE OF BIRTH

County of Buena VistaCity of BellevueNo. 7th South St.

Hospital .....

FULL NAME OF CHILD Rosa Flores MartinezSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—22m-2-17

Registration District No. 121File No. 81431Primary Registration District No. 2194Registered No. 232

Sex of Child <u>F</u>	Twin Triplet or other? <u>X</u>	and (Number in order of birth <u>X</u> )	Legiti- mate? <u>yes</u>	Date of Birth <u>July 3</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	---------------------------------------	--	-----------------------------	--

FULL NAME <u>Adolfo Martinez</u>	FATHER
RESIDENCE <u>Bellevue 7th South</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Mexico</u>	
OCCUPATION <u>laborer Beet field</u>	

FULL MAIDEN NAME <u>Rosa Martinez</u>	MOTHER
RESIDENCE <u>Bellevue 7th South</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Mexico</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Bellevue on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

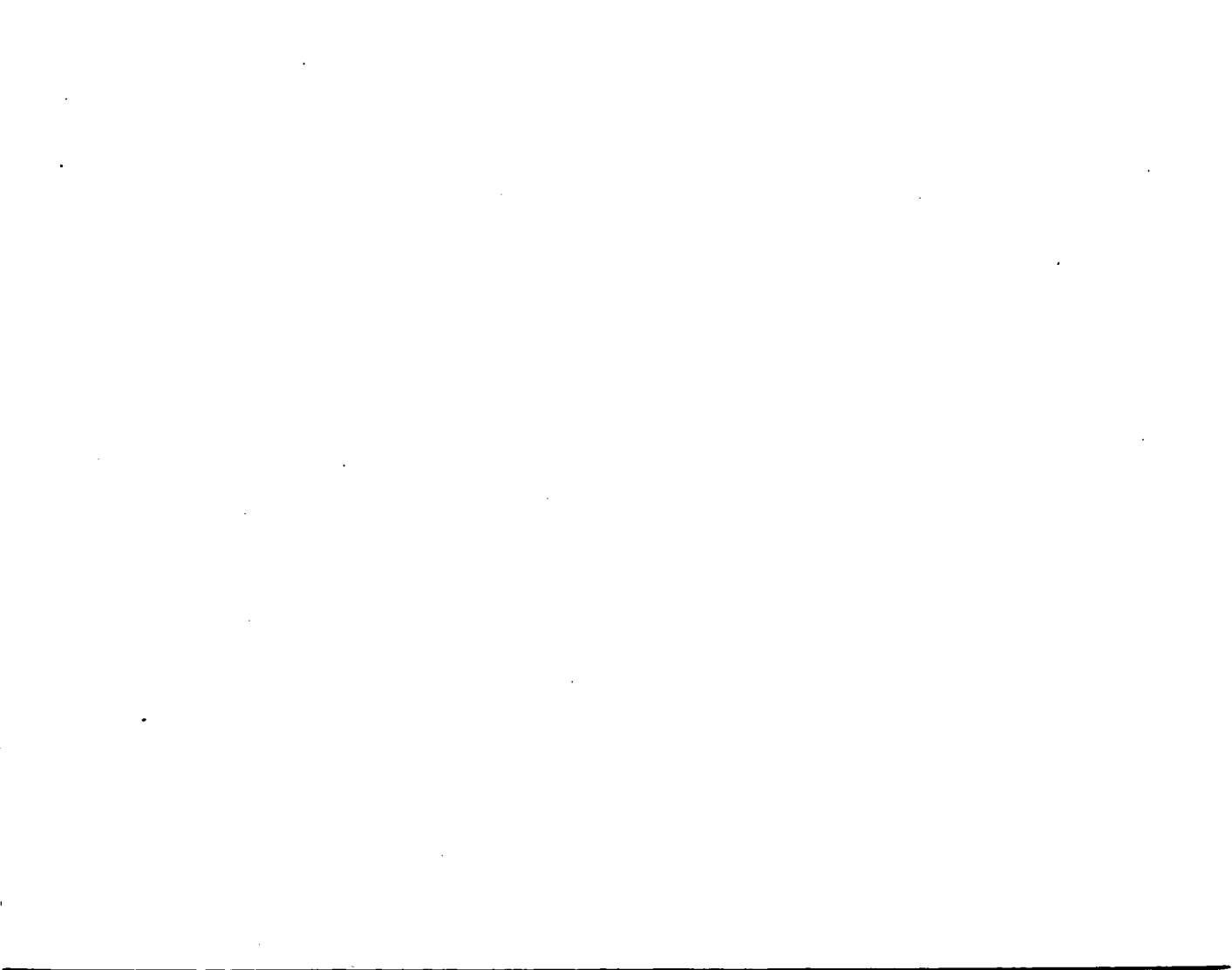
Address Blackfoot Idaho

.....19.....

Filed Aug 10 20 Mrs. Thaller E. Patria

Registrar

Registrar



419-106.006-713  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22, 2-3-17

County of Bench

City of Belfer

No. Quangadon

Registration District No. 121

File No. 81432

Primary Registration District No. 2194

Registered No. 239

Hospital .....

FULL NAME OF CHILD Margaret Martinez

Sex of Child <u>M</u>	Twin Triplet or other? <u>X</u> and (Number in order of birth) <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 6</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FATHER  
FULL NAME Margarito Martinez  
RESIDENCE Belfer - Quangadon  
COLOR W AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Mexico  
OCCUPATION Beer taton

MOTHER  
FULL MAIDEN NAME Medide Galaz  
RESIDENCE Belfer - Quangadon  
COLOR W AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Mexico  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

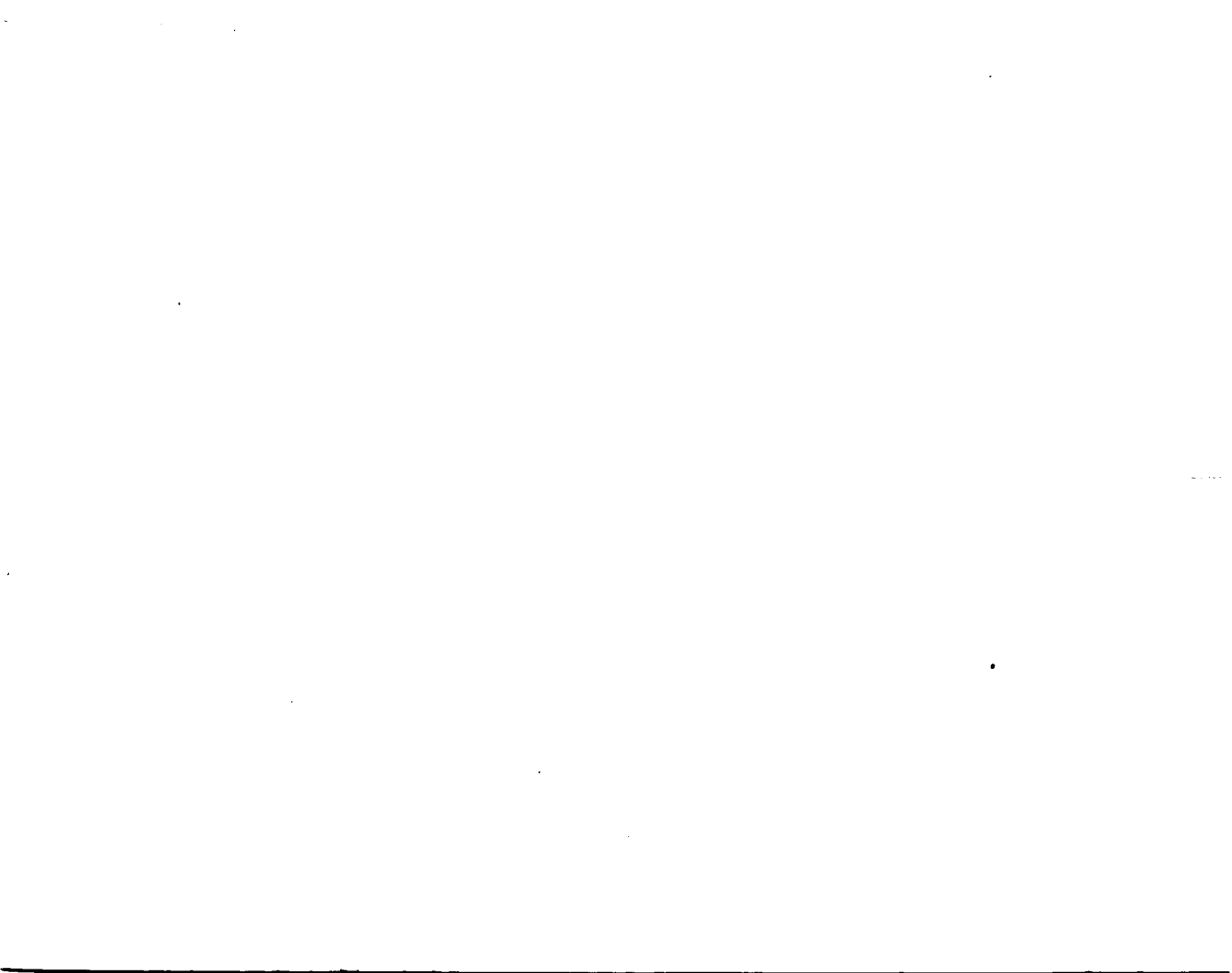
I hereby certify that I attended the birth of this child, who was Born alive at 7:30 P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho  
Filed Aug 19 20 Mr. Halen E. Patne  
Registrar



315-206-006-753

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-3-3-17

## CERTIFICATE OF BIRTH

County of BinghamCity of PringleRegistration District No. 121File No. 81433

No. .... St.

Primary Registration District No. 2194Registered No. 839Hospital IDA PAULINE LAVIOLETTEFULL NAME OF CHILD Pauline Laviolette

Sex of Child <u>M</u>	Twin <u>X</u> Triplet <u>X</u> or other? <u>X</u> and { Number in order of birth <u>X</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>July 6</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FATHER LAVIOLETTE  
FULL NAME Paul LavioletteMOTHER PETERSON  
FULL MAIDEN NAME Ida PetersonRESIDENCE Pringle IdaRESIDENCE PringleCOLOR W AGE AT LAST BIRTHDAY 20 (Years)COLOR W AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE Colo.BIRTHPLACE SwedenOCCUPATION farmerOCCUPATION housewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 945 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ida Peterson

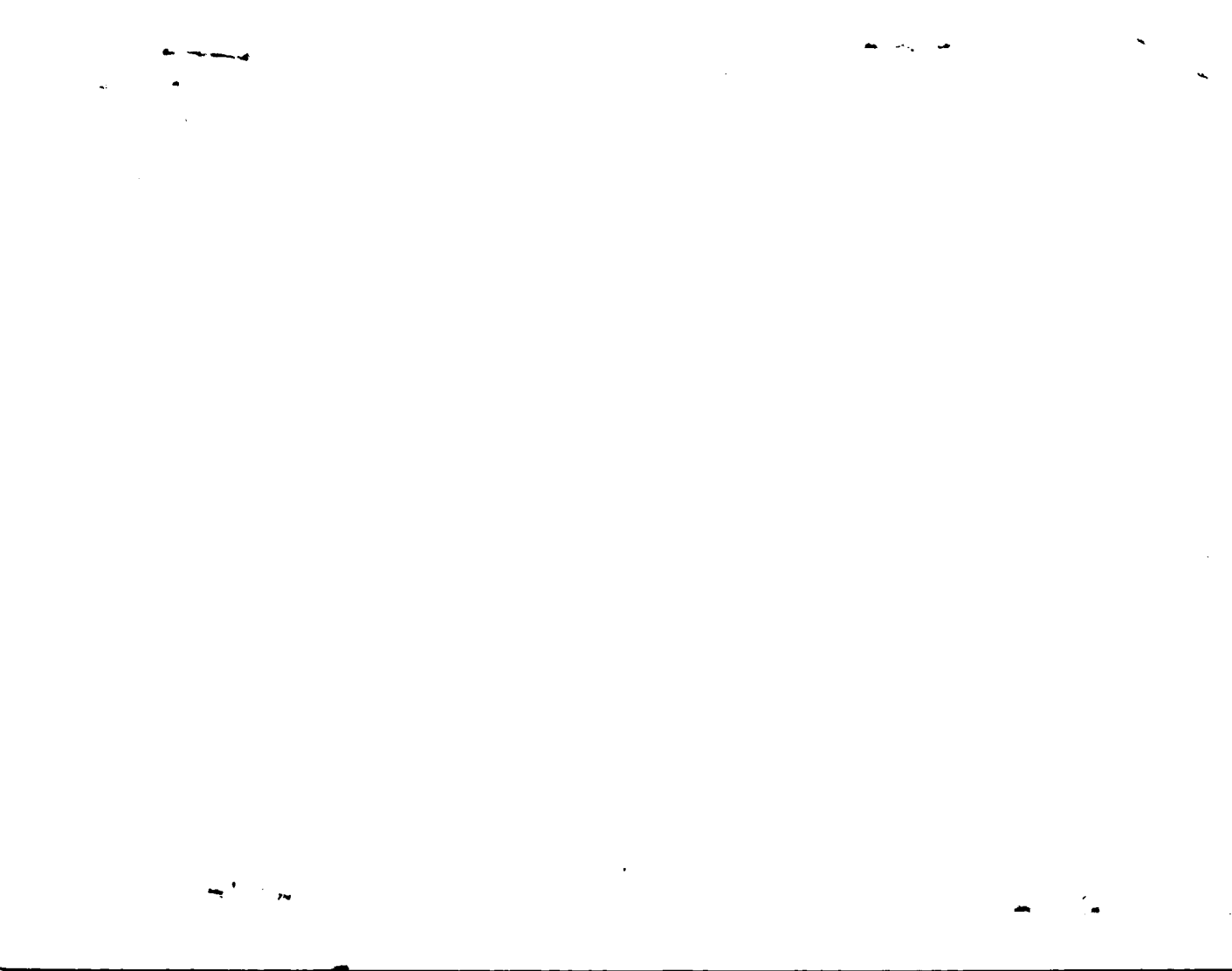
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, IdahoFiled Aug 19 20 Mr. Halim E. Patrie

Registrar

Registrar





NOV 4 1942

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss.  
 County of Shoshone }

Certificate No. 81483

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

(Birth or Death)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
 (Name on Original Certificate) (Was Born or Died) (Date of Event)  
 in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
 (Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b>		<b>FROM</b>	<b>TO</b>
("Name", "Birth Date", "Cause of Death", Etc.)		(As on Original)	(The Correct Facts)
<b>Surname</b>		<b>Lavolette</b>	<b>Lavolette</b>
<b>Name</b>		<b>Pauline</b>	<b>Ida Pauline'</b>

Subscribed and sworn to before me this 31st  
 day of October, 1942

Notary Public, residing at Wallace, Idaho

My commission expires Dec 23rd 1942  
 (Seal)

Signed Ida Mathers  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
 County of Shoshone }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st  
 day of October, 1942

Notary Public, residing at Wallace, Idaho

My commission expires Dec 23rd 1942  
 (Seal)

Signed John A. Rivers  
 (Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 9 1942

JUN 23 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-2281006-212  
 PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. &amp; No. 11-C—22m-3-3-17

County of BinghamCity of BelferNo. R F 3 St.Registration District No. 121File No. 81434Primary Registration District No. 8194Registered No. 230Hospital Richi SakamotoFULL NAME OF CHILD Richi Sakamoto

Sex of Child

FiTwin  
Triplet  
or other?Xand (Number  
in order  
of birthXLegiti-  
mate?YesDate of  
BirthJuly 26

(Month) (Day) (Year)

1920FULL  
NAMEKahachi Sakamoto

FATHER

FULL  
MAIDEN  
NAMERichi Sakamoto

MOTHER

RESIDENCE

Belfer R F 3

RESIDENCE

Belfer R F 3

COLOR

YellowAGE AT LAST  
BIRTHDAY49  
(Years)

COLOR

YellowAGE AT LAST  
BIRTHDAY45  
(Years)

BIRTHPLACE

Japan

BIRTHPLACE

Japan

OCCUPATION

Beer field worker

OCCUPATION

SameNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive  
on the date above stated.at 7 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or  
 midwife then the father, householder, etc., should  
 make this return. A stillborn child is one that  
 neither breathes nor shows other evidence of life  
 after birth.

(Signature)

J. J. Davis

(Physician or midwife)

Given names added from a supplemental report.

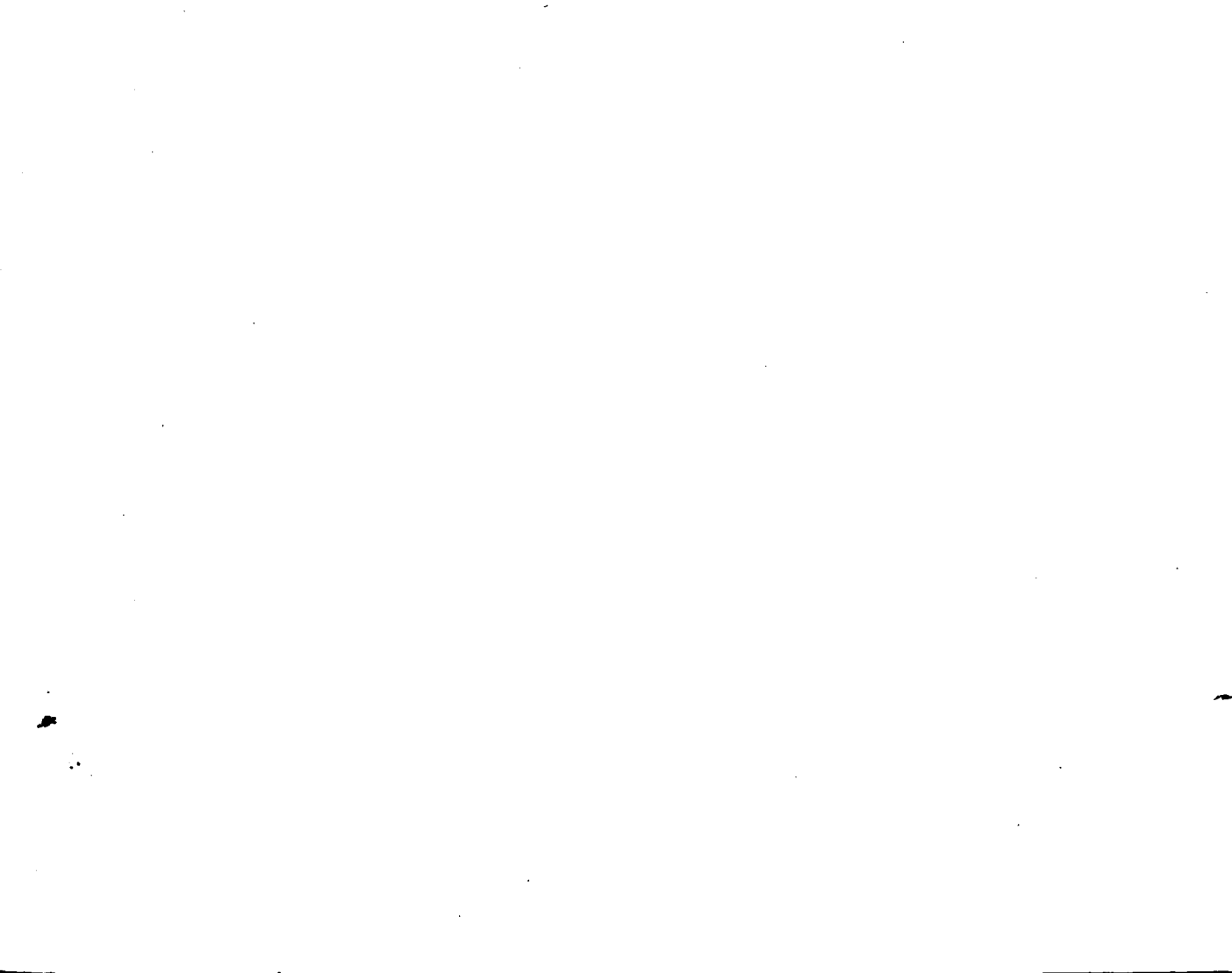
Address

Blackfoot, Idaho

Filed

Aug 10 1920  
Mr. H. E. Patrick  
 Registrar

Registrar



692-106.006-692

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BinghamCity of BlackfootNo. 266 Custer St.Registration District No. 121File No. 81435Hospital \_\_\_\_\_ Primary Registration District No. 1007 Registered No. 136FULL NAME OF CHILD Billie B. Beeyl Fisher

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 6 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>Howard Fisher</u>	FATHER
RESIDENCE <u>Blackfoot Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>North Carolina</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Maggie Fisher</u>	MOTHER
RESIDENCE <u>Blackfoot Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>North Carolina</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

\_\_\_\_\_ at 4.20 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. H. J. Simmons  
M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Blackfoot Idaho

Filed

Aug 10 1920 Mr. Thelma E. Patrie

Registrar

Registrar

CC 3/31/41 DJA

713-123-006-265  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BinghamCity of Blackfoot IdahoRegistration District No. 121File No. 81436

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2194 Registered No. 237

Hospital \_\_\_\_\_

FULL NAME OF CHILD Frederick Edward Patz Patz

Sex of Child

maleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthJuly 231920

(Month) (Day) (Year)

FULL  
NAMEFATHER Edward W. Patz Patz

RESIDENCE

Blackfoot Ida R-4

COLOR

white

AGE AT LAST

27

BIRTHDAY

(Years)

BIRTHPLACE

neb

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Emily Alice Bond

RESIDENCE

Blackfoot Ida R-4

COLOR

white

AGE AT LAST

26

BIRTHDAY

(Years)

BIRTHPLACE

California

OCCUPATION

House WifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 8 a.m.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. H. J. Simmons  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Blackfoot, Idaho

Filed

Aug 10 6 20 AM Maline E. Patrie  
Registrar

Registrar

Certified Copy issued Jan. 24, 1941. W.



195-126.006-663

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BinghamCity of BlackfootNo. 21 D. #4 St.Registration District No. 121File No. 81437

Hospital \_\_\_\_\_

Primary Registration District No. 2194 Registered No. 238

FULL NAME OF CHILD

Norbert ArvishSex of  
ChildmaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

} and {

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJune  
(Month)26  
(Day)1920  
(Year)FULL  
NAME

FATHER

Adam N. Arvish

RESIDENCE

Blackfoot R-4-

COLOR

WhiteAGE AT LAST  
BIRTHDAY28

(Years)

BIRTHPLACE

Nebraska

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Mabel Wallace

RESIDENCE

Blackfoot Idw R-4

COLOR

WhiteAGE AT LAST  
BIRTHDAY21

(Years)

BIRTHPLACE

Kansas

OCCUPATION

House WifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 12:30 A.M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. H. J. Simmons  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

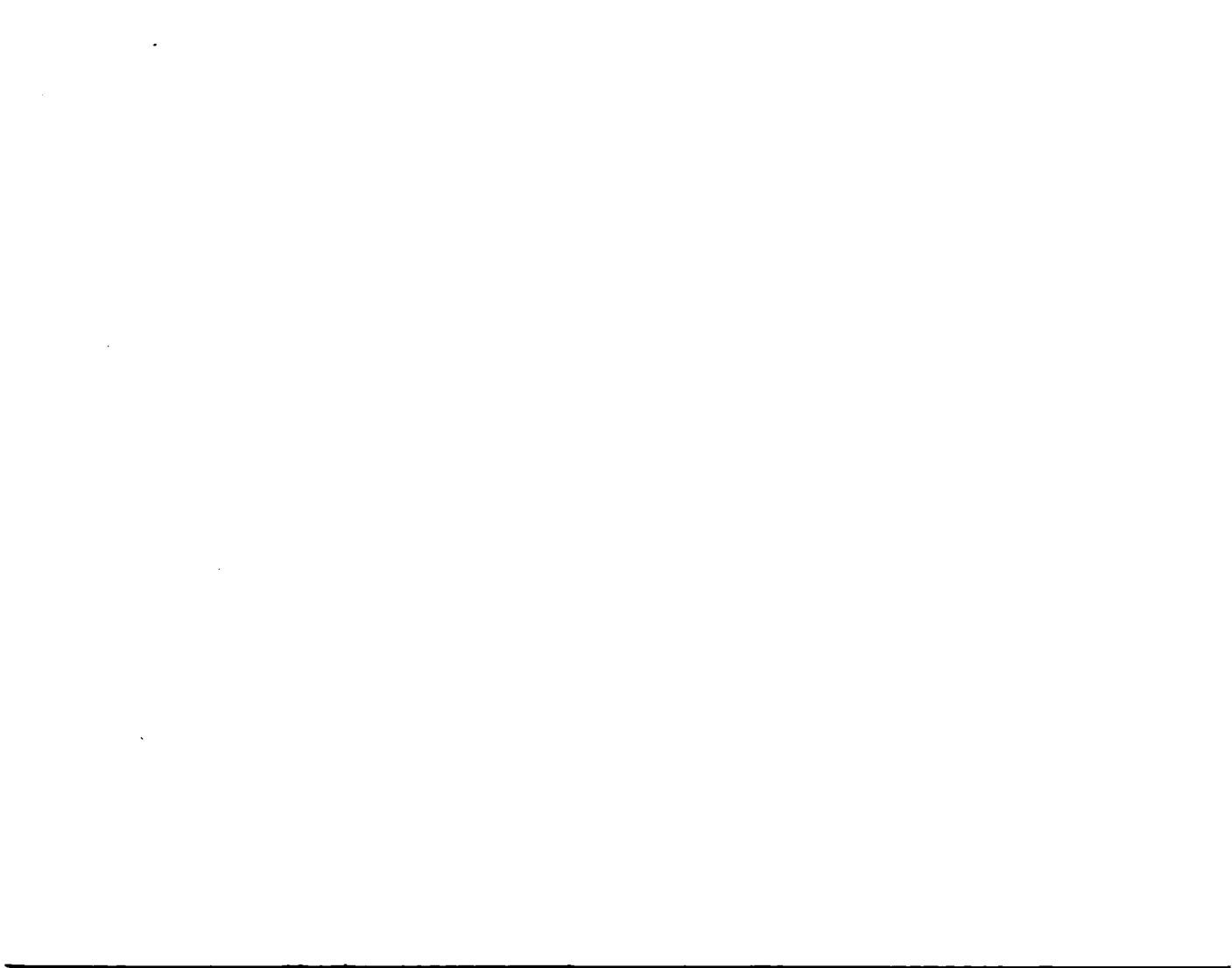
Blackfoot Idaho

Filed

Aug 10 1920 Wm. H. E. Petrie  
J

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

495-227006-717

PLACE OF BIRTH

County of Bingham  
City of Blackfoot Ida

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 121 File No. 81438  
No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2194 Registered No. 239

FULL NAME OF CHILD Neva Dietz

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 27</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-------	--------------------------------	----------------------------	--

FULL NAME FATHER Albert Dietz  
RESIDENCE Blackfoot Idaho  
COLOR White AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Manning Iowa  
OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Emma Payson  
RESIDENCE Blackfoot Idaho  
COLOR White AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Charter Oak Iowa  
OCCUPATION House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 4:30 a.m.  
on the date above stated. (Born alive or stillborn)

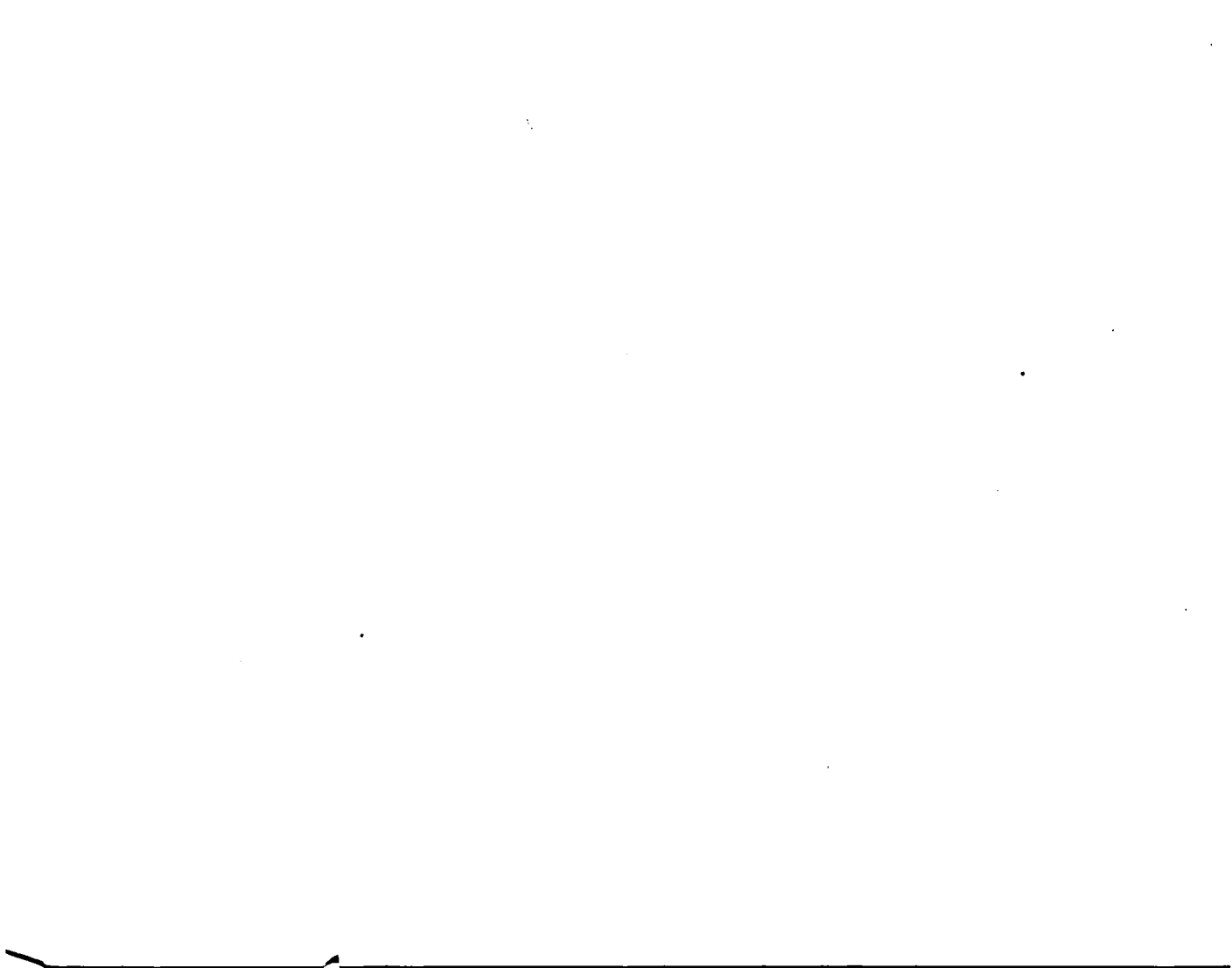
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. J. Simmons  
M.D.  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19\_\_\_\_

Address Blackfoot, Idaho.  
Filed Aug 10 6 20 Mrs. Helen E. Patrick  
Registrar

Registrar



612-127006-739

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BinghamCity of Blackfoot IdahoRegistration District No. 121

File No.

81439

No. \_\_\_\_\_ St.

Primary Registration District No. 2194 Registered No. 240

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Marshall H. WarrenSex of  
ChildMaleTwin  
Triplet  
or other?

{ and }

{ Number  
in order  
of birth }Legiti  
mate?yesDate of  
BirthJuly 27  
(Month) (Day)1920  
(Year)FULL  
NAMETheodore Warren

FATHER

RESIDENCE

Moreland Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEHoy Glimes

MOTHER

RESIDENCE

Moreland Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Utah

OCCUPATION

House wifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

9:20 P. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. H. J. Simmons  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Blackfoot, Idaho

Filed

Aug 10 1920 Dr. H. J. Simmons  
E. P. Pabst

Registrar

Registrar

SEP 8 1945

253-121-006-813  
PLACE OF BIRTHCounty of BinghamCity of Mareland

No. .... St.

Registration District No. ....

File No. .... 81440

Primary Registration District No. ....

Registered No. .... 241

Hospital .....

FULL NAME OF CHILD .....

Oscar Wilfred Belnap

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and { Number in order of birth <u>    </u> }	Legitimate? <u>yes</u>	Date of Birth <u>7 21 1910</u> (Month) (Day) (Year)
--------------------------	---	--	------------------------	--

FULL NAME <u>Oscar Belnap</u>	FATHER
RESIDENCE <u>Mareland</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Kooper Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Joel &amp; Blotch</u>	MOTHER
RESIDENCE <u>Mareland</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Reddyville Idaho</u>	
OCCUPATION	

Number of child of this mother, including present birth .... 10 Number of children of this mother now living, including present birth .... 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Alive ..... at ..... 5:40 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Mary A. Blotch

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Mareland Idaho

Filed .....

Aug 10 1920

Registrar

Registrar

AUG 23 1966





APR 26 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

815-1081006-296

PLACE OF BIRTH

County of Bingham

City of St. Hall

No. \_\_\_\_\_, St. \_\_\_\_\_

Registration District No. 121

Form V. S. No. 11-C-10m-3-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 81442

Hospital \_\_\_\_\_

Primary Registration District No. 2894

Registered No. 243

FULL NAME OF CHILD

Clint Rife Hansen

Sex of Child <u>Male</u>	Twin, Triplet or other? <u>—</u>	and { Number in order of birth <u>—</u> }	Legitimate? <u>yes</u>	Date of birth <u>July 8</u> 1920 (Month) (Day) (Year)
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FATHER  
FULL NAME Henry Joseph Hansen

MOTHER  
FULL MAIDEN NAME Emma Josephine Brown

RESIDENCE St. Hall Reservation

RESIDENCE St. Hall Reservation

COLOR white AGE AT LAST BIRTHDAY 33 (Years)

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE American Fork, Utah

BIRTHPLACE Alpine, Utah

OCCUPATION Farming

OCCUPATION Housewife

Number of child of this mother, including present birth. 4

Number of children, of this mother, now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1— a. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler  
Physician  
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Fort Hall, Idaho

Filed Aug 10 1920 Mr. Helen E. Patrick  
Registrar

STATE OF IDAHO  
COUNTY OF BLAINE

RETURN OF POLL

NOTICE

1900

DEALERS

DEALERS

RECORDS FOR DECEMBER 1900  
RECORDS FOR DECEMBER 1900  
RECORDS FOR DECEMBER 1900

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of Blaine  
City of Belleuve  
No. 349-20910074491 Sl

Registration District No. 21 File No. 81443  
Primary Registration District No. 2022 Registered No. 62

Hospital .....  
FULL NAME OF CHILD Dorothy Elizabeth Turnbull

Sex of Child Female Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth July 9 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME James Turnbull  
RESIDENCE Carey, Ida.  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Scotland  
OCCUPATION Stockman

MOTHER  
FULL MAIDEN NAME Dorothy B. Brager  
RESIDENCE Carey Idaho  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 2:12 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder  
Physician or midwife

Given names added from a supplemental report.

Address Carey Idaho  
Filed Aug-1 1920 Robert H. Wright  
Registrar Registrar



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- OF IDAHO

# BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Carey Registered No. 62  
 Street and House No. \_\_\_\_\_  
 County Blaine Registration Dist. No. 57

Sex of Child Female  
 Date of Birth 7 9 1912  
MONTH DAY YEAR  
 Father James Turnbull  
FULL NAME  
 Mother Dorothy B. Drager  
FULL MAIDEN NAME

**I Hereby Certify** that the child described herein  
 has been named:

Dorothy Elizabeth Turnbull  
GIVEN NAME IN FULL SURNAME  
 as reported by Dorothy D. Turnbull  
FATHER OR MOTHER  
R. H. Wright  
LOCAL REGISTRAR

JUN 12 1942

JUN 17 1950

JUN 15 1955



249101-007-514

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-O-25a-3-30

County of BlaineCity of Belemer

No. .... St.

Registration District No. .... 21

File No. .... 81444

Hospital .....

Primary Registration District No. .... 2022

Registered No. .... 63

FULL NAME OF CHILD ..... Lester Leran Russell

Sex of Child <u>Male</u>	Twin Triplet or other? <u>  </u> and { Number in order of birth <u>  </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>July 1</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER FULL NAME <u>W. B. Russell</u>	MOTHER FULL MAIDEN NAME <u>Alice Tamm</u>
RESIDENCE <u>Belemer, Ida.</u>	RESIDENCE <u>Belemer, Ida.</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Missouri</u>	BIRTHPLACE <u>Idaho.</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth ..... 1 Number of children of this mother now living, including present birth ..... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Born alive at 12 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Robert H. Wright M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address ..... Hailey, Ida.Filed ..... Aug 1, 20 Robert H. Wright

Registrar

Registrar

1970 / 1971

11

1970 / 1971

1970 / 1971

12

1970 / 1971

1970 / 1971

1970 / 1971

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Bellvue  
Street and House No. \_\_\_\_\_  
County Blaine

Registered No. 81440  
63Registration Dist. No. 57

Sex of Child

Male

Date of Birth

July 1 1920  
MONTH DAY YEAR

Father

W. B. Burrell  
FULL NAME

Mother

Alice Vann  
FULL MAIDEN NAMEI Hereby Certify that the child described herein  
has been named:Lester Levar Burrell

GIVEN NAME IN FULL

SURNAME

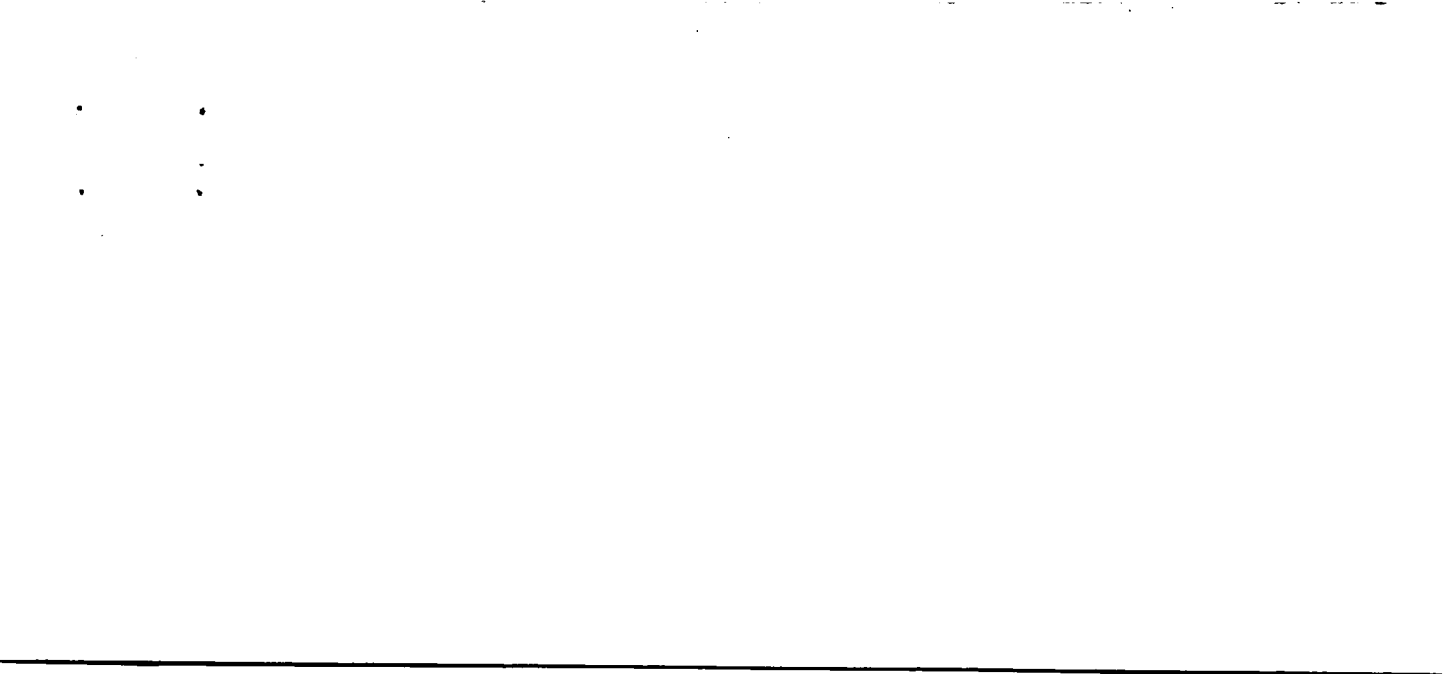
as reported by

Alice Burrell

FATHER OR MOTHER

R. H. Wright M.D.

LOCAL REGISTRAR



31910486021815

## PLACE OF BIRTH

County of BlaineCity of Ketchum

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-2nd-1909

## CERTIFICATE OF BIRTH

81445

Registration District No. .... 21

File No. ....

Primary Registration District No. .... 2022

Registered No. .... 64

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u>	and { Number in order of birth } <u>    </u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 4</u> 191 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>John Larson</u>	FATHER
RESIDENCE <u>Ketchum, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>Lumberman</u>	

FULL MAIDEN NAME <u>Minnie M. Van Fleet</u>	MOTHER
RESIDENCE <u>Ketchum, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Denver, Colo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. .... 3	Number of children of this mother now living, including present birth. .... 3
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Robert H. Wright - M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address .....

Hailey, Ida

Filed .....

Aug 2, 1920Robert H. Wright

Registrar

Registrar

JAN 3 1961

AUG 24 1961

386-109-007219

## PLACE OF BIRTH

County of BlaineCity of Gannett

No. .... St.

Hospital .....

## FULL NAME OF CHILD

Registration District No. .... 21

File No. .... 81446

Primary Registration District No. .... 2022

Registered No. .... 65

Hugh Ensign Thomas

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } <u>1</u>	Legitimacy <u>yes</u>	Date of Birth <u>July 9</u> 191 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Wm Ensign ThomasRESIDENCE Gannett, IdaCOLOR white AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE UtahOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Elizabeth L. BaileyRESIDENCE Gannett, IdaCOLOR white AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE UtahOCCUPATION Housewife

Number of child of this mother, including present birth ..... 1 Number of children of this mother now living, including present birth ..... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3:45 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

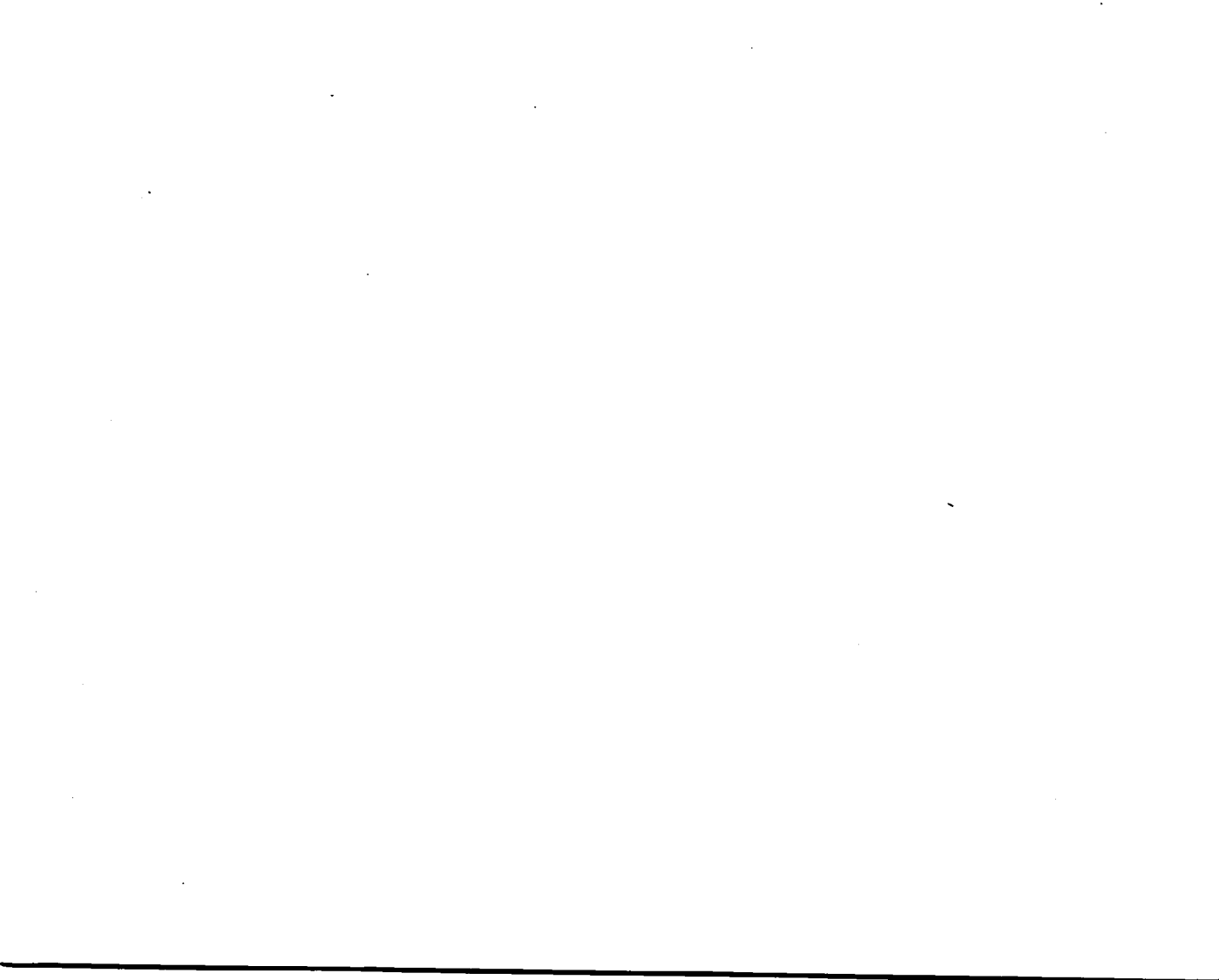
(Physician or midwife)

Given names added from a supplemental report.

Address Hailey, IdaFiled Aug-1-20

Registrar

Registrar





236111-007-844

PLACE OF BIRTH

County of Blaine

City of Beleeme

No. .... St.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-3-3-17

Registration District No. .... 21

File No. .... 81447

Primary Registration District No. .... 2022

Registered No. .... 66

Hospital .....

FULL NAME OF CHILD ..... William Gerald Storey

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (Number in order of birth) <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 11</u> 191 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Wm N. Storey</u>	FATHER	FULL MAIDEN NAME <u>Glessner M. Hudson</u>	MOTHER
RESIDENCE <u>Beleeme, Ida</u>		RESIDENCE <u>Beleeme, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Hailey, Ida</u>		BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... / ..... Number of children of this mother now living, including present birth ..... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at 7:20 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright - M. D.

Given names added from a supplemental report.

(Physician or midwife)

..... 19.....

Address Hailey, Ida

..... 19.....

Filed Aug 1 1920 Robert H. Wright

Registrar

Registrar

APF

1042

Amended 1-2-64  
469-229,007-466  
Federal Security Agency  
United States Public Health Service

(Be sure the information is complete and accurate)

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

State File No. **81448**  
Local Reg. No. **67**  
Reg. Dist. No. **21**

<b>1. PLACE OF BIRTH</b> a. COUNTY <b>Blaine</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hailey</b> c. FULL NAME OF HOSPITAL OR INSTITUTION		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Blaine</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hailey</b> d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b> (Type or print) a. (First) <b>Melva</b> b. (Middle) <b>Irene</b> c. (Last) <b>Morris</b>			
<b>4. SEX</b> <b>Female</b>	<b>5a. THIS BIRTH</b> SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	<b>5b. IF TWIN OR TRIPLET</b> (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<b>6. DATE OF BIRTH</b> (Month) (Day) (Year) <b>July 29, 1920</b>
<b>FATHER OF CHILD</b>			
<b>7. FULL NAME</b> a. (First) <b>Harry</b> b. (Middle) <b>G.</b> c. (Last) <b>Morris</b>		<b>8. COLOR OR RACE</b> <b>White</b>	
<b>9. AGE</b> (At time of this birth) <b>29</b> YEARS		<b>10. BIRTHPLACE</b> (State or foreign country) (City or town) <b>Omaha, Neb.</b>	<b>11a. USUAL OCCUPATION</b> <b>Brick Mason</b>
<b>11b. KIND OF BUSINESS OR INDUSTRY</b>			
<b>MOTHER OF CHILD</b>			
<b>12. FULL MAIDEN NAME</b> a. (First) <b>Violet</b> b. (Middle) <b>M.</b> c. (Last) <b>Moore</b>		<b>13. COLOR OR RACE</b> <b>White</b>	
<b>14. AGE</b> (At time of this birth) <b>18</b> YEARS		<b>15. BIRTHPLACE</b> (State or foreign country) (City or town) <b>Moore, Ida.</b>	
<b>16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER</b> (Do NOT include this child) a. How many OTHER children are now living? <b>0</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>			
<b>17. INFORMANT'S SIGNATURE OR NAME</b> (Relationship)			
<b>18a. SIGNATURE</b> <b>Robert H. Wright, M.D.</b>		<b>18b. ATTENDANT AT BIRTH</b> M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
<b>18c. ADDRESS</b>		<b>18d. DATE SIGNED</b>	
<b>19. DATE REC'D BY LOCAL REG.</b> <b>Aug. 1, 1920</b>		<b>20. REGISTRAR'S SIGNATURE</b> <b>Robert H. Wright</b>	
<b>21. DATE ON WHICH GIVEN NAME ADDED</b> BY (Registrar)			

**FOR MEDICAL AND HEALTH USE ONLY**  
(This section MUST be filled out)

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there is no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by any local ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \* \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....  
.....

(b) Labor: Complication.....

.....  
..... Induced?.....  
.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Nevada } ss. JAN 2 1964 Certificate No. 81148  
County of Lyon } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain ~~facts of Vital Statistics~~ <sup>Birth</sup> ~~of~~ <sup>(Birth or Death)</sup>  
for Unnamed Morris (female child) who was born on July 29, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Hailey, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name," "Birth Date," "Cause of Death," Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
Full Name of Child	<u>Unnamed</u>	<u>Melva Irene Morris</u>
Full Maiden Name of Mother	<u>Vert M. Moore</u>	<u>Violet M. Moore</u>

Subscribed and sworn to before me this 27th day of December, 19 63  
W. C. Jefferson  
Notary Public, residing at Yerington, Nevada  
My commission expires March 24, 1967  
(Seal)

Signed Violet M. Still (mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Mildred Lane - Yerington, Nevada  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Nevada } ss. [This Affidavit **MUST** Also be Executed.  
County of Clark } (See Chapter 139, 1937 Idaho Session Laws.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of December, 19 63  
Barth King  
Notary Public, residing at Las Vegas, Nevada  
My commission expires 1-17-67  
(Seal)

Signed Bette Branson  
(Signature of Any Credible Person)  
2701 Merrett Ave  
(Street Address, City, State)  
Las Vegas, Nev.

L.D.S. Church Cert. of Blessing, blessed Nov. 7, 1920 gives full name as Melva Irene Morris, born July 29, 1920 at Hailey, Idaho, daughter of Harry Garfield Morris and Violet Mary Moore - viewed by V.S.

L.D.S. Church Cert. of Baptism, baptized Aug. 5, 1928, gives full name as Melva Irene Morris, daughter of Harry Garfield Morris and Violet Mary Moore, born July 29, 1920 at Hailey, Idaho - viewed by V.S.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-126-007-696

PLACE OF BIRTH  
County of Blaine  
City of Gannett

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

Registration District No. 21 File No. 81449  
Primary Registration District No. 2022 Registered No. 68

No. .... St

Hospital .....

FULL NAME OF CHILD WARREN BRUCE WRIGHT

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (Number in order of birth) <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 26 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>David G. Wright</u> RESIDENCE <u>Gannett, Ida.</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>37</u> (Years) BIRTHPLACE <u>Utah</u> OCCUPATION <u>Farmer</u>		MOTHER FULL MAIDEN NAME <u>Nancy Frome</u> RESIDENCE <u>Gannett, Ida.</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>39</u> (Years) BIRTHPLACE <u>Sweden</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright-M.D.

Given names added from a supplemental report.

Address Hailey, Ida.

Filed Aug 1 1920 Robert H. Wright

Registrar

Registrar

JUN 12 1970



81441

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTHPlace  
of Birth

City

Garnett

Registered No.

68

Street and House No.

County

Blaine

Registration Dist. No.

57

Sex of Child

Male

Date of Birth

7 26

1912

MONTH

DAY

YEAR

Father

David G. Wright

FULL NAME

Mother

Nancy Trorne

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Warren Bruce Wright

GIVEN NAME IN FULL

SURNAME

as reported by

David G. Wright

FATHER OR MOTHER

Robert H. Wright

LOCAL REGISTRAR

NOV 16 1942

---

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 5-11-61  
PLACE OF BIRTH  
381-120-009-314  
County of **Bonner**

City of **Sandpoint**

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital **City Hospital**

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. **78** File No. **81450**

Primary Registration District No. **2155** Registered No. \_\_\_\_\_

FULL NAME OF CHILD **Raymond Benjamin Chamberlain**

(Certificate of no value without full name of child.)

Sex of Child <b>Male</b>	Twin Triplet or other? _____ } and { Number in order of birth _____	Legitimate? <b>Yes</b>	Date of birth <b>July 20, 1920</b> (Month) (Day) (Year)
(To be answered only in event of plural births)			

What bacterioidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth **5** Number of children of this mother now living, including present birth **5**

FULL NAME **FATHER**  
**Ed R. Chamberlain**

RESIDENCE **Samuels, Idaho**

COLOR **White** AGE AT LAST BIRTHDAY **31**  
(Years)

BIRTHPLACE **Stockton, Kan.**

OCCUPATION **Rancher**

FULL MAIDEN NAME **MOTHER**  
**Clara Lambert**

RESIDENCE **Samuels, Idaho**

COLOR **White** AGE AT LAST BIRTHDAY **28**  
(Years)

BIRTHPLACE **Stockton, Kan.**

OCCUPATION **Housewife**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was **Born Alive** at **10:30 P.M.**  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **Floyd G. Wendle**

**M.D.**  
(Physician or midwife)

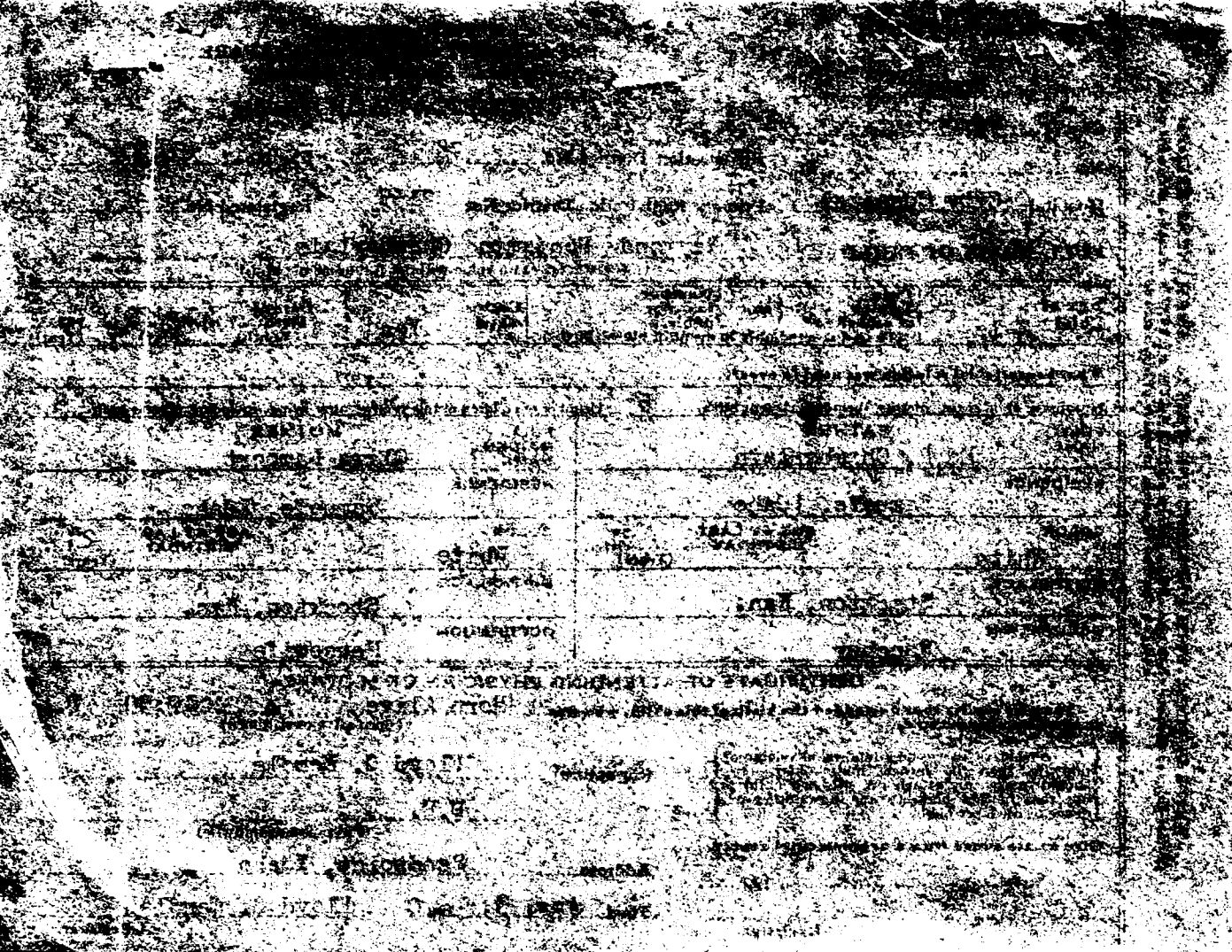
Give names added from a supplemental report.

Address **Sandpoint, Idaho**

Filed **Aug. 8, 1920** **Floyd G. Wendle**

Registrar.

Registrar.



..Social Security Card, April 24, 1939; #542-14-5237 gives full name as Raymond Benjamin Chamberlain - viewed by V.S.

Certified Copy of Own Child's Birth Certificate, State of Oregon, State File No. 9541, born Sept. 15, 1947 at Portland, Oregon gives full name of father as Raymond Benjamin Chamberlain, born at Sandpoint, Idaho - age-27. - copy issued Sept. 24, 1956 -

AFFADAVIT

aff. rec.  
May 1, 1961.

TO WHOM IT MAY CONCERN:

This is to certify that I, Edward R. Chamberlain, and I, Clara L. Chamberlain, are the parents of Raymond Chamberlain, born July 20, 1920 in Sandpoint, Idaho:

That shortly after the birth of our son Raymond, we gave him the additional name of Benjamin, after his maternal grandfather, Benjamin Lambert:

That Raymond Chamberlain, as per your birth record, and Raymond Benjamin Chamberlain, are one and the same person.

Edward R. Chamberlain

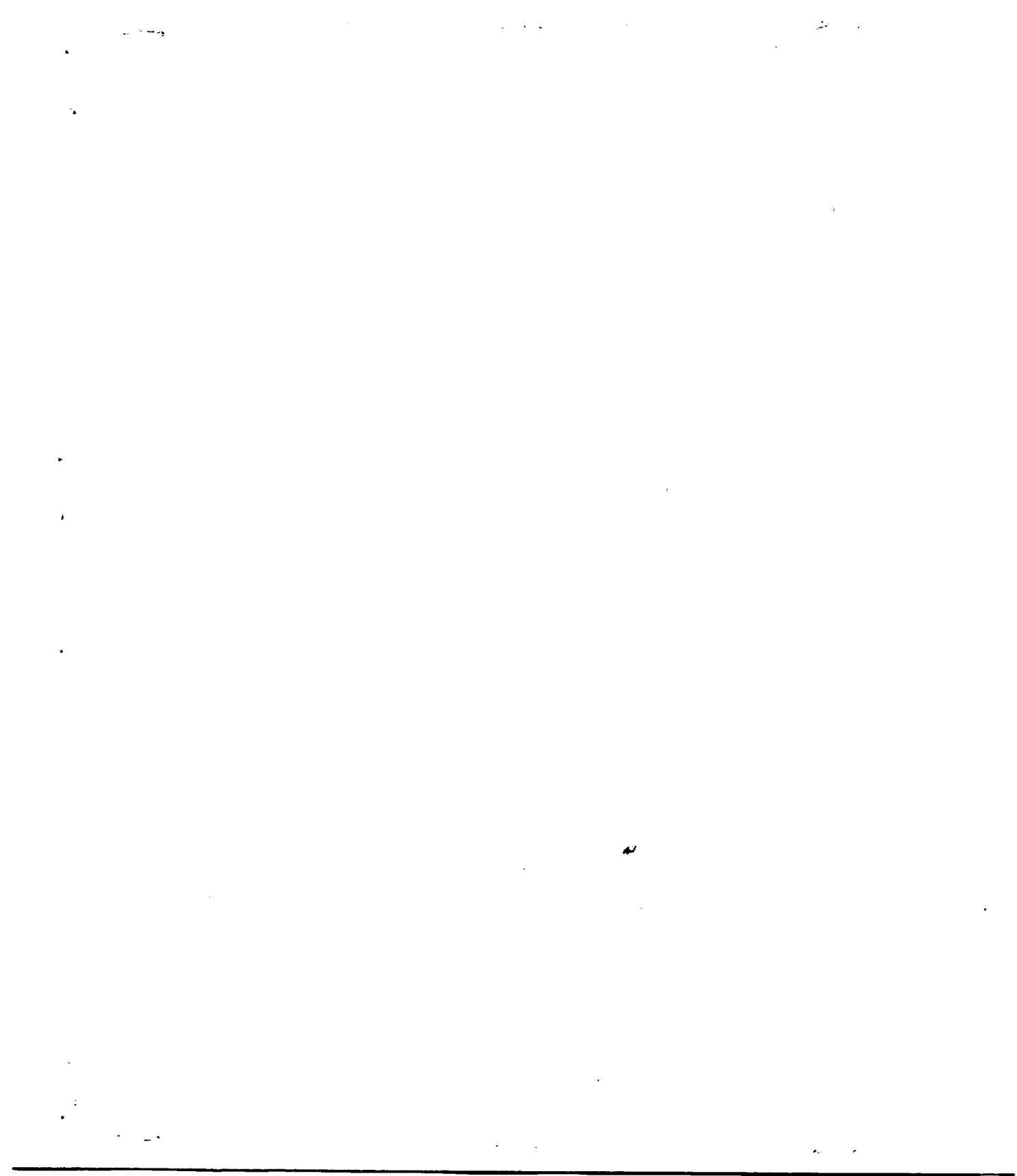
Clara L. Chamberlain

State of Oregon  
County of Jackson

Sworn and subscribed to before me this 14th day  
of April, 1961.

Thomas Short

Notary Public for Oregon  
My commission expires 6/2/64



168-191009-791  
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnerCity of SandpointNo. 321 S. Euclid St.Registration District No. 78File No. 81451

Hospital \_\_\_\_\_

Primary Registration District No. 2/55 Registered No. \_\_\_\_\_FULL NAME OF CHILD Wanda Lucile Johnson

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>July 19</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	----------------------------	--

FATHER  
FULL NAME Albe Egbert JohnsonRESIDENCE SandpointCOLOR white AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE \_\_\_\_\_

OCCUPATION Mich.OCCUPATION Seed. BusinessMOTHER  
FULL MAIDEN NAME Julia PiattRESIDENCE SandpointCOLOR white AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE \_\_\_\_\_

OCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Albe, at 4 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Stachaus

(Physician or midwife)

Given names added from a supplemental report.

Address SandpointFiled Aug 8 1920 **FLOYD G. WENDLE**

Registrar

Registrar

SEP 20 1944

OCT 25 1944



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-209-748  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form-V. S. No. 11-C-25m-7-21-19

County of Bonneville

City of Sandpoint

Registration District No. 38

File No. 81452

No. #23 Milton St.

Hospital \_\_\_\_\_ Primary Registration District No. 2133 Registered No. \_\_\_\_\_

FULL NAME OF CHILD Dorothy Agnes Krasovec

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>March 8</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	--------------------------------------	-------------------------	--

FULL NAME <u>John Krasovec</u>	FATHER
RESIDENCE <u>#23 Milton Sandpoint</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>45</u> (Years)
BIRTHPLACE <u>Austria</u>	
OCCUPATION <u>Cumulative</u>	

FULL MAIDEN NAME <u>Mary Puhek</u>	MOTHER
RESIDENCE <u>#23 Milton Sandpoint</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Mich.</u>	
OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

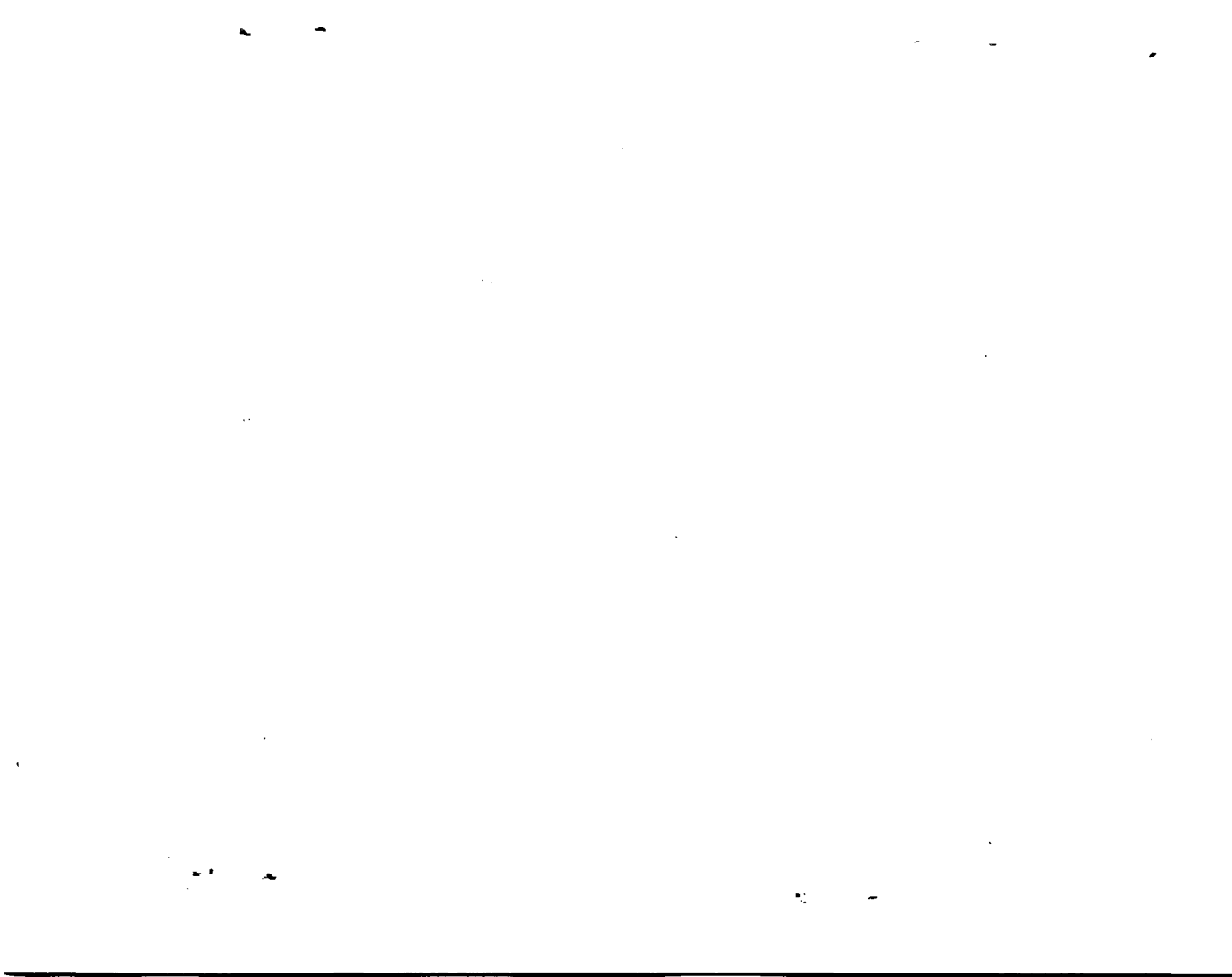
I hereby certify that I attended the birth of this child, who was alive, at 6:15 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. P. Staerchauer  
M.D.  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19 \_\_\_\_\_

Address Sandpoint  
Filed Aug 8 1920 FLOYD-G. WENDLE  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming } ss. FEB 4 1942 Certificate No. 81452

County of Sweetwater } Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth

for Dorothy Agnes Krasovec who was born on March 8, 1920

in Sandpoint, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts ~~are known~~ ~~are known~~ (PLACE OF EVENT) (GIVE DATE) are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

name of mother Mary Pehrek Mary Puhek

I, the undersigned, am the mother of the said Dorothy Agnes Krasovec,

and my maiden name was Mary Puhek.

Subscribed and sworn to before me this 2nd

day of February, 19 42 Signed Mrs Mary (Pehrek) Krasovec

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Rock Springs, Wyo. 916 Sixth St., Rock Springs, Wyo.

My commission expires July 5, 1943 (STREET ADDRESS, CITY, STATE)

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

County of Sweetwater }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd

day of February, 19 42 Signed Steve J. Ribovich

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Rock Springs, Wyo. 347 Gale St., Rock Springs, Wyo.

My commission expires July 5, 1943 (STREET ADDRESS, CITY, STATE)

(SEAL)

Received for filing on FEB 4 1942 By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)

FEB 14 1942

JUN 14 1974

819-104009-599

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnerCity of BlackfootRegistration District No. 78File No. 81453

No. \_\_\_\_\_ St.

Primary Registration District No. 2155 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Kenneth Marshall Hazelroth

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>April 4</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER Arthur C. HazelrothRESIDENCE Blackfoot, Ida.COLOR White AGE AT LAST BIRTHDAY 35 (Years)BIRTHPLACE Cameron WisconsinOCCUPATION FarmerFULL MAIDEN NAME MOTHER Marie E. EricksonRESIDENCE Clarks ForkCOLOR White AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE SwedenOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Kate Meade  
midwife  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Clarks Fork Idaho  
Filed Aug 8 1920 **FLOYD G. WENDLE**

Registrar

Registrar

HAZEL ROTH

Dup of 1920-271137

55-1-212-009-526

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form Y. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

81454

County of BonnerCity of Kootenai

Name added 3-24-81

Registration District No. 28

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2153

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Julia Louise EvansSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate? YesDate of Birth July 12 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Nels H. Evans

RESIDENCE

Kootenai, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY 49  
(Years)

BIRTHPLACE

Norway

OCCUPATION

Mill manFULL  
MAIDEN  
NAME

MOTHER

Bertha Ebone

RESIDENCE

Kootenai, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY 46  
(Years)

BIRTHPLACE

Norway

OCCUPATION

House wifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7:45 A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Sandpoint, Idaho.Filed Aug 8 19 20

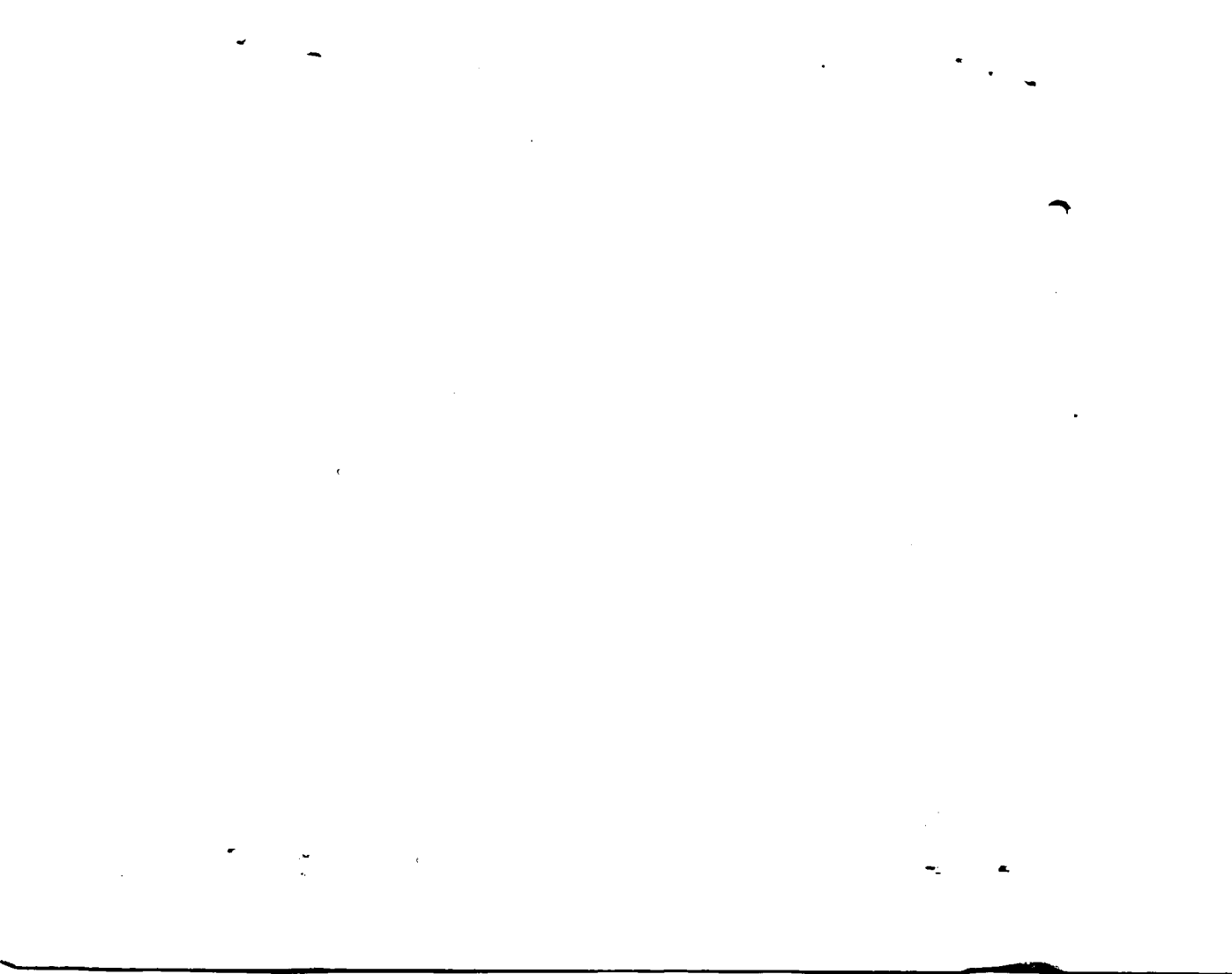
FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Calif  
County of Santa Clara } ss.Certificate No. 81454

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birthfor Unnamed Evans who was born on 7-12-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Kootenai (Bonner) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameUnnamedJulia Louise EvansSubscribed and sworn to before me this 7th day of  
March, 1981.Notary Public, [Signature]  
Residing at 4447 Bucknall Road, San Jose, Ca  
My commission expires 12-19-82

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State \_\_\_\_\_  
County of \_\_\_\_\_[Signature]  
Signature of Applicant  
861 Miller Ave. Cupertino, Ca.  
Street Address, City, State  
95014

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Supporting Signature

Street Address, City, State

Marriage License gives name as Julia Evans bride and Victor Roth, groom.  
married September 14, 1937. License issued by Bonner County, Idaho.  
Viewed by V.S..

Baptismal certificate gives name as Julie Louise Evans born July 12, 1920, to  
Nels Evans and baptized October 24, 1920, in First Lutheran Church, Sandpoint,  
Idaho H. J. Stolee, Pastor  
Viewed by V.S.

MAR 24 1981

Public School Diploma gives name as Julia Louise Evans. Issued by State  
Supt. of Public Instruction, J. W. Condie of Bonner County, Idaho.  
Graduated May 17, 1935 from Public School System.  
Viewed by V.S.

762-214-009-634  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnerCity of GraniteRegistration District No. 78 File No. 81455

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 21175 Registered No. \_\_\_\_\_FULL NAME OF CHILD Frances Hazel PostSex of Child female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? Yes Date of Birth June 14 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME FATHER Harry A. PostRESIDENCE Granite, IdahoCOLOR white AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE OregonOCCUPATION farmerFULL MAIDEN NAME MOTHER Margaret ElmsteadRESIDENCE Granite, IdahoCOLOR white AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE OregonOCCUPATION housewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:00 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Frank H. King  
Physician  
(Physician or midwife)Address Rotholm, IdahoFiled Aug 8 1920 FLOYD G. WENDLE

Registrar

Registrar

JUN 24 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

615-117-009-462  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Banner

City of Davos

Registration District No. 78

File No. 81456

No. \_\_\_\_\_ St.

Primary Registration District No. 2152 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Louis Edward Wanacak

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 17</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	---	----------------------------	---

FATHER  
FULL NAME Louis Wanacak  
RESIDENCE Kootenai, Idaho.  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Washington  
OCCUPATION Ry. Fireman

MOTHER  
FULL MAIDEN NAME Emma Dobroth  
RESIDENCE Kootenai, Idaho.  
COLOR White AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Wisconsin  
OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

19

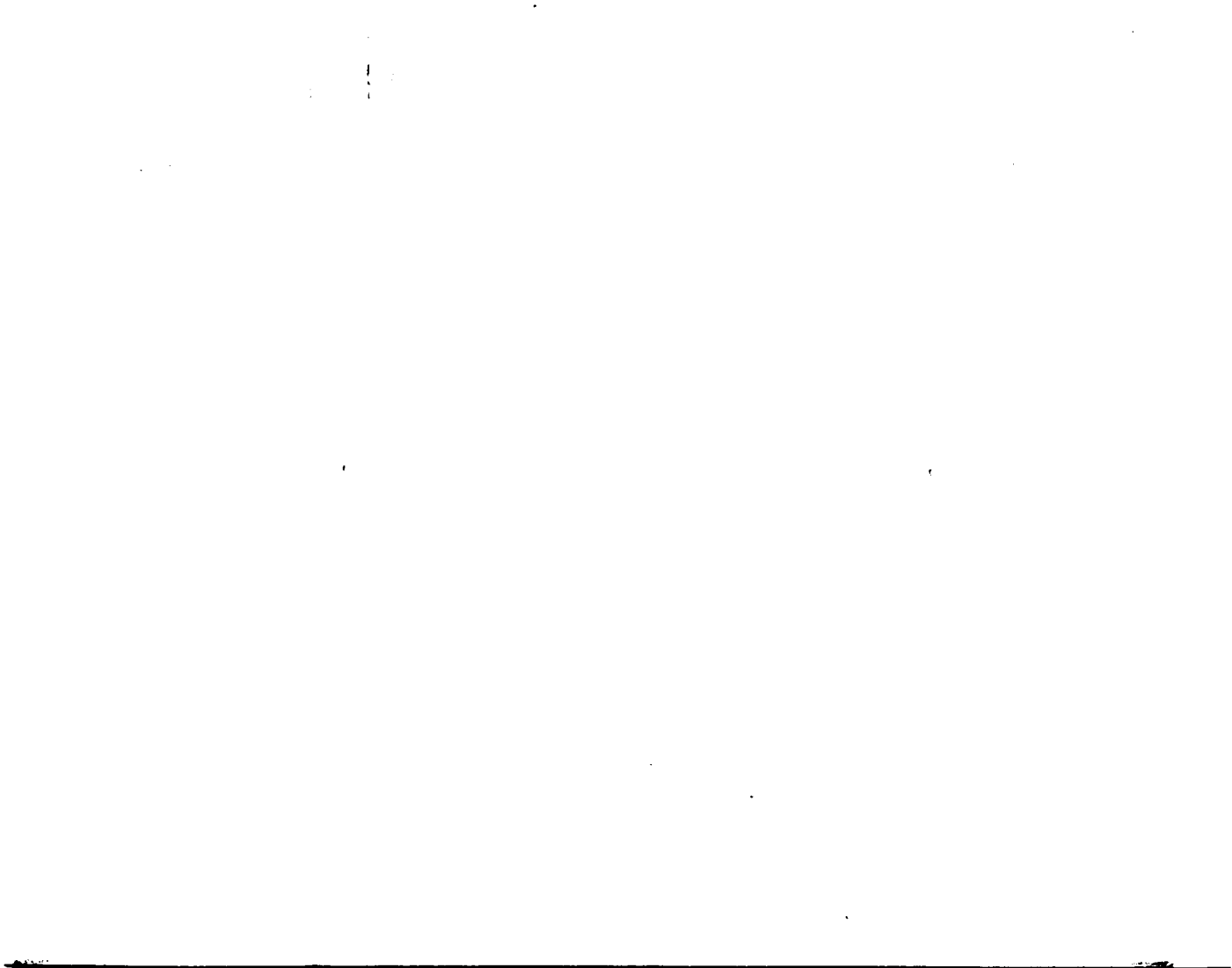
Address Sandpoint, Idaho.

Filed Aug 8 1920

FLOYD G. WENDLE

Registrar

Registrar



591-117,009-219  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

## CERTIFICATE OF BIRTH

County of BonnerCity of SandpointNo. 606 N 5 St.Registration District No. 78File No. 81457Primary Registration District No. 2155

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Eileen

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u> { and { Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>July 17 1920</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------	---

FATHER  
FULL NAME Harry EilerRESIDENCE SandpointCOLOR White AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE Kans.OCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Maud BartlettRESIDENCE SandpointCOLOR White AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE ArkansasOCCUPATION House WifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 12 95 A.M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson M.D.

(Physician or midwife)

Address Sandpoint IdahoFiled Aug 8 1920

FLOYD G. WENDLE





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

253-216-009-413

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint,

Registration District No. 7P

File No. 81458

No. \_\_\_\_\_ St.

Primary Registration District No. 2153-

Registered No. \_\_\_\_\_

Hospital City Hospital

FULL NAME OF CHILD

Billie Ann Sell

Sex of  
Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti  
mate? Yes

Date of  
Birth July 16 1920  
(Month) (Day) (Year)

FULL  
NAME William Sell

RESIDENCE  
Sandpoint, Idaho.

COLOR White AGE AT LAST  
BIRTHDAY 31  
(Years)

BIRTHPLACE  
Wisconsin

OCCUPATION  
Filer Mill

FULL  
MAIDEN  
NAME Ann Mathews

RESIDENCE  
Sandpoint, Idaho.

COLOR White AGE AT LAST  
BIRTHDAY 29  
(Years)

BIRTHPLACE  
Wisconsin

OCCUPATION  
House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 5:50 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho.

Filed Aug 8 1920

FLOYD G. WENDLE

Registrar

Registrar

OCT 9 1985

CC 31.141.1000

862-101-009246  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 81459

No. \_\_\_\_\_ St.

Primary Registration District No. 2157 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Donald Dean Hoss

Sex of Child <u>male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 1</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------	-------------------------	--

FATHER  
FULL NAME Raymond Herbert Hoss

RESIDENCE Sandpoint

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Oregon

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Daisy Smouse

RESIDENCE Sandpoint

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Wallentine  
\_\_\_\_\_  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint  
Filed Aug 8 1920 FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1480 2 2 1

JAN 31 1942

261-228-009-854  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of SandpointRegistration District No. 72File No. 81460

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 233

Registered No. \_\_\_\_\_

Hospital CITY HOSPITALFULL NAME OF CHILD Helen SwansonSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and } Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate? YesDate of Birth July 28 19 20  
(Month) (Day) (Year)FULL NAME FATHER  
Charles SwansonRESIDENCE  
Cocollala, IdahoCOLOR White AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE  
SwedenOCCUPATION  
FarmerFULL MAIDEN NAME MOTHER  
Christian HedlundRESIDENCE  
Cocollala, IdahoCOLOR White AGE AT LAST BIRTHDAY 42  
(Years)BIRTHPLACE  
SwedenOCCUPATION  
House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M.  
on the date above stated. (Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }(Signature) [Signature]

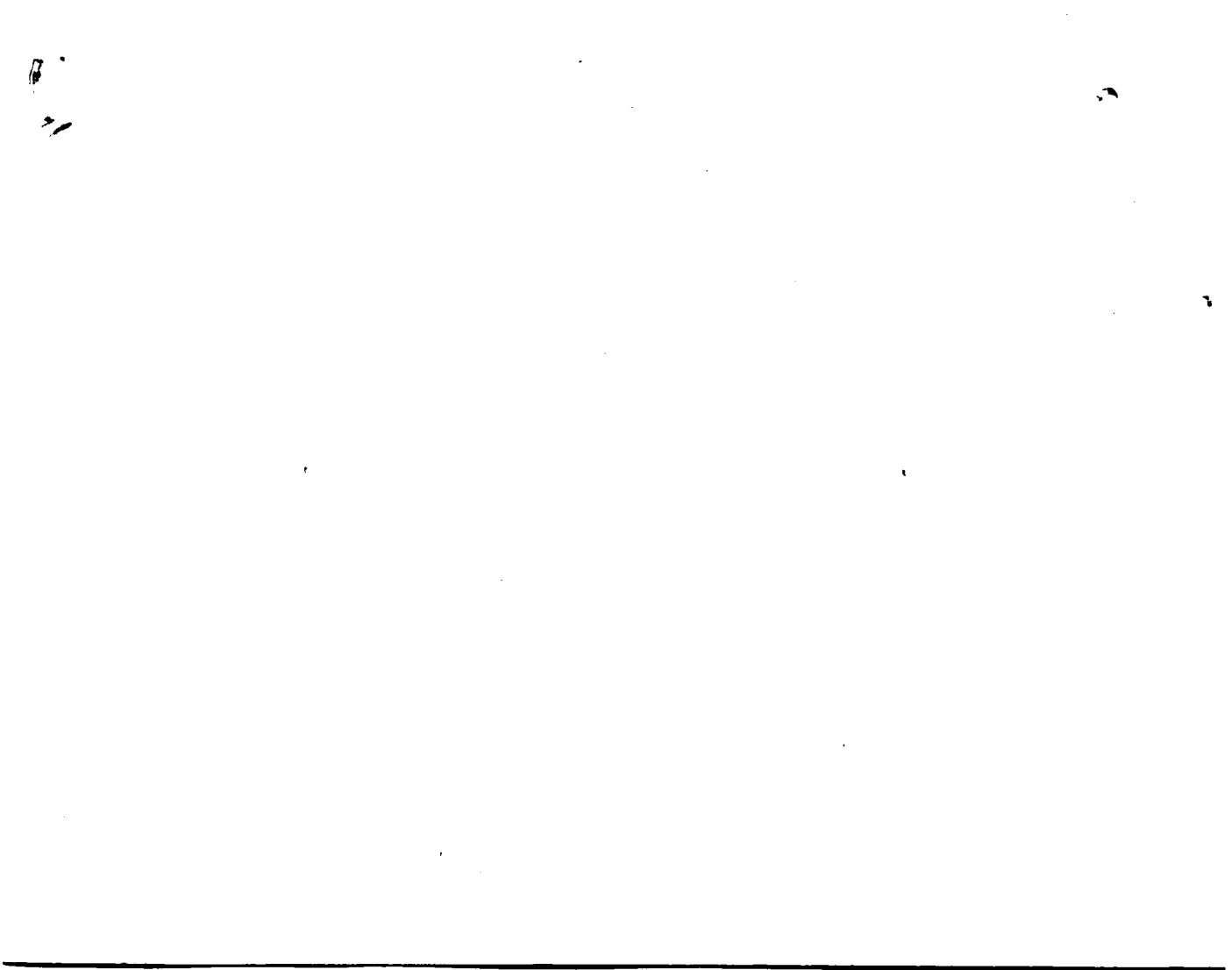
(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho.Filed Aug 5 19 20FLOYD G. WENDLE  
Registrar

Registrar



814-206- Amended 6-1-70

## PLACE OF BIRTH

009-512

County of Bonner

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

City of Sandpoint.

Registration District No. 78

File No.

81461

No. St.

Primary Registration District No. 2133

Registered No.

Hospital

Hazel J. Haugness

FULL NAME OF CHILD

Sex of Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate? YesDate of  
Birth

August 6

1920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Antor Haugnes

RESIDENCE

Kootenai, Idaho

COLOR

White

AGE AT LAST

BIRTHDAY

42

(Years)

BIRTHPLACE

Norway

OCCUPATION

Sec. Foreman. Railroad

FULL  
MAIDEN  
NAME

MOTHER

Christine Vasli

RESIDENCE

Kootenai, Idaho.

COLOR

White

AGE AT LAST

BIRTHDAY

39

(Years)

BIRTHPLACE

Norway

OCCUPATION

House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho.

Filed

Aug 8

1920

FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JUN 2 1970



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 81461  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
for Unnamed Haugness who was born on August 6, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Sandpoint, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child	Unnamed	Hazel Josephine Haugness
Father's Name	Antone Haugness	Anton Haugness
Mother's Name	Christine Vesle	Christine Vasli

Subscribed and sworn to before me this 1st day of \_\_\_\_\_, 1970

Signed H. Haugness  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_  
My commission expires 5-20-74  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

Family Book, obviously old gives name as Hazel Haugness born Aug, 6, 1920  
in Sandpoint, Idaho. Lists parents names as Christine Vasli married to Anton S.  
Viewed by V.S. Haugness.

Sandpoint High School Diploma gives name as Hazel J. Haugness. Diploma  
issued May 27, 1938.  
Viewed by V.S.

Another child born to these parents, Dagmar Marie Haugness born June 9, 1924  
Certificate # 122656 lists the parents names as Anton Haugness and  
Christine Vasli.  
Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each ✓  
and the number of each, in order of birth stated.

955-2271009 253

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonneville

City of Sandpoint

Registration District No. 78

File No. 81462

No. \_\_\_\_\_ St.

Hospital City Hospital

Primary Registration District No. 2158

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Dorothy Reece

Sex of Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti  
mate? yes

Date of Birth June 27 1920  
(Month) (Day) (Year)

FULL  
NAME

Shifford Aaron Reece

RESIDENCE

824 Oak

COLOR

white

AGE AT LAST  
BIRTHDAY

24  
(Years)

BIRTHPLACE

Minnesota

OCCUPATION

Electric Motorman

FULL  
MAIDEN  
NAME

Nell Keller

RESIDENCE

824 Oak Sandpoint

COLOR

white

AGE AT LAST  
BIRTHDAY

23  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 2:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Stackhouse  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint  
Filed Aug 8 1920 FLOYD G. WENDLE  
Registrar

MAY 1 1945

JUN 1 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

199-110-009-599  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Banner

City of Hope

Registration District No. 78

File No. 81463

No. \_\_\_\_\_ St.

Primary Registration District No. 2133 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Harry Jr. Wriesbach

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____ }	Legiti mate? <u>yes.</u>	Date of Birth <u>July 10 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Harry Wriesbach  
RESIDENCE Hope, Ida.  
COLOR white  
AGE AT LAST BIRTHDAY 33  
(Years)  
BIRTHPLACE Pa.  
OCCUPATION Butcher

MOTHER  
FULL MAIDEN NAME Ella Victoria Erickson  
RESIDENCE Hope  
COLOR white  
AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Mich.  
OCCUPATION It wif

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alice, at 1 a m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

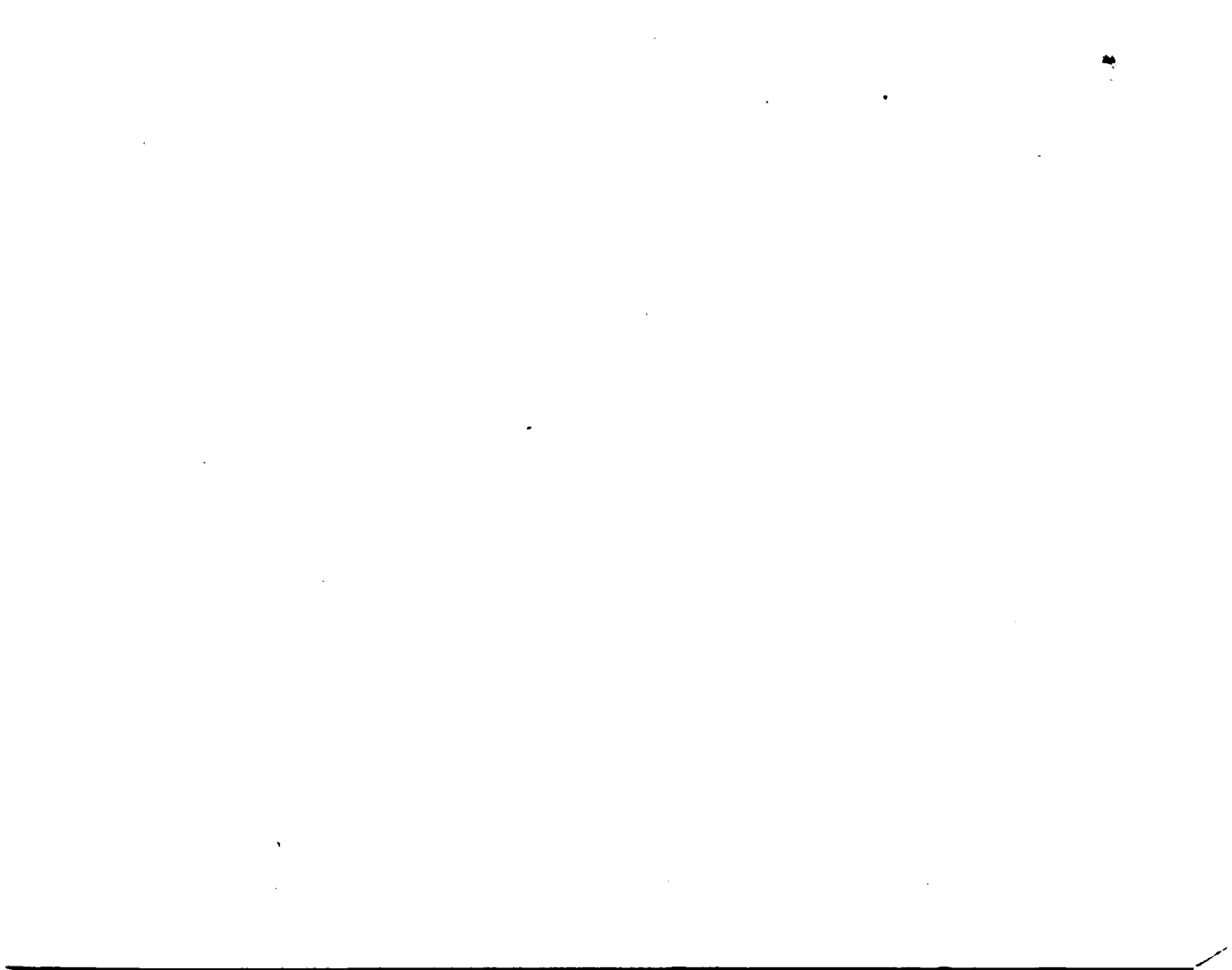
(Signature) G. P. Stackhouse  
M. D.  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_  
19. \_\_\_\_\_

Address Sauvignier  
Filed Aug 8 1920

Registrar

FLOYD G. WENDLE  
Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

695-225-009-249  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonneville

City of Sandpoint

Registration District No. 7P

File No.

**81464**

No. \_\_\_\_\_ St.

Primary Registration District No. 2/15

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ruth Elizabeth Finney

Sex of Child

Female

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

Legiti  
mate?

yes

Date of Birth

June 25

(Month) (Day)

1920  
(Year)

FULL NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 10:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. P. Stachowicz

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint

Filed

Aug 8 1920

**FLOYD G. WENDLE**

Registrar

Registrar

OCT 15 1941

MAR 29 1967



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-122.009-635  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Banner

City of Sandpoint

No. Salce St.

Hospital —

Registration District No. 70

File No. 81465

Primary Registration District No. 2155

Registered No. —

FULL NAME OF CHILD

Harter

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	and	Number in order of birth of birth <u>—</u>	Legit mate? <u>yes</u>	Date of Birth <u>Feb 22 1920</u> (Month) (Day) (Year)
--------------------------	--	-----	--	------------------------	--

FATHER  
FULL NAME Peter N. Harter  
RESIDENCE Sandpoint  
COLOR white AGE AT LAST BIRTHDAY — (Years)  
BIRTHPLACE —  
OCCUPATION Sumnerman

MOTHER  
FULL MAIDEN NAME Clara O'Leary  
RESIDENCE Sandpoint  
COLOR white AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE —  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 12:15 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

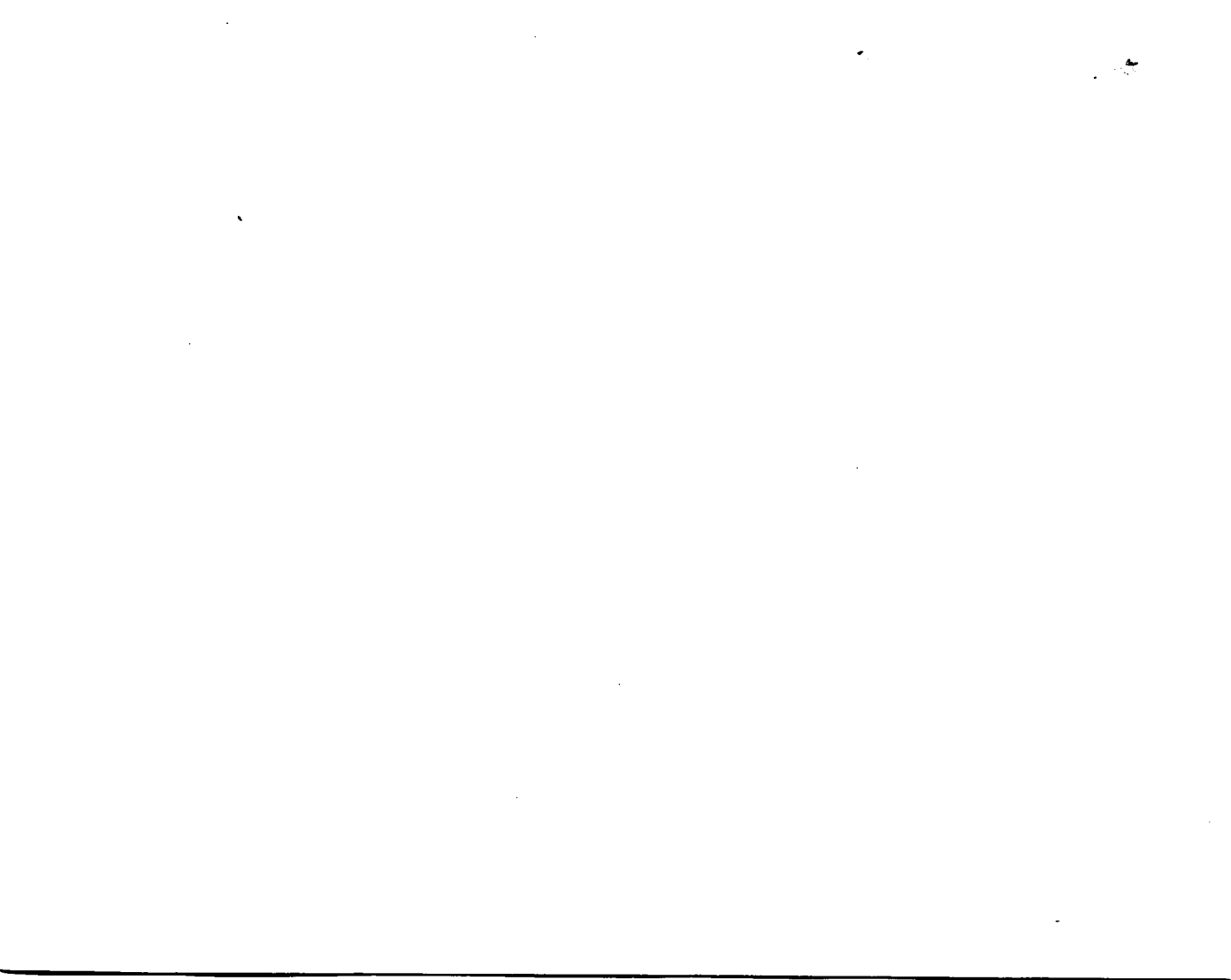
Address Sandpoint

Filed Aug 8 1920

FLOYD G. WENDLE

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-1121009-751  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81466

County of Bonner

City of Sandpoint

No. 310 Shureh St.

Registration District No. 7D

File No. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2154

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Orvil Cromwell Gilmore

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 12</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	-------------------------------	---

FULL NAME Oliver S. Gilmore FATHER  
RESIDENCE Bonner Ferry, Ida.  
COLOR white AGE AT LAST BIRTHDAY 44 (Years)  
BIRTHPLACE Pa.  
OCCUPATION Bridge foreman

FULL MAIDEN NAME Fannie E. Peabody MOTHER  
RESIDENCE Bonner Ferry - Ida.  
COLOR white AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Arizona  
OCCUPATION Wif

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alone, at 4 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Brackhouse  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint

Filed Aug 7 1920

FLOYD G. WENDLE

Registrar

Registrar

APR 19 1943

242-107009-454

PLACE OF BIRTH  
Amended 12-10-07 nsCounty of BonnerCity of SandpointNo. 710 Elee St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 7DFile No. 81467Primary Registration District No. 2159

Registered No. \_\_\_\_\_

Louise BusheSex of Female  
Child MaleTwin  
Triplet  
or other?and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?yesDate of  
BirthJune 7  
(Month) (Day)1920  
(Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Alma, at 9 A. M.  
(Born alive or stillborn)

(Signature)

B. P. Stackhouse  
MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint

Filed

Aug 8 1920FLOYD G. WENDLE

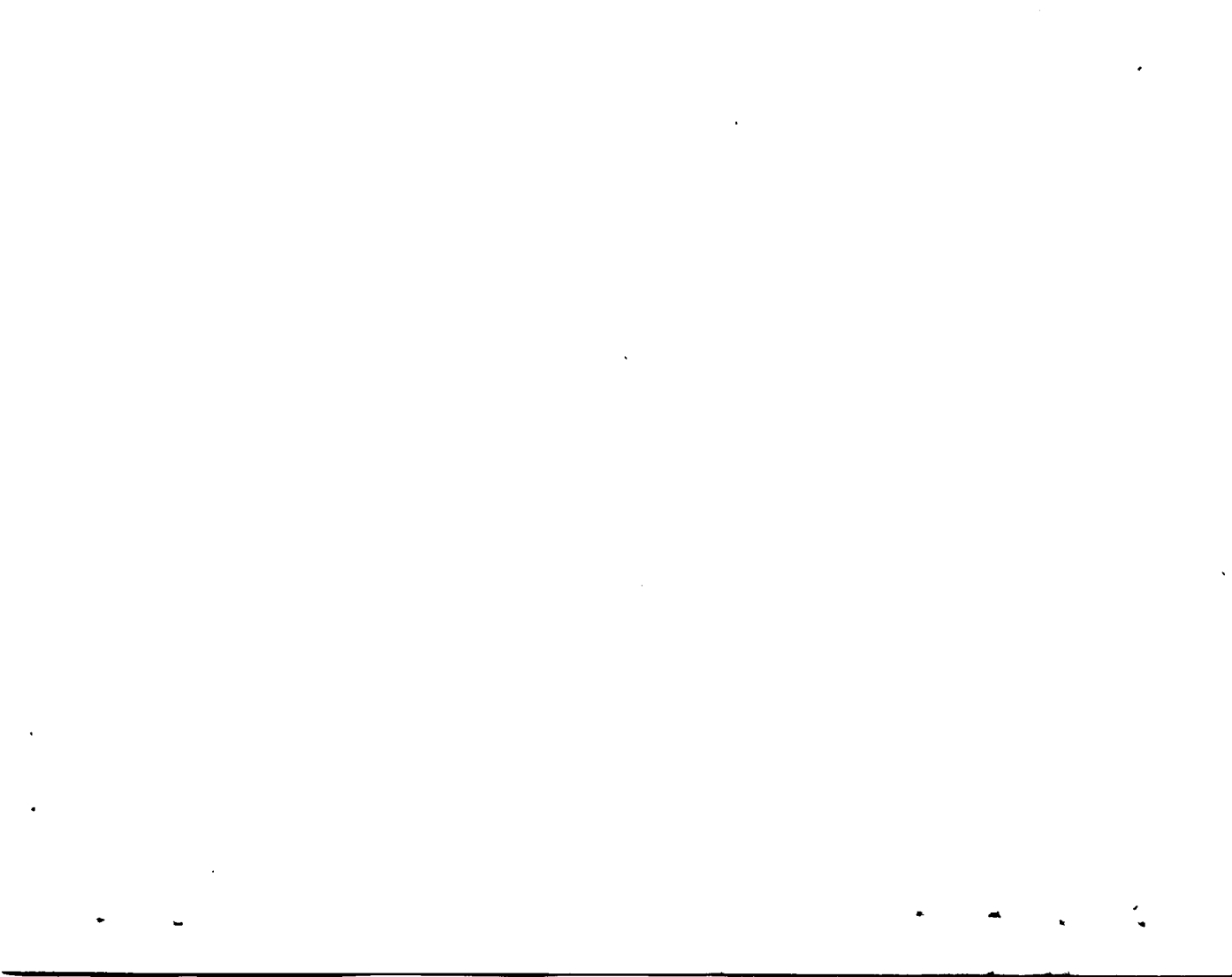
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

K



RECEIVED  
DEC 5 2007

RECEIVED  
DEC 5 2007

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho }  
County of Idaho } SS

Certificate No. 20-81467  
Date Filed August 8, 1920

The undersigned does solemnly swear that certain facts on the certificate of

for Louise Bushe who was born on June 7, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Sandpoint (Bonner Co.)  
(Place of Event)  
are erroneous or were omitted.

birth  
(Birth, Death, Marriage, etc.)

ITEMS TO BE CORRECTED

FROM

TO

Sex of Child	Male	Female

Subscribed and sworn to before me this

30th day of NOV. 2007

Notary Public,

Kelly Rae Johnson

Residing at

Idaho County

My commission expires

7-24-2012

(Seal)

KELLY RAE JOHNSON  
NOTARY PUBLIC  
STATE OF IDAHO

Louise E. Bushe Davis  
Signature of Applicant

P.O. Box 111, Nezperce, ID 83543  
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS

(Must be completed ☐ )

(Is not necessary ☒ )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, \_\_\_\_\_

Signature of Applicant

Residing at \_\_\_\_\_

Street Address, City, State and Zip

My commission expires  
(Seal)

NEWSPAPER CLIPPING FROM 01-24-22 STATING MRS JOHN BUSHE DIED THURS MORNING AT SAWYER  
FROM TUBERCULAR TROUBLE. LISTING SUVIVORS AS ONE DAUGHTER 3 YRS OLD, HER HUSBAND, PARENTS,  
3 SISTERS AND 7 BROTHERS. VIEWED BY VS

CENSUS 1930 FOR BONNER CTY SHOWING FAMILY OF CHARLES WENDT -DAUGHTER LOUISE (ADOPTED)  
AGE 9 DATED 04-19-30 VIEWED BY VS

ID MC FOR GUY GLEN RAYNOR AND OUISE WENDT MARRIED 07-05-40 IN BONNERS FERRY  
BOUNDARY CO VIEWED BY VS



764-223-009-231  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of KootenaiRegistration District No. 7DFile No. 81468

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2155

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Gertrude Elizabeth Goulette

Sex of Child

FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthMay 23  
(Month) (Day)1920  
(Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY41  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Alma  
(Born alive or stillborn)at 5:15 A. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

G. P. Stackhouse  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Sandpoint

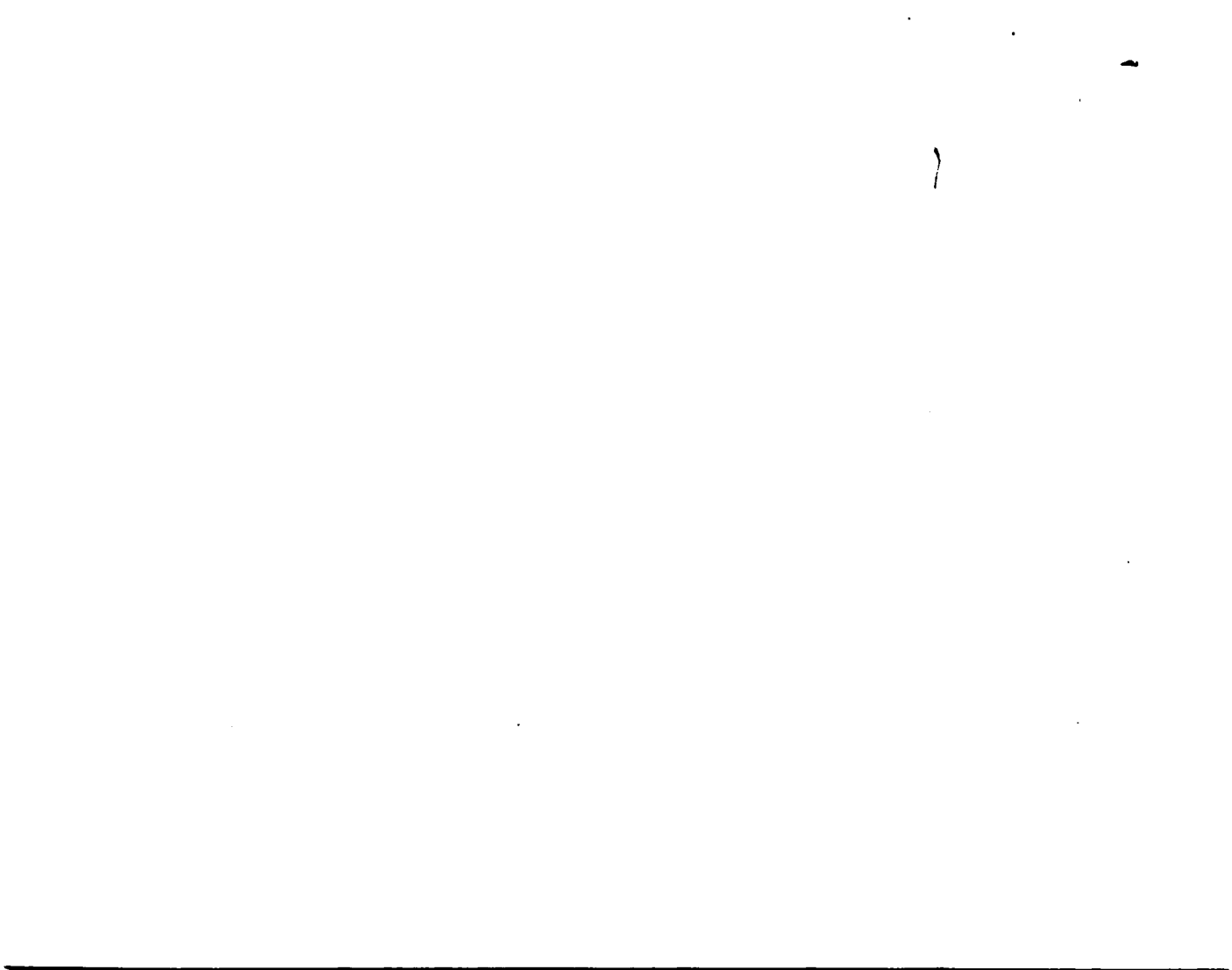
Filed

Aug 8 1920

FLOYD G. WENDLE

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

214-220-009-613

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 79 St.

Registration District No. 79

File No. 81469

Hospital —

Primary Registration District No. 2153 Registered No. —

FULL NAME OF CHILD Dorothy Mahile Sammons

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u>	and	Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 20</u>	<u>1920</u>
					(Month) (Day) (Year)	

FULL NAME Vern Sammons  
FATHER  
RESIDENCE Sandpoint  
COLOR white AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Pa.  
OCCUPATION Farmer

FULL MAIDEN NAME Harriet E. Walters  
MOTHER  
RESIDENCE Sandpoint  
COLOR white AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Birmingham England  
OCCUPATION Wf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint

Filed Aug 8 1920

FLOYD G. WENDLE

Registrar

Registrar

12

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

468-108-009-381  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of Sangre de CristoRegistration District No. 78File No. 81470

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital City HospitalPrimary Registration District No. 2/55

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

JAMES WILLIAM Doyle

Sex of Child

MaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthMay 8

(Month) (Day)

(Year) 1920FULL  
NAMEDaniel Doyle

FATHER

RESIDENCE

Samuels - Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

WoodmanFULL  
MAIDEN  
NAMEGetrude Rella Chapman

MOTHER

RESIDENCE

Samuels Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Moscow - Ida.

OCCUPATION

WifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 7:10 P.M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

C. P. Sta house

(Physician / ife)

Given names added from a supplemental report.

19

Address

Sangre de Cristo

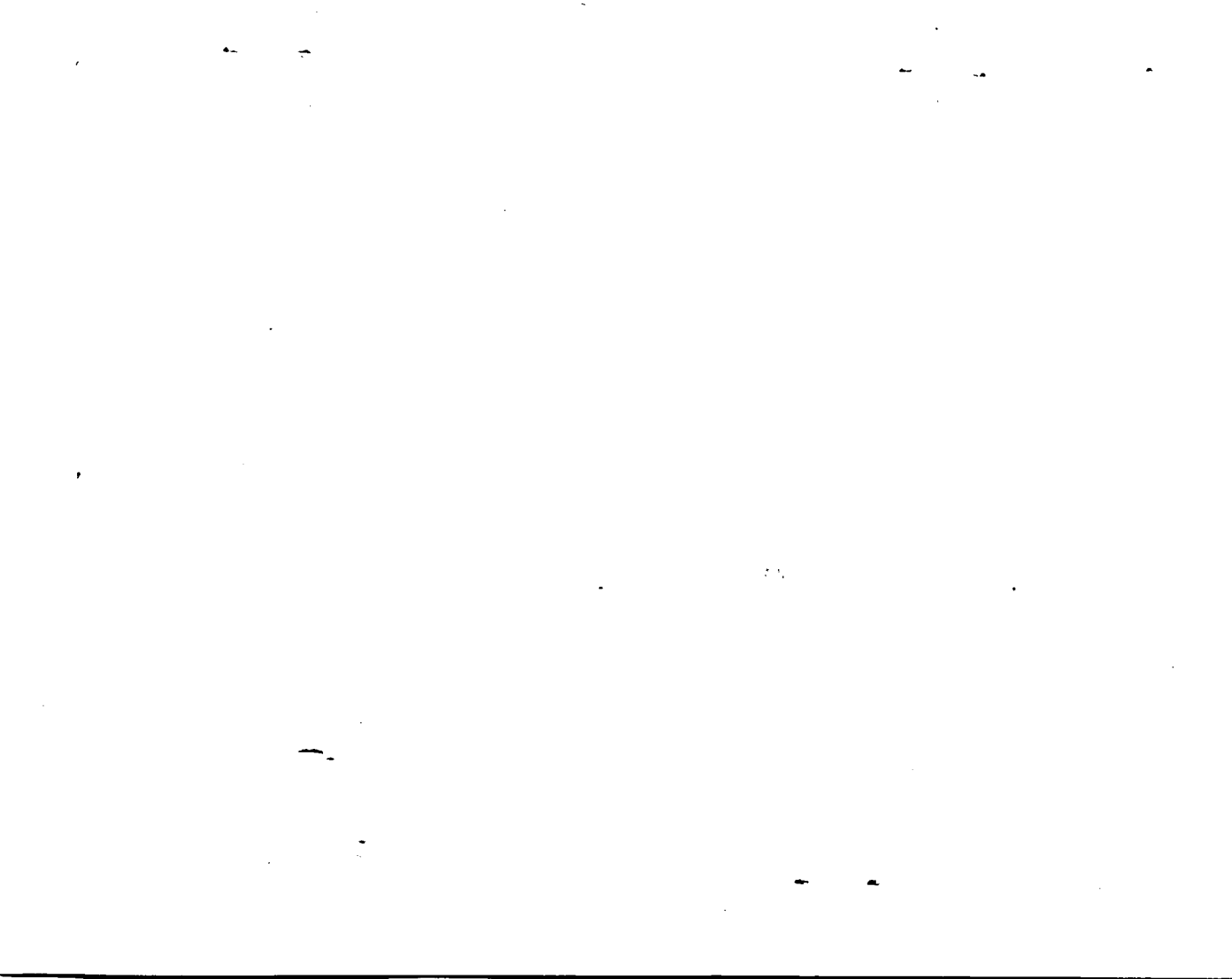
Filed

Aug 8 1920

FLOYD G. WENDLE

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 81470  
County of Bonner }

The undersigned does solemnly swear that certain facts on the certificate of birth  
for James William Doyle who born on May 8, 1920 (Birth or Death)  
in Sandpoint, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by original certificate prepared on \_\_\_\_\_, are:  
(Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed James William Doyle

Subscribed and sworn to before me this 26th  
day of June, 1943  
Arthur Bowden  
Notary Public, residing at Sandpoint, Idaho  
My commission expires October 6, 1944.  
(Seal)

Signed Gertrude Doyle  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Colburn, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Bonner }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th  
day of June, 1943  
Arthur Bowden  
Notary Public, residing at Sandpoint, Idaho  
My commission expires October 6, 1944.  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Betty Stedley  
(Signature of Any Credible Person Other Than Previous Year)  
Colburn, Idaho  
(Street Address, City, State)

6161 9 TAC.



**PLACE OF BIRTH**

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Donner

City of Sandpoint

Registration District No. 22

**File No.** 8-147-1

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2/55

Registered No. ....

Hospital .....

EARL

**FULL NAME OF CHILD**

EARL  
Richard Lines

Sex of Child *Male*

**Twin  
Triplet  
or other?**  
(To be an

**ΑΠΕ**

**Number  
in order  
of birth**

### Legitimate?

Date of Birth April 12  
(Month) (Day)

19 20  
(Year)

FULL NAME *Bertram Jesse Lines* FATHER

RESIDENCE Sandpoint

COLOR *white*

AGE AT LAST BIRTHDAY 35 (Year)

BIRTHPLACE Chicago Ill

OCCUPATION *grocery clerk*

FULL MAIDEN NAME *Ida Grace Heberle* MOTHER

RESIDENCE Sandpoint

COLOR *white*

AGE AT LAST BIRTHDAY.....33  
(Years)

BIRTHPLACE Oshkosh Wis

OCCUPATION Law

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

[illegible]

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. V. Ptacek

M-D  
(Physician or midwife)

**Given names added from a supplemental report.**

Address San Diego

Filed Aug 9 1920

**FLOYD G. WENDLE**

**Registrar**

## Registrar

LINES

Dup of 1920-299567

NOT

7661281009-758  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of SandpointRegistration District No. 78File No. 81472

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2158 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Lewis Robert Goolsbey

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate?yes

Date of Birth

April 281920

(Month) (Day) (Year)

FULL NAME

FATHER Lewis R. Goolsbey

RESIDENCE

Sandpoint

COLOR

whiteAGE AT LAST  
BIRTHDAY39  
(Years)

BIRTHPLACE

River Falls Wis.

OCCUPATION

Rancher-cook

FULL MAIDEN NAME

MOTHER Amelia Kehler

RESIDENCE

Sandpoint

COLOR

whiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Chetek Wis.

OCCUPATION

hwy.

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive

(Born alive or stillborn)

at 1:05 a.m.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. P. StaecherM.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint

Filed

Aug 81920FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDER.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nov. 16, 1940 L.B.

819-224009-262  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of PonderayRegistration District No. 78

File No.

**81473**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 8150 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

MARJORIE GERTRUDE Harri

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthApril 24 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER Alfred M. HarriFULL  
MAIDEN  
NAMEMOTHER Helen Kasey

RESIDENCE

Ponderay

RESIDENCE

Ponderay

COLOR

whiteAGE AT LAST  
BIRTHDAY27  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Colorado

BIRTHPLACE

Chicago

OCCUPATION

Brakeman

OCCUPATION

Wag.

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 4 P. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

C. P. Stachouse

(Physician or midwife)

Given names added from a supplemental report.

19

Address

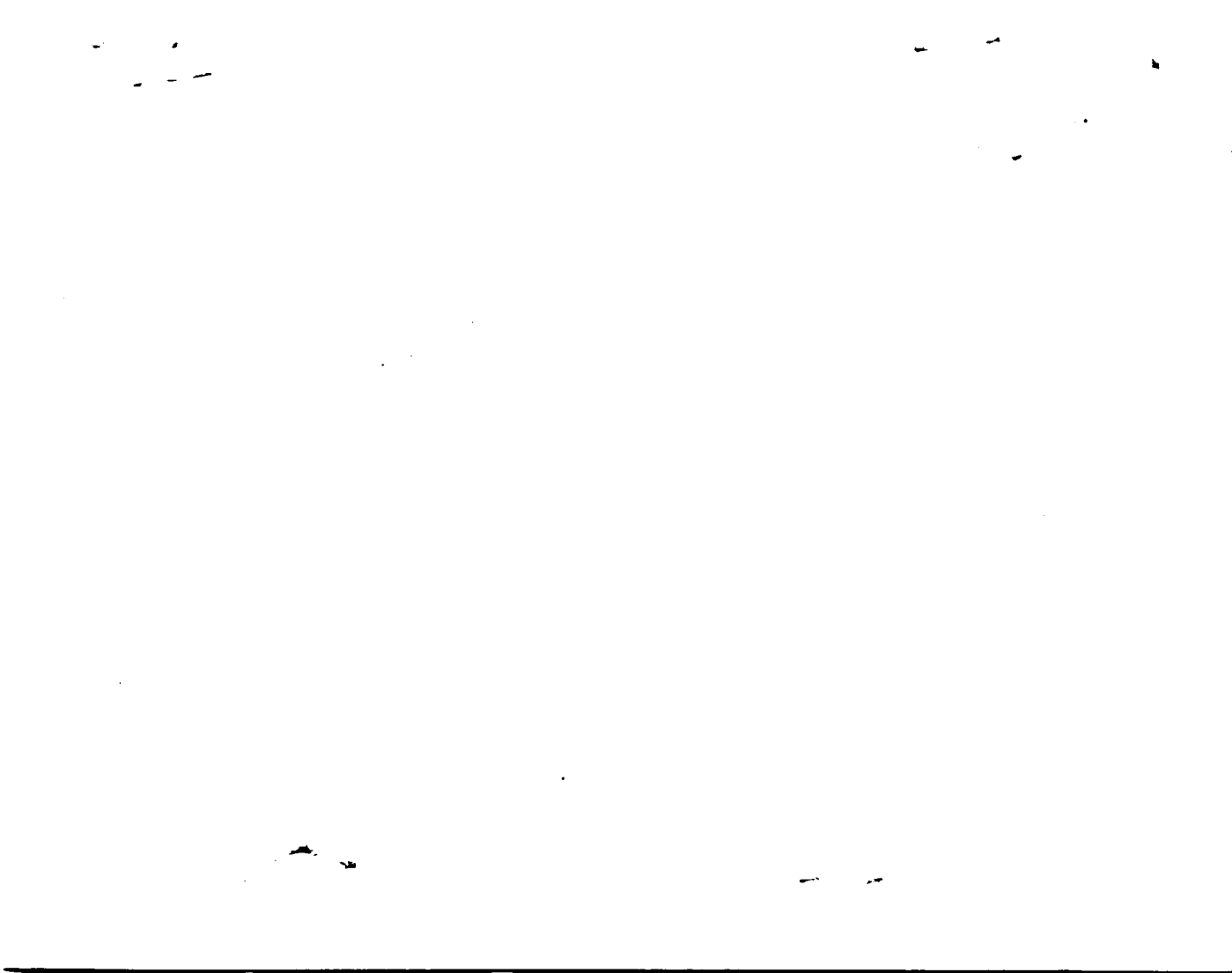
Sandpoint

Filed

Aug 8 1920**FLOYD G. WENDLE**

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON } ss. Certificate No. 81473  
County of KING } Date Filed AUG 21 1945

The undersigned does solemnly swear that certain facts on the certificate of BIRTH  
for UNNAMED who WAS BORN on APRIL 24, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in PEND OREILLE, IDAHO ~~or persons or~~ were omitted; and that, to the best of her knowledge, the  
(Place of Event)  
true facts are shown by Marriage License prepared on June 3, 1938, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
Name	Unnamed	<u>Marjorie Gertrude Harris</u>
<u>MARJORIE GERTRUDE</u>		
<u>HARRIS</u>		<u>AS ABOVE</u>

Subscribed and sworn to before me this 19th  
day of August 19 43

E. J. Heilingloh  
Notary Public, residing at Seattle, Wash.

My commission expires June 22, 1945  
(Seal)

Signed Madeline Beatty  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3938 1st N.E., Seattle  
(Street Address, City, State) Wash.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.  
County of King }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th  
day of August 19 43

E. J. Heilingloh  
Notary Public, residing at Seattle, Wash.

My commission expires June 22, 1945  
(Seal)

Signed Earl E. Oke  
(Signature of Any Credible Person Other Than Previous Year)

E. 1523 12th Ave., Spokane, Wash.  
(Street Address, City, State)

AUG 24 1943



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

215-298'009-168

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

No. 1323 Larch St.

Registration District No. 78

File No. 81474

Hospital \_\_\_\_\_

Primary Registration District No. 2158 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

HELEN KELLER Kjeller

Sex of Child

Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti  
mate?

yes

Date of Birth

April 18

1925

(Month)

(Day)

(Year)

FULL NAME

Chas. Kjeller

FATHER

FULL MAIDEN NAME

Emma Johnson

MOTHER

RESIDENCE

Sandpoint Idaho

RESIDENCE

Sandpoint Idaho

COLOR

white

AGE AT LAST BIRTHDAY

41

(Years)

COLOR

white

AGE AT LAST BIRTHDAY

38

(Years)

BIRTHPLACE

Sweden

BIRTHPLACE

Redwing Minn

OCCUPATION

Laborer

OCCUPATION

hwy.

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

alive, at 10:30 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

G. Stachaus

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint

Filed

Aug 8

1925

**FLOYD G. WENDLE**

Registrar

Registrar

11-11-11

11-11-11

11

11-11-11

11-11-11

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS—  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of California } ss. Certificate No. 81474  
County of Los Angeles } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or death)  
for Helen Kjellen who was born on April 18, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Sand Point, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name _____	Unnamed Kjellen _____	Helen Keller Kjellen _____

Subscribed and sworn to before me this 17th  
day of January, 1942  
Arthur Bowden  
Notary Public, residing at Sandpoint, Idaho  
My commission expires Oct 6 - 1944  
[SEAL]

Signed Charles Kjellen  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California } ss. [This affidavit MUST also be executed.  
County of Los Angeles } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd  
day of January, 1941.  
Signed Lily M. Fadden (Mrs.)  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Los Angeles, California  
My commission expires February 28, 1944  
[SEAL]

Received for filing on JAN 20 1942 By \_\_\_\_\_  
(Registrar's signature)

1202 N. Spangmoor,  
Los Angeles, Cal.  
(Street Address, City, State)

Feb 8 1942

NOV 15 1940



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

912-231-009-717

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of BonnerCity of SandpointRegistration District No. 70File No. 81475No. — St.Primary Registration District No. 2131 Registered No.

Hospital

FULL NAME OF CHILD

Zalro

Sex of Child Female { Twin Triplet or other? } and { Number in order of birth } Legiti mate? yes Date of Birth March 31 1930  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Sam Zalro  
RESIDENCE Sandpoint  
COLOR white AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Italy  
OCCUPATION G. H. Paul School

MOTHER  
FULL MAIDEN NAME Helen Papadrea  
RESIDENCE Sandpoint  
COLOR white AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Italy  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 3 # M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. Staehaus

(Physician or midwife)

M. D.

Given names added from a supplemental report.

19

Address

Sandpoint

Filed

Aug 81930

FLOYD G. WENDLE

Registrar

Registrar

Dup of 1920-348314

289-226.009-249  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannerCity of SandpointRegistration District No. 48

File No.

81476

No. Rural St.Primary Registration District No. 2152

Registered No.

Hospital

FULL NAME OF CHILD Lessie Smith ShieldsSex of  
ChildFemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthMar 261920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Les Shields

RESIDENCE

Sandpoint

COLOR

whiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Salt Lake City Utah

OCCUPATION

WagonmanFULL  
MAIDEN  
NAME

MOTHER

Sophia Almada Smith

RESIDENCE

Sandpoint

COLOR

whiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Utah

OCCUPATION

WifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Aline, at 3 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

L. P. StorchM.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint

Filed

Aug 8 1920

FLOYD G. WENDLE

Registrar

Registrar





656 229-009-355

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

County of BonnerCity of SandpointRegistration District No. 7AFile No. 81477

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2183 - Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

DOROTHY LAVINA ~~FECCO~~ FECCOSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?yesDate of  
BirthMar 29 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER FECCO  
Ralph

RESIDENCE

Sandpoint

COLOR

whiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Italy

OCCUPATION

R. R. LaborerFULL  
MAIDEN  
NAMEMOTHER  
Louise Renore

RESIDENCE

Sandpoint

COLOR

whiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Minnesota

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

E. P. Stachouse  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Sandpoint

Filed

Aug 8 1920

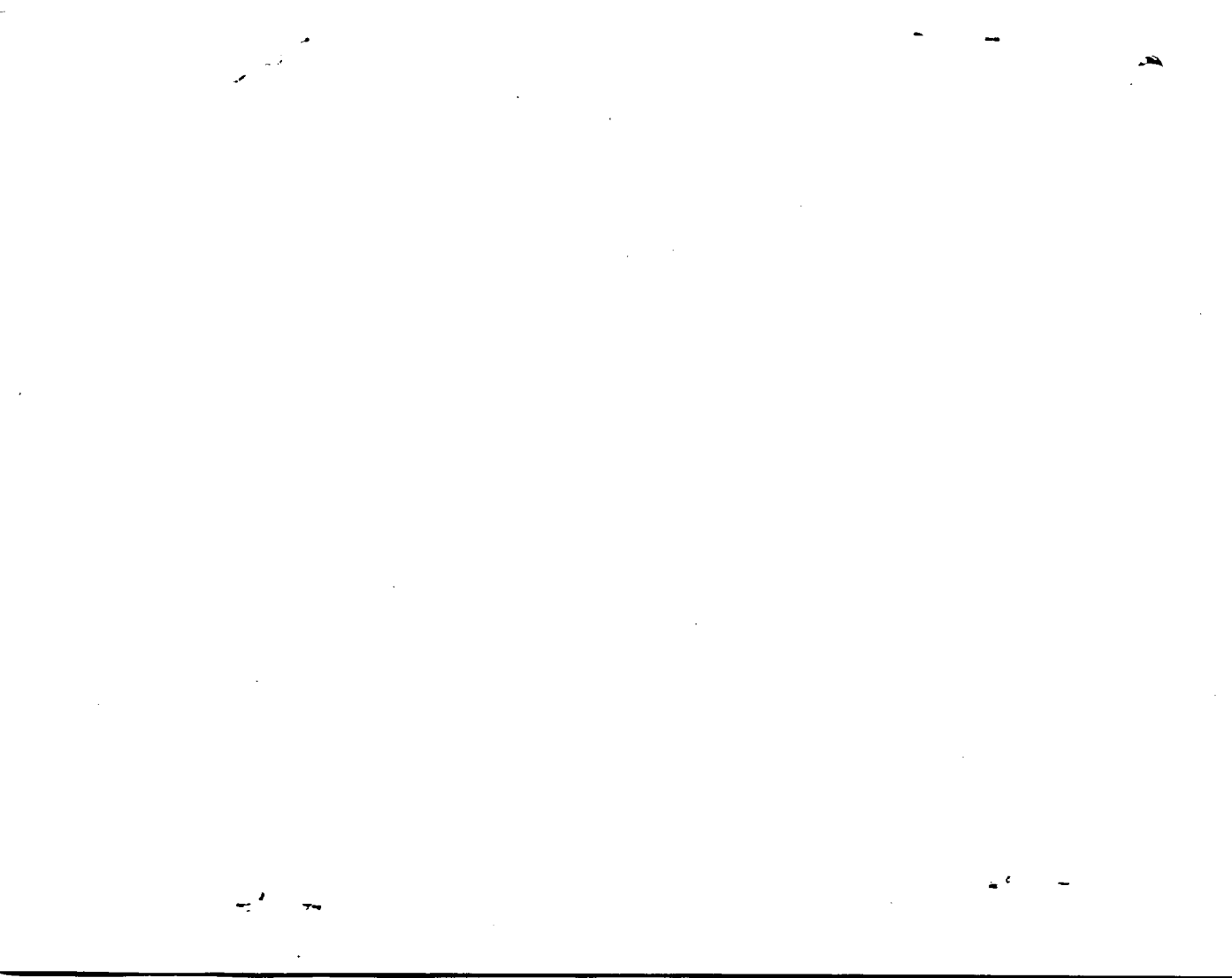
FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 81477  
County of Snohomish } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Feco who was born on March 29, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Sand Point, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by mother prepared on May 26, 1943, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Dorothy Lavina  
Surname Feco Feco

Subscribed and sworn to before me this 26th  
day of May, 19 43

Signed Mrs R. A. Feeco  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Front Street, Edmonds, Wash.

(Street Address, City, State)

Notary Public, residing at Edmonds, Wash.

My commission expires 2/18/44  
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
County of \_\_\_\_\_ } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

(Street Address, City, State)

My commission expires \_\_\_\_\_  
(Seal)

JUN 1 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

169-1091009-312  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-31-19

81478

County of Bonner

City of Sandpoint

No. 506-3<sup>th</sup> St.

Registration District No. 78

File No. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 8155

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Dee Elmer Jordan

Sex of Child Male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti-  
mate?

Date of Birth May 9 1920  
(Month) (Day) (Year)

FATHER

FULL NAME Elmer W. Jordan

RESIDENCE Sandpoint Ida.

COLOR white AGE AT LAST BIRTHDAY 31  
(Years)

BIRTHPLACE Idaho

OCCUPATION Miner, Farmer

MOTHER

FULL MAIDEN NAME Janetta M. Carper

RESIDENCE Sandpoint

COLOR white AGE AT LAST BIRTHDAY 31  
(Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Stackhouse

M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

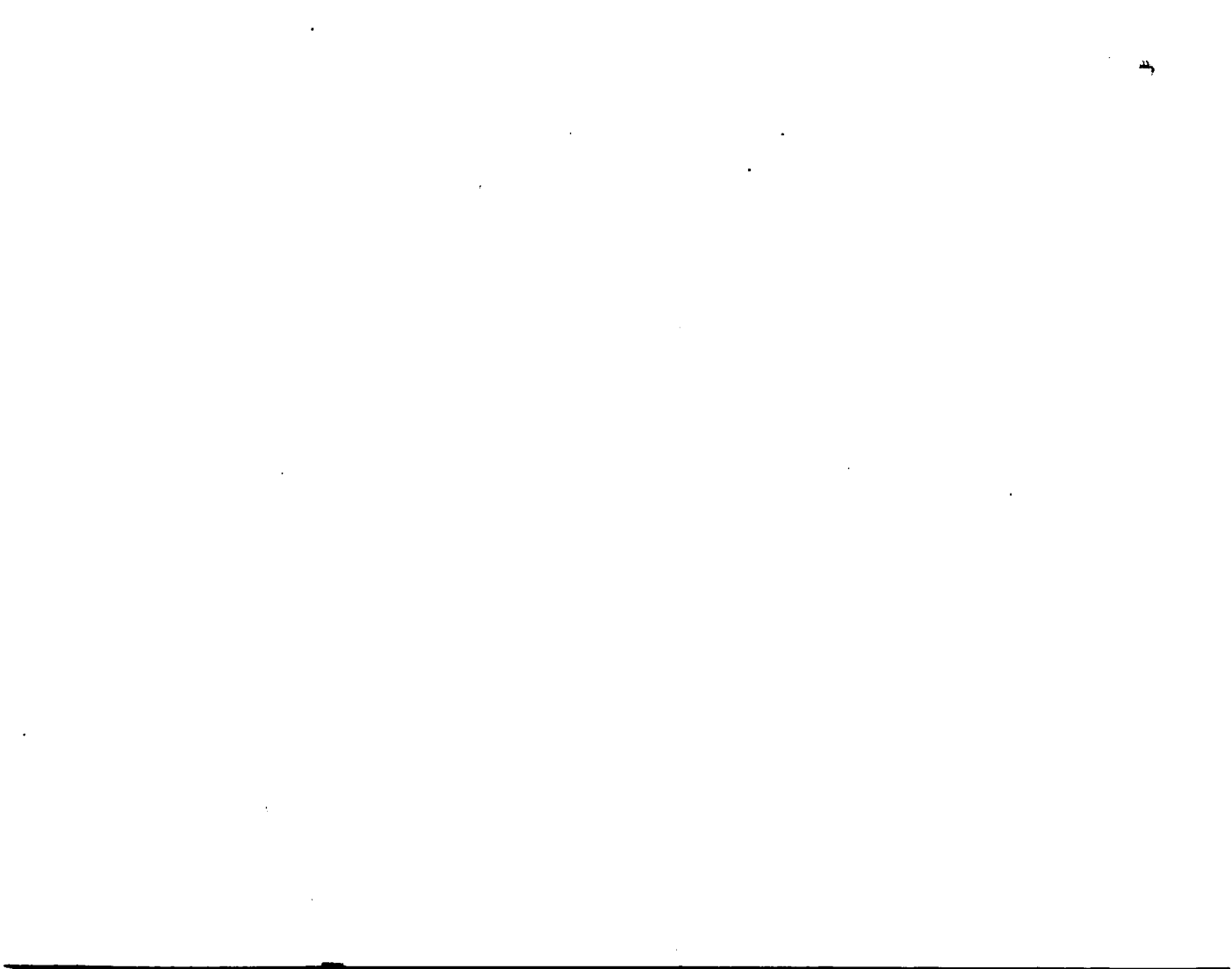
Sandpoint

Filed Aug 8 1920

FLOYD G. WENDLE

Registrar

Registrar



MARGIN RESERVED FOR BINDER.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

389-14,009-719  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81479

County of Bonner

City of Sandpoint

No. Main St.

Registration District No. 7D

File No. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2153 Registered No. \_\_\_\_\_

FULL NAME OF CHILD Billy W. Chronic

Sex of Child Male { Twin Triplet or other? } and { Number in order of birth } Legiti mate? yes Date of Birth Mar 6 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Hugh W. Chronic  
RESIDENCE Sandpoint  
COLOR white AGE AT LAST BIRTHDAY 35  
(Years)  
BIRTHPLACE Mapleton, Kansas  
OCCUPATION Mechanic

MOTHER  
FULL MAIDEN NAME Hazel Jessie Parshall  
RESIDENCE Sandpoint  
COLOR white AGE AT LAST BIRTHDAY 31  
(Years)  
BIRTHPLACE Wichita, Kansas  
OCCUPATION Wife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Aline, at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Staecher  
M.D.  
(Physician or midwife)

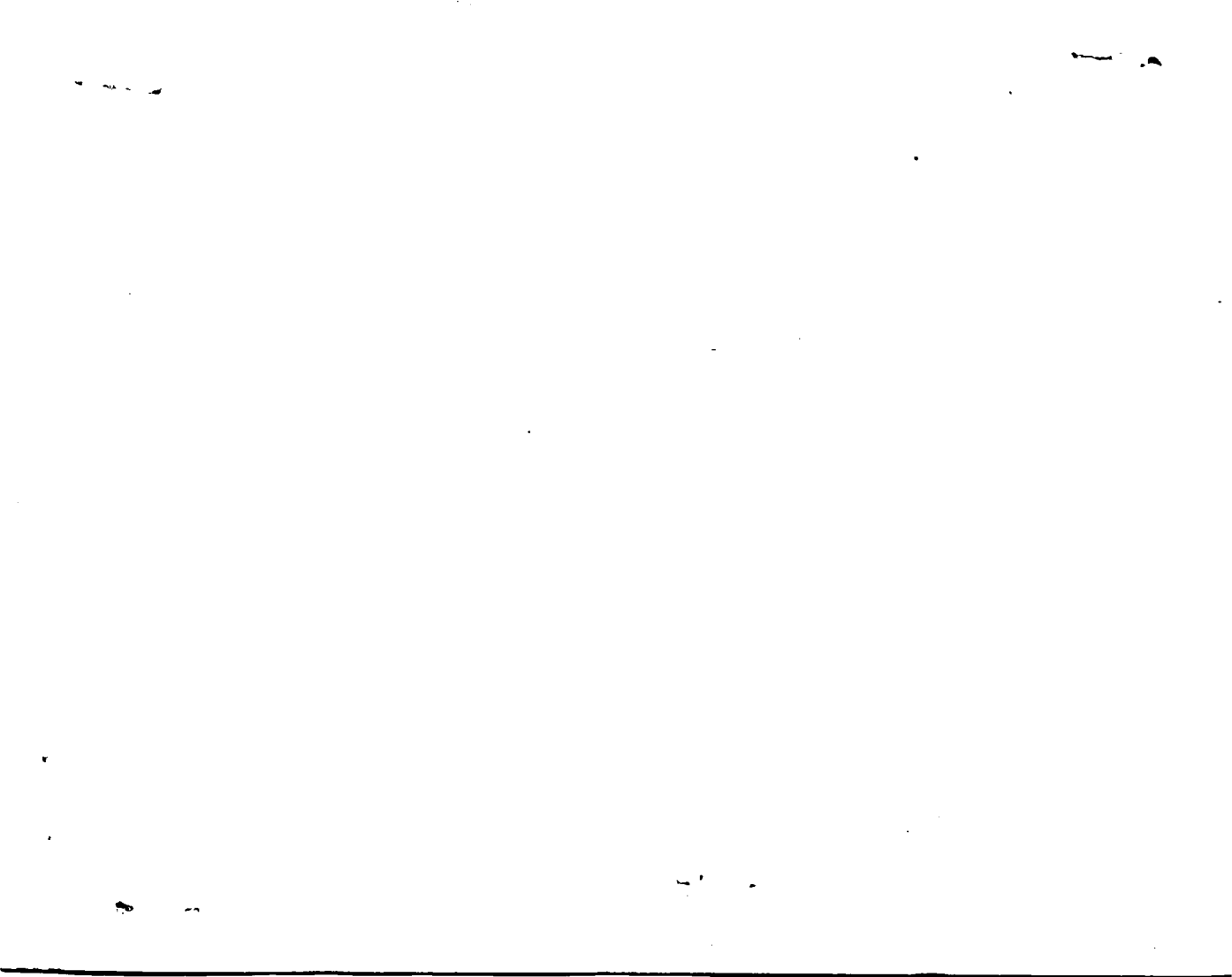
Given names added from a supplemental report.

Address Sandpoint

Filed Aug 8 1920

FLOYD G. WENDLE  
Registrar

Registrar





and it will be appreciated very much.

Mother's age 1920 31 years, Maiden name Hazel Jessie Parshall, was  
born at Wichita, Kans Mar 27, 1889.

Father: Hugh Wesley Chronic, age at 1920, 35 years, Born at Mapleton, Kans.  
Sept. 10, 1885.

Yours very truly,

*H.W. Chronic*

We have your record, but your mother's maiden name is not given.  
Kindly return this letter, with your money, which is being returned,  
and give her maiden name, her age in 1920 and her birthplace.

Bureau of Vital Statistics  
Boise, Idaho

SEE UNDERLINED ABOVE.

H.W. CHRONIC.

NOV 19 1942

JUN 17 1943

4/15/41

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

693-112009-339  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 81480

No. \_\_\_\_\_ St.

Hospital City

Primary Registration District No. 2175 Registered No. \_\_\_\_\_

FULL NAME OF CHILD Raymond Rudolph Fitting

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>July 12</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	---	-----------------------------	---

FATHER  
FULL NAME Ray K Fitting  
RESIDENCE Sandpoint Boyer Ave  
COLOR White AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Colorado  
OCCUPATION Forest Service

MOTHER  
FULL MAIDEN NAME Edith Elvira  
RESIDENCE Sandpoint Boyer  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Dayton Wash  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3-15 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle MD  
(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho  
Filed Aug 8 1920 FLOYD G. WENDLE  
Registrar

JAN 27 1947

DEC 31 1947

954-2171009-515  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of BonnerCity of Hope

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 80

## CERTIFICATE OF BIRTH

File No. 81481Primary Registration District No. 2157Registered No. 38

Hospital \_\_\_\_\_

FULL NAME OF CHILD Jane Harriett Inman

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>6 17 20</u> (Month) (Day) (Year)
FULL NAME <u>J. A. Inman</u>	FATHER		FULL MAIDEN NAME <u>Hazel C. Vanstone</u>	MOTHER
RESIDENCE <u>Hope, Idaho</u>			RESIDENCE <u>Hope, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Maine</u>			BIRTHPLACE <u>Montana</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

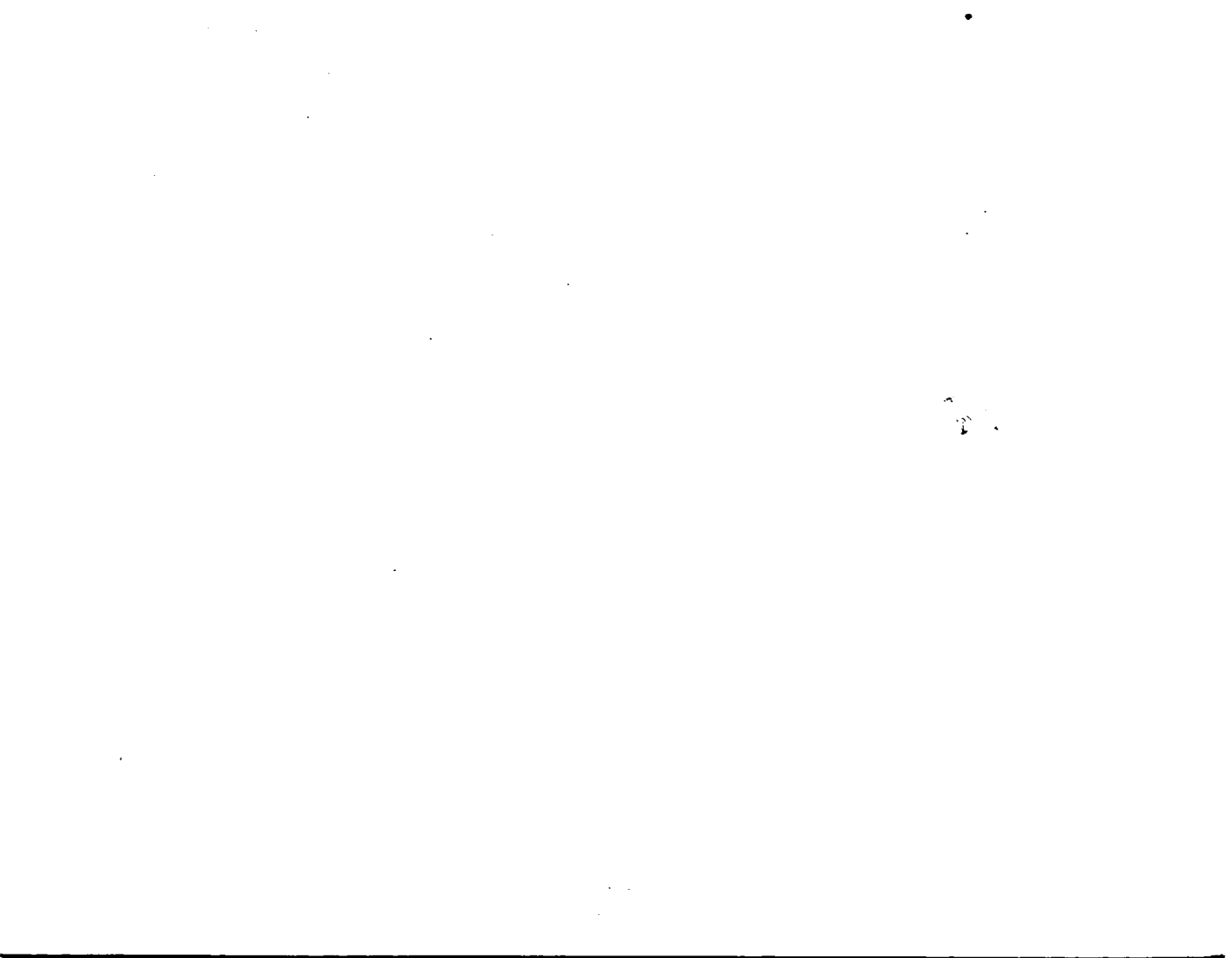
I hereby certify that I attended the birth of this child, who was alive  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Mrs. Marie Van Stone  
Hope, Idaho.  
acting (Physician or midwife)

Address \_\_\_\_\_  
Filed July 23 1920 John Person  
Registrar



365-2161009-168

## PLACE OF BIRTH

County of... BonnerCity of... Laclede, Idaho.No. .... X .... X .... St.Hospital... Laclede, Hospital.FULL NAME OF CHILD... Mary Ada Louise ConoversSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-2-5-17

Registration District No. .... 81File No. .... 6 **81482**Primary Registration District No. .... 2158Registered No. .... 160

Sex of Child	<u>Female</u>	Twin Triplet or other?	<u>Single</u>	Number in order of birth	<u>2d</u>	Legitimate?	<u>Yes</u>	Date of Birth	<u>Aug 16</u>	<u>1912</u>
		(To be answered only in event of plural births)						(Month)	(Day)	(Year)

FULL NAME Charles FATHER Conover

## RESIDENCE

Laclede, Idaho

## COLOR

WhiteAGE AT LAST  
BIRTHDAY32

(Years)

## BIRTHPLACE

Buffalo, N.Y.

## OCCUPATION

LaborerFULL  
MAIDEN  
NAMEMOTHER  
Lula zella Johnson

## RESIDENCE

Laclede, Idaho

## COLOR

WhiteAGE AT LAST  
BIRTHDAY32

(Years)

## BIRTHPLACE

Hornersville, N.Y.

## OCCUPATION

House wifeNumber of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 3...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Aug 16th, at 7:30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. W. Didier M.D.Laclede, Idaho

(Physician or midwife)

Given names added from a supplemental report.

..... X ..... X ..... X ..... X ..... 19 .....Address... Laclede, IdahoFiled Aug 26 1920

Registrar

J. W. Didier  
Registrar

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JUL 2 1942



456-124.009-666

## PLACE OF BIRTH

County of BonnerCity of Laclede, Idaho.No. X X X St.Hospital X X XFULL NAME OF CHILD Thomas DewhurstSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

81483

Registration District No. 81File No. 7Primary Registration District No. 2158Registered No. 161

Sex of Child <u>Male</u>	Twin <u>Single</u> Triplet or other? <u>and</u> { Number <u>2</u> in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 24</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME Wilson B. Dewhurst FATHERFULL MAIDEN NAME Christine Woods MOTHERRESIDENCE Laclede, IdahoRESIDENCE Laclede, IdahoCOLOR White AGE AT LAST BIRTHDAY 41  
(Years)COLOR White AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE Toronto, CanadaBIRTHPLACE NorwayOCCUPATION laborerOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Aug 24 1920 at 10:45 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier M.D.Laclede, Idaho

(Physician or midwife)

Given names added from a supplemental report.

X X X X 19Address Laclede, IdahoX X X X 1920

Registrar

Filed Aug 25 1920F. W. Didier  
Registrar

NOV 2 1966

JUL 11 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

753-108.009-344

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81484

County of BonnerCity of Priest RiverRegistration District No. 85 File No. 1

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Priest River Primary Registration District No. 2185 Registered No. 30FULL NAME OF CHILD Paul Gaylord Getzlaff
 Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legiti mate? Yes Date of Birth July 8 19 20  
(To be answered only in event of plural births) (Month) (Day) (Year)
FATHER  
FULL NAME Carl Paul GetzlaffRESIDENCE Priest River Ida.COLOR White AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE MinnesotaOCCUPATION Physician SurgeonMOTHER  
FULL MAIDEN NAME Gladiolus CuddyRESIDENCE Priest River Ida.COLOR White AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE OregonOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:45 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

C. P. Getzlaff M.D.  
Physician  
(Physician or midwife)

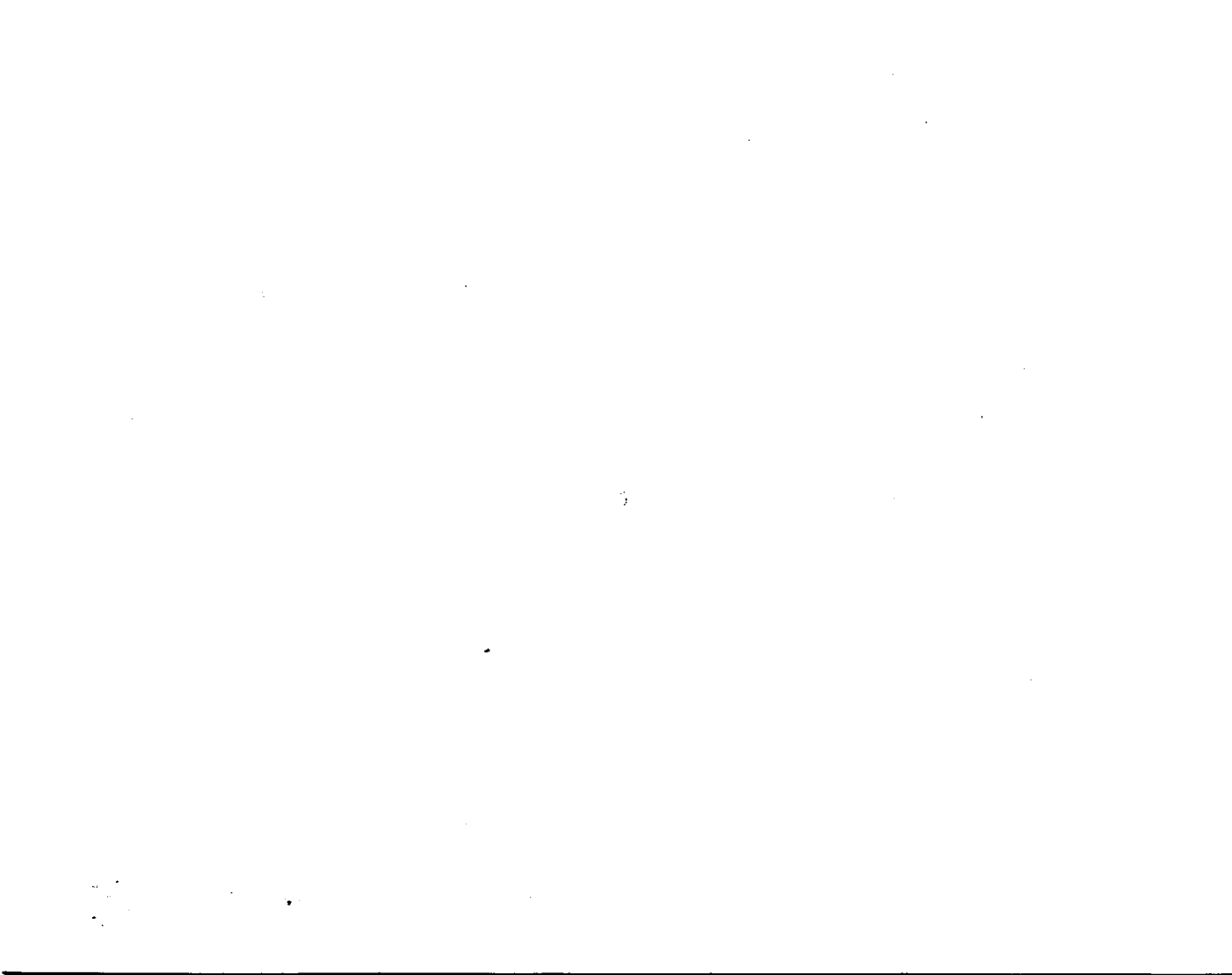
Given names added from a supplemental report.

19. \_\_\_\_\_

Address Priest River Ida.Filed Aug. 1 19 20 C. P. Getzlaff

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

262-1141009-553  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81485

County of Dominion

City of Prineville

Registration District No. 85

File No. 1

No. — St. —

Primary Registration District No. 2185

Registered No. 31

Hospital —

FULL NAME OF CHILD Clifford Henry Bossio

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u> and <u>—</u> Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 14</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Peter Bossio  
RESIDENCE Prineville Ida.  
COLOR White AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Italy  
OCCUPATION Logger

MOTHER  
FULL MAIDEN NAME Mary Veltrio  
RESIDENCE Prineville Ida.  
COLOR White AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Italy  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:38 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Gatzert  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Prineville Ida.  
Filed August 1 19 20 C. P. Gatzert  
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

634-1191009-695

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81486

County of Bonner

City of IVER, IDAHO

Registration District No. 85

File No. 1

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2185

Registered No. 32

Hospital \_\_\_\_\_

FULL NAME OF CHILD Charles Oldham

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>1</u>	Legitimacy <u>Yes</u>	Date of Birth <u>July 19 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Chas. Oldham.

RESIDENCE PRIEST RIVER, IDAHO

COLOR White AGE AT LAST BIRTHDAY 39  
(Years)

BIRTHPLACE MO.

OCCUPATION \_\_\_\_\_

MOTHER  
FULL MAIDEN NAME Josie Finstead.

RESIDENCE PRIEST RIVER, IDAHO

COLOR White AGE AT LAST BIRTHDAY 20  
(Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive \_\_\_\_\_ at 7:10 A. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*C. F. Getchell*

Physician  
(Physician or midwife)

Given names added from a supplemental report.

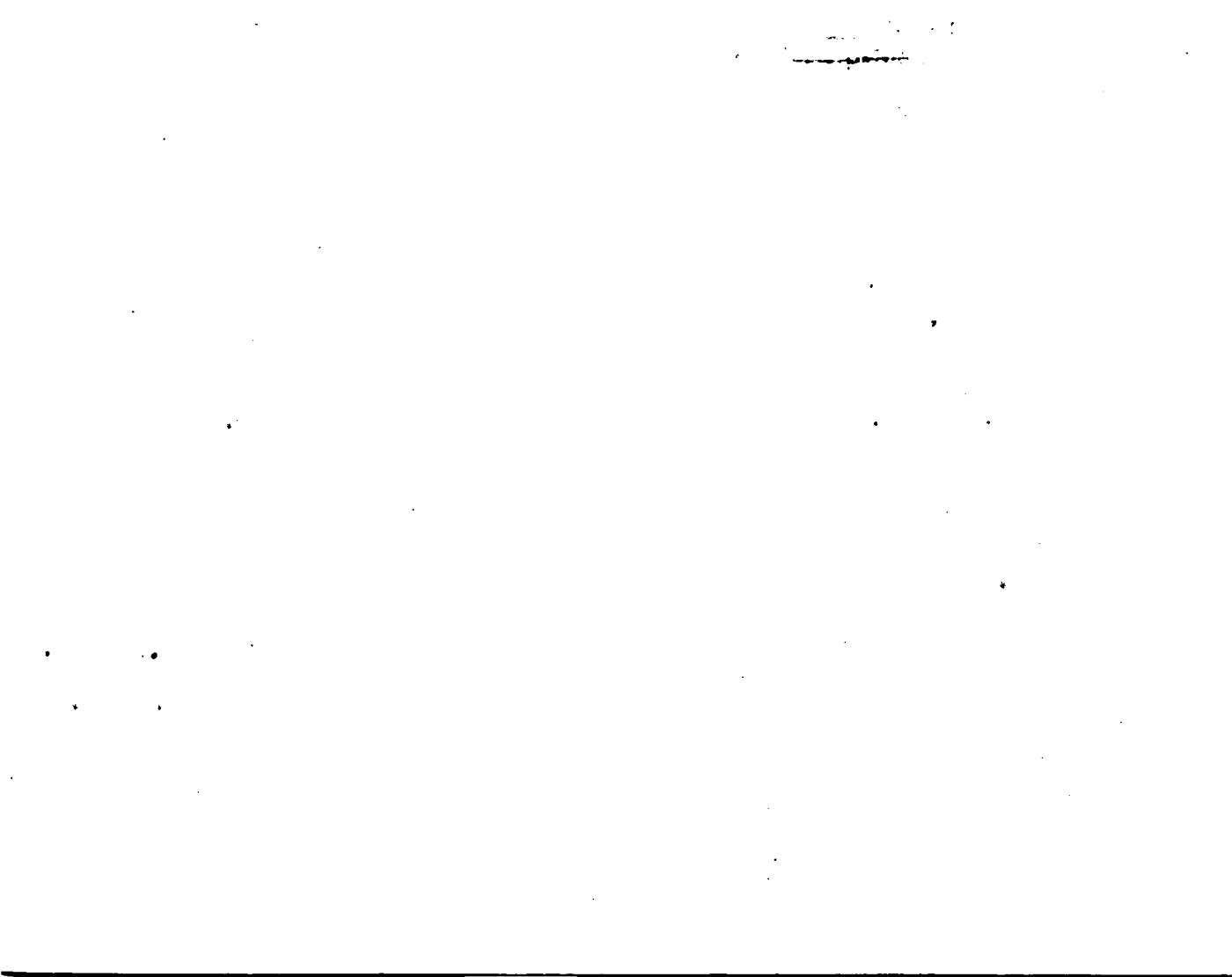
PRIEST RIVER, IDAHO

Address \_\_\_\_\_

Filed Aug 1 1920 19

Registrar

*C. F. Getchell*  
Registrar





-431-202-

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

Edna Lucille McAlpin

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G-21a-8-17

## CERTIFICATE OF BIRTH

Registration District No.

File No.

Primary Registration District No.

Registered No.

81487

Sex of Child

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and (Number  
in order  
of birth  
(To be answered only in event of plural births)

Legitimate?

Date of Birth

(Month) (Day) (Year)

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

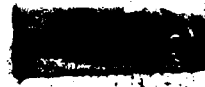
Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



11

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss.

BUREAU OF  
VITAL STATISTICS

Certificate No. 81487

Date Filed August 10, 1920

The undersigned does solemnly swear that certain facts on the certificate of  
for No Name who born on August 2, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name No Name Edna Lucille McAlpin

Subscribed and sworn to before me this 14th day of

Signed David A. Logan  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

20137 Walnut St. Walnut Calif.  
(Street Address, City, State)

Notary Public, residing at  
My commission expires 11-28-24  
(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at  
My commission expires .....  
(Seal)

(Street Address, City, State)

California Driver's license gives name as Edna Lucille McAlpin Logan. License issued 1967 by the Chief Division of Drivers Licenses of the State of California.  
# W 974882  
Viewed by V.S.

AUG 14 1973

Diploma Of Graduation from the 8th grade gives name as Edna Lucille McAlpin issued by the Whittier Elementary School of the State of California. Arhtur C. Brown President, A. R. Clifton Secretary.  
Viewed by V.S.

855-218-010-731

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-2km-4-8-17

County of BonnerCity of Shoshone FallsRegistration District No. 73File No. 81488

No. .... St.

Primary Registration District No. 214-0Registered No. 147

Hospital .....

FULL NAME OF CHILD Anna Mae Henrie

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate?	Date of Birth <u>July 1st 20</u> (Month) (Day) (Year)
FULL NAME <u>Anna Henrie</u>	FATHER <u>Henry</u>		FULL MAIDEN NAME <u>Anna Platt</u>	MOTHER
RESIDENCE <u>Shoshone Falls Idaho</u>	RESIDENCE <u>Shoshone Falls Idaho</u>		RESIDENCE	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	
BIRTHPLACE <u>Scotland</u>		BIRTHPLACE <u>A. Carolina</u>		
OCCUPATION <u>Teaming</u>		OCCUPATION <u>Housework</u>		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Constance

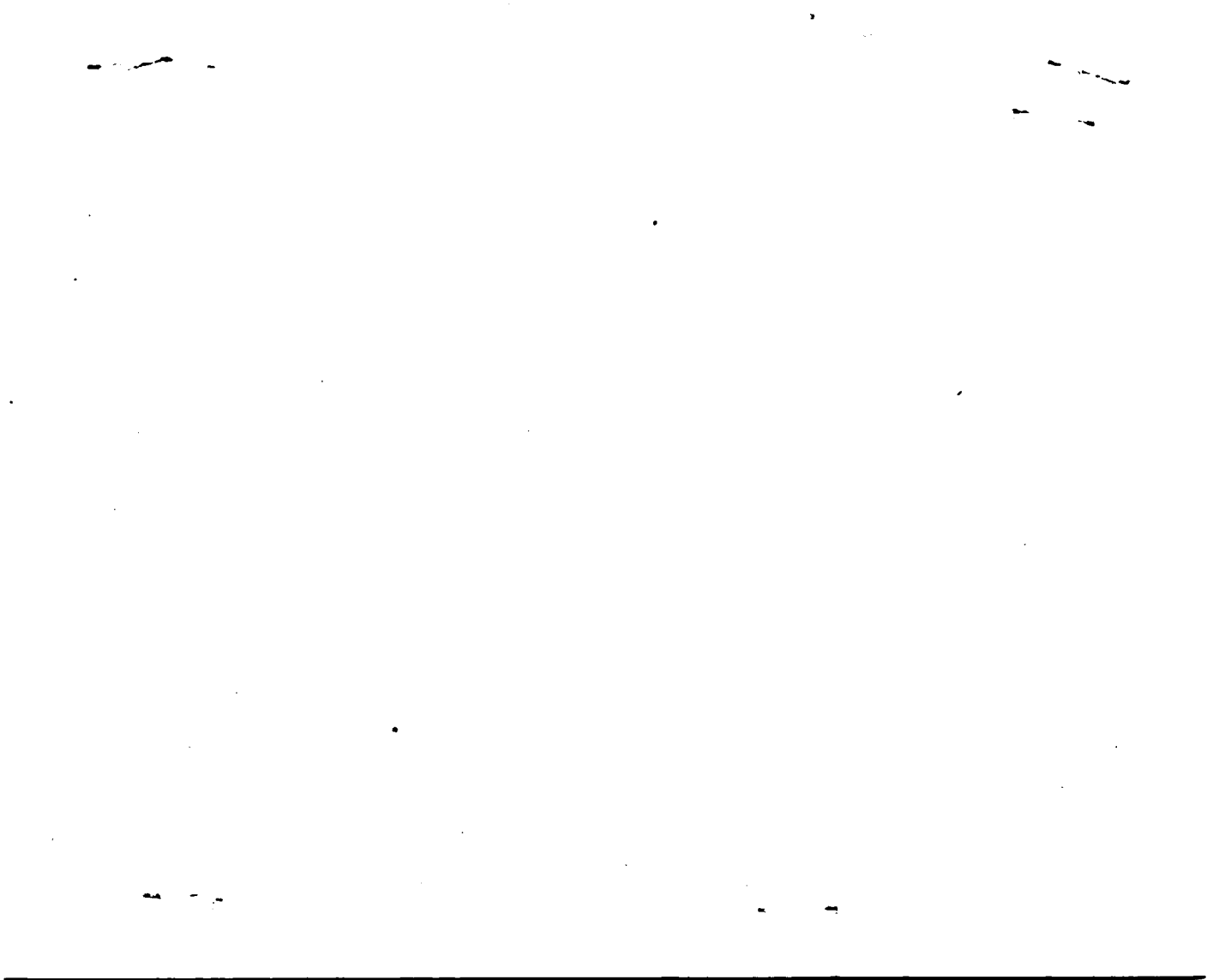
(Physician or midwife)

Given names added from a supplemental report.

Address Shoshone FallsFiled Aug 10 1920

Registrar

Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Clark } ss.

MAY 21 1943

Certificate No. 81488

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Anne Mae Henrie who born on July 18, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name

Unnamed

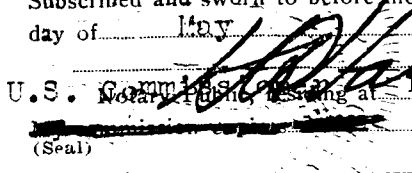
Anne Mae

Surname

Henry

Henrie

Subscribed and sworn to before me this 21st  
day of May, 19 43.

U.S. Commissioner, residing at Dubois, Idaho  
  
(Seal)

Signed Mary Platt. Aunt who has  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
raised child from 8 months to  
age 20.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

MAY 26 1943





231-201-010-593

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnevilleCity of Idaho FallsRegistration District No. 73File No. 81489

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2143Registered No. 146

Hospital \_\_\_\_\_

FULL NAME OF CHILD

FLORENCE EVELYN BLACK

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>8</u> <u>1</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME Wm Leroy Black  
RESIDENCE Idaho Falls R. F. D.  
COLOR White AGE AT LAST BIRTHDAY 28  
(Years)  
BIRTHPLACE Nephi Utah.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Florence Nickell  
RESIDENCE Idaho Falls R. F. D.  
COLOR White AGE AT LAST BIRTHDAY 17  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 6:15 P.M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

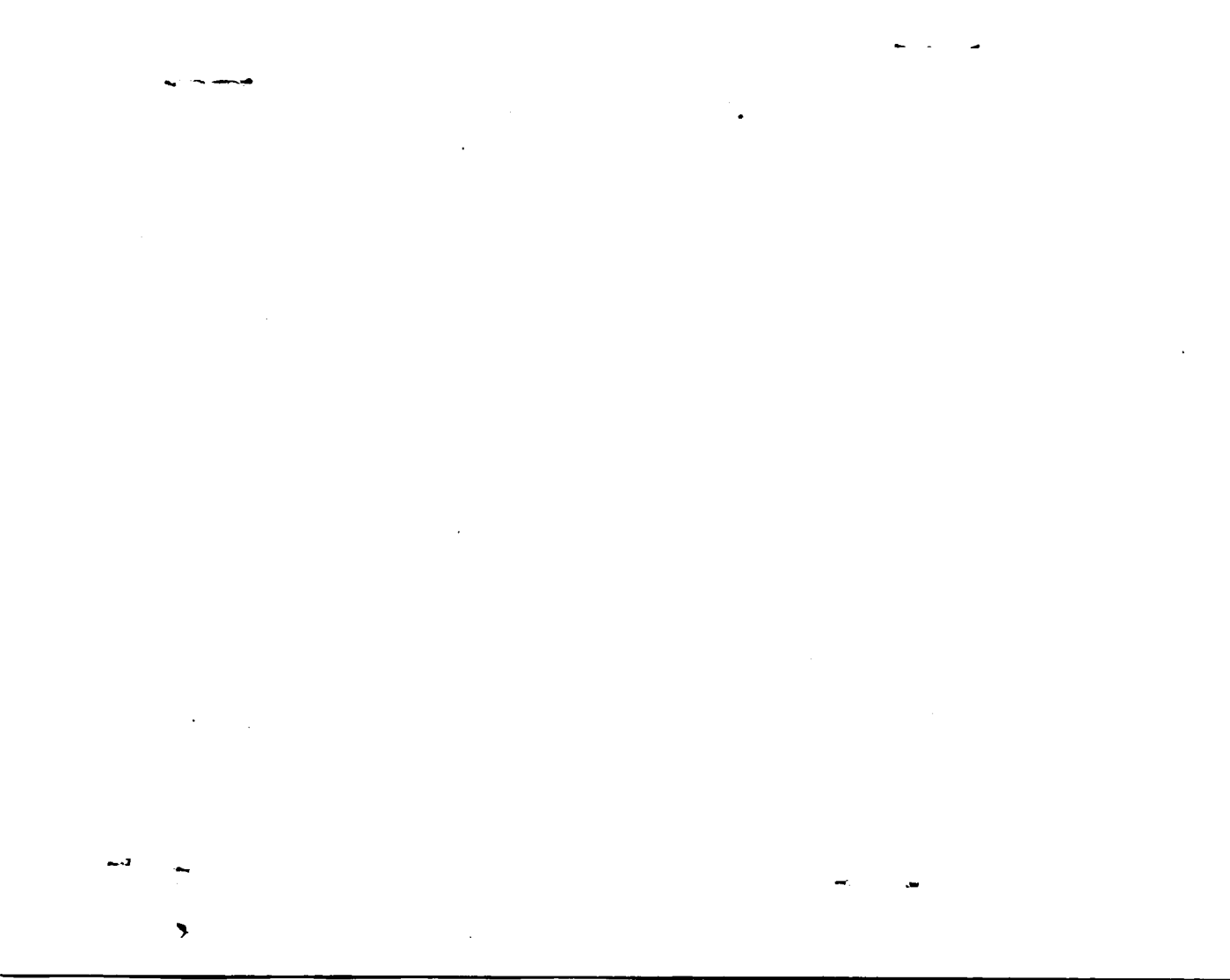
Idaho Falls Idaho

Filed

19 20

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Bonneville } ss.

Certificate No. 81489

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth

for FLORENCE EVELYN BLACK who WAS BORN on 8-1-20  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in RIGBY, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by BIBLE RECORD prepared on 8-1-20, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Florence Evelyn Black

Subscribed and sworn to before me this 12th.  
day of June 1942  
[Signature]  
Notary Public, residing at Idaho Falls, Ida.

My commission expires 5-1-46  
(Seal)

Signed Florence Evelyn Black  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. #5 Idaho Falls, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Bonneville } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th  
day of June 1942  
[Signature]

Signed Clayton M. Nickell  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Idaho Falls, Idaho

Route 5 Idaho Falls, Idaho  
(Street Address, City, State)

My commission expires Aug 19, 1945  
(Seal)

JUN 10 1942

JUN 24 1942

Corrected 6/22/42 Z.J.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-129-010-665

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bannock

City of Ammon

Registration District No. 73

File No. 81490

No. \_\_\_\_\_ St.

Primary Registration District No. 2140

Registered No. 141-

Hospital \_\_\_\_\_

FULL NAME OF CHILD Baby Campbell

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>Y</u>	Date of Birth <u>7</u> <u>29</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----------	--------------------------------	----------------------	--

FULL NAME Alfred E. Campbell  
FATHER

RESIDENCE Ammon Idaho

COLOR White AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE Utah

OCCUPATION Carpenter

FULL MAIDEN NAME Ada Evelyn Owen  
MOTHER

RESIDENCE Ammon Ida

COLOR White AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE Ammon Idaho

OCCUPATION House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Male at 12:30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James M. Smith

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed Aug 7 1920

Registrar

Registrar

01-18-F-mc2-0-10 AM 3 22 1964.

RECEIVED AT THE  
OFFICE OF THE  
ATTORNEY GENERAL  
STATE OF TEXAS  
JAN 10 1961

**HTA-0000000000**

FEB 7 1955

419-201-010-354 name added 9-5-85 dl

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnevilleCity of Idaho FallsRegistration District No. 73File No. 81491

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2100 Registered No. 144

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Baby Marler Lorna Marler

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>ye</u>	Date of Birth <u>8</u> <u>1</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	---	---------------------------	--

FULL NAME <u>Jay Marler</u>	FATHER
RESIDENCE <u>Idaho Falls Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Rigby Idaho</u>	
OCCUPATION <u>Office</u>	

FULL MAIDEN NAME <u>Thelma Lemon</u>	MOTHER
RESIDENCE <u>Idaho Falls Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Grant Idaho</u>	
OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature)

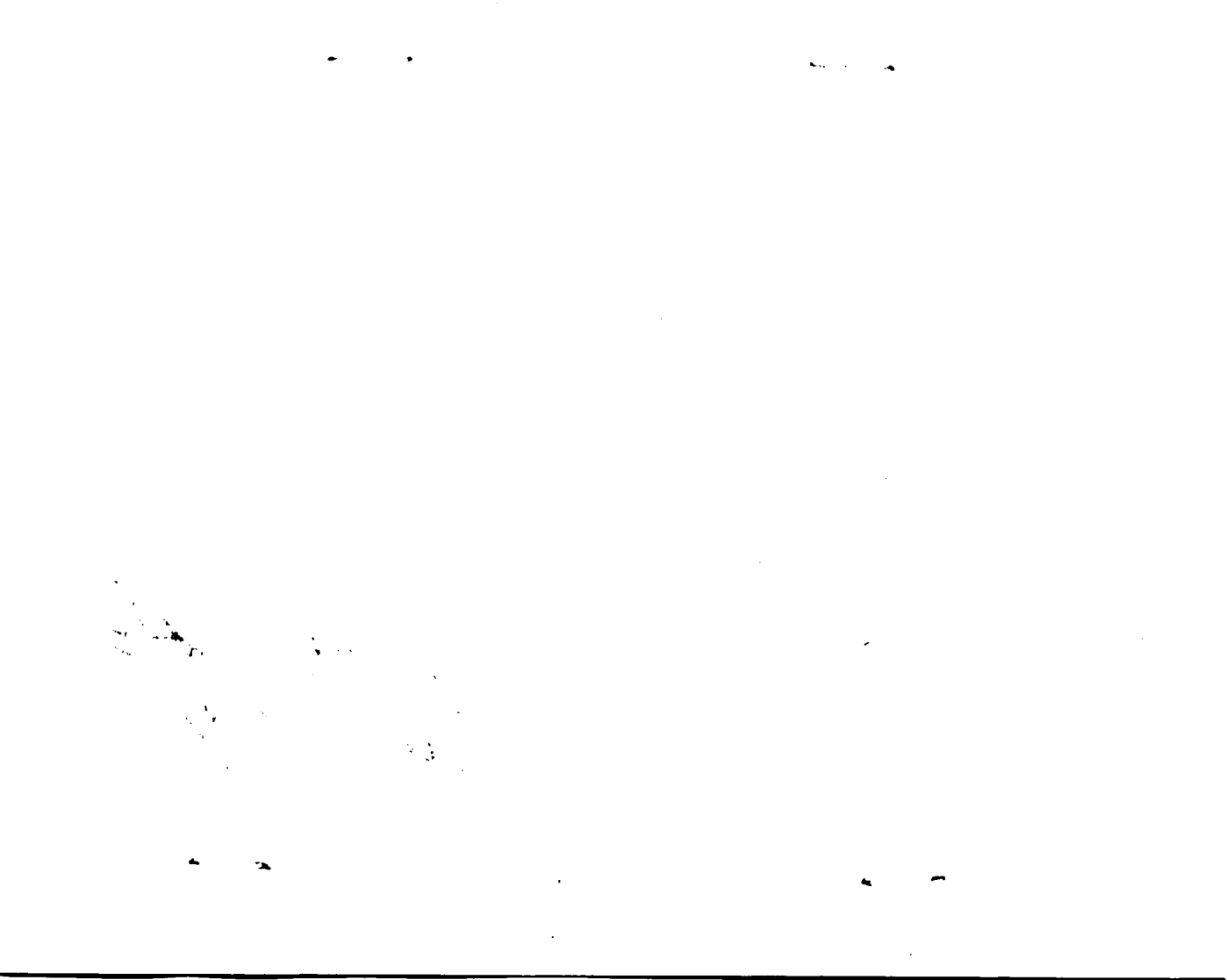
Address

Filed

Born alive or stillborn

(Physician or midwife)

Registrar





3-20-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho } ss.  
County of Bonneville

RECEIVED  
SEP 3 1985

Certificate No. 81491  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain errors on the certificate of birth  
for Unnamed Marler who was born on Aug 1, 1920  
in Idaho Falls (Bonnevillle) are erroneous or were omitted:  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Lorna Marler

Subscribed and sworn to before me this 30th day of

April, 1985

Notary Public, Lorna Conzaler

Residing at Idaho Falls Idaho

My commission expires Lifetime

(Seal)

x Lelma L. Marler

Signature of Applicant

x 540 - 9th St.

Street Address, City, State

Idaho Falls

Ida

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bonneville

(Must be completed ☐)

(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of

April, 1985

Notary Public, Lorna Conzaler

Residing at Idaho Falls Idaho

My commission expires Lifetime

(Seal)

Jay Marler

Supporting Signature

540 9th Street

Street Address, City, State

Idaho Falls Idaho

1cc credit

Certificate of Birth from LDS Church gives Lorna Marler  
born Aug 1, 1920 in Idaho Falls to Lathan Jay Marler  
and Thelma Lemmon entered on record Oct 3, 1920. Viewed by V.S.

Application for Life Ins lists Lorna Marler born 8-1-20  
in Idaho Falls. Dated Sept 15, 1939. Viewed by V.S.

SEP 1939

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-206-010-614

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 81492

No. \_\_\_\_\_ St.

Primary Registration District No. 2140

Registered No. 143

Hospital \_\_\_\_\_

FULL NAME OF CHILD Baby Woolsey

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>8-6-1920</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-------------------------------	--

FATHER  
FULL NAME Jno T. Woolsey  
RESIDENCE Idaho Falls R.T.D.  
COLOR White AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Utah  
OCCUPATION Carpenter

MOTHER  
FULL MAIDEN NAME Bela Fawcett  
RESIDENCE Idaho Falls R.T.D.  
COLOR White AGE AT LAST BIRTHDAY 45 (Years)  
BIRTHPLACE Utah  
OCCUPATION House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

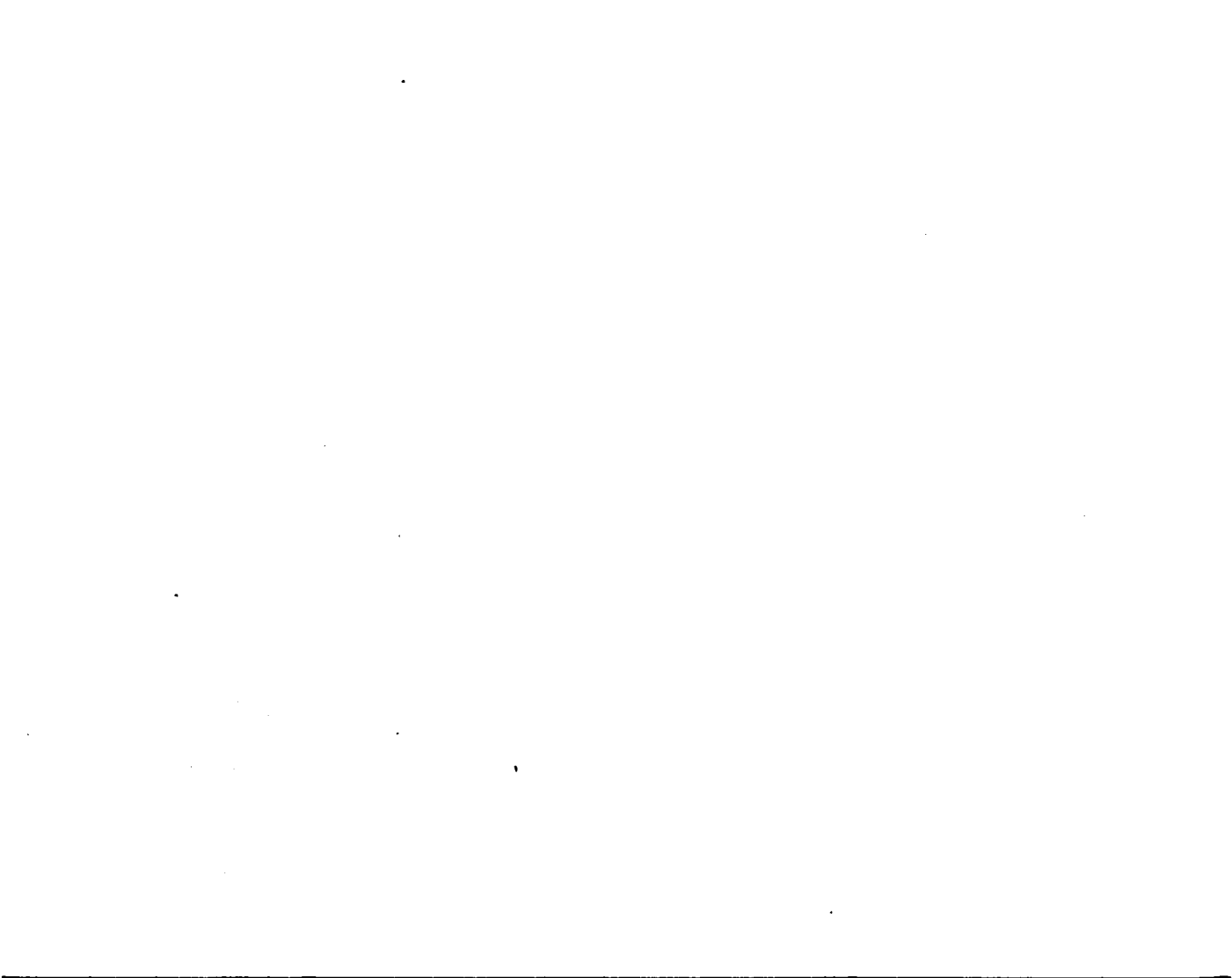
I hereby certify that I attended the birth of this child, who was alive at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Idaho  
Filed Aug 19 20 W. H. H. H. H.  
Registrar



MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-112,010-239  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

81493

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 214-0

Registered No. 142

Hospital Spencer

FULL NAME OF CHILD

Jerry Russ Havens

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>March 12, 1920</u> (Month) (Day) (Year)
--------------------------	---	---------------------------------------	-----------------------------	---

FULL NAME <u>Joseph Russ Havens</u>	FATHER
RESIDENCE <u>Idaho Falls Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Michigan</u>	
OCCUPATION <u>black</u>	

FULL MAIDEN NAME <u>Mildred Gladys Stokes</u>	MOTHER
RESIDENCE <u>Idaho Falls Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Wisconsin</u>	
OCCUPATION <u>House wif</u>	

Number of child of this mother, including present birth. 3rd Number of children of this mother now living, including present birth. 21

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 20 M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Spencer

Given names added from a supplemental report.

(Physician or midwife)  
Address Idaho Falls Idaho

Filed Aug 3 1920 Registrar

1952.2.5 1952

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

653-212-210-319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls RTH

Registration District No. Ammon 73

File No. 81494

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 215-2 Registered No. 141

FULL NAME OF CHILD Lucy Wells

Sex of Child <u>J</u>	Twin <u>Yes</u> or other? <u>No</u>	and	Number in order of birth <u>5th</u>	Legiti mate? <u>yes</u>	Date of Birth <u>7</u> <u>12</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	--	-----	-------------------------------------	-------------------------	--

FATHER  
FULL NAME Samuel Carl Wells

RESIDENCE Idaho Falls RTH

COLOR White AGE AT LAST BIRTHDAY 31  
(Years)

BIRTHPLACE Joseph, Utah

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Martha Carter

RESIDENCE Same

COLOR Wh AGE AT LAST BIRTHDAY 26  
(Years)

BIRTHPLACE Joseph, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth V Number of children of this mother now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) David L. McDonald  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho Falls, Id.

Filed

Aug 3 19 20 W. J. McDonald

Registrar

Registrar

NOV 21 1975



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853-225-010-154

PLACE OF BIRTH

County of B. B. Bannock

City of L. L. L. L. L.

No. L. L. L. L. L. St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-25m-8-17

Registration District No. 7.3

File No. 81495

Primary Registration District No. 2.1.1.2

Registered No. 1.70

FULL NAME OF CHILD .....

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>July 21</u> <u>20</u> Month (Day) (Year)
FULL NAME <u>Daphi H. H. H.</u>	FATHER		FULL MAIDEN NAME <u>W. L. L. L.</u>	MOTHER
RESIDENCE <u>L. L. L. L. L. L.</u>	RESIDENCE		RESIDENCE <u>L. L. L. L. L. L.</u>	RESIDENCE
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR
BIRTHPLACE <u>Ag. L. L. L.</u>	BIRTHPLACE	BIRTHPLACE <u>Pro. L. L. L.</u>	BIRTHPLACE	BIRTHPLACE
OCCUPATION <u>Truck driver</u>	OCCUPATION	OCCUPATION <u>Housewife</u>	OCCUPATION	OCCUPATION

Number of child of this mother, including present birth... 1..... Number of children of this mother now living, including present birth... 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... L. L. L. L. (Born alive or stillborn) at... 1.10 P. on the date above stated.

\*When there was no attending physician or midwife then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. L. L.

Given names added from a supplemental report.

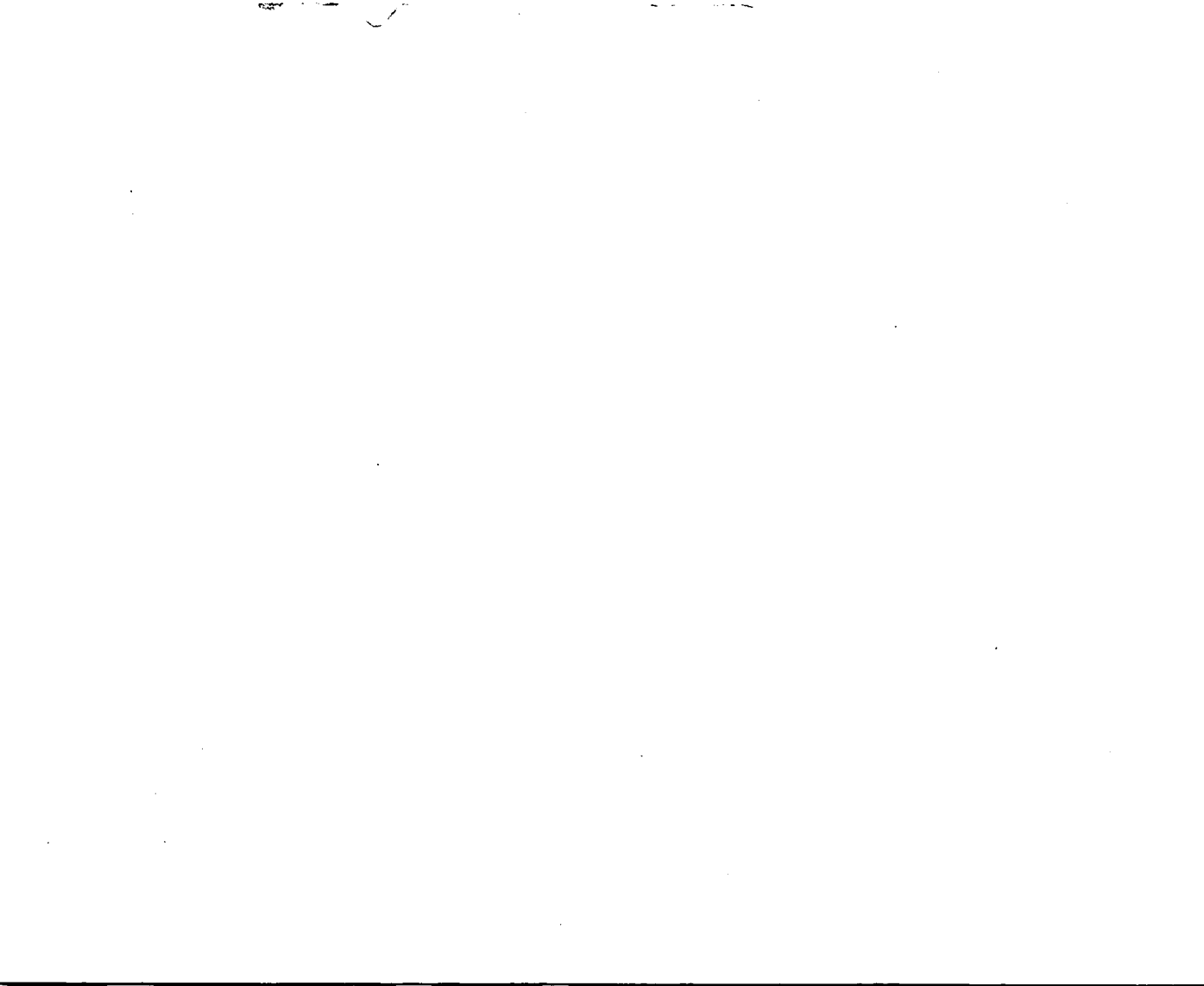
(Physician or midwife)

Address L. L. L. L. L. L.

Filed Aug 3 20

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

455-104-010-719

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Pannerille

City of Ammon

Registration District No. 73

File No. 81496

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2112

Registered No. 132

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Darwin Denning

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth
				<u>yes</u>	<u>July 4, 1920</u> (Month) (Day) (Year)

FATHER  
FULL NAME Riley Denning

MOTHER  
FULL MAIDEN NAME Lexie Gardner

RESIDENCE Ammon, Idaho

RESIDENCE Ammon, Idaho

COLOR White AGE AT LAST BIRTHDAY 25  
(Years)

COLOR White AGE AT LAST BIRTHDAY 22  
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Idaho

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Barnaline, at C.A. W.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) John O. Mellar  
Phys.

Given names added from a supplemental report.

(Physician or midwife)  
Address Idaho Falls, Ida.

Filed July 31 19 20 Coffman  
Registrar

K

• 67 71

1 JUN 28 1957

1

2

3

103-128-010-866

name added 11-7-84 dl

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

County of

CERTIFICATE OF BIRTH

City of

Registration District No.

File No.

81497

No.

St.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

John Howell Jolley

Sex of Child

Male

Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?

yes

Date of  
Birth

May 28, 20

(Month)

(Day)

(Year)

FULL  
NAME

John H. Jolley

FATHER

RESIDENCE

Idaho Falls

FULL  
MAIDEN  
NAME

Hallie Howace

MOTHER

RESIDENCE

Idaho Falls

COLOR

White

AGE AT LAST  
BIRTHDAY22  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY19  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Laborer

OCCUPATION

Housewife

Number of child of this mother, including present birth.

Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

born alive, at 5:35 A.M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Address

Idaho Falls, Idaho

Filed

July 31, 1920

Registrar

Registrar

1920

Dup of 1920-378837

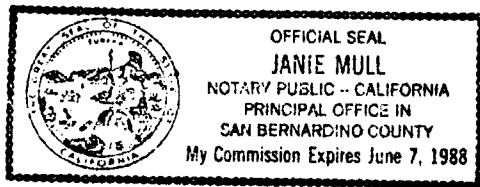
STATE OF CALIFORNIA  
COUNTY OF San Bernardino

} ss.

On October 25, 1984, before me, the undersigned, a Notary Public in and for  
said State, personally appeared James D. Howell

personally known to me (or proved to me on the basis of  
satisfactory evidence) to be the person(s) whose name(s)  
is/are subscribed to the within instrument and  
acknowledged to me that he/she/they executed the same.  
WITNESS my hand and official seal.

Signature

Janie Mull

(This area for official notarial seal)

NOV 7 1984



10-10-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

NOV 6 1984

Certificate No. 81497

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Jolley who was born on May 28, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Idaho Falls (Bonnevillle) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

<u>childs name</u>	<u>Unnamed</u>	<u>John Howell Jolley</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

John Howell Jolley  
Signature of Applicant  
250 W 11th San Bernardino (a  
Street Address, City, State  
(uncle)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California ss.  
County of San Bernardino

(Must be completed \_\_)

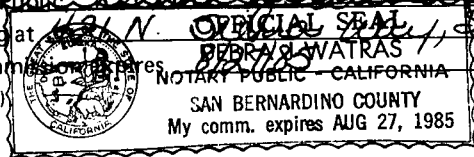
(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of October, 1984.

Notary Public, Albino WatsonResiding at 421 N. FEBRA 24 WATRASMy commission expires 12/1/85

(Seal)



Kenneth B. Jolley  
Supporting Signature  
3615 Lugo Ave. San Bernardino, CA  
Street Address, City, State  
92404

1 cc pd

Family Record lists John Howell Jolley born May 28, 1920 in Lincoln to John Harry Binnington Jolley and Martha Hollie Howell. Dated Oct 9, 1943. Viewed by V.S.

Certificate of Baptism from LDS Church gives John Howell Jolley son of John Harvey Jolley and Mollie Howell born May 28, 1920 in Lincoln and was baptised Jan 5, 1929. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

355 248010-534  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bonneville  
City of Idaho Falls

Registration District No. 73 File No. 81498

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2190 Registered No. 137

FULL NAME OF CHILD Jane Dona Lee

Sex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? Yes Date of Birth March 18 1930  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Willard Stanley Lee FATHER  
RESIDENCE Idaho Falls  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Neper Utah  
OCCUPATION Laborer

FULL MAIDEN NAME Annora Eldridge MOTHER  
RESIDENCE Idaho Falls  
COLOR White AGE AT LAST BIRTHDAY 17 (Years)  
BIRTHPLACE Dayton Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 3 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Kimball

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Idaho

Filed July 31 1930 W. J. Kimball Registrar

Registrar

Registrar

1000

1000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

M. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-210-010-418

PLACE OF BIRTH

County of B. Mitchell

City of Idaho Falls

No. General

Registration District No. 73

Primary Registration District No. 21N2

File No. 81498

Registered No. 136

Hospital

FULL NAME OF CHILD Monty May Hammer

Sex of Child Male Twin Triplet or other? No and Number in order of birth 1 Legitimate? yes Date of Birth July 10 (Month) (Day) (Year)

FATHER  
FULL NAME Lewis M. Hammer  
RESIDENCE Idaho  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Woodrill Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Laura May  
RESIDENCE Idaho  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Layton Utah  
OCCUPATION House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Idaho on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry H. Wilson M.D. (Born alive or stillborn) born

Given names added from a supplemental report.

(Physician or midwife)  
Address Idaho Falls

Filed 7/21/20 Registrar Idaho Falls

JAN 20 1969

DECEASED

753-115010-415

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22-2-17

## CERTIFICATE OF BIRTH

County of BonanzaCity of Idaho FallsRegistration District No. 73File No. 81500No. General St.Primary Registration District No. 2140Registered No. 134

Hospital

FULL NAME OF CHILD Walter Fritiof Peterson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>July 15</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Walter Fritiof Peterson</u>		FULL MAIDEN NAME MOTHER <u>Florence Beale Smith</u>	
RESIDENCE <u>609 North Main Ave</u>		RESIDENCE <u>609 North Main Ave</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Miner</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 430 P.M. on the date above stated.

\*When there was no attending physician or midwife then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. PetersonPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, IdahoFiled 7/26 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 27 1966

JUL 29 1966

100



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended July 11, 1951  
PLACE OF BIRTH CA81041011-914 STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
County of Boundary  
City of Bonnars Ferry  
No. \_\_\_\_\_ St. \_\_\_\_\_ Registration District No. 79 File No. 81501  
Hospital \_\_\_\_\_ Primary Registration District No. 2186 Registered No. \_\_\_\_\_

FULL NAME OF CHILD ALVIN LANE FRY  
(Certificate of no value \_\_\_\_\_ of child.)

Sex of Child <u>MALE</u>	Twin Triplet or other? _____ } and { Number in order of birth _____	Legitimate? _____	Date of birth <u>JULY 4</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

FATHER	MOTHER
FULL NAME <u>Adelbert C. Fry</u>	FULL MAIDEN NAME <u>Rebecca E. Radcliffe</u>
RESIDENCE <u>Bonnars Ferry, Idaho</u>	RESIDENCE <u>Bonnars Ferry, Idaho</u>
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>55</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Oregon</u>	BIRTHPLACE <u>Mo.</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3:50 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

physician  
(Physician or midwife)

Give names added from a supplemental report.

Address Bonnars Ferry, Idaho

Filed July 4 1920 E. E. Fry

Registrar.

Registrar.

UNITED STATES DEPARTMENT OF THE INTERIOR

THE NATIONAL BUREAU OF GEOLOGICAL SURVEY

WASHINGTON, D. C. 20508

OFFICE OF THE CHIEF OF BUREAU

WASHINGTON, D. C. 20508

1971

UNITED STATES DEPARTMENT OF THE INTERIOR

UNITED STATES DEPARTMENT OF THE INTERIOR

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WASHINGTON, D. C. 20508

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Boundary } ss. Certificate No. 81501  
Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Alva Levine Fry who was born July 4, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Donners Ferry, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by                      prepared on                     , are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original) (The Correct Facts)  
Child's name Alva Levine Fry Alvin Lane Fry

Subscribed and sworn to before me this 26th day of  
JUNE, 1951

Notary Public, residing at EUGENE, OREGON  
My commission expires SEP. 6, 1951  
(Seal)

Signed Mrs. Alvin B. Chaffee  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Rt. #1, Creswell, Ore  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of OREGON }  
County of LANE } ss.

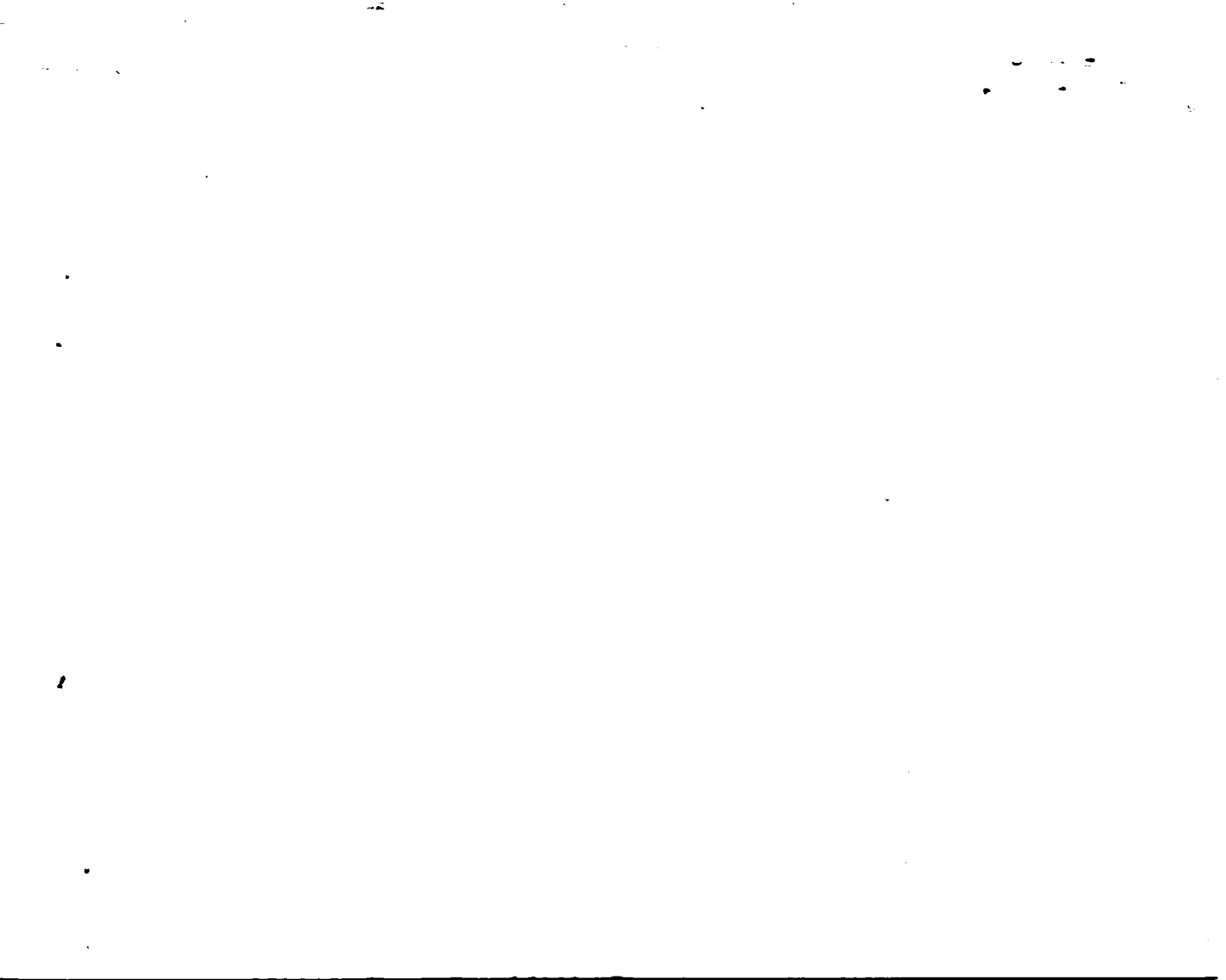
[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of  
JUNE, 1951

Notary Public, residing at EUGENE, OREGON  
My commission expires SEP. 6, 1951  
(Seal)

Signed Mrs. Jay D. Anderson  
(Signature of Any Credible Person)  
Route 1 Box 40 Murphy, Ore  
(Street Address, City, State)



## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BoundaryCity of Bonner FerryRegistration District No. 99

File No.

81502

No. \_\_\_\_\_ St.

Primary Registration District No. 2156

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lathleen Eurette Mae Smith

Sex of Child

FemaleTwin  
Triplet  
or other? -

and

Number  
in order  
of birth -Legiti  
mate? yes

Date of Birth

July 9th 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

Wm. Almond Smith

FULL MAIDEN NAME

MOTHER

Maggie Eaton

RESIDENCE

Bonner Ferry, Ida.

RESIDENCE

Bonner Ferry, Ida.

COLOR

white

AGE AT LAST BIRTHDAY

4.5  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

29  
(Years)

BIRTHPLACE

Canada

BIRTHPLACE

Ida.

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bonner Ferry, Ida.

Filed

July 9-1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 22 1943

413-110-011-314

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BoundaryCity of Bonner FerryRegistration District No. 74.File No. 81503

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 3156

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Mr. Cameron Macdonald.

Sex of Child

MaleTwin  
Triplet  
or other? -

and

Number  
in order  
of birth -Legiti  
mate? yes.Date of  
BirthJuly 10 - 1920.  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Malcolm MacdonaldFULL  
MAIDEN  
NAMEMOTHER  
Jessie Cameron

RESIDENCE

Bonner Ferry, Ida.

RESIDENCE

Bonner Ferry, Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY25-  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Canada -

BIRTHPLACE

Canada -

OCCUPATION

Plumber

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, at 4 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

E. E. Fry  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bonner Ferry, Ida.

Filed

July 13, 1920.

Registrar

Registrar

DEC 14 1943

RECEIVED  
DEC 14 1943



134-212,011-395

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BoundaryCity of Bonner FerryRegistration District No. 79.

File No.

81504

No. \_\_\_\_\_ St.

Primary Registration District No. 756 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child MaleTwin  
Triplet  
or other? -and { Number  
in order  
of birth -Legiti  
mate? yesDate of  
Birth July 12 - 1920

(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEWalter S. Aldrich

FATHER

FULL  
MAIDEN  
NAMEShilda Rivermore

MOTHER

RESIDENCE

Bonner Ferry, Ida.

RESIDENCE

Bonner Ferry, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY 43

(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY 37

(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Iowa

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 11:30 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) E. E. Tru

(Physician or midwife)

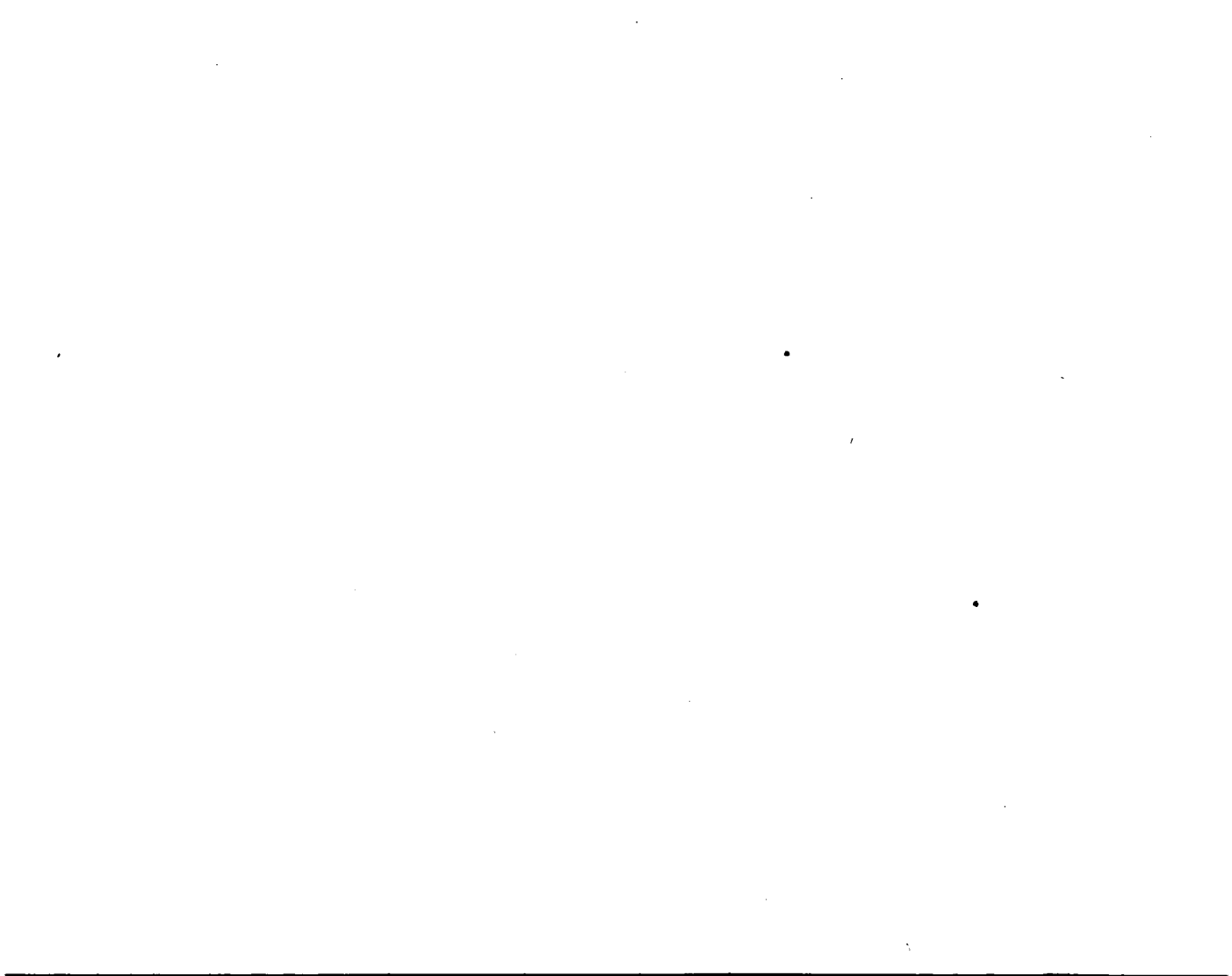
Given names added from a supplemental report.

19.

Address Bonner Ferry, Ida.Filed July 12 - 1920

Registrar

Registrar



762-121-011-793

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BoundaryCity of Bonner FerryRegistration District No. 79

File No.

81505

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2156

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Chas. Franklin PostonSex of  
ChildmaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJuly 21-1920

(Month) (Day) (Year)

FULL  
NAMEFATHER: John Harrison Poston

RESIDENCE

Bonner Ferry, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY29

(Years)

BIRTHPLACE

Virg.

OCCUPATION

Sawmill Laborer.FULL  
MAIDEN  
NAMEMOTHER: Alice Gilliard

RESIDENCE

Bonner Ferry

COLOR

whiteAGE AT LAST  
BIRTHDAY30

(Years)

BIRTHPLACE

Mich.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 2 A. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

E. E. Fry  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

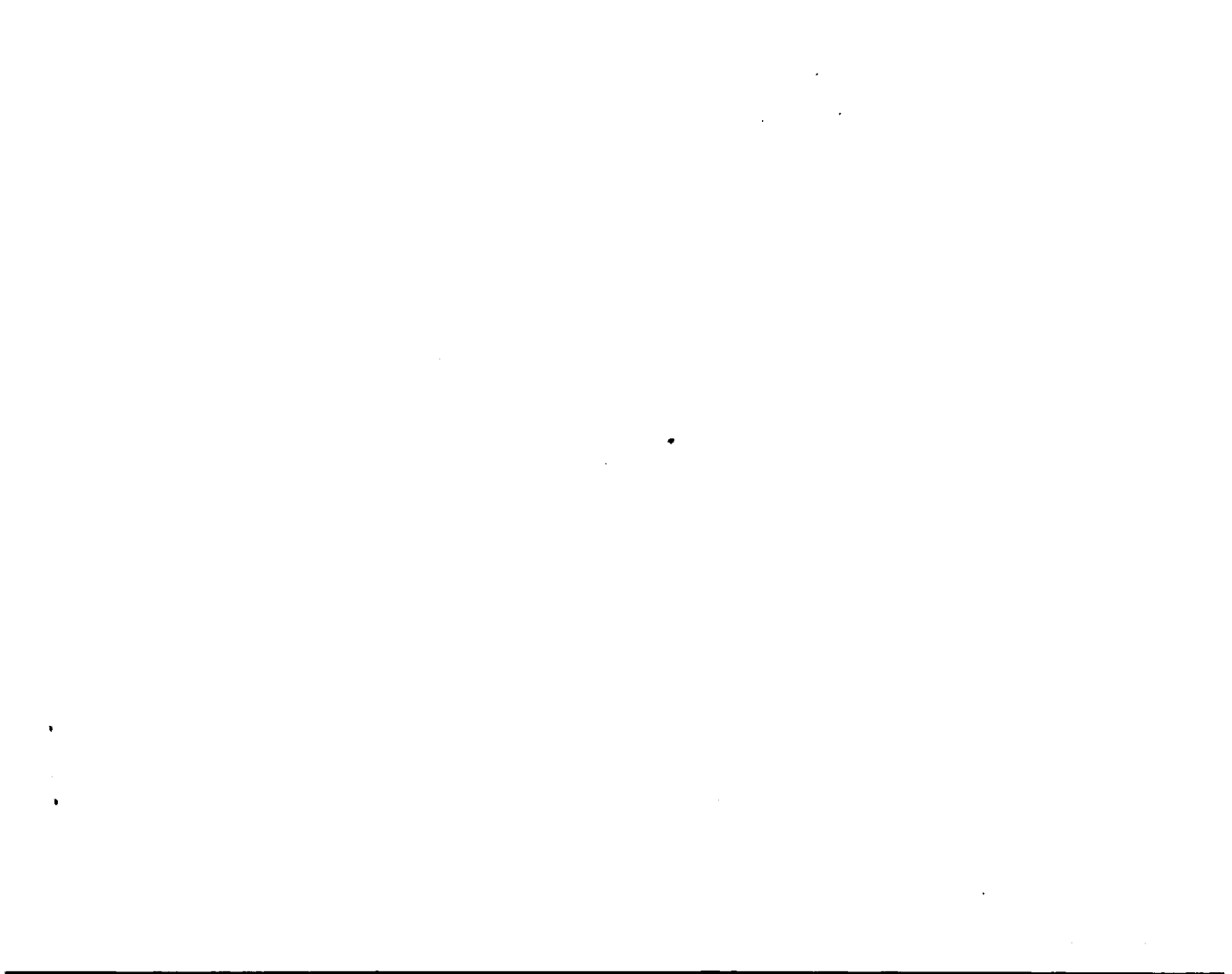
Bonner Ferry, Ida

Filed

July 21 19 20

Registrar

Registrar



215 + 128' 011-791

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Boundary  
 City of Bonner Ferry  
 Registration District No. 79 File No. 81506  
 No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2156 Registered No. \_\_\_\_\_

FULL NAME OF CHILD Wm Thomas Bangs

Sex of Child male Twin Triplet or other? - and - Number in order of birth - Legitimate? yes Date of Birth July 28 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Helmer Bangs FATHER  
 RESIDENCE Bonner Ferry, Ida.  
 COLOR white AGE AT LAST BIRTHDAY 32  
 (Years)  
 BIRTHPLACE Idaho.  
 OCCUPATION Baggageman Pullman

FULL MAIDEN NAME Mary Gray MOTHER  
 RESIDENCE Bonner Ferry, Ida.  
 COLOR white AGE AT LAST BIRTHDAY 28  
 (Years)  
 BIRTHPLACE Idaho.  
 OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P. M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry  
Physician  
 (Physician or midwife)

Given names added from a supplemental report.

Address Bonner Ferry, Ida.  
 Filed July 28 1920 E. E. Fry  
 Registrar

MAR 3 1959

255-128-011-399

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BoundaryCity of Bonner FerryRegistration District No. 79.File No. 81507

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2156. Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Andrew Marshall Seed, Jr.Sex of  
ChildmaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJuly 281920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAMEAndrew Marshall Seed

FATHER

FULL  
MAIDEN  
NAMELila Eizer

MOTHER

RESIDENCE

Bonner Ferry, Ida.

RESIDENCE

Bonner Ferry, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY23  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Wis.

BIRTHPLACE

Iowa

OCCUPATION

Laborer.

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, at 10.45 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

E. S. Fry  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bonner Ferry, Ida

Filed

July 28 1920

Registrar

Registrar

MAR 15 1965



## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BoundaryCity of Bonner Ferry962-229, 011-395

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 79File No. 81508

Hospital \_\_\_\_\_

Primary Registration District No. 3156

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

MARIE GERTRUDE ROSENBERG

Sex of Child

FemaleTwin  
Triplet  
or other? —

{ and {

Number  
in order  
of birth —

{ (To be answered only in event of plural births)

Legitimacy?

yes

Date of Birth

July 291930

(Month) (Day) (Year)

FULL NAME

Fred Rosenberg

FATHER

FULL MAIDEN NAME

Carrie Liebrecht

MOTHER

RESIDENCE

Bonner Ferry, Ida.

RESIDENCE

Bonner Ferry, Ida.

COLOR

white

AGE AT LAST BIRTHDAY

42  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

39  
(Years)

BIRTHPLACE

Nevada

BIRTHPLACE

Ido.

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 2 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. E. Fry  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

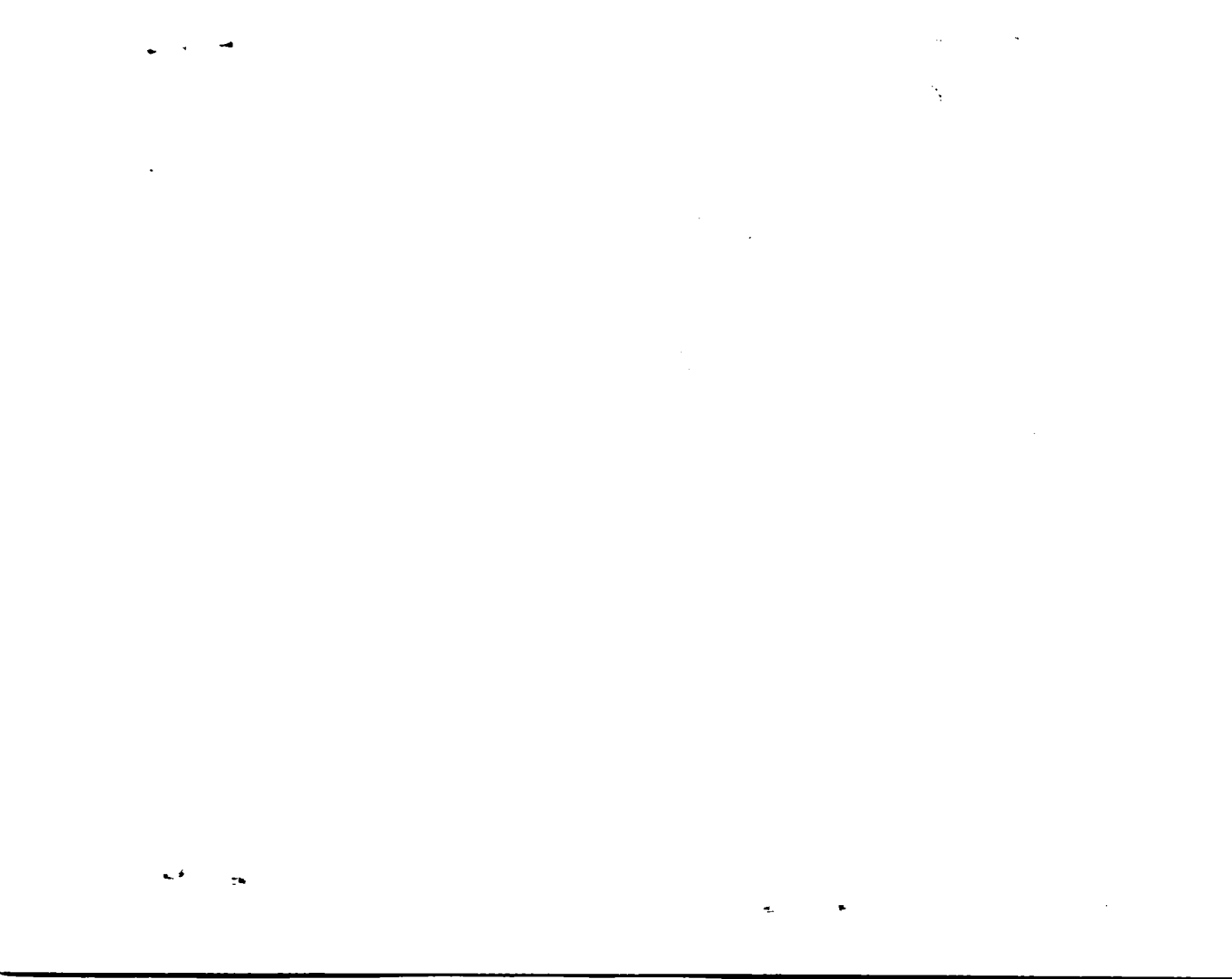
Bonner Ferry, Ida.

Filed

July 29 19 30

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Boundary } ss. Certificate No. 81508  
Date Filed APR 5 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for None who Born on July 29, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)  
in Farm, Boundary County ~~STOKER~~ were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT) (DATE OF EVENT)  
true facts as shown by Affidavits prepared on April 1st 1942, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

<b>FACTS TO BE CORRECTED</b> (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	<b>FROM</b> (AS ON ORIGINAL)	<b>TO</b> (THE CORRECT FACTS)
<u>name</u>	<u>unnamed</u>	<u>Marie Gertrude Rosenberg</u>

Subscribed and sworn to before me this 1st  
day of April, 19 42

Signed Carrie Rosenberg Mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Bonniers Ferry, Ida.  
My commission expires Jan. 6th 1945  
(SEAL)

Bonniers Ferry, Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Boundary } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st  
day of April, 19 42

Signed W. H. Haffner  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Bonniers Ferry, Idaho  
My commission expires January 6th 1945  
(SEAL)

Bonniers Ferry, Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

MAR 4 1974

691-118-011-415  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BoundaryCity of Indian Village

Registration District No. ....

File No. ....

81509

No. .... St. ....

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 18 1902</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-----------------------------	---

FULL NAME FATHER Simon Frances

RESIDENCE

Bonners Ferry, Ida.

COLOR

RedAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Bonners Ferry, Ida.

OCCUPATION

Groom - LaborerFULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

Bonners Ferry, Ida.

COLOR

RedAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Bonners Ferry, Ida.

OCCUPATION

Dance Keeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 12 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed .....

Registrar.

Registrar.

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
5408 S. DICKINSON DRIVE  
CHICAGO, ILL. 60637

84

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Form V. S. No. 11-C-25m-7-21-19

County of Blaine State of IDAHO  
City of Blaine Registration District No. 2629 File No. 81510  
No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. 2629 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Vernon John Lewis

Sex of Child Male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimacy? Yes Date of Birth 6 23 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Thomas Lewis

MOTHER  
FULL NAME Maria Winna Lemmy

RESIDENCE Clyde, Idaho

RESIDENCE Clyde, Idaho

COLOR White AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)

COLOR White AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)

BIRTHPLACE \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_

OCCUPATION Farmer

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas Lewis  
Clyde, Idaho Husband

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed \_\_\_\_\_ Registrar

Registrar

REAR 17 1040





819-28-12-389

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of ButteCity of ArcoRegistration District No. 59File No. 81511

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2129 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ella Merle HardySex of  
Child FTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate? yesDate of  
BirthJune 28

(Month) (Day)

19 20  
(Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

RESIDENCE

Louis Myron HardyArco, Ida

COLOR

WAGE AT LAST  
BIRTHDAY4-8  
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeFULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

Ella ChildArco Ida

COLOR

WAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 11 Number of children of this mother now living including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

alive, at 4 P. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

A. R. Cannon

(Physician or midwife)

Given names added from a supplemental report.

19

Address

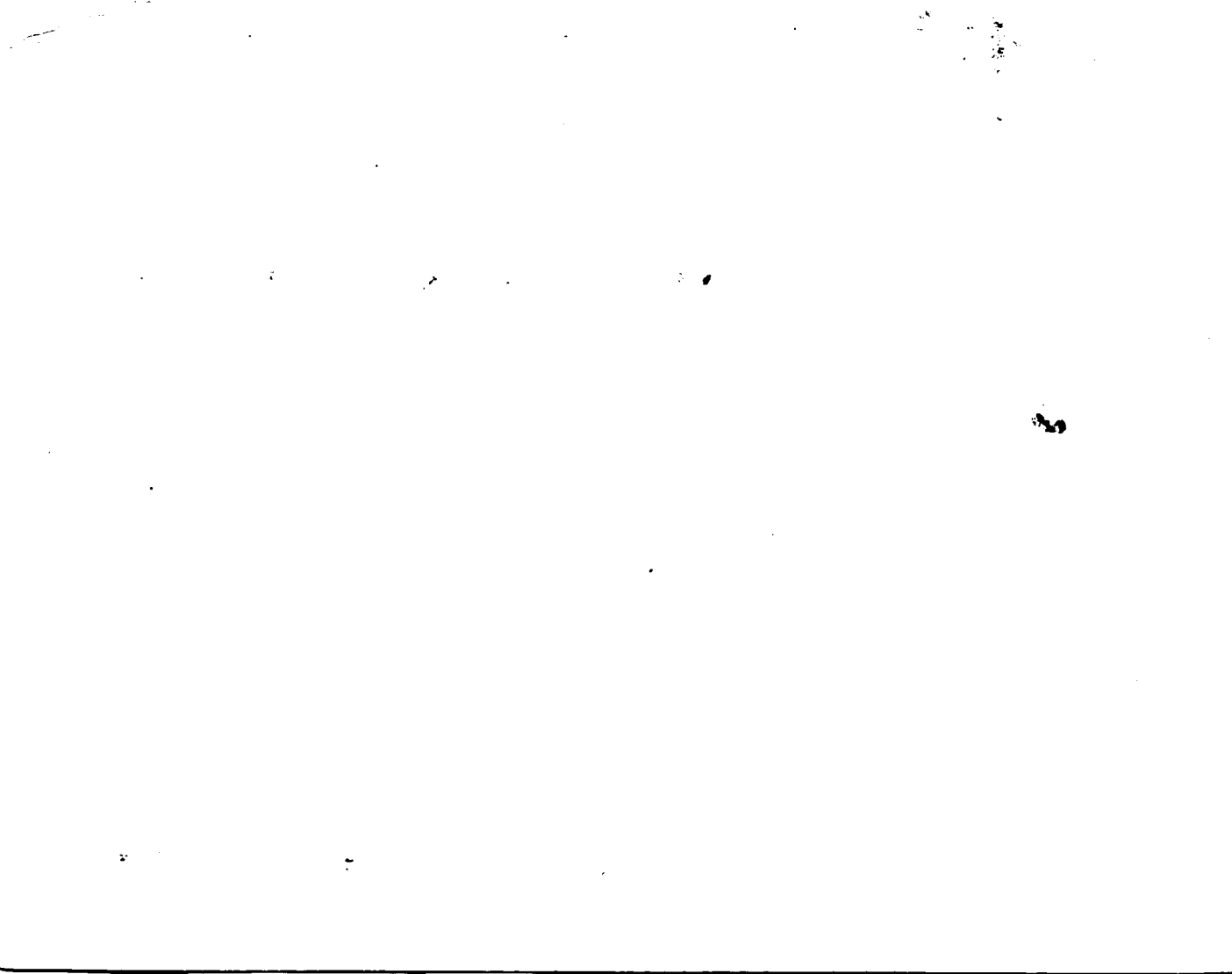
Arco Ida

Filed

July 119 20

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-111-012-385

## PLACE OF BIRTH

For.

-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ButteCity of MooreRegistration District No. 59File No. 81512

No. \_\_\_\_\_ St.

Primary Registration District No. 2129

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

JOHN

L.

BillsSex of  
ChildMaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
matedYesDate of  
Birth7 11

19

20

(Month)

(Day)

(Year)

FULL  
NAMEFATHER  
John Lawrence BillsFULL  
MAIDEN  
NAMEMOTHER  
Agnes Te Chernien

RESIDENCE

Moore, Idaho

RESIDENCE

Moore, Idaho

COLOR

white

AGE AT LAST

BIRTHDAY

30

(Years)

COLOR

white

AGE AT LAST

BIRTHDAY

33

(Years)

BIRTHPLACE

Milwaukee, Wis

BIRTHPLACE

Pleasant Green, Wash

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 1230 P. M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

E. W. Fox

(Physician or midwife)

Given names added from a supplemental report.

19

Address

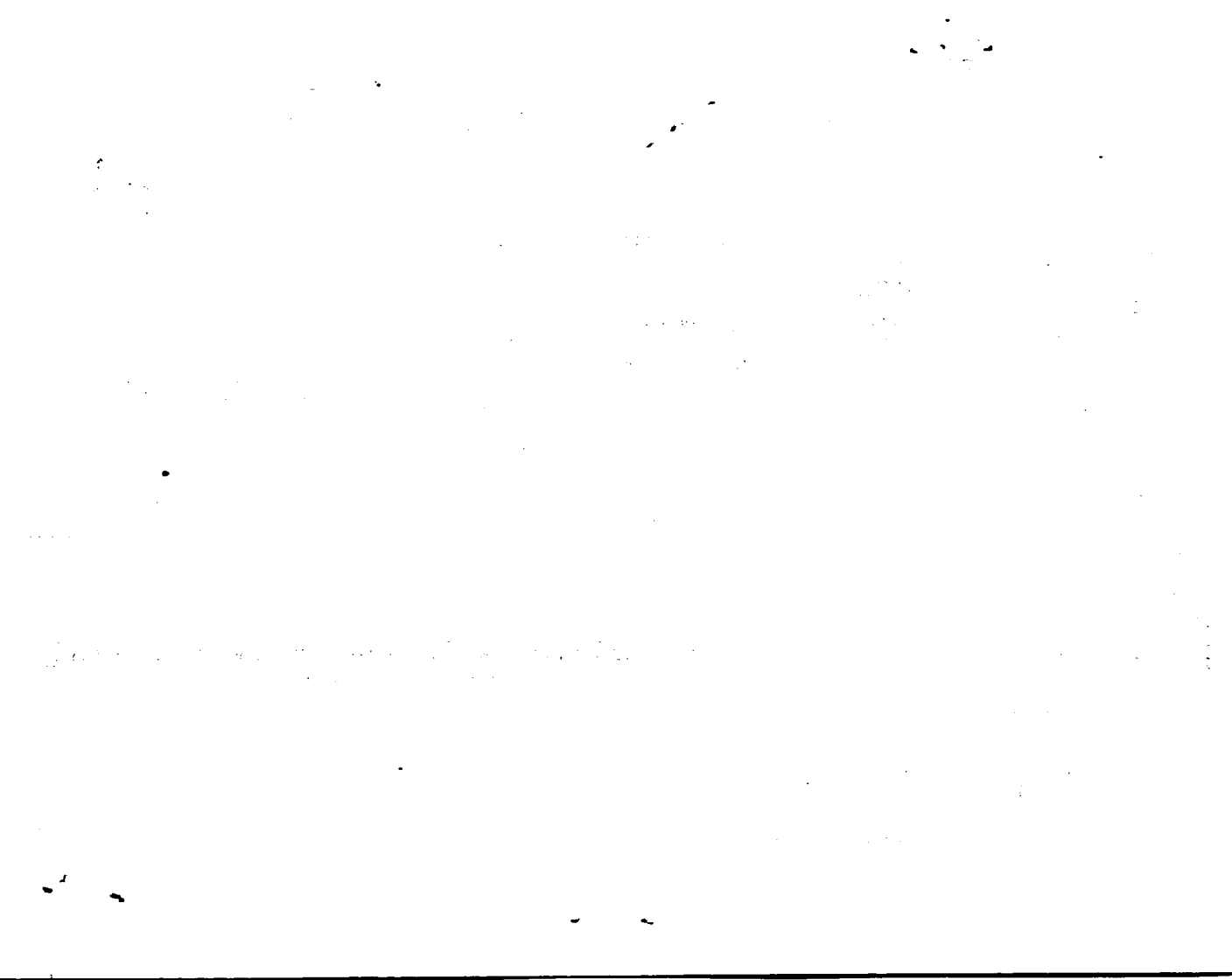
Arco, Idaho

Filed

7-11-12 E W F

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }  
County of Salt Lake } ss.

Certificate No. 81512

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of John L. Bills who Born on July 11, 1920 (Birth or Death) for moore, Idaho (Name on Original Certificate) (Was Born or Died) on July 11, 1920 (Date of Event) in moore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)  
Name Unnamed

TO  
(The Correct Facts)  
John L. Bills

Subscribed and sworn to before me this 14th day of July, 1942  
W. H. Stephens  
Notary Public, residing at Ogden, Utah  
My commission expires Feb 14, 1944  
(Seal)

Signed Agnes H. L. Bills - Wife  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)  
2619 So 8 E Salt Lake City  
(Street Address, City, State) Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }  
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this July day of 14th, 1942  
W. H. Stephens  
Notary Public, residing at Ogden, Utah  
My commission expires Feb 14, 1944  
(Seal)

Signed Rosa Bills Reynolds  
(Signature of Any Credible Person Other Than Previous Year)  
1352 Roosevelt  
(Street Address, City, State) Salt Lake City, Utah

JUL 16 1942

JUL 15 1942

962-112,012-249

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of ButteCity of ArcoRegistration District No. 59File No. 81513

No. ....

St. ....

Primary Registration District No. 2129

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Keith B. Robinson

Sex of Child

MTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti-  
mate?yesDate of  
BirthJuly 1220

(Month) (Day) (Year)

FATHER  
FULL  
NAMEBenj. Walter RobinsonMOTHER  
FULL  
MAIDEN  
NAMEHortensia Smith

RESIDENCE

Arco

RESIDENCE

Arco

COLOR

W

AGE AT LAST

31

BIRTHDAY

(Years)

COLOR

W

AGE AT LAST

30

BIRTHDAY

(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at Arco,  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

R. M. Cannon

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Arco

Filed

July 14 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JUN 25 1968

6.1



815117.012693

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of ButteCity of ArcoRegistration District No. 59File No. 81514

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2129

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lloyd Sherwood HansenSex of Child MTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJuly 17 20  
Month Day YearFULL  
NAMENels Hansen

FATHER

RESIDENCE

Arco

COLOR

WAGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

Denmark

OCCUPATION

BlacksmithFULL  
MAIDEN  
NAMEChristiana Wilkinson

MOTHER

RESIDENCE

Arco

COLOR

WAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Montana

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

2:15 P.M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. W. H. Cannon

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Arco, Ida

Filed

July 19 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JAN 21 1942

JUL 2 1940

DECEASED

253130-012-212

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of ButteCity of ArcoRegistration District No. 59File No. 81515

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2129 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

EVAN DUANE

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legitimacy <u>yes</u>	Date of Birth <u>7-30-1912</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------	-----------------------	--

FATHER  
FULL NAME David Evan DeluapMOTHER  
FULL MAIDEN NAME Arvis L. BakerRESIDENCE Arco, IdahoRESIDENCE Arco, IdahoCOLOR White AGE AT LAST BIRTHDAY 25 (Years)COLOR White AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE Hooper, UtahBIRTHPLACE Santa Rosa, N.M.OCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 845 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Fox  
Physician or midwife

Given names added from a supplemental report.

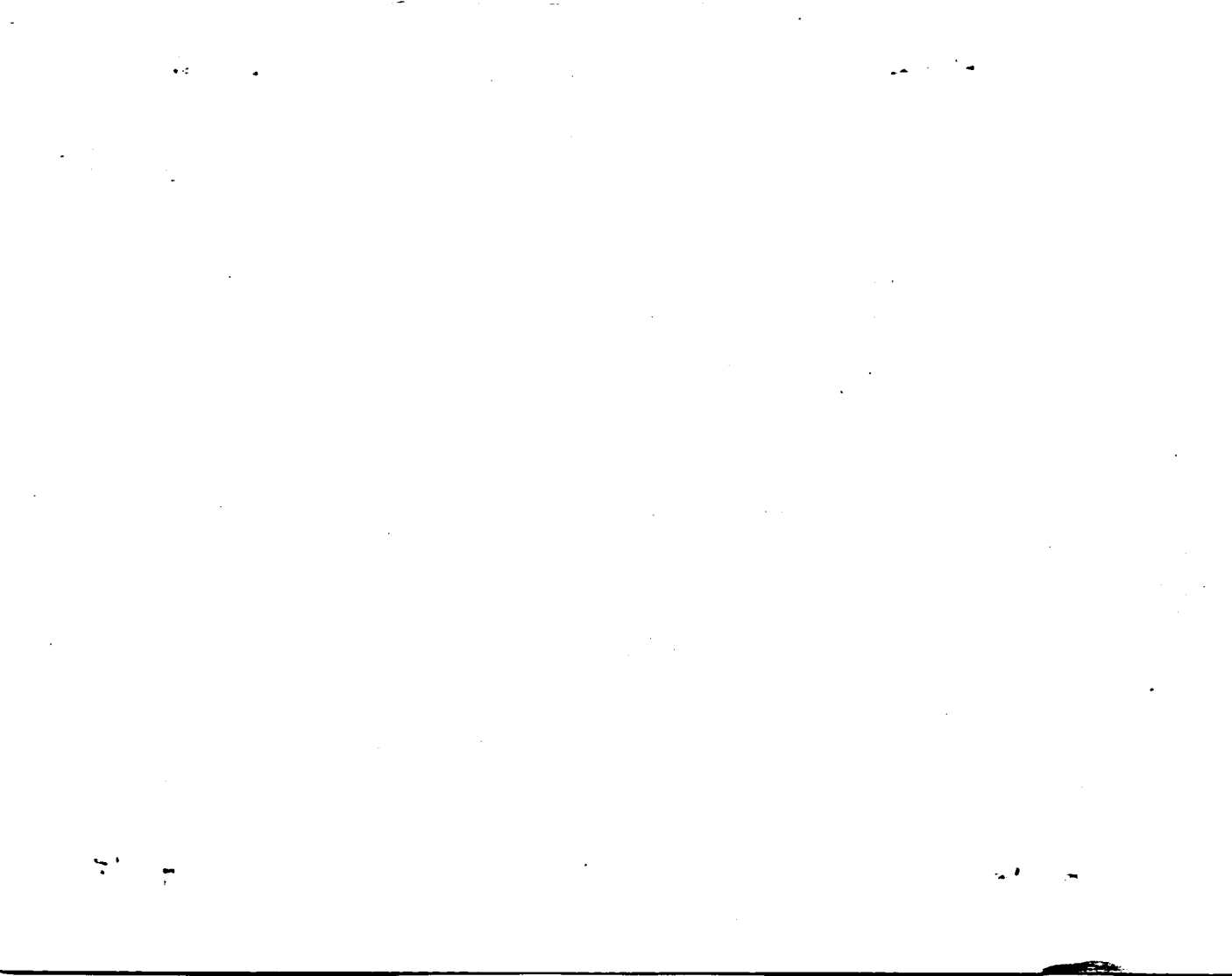
Address Arco, Idaho  
Filed 7-31-12 Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Oregon }  
County of Malheur } ss. Certificate No. 81515  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth  
(Birth or death)  
for Evan Duane Belnap who born on July 30, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Arco, Butte County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by his mother prepared on ....., are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
<u>Name</u>	<u>Unnamed Belnap</u>	<u>Evan Duane Belnap</u>
.....	.....	.....
.....	.....	.....

Subscribed and sworn to before me this 8th  
day of October, 19 41.  
*[Signature]*  
Notary Public, residing at Vale, Oregon  
My commission expires June 27, 1943  
[SEAL]

Signed Mrs D. E. Belnap  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death record;  
or other credible person.)  
Box 6 Vale Oregon  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss. [This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....  
day of ....., 19.....  
Signed.....  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at .....  
My commission expires.....  
[SEAL] (Street Address, City, State)

Received for filing on ..... By.....  
(Registrar's signature)

OCT 14 1941

415-203  
PL [REDACTED]  
014298  
County of Canyon  
City of Baldwell  
No. 916 Galveston St.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

Registration District No. 3 File No. 81516  
Primary Registration District No. 1005 Registered No. 186  
Hospital \_\_\_\_\_  
FULL NAME OF CHILD Mary Frances Manchester

Sex of Child Female Twin Triplet or other? and Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth Aug. 3 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Lowell Manchester FATHER  
RESIDENCE Baldwell  
COLOR White AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Mechanic

FULL MAIDEN NAME Addie Bryce MOTHER  
RESIDENCE Baldwell  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Illinois  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 12:50 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. M. Kaley  
J. M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

8-4-1920 John S. Meyer  
Registrar

Registrar

4/10/41

L. B.



918-101-214-366

PLACE OF BIRTH name added 6-21-82 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of CanyonCity of CaldwellRegistration District No. 3File No. 81517

No. \_\_\_\_\_ St.

Primary Registration District No. 2005Registered No. 187

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Billy Rayne

Sex of Child <u>Male</u>	Twin Triplet or other? <u>3</u>	and	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Aug. 3, 1920</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME <u>W. Amos Rayne</u>	FATHER
RESIDENCE <u>Caldwell</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Leak High, Iowa</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Pearl Cookson</u>	MOTHER
RESIDENCE <u>Caldwell</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Mt. Sterling, Ill</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1 (Number of children of this mother now living, including present birth. 1)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Born alive, at 10:00 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

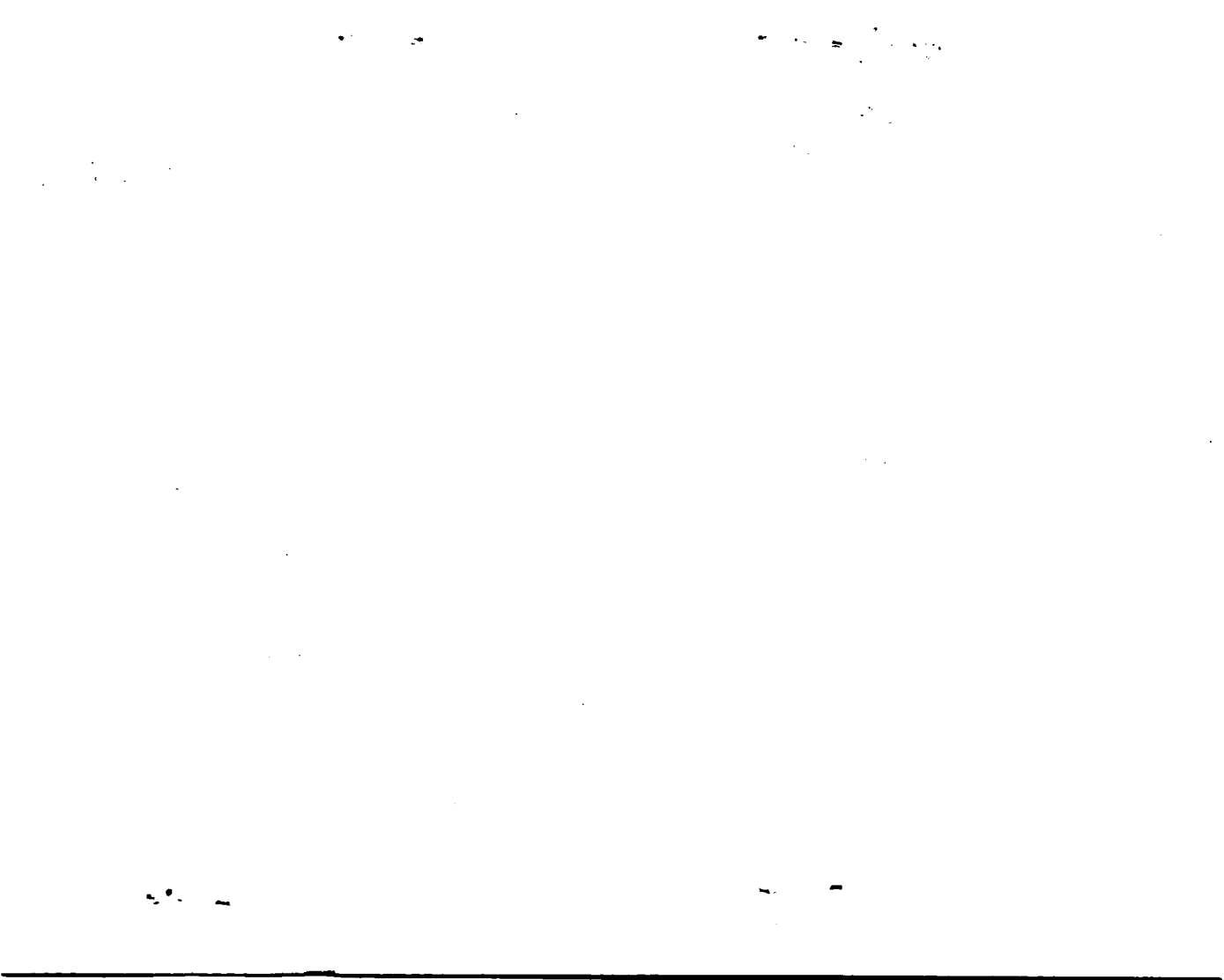
Given names added from a supplemental report.

19

Address Caldwell, IdFiled 8-6-1920

Registrar

Registrar



5-20-82

**RECEIVED**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

**Bureau of Vital Statistics**

Certificate No. 81517

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Rayne who was born on Aug 3, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Caldwell (Canyon) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Unnamed</u>	<u>Billy Rayne</u>

Subscribed and sworn to before me this 27<sup>th</sup> day of

May 1982

Notary Public, Val Jean Bunnell

Residing at Middleton, Idaho

My commission expires 12/13/85

(Seal)

Billy Rayne  
Signature of Applicant  
306 W 2ND ST. N. MIDDLETON IDA  
Street Address, City, State 8364K

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of IDAHO }  
County of CANYON } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27<sup>th</sup> day of

May 1982

Notary Public, Val Jean Bunnell

Residing at Middleton, Idaho

My commission expires 12/13/85

(Seal)

Sam Brown  
Supporting Signature  
410 Elderberry Ln Middleton  
Street Address, City, State Idaho

Insurance Application from Modern Woodmen of America gives Husband as Billy Rayne born 8-3-20 in Caldwell, age 40 at time of application. Viewed by V.S.

**JUN 21 1982**

Closing statement for Escrow gives name of owner as Billy Rayne and Village of Middleton dated 8-3-66 by Canyon Abstract and Title Co. Viewed by V.S.

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of CanyonAmended 3/5/18 **CERTIFICATE OF BIRTH**City of CaldwellRegistration District No. 3

File No.

**81518**

No. \_\_\_\_\_ St.

Primary Registration District No. 1005 Registered No. 186

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Shirley Katherine

Bardsley

Sex of Child <u>Female</u>	Twin Triplet or other? <u>8</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug 1</u> 19 <u>20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME Charles M. Bardsley  
RESIDENCE Madison  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Middleton, Ida  
OCCUPATION Merchant

MOTHER  
FULL MAIDEN NAME Irene Welch  
RESIDENCE Nampa  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Baker, Oregon  
OCCUPATION Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:45 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. E. M.D.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address Caldwell, IdaFiled 8-6- 1920

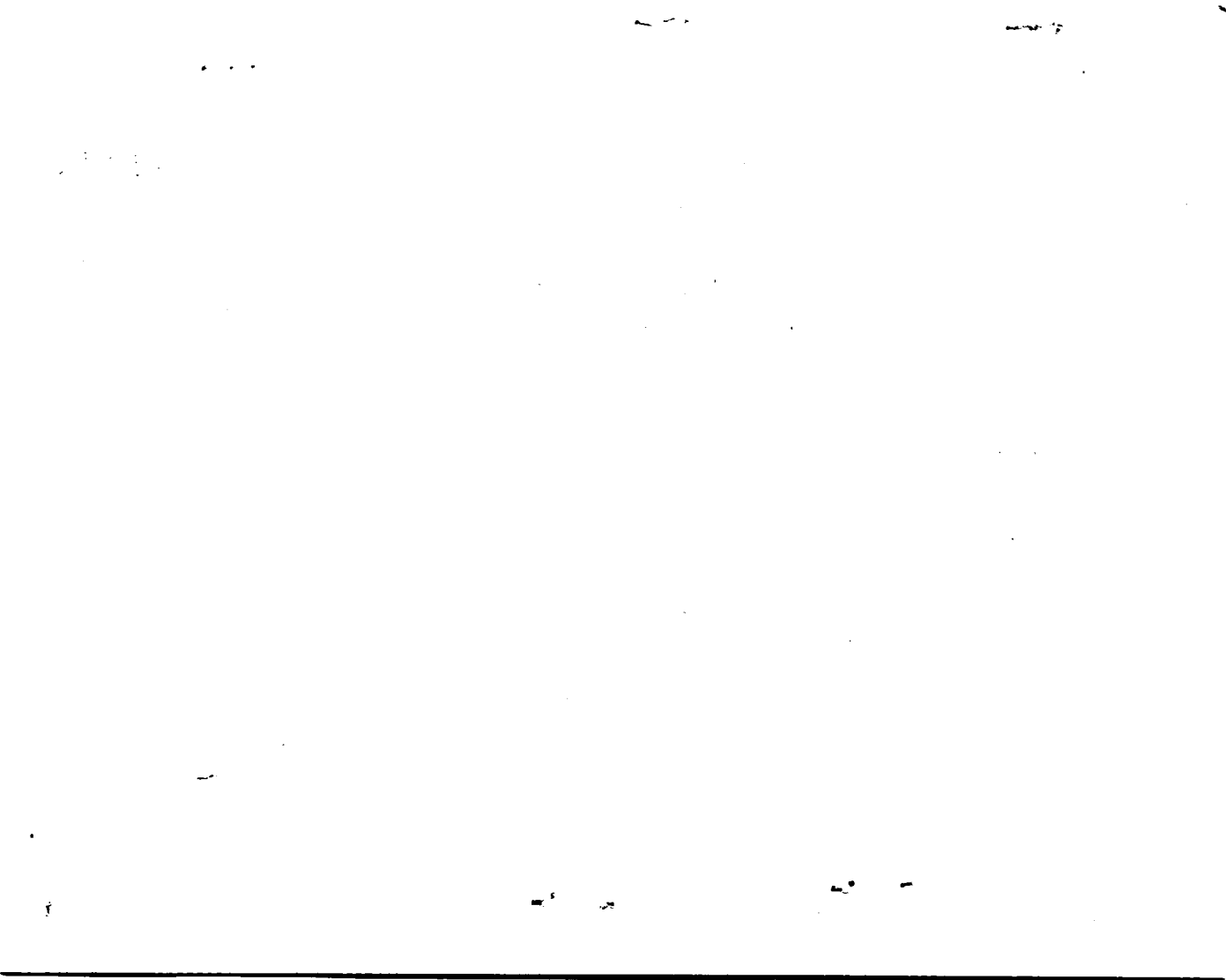
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



3576

## IDAHO DEPARTMENT OF HEALTH

RECEIVED  
BUREAU OF VITAL STATISTICS

## Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho

Certificate No. 81518

County of

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Cathreen Shirley Bardsley who was born on Aug. 1, 1920  
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by prepared on are:FACTS TO BE CORRECTED  
("Name," "Birth Date," "Cause of Death," Etc.)FROM  
(As on Original)TO  
(The Correct Facts)

Name

Cathreen Shirley Bardsley

Shirley Katherine Bardsley

Subscribed and sworn to before me this 5 day of

Sept. 18, 1976  
Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1976

(Seal)

Signed Donna J. Schamber  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)5005 Valley Road, Boise, Idaho 83705  
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of

County of

ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of

, 19

Signed  
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires

(Seal)

(Street Address, City, State)

Social Security Account Number Card # 518-18-0862 give name as Shirley  
Katherine Simpson, Form OA-702.1 Rev. 7-49 Federal Security Agency , Social  
Viewed by VS Security Administration.

MAR 5 1976

Own child birth certificate Susan Elaine Simpson born Agu. 24, 1953 at  
Caldwell, Idaho State file # 53-9806 gives mothers name as Shirley Katherine  
Bardsley.  
Viewed by VS



814-101-014-951

## PLACE OF BIRTH

County of CanyonCity of Middleton

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Roy YamadaSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

## CERTIFICATE OF BIRTH

Registration District No. 3

File No.

81519Primary Registration District No. 2005

Registered No.

185

Sex of Child <u>Male</u>	Was Triplet or other? <u>No</u>	and { Number in order of birth <u>4th</u> }	Legitimate? <u>yes</u>	Date of Birth <u>Aug 1</u> 19 <u>40</u> (Month) (Day) (Year)
--------------------------	---------------------------------	---	------------------------	---

FULL NAME <u>Sukeichiro Yamada</u>	FATHER
RESIDENCE <u>Emmett Ida (Deceased)</u>	
COLOR <u>Yellow</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Gardner</u>	

FULL MAIDEN NAME <u>Shin Inaba</u>	MOTHER
RESIDENCE <u>Middleton Ida</u>	
COLOR <u>Yellow</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth. 4thNumber of children of this mother now living, including present birth. 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive  
(Born alive or stillborn)at 2:00 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. S. Meyer  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

- 1 Certified copy 10/2/34  
1 Certified copy 10/18/34  
1 Photostat copy 12/12/41

Address

Middleton Idaho

Filed

8-7-1920John S. Meyer  
Registrar

PLANT CONSTITUTION, 1954-1955, 1956-1957, 1958-1959, 1960-1961, 1962-1963, 1964-1965, 1966-1967, 1968-1969, 1970-1971, 1972-1973, 1974-1975, 1976-1977, 1978-1979, 1980-1981, 1982-1983, 1984-1985, 1986-1987, 1988-1989, 1990-1991, 1992-1993, 1994-1995, 1996-1997, 1998-1999, 2000-2001, 2002-2003, 2004-2005, 2006-2007, 2008-2009, 2010-2011, 2012-2013, 2014-2015, 2016-2017, 2018-2019, 2020-2021, 2022-2023, 2024-2025, 2026-2027, 2028-2029, 2030-2031, 2032-2033, 2034-2035, 2036-2037, 2038-2039, 2040-2041, 2042-2043, 2044-2045, 2046-2047, 2048-2049, 2050-2051, 2052-2053, 2054-2055, 2056-2057, 2058-2059, 2060-2061, 2062-2063, 2064-2065, 2066-2067, 2068-2069, 2070-2071, 2072-2073, 2074-2075, 2076-2077, 2078-2079, 2080-2081, 2082-2083, 2084-2085, 2086-2087, 2088-2089, 2090-2091, 2092-2093, 2094-2095, 2096-2097, 2098-2099, 2100-2101, 2102-2103, 2104-2105, 2106-2107, 2108-2109, 2110-2111, 2112-2113, 2114-2115, 2116-2117, 2118-2119, 2120-2121, 2122-2123, 2124-2125, 2126-2127, 2128-2129, 2130-2131, 2132-2133, 2134-2135, 2136-2137, 2138-2139, 2140-2141, 2142-2143, 2144-2145, 2146-2147, 2148-2149, 2150-2151, 2152-2153, 2154-2155, 2156-2157, 2158-2159, 2160-2161, 2162-2163, 2164-2165, 2166-2167, 2168-2169, 2170-2171, 2172-2173, 2174-2175, 2176-2177, 2178-2179, 2180-2181, 2182-2183, 2184-2185, 2186-2187, 2188-2189, 2190-2191, 2192-2193, 2194-2195, 2196-2197, 2198-2199, 2200-2201, 2202-2203, 2204-2205, 2206-2207, 2208-2209, 2210-2211, 2212-2213, 2214-2215, 2216-2217, 2218-2219, 2220-2221, 2222-2223, 2224-2225, 2226-2227, 2228-2229, 2230-2231, 2232-2233, 2234-2235, 2236-2237, 2238-2239, 2240-2241, 2242-2243, 2244-2245, 2246-2247, 2248-2249, 2250-2251, 2252-2253, 2254-2255, 2256-2257, 2258-2259, 2260-2261, 2262-2263, 2264-2265, 2266-2267, 2268-2269, 2270-2271, 2272-2273, 2274-2275, 2276-2277, 2278-2279, 2280-2281, 2282-2283, 2284-2285, 2286-2287, 2288-2289, 2290-2291, 2292-2293, 2294-2295, 2296-2297, 2298-2299, 2300-2301, 2302-2303, 2304-2305, 2306-2307, 2308-2309, 2310-2311, 2312-2313, 2314-2315, 2316-2317, 2318-2319, 2320-2321, 2322-2323, 2324-2325, 2326-2327, 2328-2329, 2330-2331, 2332-2333, 2334-2335, 2336-2337, 2338-2339, 2340-2341, 2342-2343, 2344-2345, 2346-2347, 2348-2349, 2350-2351, 2352-2353, 2354-2355, 2356-2357, 2358-2359, 2360-2361, 2362-2363, 2364-2365, 2366-2367, 2368-2369, 2370-2371, 2372-2373, 2374-2375, 2376-2377, 2378-2379, 2380-2381, 2382-2383, 2384-2385, 2386-2387, 2388-2389, 2390-2391, 2392-2393, 2394-2395, 2396-2397, 2398-2399, 2400-2401, 2402-2403, 2404-2405, 2406-2407, 2408-2409, 2410-2411, 2412-2413, 2414-2415, 2416-2417, 2418-2419, 2420-2421, 2422-2423, 2424-2425, 2426-2427, 2428-2429, 2430-2431, 2432-2433, 2434-2435, 2436-2437, 2438-2439, 2440-2441, 2442-2443, 2444-2445, 2446-2447, 2448-2449, 2450-2451, 2452-2453, 2454-2455, 2456-2457, 2458-2459, 2460-2461, 2462-2463, 2464-2465, 2466-2467, 2468-2469, 2470-2471, 2472-2473, 2474-2475, 2476-2477, 2478-2479, 2480-2481, 2482-2483, 2484-2485, 2486-2487, 2488-2489, 2490-2491, 2492-2493, 2494-2495, 2496-2497, 2498-2499, 2500-2501, 2502-2503, 2504-2505, 2506-2507, 2508-2509, 2510-2511, 2512-2513, 2514-2515, 2516-2517, 2518-2519, 2520-2521, 2522-2523, 2524-2525, 2526-2527, 2528-2529, 2530-2531, 2532-2533, 2534-2535, 2536-2537, 2538-2539, 2540-2541, 2542-2543, 2544-2545, 2546-2547, 2548-2549, 2550-2551, 2552-2553, 2554-2555, 2556-2557, 2558-2559, 2560-2561, 2562-2563, 2564-2565, 2566-2567, 2568-2569, 2570-2571, 2572-2573, 2574-2575, 2576-2577, 2578-2579, 2580-2581, 2582-2583, 2584-2585, 2586-2587, 2588-2589, 2590-2591, 2592-2593, 2594-2595, 2596-2597, 2598-2599, 2600-2601, 2602-2603, 2604-2605, 2606-2607, 2608-2609, 2610-2611, 2612-2613, 2614-2615, 2616-2617, 2618-2619, 2620-2621, 2622-2623, 2624-2625, 2626-2627, 2628-2629, 2630-2631, 2632-2633, 2634-2635, 2636-2637, 2638-2639, 2640-2641, 2642-2643, 2644-2645, 2646-2647, 2648-2649, 2650-2651, 2652-2653, 2654-2655, 2656-2657, 2658-2659, 2660-2661, 2662-2663, 2664-2665, 2666-2667, 2668-2669, 2670-2671, 2672-2673, 2674-2675, 2676-2677, 2678-2679, 2680-2681, 2682-2683, 2684-2685, 2686-2687, 2688-2689, 2690-2691, 2692-2693, 2694-2695, 2696-2

295-131-014-319

## PLACE OF BIRTH

County of CanyonCity of Caldwell

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

Registration District No. 3 File No. 81520Primary Registration District No. 1005 Registered No. 184

Sex of Child Male Twin Triplet or other? 3 and { Number in order of birth 1 Legiti mate? yes Date of Birth July 31 1920  
(To be answered only in event of plural births) Month (Day) (Year)

FATHER  
FULL NAME Thomas A. King  
RESIDENCE Caldwell  
COLOR White AGE AT LAST BIRTHDAY 36 (Years)  
BIRTHPLACE Lara, Ontario  
OCCUPATION Mechanic

MOTHER  
FULL MAIDEN NAME Bertha Carter  
RESIDENCE Caldwell  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Gola, Kans.  
OCCUPATION Housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive 5:10 at 5:10 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

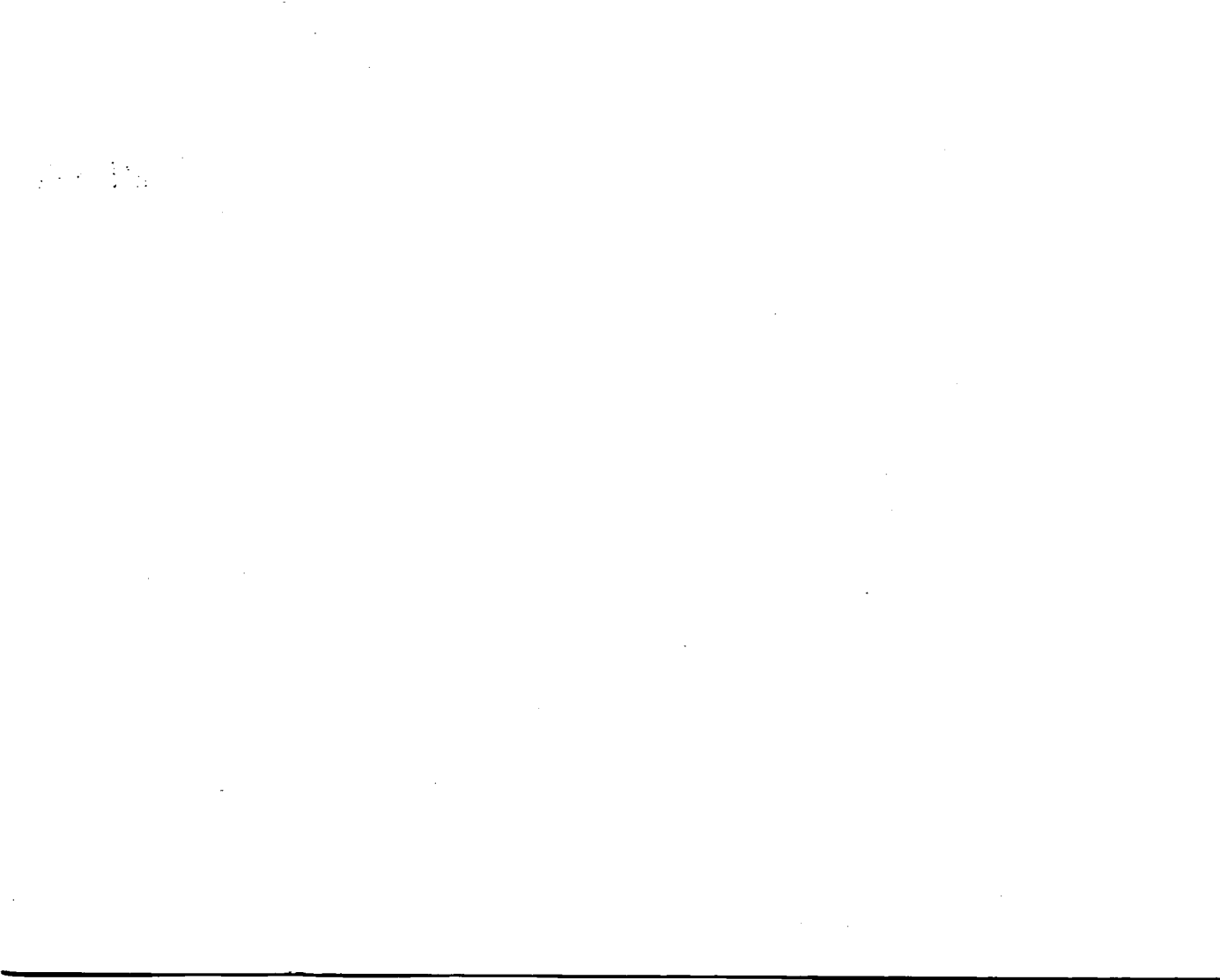
19\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

AMENDED OCTOBER 23, 1951  
PLACE OF BIRTH

493-131-014 415

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Route 5 St.

Registration District No. 3

File No. 81521

Hospital

Primary Registration District No. 2005

Registered No. 183

FULL NAME OF CHILD LEWIS WALTER DILLE

(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>July 31</u> (Month) (Day) (Year) <u>1920</u>
-----------------------------	---	--	--------------------------------	---

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FULL NAME <u>FATHER</u> <u>Monroe Waite Dille</u>
RESIDENCE <u>Caldwell</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Colorado</u>
OCCUPATION <u>Farming</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Ada Belle Mans</u>
RESIDENCE <u>Caldwell</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Iowa</u>
OCCUPATION <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:15 A.M.  
on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

Give names added from a supplemental report.

....., 192.....

.....  
Registrar.

(Signature) C. M. Kaley  
M. D.  
(Physician or midwife)

Address .....

Filed Aug. 2 1920 John S. Meyer

Registrar.

1. NAME OF THE PARTY 2. ADDRESS 3. CITY 4. STATE 5. ZIP CODE 6. PHONE NUMBER 7. FAX NUMBER 8. E-MAIL ADDRESS 9. TITLE 10. ORGANIZATION 11. DATE 12. SIGNATURE 13. PRINTED NAME 14. ADDRESS 15. CITY 16. STATE 17. ZIP CODE 18. PHONE NUMBER 19. FAX NUMBER 20. E-MAIL ADDRESS 21. TITLE 22. ORGANIZATION 23. DATE 24. SIGNATURE 25. PRINTED NAME 26. ADDRESS 27. CITY 28. STATE 29. ZIP CODE 30. PHONE NUMBER 31. FAX NUMBER 32. E-MAIL ADDRESS 33. TITLE 34. ORGANIZATION 35. DATE 36. SIGNATURE 37. PRINTED NAME 38. ADDRESS 39. CITY 40. STATE 41. ZIP CODE 42. PHONE NUMBER 43. FAX NUMBER 44. E-MAIL ADDRESS 45. TITLE 46. ORGANIZATION 47. DATE 48. SIGNATURE 49. PRINTED NAME 50. ADDRESS 51. CITY 52. STATE 53. ZIP CODE 54. PHONE NUMBER 55. FAX NUMBER 56. E-MAIL ADDRESS 57. TITLE 58. ORGANIZATION 59. DATE 60. SIGNATURE 61. PRINTED NAME 62. ADDRESS 63. CITY 64. STATE 65. ZIP CODE 66. PHONE NUMBER 67. FAX NUMBER 68. E-MAIL ADDRESS 69. TITLE 70. ORGANIZATION 71. DATE 72. SIGNATURE 73. PRINTED NAME 74. ADDRESS 75. CITY 76. STATE 77. ZIP CODE 78. PHONE NUMBER 79. FAX NUMBER 80. E-MAIL ADDRESS 81. TITLE 82. ORGANIZATION 83. DATE 84. SIGNATURE 85. PRINTED NAME 86. ADDRESS 87. CITY 88. STATE 89. ZIP CODE 90. PHONE NUMBER 91. FAX NUMBER 92. E-MAIL ADDRESS 93. TITLE 94. ORGANIZATION 95. DATE 96. SIGNATURE 97. PRINTED NAME 98. ADDRESS 99. CITY 100. STATE 101. ZIP CODE 102. PHONE NUMBER 103. FAX NUMBER 104. E-MAIL ADDRESS 105. TITLE 106. ORGANIZATION 107. DATE 108. SIGNATURE 109. PRINTED NAME 110. ADDRESS 111. CITY 112. STATE 113. ZIP CODE 114. PHONE NUMBER 115. FAX NUMBER 116. E-MAIL ADDRESS 117. TITLE 118. ORGANIZATION 119. DATE 120. SIGNATURE 121. PRINTED NAME 122. ADDRESS 123. CITY 124. STATE 125. ZIP CODE 126. PHONE NUMBER 127. FAX NUMBER 128. E-MAIL ADDRESS 129. TITLE 130. ORGANIZATION 131. DATE 132. SIGNATURE 133. PRINTED NAME 134. ADDRESS 135. CITY 136. STATE 137. ZIP CODE 138. PHONE NUMBER 139. FAX NUMBER 140. E-MAIL ADDRESS 141. TITLE 142. ORGANIZATION 143. DATE 144. SIGNATURE 145. PRINTED NAME 146. ADDRESS 147. CITY 148. STATE 149. ZIP CODE 150. PHONE NUMBER 151. FAX NUMBER 152. E-MAIL ADDRESS 153. TITLE 154. ORGANIZATION 155. DATE 156. SIGNATURE 157. PRINTED NAME 158. ADDRESS 159. CITY 160. STATE 161. ZIP CODE 162. PHONE NUMBER 163. FAX NUMBER 164. E-MAIL ADDRESS 165. TITLE 166. ORGANIZATION 167. DATE 168. SIGNATURE 169. PRINTED NAME 170. ADDRESS 171. CITY 172. STATE 173. ZIP CODE 174. PHONE NUMBER 175. FAX NUMBER 176. E-MAIL ADDRESS 177. TITLE 178. ORGANIZATION 179. DATE 180. SIGNATURE 181. PRINTED NAME 182. ADDRESS 183. CITY 184. STATE 185. ZIP CODE 186. PHONE NUMBER 187. FAX NUMBER 188. E-MAIL ADDRESS 189. TITLE 190. ORGANIZATION 191. DATE 192. SIGNATURE 193. PRINTED NAME 194. ADDRESS 195. CITY 196. STATE 197. ZIP CODE 198. PHONE NUMBER 199. FAX NUMBER 200. E-MAIL ADDRESS 201. TITLE 202. ORGANIZATION 203. DATE 204. SIGNATURE 205. PRINTED NAME 206. ADDRESS 207. CITY 208. STATE 209. ZIP CODE 210. PHONE NUMBER 211. FAX NUMBER 212. E-MAIL ADDRESS 213. TITLE 214. ORGANIZATION 215. DATE 216. SIGNATURE 217. PRINTED NAME 218. ADDRESS 219. CITY 220. STATE 221. ZIP CODE 222. PHONE NUMBER 223. FAX NUMBER 224. E-MAIL ADDRESS 225. TITLE 226. ORGANIZATION 227. DATE 228. SIGNATURE 229. PRINTED NAME 230. ADDRESS 231. CITY 232. STATE 233. ZIP CODE 234. PHONE NUMBER 235. FAX NUMBER 236. E-MAIL ADDRESS 237. TITLE 238. ORGANIZATION 239. DATE 240. SIGNATURE 241. PRINTED NAME 242. ADDRESS 243. CITY 244. STATE 245. ZIP CODE 246. PHONE NUMBER 247. FAX NUMBER 248. E-MAIL ADDRESS 249. TITLE 250. ORGANIZATION 251. DATE 252. SIGNATURE 253. PRINTED NAME 254. ADDRESS 255. CITY 256. STATE 257. ZIP CODE 258. PHONE NUMBER 259. FAX NUMBER 260. E-MAIL ADDRESS 261. TITLE 262. ORGANIZATION 263. DATE 264. SIGNATURE 265. PRINTED NAME 266. ADDRESS 267. CITY 268. STATE 269. ZIP CODE 270. PHONE NUMBER 271. FAX NUMBER 272. E-MAIL ADDRESS 273. TITLE 274. ORGANIZATION 275. DATE 276. SIGNATURE 277. PRINTED NAME 278. ADDRESS 279. CITY 280. STATE 281. ZIP CODE 282. PHONE NUMBER 283. FAX NUMBER 284. E-MAIL ADDRESS 285. TITLE 286. ORGANIZATION 287. DATE 288. SIGNATURE 289. PRINTED NAME 290. ADDRESS 291. CITY 292. STATE 293. ZIP CODE 294. PHONE NUMBER 295. FAX NUMBER 296. E-MAIL ADDRESS 297. TITLE 298. ORGANIZATION 299. DATE 300. SIGNATURE 301. PRINTED NAME 302. ADDRESS 303. CITY 304. STATE 305. ZIP CODE 306. PHONE NUMBER 307. FAX NUMBER 308. E-MAIL ADDRESS 309. TITLE 310. ORGANIZATION 311. DATE 312. SIGNATURE 313. PRINTED NAME 314. ADDRESS 315. CITY 316. STATE 317. ZIP CODE 318. PHONE NUMBER 319. FAX NUMBER 320. E-MAIL ADDRESS 321. TITLE 322. ORGANIZATION 323. DATE 324. SIGNATURE 325. PRINTED NAME 326. ADDRESS 327. CITY 328. STATE 329. ZIP CODE 330. PHONE NUMBER 331. FAX NUMBER 332. E-MAIL ADDRESS 333. TITLE 334. ORGANIZATION 335. DATE 336. SIGNATURE 337. PRINTED NAME 338. ADDRESS 339. CITY 340. STATE 341. ZIP CODE 342. PHONE NUMBER 343. FAX NUMBER 344. E-MAIL ADDRESS 345. TITLE 346. ORGANIZATION 347. DATE 348. SIGNATURE 349. PRINTED NAME 350. ADDRESS 351. CITY 352. STATE 353. ZIP CODE 354. PHONE NUMBER 355. FAX NUMBER 356. E-MAIL ADDRESS 357. TITLE 358. ORGANIZATION 359. DATE 360. SIGNATURE 361. PRINTED NAME 362. ADDRESS 363. CITY 364. STATE 365. ZIP CODE 366. PHONE NUMBER 367. FAX NUMBER 368. E-MAIL ADDRESS 369. TITLE 370. ORGANIZATION 371. DATE 372. SIGNATURE 373. PRINTED NAME 374. ADDRESS 375. CITY 376. STATE 377. ZIP CODE 378. PHONE NUMBER 379. FAX NUMBER 380. E-MAIL ADDRESS 381. TITLE 382. ORGANIZATION 383. DATE 384. SIGNATURE 385. PRINTED NAME 386. ADDRESS 387. CITY 388. STATE 389. ZIP CODE 390. PHONE NUMBER 391. FAX NUMBER 392. E-MAIL ADDRESS 393. TITLE 394. ORGANIZATION 395. DATE 396. SIGNATURE 397. PRINTED NAME 398. ADDRESS 399. CITY 400. STATE 401. ZIP CODE 402. PHONE NUMBER 403. FAX NUMBER 404. E-MAIL ADDRESS 405. TITLE 406. ORGANIZATION 407. DATE 408. SIGNATURE 409. PRINTED NAME 410. ADDRESS 411. CITY 412. STATE 413. ZIP CODE 414. PHONE NUMBER 415. FAX NUMBER 416. E-MAIL ADDRESS 417. TITLE 418. ORGANIZATION 419. DATE 420. SIGNATURE 421. PRINTED NAME 422. ADDRESS 423. CITY 424. STATE 425. ZIP CODE 426. PHONE NUMBER 427. FAX NUMBER 428. E-MAIL ADDRESS 429. TITLE 430. ORGANIZATION 431. DATE 432. SIGNATURE 433. PRINTED NAME 434. ADDRESS 435. CITY 436. STATE 437. ZIP CODE 438. PHONE NUMBER 439. FAX NUMBER 440. E-MAIL ADDRESS 441. TITLE 442. ORGANIZATION 443. DATE 444. SIGNATURE 445. PRINTED NAME 446. ADDRESS 447. CITY 448. STATE 449. ZIP CODE 450. PHONE NUMBER 451. FAX NUMBER 452. E-MAIL ADDRESS 453. TITLE 454. ORGANIZATION 455. DATE 456. SIGNATURE 457. PRINTED NAME 458. ADDRESS 459. CITY 460. STATE 461. ZIP CODE 462. PHONE NUMBER 463. FAX NUMBER 464. E-MAIL ADDRESS 465. TITLE 466. ORGANIZATION 467. DATE 468. SIGNATURE 469. PRINTED NAME 470. ADDRESS 471. CITY 472. STATE 473. ZIP CODE 474. PHONE NUMBER 475. FAX NUMBER 476. E-MAIL ADDRESS 477. TITLE 478. ORGANIZATION 479. DATE 480. SIGNATURE 481. PRINTED NAME 482. ADDRESS 483. CITY 484. STATE 485. ZIP CODE 486. PHONE NUMBER 487. FAX NUMBER 488. E-MAIL ADDRESS 489. TITLE 490. ORGANIZATION 491. DATE 492. SIGNATURE 493. PRINTED NAME 494. ADDRESS 495. CITY 496. STATE 497. ZIP CODE 498. PHONE NUMBER 499. FAX NUMBER 500. E-MAIL ADDRESS 501. TITLE 502. ORGANIZATION 503. DATE 504. SIGNATURE 505. PRINTED NAME 506. ADDRESS 507. CITY 508. STATE 509. ZIP CODE 510. PHONE NUMBER 511. FAX NUMBER 512. E-MAIL ADDRESS 513. TITLE 514. ORGANIZATION 515. DATE 516. SIGNATURE 517. PRINTED NAME 518. ADDRESS 519. CITY 520. STATE 521. ZIP CODE 522. PHONE NUMBER 523. FAX NUMBER 524. E-MAIL ADDRESS 525. TITLE 526. ORGANIZATION 527. DATE 528. SIGNATURE 529. PRINTED NAME 530. ADDRESS 531. CITY 532. STATE 533. ZIP CODE 534. PHONE NUMBER 535. FAX NUMBER 536. E-MAIL ADDRESS 537. TITLE 538. ORGANIZATION 539. DATE 540. SIGNATURE 541. PRINTED NAME 542. ADDRESS 543. CITY 544. STATE 545. ZIP CODE 546. PHONE NUMBER 547. FAX NUMBER 548. E-MAIL ADDRESS 549. TITLE 550. ORGANIZATION 551. DATE 552. SIGNATURE 553. PRINTED NAME 554. ADDRESS 555. CITY 556. STATE 557. ZIP CODE 558. PHONE NUMBER 559. FAX NUMBER 560. E-MAIL ADDRESS 561. TITLE 562. ORGANIZATION 563. DATE 564. SIGNATURE 565. PRINTED NAME 566. ADDRESS 567. CITY 568. STATE 569. ZIP CODE 570. PHONE NUMBER 571. FAX NUMBER 572. E-MAIL ADDRESS 573. TITLE 574. ORGANIZATION 575. DATE 576. SIGNATURE 577. PRINTED NAME 578. ADDRESS 579. CITY 580. STATE 581. ZIP CODE 582. PHONE NUMBER 583. FAX NUMBER 584. E-MAIL ADDRESS 585. TITLE 586. ORGANIZATION 587. DATE 588. SIGNATURE 589. PRINTED NAME 590. ADDRESS 591. CITY 592. STATE 593. ZIP CODE 594. PHONE NUMBER 595. FAX NUMBER 596. E-MAIL ADDRESS 597. TITLE 598. ORGANIZATION 599. DATE 600. SIGNATURE 601. PRINTED NAME 602. ADDRESS 603. CITY 604. STATE 605. ZIP CODE 606. PHONE NUMBER 607. FAX NUMBER 608. E-MAIL ADDRESS 609. TITLE 610. ORGANIZATION 611. DATE 612. SIGNATURE 613. PRINTED NAME 614. ADDRESS 615. CITY 616. STATE 617. ZIP CODE 618. PHONE NUMBER 619. FAX NUMBER 620. E-MAIL ADDRESS 621. TITLE 622. ORGANIZATION 623. DATE 624. SIGNATURE 625. PRINTED NAME 626. ADDRESS 627. CITY 628. STATE 629. ZIP CODE 630. PHONE NUMBER 631. FAX NUMBER 632. E-MAIL ADDRESS 633. TITLE 634. ORGANIZATION 635. DATE 636. SIGNATURE 637. PRINTED NAME 638. ADDRESS 639. CITY 640. STATE 641. ZIP CODE 642. PHONE NUMBER 643. FAX NUMBER 644. E-MAIL ADDRESS 645. TITLE 646. ORGANIZATION 647. DATE 648. SIGNATURE 649. PRINTED NAME 650. ADDRESS 651. CITY 652. STATE 653. ZIP CODE 654. PHONE NUMBER 655. FAX NUMBER 656. E-MAIL ADDRESS 657. TITLE 658. ORGANIZATION 659. DATE 660. SIGNATURE 661. PRINTED NAME 662. ADDRESS 663. CITY 664. STATE 665. ZIP CODE 666. PHONE NUMBER 667. FAX NUMBER 668. E-MAIL ADDRESS 669. TITLE 670. ORGANIZATION 671. DATE 672. SIGNATURE 673. PRINTED NAME 674. ADDRESS 675. CITY 676. STATE 677. ZIP CODE 678. PHONE NUMBER 679. FAX NUMBER 680. E-MAIL ADDRESS 681. TITLE 682. ORGANIZATION 683. DATE 684. SIGNATURE 685. PRINTED NAME 686. ADDRESS 687. CITY 688. STATE 689. ZIP CODE 690. PHONE NUMBER 691. FAX NUMBER 692. E-MAIL ADDRESS 693. TITLE 694. ORGANIZATION 695. DATE 696. SIGNATURE 697. PRINTED NAME 698. ADDRESS 699. CITY 700. STATE 701. ZIP CODE 702. PHONE NUMBER 703. FAX NUMBER 704. E-MAIL ADDRESS 705. TITLE 706. ORGANIZATION 707. DATE 708. SIGNATURE 709. PRINTED NAME 710. ADDRESS 711. CITY 712. STATE 713. ZIP CODE 714. PHONE NUMBER 715. FAX NUMBER 716. E-MAIL ADDRESS 717. TITLE 718. ORGANIZATION 719. DATE 720. SIGNATURE 721. PRINTED NAME 722. ADDRESS 723. CITY 724. STATE 725. ZIP CODE 726. PHONE NUMBER 727. FAX NUMBER 728. E-MAIL ADDRESS 729. TITLE 730. ORGANIZATION 731. DATE 732. SIGNATURE 733. PRINTED NAME 734. ADDRESS 735. CITY 736. STATE 737. ZIP CODE 738. PHONE NUMBER 739. FAX NUMBER 740. E-MAIL ADDRESS 741. TITLE 742. ORGANIZATION 743. DATE 744. SIGNATURE 745. PRINTED NAME 746. ADDRESS 747. CITY 748. STATE 749. ZIP CODE 750. PHONE NUMBER 751. FAX NUMBER 752. E-MAIL ADDRESS 753. TITLE 754. ORGANIZATION 755. DATE 756. SIGNATURE 757. PRINTED NAME 758. ADDRESS 759. CITY 760. STATE 761. ZIP CODE 762. PHONE NUMBER 763. FAX NUMBER 764. E-MAIL ADDRESS 765. TITLE 766. ORGANIZATION 767. DATE 768. SIGNATURE 769. PRINTED NAME 770. ADDRESS 771. CITY 772. STATE 773. ZIP CODE 774. PHONE NUMBER 775. FAX NUMBER 776. E-MAIL ADDRESS 777. TITLE 778. ORGANIZATION 779. DATE 780. SIGNATURE 781. PRINTED NAME 782. ADDRESS 783. CITY 784. STATE 785. ZIP CODE 786. PHONE NUMBER 787. FAX NUMBER 788. E-MAIL ADDRESS 789. TITLE 790. ORGANIZATION 791. DATE 792. SIGNATURE 793. PRINTED NAME 794. ADDRESS 795. CITY 796. STATE 797. ZIP CODE 798. PHONE NUMBER 799. FAX NUMBER 800. E-MAIL ADDRESS 801. TITLE 802. ORGANIZATION 803. DATE 804. SIGNATURE 805. PRINTED NAME 806. ADDRESS 807. CITY 808. STATE 809. ZIP CODE 810. PHONE NUMBER 811. FAX NUMBER 812. E-MAIL ADDRESS 813. TITLE 814. ORGANIZATION 815. DATE 816. SIGNATURE 817. PRINTED NAME 818. ADDRESS 819. CITY 820. STATE 821. ZIP CODE 822. PHONE NUMBER 823. FAX NUMBER 824. E-MAIL ADDRESS 825. TITLE 826. ORGANIZATION 827. DATE 828. SIGNATURE 829. PRINTED NAME 830. ADDRESS 831. CITY 832. STATE 833. ZIP CODE 834. PHONE NUMBER 835. FAX NUMBER 836. E-MAIL ADDRESS 837. TITLE 838. ORGANIZATION 839. DATE 840. SIGNATURE 841. PRINTED NAME 842. ADDRESS 843. CITY 844. STATE 845. ZIP CODE 846. PHONE NUMBER 847. FAX NUMBER 848. E-MAIL ADDRESS 849. TITLE 850. ORGANIZATION 851. DATE 852. SIGNATURE 853. PRINTED NAME 854. ADDRESS 855. CITY 856. STATE 857. ZIP CODE 858. PHONE NUMBER 859. FAX NUMBER 860. E-MAIL ADDRESS 861. TITLE 862. ORGANIZATION 863. DATE 864. SIGNATURE 865. PRINTED NAME 866. ADDRESS 867. CITY 868. STATE 869. ZIP CODE 870. PHONE NUMBER 871. FAX NUMBER 872. E-MAIL ADDRESS 873. TITLE 874. ORGANIZATION 875. DATE 876. SIGNATURE 877. PRINTED NAME 878. ADDRESS 879. CITY 880. STATE 881. ZIP CODE 882. PHONE NUMBER 883. FAX NUMBER 884. E-MAIL ADDRESS 885. TITLE 886. ORGANIZATION 887. DATE 888. SIGNATURE 889. PRINTED NAME 890. ADDRESS 891. CITY 892. STATE 893. ZIP CODE 894. PHONE NUMBER 895. FAX NUMBER 896. E-MAIL ADDRESS 897. TITLE 898. ORGANIZATION 899. DATE 900. SIGNATURE 901. PRINTED NAME 902. ADDRESS 903. CITY 904. STATE 905. ZIP CODE 906. PHONE NUMBER 907. FAX NUMBER 908. E-MAIL ADDRESS 909. TITLE 910. ORGANIZATION 911. DATE 912. SIGNATURE 913. PRINTED NAME 914. ADDRESS 915. CITY 916. STATE 917. ZIP CODE 918. PHONE NUMBER 919. FAX NUMBER 920. E-MAIL ADDRESS 921. TITLE 922. ORGANIZATION 923. DATE 924. SIGNATURE 925. PRINTED NAME 926. ADDRESS 927. CITY 928. STATE 929. ZIP CODE 930. PHONE NUMBER 931. FAX NUMBER 932. E-MAIL ADDRESS 933. TITLE 934. ORGANIZATION 935. DATE 936. SIGNATURE 937. PRINTED NAME 938. ADDRESS 939. CITY 940. STATE 941. ZIP CODE 942. PHONE NUMBER 943. FAX NUMBER 944. E-MAIL ADDRESS 945. TITLE 946. ORGANIZATION 947. DATE 948. SIGNATURE 949. PRINTED NAME 950. ADDRESS 951. CITY 952. STATE 953. ZIP CODE 954. PHONE NUMBER 955. FAX NUMBER 956. E-MAIL ADDRESS 957. TITLE 958. ORGANIZATION 959. DATE 960. SIGNATURE 961. PRINTED NAME 962. ADDRESS 963. CITY 964. STATE 965. ZIP CODE 966. PHONE NUMBER 967. FAX NUMBER 968. E-MAIL ADDRESS 969. TITLE 970. ORGANIZATION 971. DATE 972. SIGNATURE 973. PRINTED NAME 974. ADDRESS 975. CITY 976. STATE 977. ZIP CODE 978. PHONE NUMBER 979. FAX NUMBER 980. E-MAIL ADDRESS 981. TITLE 982. ORGANIZATION 983. DATE 984. SIGNATURE 985. PRINTED NAME 986. ADDRESS 987. CITY 988. STATE 989. ZIP CODE 990. PHONE NUMBER 991. FAX NUMBER 992. E-MAIL ADDRESS 993. TITLE 994. ORGANIZATION 995. DATE 996. SIGNATURE 997. PRINTED NAME 998. ADDRESS 999. CITY 1000. STATE 1001. ZIP CODE 1002. PHONE NUMBER 1003. FAX NUMBER 1004. E-MAIL ADDRESS 1005. TITLE 1006. ORGANIZATION 1007. DATE 1008. SIGNATURE 1009. PRINTED NAME 1010. ADDRESS 1011. CITY 1012. STATE 1013. ZIP CODE 1014. PHONE NUMBER 1015. FAX NUMBER 1016. E-MAIL ADDRESS 1017. TITLE 1018. ORGANIZATION 1019. DATE 1020. SIGNATURE 1021. PRINTED NAME 1022. ADDRESS 1023. CITY 1024. STATE 1025. ZIP CODE 1026. PHONE NUMBER 1027. FAX NUMBER 1028. E-MAIL ADDRESS 1029. TITLE 1030. ORGANIZATION 1031. DATE 1032. SIGNATURE 1033. PRINTED NAME 1034. ADDRESS 1035. CITY 1036. STATE 1037. ZIP CODE 1038. PHONE NUMBER 1039. FAX NUMBER 1040. E-MAIL ADDRESS 1041. TITLE 1042. ORGANIZATION 1043. DATE 1044. SIGNATURE 1045. PRINTED NAME 1046. ADDRESS 1047. CITY 1048. STATE 1049. ZIP CODE 1050. PHONE NUMBER 1051. FAX NUMBER 1052. E-MAIL ADDRESS 1053. TITLE 1054. ORGANIZATION 1055. DATE 1056. SIGNATURE 1057. PRINTED NAME 1058. ADDRESS 1059. CITY 1060. STATE 1061. ZIP CODE 1062. PHONE NUMBER 1063. FAX NUMBER 1064. E-MAIL ADDRESS 1065. TITLE 1066. ORGANIZATION 1067. DATE 1068. SIGNATURE 1069. PRINTED NAME 1070. ADDRESS 1071. CITY 1072. STATE 1073. ZIP CODE 1074. PHONE NUMBER 1075. FAX NUMBER 1076. E-MAIL ADDRESS 1077. TITLE 1078. ORGANIZATION 1079. DATE 1080. SIGNATURE 1081. PRINTED NAME 1082. ADDRESS 1083. CITY 1084. STATE 1085. ZIP CODE 1086. PHONE NUMBER 1087. FAX NUMBER 1088. E-MAIL ADDRESS 1089. TITLE 1090. ORGANIZATION 1091. DATE 1092. SIGNATURE 1093. PRINTED NAME 1094. ADDRESS 1095. CITY 1096. STATE 1097. ZIP CODE 1098. PHONE NUMBER 1099. FAX NUMBER 1100. E-MAIL ADDRESS 1101. TITLE 1102. ORGANIZATION 1103. DATE 1104. SIGNATURE 1105. PRINTED NAME 1106. ADDRESS 1107. CITY 1108. STATE 1109. ZIP CODE 1110. PHONE NUMBER 1111. FAX NUMBER 1112. E-MAIL ADDRESS 1113. TITLE 1114. ORGANIZATION 1115. DATE 1116. SIGNATURE 1117. PRINTED NAME 1118. ADDRESS 1119. CITY 1120. STATE 1121. ZIP CODE 1122. PHONE NUMBER 1123. FAX NUMBER 1124. E-MAIL ADDRESS 1125. TITLE 1126. ORGANIZATION 1127. DATE 1128. SIGNATURE 1129. PRINTED NAME 1130. ADDRESS 1131. CITY 1132. STATE 1133. ZIP CODE 1134. PHONE NUMBER 1135. FAX NUMBER 1136. E-MAIL ADDRESS 113	
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851430-014-453

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of CaldwellRegistration District No. 3File No. 81522No. 718 S. 6" St.Primary Registration District No. 1005 Registered No. 182

Hospital \_\_\_\_\_

FULL NAME OF CHILD

ELMER LAMAR HEAP

Sex of Child <u>male</u>	Twin Triplet or other? _____	and {	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 30 1920</u> (Month) (Day) (Year)
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FULL NAME <u>A.R. Heap</u>	FATHER
RESIDENCE <u>Caldwell</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Rizzie McCham</u>	MOTHER
RESIDENCE <u>Caldwell</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 11:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F.M. Cole  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

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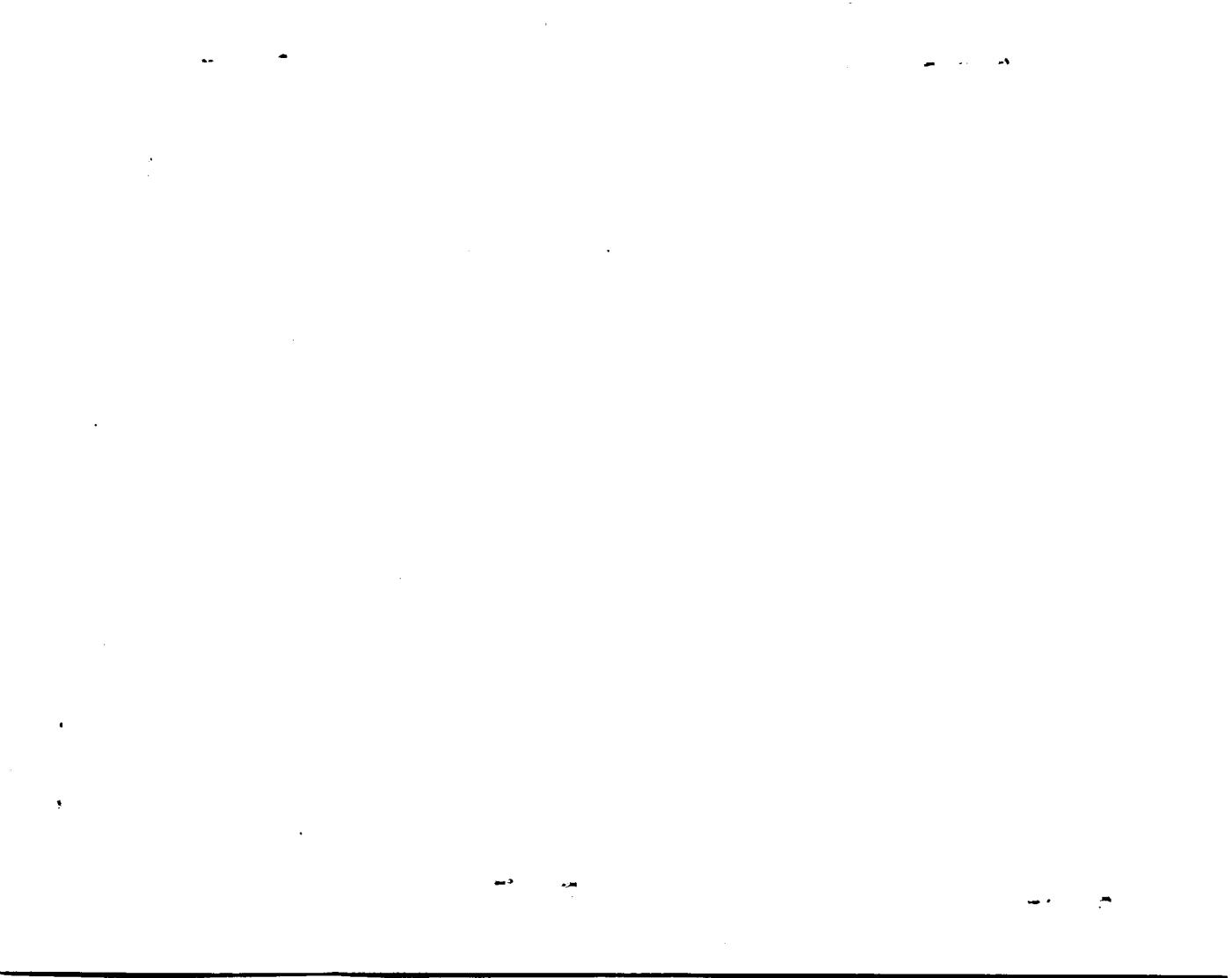
Address \_\_\_\_\_  
Filed 8-2-20 John S. Meyer  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 28 1942 Certificate No. 81522  
County of Gem } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Elmer Lamar Heap who born on July 30, 1920  
(NAME ON ORIGINAL CERTIFICATE) (BIRTH OR DEATH)  
in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT) (DATE OF EVENT)  
true facts as shown by Church Record prepared on August 1920, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM  
(AS ON ORIGINAL)

TO  
(THE CORRECT FACTS)

name no name Elmer Lamar Heap  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me this 27th  
day of January, 19 42

Signed Lizzie Heap (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Emmett, Idaho  
My commission expires Nov. 20, 1944  
(SEAL)

Box 722, Emmett, Idaho  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }  
County of..... } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....  
day of....., 19.....

Signed.....  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at.....  
My commission expires.....  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 28 1942 By.....  
(REGISTRAR'S SIGNATURE)

FEB 2 1942

SEP 7 1945

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

253-228-014-555

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Route # 3 St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 3

File No. 81523

Primary Registration District No. 2005

Registered No. 181

Mary Frances Beck

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth	Legitimacy? <u>yes.</u>	Date of Birth <u>July 28 1920</u> (Month) (Day) (Year)
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FULL NAME L. G. Beck FATHER

RESIDENCE Caldwell Route # 3

COLOR White AGE AT LAST BIRTHDAY 36  
(Years)

BIRTHPLACE Ill.

OCCUPATION Farming

FULL MAIDEN NAME Lucy Meeky MOTHER

RESIDENCE Caldwell Route # 3

COLOR White AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Ill.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 10:10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Cole

M. D.  
(Physician or midwife)

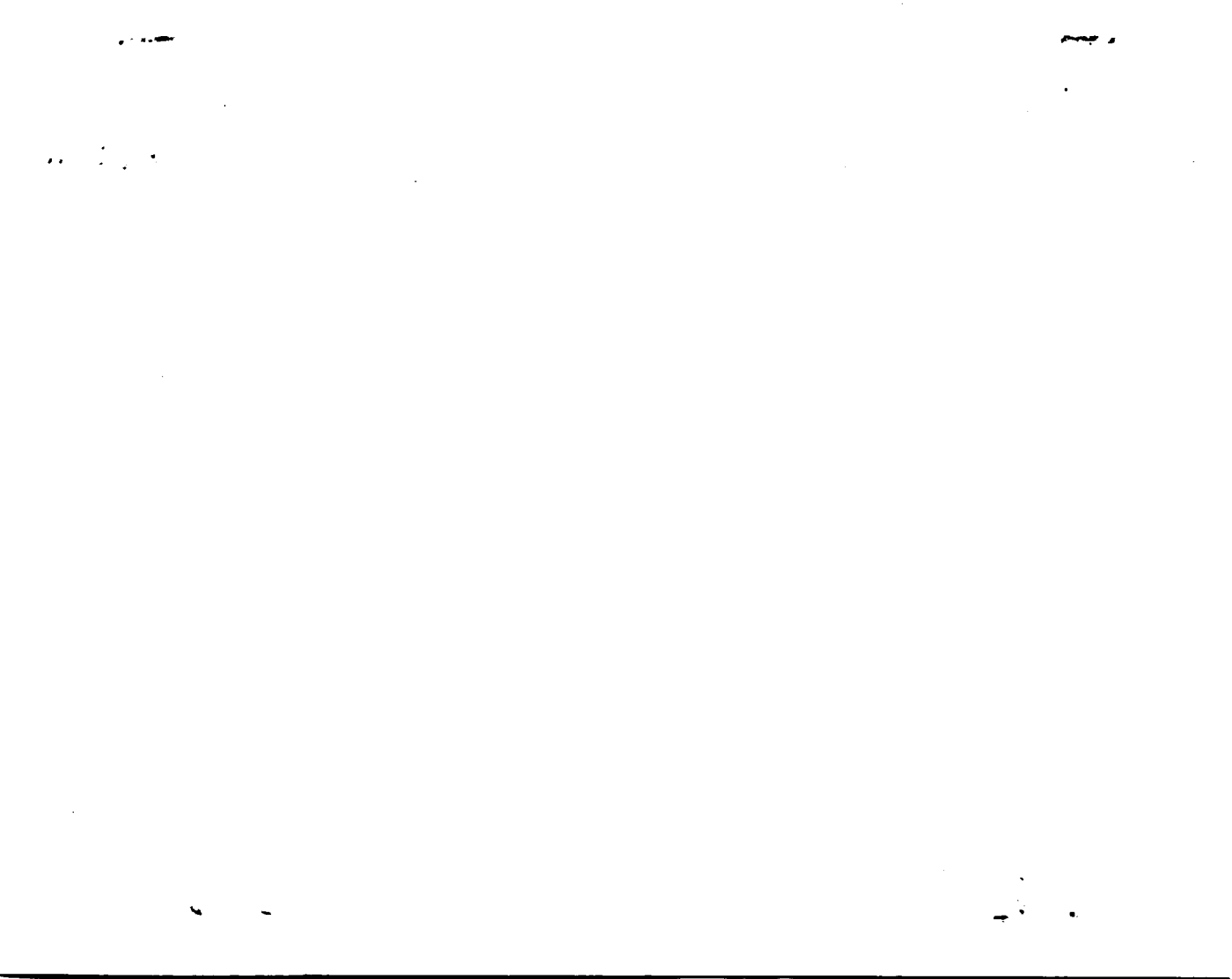
Given names added from a supplemental report.

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Address \_\_\_\_\_

Filed 7-28-1920 John S. Ingers  
Registrar

Registrar



Oregon Birth Certificate of child, #2324 (year 1943)  
viewed by Vital Statistics.

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

RECEIVED  
MAY 12 1958

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... }  
County of ..... } ss.

Certificate No. 81523

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Beck who born on July 28, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Caldwell are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Photostatic copy of Family Bible Record viewed by vital stat.  
(Bible Record, Insurance Policy, Etc.) prepared on ..... are:  
(Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's Name

Unnamed

Mary Frances Beck

Subscribed and sworn to before me this 5 day of

May 1958  
Thomas W. Honeycutt  
Notary Public, residing at Spokane, Wash.  
My commission expires May 14, 1960  
(Seal)

Signed Unnamed Beck  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Wall, Fred W.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Blaine } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

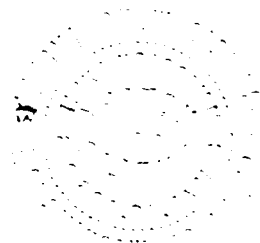
Subscribed and sworn to before me this 5 day of  
May 1958

Signed Unnamed Beck  
(Signature of Any Credible Person)  
Wall, Fred W.  
(Street Address, City, State)

Notary Public, residing at Spokane, Wash.  
My commission expires May 14, 1960  
(Seal)  
Thomas W. Honeycutt

JUN 2 1956

APR 17 1970



556227.014-743  
PLACE OF BIRTHCounty *Canyon*City of *Houston*Registration District No. *3*File No. *81524*

No. .... St.

Primary Registration District No. *2005*Registered No. *180*

Hospital .....

FULL NAME OF CHILD

*Ella Maxine Newell*

Sex of

Child

*Female*Twin  
Triplet  
or other?

(To be answered only in event of plural births)

{ and {  
Number  
in order  
of birthLegiti-  
mate?*yes*Date of  
Birth*6-27**20*

(Month) (Day) (Year)

FULL  
NAME*Wm Arthur Newell*

FATHER

RESIDENCE

*Houston, Ida*

COLOR

*white*AGE AT LAST  
BIRTHDAY*47*

(Years)

BIRTHPLACE

*Central City, Colo*

OCCUPATION

*farmer*FULL  
MAIDEN  
NAME*Ella Jane Pulliam*

MOTHER

RESIDENCE

*Houston, Ida*

COLOR

*white*AGE AT LAST  
BIRTHDAY*46*

(Years)

BIRTHPLACE

*Sheridan, Ida*

OCCUPATION

*housewife*Number of child of this mother, including present birth *13*Number of children of this mother now living, including present birth *9*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* at *6:30 P.* M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*W. Montgomery*

physician or midwife

Given names added from a supplemental report.

Address

*Caldwell, Ida*

Filed

*8-11-20**John S. Meyer*

Registrar

Registrar

AUG 12 1962



PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CanyonCity of CaldwellRegistration District No. 3File No. 81526

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2005 Registered No. 178

Hospital \_\_\_\_\_

FULL NAME OF CHILD Derral Gwilliam Johnson

Sex of Child <u>Male</u>	Twin <u>S</u> or other <u>S</u>	and	Number in order of birth <u>6</u>	Legit mate? <u>yes</u>	Date of Birth <u>July 20</u> 19 <u>20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME Cyrus P. JohnsonRESIDENCE CaldwellCOLOR W. AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE UtahOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Maud E. GwilliamRESIDENCE CaldwellCOLOR W AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. G. M. D.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address Caldwell, Id.Filed 8-6-1920 John V. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-120-014-769

JUN 8 1972

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

4 6 73

**Affidavit to Correct or Amend Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } **APR 6 3 35 PM '73**  
Certificate No. **81526**  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for **Unnamed Johnson** (Name on Original Certificate) who was born \_\_\_\_\_ on **July 20, 1920** (Birth or Death)  
in **Caldwell, Idaho** (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name \_\_\_\_\_

**Unnamed Johnson**

**Derral Gwilliam Johnson**

Subscribed and sworn to before me this **6th** day of **April**, 19**73**

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at **452 S. 7th**  
My commission expires **October**  
(Seal)

**Route 6 Caldwell, Ida**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

APR 6 1973

Own childs birth certificate - Nancy Lee Johnson born November 10, 1955  
at Weiser, Idaho. State File No. 55-15088 gives fathers name as  
Derral Gwilliam Johnson.  
Viewed by VS

Social Security Card # 519-14 - 2462 Form 0A-702.1 Rev.(11-61) gives  
name as Derral Gwilliam Johnson.  
Viewed by VS

351-2191014-666

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CanyonCity of CaldwellRegistration District No. 3File No. 81527No. 1012 Chicago St.Primary Registration District No. 1005 Registered No. 177

Hospital

FULL NAME OF CHILD Margaret Elaine League

Sex of Child <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 19 1920</u> (Month) (Day) (Year)
--------------------------	---	---	----------------------------	--

FATHER  
FULL NAME Edward LeagueRESIDENCE 1012 Chicago St. Caldwell IdahoCOLOR White AGE AT LAST BIRTHDAY 33  
(Years)BIRTHPLACE Benora IowaOCCUPATION ElectricianMOTHER  
FULL MAIDEN NAME Gladys WoodRESIDENCE Caldwell IdahoCOLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE Smith Center KansasOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. H. Skaden

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell IdahoFiled 7-26-1920 John L. Ingers  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1955

SEP 2 1955

AUG 14 1967

JUL 7 1972

SEP 19 1951

553-119,014-756

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of CanyonCity of Caldwell, R. I.

## CERTIFICATE OF BIRTH

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 3 File No. 81528Hospital \_\_\_\_\_ Primary Registration District No. 2005 Registered No. 176FULL NAME OF CHILD Ross Nelson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>8</u>	and	Number in order of birth <u>7</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 19</u> (Month) (Day) (Year) <u>1920</u>
(To be answered only in event of plural births)					

FATHER

FULL NAME Ira Nelson

RESIDENCE Caldwell - Route 1

COLOR W. AGE AT LAST BIRTHDAY 49  
(Years)

BIRTHPLACE Butler, Ind.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Jessie George

RESIDENCE Caldwell - Route 1

COLOR W AGE AT LAST BIRTHDAY 40  
(Years)

BIRTHPLACE Harrison Co., Ia.

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 2.30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

11. 11. 11.

11. 11. 11.



869-119-01437

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of BaldwellRegistration District No. 3 File No. 81529No. #1 St.Primary Registration District No. 1005 Registered No. 175

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Arthur Lloyd Horner

Sex of Child <u>male</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 19 1920</u> (Month) (Day) (Year)
--------------------------	--------------------------------	-----	-----------------------------------	------------------------	---

FULL NAME FATHER Alva Paul HornerRESIDENCE Baldwell #1COLOR white AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE KansasOCCUPATION TeacherFULL MAIDEN NAME MOTHER Ethel Meryl McPeakRESIDENCE Baldwell #1COLOR white AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE KansasOCCUPATION Housewife

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 8:30 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. M. Kaley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Baldwell, Idaho  
7-20-1920  
Filed John S. Meyer  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 18 1942

DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

818718-01X-613

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 1910 Dearborn St.

Registration District No. 3

File No. 81530

Hospital \_\_\_\_\_

Primary Registration District No. 1005 Registered No. 174

FULL NAME OF CHILD

John William Hayman

Sex of Child male

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

July 18 1920  
(Month) (Day) (Year)

FULL  
NAME

H. H. Hayman

FATHER

RESIDENCE

Caldwell

COLOR

White

AGE AT LAST  
BIRTHDAY

43  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Teacher

FULL  
MAIDEN  
NAME

Corinne Wallace

MOTHER

RESIDENCE

Caldwell

COLOR

White

AGE AT LAST  
BIRTHDAY

37  
(Years)

BIRTHPLACE

Ohio

OCCUPATION

Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 10:39 PM  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. F. M. Cole  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

7-20-1920 John L. Meyer  
Registrar

Registrar

DEC 10 1941

JUN 15 1942

APR 16 1956

DECEASED

962-1181014-115

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CanyonCity of HustonRegistration District No. 3File No. 81531

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2005 Registered No. 173

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Warren Harding Roberts

Sex of Child <u>male</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>July 18</u> <u>1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME FATHER Owen RobertsRESIDENCE Huston R #1COLOR White AGE AT LAST BIRTHDAY 47  
(Years)BIRTHPLACE IowaOCCUPATION FarmingFULL MAIDEN NAME MOTHER Bertha JanssoniusRESIDENCE Huston R #1COLOR White AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE IowaOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 7:25 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

B. M. Kaley  
M. D.

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

Filed

7-20-1920 John L. Meyer  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 14 1942

OCT 21 1942

SEP 9 1944

DEC 7 1941  
12-12-41

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

739-110-014255

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 20377 Kimball St.

Hospital yes

Registration District No. 3

File No. 81532

Primary Registration District No. 1005

Registered No. 172

FULL NAME OF CHILD Armond Glidwell

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Aug. 10 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FATHER  
FULL NAME A.S. Glidwell  
RESIDENCE Caldwell  
COLOR White AGE AT LAST BIRTHDAY 27  
(Years)  
BIRTHPLACE Alabama  
OCCUPATION Hatchmaker

MOTHER  
FULL MAIDEN NAME Hazel Benedict  
RESIDENCE Caldwell  
COLOR White AGE AT LAST BIRTHDAY 25  
(Years)  
BIRTHPLACE Texas  
OCCUPATION Housewife

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 9:45 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F.M. Cole  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_  
Filed 8-11-1920 John H. Meyer  
Registrar

Registrar

Dr. J. S. Meyer,  
Caldwell, Idaho



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Ada } ss.

Certificate No. 81532  
Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed Glidwell who was born on Aug. 10, 1920  
(NAME ON ORIGINAL CERTIFICATE) (BIRTH OR DEATH)  
in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT) (DATE OF EVENT)  
true facts as shown by Uncle prepared on                     , are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO  
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

Name Omitted Armond Glidwell

Subscribed and sworn to before me this 31  
day of December, 19 41  
Walter W. Fisher  
Notary Public, residing at Boise  
My commission expires April 30, 1944  
(SEAL)

Signed S. M. Benedict  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
1115 E. State Boise, Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Ada } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31  
day of December, 19 41  
Walter W. Fisher  
Notary Public, residing at Boise  
My commission expires April 30, 1944  
(SEAL)

Signed Mary E. Benedict  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
1115 E. State Boise, Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on                      By                       
(REGISTRAR'S SIGNATURE)

DEC 31 1941

DEC 20 1941

Verified and certified 9-29-42 Beech Aircraft Corp. Wichita, Kan.  
PB<sub>h</sub>

714109-014-296

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. 8

County of Canyon  
City of Caldwell

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 81533

No. St.

Primary Registration District No. 2005

Registered No. 171

Hospital St.

RAYMOND E. PADGET

FULL NAME OF CHILD

Sex of Child M Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth July 9 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Clarence R Padget  
RESIDENCE Caldwell, Ida  
COLOR white AGE AT LAST BIRTHDAY 38  
(Years)  
BIRTHPLACE Missouri  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Hazel E Brooks  
RESIDENCE Caldwell Ida  
COLOR white AGE AT LAST BIRTHDAY 32  
(Years)  
BIRTHPLACE Michigan  
OCCUPATION housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 2 A M on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Montgomery M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

Filed 8-11-20 John S. Meyer  
Registrar

Registrar

Registrar

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 81533

County of Umatilla } Date Filed Raymond E. Padgett,

The undersigned does solemnly swear that certain facts on the certificate of

for No Given name on Certificate who July 9 1920, on July 9 1920

in Caldwell, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by No Bible Record prepared on No Bible, are:

(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

name not named Raymond E. Padgett

Subscribed and sworn to before me this 21

day of February, 19 42

Notary Public, residing at Pendleton, Oregon

My commission expires July 15 1944

(Seal) (Street Address, City, State)

Signed Glenn Robert Padgett

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Caldwell, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Umatilla } [This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21

day of February, 19 42

Notary Public, residing at Pendleton, Oregon, 1712 Byers Place, Pendleton, Or

My commission expires July 1944

(Seal) (Street Address, City, State)

Signed Huane B. Arto

(Signature of Any Credible Person Other Than Previous Year)

28 1942

MAY 15 1952

APR 23 1952

412-118-014536

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CanyonCity of BaldwellNo. 204 Cleveland St.Registration District No. 3File No. 81534

Hospital \_\_\_\_\_

Primary Registration District No. 1005 Registered No. 170FULL NAME OF CHILD Edward Paul Mason

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	Date of Birth <u>July 18</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-------	---	-----------------	---

FULL NAME <u>Edward Mason</u>	FATHER
RESIDENCE <u>Baldwell</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Neb.</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Cornelia B. Elwell</u>	MOTHER
RESIDENCE <u>Baldwell</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Neb.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 1:15 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. M. Kaley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed

7-20-1920

Registrar

Registrar

John B. Meyer

NOV 30 1970



515-215-01X-515

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CanyonCity of WilderRegistration District No. 3File No. 81535

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital None Primary Registration District No. 2005 Registered No. 169FULL NAME OF CHILD Mary Elizabeth Van Horn

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 15</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER D. B. Van HornRESIDENCE WilderCOLOR White AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE Stratford IowaOCCUPATION FarmerFULL MAIDEN NAME MOTHER Jennie E. Van SickleRESIDENCE WilderCOLOR White AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE Dallas, Wis.OCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7<sup>00</sup> A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. B. Boeck  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Box 25, Wilder IdahoFiled 7-31-1920 John S. Meyer  
Registrar

✓  
NOV 27 1932

Dup of 1920-84216

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

815-213-014-255

## PLACE OF BIRTH

County of CanyonCity of Caldwell

No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

Registration District No. 3File No. 81536Primary Registration District No. 2005 Registered No. 168FULL NAME OF CHILD Alice Margaret Handschaw

Sex of Child <u>Female</u>	Twin Triplet or other? <u>8</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 12</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

FATHER  
FULL NAME George S. Handschaw  
RESIDENCE Caldwell

COLOR W. AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Washington - Kansas

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Lillian E. Benning  
RESIDENCE Caldwell

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Canton - Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive 7-13<sup>20</sup> at 7:23<sup>20</sup> A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. H. Gue M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Caldwell, Id.  
Filed 8-6-20 John L. Meyer  
Registrar

Registrar

HANSHAW

Dup of 1920-325874

335-212-014-397

Form V. S. No. 11-C-25m-7-21-2

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CanyonCity of BaldwellRegistration District No. 3File No. 81537

No. \_\_\_\_\_ St.

Primary Registration District No. 1005 Registered No. 167Hospital yes

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 12</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	--------------------------------	------------------------	---

FATHER

FULL NAME Richard F. Clements

RESIDENCE Baldwell - 18" & Blaine

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Colorado

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Hazel Leppin

RESIDENCE Baldwell - 18" & Blaine

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 12:40 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.M. Kaley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

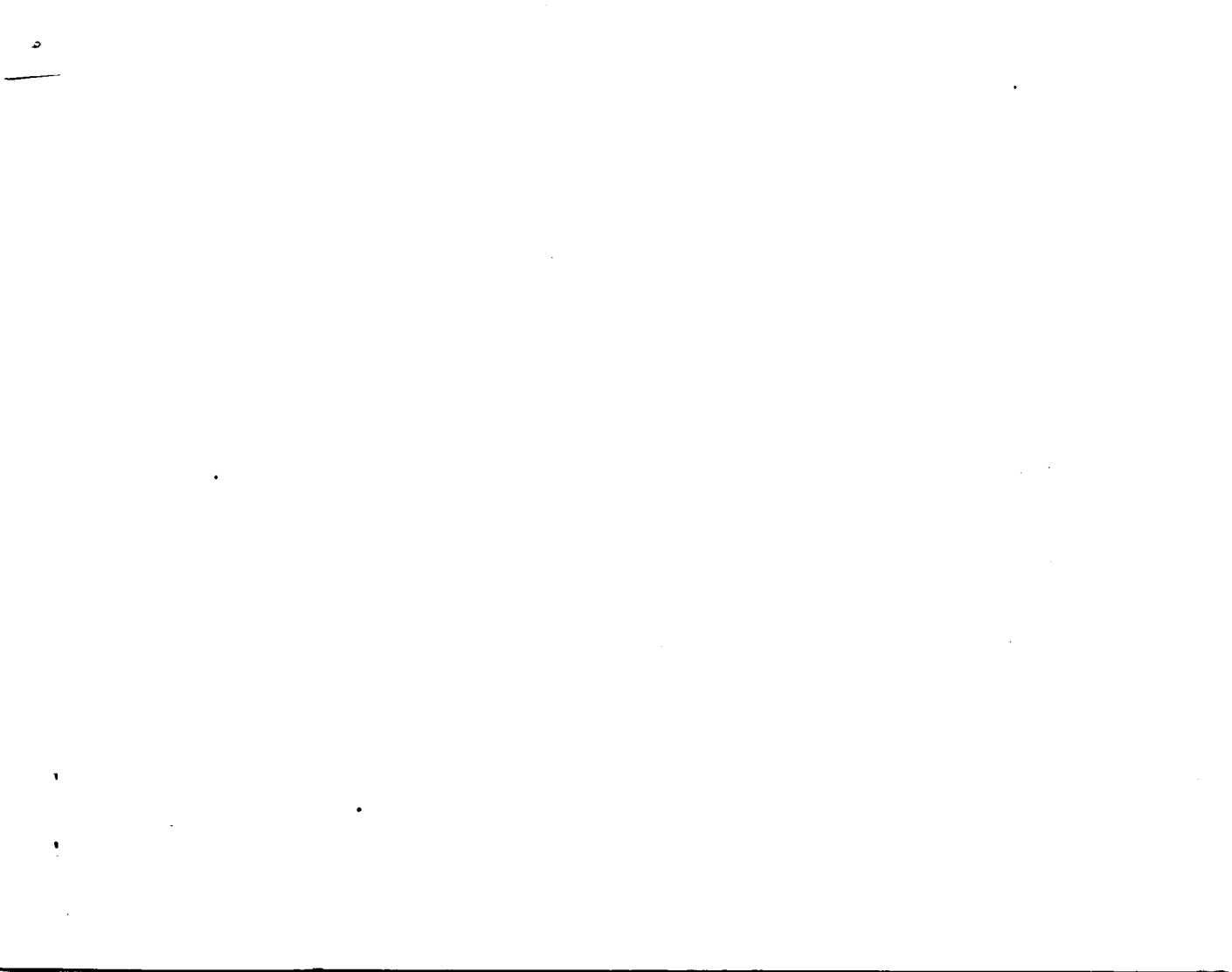
Address \_\_\_\_\_

Filed 7-16-1920 John V. Meyer  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



219-209-01X-652

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of CaldwellNo. 115 Dearborn St.Registration District No. 69File No. 81538

Hospital \_\_\_\_\_

Primary Registration District No. 2005 Registered No. 166

FULL NAME OF CHILD

Helen Ruby Barr

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legitimate?

yes

Date of Birth

July91920

FULL NAME

Edgar F. Barr

FATHER

RESIDENCE

Caldwell

FULL MAIDEN NAME

Nettie West

MOTHER

RESIDENCE

Caldwell

COLOR

White

AGE AT LAST BIRTHDAY

21

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

20

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Indian Terr.

OCCUPATION

Farming

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 3:45 a.m.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

S. B. DudleyPhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed

7-10-1920John S. Meyer

Registrar

Registrar

JUL 10 1962

1



267-109,014-351

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of BaldwellNo. 515 14" St.Registration District No. 3File No. 81539

Hospital \_\_\_\_\_

Primary Registration District No. 1005Registered No. 165

FULL NAME OF CHILD

Donald Ray SoperSex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegitimate? yes

Date of Birth

July91920

(Month)

(Day)

(Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 7:30 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. ColePhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

7-10-1920 John F. Ingers  
Registrar

Registrar

DECEASED

## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
 County of Canyon } ss.

Certificate No. 81539  
 Date Filed 7-10-20

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 (Birth or death)  
 for no name given who born on July 2, 1920  
 (Name on original certificate) (Was born or died) (Date of event)  
 in Caldwell, Ida. are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of event)  
 true facts as shown by Parents prepared on \_\_\_\_\_, are:  
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
 ("Name", "birth date", "cause of death", etc.)

FROM  
 (As on original)

TO  
 (The correct facts)

name no name given Donald Ray Saper

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_.

Signed Robert James Saper  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 [SEAL]

(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } ss.

[This affidavit MUST also be executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_.

Signed John Kelson  
 (Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 [SEAL]

Caldwell Idaho  
 (Street Address, City, State)  
Pastor of the Peace

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (Registrar's signature)

DEC 10 1941

213-2091014-165

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CanyonCity of BaldwellRegistration District No. 3File No. 81540

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital SanitariumPrimary Registration District No. 2005 Registered No. 164

FULL NAME OF CHILD

Bella Ruth Baldwin

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 9 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Guy Roy BaldwinRESIDENCE BaldwellCOLOR White AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE New YorkOCCUPATION Farming -MOTHER  
FULL MAIDEN NAME Ruth Irene JorrisRESIDENCE BaldwellCOLOR White AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE MinnOCCUPATION Housewife -Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 2:50 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Haley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Baldwell, Idaho.Filed 7-10-1920 John H. Meyer  
Registrar

Registrar

FEB 11 1952

DECEASED

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CanyonCity of CaldwellRegistration District No. 3File No. 81541

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2005 Registered No. 163

FULL NAME OF CHILD

COLIN McLEOD, JR.  
Donald McLeod Jr. Leod

Sex of Child <u>Male</u>	Twin Triplet or other? <u>S.</u>	and	Number in order of birth <u>4th</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 6</u>	19 <u>20</u>
(To be answered only in event of plural births)					(Month)	(Day) (Year)

FATHER  
FULL NAME Colin M & Leod  
RESIDENCE Caldwell, Ida  
COLOR W. AGE AT LAST BIRTHDAY 39  
(Years)  
BIRTHPLACE Scotland  
OCCUPATION Sheepman

MOTHER  
FULL MAIDEN NAME Anna Purser  
RESIDENCE Caldwell, Ida  
COLOR white AGE AT LAST BIRTHDAY 39  
(Years)  
BIRTHPLACE England  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:15 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyers

(Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell, IdaFiled 7-8-20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-106-014-749

1901



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Canyon } ss.

Certificate No. 81541

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Donald McLeod who was Born on July 6, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

(Bible Record, Insurance Policy, Etc.)

(Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name

Donald McLeod

Colin McLeod, Jr.

Mother's Maiden name

Anna Prucer

Anna E. Purser

Subscribed and sworn to before me this 19th  
day of September, 19 42

Signed

Colin McLeod  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ernest E. Thompson  
Notary Public, residing at Caldwell, Idaho

My commission expires October 5, 1945  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Canyon } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th  
day of September, 19 42

Signed

Clair Weeks  
(Signature of Any Credible Person Other Than Previous Year)

Ernest E. Thompson  
Notary Public, residing at Caldwell, Idaho

My commission expires October 5, 1945  
(Seal)

Caldwell, Idaho  
(Street Address, City, State)

SEP 21 1942

AUG 28 1942



285-206-014-461  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22a-3-17

## CERTIFICATE OF BIRTH

County of... *Canyon* .....City of... *Caldwell* .....No. *Huston, Rus. T.* .....Registration District No. .... *3* .....File No. .... *81542* .....

Hospital .....

Primary Registration District No. .... *2005* .....Registered No. .... *162* .....

FULL NAME OF CHILD .....

*Marie Sheets* .....

Sex of Child <i>Female</i>	Twin Triplet or other? <i>(To be answered only in event of plural births)</i>	and (Number of birth)	Legitimate? <i>Yes</i>	Date of Birth <i>July 6 - 1920</i> (Month) (Day) (Year)
----------------------------	---	-----------------------	------------------------	--

FULL NAME <i>John L. Sheets</i>	FATHER
RESIDENCE <i>Huston Idaho, Rus. T.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>32</i> (Years)
BIRTHPLACE <i>New Jersey</i>	
OCCUPATION <i>Farming</i>	

FULL MAIDEN NAME <i>Mary Estella Doan</i>	MOTHER
RESIDENCE <i>Huston Idaho, Rus. T.</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>32</i> (Years)
BIRTHPLACE <i>Iowa</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth .... *6* .... Number of children of this mother now living, including present birth .... *4* .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

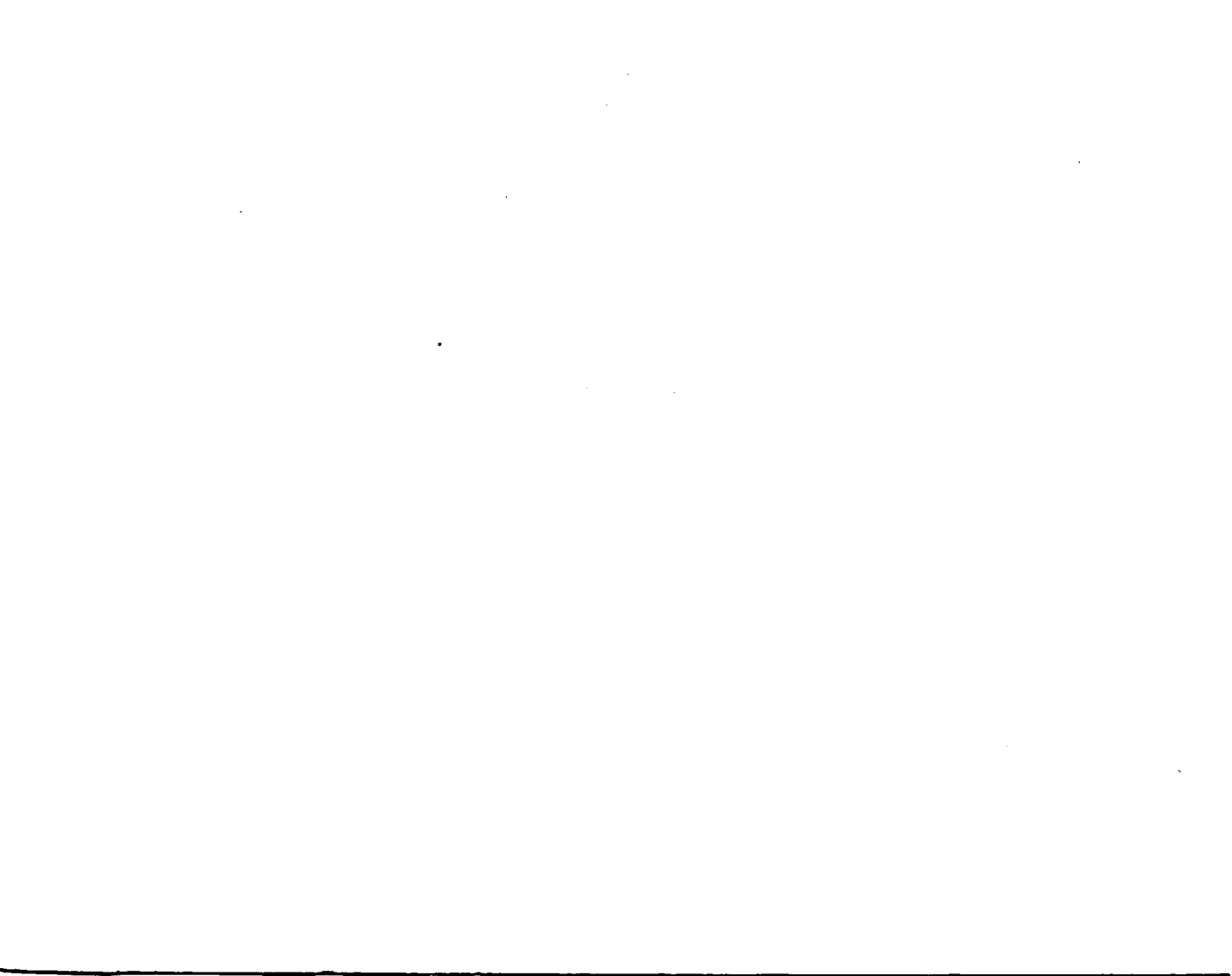
(Signature) .... *John V. Meyer, M.D.* .....

Given names added from a supplemental report.

Address .... *Caldwell - Idaho* .....Filed *7-6-1920* *John V. Meyer* .....

Registrar

Registrar



556-105-014-275

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of HustonRegistration District No. 3 File No. 81543No. RFD #2 St.Primary Registration District No. 2005 Registered No. 161Hospital HomeFULL NAME OF CHILD Everett Clark Newland

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 5</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	---------	--------------------------------	----------------------------	--

FULL NAME FATHER WM NewlandRESIDENCE Huston RmCOLOR White AGE AT LAST BIRTHDAY 48  
(Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL MAIDEN NAME MOTHER Mabel SpencerRESIDENCE Huston RmCOLOR White AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE KansasOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1:35 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Spencer

(Physician or midwife)

Given names added from a supplemental report.

Address Box 17 - Wilder IdahoFiled 7-31-20

Registrar

Registrar John H. Mayes

AUG 17 1959

DEC 29 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

673-2041-014-962

OFFICE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-31-19

County of CanyonCity of BaldwellRegistration District No. 3File No. 81544

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2005 Registered No. 160

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ruth Marion Oglesby (July)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth <u>6th</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 4</u> (Month) (Day) (Year)
----------------------------	---	-------	--	-------------------------------	---

FULL NAME Geo. H. Oglesby FATHERRESIDENCE BaldwellCOLOR White AGE AT LAST BIRTHDAY 36 (Years)BIRTHPLACE IndianaOCCUPATION FarmingFULL MAIDEN NAME Mary Estella Robinson MOTHERRESIDENCE BaldwellCOLOR White AGE AT LAST BIRTHDAY 35 (Years)BIRTHPLACE KansasOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 10:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sos DudleyPhysician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Baldwell IdFiled 7-16-20 John V. Meyer Registrar

Registrar

**AUG 2 1974**



215-1041014-753

PLACE OF BIRTH

Form V. S. No. 11-C-25m-1-1-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of CanyonCity of CaldwellRegistration District No. 3

File No.

81545

No. \_\_\_\_\_ St.

Primary Registration District No. 1005

Registered No.

159

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Dele Sanderson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>other</u>	Number in order of birth (To be answered only in event of plural births) <u>11</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>July 4</u> , 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER Wm. J. SandersonRESIDENCE Caldwell Ida.COLOR white AGE AT LAST BIRTHDAY 49  
(Years)BIRTHPLACE Merilee Ida.OCCUPATION Common LaborerFULL MAIDEN NAME MOTHER Annie PetersonRESIDENCE Caldwell Ida.COLOR white AGE AT LAST BIRTHDAY 44  
(Years)BIRTHPLACE UtahOCCUPATION House wife.Number of child of this mother, including present birth. 11Number of children of this mother now living, including present birth. 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.on above date at 1:30 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Henry

(Physician or midwife)

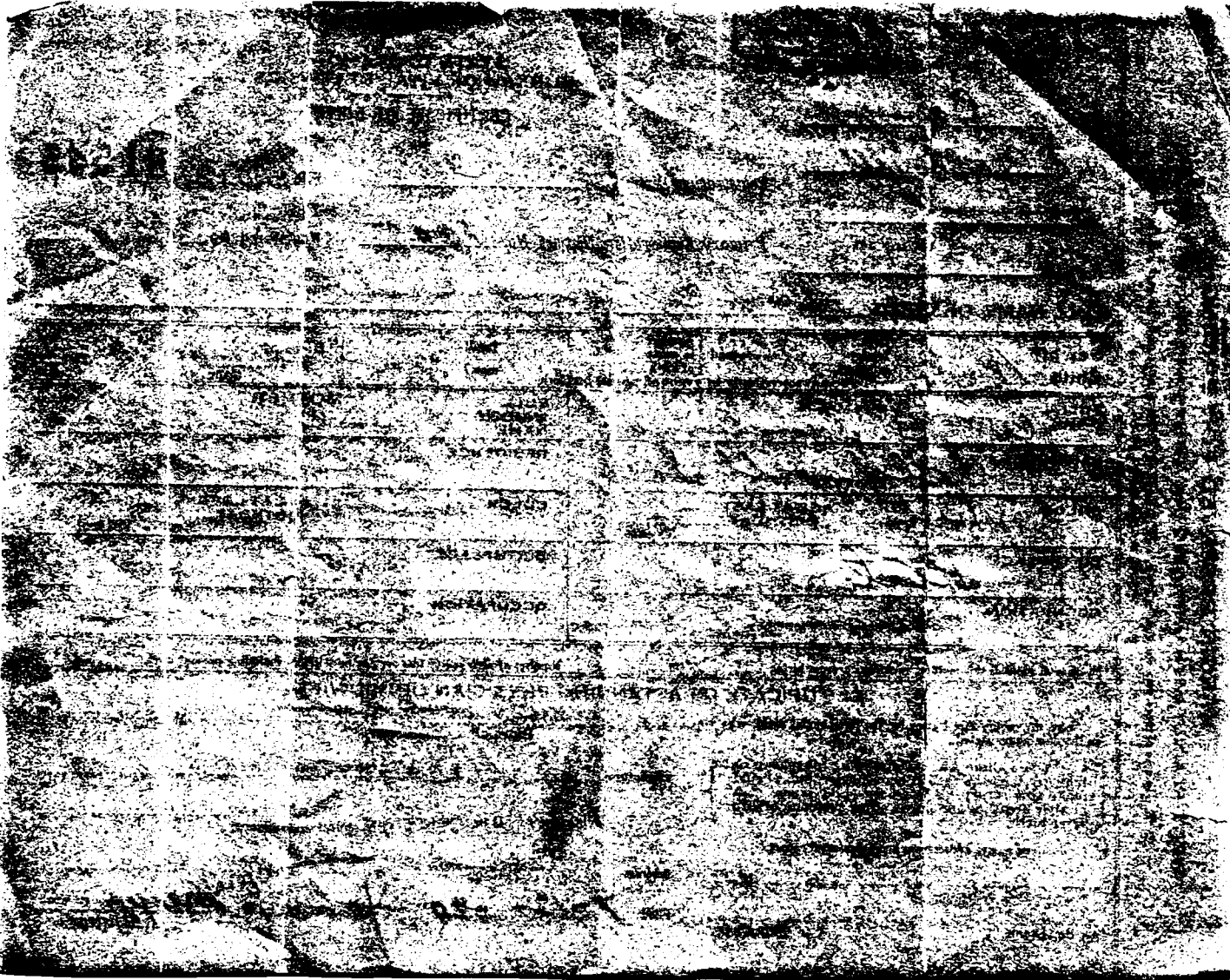
Given names added from a supplemental report.

Address

Caldwell Ida.

Filed

7-13-1920 John H. Meyer  
Registrar



114-1261037-813

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CarletonCity of HammondRegistration District No. 3

File No.

81546

No. \_\_\_\_\_ St.

Hospital HomePrimary Registration District No. 2005 Registered No. 158

FULL NAME OF CHILD

Richard Brooks Jamison

Sex of Child

MaleTwin  
Triplet  
or other?{ and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy?

Yes

Date of Birth

June 26 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Charles Jamison

RESIDENCE

Hammond, Ida

COLOR

White

AGE AT LAST BIRTHDAY

19  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER  
Ella May Halland

RESIDENCE

Hammond

COLOR

White

AGE AT LAST BIRTHDAY

17  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 2:50 P.M.  
on the date above stated. (Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

W. D. Meyer  
W. D. Meyer

(Physician or midwife)

Given names added from a supplemental report.

19

Address

W. D. Meyer

Filed

7-11-1920 John P. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

10/15/2011. 7/3/2011  
Navy Band.

214-116-014-135

## PLACE OF BIRTH

County of CanyonCity of Hustlon IdaNo. R R # 2 St.Hospital Horne

FULL NAME OF CHILD

NORMAN ALEXANDER

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 3 File No. 81547Primary Registration District No. 2005 Registered No. 157Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitt mate? yes Date of Birth June 16 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME OF FATHER Clara Everett SaundersRESIDENCE Hustlon R RCOLOR White AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE New Bridge OreOCCUPATION FarmerFULL NAME OF MOTHER Elizabeth Marie AlexanderRESIDENCE Hustlon R RCOLOR White AGE AT LAST BIRTHDAY 31  
(Years)BIRTHPLACE Salmon OreOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 11:25 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W. D. Janner  
M.D.  
(Physician or midwife)Address Box 7, Weiler IdahoFiled 7-11-1920 John V. Meyer  
Registrar

Registrar

JAN 2 1952

395-110-01K-795

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of WilderRegistration District No. 3File No. 81548

No. \_\_\_\_\_ St.

Hospital HomePrimary Registration District No. 2005 Registered No. 156

FULL NAME OF CHILD

John Arthur

Linder

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthJune 10

(Month)

(Day)

19 20

(Year)

FULL  
NAMEArthur Linder

RESIDENCE

Wilder Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY33

(Years)

BIRTHPLACE

Missouri

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEArizona Gray

RESIDENCE

Wilder Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY32

(Years)

BIRTHPLACE

Iowa

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 9 20 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. B. Bouch

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Wilder Ida

Filed

7-11-1920

Registrar

John S. Meyer  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

**FEB 21 1955**



432-109-014-659

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of HoustonRegistration District No. 9File No. 81549No. R.F.D. # 2 St.Hospital Home Primary Registration District No. 2005 Registered No. 155

FULL NAME OF CHILD

Paul Richard Eric Kinney

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 9 1920</u> (Month) (Day) (Year)
--------------------------	-----------------------------------	-----------------------------------	------------------------	--

FULL NAME FATHER Chas H. McKinneyRESIDENCE Houston R.F.D. IICOLOR White AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE MissouriOCCUPATION FarmerFULL MAIDEN NAME MOTHER Fulu FarleyRESIDENCE Houston R.F.D. IICOLOR White AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE MissouriOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8<sup>40</sup> P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Bauer  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Box 17, Wilder IdahoFiled 7-11-1920 John H. Hayes  
Registrar

Registrar

JAN 24 1951

154-122-014-168

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CanyonCity of Parma

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital at Home

FULL NAME OF CHILD

Registration District No. 2936 8 File No. 81550Primary Registration District No. 2007 Registered No. 44Floyd James Anderson Junior.

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July - 2</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	-------------------------------	---

FULL NAME <u>Floyd James Anderson</u>	FATHER
RESIDENCE <u>Ardena valley</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Marcellus Illinois</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Goldith Elouise Johnston</u>	MOTHER
RESIDENCE <u>Ardena valley</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Rogers Ohio</u>	
OCCUPATION <u>House-wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:15 a.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don. C. Numbers  
By Ralph M. French  
(Physician or midwife)

Given names added from a supplemental report.

Address Parma Idaho  
Filed Aug 18 1920 Lulu M. Aldrich  
Registrar

Registrar

Dup of 1920-89299.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-202-014-249

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of CanyonCity of Parma RFD #3Registration District No. 3

File No.

81551

No. \_\_\_\_\_ St.

Hospital MaternityPrimary Registration District No. 2007 Registered No. 45

FULL NAME OF CHILD

Evela Irene Moore

Sex of Child

GirlTwin  
Triplet  
or other?and } Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthJuly-2- 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Albert C. Moore

RESIDENCE

Parma

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Honolulu

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Mary Corina Burton

RESIDENCE

Parma

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Spangler Wash.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

Born alive

(Born alive or stillborn)

2<sup>45</sup> P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Don J. [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Parma

Filed

Aug 1 1920

Registrar

Registrar

SEP 6 1972

Dup of 1920-89309.

107

133 104014-718

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 14-0-22a-44-17

County of *Canyon*City of *Parma*Registration District No. *2*File No. *81552*

No. .... St.

Primary Registration District No. *2007*Registered No. *76*

Hospital .....

FULL NAME OF CHILD *Lloyd Edward Atteberry*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>1</i>	and	Number in order of birth <i>3rd</i>	Legiti- mate? <i>yes</i>	Date of Birth <i>July 14 1920</i> (Month) (Day) (Year)
--------------------------	---------------------------------------	-----	---	-----------------------------	--

FATHER FULL NAME <i>Orville Atteberry</i>	MOTHER FULL MAIDEN NAME <i>Jane Whaley</i>
RESIDENCE <i>Wilder Rd.</i>	RESIDENCE <i>Wilder Rd.</i>
COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>33</i> (Years)	COLOR <i>White</i> AGE AT LAST BIRTHDAY <i>26</i> (Years)
BIRTHPLACE <i>Edmond Kan.</i>	BIRTHPLACE <i>Edmond Kan.</i>
OCCUPATION <i>Farmer</i>	OCCUPATION <i>Housewife</i>

Number of child of this mother, including present birth *3* Number of children of this mother now living, including present birth *3*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *20% Retal*I hereby certify that I attended the birth of this child, who was *Born* (Born alive or stillborn) *10* at *10* on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. M. Mitchell*

(Physician or midwife)

Given names added from a supplemental report.

Address *Parma Ida.*Filed *July 6 1920*

Registrar

Registrar

10/15/2001 JMF



853-206.014-466

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. & No. 11-C-21m-03-17

CERTIFICATE OF BIRTH

81553

County of Canyon

City of Parma RD.

Registration District No. ....

File No. ....

No. .... St.

Primary Registration District No. 007

Registered No. 27

Hospital .....

EUJEANNE

FULL NAME OF CHILD

Othel Eugene Helfer

Sex of Child <u>Female</u>	Twin Triplet or other? <u>X</u>	and { Number in order of birth }	Legitimate? <u>Yes</u>	Date of Birth <u>July 6</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---------------------------------	----------------------------------	------------------------	--

FULL NAME <u>Wm. C. Helfer</u>	FATHER
RESIDENCE <u>Parma RD.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ruth Moore</u>	MOTHER
RESIDENCE <u>Moore Parma</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 7:49 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

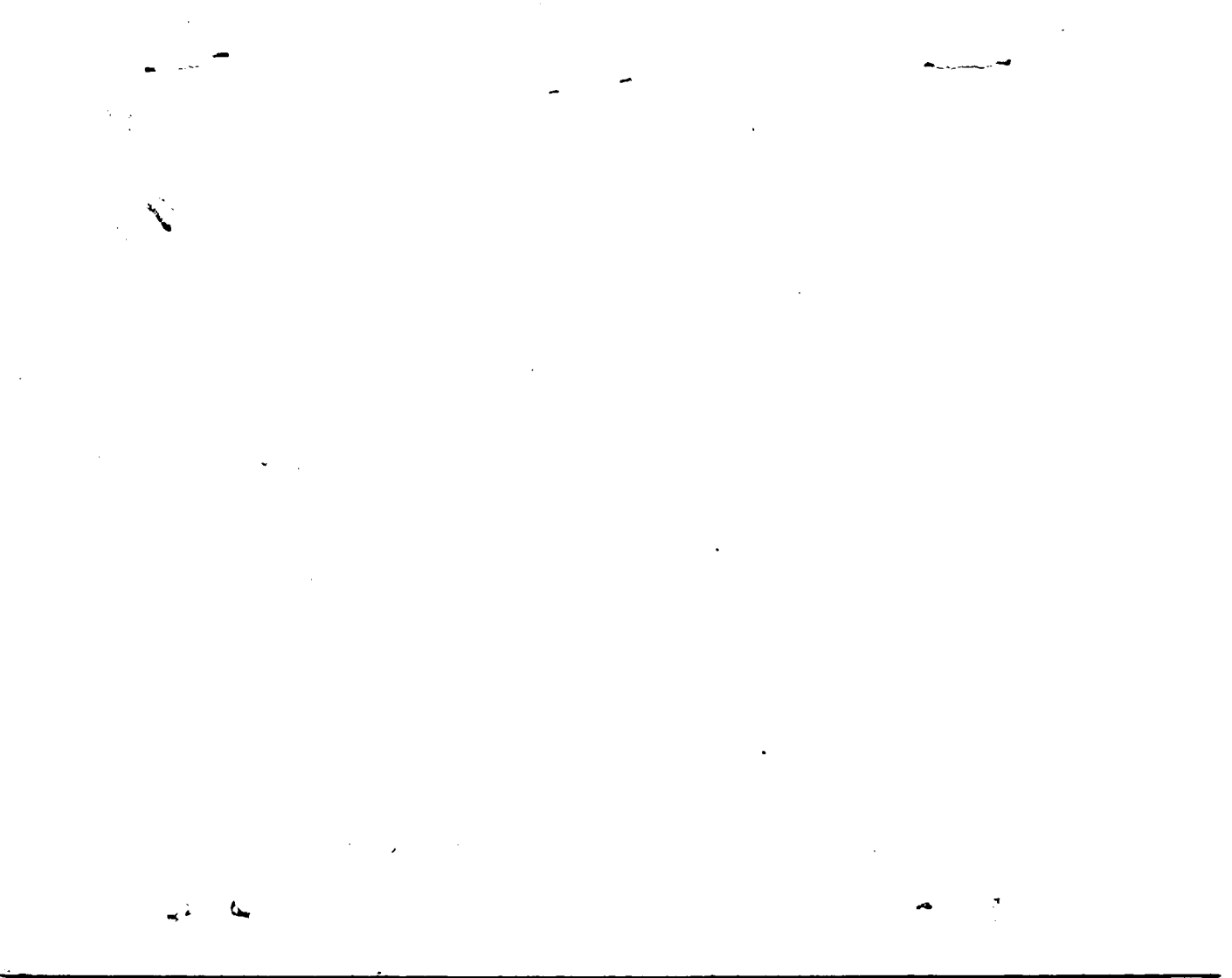
Address Parma, Mo.

.....

Filed July 6 1920

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 81553  
County of Klickitat }

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Ethel Eugene Helfer who July 6, 1920 (Birth or Death)

in Parma, Idaho (Name on Original Certificate) (Was Born on original (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Bible Record prepared on At time of birth, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name Ethel Eugene Helfer Ethel Eujeanne Helfer

Subscribed and sworn to before me this 14th  
day of July, 19 42

Signed Mrs Ruth Helfer  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

C. H. Estes Notary Public, residing at White Salmon, Wn.

White Salmon, Washington  
(Street Address, City, State)

My commission expires Feb. 17, 1945  
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

(Street Address, City, State)

My commission expires \_\_\_\_\_  
(Seal)

JUL 16 1942

NOV 8 1951

JUL 20 1942

AUG 4 1952

432-107-014-194

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

## CERTIFICATE OF BIRTH

County of CanyonCity of IdahoRegistration District No. 3File No. 81554

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2007Registered No. 48

## FULL NAME OF CHILD

Jack Wesley McKee

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLight-  
maleyesDate of  
BirthJuly 7, 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL NAME

George McKee

FATHER

RESIDENCE

Wilder

COLOR

WAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Canada

OCCUPATION

U.S. Rec. ServiceFULL  
MAIDEN  
NAMEElla V. Armstrong

MOTHER

RESIDENCE

Wilder

COLOR

WAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Canada

OCCUPATION

House wifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive  
on the date above stated.

(Born alive or stillborn)

at 104 M

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. E. Bulcamp, M.D.

(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_  
19\_\_\_\_

Address

Filed

July 9, 1920W. E. Bulcamp  
Registrar

NAME LAST FIRST MIDDLE SUFFIX		DATE OF BIRTH MONTH DAY YEAR		PLACE OF BIRTH CITY STATE COUNTRY	
SEX MALE FEMALE		RACE WHITE NEGRO OTHER		HEIGHT FEET INCHES	
WEIGHT POUNDS		COMPLEXION FAIR BRUNNED OLIVE		EYES BLUE BROWN GRAY	
HAIR BLACK BROWN RED		EDUCATION GRADE SCHOOL HIGH SCHOOL COLLEGE		OCCUPATION TRADE PROFESSION SERVICE	
MARITAL STATUS SINGLE MARRIED DIVORCED		RELIGION NONE OTHER		SIGNATURE DATE	

I hereby certify that the above information is true and correct to the best of my knowledge and belief.  
 OFFICIAL  
 TITLE  
 DATE

235-110-014-812

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. 11-C-22a-2-17

County of *Canyon*City of *Parma*Registration District No. *3*File No. *81555*

No. .... St.

Primary Registration District No. *2007*Registered No. *49*

Hospital .....

FULL NAME OF CHILD

*William Glen Stephens*

Sex of Child

*Male*Twin  
Triplet  
or other?*X*

and

Number  
of birth*1*Legiti-  
mate?*yes*Date of  
Birth*July 10 1920*  
(Month) (Day) (Year)FULL  
NAME*FATHER Halton Stephens*

RESIDENCE

*Parma, K.D.*

COLOR

*White*AGE AT LAST  
BIRTHDAY*2 1/2*  
(Years)

BIRTHPLACE

*Iowa*

OCCUPATION

*Farmer*FULL  
MAIDEN  
NAME*MOTHER Jean Gladie*

RESIDENCE

*Parma, K.D.*

COLOR

*White*AGE AT LAST  
BIRTHDAY*2 1/2*  
(Years)

BIRTHPLACE

*Ill.*

OCCUPATION

*Housewife*

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

*At M. Mitchell*

(Physician or midwife)

Given names added from a supplemental report.

Address

*Parma, Ind.*

Filed

*Aug. 13, 1920*

Registrar

Registrar

RESERVED FOR BINDING

WITH UNFADING INK—THIS IS A PERMANENT RECORD  
In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MAR 3 1969



N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Notus Registration District No. 8 File No. 81556  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Hospital Home Primary Registration District No. 2007 Registered No. 50  
 FULL NAME OF CHILD William Otis Kurtz

Sex of Child Male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth July 11 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Marion Leroy Kurtz

RESIDENCE Notus

COLOR white AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Colorado

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Edith May

RESIDENCE Notus

COLOR white AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Notus

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at Notus on the date above stated. (Born alive or stillborn) 12<sup>30</sup> A. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. H. Hunsicker

Given names added from a supplemental report.

(Physician or midwife)

Address Parma Idaho

Filed Aug 1 1920 Hubbald

Registrar

Registrar

Dup of 1920-8930A

not

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

319-214-04-666

PLACE OF BIRTH

AMENDED 7/7/50

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma, R.D.

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Registration District No. 3

File No. 81557

Primary Registration District No. 2007

Registered No. 51

FULL NAME OF CHILD Marianne Wood Carter

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>July 14,</u> 192 <u>0</u> (Month) (Day) (Year)
----------------------------	---	---	-----------------------------	---

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth... 2 ... Number of children of this mother now living, including present birth... 2 ...

FATHER	
FULL NAME	<u>Ezra Murry Carter</u>
RESIDENCE	<u>Parma, Idaho, R.D.</u>
COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>32</u> (Years)
BIRTHPLACE	<u>Kansas</u>
OCCUPATION	<u>Farmer</u>

MOTHER	
FULL MAIDEN NAME	<u>Ruth Wood</u>
RESIDENCE	<u>Parma, Idaho, R.D.</u>
COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>23</u> (Years)
BIRTHPLACE	<u>Iowa</u>
OCCUPATION	<u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1:00 AM M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

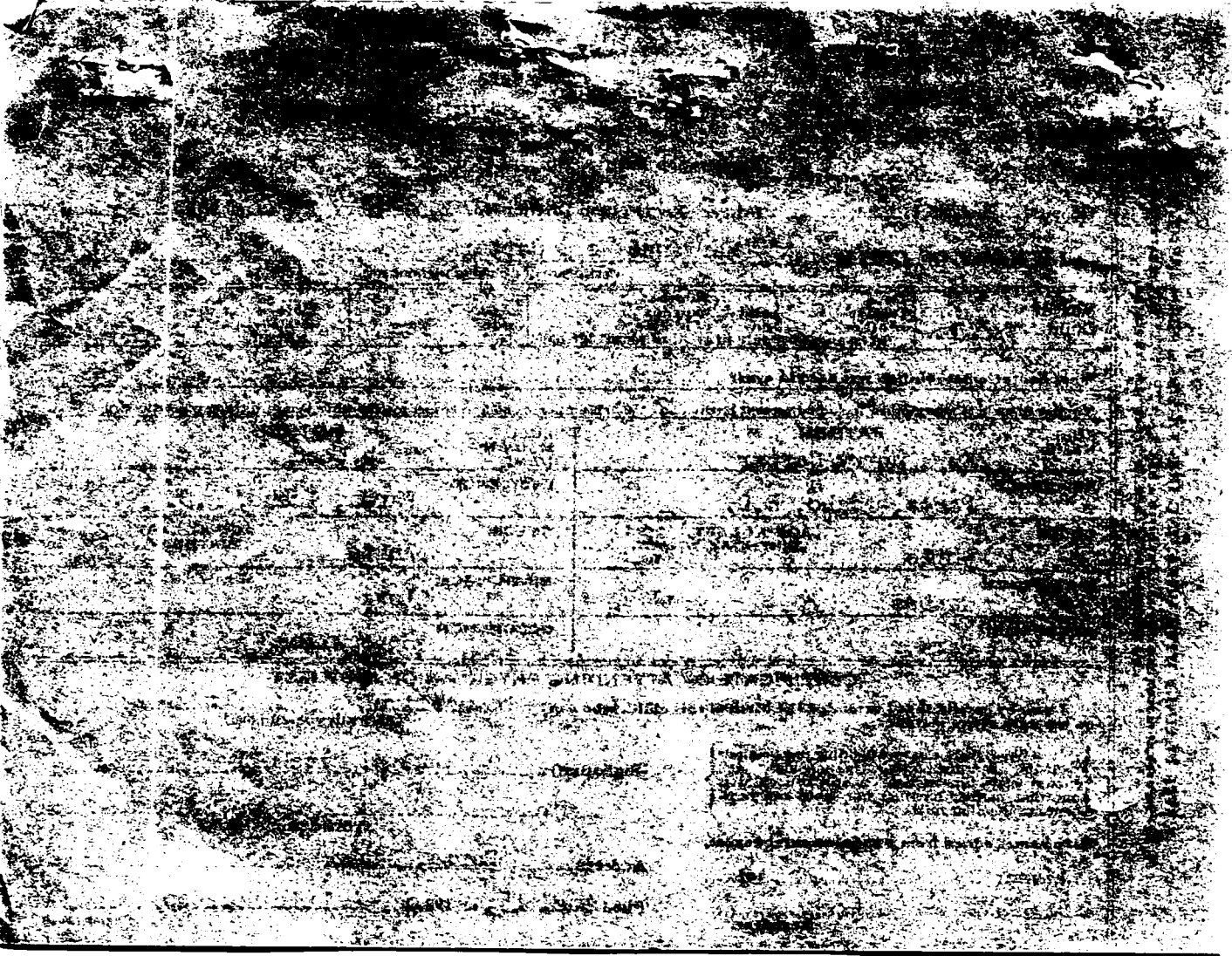
Give names added from a supplemental report.

Address Parma, Idaho

Filed Aug. 15, 1920 Lulu Nalchop

Registrar.

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of California } ss. Certificate No. 81557  
County of Fresno } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Marian (Marion) Wood Carter who born on July 14, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Wilder, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Name of Child Marion Marianne

Subscribed and sworn to before me this 29th day of  
June, 1950

Allen S. Neutt  
Notary Public, residing at Nampa, Idaho  
My commission expires June 12, 1952  
(Seal)

Signed X Ruth G. Carter (mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)  
Rt 4 Caldwell, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California } ss.  
County of Fresno }

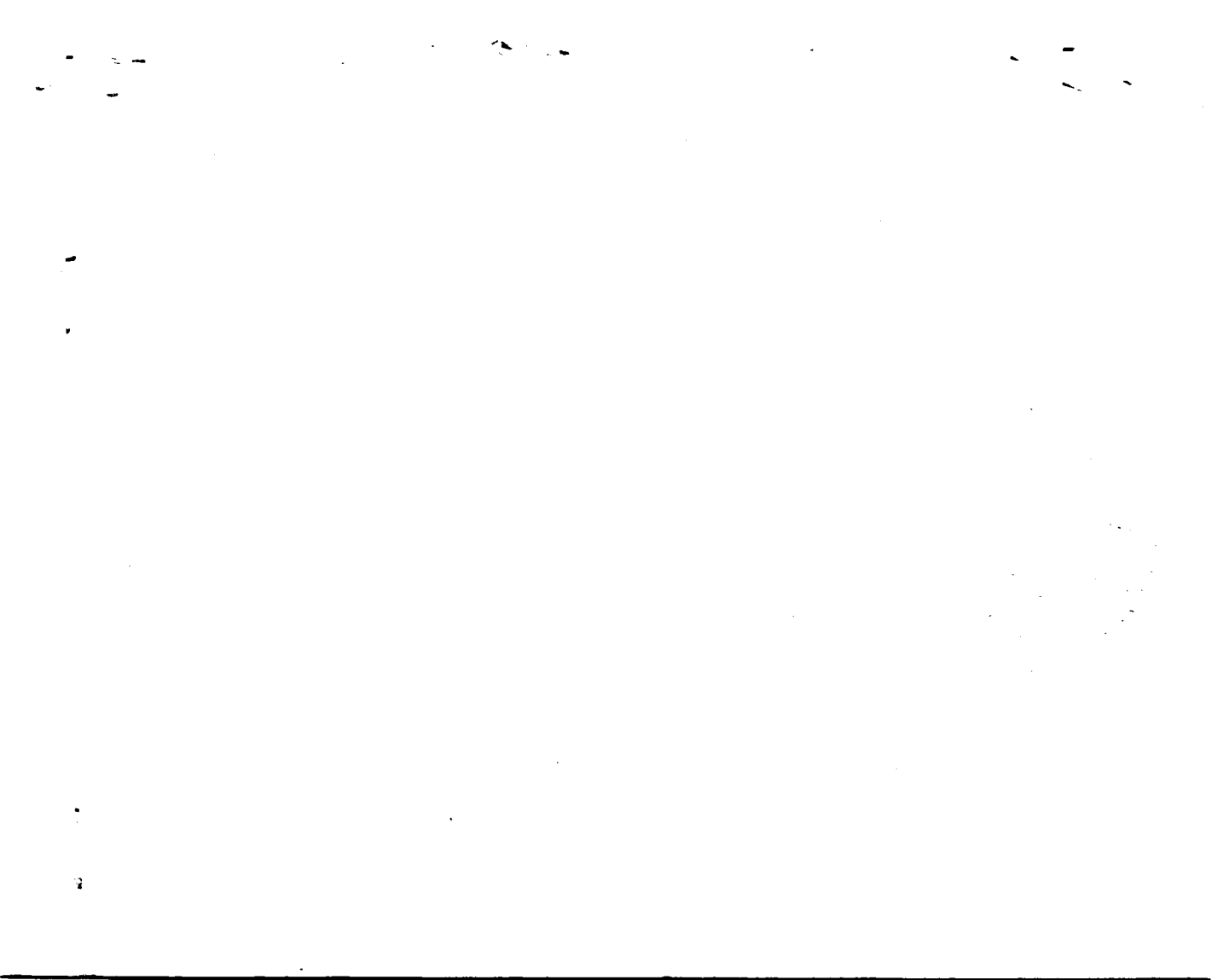
[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of  
June, 1950

Signed Luzanne Davis  
(Signature of Any Credible Person)

Winette Beaumont  
Notary Public, residing at Route 2, Box 760, Clovis, Calif. 4632  
My commission expires April 26, 1950 1954  
(Seal) (Street Address, City, State) Calif.



259-216-014-433

## PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81558

County of \_\_\_\_\_

City of \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 2

File No. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2007Registered No. 32

Full Name of Child \_\_\_\_\_

Seiber

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 16 1920</u> (Month) (Day) (Year)
FULL NAME <u>Wm Seiber</u>	FATHER		FULL MAIDEN NAME <u>Lillian B McCoy</u>	MOTHER
RESIDENCE <u>Parma RR</u>			RESIDENCE	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>W</u>		AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE	BIRTHPLACE			
OCCUPATION <u>Laborer</u>	OCCUPATION <u>None</u>			

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 1I hereby certify that I attended the birth of this child, who was Born alive  
on the date above stated.

(Born alive or stillborn)

at 730 A.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

H. Z. Waldrop, M.D.

Given names added from a supplemental report

(Physician or midwife)

Address \_\_\_\_\_

Filed July 17 1920

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





219-119,014-643

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

County of \_\_\_\_\_

City of \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 9File No. 81559

Hospital \_\_\_\_\_

Primary Registration District No. 2 0 0 7 Registered No. 5 3

Full Name of Child

Andrew Claire Barth

SEX OF CHILD

Twin  
Triplet  
or other?{and} Number  
in order  
of birthLegiti-  
mate?DATE OF  
BIRTH

(To be answered only in event of plural births)

yes  
July 19 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Gustave G BarthFULL  
MAIDEN  
NAME

MOTHER

Lothi G. Fether

RESIDENCE

Pampa

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY4 9  
(Years)

COLOR

AGE AT LAST  
BIRTHDAY3 9  
(Years)

BIRTHPLACE

Mich

BIRTHPLACE

Mich

OCCUPATION

farmer

OCCUPATION

H WNumber of children of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 3:45-10  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. Z. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed

July 22 1920 W. Z. Waldrop  
Registrar Registrar

Registrar

"G. INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

**DEC 17 1956**

493-223-014-731

## PLACE OF BIRTH

County of *Canyon*City of *Parma*Registration District No. *1*File No. *81560*No. *St.*Primary Registration District No. *2807*Registered No. *34*

Hospital

FULL NAME OF CHILD

*Vivian Thelma Dickerson*

Sex of Child

*Female*Twin  
Triplet  
or other*X* andNumber  
in order  
of birth*1*  
(To be answered only in event of plural births)Legiti-  
mate?*yes*Date of  
Birth*July 23, 20*  
(Month) (Day) (Year)FULL  
NAME*Jessie Carl Dickerson*

FATHER

FULL  
MAIDEN  
NAME*Ester Plank*

MOTHER

RESIDENCE

*Parma*

RESIDENCE

*Parma*

COLOR

*White*AGE AT LAST  
BIRTHDAY*26*  
(Years)

COLOR

*White*AGE AT LAST  
BIRTHDAY*27*  
(Years)

BIRTHPLACE

*Iowa*

BIRTHPLACE

*Miss.*

OCCUPATION

*Farmer*

OCCUPATION

*House wife*Number of child of this mother, including present birth... *1*..... Number of children of this mother now living, including present birth... *1*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born* at *Parma* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*W. M. Mitchell*

(Physician or midwife)

Given names added from a supplemental report.

Address

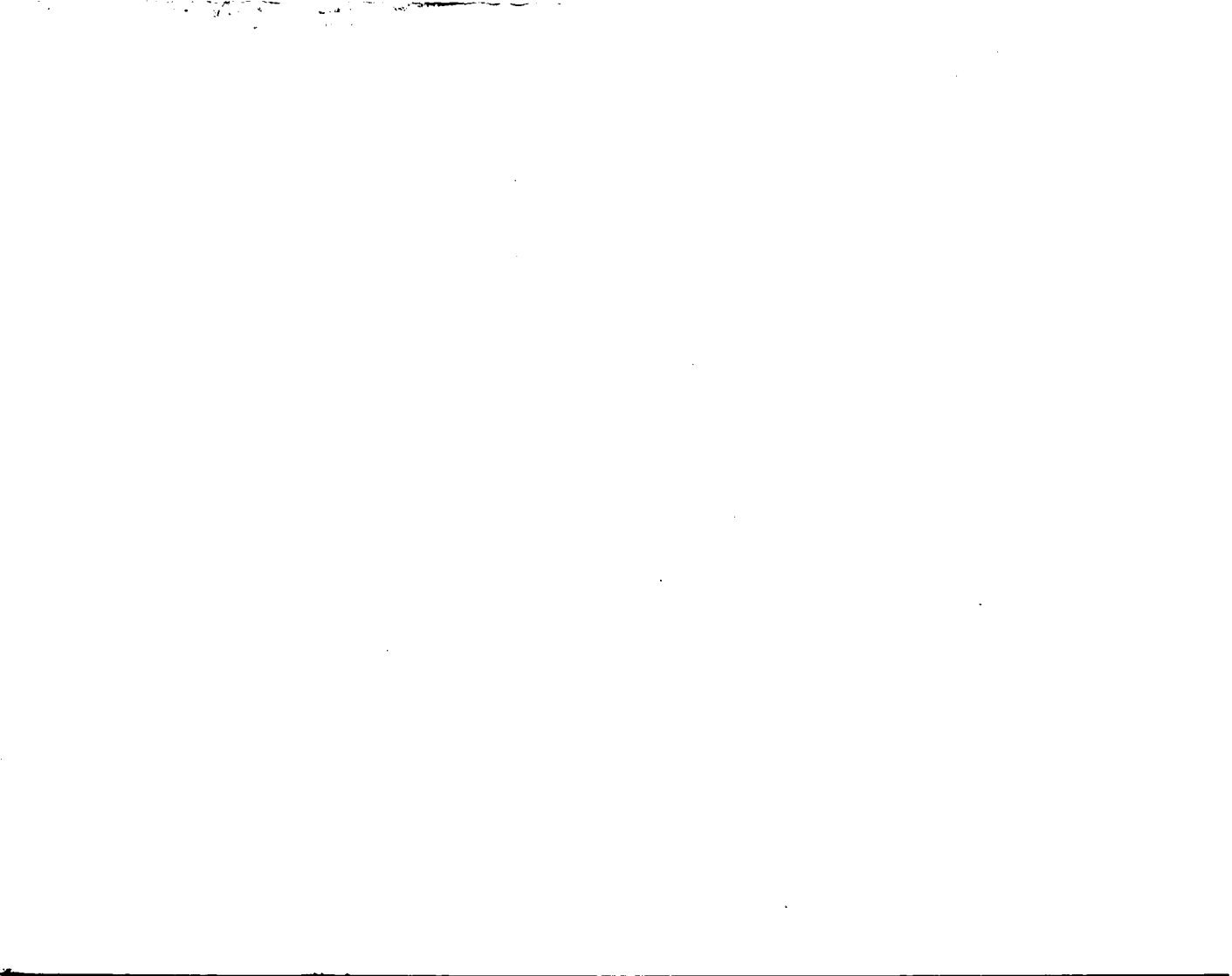
*Parma*

Filed

*Aug 20**Lulu Walsh*

Registrar

Registrar



3951181014144

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

## CERTIFICATE OF BIRTH

81561

County of CanyonCity of Parma

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 3

File No. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 207Registered No. 88Full Name of Child HAROLD DOREN Cress

SEX OF CHILD <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>yes</u>	DATE OF BIRTH <u>July 18, 1920</u> (Month) (Day) (Year)
FULL NAME <u>Baxter B Cress</u>	FATHER		FULL MAIDEN NAME <u>Lydice B Judd</u>	MOTHER
RESIDENCE <u>Parma RR</u>			RESIDENCE <u>Parma</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Iowa</u>			BIRTHPLACE <u>I.D.</u>	
OCCUPATION <u>farmer</u>			OCCUPATION <u>H.W.</u>	

Number of child of this mother, including present birth...8... Number of children of this mother now living, including present birth...8...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 340 N.  
on the date above stated. (Born alive or stillborn)(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

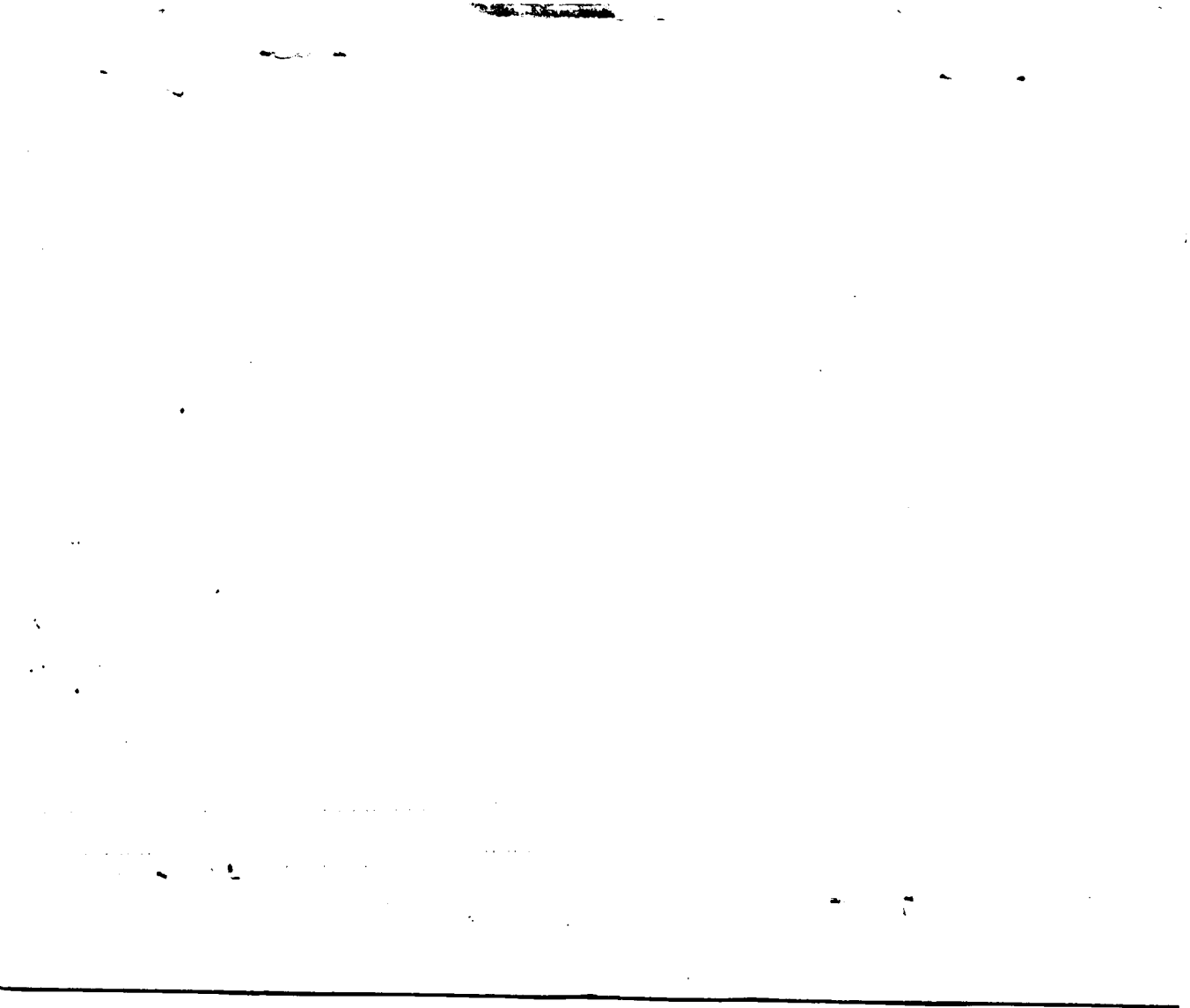
Given names added from a supplemental report

Address \_\_\_\_\_

Filed Aug 12, 1920 W. E. Waldrop  
Registrar Registrar

N. B.—In case of more than one child, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. \_\_\_\_\_  
County of Canyon } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
(Birth or death)  
for Cress who was born on July 18, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Parma, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by his own memory as the Father. prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Date of Birth

Not named  
July 28, 1920

Harold Doren Cress  
July 18, 1920

Subscribed and sworn to before me this 1st  
day of October, 1941

Signed H.B. Cress  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Parma, Idaho.  
My commission expires Feb. 28, 1944.  
[SEAL]

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Canyon }

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

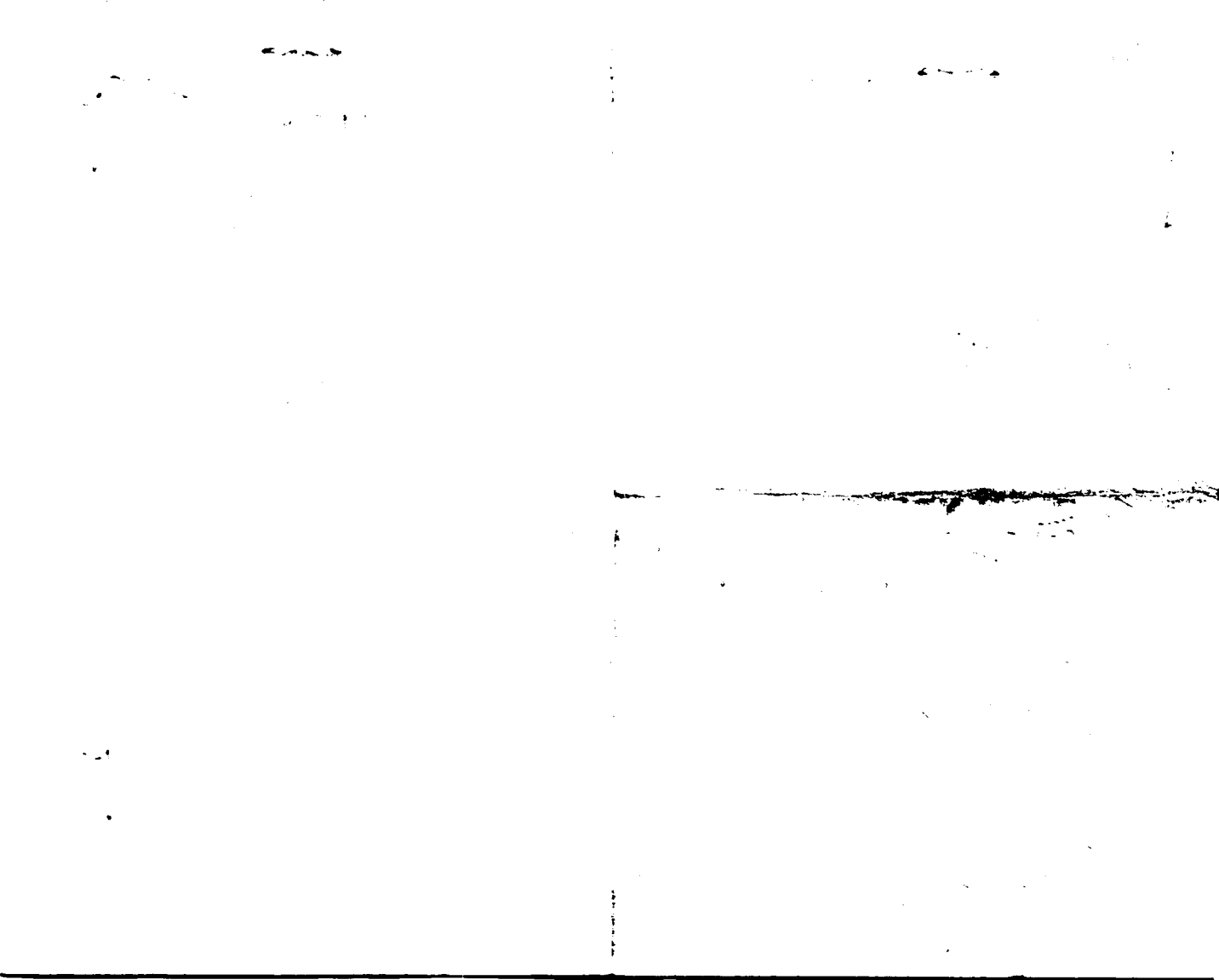
Subscribed and sworn to before me this 1st  
day of October, 1941

Signed Charles D Judd  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Parma, Idaho  
My commission expires Feb. 26, 1944  
[SEAL]

P#2 Parma Idaho  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)





- 239-128-014-795

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of SanjoyCity of ParmaNo. Route III St.Registration District No. 9File No. 81562Hospital HomePrimary Registration District No. 200 Registered No. 56FULL NAME OF CHILD William RobertStryker

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 28</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	--	-----	--------------------------------	----------------------------	---

FULL NAME FATHER Wm E. StrykerRESIDENCE Parma, R. IIICOLOR White AGE AT LAST BIRTHDAY 49  
(Years)BIRTHPLACE Smiles County, IowaOCCUPATION FarmerFULL MAIDEN NAME MOTHER Ada A. GreyRESIDENCE Parma R. IIICOLOR White AGE AT LAST BIRTHDAY 47  
(Years)BIRTHPLACE Sioux City IowaOCCUPATION HousewifeNumber of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

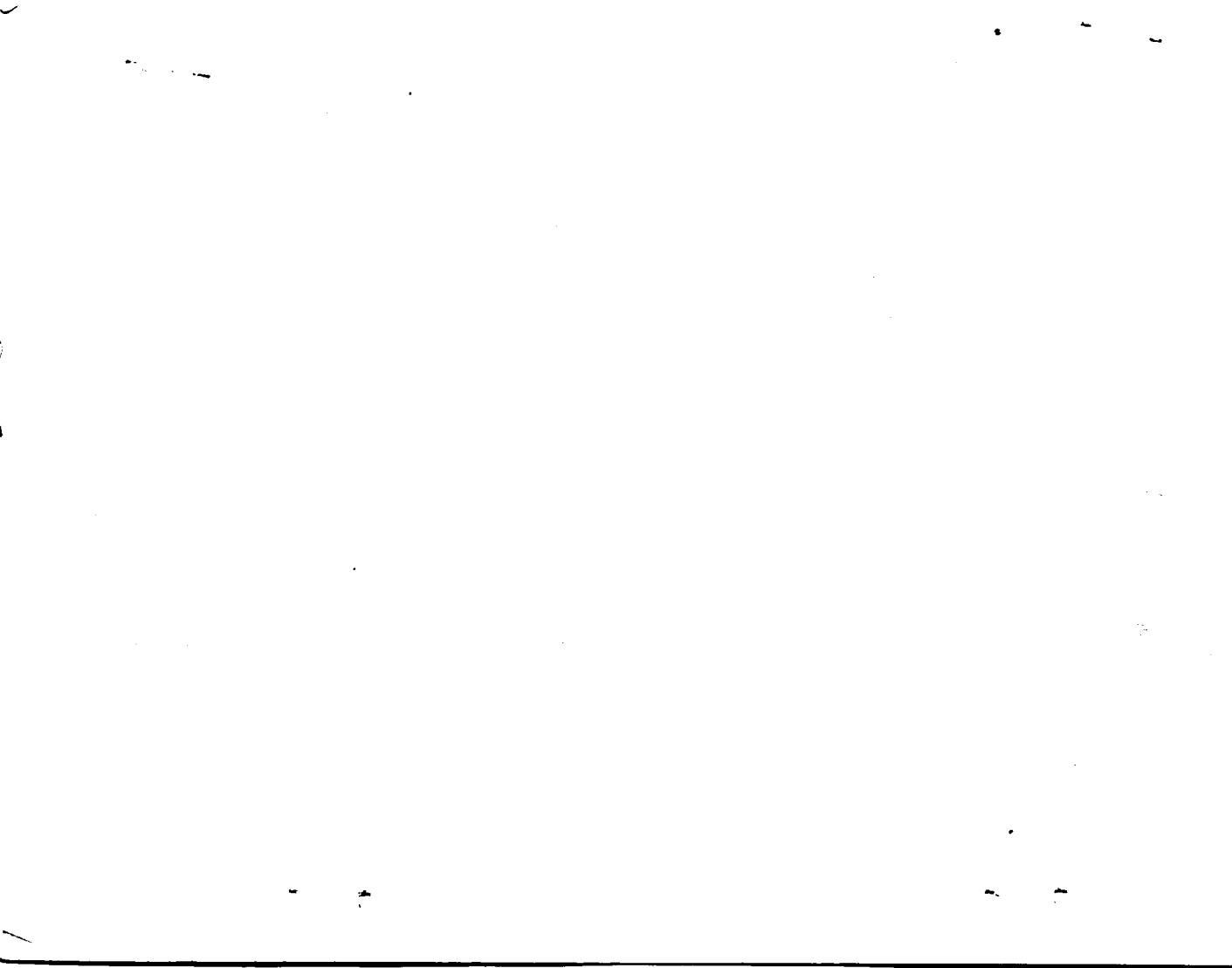
I hereby certify that I attended the birth of this child, who was Born alive, at 10:5 AM  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W. D. [Signature]  
M.D.  
(Physician or midwife)Address Box 17 Walden IdahoFiled Aug 10 1920 Hubbald  
Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.  
County of Polk  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for William Robert Stryker who was born on July 28, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Bible record prepared on July 28, 1920, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM  
(AS ON ORIGINAL)

TO  
(THE CORRECT FACTS)

name unnamed Stryker William Robert Stryker  
mother's name Ada A. Gray Ada A. Gray

Subscribed and sworn to before me this 16  
day of April, 19 42.

Signed W E Stryker (Father)  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Independence Oregon  
My commission expires My Commission 1943  
(SEAL)

1148 - Independence, Oregon  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.  
County of Polk

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16  
day of April, 19 42.

Signed \_\_\_\_\_  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Independence Oregon  
My commission expires My Commission Expires Mar 23, 1943  
(SEAL)

B St - Independence Oregon  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

APR 28 1942

119229-014893

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22m-2-2-17

County of CanyonCity of ParmaRegistration District No. 9File No. 81563

No. ....St.

Primary Registration District No. 2007Registered No. 57

Hospital .....

FULL NAME OF CHILD Paula De Laura Jarman

Sex of Child <u>Female</u>	Twin Triplet or other? <u>X</u>	and { Number in order of birth <u>4th</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>July 29</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Aguila H. Jarman</u>	FATHER	FULL MAIDEN NAME <u>Laura Hill</u>	MOTHER
RESIDENCE <u>Parma</u>		RESIDENCE <u>Parma</u>	
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>26</u> (Years)		COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>27</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 4th Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born at 6 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Signature) <u>W. M. Mitchell</u>
---	-----------------------------------

Given names added from a supplemental report.

.....19.....

Address Parma, Ida.

.....19.....

Filed Aug 13 1920 Lulu Waldrop

Registrar

Registrar

3/17/41 L. B.

345-203-014-295

## PLACE OF BIRTH

County of CanyonCity of NampaNo. 1104-13th Ave. South

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

File No. 81564

Registered No. \_\_\_\_\_

Full Name of Child Betty Susan Lundy

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number (and) in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 34</u> 19 <u>29</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME Clark Braden Lundy FATHERRESIDENCE NampaCOLOR White AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE MissouriOCCUPATION FarmerFULL MAIDEN NAME Ida Fern Kingston MOTHERRESIDENCE NampaCOLOR White AGE AT LAST BIRTHDAY 33 (Years)BIRTHPLACE MissouriOCCUPATION HousewifeNumber of child of this mother, including present birth one Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Davis D.O.  
Osteopathic Physician  
(Physician or midwife)

Given names added from a supplemental report

19

Address \_\_\_\_\_

Filed July 1920

Registrar

Registrar

JAN 8 1958



255-213-014-255

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81565

County of CanyonCity of NampaRegistration District No. 7 File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1006 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Myrtle MaySevey

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>ye.</u>	Date of Birth <u>June 13</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	-----	---	-------------------------------	--

FULL NAME

Leon Sevey

FATHER

RESIDENCE

Nampa Idaho

COLOR

White

AGE AT LAST BIRTHDAY

29

(Years)

BIRTHPLACE

Oregon

OCCUPATION

Laborer

FULL MAIDEN NAME

Anna Kent

MOTHER

RESIDENCE

Nampa Idaho

COLOR

White

AGE AT LAST BIRTHDAY

30

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 3 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Thos. B. Scott, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Nampa, Idaho

Filed

Aug 10 1920Pearle Dodds

Registrar

Registrar

SEP 8 1948

JUL 22 1969

719-114-514-319

## PLACE OF BIRTH

County of CanyonCity of Wilson

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 7File No. 81566Primary Registration District No. 1006

Registered No. \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 14 1920</u> (Month) (Day) (Year)
--------------------------	---	--	-------------------------------	---

FULL NAME <u>George D. Gardner.</u>	FATHER
RESIDENCE <u>Wilson, Idaho.</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Idaho.</u>	
OCCUPATION <u>Farmer.</u>	

FULL MAIDEN NAME <u>Edna Grace Carlberg.</u>	MOTHER
RESIDENCE <u>Wilson, Idaho.</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Iowa.</u>	
OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Thos. B. Scott. M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

ampa Idaho.

Filed

Aug 10 1920

Registrar

Registrar

DUP OF 1920-304314

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

555-122-014-864  
PLACE OF BIRTH

Form V. S. No. 11--20m-7-24-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No.

81567

No. \_\_\_\_\_ St.

Primary Registration District No. 1006

Registered No. \_\_\_\_\_

Hospital Mercy

FULL NAME OF CHILD

Everett

Sex of Child

male

Twin  
Triplet  
or other?

—

and { Number  
in order  
of birth

—

Legiti-  
mate?

yes

Date of  
Birth

July 22

19 20

(Month)

(Day)

(Year)

FULL  
NAME

Roy Everett

FATHER

FULL  
MAIDEN  
NAME

Georgia Houston

MOTHER

RESIDENCE

Nampa, Ida

RESIDENCE

Nampa, Ida

COLOR

White

AGE AT LAST  
BIRTHDAY

21  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

20  
(Years)

BIRTHPLACE

Colo

BIRTHPLACE

Idaho

OCCUPATION

Soda Clerk

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive at 1 20 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Leo H. Chilton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Nampa, Ida.

Filed

Aug 10 1920 Pearle Dodds

Registrar.

Registrar.

THE UNIVERSITY OF CHICAGO  
LIBRARY

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

955-105-014-296  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1123-12<sup>th</sup> Cr. So.

Registration District No. 7

File No. 81568

Hospital — Primary Registration District No. 1006 Registered No. —

FULL NAME OF CHILD Christopher  
Reed

Sex of Child Male Twin Triplet or other? — and { Number in order of birth — Legitimate? Yes Date of Birth Aug 5 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Christopher  
Reed

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Austria

OCCUPATION Mgr. Nampa Cope

FULL MAIDEN NAME Natalie MOTHER Kronen  
Natalie Kronen

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Finland

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3 30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton

(Physician or midwife)

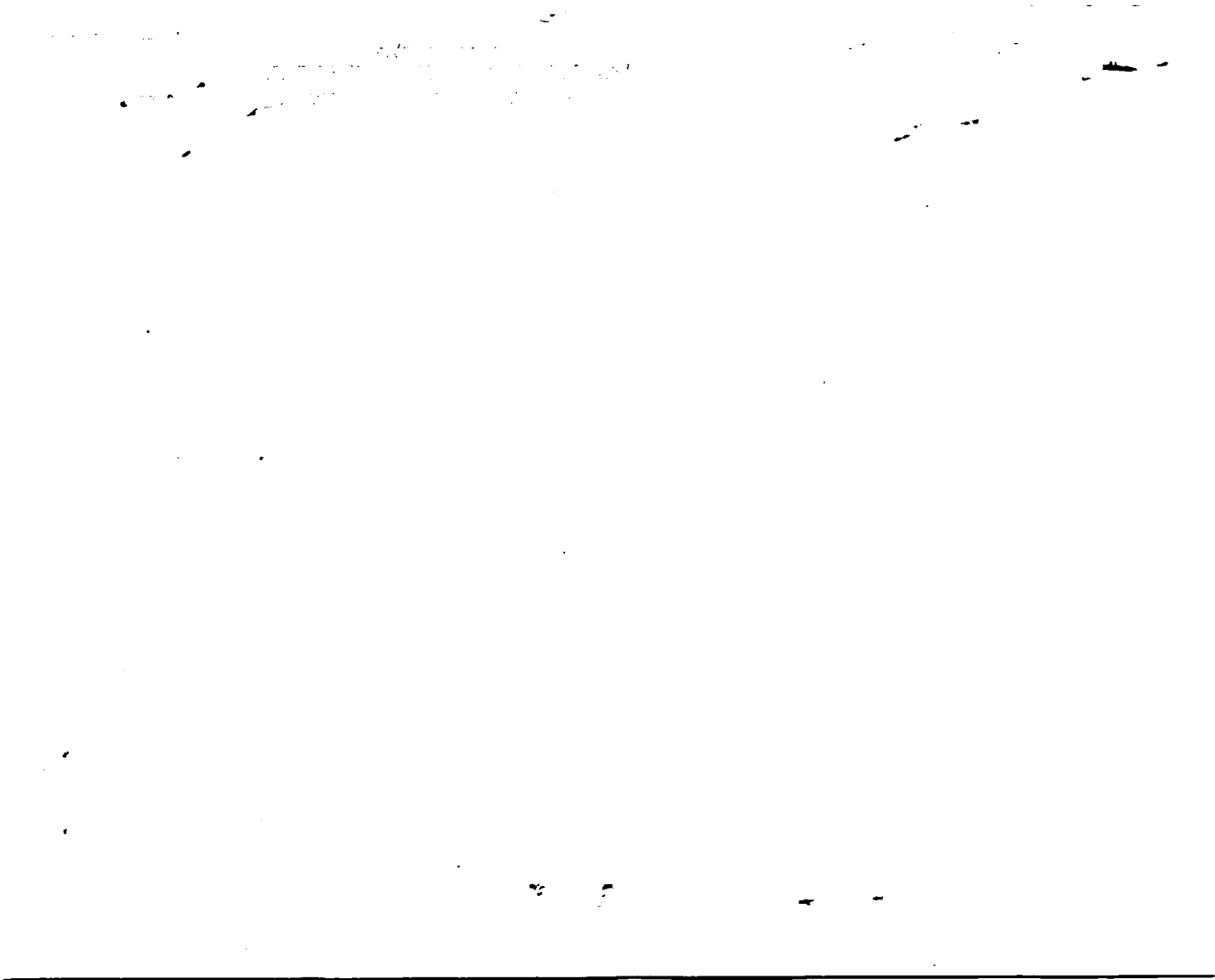
Given names added from a supplemental report.

Address Nampa Idaho

Filed Aug 10 1920 Pearl Dodds

Registrar.

Registrar.





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS**  
**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho }  
County of Ada } ss. Certificate No. 8k568  
Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of birth  
(Birth or death)  
for Cris Raymond Reed who was born on August 5, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by                      prepared on                     , are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "birth date", "cause of death", etc.)	(As on original)	(The correct facts)
<u>Mother's name</u>	<u>Nettie Keronan</u>	<u>Natalie Kronen</u>
<u>(son's name)</u>	<u>Cris Raymond Reed</u>	<u>Christopher Raymond Reed</u>
<u>Father's name</u>	<u>Cris</u>	<u>Christopher Reijo Reed</u>

Subscribed and sworn to before me this 24th  
day of June, 19 41.

Mary B. Edwards  
Notary Public, residing at Boise, Idaho

My commission expires November 6, 1944.  
[SEAL]

Signed Natalie Kronen Reed  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Nampa, Idaho  
(Street Address, City, State)

**Supporting Affidavit of a Second Person**

State of IDAHO }  
County of ADA } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th  
day of June, 19 41.

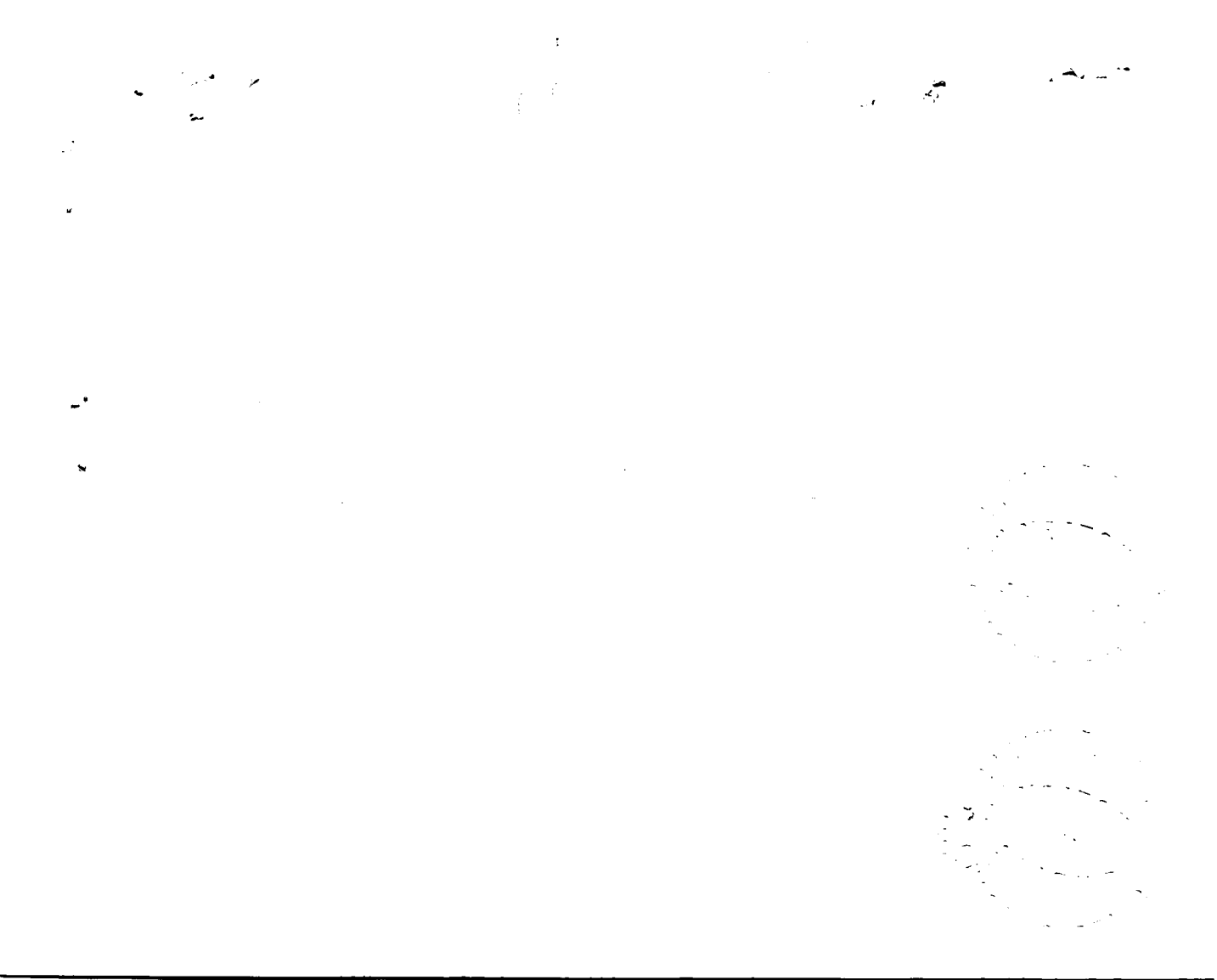
Mary B. Edwards  
Notary Public, residing at Boise, Idaho

My commission expires November 6, 1944.  
[SEAL]

Josephine W. Farnsworth  
111 - West 51st St. Seattle, Wa  
(Signature of any credible person other than the previous affiant)

Finna C. L. Reed  
(Street Address, City, State)  
111 W. 51st St. Seattle

Received for filing on                      by                       
(Registrar's signature)



864-215.014-295  
PLACE OF BIRTH

Form V. S. No. 11--20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81569

County of CanyonCity of NampaNo 211-13 One 10 St.Registration District No. 7

File No.

Primary Registration District No. 1056

Registered No.

Hospital                     

FULL NAME OF CHILD

Orville Arlene Young

Sex of Child

FemaleTwin  
Triplet  
or other?—

and

Number  
in order  
of birth—Legiti-  
mate?yesDate of  
BirthJuly 15 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Walter Young

RESIDENCE

Nampa, Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Theresa Buschare

RESIDENCE

Nampa, Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.at 6<sup>30</sup> a. M.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Leo W. Chilton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

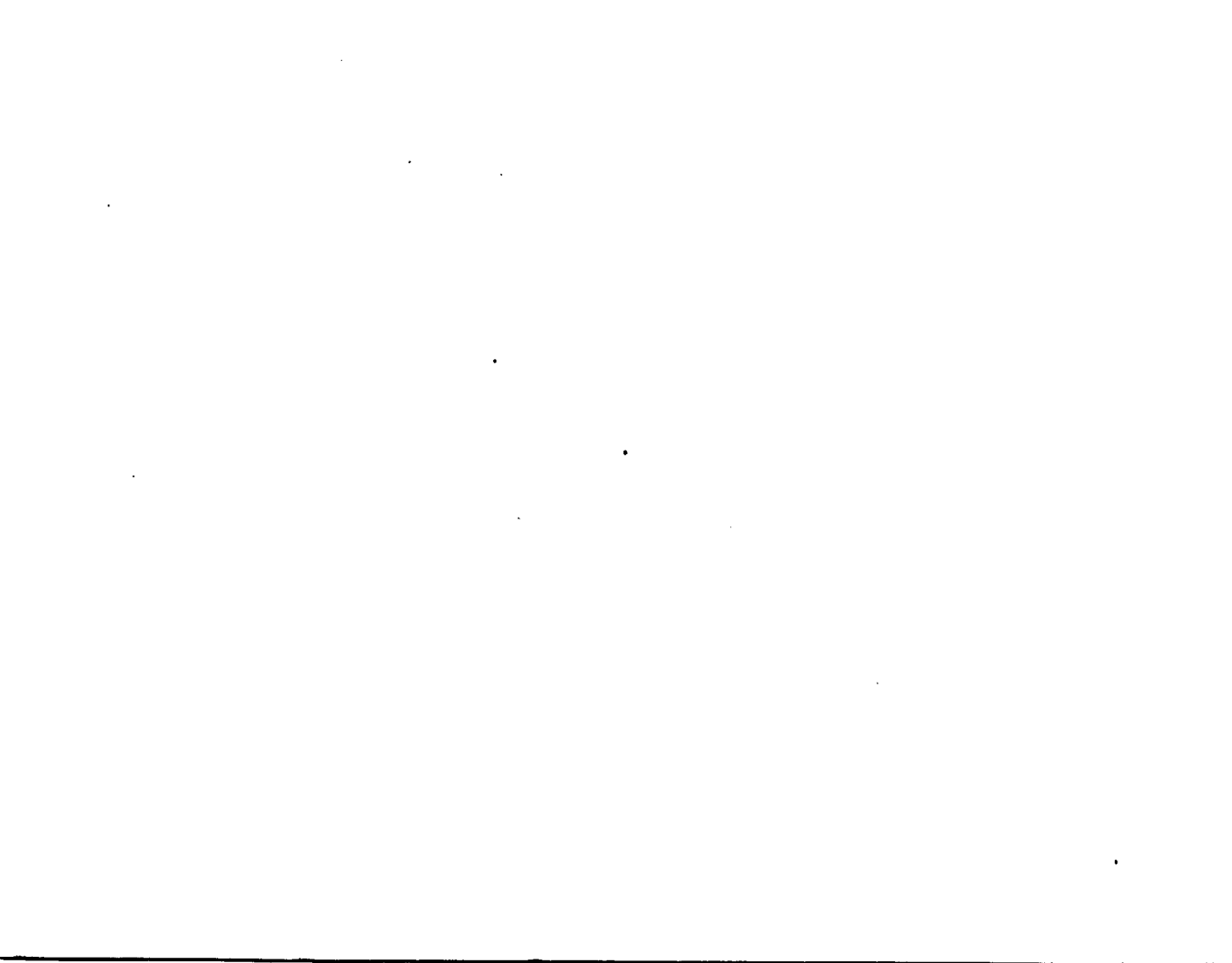
Nampa, Ida

Filed

Aug 10 1920Pearle Dodds

Registrar.

Registrar.



365-117-014-793  
PLACE OF BIRTH

Form V. S. No. 11--20m-7-28-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Canyon

City of ampa

Registration District No. 7

File No. 81570

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Mercy

Primary Registration District No. 1006

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Wm Keith Connor

Sex of Child male Twin Triplet or other? — and — Number in order of birth — Legitimate? yes Date of Birth July 17 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Leslie W Connor

RESIDENCE ampa Ida

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Auto Mechanic

MOTHER  
FULL MAIDEN NAME Sylvia Gilman

RESIDENCE ampa Ida

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10<sup>30</sup> A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N. Chilton  
(Physician or midwife)

Given names added from a supplemental report.

Address ampa Ida

Filed Aug 10 1920 Pearl Dodds Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 18 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

866-230-014-653  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-26-19

County of Canyon

City of Salida

No. Pleasant, Odd St.

Registration District No. 7

File No. 81571

Hospital                     

Primary Registration District No. 1006

Registered No.                     

FULL NAME OF CHILD Myrtle Pearl Houston

Sex of Child Female ☒ Twin ☐ Triplet ☐ or other? ☐ (To be answered only in event of plural births) and ☐ Number ☐ in order ☐ of birth Legitimate? yes Date of Birth July 30 1920  
Month (Day) (Year)

FULL NAME George Houston FATHER

RESIDENCE Stampa Ida

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Wash.

OCCUPATION Cub-Mechanic

FULL MAIDEN NAME Bessie Welles MOTHER

RESIDENCE Stampa Ida

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Ore.

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10<sup>30</sup> a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N. Chilton

(Physician or midwife)

Given names added from a supplemental report.

19

Address Stampa Ida

Filed Aug 10 1920

Registrar.

Registrar.

272 71 300



695-205-014-592  
PLACE OF BIRTH

Form V. S. No. 11--20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No.

81572

No. \_\_\_\_\_ St.

Primary Registration District No. 1006

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Winterton

Sex of Child Female Twin Triplet or other? } and { Number in order of birth }  
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Aug/5-1 1920  
(Month) (Day) (Year)

FULL NAME FATHER John E Winterton

RESIDENCE Nampa Idaho

COLOR white AGE AT LAST BIRTHDAY 49 (Years)

BIRTHPLACE Utah

OCCUPATION Labourer

FULL MAIDEN NAME MOTHER Cora Libarger

RESIDENCE Nampa

COLOR white AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Illinois

OCCUPATION Housewife

Number of child of this mother, including present birth 109

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 4:30 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo R. Proctor  
Phys  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed aug. 10 1920 Pearl Dodds  
Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



319-40-014-546  
PLACE OF BIRTH

Form V-S. No. 11-20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of NotusRegistration District No. 7

File No.

81573

No. \_\_\_\_\_ St.

Primary Registration District No. 2006

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD HELEN ELIZABETHCarothers

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Aug 10 1920</u> (Month) (Day) (Year)
----------------------------	----------------------------------	-----	--------------------------	------------------------	--

FATHER  
FULL NAME James M. CarothersRESIDENCE Oreana, IdahoCOLOR whiteAGE AT LAST BIRTHDAY 44  
(Years)BIRTHPLACE MissouriOCCUPATION retireeMOTHER  
FULL MAIDEN NAME Bessie Rebecca EdwardsRESIDENCE Oreana, IdahoCOLOR whiteAGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE NebraskaOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

born alive 12:45 PM  
(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Aug. 10 1920 Pearle Dodd

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 5 1967

2 01 0 3 1

0 0 0 0

## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.Certificate No. 81573County of OwyheeDate Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)  
 for Helen Elizabeth Carothers who Born on Aug. 10, 1920 (Date of Event)  
 in Nampa, Canyon Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts are shown by Bible prepared on Aug. 10, 1920 (Give Date), are:  
 (Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED  
 ("Name", "Birth Date", "Cause of Death", Etc.)FROM  
 (As on Original)TO  
 (The Correct Facts)

Name

Unnamed

Helen Elizabeth Carothers

Subscribed and sworn to before me this 19th  
 day of May, 19 42

Notary Public, residing at Grand View, Ida

My commission expires Nov. 23, 1943  
 (Seal)

Signed Lena Rebecca Carothers  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Grand View, Idaho  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
 (Seal)

(Street Address, City, State)

MAY 21 1942

MAY 25 1942

OCT 24 1988

OCT 2 1987

JUL 5 1967

APR 24 1969

212-104-01X-391  
PLACE OF BIRTH

Form V. S. No. 11-20m-7-28-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 81574

No. \_\_\_\_\_ St.

Primary Registration District No. 2086

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

VERN B. Babcock

Sex of Child <u>male</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth <u>Aug 4</u> 19 <u>28</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	-------------	---

FATHER  
FULL NAME Hyam Babcock  
RESIDENCE Nampa, Idaho P.I.  
COLOR white AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Utah  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Anna Louise Traub  
RESIDENCE Nampa Idaho P.I.  
COLOR white AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Illinois  
OCCUPATION House wife

Number of child of this mother, including present birth 2, Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11:45 PM on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor  
Phys  
(Physician or midwife)

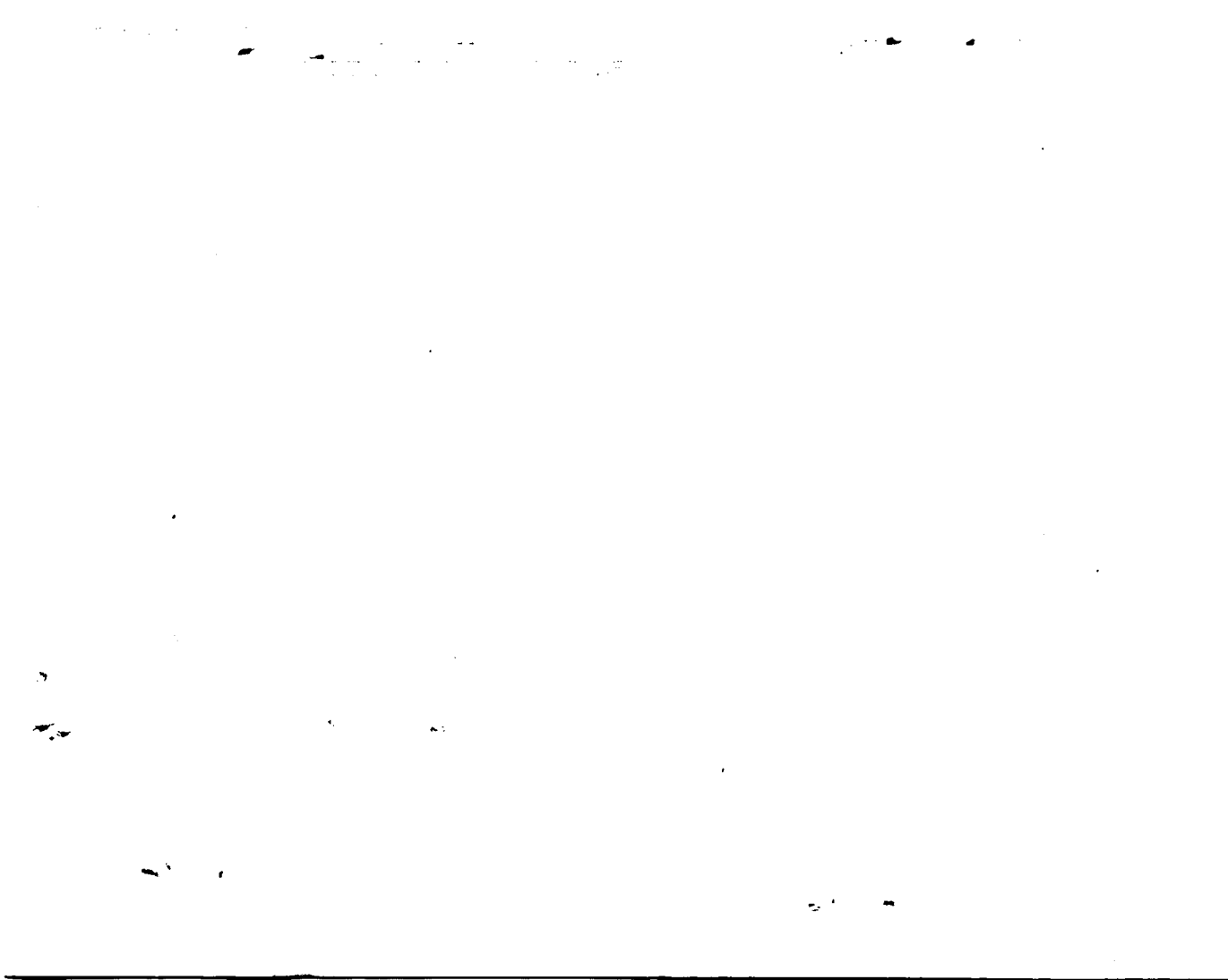
Given names added from a supplemental report. \_\_\_\_\_ 19\_\_\_\_

Address \_\_\_\_\_

Filed Aug 10 1928 Pearl Dadds  
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 81574  
County of Canyon }

The undersigned does solemnly swear that certain facts on the certificate of Beth  
for Unnamed Babcock who was born on August 3-1920  
in Nampa Idaho (NAME OF ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

<b>FACTS TO BE CORRECTED</b> ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	<b>FROM</b> (AS ON ORIGINAL)	<b>TO</b> (THE CORRECT FACTS)
Name _____	Unnamed Babcock _____	Vern B. Babcock _____

Subscribed and sworn to before me this 11<sup>th</sup>  
day of February 19 42

Notary Public, residing at Nampa Idaho  
My commission expires 4-26-45  
(SEAL)

Signed Anna L. Grandt Babcock  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
Route #1, Nampa Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11<sup>th</sup>  
day of February 19 42

Notary Public, residing at Nampa Idaho  
My commission expires 4-26-45  
(SEAL)

Signed Chester E. Jones  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT)  
323-18 Ave So. Nampa Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)

FEB 11

11 10 1942



818-227-218-367  
PLACE OF BIRTHSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-26-19

81575

County of CanyonCity of ampaRegistration District No. 7

File No.

No. \_\_\_\_\_ St.

Primary Registration District No. 1006

Registered No.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

EVELYN MARIE

Hays

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>July 27</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	---------------------------	---

FATHER  
FULL NAME Loyal Herbert HaysRESIDENCE 524-6 ave So. Nampa, IdahoCOLOR white AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE NebraskaOCCUPATION LaborerMOTHER  
FULL MAIDEN NAME Tanda Noble CoxRESIDENCE 524-6 ave So. Nampa, IdahoCOLOR white AGE AT LAST BIRTHDAY 18 (Years)BIRTHPLACE KentuckyOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 9 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Geo. R. Proctor  
Phys.  
(Physician or midwife)

Given names added from a supplemental report.

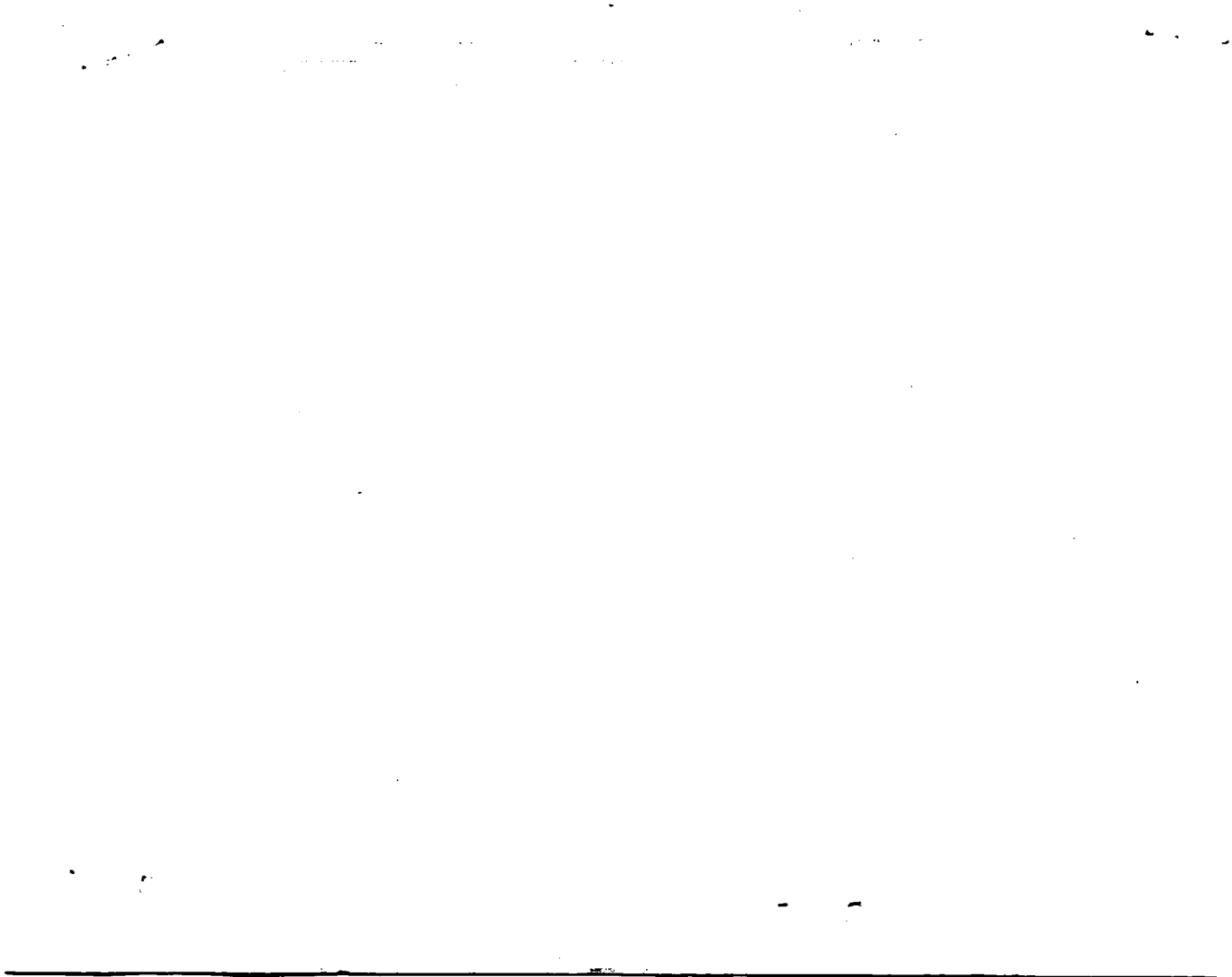
19

Address

Filed Aug. 10 1920Pearle Dodds

Registrar.

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 81575  
County of Los Angeles }

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for No Name Hays who Born on July 27th 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Nampa Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Father prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name no name Hays Evelyn Marie Hays

Subscribed and sworn to before me this 14th  
day of February, 1942

Dr. Maister  
Notary Public, residing at Los Angeles Calif.

My commission expires Sept. 18th 1943  
(Seal)

Signed Loyal D. Hays  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2224 S. Wall Street, Los Angeles  
(Street Address, City, State) California

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.  
County of Los Angeles }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th  
day of February, 1942

Signed James W. Scott  
(Signature of Any Credible Person Other Than Previous Year)

Dr. Maister  
Notary Public, residing at Los Angeles, Calif.

My commission expires Sept. 18th 1943  
(Seal)

833 W. 84th Street, Los Angeles  
(Street Address, City, State) California

FEB 21 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-126.014-569  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-26-19

County of Canyon

City of Verba

No. 18 St.

Registration District No. 7

File No. 81576

Hospital

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD Benjamin Robert Scanlan

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>July 26</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	---	------------------------	---

FATHER  
FULL NAME Ben R Scanlan

RESIDENCE Nampa, Idaho

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Canada

OCCUPATION Retailer Gas & Oil Station

MOTHER  
FULL MAIDEN NAME Lillian B Norman

RESIDENCE Nampa, Idaho

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE New York

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive at 1230 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

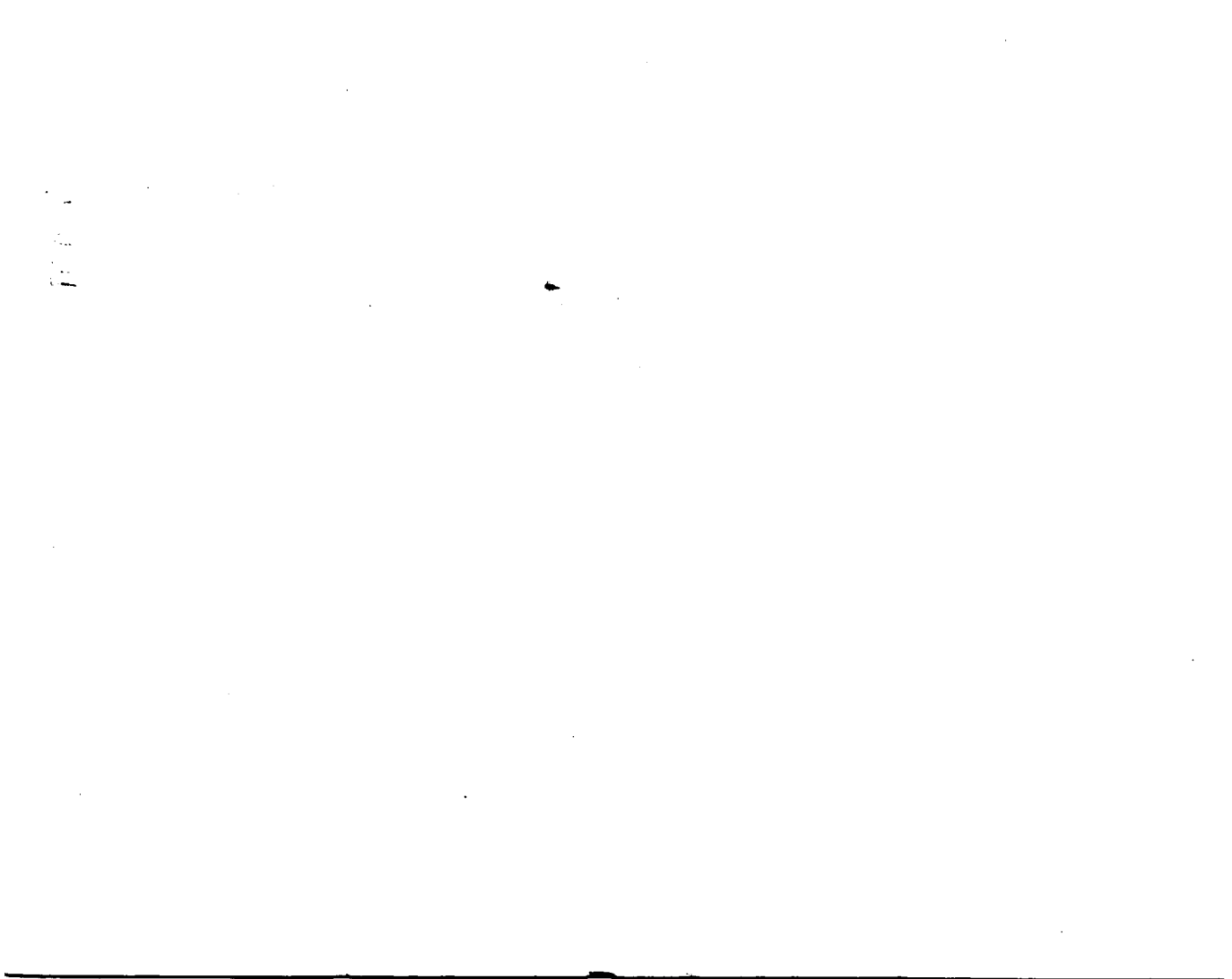
(Signature) Geo R Proctor  
Phys  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Aug. 16 1920 Pearle Dodds  
Registrar. Registrar.





515125-04-961  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No.

**81577**

No. \_\_\_\_\_ St.

Hospital Mercy

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD

James Gordon Van Cleef

Sex of Child Male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and  
(Number  
in order  
of birth)

Legiti-  
mate?

Date of Birth July 25 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER

Chas. W. Van Cleef

RESIDENCE

Wilders, Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

37  
(Years)

BIRTHPLACE

New York

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

MOTHER

Ellen Elizabeth Roach

RESIDENCE

Wilders, Idaho

COLOR

AGE AT LAST  
BIRTHDAY

33  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive at 230 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Geo R Proctor

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Nampa  
Aug. 12 1920 Pearl Dodds

Filed

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

APR 25 1942

(2) DEC 10 1941

962-128'014-433

## PLACE OF BIRTH

County of SanyonCity of Nampa

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 7

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 81578Hospital Meray Primary Registration District No. 1006

Registered No. \_\_\_\_\_

Full Name of Child

Jack Wm Robb

SEX OF CHILD <u>m</u>	Twin Triplet or other?	and; Number in order of birth	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>July 28 30</u> (Month) (Day) (Year)
FULL NAME <u>Edward Robb</u>	FATHER		FULL MAIDEN NAME <u>Byrd McClure</u>	MOTHER
RESIDENCE <u>Nampa Ida</u>			RESIDENCE <u>Nampa Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>16</u> (Years)
BIRTHPLACE <u>Colorado</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Clerk</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 6A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McEllenPhysician or midwife  
(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed Aug. 10 1920

Registrar

Pearle Dodd

Registrar

DEC 11 1941

JAN 28 1943

165-214-014-266  
PLACE OF BIRTHCounty of LanyonCity of Nampa

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Mercy

FULL NAME OF CHILD

Registration District No. \_\_\_\_\_

Primary Registration District No. 2086

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. \_\_\_\_\_

81579

Registered No. \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>7-14-1920</u> (Month) (Day) (Year)
----------------------------	---	---------------------------------------	-----------------------------	---

FULL NAME <u>Horace B. Jones</u>	FATHER
RESIDENCE <u>Near Nampa</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ivy Elsie Foster</u>	MOTHER
RESIDENCE <u>Near Nampa</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth, \_\_\_\_\_

Number of children of this mother now living, including present birth, \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 10 a. m.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

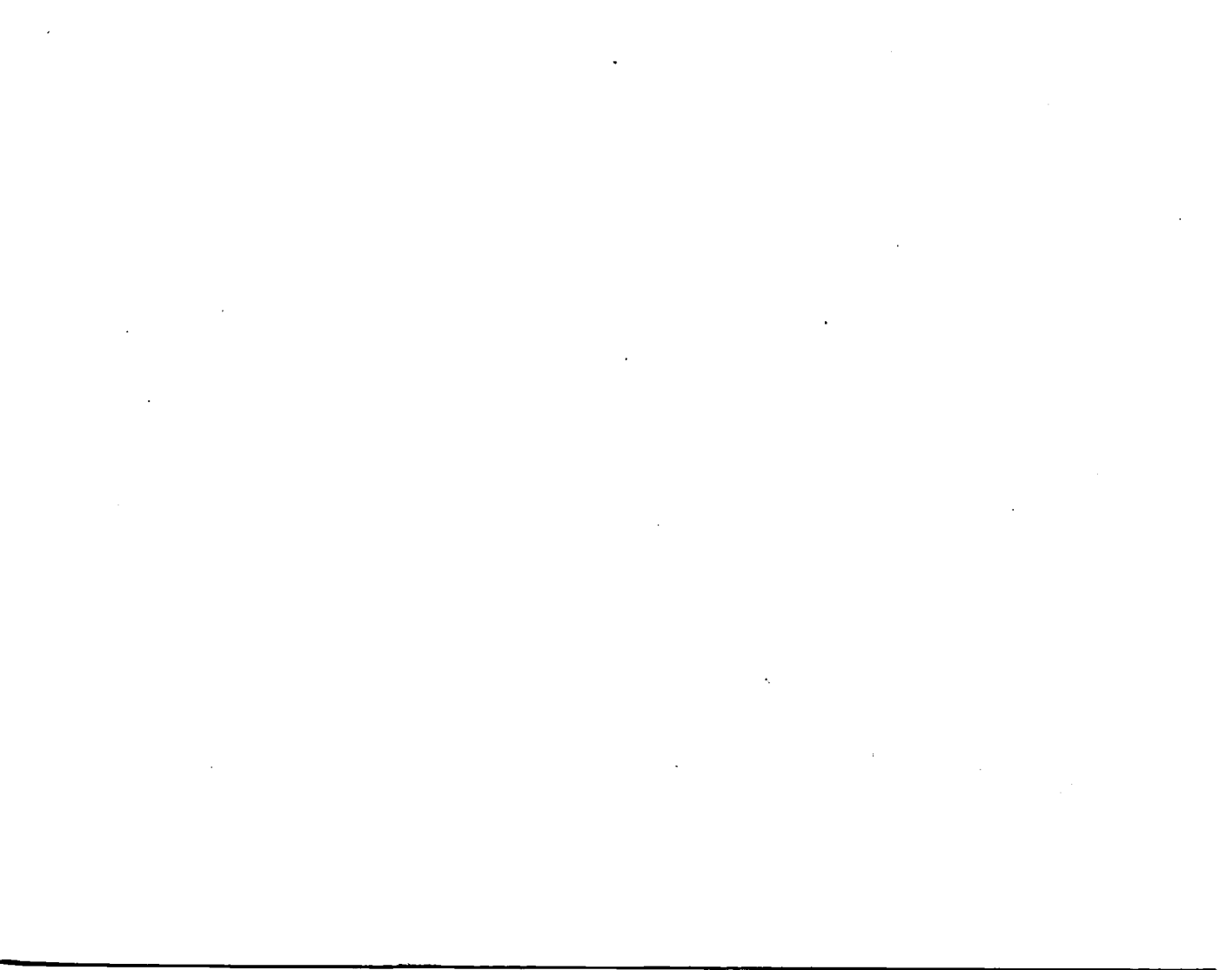
(Signature) F. B. SmithPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed Aug 10 1920Pearle Dodds

Registrar



... in case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-127-014-239  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No: 11-25m-6-15-19

County of Canyon

City of Hamper R.R., Mo.

No.        St.       

Hospital       

Registration District No. 7

Primary Registration District No. 2006

File No. 81580

Registered No.       

Full Name of Child EARL WILLIAM Barrett

SEX OF CHILD <u>Boy</u>	Twin Triplet <u>X</u> or other? <u>X</u> (To be answered only in event of plural births)	Number in order of birth <u>X</u> {and} <u>X</u> (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 27</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Hiram T. Barrett</u>		FULL MAIDEN NAME <u>Flora B. Stradley</u>		
RESIDENCE <u>Hamper Ida</u>		RESIDENCE <u>Hamper Ida</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Kansas</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

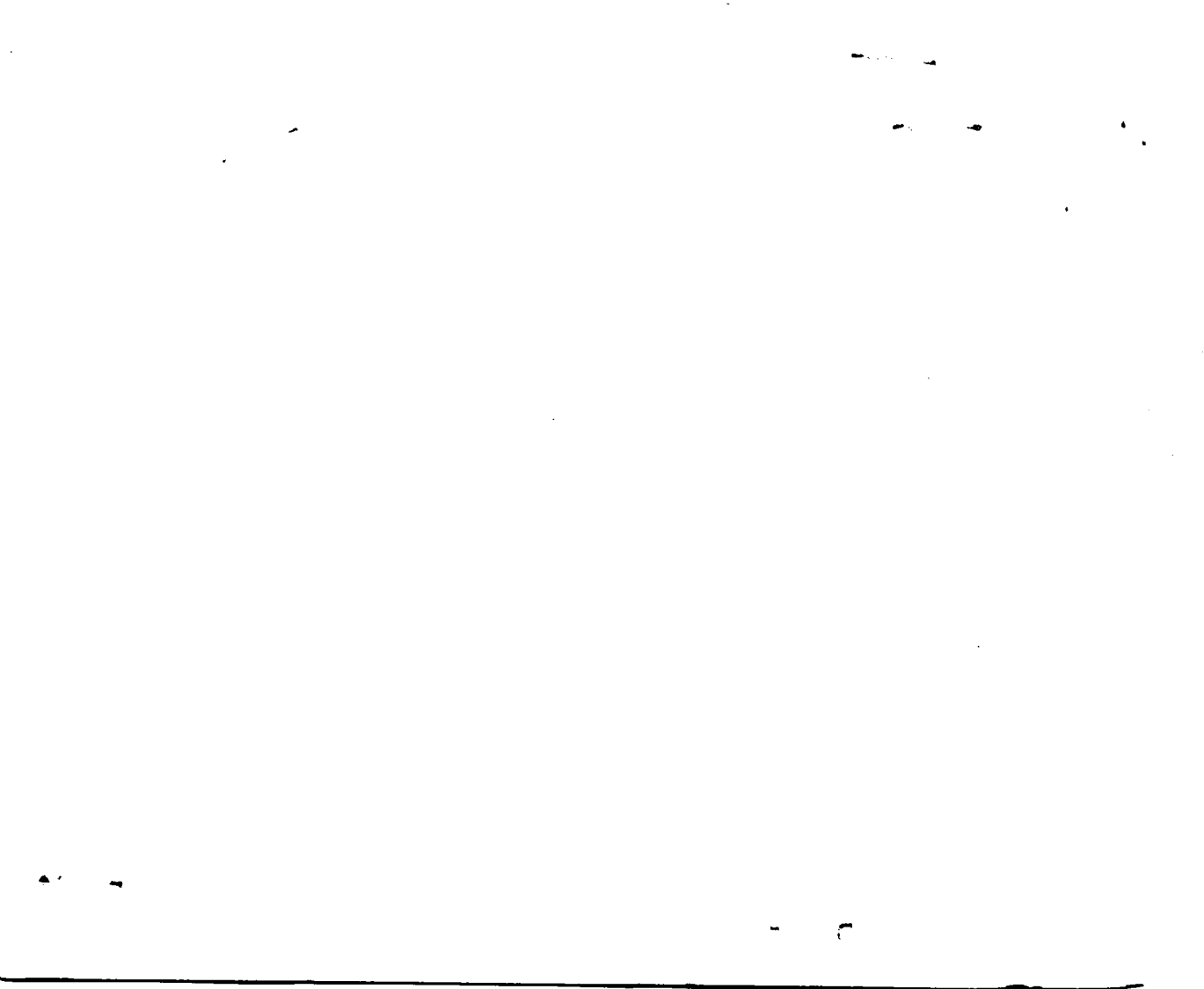
I hereby certify that I attended the birth of this child, who was Born alive at 12 45 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray  
M.D.  
(Physician or midwife)

Given names added from a supplemental report

Address Hamper Ida  
Filed Aug 10 1920 Pearl Dodds  
Registrar







AUG 27 1943

234-224014-719

## PLACE OF BIRTH

County of CanyonCity of Melba

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Primary Registration District No. 2006File No. 81581

Registered No. \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>June 24</u> (Month) (Day) (Year) <u>1930</u>
----------------------------	---	--------------------------------------	----------------------------	--

FULL NAME <u>Thomas Sturm</u>	FATHER
RESIDENCE <u>Melba, Id., 3 mi. South</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>W. Virginia</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Iva Grace Gardner</u>	MOTHER
RESIDENCE <u>Melba, Id., 3 mi. South</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Wyoming</u>	
OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:15 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Samuel A. Swayne M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

File July 28 1930 Pearle Dodd's  
Registrar

SEP 29 1960

259-205-014-123  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Lanyon

City of Nampa

No. 514-10-ave. B St.

Registration District No. 7

File No. 81582

Primary Registration District No. 1006

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Anna. Billa. Bernison

Sex of Child <u>Female</u>	Twin Triplet or other? <u>1</u>	and { Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July-5-20</u> Month (Day) (Year)
FULL NAME <u>O. E. Bernison</u>		MOTHER <u>Pansy A. Astel</u>		
RESIDENCE <u>Nampa Ida</u>		RESIDENCE <u>Nampa Id</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>3</u> (Years)	COLOR <u>W-</u> AGE AT LAST BIRTHDAY <u>29</u> (Years)		
BIRTHPLACE <u>Id.</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Salesman</u>		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth. 3

Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 10 A. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. B. Smith  
Physician

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed Aug. 10 1920

Pearle Dodds  
Registrar

THE  
PROPERTY OF  
THE  
LIBRARY OF THE  
CITY OF BOSTON

1871

912402-014-317

## PLACE OF BIRTH

County of CarsonCity of ampaNo. 612-19 Ave S St.Hospital Mercy

Full Name of Child

Registration District No. 7Primary Registration District No. 1006Lewis Cecil Rash

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 81583

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	DATE OF BIRTH..... <u>Aug 2</u> .....19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>W. P. Rash</u>	FATHER		FULL MAIDEN NAME <u>Stewart E. Tapscott</u>	MOTHER
RESIDENCE <u>ampa Ida</u>			RESIDENCE <u>ampa Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY..... <u>37</u> ..... (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY..... <u>32</u> ..... (Years)
BIRTHPLACE <u>Mo.</u>			BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>R.R. Brakeman</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5..... Number of children of this mother now living, including present birth 5.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9:10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J. H. Murray

(Physician or midwife)

Address ampa IdaFiled Aug 10 1920Pearl Dodds

Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-201-016-619

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
OF VITAL STATISTICS

County of Cassia

CERTIFICATE OF BIRTH

City of Burley

Registration District No. 117

File No. 81584

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD, LaBree Elizabeth King

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { Number in order of birth }	Legiti mate? <u>yes</u>	Date of Birth <u>July 1</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	----------------------------------	-------------------------	--

FATHER  
FULL NAME Francis King  
RESIDENCE Burley Ida.  
COLOR White AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Jennie Wardle  
RESIDENCE Burley Ida.  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.

Filed July 19 1920

Dr. J. C. Patterson  
Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

212-103-016-651

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

Name added 3-22-81;

County of Cassia

City of Burley

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 117

File No. 81585

Primary Registration District No. 2196

Registered No. 1636

Charles Henry Baker

Sex of  
Child

Male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

July 3 1920  
(Month) (Day) (Year)

FULL  
NAME

J. W. Baker

FATHER

RESIDENCE

Burley Ida

COLOR

White

AGE AT LAST  
BIRTHDAY

33  
(Years)

BIRTHPLACE

Mo.

OCCUPATION

Pumpman

FULL  
MAIDEN  
NAME

Emma Weaver

MOTHER

RESIDENCE

Burley Ida

COLOR

White

AGE AT LAST  
BIRTHDAY

33  
(Years)

BIRTHPLACE

Ida

OCCUPATION

Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. J. C. Patterson  
M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

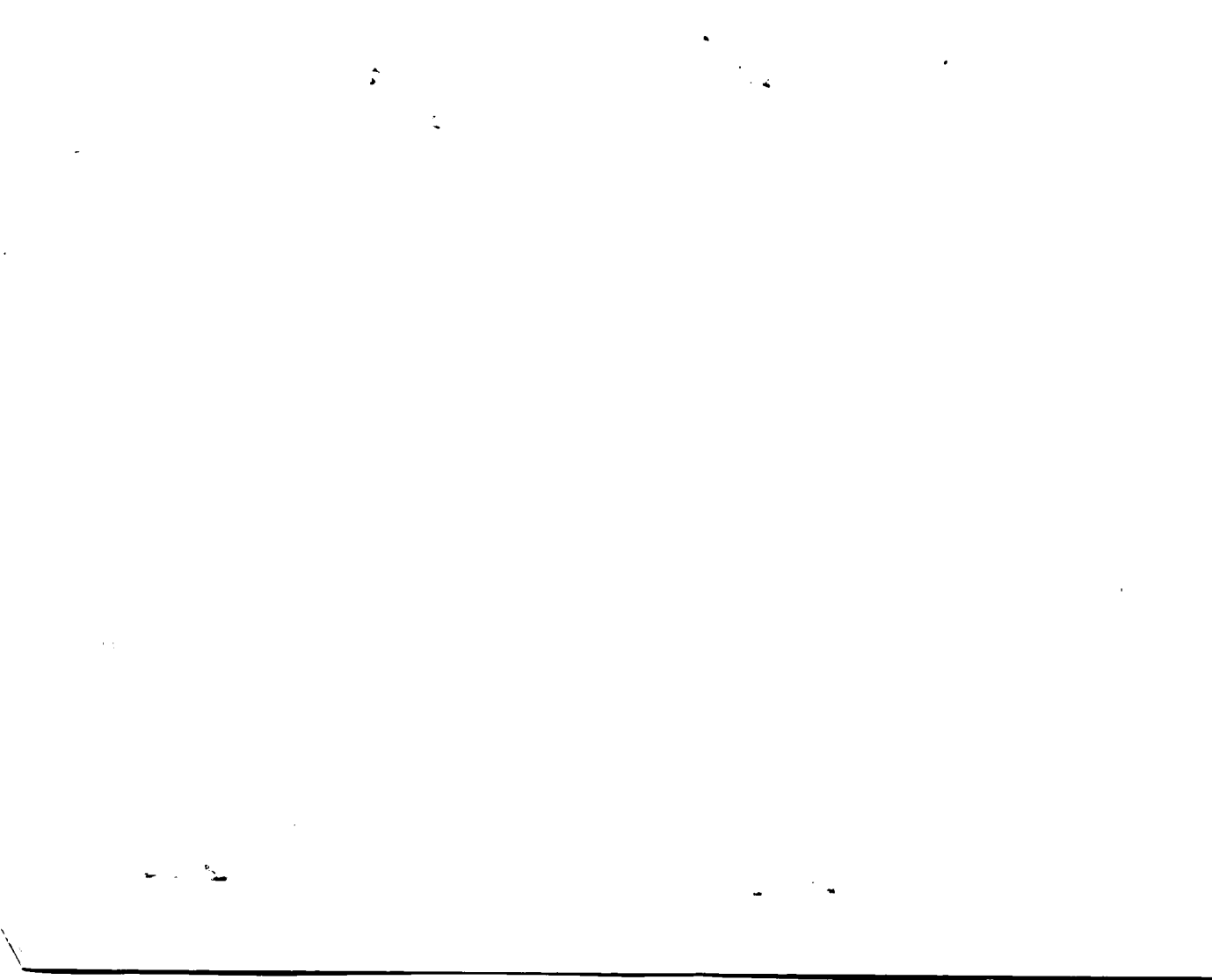
Burley, Ida

Filed

Aug. 1<sup>st</sup> 1920

Dr. J. C. Patterson  
Register

Registrar



9-18-79

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

State of Idaho } ss.  
 County of Cassia

JAN 26 9 19 AM '81

Certificate No. 81585  
 Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Baker who was born on July 3, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Burley, (Cassia) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameomittedCharles Henry Baker

Subscribed and sworn to before me this 2<sup>e</sup> day of

January, 1981  
 Notary Public, Frank E. Burns  
 Residing at Burley Idaho 83318  
 My commission expires Feb Ten  
 (Seal)

Charles Henry Baker  
 Signature of Applicant  
1845 - Normalan Burley, Idaho  
 Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
 County of Cassia

(Must be completed )

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26<sup>th</sup> day of

January, 1981  
 Notary Public, Frank E. Burns  
 Residing at Burley Idaho 83318  
 My commission expires Feb Ten  
 (Seal)

Clarence W. Baker  
 Supporting Signature  
1435 Normalan Burley, Idaho  
 Street Address, City, State

Separate Discharge given name as Charles Henry  
Baker, born July 3, 1920, in Des Moines, Iowa. Date of  
liberation, Dec 29, 1945. St Louis

Unwed by U.S.

Family Record, given name as Charles Henry  
Baker. Record issued 1925;

Unwed by U.S.

MAR 21 1987

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-206-016-895

PLACE OF BIRTH name added 8-12-82 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Cassia

## CERTIFICATE OF BIRTH

81586

City of BurleyRegistration District No. 117

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1625

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ethel VeloraHacking

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>July 6<sup>th</sup></u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	-------	---	----------------------------	--

FULL NAME <u>W. G. Hacking</u>	FATHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>England</u>	
OCCUPATION <u>Sigar millman</u>	

FULL MAIDEN NAME <u>Flory Hindmarsh</u>	MOTHER
RESIDENCE <u>Burley Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:45 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M. D.  
(Physician or midwife)

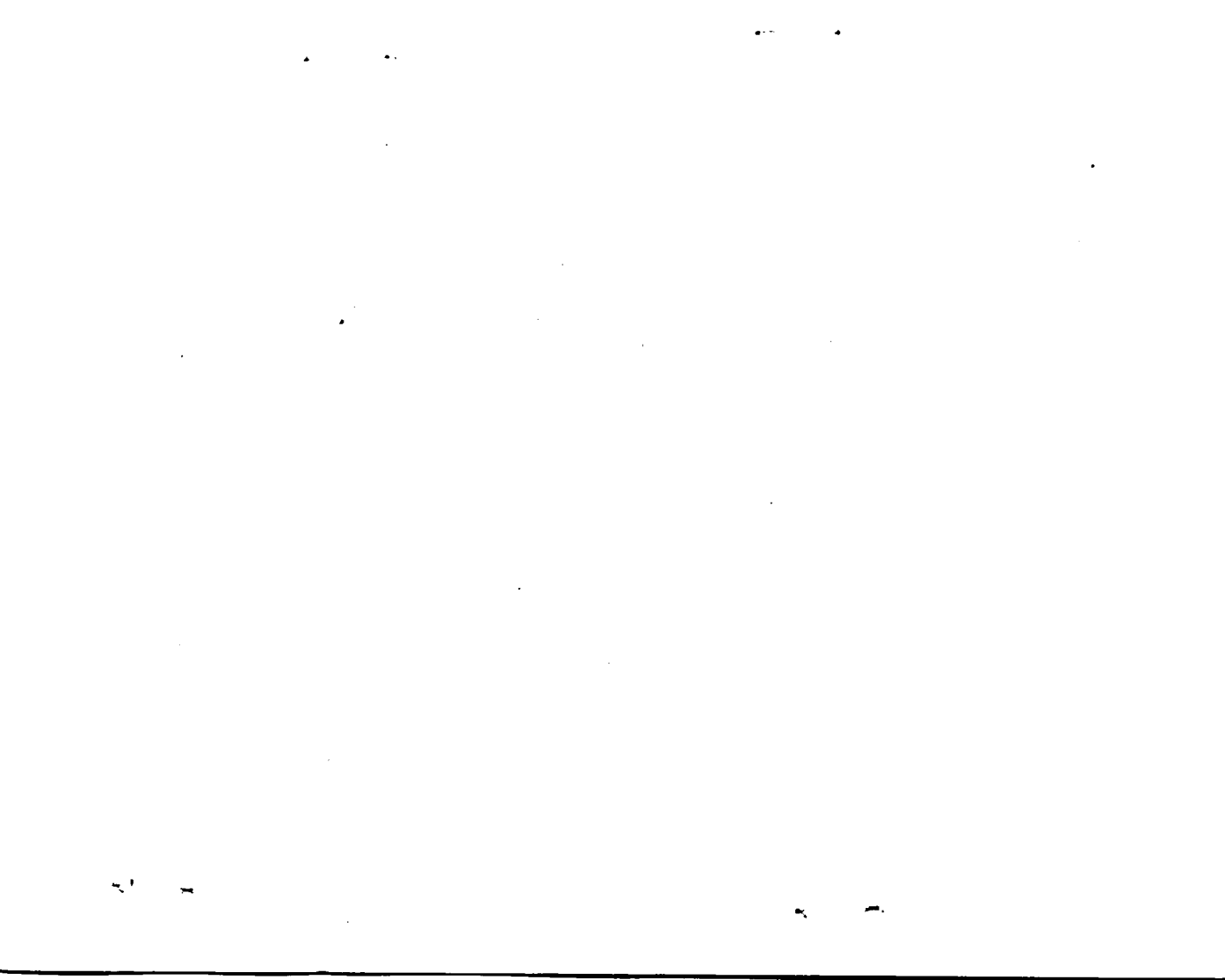
Given names added from a supplemental report.

19

Address Burley, Ida.

Filed Aug. 1<sup>st</sup> 19 20 Dr. J. C. Patterson  
Registrar

Registrar





## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICSState of Idaho } ss.  
County of Minidoka }

AUG 6 7 51 AM '82

Certificate No. 81856

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Hacking who was born on 7-6-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)in Burley (Cassia) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs name Unnamed Ethel Velora HackingSubscribed and sworn to before me this 3rd day ofAugust, 19 82Notary Public, Ila DespainResiding at Heyburn, IdahoMy commission expires 12/22/82

(Seal)

Ethel Velora Hacking  
Signature of Applicant1012-18<sup>th</sup> St. Heyburn, Idaho  
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Minidoka }

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day ofAugust, 19 82Notary Public, Ila DespainResiding at Heyburn, IdahoMy commission expires 12/22/82

(Seal)

2 cc pd

Lillian Mayley  
Ethel Velora Hacking  
2022 21st Supporting Signature1012-18<sup>th</sup> St. Heyburn, Idaho  
Street Address, City, State

Cert of Blessing from LDS Church gives Ethel Velora Hacking born  
7-6-20 in Burley to Wm F Hacking and Flora Hindmarsh was blessed  
11-8-20. Viewed by V.S.

**AUG 12 1982**

Cert of Baptism from LDS Church gives Ethel Velora Hacking born  
7-6-20 in Burley to Wm F Hacking and Flora Hindmarsh was baptised  
2-3-29. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-2071016-231  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Cassia

City of Burley

Registration District No. 117

File No. 81587

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_ Primary Registration District No. 2196 Registered No. \_\_\_\_\_

FULL NAME OF CHILD KLEDA June Hanson

Sex of Child Female { Twin Triplet or other? } and { Number in order of birth } Legiti mate? yes Date of Birth July 7 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME V. L. Hanson  
RESIDENCE Burley Ida.  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Utah  
OCCUPATION Druggist

FULL MAIDEN NAME Grace Blackburn  
RESIDENCE Burley Ida.  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Calif  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P. M. on the date above stated. (Born alive or stillborn)

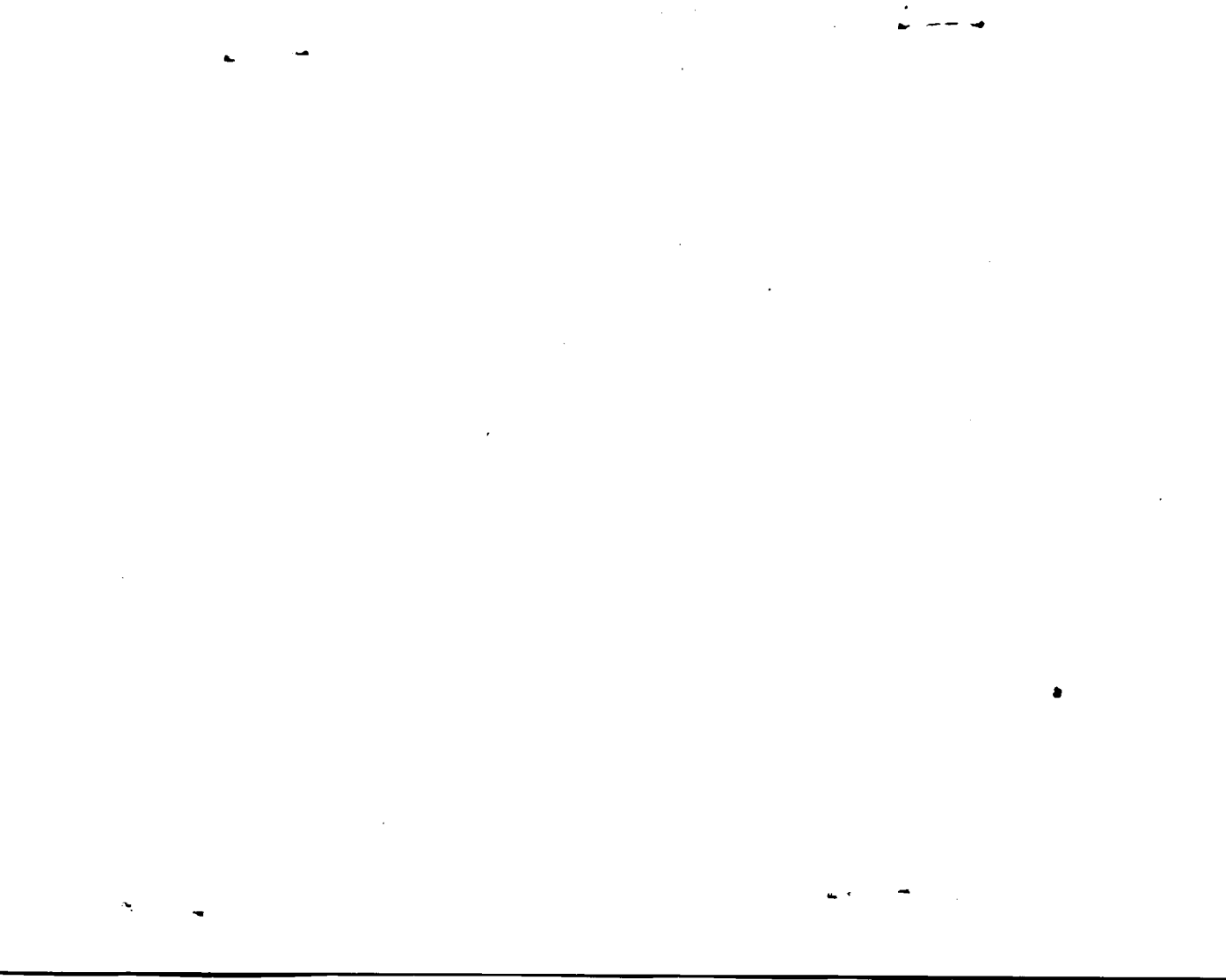
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. C. Patterson  
M. N.  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.  
Filed Aug. 1<sup>st</sup> 1920 D. J. C. Patterson  
Registrar

Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of California }  
County of Los Angeles } ss. JAN 24 1942 Certificate No. 81587  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Cleta June Hanson who was born on July 7, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT)  
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by corrections prepared on 1-23-42, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**

(AS ON ORIGINAL)

**TO**

(THE CORRECT FACTS)

name Cleta June Hanson Kleda June Hansen  
name of father V. L. Hanson V. L. Hansen

Subscribed and sworn to before me this 23rd  
day of January, 19 42

Signed

V. L. Hansen  
(SIGNATURE OF PERSON OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Los Angeles

My commission expires Oct 6th, 1945  
(SEAL)

270 North Vermont Ave. Los Angeles.  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California }  
County of Los Angeles } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd  
day of January, 19 42

Signed

Grace E. Hansen  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Los Angeles, Calif 270 North Vermont Ave. Los Angeles

My commission expires Oct 6th, 1945  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 24 1942 By

(REGISTRAR'S SIGNATURE)

JAN 28 1972

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3662181016-249  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Cassia

City of Burley

Registration District No. 117

File No. 81588

No. \_\_\_\_\_ St.

Primary Registration District No. 2196

Registered No. 1633

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Leola Elaine Cooper

Sex of Child <u>Female</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>July 18</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-----	---	----------------------------	---

FULL NAME H. H. Cooper  
FATHER  
RESIDENCE Burley Ida  
COLOR White AGE AT LAST BIRTHDAY 25  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Musician

FULL MAIDEN NAME Jessie Burchett  
MOTHER  
RESIDENCE Burley Ida.  
COLOR White AGE AT LAST BIRTHDAY 21  
(Years)  
BIRTHPLACE Mo.  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. L. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.

Filed Aug. 1 1920 D. J. L. Patterson  
Registrar

Registrar

MAR

4 1969

AUG 7 1969



864-218-016-415

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CassiaCity of BurleyRegistration District No. 117File No. 81589

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1652

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Charlotte Young

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthJuly 18 20

(Month) (Day) (Year)

FULL  
NAMESeam Young

FATHER

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY32

(Years)

BIRTHPLACE

Wis

OCCUPATION

LaborerFULL  
MAIDEN  
NAMEElla Davis

MOTHER

RESIDENCE

Burley Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY20

(Years)

BIRTHPLACE

Va.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 5 P. M.  
(Born alive or stillborn){ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Dr. J. L. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Ida.

Filed

Aug. 1

19

Dr. J. L. Patterson  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1952

155-2281016-365

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81590

County of CassiaCity of BurleyRegistration District No. 117

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1621

FULL NAME OF CHILD

Margaret JensenSex of Child Girl Twin Triplet and 1 Number in order of birth 1 Legitimate yes Date of Birth July 25 1920 (Month) (Day) (Year)

FULL NAME

Alvin Jensen

RESIDENCE

Burley Ida

COLOR

White

AGE AT LAST BIRTHDAY

26 (Years)

BIRTHPLACE

Utah

OCCUPATION

Farmer

FULL MAIDEN NAME

Sylvia Conover

RESIDENCE

Burley Ida

COLOR

White

AGE AT LAST BIRTHDAY

21 (Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. J. C. Patterson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Burley, Ida.

Filed

Aug. 1 1920Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1973

AUG 25 1973

66 3101/101 10000

791229.016-249

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81592

County of CassiaCity of BurleyRegistration District No. 117 File No. 1649No. 1 St.Hospital \_\_\_\_\_ Primary Registration District No. 2196 Registered No. 1649FULL NAME OF CHILD Margaret La Von Pratt

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>July 29</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-------------------------------	--

FULL NAME FATHER W. A. PrattRESIDENCE Burley Ida.COLOR White AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE Idaho.OCCUPATION Laborer.FULL MAIDEN NAME MOTHER Blanche SmithRESIDENCE Burley Ida.COLOR White AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 9:25 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M.P.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley, Ida.Filed Aug. 1 1920 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARK 1 5 1943

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

816-109,016-249  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 117

File No. 81593

Primary Registration District No. 2196

Registered No. 1648

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Albie Hawkins

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes.</u>	Date of Birth <u>July 9 - 1920</u> (Month) (Day) (Year)
FULL NAME <u>Albie Hawkins</u>	FATHER		FULL MAIDEN NAME <u>Mary E. Smith</u>	MOTHER
RESIDENCE <u>Burley, Ida.</u>			RESIDENCE <u>Burley, Ida.</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Nebraska,</u>			BIRTHPLACE <u>Sandy, Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

July 9 - 1920 at 11:30 P. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

G. H. Cooper

(Physician or midwife)

Given names added from a supplemental report.

Address

Burley, Ida.

Filed

Aug 1 1920

H. J. C. Patterson

Registrar

4/10/41 L. B.



81343-016-168  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Cassia

## CERTIFICATE OF BIRTH

City of BurleyRegistration District No. 117

File No.

81594

No. \_\_\_\_\_ St.

Primary Registration District No. 2196Registered No. 1647Hospital Burley Emergency

FULL NAME OF CHILD

Joseph Thomas Halford

Sex of Child

MaleTwin  
Triplet  
or other?

—

and

Number  
in order  
of birth

—

Legiti-  
mate?yesDate of  
BirthJune 23 - 1912  
(Month) (Day) (Year)FULL  
NAMELevi Halford

FATHER

RESIDENCE

Burley, Ida

COLOR

W.AGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Portage, Utah

OCCUPATION

FarmerFULL  
MAIDEN  
NAMELucintha Johns

MOTHER

RESIDENCE

Burley, Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Portage, Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth

5

Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

12 P.M.\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

G. H. Cooper

(Physician or midwife)

Given names added from a supplemental report.

Address

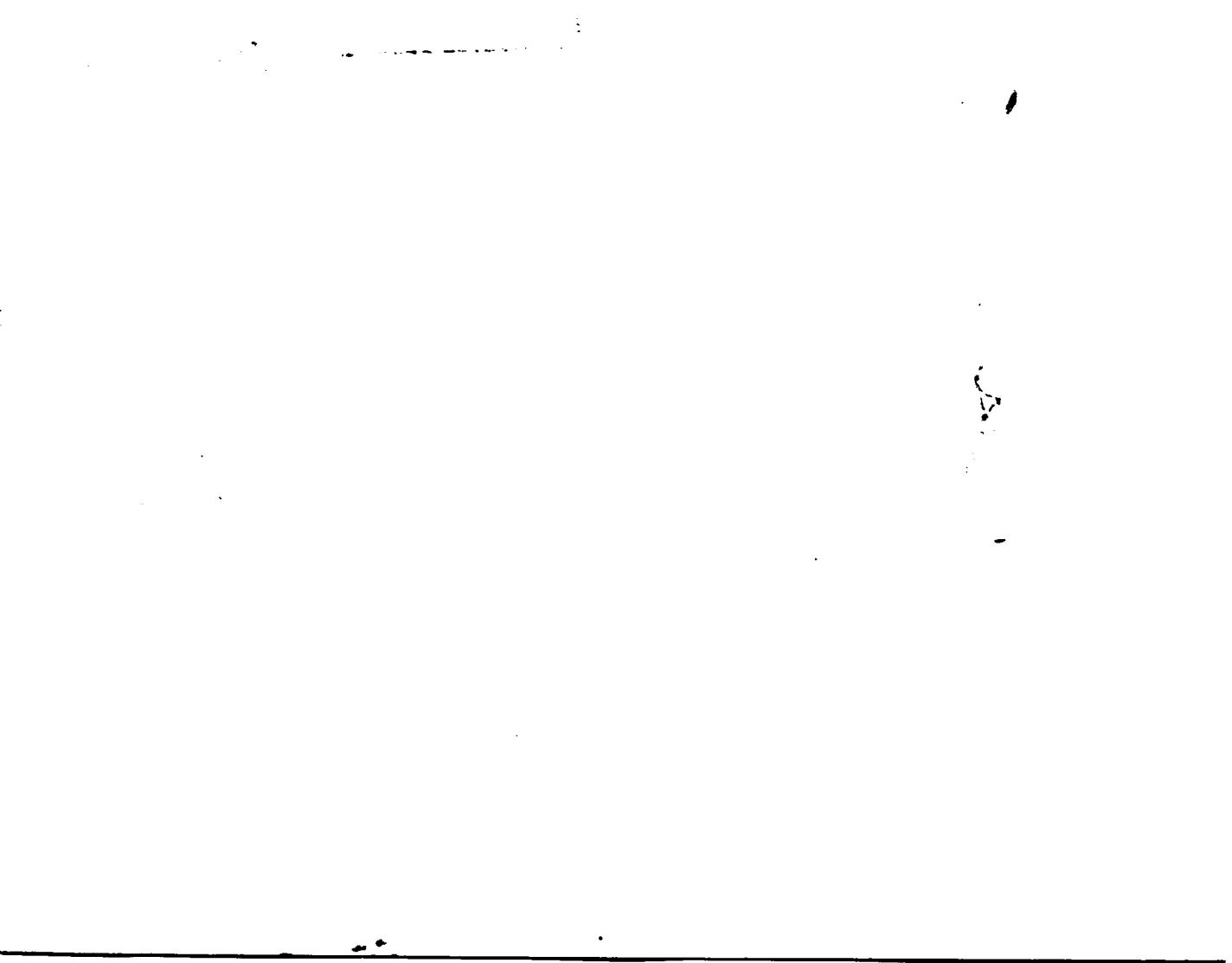
Burley, Ida

Filed

Aug 1 1912

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Burling Registration District No. 117 File No. 81595  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital Belleure Primary Registration District No. 2196 Registered No. 1646  
FULL NAME OF CHILD Thomas Joyce Pullman

Sex of Child male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? \_\_\_\_\_  
(To be answered only in event of plural births)  
Date of Birth July 25 1920  
(Month) (Day) (Year)

FATHER  
FULL NAME John Pullman  
RESIDENCE Burling Ida  
COLOR white AGE AT LAST BIRTHDAY 38  
(Years)  
BIRTHPLACE Denmark  
OCCUPATION Brickmaker

MOTHER  
FULL MAIDEN NAME Eva Hazel Kirkpatrick  
RESIDENCE Burling Ida  
COLOR white AGE AT LAST BIRTHDAY 33  
(Years)  
BIRTHPLACE Kansas  
OCCUPATION School Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 4<sup>00</sup> A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Fremstad  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Burling Ida

Filed Aug. 1 1920

Dr. J. C. Patterson  
Registrar

Registrar

NOV 18 1949

DEC 2 1958

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

129-205-16-389  
PLACE OF BIRTH  
County of Cassia

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-Rev-7-21-19

City of Burley Registration District No. 117 File No. 81596

No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. 2196 Registered No. 1643

Hospital \_\_\_\_\_

FULL NAME OF CHILD Gentile Abram

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 25</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME Alle Afram  
RESIDENCE Burley, Idaho  
COLOR white AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE France  
OCCUPATION Blacksmith

MOTHER  
FULL MAIDEN NAME Myrtle Child  
RESIDENCE Burley, Idaho  
COLOR white AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Weber Co. Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:45 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Story  
Per P. J. F.  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Id.  
Filed Aug. 1 1920 H. J. E. Patterson  
Registrar

**JAN 7 1969**

665-102-016-249

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of CassiaCity of HeeloRegistration District No. 117File No. 81597No. r St.Primary Registration District No. 2196Registered No. 1644Hospital rFULL NAME OF CHILD No name

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 2</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME Wm Wallace OwensRESIDENCE Heelo - IdahoCOLOR White AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE Sanpete Co. UtahOCCUPATION FarmerFULL MAIDEN NAME Prucilla Ann SmithRESIDENCE Heelo - IdahoCOLOR White AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE Oakley - IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)at 1030 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. J. Story M.D.  
Per P. J.

(Physician or midwife)

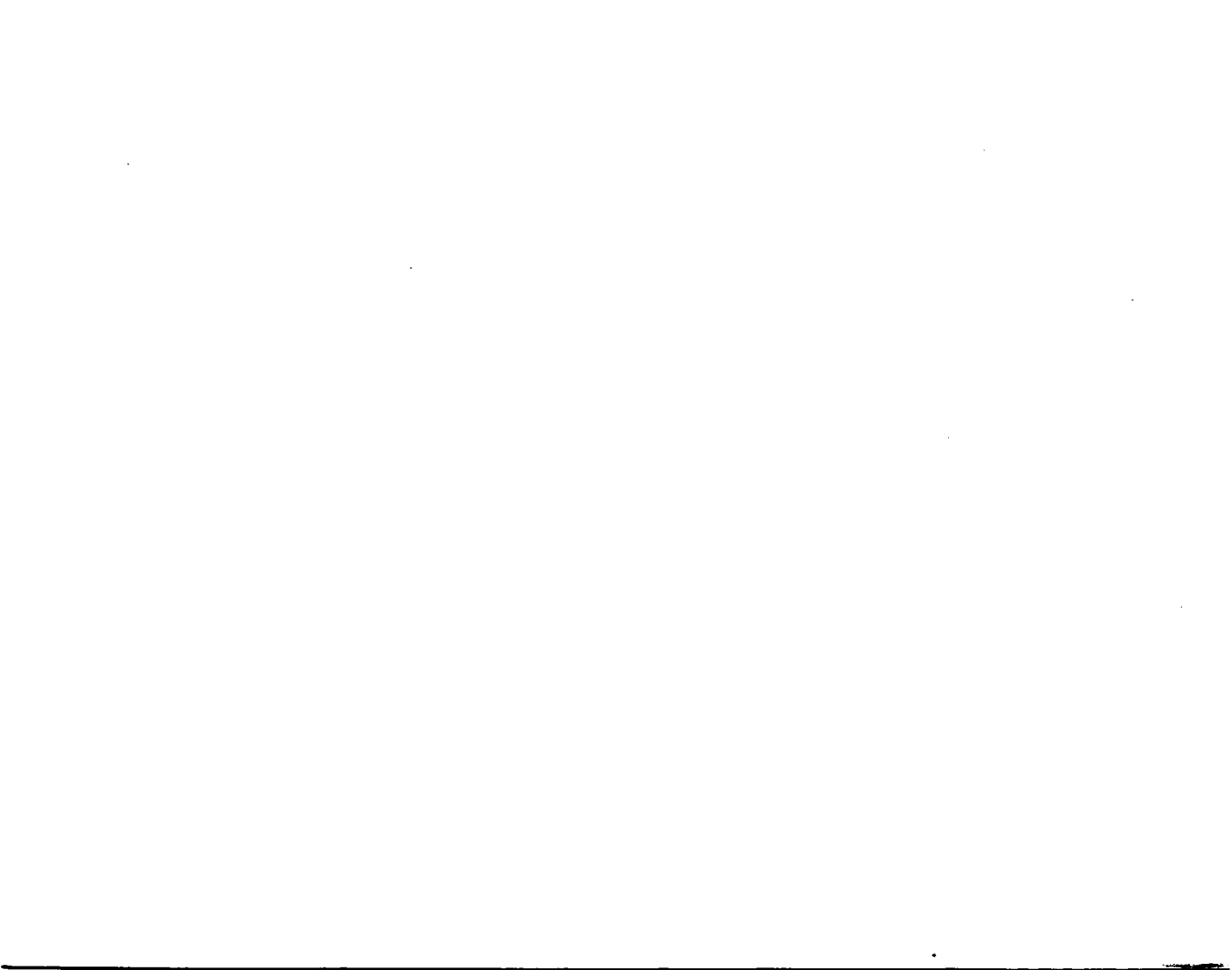
Given names added from a supplemental report.

19

Address Bozeman, Id.Filed Aug. 1 1920Dr. J. C. Patterson

Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

623-114-016-695  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81598

County of Cassia  
City of Burley Idaho  
No. r St.

Registration District No. 17

File No.

Hospital

Primary Registration District No. 2196 Registered No. 1643

FULL NAME OF CHILD

~~no name~~ Kenneth W. Osterhout

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 14</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>Leon Carl Osterhout</u>	FATHER
RESIDENCE <u>Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Malta Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Katy Winn</u>	MOTHER
RESIDENCE <u>Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>American Fork - Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M. D.  
(Physician or midwife)

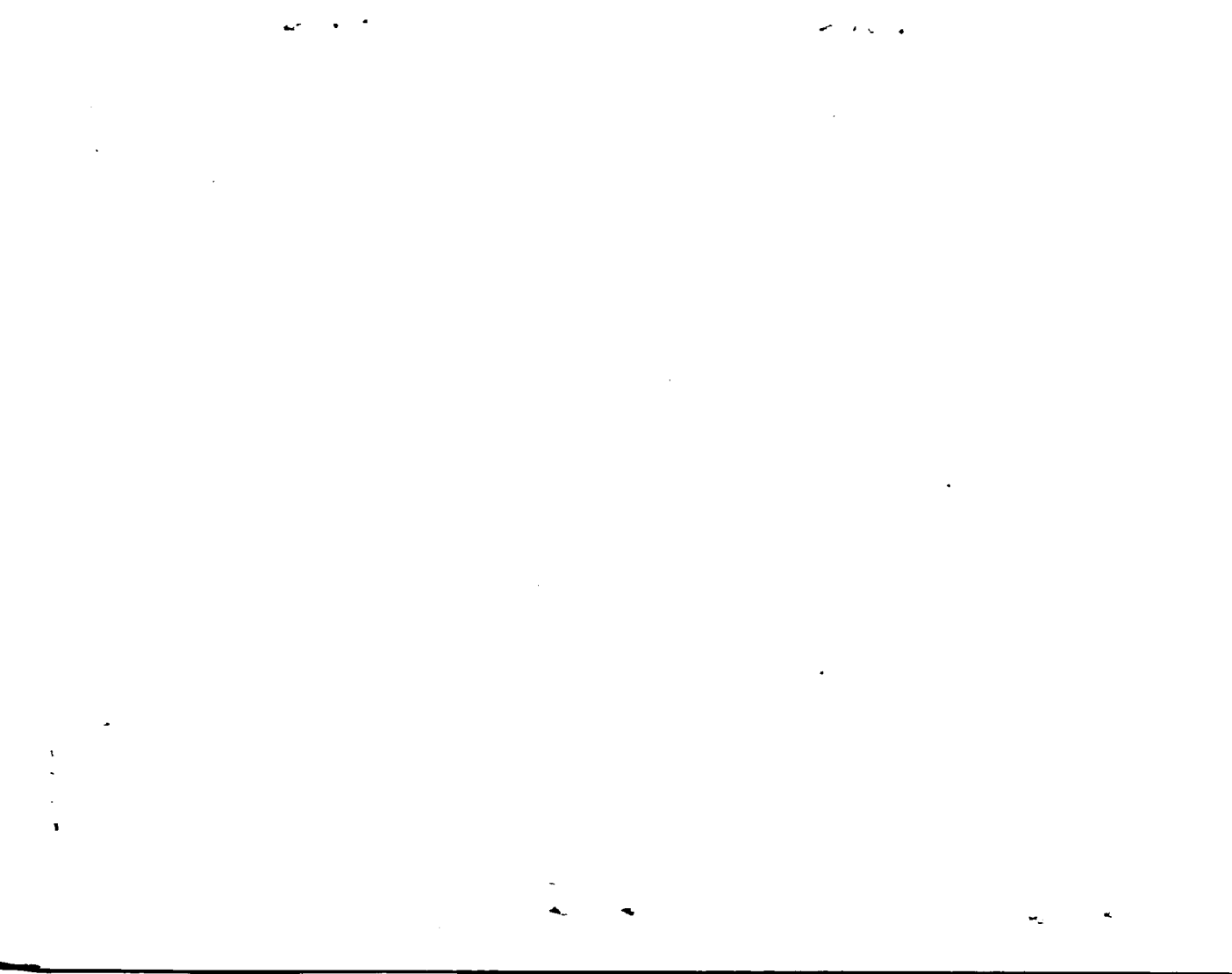
Given names added from a supplemental report.

Address Burley, Ida.

Filed Aug. 1 1920 D. J. R. Patterson  
Registrar

Registrar

Registrar



**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. Certificate No. 81598  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or Death)  
for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b>	<b>FROM</b>	<b>TO</b>
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
<u>Name</u>	<u>unnamed</u>	<u>Kenneth W. Osterhout</u>

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_.

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed Kenneth W. Osterhout  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signed Leon Earl Osterhout  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

DEC 1 1 1944

656-101-26-294

## PLACE OF BIRTH

County of CassiaCity of BurleyNo. 1 St.Registration District No. 117File No. 81599

Hospital \_\_\_\_\_

Primary Registration District No. 2196 Registered No. 1642

FULL NAME OF CHILD

~~no name~~ Elmer LeRoy Fewkes

Sex of Child

maleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJuly 1

(Month)

(Day)

1920  
(Year)FULL  
NAMEFATHER  
Leslie Ray Fewkes

RESIDENCE

Burley- Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Upton- Utah

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
May Alice Sides

RESIDENCE

Burley- Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Holbrook, Nebr.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:05 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. J. Story M.D.  
Per P. F.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley, Idaho

Filed

Aug. 1 1920L. J. C. Patterson

Registrar

Registrar

Certified copy issued 2-14-1941, dp

168-219-016-141

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25a-7-21-16

County of CassiaCity of DecloNo. 5 St.Hospital TRegistration District No. 117File No. 81600Primary Registration District No. 2196Registered No. 1641FULL NAME OF CHILD No name

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>2</u>	Legitimacy? <u>yes</u>	Date of Birth <u>July 14</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>L. H. Johnson</u>	FATHER
RESIDENCE <u>Declo - Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Nephi Arizona</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Anna L. Adamson</u>	MOTHER
RESIDENCE <u>Declo - Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Spanish Fork - Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:30 a. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story, M.D.  
Per P. J.  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.  
Filed Aug. 1 1920 R. J. C. Patterson  
Registrar Registrar

# RECORDS FOR DEATHS AND BIRTHS

DEATHS AND BIRTHS FOR THE YEAR 1910  
 This is a record of the deaths and births which have occurred in the State of Ohio during the year 1910. It is a record of the vital statistics of the State, and is a valuable source of information for the study of the history and progress of the State.

## STATE OF OHIO BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

81600

County of \_\_\_\_\_  
 City of \_\_\_\_\_  
 No. \_\_\_\_\_  
 Registered \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 FULL NAME OF CHILD \_\_\_\_\_  
 SEX OF CHILD \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_  
 TIME OF BIRTH \_\_\_\_\_  
 PLACE OF BIRTH \_\_\_\_\_  
 FULL NAME OF FATHER \_\_\_\_\_  
 FULL NAME OF MOTHER \_\_\_\_\_  
 RESIDENCE \_\_\_\_\_  
 DATE OF DEATH \_\_\_\_\_  
 CAUSE OF DEATH \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_  
 SIGNATURE OF PHYSICIAN \_\_\_\_\_  
 SIGNATURE OF REGISTRAR \_\_\_\_\_

CERTIFICATE OF BIRTH

This is a record of the births which have occurred in the State of Ohio during the year 1910. It is a record of the vital statistics of the State, and is a valuable source of information for the study of the history and progress of the State.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

251-202-016-493

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

County of Cassia

City of Burley

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 117

File No. 81601

Hospital \_\_\_\_\_

Primary Registration District No. 2196

Registered No. 1658

FULL NAME OF CHILD

Maxine Kearns

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and {	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>July 2</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME W. S. Kearns  
FATHER  
RESIDENCE Burley Ida  
COLOR White AGE AT LAST BIRTHDAY 44 (Years)  
BIRTHPLACE Iowa  
OCCUPATION Stockman

FULL MAIDEN NAME Lottie Milar  
MOTHER  
RESIDENCE Burley Ida  
COLOR White AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Kans.  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.  
Filed 7-12 1920 Dr. J. C. Patterson  
Registrar

Registrar

21-10-11



## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81602

275-1(27016-764)  
County of CassiaCity of AlmoRegistration District No. 120File No. XXV

No. .... St.

Primary Registration District No. 2199Registered No. 5

Hospital .....

FULL NAME OF CHILD George Owen Spencer

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>July 27</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----------------------------	--

FULL NAME <u>Gas. Horne Spencer</u>	FATHER
RESIDENCE <u>Almo, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Paris, Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Nessa Coulson</u>	MOTHER
RESIDENCE <u>Salt Lake City, Ut.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Salt Lake City, Utah</u>	
OCCUPATION <u>Mother</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Almo at 725 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annise Green  
Almo, Idaho  
(Physician or midwife)

Given names added from a supplemental report.

Address Almo, IdahoFiled 7/8 1920

Registrar

Registrar

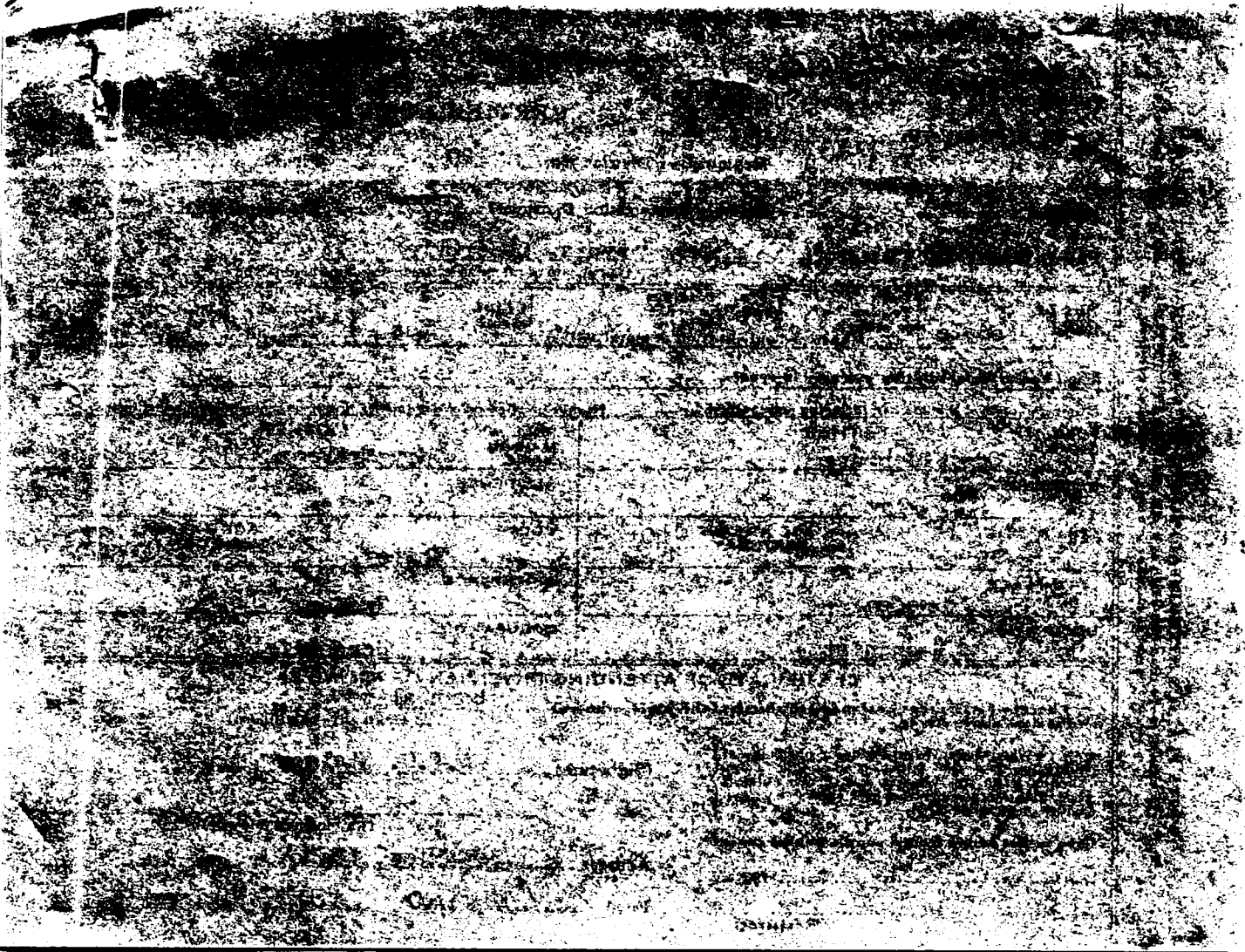
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[REDACTED]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
354-105-016-599		DEPARTMENT OF PUBLIC WELFARE	
		BUREAU OF VITAL STATISTICS	
County of <u>Cassia</u>		CERTIFICATE OF BIRTH	
City of <u>Burley</u>			
No. _____ St.	Registration District No. <u>120</u>	File No. <u>81603</u>	
Hospital _____	Primary Registration District No. <u>2199</u>	Registered No. <u>4</u>	
FULL NAME OF CHILD <u>Dena Lydia Cederburg</u>			
(Certificate of no value without full name of child.)			
Sex of Child <u>Female</u>	Twin Triplet or other? _____ and {Number in order of birth _____}	Legitimate? <u>Yes</u>	Date of birth <u>July 25</u> , 192 <u>0</u> (Month) (Day) (Year)
What bactericidal solution was used in eyes? _____			
Number of child of this mother, including present birth <u>7</u>		Number of children of this mother now living, including present birth <u>6</u>	
FATHER FULL NAME <u>Gus Cederburg</u>		MOTHER FULL MAIDEN NAME <u>Mary Erikson</u>	
RESIDENCE <u>Oakley</u>		RESIDENCE <u>Oakley</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Sweden</u>		BIRTHPLACE <u>Sweden</u>	
OCCUPATION <u>Machinist</u>		OCCUPATION <u>Housewife</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> , at <u>8:40</u> P. M. on the date above stated. (Born alive or stillborn)			
{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }		(Signature) <u>A.F.O. Nielson</u>	
Give names added from a supplemental report.		(Physician or midwife)	
_____, 192____		Address <u>Oakley, Idaho</u>	
_____ Registrar.		Filed <u>8 / 18</u> 192 <u>0</u> <u>A.F.O. Nielson</u> Registrar.	



SUPPORTING AFFIDAVIT OF A THIRD PERSON

STATE OF CALIFORNIA  
COUNTY OF INYO

} ss

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

30th day of September 1958

RONALD D. COBURN

*Ronald D. Coburn*  
Notary Public, residing at Bishop, California

My commission expires March 3, 1962

NOTARY PUBLIC

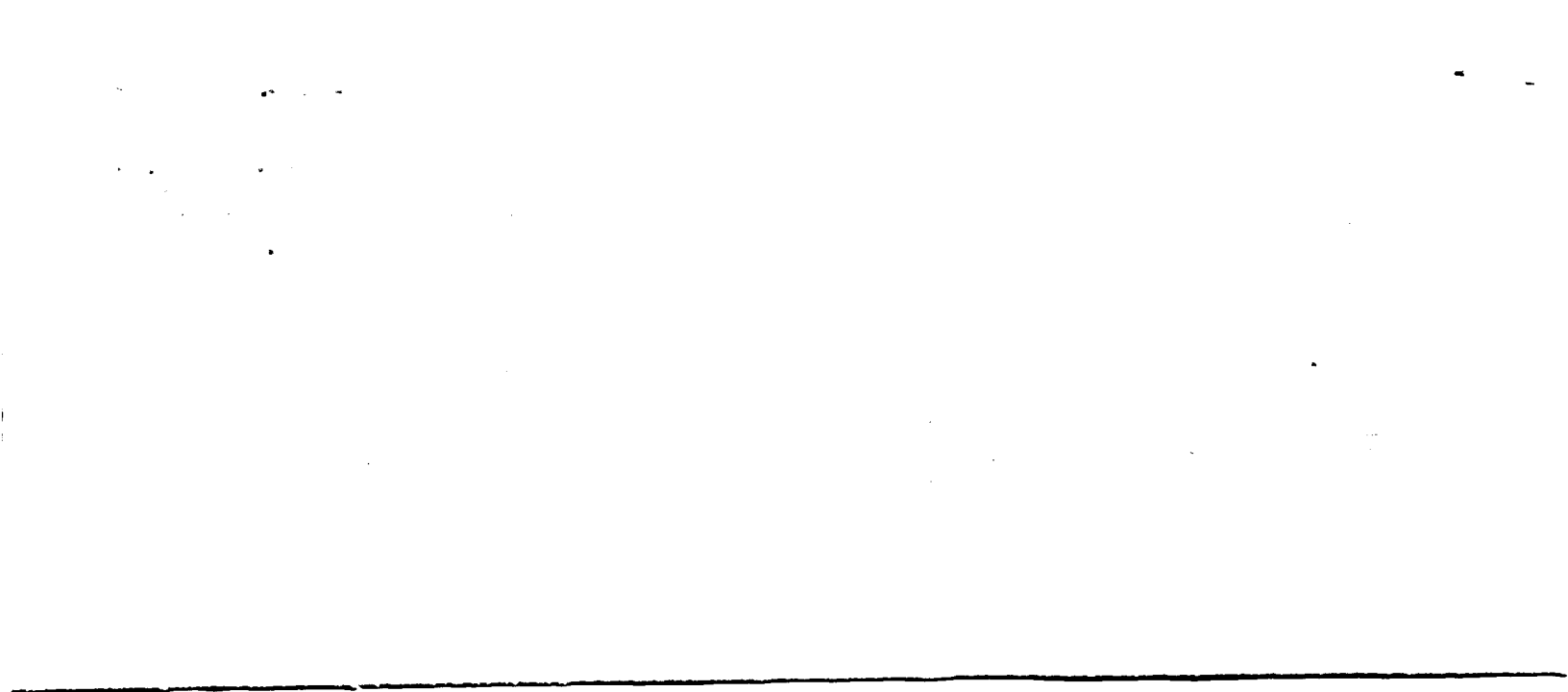
Know for the County of Inyo, State of California

Signed

*Mrs. Julia Phillips*  
(Signature of Any Credible Person)

*357 E. Pine St. Bishop Calif.*  
(Street Address, City, State)

*7482*





Registration of Minors, Oct. 4, 1927, gives correct birthdate as July 26, 1920 viewed by V.S. Own Child's Birth Certificate, Jan. 31, 1946 gives name as Dena Lydia Cederburg - viewed by V.S. IDAHO STATE BOARD OF HEALTH Marriage Cert. June 18, 1945 DIVISION OF VITAL STATISTICS gives name as Dena Lydia Cederburg, birth cert. of another Child's birth cert.

### Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of \_\_\_\_\_ gives Father's Name as Gustave Cederburg; and Father's Certificate No. 81603  
death Certificate, Dec. 22, 1926 gives name as Gus Cederburg - viewed by V.S.  
County of \_\_\_\_\_ Birthdate and Place of Other child was Calif. on Date Filed Aug. 18, 1925.

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for \_\_\_\_\_ Unnamed Cedarburg \_\_\_\_\_ who \_\_\_\_\_ XM born \_\_\_\_\_ on \_\_\_\_\_ July 25, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ Oakley \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's Name	Unnamed Cedarburg	Dena Lydia Cederburg
Father's Last Name	Cedarburg	Cederburg
birthdate	July 25, 1920	July 26, 1920

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA }  
County of SAN BERNARDINO } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of MAY 19 58

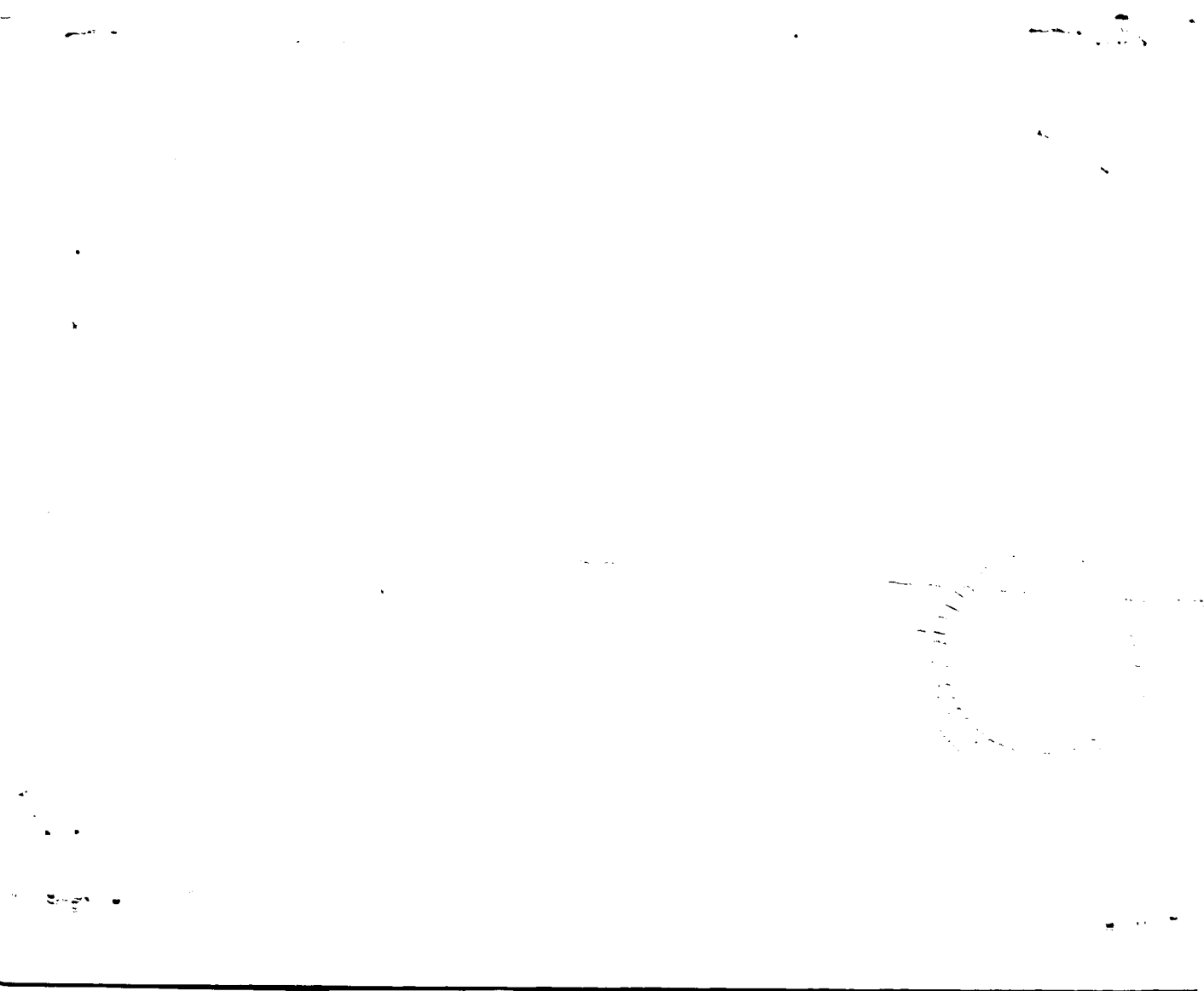
Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Box 1243 208 Lupine St. Tropic, Cal.  
(Street Address, City, State)

WALTER A. NORTON, NOTARY PUBLIC

In and for the County of San Bernardino, State of California



444-119.016353

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81604

County of CassiaCity of OakleyRegistration District No. 130File No. X XV

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 249Registered No. 23

Hospital \_\_\_\_\_

FULL NAME OF CHILD Jess WilliamDummerSex of  
ChildmaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and } Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJuly 14 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Will DummerFULL  
MAIDEN  
NAMEMOTHER  
Eva Selvester

RESIDENCE

Oakley

RESIDENCE

Oakley

COLOR

whiteAGE AT LAST  
BIRTHDAY25  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive  
(Born alive or stillborn)at 2.49 M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

A. E. Nielson  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Filed

8/1819 20

Registrar

Registrar

JUN 13 1969

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

356113-016-845

PLACE OF BIRTH

County of Cassia

City of Oakley

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81606

Registration District No. 120

File No. XXV

Primary Registration District No. 2194

Registered No. 1

--Lewis--

Glenn Charles Lewis

Sex of Child <u>male</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 13 1920</u> (Month) (Day) (Year)
--------------------------	----------------------------------	-----	-----------------------------------	-------------------------	---

FATHER  
FULL NAME Chas E Lewis

RESIDENCE Oakley

COLOR white AGE AT LAST BIRTHDAY 38  
(Years)

BIRTHPLACE Utah

OCCUPATION Sheepman

MOTHER  
FULL MAIDEN NAME Emma Hunter

RESIDENCE Oakley

COLOR white AGE AT LAST BIRTHDAY 39  
(Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 9:50 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

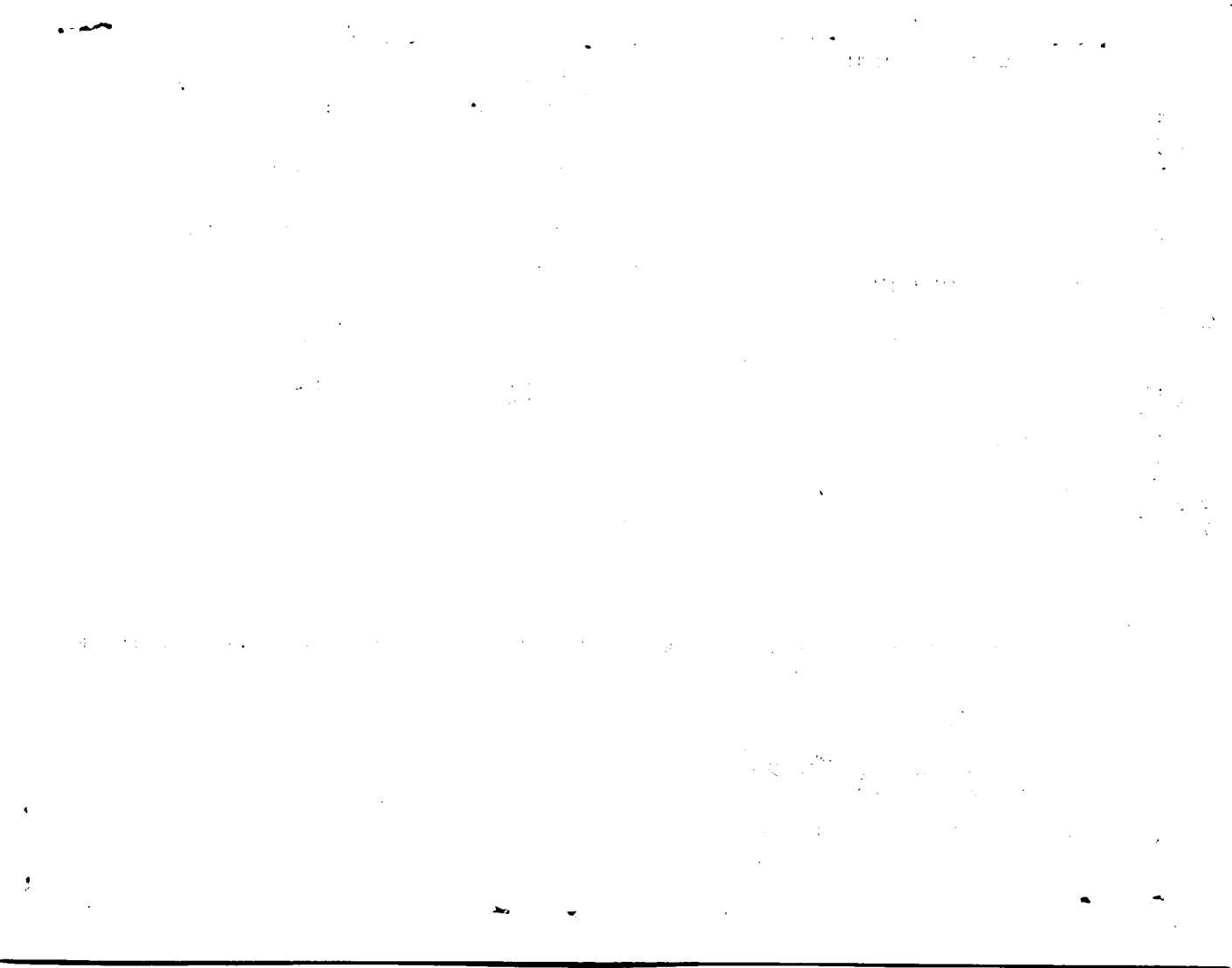
(Signature) W. H. Nelson  
(Physician or midwife)

Address Oakley, Id.  
Filed 7/18 19 20

Registrar

Registrar

K



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho } ss. **JAN 31 1967** Certificate No. 81606  
County of Latah } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
for Unnamed Lewis (male child) who was born (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on July 13, 1920  
(Date of Event)  
in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Glenn Charles Lewis

Subscribed and sworn to before me this 1-24 day of

Notary Public, residing at \_\_\_\_\_  
My commission expires Aug 1, 1967  
(Seal)

Signed Glenn Charles Lewis  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
102 S. Howard Moscow Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of LATAH }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of

Notary Public, residing at \_\_\_\_\_  
My commission expires E-1-67  
(Seal)

Signed H. Orin Baker  
(Signature of Any Credible Person)  
311 S. Lincoln Moscow Ida  
(Street Address, City, State)

Child's Birth Cert. on file: (Idaho Birth) #444661 gives full name of father as  
Glenn Charles Lewis - viewed by V.S.

FEB 10 1970

L.D.S. Church Cert. of Ordination, to the Holy Priesthood as an Elder, July 28,  
1940 gives full name as Glenn Charles Lewis, born July 13, 1920 at Oakley, Idaho  
to C. Edmond Lewis and Emma Hunter - viewed by V.S.



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-113-  
PLACE OF BIRTH  
No. 296  
County of Cass  
City of Almo  
Registration District No. 120  
File No. XXXX  
No. 2199  
Primary Registration District No. 49  
Registered No. 49  
Hospital  
FULL NAME OF CHILD Heil Ricks Purfee  
Sex of Child Boy Twin Triplet or other? and (Number in order of birth) 1 Legitimate? yes Date of Birth July 13 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)  
FATHER FULL NAME Eugene Purfee RESIDENCE Almo COLOR White AGE AT LAST BIRTHDAY 26 (Years) BIRTHPLACE Almo Idaho OCCUPATION Dairy man  
MOTHER FULL MAIDEN NAME Le Turah Brown RESIDENCE Almo COLOR White AGE AT LAST BIRTHDAY 25 (Years) BIRTHPLACE Willard Utah OCCUPATION House Wife  
Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Almo on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Arnie Green

(Physician or midwife)

Given names added from a supplemental report.

Address Arnie Green

Filed 8/18 1920 Registrar W. H. Nelson

Registrar

Registrar

3/24/41 Z.J.

063-212-1  
PLACE OF BIRTH  
016-155 *Cassia*  
County of.....

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S. No. 11-C-22m-3-3-17

81608

City of *Almo*Registration District No. *120*File No. *XVII*

No. .... St.

Primary Registration District No. *2199*Registered No. *48*

Hospital .....

FULL NAME OF CHILD *June Annette Wolter*

Sex of Child <i>girl</i>	Twin Triplet or other? <i>and</i> { Number in order of birth <i>1</i> }	Legitimate? <i>yes</i>	Date of Birth <i>July 12</i> 19 <i>20</i> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <i>Albertus Wolter</i>	FATHER	FULL MAIDEN NAME <i>Mary Annette Jensen</i>	MOTHER
RESIDENCE <i>Yost Utah</i>		RESIDENCE <i>Yost Utah</i>	
COLOR .....	AGE AT LAST BIRTHDAY <i>26</i> (Years)	COLOR <i>Wife</i>	AGE AT LAST BIRTHDAY <i>21</i> (Years)
BIRTHPLACE <i>Yost Utah</i>		BIRTHPLACE <i>Preston Idaho</i>	
OCCUPATION <i>School Teacher</i>		OCCUPATION <i>House wife</i>	

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn) at *12 p.m.* on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Annice Green*

Given names added from a supplemental report.

Address *Mrs Annice Green Almo*Filed *7/18/20* 19*20*

Registrar

Registrar

1944 10 10

855-210-016-173

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81609

County of CassiaCity of MerltonRegistration District No. 120File No. XX IV

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2499Registered No. 47

FULL NAME OF CHILD

Ruth Allen Hendricks

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
Number  
in order  
of birth  
(Years)

Legitimacy

Yes

Date of Birth

July 10 1920  
(Month) (Day) (Year)

FULL NAME

Marriner William Hendricks

FATHER

FULL MAIDEN NAME

Darah Love Allen

MOTHER

RESIDENCE

Merlton Idaho

RESIDENCE

Merlton Idaho

COLOR

White

AGE AT LAST BIRTHDAY

27  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

27  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Rose L. Rains, M.D.

(Physician or midwife)

Oakley, Idaho

Given names added from a supplemental report.

19

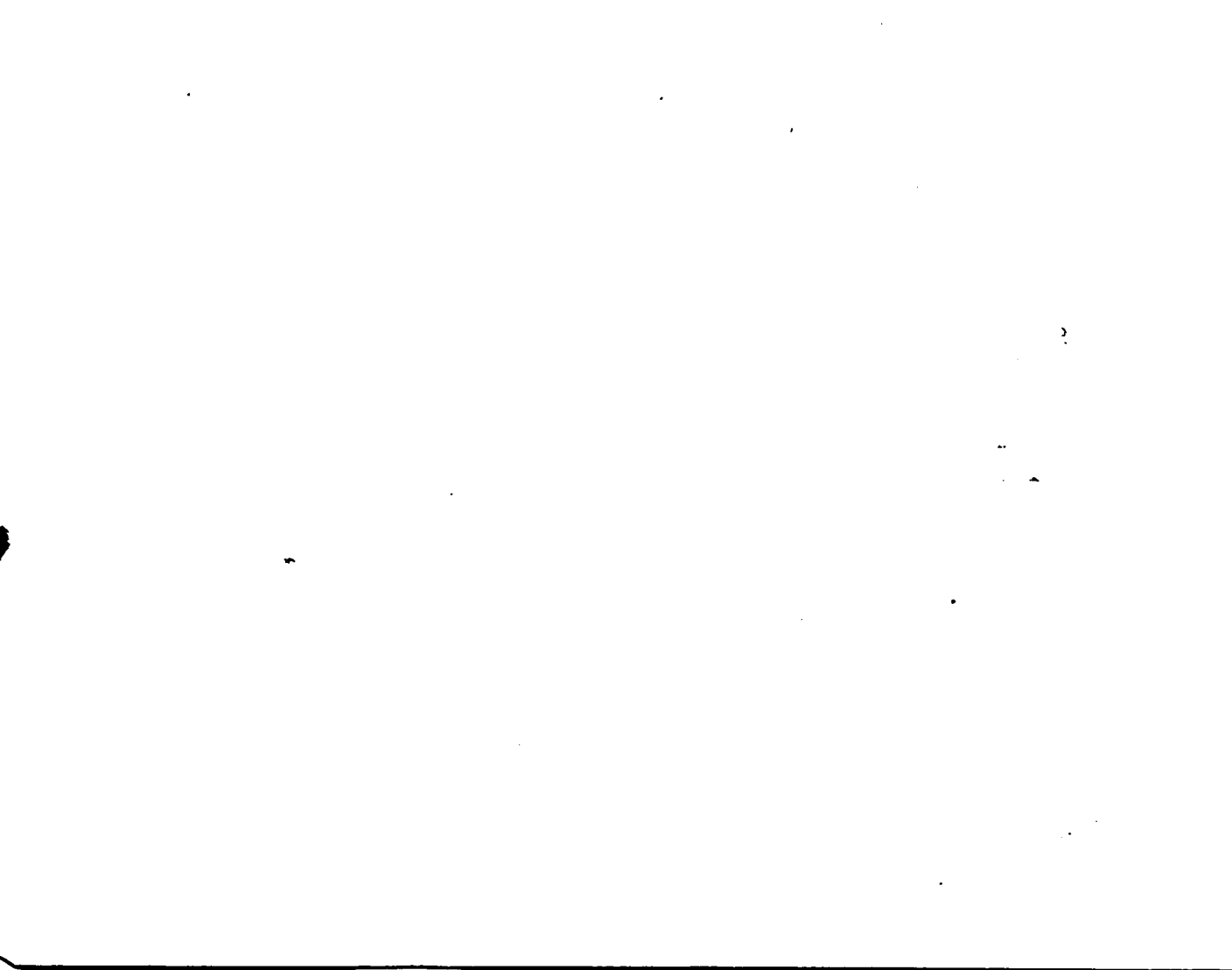
Address

Filed

8/181920

Registrar

Registrar



294209.016255

Form V. S. No. 11-C-25m-7-21-19

81610

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CarrizCity of Oakley

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 120File No. IXIV

Hospital \_\_\_\_\_

Primary Registration District No. 2199Registered No. 46

## FULL NAME OF CHILD

Simmons

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth (Month) <u>July</u> (Day) <u>9</u> (Year) <u>1933</u>
----------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>J. J. Simmons</u>	FATHER
RESIDENCE <u>Oakley, Id.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>56</u> (Years)
BIRTHPLACE <u>Wah</u>	
OCCUPATION <u>Merchant</u>	

FULL MAIDEN NAME <u>Bertha Persious</u>	MOTHER
RESIDENCE <u>Oakley Id</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Wah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature)

(Physician or midwife)

Address

Filed

1933

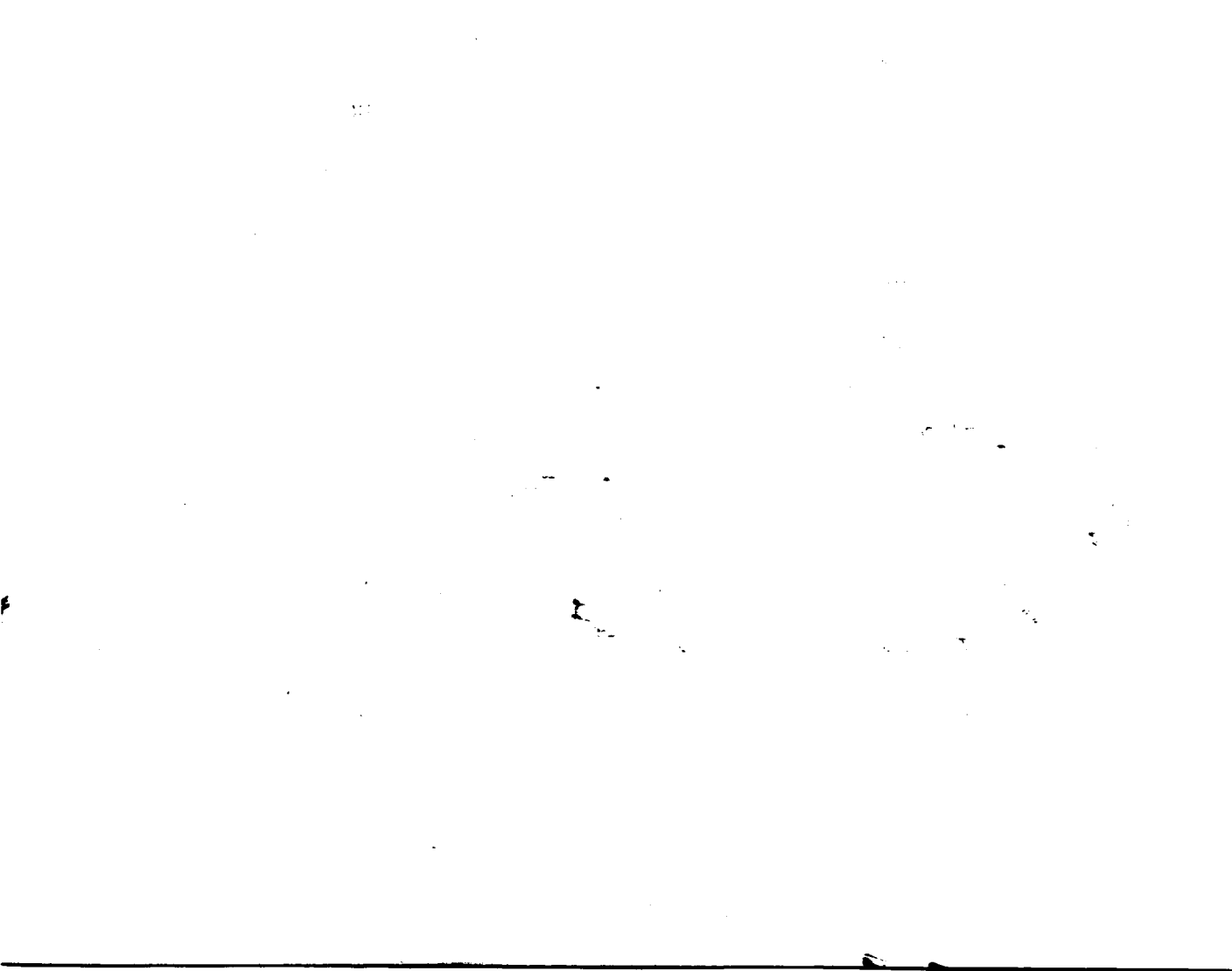
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





845-104-076-873

Cassia

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

816111

County of.....

City of Mar Oakley.....Registration District No. 120.....File No. X212.....

No. .... St.

Primary Registration District No. 2199.....Registered No. 45.....

Hospital .....

## FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>  </u> and { Number in order of birth <u>  </u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 4</u> <u>1920</u> Month (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME <u>Myrum Ellis Huntsman</u>	FATHER
---------------------------------------	--------

FULL MAIDEN NAME <u>Joan McLaws</u>	MOTHER
-------------------------------------	--------

RESIDENCE <u>Deer Lake</u>
----------------------------

RESIDENCE <u>Deer Lake</u>
----------------------------

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
--------------------	---

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
--------------------	---

BIRTHPLACE <u>Utah</u>
------------------------

BIRTHPLACE <u>Utah</u>
------------------------

OCCUPATION <u>Farmer</u>
--------------------------

OCCUPATION <u>Housewife</u>
-----------------------------

Number of child of this mother, including present birth <u>3</u> .....	Number of children of this mother now living, including present birth <u>3</u> .....
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive..... at 4 a. M.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Jose L. Hains, M.D......

Given names added from a supplemental report.

(Physician or midwife).....

.....

Address Oakley, Idaho.....

.....

Filed 8/18 1920 A. F. Nielsen.....

Registrar

Registrar

JAN 2 1975

165-203-016-695

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-33

81612

County of... CassiaCity of... AlmoRegistration District No. 120File No. 81612No. .... St.Primary Registration District No. 2199Registered No. 44

Hospital .....

FULL NAME OF CHILD... Opal Jones

Sex of Child <u>girl</u>	Twin Triplet or other? <u>1</u>	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>July 3</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FULL NAME <u>Reuben Milton Jones</u>	FATHER
RESIDENCE <u>Almo</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Almo Idaho</u>	
OCCUPATION <u>Stock keeper</u>	

FULL MAIDEN NAME <u>Glenna Fredricks</u>	MOTHER
RESIDENCE <u>Almo</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Providence ut.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3..... Number of children of this mother now living, including present birth... 3.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... Dorried alive at 3: p.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green

Given names added from a supplemental report.

Address... Mrs Annie Green, AlmoFiled... 8/18 1930

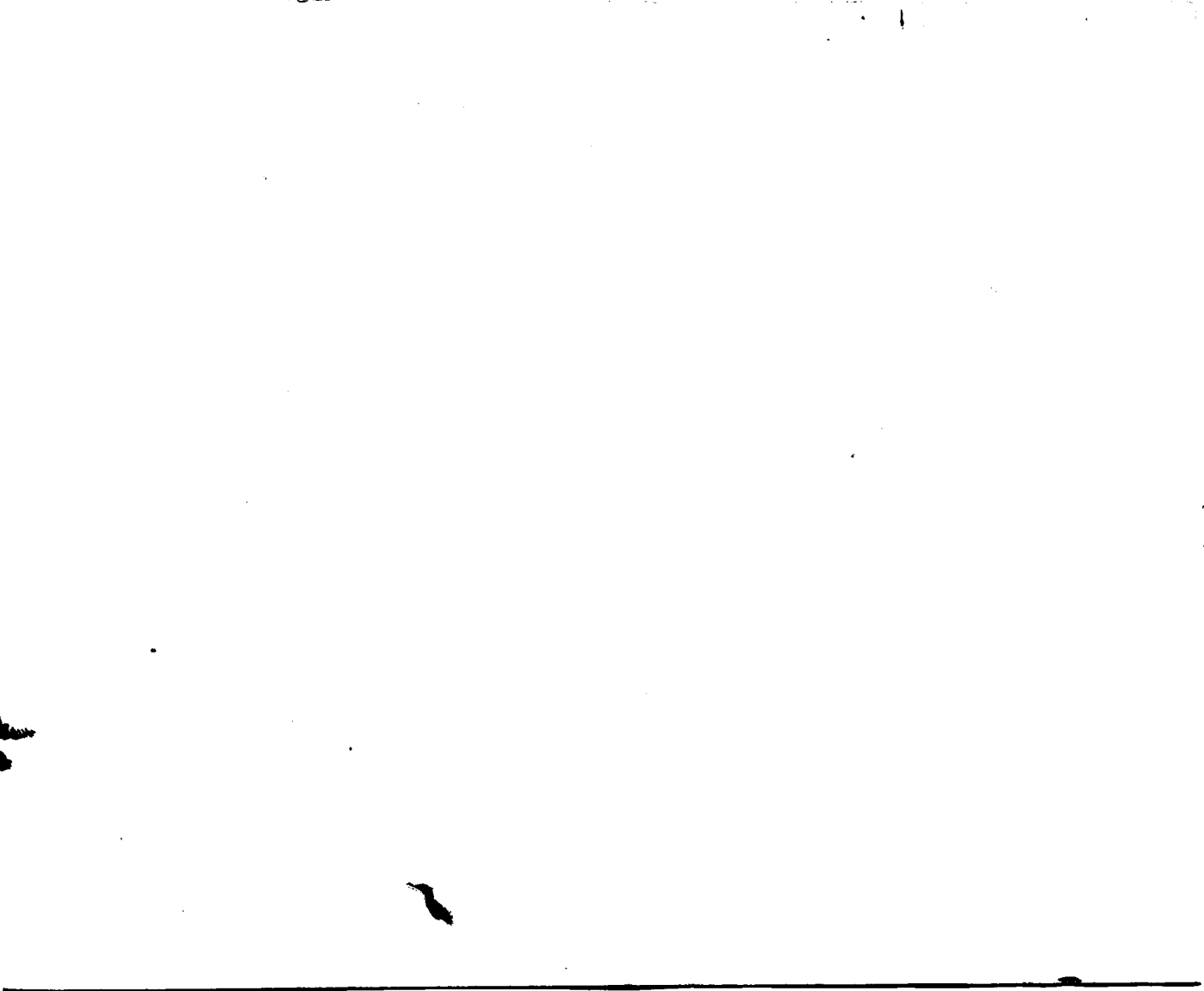
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. E. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-101-016-743

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 12-C-22-2-2-17

81013

County of Cassia

City of Oakley

Registration District No. 120

File No. XXIV

No. .... St.

Primary Registration District No. 2199

Registered No. 43

Hospital .....

FULL NAME OF CHILD Jay C. Hardy

Sex of Child <u>boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 1st 1920</u> (Month) (Day) (Year)
-------------------------	---	-----------------------------	------------------------	--

FATHER  
FULL NAME William Gilbert Hardy

MOTHER  
FULL MAIDEN NAME Jimmie Lee Puckett

RESIDENCE Oakley

RESIDENCE Oakley

COLOR white AGE AT LAST BIRTHDAY 21  
(Years)

COLOR white AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE Colonia Paducah, Ind.

BIRTHPLACE Tenn. Crockett Co.

OCCUPATION Coal dealer

OCCUPATION house wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was June 1st 1920 on the date above stated. (Name alive or deceased)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Maria C. Hardy

Given names added from a supplemental report.

..... 19 .....

Address Oakley Idaho

..... 19 .....

Filed 7/8 1922 Registrar H. O. Melman

Registrar

Registrar

RECEIVED

15-11-11

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

391-110-018-515

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Blaine  
City of Grain  
Registration District No. 90 File No. 81614  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Primary Registration District No. 268 Registered No. 47  
Hospital \_\_\_\_\_  
FULL NAME OF CHILD Savely Craig

Sex of Child Male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? Yes Date of Birth July 10 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Stephen M. Craig FATHER  
RESIDENCE Kamiah Ida  
COLOR White AGE AT LAST BIRTHDAY 41  
(Years)  
BIRTHPLACE Kans  
OCCUPATION Farmer

FULL MAIDEN NAME Anna Pauline MOTHER  
RESIDENCE Kamiah Ida  
COLOR White AGE AT LAST BIRTHDAY 32  
(Years)  
BIRTHPLACE Wn  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8:00 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Pauline  
(Physician or midwife)

Given names added from a supplemental report.

Address Grain Idaho  
Filed Aug 1 1920 Registrar J. M. Pauline





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-27-218-415

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Clearwater

City of Drifino

Registration District No. 90

File No. 81615

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2168

Registered No. 48

Hospital \_\_\_\_\_

FULL NAME OF CHILD Maidha Gertrude Thornton

Sex of Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth  
(To be answered only in event of plural births)

Legitimacy yes

Date of Birth July 11 1920  
(Month) (Day) (Year)

FULL NAME FATHER William C. Thornton

RESIDENCE Lenore R. D. W.

COLOR White AGE AT LAST BIRTHDAY 38  
(Years)

BIRTHPLACE Nebr.

OCCUPATION Farming

FULL MAIDEN NAME MOTHER Thora S. Davis

RESIDENCE Lenore R. D. W.

COLOR White AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Gru.

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 11<sup>55</sup> P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Farley  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Drifino, Id.  
Filed July 12 1920  
J. M. Farley  
Registrar

DEC 20 1948

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-212-018-975

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Clearwater

City of Prosser

Registration District No. 90

File No. 81616

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2168

Registered No. 47

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Julia Brown

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 12 1920</u> (Month) (Day) (Year)
----------------------------	---	-----------	--------------------------------	------------------------	---

FATHER  
FULL NAME H. Maynard Brown  
RESIDENCE Prosser, Ida  
COLOR white AGE AT LAST BIRTHDAY 26  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Laborman

MOTHER  
FULL MAIDEN NAME Giella Danath  
RESIDENCE Prosser, Ida  
COLOR white AGE AT LAST BIRTHDAY 25  
(Years)  
BIRTHPLACE Vienna Austria  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:00 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Daily  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Prosser, Ida  
Filed July 12 1920 Registrar J. M. Daily

MAR 29 1967

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Clearwater  
City of Griffin Registration District No. 90 File No. 81617  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital \_\_\_\_\_ Primary Registration District No. 168 Registered No. 170  
FULL NAME OF CHILD Irene Lucille Battles

Sex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth July 21 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Jerrell D. Battles  
RESIDENCE Thrippie, Ida  
COLOR White AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Mary M. Nowlan  
RESIDENCE Thrippie, Ida  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Ontario, Canada  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 800 p. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Family  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Griffin, Ida  
Filed July 21 1920 J. M. Family  
Registrar Registrar

**AUG 17 1942**

**MAR 11 1975**

855-110-018-254

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of ClearwaterCity of Elk River

## CERTIFICATE OF BIRTH

81618

Registration District No. 91File No. 24

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2168

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Elvin Edward Hendrickson

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>July 10</u> 19 <u>20</u> Month (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Carl Hendrickson</u>			FULL MAIDEN NAME <u>Mamie Belvin</u>	
RESIDENCE <u>Elk River</u>			RESIDENCE <u>Elk River</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Wisconsin</u>			BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Lumber pile</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>1st</u>			Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Alive at 7 A. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McEnrick  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Elk River, Ida.Filed Aug 5 1920 Mrs. F. P. McEnrick

by 30441

MAY 7 1954

JUN 16 1944

1944-1945



693-103-018-525  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of ClearwaterCity of Elk River

## CERTIFICATE OF BIRTH

81619

Registration District No. 91File No. 23

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2168

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Aubrey Adair Fitzgerald

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Aug. 3, 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------------------	-----------------------------	---

FULL NAME FATHER William C. FitzgeraldFULL MAIDEN NAME MOTHER Gertrude EberhartRESIDENCE Elk RiverRESIDENCE Elk RiverCOLOR White AGE AT LAST BIRTHDAY 25  
(Years)COLOR White AGE AT LAST BIRTHDAY 21  
(Years)BIRTHPLACE WisconsinBIRTHPLACE WisconsinOCCUPATION Planing mill operatorOCCUPATION HousewifeNumber of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Alive at 6 A. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. M. Cornick

(Physician or midwife)

Given names added from a supplemental report.

Address Elk River, IdahoFiled Aug 5 1920Wm. F. P. M. Cornick

Registrar

Registrar

DEC 31 1941

435-117.018-212

## PLACE OF BIRTH

County of ClearwaterCity of Elk River

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD George Patrick McGovernSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

## CERTIFICATE OF BIRTH

81620

Registration District No. 91 File No. FR 16Primary Registration District No. 2168 Registered No. 16Sex of Child Male 2 { and { 2nd { yes { Date of Birth Apr 17 19120  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME George P. McGovern FATHERRESIDENCE Elk RiverCOLOR White AGE AT LAST BIRTHDAY 48  
(Years)BIRTHPLACE New BrunswickOCCUPATION WoodmanFULL MAIDEN NAME Blanche Basom MOTHERRESIDENCE Elk RiverCOLOR White AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE IowaOCCUPATION House wifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. McGovern  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Elk River, IdahoFiled Aug 2 19 20 Wm. F. B. McGovern  
Registrar

10-10-68

新到各种  
：小、大、  
品、名、

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-222-018-434  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V, S. No. 11-C—Rev. 1-3-18

81621

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 91

File No. 17

Primary Registration District No. 2168

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sophia Virginia Lozos

Sex of Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Light-  
male? Yes

Date of Birth April 22, 1920  
(Month) (Day) (Year)

FULL NAME

FATHER John G. Lozos

RESIDENCE

Elk River

COLOR

White

AGE AT LAST BIRTHDAY

27  
(Years)

BIRTHPLACE

Greece

OCCUPATION

Settler in mill

FULL MAIDEN NAME

MOTHER Ethel J. McDougall

RESIDENCE

Elk River, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

21  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Alive 9 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. P. M. Cornuch

Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Elk River, Ida.

Filed

Aug. 2, 1920 Mar. F. P. M. Cornuch

Registrar

JAN 29 1964

343-118-018-253

## PLACE OF BIRTH

County of ClematisCity of Elk River

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of  
ChildMaleTwin  
Triplet  
or other  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti-  
mateYesDate of  
BirthMay 18 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Albert Lester Cutting

RESIDENCE

Elk River

COLOR

WhiteAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

LaborerFULL  
MAIDEN  
NAMEMOTHER  
Charity Rosella Bell

RESIDENCE

Elk River

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4thNumber of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Aline 10 A.M.  
(Born alive or stillborn)  
J. P. M. Connick  
Physician  
(Physician or midwife)

Address

Elk River

Filed

Aug 2 1920 Mr. J. P. M. Connick  
RegistrarSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

81622

## CERTIFICATE OF BIRTH

Registration District No. 91File No. 18Primary Registration District No. 2168

Registered No. \_\_\_\_\_





615-107-018-263

PLACE OF BIRTH

County of Clearwater

City of Elk River

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Bernard John Favaro

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-15

81623

CERTIFICATE OF BIRTH

Registration District No. 91 File No. 19

Primary Registration District No. 2168 Registered No. \_\_\_\_\_

Sex of Child Male ☒ Yes ☐ No ☐ Trist ☐ or other? ☐ and ☐ Number ☐ in order ☐ of birth ☐ Legiti- ☐ mated? ☐ Yes ☐ No ☐ Date of Birth June 3 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER John Favaro

FULL MAIDEN NAME MOTHER Virginia Solo

RESIDENCE Elk River

RESIDENCE Elk River

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Italy

BIRTHPLACE Hammon, Idaho

OCCUPATION Lumber grader

OCCUPATION Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive 119 at the date above stated. (Born alive or stillborn)

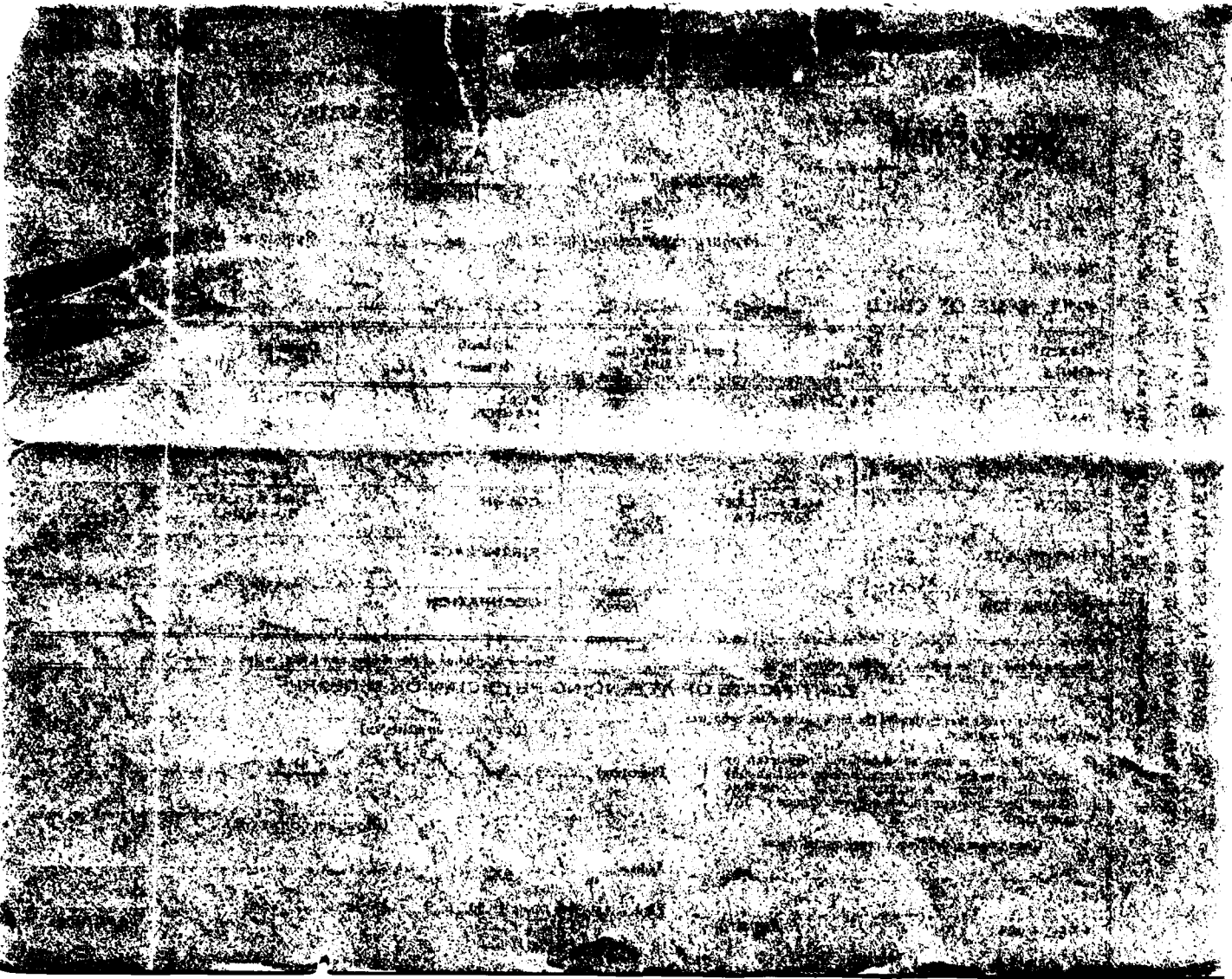
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. P. McCormick Physician (Physician or midwife)

Given names added from a supplemental report.

Address Elk River

Filed August 2, 1920 Wm. T. P. McCormick Registrar



455-285-018-249

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of ClearwaterCity of Elk RiverRegistration District No. 91File No. 20

81624

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2168

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Gladys Lauretta Meek

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and { Number  
in order  
of birthLegiti-  
mate?YesDate of  
BirthJune 25 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Coleman Meek

RESIDENCE

Elk River

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Wyoming

OCCUPATION

WoodmanFULL  
MAIDEN  
NAME

MOTHER

Gladys Smith

RESIDENCE

Elk River

COLOR

WhiteAGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

North Dakota

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1stNumber of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at the date above stated.

Alive  
(Born alive or stillborn)

at \_\_\_\_\_ M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. P. M. Coe

(Physician or mid wife)

Given names added from a supplemental report.

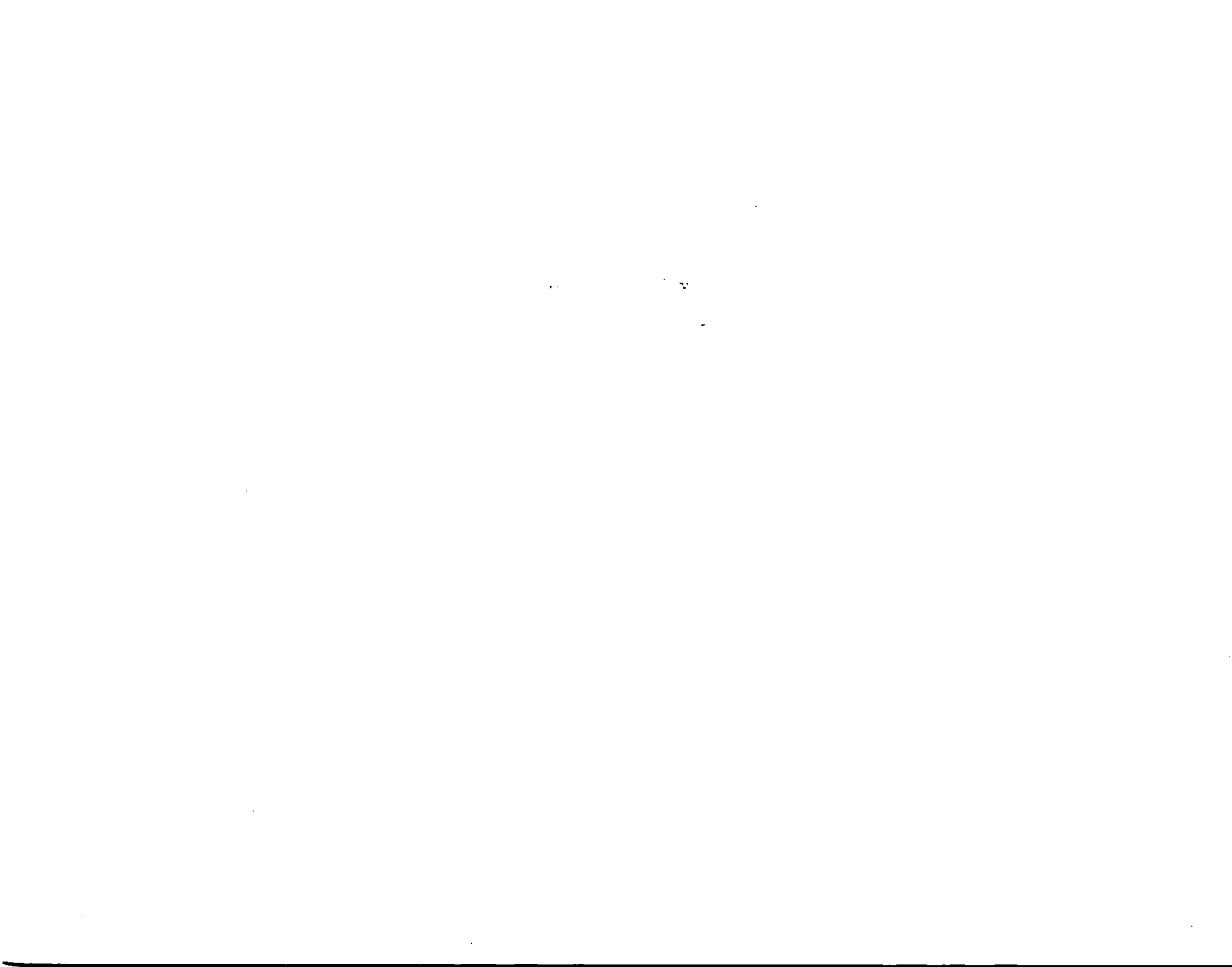
19 \_\_\_\_\_

Address

Elk River

Filed

Aug. 2 1920 Mrs. F. P. M. Coe



154-2261018-864  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of ClearwaterCity of Elk River

## CERTIFICATE OF BIRTH

81625

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 91File No. 21

Hospital \_\_\_\_\_

Primary Registration District No. 2168

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Mary Inez Anderson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u> (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 26 1920</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Axel Alfred Anderson</u>			FULL MAIDEN NAME <u>Eleja May Houts</u>	
RESIDENCE <u>Elk River</u>			RESIDENCE <u>Elk River</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>21</u> (Years)		
BIRTHPLACE <u>Sweden</u>			BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Foreman in woods</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>1st</u>			Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Alive at 7 A.M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. P. M. Cornick

(Physician or midwife)

Given names added from a supplemental report.

Address

Elk River

Filed

Aug. 2 1920Mrs. F. P. M. Cornick

Registrar

DEC 19 1966

851-208-018-212  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

81627

County of ClearwaterCity of Elk RiverRegistration District No. 91File No. 22

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2168 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Marion Alice Heath

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>July 8</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------------	--

FULL NAME <u>Carroll H. Heath</u>	FATHER
RESIDENCE <u>Elk River</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Wisconsin</u>	
OCCUPATION <u>Civil engineer</u>	

FULL MAIDEN NAME <u> Dorothy F. Hasky</u>	MOTHER
RESIDENCE <u>Elk River</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Wisconsin</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) at 4 A. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

Given names added from a supplemental report.

Address Elk River, IdaFiled Aug. 2 1920 Wm. J. P. McComick

FEB 28 1944



WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth - SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-123-

017-PLACE OF BIRTH

363

County of Clark

City of Subors

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. .... 125-

File No. .... 81628

Primary Registration District No. .... 2203

Registered No. ....

William Howard Ellis

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>July 23</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>FATHER</u> <u>J. Howard Ellis</u>	FULL MAIDEN NAME <u>MOTHER</u> <u>Elizabeth L. Colson</u>
RESIDENCE <u>Argona</u>	RESIDENCE <u>Argona</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 1:40 P  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....  
B. E. Jones MD  
(Physician or midwife)

Given names added from a supplemental report.

Address .....  
Filed July 23, 1920  
Registrar B. E. Jones MD  
Registrar

MAY 12 1942

994-121-017-381

PLACE OF BIRTH

County of Clark

City of Dubois

No. .... St.

Hospital .....

Registration District No. .... 125 File No. .... 81629

Primary Registration District No. 2203 Registered No. ....

FULL NAME OF CHILD ..... Robert Rider

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>July 21</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Yes P. Rider</u>		FULL MAIDEN NAME <u>Della M. Thatcher</u>	
RESIDENCE <u>Dubois</u>		RESIDENCE <u>Dubois</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>51</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Iowa</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Carpenter</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... 3 Number of children of this mother now living, including present birth ..... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 5:15 P. M. on the date above stated. (Born alive or stillborn)

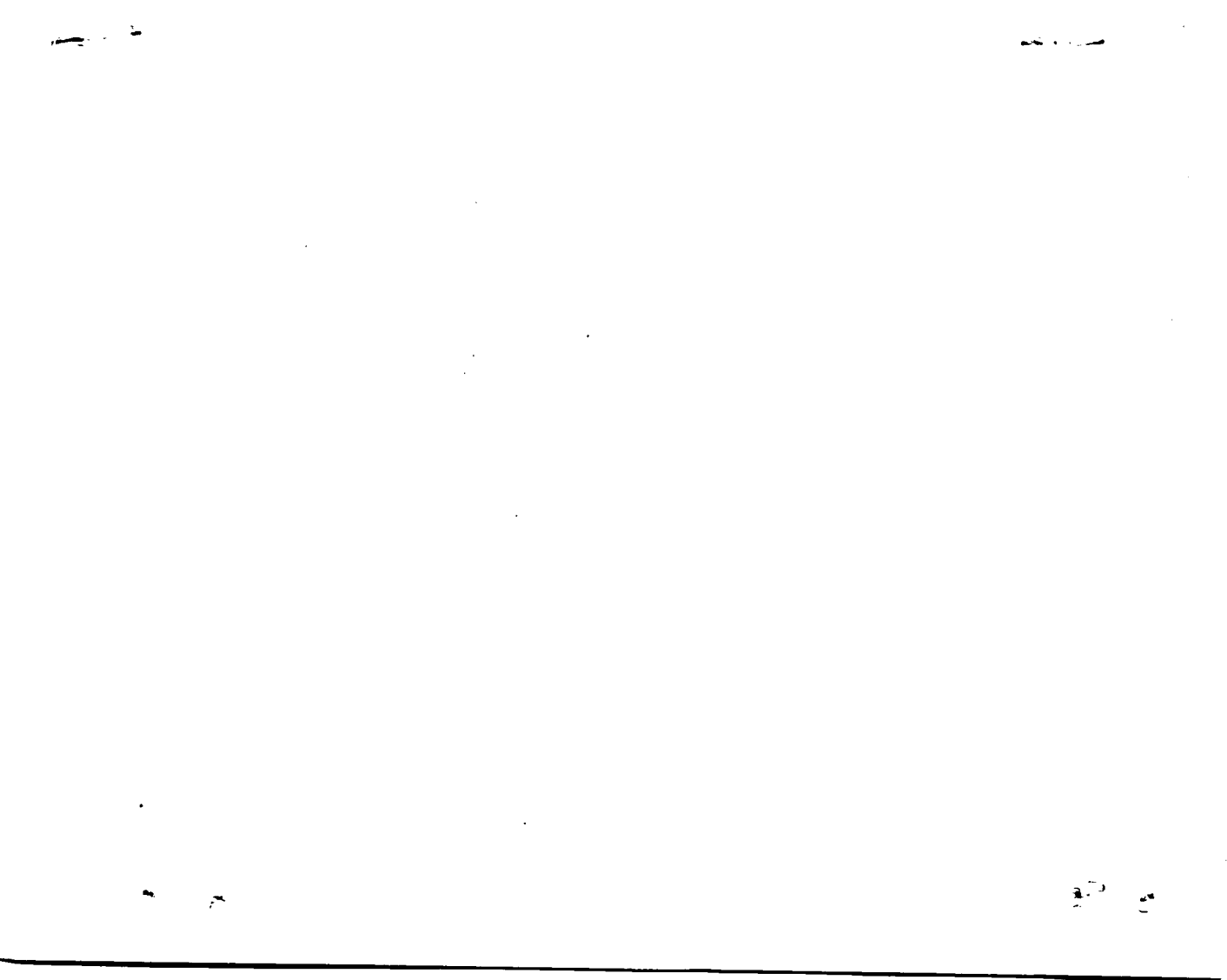
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address ..... Dubois, Idaho

Filed July 21, 1920

Registrar B. E. Jones M.D. Registrar B. E. Jones M.D.



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } Certificate No. 81629County of Clark } SS. Date Filed, .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
 for Robert R. Rider who was born on July 21, 1920  
 (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
 in Dubois, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
 (PLACE OF EVENT)

true facts as shown by ..... prepared on ....., are:  
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

## FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

## FROM

(AS ON ORIGINAL)

## TO

(THE CORRECT FACTS)

Name Unnamed

Robert Rider

Robert R. RiderJuly 21, 1920

Name Unnamed

Robert Rider

Subscribed and sworn to before me this 4th  
day of May, 1942Notary Public, residing at Dubois, IdahoMy commission expires April 18, 1946  
(SEAL)

Signed

Della Rider Fagle  
 (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-  
 RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
 A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Dubois, Idaho  
(STREET ADDRESS, CITY, STATE)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } SS.

County of .....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and  
 that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....  
day of ....., 19 .....

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....  
(SEAL).....  
(STREET ADDRESS, CITY, STATE)Received for filing on MAY 5 1942 By .....  
(REGISTRAR'S SIGNATURE)

U72V

6

1942

415-217,017-219

## PLACE OF BIRTH

County of ClarkCity of Spencer

No. .... St.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-5-22m-4437

## CERTIFICATE OF BIRTH

Registration District No. .... 125

File No. 81630Primary Registration District No. 2203

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Irene Minnie Davis

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> (Number in order of birth of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>July 17</u> 19 <u>26</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FATHER  
FULL NAME Howard M DavisRESIDENCE Spencer IDCOLOR White AGE AT LAST BIRTHDAY 36  
(Years)BIRTHPLACE IllinoisOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Minnie S BarryRESIDENCE Spencer IDCOLOR White AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 5:10 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W. E. Jones MD  
(Physician or midwife)Address Spencer, IdahoFiled July 17 1926

Registrar

Registrar

MAR 30 1942



315-103-017315

## PLACE OF BIRTH

County of ClatsopCity of Sebois

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-6-11-1-17

## CERTIFICATE OF BIRTH

Registration District No. .... 125 .....File No. .... 81631 .....Primary Registration District No. .... 2203 .....

Registered No. ....

FULL NAME OF CHILD ..... JOHN CLARK Lanner .....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>July 3</u> ..... 19 <u>22</u> (Month) (Day) (Year)
--------------------------	---	-------------------------------------	-----------------------------	---

FULL NAME FATHER William L LannerFULL MAIDEN NAME MOTHER Catharine M LanderRESIDENCE SeboisRESIDENCE SeboisCOLOR ..... AGE AT LAST BIRTHDAY .... 39 .....  
(Years)COLOR White AGE AT LAST BIRTHDAY .... 32 .....  
(Years)BIRTHPLACE UtahBIRTHPLACE IdahoOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth .... 7 ... Number of children of this mother now living, including present birth .... 7 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 9:30 PM  
on the date above stated. (Born alive-or-stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn-child is one that neither breathes nor shows other evidence of life after birth.

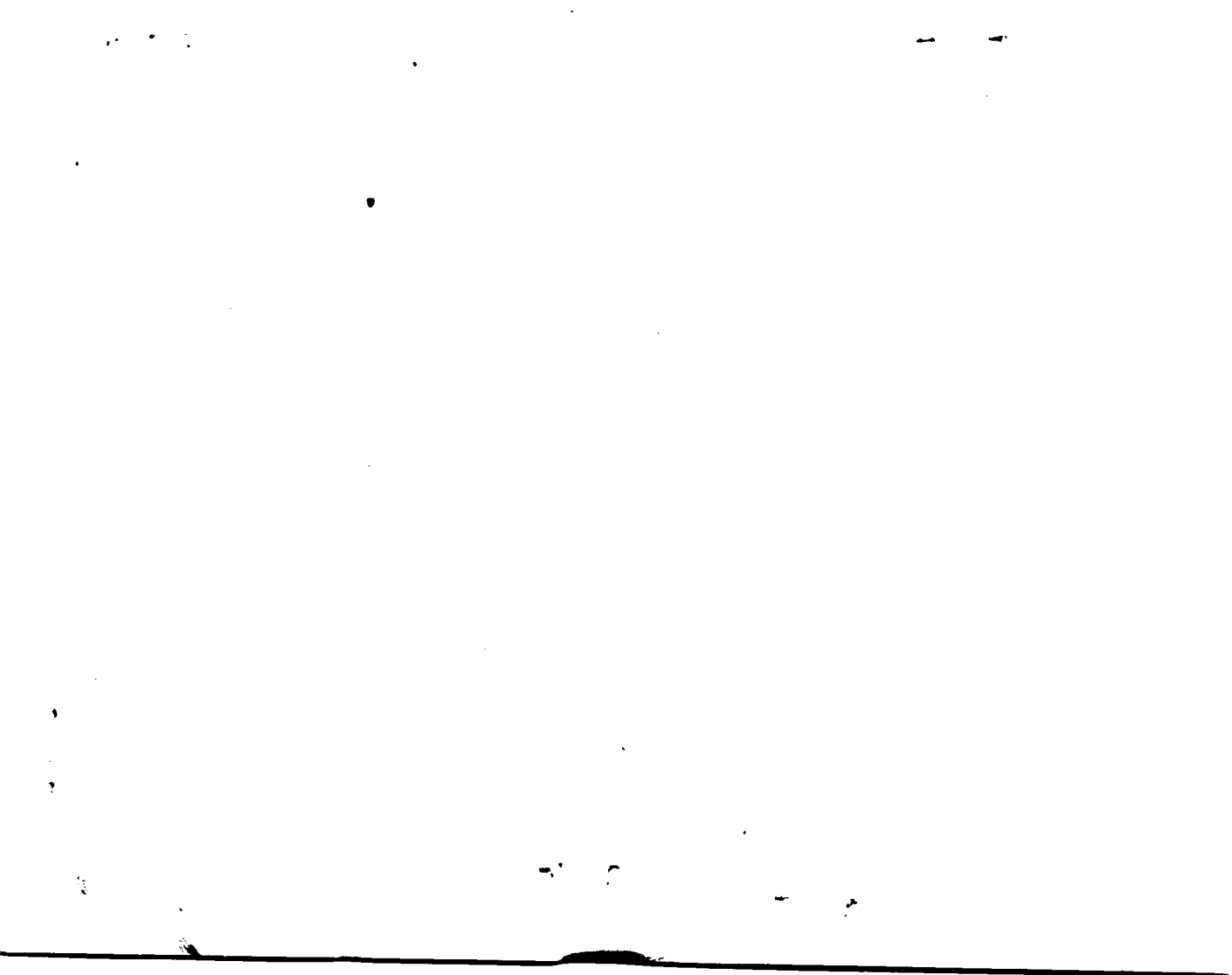
(Signature) ....

(Physician or midwife)

Given names added from a supplemental report.

Address ..... Sebois Idaho .....Filed July 14 1922 ..... Car Jones M.D. .....  
Registrar Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 81631  
County of Clark }  
The undersigned does solemnly swear that certain facts on the certificate of July 3, 1920  
for John Clark Tanner who was born on July 3, 1920  
in Butte Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Bible Record prepared on July 5, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed John Clark Tanner

Subscribed and sworn to before me this 19th  
day of March, 1943  
Notary Public, residing at Probate Judge  
Elmore County, Idaho  
My commission expires (Seal)  
Signed Katherine Melvina Tanner  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss. [This Affidavit **MUST** Also be Executed.  
County of \_\_\_\_\_ } (See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_\_  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)

MAR 23 1943

SEP 7 1967

MAR 13 1950

MAR 24 1949

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-107-017-243

PLACE OF BIRTH

County of Clark

City of Winiper PO

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22m-4-27

CERTIFICATE OF BIRTH

Registration District No. 125

File No. 81632

Primary Registration District No. 2203

Registered No. ....

FULL NAME OF CHILD Merle Watson Turnbull

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u>	and { Number in order of birth <u>    </u> }	Legitimate? <u>yes</u>	Date of Birth <u>July 7</u> 19 <u>29</u> Month ( ) Day ( ) Year ( )
--------------------------	------------------------------------	--	------------------------	--

FULL NAME <u>Watson A Turnbull</u>	FATHER
RESIDENCE <u>Winiper PO</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Calala</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Bessie Sullivan</u>	MOTHER
RESIDENCE <u>Winiper PO</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Montana</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 2 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 10:50 AM on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) CE Jones MD  
.....  
(Physician or midwife)

Given names added from a supplemental report.

Address Subow Idaho  
Filed July 8 1929  
CE Jones MD  
Registrar

TURN BULL

Dup of 1920-316978

not

241-108'017-493

## PLACE OF BIRTH

County of ClarkCity of SmallNo. .... St

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-6-22m-4-4-37

Registration District No. ....

Primary Registration District No. ....

File No. ....

Registered No. ....

81633

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>July 8</u> Month (Day) (Year)
FULL NAME <u>Hugh W Small</u>	FATHER		FULL MAIDEN NAME <u>Lela E Miller</u>	MOTHER
RESIDENCE <u>Small</u>			RESIDENCE <u>Small</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.

(Born alive or stillborn)

7:25 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

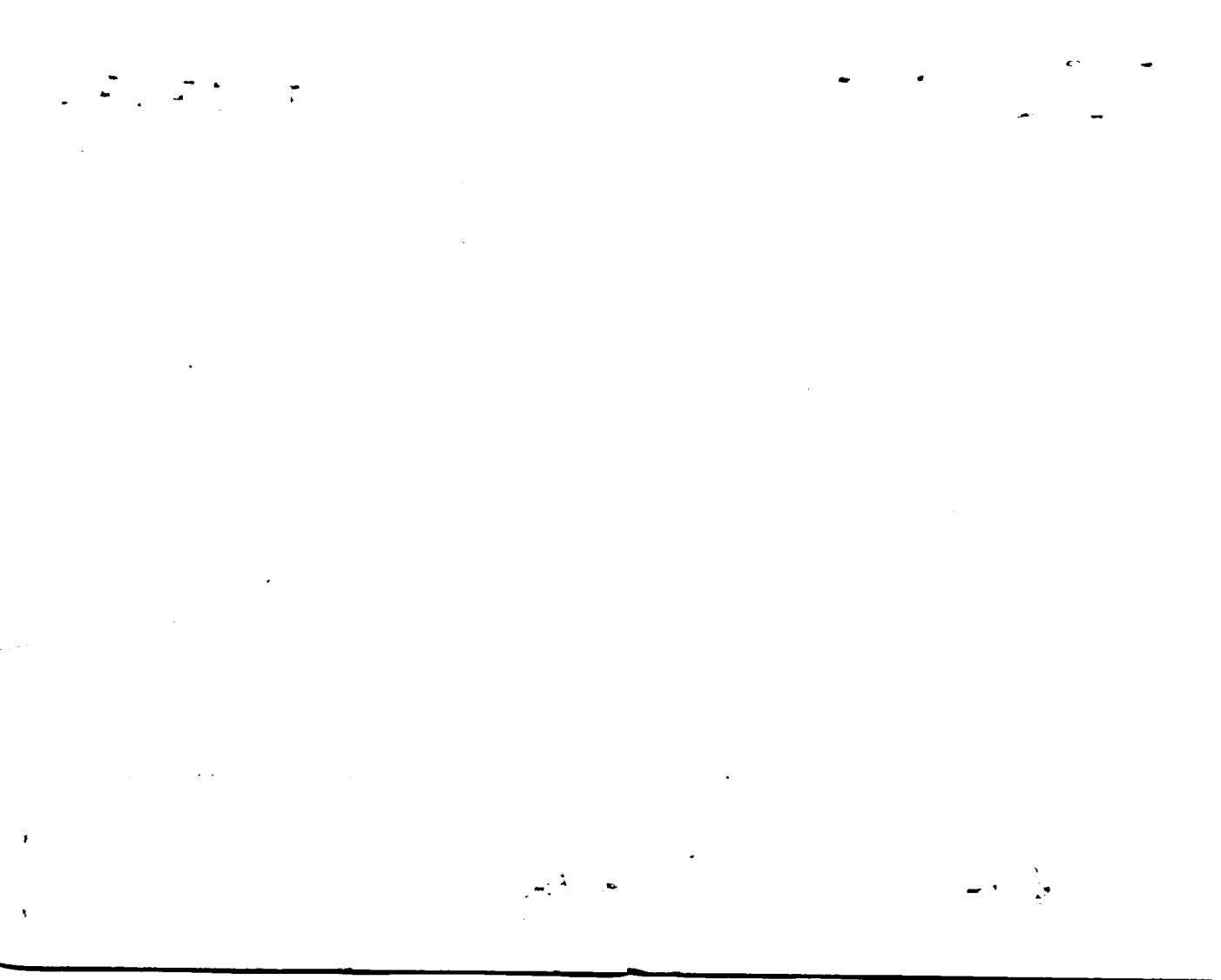
Given names added from a supplemental report.

Address .....

Filed .....

Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of...Idaho.....) Certificate No..81633.....  
County of...Clark.....)ss Date Filed..Oct. 23rd 1941...

The undersigned does solemnly swear that certain facts on the certificate  
of...birth.....for...Leland Hugh Small.....who...was born.....  
(birth or death) (Name on original certificate) (was born or died)  
on...July 8th 1920.....in...Small, Idaho.....are erroneous or were omitted;  
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown

by.....prepared on.....are:  
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED FROM TO  
(Name, birthdate,etc.) (As on original) (The correct facts)

.....Name.....no name given.....Leland Hugh Small.....  
.....  
.....  
.....

Subscribed and sworn to  
before me this...23rd day  
of...October.....1941

H. H. H. H.  
Notary Public  
Residing at...Dubois, Idaho

Signed...Hugh Small.....  
(Signature of parent or attendant if correct-  
ing a birth record; of attendant, funeral  
director, informant if correcting a death  
record; or other credible person.)  
.....Small, Idaho.....  
.....(Street address, City, State).....

My commission expires...April 19th 1943.....

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON  
(Both affidavits must be completed)

State of.....)  
County of.....)ss

The undersigned does solemnly swear that he has knowledge of the corrected  
facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to Signed.....  
before me this.....day (Signature of any credible person other than  
of.....19.. the previous affiant.)

.....  
Notary Public.....(Street address, City, State).....  
Residing at.....

My commission expires.....

(SEAL)



MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-101-017-363  
PLACE OF BIRTH

STATE OF IDAHO Form V. S. No. 11-0-25-0-0-27  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Clark

City of Subors

Registration District No. 125-

File No. 81634

No. .... St.

Primary Registration District No. 2203

Registered No. ....

Hospital .....

FULL NAME OF CHILD WALTER CRIST Beeghly

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 1</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>William I Beeghly</u> FATHER
RESIDENCE <u>Subors</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>Ohio</u>
OCCUPATION

FULL MAIDEN NAME <u>Victoria Collins</u> MOTHER
RESIDENCE <u>Subors</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Indiana</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 8:30 P. on the date above stated. (Born alive and born)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Jones MD  
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

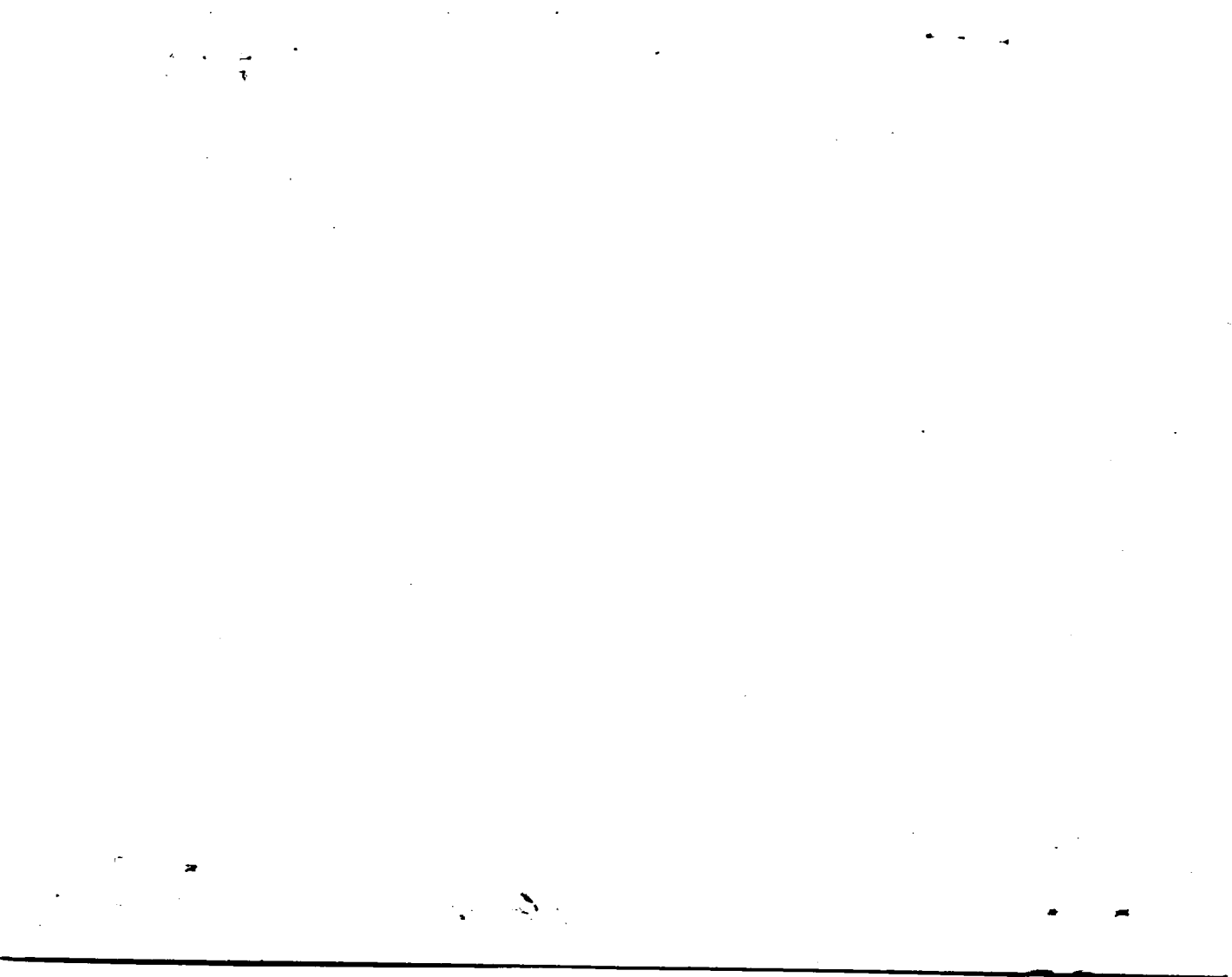
Address Subors Idaho

..... 19 .....

Filed July 1 1920

Registrar

Registrar



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.  
 County of Yakima

Certificate No. 81634

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Walter Crist Beeghly who born on July 1, 1920  
 (Name on Original Certificate) (Was Born or Died) (Date of Event)  
 in Dubois, Idaho and erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of Event)  
 true facts are shown by Family Bible prepared on July 1, 1920, are:  
 (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name - Beeghly Walter Crist Beeghly

Subscribed and sworn to before me this 2/6/46  
 day of March 19 46  
Doris Krenenburgh  
 Notary Public, residing at Yakima, Wn.  
 My commission expires Feb 17, 1946  
 (Seal)

Signed Victoria D. Beeghly  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
 (Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Notary Public, residing at \_\_\_\_\_  
 My commission expires \_\_\_\_\_  
 (Seal)

MAR 28 1951

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STANDARD BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

City of Dubois  
No. 268-210-017-993 St.

Registration District No. 125

File No. 81635

Primary Registration District No. 2208

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Julia H. Bohney

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>July 10<sup>th</sup> 1920</u> Month (Day) (Year)
----------------------------	--	-----	--------------------------------	-----------------------------	--

FATHER  
FULL NAME Raymond Bohney  
RESIDENCE Camas  
COLOR White AGE AT LAST BIRTHDAY 40 yrs (Years)  
BIRTHPLACE Sandy Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Mary L. Richardson  
RESIDENCE Camas  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Loar, Utah  
OCCUPATION House wife

Number of child of this mother, including present birth, 5

Number of children of this mother now living, including present birth, 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born July 10<sup>th</sup> at 3:32 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

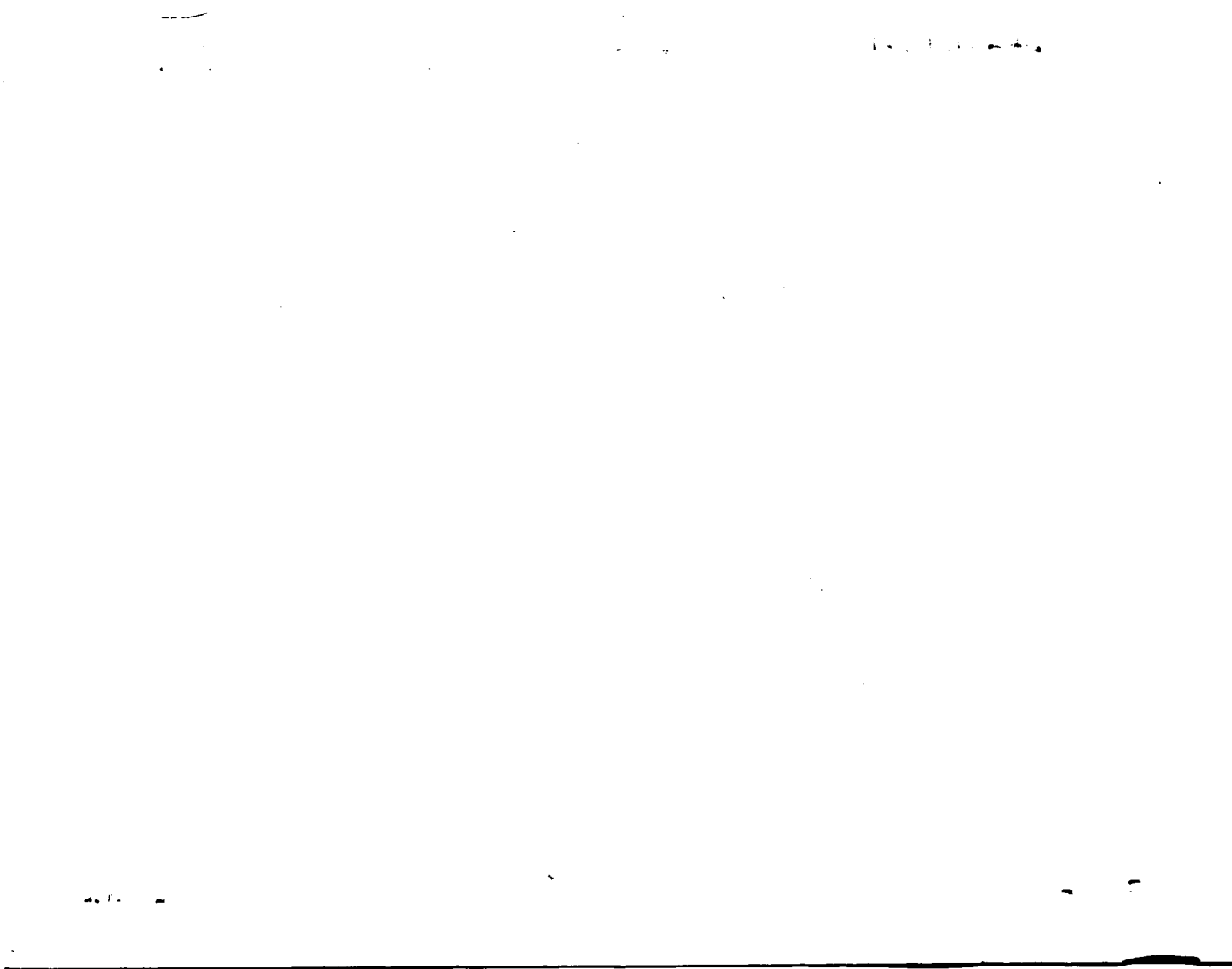
(Signature) Frank W. Davidson D.O.

Given names added from a supplemental report.

(Physician or midwife)

Address Dubois, Idaho

Filed July 20 1920 LeRoy Jones MD  
Registrar





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of WASHINGTON

Certificate No. 81635

County of KITSAP

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of

birth

for Julliette Bohney

who was born

on July 10, 1920

(Name on Original Certificate)

(Was Born or Died)

(Date of Event)

in Dubois, Idaho

(Place of Event)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by my having known her

all her life

October 27, 1971

(Bible Record, Insurance Policy, Etc.)

(Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name

Julliette Bohney

Julia H. Bohney

Subscribed and sworn to before me this 27th day of  
October, 19 71

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Port Orchard, Washington

My commission expires February 22nd 1972

(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of WASHINGTON

County of KITSAP

ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of  
October, 19 71

\* Signed

Margaret Hogan  
(Signature of Any Credible Person)

Notary Public, residing at Port Orchard

My commission expires February 22, 1972

(Seal)

775 Marlin Drive

(Street Address, City, State)

Port Orchard, Wash. 98366

Marriage Certificate from Idaho signed by J. A. Howard, Minister gives groom's name as Carson Harp and the bride's name as Julia Bohney. Dated Dec. 9, 1940. Viewed By. V. S.

NOV 15 1971

Hamaer High School diploma & gives name as Julia H. Bohney. Dated May 18, 1939. Signed by. John Hyland and W. E. Thomas. From Hamer, Idaho. Viewed by V. S.

381-205-017-155  
PLACE OF BIRTHCounty of ClarkCity of DulboisRegistration District No. 125

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 81636

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2203

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Sylvia Alberta Chamberlain

Sex of Child <u>Female</u>	Twins Triplet or other? _____	and	Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>July 5<sup>th</sup></u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	-------------------------------------	-----	---	-----------------------------	--

FULL NAME <u>Abraus Sylmarus Chamberlain</u>	FATHER
RESIDENCE <u>Dulbois</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40 yrs.</u> (Years)
BIRTHPLACE <u>Marguerite Wis.</u>	
OCCUPATION <u>Carpenter</u>	

FULL MAIDEN NAME <u>Carie Alberta Jensen</u>	MOTHER
RESIDENCE <u>Dulbois</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Park City, Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>7</u>	Number of children of this mother now living, including present birth <u>7</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born July 5<sup>th</sup> at b. A. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Dandron D.O.

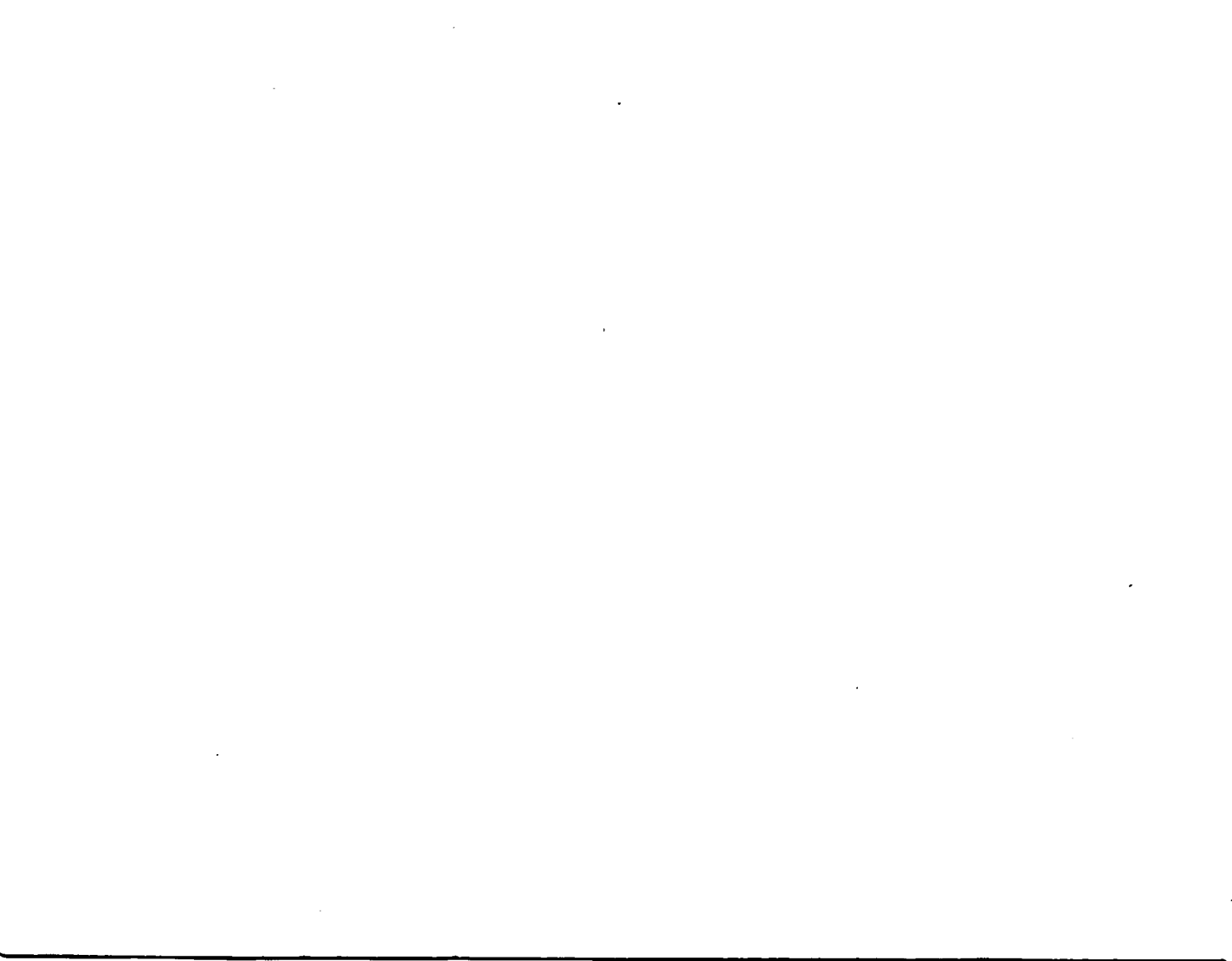
(Physician or midwife)

Given names added from a supplemental report.

Address DulboisFiled July 20 1920

Registrar

Registrar W. B. Jones M.D.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-123-017-243  
PLACE OF BIRTH

County of Clark

City of Dubois

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 125

Primary Registration District No. 2203

File No. 81637

Registered No. \_\_\_\_\_

Sex of Child male Twin Triplet or other? \_\_\_\_\_ and Number in order of birth X Legitimate? yes Date of Birth 7 23 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Riley Ellsworth Landacre

RESIDENCE Dubois

COLOR white AGE AT LAST BIRTHDAY 41  
(Years)

BIRTHPLACE Hillard, Ohio

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Lettie Alto Buchanan

RESIDENCE Dubois

COLOR white AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Brownstown, Illinois

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born July 23, alive, 1920, at 12:45 a. m.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Davidson D.O.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Dubois  
Date 6.19.20 68 Jones MD  
Registrar

**AUG 15 1975**

714427.017-386  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of ClarkCity of Small P.O.Registration District No. 125File No. 81638

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 9203

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Bradford Gauchay

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and	Number in order of birth <u>4</u>	Legitimate? <u>Yes</u>	Date of Birth <u>7 27 1920</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----	-----------------------------------	------------------------	--

FATHER FULL NAME <u>Paul Gauchay</u>		MOTHER FULL MAIDEN NAME <u>Sarah Mabel Thomas</u>	
RESIDENCE <u>Small P.O.</u>		RESIDENCE <u>Small P.O.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4
Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive 7-27-20 at 12:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Davidson D.O.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Dulais  
Aug 6 1920  
CE Jones M.D.  
Registral

JUN 18 1952



431-218-013-666  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of CamasCity of FairfieldNo. 1 1/2 miles E. St.2 miles S.Registration District No. 584File No. 81639Primary Registration District No. 2138

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Audrey May McAlister

Sex of Child

F.Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegiti-  
mate?yesDate of  
BirthJuly 18, 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Chas H McAlisterFULL  
MAIDEN  
NAME

MOTHER

Grace Woods

RESIDENCE

Fairfield, Idaho

RESIDENCE

Fairfield, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY23

(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY21

(Years)

BIRTHPLACE

Oregon

BIRTHPLACE

U. S.

OCCUPATION

Rancher

OCCUPATION

Housewife

Number of child of this mother, including present birth

1st

Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 3 P. M.  
(Born alive or stillborn){ \* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth. }

(Signature)

L. W. Lencuck

(Physician or midwife)

Physician

Given names added from a supplemental report.

19

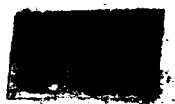
Address

Fairfield, Idaho

Filed

July 29, 1920.L. W. Lencuck

Registrar



7/7/77

7/7/77

7/7/77

137119-020537

Form 4. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of ElmoreCity of Mt HomeRegistration District No. 34File No. 81640

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2020Registered No. 50

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Alzola Arsenio Vincente Alzola

Sex of Child

MaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth\_\_\_\_\_  
(To be answered only in event of plural births)Legiti  
mate?YesDate of  
Birth7-19-1920  
(Month) (Day) (Year)FULL  
NAMEFATHER Alzola  
Faustino AlzolaFULL  
MAIDEN  
NAMEMOTHER Elgueza  
Eusebia Elgueza

RESIDENCE

Mt Home Ida

RESIDENCE

Mt Home Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY36  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Spain

BIRTHPLACE

Spain

OCCUPATION

Sheepman

OCCUPATION

WifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, at 7:15 A.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. E. Brown

(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_  
19\_\_\_\_

Address

Mt Home Ida.

Filed

8/6 1920

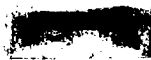
Registrar

Registrar

MARGIN RESERVED FOR BONDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



STATE OF IDAHO-  
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Ida. }  
County of Ada } ss.

Certificate No. 81640

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Alsola who born on July 19, 1920  
in Mtan. Home, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
(PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by Mother prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**  
(AS ON ORIGINAL)

**TO**  
(THE CORRECT FACTS)

Name <u>Unnamed Alsola</u>	ARsenio Vincente Alzola	
Maiden name of mother <u>Grabal</u>	Elguezabal	

Subscribed and sworn to before me this 8th  
day of June, 1942

Signed Mrs E. Alsola  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RE-  
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Boise Idaho  
My commission expires 6-24-45  
(SEAL)

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and  
that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

7 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

15-2091020-499

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of ElmoreCity of Mtn HomeRegistration District No. 34File No. 81641No. — St. —Hospital —Primary Registration District No. 2020 Registered No. 47

FULL NAME OF CHILD

Anacabe Peler

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)—and { Number  
in order  
of birth  
—Legiti  
mate?YesDate of  
Birth791920

(Month)

(Day)

(Year)

FULL  
NAMEFATHER  
Juan Anacabe

RESIDENCE

Mtn Home Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Spain

OCCUPATION

Camp TenderFULL  
MAIDEN  
NAMEMOTHER  
Antonia Urriarbarre

RESIDENCE

Mtn Home Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Spain

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive, at 7:45 A M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. E. Evans

(Physician or midwife)

M. D.

Given names added from a supplemental report.

19

Address

Mtn Home Ida

Filed

8/619 20Burt Luther

Registrar

Registrar

DEC 15 1970



use only BLANK INK or BLANK record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Amended 11-12-69

(Be sure the information is complete and accurate)

State File No. 81642

CERTIFICATE OF BIRTH

Local Reg. No. 37

STATE OF IDAHO

Reg. Dist. No. 34

1. PLACE OF BIRTH

a. COUNTY

Elmore

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Elmore

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN  
Mountain Home

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN  
Mountain Home

c. FULL NAME OF (If NOT in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

d. STREET ADDRESS  
(If rural, give location)

3. CHILD'S NAME

(Type or print)

a. (First)

Juanita

b. (Middle)

c. (Last)

Argoitia

4. SEX

female

5a. THIS BIRTH

SINGLE ☒

TWIN ☐

TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1st

2nd

3rd

6. DATE

(Month)

(Day)

(Year)

OF  
BIRTH

June

25

1920

FATHER OF CHILD

7. FULL NAME

a. (First)

Louis

b. (Middle)

c. (Last)

Argoitia

8. AGE (At time of this birth)

28

YEARS

9. BIRTHPLACE (State or foreign country)

(City or Town)

Spain

10. USUAL OCCUPATION

Sheepman

11. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First)

Tomas

b. (Middle)

c. (Last)

Anacabe

13. AGE (At time of this birth)

23

YEARS

14. BIRTHPLACE (State or foreign country)

(City or Town)

Spain

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER  
children are now  
living?

1

b. How many OTHER children were  
born alive but are now dead?

0

c. How many children  
were stillborn (born dead  
after 20 wks. pregnancy?)

0

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that  
this child was born  
alive on the date  
stated above.

17. SIGNATURE

T. E. Evans, M.D.

19. ADDRESS

Mountain Home, Idaho

18. ATTENDANT AT BIRTH

M.D. ☒ MIDWIFE ☐ OTHER  
(Specify)

20. DATE SIGNED

July 2, 1920

21. DATE REC'D BY LOCAL REG.

July 2, 1920

22. REGISTRAR'S SIGNATURE

B. W. Mather

23. DATE ON WHICH GIVEN NAME ADDED

BY  
Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?

YES ☐

NO ☐

DATE

Was a standard serological test for syphilis performed?

YES ☐

NO ☐

APPROXIMATE DATE

LENGTH OF PREGNANCY WEEKS

WEIGHT AT BIRTH LBS. OZS.

RACE OR COLOR OF FATHER

White

RACE OR COLOR OF MOTHER

White

METHOD OF DELIVERY

Was 1% Silver Nitrate Used  
to prevent blindness?

YES ☐ NO ☐

BIRTH INJURY TO INFANT

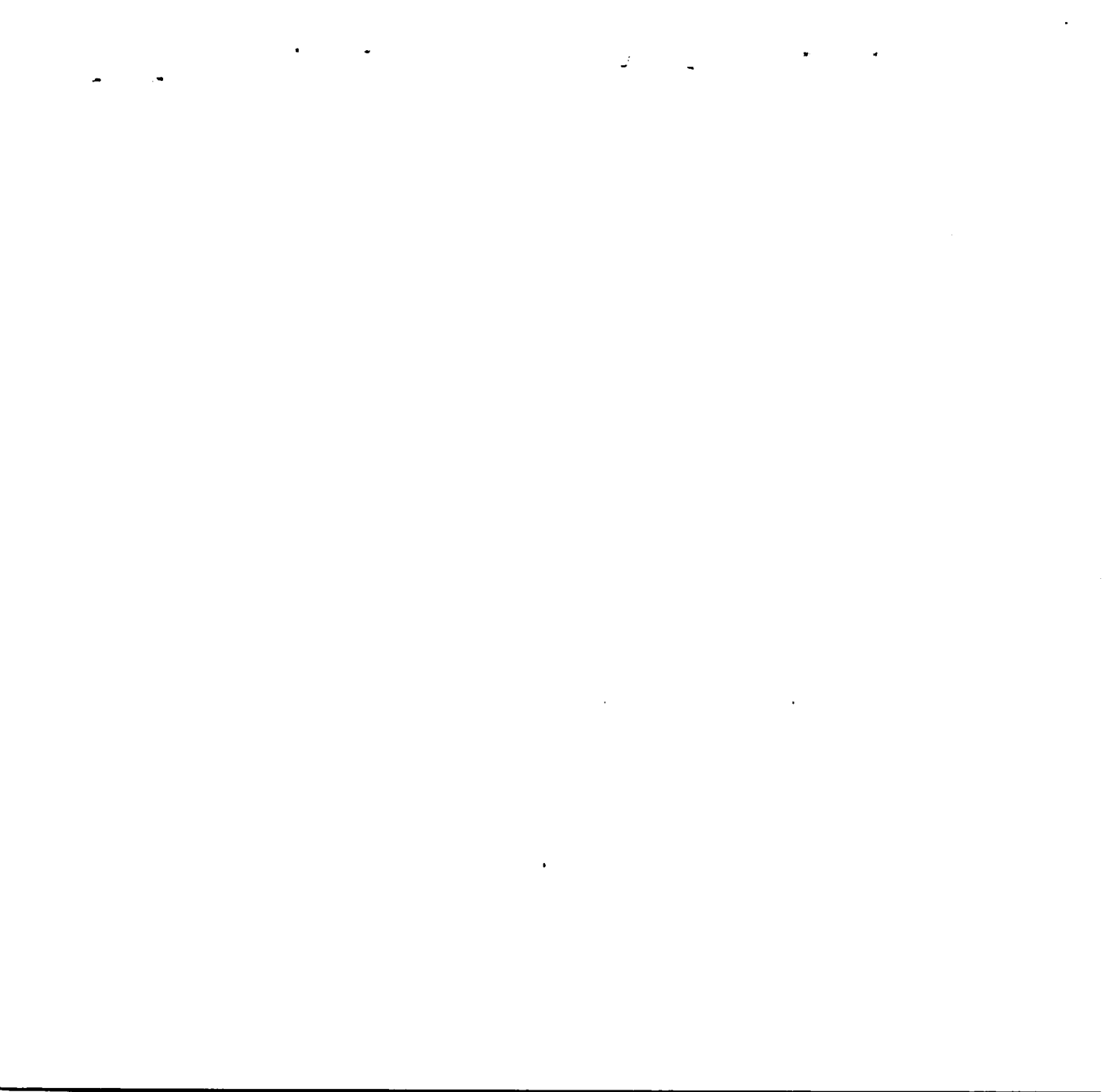
☐ YES IF YES, DESCRIBE

☐ NO

CONGENITAL MALFORMATIONS OF INFANT

☐ YES IF YES, DESCRIBE

☐ NO



10-27-69

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of California Certificate No. 81642  
County of Sacramento Date Filed June 25, 1970

The undersigned does solemnly swear that certain ~~facts~~ errors on the certificate of birth  
for Unnamed Arrgotia who was born on June 25, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Mtn. Home are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by BAPTISMAL, DIPLOMA prepared on November 7, 1969 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Childs name unnamed Arrgotia Juanita Argotia  
Name of father Arrgotia Argotia

Subscribed and sworn to before me this 7 day of November, 1969  
Alford T. Hartley  
Notary Public, residing at ALFORD T. HARTLEY  
My commission expires Aug. 3, 1970  
(Seal) My Commission Expires Aug. 3, 1970

X Signed Juanita Argotia  
(Signature of parent or attendant if correcting a birth record, or of attendant, funeral director, informant if correcting death record, or other credible person.)  
NOTARY PUBLIC - CALIFORNIA  
PRINCIPAL OFFICE IN  
SACRAMENTO COUNTY  
(Street Address, City, State)

State of California } ss.  
County of Sacramento

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of November, 1969  
Alford T. Hartley  
Notary Public, residing at ALFORD T. HARTLEY  
My commission expires Aug. 3, 1970  
(Seal) My Commission Expires Aug. 3, 1970

OFFICIAL SEAL  
ALFORD T. HARTLEY  
Notary Public - California  
PRINCIPAL OFFICE IN  
SACRAMENTO COUNTY  
(Street Address, City, State)

Baptismal Record gives name as Juanita Argoitia born June 25, 1920 at Mountain Home, Idaho to Louis Argoitia and Tomasa Anacabe. Baptized Dec. 29, 1920 in O. L. of Good Counsel at Mountain Home by Rev. F.L. Lobell. Viewed by V.S.

School Record gives name as Juanita Argoitia born June 25, 1920 to Louis and Tomasa Argoitia. Completed a course of Study prescribed for graduation on May 27, 1938 at Ely, Nevada. B. W. Wheatley, Principal. Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

294-201-020465  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Elmore

City of Mtn Home

Registration District No. 34

File No. 81643

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2020

Registered No. 36

Hospital \_\_\_\_\_

FULL NAME OF CHILD

LENORE TERESA BIDEGANETTA

Sex of Child 7 Twin Triplet or other? — and { Number in order of birth — Legiti mate? yes Date of Birth July 1<sup>st</sup> 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Agapito Bidiganetta  
RESIDENCE Mtn Home  
COLOR W AGE AT LAST BIRTHDAY 36  
(Years)  
BIRTHPLACE Spain  
OCCUPATION Sheepman

MOTHER  
FULL MAIDEN NAME Mrs Carrera Monasterio  
RESIDENCE Mtn Home  
COLOR W AGE AT LAST BIRTHDAY 28  
(Years)  
BIRTHPLACE Spain  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 9<sup>10</sup> P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

(Physician or midwife)

Given names added from a supplemental report.

19

Address Mtn Home

Filed July 5<sup>th</sup> 1920 B. W. Mather

Registrar

Registrar

JUL 16 1952

JUL 14 1952

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

313-112-020-295

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Elmore

City of Mountain Home

Registration District No. 34

File No. 81644

No. — St. —

Primary Registration District No. 2020

Registered No. 42

Hospital —

FULL NAME OF CHILD

JOHN WESLEY CATE

Sex of Child

M

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

—

Legitimate?

yes

Date of Birth

July 12<sup>th</sup> 1920  
(Month) (Day) (Year)

FULL NAME

Emmitt L. Cate

FATHER

RESIDENCE

Grand View

COLOR

W

AGE AT LAST  
BIRTHDAY

30  
(Years)

BIRTHPLACE

Tenn.

OCCUPATION

Rancher

FULL MAIDEN NAME

Irene Kincaid

MOTHER

RESIDENCE

Grand View

COLOR

W

AGE AT LAST  
BIRTHDAY

30  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was — at 8<sup>20</sup> A. M. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

B. W. Weather

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Mountain Home

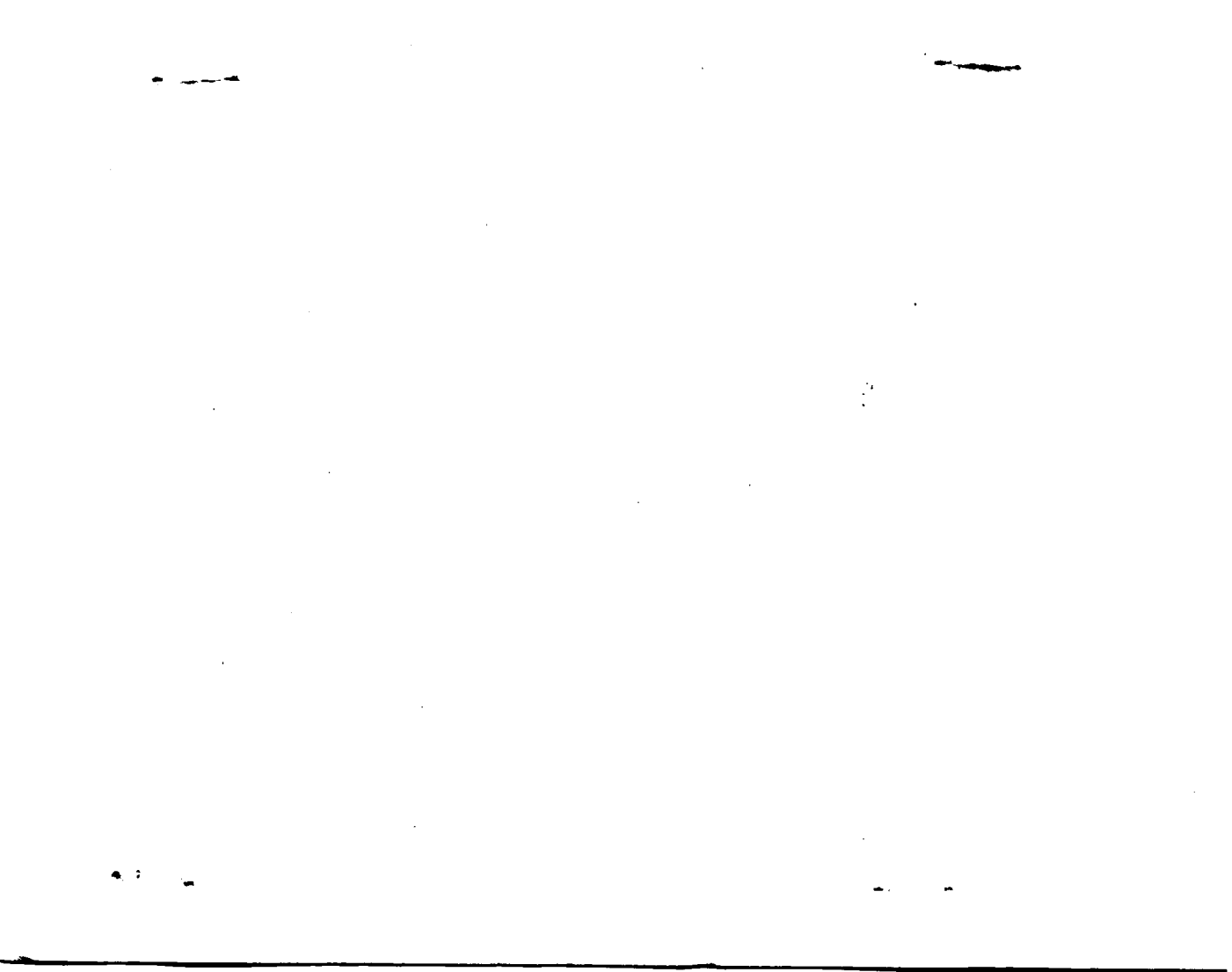
Filed

7/14

1920

B. W. Weather  
(Registrar)

Registrar





## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
 County of Canyon } ss.

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 (Birth or death)  
 for Elmore County who Born on July 12, 1920  
 (Name on original certificate) (Was born or died) (Date of event)  
 in Elmore County are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of event)  
 true facts as shown by Bible prepared on Sept. 1920, are:  
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
 ("Name", "birth date", "cause of death", etc.)

Name

FROM  
 (As on original)

Unnamed Cate

TO  
 (The correct facts)

John Wesley Cate

Subscribed and sworn to before me this 30  
 day of October, 1941

Lura H. Stark  
 Notary Public, residing at Middleton, Ida

My commission expires May 18, 1943  
 [SEAL]

Signed John N. Cate Mobley  
 (Signature of parent or attendant if correcting a birth record; of  
 attendant, funeral director, informant if correcting a death record;  
 or other credible person.)

Middleton, Idaho  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
 County of Canyon } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30  
 day of October, 1941

Lura H. Stark  
 Notary Public, residing at Middleton, Idaho

My commission expires May 18, 1943  
 [SEAL]

Signed Mary P. Kincaid  
 (Signature of any credible person other than the previous affiant.)

Middleton, Idaho  
 (Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (Registrar's signature)

DEC 10 1941

11

NOV 3 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

396-207.020-219

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of ElmoreCity of Mountain HomeRegistration District No. 34File No. 81645

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2020 Registered No. 44

FULL NAME OF CHILD

Allice Ruth Cross

Sex of Child

7Twin  
Triplet  
or other? —

and

Number  
in order  
of birth —Legiti  
mate? yes

Date of Birth

June 7<sup>th</sup> 19 20  
(Month) (Day) (Year)

FULL NAME

FATHER

Thomas E. Cross

RESIDENCE

Sunnyside

COLOR

WAGE AT LAST  
BIRTHDAY 27  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Store Keeper

FULL MAIDEN NAME

MOTHER

Lillian M. Bailey

RESIDENCE

Sunnyside

COLOR

WAGE AT LAST  
BIRTHDAY 22  
(Years)

BIRTHPLACE

Wyo.

OCCUPATION

WifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

B. W. Hather

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Mountain Home

Filed

June 7<sup>th</sup> 19 20

Registrar

Registrar

JG 14 1942

551-212-020-266

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of ElmoreCity of PrairieRegistration District No. 34File No. 81646No. — St.Primary Registration District No. 2020Registered No. 46Hospital —

FULL NAME OF CHILD

Edith Ann Evans

Sex of Child

7Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

—

and

Number  
in order  
of birth  
(To be answered only in event of plural births)

—

Legitimate?

yes

Date of Birth

July 12<sup>th</sup>  
(Month) (Day) (Year)

FULL NAME

FATHER

Charles W. Evans

RESIDENCE

Prairie

COLOR

WAGE AT LAST  
BIRTHDAY45  
(Years)

BIRTHPLACE

Ill.

OCCUPATION

Rancher

FULL MAIDEN NAME

MOTHER

Mamie E. Bower

RESIDENCE

Prairie

COLOR

WAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Nebr.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 2<sup>15</sup> P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

B. W. Dathes

(Physician or midwife)

Given names added from a supplemental report.

19

Address

W. H. Home

Filed

July 2<sup>nd</sup> 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

4/10 41 Z.J.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended Mar. 14, 1952

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 34

File No. 81647

Hospital \_\_\_\_\_

Primary Registration District No. 2020

Registered No. 45

FULL NAME OF CHILD JOHN HARVEY GROETSEMA

(Certificate of no value without full name of child.)

Sex of  
Child M.

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti-  
mate?

Date of  
birth JULY 15, 1920  
(Month) (Day) (Year)

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth... 1

Number of children of this mother now living, including present birth... 1

FATHER  
FULL NAME John Groetsema

RESIDENCE  
Mtn. Home

COLOR \_\_\_\_\_ AGE AT LAST  
BIRTHDAY 34  
(Years)

BIRTHPLACE  
Mich.

OCCUPATION  
Rancher

MOTHER  
FULL MAIDEN NAME Olive Jensen

RESIDENCE  
Mtn. Home

COLOR \_\_\_\_\_ AGE AT LAST  
BIRTHDAY 25  
(Years)

BIRTHPLACE  
Iowa

OCCUPATION  
housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4:20 a. m.  
on the date above stated. (Born alive ~~assisted~~)

\* When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) B. W. Mather

(Physician ~~assisted~~)

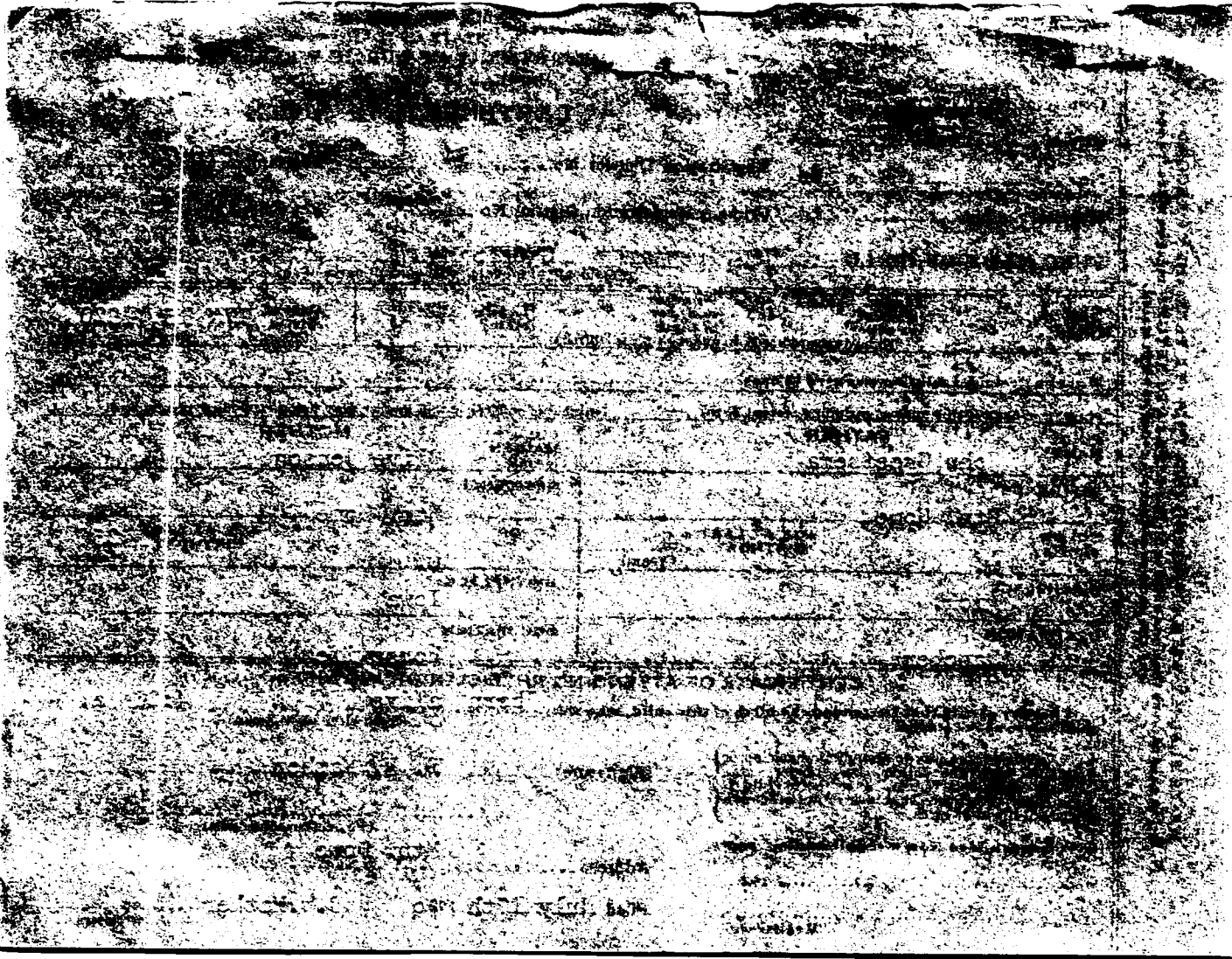
Give names added from a supplemental report.

Address Mtn. Home

Filed July 17th 1920 B. W. Mather

Registrar.

Registrar.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 81647  
County of Elmore }

The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or Death)  
for John Harvey Groefsema who was born on July 15, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Harley Nursing Home are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Mothers record prepared on July 17th, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Father's name

Groefsema, John

Groefsema, John

Child's name

Groefsema, ~~Max~~ John Harvey

Groefsema, John Harvey

Subscribed and sworn to before me this 12th day of  
March, 1952

Signed Mrs. Olive Groefsema (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Mountain Home, Idaho  
My commission expires Sept. 8th, 1954  
(Seal)

Box 427, Mountain Home, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Elmore }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of  
March, 1952

Signed Mrs. W. H. Harley (Nurse)  
(Signature of Any Credible Person)

Notary Public, residing at Mountain Home, Idaho  
My commission expires Sept. 8th, 1954  
(Seal)

4th East St. Mountain Home, Idaho  
(Street Address, City, State)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-1291020-994

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. & No. 11-C-25m-7-21-19

County of E. Moore

City of Monticorne

Registration District No. 34

File No. 81648

No. — St. —

Primary Registration District No. 2020 Registered No. 48

Hospital —

FULL NAME OF CHILD Jackson, Douglas Frederick

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	and { Number in order of birth <u>—</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>7-29-1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Fred C Jackson  
RESIDENCE Monticorne Ida  
COLOR White AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Oregon  
OCCUPATION Mechanic

MOTHER  
FULL MAIDEN NAME Deney B Riddell  
RESIDENCE Monticorne Ida  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Nebr  
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

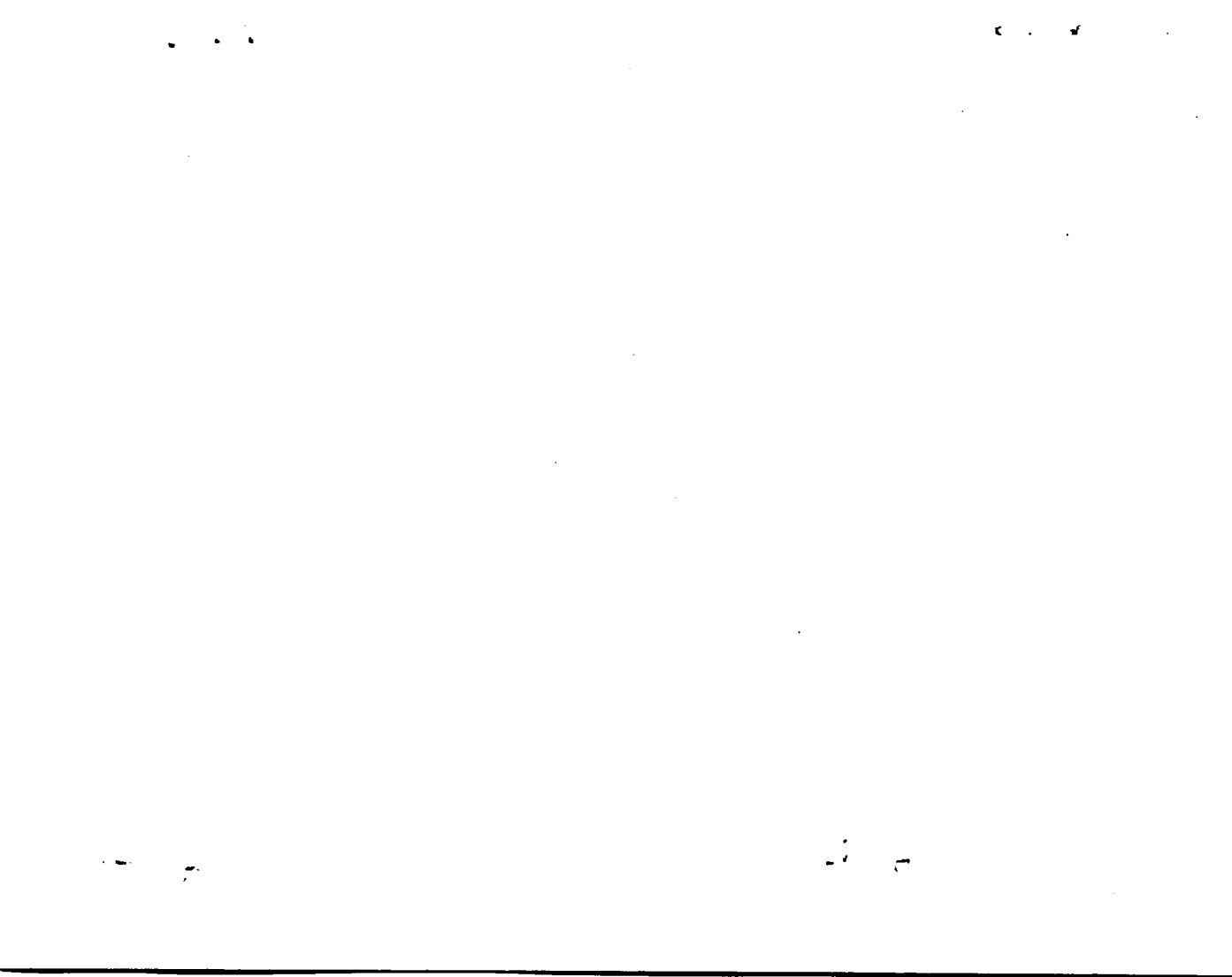
I hereby certify that I attended the birth of this child, who was Born alive, at 8: P M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Evans  
M D  
(Physician or midwife)

Given names added from a supplemental report.

Address Monticorne Ida  
Filed 8/6 1920 B. W. Hatcher  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }  
County of SAN FRANCISCO } ss.

Certificate No. 81649  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Douglas Frederick Jackson who born on July 29 1970 (Birth or death)  
in Mountain Home, Idaho (Name on original certificate) (Was born or died) (Date of event)  
(Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by Hunts Memo prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Name

Unnamed Jackson

Douglas Jackson

Subscribed and sworn to before me this 4th  
day of October, 1971

Signed Mrs. Frances R. Scholz  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death record;  
or other credible person.)

Notary Public, residing at San Francisco

1519-26th Ave. San Francisco  
(Street Address, City, State)

My commission expires Nov 20th 1973  
[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Ada } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1987 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are  
true to the best of his knowledge.

Subscribed and sworn to before me this 10th  
day of October, 1971

Signed Mrs. J. C. Jackson  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Boise

2216 Sunset - Boise, Ida.  
(Street Address, City, State)

My commission expires April 1, 1975  
[SEAL]

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

OCT 10 1947

OCT 23 1952

10-23-52

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-111-020-981  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Elmore

City of Mtn Home

Registration District No. 34

File No. 81649

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Primary Registration District No. 2020

Registered No. 43

FULL NAME OF CHILD

Robert Francis M. Laughlin

Sex of Child

M

Twin  
Triplet  
or other?

—

and { Number  
in order  
of birth

—

Legiti  
mate?

yes

Date of  
Birth

July 11<sup>th</sup>

1920

FULL  
NAME

Daniel W. M. Laughlin

FATHER

FULL  
MAIDEN  
NAME

Mary Ryan

MOTHER

RESIDENCE

Mtn Home

RESIDENCE

Mtn Home

COLOR

W

AGE AT LAST  
BIRTHDAY

48  
(Years)

COLOR

W

AGE AT LAST  
BIRTHDAY

44  
(Years)

BIRTHPLACE

Mo.

BIRTHPLACE

Miss.

OCCUPATION

Lawyer

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 4:50 A. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

B. W. Lathier

(Physician or midwife)

Given names added from a supplemental report.

Address

Mtn Home

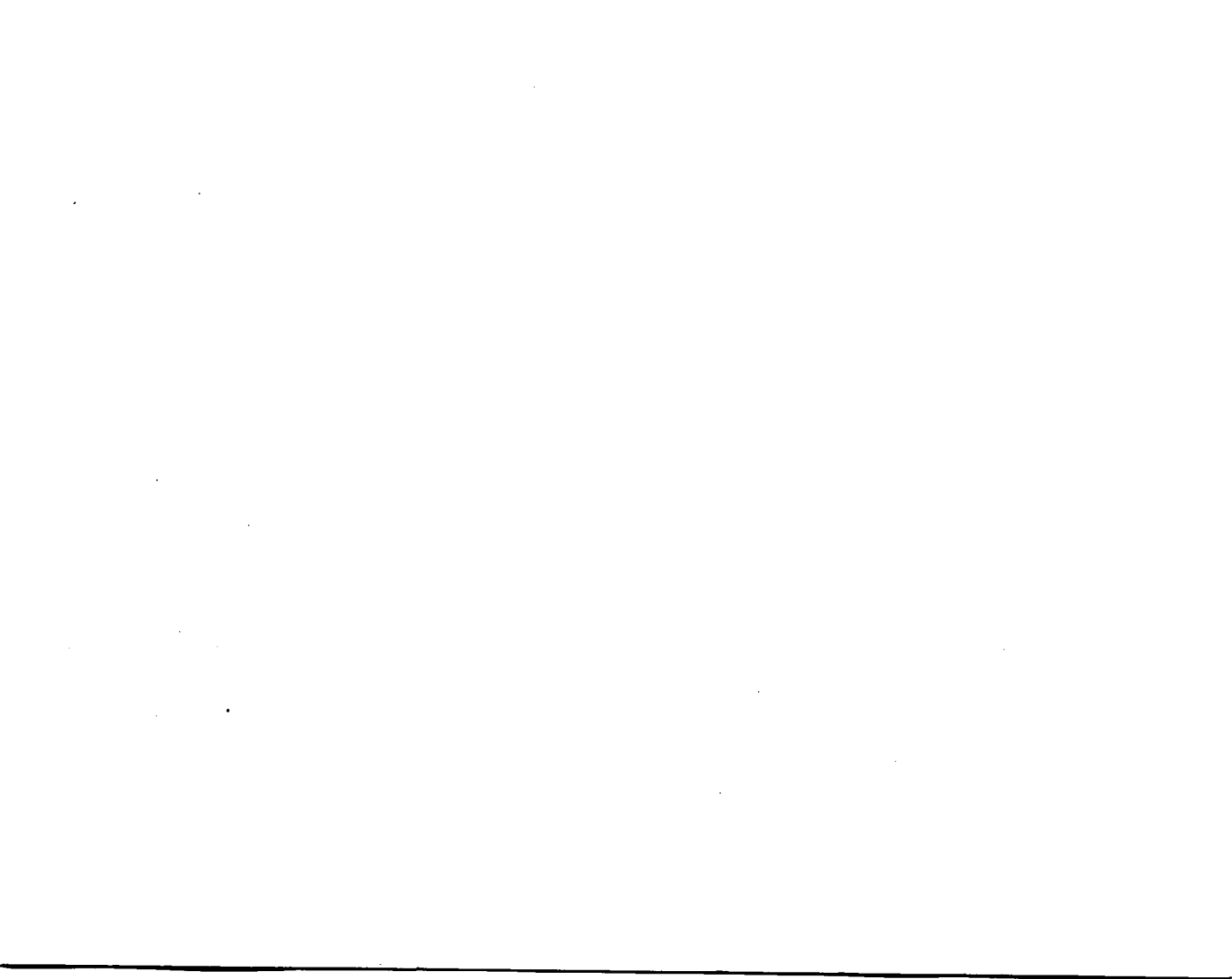
Filed

July 14<sup>th</sup> 1920

B. W. Lathier

Registrar

Registrar





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-127-020-799  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Elmore

City of McTernane

No. — St. —

Hospital —

Registration District No. 34

File No. 81650

Primary Registration District No. 2020

Registered No. 38

FULL NAME OF CHILD Murdock

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u> and { Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 27</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME William O Murdock  
RESIDENCE Vale Oregon  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Mo  
OCCUPATION Ranching

MOTHER  
FULL MAIDEN NAME Mary A Greenwood  
RESIDENCE Vale Oregon  
COLOR White AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Nevada  
OCCUPATION Wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Evans

M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address McTernane, Id.

Filed 7/2 1920 Burdalot  
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

597-201-020-219

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of ElmoreCity of Mt. HomeRegistration District No. 34

File No.

81651

No. \_\_\_\_\_ St.

Primary Registration District No. 2020

Registered No.

41

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child

7

Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?

yes

Date of Birth

July 1st.

1920

(Month) (Day) (Year)

FULL NAME

FATHER

William A. Nixon

RESIDENCE

Rocky Bar

COLOR

W

AGE AT LAST  
BIRTHDAY

52

(Years)

BIRTHPLACE

Ark.

OCCUPATION

Post Master

FULL MAIDEN  
NAME

MOTHER

Daisy May Bailey

RESIDENCE

Rocky Bar

COLOR

W

AGE AT LAST  
BIRTHDAY

41

(Years)

BIRTHPLACE

Ind.

OCCUPATION

Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.(Born alive or ~~stillborn~~)at 4:30 A. M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

B. W. Mather

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Mt. Home

Filed

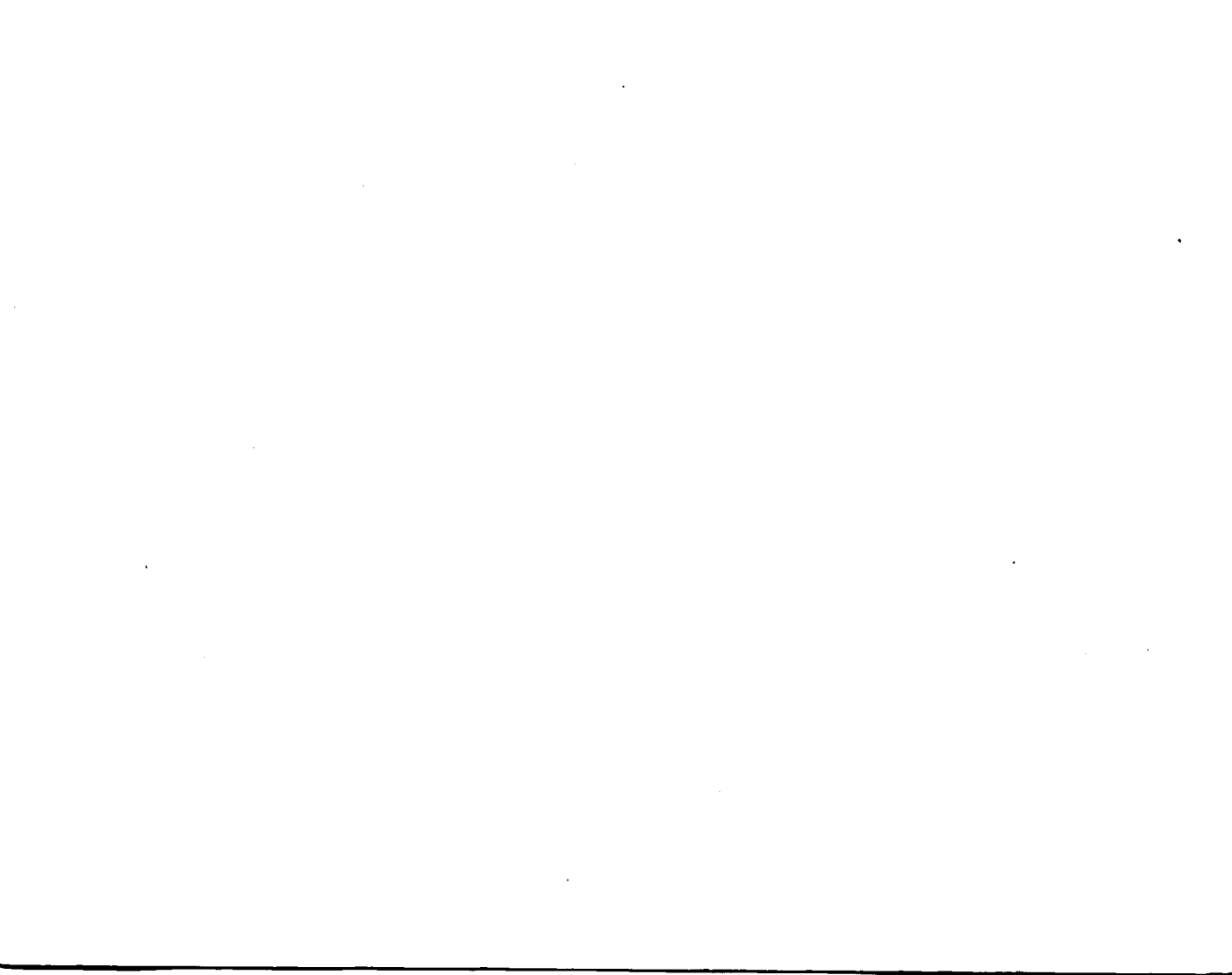
7/4

1920

B. W. Mather

Registrar

Registrar



633-227.020-434  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-15

## CERTIFICATE OF BIRTH

County of ElmoreCity of Mtn HomeRegistration District No. 34File No. 81652No. — St. —Primary Registration District No. 2020Registered No. 40Hospital —FULL NAME OF CHILD Phyllis Nell Ottenheimer

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	and { Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 27</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME W. F. OttenheimerRESIDENCE Mtn Home IdaCOLOR White AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE Ida.OCCUPATION BarkeeperMOTHER  
FULL MAIDEN NAME May Mc MahanRESIDENCE Mtn Home IdaCOLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE NebraskaOCCUPATION WifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 9:25 A M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. EvansM. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Mtn Home IdaFiled June 20<sup>th</sup> 1920B. W. D. Hatcher  
Registrar

APR 1 1960

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

954-228-020-239

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Elmore

City of Mt. Home

Registration District No. 34

File No. 81653

No. — St. —

Primary Registration District No. 2020

Registered No. 49

Hospital —

FULL NAME OF CHILD

Redington, Jessie Norma

Sex of Child <u>Female</u>	Twin <u>—</u> Triplet <u>—</u> or other? <u>—</u> and {	Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 28</u>	<u>1920</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)	

FATHER  
FULL NAME H. B. Redington  
RESIDENCE Mt. Home Ida  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Telegrapher

MOTHER  
FULL MAIDEN NAME Helen Struve  
RESIDENCE Mt. Home Ida  
COLOR White AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Germany  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 7:45 A M. on the date above stated. (Born alive or stillborn)

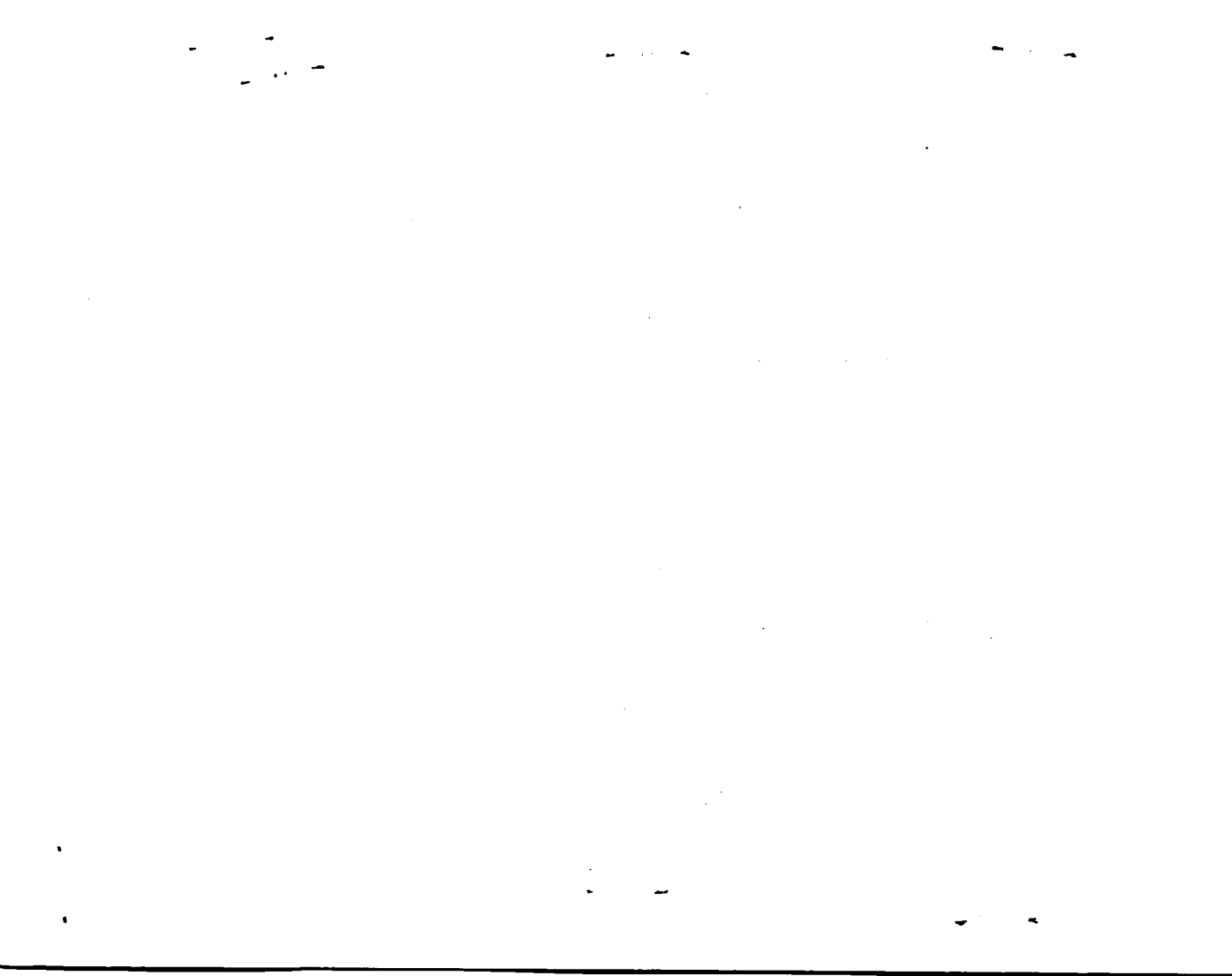
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans  
(Physician or midwife)

Given names added from a supplemental report.

Address Mt. Home Ida  
Filed 8/6 19 20 Burns Registrar

Registrar





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Canyon } ss. Certificate No. 81653  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Redington (female child) who was born on July 28, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Mountain Home, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child Unnamed Jessie Norma Redington

Subscribed and sworn to before me this 31st day of Oct, 1923

Signed Mrs. M. W. Rogers  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Mountain Home, Idaho  
My commission expires 5-19-26  
(Seal)

904 Franklin Mountain Home, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

Marriage license and certificate gives name as Jessie Norma Redington  
date of marriage June 21, 1938. viewed by V.S.

Own child's birth certificate, on file Idaho #300222, gives name as  
Jessie Norma Redington.

NOV 19 1962

265-128-020-412  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

No. — St. —

Hospital —

Registration District No. 34

File No. 81654

Primary Registration District No. 2020

Registered No. 39

FULL NAME OF CHILD Sweet, James Clarence

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u> and { Number in order of birth <u>—</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>6 28 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Clarence Sweet  
RESIDENCE Mt Home Ida  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Iowa  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Alie M. Marsh  
RESIDENCE Mt Home Ida  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Mont  
OCCUPATION Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 6:55 A. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Mt Home Ida  
Filed 7/5 1920 B. W. Mather  
Registrar

AUG 15 1975

JUL 24 1953

JUL 6 1952

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

318-115-020-314

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of ElmoreCity of Mtn HomeRegistration District No. 34File No. 81655

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2020 Registered No. 51Hospital —

FULL NAME OF CHILD

~~W. L. Taylor~~ William E. Taylor

Sex of Child

MaleTwin  
Triplet  
or other? —and { Number  
in order  
of birth  
—Legiti  
mate? yes

Date of Birth

7 15 1920  
(Month) (Day) (Year)

FULL NAME

W. L. Taylor

FATHER

FULL MAIDEN NAME

Helen Campbell

MOTHER

RESIDENCE

Mtn Home Ida

RESIDENCE

Mtn Home Ida

COLOR

White

AGE AT LAST BIRTHDAY

27  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

21  
(Years)

BIRTHPLACE

Nebraska

BIRTHPLACE

Ohio

OCCUPATION

Attorney

OCCUPATION

WifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 A M. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. E. Evans

(Physician or midwife)

M. D.

Given names added from a supplemental report.

19

Address

Mtn Home Ida

Filed

8/6

1920

B. W. Mather

Registrar

Registrar

JUL 8 1943

891-224-020-465

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of ElmoreCity of Mtn HomeRegistration District No. 34File No. 81656

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2020Registered No. 35-

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Bonifacia Grazabal

Sex of Child

7Twin  
Triplet  
or other?—

and

Number  
in order  
of birth—Legiti  
mate?yes

Date of Birth

May 24<sup>th</sup>19 20

(Month) (Day) (Year)

FULL NAME

Jos. M. Grazabal

FATHER

RESIDENCE

Mtn Home

COLOR

W

AGE AT LAST BIRTHDAY

42  
(Years)

BIRTHPLACE

Spain

OCCUPATION

Shepherd

FULL MAIDEN NAME

Andres Monasterio

MOTHER

RESIDENCE

Mtn Home

COLOR

W

AGE AT LAST BIRTHDAY

23  
(Years)

BIRTHPLACE

Spain

OCCUPATION

WifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at M. A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Uranda  
Spanish per B.W.M.  
(Physician or midwife)

Given names added from a supplemental report.

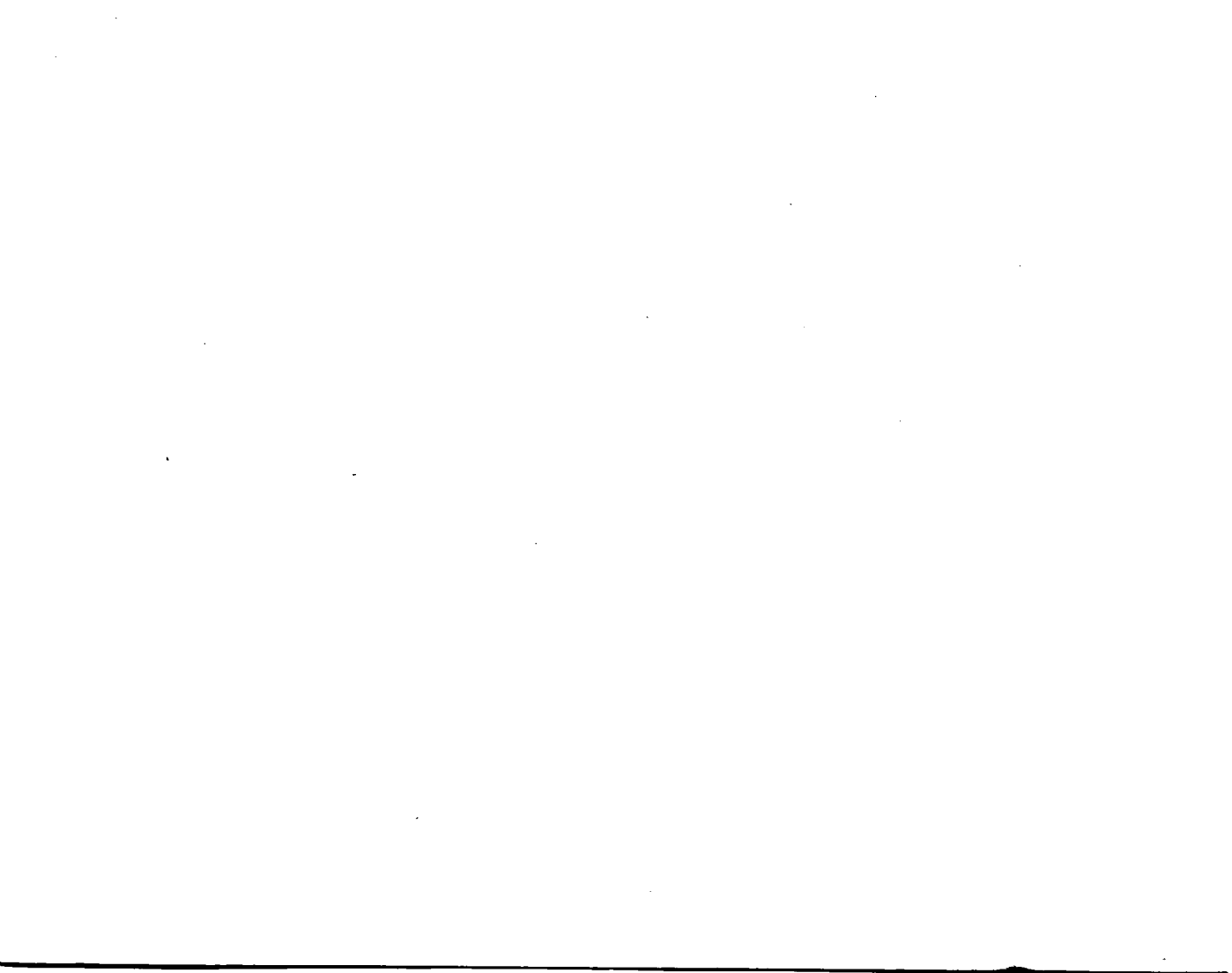
19

Address Mtn Home  
Filed July 20<sup>th</sup> 19 20 B.W. M.  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 7-24-57

PLACE OF BIRTH

815-225-220-386

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 35 File No. 81657

Hospital \_\_\_\_\_ Primary Registration District No. 2021 Registered No. \_\_\_\_\_

FULL NAME OF CHILD Emily Mildred Hanson

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> } and { Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of birth <u>July 25</u> , 192 <u>0</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3 ...

FATHER	MOTHER
FULL NAME <u>Emil Hanson</u>	FULL MAIDEN NAME <u>Nettie Mildred Thompson</u>
RESIDENCE <u>Glenns Ferry, Idaho</u>	RESIDENCE <u>Glenns Ferry, Idaho</u>
COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>35</u> (Years)	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Sweden</u>	BIRTHPLACE <u>New Hampshire</u>
OCCUPATION <u>Rancher</u>	OCCUPATION <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 a. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis, M. D.

Physician  
(Physician or midwife)

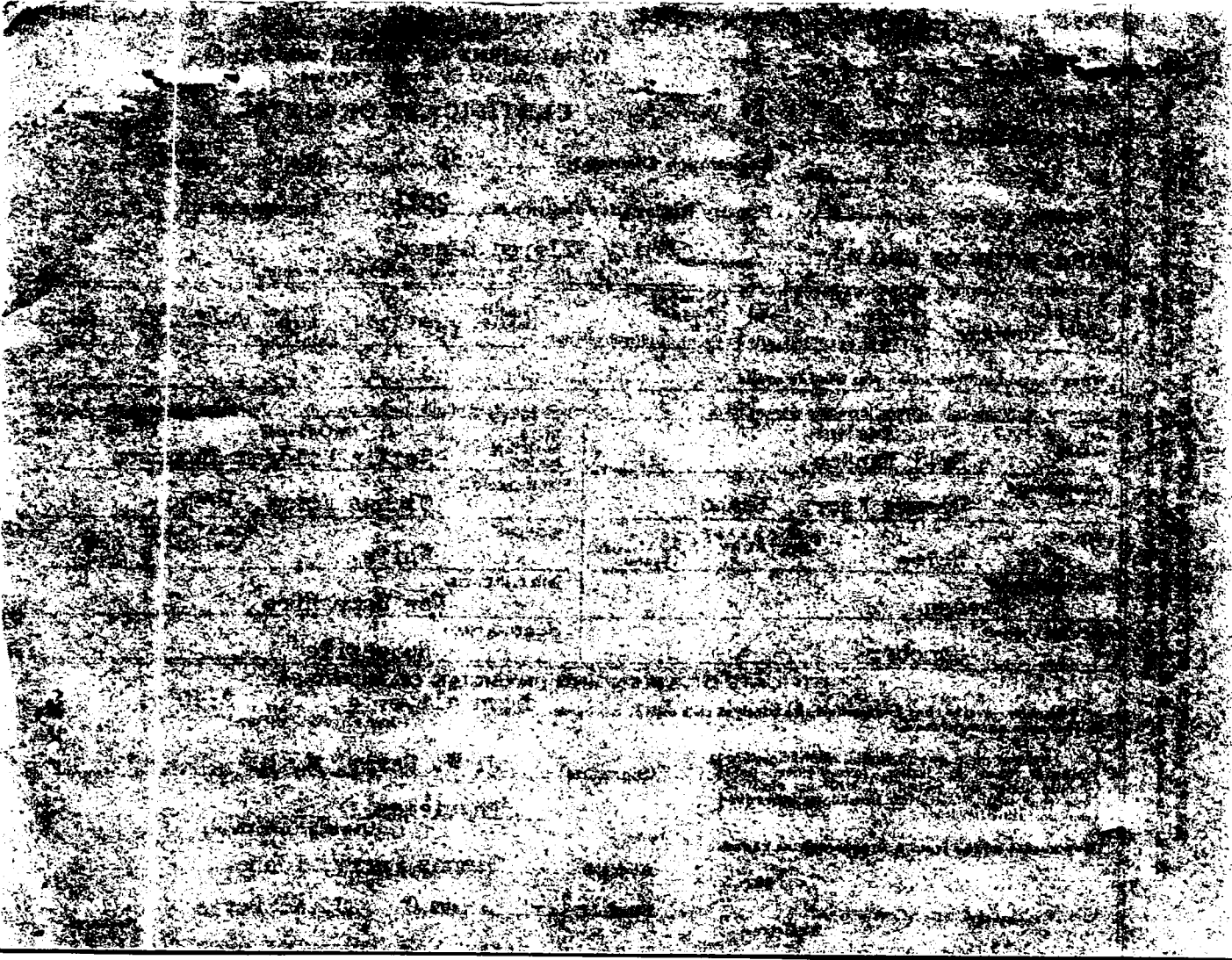
Give names added from a supplemental report.

Address Glenns Ferry, Idaho

Filed 7-27- 1920 J. W. Davis

Registrar.

Registrar.



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Ada } ss. Certificate No. 81657  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Emily Mildred Hansen who was born July 25, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Glenns Ferry are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) 12-31-15  
true facts are shown by Cert Naturalization (or father) July 1, 1900  
Mothers Birth 12-31-15  
JAN 29 FACTS TO BE CORRECTED FROM viewed by Aug. 13, 1921  
JAN 29 FACTS TO BE CORRECTED FROM viewed by Aug. 13, 1921  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) U.S. TO  
Mother's Birth Place America 100, New Hampshire  
Child's & Father's Last Name Hansen Hanson  
Father's Birthplace America Sweden  
Subscribed and sworn to before me this 24 day of July, 1923

Notary Public, residing at Boise, Idaho  
My commission expires 8-25-59  
(Seal)

Signed Mrs. Nettie M. Hanson  
(Signature of parent or attendant (if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
512 N. 6th St. Boise, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Ada } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of July, 1923

Notary Public, residing at Boise, Idaho  
My commission expires 8-25-59  
(Seal)

Signed Mrs. Florence M. Stout  
(Signature of Any Credible Person)  
2411 South Pendleton Drive  
Boise, Idaho  
(Street Address, City, State)



259-129-020-218

## PLACE OF BIRTH

County of ElmoreCity of Glenn's Ferry

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 35

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHFile No. 81658Hospital \_\_\_\_\_ Primary Registration District No. 2021

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Ray Carl Snider

Sex of Child <u>Male</u>	Twin Triplet or other? <u>Single</u>	and { Number in order of birth <u>3</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 27</u> 19 <u>20</u> Month (Day) (Year)
--------------------------	--	---	----------------------------	---

FULL NAME <u>Ray Carl Snider</u>	FATHER
RESIDENCE <u>Glenn's Ferry Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>America</u>	
OCCUPATION <u>Freight Conductor O.S. &amp; N.W.</u>	

FULL MAIDEN NAME <u>Martha Bahrenburg</u>	MOTHER
RESIDENCE <u>Glenn's Ferry Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>America</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

July 28 1920, at 11:30 A M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Glenn's Ferry IdahoFiled Aug 10 1920

Registrar

Registrar J. W. Davis

MAY 27 1943

235-129-020-236  
PLACE OF BIRTHCounty of ElmoreCity of HammettRegistration District No. 35

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2021Hospital ResidentFile No. 81659

FULL NAME OF CHILD

Marion Howard

STEVENSON

Sex of Child

maleTwin,  
Triplet,  
or other?Singleand Number  
in order  
of birthLegiti-  
mate?yesDate of  
birthJuly 291920  
(Month) (Day) (Year)FULL  
NAMEGeorge L. Stevenson

FATHER

FULL  
MAIDEN  
NAMEViolet Storm

MOTHER

RESIDENCE

Hammett

RESIDENCE

Hammett

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY17  
(Years)

BIRTHPLACE

Philipsburg Mo.

BIRTHPLACE

Texas

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth... FirstNumber of children, of this mother, now living, including present birth... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born also July 29, 1920, at 9:45 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs. G. H. Stedman  
Nurse

(Physician or Midwife)

Given name added from a supplemental report

Address

Hammett, Idaho

Filed

Aug 5 1920 J. W. Do

JAN 22 1963

DECEASED

9-6-03

03-2810



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

846-222-021-366

## PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

Sex of  
ChildTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

1

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
BirthJuly 22 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Sparril C. Huff

RESIDENCE

Franklin

COLOR

W

AGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Virginia

OCCUPATION

Farmer &amp; teacher

FULL  
MAIDEN  
NAMEMOTHER  
Jimmie Low

RESIDENCE

Franklin

COLOR

W

AGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Franklin

OCCUPATION

House wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at 2

M.

on the date above stated.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature)

Physician  
(Physician or midwife)

Address

Benton Iowa

Filed

Aug 5 1920

Registrar

OF IDAHO  
ITAL STATISTICS

## CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

File No.

81660

Registration District No. 27

Primary Registration District No. 219

Registered No. 214

STATE  
BUREAU

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

851-204-021-465

PLACE OF BIRTH

County of Franklin

City of Preston

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 27

File No. 81661

Primary Registration District No. 279

Registered No. 288

Sex of Child <u>7</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	Date of Birth (Month) (Day) (Year)
				<u>yes</u>	<u>June 14 1920</u>

FATHER  
FULL NAME George S. Neagle  
RESIDENCE Preston Ida  
COLOR \_\_\_\_\_ AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Preston Ida  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Grace Montague  
RESIDENCE Preston  
COLOR \_\_\_\_\_ AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE

I hereby certify that I attended the birth of this child, who was male at 8:45 M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or Midwife)  
Preston Ida

Given names added from a supplemental report.

19

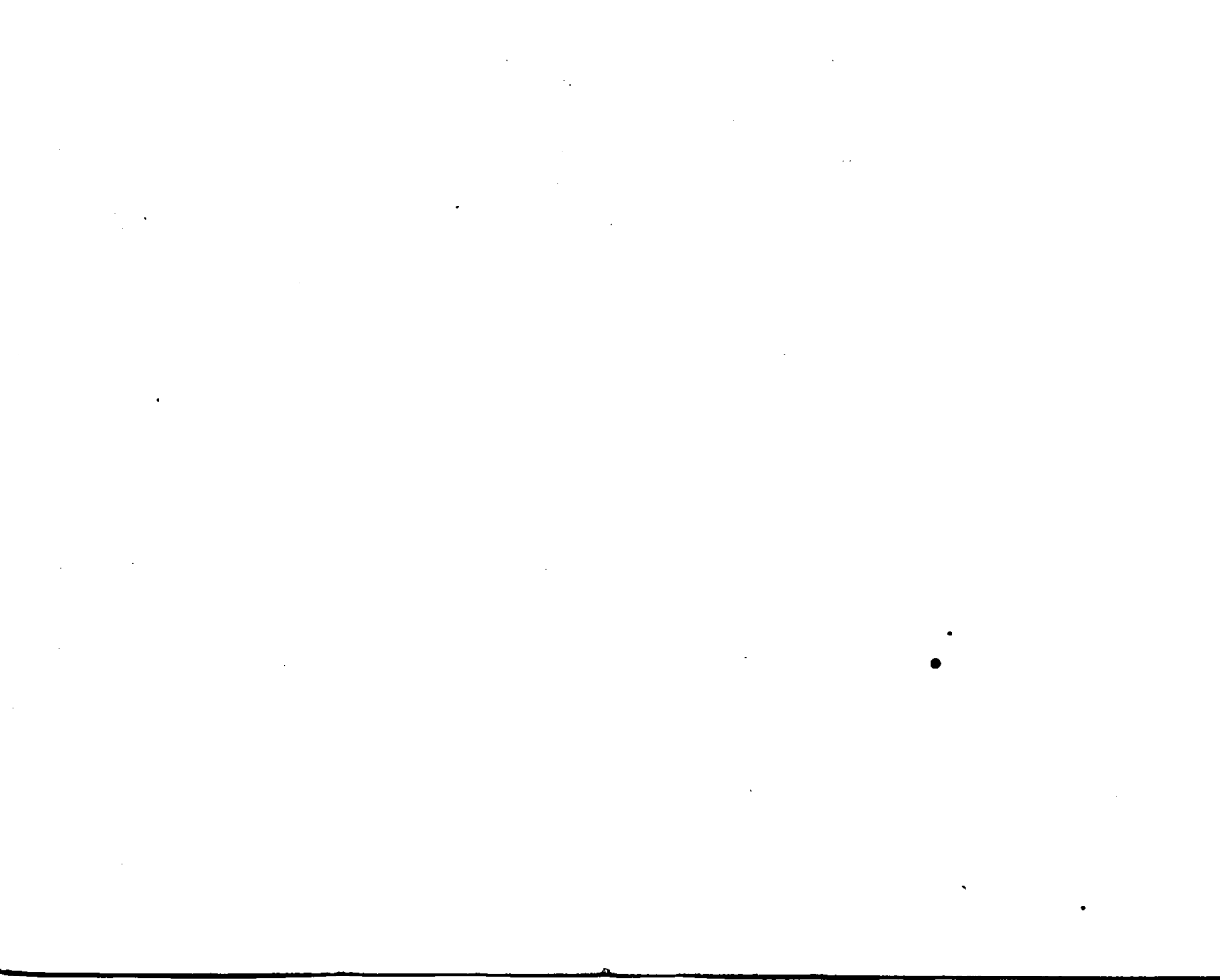
Address

Filed

June 1920

Registrar

Registrar



PLACE OF BIRTH

759-7101-01-884  
County of... Franklin

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

City of... Preston

Registration District No. .... 27 .....

File No. .... 81662 .....

No. .... St. .....

Primary Registration District No. .... 7119 .....

Registered No. .... 210 .....

Hospital .....

FULL NAME OF CHILD

De Ralph Perry

Sex of Child <u>MC</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>July 1</u> Month (Day) (Year) <u>1912</u>
FULL NAME <u>Ralph S Perry</u>			FULL MAIDEN NAME <u>Kelly Ruth Symms</u>	
RESIDENCE <u>Preston Ida</u>			RESIDENCE <u>Preston Ida</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Perry Ida</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .... 2 .....

Number of children of this mother now living including present birth .... 0 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .... born alive .... at .... 2 1/2 M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... A. B. Butler .....

Given names added from a supplemental report.

Address .... Preston Ida .....

Filed .... Aug 1 19... 28 .....

Registrar

Registrar

MAY 25 1942

862-241-21-276

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form 7, &amp; No. U-C-52-5-27

County of Franklin

CERTIFICATE OF BIRTH

City of PrestonRegistration District No. 21File No. 81663No. St.Primary Registration District No. 2119Registered No. 211Hospital Horne

FULL NAME OF CHILD

Maxine Hobbs

Sex of Child

girlTwin  
Triplet  
or other?and (Number  
in order  
of birth)

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthMay 14  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Clarence Hobbs

RESIDENCE

Preston

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Preston

OCCUPATION

LaborerFULL  
MAIDEN  
NAMEMOTHER  
Eva Leona Sponberg

RESIDENCE

Preston

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Preston

OCCUPATION

HomekeeperNumber of child of this mother, including present birth... 2... Number of children of this mother now living, including present birth... 2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... 790 A...  
on the date above stated.\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

Given names added from a supplemental report.

(Signature)

Garry McQueen

(Occupation midwife)

Address Preston Franklin Co. IdahoFiled Aug 4 1920 D. D. C. C.

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

FEB 16 1942

MAY 19 1971



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-213-021-915  
PLACE OF BIRTHCounty of FranklinCity of PrestonNo. 2nd Ward St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Amended 7/22/19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97File No. 81664Primary Registration District No. 2119Registered No. 202

Fern Burton

Sex of  
Child 7Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate? yesDate of  
BirthJuly 13 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Caleb Johnson Burton

RESIDENCE

Preston Idaho

COLOR

WAGE AT LAST  
BIRTHDAY39  
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
Agnes Amelia Ransom

RESIDENCE

Preston Idaho

COLOR

WAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 8Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 4:20 P M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Leotis Rand

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston Idaho

Filed

Aug 4 1920 Dr. Leotis Rand

Registrar

Registrar

OCT 21 1971

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Utah } ss. Certificate No. 81664  
County of Box Elder }  
JUL 19 2 18 PM '74

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Burton (Female) who was born on July 13, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Preston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by personal knowledge prepared on July 13, 1974 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)  
Child's name & birth Unnamed year from Fern Burton  
date 1921 to 1920 July 13, 1920  
(The Correct Facts)

Subscribed and sworn to before me this 16th day of  
July 1974  
Russell Hillman  
Notary Public, residing at Brigham City, Utah  
My commission expires Oct. 2, 1975  
(Seal)

Signed Ruth B. Pierce  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
628 So. 1st St. Brigham City, Utah  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss.  
County of Box Elder }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 16th day of  
July 1974  
Russell Hillman  
Notary Public, residing at Brigham City, Utah  
My commission expires Oct. 2, 1975  
(Seal)

Signed Ruth Burton Pierce  
Ila B. Mortensen  
(Signature of Any Credible Person)  
628 So. 1st St. Brigham City, Utah  
R. J. A. H. Box 236 Tremonton  
(Street Address, City, State)

Certificate of Blessing from the LDS Church gives name as Fern Burton daughter  
of Calet J. Burton and Agnes A. Ransom born July 13, 1920 at Preston, Idaho  
Was Blessed Sept. 5, 1920. viewed by V. S. JUL 22 1974

Family record by sisters gives name as Fern Burton Burt born July 13, 1920 at  
Preston, Idaho. father;s name given as Caleb Johnson Burton and the mother's  
name as Agnes Amelia Ransom. signed by Ruth Burton Peirce and Ila Burton Mortensen  
and Venna Burton Waters. Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

595-113-021-916

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Preston

No. 2nd Ward St.

Registration District No. 97

File No. 81665

Hospital \_\_\_\_\_

Primary Registration District No. 2119

Registered No. 200

FULL NAME OF CHILD

Von Rawlings Nielsen

Sex of Child

M

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti  
mate?

Yes

Date of  
Birth

July 13  
(Month) (Day)

19 20  
(Year)

FULL  
NAME

FATHER  
Harry James Nielsen

FULL  
MAIDEN  
NAME

MOTHER  
Almeda Rawlings

RESIDENCE

Preston Idaho

RESIDENCE

Preston Idaho

COLOR

N

AGE AT LAST  
BIRTHDAY

22  
(Years)

COLOR

N

AGE AT LAST  
BIRTHDAY

20  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Laborer

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive at 9:40 P M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Curtis Bland  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston Idaho

Filed

Aug 4 19 20 D. McCully

Registrar

Registrar

MAY 24 1967

6/5/41 L. B.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

317-209-021-962

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-13

County of Franklin

City of Dayton

Registration District No. 27

File No. 81666

No. \_\_\_\_\_ St.

Primary Registration District No. 2119

Registered No. 282

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mary Marie LaPray

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth (Month) (Day) (Year) <u>July 9 20</u>
-----------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>John LaPray</u>	FATHER
RESIDENCE <u>Dayton Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Susan Annette Robbins</u>	MOTHER
RESIDENCE <u>Dayton Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 6 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Pland  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Dayton Idaho  
Filed Aug 4 19 20 Dr. Curtis Pland  
Registrar

Registrar

JUN 1 1967

FEB 21 1968



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of ..... } ss. **NOV 6 1967** Certificate No. **81666**  
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of **Birth**  
for **Unnamed LaPray (female child)** who **was born** on **July 9, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Dayton, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

**Full Name of Child** .....

**Unnamed** .....

**Mary Marie LaPray** .....

Subscribed and sworn to before me this **26<sup>th</sup>** day of  
**October**, 19**67**.

Notary Public, residing at **Orderville, Utah**

My commission expires **August 24, 1968**

(Seal)

Signed **Adeline P. Bingheim**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

**2081 Jackson Ogden**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Utah** } ss.  
County of **Wasatch**

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **26<sup>th</sup>** day of  
**October**, 19**67**.

Notary Public, residing at **Orderville, Utah**

My commission expires **August 24, 1968**

(Seal)

Signed **R. F. D. Weston**  
(Signature of Any Credible Person)

**R. F. D. Weston Idaho**  
(Street Address, City, State)

CL 8-9-67. ~~TMF~~ one copy pd. rec. #23484.

L.D.S. Church Membership Record, for Kent John Wilson, born Sept. 28, 1952, gives date baptized Nov. 5, 1960, Parent's Scott Alonzo Wilson, and Mary Marie LaPray. - viewed by V.S.

L.D.S. Church Membership record, for Mary Marie La Pray Wilson, gives date of birth as July 9, 1920, at Weston, Idaho, Parent's John LaPray and Susana A. Robbins, date blessed Sept. 5, 1920 = viewed by V.S.

1331091021-789

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of FranklinCity of DaytonRegistration District No. 27File No. 81667

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 217Registered No. 283

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child

MTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthJuly 9

(Month) (Day)

1920

(Year)

FULL  
NAMEFATHER James Alvin AtkinsonFULL  
MAIDEN  
NAMEMOTHER Nellie Phillips

RESIDENCE

Dayton Idaho

RESIDENCE

Dayton Idaho

COLOR

HAGE AT LAST  
BIRTHDAY42  
(Years)

COLOR

MAGE AT LAST  
BIRTHDAY40  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive  
(Born alive or stillborn)at 8:20 A. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Curtis RandPhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston Idaho

Filed

Aug 4, 1920

Registrar

Registrar

Z - ATKINSON

Dup of 1920-315311

553425-021-389

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of Mink creekRegistration District No. 27File No. 81668

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 204FULL NAME OF CHILD Mervin L. NelsonSex of  
ChildmaleTwin  
Triplet  
or other?

(To be answered only in event of plural births)

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?Date of  
BirthJuly 25 1920  
(Month) (Day) (Year)FULL  
NAMEClarence L. Nelson

RESIDENCE

Mink creek Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Mink creek

OCCUPATION

FarmerFULL  
MAIDEN  
NAMERebecca Christensen

RESIDENCE

Mink creek

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Richmond Utah

OCCUPATION

House WifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive at \_\_\_\_\_ M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Nancy Rasmussen

(Physician or midwife)

Given names added \_\_\_\_\_ a supplemental report.

Address Mrs. Nancy RasmussenFiled Aug. 4, 1920 Mink creek  
Draculpa Registrar  
IdahoBoone C. Anderson  
Registrar

1-20-44



WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
**Franklin**  
County of \_\_\_\_\_  
City of **Weston**  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH**

**81669**

Registration District No. \_\_\_\_\_ State File No. **81669**

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD **Eva Mellor**

3. Sex <b>Female</b>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? _____	8. Date of birth <b>June 29, 1920</b> (Month, Day, Year)
-------------------------	--	---------------------------------------	---------------------------	---

9. Full name <b>Thomas Mellor</b>	FATHER	18. Full maiden name <b>Selma</b>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <b>858 W. Bridger Pocatello</b>		19. Residence (usual place of abode) (If non-resident, give place and State) <b>Pocatello</b>	
11. Color or race <b>White</b>	12. Age at last birthday <b>29</b> (years)	20. Color or race <b>White</b>	21. Age at last birthday <b>30</b> (years)
13. Birthplace (city or place) (State or Country) <b>Salt Lake City Utah</b>		22. Birthplace (city or place) (State or Country) <b>Weston Idaho</b>	

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Laborer</b>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <b>Dept Store, U.P.R.R.</b>	16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <b>Housewife</b>	20. Date (month and year) last engaged in this work _____	21. Total time (years) spent in this work _____
---	--	---	---	--	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks

30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was **Born Alive 8:45 A.M.** at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) **Thos. B. Holdrege**

or **Weston, Idaho** Midwife

Address \_\_\_\_\_

Filed **August 4, 1920**

Registrar.





418-121-021-314  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of Mustan IdahoRegistration District No. 27File No. 81670

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 286

Hospital \_\_\_\_\_

FULL NAME OF CHILD XXXXXX William Jack Dahle

Sex of Child

maleTwin  
Triplet  
or other?

}

and }

Number  
in order  
of birth1Legiti  
mate?yesDate of  
BirthJuly 21  
(Month) (Day)1920  
(Year)FULL  
NAMEWm A Dahle

FATHER

DAHLE

FULL  
MAIDEN  
NAME

MOTHER CAMPBELL

Marr Campbell

RESIDENCE

Mustan Idaho

RESIDENCE

Mustan Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY20  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY17  
(Years)

BIRTHPLACE

Logan Utah

BIRTHPLACE

Mustan Idaho

OCCUPATION

Farmer

OCCUPATION

House IdahoNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 11 40 P M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Thos B Holder  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Mustan IdahoFiled Aug 4 19 20 Dr. B. B. Holder  
Registrar

Registrar

7/1/41

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

336-225-221-336

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27

File No. 81671

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2119

Registered No. 217

FULL NAME OF CHILD Ruby May Lloyd

Sex of Child <u>7</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) 19 (Year)
					<u>July 25</u>

FATHER  
FULL NAME Ralph Lloyd  
RESIDENCE Preston Ida  
COLOR W AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Nebraska  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Jane Lloyd  
RESIDENCE Preston Ida  
COLOR W AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Oregon  
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:15 P M. on the date above stated. (Born alive or stillborn)

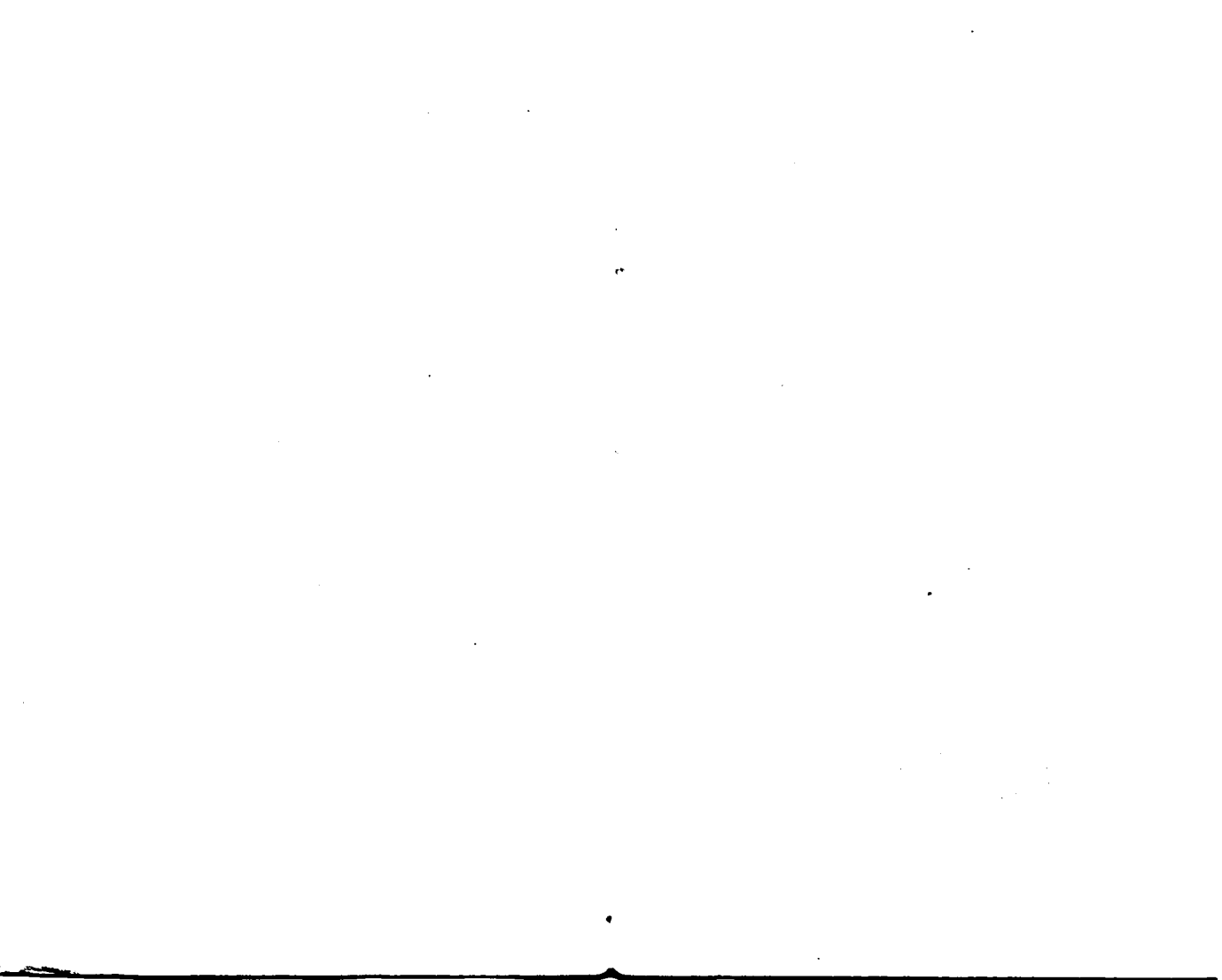
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Cutler

Given names added from a supplemental report.

(Physician or midwife)  
Address Preston Ida

Filed Aug 4 19 20 D. R. Cutler  
Registrar



249-124,021-793  
PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of  
ChildTwin  
Triplet  
or other?  
(To be answeredand { Number  
in order  
of birth  
only in event of plural births)Legiti  
mate?Date of  
Birth

(Month) (Day) (Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive  
(Born alive or stillborn)

at 7:00 P. M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

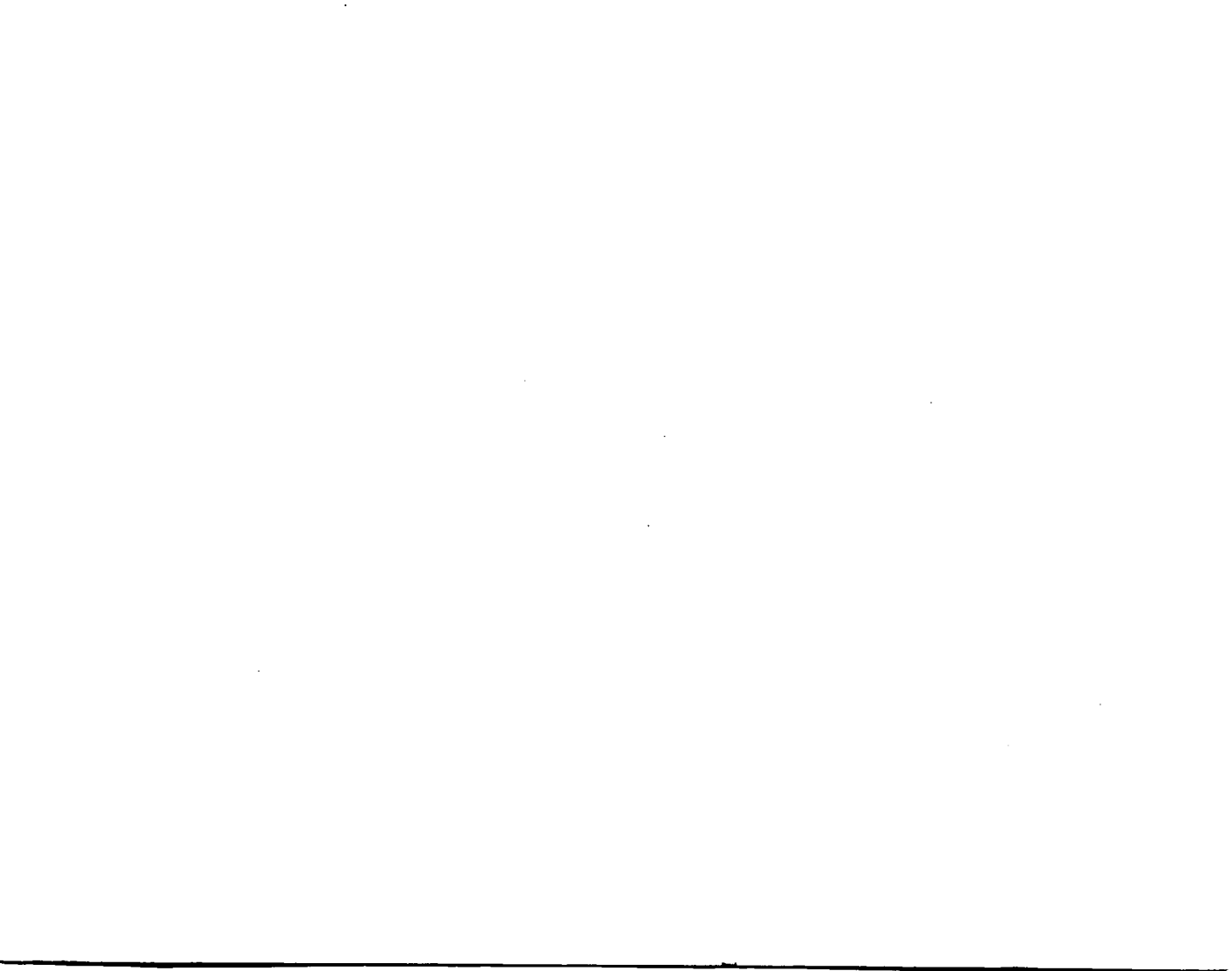
Address

Filed

19

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

433-2241021-395

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Preston

No. 4th Ward St.

Registration District No. 27

File No. 81673

Hospital \_\_\_\_\_

Primary Registration District No. 2119

Registered No. 192

FULL NAME OF CHILD Leona G. McClurg

Sex of Child <u>F</u>	Twin Triplet or other? <u>  </u>	and	Number in order of birth <u>  </u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 24</u> 19 <u>28</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME FATHER John Earl McClurg

RESIDENCE Preston Idaho

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION House Salesman

FULL MAIDEN NAME MOTHER Goldie Presume

RESIDENCE Preston Idaho

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 120 A. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Rand

Given names added from a supplemental report.

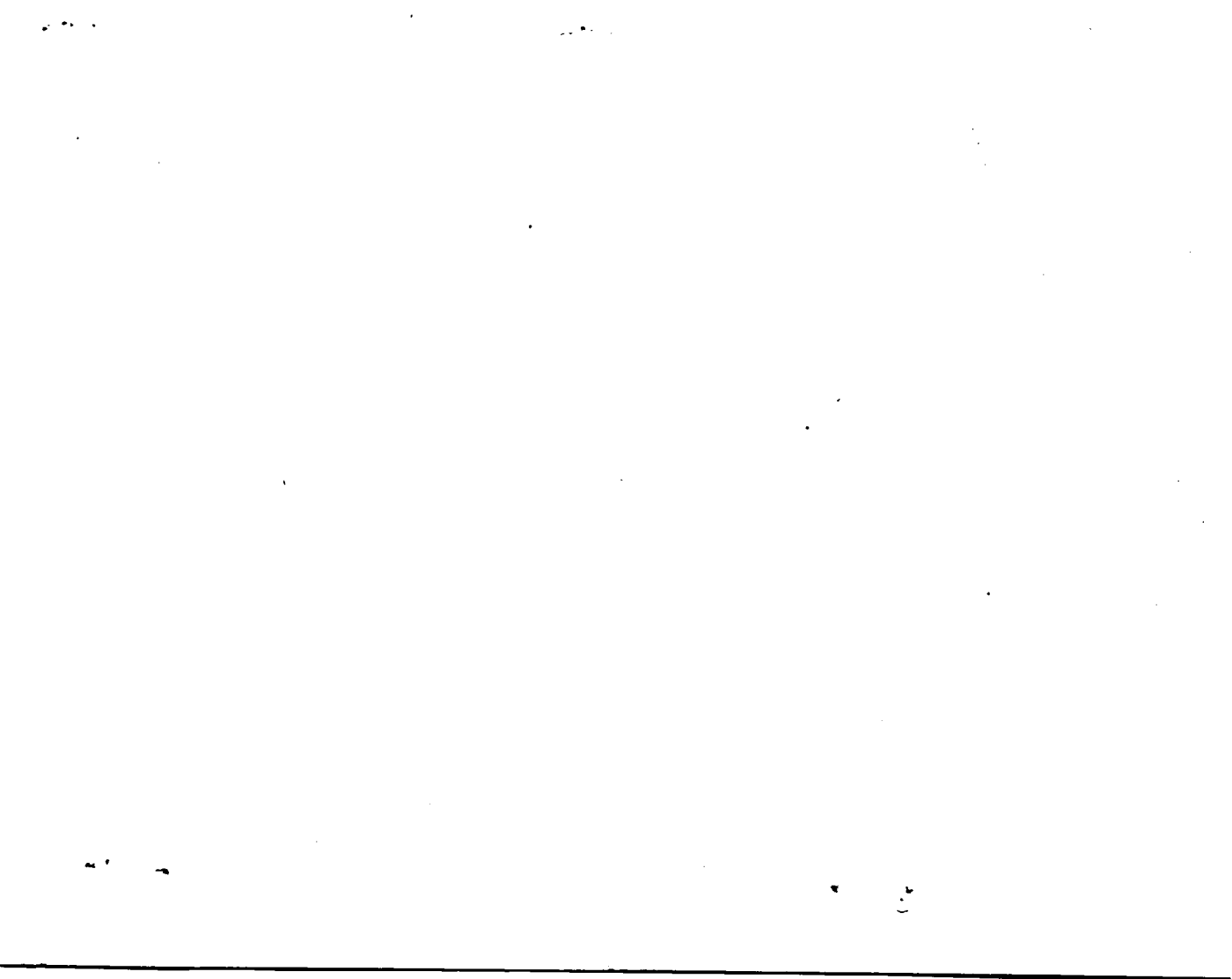
(Physician or midwife)

Address Preston Idaho

Filed Aug 4 1928 D. A. R. R. R.

Registrar

Registrar





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

10-5-66

**Affidavit to Correct or Amend Original Certificate of Birth or Death**

State of Idaho }  
County of Bonneville } ss.

RECEIVED  
NOV 4 1966  
Bureau of Vital Statistics

Certificate No. 81673

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for unnamed McClurg who was born on July 24, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Preston are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Certificate of Blessing prepared on October 3, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full name of child omitted Leona C. McClurg

Subscribed and sworn to before me this 18th day of  
October, 1966

Signed

Earl J. McClurg  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gladyce M. Brown  
Notary Public, residing at Idaho Falls, Idaho  
My commission expires June 10, 1969  
(Seal)

102 W 19th Idaho Falls Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bonneville } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of  
October, 1966

Signed

Earl J. McClurg  
(Signature of Any Credible Person)

Gladyce M. Brown  
Notary Public, residing at Idaho Falls  
My commission expires June 10, 1969  
(Seal)

102 West 19th Idaho Falls Idaho  
(Street Address, City, State)

Own Child's Birth Cert. on file: (Idaho Birth) #58-292 gives full maiden name of mother as Leona G McClurg, age 37, born in Preston, Idaho - viewed by V.S.

D.D.S. Church Cert. of Blessing, Oct. 3, 1920 gives full name as Leona G. McClurg, daughter of Earl John McClurg and Golda Treasure, born July 24, 1920 at Preston, Idaho - viewed by V.S.

NOV 10 1966

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

968-222-021-433  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of PrestonNo. 2nd Ward St.Registration District No. 27File No. 81674

Hospital \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 193FULL NAME OF CHILD Fae Lucille Roholt

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 22</u> 19 <u>22</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	----------------------------	--

FATHER  
FULL NAME Otto Roholt  
RESIDENCE Shatcher Idaho  
COLOR R AGE AT LAST BIRTHDAY 31  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Glades Lucile McChug  
RESIDENCE Shatcher Idaho  
COLOR R AGE AT LAST BIRTHDAY 17  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:50 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Rand  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho  
Filed Aug 4 1922 Doak Culth  
Registrar

Registrar

FEB 20 1947

SEP 13 1947

SEP 14 1947

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

1557221021-3/3

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Blaine

City of Dayton

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 27 File No. 81675

Hospital \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 194

FULL NAME OF CHILD

Sex of Child <u>M</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>July 27</u> (Month) (Day) 19 <u>20</u> (Year)
-----------------------	---	-----	--------------------------	------------------------	---

FULL NAME FATHER Leslie Jensen  
RESIDENCE Dayton Idaho  
COLOR N AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Verna May Cullen  
RESIDENCE Dayton Idaho  
COLOR N AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) 105 P M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Arthur Rand  
Physician

Given names added from a supplemental report.

(Physician or midwife)  
Address Preston, Idaho

Filed Aug 4 19 20 D. C. Cutler  
Registrar

Registrar

JUL 8 1976

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

133-118-021-555  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81676

County of Franklin

City of Preston

No. 2nd Ward St.

Registration District No. 97

File No. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2119 Registered No. 196

FULL NAME OF CHILD Andrew Hitchcock Allbee

Sex of Child <u>M</u>	Twins or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 18</u> 19 <u>20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME Ernest Raymond Allbee  
RESIDENCE Preston Idaho  
COLOR N AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Vermont  
OCCUPATION Merchant

MOTHER  
FULL MAIDEN NAME Margaret Emma's  
RESIDENCE Preston Idaho  
COLOR N AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Ireland  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:20 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Glend  
Physician  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19 \_\_\_\_\_

Address Preston Idaho  
Filed August 19 1920 Ed Drak Registrar

Registrar

Certified copy issued 1-7-1941. D.P.

CIC 31 '44

30 1045

APR 12 1958

FEB 2 1953

MAY 8 1958  
OCT 26 1960



916-116021-793  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of FranklinCity of FairviewRegistration District No. 27File No. 81677

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119Registered No. 197

Hospital \_\_\_\_\_

FULL NAME OF CHILD Martell Gilbert RawlingsSex of Child MTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate? YesDate of Birth July 16(Month) (Day) (Year) 1920FULL NAME Merlin Rawlings

FATHER

FULL MAIDEN NAME Erma Gilbert

MOTHER

RESIDENCE Fairview IdahoRESIDENCE Fairview IdahoCOLOR NAGE AT LAST BIRTHDAY 23

(Years)

COLOR NAGE AT LAST BIRTHDAY 22

(Years)

BIRTHPLACE IdahoBIRTHPLACE IdahoOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P M. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles Hand

(Physician or midwife)

Given names added from a supplemental report.

19

Address Preston IdahoFiled Aug 4 1920

Registrar

Registrar

ORIGINAL  
FILED TO

JUN 2 1971

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of .....  
County of .....

Certificate No. 81677

Date Filed .....

birth

The undersigned does solemnly swear that certain facts on the certificate of  
for **Unnamed Rawlings** who **was born** on **July 18, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Fairview, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**Child's name**

**FROM**  
(As on Original)

**Unnamed**

**TO**  
(The Correct Facts)

**Martell Gilbert Rawlings**

Subscribed and sworn to before me this 18 day of

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....

(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of

Signed

(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....

(Seal)

(Street Address, City, State)

Application to the Beneficial Life Insurance Company gives name as Martell Gilbert Rawlings. Born July 16, 1920 at Fairview, Idaho. Dated June 19, 1946. Signed by A. N. Annstasion. Viewed by V. S.

JUN 22 1971

Certificate of Ordination to the Holy Priesthood gives name as Martell Filbert Rawlings. Was ordained a Deacon. Dated Aug. 7, 1932. (From LDS Church) gives father's name as Merlin Rawlings and mother's name as Erma Gilbert. Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-215-021-052

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Preston

No. 1st and St.

Registration District No. 87

File No. 81678

Hospital \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 198

FULL NAME OF CHILD

Keith W Monson

Sex of Child

M

Twin  
Triplet  
or other  
(To be answered only in event of plural births)

and {  
Number  
in order  
of birth  
2

Legiti  
mate?

yes

Date of Birth

July 15

19 20  
(Month) (Day) (Year)

FULL NAME

FATHER  
Vernon Lewis Monson

FULL MAIDEN NAME

MOTHER  
Blanca Keelover

RESIDENCE

Preston Idaho

RESIDENCE

Preston Idaho

COLOR

W

AGE AT LAST BIRTHDAY

25  
(Years)

COLOR

W

AGE AT LAST BIRTHDAY

24  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Colorado

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive at 10:55 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Curtis Pland  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

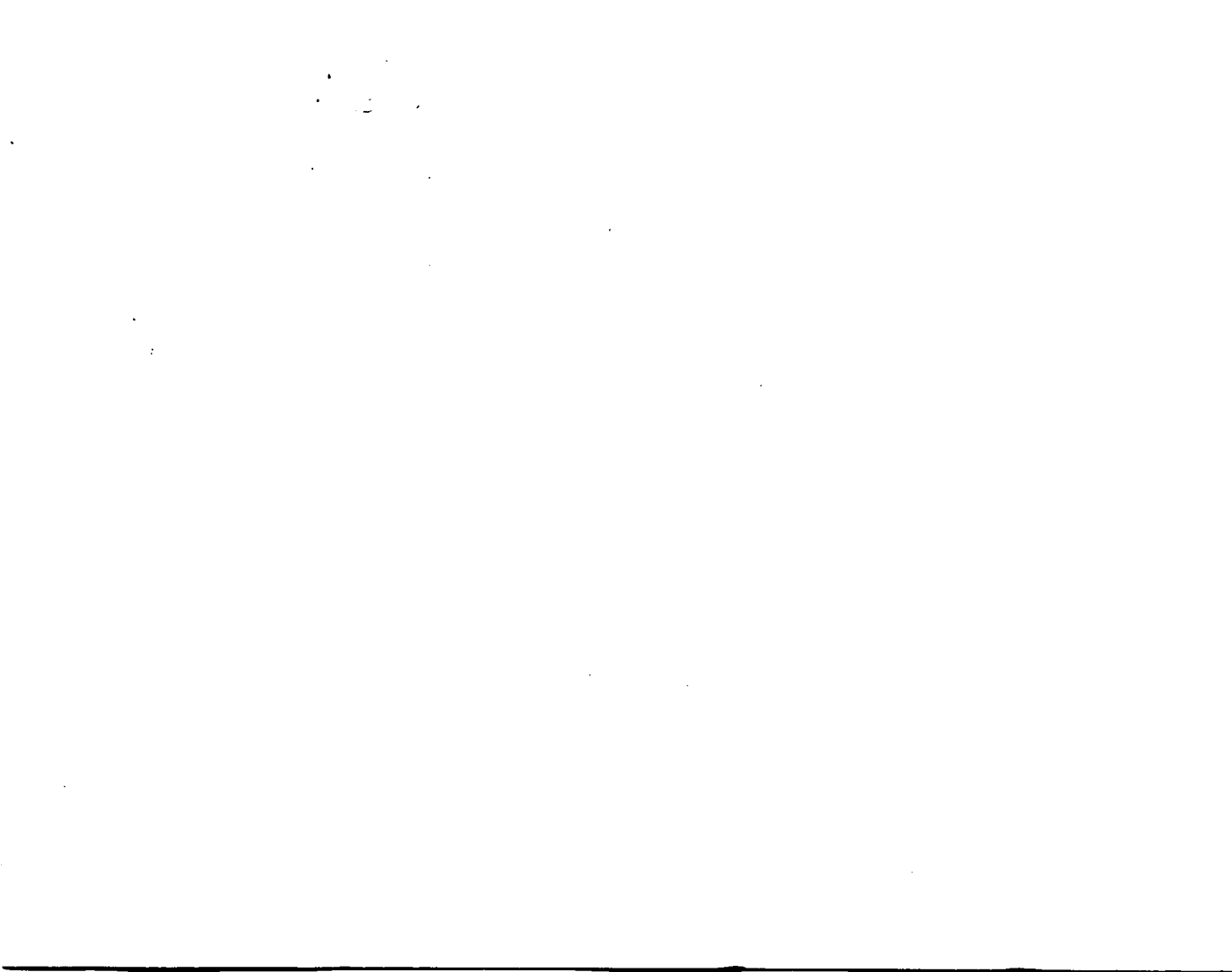
Preston Idaho

Filed

19

and Dr. R. C. Curtis  
Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

465-1151021-652

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Preston

No. 1st Ward St.

Registration District No. 29

File No. 81679

Hospital \_\_\_\_\_ Primary Registration District No. 2119 Registered on 199

FULL NAME OF CHILD Kenneth W. Monson

Sex of Child <u>M</u>	Twin Triplet or other? <u>None</u> (To be answered only in event of plural births)	and {	Number in order of birth <u>1</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>July 15</u> (Month) (Day) (Year)
-----------------------	---	-------	--	----------------------------	--

FATHER  
FULL NAME Vernon Lewis Monson

RESIDENCE Preston Idaho

COLOR W AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Blanca Treavor

RESIDENCE Preston Idaho

COLOR W AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Colorado

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 10:50 P. M.  
on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Curtis Hand  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

Filed Aug 4 19 28 D. A. Culter  
Registrar

Registrar

11.5

11.5

11.5



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

619-208-021-695

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

County of Franklin

CERTIFICATE OF BIRTH

City of Preston

Registration District No. 97

File No. 81680

No. \_\_\_\_\_ St.

Primary Registration District No. 2119 Registered No. 186

Hospital \_\_\_\_\_

Gwen Farnes

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin <u>Triplet</u> or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 8</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-----	-----------------------------------	------------------------	--

FULL NAME FATHER Jesse Henry Farnes

FULL MAIDEN NAME MOTHER Ethel Hazel Winger

RESIDENCE Preston Idaho

RESIDENCE Preston Idaho

COLOR N AGE AT LAST BIRTHDAY 29 (Years)

COLOR N AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

BIRTHPLACE Missouri

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive at 11:50 M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Rand  
Physician

Given names added from a supplemental report.

(Physician or midwife)

Address Preston Idaho

Filed Aug 4 19 20 D. R. R. R.

Registrar

Registrar

AUG 14 1970

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Utah } ss. Certificate No. 81680  
County of Cache } Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Farnes who was born on July 8, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Treasureton, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) true facts are shown by Family Record prepared on Dec. 24, 1937 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name Unnamed Gwen Farnes

Subscribed and sworn to before me this 17<sup>th</sup> day of Sept. 19 70  
Carol P. Hendricks  
Notary Public, residing at Treasureton, Ut.  
My commission expires 8-7-72  
(Seal)

Signed Larry Mc Knight  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
213 West Center Lawrence, Utah  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss. [This Affidavit MUST Also be Executed.  
County of Cache } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17<sup>th</sup> day of September 19 70  
Carol P. Hendricks  
Notary Public, residing at Treasureton, Utah  
My commission expires 8-7-72  
(Seal)

Signed Larry B Morrison  
(Signature of Any Credible Person)  
315 North Main Lawrence, Utah  
(Street Address, City, State)

Church Record gives name as Gwen Farnes Taylor born July 8, 1920 in Treasurton,  
Idaho. Father Jesse Farnes Mother Ethel Winger. Blessed July 12, 1920. LDS Church  
Viewed by V.S.

OCT 28 1970

Notorized page from Family Bible gives name as Gwen Farnes born July 28, 1920.  
Original record obviously old.  
Viewed by V.S.

389-103-021-413

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of FranklinCity of PrestonNo. 3d St.Registration District No. 27File No. 81681

Hospital \_\_\_\_\_

Primary Registration District No. 2117Registered No. 187

FULL NAME OF CHILD

Jack Paul ChismSex of  
ChildMTwin  
Triplet  
or other?  
(To be answered only in  
event of plural births)and { Number  
in order  
of birth  
(To be answered only in  
event of plural births)Legiti  
mate?YesDate of  
BirthJuly 3 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Berlin Lloyd ChismFULL  
MAIDEN  
NAMEMOTHER  
Betsy Salton

RESIDENCE

Preston Idaho

RESIDENCE

Preston Idaho

COLOR

NAGE AT LAST  
BIRTHDAY35  
(Years)

COLOR

NAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Illinois

BIRTHPLACE

Illinois

OCCUPATION

R.R. Station Agt.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

(Signature)

Born alive  
Burtis Rand

(Physician or midwife)

Address

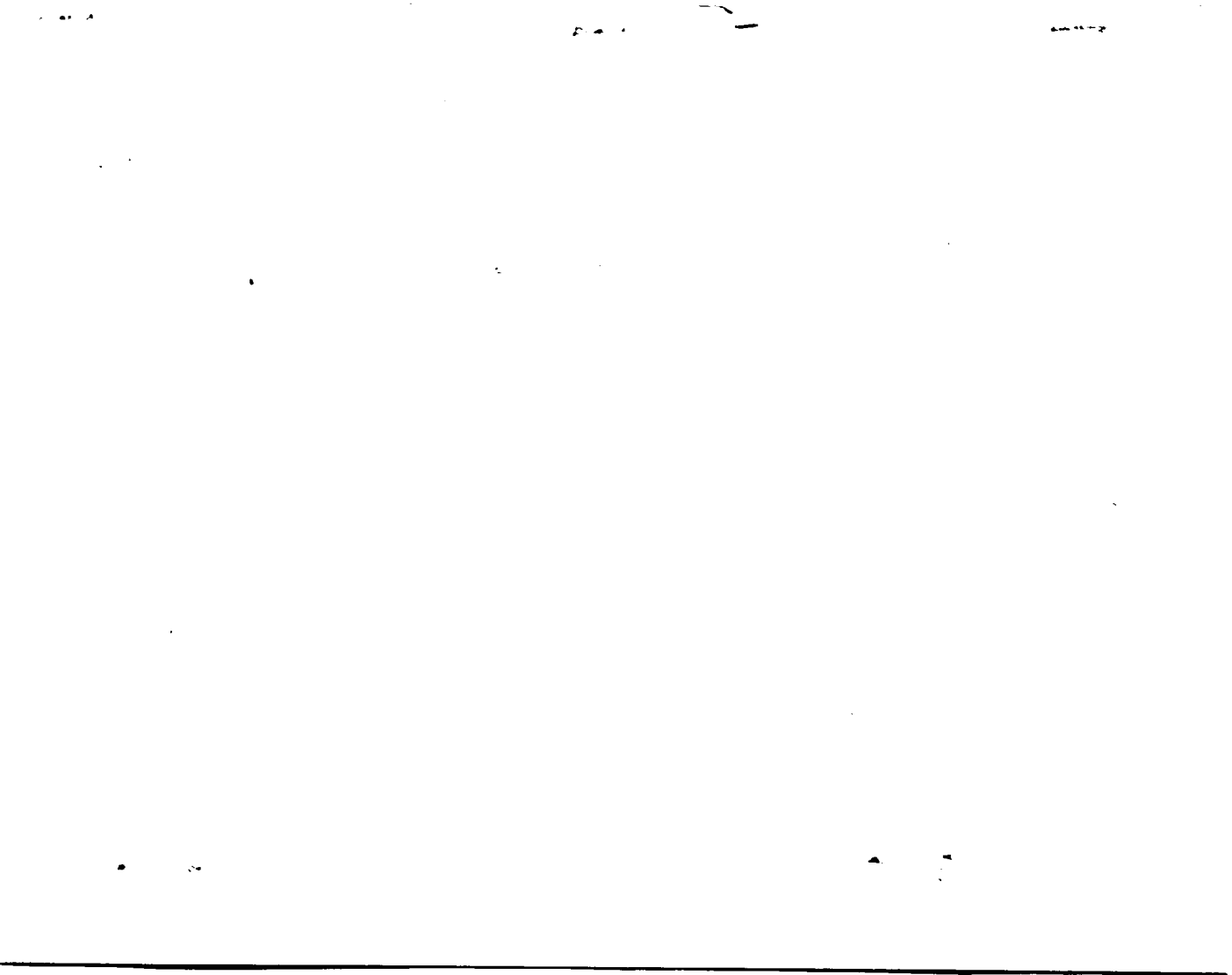
Preston Idaho

Filed

Aug 4 1920 Dr. A. R. Cuth

Registrar

Registrar



nonorable Mr. District Attorney, National Guard of Montana, dated Sept. 22, 1952 gives full name as Jack Paul Chism - viewed by V.S. Marriage Certificate, State of Montana, County of Beaverhead - married March 10, 1946 at Dillon, Montana gives full name of groom as Jack Paul Chism and full name of bride as Betsie Dalton marriage license indicates that Jack Paul Chism was born in

### Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of \*Preston, Idaho - viewed by Age-25 Certificate No. 81681  
County of \* ss. RECEIVED FEB 14 1964 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth for Unnamed Chism (male child) (Birth or Death) was born on July 3, 1920 (Name on Original Certificate) (Was Born or Died) (Date of Event) in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... prepared on ....., are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child Unnamed Jack Paul Chism

Subscribed and sworn to before me this 21<sup>st</sup> day of February, 1964

Notary Public, residing at Preston  
My commission expires 8-22-1967  
(Seal)

Signed Arnell G. Sant  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \*Idaho }  
County of \*Franklin } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13<sup>th</sup> day of February, 1964

Notary Public, residing at Preston  
My commission expires 8-22-1967  
(Seal)

Signed Mary Bergquist (sister)  
(Signature of Any Credible Person)

807 1/2 W 1st Street Preston, Idaho  
(Street Address, City, State)

MAR 10 1964



STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

PLACE OF BIRTH  
753-2012-021-619  
County of Franklin

City of Preston  
No. 5th Ward St.

Registration District No. 97 File No. 81682

Hospital \_\_\_\_\_  
Primary Registration District No. 219 Registered No. 188

FULL NAME OF CHILD Mardean Peterson

Sex of Child F Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? Yes Date of Birth July 1 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Baltzer William Peterson  
RESIDENCE Preston Idaho  
COLOR W AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

FULL MAIDEN NAME Margaret Farnes  
RESIDENCE Preston Idaho  
COLOR W AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burtis Rand  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho  
Filed Aug 4 1920 Drew Curtis  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 10 1970

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of.....  
County of.....  
Certificate No. 81682  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth for **Unnamed Peterson (female)** who was born on **July 1, 1920** in **Preston, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by **Membership Record** prepared on **August 1, 1920** are:

**FACTS TO BE CORRECTED** **FROM**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)  
**Child's name** **Unnamed** **TO**  
**Mardean Peterson**  
(The Correct Facts)

Subscribed and sworn to before me this **10th** day of **April**, **1973**  
Notary Public, residing at **St. Louis County, Mo.**  
My commission expires **Oct. 31, 1976**  
(Seal) **My Commission Expires Oct. 31, 1976**  
Signed **P. R. O. Quinn, Esq.**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
**625 Packard Drive Ballwin, Mo. 63011**  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Missouri** } ss.  
County of **St. Louis**  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this **10th** day of **April**, **1973**  
Notary Public, residing at **St. Louis, Mo.**  
My commission expires **Oct. 31, 1976**  
(Seal) **My Commission Expires Oct. 31, 1976**  
Signed **Alvin H. Franke**  
(Signature of Any Credible Person)  
**8871 Fox Park Dr. St. Louis Mo**  
(Street Address, City, State) **63126**  
**FRED J. FARMER, Notary Public**  
**My Commission Expires Oct. 31, 1976**

Certificate of Blessing from LDS Church gives name as Mardean Peterson daughter of Baltzar W. Peterson and Margaret Farnes. Born July 1, 1920. Was Blessed Aug. 1, 1920. Viewed by V. S.

APR 24 1975

Death notice in paper gives name as William Peterson. survived by Maragaret Farnes Peterson and the following daughters: Mrs. Mardean Stenimetz, Mrs. Rada Workman and three grandchildren. Viewed by V. S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-201-021-155  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 34 Ward St.

Registration District No. 27

File No. 81683

Primary Registration District No. 2119 Registered No. 189

Hospital \_\_\_\_\_

FULL NAME OF CHILD WILDA ELIZA CHRISTENSEN

Sex of Child <u>7</u>	Twin Triplet or other? <u>and</u> Number in order of birth in event of plural births <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 1</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Ferdinand Frederick Christensen</u>	MOTHER <u>Helen Eliza Jensen</u>		
RESIDENCE <u>Minic Creek Idaho</u>	RESIDENCE <u>Minic Creek Idaho</u>		
COLOR <u>R</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>R</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 a M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

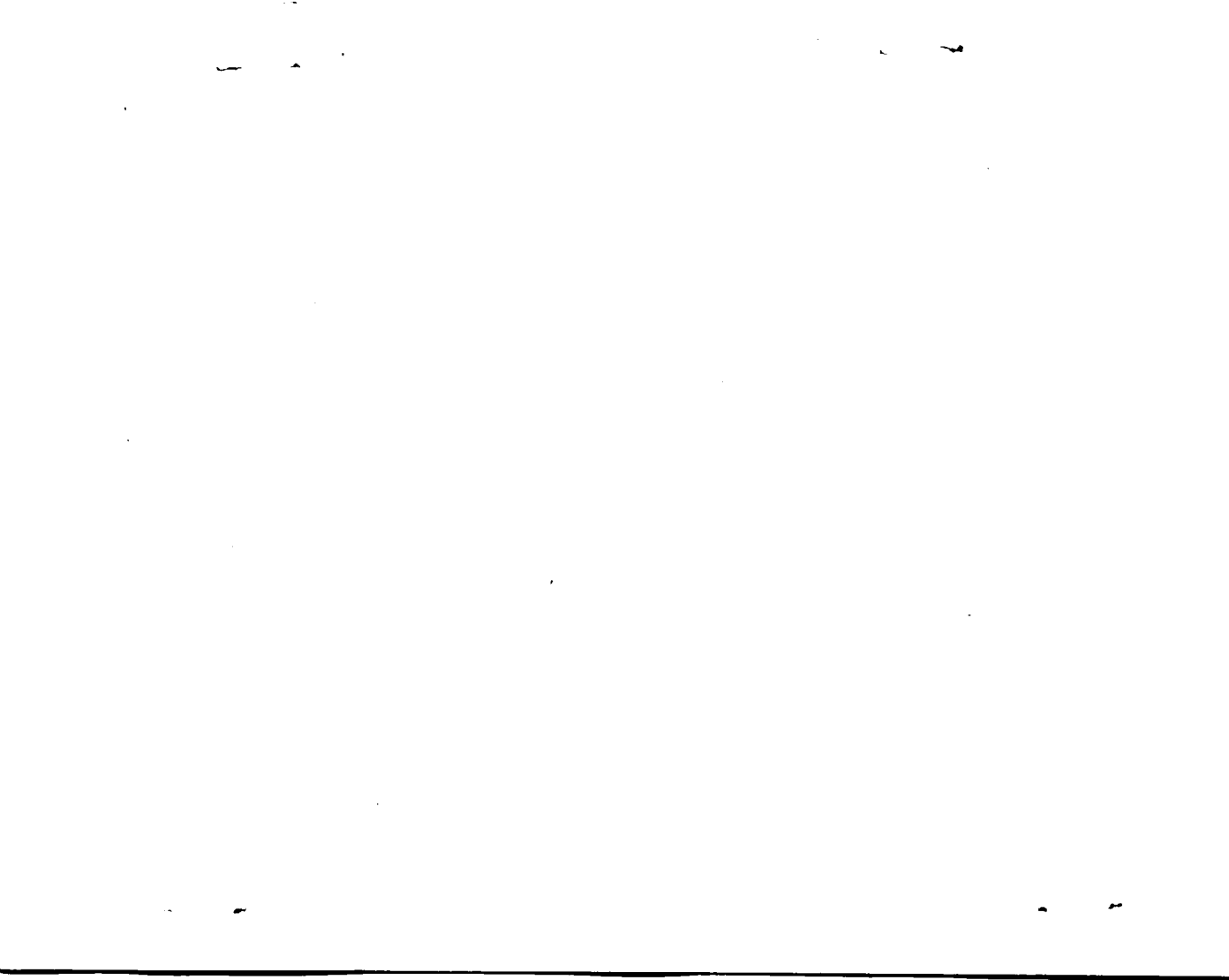
Given names added from a supplemental report. \_\_\_\_\_ 19\_\_\_\_

(Signature) Curtis Rand  
(Physician or midwife)

Address Preston Idaho

Filed Aug 4 1920 D. R. Cull Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.  
County of Franklin

Certificate No. 81683

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Wilda Eliza Christensen who was born on July 1- 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Preston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Church record prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)  
Name

FROM  
(As on Original)  
Unnamed

TO  
(The Correct Facts)  
Wilda Eliza Christensen

Subscribed and sworn to before me this 23  
day of May, 1942  
Ben J. Johnson  
Notary Public, residing at Preston  
My commission expires 9-1-44  
(Seal)

Signed Wilda Eliza Christensen  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Minicreek, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Franklin

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 23  
day of May, 1942  
Ben J. Johnson  
Notary Public, residing at Preston  
My commission expires 9-1-44  
(Seal)

Signed Ferdinand Christensen  
(Signature of Any Credible Person Other Than Previous Year)  
Minicreek, Idaho  
(Street Address, City, State)

MAY 25 1942

1912



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261-230-021-155  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

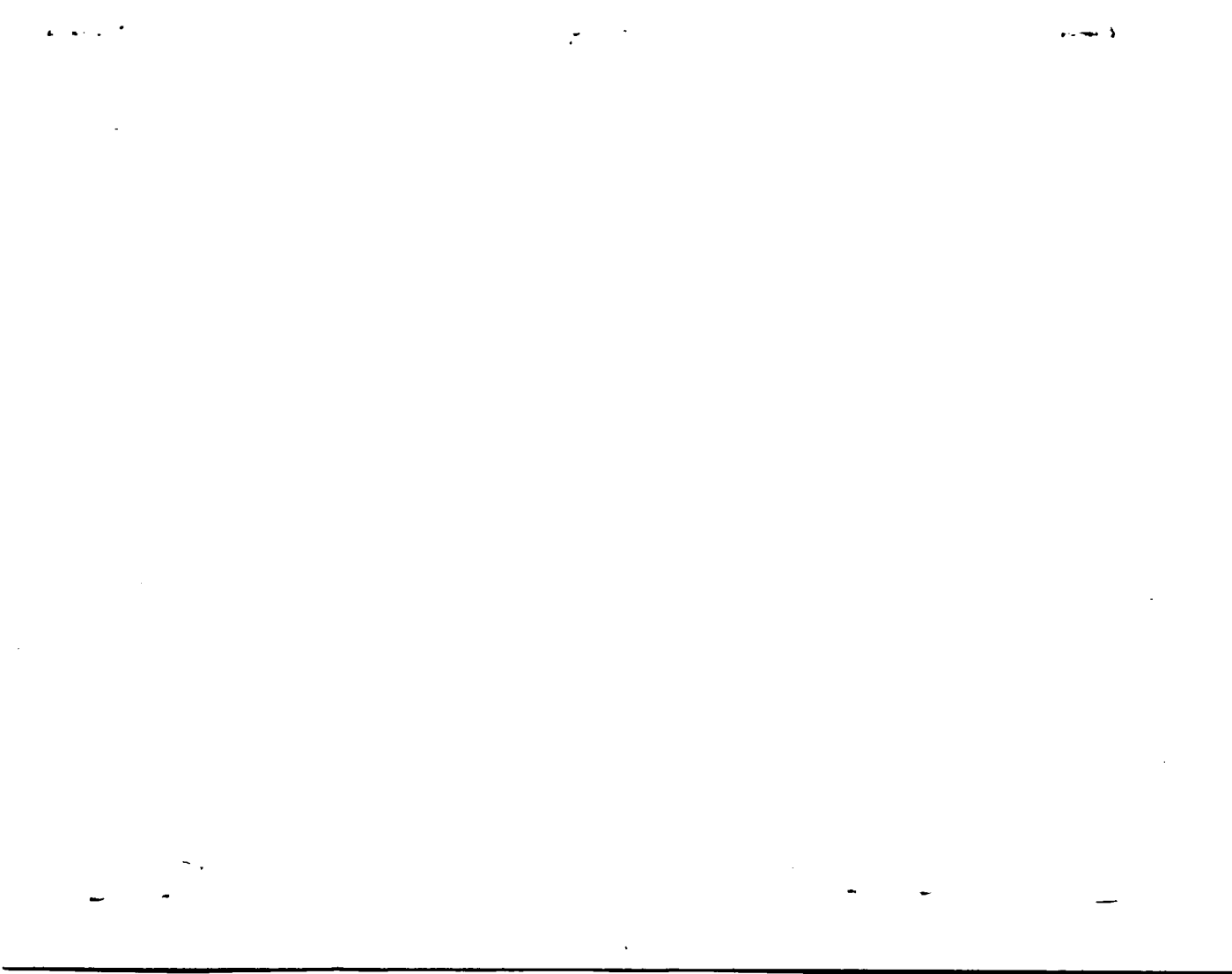
County of Teton  
City of Whitney Registration District No. 27 File No. 81684  
No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. 2119 Registered No. 190  
Hospital \_\_\_\_\_ Delma Swainston  
FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin <u>  </u> Triplet <u>  </u> or other? <u>  </u> (To be answered only in event of plural births)	and <u>  </u>	Number in order of birth <u>  </u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 30</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>John Erset Swainston</u>			FULL MAIDEN NAME MOTHER <u>Annie Jensen</u>		
RESIDENCE <u>Whitney, Idaho</u>			RESIDENCE <u>Whitney, Idaho</u>		
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born alive at 5 A M.  
on the date above stated. (Born alive or stillborn)  
(Signature) Curtis Hand Physician  
(Physician or midwife)  
Address Preston, Idaho  
Filed Aug 19 21 D. A. Butler Registrar

Given names added from a supplemental report. \_\_\_\_\_ 19\_\_\_\_  
Registrar \_\_\_\_\_



L.D.S. Church Cert. of Blessing Oct. 3, 1920 gives full name of child as Delma Swainston, born July 30, 1920 at Whitney, Idaho to John E. Swainston and Anna J. Jensen - viewed by V.S. and L.D.S. Church  
IDAHO DEPARTMENT OF HEALTH  
Cer. of Baptism and Confirmation Oct. 2, 1928 gives full name of child as Delma Swainston, born July 30, 1920 BUREAU OF VITAL STATISTICS  
at Whitney, Idaho to John E. Swainston and Annie Jensen - viewed by V.S.  
**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of..... }  
County of..... } ss. Certificate No. 81684  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... Birth  
for..... Unnamed Swainston..... who..... born..... on..... July 30, 1920.....  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in..... Whitney, Idaho..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on....., are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) **TO**  
Full Name of Child..... Unnamed..... Delma Swainston  
(The Correct Facts)

Subscribed and sworn to before me this..... 16..... day of  
August....., 19..... 60.....  
Notary Public, residing at..... Preston, Idaho.....  
My commission expires..... February 6, 1961.....  
(Seal)

Signed.....  
(Signature of parent or attendant if correcting a birth record, of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Preston Idaho Route 3  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... Idaho..... }  
County of..... Franklin..... } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this..... 16..... day of  
August....., 19..... 60.....  
Notary Public, residing at..... Preston, Idaho.....  
My commission expires..... 2/6/61.....  
(Seal)

Signed.....  
(Signature of Any Credible Person)  
Preston Idaho Route 3  
(Street Address, City, State)

AUG 26 1960

262-118-021-742

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FranklinCity of TreasuretonRegistration District No. 89File No. 81685

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 219Registered No. 213

Hospital \_\_\_\_\_

FULL NAME OF CHILD John Purser BosworthSex of  
ChildM.Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?yesDate of  
BirthJuly 18  
(Month) (Day) (Year)1928  
(Year)FULL  
NAMEJames Walter Bosworth

FATHER

FULL  
MAIDEN  
NAMEAnna R. Purser

MOTHER

RESIDENCE

Treasureton

RESIDENCE

Treasureton

COLOR

WAGE AT LAST  
BIRTHDAY30  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Oreston

BIRTHPLACE

Wtah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 2 48 M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

(Signature)

Allyn R. Curtis

(Physician or midwife)

Address

Preston Idaho

Filed

Aug 4 1928

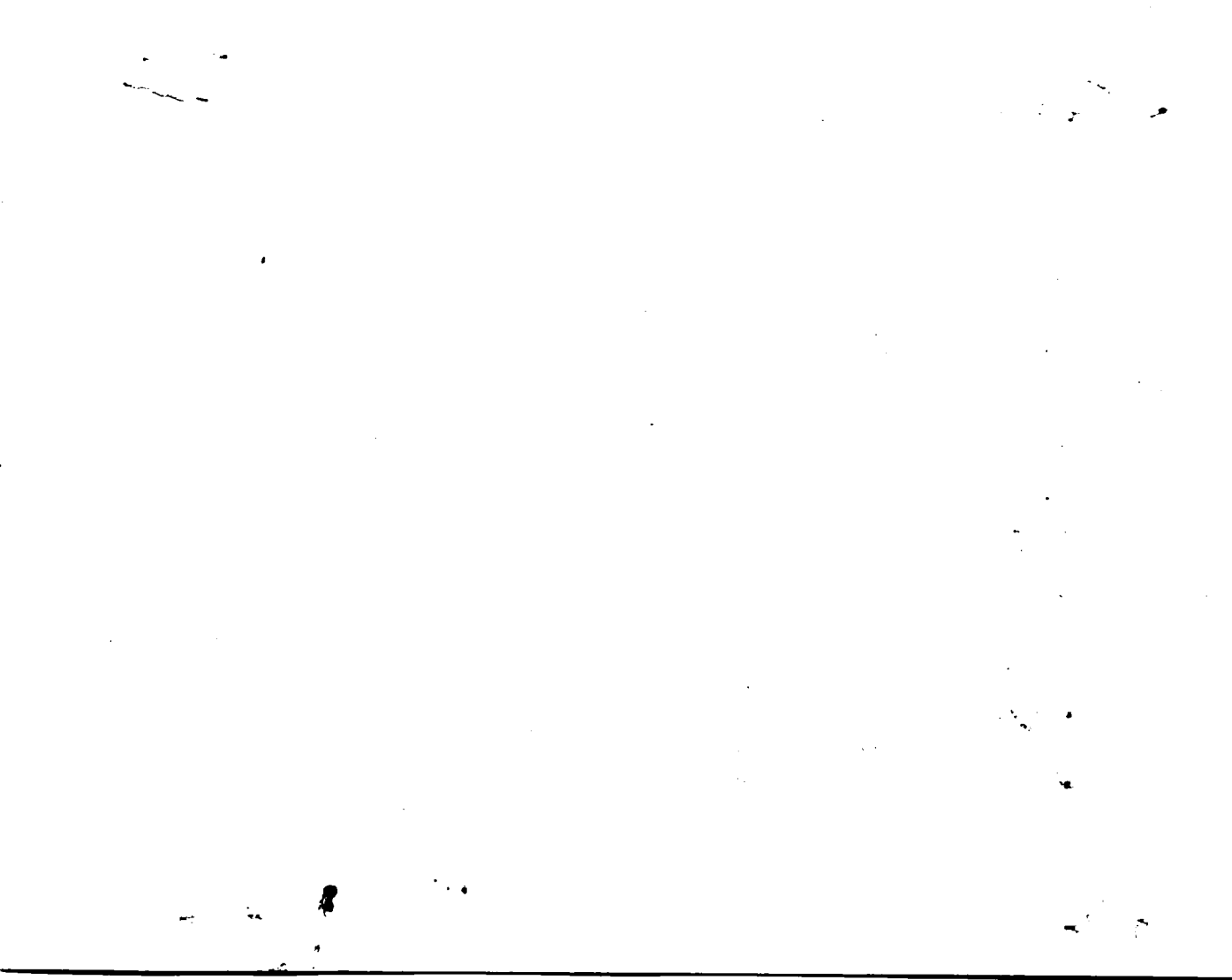
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 81685  
County of Franklin } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for \_\_\_\_\_ who \_\_\_\_\_ on July 18, 1920 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

None

none given

John Purser Bosworth

mother's maiden name

Anna R. Purser  
Anna R. Purser

Subscribed and sworn to before me this \_\_\_\_\_

day of June, 1942

Notary Public, residing at \_\_\_\_\_

My commission expires Feb. 1st 1943.  
(Seal)

Signed Anna R. Purser Bosworth  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Anna R. Purser Bosworth  
104 E. v 7th St. Preston, Idaho.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

JUN 11 1942

VAC-

30



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-121-021-893

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS—  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Preston

Registration District No. 27

File No. 81686

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2119 Registered No. 2119

FULL NAME OF CHILD Kirk B. Johnson

Sex of Child M Twin 1 Triplet 1 or other? 1 and { Number in order of birth } Legiti mate? yes Date of Birth July 21 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER FULL NAME Geo. J. Johnson

RESIDENCE Preston

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER FULL NAME Lina Hilstead

RESIDENCE Preston

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Sweden

OCCUPATION House wife

Number of child of this mother, including present birth. 6 Number of children of this mother now living, including present birth. 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 3 P. M. on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) Alfred Cullen  
Physician  
(Physician or midwife)

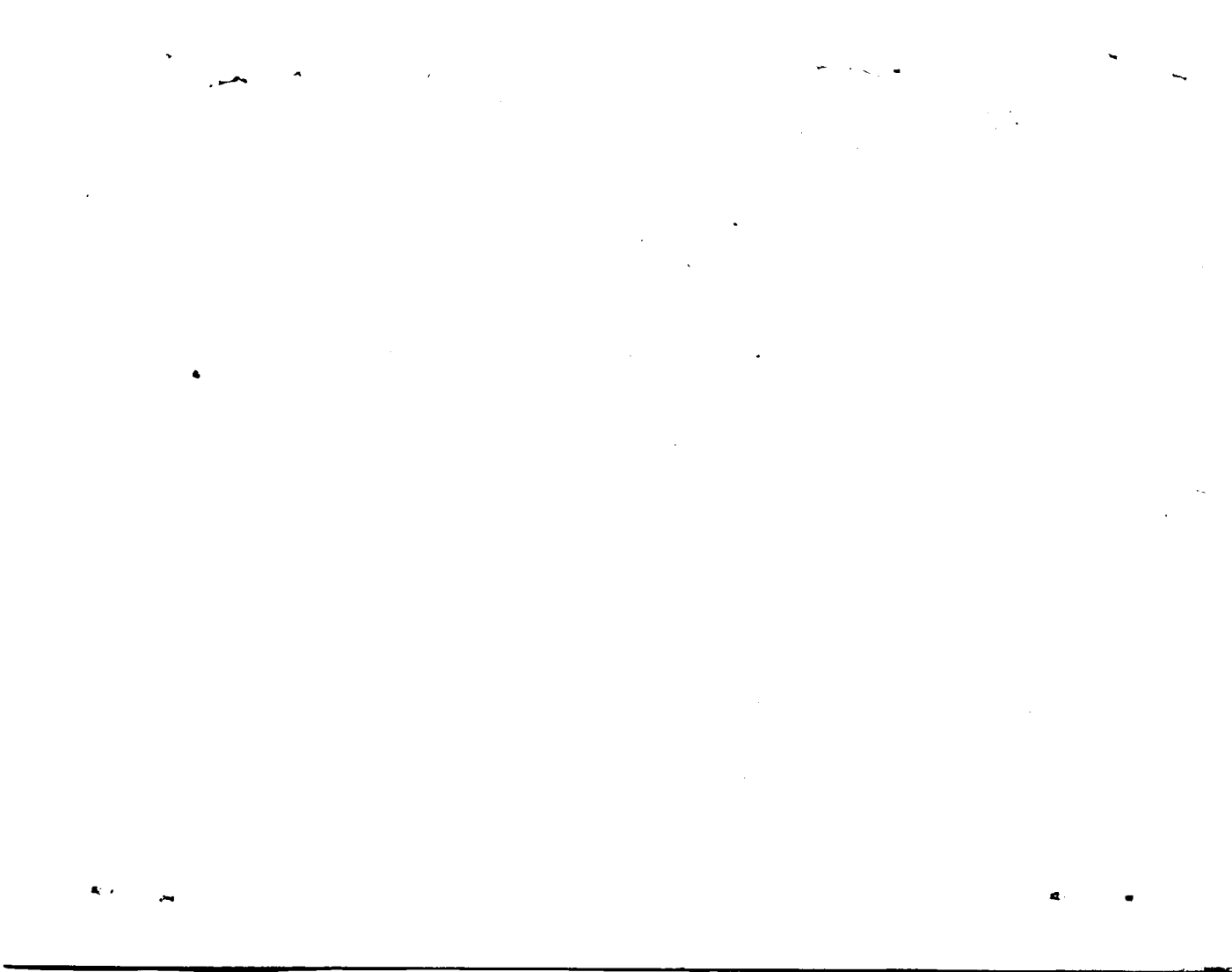
Given names added from a supplemental report.

Address Preston Idaho

Filed Aug 4 1920

Registrar

Registrar



**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho  
County of Franklin } ss.

Certificate No. T 16 Y 6

Date Filed 2

The undersigned does solemnly swear that certain facts on the certificate of Keith  
for Keith N. Johnson who was born on July 27, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
 ("Name", "Birth Date", "Cause of Death", Etc.)

FROM

(Give Date)

TC

(The ~~A~~Correct Facts)

Name of Child  
Name of mother

(As on Original)

Kjeth H Johnson  
Lenna Belsted

(The Correct Facts)

Keith Hillstead Johnson  
Tennae Hillstead

Subscribed and sworn to before me this 4  
day of Mar, 1942

Signed George J. Johnson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father

h record; or other credible person.) *Father*  
*Puech's Lda. R. 7 B. 4,*  
(Street Address, City, State)

Notary Public, residing at Boston, &c.

My commission expires May 1 - 1941  
(Seal)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Franklin } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

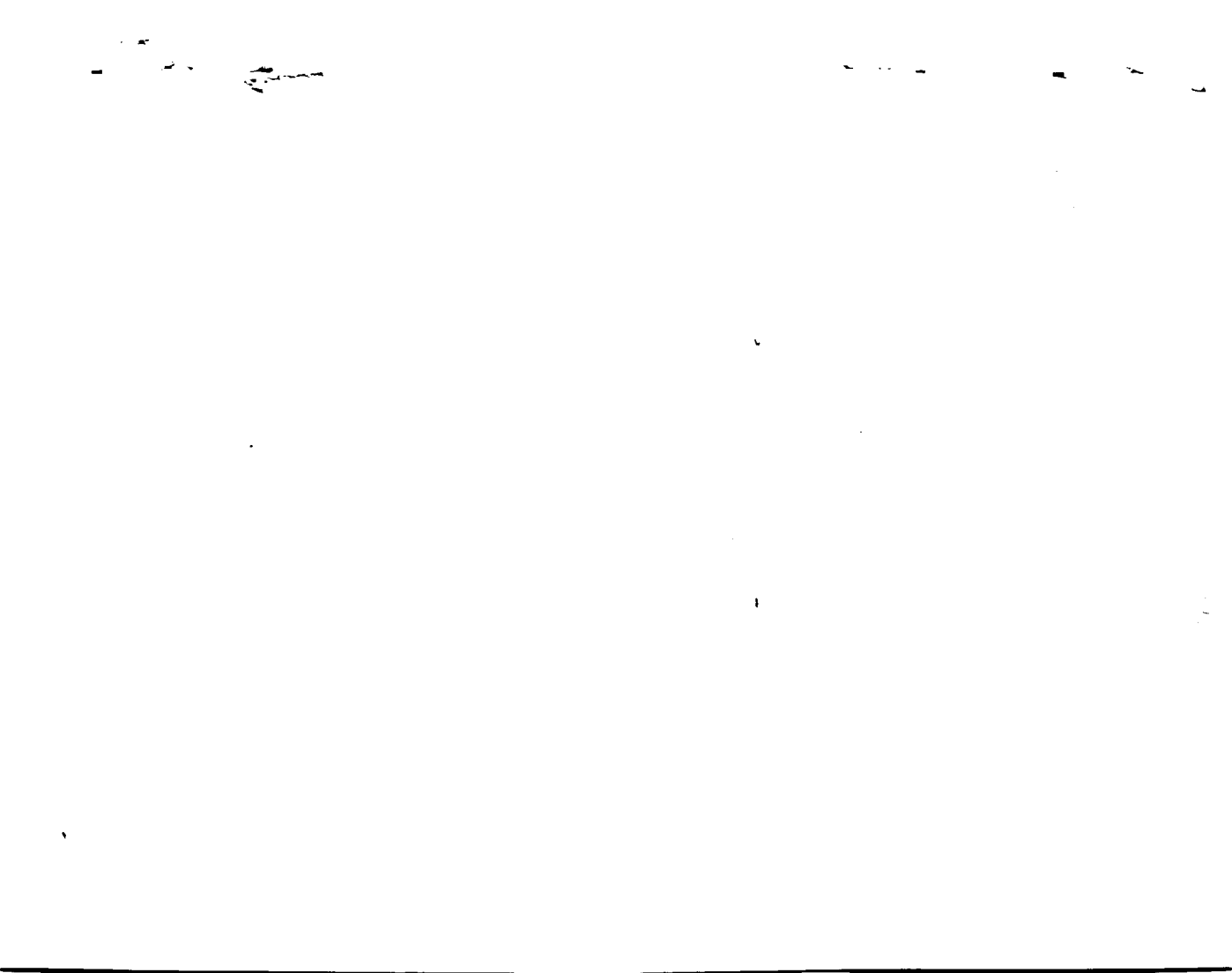
Subscribed and sworn to before me this 2  
day of Nov, 1942

Signed Wallace J. Johnson  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Proctor Edw

My commission expires May 1-1945  
(Seal)

Princeton, I.L.R. 7 D. #1  
(Street Address, City, State)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

463-110-221-589  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

County of Franklin  
City of Whitney Registration District No. 27 File No. 81687  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital \_\_\_\_\_ Primary Registration District No. 2119 Registered No. 216  
FULL NAME OF CHILD Frank Mockli

Sex of Child <u>M.</u>	Twin Triplet or other? <u>1</u> } and { Number in order of birth _____ } (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>July 10</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Henry Mockli</u>	FATHER	FULL MAIDEN NAME <u>Freda Christensen</u>	MOTHER
RESIDENCE <u>Whitney</u>		RESIDENCE <u>Whitney</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Switzerland</u>		BIRTHPLACE <u>Switzerland</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>12</u>		Number of children of this mother now living, including present birth <u>12</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 6:40 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler  
\_\_\_\_\_  
(Physician or midwife)

Given names added from a supplemental report.

Address Primer Idaho  
Filed Aug 5 1920 Allen R. Cutler  
\_\_\_\_\_  
Registrar

Registrar

MAR 24 1942

SEP 17 1942

NOV 30 1942

JAN 16 1943

APR 21 1952

JUN 25 1952

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-102-021-383

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Laramie

City of Winder

Registration District No. 27

File No. 81689

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119

Registered No. 218

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>M</u>	Twin Triplet or other? <u>1</u> and { } Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 2</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

FATHER  
FULL NAME Asa L. Winger

RESIDENCE Winder

COLOR W AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Winder Mo.

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Merrilda Taylor

RESIDENCE Winder

COLOR W AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Winder

OCCUPATION House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at Pa. Mo. \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

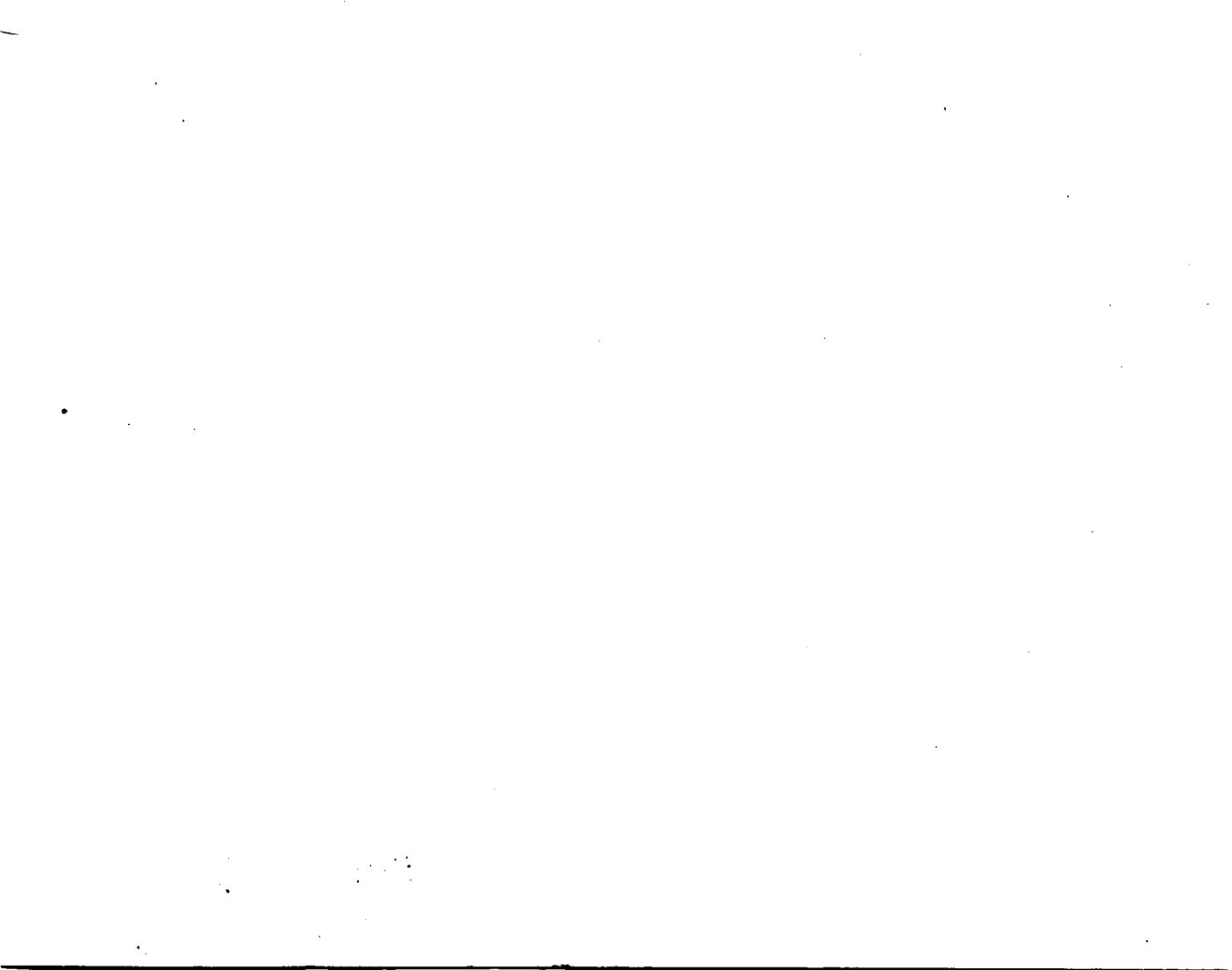
(Signature) Alvin R. Gules  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Poston Idaho

Filed August 19 20 Dr. A. R. Gules  
Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

555-125-021-284

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

County of Franklin

City of Prinerdale

Registration District No. 29

File No.

81690

No. \_\_\_\_\_ St.

Primary Registration District No. 211

Registered No. 221

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lynn Shumway Ruby

Sex of Child

M

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

one and one  
Number in order of birth  
(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

July 25  
(Month) (Day) (Year)

FULL NAME

FATHER

Clarence Ruby

RESIDENCE

Prinerdale

COLOR

W

AGE AT LAST BIRTHDAY

24  
(Years)

BIRTHPLACE

Prinerdale

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Hattie Shumway

RESIDENCE

Prinerdale

COLOR

W

AGE AT LAST BIRTHDAY

20  
(Years)

BIRTHPLACE

Preservation Idaho

OCCUPATION

House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature)

Allen R. Custer

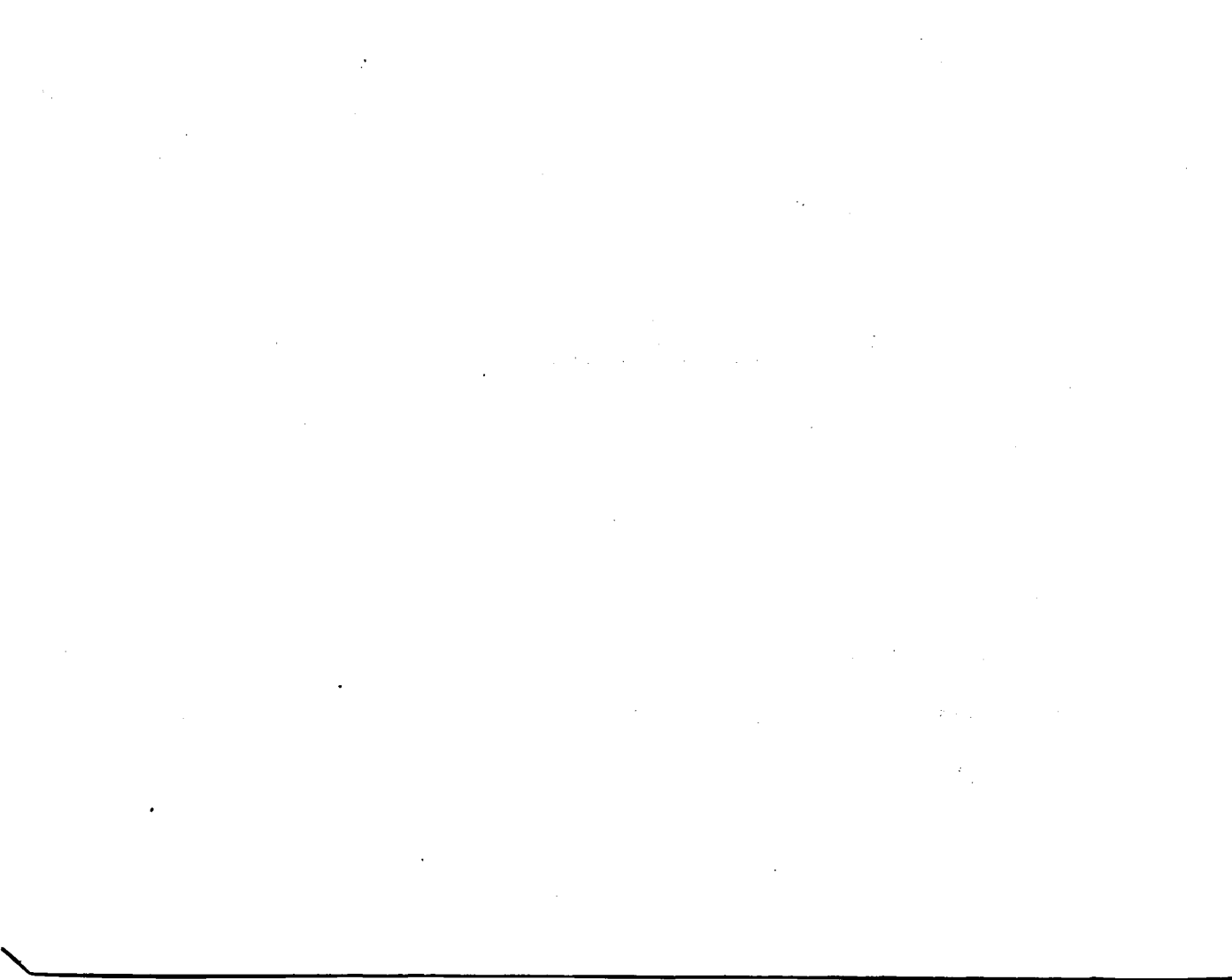
(Physician or midwife)

Address

Prinerdale Idaho

Filed

Aug 15 1920 Dr. C. R. Custer  
Registrar



255-128.003-255  
PLACE OF BIRTH

Form V. S. No. 11-C-22m-7-22-19

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BarnackCity of ClevelandRegistration District No. 27File No. 81692

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119 Registered No. 212

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births) <u>1</u>	and	Number in order of birth (To be answered only in event of plural births) _____	Legiti mate? <u>yes</u>	Date of Birth <u>July 28</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	--	-----	---	----------------------------	--

FULL NAME <u>Luci N. Rendahl</u>	FATHER
RESIDENCE <u>Cleveland</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Bugarmian</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Myrtle J. Beners</u>	MOTHER
RESIDENCE <u>Cleveland</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Cleveland</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 3-30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19\_\_\_\_

(Signature) Dr. R. C. Rutter

(Physician or midwife)

Address Rutter 2441Filed Aug 25 1920

Registrar

Registrar

**CERTIFICATE OF BIRTH**  
**BUREAU OF VITAL STATISTICS**  
**STATE OF CALIFORNIA**

**PLACE OF BIRTH**

**County of**

133-127-021-599

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE  
BUREAU OF VITAL RECORDS  
CERTIFICATE OF BIRTHCounty of FranklinCity of Newton IdahoRegistration District No. 27File No. 81693

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119Registered No. 209

Hospital \_\_\_\_\_

FULL NAME OF CHILD Oliver AllenSex of  
ChildMaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birth5Legiti  
mate?yesDate of  
BirthFeb 27 1920  
(Month) (Day) (Year)FULL  
NAMEOliver Allen

FATHER

RESIDENCE

Newton Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY40  
(Years)

BIRTHPLACE

Newton Idaho

OCCUPATION

LaborerFULL  
MAIDEN  
NAMEMina Erickson

MOTHER

RESIDENCE

Newton Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Newton Idaho

OCCUPATION

House KeeperNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 12:30 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Thos B. HoldenPhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Newton Idaho

Filed

Aug 4 1920 D. B. Holden  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

168 101-02134

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Preston

Registration District No. 87

File No.

**81694**

No. \_\_\_\_\_ St.

Primary Registration District No. 9119

Registered No.

**8 29**

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Frank Alder Johnson

Sex of Child

M

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

1

and

Number  
in order  
of birth  
(To be answered only in event of plural births)

1

Legitimate?

yes

Date of Birth

Aug. 12 1920  
(Month) (Day) (Year)

FULL NAME

Leon Johnson

FATHER

FULL MAIDEN NAME

Russella Johnson

MOTHER

RESIDENCE

Preston

RESIDENCE

Preston

COLOR

W.

AGE AT LAST BIRTHDAY

30  
(Years)

COLOR

W.

AGE AT LAST BIRTHDAY

29  
(Years)

BIRTHPLACE

Preston

BIRTHPLACE

Preston

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

4-10 A. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ally R. Curtis  
physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Preston Idaho

Filed

Aug 15 1920 D. R. Curtis

Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-201-021-389  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Franklin

City of Preston

Amended 11/10/75

Registration District No. 27

File No. 81695

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2119

Registered No. 219

Hospital \_\_\_\_\_

FULL NAME OF CHILD Delda Melvina Byington

Sex of Child <u>F</u>	Twin Triplet or other? <u>1</u> } and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 1<sup>st</sup></u> 19 <u>28</u> (Month) (Day) (Year)
-----------------------	--	------------------------	---

FATHER  
FULL NAME Royal Byington  
RESIDENCE Preston  
COLOR W AGE AT LAST BIRTHDAY 31  
(Years)  
BIRTHPLACE Dawson  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Ethel Christenson  
RESIDENCE Preston  
COLOR W AGE AT LAST BIRTHDAY 28  
(Years)  
BIRTHPLACE Hooper Wash  
OCCUPATION Housewife

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

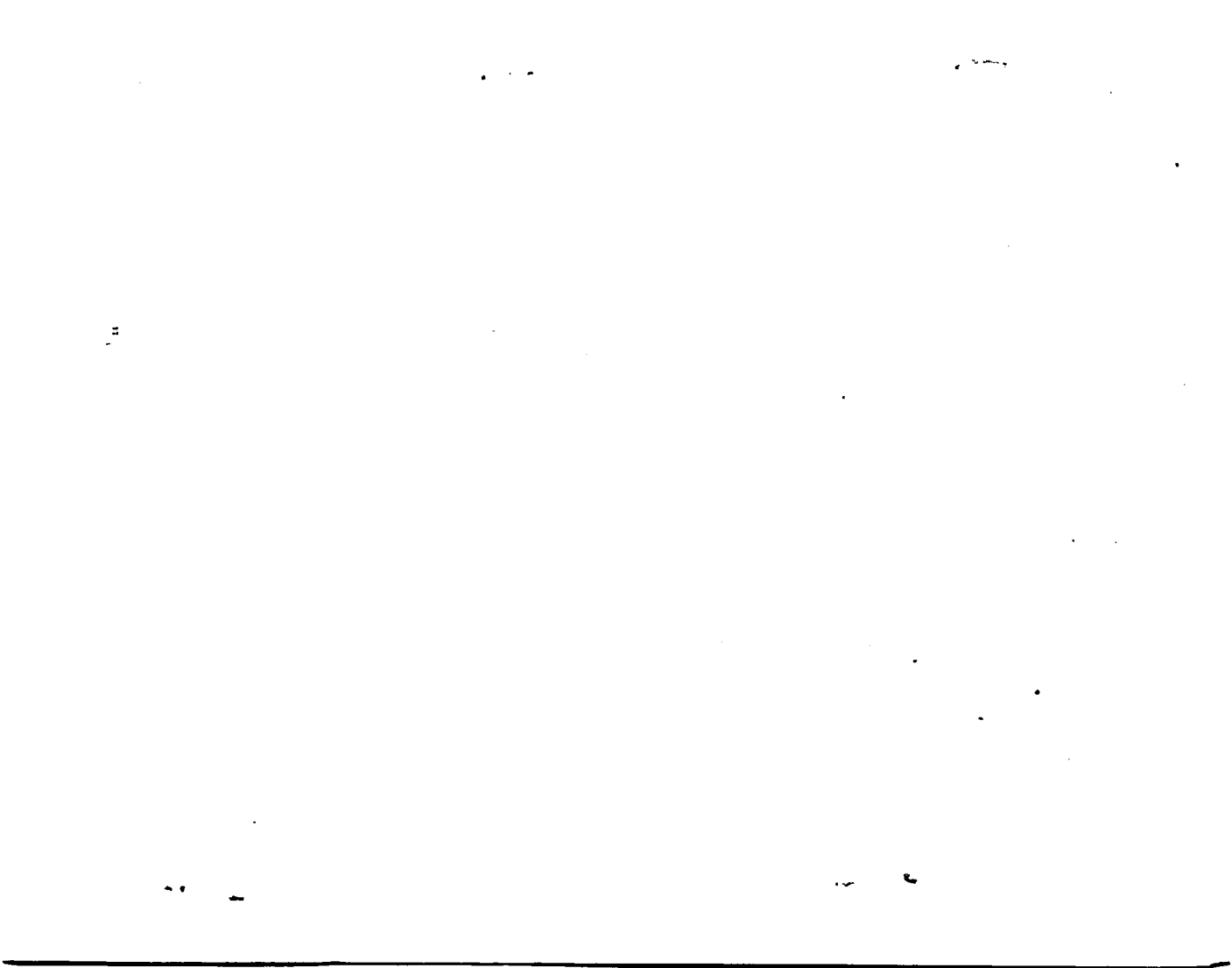
I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 7:08 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adley Cutts  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed Aug 5 1928 D. A. Cutts  
Registrar



## IDAHO DEPARTMENT OF HEALTH

11 10 75

## BUREAU OF VITAL STATISTICS

## Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. NOV 11 1 52 AM '75  
 County of \_\_\_\_\_ }  
 Certificate No. 81695  
 Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
 for Unnamed Byington who was born on July 1, 1920  
 (Name on Original Certificate) (Was Born or Died) (Date of Event)  
 in Preston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of Event)  
 true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
 (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
 ("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
 (As on Original)  
 Omitted

**TO**  
 (The Correct Facts)  
Delda Melvina Byington

Subscribed and sworn to before me this 10 day of

Not. Nora Rowe  
 Notary Public, residing at \_\_\_\_\_

My commission expires Sept. 18, 1975

(Seal)

Signed Wilbur H. McCune  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wilbur H. McCune  
 St Rt \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
 (Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

\_\_\_\_\_  
 (Street Address, City, State)

Social Security Card, Acct. # 519-56-3251 Form 0A-7-2. Rev. (9-610 gives name as Delda M. Munro.

Viewed by VS

Own child's birth certificate Bonnie Jean Munro born Sept. 15, 1956 at Ustick, Idaho, File # 56-10841 gives mother's name as Delda Melvina Byington .

Viewed by VS

Sister's birth certificate Nona Naomi Byington born Aug. 13, 1927 at Downey, Idaho File # 155000 gives father's name as Royal E. Byington.

Viewed by VS

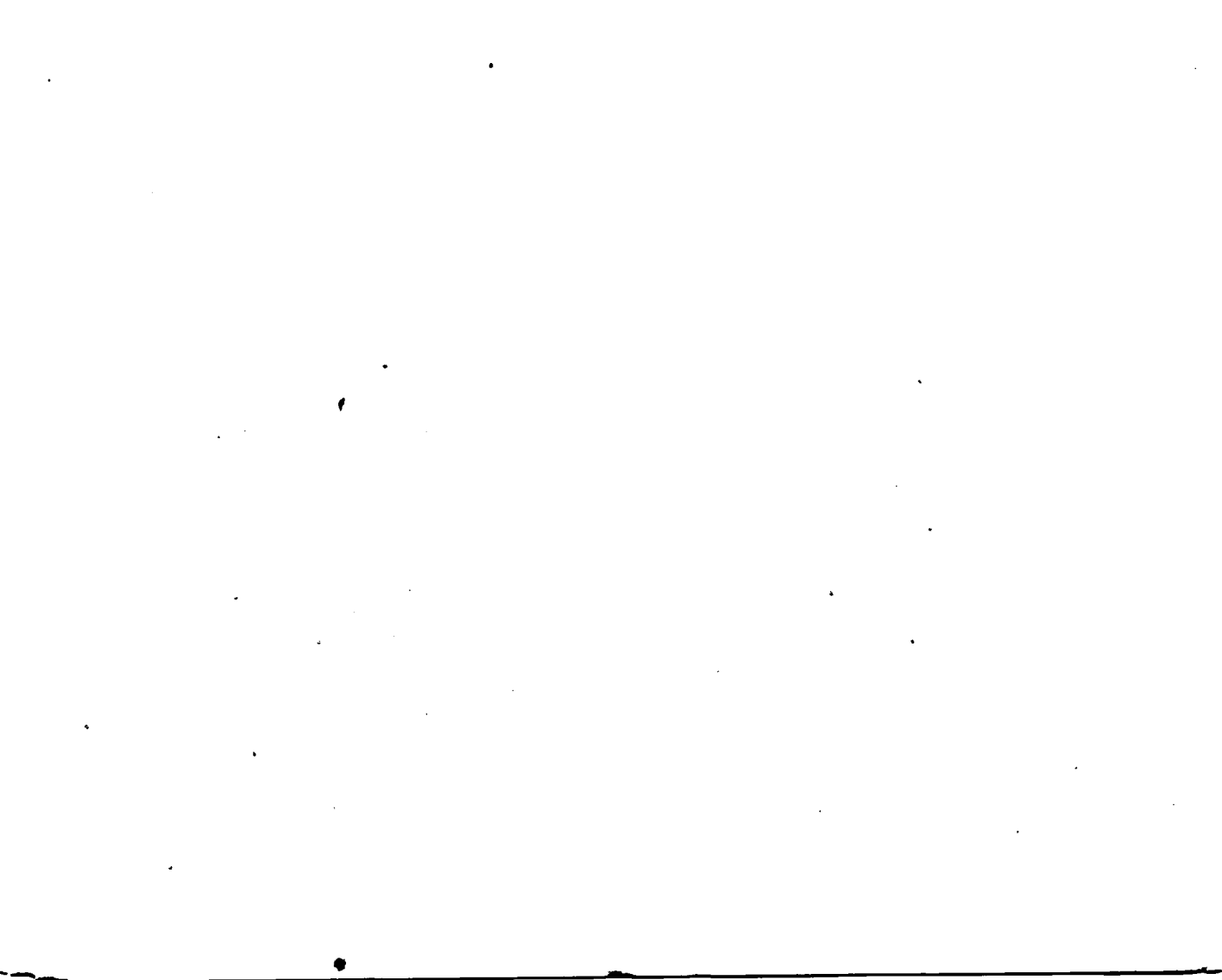
9/61 01 AON

**WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD**

Form V. S. No. 11-C-25m-9-8-17

Registered No. 227

19..... Address..... Preston Idaho.....  
 ..... Filed *Aug 9 1942* *Dr. R. C. Curtis*  
 Registrar Registrar



266-121-021-419

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-3-17

## CERTIFICATE OF BIRTH

County of **Franklin**City of **Mapleton**Registration District No. **29**File No. **81697**No. **St.**Primary Registration District No. **2119**Registered No. **226**

Hospital .....

## FULL NAME OF CHILD .....

Sex of Child **Male**Twin  
Triplet  
or other?and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legitimate? **Yes.**Date of Birth **July 21** 19**20**  
(Month) (Day) (Year)FULL  
NAME

FATHER

**Albert Webster Bowman.**

RESIDENCE

**Mapleton**

COLOR

**White**AGE AT LAST  
BIRTHDAY**40**

(Years)

BIRTHPLACE

**Richmond Utah**

OCCUPATION

**Farmer**FULL  
MAIDEN  
NAME

MOTHER

**Priscilla Marshall,**

RESIDENCE

**Mapleton**

COLOR

**White**AGE AT LAST  
BIRTHDAY**33**

(Years)

BIRTHPLACE

**Franklin Ida.**

OCCUPATION

**Housewife.**Number of child of this mother, including present birth **5**..... Number of children of this mother now living, including present birth **5**.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive** on the date above stated. (Born alive or stillborn) at **3:10 P.M.**

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **Dr. W. H. Stiles****Physician**

(Physician or midwife)

Given names added from a supplemental report.

Address **Preston Idaho.**File **July 19 20**Registrar **Dr. W. H. Stiles**

Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





651220-021-331  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-1

County of... **Franklin,**.....

City of... **Whitney**.....

No. .... **St.**

Registration District No. .... **29**.....

Primary Registration District No. .... **2119**.....

File No. .... **81698**.....

Registered No. .... **225**.....

Hospital .....

FULL NAME OF CHILD ..... **EDYTH MARY WEAVER**.....

Sex of Child <b>Female</b>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <b>Yes.</b>	Date of Birth <b>July, 20</b> (Month) (Day) (Year) <b>1920</b>
----------------------------	---	--------------------------------------	------------------------------	---

FULL NAME **GILBERT WEAVER**  
RESIDENCE **Whitney**  
COLOR **White** AGE AT LAST BIRTHDAY **41**  
(Years)  
BIRTHPLACE **Millville Utah.**  
OCCUPATION **Farmer**

FULL MAIDEN NAME **OLIVE CLARK.**  
RESIDENCE **Whitney**  
COLOR **White.** AGE AT LAST BIRTHDAY **41**  
(Years)  
BIRTHPLACE **Salt Lake City.**  
OCCUPATION **Housewife.**

Number of child of this mother, including present birth... **5**..... Number of children of this mother now living, including present birth... **5**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... **Born alive,** ..... at **11:20 P.M.**  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... **G. W. State** .....  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address ..... **Preston Idaho.** .....  
Filed **Aug 1** 19 **20** .....  
Registrar **Dr. R. C. Curtis** Registrar

Certified copy issued 12-23-1940 D.P.

493.215.021-349

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-37

## CERTIFICATE OF BIRTH

County of... **Franklin**City of... **Banida, Ida.**Registration District No. **29**File No. **81699**No. .... **St.**Primary Registration District No. **2119**Registered No. **924**

Hospital .....

FULL NAME OF CHILD **Jane Miles**Sex of Child **Female.**Twin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?**Yes.**Date of  
Birth**July 15**

(Month) (Day) (Year)

FULL  
NAME

FATHER

**Jedde Leroy Miles.**

RESIDENCE

**Banida**

COLOR

**White.**AGE AT LAST  
BIRTHDAY**39**

(Years)

BIRTHPLACE

**Smithfield Utah.**

OCCUPATION

**Farmer**FULL  
MAIDEN  
NAME

MOTHER

**Myra Smith**

RESIDENCE

**Banida Ida.**

COLOR

**White**AGE AT LAST  
BIRTHDAY**38**

(Years)

BIRTHPLACE

**Smithfield Utah.**

OCCUPATION

**Housewife.**Number of child of this mother, including present birth... **6** ... Number of children of this mother now living, including present birth... **5** ...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... **Born alive,** ... at **3:50 P.M.**  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) ... **G. W. Stiles** ...**Physician**

(Physician or midwife)

Given names added from a supplemental report.

Address... **Preston Ida.**Filed... **July 20** ...

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. Certificate No. 81699  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Miles (female child) who was born on July 15, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Barida, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Jane Miles

Subscribed and sworn to before me this 16th day of  
August, 1974  
Notary Public, residing at .....  
My commission expires 1-12-76  
(Seal)

Signed Goldie M Christensen  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
.....  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss. [This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....  
Notary Public, residing at .....  
My commission expires .....  
(Seal)  
Signed .....  
(Signature of Any Credible Person)  
.....  
(Street Address, City, State)

Application to Western Farm Bureau Life Ins. Co. gives name as ~~XXX~~ Jane Miles Gibson. Born July 15, 1920. dated Nov. 4, 1963. viewed by V. S. OCT 28 1974

Membership record from LDS Church gives name as Jane Miles Gibson. born July 15, 1920 father's name given as Jeddie Leroy and mother's as Amelia Almira Smith. Blessed Sept. 5, 1920 and Baptized Aug 19, 1928. viewed by V. S.

246-107-621-753  
PLACE OF BIRTHCounty of **Franklin**STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-5-28-47

CERTIFICATE OF BIRTH

City of **Mink Creek**.....Registration District No. **29**.....File No. **81700**.....

No. .... St.

Primary Registration District No. **2119**.....Registered No. **223**.....

Hospital .....

FULL NAME OF CHILD **Russell John Smout**.....Sex of Child **Male.**Twin  
Triplet  
or other?{ and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?**Yes.**Date of Birth **July, 7, 1920**  
(Month) (Day) (Year)FULL  
NAME

FATHER

**Alexander Smout.**

RESIDENCE

**Mink Creek**

COLOR

**White.**AGE AT LAST  
BIRTHDAY**35**

(Years)

BIRTHPLACE

**Stateville Utah.**

OCCUPATION

**Farmer.**FULL  
MAIDEN  
NAME

MOTHER

**Elva Peterson,**

RESIDENCE

**Mink Creek.**

COLOR

**White.**AGE AT LAST  
BIRTHDAY**33**

(Years)

BIRTHPLACE

**Smithfield Utah.**

OCCUPATION

**Housewife.**Number of child of this mother, including present birth **6**..... Number of children of this mother now living, including present birth **6**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was **Born alive.** at **5 A.** M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **G. W. States**.....**Physician.**

(Physician or midwife)

Given names added from a supplemental report.

Address **Preston Idaho.**Filed **July 30 1920** **D. A. Curtis**

Registrar

Registrar





L.D.S. Certificate of Blessing, Sept. 12, 1920 gives name as Russell John Smout - viewed  
by V.S. Social Security Card, 6-19-39 - #519-10-9151 gives name as Russell John  
Smout - viewed by V.S. IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

### Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... }  
County of ..... } ss. Certificate No. 81700  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... Birth  
for Unnamed Smout ..... who born ..... on July 7, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Mink Creek, Idaho ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Certificate of Blessing prepared on Sept 12 - 1920 ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child ..... Unnamed ..... Russell John Smout  
.....  
.....

Subscribed and sworn to before me this ..... day of  
....., 19.....

Notary Public, residing at .....  
My commission expires .....  
(Seal)

Signed Etha Smout  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
126 West 1st South Preston, Ida.  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho ..... }  
County of Franklin ..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 ..... day of  
August ..... 19 59

Signed Ethel Johnson  
(Signature of Any Credible Person)  
430 West 1st South Preston, Ida.  
(Street Address, City, State)

Notary Public, residing at Preston, Idaho  
My commission expires 5-22-1963  
(Seal)

AUG 19 1959

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759.209.022-318

PLACE OF BIRTH

County of Grand

City of St Anthony

Registration District No. 99

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

File No. 81702

No. \_\_\_\_\_ St.

Primary Registration District No. 2177

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lucile Marion Peratta

Sex of Child <u>female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>6 9</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----------	--------------------------------	------------------------	---

FATHER  
FULL NAME C. C. Peratta  
RESIDENCE St Anthony Idaho  
COLOR white AGE AT LAST BIRTHDAY 58 (Years)  
BIRTHPLACE Wyoming  
OCCUPATION merchant

MOTHER  
FULL MAIDEN NAME Sylvia Day  
RESIDENCE St Anthony  
COLOR white AGE AT LAST BIRTHDAY 53 (Years)  
BIRTHPLACE Utah  
OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 9:30 9 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

Filed July 10 1920

correct



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

113-2281022-236  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Blaine

City of St Anthony

Registration District No. \_\_\_\_\_

File No. **81703**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

EVA MAE JACOBS

Sex of Child 7

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth  
5 }  
(To be answered only in event of plural births)

Legiti  
mate? yes

Date of Birth May 28 1920  
(Month) (Day) (Year)

FULL NAME FATHER B B Jacobs

RESIDENCE St Anthony

COLOR White AGE AT LAST BIRTHDAY 43  
(Years)

BIRTHPLACE Ridgeway Mo.

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Minnie Scott

RESIDENCE St Anthony

COLOR White AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Ridgeway Mo

OCCUPATION House

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed Aug 2 1920 W. A. W. W.

Registrar

Registrar

DEC 16 1942

755.118.022-995

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of TremontCity of St Anthony

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

81704

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Fitz Henry Penney

Sex of Child

MTwin  
Triplet  
or other?

and

Number  
in order  
of birth3

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthMay 18 1920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Jack Penney

RESIDENCE

St Anthony, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Brainerd, Neb.

OCCUPATION

LaborerFULL  
MAIDEN  
NAME

MOTHER

Frankie Jensen

RESIDENCE

St Anthony, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Hoskins, Neb.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3

Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 12<sup>30</sup> P. M.  
on the date above stated. (Born alive or stillborn)

(Signature)

J. G. Melton  
M.D.

(Physician or midwife)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. \_\_\_\_\_

19 \_\_\_\_\_

Address \_\_\_\_\_

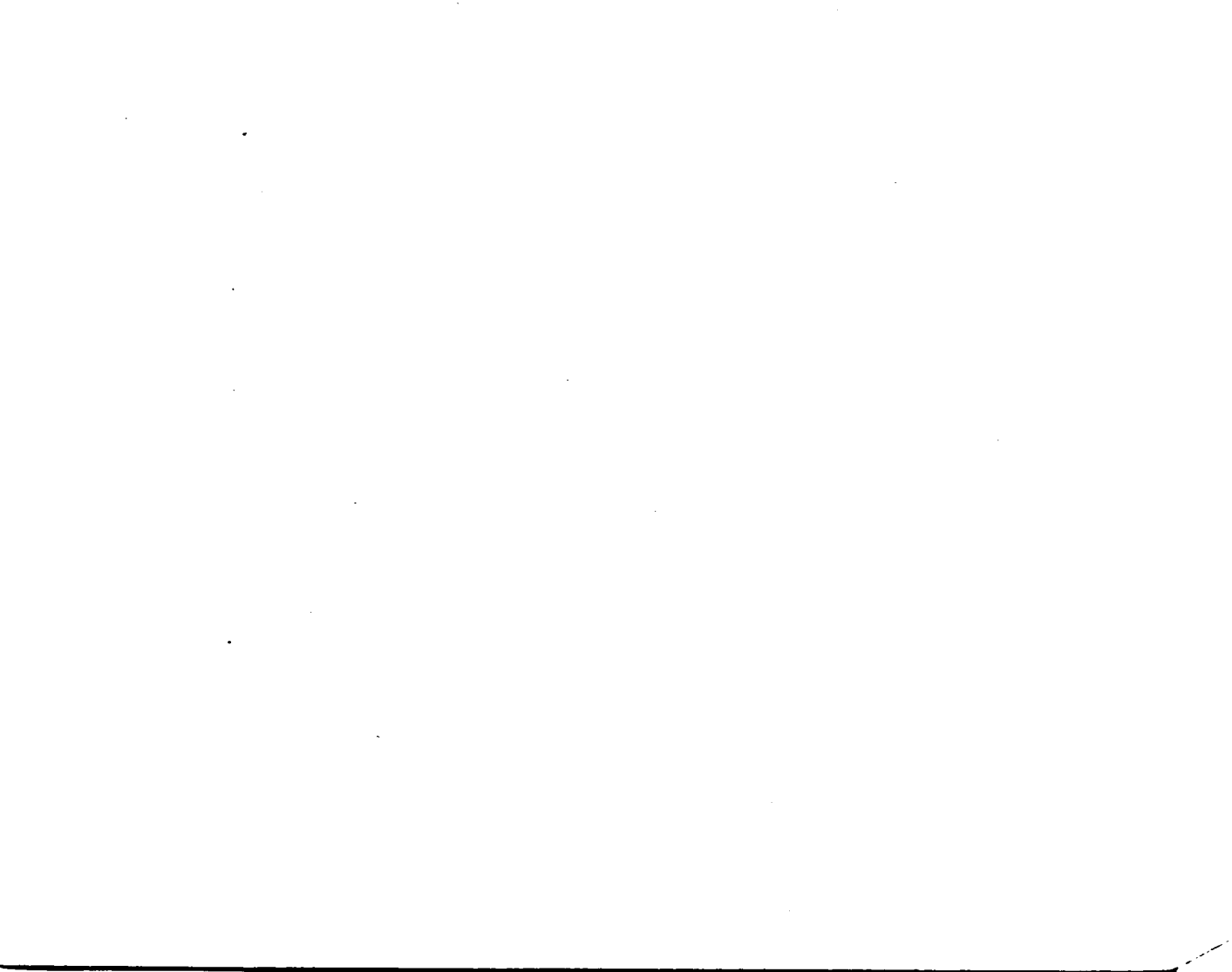
Filed Aug 2 1920W. S. S. S.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





758-1071022-445

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of FranklinCity of St Anthony

Registration District No. \_\_\_\_\_

File No. 81705

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

HOWARD EUGENE GEYER

Sex of Child

MTwin  
Triplet  
or other?  
(To be answered only in

{ and }

Number  
in order  
of birth  
in event of plural births)Legiti  
mate?yesDate of  
BirthApr 7 1920  
(Month) (Day) (Year)FULL  
NAMEChas E. Geyer

FATHER

RESIDENCE

St Anthony

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Edison, Ohio

OCCUPATION

LaborerFULL  
MAIDEN  
NAMEClara B. Dunn

MOTHER

RESIDENCE

St Anthony

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Mississippi

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J E Melton  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

St. Anthony

Filed

Aug 2 1920 W. P. W.

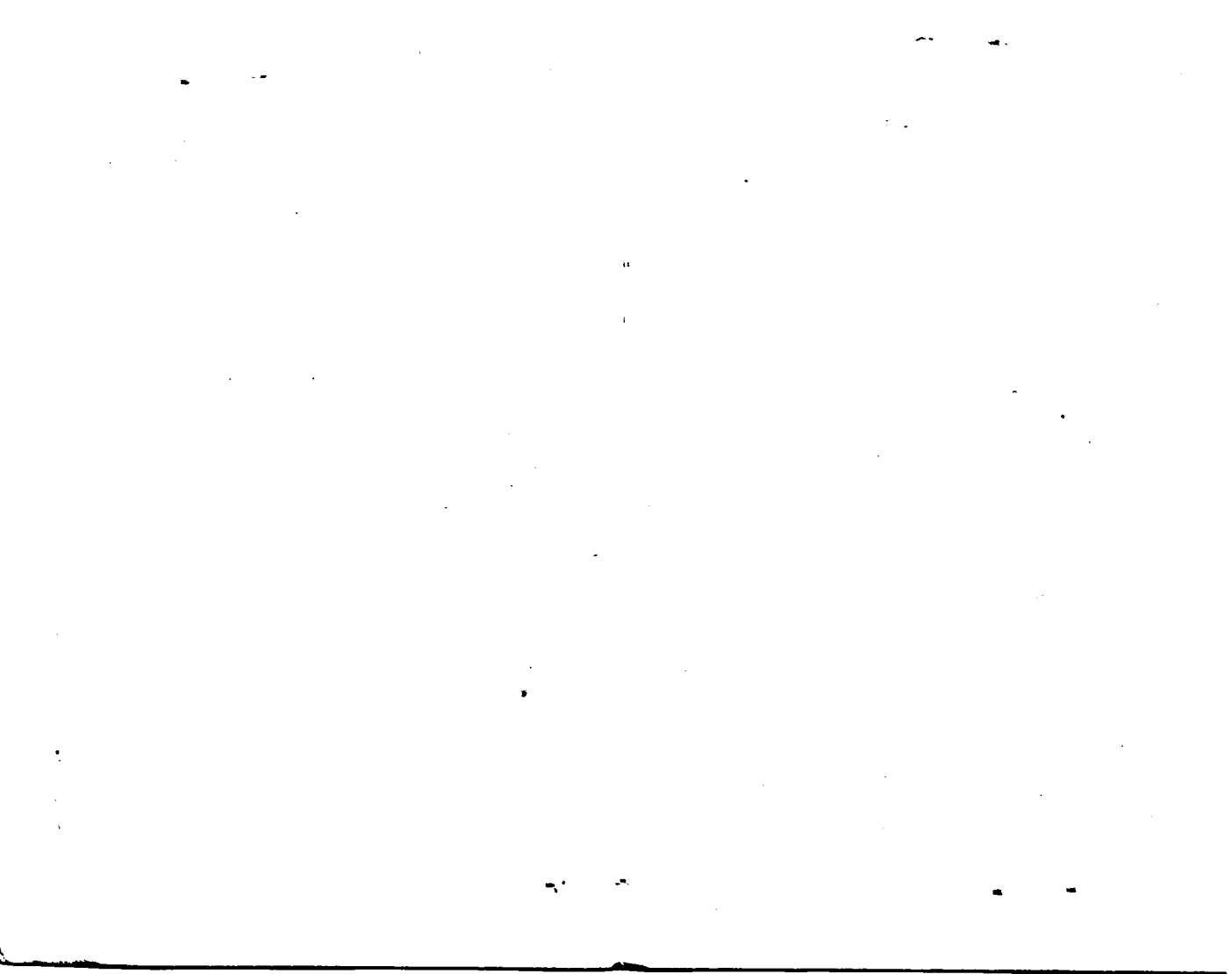
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 21 1942

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 81705

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or Death)  
for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name unnamed Howard Eugene Geyer

Subscribed and sworn to before me this 19  
day of Feb, 1942  
OR Meservey, Notary Judge  
Notary Public, residing at Washington

Signed Howard Eugene Geyer  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

My commission expires \_\_\_\_\_  
(Seal) \_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) \_\_\_\_\_  
(Street Address, City, State)

FEB 28 1942

NOV 22 1943

---

**PLACE OF BIRTH**

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

**81706**

County of Fresno

City of St. Anthony Registrar

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. 2

**Hospital** \_\_\_\_\_

FULL NAME OF CHILD Sturley Marie Kulpner

Sex of Child 7 Two Triplet or other? } and Number in order of birth 1st Legiti mate? yes Date of Birth 9/24/1922  
(Month) (Day) (Year)

FULL NAME *Chas. F. Shepherd* FATHER

RESIDENCE St. Anthony

COLOR White AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Pine Bluff Ark.

OCCUPATION Bank Accountant

FULL MAIDEN NAME *Mahel Monneta* MOTHER

RESIDENCE St Anthony

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

**BIRTHPLACE** Eugene, Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

I hereby certify that I attended the birth of this child, who was Kora Slime, at 4a  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. E. Mellon

(Physician or midwife)

Address 2745 S. 1st St. #100

Filed Aug 2 1920 W. S. W. W. Register

## Registrar

## Registrar

**MAHAIN RESERVED FOR BINDING.**

**WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD**

QV5. C 199

249-022-236  
PLACE OF BIRTH

Form V. S. No. 11-2-1

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FreemontCity of Parker

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

81707

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Samuel Deale Smith

Sex of Child

mTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birth  
4th  
(To be answered only in event of plural births)Legiti  
mate?Yes

Date of Birth

4-14  
(Month) (Day)1920  
(Year)

FULL NAME

Sam D. Smith

FATHER

RESIDENCE

Hanser

COLOR

WhiteAGE AT LAST  
BIRTHDAY39  
(Years)

BIRTHPLACE

Wyoming

OCCUPATION

FarmerFULL  
MAIDEN  
NAMELaura Stoddard

MOTHER

RESIDENCE

Hanser

COLOR

WAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Parker Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3 P  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. E. Mettlen

(Physician or midwife)

Given names added from a supplemental report.

19

Address

St Anthony, Idaho

Filed

Aug 21920

Registrar

Registrar





855 712-027-449

## PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Tremont Registration District No. \_\_\_\_\_ File No. 81708  
 City of Dauntony  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 FULL NAME OF CHILD Cecil Henderson

Sex of Child Male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? Yes Date of Birth July 19 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
 FULL NAME Earnest Henderson  
 RESIDENCE Dauntony Idaho  
 COLOR W AGE AT LAST BIRTHDAY 24  
 (Years)  
 BIRTHPLACE Idaho  
 OCCUPATION Laborer

MOTHER  
 FULL MAIDEN NAME Emma Murray  
 RESIDENCE Dauntony  
 COLOR W AGE AT LAST BIRTHDAY 19  
 (Years)  
 BIRTHPLACE Wilford Idaho  
 OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2 A. M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed Aug 2 1920 W. A. L. R. X

Registrar

Registrar

Page 100

100

100

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

613-130-022-213

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Tremont

City of Curlew

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

81709

No. \_\_\_\_\_

St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth <u>2</u>	Legiti mate? <u>yes</u>	Date of Birth <u>June 30</u> <u>1920</u> (Month) (Day) (Year)
-----------------------	---	-------	--	----------------------------	---

FATHER  
FULL NAME J. M. Walker  
RESIDENCE Curlew, Ida  
COLOR W AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Lehi Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Sylvia Bateman  
RESIDENCE Curlew  
COLOR W AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Lehi Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mettlen

(Physician or midwife)

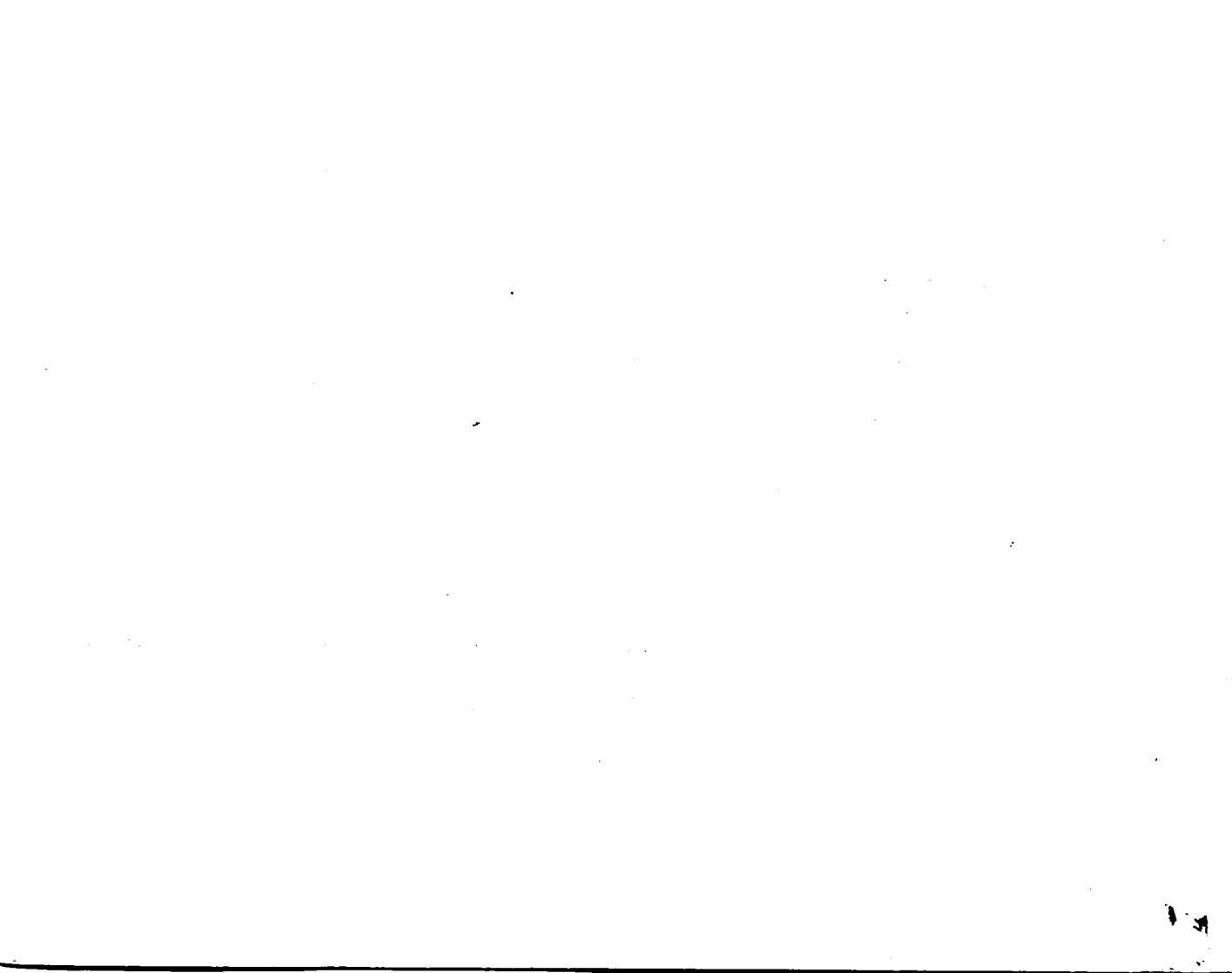
Given names added from a supplemental report.

Address \_\_\_\_\_

Filed Aug 8 1920

Registrar \_\_\_\_\_

Registrar W. A. Rix



415-108-022-796

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FremontCity of St Anthony

Registration District No. \_\_\_\_\_

File No. 81710

No. \_\_\_\_\_

St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Leland DavidsonSex of Child MTwin  
Triplet  
or other?  
(To be answered only in event of plural births)Number  
in order  
of birth 2Legiti  
mate? yesDate of  
Birth July 8 20

(Month) (Day) (Year)

FULL  
NAME

FATHER

Nathaned DavidsonFULL  
MAIDEN  
NAME

MOTHER

Ella Groves

RESIDENCE

Parker, Ida

RESIDENCE

Parker Idaho

COLOR

WAGE AT LAST  
BIRTHDAY 24  
(Years)

COLOR

WAGE AT LAST  
BIRTHDAY 19  
(Years)

BIRTHPLACE

Darley, Ida

BIRTHPLACE

Parker, Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton(Physician or midwife) msd

Given names added from a supplemental report.

19. \_\_\_\_\_

Address \_\_\_\_\_

Filed Aug 2 1921Registrar W. B. Cox

Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1948

Amended 8-14-64

(Be sure the information is complete and accurate)

State File No. 81711

Federal Security Agency  
United States Public Health ServiceCERTIFICATE OF BIRTH  
STATE OF IDAHOLocal Reg. No. ....  
Reg. Dist. No. ....

<b>1. PLACE OF BIRTH</b> a. COUNTY <b>Fremont</b>		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Anthony</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b> (Type or print) a. (First) <b>Helen</b> b. (Middle) <b>Margaret</b> c. (Last) <b>Woolstenhulme</b>			
<b>4. SEX</b> <b>F.</b>	<b>5a. THIS BIRTH</b> SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	<b>5b. IF TWIN OR TRIPLET</b> (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<b>6. DATE OF BIRTH</b> (Month) (Day) (Year) <b>June 28, 1920</b>

## FATHER OF CHILD

<b>7. FULL NAME</b> a. (First) <b>Dan</b> b. (Middle) c. (Last) <b>Woolstenhulme</b>		<b>8. COLOR OR RACE</b> <b>W.</b>
<b>9. AGE</b> (At time of this birth) <b>36</b> YEARS	<b>10. BIRTHPLACE</b> (State or foreign country) (City or Town) <b>Utah</b>	<b>11a. USUAL OCCUPATION</b> <b>Farmer</b> <b>11b. KIND OF BUSINESS OR INDUSTRY</b>

## MOTHER OF CHILD

<b>12. FULL MAIDEN NAME</b> a. (First) <b>Ellen</b> b. (Middle) <b>Ursula</b> c. (Last) <b>Birch</b>		<b>13. COLOR OR RACE</b> <b>W.</b>
<b>14. AGE</b> (At time of this birth) <b>35</b> YEARS	<b>15. BIRTHPLACE</b> (State or foreign country) (City or Town) <b>Hoytsville, Utah</b>	<b>16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER</b> (Do NOT include this child) a. How many OTHER children are now living? <b>5</b> b. How many OTHER children were born alive but are now dead? <b>2</b> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>
<b>17. INFORMANT'S SIGNATURE OR NAME</b> (Relationship)		

<i>I hereby certify that this child was born alive on the date stated above.</i>	<b>18a. SIGNATURE</b> <b>J. E. Melton, M.D.</b>	<b>18b. ATTENDANT AT BIRTH</b> M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)
	<b>18c. ADDRESS</b>	<b>18d. DATE SIGNED</b>
<b>19. DATE REC'D BY LOCAL REG.</b> <b>Aug. 2, 1921</b>	<b>20. REGISTRAR'S SIGNATURE</b> <b>W.B. West</b>	<b>21. DATE ON WHICH GIVEN NAME ADDED</b> BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY  
(This section MUST be filled out)

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by any municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \* \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....  
.....

(b) Labor: Complication.....

.....  
..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Oregon  
County of Columbia } ss.

Certificate No. 81711

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth for Helen Margaret Woolstenhulme who born on June 28, 1920 in St. Anthony Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism (Place of Event) prepared on \_\_\_\_\_, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name

Unnamed

Helen Margaret Woolstenhulme

Mother's maiden name

Ellen Birch

Ellen Ursula Birch

Subscribed and sworn to before me this 27th  
day of April, 19 44

Marie Walker Poff  
Notary Public, residing at St. Helens, Oregon

My commission expires Nov. 17, 1944  
(Seal)

Signed Ellen Ursula Woolstenhulme  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Scappoose, Oregon

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon  
County of Gambell } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23  
day of January, 19 60

Signed Reuben Birch  
(Signature of Any Credible Person Other Than Previous Year)

Neil Hammett  
Notary Public, residing at Shendary, Ore.

My commission expires July 9, 1963  
(Seal)

334 Quince st salt Lake  
(Street Address, City, State)

city. Utah

L.D.S. Church Cert. of Record of Membership, baptized July 5, 1894 gives full name as Ellen Ursula Birch Woolstenhulme, born Oct. 23, 1884 at Hoytsville, Utah to Robert Birch and Sarah M. McMichael - viewed by V.S.

L.D.S. Church Cert. of Record of Membership, baptized June 30, 1928 gives full name as Helen Margaret Woolstenhulme Reynolds, born June 28, 1920 at St. Anthony, Idaho to Daniel Woolstenhulme and Ellen Ursula Birch - viewed by V.S.

Photo Copy of Cert. of Marriage, State of Washington, County of Clark, married Feb. 14, 1936 at Vancouver, Washington gives full name of groom as Clifton D. Reynolds and full name of bride as Helen M. Woolstenhulme - viewed by V.S.

Social Security Card, #540-36-2139 gives full name as Helen Margaret Reynolds, - viewed by V.S. - this document accepted because of the relationship shown by the marriage cert. of the two names Reynolds and Woolstenhulme ~~viewe~~

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

436-117-022855

PLACE OF BIRTH

Form V. S. No. 11-C-22a-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81712

County of Tremont

City of Hamman

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Van M. McFarland

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>10th</u>	Legiti mate? <u>yes</u>	Date of Birth <u>June 17 1920</u> (Month) (Day) (Year)
------------------------	---	-----	--	----------------------------	--

FATHER  
FULL NAME Alex. McFarland

RESIDENCE Hamman Idaho

COLOR W AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE Ogden W.

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Emeline Henriksen

RESIDENCE Hamman Ida

COLOR W AGE AT LAST BIRTHDAY 41  
(Years)

BIRTHPLACE Norway

OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at L. A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed Aug 2 1920 W. A. W. R. X  
Registrar

pd. 7/7/41

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-102-022-669

PLACE OF BIRTH

County of Tremont

City of St Anthony

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>M</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>3</u>	Legiti mate? <u>yes</u>	Date of Birth <u>June 2 1920</u> (Month) (Day) (Year)
-----------------------	---	-----	-----------------------------------	-------------------------	--

FULL NAME <u>J H Z...</u>	FATHER
RESIDENCE <u>St Anthony Ida</u>	
COLOR <u>N</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Indiana, Ill.</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Pearl Foraker</u>	MOTHER
RESIDENCE <u>St Anthony</u>	
COLOR <u>N</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Calem, Neb.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton  
(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_  
Registrar

Address \_\_\_\_\_  
Filed Aug 7 1920 W. S. W.  
Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

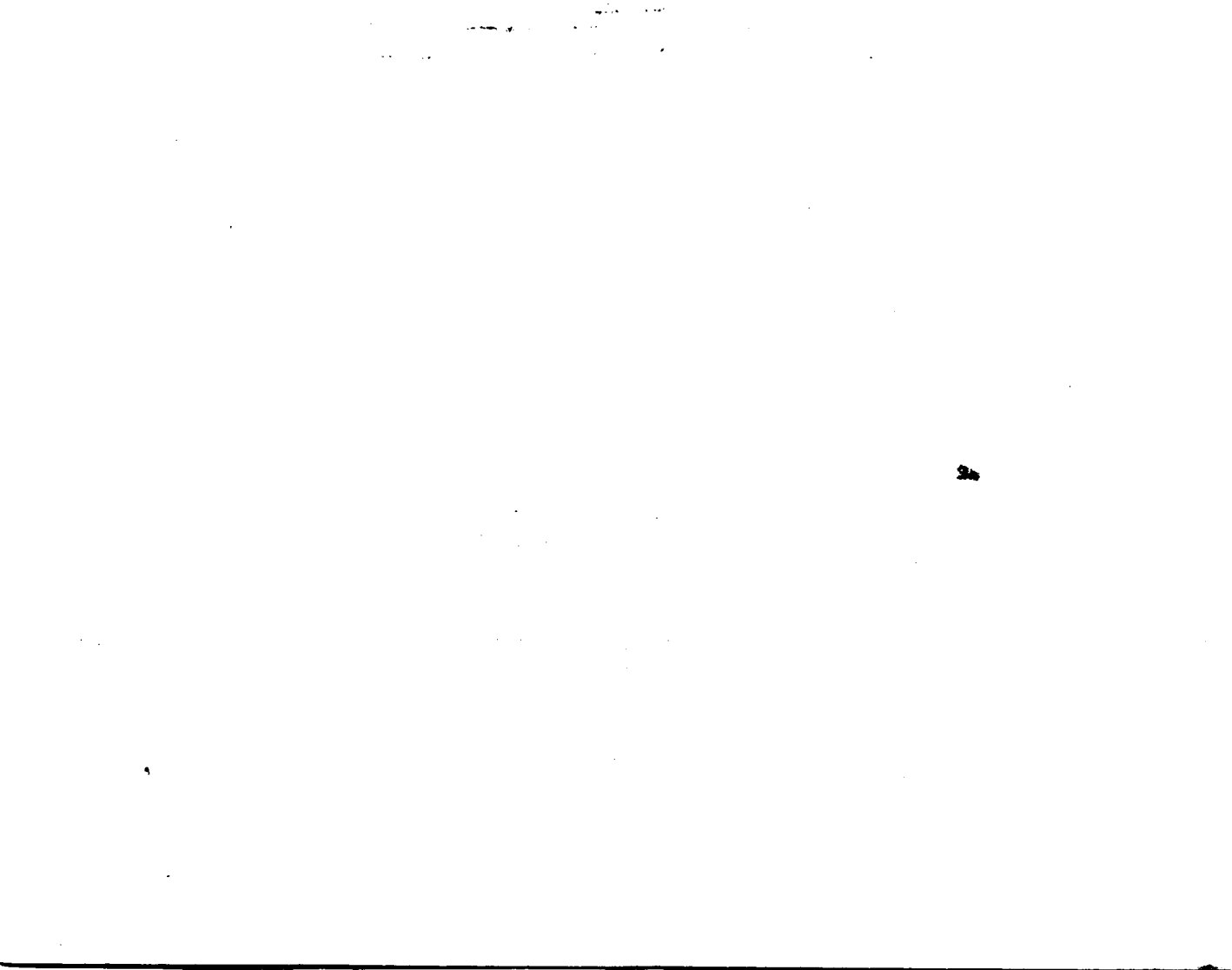
81713

File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

5-3 3.103.022-391  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Fremont

City of St Anthony

Registration District No. ....

File No. 81714

No. .... St. ....

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Archie "ayne Elliott

Sex of  
Child

M.

Twins  
Triplet  
or other?

{ and {  
(To be answered only in event of plural births)

Number  
in order  
of birth

2

Legiti  
mate?

yes

Date of  
Birth

June 3

(Month) (Day)

1920  
(Year)

FULL  
NAME

Archie Elliott

RESIDENCE

St Anthony

COLOR

AGE AT LAST  
BIRTHDAY

7-7  
(Years)

BIRTHPLACE

Chandler Oklahoma

OCCUPATION

laborer

FULL  
MAIDEN  
NAME

Leona Cramer

RESIDENCE

St Anthony

COLOR

AGE AT LAST  
BIRTHDAY

19  
(Years)

BIRTHPLACE

Pahmah Cal

OCCUPATION

Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Aug 2 1920

Registrar

Registrar





STATE OF CALIFORNIA,

County of Los Angeles.

} ss.

ON THIS 29 day of Aug, A.D., 1941, before me,  
Paul S. Johnson

a Notary Public in and for said County and State, personally appeared  
Arthur Wayne Elliott

\_\_\_\_\_, known to me,  
(or proved to me on the oath of Clara C. Ramsey),  
to be the person whose name is subscribed to the within  
Instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official  
seal the day and year in this certificate first above written.

Paul S. Johnson

Commission Expires July 9, 1945

Notary Public in and for said County and State.

1947-11-10-1173

11/10/47

On this 11/10/47

at New York City

before me

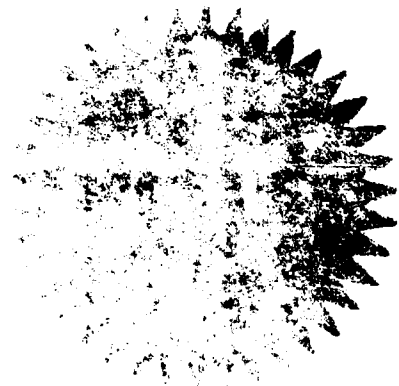
and the undersigned

notary public

do hereby certify

that the within

is a true and correct



Notary Public

STATE OF CALIFORNIA,

County of Los Angeles

} ss.

ON THIS 29 day of aug A.D., 1941, before me,

Paul Stokolow  
a Notary Public in and for said County and State, personally appeared

Leona Leamer, known to me,

(or proved to me on the oath of Archib W. James Elliot),

to be the person whose name is subscribed to the within

Instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

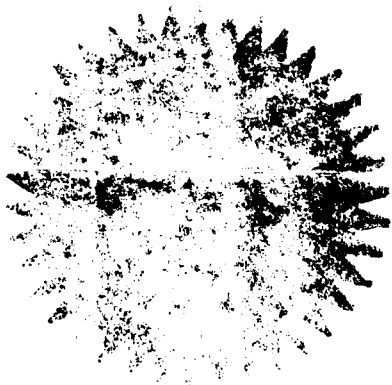
Paul Stokolow

My Commission Expires July 9, 1945 Notary Public in and for said County and State.

ON THIS \_\_\_\_\_ day of \_\_\_\_\_ A.D. 19\_\_\_\_ before me, \_\_\_\_\_ a Notary Public in and for the County and State personally appeared \_\_\_\_\_ known to me \_\_\_\_\_

I have proved to me on oath \_\_\_\_\_ to be the person whose name \_\_\_\_\_ instrument, and acknowledged to me that \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and official seal the \_\_\_\_\_ day of \_\_\_\_\_ A.D. 19\_\_\_\_



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Calif. } ss.  
County of Los Angeles  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Archie Wayne Elliott who Born on June 3 1919  
(Name on original certificate) (Was born or died) (Date of event)  
in St Anthony are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by Bible Record prepared on June 1919 are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO  
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)  
Name no name given Archie Wayne Elliott

Subscribed and sworn to before me this  
day of June, 1919

Notary Public, residing at  
My commission expires  
[SEAL]

Signed Archie Wayne Elliott  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death  
record; or other credible person)

1117 Chehalis St.  
(Street Address, City, State) Newberg  
Calif.

Supporting Affidavit of a Second Person

State of Calif. } ss.  
County of Los Angeles

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this  
day of June, 1919

Notary Public, residing at  
My commission expires  
[SEAL]

Signed Blanca Exanmer  
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on June 3 1919 by Blanca Exanmer  
(Registrar's signature)

JUN 11 1954

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

105-112,022-699

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81715

County of Fremont

City of Equm

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Arland Bert Jones

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>June 12</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-------	---	----------------------------	--

FULL NAME <u>Bert Jones</u>	FATHER
RESIDENCE <u>Equm Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE <u>St Anthony, Ida</u>	
OCCUPATION <u>laborer</u>	

FULL MAIDEN NAME <u>Mable Orr</u>	MOTHER
RESIDENCE <u>Equm Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE <u>Bear Lake Ida.</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) E. Melton  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed Aug 7 1920 W. Slora  
Registrar \_\_\_\_\_





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-219022-415  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-7-21-19

County of Crescent

City of St. Anthony

Registration District No. \_\_\_\_\_

File No. **81716**

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Dolores A. Doodle Smith

Sex of Child <u>Female</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>1st</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 14 1920</u> (Month) (Day) (Year)
----------------------------	--------------------------------	-----	-------------------------------------	------------------------	---

FATHER  
FULL NAME Floyd Smith  
RESIDENCE St. Anthony, Ida  
COLOR W AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)  
BIRTHPLACE Elmore, W  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Louise Davis  
RESIDENCE St. Anthony, Ida  
COLOR W AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Portage, W  
OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at St. A M. on the date above stated. (Born alive or stillborn)

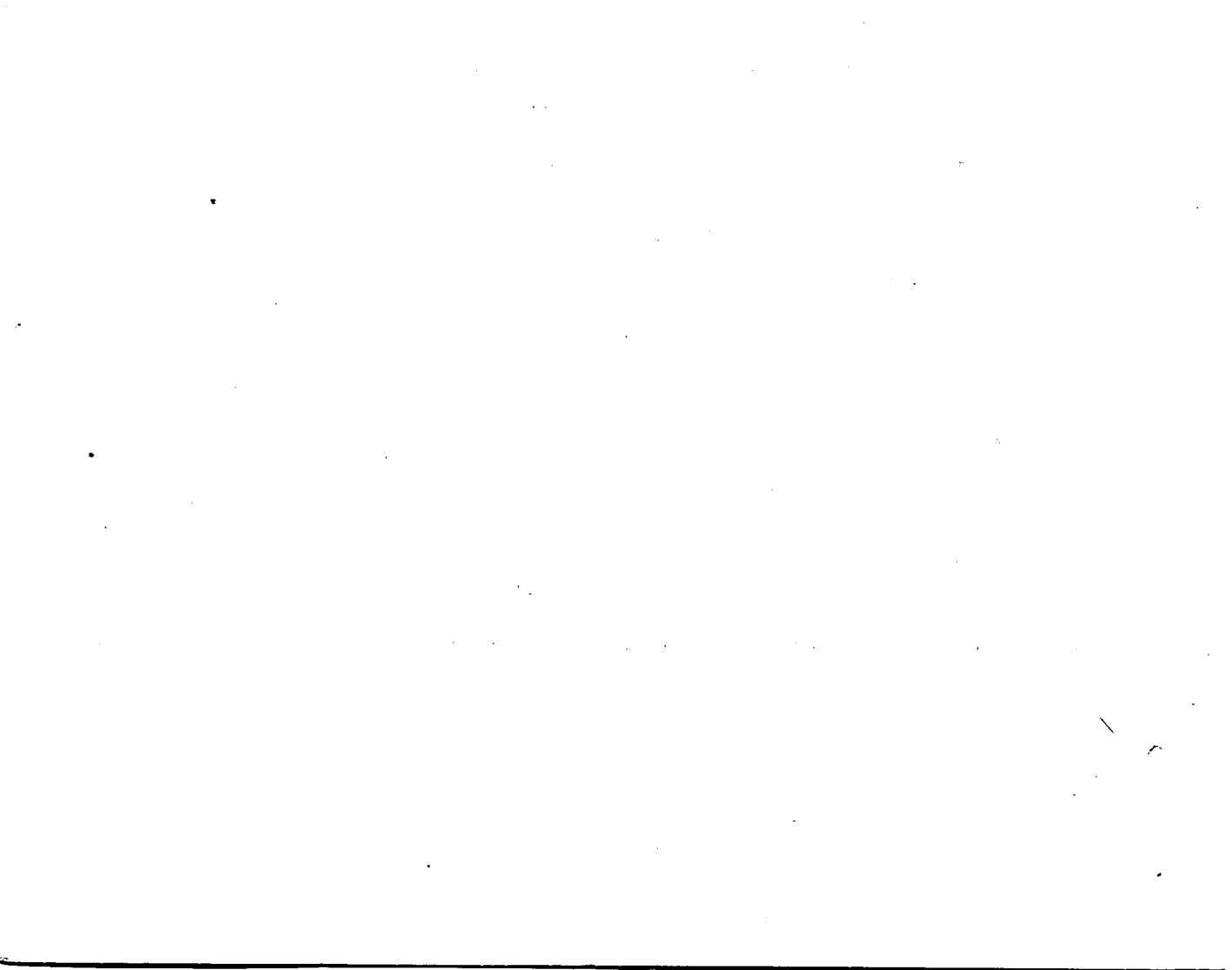
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. [Signature]  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

Address \_\_\_\_\_  
Filed Aug 2 1920 W. Seer  
Registrar

Registrar



**YEAR: 1920**

**FILE # 81717**

**IDAHO BIRTH CERTIFICATE**

**VOID VOID VOID**

**SEE 1920-81717 A & B TWINS**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

PLACE OF BIRTH AMENDED FEB. 2, 1951

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

766 216022-753  
County of Premont

City of St. Anthony

No. \_\_\_\_\_ St.

Registration District No. \_\_\_\_\_

File No. 81717 A+B

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD (Twins) JUNE and JANE POWELL

(Certificate of no value without full name of child.)

Sex of Child <u>Females</u>	<u>Twins</u> Triplet or other? (To be answered only in event of plural births)	<u>Wing</u> in order of birth <u>7&amp;8th</u>	Legitimate? <u>yes</u>	Date of birth <u>June 16</u> 192 <u>0</u> (Month) (Day) (Year)
--------------------------------	--	--	------------------------	--

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 7&8th Number of children of this mother now living, including present birth 8

FATHER  
FULL NAME John Edward Powell

MOTHER  
FULL MAIDEN NAME Sophia Peterson

RESIDENCE  
St. Anthony, Idaho

RESIDENCE  
St. Anthony, Idaho

COLOR white AGE AT LAST BIRTHDAY 46 (Years)

COLOR white AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE  
Tintic, Utah

BIRTHPLACE  
Denmark

OCCUPATION  
Laborer

OCCUPATION  
Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8: A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

M. D.  
(Physician or midwife)

Give names added from a supplemental report.

Address \_\_\_\_\_

\_\_\_\_\_, 192\_\_\_\_

Filed Aug. 2 1920 W. Beerst

\_\_\_\_\_  
Registrar.

\_\_\_\_\_  
Registrar.

2 k

DECEASED

Z-Turns A40

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Madison } SS. Certificate No. 81717  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Jane and June Powell who were born on June 16, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in St. Anthony, Fre. Co., Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original) (The Correct Facts)  
Name of Father Samuel Lester Powell John Edward Powell

Subscribed and sworn to before me this 22 day of \_\_\_\_\_ 1951

Notary Public, residing at St. Anthony, Idaho  
My commission expires Sept. 12, 1951  
(Seal)

Signed Sophia Powell  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
St. Anthony, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Madison Fremont } SS.

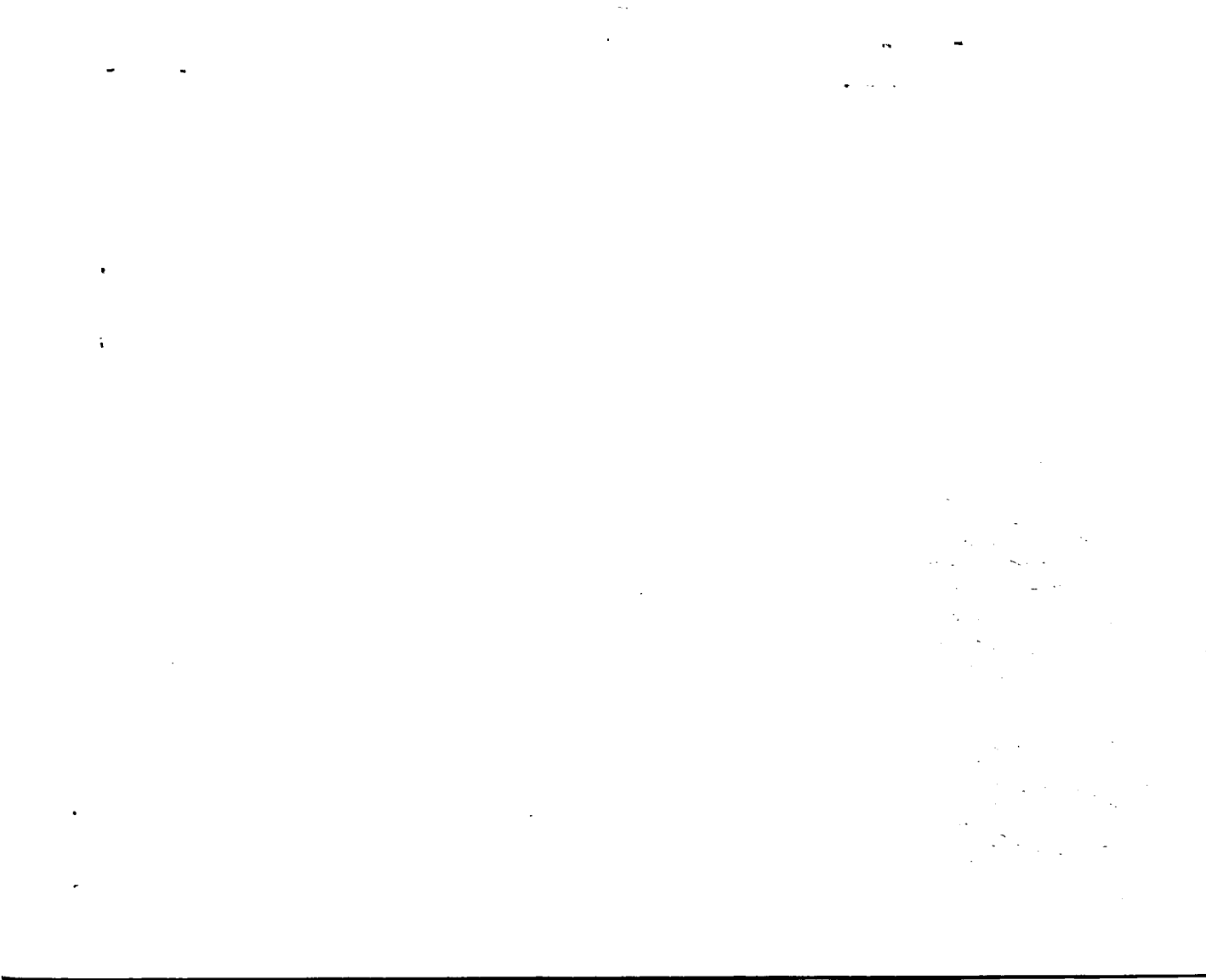
[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of \_\_\_\_\_ 1951

Notary Public, residing at St. Anthony, Idaho  
My commission expires Sept. 12, 1951  
(Seal)

Signed Mrs. Mrs. Rickes  
(Signature of Any Credible Person)  
St. Anthony, Idaho  
(Street Address, City, State)



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

PLACE OF BIRTH AMENDED FEB. 2, 1951

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

766 216022-753  
County of Premont

City of St. Anthony

No. \_\_\_\_\_ St.

Registration District No. \_\_\_\_\_

File No. 81717 A+B

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD (Twins) JUNE and JANE POWELL

(Certificate of no value without full name of child.)

Sex of Child <u>Females</u>	<u>Twins</u> Triplet or other? (To be answered only in event of plural births)	<u>Wing and</u> in order of birth <u>7&amp;8th</u>	Legitimate? <u>yes</u>	Date of birth <u>June 16</u> 192 <u>0</u> (Month) (Day) (Year)
--------------------------------	--	--	------------------------	---

What bacteriocidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 7&8th Number of children of this mother now living, including present birth 8

FATHER  
FULL NAME John Edward Powell

MOTHER  
FULL MAIDEN NAME Sophia Peterson

RESIDENCE  
St. Anthony, Idaho

RESIDENCE  
St. Anthony, Idaho

COLOR white AGE AT LAST BIRTHDAY 46 (Years)

COLOR white AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE  
Tintic, Utah

BIRTHPLACE  
Denmark

OCCUPATION  
Laborer

OCCUPATION  
Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8: A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

M. D.  
(Physician or midwife)

Give names added from a supplemental report.

Address \_\_\_\_\_

\_\_\_\_\_, 192\_\_\_\_

Filed Aug. 2 1920 W. Beerst

\_\_\_\_\_  
Registrar.

\_\_\_\_\_  
Registrar.

2 k



DECEASED

Z-Turns A40

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Madison } SS. Certificate No. 81717  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Jane and June Powell who were born on June 16, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in St. Anthony, Fre. Co., Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original) (The Correct Facts)  
Name of Father Samuel Lester Powell John Edward Powell

Subscribed and sworn to before me this 22 day of \_\_\_\_\_ 1951

Notary Public, residing at St. Anthony, Idaho  
My commission expires Sept. 12, 1951  
(Seal)

Signed Sophia Powell  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
St. Anthony, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Madison Fremont } SS.

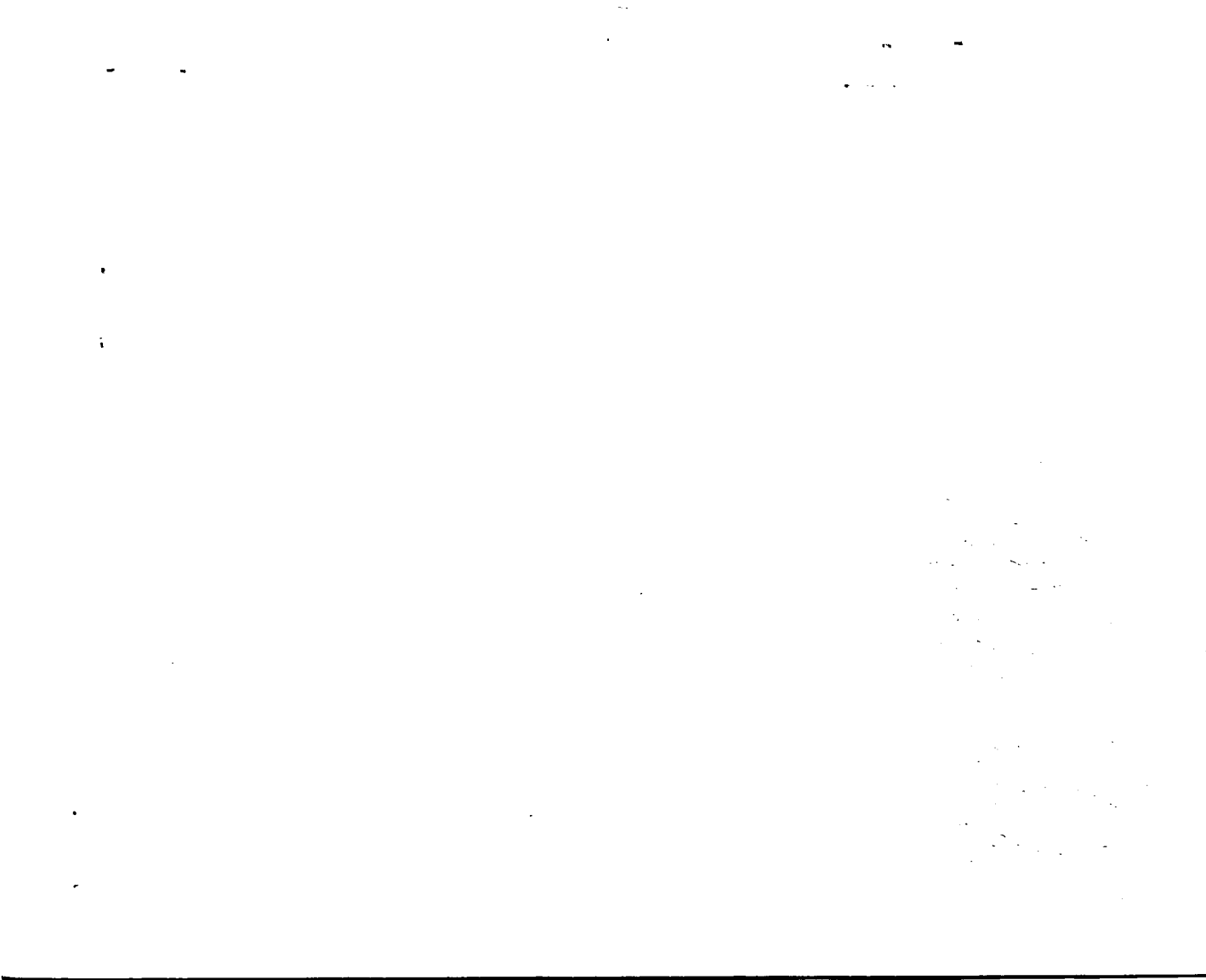
[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of \_\_\_\_\_ 1951

Notary Public, residing at St. Anthony, Idaho  
My commission expires Sept. 12, 1951  
(Seal)

Signed Mrs. Mrs. Rickes  
(Signature of Any Credible Person)  
St. Anthony, Idaho  
(Street Address, City, State)



619-128022-697

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of TremontCity of St Anthony

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

81718

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Jack Wardle

Sex of Child

MTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth12Legiti  
mate?yesDate of  
BirthMay 281920

(Month) (Day) (Year)

FULL  
NAMEL D Wardle

FATHER

RESIDENCE

St Anthony

COLOR

WhiteAGE AT LAST  
BIRTHDAY44  
(Years)

BIRTHPLACE

South Jordan, Utah

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEEmeline Drail

MOTHER

RESIDENCE

St Anthony

COLOR

WhiteAGE AT LAST  
BIRTHDAY43  
(Years)

BIRTHPLACE

Draper Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 12<sup>30</sup> P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J E Metton  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

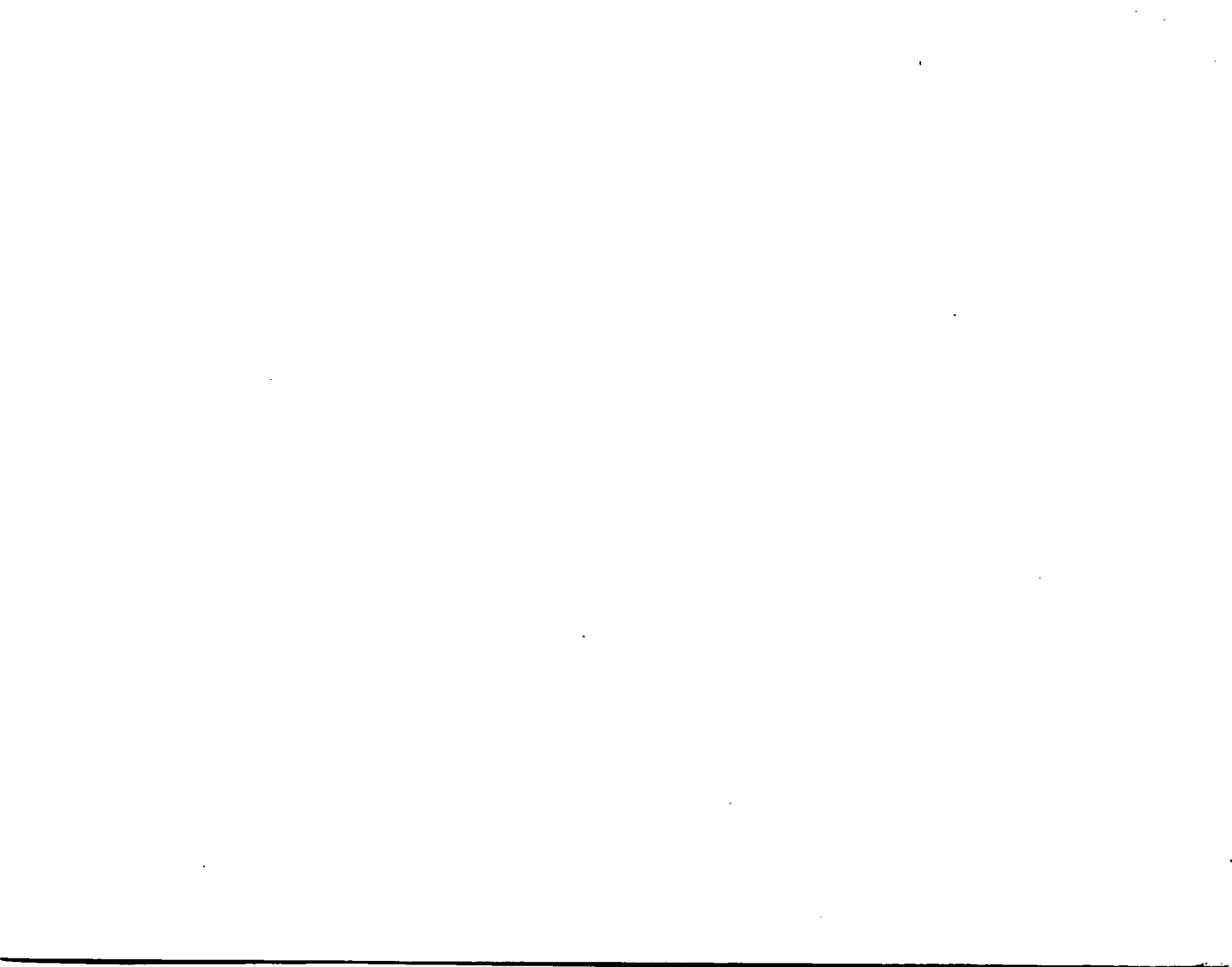
Address

Filed

Dec 2 1920W D Lusk

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-129,022-516  
PLACE OF BIRTH

County of Fremont

City of Parker

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. \_\_\_\_\_ File No. 81719

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD BLAINE V. WARDLE

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>2</u>	Legiti mate? <u>yes</u>	Date of Birth <u>May 29</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	--	----------------------------	---

FULL NAME J. F. Wardle  
RESIDENCE Parker  
COLOR W AGE AT LAST BIRTHDAY 44 (Years)  
BIRTHPLACE South Jordan W.  
OCCUPATION Farmer

FULL MAIDEN NAME Edna Vaudrey  
RESIDENCE Parker Ida  
COLOR W AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Draper Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

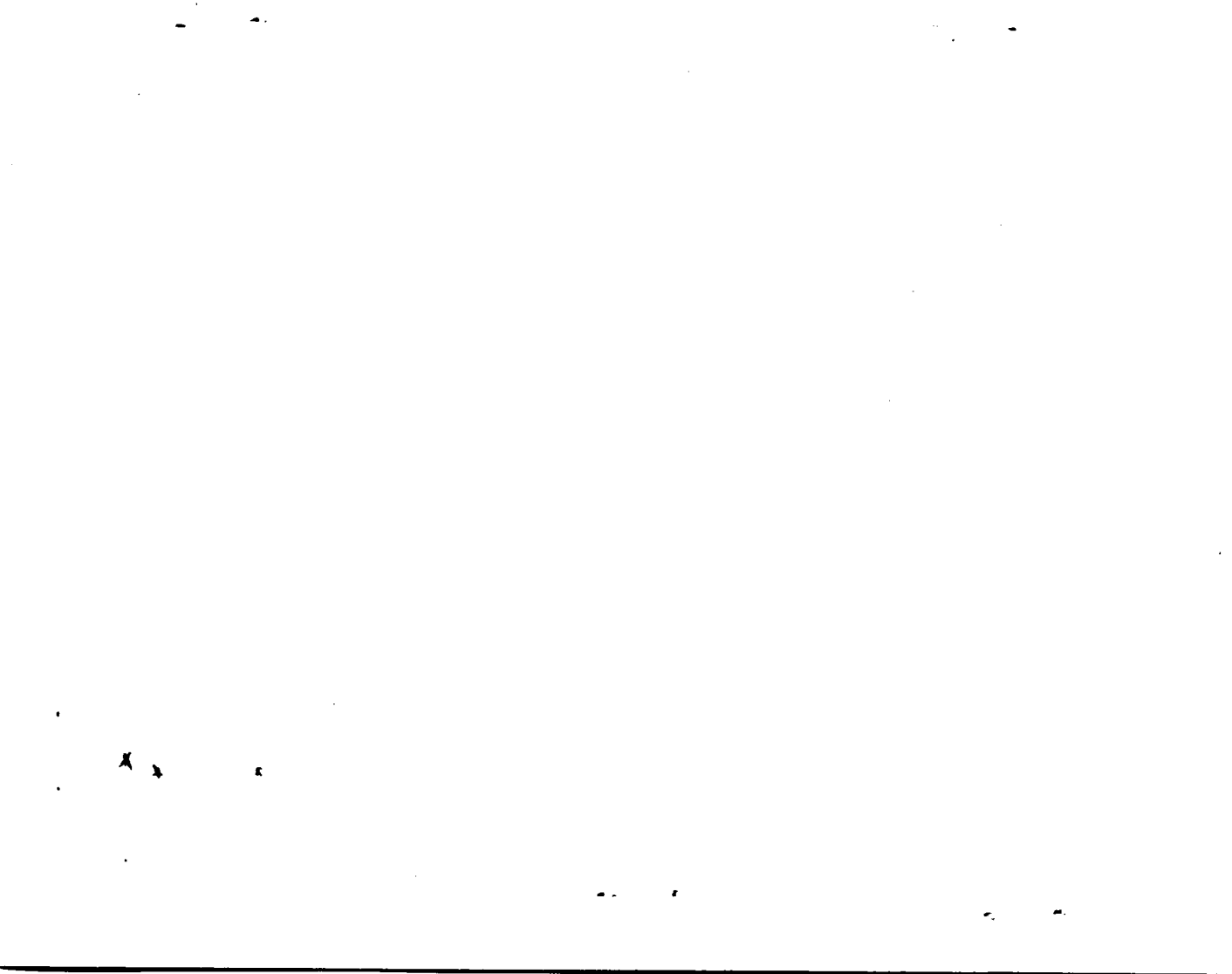
I hereby certify that I attended the birth of this child, who was Born alive at 6<sup>30</sup> A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Melton  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_ Address \_\_\_\_\_  
Registrar \_\_\_\_\_ Filed Aug 5 1920 W. S. W. W. Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Premont } ss. Certificate No. 81719  
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of Blaine V. Wardle who was born on May 29, 1920 (BIRTH OR DEATH)  
for Blaine V. Wardle (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Premont County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (PLACE OF EVENT)  
true facts as shown by bible record prepared on date of birth, are: (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

name unnamed Blaine V. Wardle

Subscribed and sworn to before me this 4th  
day of April 1942

Signed J. F. Wardle  
(SIGNATURE OF FATHER ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
St. Anthony, Idaho, RD#2

(STREET ADDRESS, CITY, STATE)

Notary Public, residing at St. Anthony  
My commission expires 10-11-44  
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Premont } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th  
day of April 1942

Signed Edna V. Wardle  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
Mother

Notary Public, residing at St. Anthony, Idaho  
My commission expires 10-11-42  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)



APR 1 1974

MAY 30 1974

493-230-022-753

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FremontCity of St Anthony

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

81720

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD MAY AILEEN RUTH GLADYS MITCHELL

Sex of Child

FTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birth  
(To be answered only in event of plural births)2Legiti  
mate?yesDate of  
BirthMay 30

(Month)

(Day)

19 20  
(Year)FULL  
NAMEJohn Mitchell

FATHER

RESIDENCE

St Anthony

COLOR

WAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Gray Iowa

OCCUPATION

LaborerFULL  
MAIDEN  
NAMEMyrtle T. Peterson

MOTHER

RESIDENCE

St Anthony

COLOR

WAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

West Brook, Minn.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated.born alive

(Born alive or stillborn)

7:30 A M.{ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

J E Melton

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

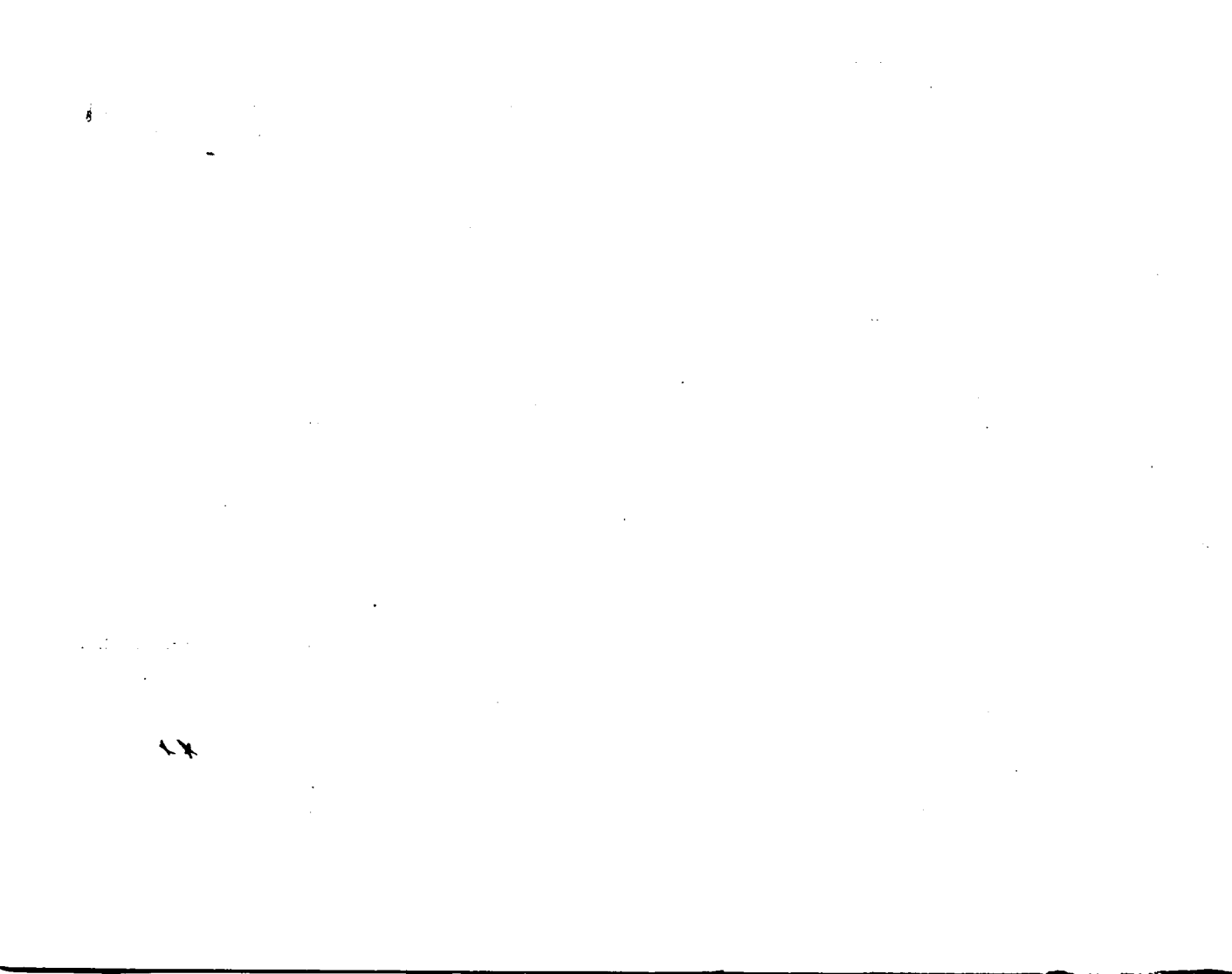
Address \_\_\_\_\_

Filed

Aug 2 19 20W J Smith

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-230-222-955

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Remont

City of St Anthony

Registration District No. \_\_\_\_\_

File No. **81721**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mary Evelyn Falk

Sex of Child

F

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

2

Legiti  
mate?

yes

Date of  
Birth

May 30 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER  
Earl Falk

FULL  
MAIDEN  
NAME

MOTHER  
Eliz. Reed

RESIDENCE

St Anthony

RESIDENCE

St Anthony

COLOR

W

AGE AT LAST  
BIRTHDAY

42  
(Years)

COLOR

W

AGE AT LAST  
BIRTHDAY

30  
(Years)

BIRTHPLACE

Keosauqua, Iowa

BIRTHPLACE

Stockton Iowa

OCCUPATION

Laborer

OCCUPATION

Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

2:30 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J E Melton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Aug 2 1920

W. S. W. W.

Registrar

Registrar

MAR 24 1976

OCT 9 1948

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-231-022-253  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81722

County of Fremont

City of St Anthony

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>F</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and {	Number in order of birth <u>1st</u>	Legiti mate? <u>yes</u>	Date of Birth <u>May 31</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-------	-------------------------------------	-------------------------	--

FATHER  
FULL NAME Wm M Boyle  
RESIDENCE Elgin, Ida  
COLOR W AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Utah  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Rhoda Bell  
RESIDENCE St Anthony, Ida  
COLOR W AGE AT LAST BIRTHDAY 18 (Years)  
BIRTHPLACE Elgin Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 8 a m  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed Aug 2 1920 W A W  
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

582-211-022-815

name added 6-24-85 d1

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of *Tremont*

City of *St Anthony*

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

81723

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Jeanne Elena Nyborg

FULL NAME OF CHILD

Sex of Child <i>F</i>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and {	Number in order of birth <i>6</i>	Legiti mate? <i>yes</i>	Date of Birth <i>May 11 1920</i> (Month) (Day) (Year)
-----------------------	---	-------	-----------------------------------	-------------------------	--

FATHER  
FULL NAME *A. C. Nyborg*  
RESIDENCE *St Anthony*

MOTHER  
FULL MAIDEN NAME *Johanna Hansen*  
RESIDENCE *St Anthony*

COLOR *W* AGE AT LAST BIRTHDAY *48*  
(Years)

COLOR *White* AGE AT LAST BIRTHDAY *42*  
(Years)

BIRTHPLACE *Mt Pleasant W.*

BIRTHPLACE *Mt Pleasant, W.*

OCCUPATION *Farmer*

OCCUPATION *Housewife*

Number of child of this mother, including present birth *6* Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive*, at *1 P.* M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. E. Melton*  
*M.D.*

(Physician or midwife)

Given names added from a supplemental report.

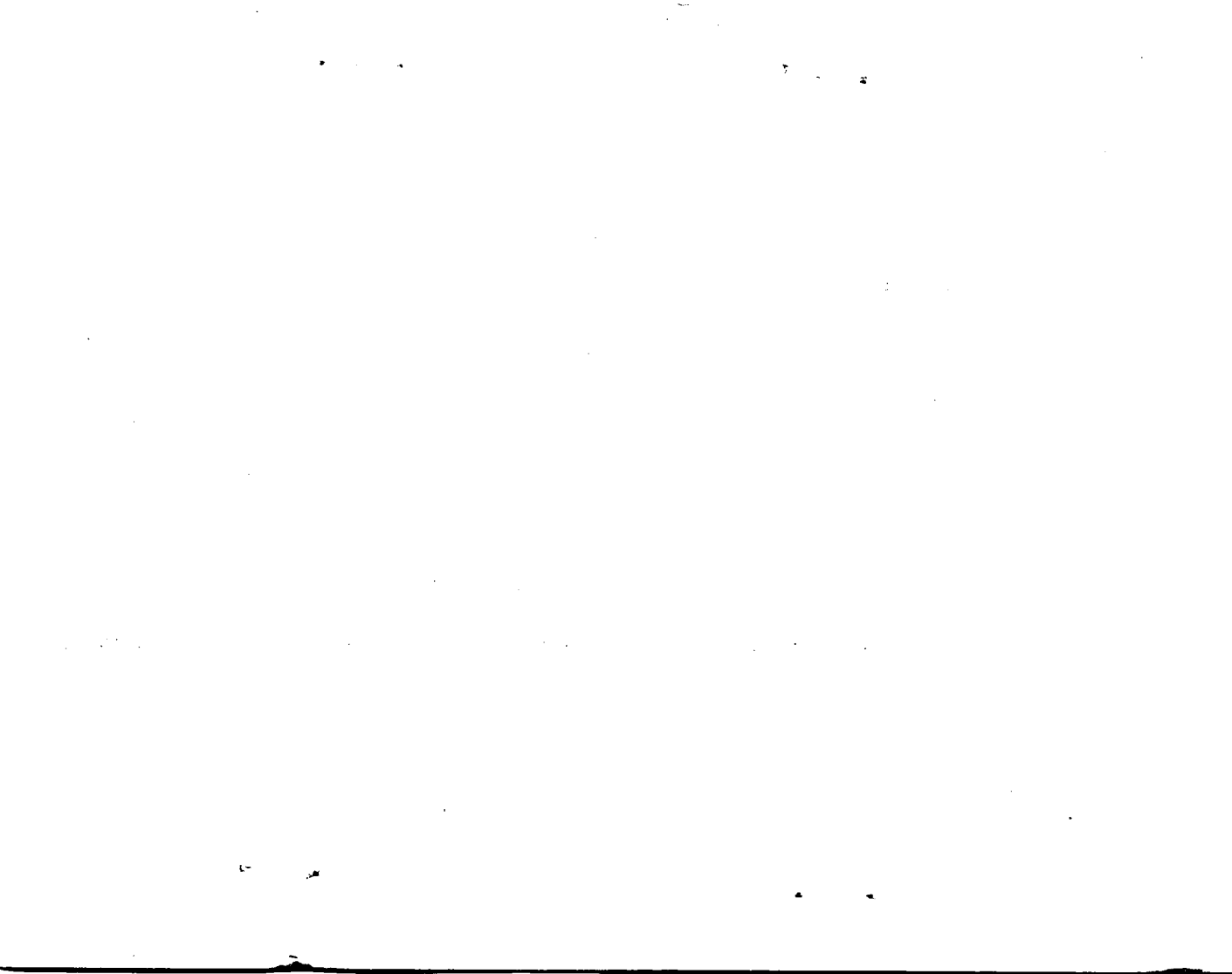
Address \_\_\_\_\_

Filed *Aug 2 1920* *W. O. W. X*

Registrar

Registrar





6-13-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics Standards and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

**RECEIVED**  
**JUN 24 1985**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

Certificate No. 81723

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Nyborg who was born on May 11, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in St. Anthony (Fremont) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Unnamed</u>	<u>Jeanne Elena Nyborg</u>

Subscribed and sworn to before me this \_\_\_\_\_ day of

Notary Public, Roger Nielsen, 19  
Residing at Twin Falls, Idaho  
My commission expires November 1987  
(Seal)

Jeanne Elena Nyborg  
Signature of Applicant *married name*  
1640 Willow Lane  
Street Address, City, State  
Twin Falls, Idaho

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

(Must be completed \_\_\_\_\_)

(Is not necessary \_\_\_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of

Notary Public, Roger Nielsen, 19  
Residing at Twin Falls, Idaho  
My commission expires November 1987  
(Seal)

Wack Maupin  
Supporting Signature  
1640 Willow Lane  
Street Address, City, State  
Twin Falls, Idaho

Birth Certificate for Melanie Ruth Mäupin born 4-15-48 in  
St. Anthony lists mother as Jeanne Elena Nyborg. Viewed by V.S.

Will lists Jeanne Elena Maupin as adult listed in Will and  
dated Aug 17, 1979. Viewed by V.S.

**JUN 24 1985**

845-212-022-669

Form V. S. No. 1140-25m-7-31-18

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FrederickCity of Parker

Registration District No. \_\_\_\_\_

File No. 81724

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

## FULL NAME OF CHILD

Viola May Hunter

Sex of Child <u>7</u>	Twin Triplet or other? _____	and _____	Number in order of birth <u>1st</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 12</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	------------------------------	-----------	-------------------------------------	------------------------	--

FATHER  
FULL NAME Emmett Hunter  
RESIDENCE Parker Idaho  
COLOR W AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Oakley Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Sena Workman  
RESIDENCE Parker Idaho  
COLOR W AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Parker Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth. \_\_\_\_\_ Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed Aug 2 1920 versura

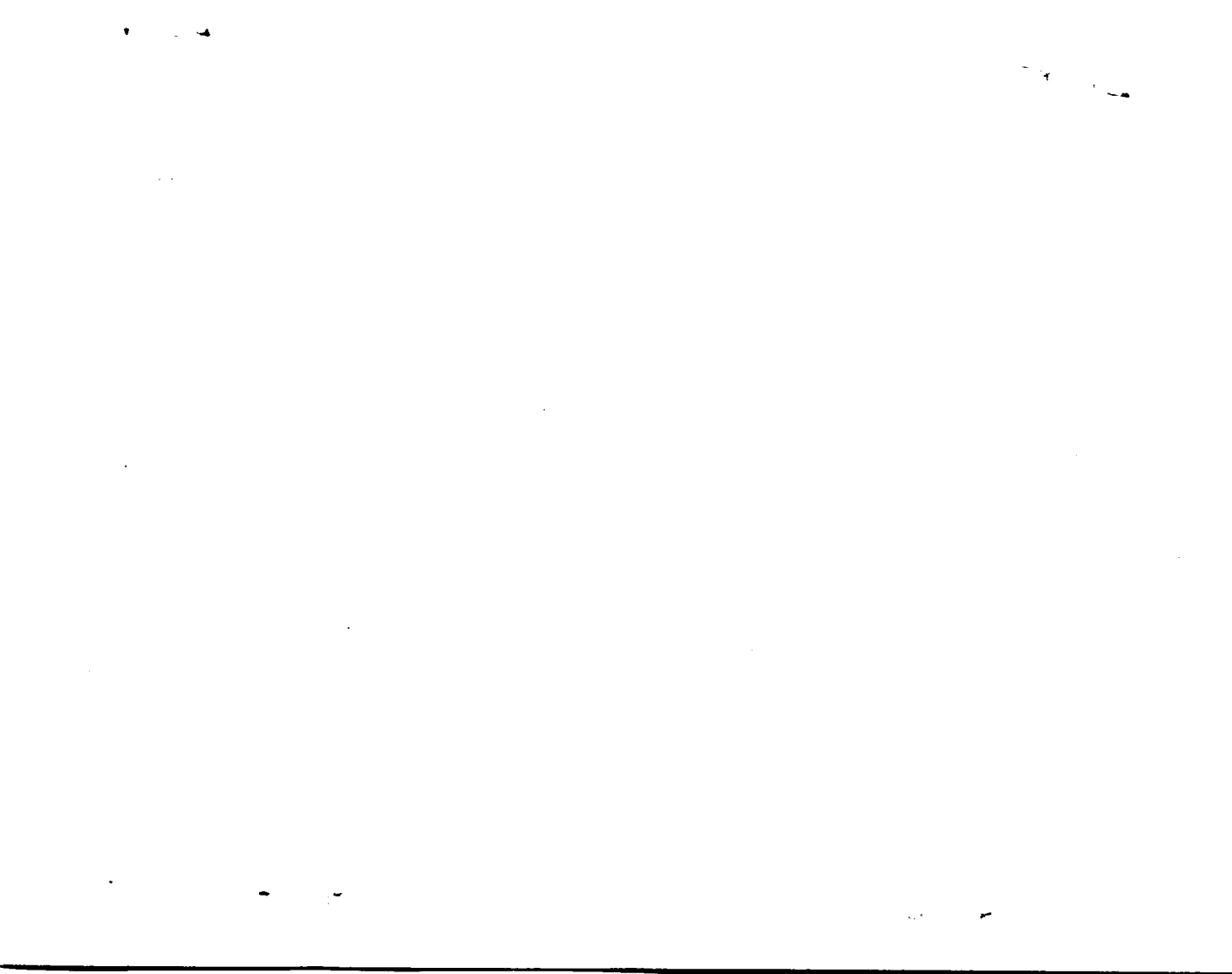
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of such, in order of birth stated.

K



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 81724

County of Freemont } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Viola May Hunter who was born on 9/12/1920 (BIRTH OR DEATH) (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

in Parker, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the (PLACE OF EVENT)

true facts as shown by Insurance Policy prepared on June 28, 1941, are: (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

Name

Unnamed Hunter

Viola May Hunter

Subscribed and sworn to before me this 6th day of May, 19 42

Signed Arthur E. List

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Clerk of St. Anthony, Idaho, residing at St. Anthony, Idaho  
My commission expires (SEAL)

240 North Bridge St. Anthony, Idaho  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Freemont }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of May, 19 42

Signed Phyllis Hauser  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Clerk of St. Anthony, Idaho, residing at St. Anthony, Idaho  
My commission expires (SEAL)

St. Anthony, Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 2 1942

By

(REGISTRAR'S SIGNATURE)

MAY 11 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

415-246-022-168

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 7-21-15

County of Tremont

City of St. Anthony

Registration District No. \_\_\_\_\_

File No. 81725

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>F.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>3</u>	Legitimacy <u>yes</u>	Date of Birth <u>May 16</u> <u>1920</u> (Month) (Day) (Year)
------------------------	---	-----	--	-----------------------	--

FATHER  
FULL NAME Wm. D. Davis

MOTHER  
FULL MAIDEN NAME Hazel Johnson

RESIDENCE St. Anthony, Ida.

RESIDENCE St. Anthony, Ida.

COLOR W AGE AT LAST BIRTHDAY 38  
(Years)

COLOR W AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Youngstown, Ohio

BIRTHPLACE Mt. Pleasant, W.

OCCUPATION Carpenter

OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 10<sup>30</sup> A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

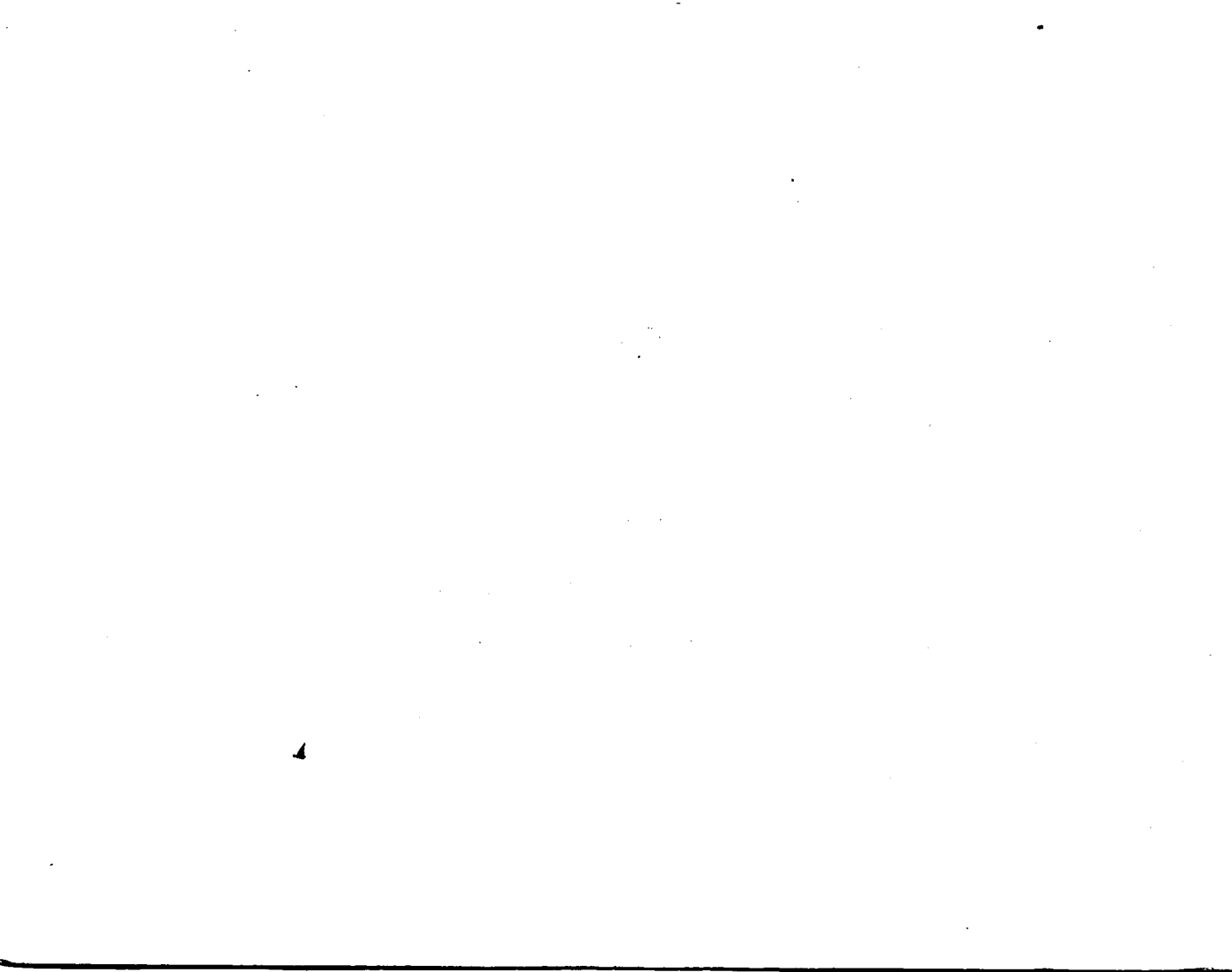
Address \_\_\_\_\_

Filed Aug 2 1920 W. S. Burek

Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-1021022-236

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Fremont

City of Parker

Registration District No. \_\_\_\_\_ File No. 81726

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Clifford Stoddard Winegar

Sex of Child <u>M</u>	Twin Triplet or other? _____	and _____	Number in order of birth <u>4</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 2</u> 19 <u>20</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

FATHER  
FULL NAME Wm. Stoddard Winegar  
RESIDENCE Parker  
COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Egin Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Reah Stoddard  
RESIDENCE Parker Ida  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Parker  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed Aug 2 1920 W. S. S. S.  
Registrar \_\_\_\_\_ Registrar \_\_\_\_\_

cc 2/11/41 1744

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

296-1096022-693  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Franklin  
City of St Anthony Registration District No. \_\_\_\_\_ File No. 81727  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
Hospital \_\_\_\_\_  
FULL NAME OF CHILD Victor Wade Brown

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>3rd</u>	Legitimate? <u>yes</u>	Date of Birth <u>Apr 9</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	-----------------------------------	-------------------------------------	------------------------	---

FATHER  
FULL NAME R. W. Brown  
RESIDENCE St Anthony  
COLOR White AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Nebraska  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Letitia Williams  
RESIDENCE St Anthony  
COLOR White AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Matton  
(Physician or midwife)

Given names added from a supplemental report.

Address St Anthony  
Filed Aug 3 1920 W. W. W.  
Registrar

MAR 6 1967

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-204022-764  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Yemont  
City of Parker

81728

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_  
FULL NAME OF CHILD Helen Haight

Sex of Child <u>♀</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and {	Number in order of birth <u>3</u>	Legiti mate? <u>yes</u>	Date of Birth <u>May 4 1920</u> (Month) (Day) (Year)
-----------------------	---	-------	-----------------------------------	-------------------------	---

FATHER  
FULL NAME C D Haight  
RESIDENCE Parker  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Farmington Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Emma Maude Pulton  
RESIDENCE Parker Idaho  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Parkley Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8 PM M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J E Mettong  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Aug 2 1920 W Shurt  
Registrar

Registrar

OCT 29 1973

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. **BUREAU OF VITAL STATISTICS**  
Certificate No. **81728**  
Date Filed .....

**OCT 25 11 46 PM '74**  
The undersigned does solemnly swear that certain facts on the certificate of **Birth**  
for **Unnamed Haight** who **was born** on **May 4, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Parker, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b>	<b>FROM</b>	<b>TO</b>
("Name," "Birth Date," "Cause of Death," Etc.)	(As on Original)	(The Correct Facts)
Childs name	omitted	Helen Haight

Subscribed and sworn to before me this **25th** day of **October**, 19**74**.  
*Frederick C. Burroughs*  
Notary Public, residing at .....  
My commission expires **7-20-74**  
(Seal)

Signed *William A. Smith*  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
.....  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

.....  
(Street Address, City, State)



• Church Record of birth gives name as Helen Haight born at Parker, Idaho  
on May 4, 1920 to Chauncy D. Haight and Emma Maud Poulton.  
Afton Stoddard, ,Ward Clerk Leo Petersen, Ward Clerk.  
Blessing Date July 1920  
Viewed by V.S.

OCT 25 1974

Family Record gives name as Helen Haight born May 4, 1920 in Parker, Idaho  
to Chauncy Haight and Maud Poulton.  
Viewed by V.S'

619-2041022-212

PLACE OF BIRTH

name added 10-27-83

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Fremont

## CERTIFICATE OF BIRTH

City of St. Anthony

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

81720

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ruth

Karrimond

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth	Legitimacy? <u>yes</u>	Date of Birth <u>May 4 1920</u> (Month) (Day) (Year)
----------------------------	---	-------	--------------------------	------------------------	---

FATHER  
FULL NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FATHER

AGE AT LAST BIRTHDAY 38  
(Years)MOTHER  
FULL MAIDEN NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

AGE AT LAST BIRTHDAY 23  
(Years)Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 6 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. M. Hargberger  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address St. Anthony, IdahoFiled Aug 7 1920

1920

Registrar

Registrar

22

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**RECEIVED**  
OCT 26 1981

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho } ss. **Bureau of Vital Statistics** Certificate No. 81729  
County of FREMONT Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Farrimond who was born on 5-4-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in St. Anthony (Fremont) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ruth Farrimond

Subscribed and sworn to before me this 22d day of October 1981.

Notary Public, Wm T. Dahl  
Residing at St. Anthony, Idaho  
My commission expires 9-27-1983  
(Seal)

X Ruth Farrimond Wright  
Signature of Applicant  
376. 5th South St. Anthony, Idaho  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss. (Must be completed \_\_)  
County of FREMONT (Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of ~~his~~ knowledge.

Subscribed and sworn to before me this 22d day of October 1981.

Notary Public, Wm T. Dahl  
Residing at St. Anthony, Idaho  
My commission expires 9-27-1983  
(Seal)

Dorothy L. Hackworth  
Supporting Signature  
647 W. Main St.  
Street Address, City, State  
St. Anthony, Id. 83445

Family Record sheet gives Ruth Farrimond born 5-4-20 in St. Anthony to John William Farrimond and Millie Baker was baptised 5-4-28. Viewed by V.S.

**OCT 27 1981**

Marriage License issued from State of New Mexico County of Hidalgo gives James Wright and Ruth Farrimond were married on Sept. 22, 1940. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

945-108-022-944

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH name added and day of birth amend  
County of Tremont 9-17-84 d1 CERTIFICATE OF BIRTH

City of St. Anthony Registration District No. File No. **81730**

No. St.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD George Daniel Grundel

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 8</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	----------------------------------	-----	-----------------------------------	------------------------	---

FATHER FULL NAME <u>David Eugene Grundel</u> RESIDENCE <u>Egin Ida</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>22</u> (Years) BIRTHPLACE <u>Willard Utah</u> OCCUPATION <u>Farmer</u>	MOTHER FULL MAIDEN NAME <u>Mary Runsey</u> RESIDENCE <u>Egin Ida</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>24</u> (Years) BIRTHPLACE <u>Teton Basin</u> OCCUPATION <u>Farmer</u>
--	---

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. M. Harsberger  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address

St. Anthony, Idaho  
Aug 7 1920  
J. W. Garret  
Registrar

Filed

Registrar

DECEASED

9-4-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_  
County of \_\_\_\_\_

Certificate No. 81730  
Date Filed \_\_\_\_\_

RECEIVED  
BUREAU OF  
VITAL STATISTICS  
SEP 14 9 23 AM '84

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Zundel who was born on May 8, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in St. Anthony (Fremont) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs name	Unnamed Zundel	George Daniel Zundel
date of birth	May 8, 1920	May 9, 1920

Subscribed and sworn to before me this 13<sup>th</sup> day of

September, 1984

Notary Public, James E. Holcomb

Residing at Ashton, Idaho

My commission expires life

(Seal)

George Daniel Zundel  
Signature of Applicant  
Rt #2 Ashton, Idaho  
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho  
County of Fremont } ss.

(Must be completed \_\_\_)

(Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13<sup>th</sup> day of

September, 1984

Notary Public, James E. Holcomb

Residing at Ashton, Idaho

My commission expires life

(Seal)

Verold E. Martindale  
Supporting Signature  
Ashton, ID  
Street Address, City, State

1cc email + 1cc pub = 2



Record of Baptism from LDS Church gives George Daniel Zundel born May 9, 1920 in Egin to David Eugene Zunel and Mary M Rumsey was baptised Aug 8, 1928. Viewed by V.S.

Ordination record from LDS Church gives George Daniel Zundel born May 9, 1920 in Egin was ordained a Deacon on Aug 8, 1932. Viewed by V.S.

**SEP 17 1984**

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

452-213:022-217  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Lincoln

City of St. Anthony

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

81731

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Awanda May

Meservey

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____ (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 13</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----------	---	------------------------	--

FATHER  
FULL NAME James Edgar Meservey  
RESIDENCE St. Anthony RFD No 1  
COLOR white AGE AT LAST BIRTHDAY 37  
Feb 18. 1920 (Years)  
BIRTHPLACE Super Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Sarah A Bagley  
RESIDENCE St. Anthony RFD No 1  
COLOR white AGE AT LAST BIRTHDAY 34  
Nov 28. 1919 (Years)  
BIRTHPLACE Littleton Colorado Idaho  
OCCUPATION House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. M. Harshbarger  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

St. Anthony Idaho  
W. Meservey

Filed

May 2 1920

Registrar

Registrar

SEP 16 1975

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. **VITAL STATISTICS** Certificate No. 81731  
County of \_\_\_\_\_ }  
The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for **Unnamed Meservy (female)** who **was born** on **May 13, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **St. Anthony, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

**child's name**

**Unnamed**

**Awanda May Meservy**

Subscribed and sworn to before me this **2nd** day of  
**October** 19 **75**

**Thames C. Call**  
Notary Public, residing at **Salt Lake City, Utah**

My commission expires **6-1-76**

(Seal)

Signed

**Awanda M. Meservy Hansen**  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **Utah** }  
County of **Salt Lake** } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **2nd** day of  
**October** 19 **75**

**Thames C. Call**  
Notary Public, residing at **Salt Lake City, Utah**

My commission expires **6-1-76**

(Seal)

Signed

**Joseph H. Meservy**  
(Signature of Any Credible Person)

**797 E. 4th St. Bountiful Utah**  
(Street Address, City, State) **84070**

Certif of Baptism and Confirmation from the LDS Church gives name as Awanda May Meservy daughter of J. A. Meservy and Sarah Bagley. Born May 13, 1920 at St. Anthony, Idaho. Baptized June 2, ~~k2~~ 1928. viewed by V. S.

OCT 27 1975

Certif of Blessing from the LDS Church gives name as Awanda May Meservy daughter of Alonzo Meservy and Sarah Bagley. Born May 13, 1920 at ~~XX~~ St. Anthony, Idaho. Blessed July 6, 1920, viewed by V. S.

C1 4782

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

219-218-022-259

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Tremont

City of Parker

Registration District No. 99

File No. 81732

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2177

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mabel Rowene Barrett

Sex of Child

F

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

3

Legiti  
mate?

yes

Date of  
Birth

June 18 1920  
(Month) (Day) (Year)

FULL  
NAME

Don C Barrett

RESIDENCE

Parker Idaho

COLOR

W

AGE AT LAST  
BIRTHDAY

7-6  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Carpenter

FULL  
MAIDEN  
NAME

Zelia Bergeson

RESIDENCE

Parker

COLOR

W

AGE AT LAST  
BIRTHDAY

22  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive  
on the date above stated.

(Born alive or stillborn)

at 2:30 P. M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

D. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

19

Address

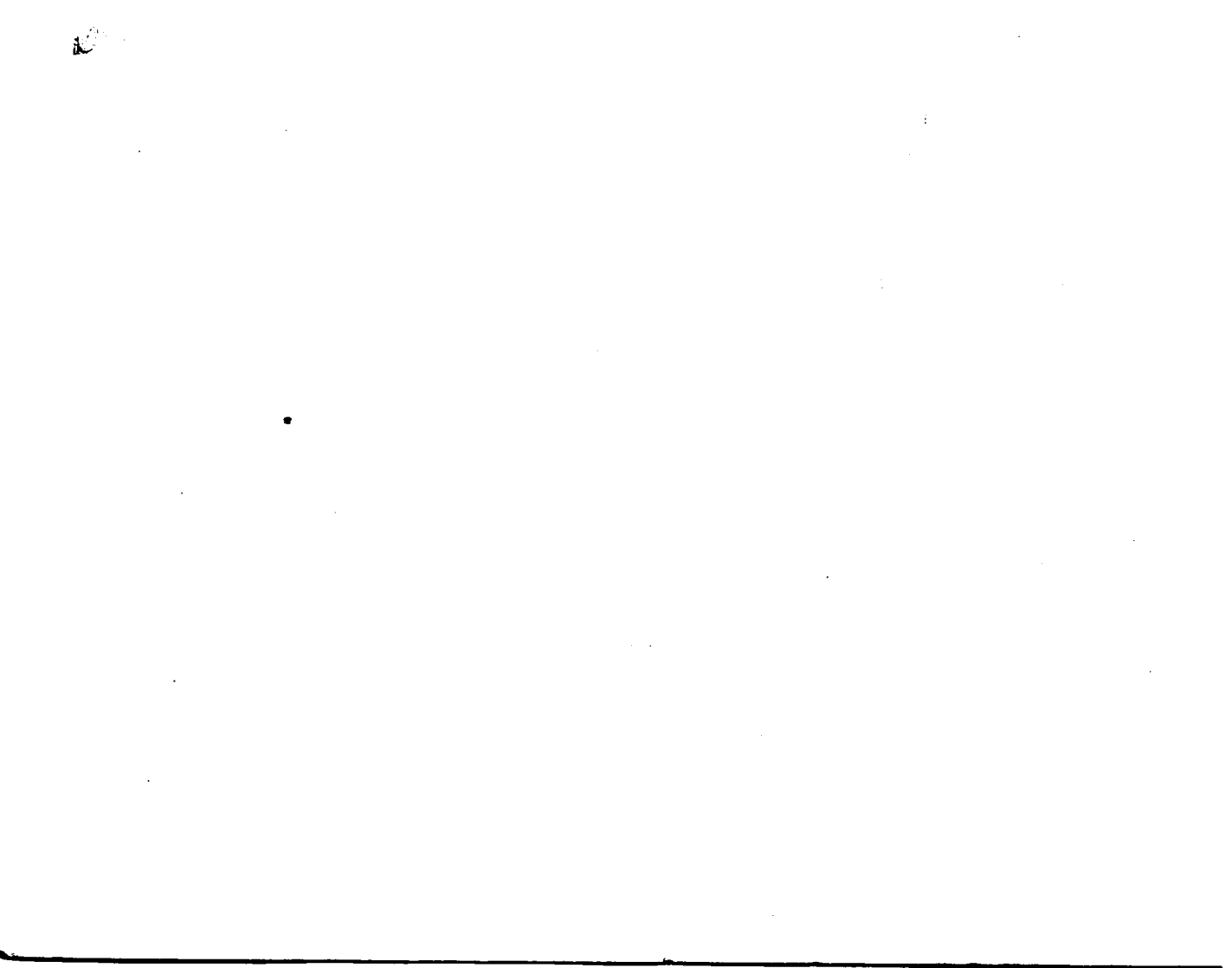
Filed

Aug 3 1920

W. S. W. R.

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

PLACE OF BIRTH **AMENDED 11/6/50**

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

815-117-022-614

County of **Fremont**

City of **St. Anthony**

CERTIFICATE OF BIRTH

No. \_\_\_\_\_ St. Registration District No. **29** File No. **81733**

Hospital \_\_\_\_\_ Primary Registration District No. **2177** Registered No. \_\_\_\_\_

FULL NAME OF CHILD **Clifford LaGrand Hanson**

(Certificate of no value without full name of child.)

Sex of Child <b>Male</b>	Twin Triplet or other? <b></b> (To be answered only in event of plural births)	and {Number in order of birth	Legitimate? <b>Yes</b>	Date of birth <b>June 17, 1920</b> (Month) (Day) (Year)
--------------------------	---	-------------------------------	------------------------	--

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth... **8** ... Number of children of this mother now living, including present birth... **8** ...

FATHER		MOTHER	
FULL NAME	RESIDENCE	FULL MAIDEN NAME	RESIDENCE
<b>N. C. Hanson</b>	<b>St. Anthony</b>	<b>Alice Wade</b>	<b>St. Anthony</b>
COLOR <b>White</b>	AGE AT LAST BIRTHDAY <b>57</b> (Years)	COLOR <b>White</b>	AGE AT LAST BIRTHDAY <b>38</b> (Years)
BIRTHPLACE <b>Denmark</b>		BIRTHPLACE <b>Ogden, Utah</b>	
OCCUPATION <b>Farmer</b>		OCCUPATION <b>Housewife</b>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was **born alive** at **5:30** **Pm.**  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **J. E. Metton**

**M.D.**  
(Physician or midwife)

Give names added from a supplemental report.

Address \_\_\_\_\_

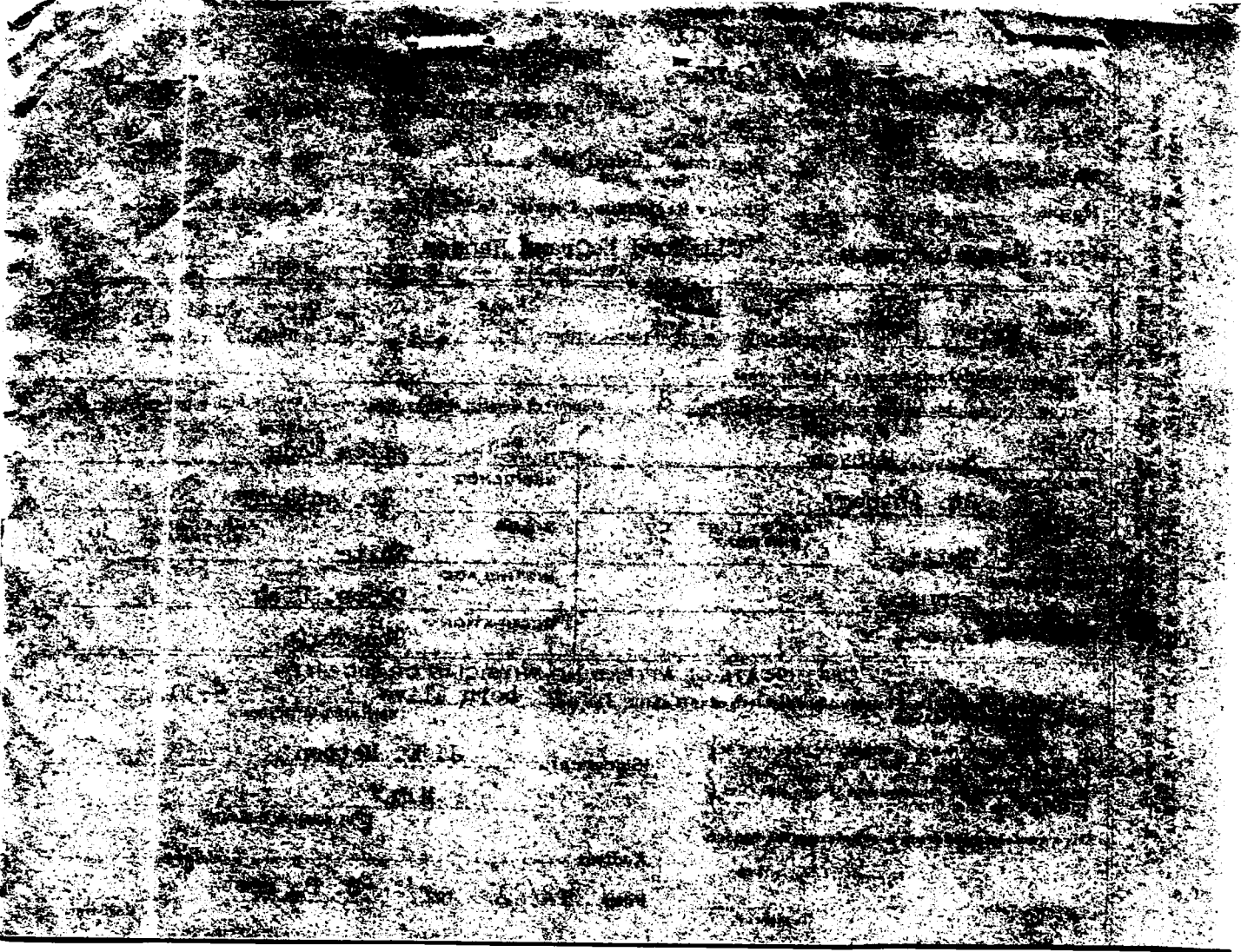
\_\_\_\_\_, 192\_\_\_\_

Filed **8/2/20** 192\_\_\_\_ **W. B. West**

\_\_\_\_\_  
Registrar.

\_\_\_\_\_  
Registrar.





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 81733  
County of Freemont }

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Jack Hansen who born on June 17 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in St. Anthony Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Ins. Marriage Army prepared on Oct. 16 1950, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

<u>Name</u>	<u>Jack Hansen</u>	<u>Clifford LaGrand</u>
		<u>Hanson</u>

Subscribed and sworn to before me this 16 day of October 1950

Signed Clifford L. Hanson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at St. Anthony, Idaho  
My commission expires 12/1/50  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

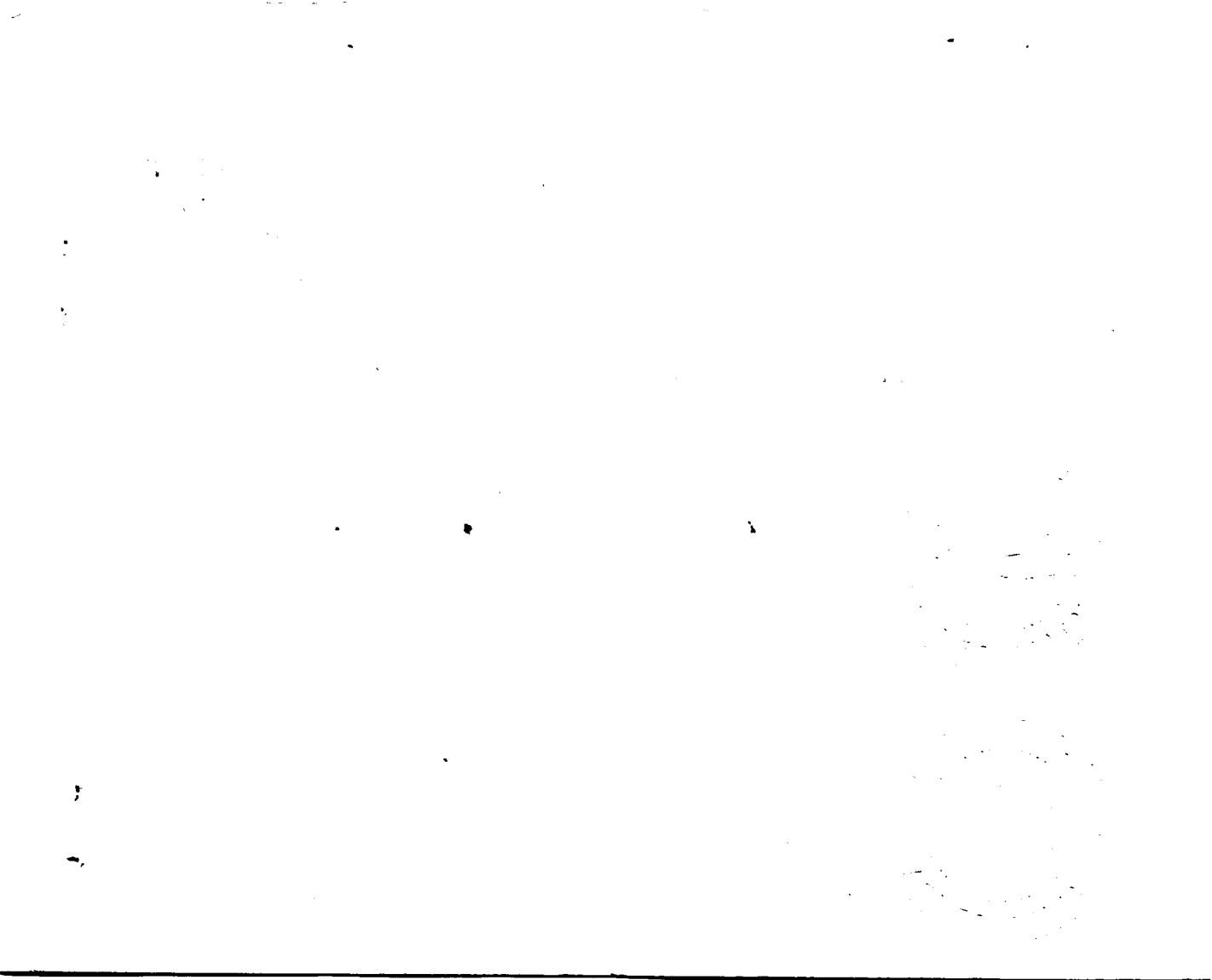
Subscribed and sworn to before me this 16 day of October 1950

Signed Emma F. Morton  
(Signature of Any Credible Person)

Notary Public, residing at St. Anthony, Idaho  
My commission expires 12/1/50  
(Seal)

(Street Address, City, State)

P.I.



619-218022-986

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FremontCity of DriggsRegistration District No. 99File No. 81734

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2177 Registered No. \_\_\_\_\_

## FULL NAME OF CHILD

Leah Hardle

Sex of Child

FTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth14Legiti  
mate?yesDate of  
BirthMay 18 20  
(Month) (Day) (Year)FULL  
NAMEC. M. Hardle

FATHER

RESIDENCE

Driggs Idaho

COLOR

WAGE AT LAST  
BIRTHDAY49  
(Years)

BIRTHPLACE

South Jordan U.

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEHarriet Rhodhouse

MOTHER

RESIDENCE

Driggs, Idaho

COLOR

WAGE AT LAST  
BIRTHDAY40  
(Years)

BIRTHPLACE

Oxford, Idaho

OCCUPATION

House wifeNumber of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive at 2 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

19\_\_\_\_

Address \_\_\_\_\_

Filed

Aug 7 1920W. S. L. X

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

NOV 30 1960

SEP 17 1962 .

48713

369-217-022-912

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FremontCity of St AnthonyRegistration District No. 99File No. 81735

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2177

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Lillie Cornish

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legit mate? <u>yes</u>	Date of Birth <u>July 17</u> <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	---	------------------------------	---

FULL NAME <u>Forrest Cornish</u>	FATHER
RESIDENCE <u>St Anthony</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Reporter</u>	

FULL MAIDEN NAME <u>Mollie Halberman</u>	MOTHER
RESIDENCE <u>St Anthony</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Friend Neb</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Cornish at 1 P.  
on the date above stated. (Born alive or stillborn)(Signature) J E Melton  
(Physician or midwife)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

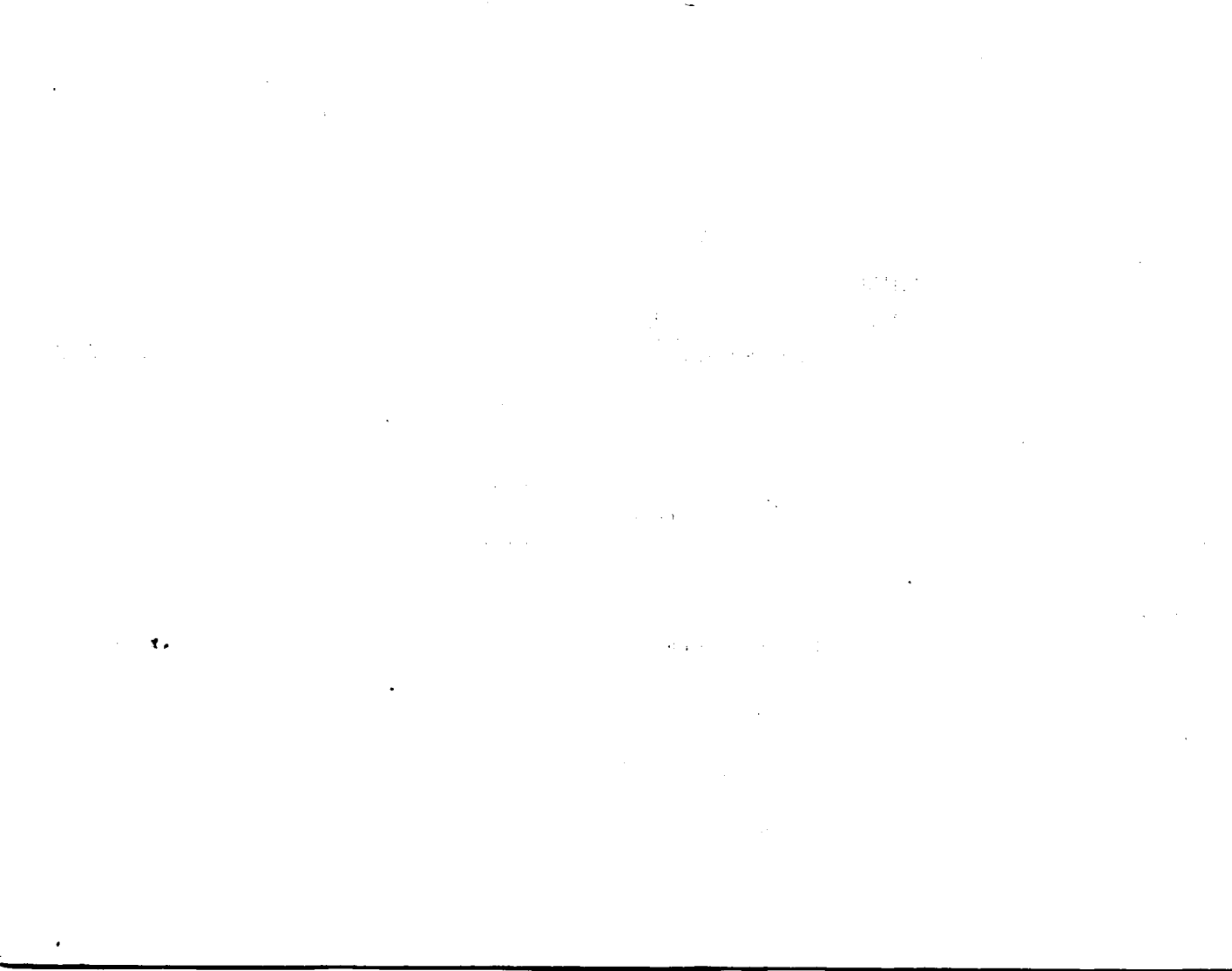
19 \_\_\_\_\_

Address \_\_\_\_\_  
Filed Aug 2 1920 W. D. W. W.  
Registrar

\* Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

394-230-022-692

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Ternant

City of St Anthony

Registration District No. 99

File No. 81736

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_ Primary Registration District No. 7177

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Esther Trude

Sex of Child <u>female</u>	Twin Triplet or other? _____	and _____	Number in order of birth <u>4</u>	Legitimate? <u>yes</u>	Date of Birth <u>5 30 20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME FATHER Carl O Trude  
RESIDENCE St Anthony Ida  
COLOR white AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Ida  
OCCUPATION Ranchman

FULL MAIDEN NAME MOTHER Josephine Fisher  
RESIDENCE St Anthony Ida  
COLOR white AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Ida  
OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 4 am on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gray  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

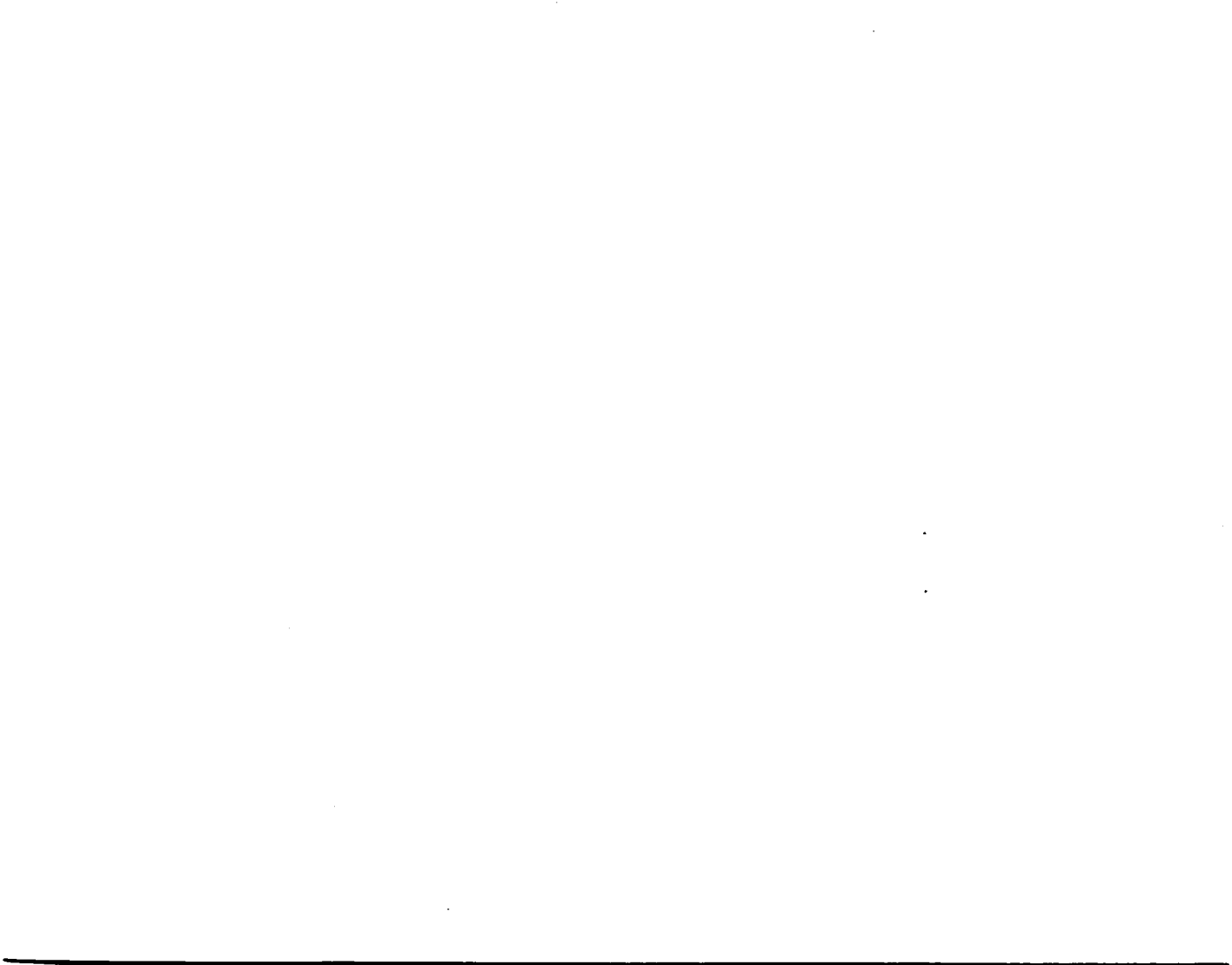
Address \_\_\_\_\_

Filed Aug 5 19 20 W. A. West

Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

954-114-042-235  
 County of Franklin

DEPARTMENT OF HEALTH  
 CERTIFICATE OF BIRTH

Form V. B. No. 11-2-1-1-1-1-1

City of New York Registration District No. 99 File No. 81738  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Hospital \_\_\_\_\_ Primary Registration District No. 2177 Registered No. \_\_\_\_\_  
 FULL NAME OF CHILD Lorraine Frances Luman

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and {	Number in order of birth <u>2</u>	Legiti mate? <u>yes</u>	Date of Birth <u>5-14-20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>J. S. Frances Luman</u>			FULL MAIDEN NAME MOTHER <u>Grace Blewies</u>		
RESIDENCE <u>Hammonton</u>			RESIDENCE <u>Hammonton</u>		
COLOR _____	AGE AT LAST BIRTHDAY <u>26</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)	
BIRTHPLACE <u>Ida</u>			BIRTHPLACE <u>Ky</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>housewife</u>		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 7 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed Aug 2 19 20

Registrar

Registrar

8738

UNITED STATES  
DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

Two  
Ten

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 01-11-2001 BY 60322 UCBAW/BJS

789-107022-249

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of FremontCity of St AnthonyRegistration District No. 99File No. 81740

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2177

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Henry Phillips

Sex of Child <u>Male</u>	Twin or other? <u>Triplet</u>	and	Number in other of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>7</u> <u>7</u> <u>20</u> (Month) (Day) (Year)
--------------------------	-------------------------------	-----	-----------------------------------	------------------------	---

FULL NAME <u>Sam Phillips</u>	FATHER
RESIDENCE <u>Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Mary Smith</u>	MOTHER
RESIDENCE <u>St Anthony</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

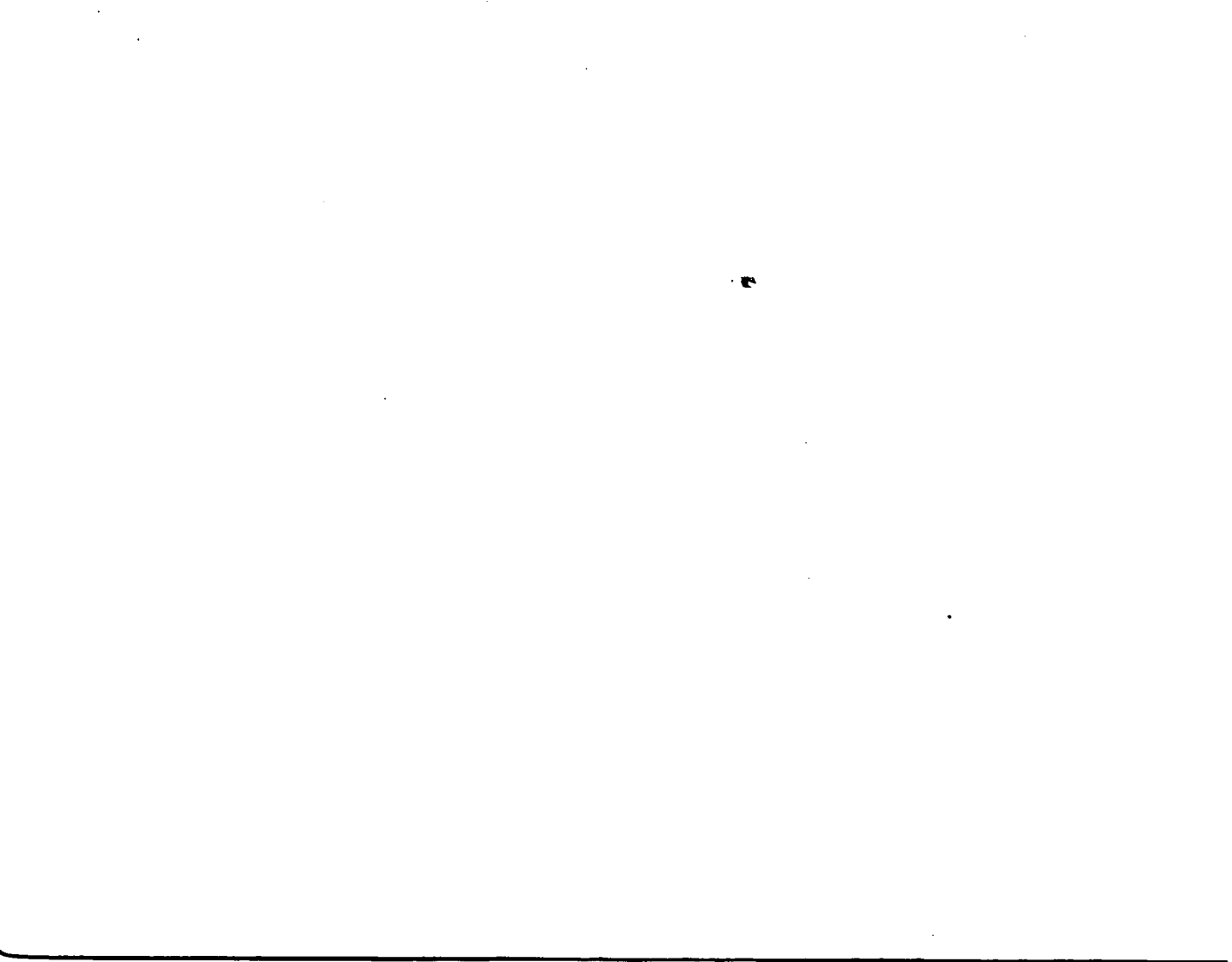
Filed Aug 2 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



City of St. Anthony Registration District No. 99 File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2171

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

John Willard Austin

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthJune 8

(Month) (Day)

1920  
(Year)FULL  
NAMELloyd James Austin

FATHER

FULL  
MAIDEN  
NAMETherese Fisher

MOTHER

RESIDENCE

St. Anthony, Ida

RESIDENCE

St. Anthony Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Elgin, Nebraska

BIRTHPLACE

Tisbury Idaho

OCCUPATION

Chalk

OCCUPATION

ClericalNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

John R. Gray  
Phys

(Physician or midwife)

Given names added from a supplemental report.

19\_\_\_\_

Address \_\_\_\_\_

Filed

Aug 8 1920

Registrar

Registrar

JUN 24 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

665-222-022-266  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-24-19

County of Gremont

City of Ashton

Registration District No. 102

File No. 81742

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 6

Registered No. 22

Hospital \_\_\_\_\_

FULL NAME OF CHILD Mary Berrie Owen

Sex of Child Female

Twin  
Triplet  
or other?

and Number  
in order  
of birth

Legiti-  
mate? yes

Date of  
Birth 7/27

(Month) (Day) (Year) 1920

FULL  
NAME Fred L. Owen

FATHER

RESIDENCE Ashton, Ida.

COLOR white

AGE AT LAST  
BIRTHDAY 45

(Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

FULL  
MAIDEN  
NAME Eugenie Berrie Owen

MOTHER

RESIDENCE Ashton, Ida.

COLOR white

AGE AT LAST  
BIRTHDAY 38

(Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Residing at 8:00 A M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Ashton, Idaho

Filed 7/5/3

19

Registrar.

Registrar.



THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY  
530 SOUTH EAST ASIAN AVENUE  
CHICAGO, ILLINOIS 60607-7070  
TEL: 773/936-5200 FAX: 773/936-5201

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—20m-7-26-19

## DEPARTMENT OF PUBLIC WELFARE

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of GronmontCity of AshtonRegistration District No. 102

File No.

81743

No. \_\_\_\_\_ St.

Primary Registration District No. 6Registered No. 31

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Blenda Reynolds

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

{ Number  
in order  
of birth }

{ }

Legitimate?

yes

Date of Birth

7-161930

FULL NAME

FATHER  
Bruce F. Reynolds

RESIDENCE

Marysville, Id.

COLOR

white

AGE AT LAST BIRTHDAY

29  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER,  
Zara Harris Reynolds

RESIDENCE

Marysville

COLOR

white

AGE AT LAST BIRTHDAY

26  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive at 2:30 P.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. W. H. Chapman

(Physician or midwife)

Given names added from a supplemental report.

Address

Ashton, Idaho

Filed

7/1719 30Dr. W. H. Chapman

Registrar.

Registrar.

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971) using a Shimadzu 1601 UV-Visible Spectrophotometer. The concentration of chlorophyll was expressed in mg g<sup>-1</sup> of dry weight.

[illegible]

...the ...

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho  
County of Tremont

**RECEIVED**  
APR 5 1966

Certificate No. 81743

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Reynolds (female born 1920) who was born on July 16, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Ashton, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Church record prepared on Jan. 2 - 1921, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child Blenda Reynolds

Unnamed

Blenda Reynolds

Subscribed and sworn to before me this 4th day of April, 1966

Signed Bruce H. Reynolds (father)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Stella, Idaho  
My commission expires Oct. 24, 1966  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho  
County of Bingham

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1966

Signed Stella Jones  
(Signature of Any Credible Person)  
Stella Jones  
(Street Address, City, State)

Notary Public, residing at Stella, Idaho  
My commission expires Oct. 24, 1966  
(Seal)

Own Child's Birth Cert. on file: (Idaho Birth) #51-00319 gives full maiden name of mother as Blenda Reynolds - viewed by V.S.

APR 12 1966

Certificate of Marriage, State of Utah, County of Cache, married July 28, 1944 at Logan, Utah gives full name of groom as George Sterling Hone and full name of Bride as Blenda Reynolds - viewed by V.S.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-111-023-413  
OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-14-18

County of Jersey

City of Pearl

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 2090

File No. 81744

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child

John Richard Whitaker

SEX OF CHILD <u>M</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>July 11</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------	------------------------	---

FATHER  
FULL NAME Cartes Richard Whitaker

RESIDENCE Pearl Ida

COLOR White AGE AT LAST BIRTHDAY 36  
(Years)

BIRTHPLACE Mo

OCCUPATION Sewing machine salesman

MOTHER  
FULL MAIDEN NAME Ayres Ruth Macaskill

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Nevada

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 30 PM on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Reynolds

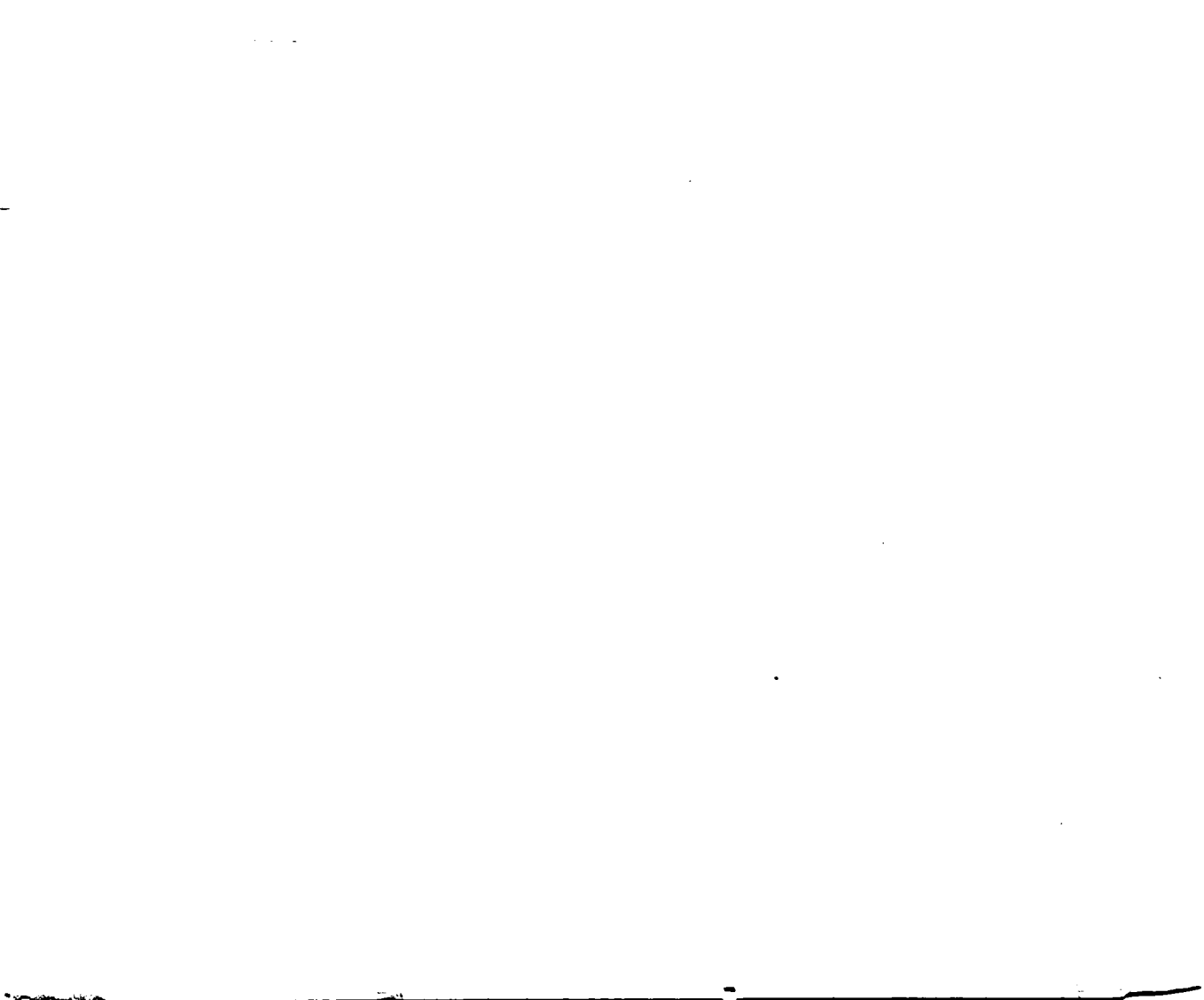
(Physician or midwife)

Given names added from a supplemental report.

Address Summit

Filed 7/11 1920 J. H. Reynolds  
Registrar

Registrar



386-126-023-269

PLACE OF BIRTH

County of BenCity of Emmett

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-16-18

## CERTIFICATE OF BIRTH

Registration District No. 2011File No. 81745

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child Robert W Chambers

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	{and} Number in order of birth	Legiti- mate?	DATE OF BIRTH <u>July 26</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Oliver Utric Chambers</u>	FATHER		FULL MAIDEN NAME <u>Carrie Swift</u>	MOTHER
RESIDENCE <u>Emmett Ida</u>			RESIDENCE <u>Emmett, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Nebraska</u>			BIRTHPLACE <u>Fairbury, Nebraska</u>	
OCCUPATION <u>Garage work</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at \_\_\_\_\_ M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

19

Address EmmettFiled 7/28 1920Registrar J. H. Reynolds

Registrar



4-9-40

NOV 17 1941

2194091023-253  
PLACE OF BIRTHCounty of GenCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 2020

Primary Registration District No. \_\_\_\_\_

File No. 81746

Registered No. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

## CERTIFICATE OF BIRTH

SEX OF CHILD <u>MA</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 9</u> (Month) (Day) (Year)
FULL NAME <u>Eberett Henry Barton</u>	FATHER			FULL MAIDEN NAME <u>Loraine Francis Selby</u>
RESIDENCE <u>Emmett Ida</u>	RESIDENCE			<u>Emmett Ida</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)			COLOR <u>W</u>
BIRTHPLACE <u>Minnesota</u>	BIRTHDAY <u>24</u> (Years)			BIRTHPLACE <u>Iowa</u>
OCCUPATION <u>Lawn mow work</u>	OCCUPATION			<u>Housewife</u>

Number of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Alive 7:10 P.M.  
(Born alive or stillborn) at \_\_\_\_\_ M

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) \_\_\_\_\_

J. L. Reynolds  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Emmett IdaFiled July 11 1920

Registrar \_\_\_\_\_

J. L. Reynolds  
Registrar

[REDACTED]

MAR 3 1942

AUG 6 1942

168-111-023-294  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-14-18

County of Serr

City of Letha

No. \_\_\_\_\_ St.

Registration District No. 2010

File No. 81747

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child

Alfred Moses Johnson

SEX OF CHILD

Male

Twin  
Triplet  
or other?

(To be answered only in event of plural births)

Number  
and in order  
of birth

Legiti-  
mate?

yes

DATE OF  
BIRTH

July 11 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER

Austin H. Johnson

RESIDENCE

Letha Ida

COLOR

White

AGE AT LAST  
BIRTHDAY

34  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Commander

FULL  
MAIDEN  
NAME

MOTHER

Fern May Simmons

RESIDENCE

Letha Ida

COLOR

White

AGE AT LAST  
BIRTHDAY

18  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Alfred

(Born alive or stillborn)

at 11 P. M

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. D. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Emmett Ida

Filed

7/13

1920

J. D. Reynolds

Registrar

Registrar

of each, in order of birth stated.

1000 1000

## PLACE OF BIRTH

643-185-023-862

County of SanCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 2010

Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

81748

Registered No. \_\_\_\_\_

SEX OF CHILD

MaleTwin  
Triplet  
or other?Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?yesDATE OF  
BIRTHJuly 5 1921  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Alvin Clinton FultonFULL  
MAIDEN  
NAMEMOTHER  
Celeste Lane Hooley

RESIDENCE

Emmett 2nd

RESIDENCE

Same

COLOR

White AGE AT LAST  
BIRTHDAY 38  
(Years)

COLOR

White AGE AT LAST  
BIRTHDAY 20  
(Years)

BIRTHPLACE

Colorado

BIRTHPLACE

Wise

OCCUPATION

Common labor

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Alvin at 12-13 AM  
(Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. D. Reynolds  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Emmett

Filed

1920

Registrar

J. D. Reynolds  
Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-111-073-142  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C—Rev. 4-2-17

County of *Idaho*

City of *Emmett*

Registration District No. *2020*

File No. *81749*

No. ....St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD ~~James Marion~~ *James Marion* (James Marion) .....

Sex of Child <i>Male</i>	Twin Triplet or other? <i>and</i> { Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>Aug. 11 1920</i> (Month) (Day) (Year)
--------------------------	--	------------------------	---

FULL NAME FATHER *John F. Sieman*

RESIDENCE *Emmett*

COLOR *W.* AGE AT LAST BIRTHDAY *30* (Years)

BIRTHPLACE *Indiana*

OCCUPATION *Mill Employee*

FULL MAIDEN NAME MOTHER *Mary Adkins*

RESIDENCE *Emmett*

COLOR *W.* AGE AT LAST BIRTHDAY *22* (Years)

BIRTHPLACE *Mea*

OCCUPATION *Housewife*

Number of child of this mother, including present birth. *4* Number of children of this mother now living, including present birth. *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Pauline* at *9:35 P.* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *A. G. Boyd* *McL*  
(Physician or midwife)

Given names added from a supplemental report.

Address *Emmett Idaho*

Filed *8/12 1920*

Registrar

Registrar



MAY 29 1975

NOV 12 1953

193488  
Dup of 1920 - ~~87749~~

5511021023 165  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-37

County of BernCity of EmmettRegistration District No. 2110File No. 81750

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD Roy LeRoy Evans

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u>	and { Number in order of birth (To be answered only in event of plural births) <u>-</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>7-2-</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---------------------------------------	--	-----------------------------	--

FULL NAME <u>Roy Evans</u>	FATHER
RESIDENCE <u>Emmett Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Mich</u>	
OCCUPATION <u>Labour</u>	

FULL MAIDEN NAME <u>Mary Jones</u>	MOTHER
RESIDENCE <u>Emmett</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Mich</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 1049 P.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benton O. Clark

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

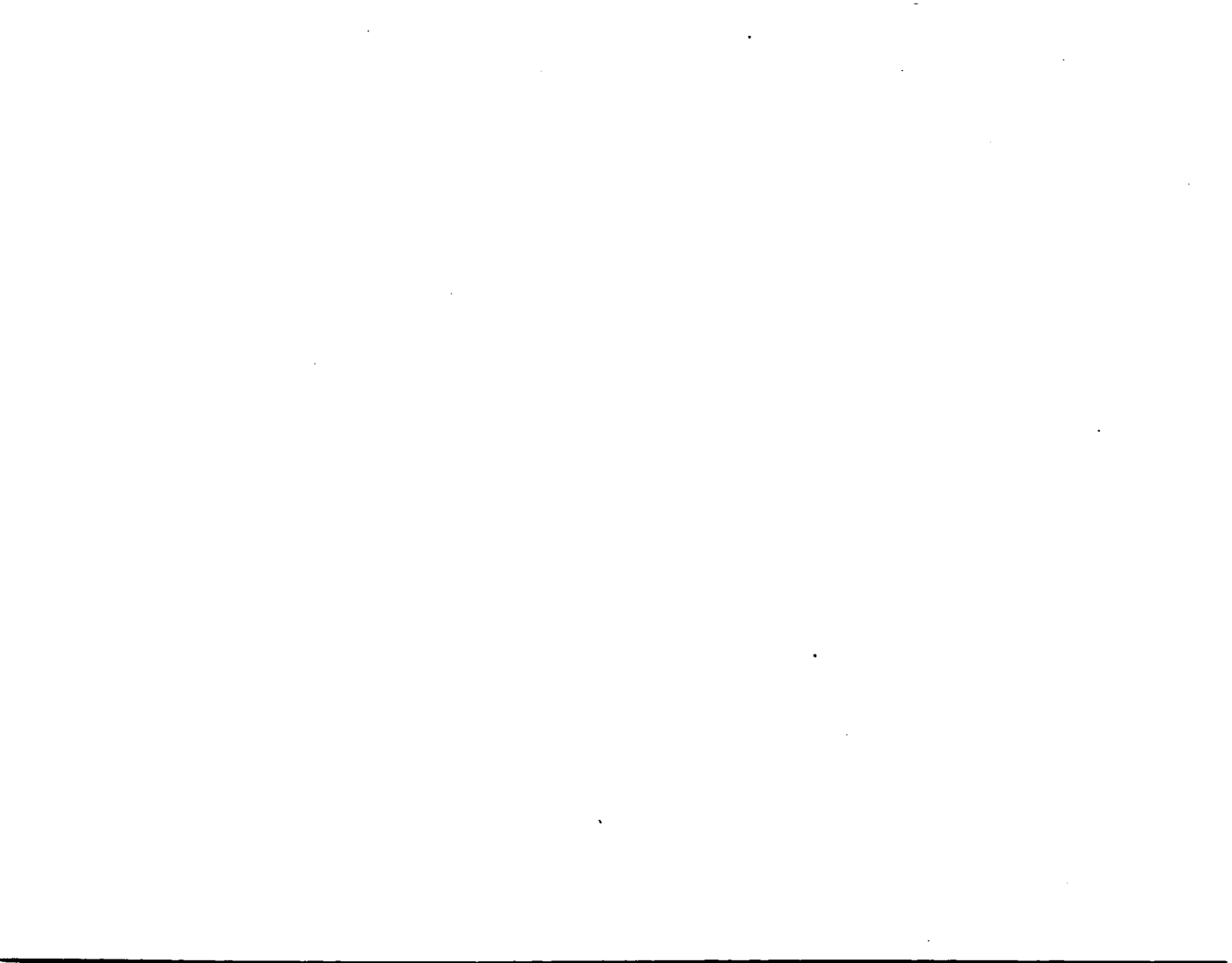
Address .....

..... 19.....

Filed 7/5 1920

Registrar

J. D. Reynolds  
Registrar



313-131-023-133

PLACE OF BIRTH

Form V. A. No. 11-0-22m-8-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BlaineCity of EmmettRegistration District No. 2010File No. 81752

No. .... St. ....

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD George Lewis Caldwell

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>July 31 1920</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	------------------------	---

FULL NAME <u>Charles C. Caldwell</u>	FATHER	FULL MAIDEN NAME <u>Blana Allen</u>	MOTHER
---	--------	--	--------

RESIDENCE <u>Payette</u>	RESIDENCE <u>Payette</u>
-----------------------------	-----------------------------

COLOR <u>✓</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
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BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Kansas</u>
----------------------------	-----------------------------

OCCUPATION <u>Plasterer</u>	OCCUPATION <u>Housewife</u>
--------------------------------	--------------------------------

Number of child of this mother, including present birth.....1... Number of children of this mother now living, including present birth.....1...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at Idaho on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Raymond

Given names added from a supplemental report.

.....19.....

Address Emmett Idaho  
(Physician or midwife)

.....1920.....

Filed Aug 1 1920 J. H. Reynolds  
Registrar Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1956

568-211-243-366

PLACE OF BIRTH

Amended 6/13/73

Form V. S. No. 11-25m-6-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of TennCity of Sweet

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. **81753**

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child **Elizabeth Geneva**Vahlberg

SEX OF CHILD <b>Female</b>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <b>yes</b>	DATE OF BIRTH <b>July 11, 1920</b> (Month) (Day) (Year)
FATHER FULL NAME <b>David Vahlberg</b>			MOTHER FULL MAIDEN NAME <b>blea Cooper</b>	
RESIDENCE <b>Sweet</b>			RESIDENCE <b>Sweet</b>	
COLOR <b>W</b>	AGE AT LAST BIRTHDAY <b>23</b> (Years)		COLOR <b>W</b>	AGE AT LAST BIRTHDAY <b>19</b> (Years)
BIRTHPLACE <b>Idaho</b>			BIRTHPLACE <b>Colorado</b>	
OCCUPATION <b>Teacher</b>			OCCUPATION <b>Housewife</b>	

Number of child of this mother, including present birth **2** Number of children of this mother now living, including present birth **2**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was **Born alive**, at **2:40 PM**, on the date above stated. (Born alive or stillborn)(Signature) **A. G. Boyd M.D.**  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed **July 18, 1920** **J. H. Reynolds** Registrar

Registrar

Registrar

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

N

01375

STATE OF TEXAS  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

82518

Registration Dis.

Registered No.

Full Name of Child Elizabeth Geneva

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11/20/2011

RESIDENCE  
NAME  
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AGE AT LAST  
BIRTHDAY

*[Signature]*

AL STATISTI  
VITAL BUREAU

Original Certificate  
JUN 6 11 29 AM '73  
acts on the certificate of

Certificate No. 81753  
Date Filed

birth  
(Birth or Death)  
on July 11, 1920  
(Date of Event)

**TO**  
**(The Correct Facts)**

Female  
 Elizabeth Geneva Vanliver

Signed W. G. H. Ambler  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address City State)

Box 159, Emmett, Idaho

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed.....Clare Vallentyne.....  
(Signature of Any Credible Person)

Boyls-9 RT 3  
(Street Address, City, State)



Matrimonial Certificate from St. John's Cathedral gives groom's name as Joseph Peter Vurich, Jr. and the bride's name as Elizabeth Geneva Vahlberg. Were married X Nov. 15, 1941. Viewed by V. S.

JUN 13 1973

Certif. of Baptism xfrom St. John's Cathedral gives name as Elizabeth Geneva Vahlberg child of Dave H. Vahlberg and Cleo Cooper. Born July 11, 1920. Was Baptized June 7, 1941. Viewed by V. S.

291-113-227-419  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-15-18

County of Zem

City of Sweet

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Registration District No. 9

File No. 81754

Primary Registration District No. 1011

Registered No. \_\_\_\_\_

Full Name of Child Victor Leon Brandon

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>7/13</u> (Month) (Day) (Year)
-----------------------------	---	--	-----------------------------	--

FATHER  
FULL NAME Audmes Laurence Brandon  
RESIDENCE Sweet Ida  
COLOR white AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Arkansas  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Mable Nellie Barrak  
RESIDENCE Same  
COLOR white AGE AT LAST BIRTHDAY 18 (Years)  
BIRTHPLACE Ida  
OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

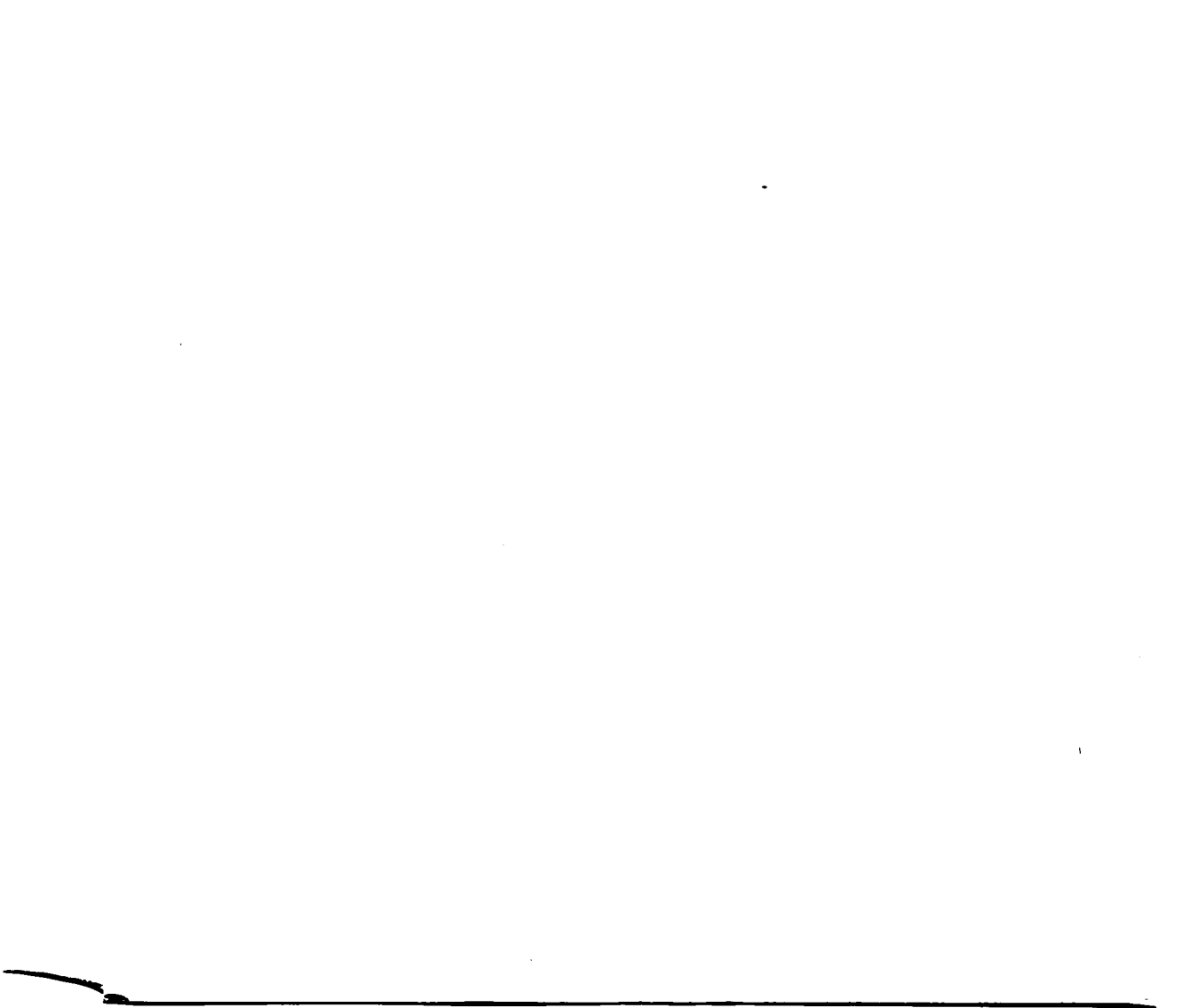
I hereby certify that I attended the birth of this child, who was alive at 11 50 M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Reynolds  
Emmett  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_ Address \_\_\_\_\_  
19 \_\_\_\_\_ Filed 7/13 19 20 J. H. Reynolds  
Registrar Registrar



234203-223-256  
PLACE OF BIRTH

Form V. S. No. 11-25m-6-14-18

County of SunonSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

City of EmmettRegistration District No. 10File No. **81755**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1010

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Ernie Beryl Stricki

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 3</u> (Month) (Day) (Year) <u>21</u>
FULL NAME <u>Gustave Stricki</u>		FATHER		
RESIDENCE <u>Emmett Id</u>		FULL MAIDEN NAME <u>Bertha Marion Snook</u>		
COLOR <u>white</u>		MOTHER <u>Same</u>		
AGE AT LAST BIRTHDAY <u>39</u> (Years)		RESIDENCE <u>white</u>		
BIRTHPLACE <u>Switzerland</u>		COLOR <u>white</u>		
OCCUPATION <u>Saw mill laborer</u>		AGE AT LAST BIRTHDAY <u>25</u> (Years)		
		BIRTHPLACE <u>Pennsylvania</u>		
		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7:15 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. L. Reynolds  
(Physician or midwife)Address EmmettFiled 7/10 1920 J. L. Reynolds  
Registrar

FEB 19 1943

796-210-023-255

## PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of GemCity of Pearl

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. **81756**

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child

Ruby Alice Groves

SEX OF CHILD <u>female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { } Number in order of birth _____	Legitimate? <u>yes</u>	DATE OF BIRTH <u>July 10 1920</u> (Month) (Day) (Year)
FULL NAME <u>Ross</u>	FATHER <u>Isaac Groves</u>		FULL MAIDEN NAME <u>Cora Ethel Keeler</u>	MOTHER _____
RESIDENCE <u>Pearl Ida</u>			RESIDENCE <u>Pearl Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Falk Ida</u>			BIRTHPLACE <u>Mountainhome Ida</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Farming</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 P M on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. D. C. Macaskill  
(Physician or midwife)

Given names added from a supplemental report.

Address Pearl IdaFiled July 14 1920 J. L. Reynolds  
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

**OCT 23 1961**

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion. The number of people aged 65 and over is expected to increase from 250 million to 450 million. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion.

995-208

## PLACE OF BIRTH

023-449

County of SevierCity of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Mary Louise RivardSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-14-18

## CERTIFICATE OF BIRTH

Registration District No. 6File No. 81757Primary Registration District No. 1011

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number and in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>7/8/20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Antone Rivard</u>			MOTHER FULL MAIDEN NAME <u>Nettie Durachuk</u>	
RESIDENCE <u>Emmett Ida</u>			RESIDENCE <u>Same</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>70</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Ontario Can.</u>			BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Saw-mill work</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5 10 M on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. K. Reynolds

(Physician or midwife)

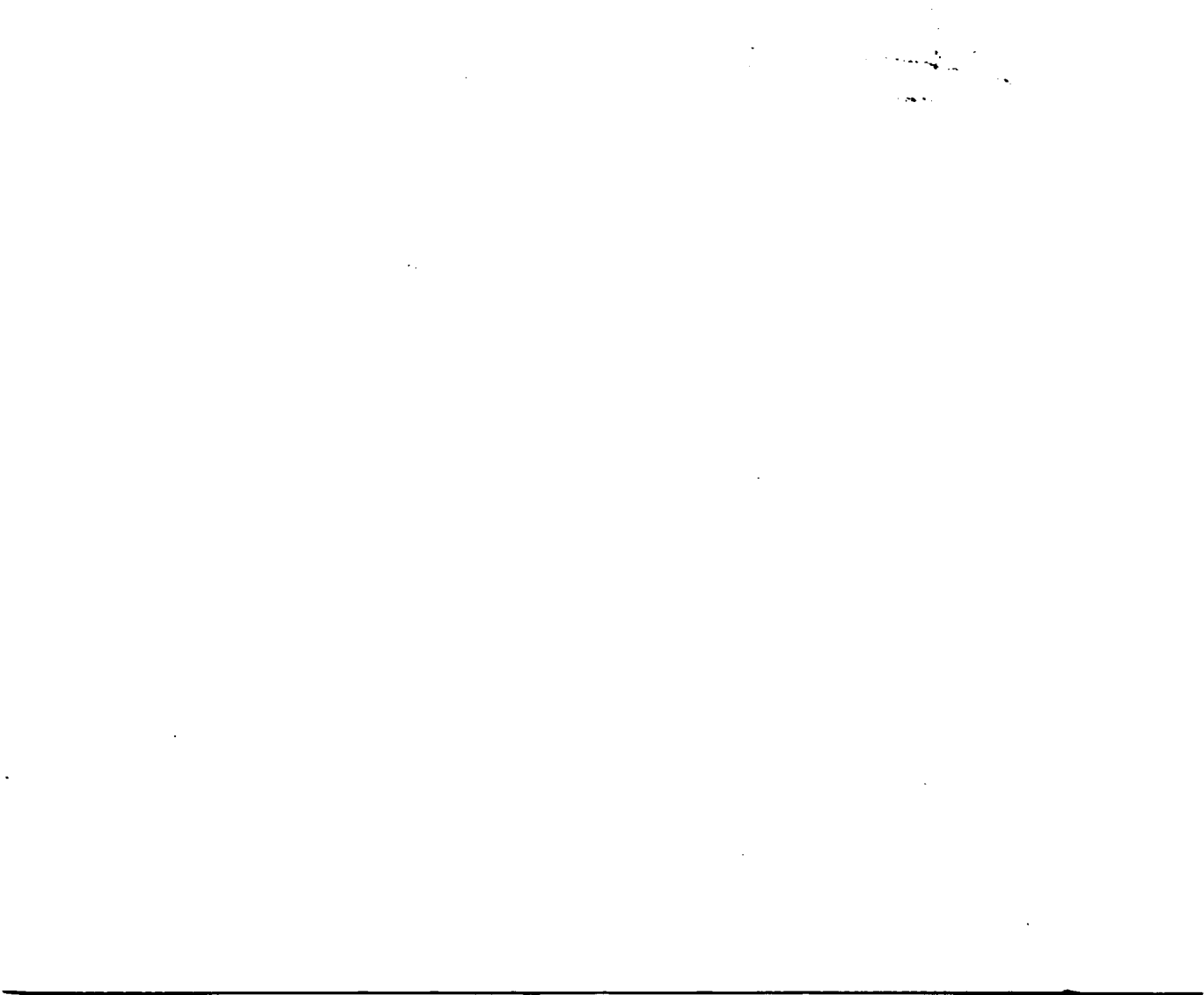
Given names added from a supplemental report.

Address EmmettFiled 7/10 1920

Registrar

Registrar J. K. Reynolds





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

747101-  
024212 PLACE

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Gooding  
City of Gooding  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 24

File No. \_\_\_\_\_

81758

Hospital \_\_\_\_\_

Primary Registration District No. 1014

Registered No. \_\_\_\_\_

FULL NAME OF CHILD George Winfield Rugg

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJuly 11920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Stuart A. Rugg

RESIDENCE

Gooding

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

California

OCCUPATION

ButcherFULL  
MAIDEN  
NAMEMOTHER  
Margaret Kosemeyer

RESIDENCE

Gooding

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 7:30 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

H. E. Lamb  
per Alice Jungg  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Gooding, Idaho -

Filed

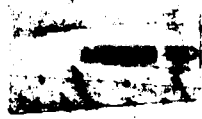
8-6-20

19

Registrar

Registrar

6/17/41 WZ.J.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFAADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449128-024291

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

No. 11-C-25m-7-21-19

County of Gooding

City of Gooding

Registration District No. 2014

File No. 81759

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Baby Durfee, Dale Douglas

Sex of Child Male Twin Triplet or other? and Number in order of birth Legiti mate? Yes Date of Birth July 28 19 20  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME James M. Durfee  
RESIDENCE Hagerman  
COLOR White AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Kathryn Brackenbury  
RESIDENCE Hagerman  
COLOR White AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) 3:50 A.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb  
rev A. J.  
(Physician or midwife)

Given names added from a supplemental report.

Address Gooding, Idaho  
Filed 8-6-20 7 J. Cayman  
Registrar

8/13/41 Z.J.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-216-024-819

PLACE OF BIRTH

Form V. S. No. 11 C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

81760

No. \_\_\_\_\_

Primary Registration District No. 1014

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Baby RUTH Leeper

Sex of Child

Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti  
mate?

yes

Date of Birth

July 16 1920

FULL NAME

Father Leeper

EATHER

FULL MAIDEN NAME

Bessie Hargraves

MOTHER

RESIDENCE

Gooding

RESIDENCE

Gooding

COLOR

White

AGE AT LAST BIRTHDAY 25  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE

Oklahoma

BIRTHPLACE

Idaho

OCCUPATION

Day Laborer

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. E. Lamb  
per A. J. Jorg

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Gooding, Idaho

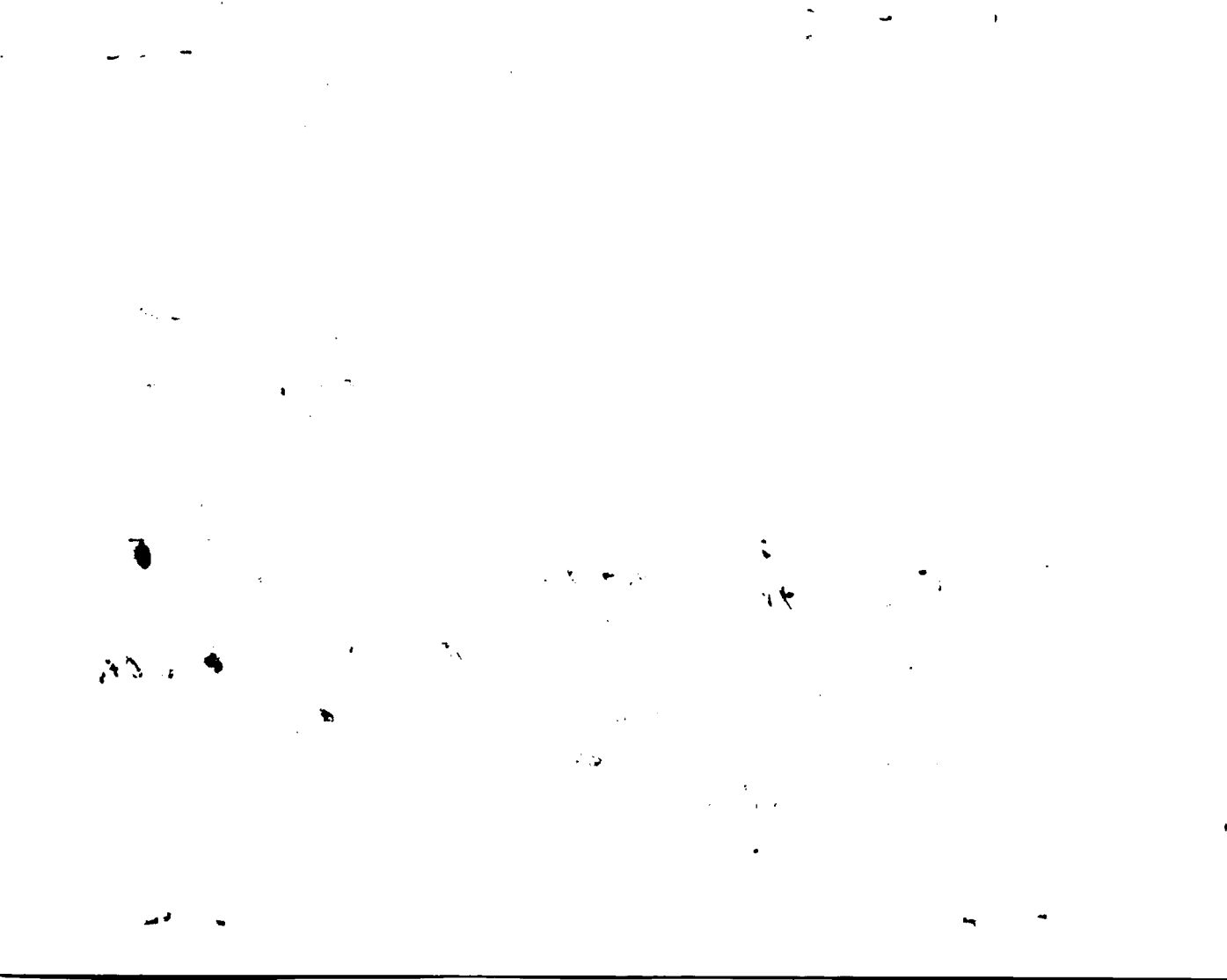
Filed

8-6-20

A J Jorg

Registrar

Registrar



**STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of California }  
County of Riverside } SS. Certificate No. 81760  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Born (BIRTH OR DEATH)  
for Unnamed who Born on July 16th - 1920 (DATE OF EVENT)  
in Gooding Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

**FROM**

**TO**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

Name \_\_\_\_\_

Unnamed \_\_\_\_\_

Ruth Leeper \_\_\_\_\_

Subscribed and sworn to before me this 17th  
day of December 1942

Signed Bessie Elizabeth Leeper

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Barre

My commission expires Commission Expires June 4, 1945  
(SEAL)

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California }  
County of Los Angeles } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 136, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th  
day of December 1942

Signed Minnie E. Leeper  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at 6723 Cedar

2015 E. 73rd  
(STREET ADDRESS, CITY, STATE)

My commission expires June 29, 1942  
(SEAL) Henry John Park

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)



SEP 3 1965

FEB 21 1972

DEC 23 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

815-211-224-235

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of GoodingCity of GoodingRegistration District No. 2014File No. 81761

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Baby Handorf
 Sex of Child Female Twin Triplet or other? } and { Number in order of birth }  
(To be answered only in event of plural births)
Legiti-  
mate?YesDate of  
BirthJuly 11 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Ernest Handorf

RESIDENCE

Gooding

COLOR

WhiteAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Myrtle Stedjeven

RESIDENCE

Gooding

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Arkansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was alive, at 2:45 A.M.  
on the date above stated. (Born alive or stillborn)

 \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

H. E. Lavelle  
per W. J. Jugg

(Physician or midwife)

Given names added from a supplemental report.

19

Address

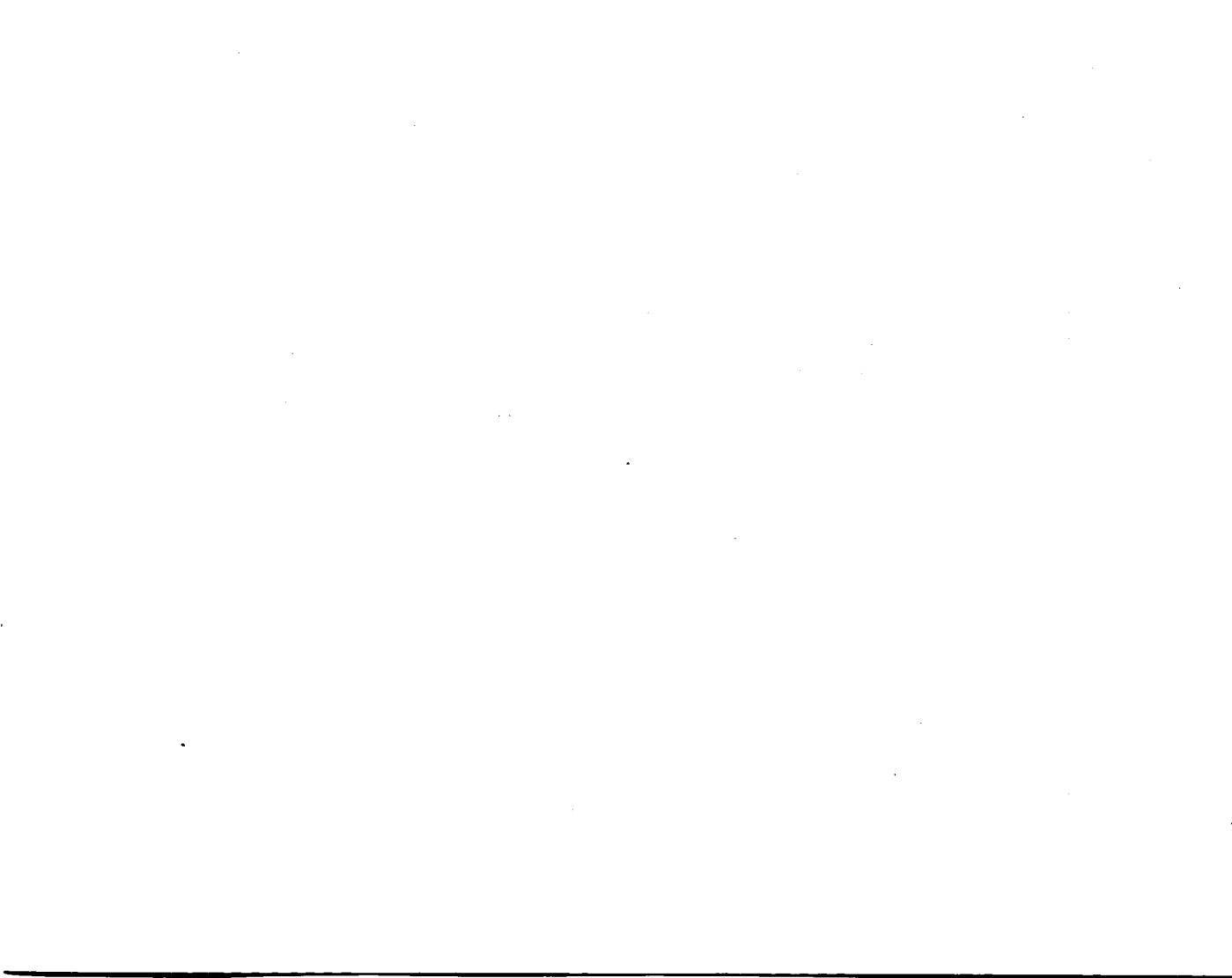
Gooding, Idaho -

Filed

8-6-20F. J. Cayman

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-211-224-11 V

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of GoodingCity of Gooding

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. 81762

Hospital \_\_\_\_\_

Primary Registration District No. 1014

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Elaine Fay Cox

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 11 1920</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME <u>Troy Cox</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Virginia</u>	
OCCUPATION <u>Chamber.</u>	

FULL MAIDEN NAME <u>Elaine James</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Virginia</u>	
OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was alive at 1:30 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Layne

(Physician or midwife)

Given names added from a supplemental report.

19

Address Gooding, IdahoFiled 8-6-20 J. J. Layne

Registrar

Registrar

JAN 24 1945

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-101-024-165

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Gooding

City of Wendell

Registration District No. 2014

File No. 81763

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Baby Hank

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>July 1</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------	------------------------	--

FATHER  
FULL NAME Henry E. Hark  
RESIDENCE Wendell  
COLOR white AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Arkansas  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Rosa Ellen Jones  
RESIDENCE Wendell  
COLOR W AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Arkansas  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child who was born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Charles J. Jones  
(Physician or midwife)

Given names added from a supplemental report.

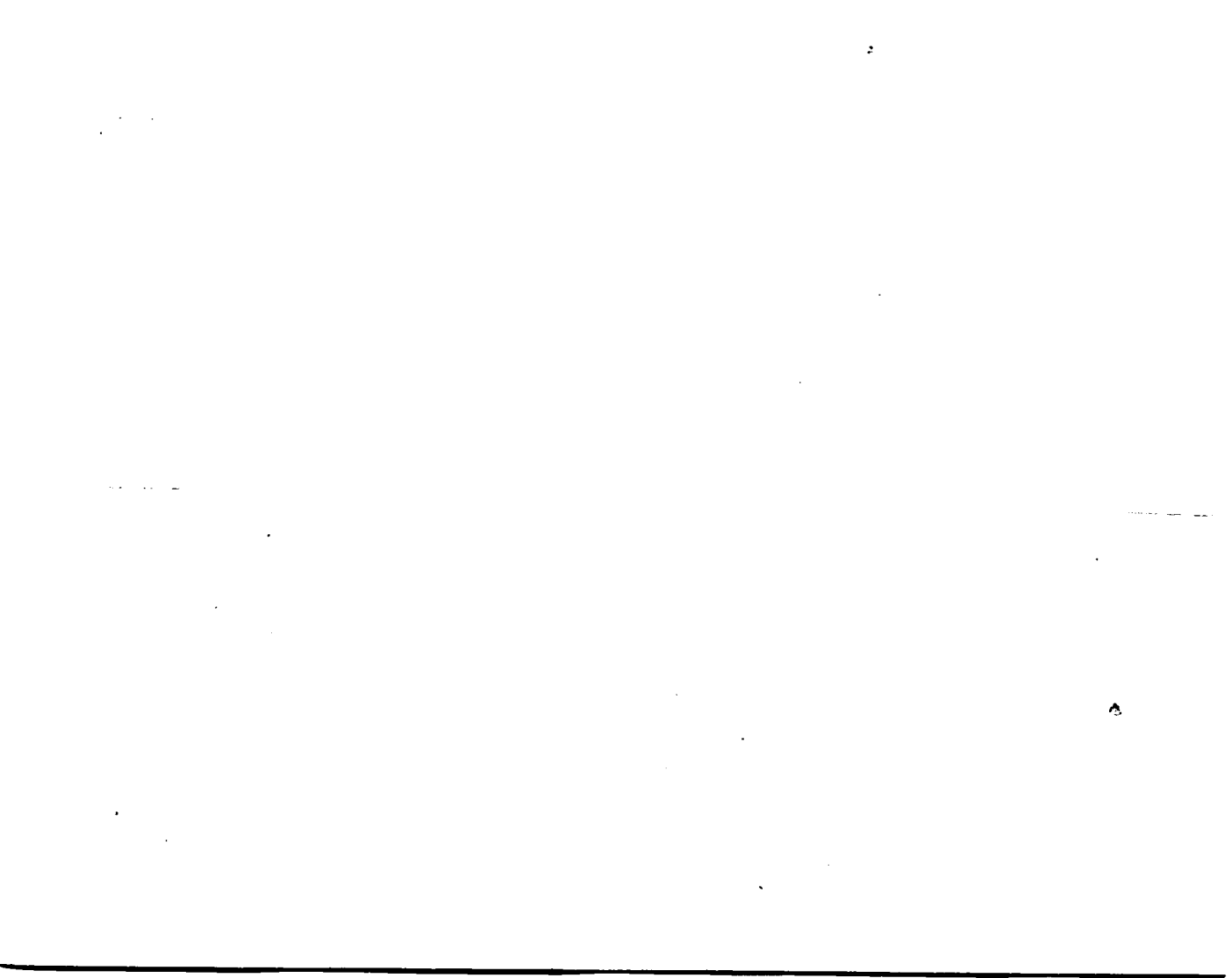
19

Address \_\_\_\_\_

Filed Aug 4 1920 77 Can md

Registrar

Registrar



N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-115-1074-667  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

County of Gooding

City of Gooding

Registration District No. 2014

File No. 81764

No. St.

Primary Registration District No. ....

Registered No. ....

Hospital RECHARD AMBROSE  
FULL NAME OF CHILD Call

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>7 15 1920</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>A Call</u>	FATHER
RESIDENCE <u>Gooding</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Anna Fox</u>	MOTHER
RESIDENCE <u>Gooding</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Canby MD  
Per Luro  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Gooding Ida

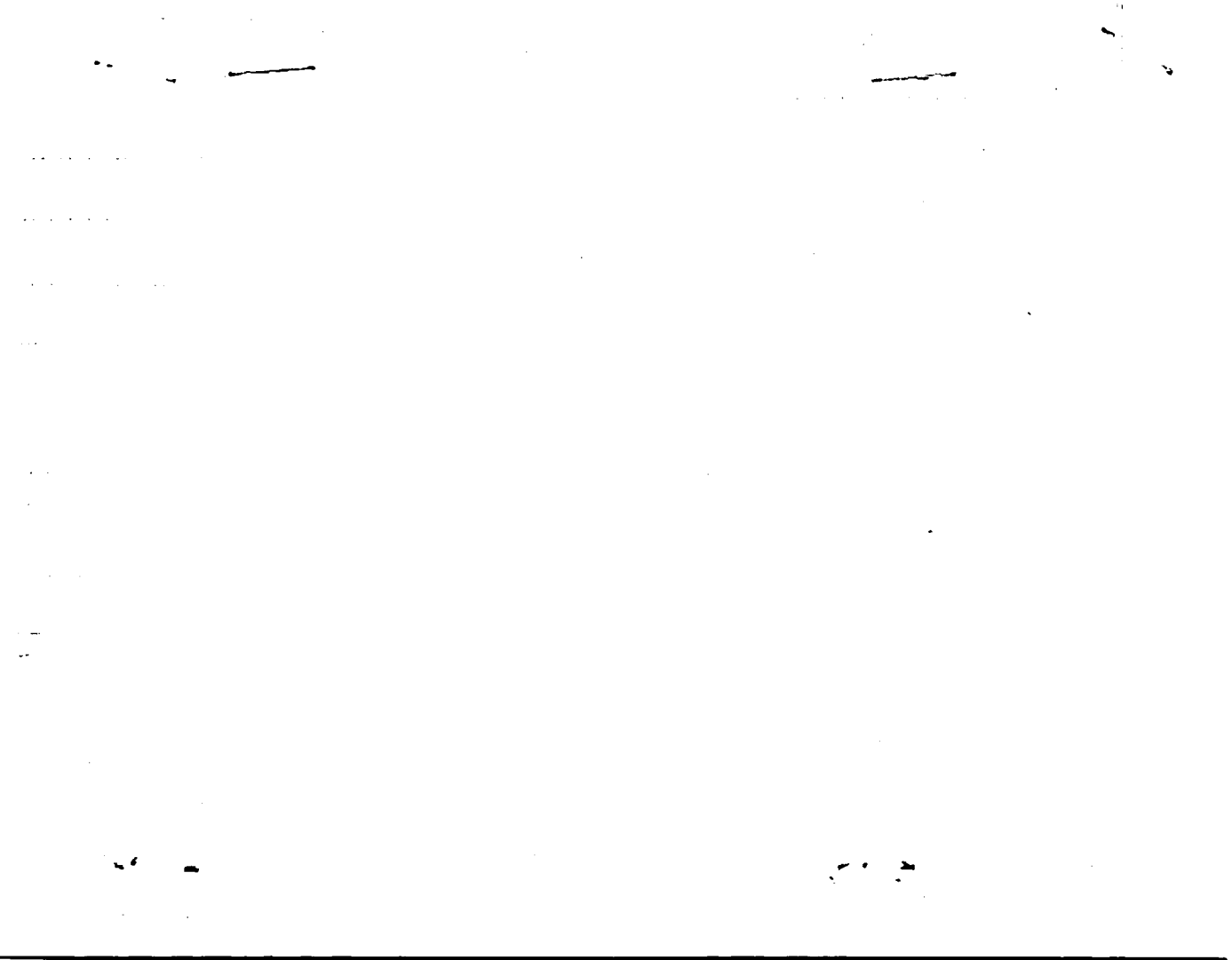
.....19.....

Filed 8-14-20

Registrar

Registrar





MAR 3 1942

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
 County of Cachin } ss.

Certificate No. 81764

Date Filed Feb. 25, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Richard Ambrose Call who Born (Birth or Death)  
 in Shoeshung Gooding Co. (Place of Event) on July 16, 1920 (Date of Event)  
 are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts are shown by Family Record prepared on \_\_\_\_\_, are:  
 (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
 ("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
 (As on Original)

**TO**  
 (The Correct Facts)

name  
birthdate

Baby Call  
July 15, 1920

Richard Ambrose Call  
July 16, 1920

Subscribed and sworn to before me this 28  
 day of Feb - 1942

Notary Public, residing at Logan

My commission expires 5/6/42  
 (Seal)

Signed Richard Ambrose Call Father  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
 County of Cachin } ss.

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28  
 day of Feb - 1942

Signed A. J. Brannon  
 (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Logan

My commission expires 5/6/42  
 (Seal)

28 East 5th St. Logan  
 (Street Address, City, State)

MAR 6 1942

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

568-1161024-367  
PLACE OF BIRTH

County of Gooding

City of Gooding

No. .... St.

Hospital .....

FULL NAME OF CHILD

~~Robert~~ Hoyle -

ROBERT SAMUEL HOYLE

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

Registration District No. 2014

File No. 81765

Primary Registration District No. ....

Registered No. ....

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>7</u> <u>16</u> <u>1922</u> (Month) (Day) (Year)
--------------------------	---	--	-----------------------------	--

FULL NAME <u>ew Hoyle</u>	FATHER
RESIDENCE <u>Gooding - Ida</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Ranche</u>	

FULL MAIDEN NAME <u>Bessie Cox</u>	MOTHER
RESIDENCE <u>Gooding - Ida</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>mo</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

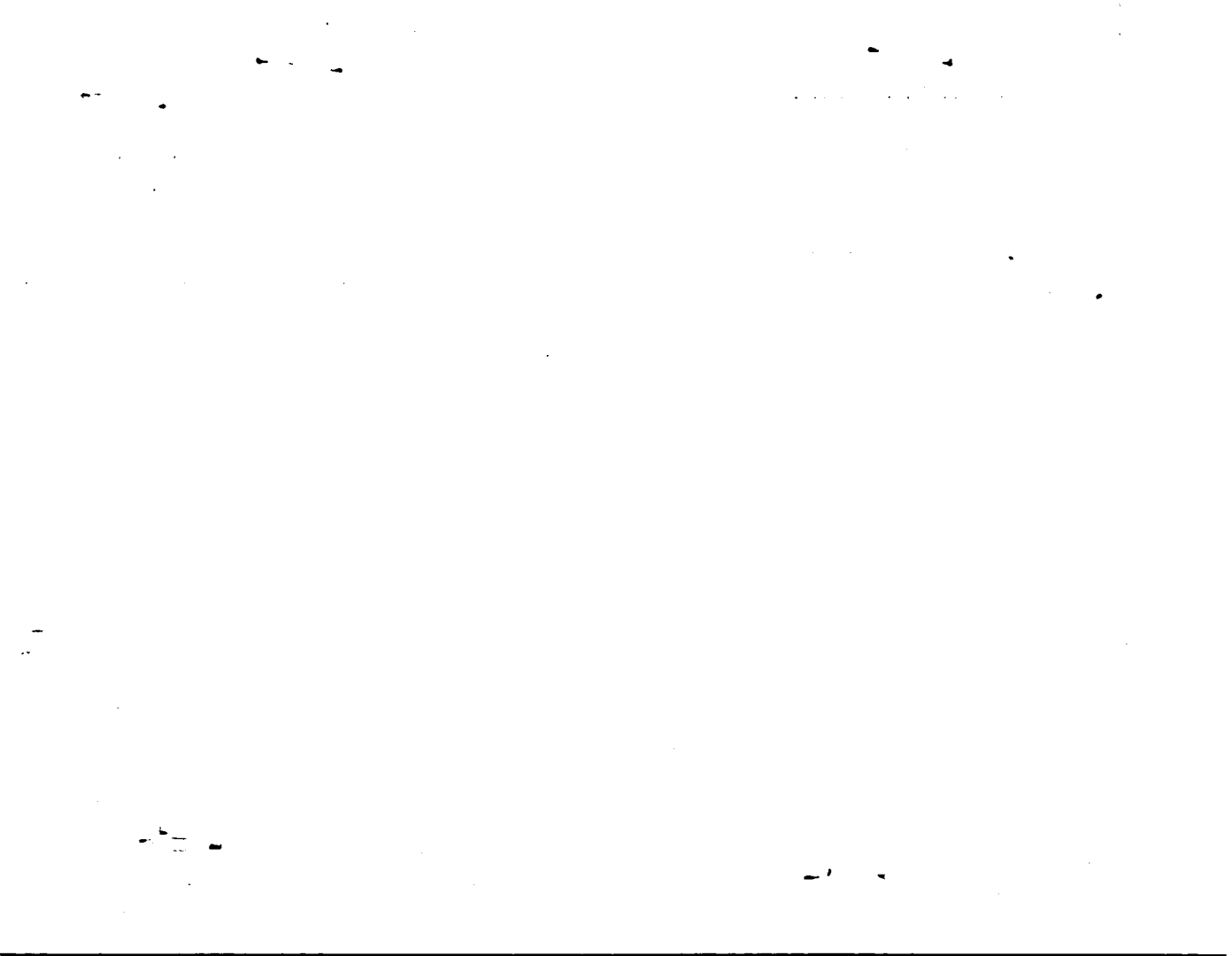
I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn), at 6 A M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Cary M.D.  
Rev. Lyle  
(Physician or midwife)

Given names added from a supplemental report.

Address Gooding, Ida  
Filed 8-4-20 F J Cary M.D.  
Registrar Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.  
County of Gooding }  
Certificate No. 91765  
FEB 11 1942 Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Baby Hoyle who was Born on July 16, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Insurance Policy are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Dec. 15, 1936, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)  
name Baby Hoyle TO  
(The Correct Facts) Robert Samuel Hoyle

Subscribed and sworn to before me this 7th  
day of January, 1942  
Ex. Wilson  
Notary Public, residing at Gooding, Ida  
My commission expires Apr 26-1942  
(Seal)  
Signed G. W. Hoyle "Father"  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Gooding, Ida P. S.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.  
County of Gooding }  
[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_  
Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)

1948. 8 1 113

AUG 14 1944

191-223-024-132 amend 6-14-82 **STATE OF IDAHO** Form V. S. No. 11-C-25m-9-8-17  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF BIRTH**  
 County of Gooding  
 City of Gooding Registration District No. .... File No. **81766**  
 No. .... St. Primary Registration District No. 1014 Registered No. ....

Hospital .....

FULL NAME OF CHILD Josie Teresa Arambarri

Sex of Child <u>7</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>3</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 23</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Jubirao Arambarri</u> RESIDENCE <u>Gooding</u> COLOR <u>w</u> AGE AT LAST BIRTHDAY <u>33</u> (Years) BIRTHPLACE <u>Spain</u> OCCUPATION <u>Laborer</u>		MOTHER FULL MAIDEN NAME <u>Leocadia Alberdi</u> RESIDENCE <u>Gooding</u> COLOR <u>w</u> AGE AT LAST BIRTHDAY <u>39</u> (Years) BIRTHPLACE <u>Spain</u> OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A. M. on the date above stated. (Born alive or stillborn)

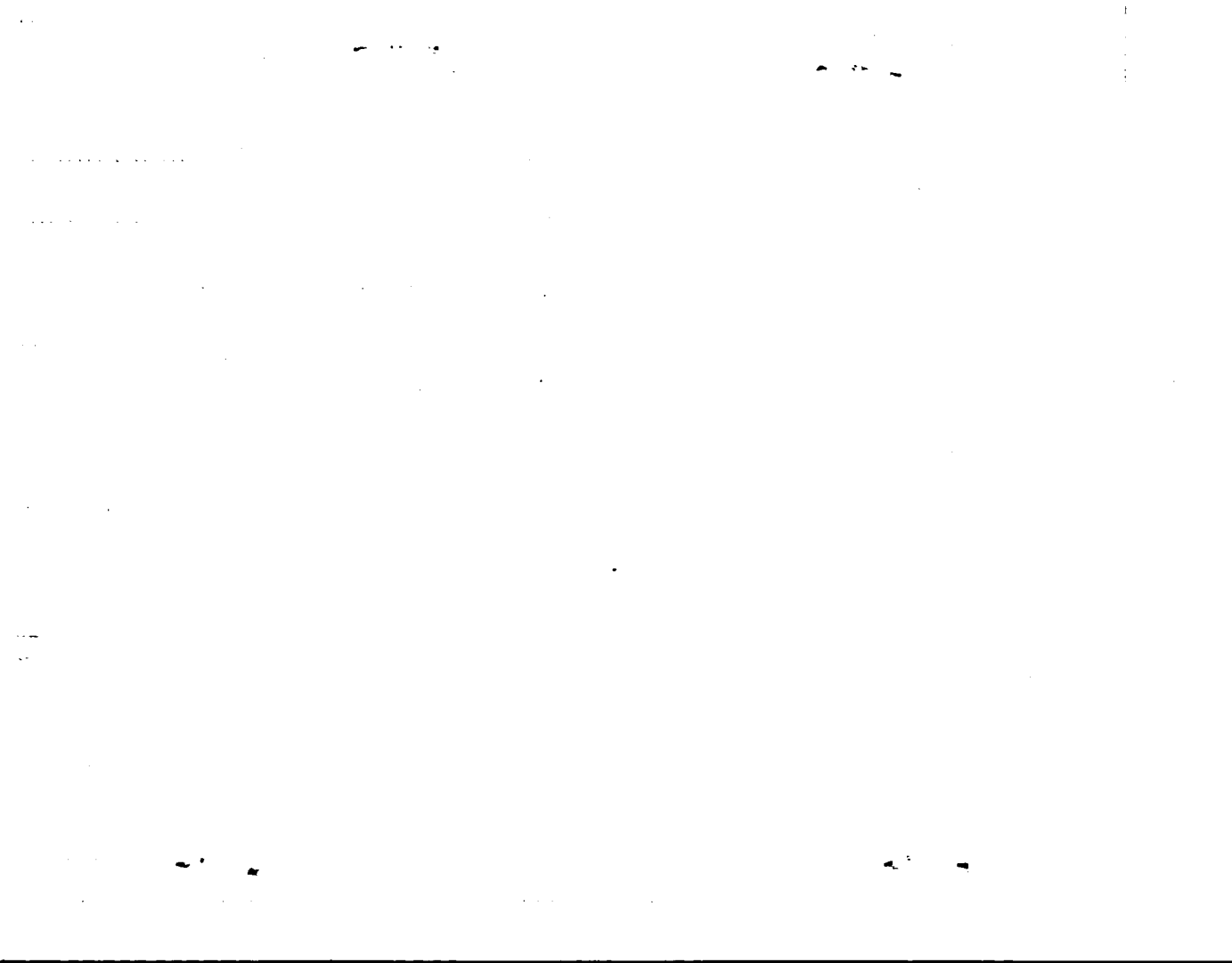
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

 (Signature) J. J. Cary, M.D.  
R. J. Cary  
 (Physician or midwife)

Given names added from a supplemental report.

 Address Gooding, Ida.  
 Filed 5-4-20 1920 J. J. Cary, M.D.  
 Registrar Registrar





IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 81766

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Arambarri who was born on 7-23-20  
Gooding (Gooding) (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Unnamed</u>	<u>Josie Teresa Arambarri</u>
<u>mothers name</u>	<u>Nocarri Alberti</u>	<u>Leocadia Alberdi</u>
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 14 day of

June, 1982  
Notary Public, Teresa D. Cleverly  
Residing at Boise, Idaho  
My commission expires April 3, 1985  
(Seal)

Josie Teresa Arambarri  
Signature of Applicant  
1500 Federal Way off Highway 200  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Supporting Signature

Street Address, City, State

JUN 14 1982  
Marriage License for William Earl Atwood and Josie Teresa Arambarri  
married on July 28, 1944 in Santa Barbara County,  
Viewed by V.S.

Divorce Record for William Earl Atwood and Josie Teresa  
Atwood were divorced July 15, 1974 in Jackson County Medford  
Oregon. Viewed by V.S.

Certificate of death for Leocadia Arambarri gives maiden  
name as Alberdi, date of death 5-3-54 in Pocatello,  
state file # 54-1626. Viewed by V.S.

Certificate of birth for Mary Arambarri born 2-28-22 in  
Gooding to mother Leocadia Alberdi state file # 99345.  
Viewed by V.S.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-125-024-331

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-8-8-17

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 2014

File No. 81767

No. St.

Primary Registration District No. 1

Registered No. 1920

Hospital Gooding

FULL NAME OF CHILD Baby Ransom

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>July 25</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	---	---------------------------------------	-----------------------------	--

FULL NAME <u>Clarence J Ransom</u>	FATHER
RESIDENCE <u>Hagman</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>mo</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Almyra Clark</u>	MOTHER
RESIDENCE <u>Hagman</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>mo</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 P M. on the date above stated.

\*When there was no attending physician or midwife then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A J Cay  
(Born alive or stillborn)  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Gooding, Idaho

Filed 8-4-20 19

Registrar

Registrar

RENFROW

Dup of  
1920-304485

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

434-109,025-231

PLACE OF BIRTH

County of Idaho

City of Joseph

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

File No. 81768

Registered No. 243

FULL NAME OF CHILD Don Wade M. Dougall

Sex of Child Male

Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_  
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 9 1920  
(Month) (Day) (Year)

FATHER  
FULL NAME Wm Geo. M. Dougall

RESIDENCE Joseph Ida

COLOR White AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Kansas

OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Sarah Jane Blancet

RESIDENCE Joseph Ida

COLOR White AGE AT LAST BIRTHDAY 36  
(Years)

BIRTHPLACE Kansas

OCCUPATION Postmistress

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 5 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Geo. M. Dougall  
Father  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Joseph Ida

Filed May 20 1920

Registrar

Registrar W. A. Faskett

SEP 28 1941

JAN 4 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

699-1111025-853

PLACE OF BIRTH

County of Idaho

City of Joseph Plains

No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 104

File No. 81769

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Frances Dennie Wright

Sex of  
Child

Male

Twin  
Triplet  
or other?

and  
Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

May 11

1920

(Month) (Day) (Year)

FULL  
NAME

FATHER Corel Hurbet Wright

RESIDENCE

Joseph Plains

COLOR

White

AGE AT LAST  
BIRTHDAY

37  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

MOTHER Velma May Helser

RESIDENCE

Joseph Plains

COLOR

White

AGE AT LAST  
BIRTHDAY

31  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive

at 11 P. M.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Corel Wright

Father

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Joseph Ida

Filed

May 20

19

W.A. Foskett

Registrar

Registrar



FEB 26 1973

433-202-025-763

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of IdahoCity of CanfieldRegistration District No. \_\_\_\_\_ File No. 81770

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD Margaret Carrie M. Coy

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimacy? <u>Yes</u>	Date of Birth <u>June 2</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Albert Clark M. Coy</u>	FATHER
RESIDENCE <u>Canfield - P.A.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)
BIRTHPLACE <u>California</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Edna Cochran</u>	MOTHER
RESIDENCE <u>Canfield P.A.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Postmistress</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Foskett

(Physician or midwife)

Given names added from a supplemental report.

19

Address White BirdFiled Aug. 4 1920

Registrar

Registrar W.A. Foskett

C.C. 5/6/41. W.H.

7/27/41

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

255-250025-713

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Ida -

City of Canfield

Registration District No. 104

File No. 81771

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_  
FULL NAME OF CHILD Carol Elma Bentley

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>June 15 - 1938</u> (Month) (Day) (Year)
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FATHER.  
FULL NAME Ernest Owen Bentley

RESIDENCE Canfield - P. A.

COLOR white AGE AT LAST BIRTHDAY 35  
(Years)

BIRTHPLACE Kansas

OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Eunice Palmer

RESIDENCE Canfield P. A.

COLOR white AGE AT LAST BIRTHDAY 32  
(Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive, at 10:30 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Foshett

Given names added from a supplemental report.

(Physician or midwife)

Address White Bird -

Filed July 1 1938 W. A. Foshett  
Registrar

**JUN 18 1942**

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

663-115025-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Ida

City of White Bird

Registration District No. 104

File No. 81772

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Calvin Wesley Wolcott

Sex of Child <u>Male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>July 16</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Donald James Wolcott

RESIDENCE White Bird

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Michigan

OCCUPATION Cattle Ranch

MOTHER  
FULL MAIDEN NAME Alice Amelia Wilson

RESIDENCE White Bird

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive. at 2:35 PM.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Forkett

Given names added from a supplemental report.

(Physician or midwife)

Address White Bird

Filed Aug 20 W.A. Forkett  
Registrar

K

Dup of 1920-88539

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

766-211-085-296

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Idaho

City of Spring Camp

Registration District No. 104

File No. 81773

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Crystal Powell

Sex of  
Child

Female  
(To be answered only in event of plural births)

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

Legiti  
mate?

Yes

Date of  
Birth

July 11 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER

Elmer H. Powell

RESIDENCE

Spring Camp

COLOR

White

AGE AT LAST  
BIRTHDAY

28  
(Years)

BIRTHPLACE

Washington

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

MOTHER

Myrtle Brown

RESIDENCE

Spring Camp

COLOR

White

AGE AT LAST  
BIRTHDAY

24  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive at 8:15 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Ellia B. Wilson  
Nurse

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Spring Camp

Filed

July 1920

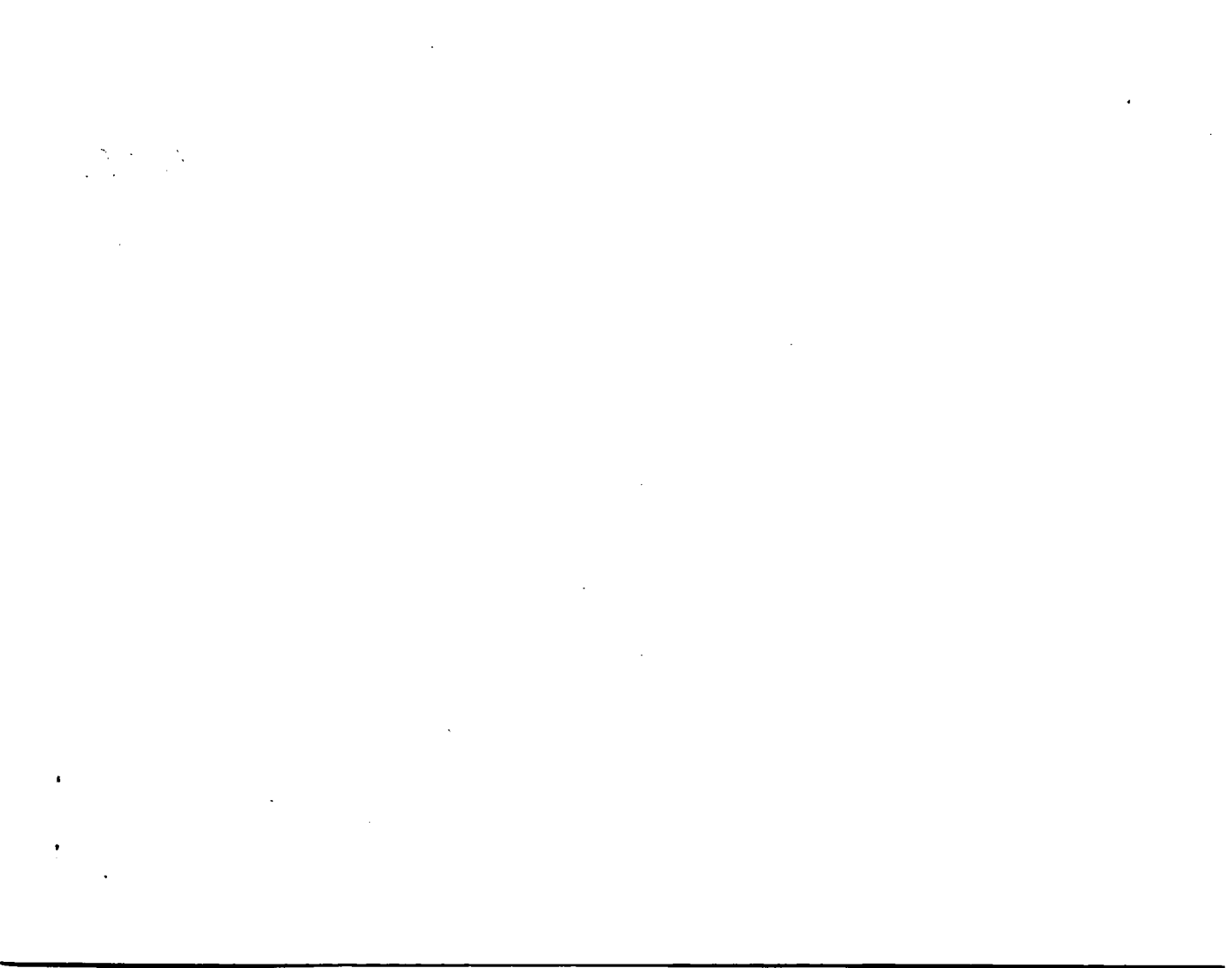
W.A. Foskett

Registrar

Registrar

7





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

101833-201-025-419  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Idaho

City of Canfield

Registration District No. 104

File No. 81774

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD Myra Olive Mc Culley

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 1</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	----------------------------------	-----	-----------------------------------	------------------------	---

FATHER  
FULL NAME Horner Franklin Mc Culley

RESIDENCE Canfield - Id

COLOR white AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Iowa

OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Sarah Helen Marshall

RESIDENCE Canfield - Id

COLOR white AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive at 7. A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Foskett

(Physician or midwife)

Given names added from a supplemental report.

Address White Bird - Id

Dated May 1920 W. A. Foskett

Registrar

Registrar

JAN 3 1973

FEB 26 1973

JUN 29 1972

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

955/30-025-693

County of Idaho

City of Shelley

CERTIFICATE OF BIRTH

81775

Registration District No. 105

File No. 62

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2183

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Richard Wilson Renner

Sex of Child <u>Male</u>	Triplet or other? <u>X</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 30</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME George Nathan Renner  
RESIDENCE Shelley Ida  
COLOR American AGE AT LAST BIRTHDAY 54  
(Years)  
BIRTHPLACE Illinois  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Franca Wilson  
RESIDENCE Shelley Ida  
COLOR American AGE AT LAST BIRTHDAY 39  
(Years)  
BIRTHPLACE Missouri  
OCCUPATION Horsekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive June 30, 1930, P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Fannie Jobe  
(Physician or midwife)

Given names added from a supplemental report.

Address Weather, Idaho

Filed July 8, 1930 H.B. Blake  
Registrar

NOV 5 1969

JUN 20 1942

DECEASED

V4351172025-31/2  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81776

County of IdahoCity of CottonwoodRegistration District No. 105File No. 63

No. \_\_\_\_\_ St.

Primary Registration District No. 2183

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Paul Bernard Duclos

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 17</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----	---	---------------------------	--

FULL NAME <u>Dominic Duclos</u>	FATHER
RESIDENCE <u>Cottonwood</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>So. Dak.</u>	
OCCUPATION <u>Farming</u>	

FULL MAIDEN NAME <u>Marie Luchtefeld</u>	MOTHER
RESIDENCE <u>Cottonwood</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 3:00 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

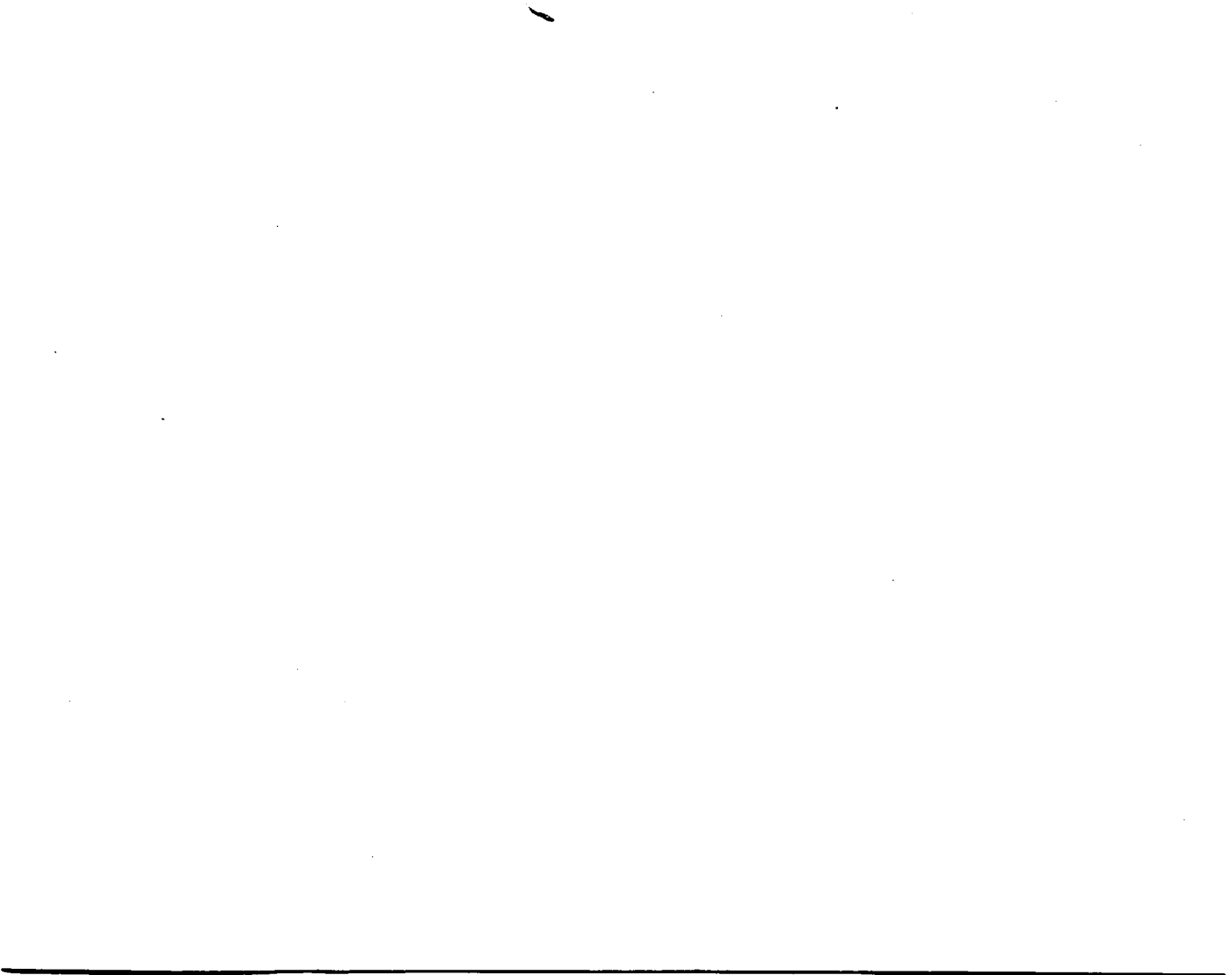
(Signature) Dr. Wesley F. Orr  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood, Ida.Filed July 31 1920W. B. Blake  
Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

545-122-025-231

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Athel vonBargen

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81777

Registration District No. 105 File No. 64

Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>July 22</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	-------------------------------	---

FATHER  
FULL NAME Clyde vonBargen  
RESIDENCE Cottonwood  
COLOR white AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Idaho  
OCCUPATION farming

MOTHER  
FULL MAIDEN NAME Blanche Blackburn  
RESIDENCE Cottonwood  
COLOR white AGE AT LAST BIRTHDAY 18 (Years)  
BIRTHPLACE W.Vir.  
OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3:00 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Ida.

Filed July 31 19 20

Registrar

Registrar



APR 30 1964

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81778

County of IdahoCity of CottonwoodRegistration District No. 105File No. 65

No. \_\_\_\_\_ St.

Primary Registration District No. 2183

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Irene Lucile Bolon

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 6</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-------	--------------------------	-------------------------	--

FULL NAME FATHER  
Walter BolonRESIDENCE  
CottonwoodCOLOR white AGE AT LAST BIRTHDAY 33  
(Years)BIRTHPLACE  
Wash.OCCUPATION  
LaborerFULL MAIDEN NAME MOTHER  
Florence WestlingRESIDENCE  
CottonwoodCOLOR white AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE  
MinnesotaOCCUPATION  
housewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6:00 A. M.  
on the date above stated. (Born alive or stillborn)

(Signature)

Dr. Wesley F. Orr

(Physician or midwife)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address Cottonwood, Ida.

Filed

July 31 19 20

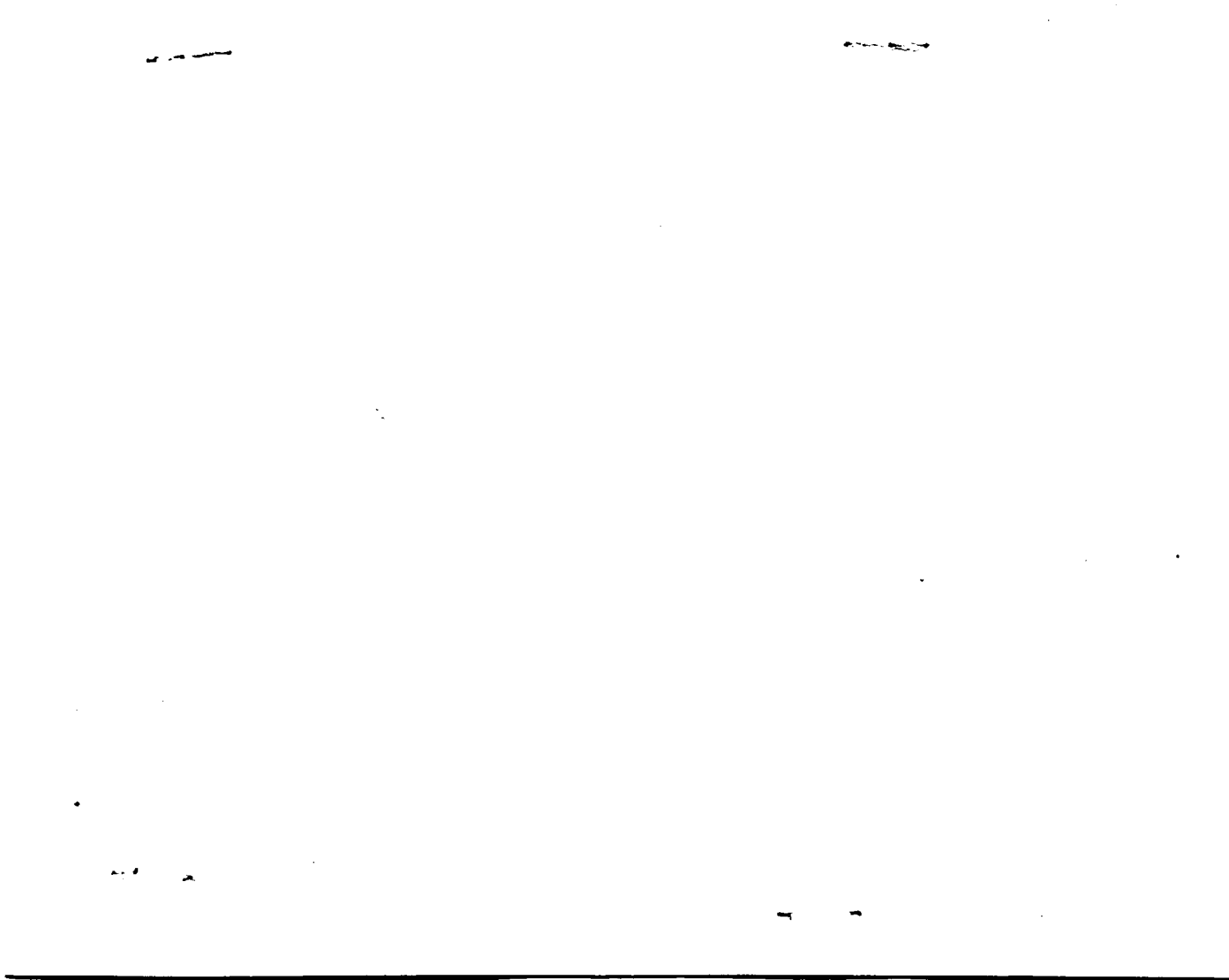
Registrar

Registrar

W. B. Blake

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 81778  
County of Kootenai

The undersigned does solemnly swear that certain facts on the certificate of Birth for Irene Lucile Bolon who Born on July 6 - 1920 in Cottonwood (Name on Original Certificate) (Was Born or Died) (Date of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Personal Knowledge prepared on Sept 21 - 1942, are: (Bible Record, Insurance Policy, Etc.) (Give Date) (The Correct Facts)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Bolon Bolon  
Irene Lucile Bolon

Subscribed and sworn to before me this 21st day of Sept, 1942  
W. E. Brundage  
Notary Public, residing at Cottonwood, Idaho  
My commission expires 12/1/45  
(Seal)

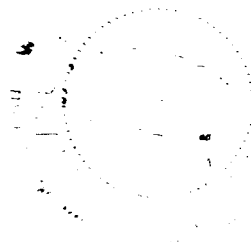
Signed: James Walter Bolon  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
James Walter Bolon  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit **MUST** Also be Executed.  
County of Shoshone (See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 28th day of September, 1942  
Rae Bulen  
Notary Public, residing at Kellogg, Idaho  
My commission expires 1946  
(Seal)

Signed: Mrs Lillie Bolon  
(Signature of Any Credible Person Other Than Previous Year)  
Op 1208-11-W Station one  
(Street Address, City, State)  
Kellogg Idaho.

OCT 1 1942



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

253-223-025-769

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Green Creek

Registration District No. 105

File No. 81779  
64

No. \_\_\_\_\_ St.

Primary Registration District No. 2183

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Florence Katherine Kelsch

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 23</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-------------------------------	--

FULL NAME Peter Kelsch FATHER

FULL NAME Bertha Poitner MOTHER

RESIDENCE Green Creek

RESIDENCE Green Creek

COLOR white AGE AT LAST BIRTHDAY 27  
(Years)

COLOR white AGE AT LAST BIRTHDAY 22  
(Years)

BIRTHPLACE Kan.

BIRTHPLACE Mo.

OCCUPATION farming

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive, at 1:00 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood, Ida.

Filed July 31 19 20

H. B. Shale  
Registrar

Registrar

MAR 2

1943

FILE

257

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

8/2-806

PLACE OF BIRTH  
025-817  
County of Idaho

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81780

City of Grangeville

Registration District No. 105

File No. 64

No. \_\_\_\_\_ St.

Primary Registration District No. 2183

Registered No. \_\_\_\_\_

Hospital Marjorie

FULL NAME OF CHILD Mragrie Haskins

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 26</u> <u>19</u> <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-------------------------------	--

FULL NAME Dick R. Haskins

FULL MAIDEN NAME Ellen Ruth Harrison

RESIDENCE Grangeville

RESIDENCE Grangeville

COLOR white AGE AT LAST BIRTHDAY 31  
(Years)

COLOR White AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE Neb.

BIRTHPLACE N. Dak.

OCCUPATION farming

OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 12:15 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Over  
(Physician or midwife)

Given names added from a supplemental report.

Address Cottnwood, Ida.

Filed July 31 19 20 W B Haskins  
Registrar

Registrar



MAR 9 1967

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

912-1021025-389

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD Arsl Burton Rasmussen

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81781

Registration District No. 105 File No. 68

Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 2</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----	---	---------------------------	---

FULL NAME FATHER  
Gorden Rasmussen

RESIDENCE  
Ferdinand

COLOR white AGE AT LAST BIRTHDAY 34  
(Years)

BIRTHPLACE  
Wis.

OCCUPATION  
Farming

FULL MAIDEN NAME MOTHER  
Phenie Christensen

RESIDENCE  
Ferdinand

COLOR white AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE  
Wis.

OCCUPATION  
Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr  
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood, Ida.

Filed July 31 1920 H. B. Blake  
Registrar

1887-  
**DEC 18 1950**

**FEB 15 1963**

c.c. 4/19/41. wh

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

395-2281025-294 Amended full name of child & mother's maiden surname  
06-13-02, RDF Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

81782

County of Idaho

City of Fenn

Registration District No. 105

File No. 69

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2183

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

~~Rose Anna Cramer~~

Rose Marie Cramer

Sex of  
Child female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

July 28

1920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Casper Cramer

RESIDENCE

Fenn

COLOR

white

AGE AT LAST  
BIRTHDAY

34

(Years)

BIRTHPLACE

Wis.

OCCUPATION

farming

FULL  
MAIDEN  
NAME

MOTHER

Eulalia Brueggeman

RESIDENCE

Fenn

COLOR

white

AGE AT LAST  
BIRTHDAY

26

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 10:00 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

19

Address

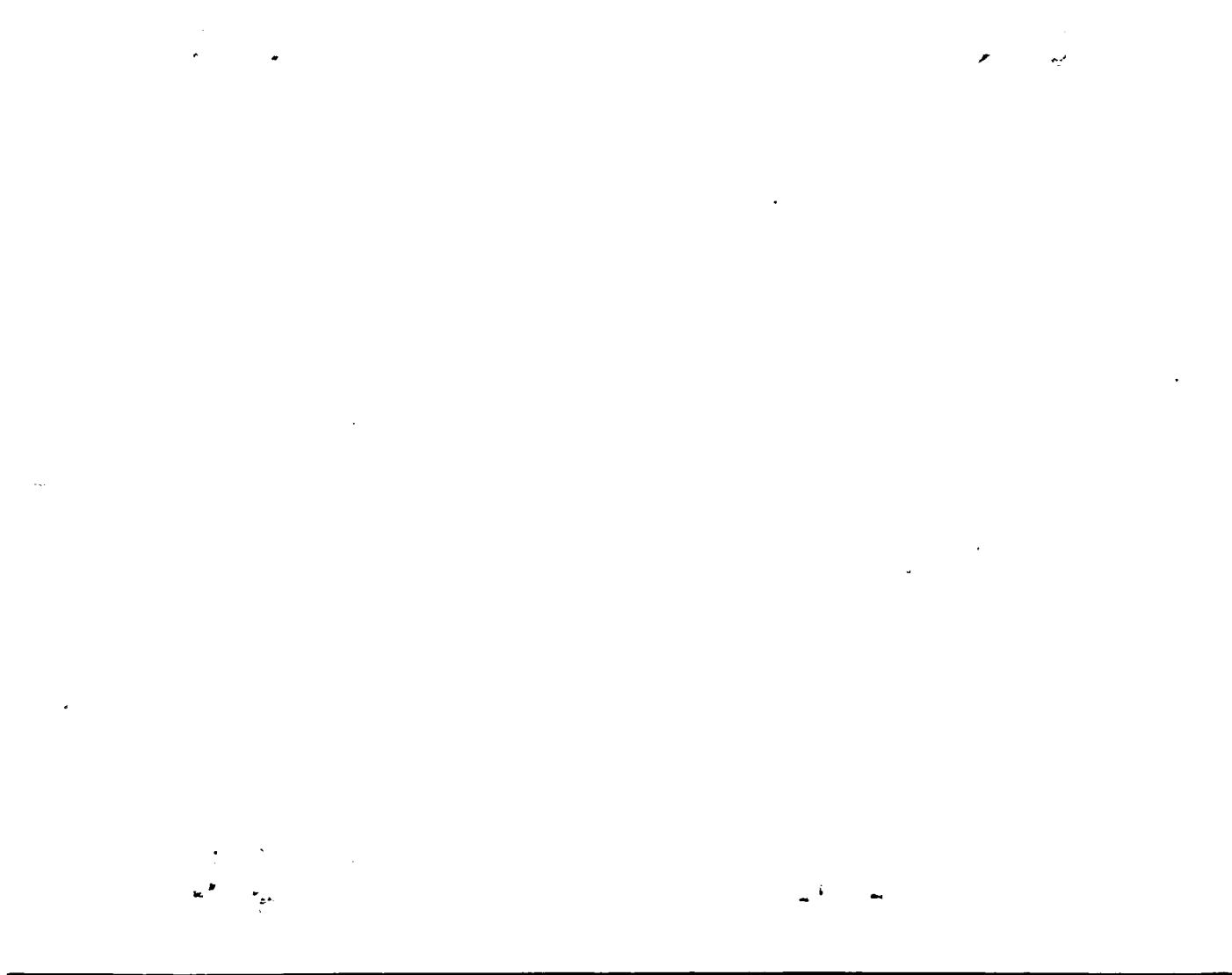
Cottonwood, Ida.

Filed

July 31 19 20

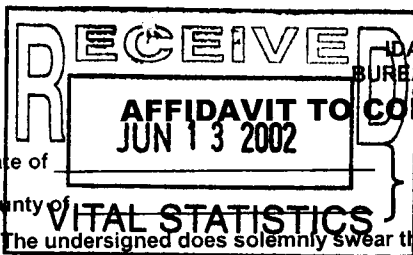
Registrar

Registrar



JUN 06 2002

paid



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ SS.

Certificate No. 1920-81782

County of VITAL STATISTICS

Date Filed Jul 31, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth  
(Birth, Death, Marriage, etc.)

for Rose Anna Cremer who was born on July 28, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

Cottonwood  
in Pern Idaho (Idaho County) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
child's first name	<u>Rose</u>	<u>Rosemarie</u>
child's middle name	<u>Anna</u> <u>omit</u>	<u>M. omit</u>
child's last name	<u>Cremer</u>	<u>Cramer</u>
father's last name	<u>Cremer</u>	<u>Cramer</u>
mother's maiden surname	<u>Bruegeman</u>	<u>Brueggman</u>

Subscribed and sworn to before me this 11 day of June, 2002

Notary Public, Dixie L. Humphrey

Residing at Kamiah Idaho

My commission expires 9/18/05  
(Seal)

Rosemarie Cramer  
Signature of Applicant

Box 562B Kamiah, Id.  
Street Address, City, State 83536

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } SS.

(Must be completed \_\_\_\_\_)

County of \_\_\_\_\_ } (Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

Supporting Signature

Street Address, City, State

Marriage certificate, dated October 16, 1917, states mother's maiden surname as Brueggeman.

Certificate of baptism, dated December 6, 1956, states registrants full name as Rosemarie Cramer and mother's maiden surname as Brueggeman.

Marriage certificate, dated March 26, 1997, states maidens surname of registrant as Cramer.

865-1041025-254

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81783

County of IdahoCity of CottonwoodRegistration District No. 105File No. 70

No. \_\_\_\_\_ St.

Primary Registration District No. 2183 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD John Bernard Hoene

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>July 4th</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-----	---	-------------------------------	---

FATHER  
FULL NAME John Hoene

RESIDENCE Cottonwood

COLOR white AGE AT LAST BIRTHDAY 45  
(Years)

BIRTHPLACE Ill.

OCCUPATION Hardware Merchant

MOTHER  
FULL MAIDEN NAME Susie Seubert

RESIDENCE Cottonwood

COLOR white AGE AT LAST BIRTHDAY 35  
(Years)

BIRTHPLACE Wis.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood, Ida.

Filed

July 31 1920

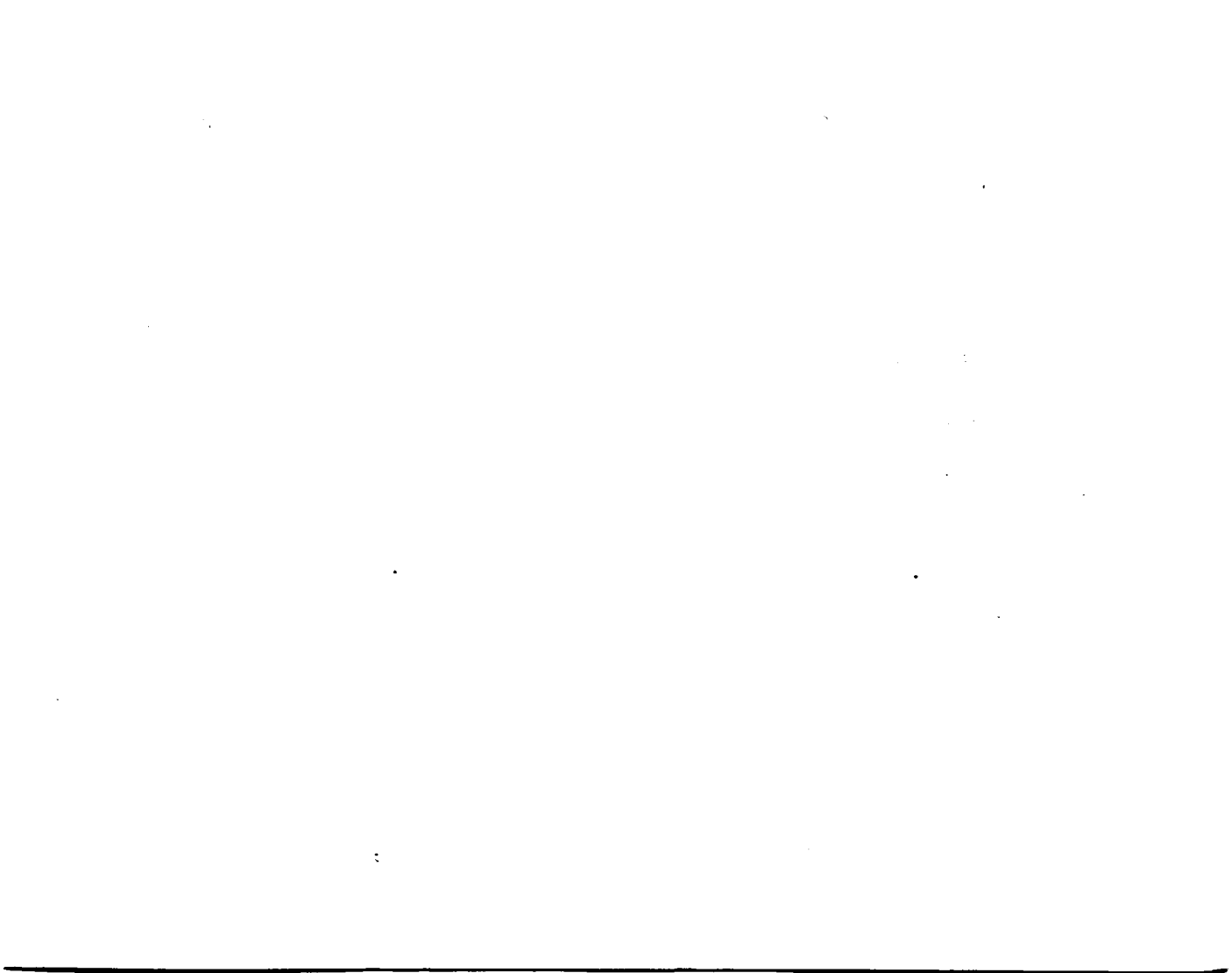
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





391-202 (0) 5-756

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81784

County of IdahoCity of HoodlandRegistration District No. 49

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2420

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Theresa May Craven

Sex of Child <u>female</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>8-2-20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME <u>L. Craven</u>	FATHER
RESIDENCE <u>Hoodland Id</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alta Craven</u>	MOTHER
RESIDENCE <u>Hoodland Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alma, at 5 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Bryan W

(Physician or midwife)

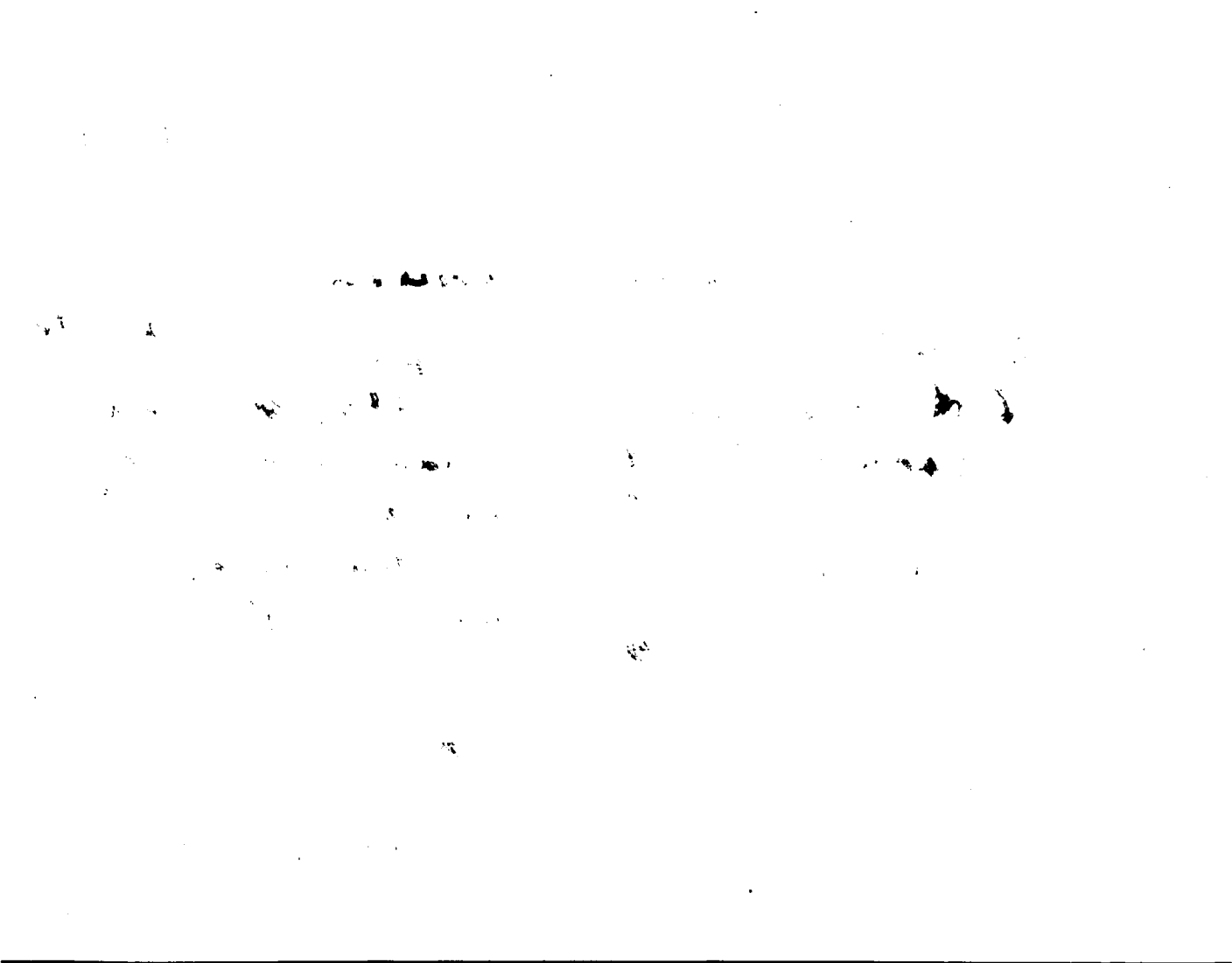
Given names added from a supplemental report.

19 \_\_\_\_\_

Address Hoodland IdahoFiled Aug 9 19 20

Registrar

Registrar W. Johnson



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-2141-025-466

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Idaho  
City of near Kamiah, Ida

Registration District No. 49 File No. 81785

No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital \_\_\_\_\_ Primary Registration District No. 2428 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>7 14 20</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER  
FULL NAME Albert Davis  
RESIDENCE Kamiah  
COLOR Indian AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Idaho  
OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Waffett  
RESIDENCE Kamiah  
COLOR Indian AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Idaho  
OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 2.9 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Bryan M. W.  
(Physician or midwife)

Given names added from a supplemental report.

Address Kamiah, Idaho.  
Filed 9 20 J. Johnson  
Registrar

FEB 9 1976

Z MOTHER

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

4112-116-025-547  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

81786

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 71

No. St.

Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD Carl Jos. Dasenbrock

Sex of Child male	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? yes	Date of Birth July 16 1920 (Month) (Day) (Year)
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FULL NAME FATHER  
Edward Dasenbrock

RESIDENCE  
Cottonwood

COLOR white AGE AT LAST BIRTHDAY 26  
(Years)

BIRTHPLACE  
Green Creek

OCCUPATION  
Farming

FULL MAIDEN NAME MOTHER  
Rose Nuxoll

RESIDENCE  
Cottonwood

COLOR white AGE AT LAST BIRTHDAY 20  
(Years)

BIRTHPLACE  
Green Creek

OCCUPATION  
Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2:00 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr  
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood, Ida.

Filed July 31 1920 Registrar

Registrar

JAN 9 1962

144203.025519  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-2 Rev. 3-5-17

County of Idaho.....City of Kootenai.....Registration District No. 106.....File No. 81787.....

No. .... St.

Primary Registration District No. 2184.....Registered No. 40.....

Hospital .....

FULL NAME OF CHILD Dorothy Violet - Judd.....

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>July 3</u> 19 <u>20</u> Month (Day) (Year)
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FULL NAME <u>Helen Judd</u>	FATHER
RESIDENCE <u>Kootenai Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Butcher</u>	

FULL MAIDEN NAME <u>Martha Harrington</u>	MOTHER
RESIDENCE <u>Kootenai Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3:50 P.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

J. M. Weberknecht  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Address.....

Kootenai Idaho

Filed.....

Aug 1 1920

Registrar

J. M. Weberknecht  
Registrar



1961

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955613-025-141

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-2-5-17

## CERTIFICATE OF BIRTH

County of IdahoCity of KooskiaRegistration District No. 106File No. 81788

No. .... St.

Primary Registration District No. 2184Registered No. 39

Hospital .....

FULL NAME OF CHILD

Helena Myrtle Reed

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>May 13 1920</u> (Month) (Day) (Year)
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FULL NAME <u>B. F. Reed</u>	FATHER
RESIDENCE <u>Tabor -</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>57</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Myrtle Adamsen</u>	MOTHER
RESIDENCE <u>Tabor</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11<sup>30</sup> M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

B. F. ReedFather

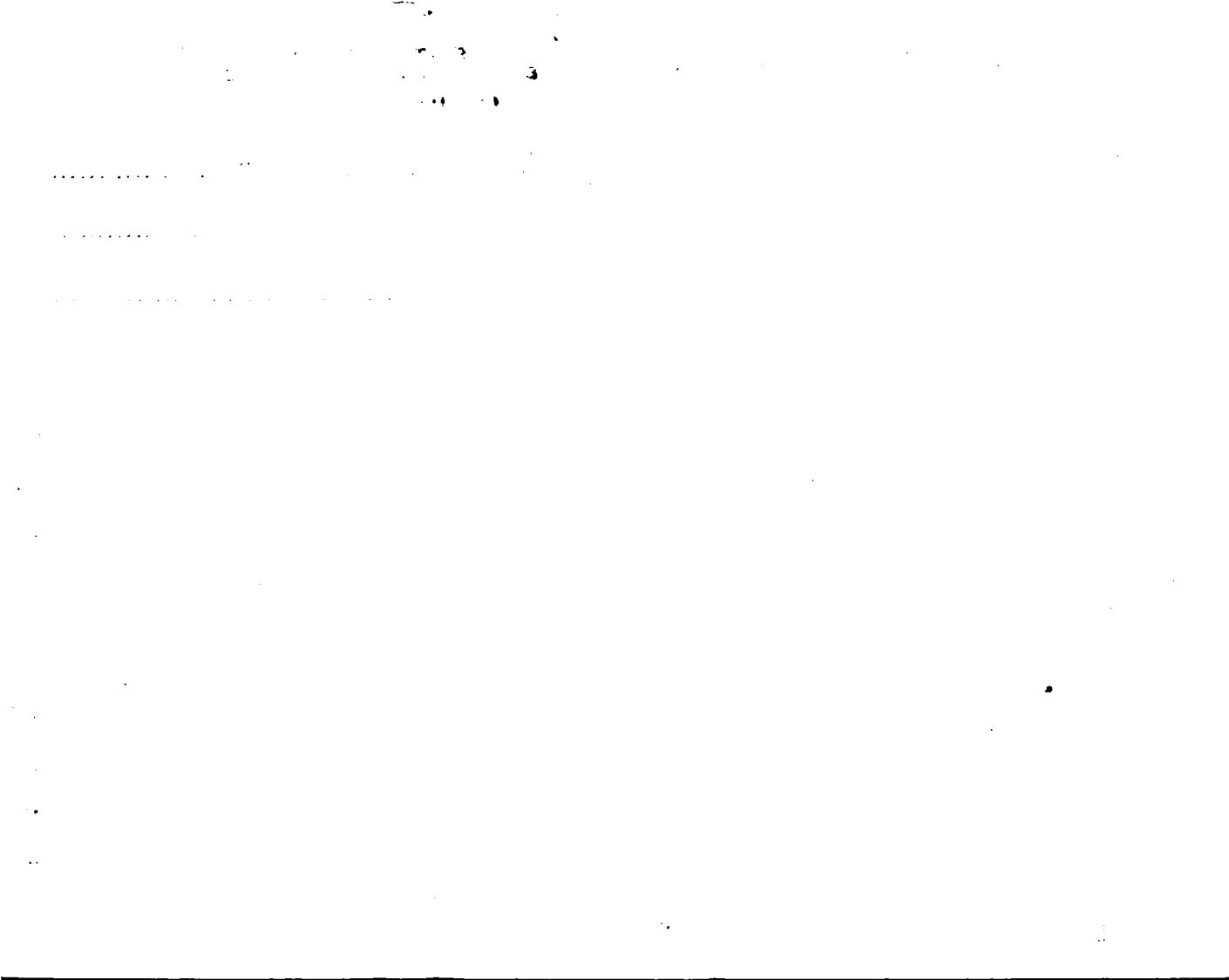
(Physician or midwife)

Given names added from a supplemental report.

Address Kooskia - IdahoFiled Aug 1 1920

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

154-230-027-813

## PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

 OF IDAHO  
STATISTICS

## CERTIFICATE OF BIRTH

County of JeromeCity of MillnerRegistration District No. 37

File No.

81789

No. \_\_\_\_\_ St.

Primary Registration District No. 2085 Registered No.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Baby Anderson

Sex of Child <u>female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>May 30</u> 19 <u>20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME Joseph M. AndersonRESIDENCE MillnerCOLOR white AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE UtahOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Pearl YatesRESIDENCE MillnerCOLOR white AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 4 35 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. Eames

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Burley Idaho

Filed

July 30 1920

Registrar

Registrar



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PLACE OF BIRTH

County of Kootenai

City of Harrison

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mildred St. Clair

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

81791

Registration District No. 126

File No. 4

Primary Registration District No. 2204

Registered No. 83

Sex of Child Female Twin Triplet or other? No (To be answered only in event of plural births) and Number in order of birth 1 Legitimate? Yes Date of Birth July 22, 1920 (Month) (Day) (Year)

FULL NAME Louis St. Clair FATHER

FULL MAIDEN NAME Ethel Peterson MOTHER

RESIDENCE Harrison Ida

RESIDENCE Harrison Ida

COLOR Indian AGE AT LAST BIRTHDAY 50 (Years)

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Wyo

BIRTHPLACE Colo

OCCUPATION Rancher

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 7-22-20 at 1 a. M. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida  
Filed Aug 1 1920 J. M. Finney Registrar

APR 27 1966

367-108-108-249  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

Registration District No. 126

File No. 81792

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2204

Registered No. 834

Hospital \_\_\_\_\_

FULL NAME OF CHILD Leigh Junior Le Gore

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number and in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 28, 20</u> Month (Day) (Year)
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FATHER  
FULL NAME Leigh V. Le Gore  
RESIDENCE Rose Lake, Idaho.  
COLOR white AGE AT LAST BIRTHDAY 41 (Years)  
BIRTHPLACE Mondovi, Wisconsin  
OCCUPATION Proprietor general store

MOTHER  
FULL MAIDEN NAME Florence Mae Smith  
RESIDENCE Rose Lake, Idaho  
COLOR white AGE AT LAST BIRTHDAY 41 (Years)  
BIRTHPLACE Lake City, Minnesota  
OCCUPATION Housewife

Number of child of this mother, including present birth five Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9:35 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Rose Lake, Idaho

Filed Aug 1, 1920 Registrar J. J. Stauffer



JAN 14 1974

SEP 2 1974

391-207, 028-645  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 124

File No. 4 **81793**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2204

Registered No. 78

Hospital \_\_\_\_\_

FULL NAME OF CHILD Francis Maxine Casine

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>July 7</u> 19 <u>20</u>
(To be answered only in event of plural births)			Month _____ Day _____ Year _____	
FATHER FULL NAME <u>Oscar M Casine</u>	MOTHER FULL MAIDEN NAME <u>Frances M. Casine</u>			
RESIDENCE <u>Harrison Ids</u>	RESIDENCE <u>Harrison Ids</u>			
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	
BIRTHPLACE <u>Ides</u>	BIRTHPLACE <u>Ides</u>			
OCCUPATION <u>Corn labor</u>	OCCUPATION <u>Housewife</u>			

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

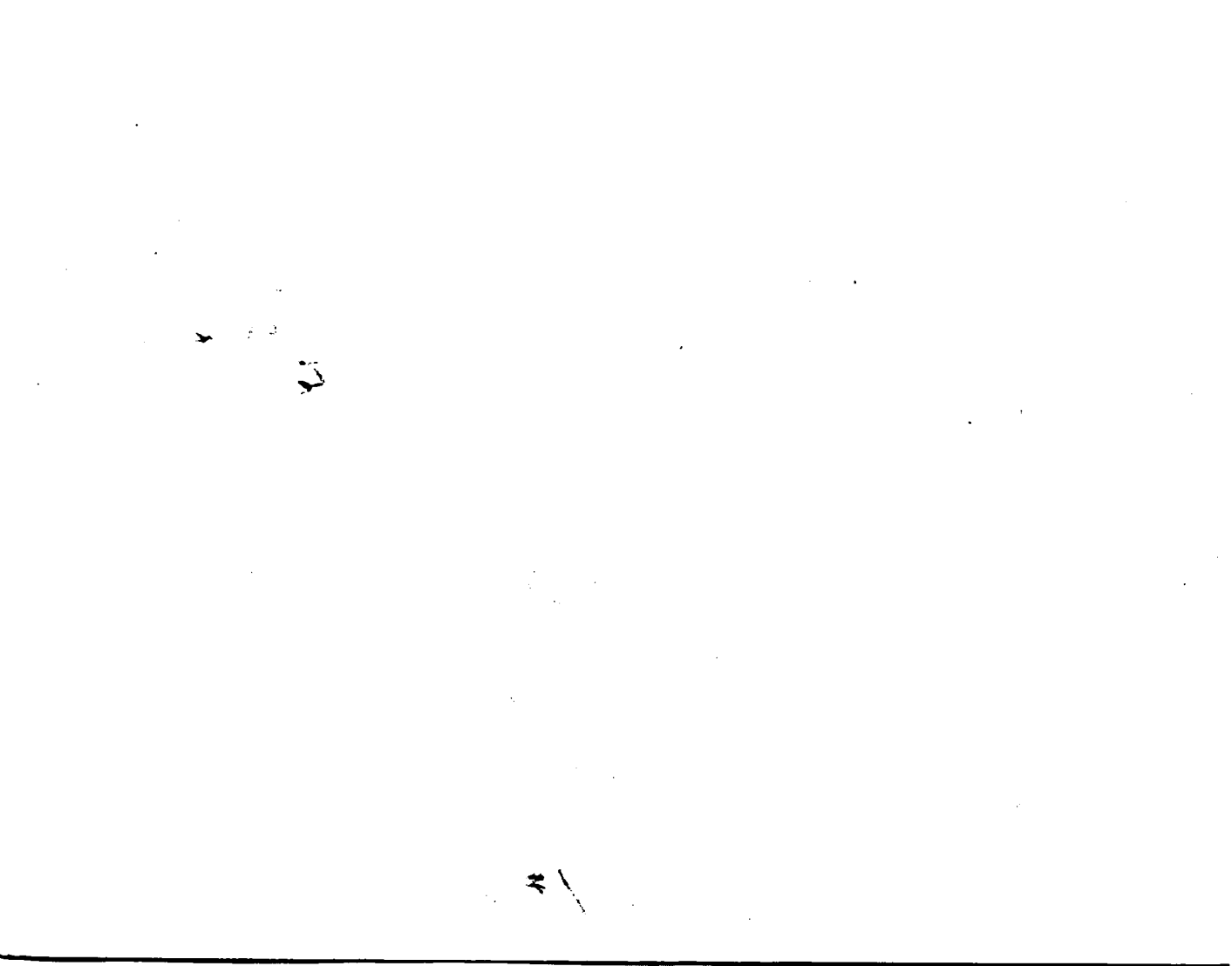
I hereby certify that I attended the birth of this child, who was born on the date above stated. July 7 - 20 at 4:20 A. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ids  
Filed Aug 7 20 [Signature] Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-111-038-275  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

81794

County of Rootenae  
City of Hoiley

Registration District No. 126

File No. 72

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2204

Registered No. 72

Hospital \_\_\_\_\_

FULL NAME OF CHILD

John Kermit Hensley

Sex of Child

Male

Is a triplet or other?

and Number in order of birth

Legitimate?

Yes

Date of Birth

July 11 20  
(Month) (Day) (Year)

FULL NAME

John H. Hensley

FATHER

FULL MAIDEN NAME

Ila May Steude

MOTHER

RESIDENCE

Hooley Ida

RESIDENCE

Hooley Ida

COLOR

White

AGE AT LAST BIRTHDAY

50  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

39  
(Years)

BIRTHPLACE

Ind

BIRTHPLACE

Ind

OCCUPATION

Rancher

OCCUPATION

Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.

Born alive or stillborn at 6 P M.  
July 11 20

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. D. J. Harrison

(Physician or midwife)

Given names added from a supplemental report.

Address

Harrison Ida

Filed

Aug 1 20

19

Registrar

Registrar

**JUN 17 1958**

PLACE OF BIRTH

STATE OF ~~IDAHO~~  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

81795

County of Boone

City of Springston

Registration District No. 124

File No. 81795

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2204

Registered No. 81

Hospital \_\_\_\_\_

FULL NAME OF CHILD STEINAR ALVIN GOTHAM

Sex of Child Male Twin { and { Number in order of birth 1 Legitimate? Yes Date of Birth July 16 20  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Steinar Gotham  
RESIDENCE Springston Ida  
COLOR White AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Norway  
OCCUPATION Planter

MOTHER  
FULL MAIDEN NAME Maude Burton  
RESIDENCE Springston Ida  
COLOR White AGE AT LAST BIRTHDAY 20 (Years)  
BIRTHPLACE Wallace Ida  
OCCUPATION Housewife

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive July 16-20 at 4 a. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

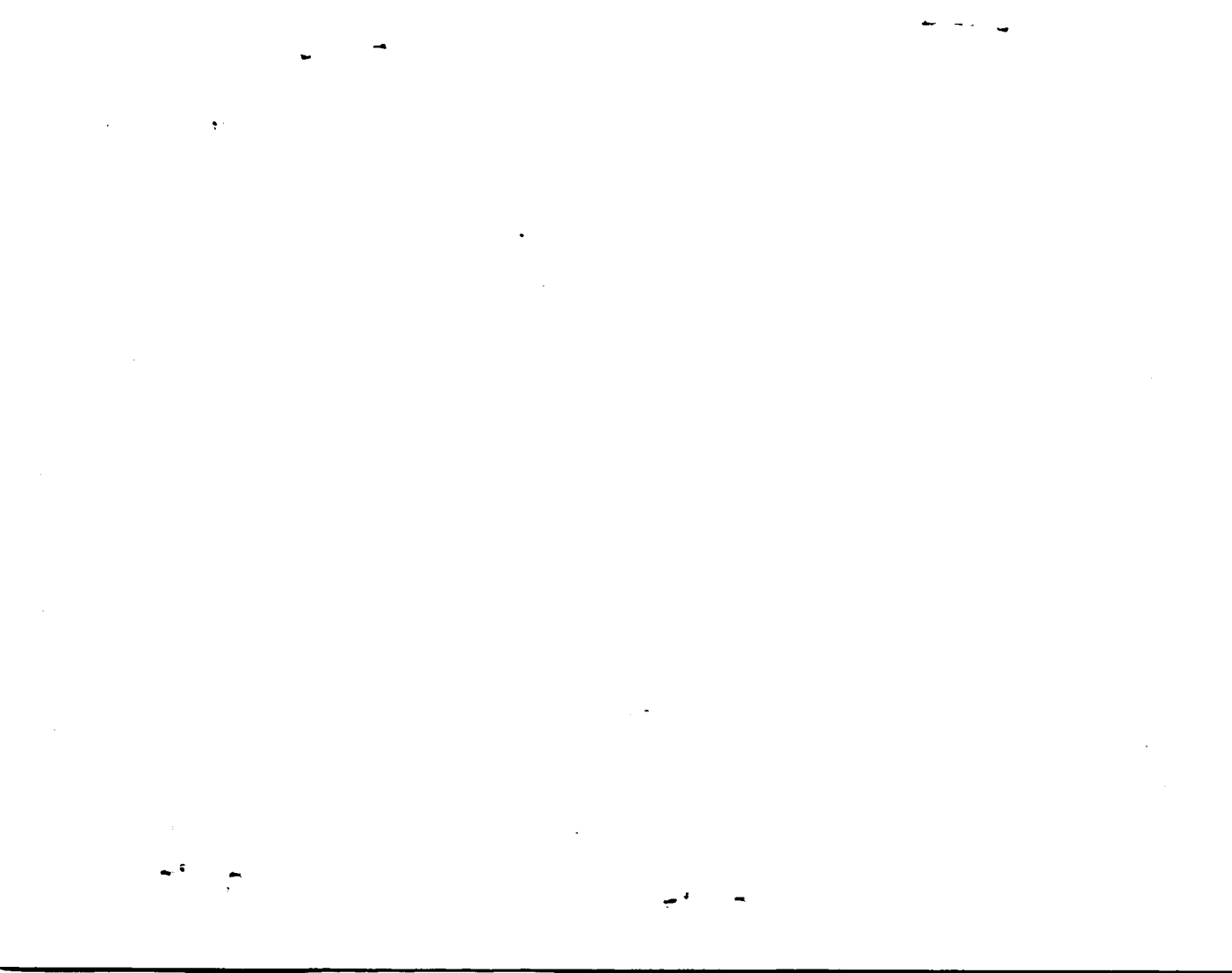
(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Hammond Ida

Filed 8-1-20 [Signature]



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. FEB 6 Certificate No. 81795  
County of San Diego }

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Steinar Alvin Gotham who born on July 16, 1921  
in Kootenai County (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT)  
(PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)  
name no name Steinar Alvin Gotham

Subscribed and sworn to before me this 4th  
day of February, 19 42

Signed Mrs. Mabel Gotham (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Charles E. Otis  
Notary Public, residing at San Diego, Calif.  
My commission expires November 1, 1944  
(SEAL)

4121 Cherokee Av., San Diego, Cal.  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California }  
County of San Diego } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th  
day of February, 19 42

Signed Edith Pearl Cook  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Charles E. Otis  
Notary Public, residing at San Diego, Calif.  
My commission expires November 1, 1944  
(SEAL)

3552 Vancouver Av., San Diego, Cal.  
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 6 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)



FEB 14 1942

MAY 18 1976

795-2241028-551  
PLACE OF BIRTHCounty of CarrollCity of Paris, Idaho

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 29Primary Registration District No. 250Luella Frances GilbertSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-16-18

## CERTIFICATE OF BIRTH

File No. 81796Registered No. 64

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>one</u>	{and} Number in order of birth <u>one</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 24</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Thos. W. Gilbert</u>		FULL MAIDEN NAME <u>Leelia Neal</u>		
RESIDENCE <u>Leonard Allen</u>		RESIDENCE <u>Leonard Allen Idaho</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	
BIRTHPLACE <u>Texas</u>		BIRTHPLACE <u>Missouri</u>		
OCCUPATION <u>Mill man</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth... 8 ... Number of children of this mother now living, including present birth... 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... born alive ... at 9:45 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Address

Filed

Registrar

(Physician or midwife)

Registrar

JAN 12 1971

386-2021028-365

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MontenaiCity of Coeur d'AleneRegistration District No. 29File No. 81797

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1050Registered No. 65

Hospital \_\_\_\_\_

FULL NAME OF CHILD EVELYN MARIE Thornton

Sex of Child <u>Female</u>	Twins or other? <u>Triplet</u>	and {	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 2</u> 19 <u>20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME FATHER William Paul ThorntonRESIDENCE Coeur d'Alene, IdahoCOLOR White AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE IdahoOCCUPATION Logging ContractorFULL MAIDEN NAME MOTHER Helen Marie CongdonRESIDENCE Coeur d'Alene, IdahoCOLOR White AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this father, including present birth 3 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

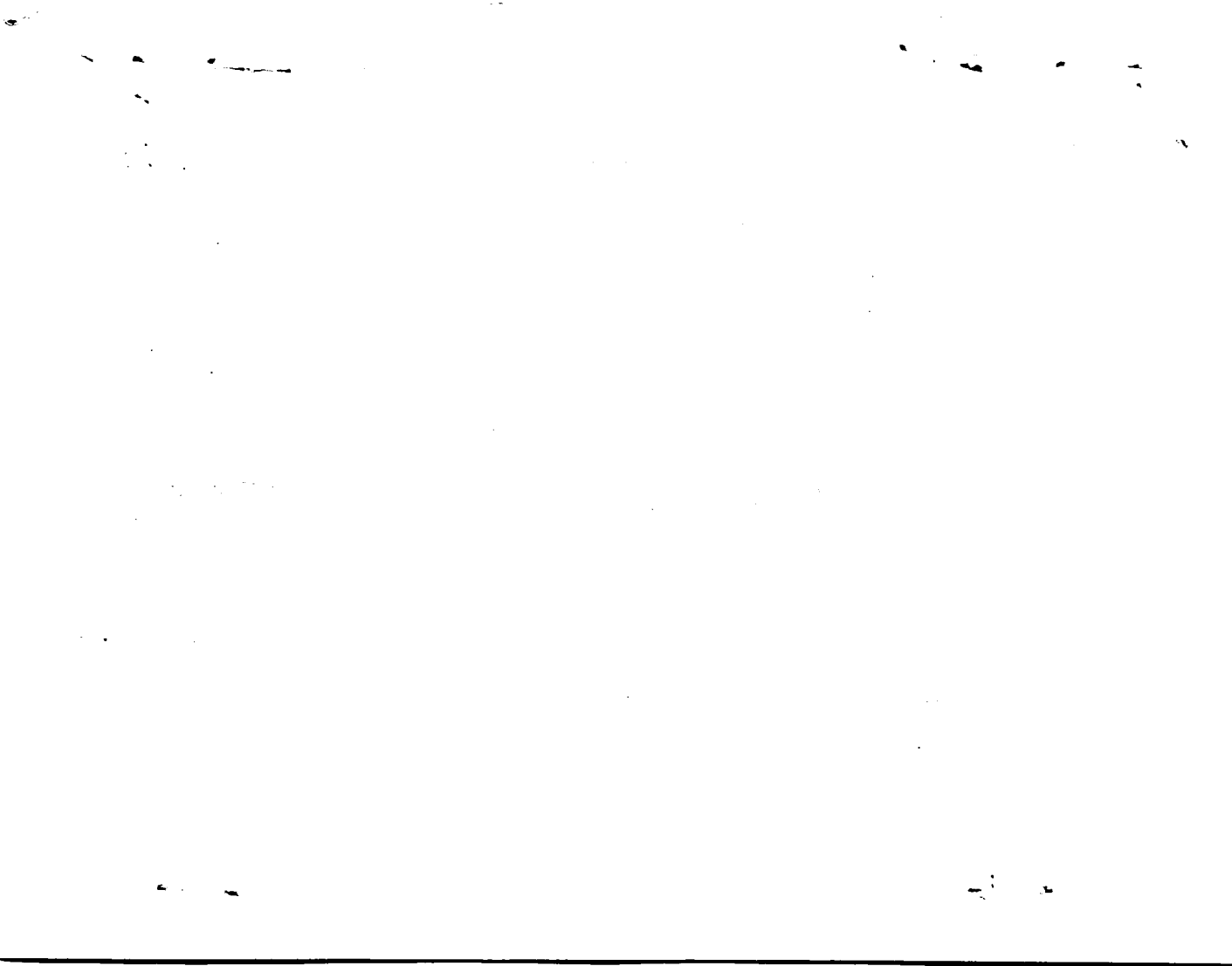
I hereby certify that I attended the birth of this child, who was Born alive, at 11 30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene, Idaho  
Filed July 30 1920 G. H. Nelson  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Oregon }  
County of Baker } ss. Certificate No. 81797  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Mildred May Thornton who was born on July 2, 1920  
(Name on original certificate) (Was born or died) (Birth or death) (Date of event)  
in Coeur d'Alene, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by Bible Record prepared on 1925, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Mildred May Thornton	Evelyn Marie Thornton

Subscribed and sworn to before me this 5th  
day of December, 1941  
John W. Saxe  
Notary Public, residing at Richland, Oregon  
My commission expires August 3, 1945  
[SEAL]

Signed Sam W. Thornton  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Richland, Oregon  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon }  
County of Baker } ss. [This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th  
day of December, 1941  
John W. Saxe  
Notary Public, residing at Richland, Oregon  
My commission expires August 3, 1945  
[SEAL]

Signed Mrs. Herman Martin  
(Signature of any credible person other than the previous affiant.)  
Richland, Oregon  
(Street Address, City, State)

Received for filing on DEC 16 1941 By \_\_\_\_\_  
(Registrar's signature)

DEC 17 1941

JUN 28 1966

39-102 1028-1951

## PLACE OF BIRTH

County of BoonvilleCity of Cour d'Alene

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 24

Hospital \_\_\_\_\_

Primary Registration District No. 1050Full Name of Child Arthur Roland Trzeman

Form V. S. No. 1

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 81798Registered No. 66

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>one</u> { and } Number in order of birth <u>one</u> (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 2</u> (Month) (Day) (Year)
FULL NAME <u>Arthur E. Trzeman</u>	MOTHER FULL MAIDEN NAME <u>Lida Adeline Ready</u>		
RESIDENCE <u>Cour d'Alene Ida.</u>	RESIDENCE <u>Cour d'Alene</u>		
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>47</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>39</u> (Years)		
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Missouri</u>		
OCCUPATION <u>Straw Boos in Mill</u>	OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 3 P M

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Halder

Given names added from a supplemental report.

19

Address Cour d'Alene, IdaFiled July 30

1920

Registrar Eus Nelson

Registrar



2/4/41

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

219-211-008-379  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of Kootenai

City of Coeur d'Alene

Registration District No. 29

File No. 81799

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1050

Registered No. 63

Hospital \_\_\_\_\_

FULL NAME OF CHILD Marine Edna Barnes

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>July 11 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-------------------------------	---

FULL NAME <u>Claude R. Barnes</u>	FATHER
RESIDENCE <u>Coeur d'Alene, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Capt. Lake Steamer</u>	

FULL MAIDEN NAME <u>E. Amanda Larson</u>	MOTHER
RESIDENCE <u>Coeur d'Alene, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Mich</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Larson Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene, Ida.  
Filed July 30th 1920 Gust Nelson  
Registrar

Registrar

APR 10 1942

City of Coeurd' Alene Registration District No. 29 File No. 81800  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. 1050 Registered No. 62  
 Hospital \_\_\_\_\_  
 FULL NAME OF CHILD Peter Jacobson

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>May 6</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Georg Jacobson</u>			FULL MAIDEN NAME MOTHER <u>Beti Kolar</u>		
RESIDENCE <u>Coeurd' Alene</u>			RESIDENCE <u>Coeurd' Alene</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	
BIRTHPLACE <u>Austria</u>			BIRTHPLACE <u>Austria</u>		
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A. M. on the date above stated.  
 (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) \_\_\_\_\_

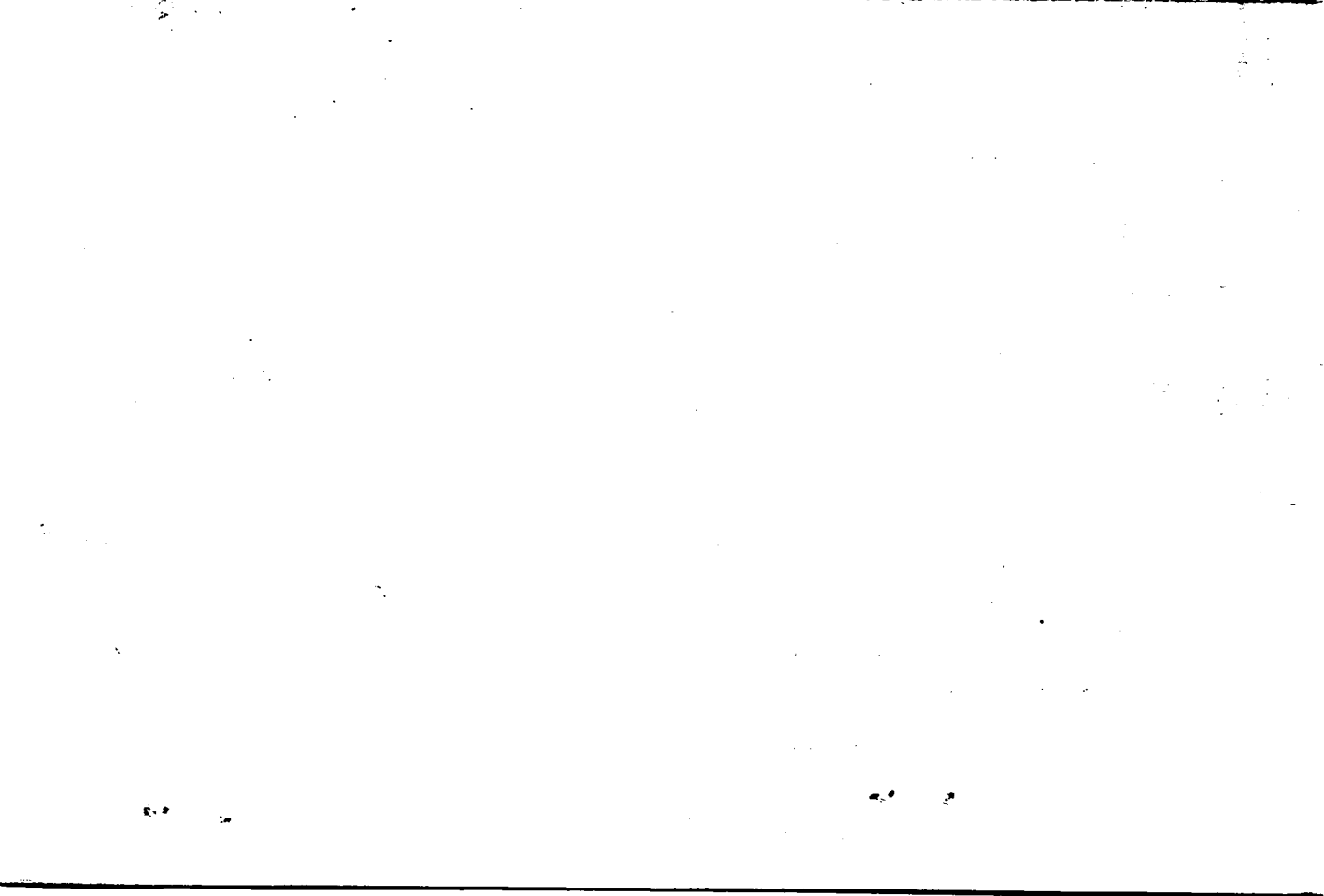
(Physician or midwife)

Address \_\_\_\_\_

Filed \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_



## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
VITAL STATISTICSState of Idaho  
County of Kootenai } ss.

MAR 3 11 00 AM '82

Certificate No. 81800  
Date Filed \_\_\_\_\_The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Jakopson who was born on 5-6-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Coeur d'Alene (Kootenai) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

<u>childs name</u>	<u>Unnamed Jakopson</u>	<u>Peter Jacobson</u>
<u>fathers last name</u>	<u>Jakopson, George</u>	<u>Jacobson, George</u>

Subscribed and sworn to before me this first day of March 1982  
March, 1982.  
 Notary Public, Margery Capaul  
 Residing at Coeur d'Alene, Idaho  
 My commission expires 1982  
 (Seal)

Peter Jacobson  
 Signature of Applicant  
1301 Coeur d'Alene Ave. P O Box 661  
 Street Address, City, State  
Coeur d'Alene, ID 83814

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho  
County of Kootenai } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this first day of  
March, 1982Notary Public, Margery Capaul  
Residing at Coeur d'Alene  
My commission expires 1982  
(Seal)

+ Rev. W. F. Brogley  
 Supporting Signature  
919 Indiana Ave. Coeur d'Alene, ID  
 Street Address, City, State  
83814

MAR 4 1982

Cert of Baptism from St. Thomas Church in Coeur d'Alene, ID gives Peter Jacobson child of George Jacobson and Maria Rosina Jacobson born in Coeur d'Alene on 5-6-20 was baptised 5-16-20. Viewed by V.S.

Age Certificate for Peter Jacobson born 5-6-20 at Coeur d'Alene signed by Father George Jacobson. Document dated 4-11-42. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393.115-028-231  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. a. No. 11-C-25m-7-21-19

County of Montesano  
City of Coeur d'Alene Registration District No. 29 File No. 81801  
No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. 1000 Registered No. 61  
Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 15</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----	--------------------------------	------------------------	---

FATHER  
FULL NAME Bond Lillard  
RESIDENCE Coeur d'Alene, Ida  
COLOR White AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE Mont.  
OCCUPATION Contractor

MOTHER  
FULL MAIDEN NAME Lula Stauffer  
RESIDENCE Coeur d'Alene, Ida  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 12<sup>34</sup> P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar





366-228-028-436  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-8-8-17

County of *Mortemai*.....

City of .....

Registration District No. *29*.....

File No. *81802*.....

No. ....St.

Primary Registration District No. *1050*.....

Registered No. *67*.....

Hospital .....

FULL NAME OF CHILD *Pearl Mae Cook*.....

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>July 28 1920</i> (Month) (Day) (Year)
----------------------------	--	--------------------------------	------------------------	---

FULL NAME *FATHER Alfred Lineback Cook*  
RESIDENCE .....

FULL MAIDEN NAME *MOTHER Hattie Mc Fee*  
RESIDENCE .....

COLOR *White* AGE AT LAST BIRTHDAY *62*  
(Years)

COLOR *White* AGE AT LAST BIRTHDAY *33*  
(Years)

BIRTHPLACE *Iowa*

BIRTHPLACE *North Carolina*

OCCUPATION *Farmer*

OCCUPATION *housewife*

Number of child of this mother, including present birth *3*..... Number of children of this mother now living, including present birth *3*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Born alive*..... at *8:45 P.* M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Louis H. Most*  
.....  
Physician or midwife

Given names added from a supplemental report.

.....19.....

Address *Coeur d'Alene, Idaho*

.....

Filed *July 30 1920*.....  
*Gus Nelson*  
Registrar

Registrar

Registrar

100-111

1

236-103-028-294

## PLACE OF BIRTH

County of

City of

Footenia

Post Falls

Registration District No.

30

No.

St.

Primary Registration District No.

2037

File No.

81803

Hospital

Registered No.

775-

FULL NAME OF CHILD

Henry Adriel Scott

Sex of Child

Male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
Number  
in order  
of birthLegiti-  
mate?

yes

Date of Birth

Mar 31 20

FULL  
NAME

Gorvitt Scott

FATHER

FULL  
MAIDEN  
NAME

Ethel Brugger

MOTHER

RESIDENCE

Post Falls

RESIDENCE

Post Falls

COLOR

white

AGE AT LAST  
BIRTHDAY

37

(Years)

COLOR

white

AGE AT LAST  
BIRTHDAY

36

(Years)

BIRTHPLACE

wash

BIRTHPLACE

wash

OCCUPATION

Farmer

OCCUPATION

House Keeper

Number of child of this mother, including present birth

6

Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

alive

(Born alive or stillborn)

7:30 P. M.

\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

F. L. McCauley

(Physician or midwife)

Given name added from a supplemental report.

Address

Post Falls, Idaho.

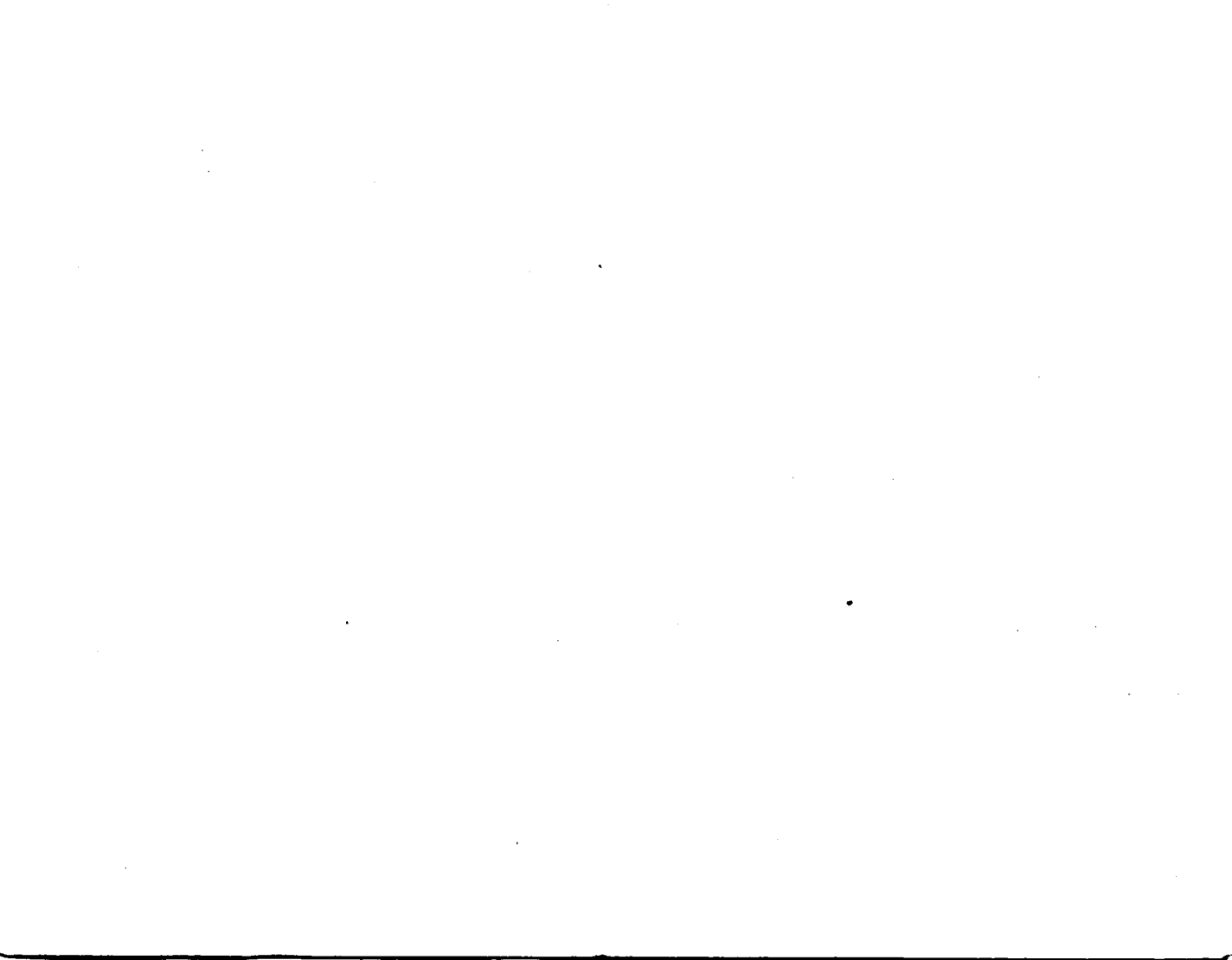
Filed

Aug 4 1920

D. D. Brennan

Registrar

Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-225-028-692  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Footenai

City of Spokane Bridge

Registration District No. 30

CERTIFICATE OF BIRTH

File No. 81804

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2031

Registered No. 776

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Mayme Dorothy Thornton

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Mar 25 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Harry M. Thornton

MOTHER  
FULL MAIDEN NAME Lila Dorothy Fisher

RESIDENCE Spokane Bridge

RESIDENCE Spokane Bridge

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Port Townsend Wash

BIRTHPLACE Cedar Lake Minn

OCCUPATION Farmer

OCCUPATION Hand Keeper

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

alive at 5 P. M.  
(Born alive or stillborn)

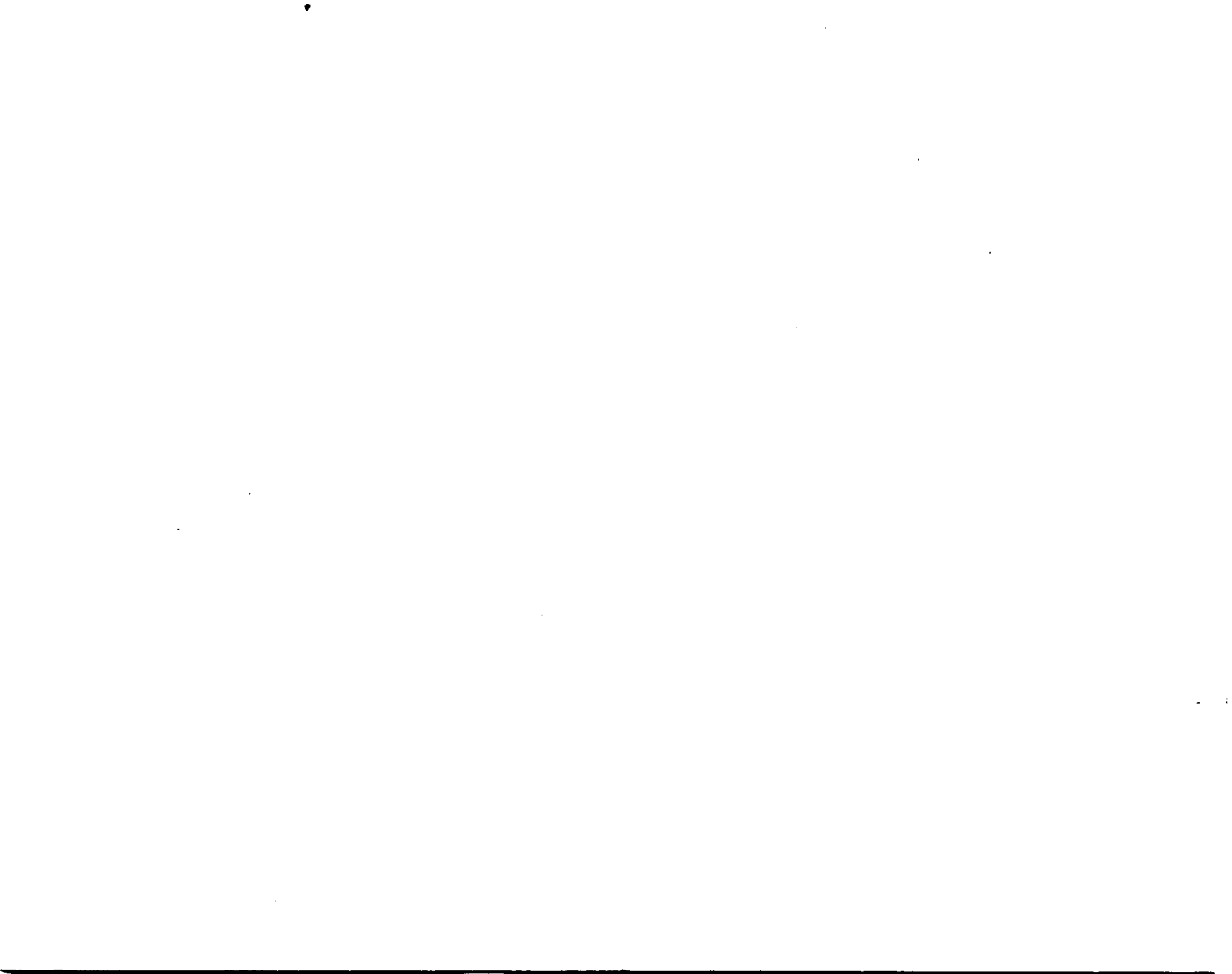
\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McCauley  
(Physician or midwife)

Given names added from a supplemental report.

Address Post Falls, Idaho

Filed Aug 4 1920 D. D. Drennan  
Registrar



261-2060028-391  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Footenig

City of Post Falls

Registration District No. 30

File No. 81805

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2051

Registered No. 774

Hospital \_\_\_\_\_

FULL NAME OF CHILD Elizabeth Swadener

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth (To be answered only in event of plural births)	Legiti- mate?	Date of Birth
			<u>yes</u>	<u>May 6 1920</u> (Month) (Day) (Year)

FATHER  
FULL NAME Robert B. Swadener  
RESIDENCE Spokane Wash  
COLOR white AGE AT LAST BIRTHDAY 38  
(Years)  
BIRTHPLACE Dayton, Ohio  
OCCUPATION Civil Engineer

MOTHER  
FULL MAIDEN NAME Therese E. Thayer  
RESIDENCE Spokane Wash  
COLOR white AGE AT LAST BIRTHDAY 26  
(Years)  
BIRTHPLACE Cannon Falls, Minn  
OCCUPATION House Wife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was one alive  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. L. McCarty

Given names added from a supplemental report.

Address

Post Falls, Idaho

Filed

Aug 4 1920 D. D. Drennan



OCT 26 1966

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-209,028-363  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Kootenai  
City of Post Falls

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 81806  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Primary Registration District No. 2051 Registered No. 773

Hospital \_\_\_\_\_  
FULL NAME OF CHILD Helen Marie Peters

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June 29 1920</u> (Month) (Day) (Year)
FULL NAME <u>FATHER Harry John Peters</u>	FULL MAIDEN NAME <u>MOTHER Lauretta Coles</u>			
RESIDENCE <u>Post Falls</u>	RESIDENCE <u>Post Falls</u>			
COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>28</u> (Years)			
BIRTHPLACE <u>Wash</u>	BIRTHPLACE <u>Minn</u>			
OCCUPATION <u>Farmer</u>	OCCUPATION <u>House-keeper</u>			

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCaulley

Given names added from a supplemental report.

Address Post Falls, Idaho  
(Physician or midwife)

Filed Aug 4 1920 D. D. Drennan  
Registrar

**30** *2000*

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-101-028-962

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 30

File No. \_\_\_\_\_

**81807**

Primary Registration District No. 2051

Registered No. 772

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Troy A Cardin

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u>	and Number in order of birth <u>-</u>	Legitimate? <u>-</u>	Date of Birth <u>July 1</u> 19 <u>20</u> Month (Day) (Year)
FULL NAME <u>John Edwin Cardin</u>	FATHER		FULL MAIDEN NAME <u>Martha Robison</u>	MOTHER
RESIDENCE <u>Post Falls, Idaho</u>			RESIDENCE <u>Post Falls, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>16</u> (Years)
BIRTHPLACE <u>Iowa</u>			BIRTHPLACE <u>Mich.</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House-wife</u>	

Number of child of this mother, including present birth. one

Number of children of this mother now living, including present birth. one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(Born alive or stillborn)

at 2 P. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. L. McCauley

Given names added from a supplemental report.

(Physician or midwife)

Address

Post Falls, Idaho

Filed

Aug 4 1920

D. D. Drennan

Registrar



552.202-028-314

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of *Kootenai*City of *Post Falls*Registration District No. *30*File No. *81808*

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. *2051*Registered No. *771*

Hospital \_\_\_\_\_

FULL NAME OF CHILD

*Annie McCaiddle Ness*Sex of Child *Female*Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate?*yes*Date of  
Birth*July 2 1920*  
(Month) (Day) (Year)FULL  
NAME*Wm. S. Ness*

FATHER

FULL  
MAIDEN  
NAME*Charlotte Campbell*

MOTHER

RESIDENCE

*Post Falls*

RESIDENCE

*Post Falls*

COLOR

*white*AGE AT LAST  
BIRTHDAY*35*  
(Years)

COLOR

*white*AGE AT LAST  
BIRTHDAY*35*  
(Years)

BIRTHPLACE

*Scotland*

BIRTHPLACE

*Scotland*

OCCUPATION

*Engineer Steam*

OCCUPATION

*House-keeper*Number of child of this mother, including present birth *10*Number of children of this mother now living, including present birth *10*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.*alive*

(Born alive or stillborn)

*8:30 P.*  
at \_\_\_\_\_ M.\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

*F. L. McCauley*

Given names added from a supplemental report.

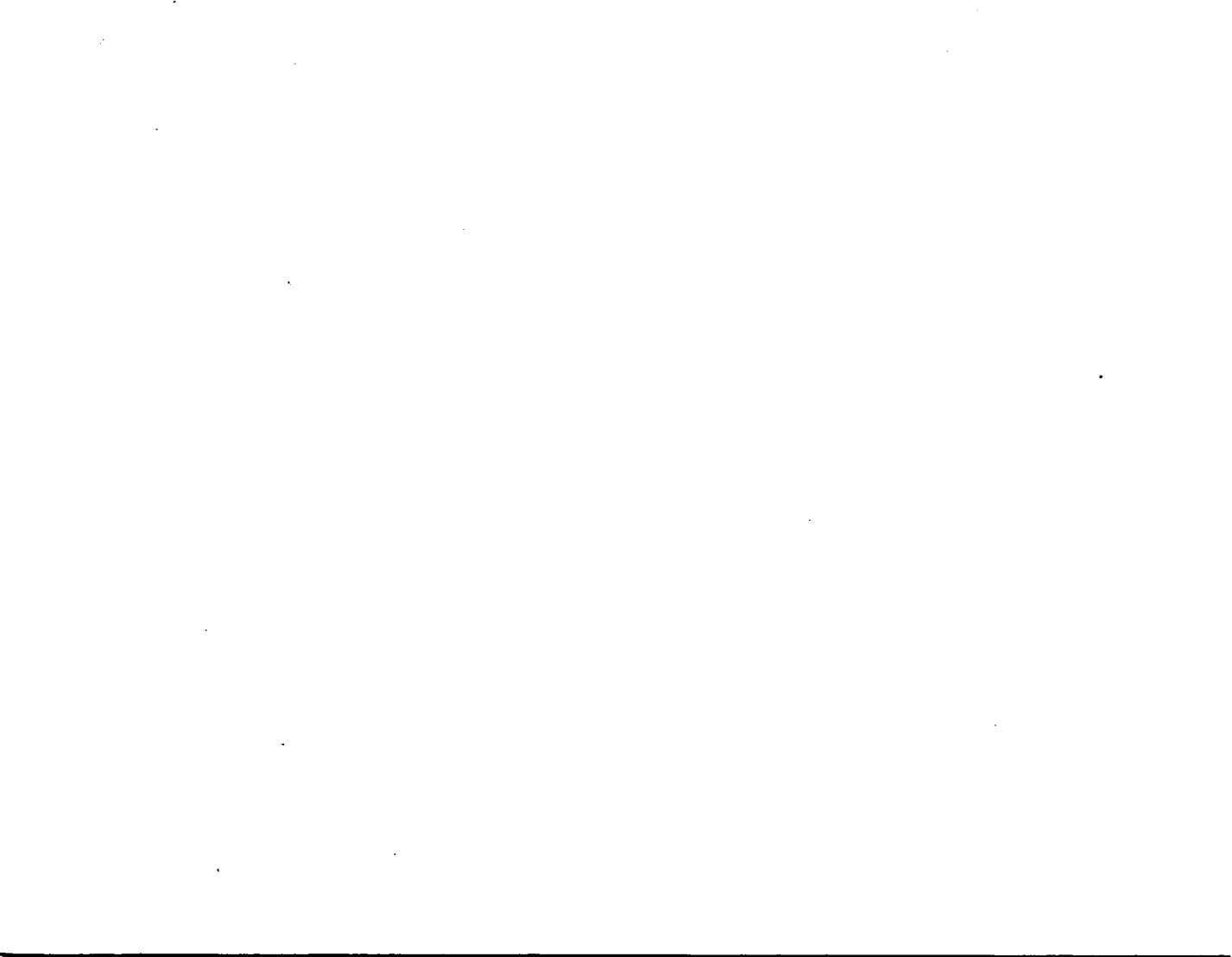
19 \_\_\_\_\_

Address

*Post Falls Ida*

Filed

*Aug 4 1920 D. D. Drennan*



633-207-228-652  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of KootenaiCity of Post Falls IdaRegistration District No. 30File No. 81809

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2051Registered No. 770

Hospital \_\_\_\_\_

FULL NAME OF CHILD Drexley Lucille Oltsmann

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>July 7, 1920</u> (Month) (Day) (Year)
FULL NAME <u>Louis Oltsmann</u>	FATHER		FULL MAIDEN NAME <u>Maria Margareta Weber</u>	MOTHER
RESIDENCE <u>Post Falls Ida.</u>			RESIDENCE <u>Post Falls Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Lemars Iowa</u>			BIRTHPLACE <u>Eugene Oregon</u>	
OCCUPATION <u>farmer</u>			OCCUPATION <u>farmers wife</u>	

Number of child of this mother, including present birth. 4Number of children of this mother now living, including present birth. 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

alive at 29 M.  
(Born alive or stillborn)

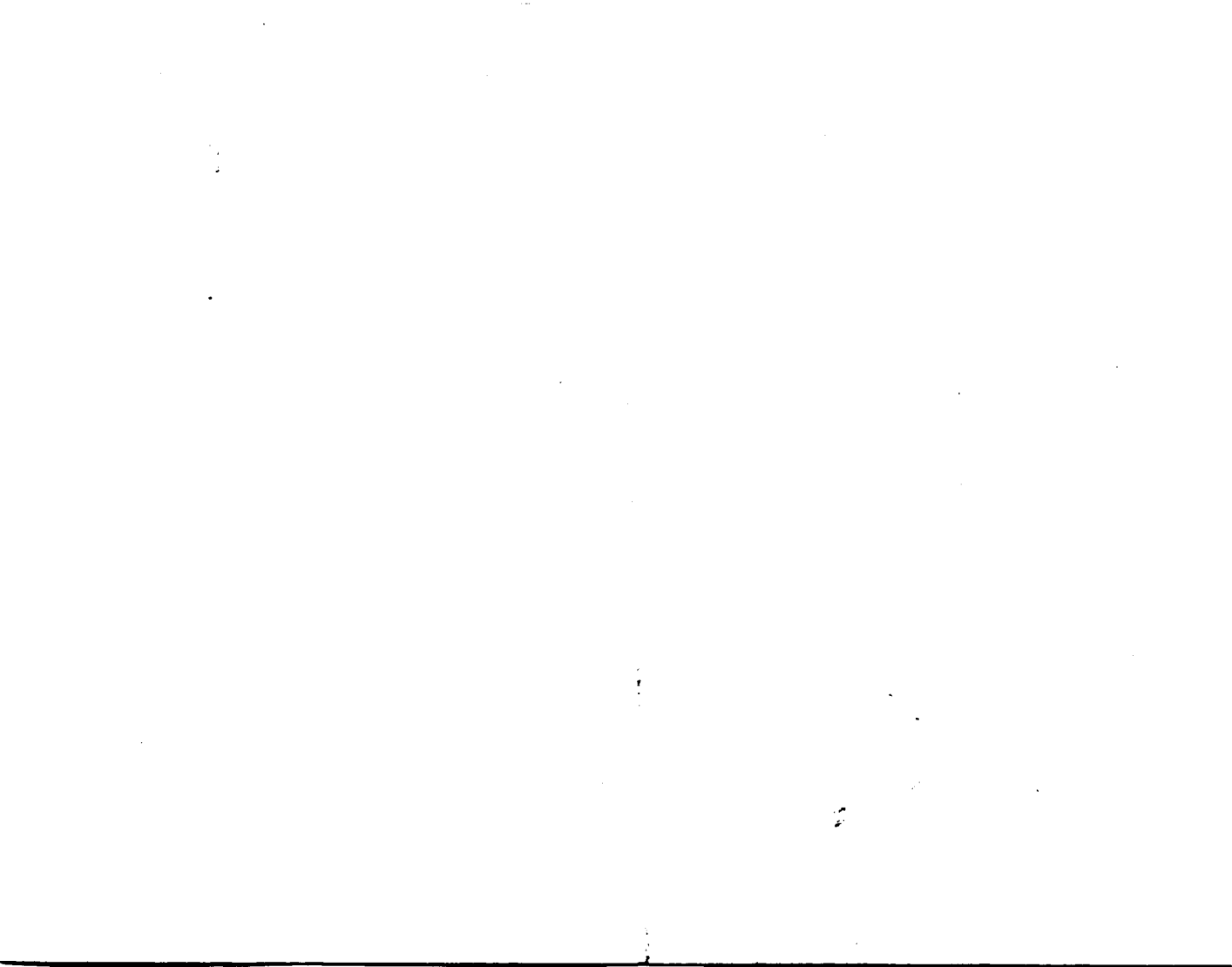
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

Given names added from a supplemental report.

(Physician or midwife)  
Address Post Falls Idaho  
Filed Aug 4 1920 D. D. Drenner  
Registrar





918,111-028-493  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of *Kootenai*  
City of *Post Falls*

Registration District No. *30* File No. *81810*

No. \_\_\_\_\_ St. \_\_\_\_\_  
Primary Registration District No. *2051* Registered No. *769*

Hospital \_\_\_\_\_  
FULL NAME OF CHILD *Newton Rayment*

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <i>yes</i>	Date of Birth <i>July 11, 1920</i> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	--

FATHER  
FULL NAME *Roy F Rayment*  
RESIDENCE *Post Falls*

MOTHER  
FULL MAIDEN NAME *Leaffie A Miller*  
RESIDENCE *Post Falls*

COLOR *white* AGE AT LAST BIRTHDAY *28*  
(Years)

COLOR *white* AGE AT LAST BIRTHDAY *22*  
(Years)

BIRTHPLACE *Wis*  
OCCUPATION *Farmer*

BIRTHPLACE *Mo.*  
OCCUPATION *House-keeper*

Number of child of this mother, including present birth. *3* Number of children of this mother now living, including present birth. *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was *alive* at *39* M.  
on the date above stated. (Born alive or stillborn)

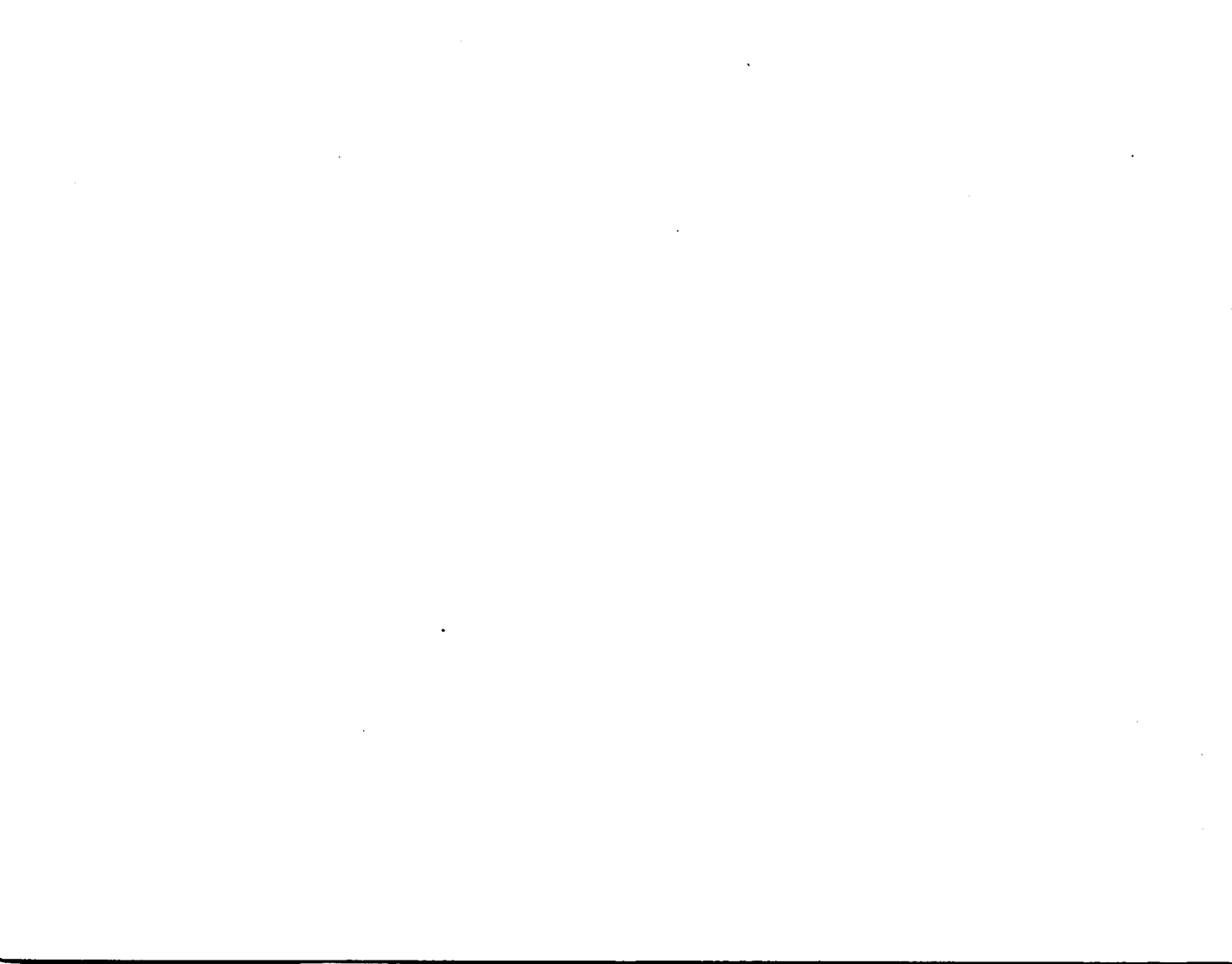
\* When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *F. L. McCauley*

Given names added from a supplemental report.

(Physician or midwife)  
Address *Post Falls Idaho*

Filed *Aug 4, 1920* *D. D. Drennan*  
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

216-201-028-353

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

81811

County of Kootenai

City of Rathdrum

Registration District No. 30

File No. 1

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1051. 2051 Registered No. 26

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Juanita Bjork

Sex of Child female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti  
mate? Yes

Date of Birth July 1, 1920  
(Month) (Day) (Year)

FULL NAME

FATHER Walter H. Bjork

FULL MAIDEN NAME

MOTHER Christina E. Lillard

RESIDENCE

Hayden Lake, Ida

RESIDENCE

Hayden Lake, Ida

COLOR

white

AGE AT LAST BIRTHDAY

23  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

17  
(Years)

BIRTHPLACE

Minn.

BIRTHPLACE

Mont.

OCCUPATION

laborer

OCCUPATION

housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 3.30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wang  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rathdrum, Ida

Filed

8/1, 1920 Frank Wang  
Registrar

Registrar

Registrar

Dup of 1920-221131

799-209-028-331

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81812

County of KootenaiCity of PocatelloRegistration District No. 30 File No. 1

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 107.207 Registered No. 27

FULL NAME OF CHILD

Betty Lou Griffith

Sex of Child

femaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthJuly 9, 1920  
(Month) (Day) (Year)FULL  
NAMEElmer M. Griffith

FATHER

RESIDENCE

Pocatello, Ida. R. #2

COLOR

whiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Wash.

OCCUPATION

farmerFULL  
MAIDEN  
NAMEClara C. Claudius

MOTHER

RESIDENCE

Pocatello, Ida. R. #2

COLOR

whiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Idah.

OCCUPATION

housewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1.45 p. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Frank Keeney  
Physician

(Physician or midwife)

Address

Pocatello, Ida.Filed 8/1119 20Frank Keeney

Registrar

Registrar

**MAY 23 1973**

**JUN 18 1943**

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

962-280-028-175

PLACE OF BIRTH

County of Kootenai

City of Athol

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mary Jean Robinson

Sex of Child female

Twin  
Triplet  
or other?

and { Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate? yes

Date of  
Birth

July 30, 1920  
(Month) (Day) (Year)

FULL  
NAME

Charles F. Robinson

RESIDENCE

Athol, Ida

COLOR

white

AGE AT LAST  
BIRTHDAY

37  
(Years)

BIRTHPLACE

Calif.

OCCUPATION

farmer

FULL  
MAIDEN  
NAME

Ethel A. Agnew

RESIDENCE

Athol, Ida

COLOR

white

AGE AT LAST  
BIRTHDAY

25  
(Years)

BIRTHPLACE

Mo.

OCCUPATION

housewife

Number of child of this mother, including present birth. 1

Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:00 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Frank Wang  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Athol, Ida

Filed

8/1, 1920 Frank Wang  
Registrar

Registrar

Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 11-C-25m-7-21-18

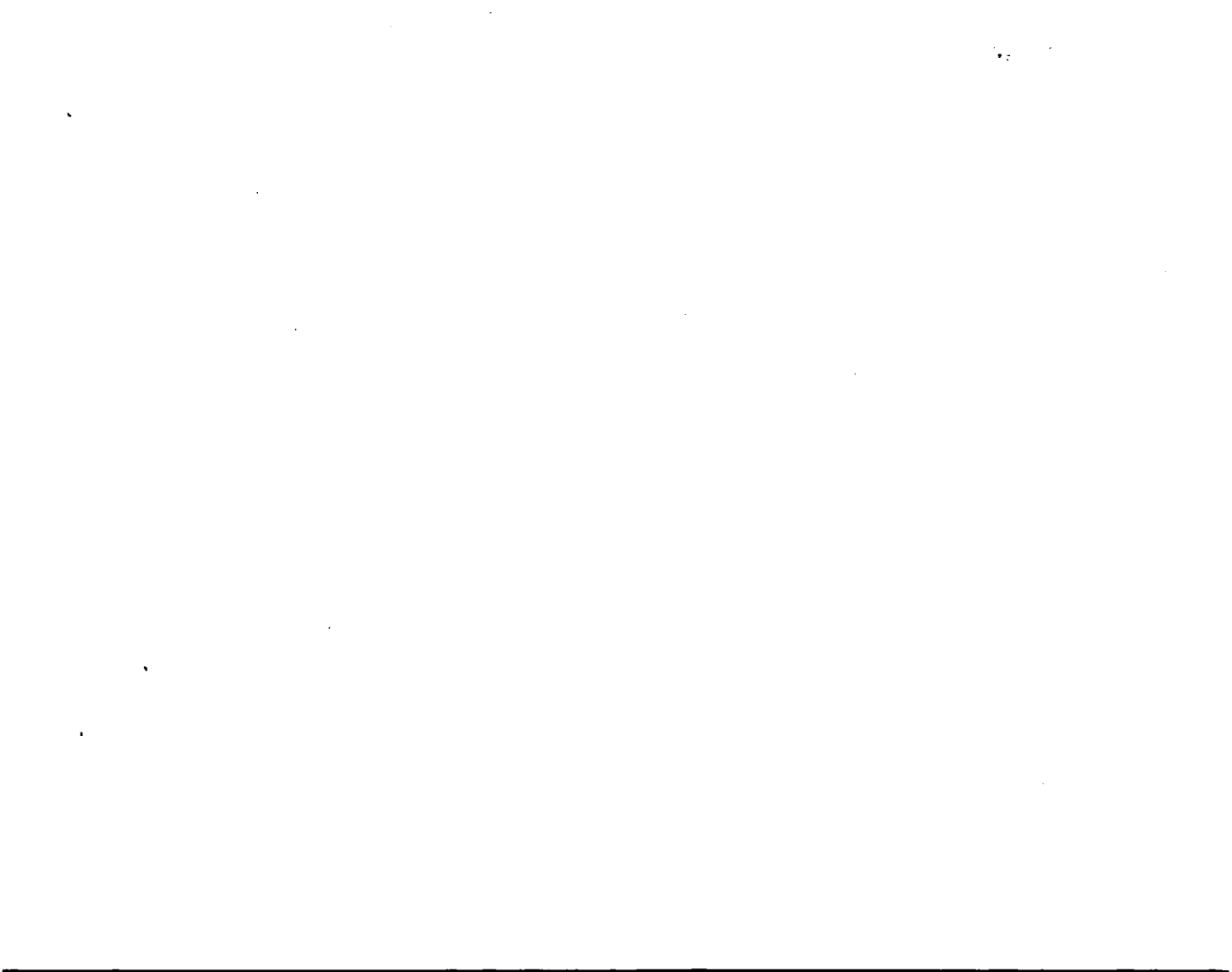
81814

Registration District No. 30

File No. 1

Primary Registration District No. 1057, 2057 Registered No. 29





265-220029-285

OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22-3-3-11

CERTIFICATE OF BIRTH

81815

County of Latah

City of Moreau

Registration District No. 101

File No. ....

No. .... St.

Primary Registration District No. 1011

Registered No. 253

Hospital .....

FULL NAME OF CHILD Geraldine R. Swecker

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Apr 20 1920</u> (Month) (Day) (Year)
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FULL NAME <u>John H. Swecker</u>	FATHER
RESIDENCE <u>Moreau Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Tenn.</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Ane E. Byers</u>	MOTHER
RESIDENCE <u>Moreau Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>House Keeping</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 11:50 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Adams  
Moreau Idaho  
(Physician or midwife)

Given names added from a supplemental report.

Address .....  
Filed July 17 1920 W. H. Caruthers  
Registrar

MARU: ...VED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



2

268229-029-625

Form V. S. No. 11-C-25a-9-8-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of IdahoCity of Troy, Ida.Registration District No. 61File No. 81817No. ..... St. .....Primary Registration District No. 2141Registered No. 257Hospital Helma Sadie BoydFULL NAME OF CHILD Helma Sadie Boyd

Sex of Child <u>Female</u>	Twin Triplet or other? <u>.....</u>	and { Number in order of birth <u>.....</u> }	Legitimate? <u>Yes</u>	Date of Birth <u>June 29</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	-------------------------------------	---	------------------------	---

FATHER		MOTHER	
FULL NAME <u>Gerrman Boyd</u>	FULL MAIDEN NAME <u>Lina Osvoog</u>	FULL NAME <u>Gerrman Boyd</u>	FULL MAIDEN NAME <u>Lina Osvoog</u>
RESIDENCE <u>Troy Idaho</u>	RESIDENCE <u>Troy Idaho</u>	RESIDENCE <u>Troy Idaho</u>	RESIDENCE <u>Troy Idaho</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Norway</u>	BIRTHPLACE <u>Norway</u>	BIRTHPLACE <u>Norway</u>	BIRTHPLACE <u>Norway</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>House Keeping</u>	OCCUPATION <u>Farmer</u>	OCCUPATION <u>House Keeping</u>

Number of child of this mother, including present birth 2..... Number of children of this mother now living, including present birth 2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive..... at 10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Adams

(Physician or midwife)

Given names added from a supplemental report.

Address IdahoFiled July 17 1920 W. H. Conners

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

**DEC 3 1975**

**OCT 1 1975**

748-125-029-814

## PLACE OF BIRTH

County of LatahCity of MoscovNo. R.H.St. IdahoHospital Warren Lee GuySTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 10-1-1

Registration District No. 61File No. 81818Primary Registration District No. 2141Registered No. 256Sex of Child Male Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births)Legitimate? YesDate of Birth June 25 20 (Month) (Day) (Year)FULL NAME FATHER Crichton C. GuyFULL MAIDEN NAME MOTHER Edith HamiltonRESIDENCE Moscov, IdahoRESIDENCE Moscov, IdahoCOLOR White AGE AT LAST BIRTHDAY 28 (Years)COLOR White AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE Moscov, IdahoBIRTHPLACE KansasOCCUPATION Mail CarrierOCCUPATION HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. 9:08 A.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman

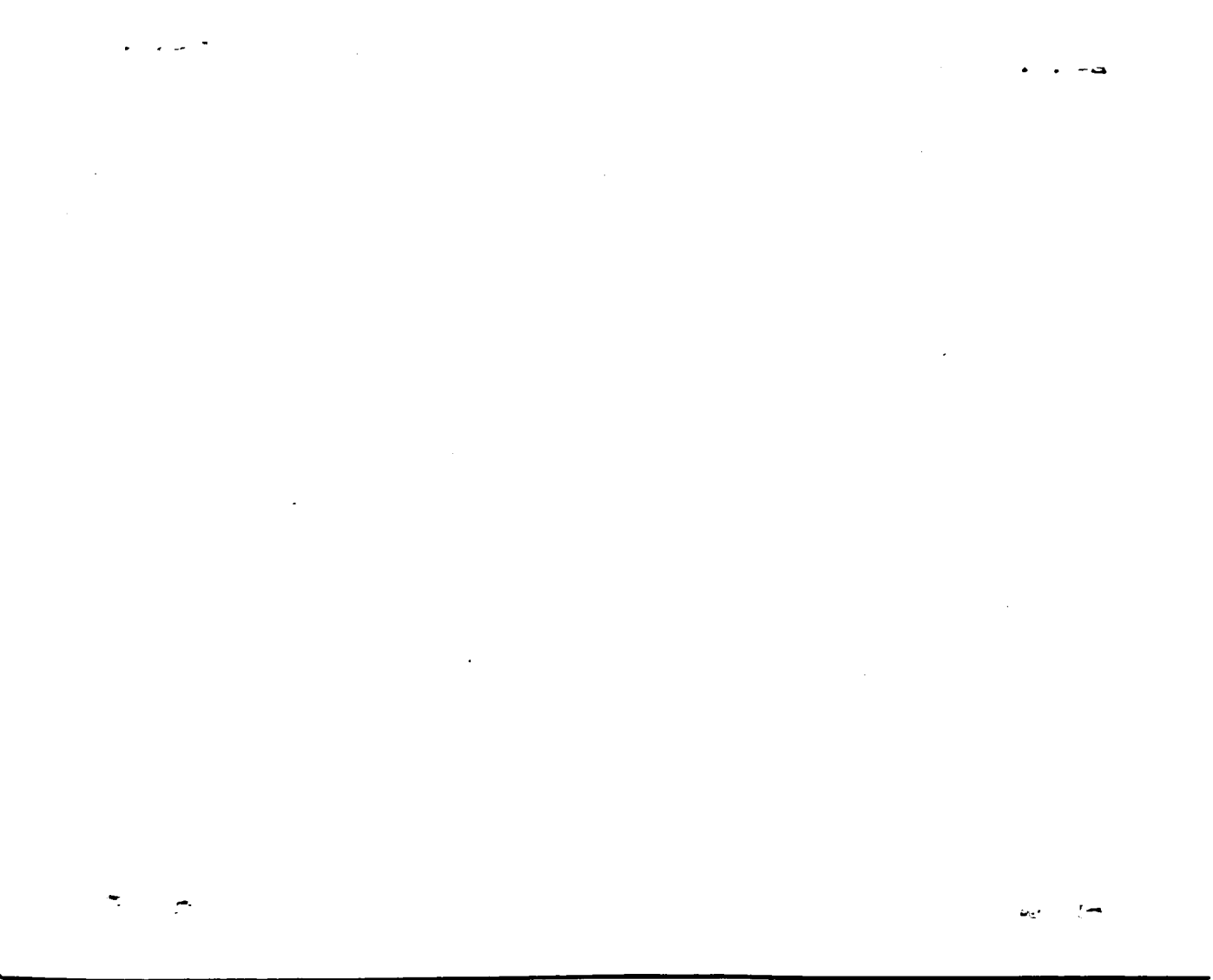
Given names added from a supplemental report.

(Physician or midwife)

Address Moscov, IdahoFiled July 17 1920 N.H. Caruthers

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 81818  
County of Latah } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Warren Lee Guy who was born on June 25, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)  
in Moscow Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED FROM TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

name

none given

mother's name

Edith Hamilton

Subscribed and sworn to before me this 6  
day of May, 19 42

Signed Edith Hamilton Guy, mother  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_

My commission expires Aug 26, 1944  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Latah }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6  
day of May, 19 42

Signed Constance Benson  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Moscow

My commission expires Aug 26, 1944  
(Seal)

Moscow, Idaho

\_\_\_\_\_  
(Street Address, City, State)

MAY 8 1942



MAY 11 1942

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL HEALTH OFFICER  
NOT TO THE STATE BOARD OF HEALTH.

## PLACE OF BIRTH

292-2090279-6694  
County of Latah

City or X  
Town of X

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

State Board of Health

Record No. 81819Registered No. 263Registration Dist. No. 61

(No. ....)

St.;

Ward)

FULL NAME OF CHILD

Alice b Libert

{ If child is not yet named, make supplemental report, as directed.

Sex of Child

F MCaucasian,  
Negro,  
or other?

{ and {

Number  
in order  
of birth

Legitimate?

Date of  
BirthJuly 91920

(Month) (Day) (Year)

Full  
NameFATHER  
Julius W Libert

Residence

Latah Co Ida

Color

whiteAge at last  
Birthday40  
(Years)

Birthplace

(State or Country)

Ind -

Occupation

CarpenterFull  
Maiden  
NameMOTHER  
Keturah Wiseman

Residence

Latah Co Ida

Color

whiteAge at last  
Birthday39  
(Years)

Birthplace

(State or Country)

Ind -

Occupation

House wifeNumber of child of this mother 3Number of children, this mother, now living 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was { born alive } † and that it occurred on

July 91920, at 9 A.M.

{ \* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature)

W.C. Brandon, M.D.  
Physician & Surgeon

(Physician or Midwife)

Give name added from a supplemental

report

L.M. Libert

Address

Adamington Wash, R.F.D.

Filed

Garfield Wash  
7-10 1920 N.H. Conners

Registrar.

Registrar.

01218

CONFIDENTIAL

OFFICE OF THE ATTORNEY GENERAL

419.205 1029-719

## PLACE OF BIRTH

County of CalahCity of Viola

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-8-8-17

Registration District No. .... 61 .....File No. .... 81820 .....Primary Registration District No. .... 2141 .....Registered No. .... 265 .....

## FULL NAME OF CHILD

Lena Martin

Sex of Child

FemaleTwin  
Triplet  
or other?and  
in order  
of birthLegiti-  
mate?yesDate of  
BirthJune 51920FULL  
NAMEFATHER August MartinFULL  
MAIDEN  
NAMEMOTHER Olga Garber

RESIDENCE

Viola RFD

RESIDENCE

Viola

COLOR

WhiteAGE AT LAST  
BIRTHDAY41  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Germany

BIRTHPLACE

Viola Ida

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth .... 2 .....Number of children of this mother now living, including present birth .... 2 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive ..... 2 P M.  
on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) August Martin - Father

Given names added from a supplemental report.

(Physician or midwife)

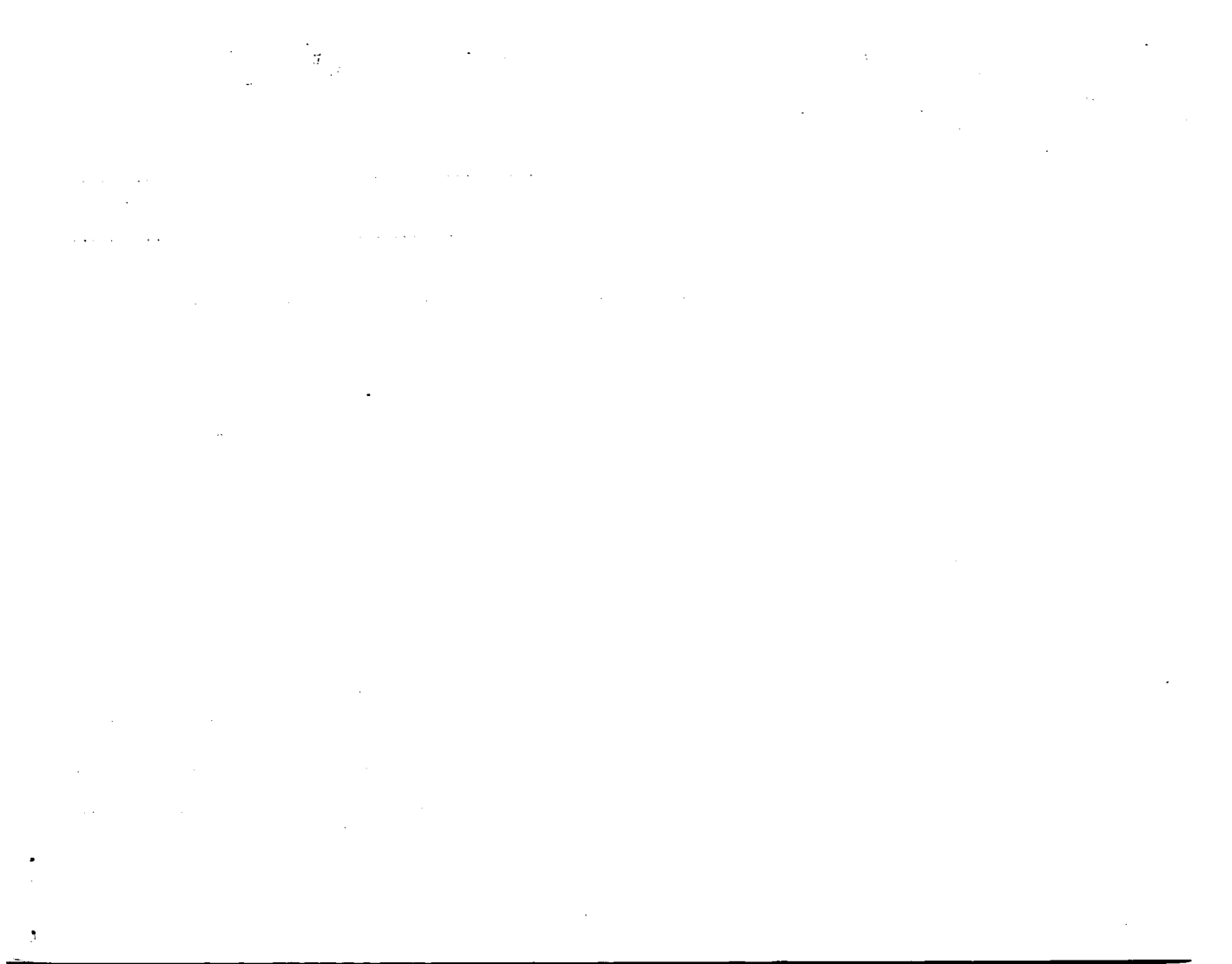
Address .....

Filed July 26 1920 M. H. Caruthers

Registrar

Registrar

K



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-224-029-155

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County LatohCity of Trinidad, N. M.Registration District No. 61

File No.

81821

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2141Registered No. 242

Hospital \_\_\_\_\_

FULL NAME OF CHILD

~~Theresa~~ Bernadine Marsina May

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>July 24 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------------------	------------------------	---

FULL NAME <u>David Henry May</u>	FATHER
RESIDENCE <u>Latoh Co Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Labourer</u>	

FULL MAIDEN NAME <u>Mary Margaret Jensen</u>	MOTHER
RESIDENCE <u>Latoh County Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2
Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 1230 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

P. H. Kessel

(Physician or midwife)

Given names added from a supplemental report

Bernadine Marsina May  
W. C. Murphy St. Registrar  
 S-Y CO. 20174

Address

Garfield Wash.  
 Filed July 31 1920 N. H. Carothers Registrar

JUL 09 2004

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

714-114-029-312

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of 6 mi. S.E. of Moscow

Registration District No. 101

File No. 81822

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2141

Registered No. 267

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Olay Quenten Paulson

Sex of Child

Male

Twin  
Triplet  
or other?

and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

Yes

Date of Birth

July 14th 1920

FULL NAME

Olay Paulson

FATHER

FULL MAIDEN NAME

Karen Lassen

MOTHER

RESIDENCE

6 mi S.E. of Moscow

RESIDENCE

6 mi S.E. of Moscow

COLOR

white

AGE AT LAST BIRTHDAY

35  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

40  
(Years)

BIRTHPLACE

Alwater, Minn

BIRTHPLACE

Kragers Norway

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth, 6th

Number of children of this mother now living, including present birth, 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

12:50 A.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. F. M. Leitch

(Physician or midwife)

Moscow Idaho

Address

Filed

July 31

19 20

M. J. Carithers

Registrar



THE NEW YORK

REGISTER

NEW YORK, N.Y.

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249-228-029-112

## PLACE OF BIRTH

County of SalathCity of Moscow R.T.D.

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IOWA  
BUREAU OF VITAL STATISTICS

Form V. B. No. 21-C—22a-2-15-13

## CERTIFICATE OF BIRTH

81823

Registration District No. 61

File No. \_\_\_\_\_

Primary Registration District No. 2141Registered No. 271FULL NAME OF CHILD MILDRED PALMA SMITH

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and { Number in order of birth _____ }	Legitimate? <u>Yes</u>	Date of Birth <u>July 28</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Charles Smith</u>		FULL MAIDEN NAME MOTHER <u>Anna Lake</u>	
RESIDENCE <u>Moscow R.T.D.</u>		RESIDENCE <u>Moscow R.T.D.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Ohio</u>		BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

alive at 8:40 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carothers M.D.

(Physician or midwife)

Given names added from a supplemental report

Mildred Palma SmithAddress MoscowW. C. Murphy State Registrar  
S-Y CO. 20174Filed July 30 1920 W. H. Carothers Registrar

RECEIVED

229

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OBJ - NAME ADDED AS PER SROB 02/01/2011 JCS

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 02/01/2011 BY 60322 UCBAW/BJS/STP

STATE OF IDAHO

## BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Moscow R. F. D. Registered No. 271  
 Street and House No. \_\_\_\_\_  
 County Latah Registration Dist. No. 61

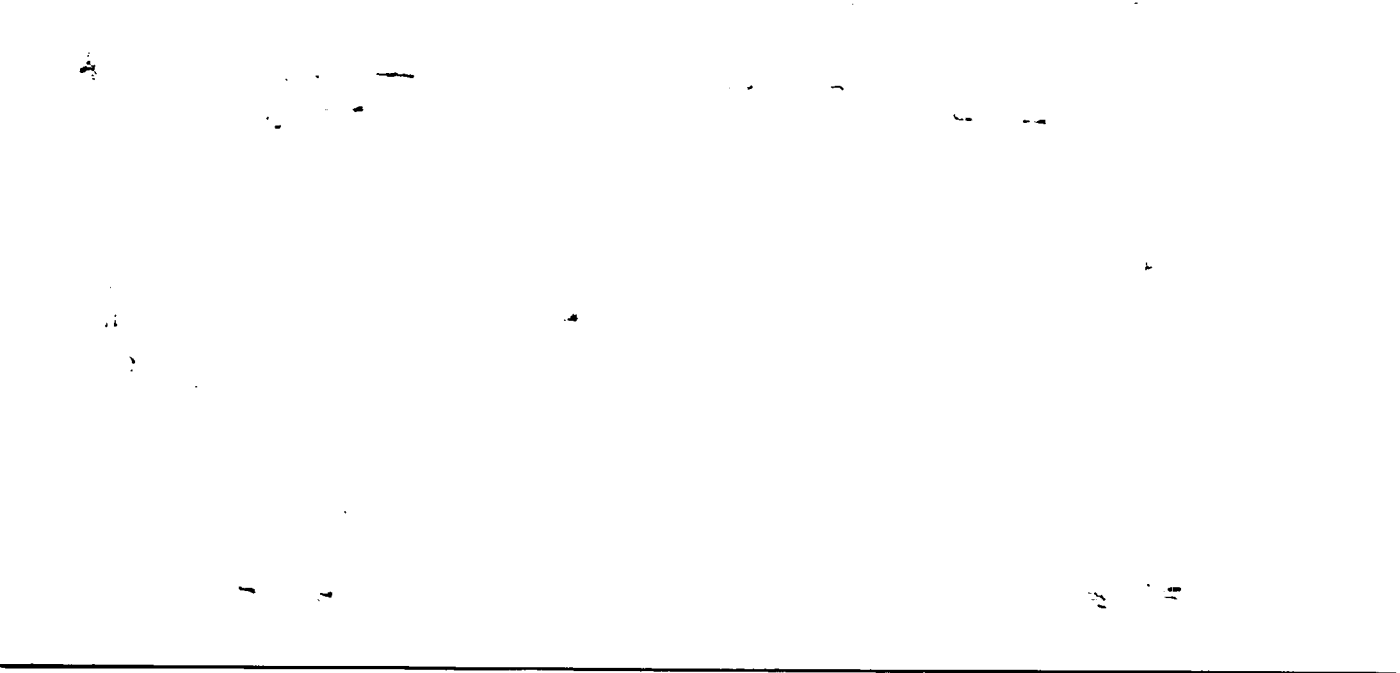
Sex of Child Female  
 Date of Birth July 28 1920  
MONTH DAY YEAR  
 Father Charles Smith  
FULL NAME  
 Mother Anna Oakre  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
 has been named:

Mildred Palma Smith  
GIVEN NAME IN FULL SURNAME

as reported by Charles Smith  
FATHER OR MOTHER

N. H. Caruthers  
LOCAL REGISTRAR



## PLACE OF BIRTH

County of Idaho  
652-111-029-765  
 City of .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—22m-9-8-17

## CERTIFICATE OF BIRTH

81824

No. .... St.

Registration District No. .... 101 .....

File No. ....

Hospital .....

Primary Registration District No. .... 21.41 .....Registered No. .... 253 .....FULL NAME OF CHILD Frank William Weber

Sex of Child Male Twin Triplet or other? and { Number in order of birth } Legitimate? Yes Date of Birth May 11 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Frank J. Weber  
 RESIDENCE Moscow R F D  
 COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
 BIRTHPLACE Wm  
 OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Lena Goetz  
 RESIDENCE Moscow R F D  
 COLOR White AGE AT LAST BIRTHDAY 28 (Years)  
 BIRTHPLACE Idaho  
 OCCUPATION House Keeping

Number of child of this mother, including present birth ..... (.....) Number of children of this mother now living, including present birth ..... (.....)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1130 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... W. L. ...

(Physician or midwife)

Given names added from a supplemental report.

Address ..... Moscow IdahoFiled July 17 1920 N. H. Carithers

Registrar

Registrar

DEC 10 1971

OCT 12 1973

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. Certificate No. 81824  
Date Filed .....

OCT 22 2 1974  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Frank Weber who was born on May 11, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Moscow, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Insurance policy prepared on November 10, 1934, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Child's name Frank Weber Frank William Weber

Subscribed and sworn to before me this 19th day of October, 1973  
Notary Public, residing at Moscow, Idaho  
My commission expires 4/2/74  
(Seal)

Signed Mrs. Lena Weber, His Mother  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
414 S. Jefferson - Moscow, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss. [This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... 19.....  
Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal) (Street Address, City, State)



Selective Service Notice of Classification gives name as Frank William Weber  
dated Nov. 14, 1943. Viewed by V. S

OCT 22 1973

Page from The Mutual Life Insurance Company of New York. Designation of Beneficiary  
and Rights. #4249 616 on Lena Weber. Beneficiary listed as Frank William Weber.  
Dated May 20, 1953. Viewed by V. .

195-111-029-195

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. &amp; No. M-C-21a-3-3-17

County of... Salt Lake.....City of... R. F. D. Troy.....Registration District No. .... 61 .....File No. .... 81825 .....No. .... St. .....Primary Registration District No. .... 2.1.4.1 .....Registered No. .... 2.6.4 .....

Hospital .....

FULL NAME OF CHILD .... Havern Melfred Arnelberg .....

Sex of Child	<u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	<u>and</u> { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth
					<u>July 11</u> 19 <u>24</u>
					(Month) (Day) (Year)

FULL NAME	FATHER
<u>Fred A. Arnelberg</u>	
RESIDENCE	<u>R. F. D. Troy Ida</u>
COLOR	<u>White</u>
BIRTHPLACE	<u>Idaho</u>
OCCUPATION	<u>Farming</u>

FULL MAIDEN NAME	MOTHER
<u>Alma Mayme Arnot</u>	
RESIDENCE	<u>R. F. D. Troy Ida</u>
COLOR	<u>White</u>
BIRTHPLACE	<u>Idaho</u>
OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth.....1..... Number of children of this mother now living, including present birth.....1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... alive ..... at..... 11 A.M. ..... on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

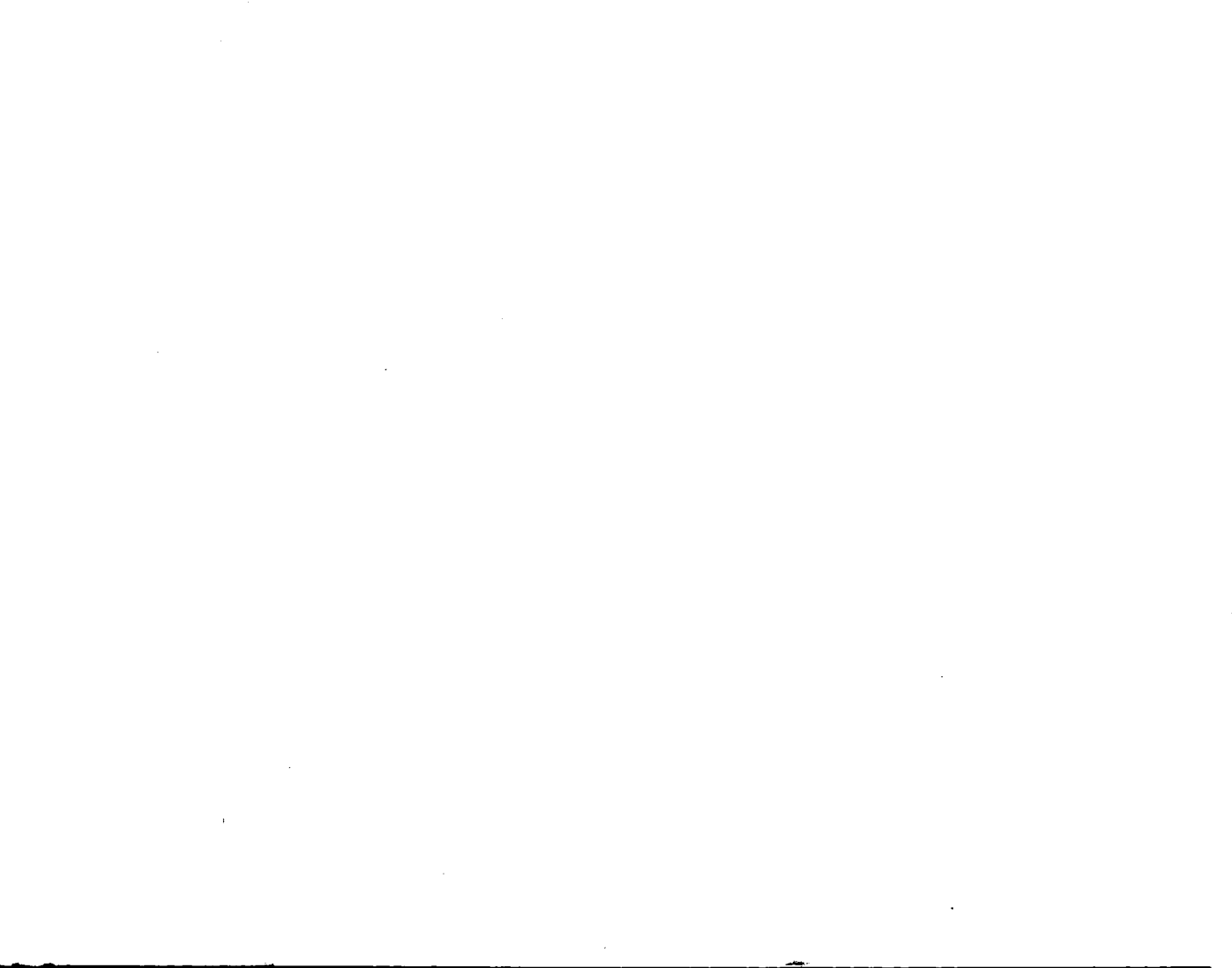
(Signature) N. H. Carithers  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address MoscowFiled July 12 1924 N. H. Carithers

Registrar

Registrar



759-202-029-854

## PLACE OF BIRTH

County of Idaho

City of .....

No. .... St.

Hospital .....

## FULL NAME OF CHILD

Sex of Child

MaleTwin  
Triplet  
or other?

and

(Number  
in order  
of birth)

(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

July 2, 1920  
(Month) (Day) (Year)

FULL NAME

FATHER W. E. Piiffer

RESIDENCE

Moscow Idaho

COLOR

White AGE AT LAST BIRTHDAY 38  
(Years)

BIRTHPLACE

Kans

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER Cora Heick

RESIDENCE

Moscow Idaho

COLOR

White AGE AT LAST BIRTHDAY 31  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

House KeepingNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:00 A. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

W. A. Adair

(Physician or midwife)

Moscow

Given names added from a supplemental report.

Address .....

Filed .....

July 17, 1920

Registrar .....

Registrar .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22a-9-17

## CERTIFICATE OF BIRTH

81826

Registration District No. 61

File No. ....

Primary Registration District No. 21stRegistered No. 258FULL NAME OF CHILD Agnes Vanessa Piiffer

SEP 4 1958

719-217-029-254

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gutman

FULL NAME OF CHILD

Registration District No.

Primary Registration District No.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-04-17

81828

File No.

1011

Registered No. 2169

Bethona Marie Gaiser

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>July 17</u> 191 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>John Gaiser</u>	FATHER	FULL MAIDEN NAME <u>Theresa Marie Semler</u>	MOTHER
RESIDENCE <u>Moscow, Idaho, R.D.</u>		RESIDENCE <u>Moscow, Idaho, R.D.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Kansas</u>		BIRTHPLACE <u>Cotton, Wash.</u>	
OCCUPATION <u>Farming</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was glad at 8:47 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. L. Gutman M.D.

(Physician or midwife)

Given names added from a supplemental report.

Bethona Marie Gaiser

Address Moscow, Idaho

W. C. Murphy State Registrar

Filed July 31 1920 N. H. Caruthers Registrar

JUN 13 1944

STATE, OF IDAHO

## BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

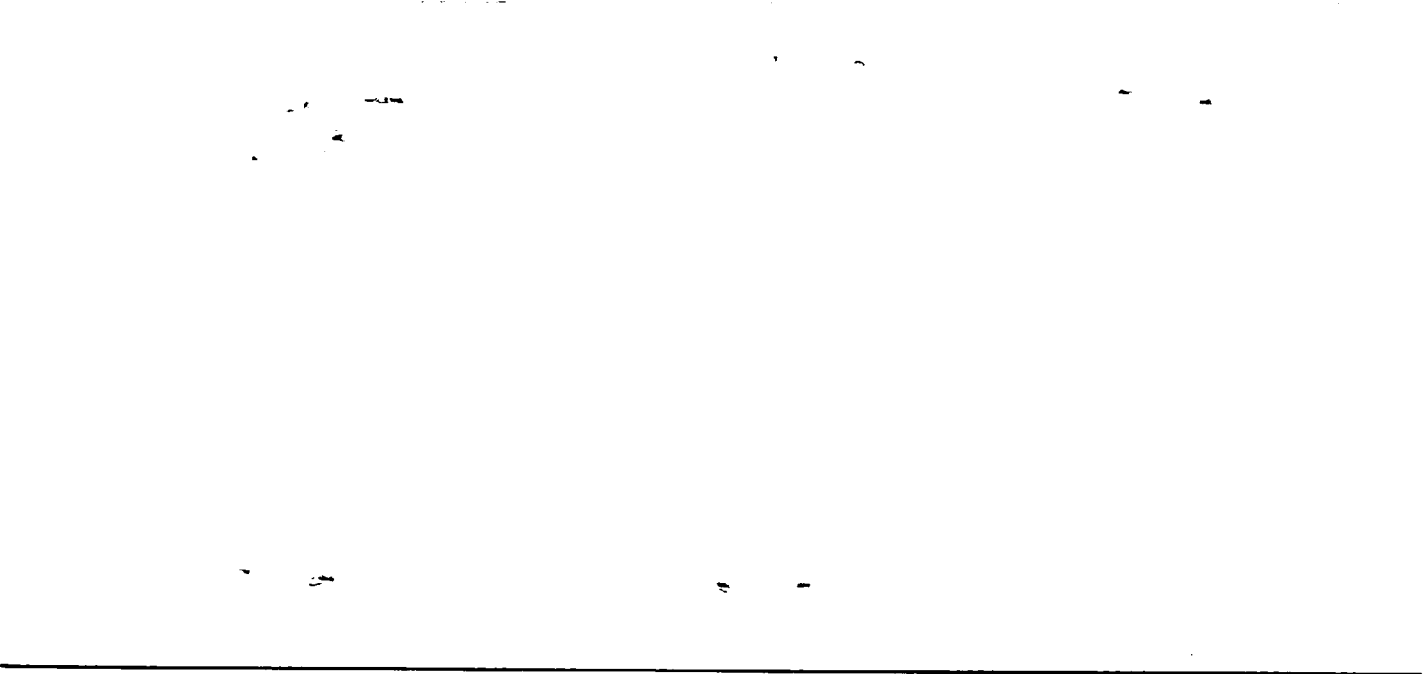
Place of Birth { City MOSCOW Registered No. 269  
Street and House No. \_\_\_\_\_  
County LATAH Registration Dist. No. 61

Sex of Child Female  
Date of Birth July 17 1920  
MONTH DAY YEAR  
Father John Gaiser  
FULL NAME  
Mother Theresa Marie Semler  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Bethona Marie Gaiser  
GIVEN NAME IN FULL SURNAME  
as reported by John Gaiser  
FATHER OR MOTHER  
R. H. Caruthers  
LOCAL REGISTRAR





**WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD**

**N. B.** In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

PLATE 1

**Page 7 of 8**

City of Moscow

Registration District No. .... 61 .....

81829  
File No.....

No. 413 So. Adams

Primary Registration District No. 1011.....

Registered No. 218

Hospital . . . . .

FULL NAME OF CHILD.....ELEANOR GRACE.....AXTELL

Sex of Child <i>Female</i>	Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births)	Legitimate? <i>Yes</i>	Date of Birth <i>July 15 1912</i> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME Harold Lucius FATHER Axtell

RESIDENCE Moscow, Idaho

COLOR White AGE AT LAST BIRTHDAY 44  
(Years)

BIRTHPLACE *Massachusetts*

OCCUPATION *Instructor at U.I.D.*

FULL MAIDEN NAME *Gertrude Bouton* MOTHER

RESIDENCE Moscow, Idaho

COLOR *White* AGE AT LAST BIRTHDAY *36*  
(Years)

BIRTHPLACE *Michigan*

OCCUPATION *Housewife*

Number of child of this mother, including present birth.....5..... Number of children of this mother now living, including present birth.....17.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

I hereby certify that I attended the birth of this child, who was alive, at 1:349 M on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

he was born (Born alive or stillborn) at 1:349 M  
(Signature) Chas. L. Gutzman M.

Given names added from a supplemental report.

Leaves 1/4 in. x 1/2 in. .... 10 .....

Address..... Moscow Idaho.

E. C. Murphy State Registrar

Filed July 31 1920 N. H. Carithers  
Registrar

### Registrar

NOV 4 1971

OBV - NAME ADDED AS PER SROB - 02/01/2011 JCJ

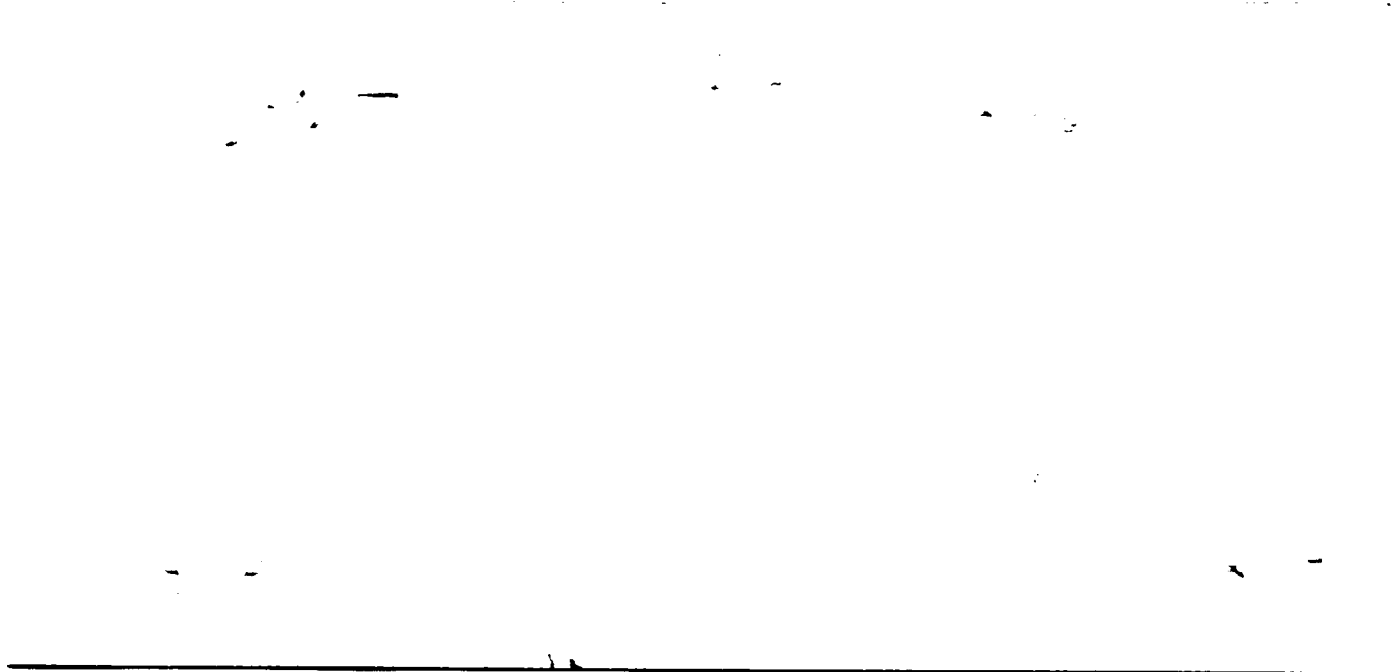
BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
 SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City MOSCOW Registered No. 268  
 Street and House No. \_\_\_\_\_  
 County PHALAH Registration Dist. No. 61

Sex of Child Female  
 Date of Birth July 15 1920  
MONTH DAY YEAR  
 Father Harold L. Astell  
FULL NAME  
 Mother Gertrude Bouton  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
 has been named:

Eleanor Grace Astell  
GIVEN NAME IN FULL SURNAME  
 as reported by Mrs. Harold Astell  
FATHER OR MOTHER  
W. H. Caruthers  
LOCAL REGISTRAR



141-111-029-168

PLACE OF BIRTH

County of CatahCity of WiscorsuNo. 770 So. Main St.Hospital The Gortman

FULL NAME OF CHILD

Registration District No. 61File No. 81830Primary Registration District No. 1011Registered No. 266Keith Johnson Adams

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthJuly 11 - 1920  
(Month) (Day) (Year)FULL  
NAMEEdwin Adams

FATHER

RESIDENCE

Julietta Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY30

(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

Clerical-Gen'l MchdFULL  
MAIDEN  
NAMEMary Johnson

MOTHER

RESIDENCE

Julietta Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY28

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 6:00 A. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. A. Rothwell, M.D.

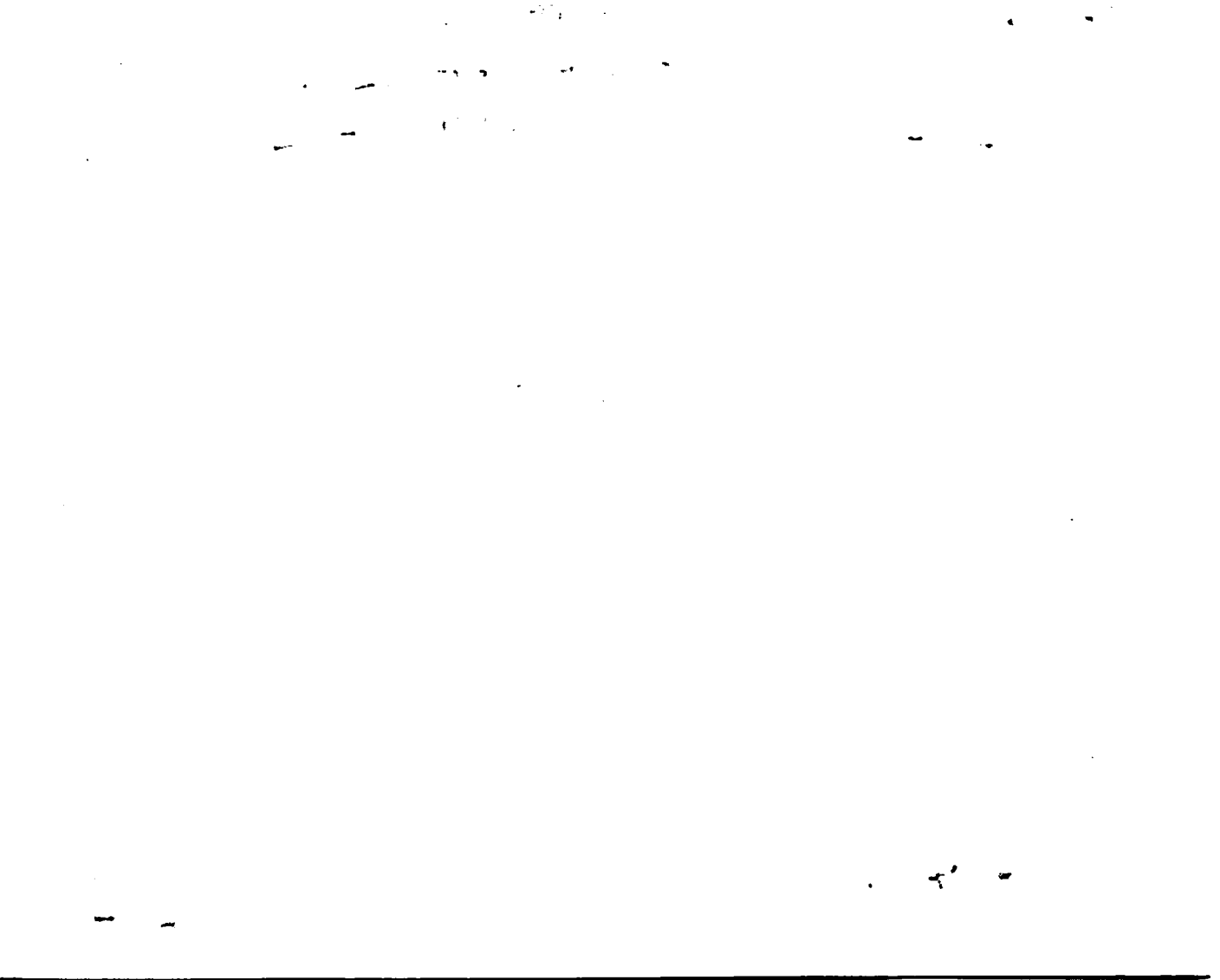
(Physician or midwife)

Given names added from a supplemental report.

Keith Johnson AdamsAddress Kendrick IdahoM. C. MurphyFiled July 31 - 1920N. H. Carothers

State Registrar

Registrar



STATE OF IDAHO

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

81830

Place  
of BirthCity MoscowRegistered No. 61

Street and House No. \_\_\_\_\_

County

LatahRegistration Dist. No. 1011Sex of Child maleDate of Birth July 11 1920

MONTH

DAY

YEAR

Father Eben Adams

FULL NAME

Mother Mary Johnson

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:Keith Johnson Adams

GIVEN NAME IN FULL

SURNAME

as reported by

Mary Adams

FATHER OR MOTHER

N. H. Caruthers

LOCAL REGISTRAR



APR 3 5-104

381-208-029-431

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of *Latah*City of *Moscow*Registration District No. *61*File No. **81831**No. *220 So Main St.*Primary Registration District No. *10.11*Registered No. *2.6.2*Hospital *The Gritman*FULL NAME OF CHILD *Elizabeth Eleanor Chambers*Sex of Child *Female*Twin  
Triplet  
or other?  
(To be answered only in event of plural births)Legitimate? *Yes*Date of Birth *July 8* 191*7*  
(Month) (Day) (Year)FULL NAME FATHER *Ralph D. Chambers*RESIDENCE *Potlatch, Idaho*COLOR *White* AGE AT LAST BIRTHDAY *3* (Years)BIRTHPLACE *Mifflensburg, Penna.*OCCUPATION *Supt. of Potlatch School*FULL MAIDEN NAME MOTHER *Hazel McAllister*RESIDENCE *Potlatch, Idaho*COLOR *White* AGE AT LAST BIRTHDAY *2.7* (Years)BIRTHPLACE *Marceline, Mo.*OCCUPATION *Housewife*Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* at *10:30 A.M.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *R. H. Clark, M.D.*

Given names added from a supplemental report.

Address *Moscow, Idaho*Filed *July 7* 19*17* *M. H. Caruthers*

Registrar

Registrar

MARGIN RESERVED FOR UNFADING INK THIS IS A PERMANENT RECORD  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1941



County of LatahCity of MoscowNo. 817 West 9th St.

Hospital .....

FULL NAME OF CHILD .....

Registration District No. 61Primary Registration District No. 1031

MABLE

BROCK

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 81832Registered No. 260

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 3 - 1920</u> (Month) (Day) (Year)
----------------------------	----------------------------------	---------------------------------------	------------------------	--

FULL NAME <u>Robert L. Brock</u>	FATHER
RESIDENCE <u>Moscow, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)
BIRTHPLACE <u>Arkansas</u>	
OCCUPATION <u>Labourer</u>	

FULL MAIDEN NAME <u>Lena Neilson</u>	MOTHER
RESIDENCE <u>Moscow, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Denmark</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1:05 P.M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn-child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

Mable BrockAddress Moscow, IdahoW. C. Murphy, Jr. RegistrarFiled July 7, 1920 W. H. Crouthers Registrar

DEC

C 1000

10

STATE OF IDAHO

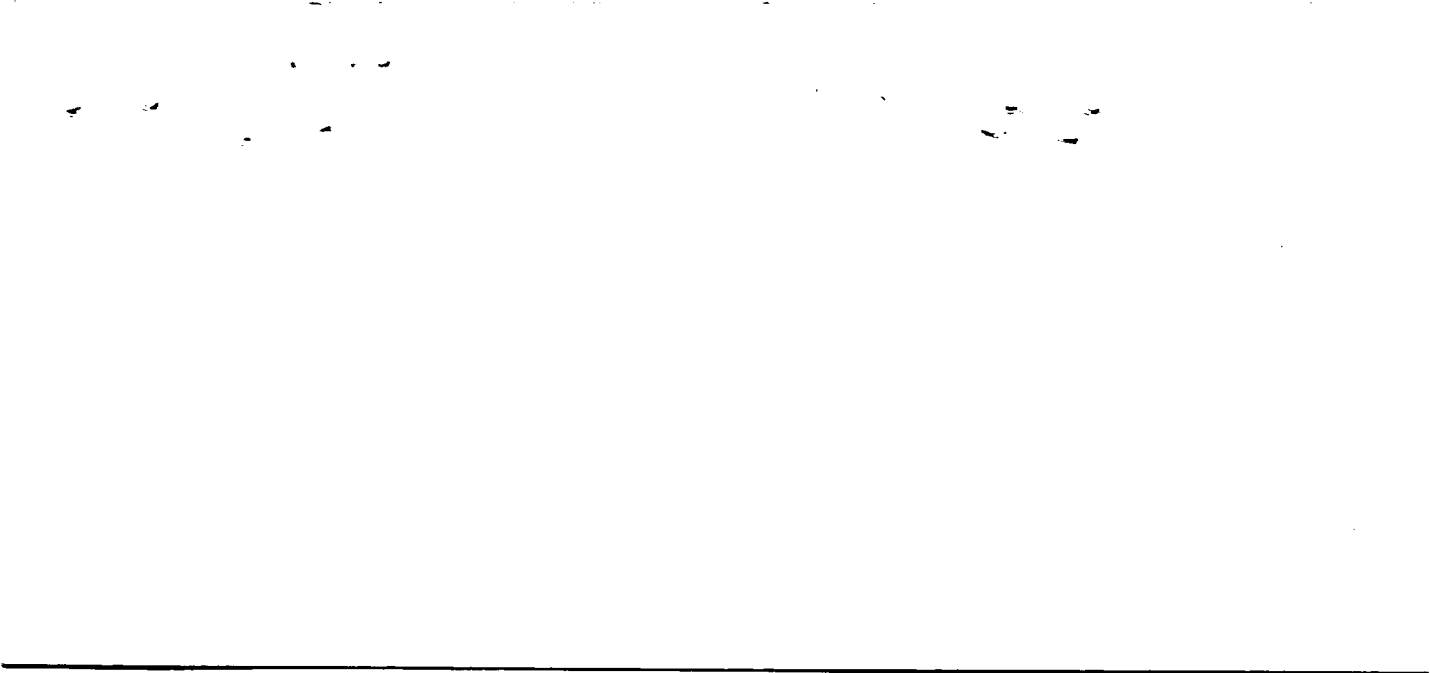
BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Moscow ----- Registered No. 260 -----  
Street and House No. -----  
County Latah ----- Registration Dist. No. 61 -----

Sex of Child Female -----  
Date of Birth July 3 1920 ~~191~~ -----  
                    MONTH                  DAY                  YEAR  
Father Robert L. Brock -----  
                    FULL NAME  
Mother Lena Nielson -----  
                    FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Maile Brock -----  
                    GIVEN NAME IN FULL                  SURNAME  
as reported by R. L. Brock -----  
                    FATHER OR MOTHER  
W. H. Caruthers -----  
                    LOCAL REGISTRAR



417-102-029-169

## PLACE OF BIRTH

County of LatahCity of MoscowNo. 770 So. Main St.Hospital The Gutman

## FULL NAME OF CHILD

Registration District No. 61Primary Registration District No. 1011STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-37

File No. 81833Registered No. 259

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>July 2</u> 191 <u>2</u> (Month) (Day) (Year)
FULL NAME <u>James J. Magee</u>	FATHER	FULL MAIDEN NAME <u>Gladys L. James</u>	MOTHER
RESIDENCE <u>Genesee, Idaho</u>		RESIDENCE <u>Genesee, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Genesee, Idaho</u>		BIRTHPLACE <u>Genesee, Idaho</u>	
OCCUPATION <u>Farming</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5:12 P.M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn-child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho  
 Filed July 17 1912 N.H. Carithers  
 Registrar



MAGEE

Dup of 1920-315573

PLACE OF BIRTH  
 County Salato  
 City of Muscon  
236-214-029-456  
 No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 61

Primary Registration District No. 1011

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-16-18

File No. 81834

Registered No. 255

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>June 14, 1920</u> (Month) (Day) (Year)
FULL NAME <u>J. M. Scott</u>	FATHER		FULL MAIDEN NAME <u>Meter J. Newey</u>	MOTHER
RESIDENCE <u>Muscon</u>			RESIDENCE <u>Muscon</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Wash</u>			BIRTHPLACE <u>Penn</u>	
OCCUPATION <u>harborer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth... 3..... Number of children of this mother now living, including present birth... 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was....., at 10 A M  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or midwife)

Given names added from a supplemental report.

19.....

Address.....

Filed July 1, 1920

Registrar

Registrar

JUL 19 194

396-1041029-295

PLACE OF BIRTH

County of LatahCity of Museu

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 61Primary Registration District No. 1011Press E. Brosiar

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 81835Registered No. 254

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>yes</u>	DATE OF BIRTH <u>June 4 1920</u> (Month) (Day) (Year)
FULL NAME <u>R. B. Brosiar</u>	FATHER		FULL MAIDEN NAME <u>Mary E. Bingman</u>	MOTHER
RESIDENCE <u>Museu</u>			RESIDENCE <u>Museu</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Mo</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 15 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 4-P M on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Registrar

Address \_\_\_\_\_

Filed July 17 1920W. H. Carithers

Registrar



MARGIN RESERVED FOR UNFADING INK- THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-131-029-731

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of Benewah

City of Latah

Registration District No. 62

File No. 81836

No. .... St.

Primary Registration District No. 2142

Registered No. 8

Hospital .....

FULL NAME OF CHILD David Bayne Hickman

Sex of Child <u>M</u>	Twin Triplet or other? <u>-</u> and { Number in order of birth <u>-</u> }	Legitimate? <u>yes</u>	Date of Birth <u>July 31</u> 191 <u>8</u> (Month) (Day) (Year)
-----------------------	---	------------------------	---

FATHER  
FULL NAME H. B. Hickman  
RESIDENCE Appreah  
COLOR White AGE AT LAST BIRTHDAY 51 (Years)  
BIRTHPLACE W. C.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Russie Pratt  
RESIDENCE Benewah  
COLOR W AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Benewah  
OCCUPATION Housewife

Number of child of this mother, including present birth. 8 Number of children of this mother now living, including present birth. 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) yes

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. E. H. E. H.

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address.....

.....

Filed 7-31-1920

Registrar

Registrar

4-7+

NOV 13 1951

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-122029-532  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

County of Latah

City of Genesee

No. .... St.

Hospital .....

Registration District No. 62

File No. 81837

Primary Registration District No. 2142

Registered No. 7

FULL NAME OF CHILD .....

Sex of Child <u>M</u>	Twin Triplet or other? <u>  </u> and (Number in order of birth) <u>  </u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 22, 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Wesley H. Hoiles</u> RESIDENCE <u>Genesee</u> COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>21</u> (Years) BIRTHPLACE <u>Genesee Idaho</u> OCCUPATION <u>Farmer</u>		MOTHER FULL MAIDEN NAME <u>John Hoiles</u> RESIDENCE <u>Genesee</u> COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>22</u> (Years) BIRTHPLACE <u>Nash</u> OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Hoiles

(Physician or midwife)

Given names added from a supplemental report.

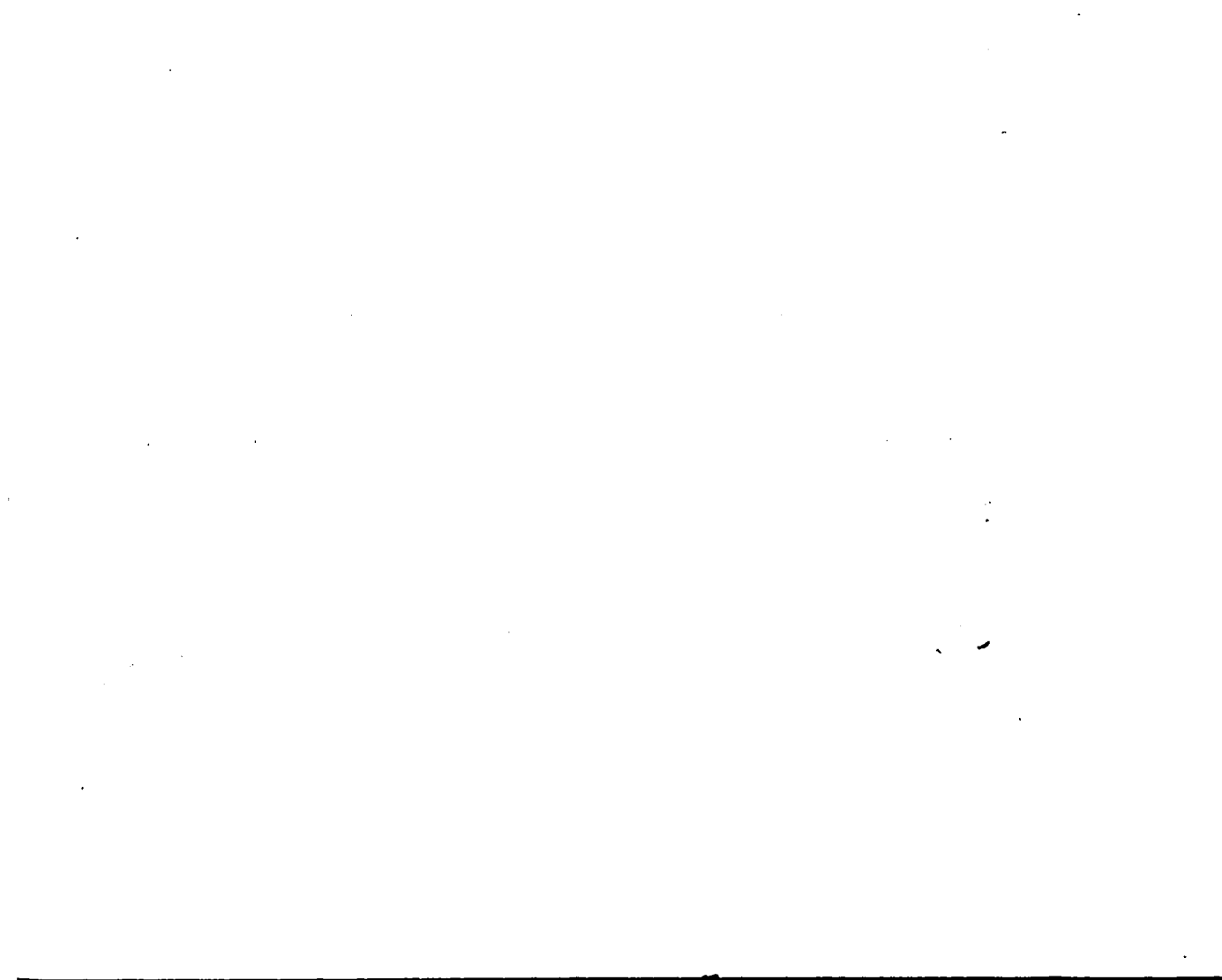
Address .....

Registrar

Filed July 23, 1920

Registrar





WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-118-029-663

PLACE OF BIRTH

County LatahCity Sanford

No. .... St.

Hospital .....

FULL NAME OF CHILD Jack Follett BarnesSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-5-5-17

Registration District No. 62File No. 81838Primary Registration District No. 2147Registered No. 6

Sex of Child <u>M</u>	Twin <u>—</u> or other? <u>—</u> (To be answered only in event of plural births)	and (Number in order of birth) <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 18 1920</u> (Month) (Day) (Year)
-----------------------	--	---	------------------------	---

FULL NAME <u>J. A. Barnes</u>	FATHER	FULL MAIDEN NAME <u>Jack Follett</u>	MOTHER
RESIDENCE <u>Sanford</u>		RESIDENCE <u>Sanford</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Electrician</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated. (Born alive or stillborn) .....

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

Given names added from a supplemental report.

(Physician or midwife) .....

Address .....

Filed July 19 1920 [Signature]

Registrar

Registrar

SEP 12 1963

SEP 12 1963

632-111029-798

## PLACE OF BIRTH

County of IdahoCity of Genesee

No. .... St.

Hospital .....

FULL NAME OF CHILD Lawson Tacornue Olson

Sex of Child <u>M</u>	Twin Triplet or other (To be answered only in event of plural births)	and { Number in order of birth
-----------------------	--	--------------------------------------

Legitimate? <u>yes</u>	Date of Birth <u>July 15</u> 191 <u>2</u> (Month) (Day) (Year)
------------------------	---

FULL NAME FATHER Grand OlsonRESIDENCE FarmerCOLOR W AGE AT LAST BIRTHDAY 25 (Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL MAIDEN NAME MOTHER Lugborg BrynnerRESIDENCE FarmerCOLOR White AGE AT LAST BIRTHDAY 25 (Years)BIRTHPLACE NorwayOCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... W. T. Ehem

Given names added from a supplemental report.

(Physician or midwife)

..... 19

Address .....

..... 19

Filed 7-12-20 19

Registrar

Registrar

14/5/100 200

396-204-029-113

## PLACE OF BIRTH

County of *Latah*City of *Genesee*No. .... *St.*

Hospital .....

FULL NAME OF CHILD *Lucile Wilma Currier*STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

Registration District No. *62*File No. *81840*Primary Registration District No. *2142*Registered No. *4*

Sex of Child <i>F</i>	Twin Triplet or other (To be answered only in event of plural births) <i>and</i> (Number in order of birth) <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>7-5-20</i> (Month) (Day) (Year)
FULL NAME FATHER <i>Sam Currier</i>		FULL MAIDEN NAME MOTHER <i>Louise Jacobs</i>	
RESIDENCE <i>Genesee</i>		RESIDENCE <i>Genesee</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>37</i> (Years)	COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>31</i> (Years)
BIRTHPLACE <i>Wash</i>		BIRTHPLACE <i>Wash</i>	
OCCUPATION <i>Farmer</i>		OCCUPATION <i>Housewife</i>	
Number of child of this mother, including present birth <i>6</i>		Number of children of this mother now living, including present birth <i>5</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *a boy* on the date above stated. (Born alive or stillborn) *10 P*

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. H. Chan*

Given names added from a supplemental report.

Address *Genesee* (Physician or midwife)Filed *7-5-20* *W. H. Chan*

Registrar

Registrar

MAR 10 1961

753-102.029-168

Form V. S. No. 11-C-25m-3-5-17

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LatahCity of GeneseRegistration District No. 62File No. 81841

No. .... St.

Primary Registration District No. 2142 Registered No. 3

Hospital .....

FULL NAME OF CHILD

Vernon August Peterson

Sex of Child

MTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yes

Date of Birth

7-2-20  
(Month) (Day) (Year)

FULL NAME

Albert Peterson

FATHER

FULL MAIDEN NAME

Dollie Johnson

MOTHER

RESIDENCE

Farm

RESIDENCE

Farm

COLOR

White

AGE AT LAST BIRTHDAY

46  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

29  
(Years)

BIRTHPLACE

Dak

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth... 2 Number of children of this mother now living, including present birth... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. D. Ehem

(Physician or midwife)

Given names added from a supplemental report.

Address

Genese

Filed

7-2-20

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR INDEXING

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SEP 7 5 1942

DECEASED

491-120-029-719

## PLACE OF BIRTH

County of LatahCity of Pray

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. &amp; No. 34-C-22m-2-17

## CERTIFICATE OF BIRTH

Registration District No. 64File No. 81842Primary Registration District No. 2144

Registered No. ....

FULL NAME OF CHILD DALE CLINTON Draper

Sex of Child <u>Male</u>	Twin Triplet or other? <u>  </u>	and { Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>7 30 1920</u> (Month) (Day) (Year)
--------------------------	----------------------------------	---	------------------------	--

FULL NAME <u>Ira Clinton Draper</u>	FATHER
RESIDENCE <u>Pray Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Blacksmith</u>	

FULL MAIDEN NAME <u>Clarina Leora Parr</u>	MOTHER
RESIDENCE <u>Pray Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

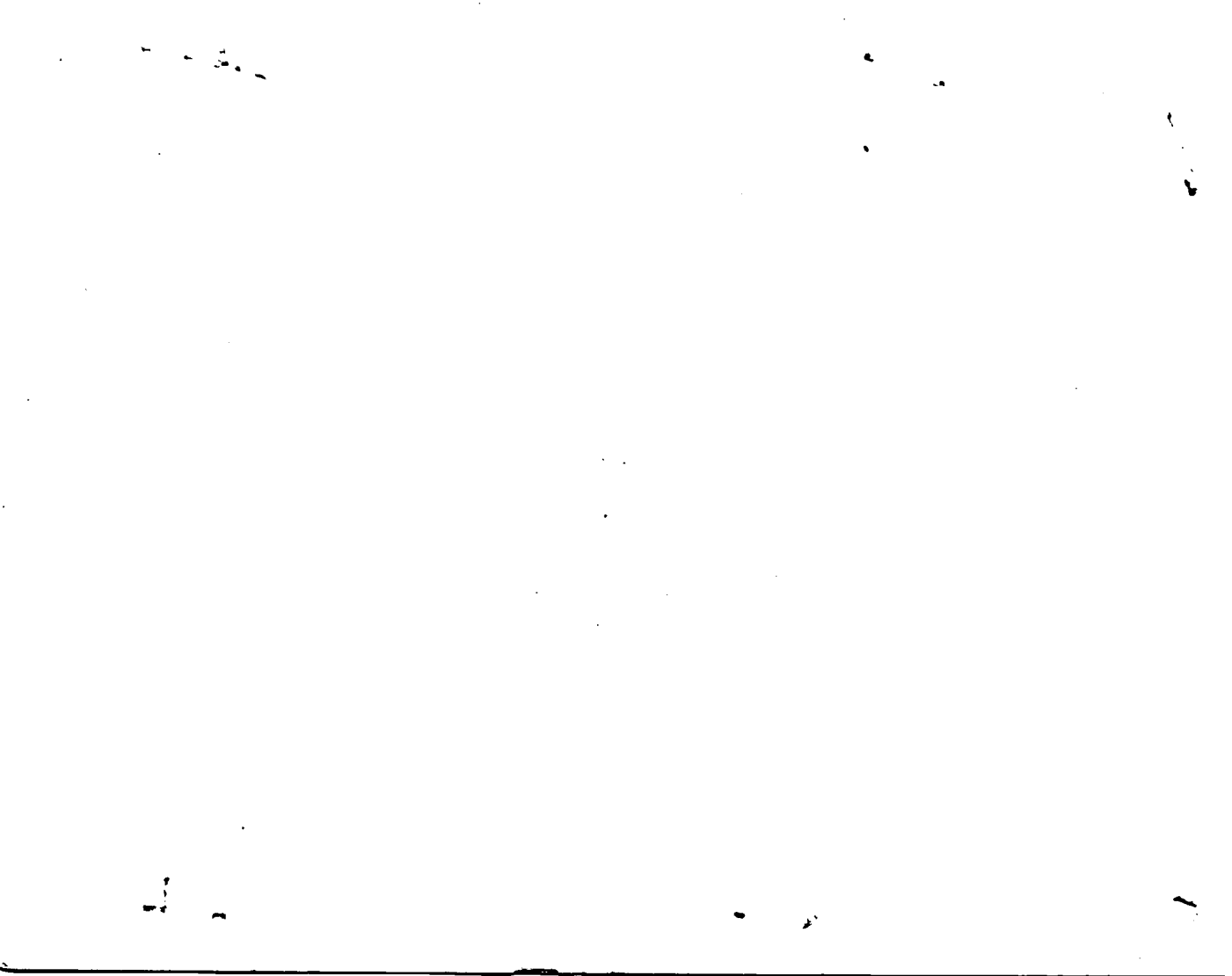
I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. K. Ziegler  
Physician or midwife

Given names added from a supplemental report.

July 30 1920 Address Pray Idaho  
J. E. Pickard Registrar  
July 30 1920 Filed J. E. Pickard Registrar



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. DEC 4 1945 Certificate No. 81842  
 County of Latah } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Dale Clinton Draper  
 for Clinton Dale Draper who was born July 20-1926  
 (Name on original certificate) (Was born or died) (Date of event)  
 in Troy Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of event)  
 true facts as shown by parents prepared on \_\_\_\_\_, are:  
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
 ("Name", "birth date", "cause of death", etc.)

FROM  
 (As on original)

TO  
 (The correct facts)

Name	Clinton Dale Draper	Dale Clinton Draper
Father's name	Ira Clem Draper	Ira Clinton Draper
Mother's name	Clarina Parr	Clarina Leora Parr

Subscribed and sworn to before me this 2  
 day of December, 1941  
A. Brocke

Signed Clarina Draper  
 (Signature of parent or attendant if correcting a birth record; of  
 attendant, funeral director, informant if correcting a death record;  
 or other credible person.)  
Troy Idaho  
 (Street Address, City, State)

Notary Public, residing at Troy Idaho  
 My commission expires 8-1-1945  
 [SEAL]

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
 County of Latah }

[This affidavit MUST also be executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

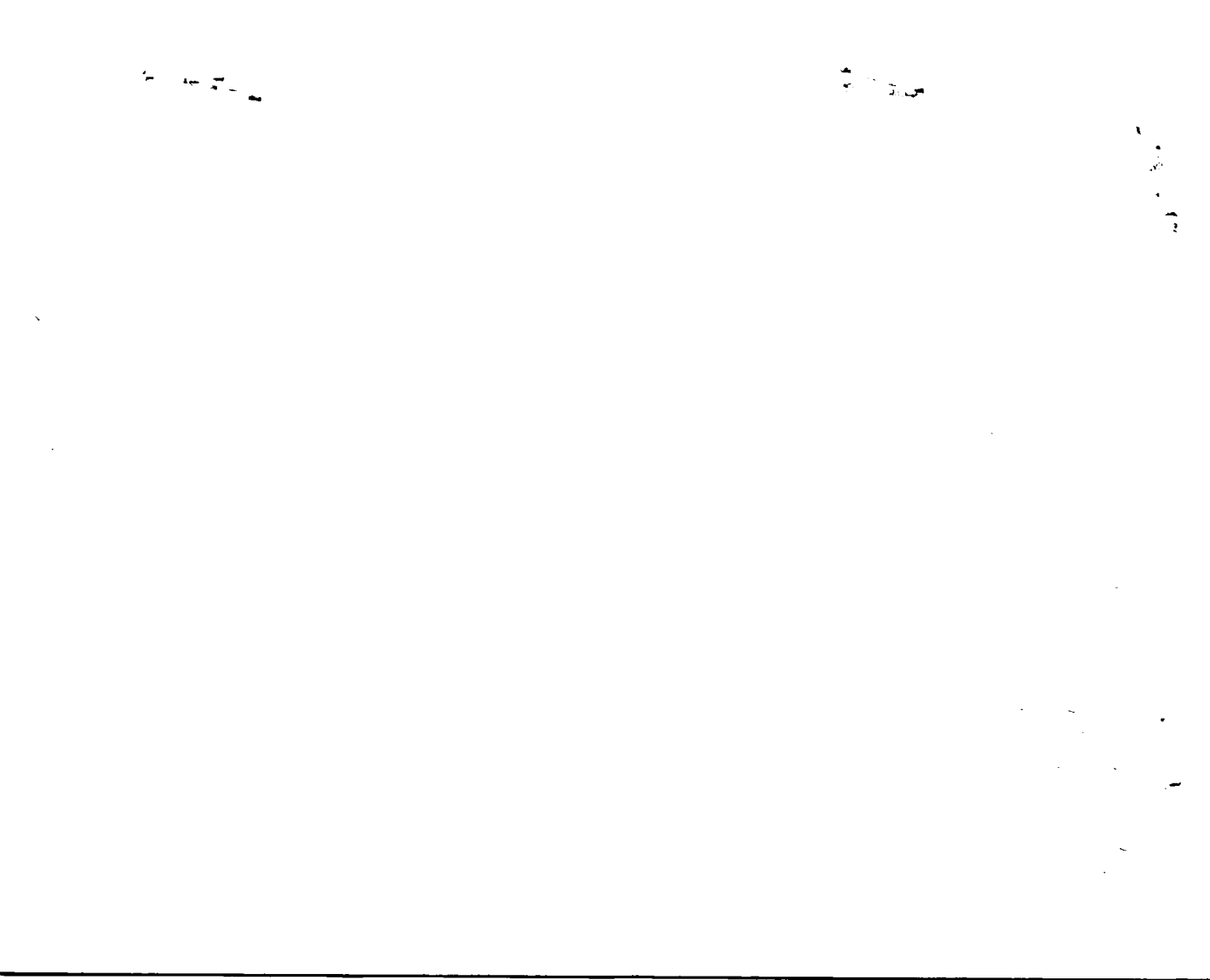
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2  
 day of December, 1941  
A. Brocke

Signed Florence Dinsmore  
 (Signature of any credible person other than the previous affiant.)  
Troy Idaho  
 (Street Address, City, State)

Notary Public, residing at Troy Idaho  
 My commission expires 8-1-1945  
 [SEAL]

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (Registrar's signature)



384402-029-384  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. A. No. 11-6-22-17

County of Latah

City of Pray

Registration District No. 64

File No. 81843

No. .... St.

Primary Registration District No. 2144

Registered No. ....

Hospital .....

FULL NAME OF CHILD Edwin Vernon Lyden

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	Number in order of birth <u>1</u>	Legitimate? <u>No</u>	Date of Birth <u>July 2</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------------	-----------------------	--

FULL NAME <u>Want Known</u>	FATHER
RESIDENCE <u>Want Known</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>Want Known</u> (Years)
BIRTHPLACE <u>Want Known</u>	
OCCUPATION <u>Want Known</u>	

FULL MAIDEN NAME <u>Amelia Lyden</u>	MOTHER
RESIDENCE <u>Pray Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Pray Idaho</u>	
OCCUPATION <u>Domestic</u>	

Number of child of this mother, including present birth ..... 1. Number of children of this mother now living, including present birth, ..... 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Sam. Alure at 49 M. on the date above stated. (Born alive or stillborn)

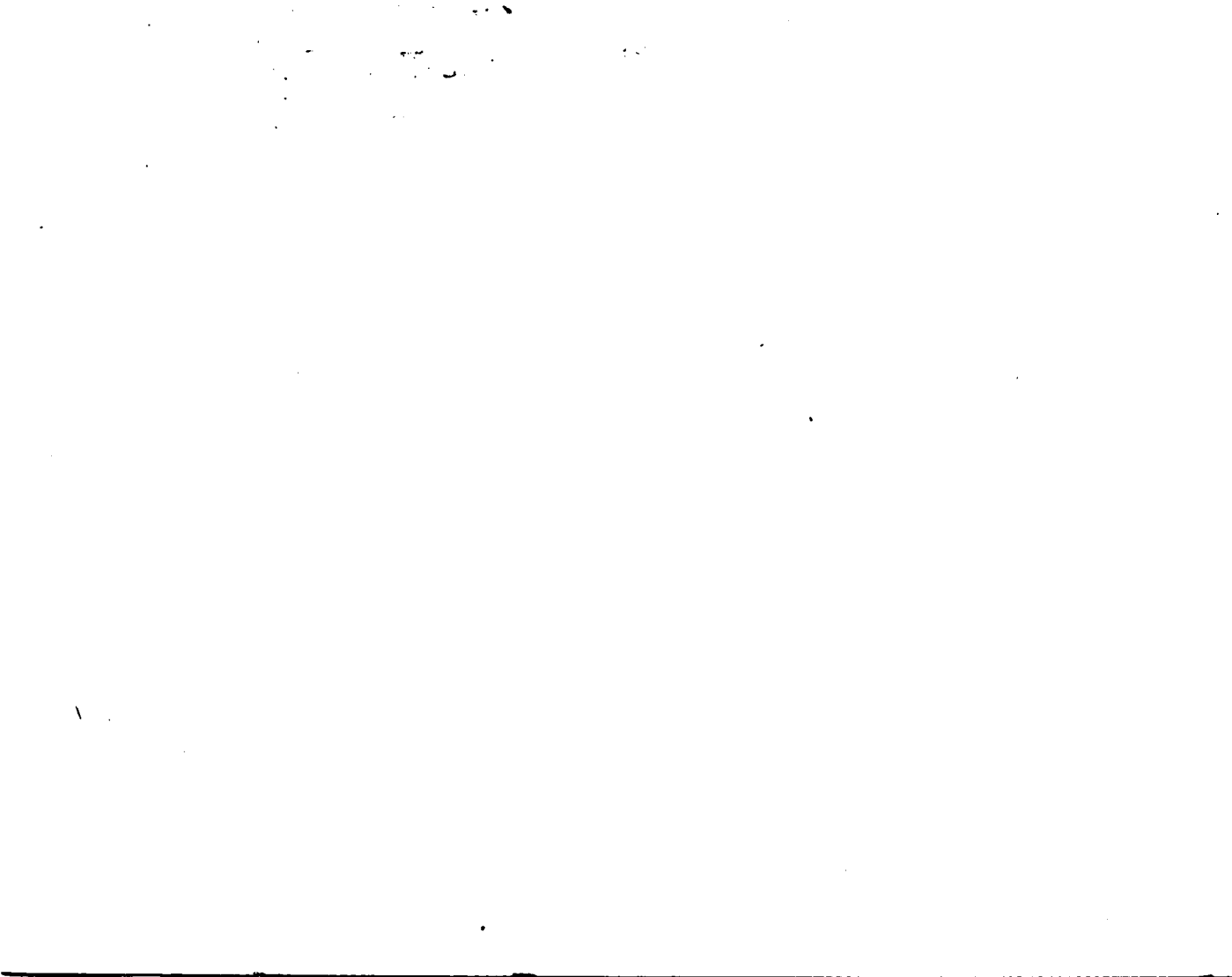
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. K. Henkle  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

July 8 1920  
J. E. Pickard  
Registrar

Address Pray Idaho  
Filed July 8 1920  
J. E. Pickard  
Registrar



168-108029-264  
PLACE OF BIRTH

Form V. S. No. 10-0-22a-2-2-17

County of LatahCity of Pray

No. .... St.

Registration District No. 64File No. 81844Primary Registration District No. 2144

Registered No. ....

Hospital JeanFULL NAME OF CHILD William Virgil Johnson

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth } <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 8</u> 19 <u>29</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FULL NAME <u>John William Johnson</u>	FATHER
RESIDENCE <u>Pray Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Mascan Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Clara Susan Soderstrom</u>	MOTHER
RESIDENCE <u>Pray</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Harborside Idaho</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:09 M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. H. Pickard  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Pray Idaho  
Filed July 14 1929  
Registral Chas. H. Pickard Registral



Certified Copy issued Jan. 16, 1941. E.W.

859-106-029-863  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. & No. 11-0-22-17

CERTIFICATE OF BIRTH

County of Latah.....

City of Tray.....

Registration District No. 64.....

File No. 81845.....

No. ....St.

Primary Registration District No. 2144.....

Registered No. ....

Hospital.....

FULL NAME OF CHILD Ivan Bening Herse.....

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u> and (Number in order of birth <u>3</u> )	Legitimate? <u>yes</u>	Date of Birth <u>July 6</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>George Herse</u>	FATHER	FULL MAIDEN NAME <u>Emma Christina Holmes</u>	MOTHER
RESIDENCE <u>Troy Idaho</u>		RESIDENCE <u>Troy Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Conby Minn</u>		BIRTHPLACE <u>Allegan Mich</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 3.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 4.9 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. K. Henkle  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

J. E. Pickard 1920  
Registrar

Address Troy Idaho  
Filed July 14 1920  
J. E. Pickard  
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. R. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z - HENSE

Dup of 1920-216531

244-203-029-413

PLACE OF BIRTH

County of IdahoSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

City of \_\_\_\_\_

Registration District No. \_\_\_\_\_

65

File No. \_\_\_\_\_

81846

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

2145

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Roberta Olive Budd

Sex of Child

Female

Is the child  
or other?

and

Is the child  
in order  
of birthLegiti-  
mate?

yes

Date of Birth

July 3

1920

(Month)

(Day)

(Year)

FULL NAME

Ernest G. Budd

FATHER

FULL MAIDEN NAME

Luva Mack

MOTHER

RESIDENCE

Near Pottlatch

RESIDENCE

Same

COLOR

White

AGE AT LAST BIRTHDAY

33

(Years)

COLOR

White

AGE AT LAST BIRTHDAY

30

(Years)

BIRTHPLACE

Miner

BIRTHPLACE

N. Dak

OCCUPATION

Farmer

OCCUPATION

Housekeeper

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive

(Born alive or stillborn)

344-A M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. K. Wolfe M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Palouse, Wash

Filed

July 29 1920 J. W. Thompson

Registrar

DECEASED

289-211-029-249

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of PotlatchNo. 815 Fur St.Registration District No. 65File No. 81847

Hospital \_\_\_\_\_

Primary Registration District No. 2145 Registered No. \_\_\_\_\_

## FULL NAME OF CHILD

Kimiko ShigaSex of Child female ☒ Twin ☐ Triplet ☐ or other? ☐ and ☐ Number in order of birth ☐ Legitt mate? yes Date of Birth July 11 1920  
(Month) (Day) (Year)FULL NAME FATHER Masami ShigaRESIDENCE Potlatch, IdahoCOLOR Brown AGE AT LAST BIRTHDAY 31 (Years)BIRTHPLACE JapanOCCUPATION laborerFULL MAIDEN NAME MOTHER Shimi SuzukiRESIDENCE Potlatch, IdahoCOLOR Brown AGE AT LAST BIRTHDAY 34 (Years)BIRTHPLACE JapanOCCUPATION housewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19.

(Signature)

Paul J. Fews  
M.D.  
(Physician or midwife)

Address

Potlatch, Idaho

Filed

July 17, 1920

Registrar

J. W. Thompson  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 29 1955

SEP 30 1955

A F F I D A V I T

State of Washington )  
                              )  
County of Spokane     )     ss.

I, Sumi Shiga, being first duly sworn, upon oath, depose and say as follows:

1. My true name is Sumi Shiga and I reside at South 403 Chandler, Spokane, County of Spokane, State of Washington. That I have previously been known as Shimi Shiga and also as Sumiko Shiga but when I became a naturalized citizen of the United States in a hearing before the United States District Court for the Eastern District of Washington at Spokane, Washington I had my name changed to Sumi Shiga. That my maiden name is Sumi Suzuki and I have been known also as Sumiko Suzuki and Shimi Suzuki.

2. That I am the mother of ~~Kimiko Shiga~~ who was born in Potlatch, County of Latah, State of Idaho on July 11, 1920 and which birth is recorded at the State of Idaho, Bureau of Vital Statistics, Registration District Number 65; File Number 81847 and Primary Registration District Number 2145. That the father of the said Kimiko Shiga is Masami Shiga, my husband, and my name as mother was reported as Shimi Suzuki.

3. That the birth of said Kimiko Shiga is erroneously reported as July 13, 1920 and the true birth date is and should be July 11, 1920 and I recently discovered the true birth date as I have previously recorded it in some of my Japanese records and diaries. I have previously requested the change to July 13, 1920 but now I am convinced that the date is July 11, 1920.

Sumi Shiga

Subscribed and sworn to before me, a Notary Public, at Spokane, Washington this 5th day of December, 1955.

George Y. Munn  
Notary Public in and for the State of Washington residing at Spokane.  
My commission expires August 4, 1959.



AUG 3 1973

AUG 1 1973

AUG 8 1973

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

942-217024-286

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Latah

City of Princeton

Registration District No. 65

File No. 81848

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2145 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Rose Eleanor Russell

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { } Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 17</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Joseph C. Russell

RESIDENCE Princeton, Idaho

COLOR white AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Minnesota

OCCUPATION laborer

MOTHER  
FULL MAIDEN NAME Daisy R. Shook

RESIDENCE Princeton, Idaho

COLOR white AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Nebraska

OCCUPATION housewife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul J. Fewes M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Polk, Idaho  
Filed July 21 1920 L. W. Thompson Registrar  
per P. J. H.

**AUG 21 1963**

319-1,9009-693

## PLACE OF BIRTH

- STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of LatahCity of PotlatchRegistration District No. 65 File No. 81849

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2145 Registered No. \_\_\_\_\_FULL NAME OF CHILD Edwin Philip Farson

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 19</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-------------------------------	--

FULL NAME FATHER Francis T. FarsonRESIDENCE Potlatch, IdahoCOLOR white AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE IowaOCCUPATION farmerFULL MAIDEN NAME MOTHER Emily Gladys FitchRESIDENCE Potlatch, IdahoCOLOR white AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE WashingtonOCCUPATION housewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 5:05 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul J. Lewis  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Potlatch, IdahoFiled July 21 1920 J. W. Thompson  
per A. J. R. Registrar

Registrar

Dup of 1920-328265

533-2191029-369

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of LatahCity of PotlatchRegistration District No. 65File No. 81850

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2145 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Frances Elizabeth Ellithorpe

Sex of Child

femaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy?

yes

Date of Birth

July 19 1920  
(Month) (Day) (Year)

FULL NAME

Frank H. Ellithorpe

FATHER

RESIDENCE

Potlatch, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

34  
(Years)

BIRTHPLACE

Wyoming

OCCUPATION

laborer

FULL MAIDEN NAME

Beatrice H. Coriell

MOTHER

RESIDENCE

Potlatch, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

24  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

housewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive

(Born alive or stillborn)

11 A. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Paul J. Lewis  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Potlatch, Idaho

Filed

July 21 1920T. W. Thompson

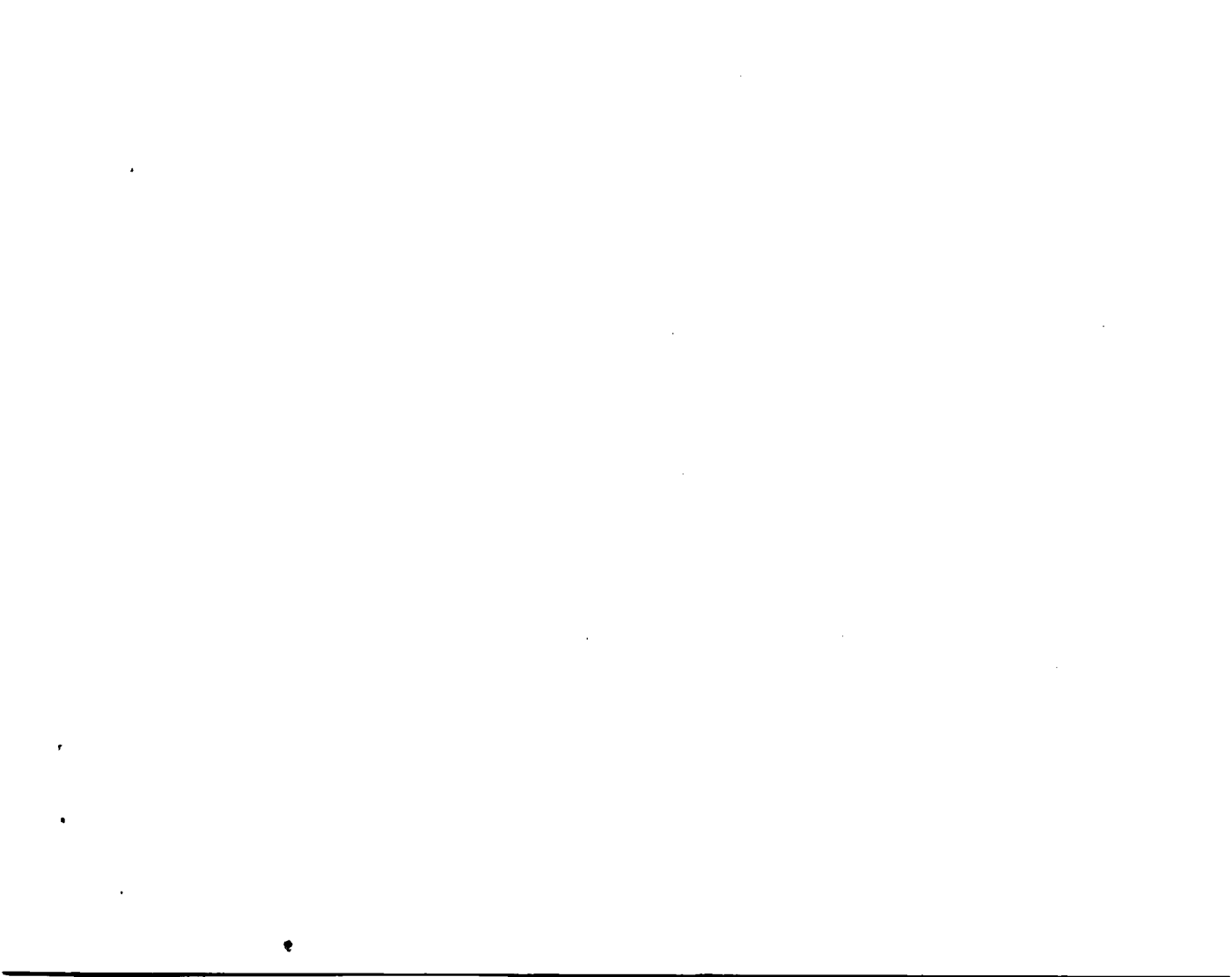
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

K



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

357-224-029-593

PLACE OF BIRTH

County of Latah

City of Bovill

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 66

File No. 15

Primary Registration District No. 2186 Registered No. \_\_\_\_\_

Edith Nellie Legbandh

81851

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>7-24-20</u> (Month) (Day) (Year)
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FULL NAME <u>Chas Henry Legbandh</u>	FATHER
RESIDENCE <u>Bovill Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Washington</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Evelyn Nicholas</u>	MOTHER
RESIDENCE <u>Bovill Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 6 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 10:30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Gibbons  
Physician  
(Physician or midwife)

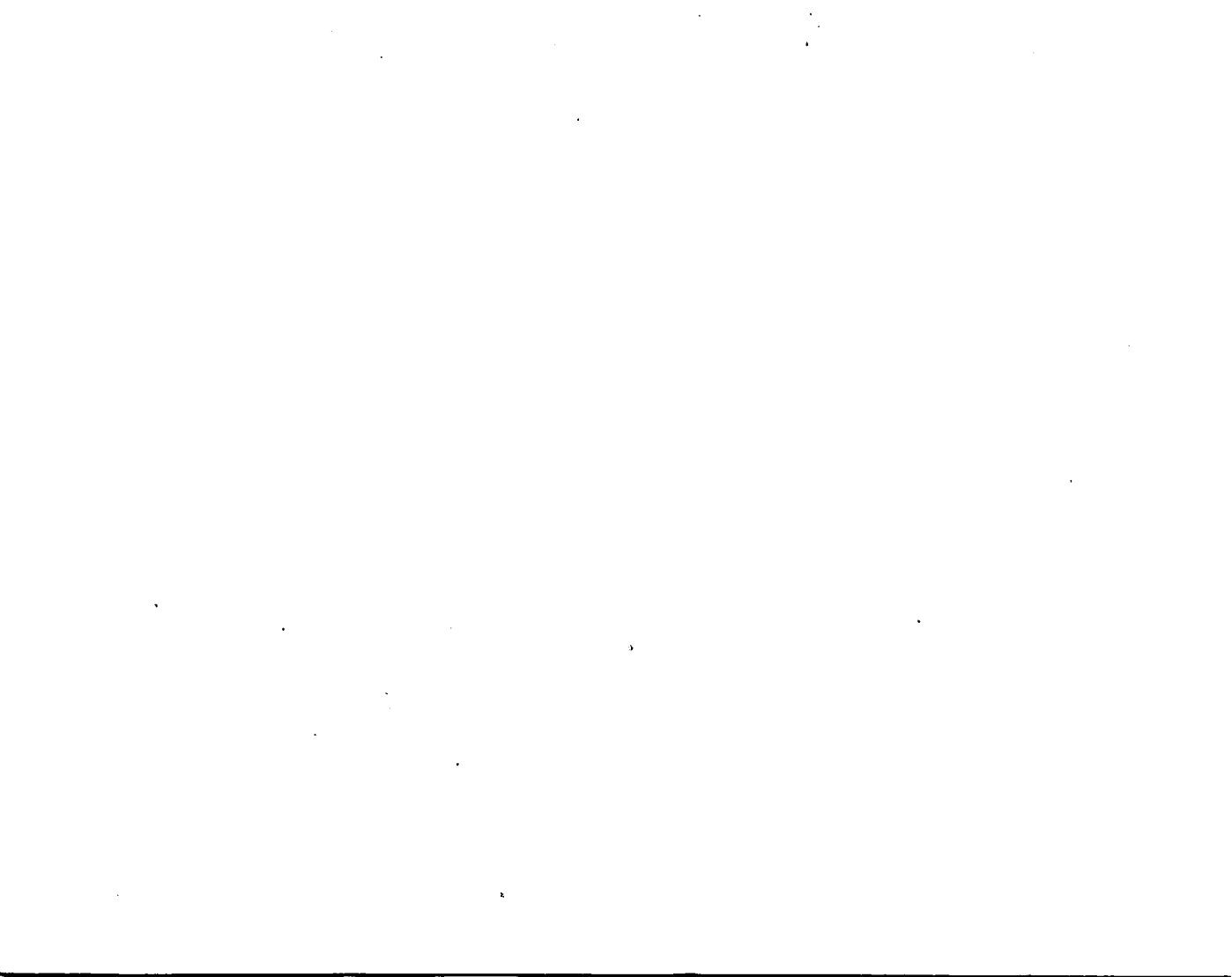
Given names added from a supplemental report.

Address Bovill Idaho  
Filed 7/25 1920 Wm R. C. Gibbons  
Registrar

Registrar

Registrar





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

## PLACE OF BIRTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81852

County of SalineCity of BovillRegistration District No. 66File No. 13

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2146

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Victoria Luzella Froman

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and } Number  
in order  
of birthLegiti  
mate?Yes

Date of Birth

7-20-20  
(Month) (Day) (Year)

FULL NAME

Broal Froman

FATHER

RESIDENCE

Bovill Ida.

COLOR

White

AGE AT LAST BIRTHDAY

37  
(Years)

BIRTHPLACE

U. S. A.

OCCUPATION

Laborer

FULL MAIDEN NAME

Ruth Moser

MOTHER

RESIDENCE

Bovill Ida.

COLOR

White

AGE AT LAST BIRTHDAY

21  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

House wifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 11 P.M.  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19\_\_\_\_

(Signature)

J. C. GibsonPhysician  
(Physician or midwife)

Address

Bovill Idaho

Filed

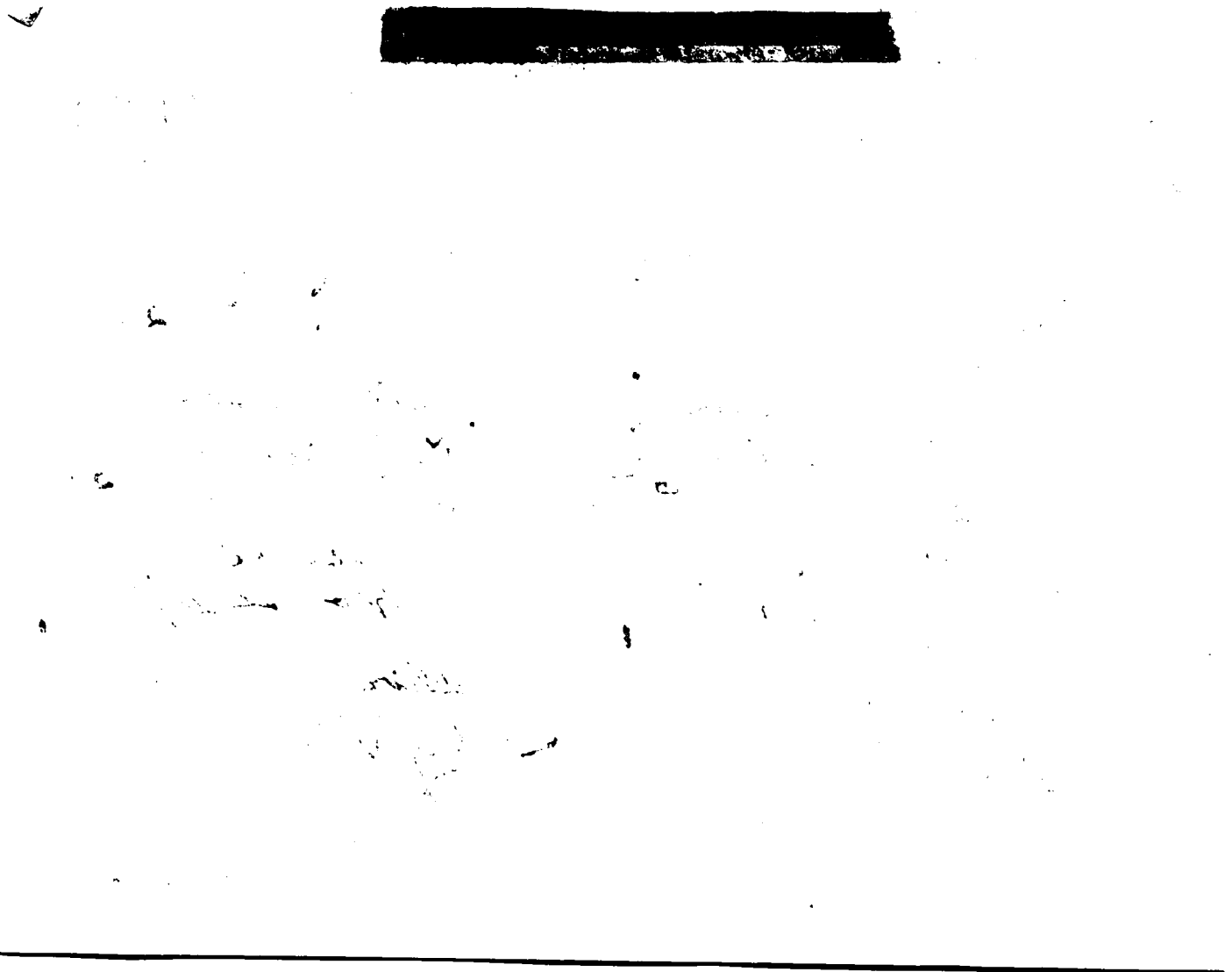
7-25-20 W. C. Gibson

Registrar

Registrar

6

[REDACTED]



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

318-231-029-693  
 PLACE OF BIRTH

County of Latah

City of Bovill

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Katherine Elaine Taylor

STATE OF IDAHO,  
 BUREAU OF VITAL STATISTICS,  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81853

Registration District No. 66

File No. 10-

Primary Registration District No. 2146

Registered No. \_\_\_\_\_

Sex of  
Child

Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti  
mate?

Yes

Date of  
Birth

7-31-1920  
 (Month) (Day) (Year)

FULL  
NAME

FATHER  
Henry Edward Taylor

RESIDENCE

Bovill, Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

43  
(Years)

BIRTHPLACE

South Bend, Indiana

OCCUPATION

Laborer

FULL  
MAIDEN  
NAME

MOTHER

Alice Wilkinson

RESIDENCE

Bovill Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

43  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
 on the date above stated.

(Born alive or stillborn)

at 4 a.m.

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

Given names added from a supplemental report.

19

(Signature)

J. C. Gibson

Physician  
 (Physician or midwife)

Address

Bovill Idaho

Filed

8/6

1920

Mrs R. Gibson

Registrar

Registrar



November 7, 1941

Mrs. Alice Taylor  
705 S. Eye Street  
Tacoma, Washington

Dear Mrs. Taylor:

We have searched our files and find both your children's certificates on file. The record of your son is correctly filed and ready for a photostat copy.

However, on your daughter's record, the information concerning the mother is correct, but the child is marked as illegitimate, with information about the father unknown.

Since your son was born in 1913 and was a legitimate child, this is, no doubt, a mistake on the part of the doctor. Will you please complete the enclosed affidavit giving all information requested. On ~~his~~ return, we will issue both copies.

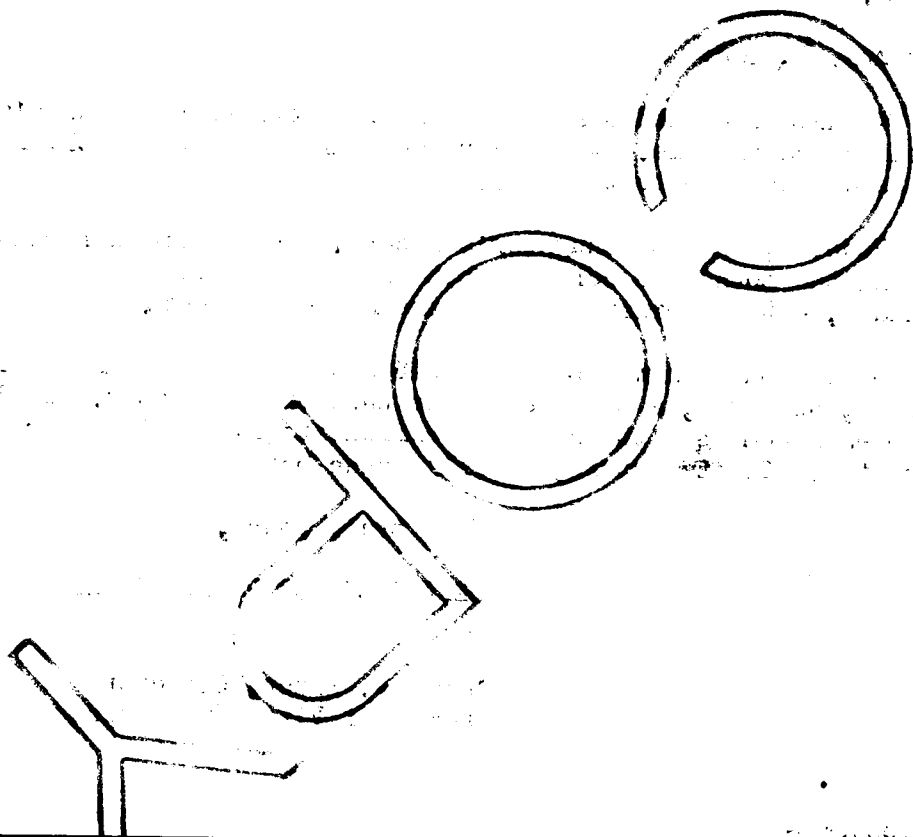
Very truly yours,

DEPARTMENT OF PUBLIC HEALTH

Mabel F. Elder, Director  
Bureau of Vital Statistics

MFE/zj .

Enclosure - 1



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of..... }  
County of..... } ss. Certificate No. 81853  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
for Katherine Elaine Taylor who was born on July 31, 1920  
(Name on original certificate) (Was born or died) (Birth or death) (Date of event)  
in Bovill, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by..... prepared on....., are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Legitimate?	No	Yes
Father	Unknown	Henry Edward Taylor
Birthplace	Unknown	South Bend, Ind.
Age	Unknown	43 yrs.
Occupation	Unknown	Laborer

Subscribed and sworn to before me this 12th day of December, 1947

Signed Alice E. Taylor  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Tacoma

My commission expires June 29th, 1941

705 So. Eye St. Tacoma Wash.  
(Street Address, City, State)

[SEAL]

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... }  
County of..... } ss. [This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this..... day of....., 19.....

Signed.....  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at.....

My commission expires.....

.....  
(Street Address, City, State)

[SEAL]

NOV 1 1947

Received for filing on..... By.....  
(Registrar's signature)



NOV 17 1941

JAN 6 1938

SEP 6 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-201-029-619  
PLACE OF BIRTH

County of Latah

City of Helmer

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 66

File No. 16

Primary Registration District No. 2146 Registered No. \_\_\_\_\_

Wilma Theodora Wathen

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>8-1-</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-----------------	--

FATHER  
FULL NAME Charles Walter Wathen

RESIDENCE Helmer Idaho

COLOR White AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Colorado

OCCUPATION Pool Hall Prop.

MOTHER  
FULL MAIDEN NAME Marie Warner

RESIDENCE Helmer Idaho

COLOR White AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Colorado

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 2:30 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Gibson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Bozwell Idaho

Filed Aug 8 19 20

Registrar

Registrar

APR 3 1950

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STOP PLACE OF BIRTH  
381-1089-929-381  
County of Bozill

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

81855

City of Bozill Registration District No. 66 File No. 17

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Bozill Hosp Primary Registration District No. 2146 Registered No. \_\_\_\_\_

FULL NAME OF CHILD Robert William Chambers

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>8-4-</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	---	----------------------------	--

FATHER  
FULL NAME Carey William Chambers  
RESIDENCE Bozill Idaho  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Washington  
OCCUPATION Teacher

MOTHER  
FULL MAIDEN NAME Beulah Chaussee  
RESIDENCE Bozill Idaho  
COLOR White AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE South Dakota  
OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at S. R. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. C. Gibson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Bozill Idaho  
Filed 8/10 1920 Mrs. A. C. Gibson  
Registrar

Registrar

AUG 16 1972

249-108-029-666

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

81856

County of LalibCity of BovillRegistration District No. 66File No. 18

No. \_\_\_\_\_ St.

Primary Registration District No. 2146

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Wayne LaVerne SmithSex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate? YesDate of  
BirthAug-8 1920  
(Month) (Day) (Year)FULL  
NAMEErnie Smith

RESIDENCE

Bovill Idaho

COLOR

White-AGE AT LAST  
BIRTHDAY41  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

MachinistFULL  
MAIDEN  
NAMEHellie Eudora Wood

RESIDENCE

Bovill Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.alive, at 3 a.m.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. C. Gibson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bovill Idaho

Filed

8/15 1920Miss J. C. Gibson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

NOV 9 1944

493-127

PLACE

030-955

County of FranklinCity of Salmon

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Roscoe Bernard HillonSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

Registration District No. 41File No. 81857Primary Registration District No. 2116

Registered No. \_\_\_\_\_

Sex of Child <u>m.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Aug 27</u> 19 <u>28</u> (Month) (Day) (Year)
------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME FATHER Bernard Karl HillonRESIDENCE SalmonCOLOR White AGE AT LAST BIRTHDAY 33 (Years)BIRTHPLACE NorwayOCCUPATION SalmonFULL MAIDEN NAME MOTHER Fannie PenwakerRESIDENCE SalmonCOLOR White AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE MinnesotaOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Bernard at 8 A M. on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

Address SalmonFiled 710 1928 Leola Noddingsdeputy Registrar





852-2081030-234

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of LincolnCity of SalmonRegistration District No. 41File No. 81858

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2166

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Josephine HessSex of Child MTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and Number  
in order  
of birthLegiti-  
mateDate of  
BirthJune 8 19120  
(Month) (Day) (Year)FULL  
NAME

FATHER

Allen Brille Hess

RESIDENCE

SalmonFULL  
MAIDEN  
NAME

MOTHER

Fannie Kluebert

RESIDENCE

Salmon

COLOR

White

AGE AT LAST

BIRTHDAY

41  
(Years)

COLOR

White

AGE AT LAST

BIRTHDAY

36  
(Years)

BIRTHPLACE

Indiana

BIRTHPLACE

California

OCCUPATION

Merchant

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 8Number of children of this mother now living, including present birth. 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 7 A M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

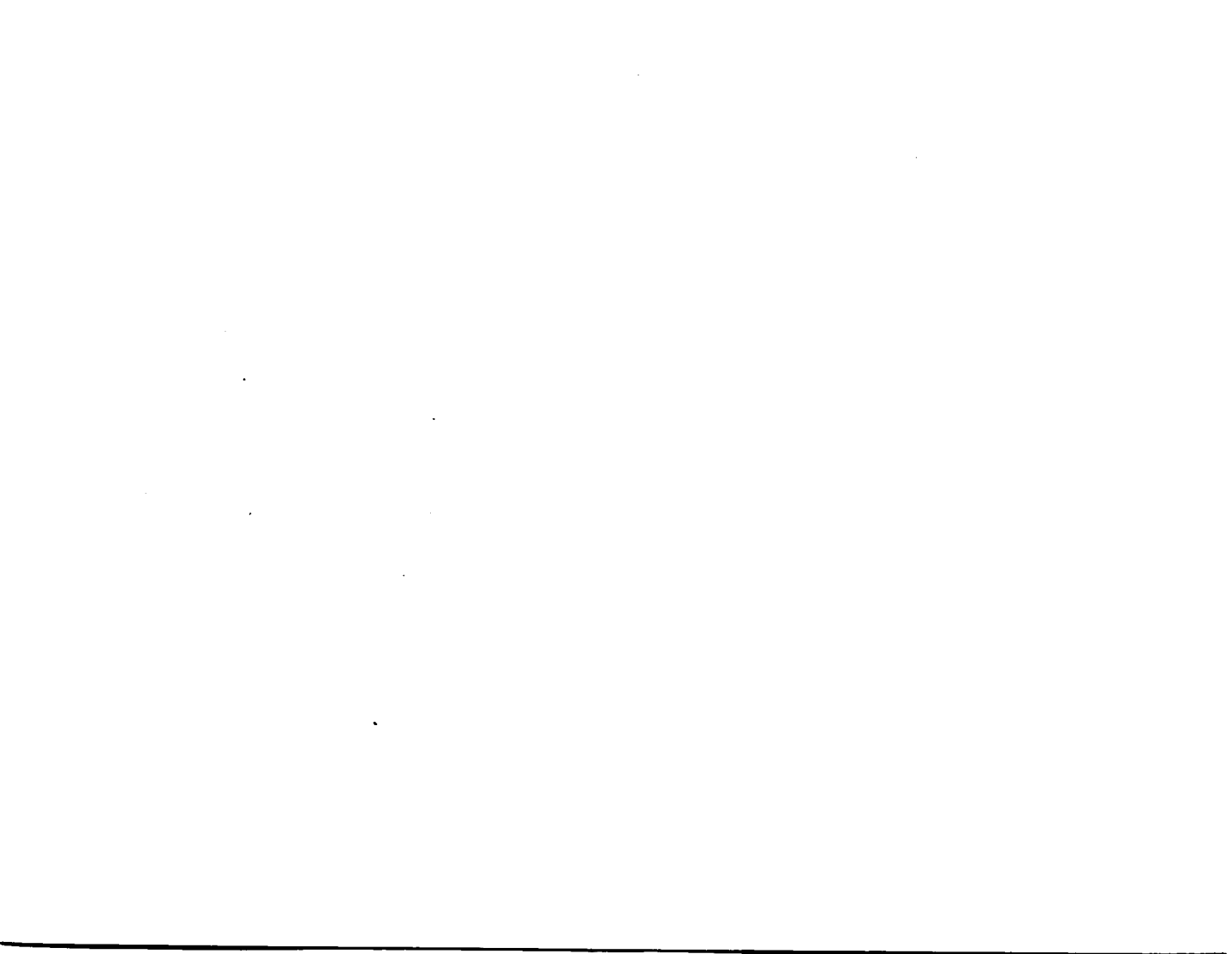
Address

Salmon

Filed

8/10 1920 Lesla Rodding  
deputy

Registrar



714-2051030-213

## PLACE OF BIRTH

County of LeveliCity of Salmon

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-2-8-15

## CERTIFICATE OF BIRTH

Registration District No. 41File No. 81859Primary Registration District No. 2116

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Wanda Rose Javer

Sex of Child <u>M.</u>	Twin Triplet or other? _____	and } Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Apr 5</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Cady Le Roy Javer</u>			MOTHER FULL MAIDEN NAME <u>Edna Bates</u>	
RESIDENCE <u>Salmon</u>			RESIDENCE <u>Salmon</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>21</u> (Years)		
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Salmon</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 7:45 A.M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

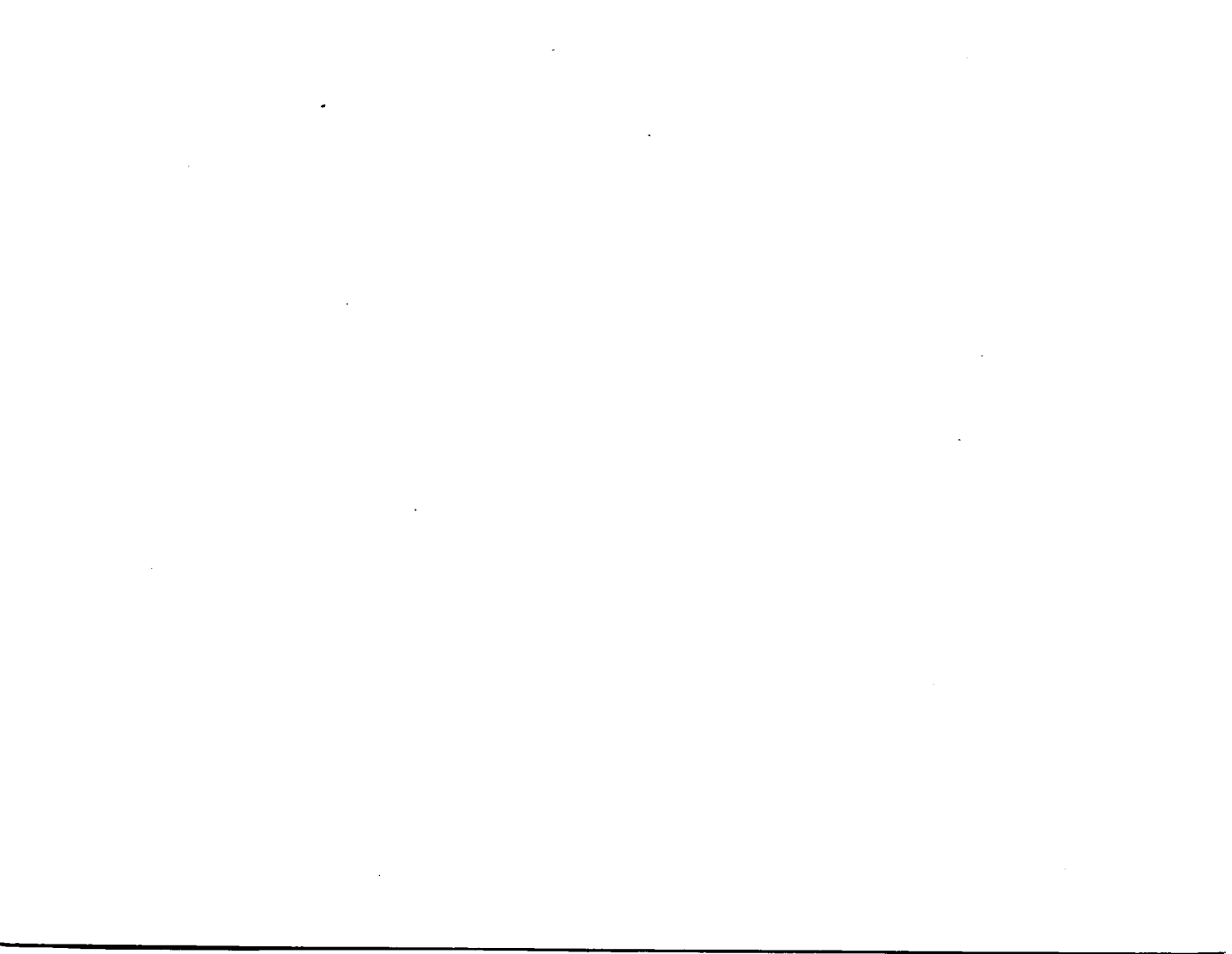
Address

Salmon

Filed

710 19 20 Deola NoddingsDeputy

Registrar



PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of LewistonCity of Salmon

## CERTIFICATE OF BIRTH

Registration District No. 41

File No.

81860

No. \_\_\_\_\_ St.

Primary Registration District No. 2114

Registered No.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

S. Leavin

Sex of Child

m.Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and } Number  
in order  
of birthLegiti-  
mate?Yes

Date of Birth

Mar 10 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

Wm. Henry Shearin

RESIDENCE

Salmon

COLOR

WhiteAGE AT LAST  
BIRTHDAY46  
(Years)

BIRTHPLACE

Kentucky

OCCUPATION

FarmerFULL MAIDEN  
NAME

MOTHER

Wester Holbert

RESIDENCE

Salmon

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth, 2Number of children of this mother now living, including present birth, 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 2 P M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

Address

Salmon

Filed

8/10 1920 Leola Nodding  
Deputy Registrar

SHEARIN

Dup of 1920-307708

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C—25m-9-2-15

## CERTIFICATE OF BIRTH

County of LaramieCity of SalmonRegistration District No. 41File No. 81861

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2116

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Phyllis Leona Van Stratt

Sex of Child <u>♀</u>	Twin or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>May 3</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	--	--------------------------------------	-----------------------------	---

FATHER  
FULL NAME Walter James Van Stratt  
RESIDENCE Salmon

MOTHER  
FULL MAIDEN NAME Ruth Pauline Mack  
RESIDENCE Salmon

COLOR White AGE AT LAST BIRTHDAY 21  
(Years)

COLOR White AGE AT LAST BIRTHDAY 22  
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Minnesota

OCCUPATION Mining, gold and silver show owner

OCCUPATION Housewife

Number of children of this mother, including present birth. 1

Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

Address Salmon

Filed 8/10 1920 Leslie H. Gording  
Deputy Registrar



DEC 3 1964

AUG 10 1972

914-107-030-215

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-8-8-17

County of *Lemhi*City of *Salmon*Registration District No. *41*File No. *81862*

No. .... St.

Primary Registration District No. *2116*

Registered No. ....

Hospital .....

FULL NAME OF CHILD

*Robert R Ramey*

Sex of Child <i>Male</i>	Twin Triplet or other? <i></i>	and { Number in order of birth <i></i>	Legitimate? <i>yes</i>	Date of Birth <i>5-7-20</i> (Month) (Day) (Year)
--------------------------	--------------------------------	--	------------------------	---

FULL NAME <i>R. E. Lee Ramey</i>	FATHER
RESIDENCE <i>Salmon, Idaho</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>46</i> (Years)
BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Miner</i>	

FULL MAIDEN NAME <i>Elizabeth Kane</i>	MOTHER
RESIDENCE <i>Salmon, Idaho</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>31</i> (Years)
BIRTHPLACE <i>Wisconsin</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *5*Number of children of this mother now living, including present birth *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. *8:05 A.M.*

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*G. P. Stratton, M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address *Salmon, Idaho*Filed *Aug 10, 1920**Leola Noddings, Deputy Registrar*

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

.c.c. 4/26/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-130-

PLACE OF BIRTH  
031-869

County of *Lewiston*

City of *Coeur d'Alene*

Registration District No. ....

No. .... St. ....

Primary Registration District No. ....

Hospital .....

FULL NAME OF CHILD *John Raymond Stephens*

Sex of Child *male*      *Single*      and      *1*      Legitimate *yes*      Date of Birth *June 30 1920*  
(To be answered only in event of plural births)      (Month)      (Day)      (Year)

FULL NAME FATHER *George Stephens*

RESIDENCE *Coeur d'Alene*

COLOR *white*      AGE AT LAST BIRTHDAY *43* (Years)

BIRTHPLACE *Arkansas*

OCCUPATION *Rancher*

FULL MAIDEN NAME MOTHER *Cora Hornum*

RESIDENCE *Coeur d'Alene*

COLOR *white*      AGE AT LAST BIRTHDAY *36* (Years)

BIRTHPLACE *Idaho*

OCCUPATION *Housewife*

Number of child of this mother, including present birth .... *4*      Number of children of this mother now living, including present birth .... *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *8:30 P.M.* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) *R. E. D. ...*

Given names added from a supplemental report.

Address *Coeur d'Alene*      Filed *7/3 1920*      Registrar *R. E. D. ...*

MAR 4 1948

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-103-031-296  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-37

County of Lewis

City of Mobile, Ala.

Registration District No. 30

File No. 81864

No. .... St.

Primary Registration District No. 2129

Registered No. 95

Hospital .....

FULL NAME OF CHILD

John Albert Stegum

Sex of Child

male

Twin  
Triplet  
or other

and

(To be answered only in event of plural births)

Number  
of birth

Legitimate

yes

Date of Birth

July 3

1920

(Month)

(Day)

(Year)

FULL NAME

FATHER John Odell Stegum

RESIDENCE

Mobile, Ala.

COLOR

white

AGE AT LAST BIRTHDAY

35

(Years)

BIRTHPLACE

Norway

OCCUPATION

Rancher

FULL MAIDEN NAME

MOTHER Annell Belle Brock

RESIDENCE

Mobile, Ala.

COLOR

white

AGE AT LAST BIRTHDAY

36

(Years)

BIRTHPLACE

Mo

OCCUPATION

Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 12 noon on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. E. Dineen

(Physician or midwife)

Given names added from a supplemental report.

Address

Craigmont Hotel

Filed

July 22

Registrar

Registrar

7-10-41

APR 6 1964

619-103-025-249

## PLACE OF BIRTH

County of IdahoCity of Westlake

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

Registration District No. .... 60File No. .... 81865Primary Registration District No. .... 2174Registered No. .... 26

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	(Number) in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>July 3, 1920</u> (Month) (Day) (Year)
--------------------------	---	----------------------------------	------------------------	---

FULL NAME <u>Geo. Benton Warren</u>	FATHER
RESIDENCE <u>Westlake, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Annie Smith</u>	MOTHER
RESIDENCE <u>Westlake, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .... 6 Number of children of this mother now living, including present birth .... 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. 4:20 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Sarby  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Craigmont, Idaho.Filed 7/6 1920 Registrar P. O. ...

Registrar





MARGIN RESERVED FOR BOUNDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-116-031-618  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. 2 No. 11-0-10000

County of Lewis

City of Heyburn R.T.D.

Registration District No. ....

50

File No. 81866

No. .... St. ....

Primary Registration District No. ....

2129

Registered No. 27

Hospital .....

FULL NAME OF CHILD

George Donald Miller

Sex of Child

male

Twin  
Triplet  
or other?

and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

Yes

Date of  
Birth

7-16-20  
(Month) (Day) (Year)

FULL  
NAME

George T. Miller

FATHER

FULL  
MAIDEN  
NAME

Mary Alberta Way

MOTHER

RESIDENCE

Heyburn R.T.D.

RESIDENCE

Heyburn R.T.D.

COLOR

white

AGE AT LAST  
BIRTHDAY

22  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

21  
(Years)

BIRTHPLACE

Washington

BIRTHPLACE

Moscow Ida

OCCUPATION

Rancher

OCCUPATION

Housewife

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

alive

(Born alive or stillborn)

at 11:00 P.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. E. Dunlop M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Cross street Idaho

Filed

7/19/22

Registrar

R. E. Dunlop

Registrar

C.C. 6/18/41. W.H.



459.210-031-569

PLACE OF BIRTH

County of Lewis

City of Nephera P.D.

No. .... St.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22-93-17

CERTIFICATE OF BIRTH

Registration District No. 60

File No. 81867

Primary Registration District No. 2129

Registered No. 28

Hospital .....

FULL NAME OF CHILD Lavonne May Meiners

Sex of Child <u>Female</u>	Twin <u>Twin</u> } and { (Number or other? <u>one</u> in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>July 10, 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FATHER  
FULL NAME Henry John Meiners  
RESIDENCE Nephera, Ida P.D.  
COLOR white  
AGE AT LAST BIRTHDAY 39 (Years)BIRTHPLACE Illinois  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Echel Vorhies  
RESIDENCE Nephera, Ida P.D.  
COLOR white  
AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Missouri  
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Darby  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Craigmont, Idaho

Filed 7/20 19 20

Registrar

Registrar

FEB 26 1942

DECEASED

459-210-031-569

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-9-3-17

## CERTIFICATE OF BIRTH

County of LewisCity of Nezperce, IDARegistration District No. 30File No. 81868

No. .... St.

Primary Registration District No. 2729Registered No. 29

Hospital .....

FULL NAME OF CHILD Rozanne Dell Meiners

Sex of Child <u>Female</u>	Twin <u>Twin</u> } and { <u>second</u> } Triplet or other? (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 10, 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>Henry John Meiners</u>	FATHER
RESIDENCE <u>Nezperce, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)

FULL MAIDEN NAME <u>Ethel Vorhies</u>	MOTHER
RESIDENCE <u>Nezperce, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)

BIRTHPLACE <u>Illinois</u>
OCCUPATION <u>Farmer</u>

BIRTHPLACE <u>Missouri</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 2:45 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Varby  
Physician or midwife

Given names added from a supplemental report.

Address Craigmont, Idaho.Filed 7/24 19 20 Registrar P. E. Edwards

Registrar

Registrar

FEB 26 1942



367-22-031-446  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-37

County of... *Lewis*City of... *Coeur d'Alene*Registration District No. .... *30*File No. .... *81869*No. .... *St.*Primary Registration District No. .... *2129*Registered No. .... *30*

Hospital.....

FULL NAME OF CHILD... *Darcia Ruth Coggin*

Sex of Child

*female*Twin  
Triplet  
or other?

—

and

{ Number  
in order  
of birth

—

Legitimate

*yes*

Date of Birth

*July 22 1912*

(Month) (Day) (Year)

FULL NAME

*FATHER Henry John Coggin*

RESIDENCE

*Coeur d'Alene*

COLOR

*white*

AGE AT LAST BIRTHDAY

*39*

(Years)

BIRTHPLACE

*England*

OCCUPATION

*Veterinarian*

FULL MAIDEN NAME

*MOTHER Nellie Ruth Mott*

RESIDENCE

*Coeur d'Alene*

COLOR

*white*

AGE AT LAST BIRTHDAY

*31*

(Years)

BIRTHPLACE

*Iowa U.S.*

OCCUPATION

*Housewife*Number of child of this mother, including present birth... *1*..... Number of children of this mother now living, including present birth... *1*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... *live alive*..... at..... *6:45 P.* M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... *P. E. D... ..*

(Physician or midwife)

Given names added from a supplemental report.

Address..... *Coeur d'Alene*Filed..... *8/1*..... *1924*..... *P. E. D... ..*

Registrar

Registrar



JUL 3 1974

493-218031-945  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-23m-4-4-27

County of LewisCity of HeyburnRegistration District No. 47File No. 81870No.        St.       Primary Registration District No.       Registered No. 101Hospital       FULL NAME OF CHILD Mary Helen MitchellSex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
Number  
in order  
of birthLegiti-  
mate? YesDate of  
Birth 6-18-20

(Month) (Day) (Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 30

(Years)

COLOR

AGE AT LAST  
BIRTHDAY 39

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 20 M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) P. G. Dwyer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Aspen, Mont.Filed 8-14-20Registrar Albert HuffRegistrar Albert Huff



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

96.6: 102-031-466

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of JerseyCity of KamiahRegistration District No. 49

File No.

81871

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2428

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Henry Alvin Moore

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yes

Date of Birth

(Month)

(Day)

(Year)

7 2 1920

FULL NAME

FATHER

Wesley Moore

RESIDENCE

Kamiah

COLOR

white

AGE AT LAST BIRTHDAY

28

(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER

Bessie Moore

RESIDENCE

Kamiah

COLOR

white

AGE AT LAST BIRTHDAY

24

(Years)

BIRTHPLACE

Kamiah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 10 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Bryan

(Physician or midwife)

Given names added from a supplemental report.

19

Address

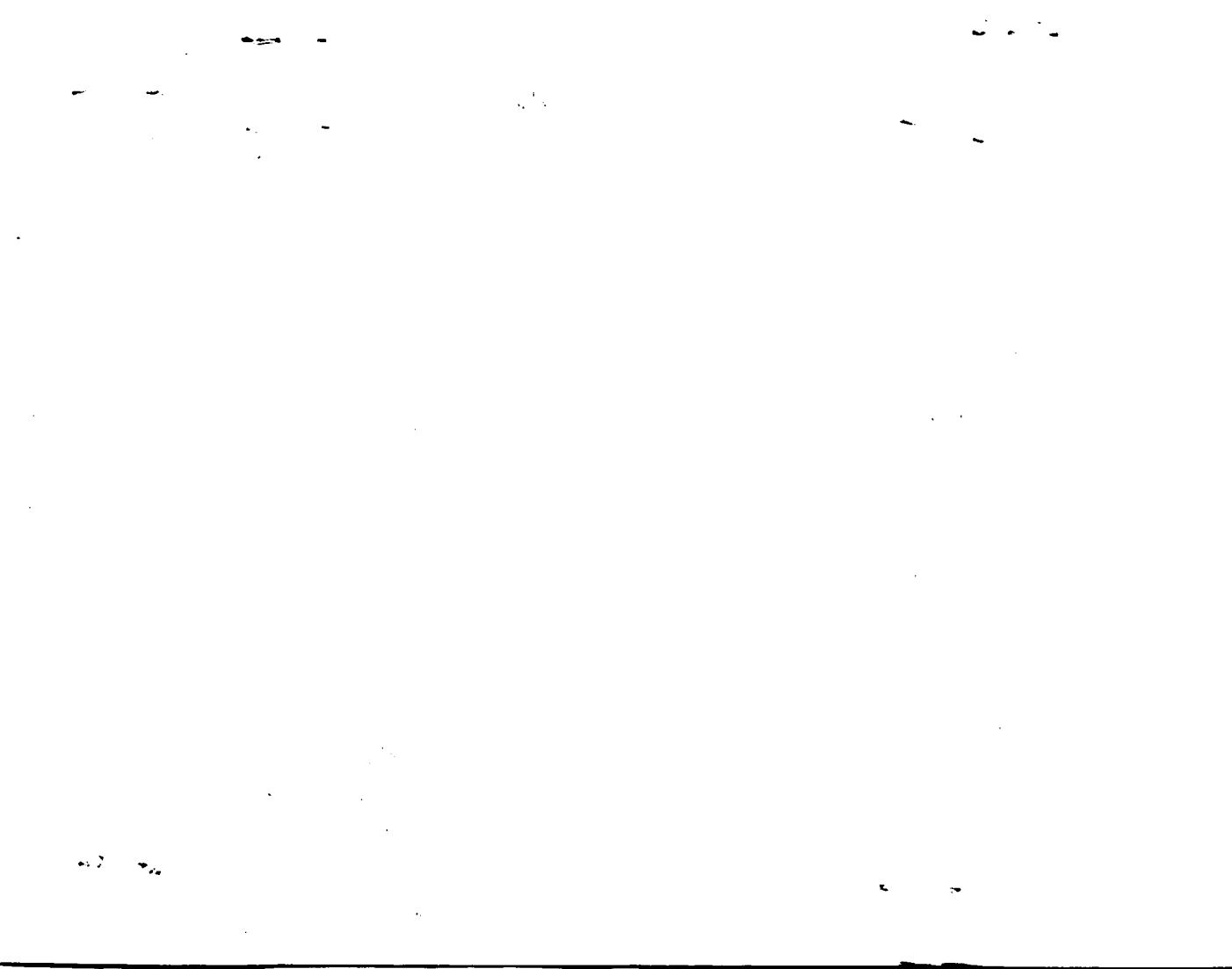
Kamiah Id

Filed

Aug 91920

Registrar

Registrar



212-230-231-253

## PLACE OF BIRTH

County of LewisCity of Kamiah

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Margaret Theresa LassauanSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 49File No. 81872Primary Registration District No. 2428

Registered No. \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>7 30 1920</u> (Month) (Day) (Year)
----------------------------	---	-------	--------------------------------	----------------------------	--

FULL NAME FATHER William LassauanRESIDENCE KamiahCOLOR white AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE Id.OCCUPATION CarpenterFULL MAIDEN NAME MOTHER Mary BeckerRESIDENCE KamiahCOLOR white AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE Id.OCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 4 A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) [Signature]  
Phynes  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Kamiah, Id.Filed Aug 9 1920

Registrar

Registrar [Signature]

MAR 13 1949

168-109032-842

## PLACE OF BIRTH

County of LincolnCity of Shoshone

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital JonesFULL NAME OF CHILD Huston Edwin JohnsonIDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 16 File No. 81873Primary Registration District No. 2016 Registered No. 26

Sex of Child <u>male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>aug 8</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME Everett L. JohnsonRESIDENCE MarleyCOLOR white AGE AT LAST BIRTHDAY 19  
(Years)BIRTHPLACE UtahOCCUPATION farmerMOTHER  
FULL MAIDEN NAME Maud HustonRESIDENCE MarleyCOLOR white AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE NoOCCUPATION housewifeNumber of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 9 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B P Jones MD

(Physician or midwife)

Given names added from a supplemental report.

Address Shoshone  
Filed Aug 10 1920 Shoshone  
Registrar



8-15-41

OHIO  
STATES  
DEPARTMENT OF BUREAU

85813

259-105-032-296

## PLACE OF BIRTH

County of LancasterCity of Shoshone

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

## CERTIFICATE OF BIRTH

Registration District No. 16File No. 81874Primary Registration District No. 2016Registered No. 75

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>—</u> {and} Number in order of birth <u>1</u>	Legiti- mate? <u>Yes</u>	DATE OF BIRTH <u>Aug 5 20</u> (Month) (Day) (Year)
--------------------------	---	-----------------------------	--

FULL NAME <u>Lloyd L. Keith</u>	FATHER
RESIDENCE <u>Mineral Ids</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Shepherd</u>	

FULL MAIDEN NAME <u>Estelle Eliza Brown</u>	MOTHER
RESIDENCE <u>Mineral Ids</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 3.0 M on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

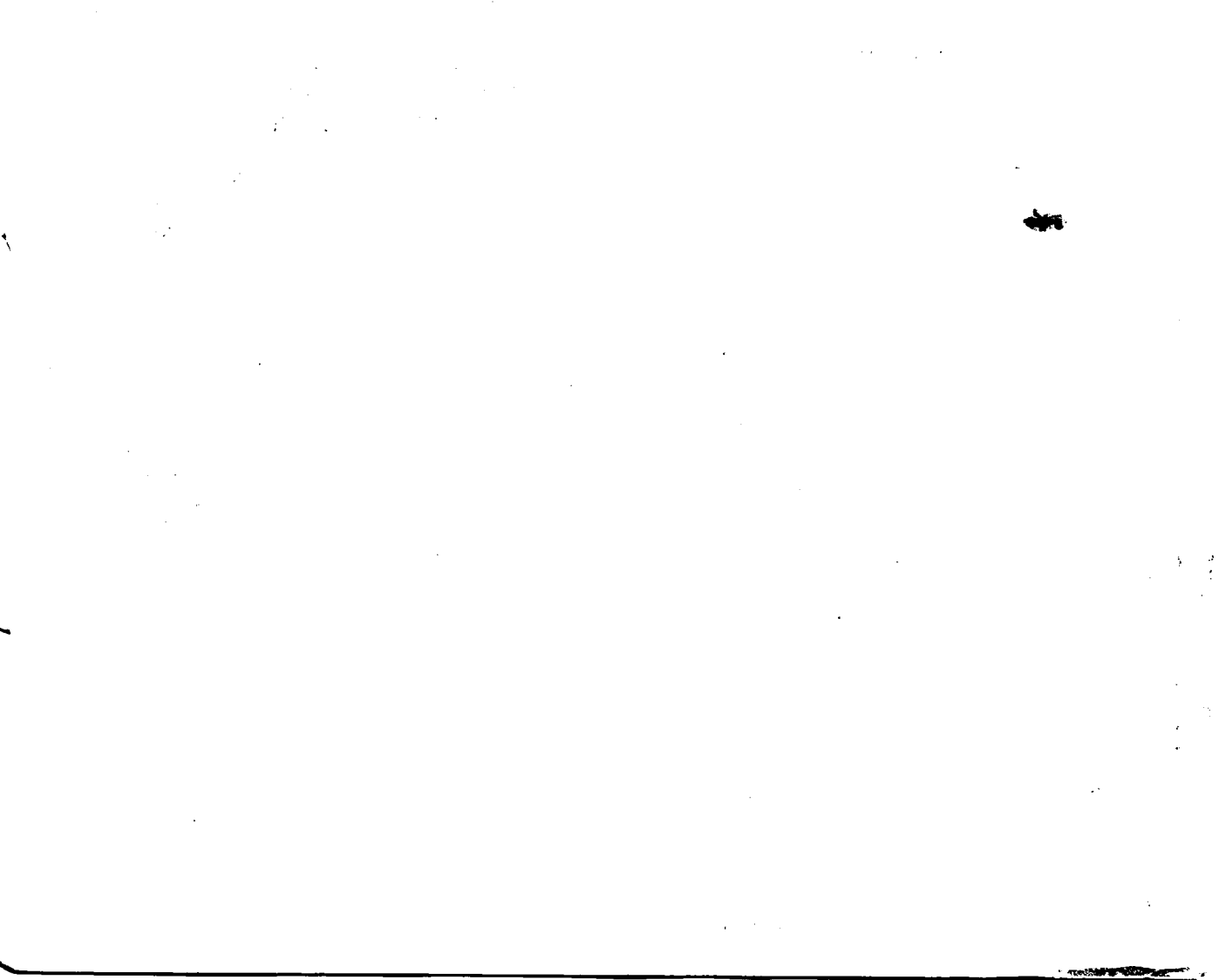
Given names added from a supplemental report.

Address \_\_\_\_\_

Filed August 9 1920 J. H. Fisher

Registrar

Registrar



866-231-032-569  
PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Free

Full Name of Child Flora Nadene Howard

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-6-18-

Registration District No. 16

File No. 81875

Primary Registration District No. 2016

Registered No. 27

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>—</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>July 31</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Allen Mac Howard</u>		FULL MAIDEN NAME MOTHER <u>Elaine Alma Harris</u>		
RESIDENCE <u>Owninga</u>		RESIDENCE <u>Owninga</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>18</u> (Years)		
BIRTHPLACE <u>Texas</u>		BIRTHPLACE <u>Montana</u>		
OCCUPATION <u>Telegrapher T.R.R.</u>		OCCUPATION <u>Telegrapher</u>		

Number of child of this mother, including present birth... 1... Number of children of this mother now living, including present birth... 1...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Born alive or stillborn) at 3:20 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edie

(Physician or midwife)

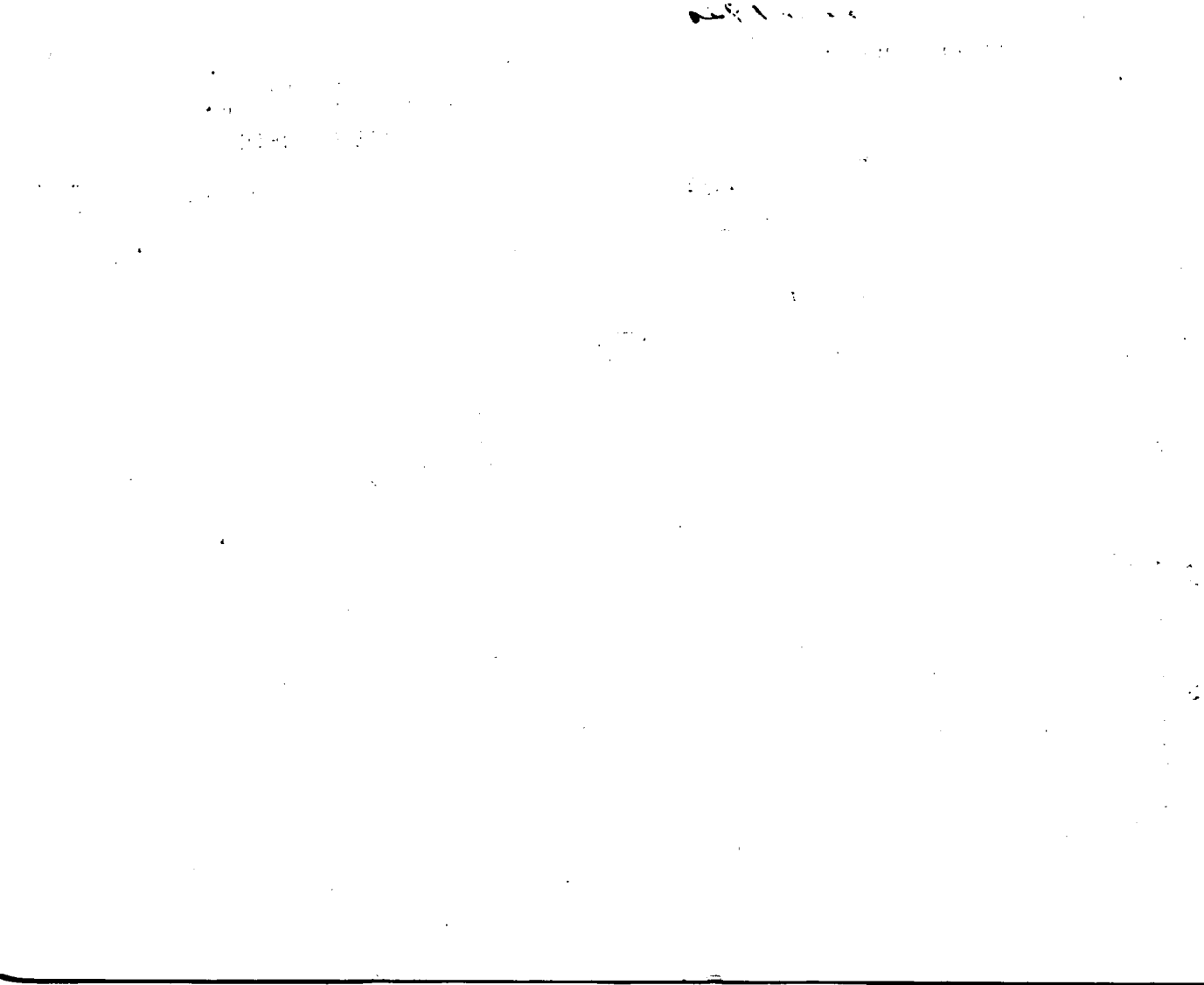
Given names added from a supplemental report.

Address \_\_\_\_\_

File \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar J. L. Fuller



594-126-032-593

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of LincolnCity of ShoshoneRegistration District No. 16File No. 81876

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1016Registered No. 23

Hospital \_\_\_\_\_

FULL NAME OF CHILD Byruss R. BainsSex of  
Child mTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate? yesDate of  
Birth July 26 1920

(Month)

(Day)

(Year)

FULL  
NAMEBlayze Bains

FATHER,

RESIDENCE

Shoshone

COLOR

wAGE AT LAST  
BIRTHDAY 27

(Years)

BIRTHPLACE

Ohio

OCCUPATION

B.E.FULL  
MAIDEN  
NAMEBessie McCholes

MOTHER

RESIDENCE

Shoshone

COLOR

whiteAGE AT LAST  
BIRTHDAY 27

(Years)

BIRTHPLACE

Wis.

OCCUPATION

housewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) B P Jones M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address ShoshoneFiled Aug 7

1920

Registrar

Registrar J. H. Fuller

NO. 1 + 1950

6-11-41 G. J.

469-219.032-384

## PLACE OF BIRTH

County of LemhiCity of Shoshone

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 16Primary Registration District No. 206

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 81877Registered No. 22

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth <u>3</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 10</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Charles Bato Marton</u>			MOTHER FULL MAIDEN NAME <u>Fay Church</u>	
RESIDENCE <u>Cobra Nevada</u>			RESIDENCE <u>Cobra Nevada</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Calends</u>			BIRTHPLACE <u>California</u>	
OCCUPATION <u>Agent T.R.R.</u>			OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 11:55 A. M.  
on the date above stated. (Born alive or stillborn)(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed July 21 1920

Registrar \_\_\_\_\_

Registrar [Signature]

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



FEB 21 1949

Amended 7-21-70

## PLACE OF BIRTH

556-2151 032-219  
County of *my*City of *Shoshone*

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child *Edith Luetta*STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-18-18

## CERTIFICATE OF BIRTH

Registration District No. *16*File No. *81878*Primary Registration District No. *1016*Registered No. *21*

SEX OF CHILD <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <i>7</i>	Legiti- mate? <i>Yes</i>	DATE OF BIRTH <i>July 15 1920</i> (Month) (Day) (Year)
FATHER FULL NAME <i>Nick Newby</i>			MOTHER FULL MAIDEN NAME <i>Lorinda Barker</i>		
RESIDENCE <i>Shoshone</i>			RESIDENCE <i>Shoshone</i>		
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)		COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>32</i> (Years)	
BIRTHPLACE <i>England</i>			BIRTHPLACE <i>Idaho</i>		
OCCUPATION <i>P.R. Farmer</i>			OCCUPATION <i>Wife</i>		

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

(Physician or midwife)

Given names added from a supplemental report.

19.....

Address.....

Filed *Aug 27 1920*

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 28 1970

DECEASED

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of \_\_\_\_\_ } **RECEIVED**  
County of \_\_\_\_\_ } **JUL 2 11 1970**  
The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ **Birth**  
for Edith Newby **Bureau of Vital Statistics** who born on July 15, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Shoshone, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)  
Full Name of Child \_\_\_\_\_

**FROM**  
(As on Original)  
Edith Newby

**TO**  
(The Correct Facts)  
Edith Luetta Newby

Subscribed and sworn to before me this 8th day of July, 1970

Notary Public, residing at Shoshone, Idaho  
My commission expires 7-10-70  
(Seal)

Signed Ronal M. Johnson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Shoshone, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Lincoln } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of July, 1970

Notary Public, residing at Shoshone, Idaho  
My commission expires 7-10-70  
(Seal)

Signed Alice Jane Nielsen  
(Signature of Any Credible Person)  
Shoshone, Idaho  
(Street Address, City, State)

Page from family bible gives name as Edith Luetta Newby born July 15, 1920  
at Shoshone, Idaho. Record obviously old  
Viewed by V.S.

Certificate of blessing issued by L.D.S. Church gives name of child as  
Edith Luetta Newby born July 15, 1920 at Shoshone, Idaho.  
Blessed by David Nelson on Dec. 5, 1920.  
Viewed by V.S.

231-2081032-296

## PLACE OF BIRTH

County of LincolnCity of Shoreline

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Dice

Full Name of Child

Registration District No. 16Primary Registration District No. 2016Mabel StarkSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

## CERTIFICATE OF BIRTH

File No. 81879Registered No. 20

SEX OF CHILD <u>Female</u>	Twin Triplet or other? <u>—</u>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>July 8</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>John Robert Stark</u>			FULL MAIDEN NAME MOTHER <u>Vesta Brooks</u>	
RESIDENCE <u>Reefield</u>			RESIDENCE <u>Reefield</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Ill</u>			BIRTHPLACE <u>West Virginia</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Wife</u>	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Dice M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed July 21 1920

Registrar

Registrar

**CERTIFICATE OF BIRTH**  
**BUREAU OF VITAL STATISTICS**  
**STATE OF IDAHO**

**PLACE OF BIRTH**

**DATE**

**JUN 12 1953**

**NUMBER**

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Burton Registration District No. 100 File No. 81880  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital \_\_\_\_\_ Primary Registration District No. 2178 Registered No. 240  
FULL NAME OF CHILD BERT MIDDLETON BEATTIE

Sex of Child Male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitt mate? Yes Date of Birth July 5th 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Sev. Glen Beattie  
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

FULL MAIDEN NAME Ethel Maude Middleton

RESIDENCE Burton

RESIDENCE Burton

COLOR White AGE AT LAST BIRTHDAY 26  
(Years)

COLOR White AGE AT LAST BIRTHDAY 22  
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Utah

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2.45 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans  
Physician  
(Physician or midwife)

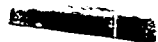
Given names added from a supplemental report.

Address Surgeon City, Idaho  
8/2 20  
Filed \_\_\_\_\_ 19 \_\_\_\_\_  
Registrar \_\_\_\_\_

Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL RECORDS  
Affidavit to Correct or Amend an Original Certificate of Birth or Death

JUN 1 1941

Place of .....  
County of ..... ss. Certificate No. 81888  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of .....  
for Bert Middleton Beattie who was born on July 5, 1930 (Birth or death)  
(Name on original certificate) (Was born or died) (Date of event)  
in Reynolds, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by Head Record prepared on ..... are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO  
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)  
Father's name Seth Glenn Beatty Seth Glen Beattie  
Surname Beatty Beattie  
Boy's name no name given Bert Middleton Beattie

Subscribed and sworn to before me this 31 day of May, 1941  
Joseph E. Carday  
Notary Public, residing at Logan Utah  
My commission expires 5/10/45  
Signed Seth Glen Beattie  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)  
Reynolds - Idaho  
(Street Address, City, State)

[SEAL]  
Supporting Affidavit of a Second Person  
State of Idaho }  
County of Madison } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 9th day of June, 1941  
Joseph F. Middleton  
Notary Public, residing at Reynolds  
My commission expires Sept 5 - 1942  
Signed Joseph F. Middleton  
(Signature of any credible person other than the previous affiant)  
111 E 2nd St. Reynolds  
(Street Address, City, State)  
Idaho

[SEAL]  
Received for filing on ..... by .....  
(Registrar's signature)

c.c. 6/18/41. w.h.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

789-104-033-318

PLACE OF BIRTH

STATE OF **INDIANA**  
BUREAU OF **VITAL RECORDS**  
CERTIFICATE OF BIRTH

Form No. 11-C-25m-7-21-19

County of Madison

City of Sugar

Registration District No. 100

File No. 81881

No. \_\_\_\_\_ St.

Primary Registration District No. 2178

Registered No. 261

Hospital \_\_\_\_\_

FULL NAME OF CHILD

EDWARD LeROY PHILLIPS

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>July 4th</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	--

FULL NAME <u>James Phillips</u>	FATHER
RESIDENCE <u>Sugar City</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>School Teacher</u>	

FULL MAIDEN NAME <u>Amelia Taylor</u>	MOTHER
RESIDENCE <u>Sugar City</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>England</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7.30 A.M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) A. B. Evans  
Physician  
(Physician or midwife)

Address Sugar City, Idaho  
Filed 8/2 1920 J. B. Caspe

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 81381  
County of Utah } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(Birth or death)  
for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on original certificate) (Was born or died) (Date of event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Name

Unnamed Phillips

Edward LeRoy Phillips

Subscribed and sworn to before me this 31  
day of Dec, 1941

Signed [Signature]  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Am Fork  
My commission expires Oct 5 - 1945  
[SEAL]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.  
County of Utah }

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31  
day of Dec, 1941

Signed [Signature]  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Am Fork  
My commission expires Oct 5 - 1945  
[SEAL]

(Street Address, City, State)

Received for filing on Jan 2 By \_\_\_\_\_  
(Registrar's signature)

1000

1000

745-120-033 -3 19  
PLACE OF BIRTHCounty of Madison

City of \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

Registration District No. 150File No. 81882Primary Registration District No. 2178Registered No. 242

GLENN GEORGE GUNTER

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>July 20</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Jesse Homer Gunter</u>			MOTHER FULL MAIDEN NAME <u>Louise Maria Larsen</u>	
RESIDENCE <u>Thornton Ida.</u>			RESIDENCE <u>Thornton, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>North Carolina</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 10:07 P. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

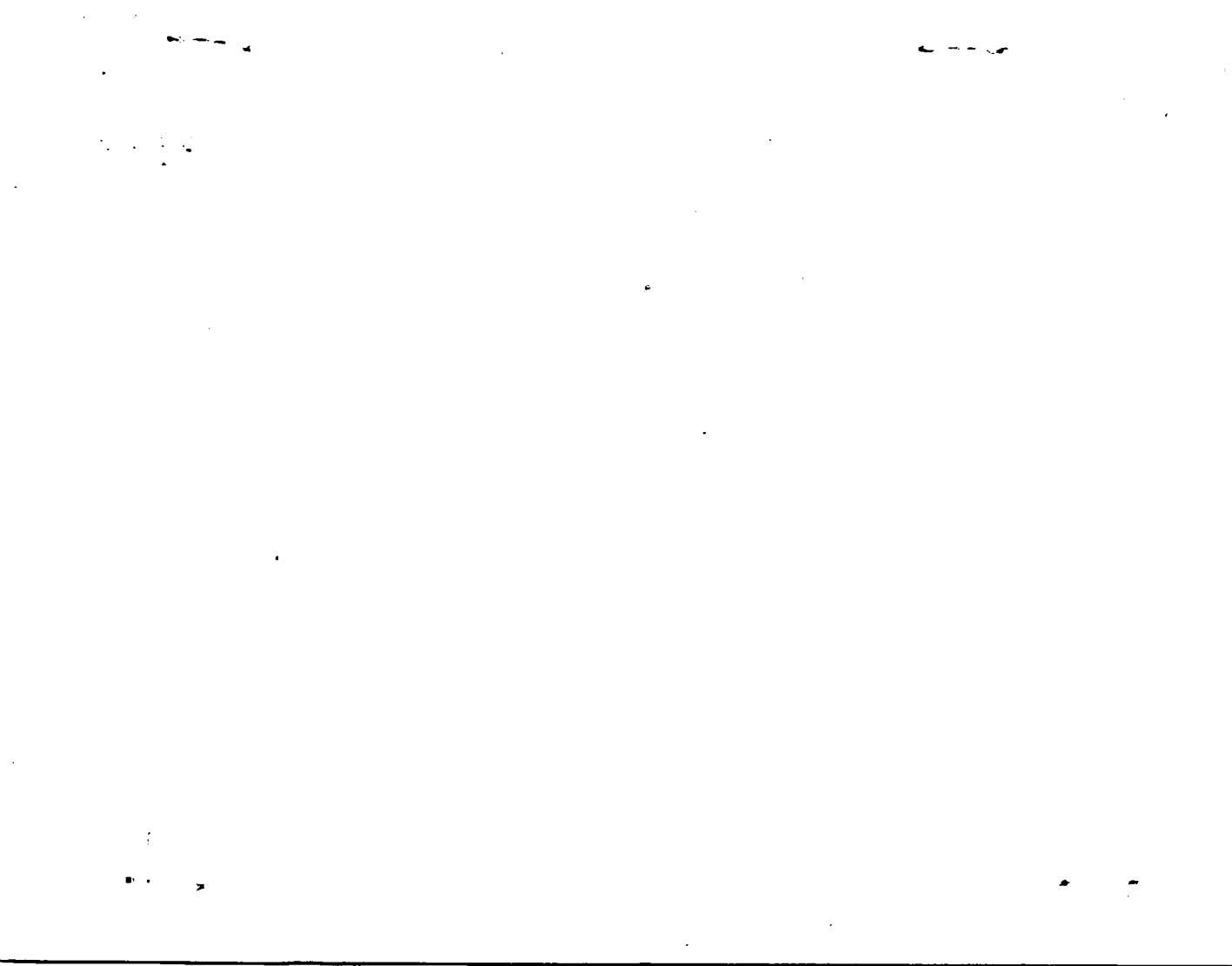
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed 8/2 20 1920 \_\_\_\_\_





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of IDAHO } ss. Certificate No. 81882  
County of MADISON } AUG 14 1943 Date Filed \_\_\_\_\_  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed who was born on 20th July, 1920 (Birth or Death)  
in Independence, Madison Co., Idaho (Was Born or Died)  
(Name on Original Certificate) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by L.D.S. Church Record prepared on 5th, September, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Gleen George Gunter  
Gleen George Gunter Unnamed Gleen George Gunter  
and affiant is his mother.

Subscribed and sworn to before me this 12th  
day of August 1943  
Charles W. House  
Notary Public, residing at Rexburg, Idaho  
My commission expires Dec. 11, 1944.  
(Seal)

Signed Louise Gunter  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Thornton, Idaho.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of IDAHO } ss. [This Affidavit **MUST** Also be Executed.  
County of MADISON } (See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they  
are true to the best of his knowledge. and this affiant is father of Gleen.  
Subscribed and sworn to before me this 12th  
day of August 1943  
Charles W. House  
Notary Public, residing at Rexburg, Idaho. Thornton, Idaho.  
My commission expires Dec. 11, 1944. (Street Address, City, State)  
(Seal)

AUG 17 1949

AUG 11 1965

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

296-1061033-549  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Madison

City of Rehberg

Registration District No. 100

File No. 81883

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178

Registered No. 263

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>M.</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { Number in order of birth }	Legiti mate? <u>yes</u>	Date of Birth <u>July 6th 1920</u> (Month) (Day) (Year)
------------------------	---	----------------------------------	-------------------------	--

FULL NAME FATHER Augustus M. Brown  
RESIDENCE Rehberg Idaho  
COLOR White AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Julia Louise Virgin  
RESIDENCE Rehberg  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Gripe

(Physician or midwife)

Given names added from a supplemental report.

19

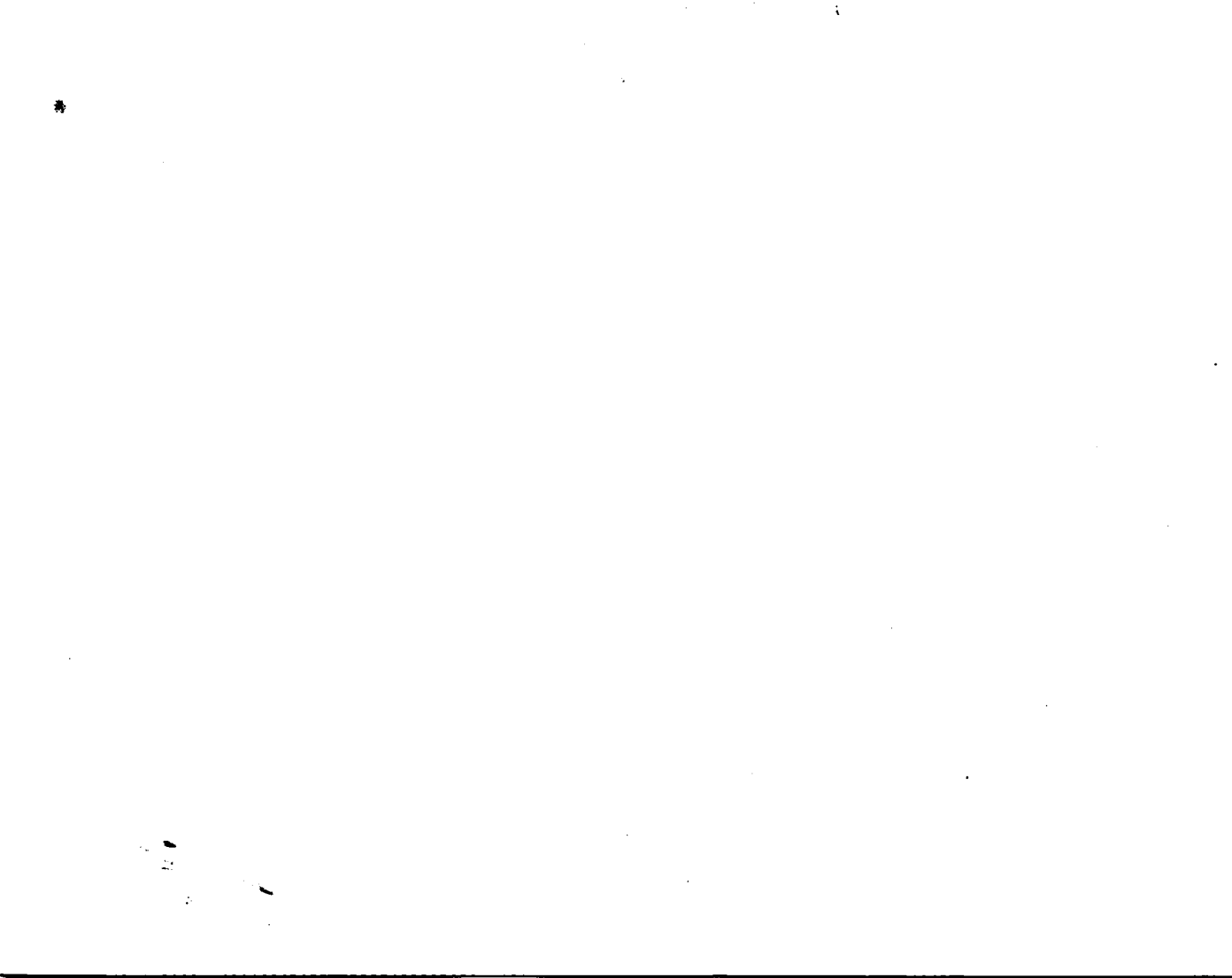
Address

Filed

19

Registrar

Registrar



993/26073-385  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of RehburgRegistration District No. 100File No. 81884

No. \_\_\_\_\_ St.

Primary Registration District No. 2011Registered No. 267

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Artel RickSex of  
ChildM.Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yes.Date of  
Birth7-261920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Hyrum Rick Jr.

RESIDENCE

Rehburg

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Utah.

OCCUPATION

Real Estate DealerFULL  
MAIDEN  
NAME

MOTHER

Alice D. Cheney

RESIDENCE

Rehburg

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Utah.

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Dr. J. H. Cape  
(Born alive or stillborn)at 2:40 P.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. H. Cape  
MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

19

Registrar

8/2 20 J. H. Cape  
Registrar

AUG 28 1944

689-2291033-795

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MadisonCity of ArcherRegistration District No. 100File No. 81885

No. \_\_\_\_\_ St.

Primary Registration District No. 2170 Registered No. 265

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sarah WhittakerSex of  
ChildFTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth7-2919 20

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAME

FATHER

Harry Whittaker

RESIDENCE

Archer

COLOR

WhiteAGE AT LAST  
BIRTHDAY44  
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Bessie P. Seim

RESIDENCE

Archer

COLOR

WhiteAGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

Lowell, Carolina

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8:15 P.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

19

Registrar

Registrar



MAY 12 1942

331-112-233-113

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH name added

STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Madison 7-23-82

CERTIFICATE OF BIRTH

City of PocatelloRegistration District No. 100File No. 81886

No. \_\_\_\_\_ St.

Primary Registration District No. 2178 Registered No. 266

Hospital \_\_\_\_\_

FULL NAME OF CHILD Howard Othell Clark

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legit mate? <u>yes</u>	Date of Birth <u>July 12 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	---------------------------	---

FULL NAME <u>Lyman B. Clark Jr.</u>	FATHER
RESIDENCE <u>Pocatello</u>	

FULL MAIDEN NAME <u>Mrs. Jacobson</u>	MOTHER
RESIDENCE <u>Pocatello</u>	

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
--------------------	---

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
--------------------	---

BIRTHPLACE <u>Utah</u>	
------------------------	--

BIRTHPLACE <u>Utah</u>	
------------------------	--

OCCUPATION <u>Farmer</u>	
--------------------------	--

OCCUPATION <u>Housewife</u>	
-----------------------------	--

Number of child of this mother, including present birth <u>4</u>	Number of children of this mother now living, including present birth <u>3</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 24 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Evans  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Highway City of Idaho  
Filed 8/2 20 19 20 S. H. Hays  
Registrar

AUG 22 1967

**RECEIVED**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

**Bureau of Vital Statistics**

Certificate No. 81886  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Clark who was born on July 12, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Teton (Madison) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Unnamed</u>	<u>Howard Othell Clark</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 17<sup>th</sup> day of July, 1982  
Notary Public Turnette Rose  
Residing at St. Anthony Idaho  
My commission expires 6-30-84  
(Seal)

Howard Othell Clark  
Signature of Applicant  
Rt #2 Box 88A, Rexburg, Id. 83440  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Fremont }

(Must be completed \_\_)  
(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17<sup>th</sup> day of July, 1982  
Notary Public Turnette Rose  
Residing at St. Anthony Idaho  
My commission expires 6-30-84  
(Seal)

Orey T Clark  
Supporting Signature  
32N 1st West  
Street Address, City, State  
Teton City Idaho 83451

Cert of Baptism from LDS Church gives Howard Othell Clark born 7-12-20 at Teton, to Hyrum J Jr. Clark and Nora Sabina Jacobson and was baptised 10-18-28. Viewed by V.S.

JUL 23 1982

Cert of Ordination from LDS Church gives Howard Othell Clark born 7-12-20 at Teton , to Hyrum J Clark Jr. and Nora S Jacobson was ordained to the office of Deacon on 3-31-35. Viewed by V.S.

651-2161033-294

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of LugarRegistration District No. 10File No. 81887

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 268

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>July 16 1920</u> (Month) (Day) (Year)
----------------------------	----------------------------------	-----	--------------------------------	------------------------	---

FULL NAME FATHER Austin WeaverRESIDENCE LugarCOLOR White AGE AT LAST BIRTHDAY 35  
(Years)BIRTHPLACE UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Frances DiddRESIDENCE LugarCOLOR White AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE KentuckyOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 P.M. on the date above stated.

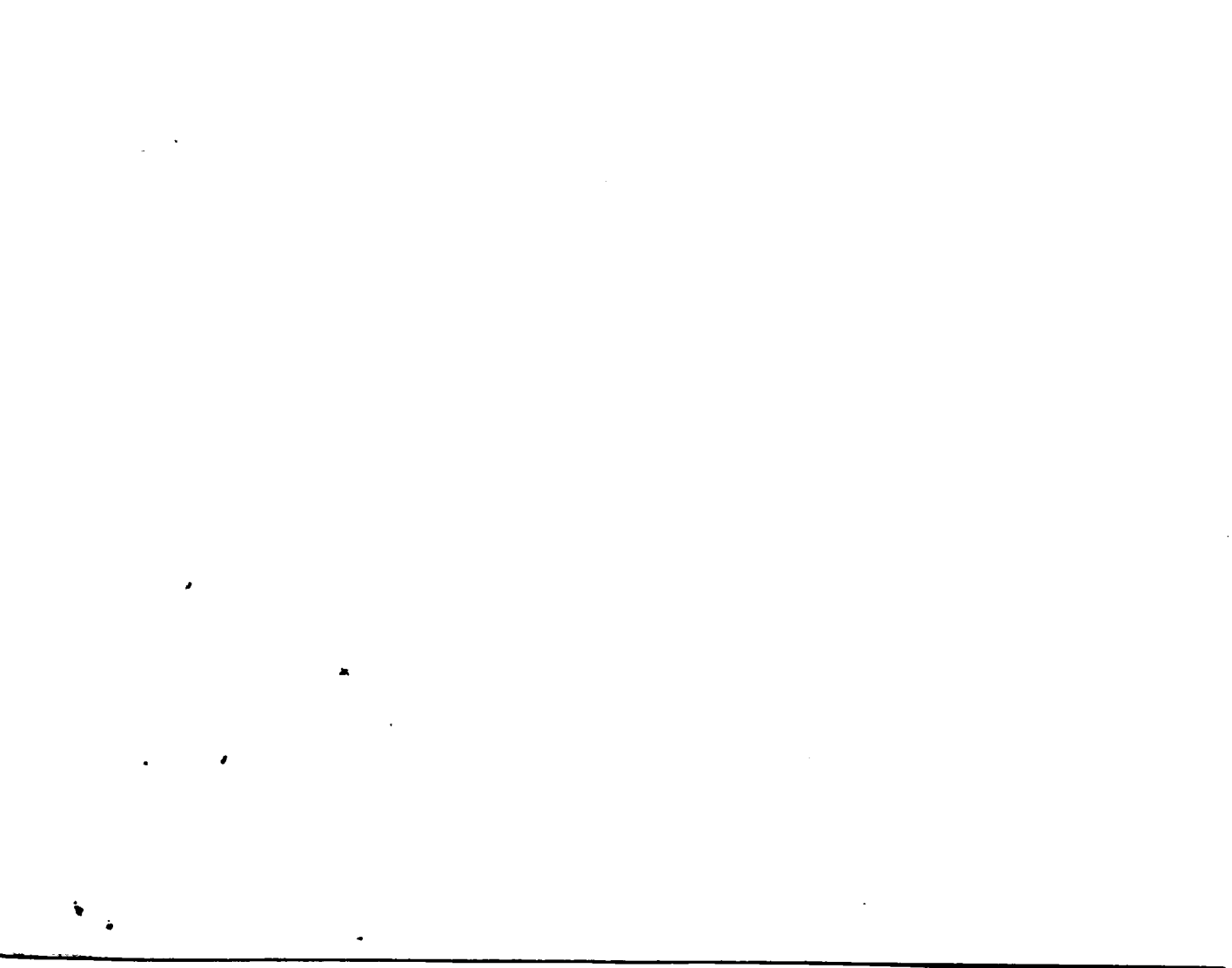
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) V. B. Evans  
Physician  
(Physician or midwife)Address Lugar City, Idaho  
Filed 8/2 19 20 J. E. Spe  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

753114-033-214

PLACE OF BIRTH

County of Madison

City of Lugar

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 100 File No. 81888

Primary Registration District No. 2178 Registered No. 267

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 14</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>John Peterson</u>	FATHER
RESIDENCE <u>Lugar</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Mechanic</u>	

FULL MAIDEN NAME <u>Johanna Banerle</u>	MOTHER
RESIDENCE <u>Lugar</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Domestic at 1:30 A. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

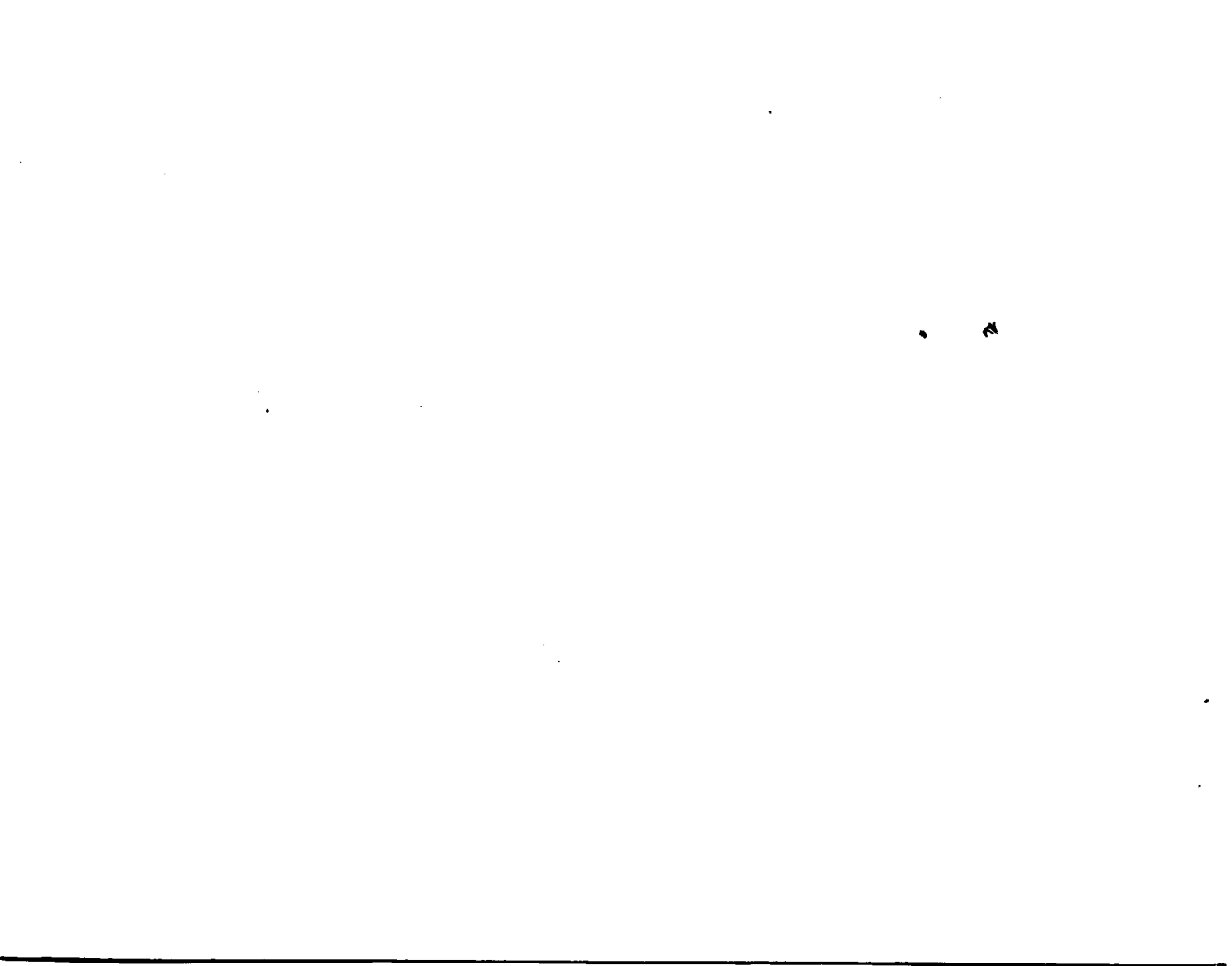
Given names added from a supplemental report.

(Signature) A. B. Evans  
Physician  
(Physician or midwife)

Address Lugar City  
872 20  
Filed 11 11  
Registrar J. G. Hoke

Registrar





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

319-2242033-295

Form V. S. No. 11-C-25m-7-21-10

PLACE OF BIRTH name added 6-28-82 STATE OF IDAHO  
BUREAU OF VITAL STATISTICSCounty of Madison

## CERTIFICATE OF BIRTH

City of RuganRegistration District No. 10File No. 81889

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2178 Registered No. 269

Hospital \_\_\_\_\_

FULL NAME OF CHILD Doris Mary Larsen

Sex of Child Female { Twin or Triplet or other? \_\_\_\_\_ } and { Number in order of birth \_\_\_\_\_ } Legiti mate? per Date of Birth July 24 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Daniel Leo Larsen FATHERFULL MAIDEN NAME Mary Breathwaite MOTHERRESIDENCE RuganRESIDENCE RuganCOLOR White AGE AT LAST BIRTHDAY 32 (Years)COLOR White AGE AT LAST BIRTHDAY 29 (Years)BIRTHPLACE UtahBIRTHPLACE UtahOCCUPATION MaroonOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9:45 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Evans  
Physician

Given names added from a supplemental report.

(Physician or midwife)  
Rugan City, Idaho  
AddressFiled 8/2 20 G. E. Espe  
Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 81889

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Larsen who was born on July 24, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Sugar (Madison) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Unnamed</u>	<u>Doris Mary Larsen</u>

Subscribed and sworn to before me this 9 day of

June, 1982  
Notary Public, Luana Hutchins

Residing at Provo, Utah

My commission expires 8-12-83

(Seal)

X Doris L. Lusk  
Signature of Applicant

Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of

June, 1982  
Notary Public, Luana Hutchins

Residing at Provo, Utah

My commission expires 8-12-83

(Seal)

Beth L. Campbell  
Supporting Signature

1305 Briar Ave  
Street Address, City, State

1 cc pd

Provo, Utah 84601

Cert of Baptism from LDS Church gives Doris Mary Larsen .  
born 7-24-20 in Sugar City, was baptised 1-4-20 in LDS Church. .  
Parents listed as Daniel Leo Larsen and Mary Braithwaite.  
Viewed by v,S.

**JUN 28 1982**

Notice of Change in Health Benefits from Federal Employees  
Health Benefits Program gives Doris M Lust born 7-24-20  
as insured. Dated 10-9-74. Viewed by V.S.

962-127-033-113  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MachiarCity of LugarRegistration District No. 1stFile No. 81890

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2176Registered No. 270

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>July 27</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----	---	-------------------------------	---

FULL NAME <u>Lloyd Roberts</u>	FATHER
RESIDENCE <u>Lugar City</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Army Jacques</u>	MOTHER
RESIDENCE <u>Lugar</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>13</u>	Number of children of this mother now living, including present birth <u>11</u>
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

Don alive, at 5:30 P. M.  
(Born alive or stillborn)

J. B. Evans  
Physician  
(Physician or midwife)

Address

Filed

Lugar City Idaho  
8/2 1920 G. G. Lake  
Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

195-101-033-957

PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No.

File No.

81891

Primary Registration District No.

Registered No.

Sex of  
Child

Male

Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?Date of  
Birth

(To be answered only in event of plural births)

(Month)

(Day)

(Year)

FULL  
NAME

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Address

Filed

19

Registrar

Registrar





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

318-219073-845

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of MadisonCity of RexburgRegistration District No. 100File No. 81892

Hospital \_\_\_\_\_

Primary Registration District No. 2178Registered No. 272

FULL NAME OF CHILD

Margaret Irene Taylor

Sex of Child

FemaleTwin  
Trilet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJuly 191920

(To be answered only in event of plural births)

(Month)

(Day)

(Year)

FULL  
NAMEFATHER  
Asael Geo. Taylor

RESIDENCE

Rexburg Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Salt Lake City, Utah

OCCUPATION

RepairmanFULL  
MAIDEN  
NAMEMOTHER  
Margaret Vera Hughes

RESIDENCE

Rexburg Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Salt Lake City, Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Born alive, at 11:20 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

O. O. MartinePhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rexburg Idaho

Filed

8/2

19

20

Registrar

Registrar

7-17-41

895-127-033-253

## PLACE OF BIRTH

County of MadisonCity of Rexburg

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 100File No. 81893Primary Registration District No. 2178Registered No. 273FULL NAME OF CHILD Eldon Dale Hinckley

Sex of Child

MaleTwin  
Triplet  
or other?and  
Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJuly 271920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAMEFATHER  
Silas ThucklersFULL  
MAIDEN  
NAMEMOTHER  
Lily Elvora Bell

RESIDENCE

Rexburg Idaho

RESIDENCE

Rexburg Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY48  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY46  
(Years)

BIRTHPLACE

Coalville, Utah

BIRTHPLACE

Newton Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Old Martin  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rexburg Idaho  
812  
19 20

Filed

Registrar

Registrar

SEP 27 1947

1/13/41 L. B.

819-2329-033-165

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MadisonCity of SalemRegistration District No. 100File No. 81894

No. \_\_\_\_\_ St.

Primary Registration District No. 2178Registered No. 274

Hospital \_\_\_\_\_

FULL NAME OF CHILD

MAUDE ELAINE HARRIS

Sex of Child <u>Female</u>	Twins or other? <u>Triplet</u> (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>July 29</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------	------------------------	---

FULL NAME <u>Chas. Henry Harris</u>	FATHER
RESIDENCE <u>Salem, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Salem Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Maude Jones</u>	MOTHER
RESIDENCE <u>Salem Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Teton Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:40 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Al. O. Martin  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Reynolds Idaho  
812 201  
J. G. Espe

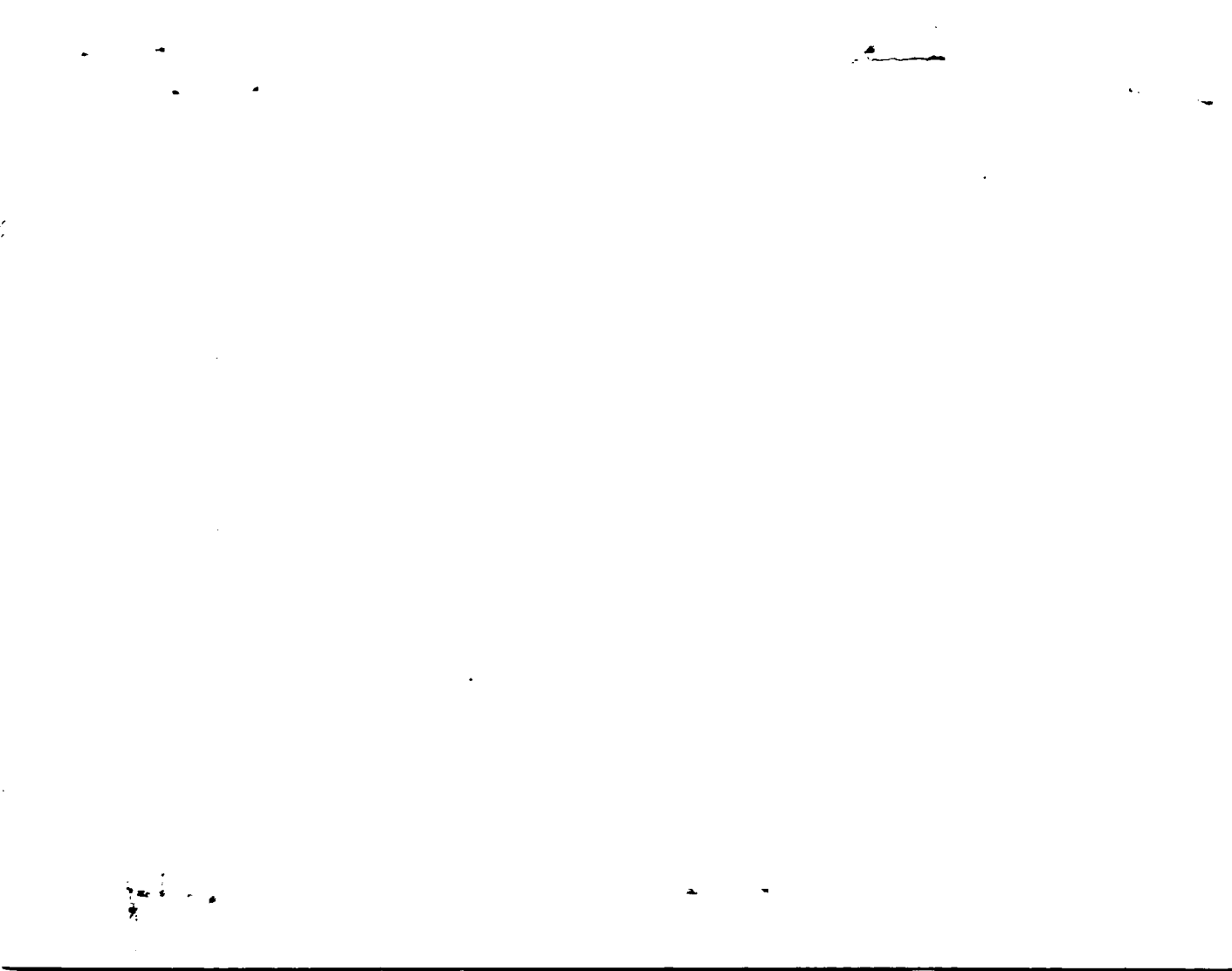
Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. E.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Madison } ss.

Certificate No. 81894

Date Filed July 22, 1920

birth

The undersigned does solemnly swear that certain facts on the certificate of July 22, 1920 (Birth or Death)  
for Unnamed Harris who born on July 29, 1920 (Date of Event)  
in Salem, Idaho (Name on Original Certificate) (Was Born or Died) (Place of Event) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by mother prepared on August 25, 1943 (Give Date), are:  
(Bible Record, Insurance Policy, Etc.)

**FACTS TO BE CORRECTED**  
("Name", "Birth Date", "Cause of Death", Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name

Unnamed

Maude Elaine Harris

Subscribed and sworn to before me this 25th  
day of August, 19 43

Mary Smith  
Notary Public, residing at Rexburg, Idaho

My commission expires June 16, 1947  
(Seal)

Signed Maude R. Harris (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sugar City, Idaho

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Madison } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th  
day of August, 19 43

Mary Smith  
Notary Public, residing at Rexburg, Idaho

My commission expires June 16, 1947  
(Seal)

Signed Mrs John Ward  
(Signature of Any Credible Person Other Than Previous Year)

Sugar City, Idaho

(Street Address, City, State)



SEP 12 1966

APR 17 1973 -

AUG 31 1948

432-102

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH033335 Madison  
County of                     City of HibbardRegistration District No. 1<sup>st</sup>File No. 81895No.                      St.                     Primary Registration District No. 2178Registered No. 275Hospital                     

## FULL NAME OF CHILD

Sex of Child: <u>Male</u>	<u>Twin</u> <input checked="" type="checkbox"/> <u>Triplet</u> <input type="checkbox"/> or other? <u>                    </u>	and	Number in order of birth <u>1<sup>st</sup></u>	Legitimacy? <u>Yes</u>	Date of Birth <u>Aug 2</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME Josiah McRannaRESIDENCE Hibbard IdahoCOLOR White AGE AT LAST BIRTHDAY 35 (Years)BIRTHPLACE Rogan MohOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Margaret Marinda ClementsRESIDENCE Hibbard IdahoCOLOR White AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE Rexburg, IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11:45 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cliff Martin

(Physician or midwife)

Given names added from a supplemental report.

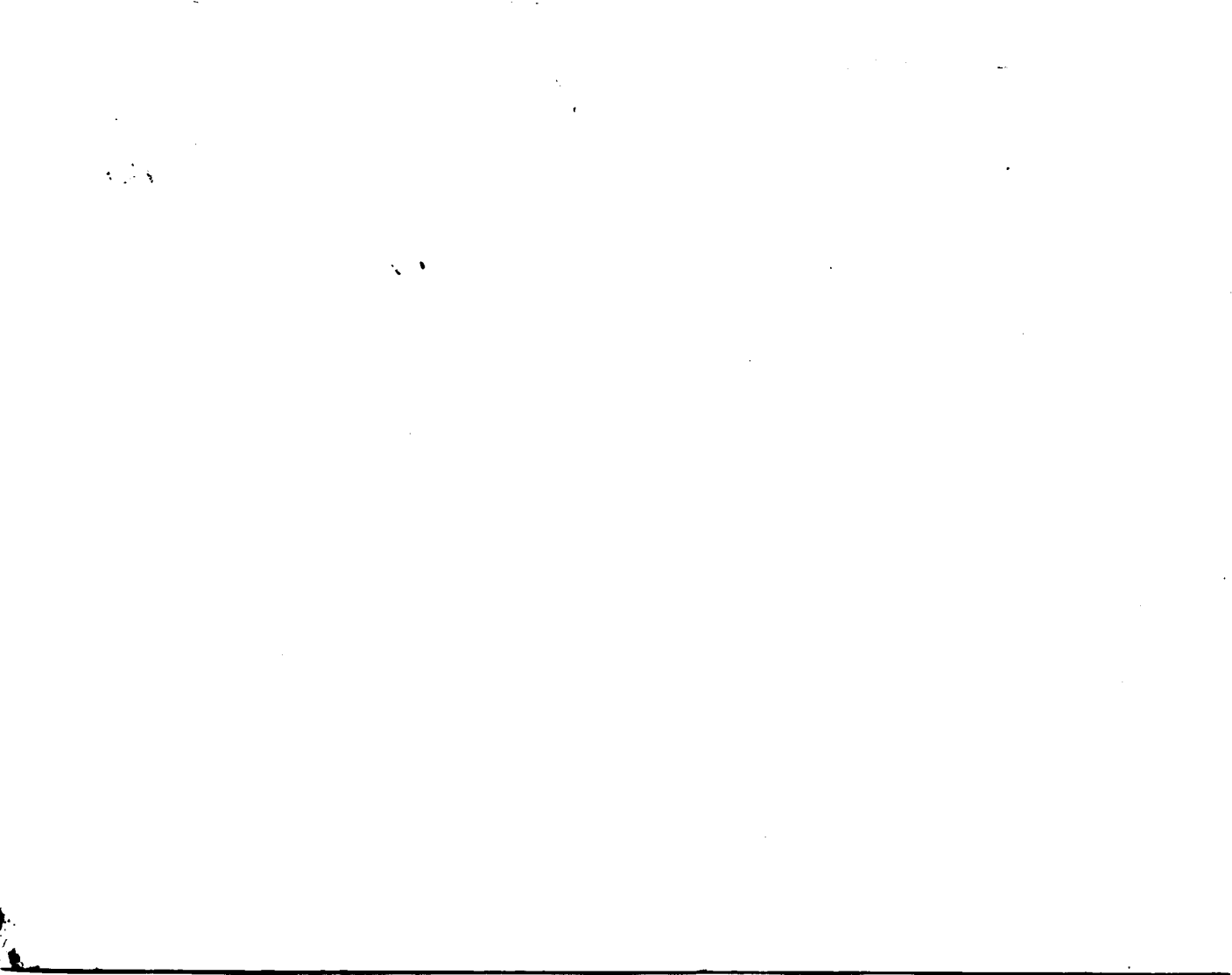
19                    Address Rexburg, IdahoFiled 72 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-103-033-335

PLACE OF BIRTH

County of Nadson

City of Hibbard

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 100

File No. 81896

Primary Registration District No. 217

Registered No. 276

Sex of Child <u>Male</u>	<input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet (To be answered only in event of plural births)	and	Number in order of birth <u>2<sup>nd</sup></u>	Legit mate? <u>yes</u>	Date of Birth <u>Aug. 3</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--	------------------------	--

FATHER  
FULL NAME Josiah McKenna  
RESIDENCE Hibbard Idaho  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Logan, Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Margaret Marinda Clements  
RESIDENCE Hibbard Idaho  
COLOR White AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Reynolds Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 1:05 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. Martin  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Reynolds Idaho  
8/2 20

Filed

Registrar

Registrar

K

DECEASED

154-222-034-239

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S. No. 11-C-25m-7-21-19

County of minidoka.

City of Heyburn.

Registration District No. 19 File No. 81897

No. \_\_\_\_\_ St.

Primary Registration District No. 2015 Registered No. 168

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ruth Victoria Anderson.

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	Yes.	Date of Birth <u>July 22, 1920.</u> (Month) (Day) (Year)
-------------------------------	---	-------	---	-----------------	------	--

FATHER  
FULL NAME Lars Anderson  
RESIDENCE Heyburn, Ida.  
COLOR White AGE AT LAST BIRTHDAY 43  
(Years)  
BIRTHPLACE Sweden  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Thekla Stromberg  
RESIDENCE Heyburn, Ida.  
COLOR White AGE AT LAST BIRTHDAY 31  
(Years)  
BIRTHPLACE Sweden  
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 5-15 A-M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. V. Barley

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Burley, Idaho.

Filed

Aug 6 1920 et al  
Registrar

Registrar



269-215 1034-854

Form S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of MinidokaCity of RupertRegistration District No. 19File No. 81898

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 167

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Lois Elsie Borup

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mateDate of  
Birth7-15-20  
(Month) (Day) (Year)FULL  
NAMEBenjamin Franklin Borup

FATHER

RESIDENCE

Rupert

COLOR

whiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Harness makerFULL  
MAIDEN  
NAMEElsie Eleanor Hedden

MOTHER

RESIDENCE

Rupert

COLOR

whiteAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Alma, at 1240 P.M.  
(Born alive or stillborn)

(Signature)

E. E. Hedden  
M.D.

(Physician or midwife)

{ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

Given names added from a supplemental report.

19

Address

Rupert

Filed

7-16-20

19

Registrar

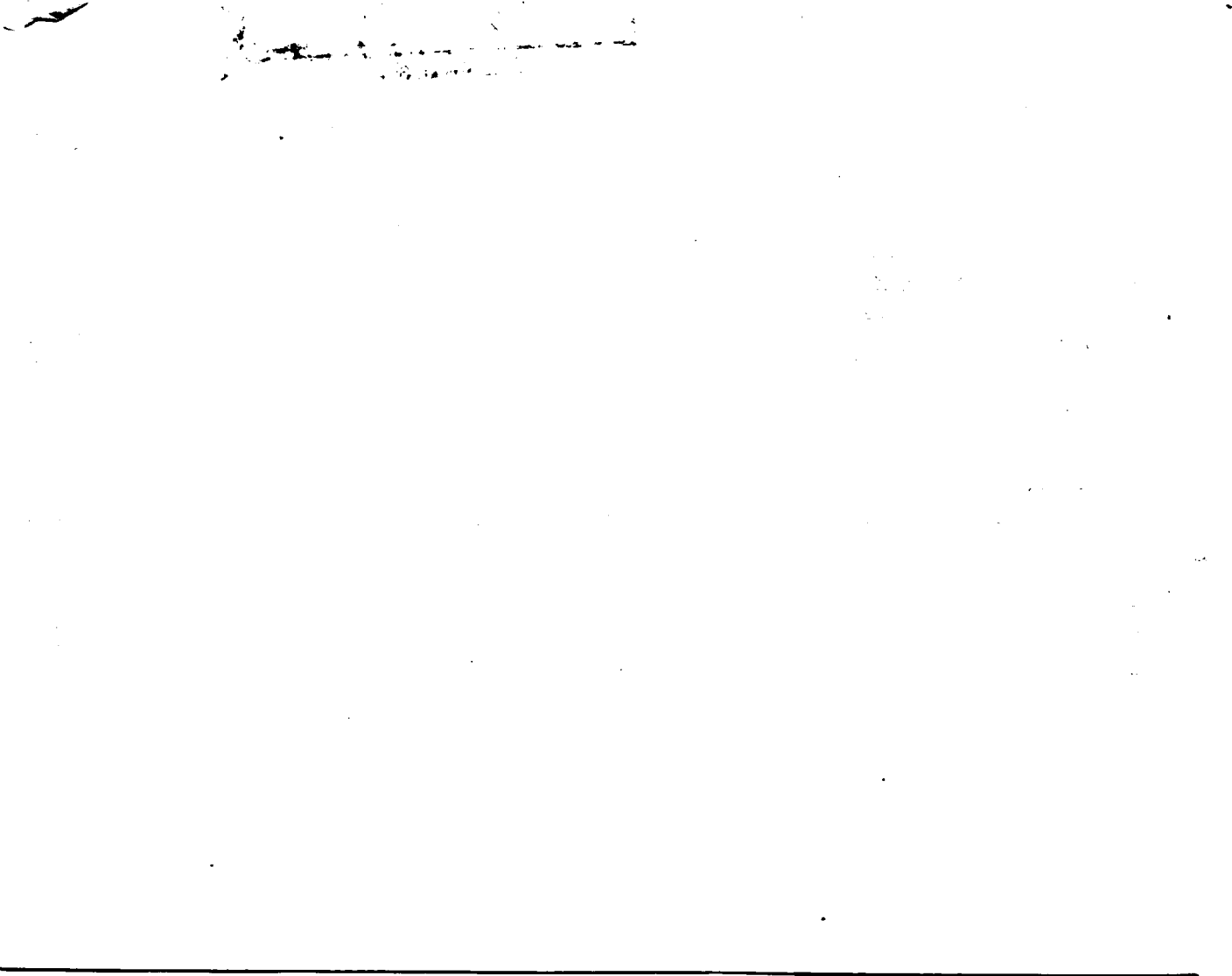
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





981-113-034-291

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form 4. S. No. 11-C-25m-7-21-19

## CERTIFICATE OF BIRTH

County of MinidokaCity of RupertRegistration District No. 19File No. 81900

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015Registered No. 165

Hospital \_\_\_\_\_

FULL NAME OF CHILD Daniel Michiel RyanSex of Child BoyTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate? yesDate of  
Birth 7 18 1920

(Month)

(Day)

(Year)

FULL  
NAME John Ryan

FATHER

RESIDENCE RupertCOLOR WhiteAGE AT LAST  
BIRTHDAY 53  
(Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL  
MAIDEN  
NAME Elizabeth M. Brannigan

MOTHER

RESIDENCE RupertCOLOR WhiteAGE AT LAST  
BIRTHDAY 41  
(Years)BIRTHPLACE IrelandOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 1 p M.  
on the date above stated.

(Born alive or stillborn)

{ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }(Signature) J. B. K. K. K.

(Physician or midwife)

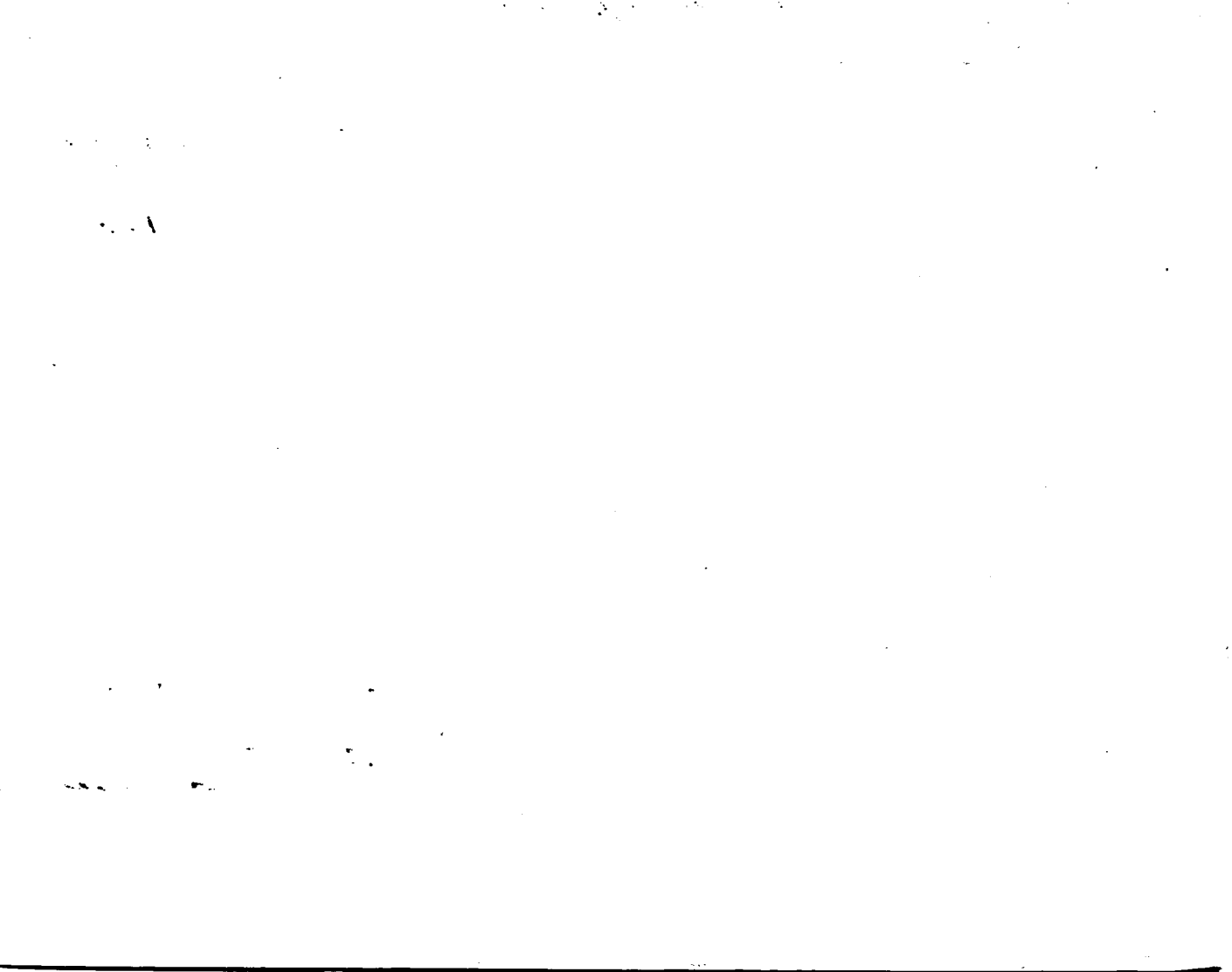
Given names added from a supplemental report.

19

Address RupertFiled 8-8 1920 W. W. W.

Registrar

Registrar



STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

City of Boise Registration District No. 19 File No. 81901  
No. 789-223-034-343 St. \_\_\_\_\_  
Primary Registration District No. 2015 Registered No. 164

Hospital \_\_\_\_\_

FULL NAME OF CHILD

FRANCES PHIBBS

Sex of Child

girlTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth7 23rd 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER Robert PhibbsFULL  
MAIDEN  
NAME

MOTHER

Agnes Coulson

RESIDENCE

Boise

RESIDENCE

Boise

COLOR

WhiteAGE AT LAST  
BIRTHDAY3.5  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Va

BIRTHPLACE

Texas

OCCUPATION

Carpenter

OCCUPATION

Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. B. Knappe  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed

Aug. 3 1920 E. D. Elmore  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... }  
County of ..... } ss.  
Certificate No. 81901  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
(BIRTH OR DEATH)

for ..... who ..... on .....  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by ..... prepared on ..... are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

Name

Unnamed

Frances Phibbs

Date

June 22nd

June 23, 1920

JULY

Subscribed and sworn to before me this 5th  
day of January, 1923

Notary Public, residing at Deputy City Clerk  
My commission expires City of Oakland, Calif.

(SEAL)

Signed

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Oakland, 6326 Shattuck Ave., Calif.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }  
County of ..... } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....  
day of ..... 19 .....

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....  
My commission expires .....  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 13 1943

OFFICE  
IN AIR

NOV 1 1942

City of Heyburn Registration District No. 17 File No. 81903  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Primary Registration District No. 2015 Registered No. 162  
 Hospital \_\_\_\_\_  
 FULL NAME OF CHILD Carrie Donald Howell  
 Sex of Child Male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth June 7 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
 FULL NAME C. L. Howell  
 RESIDENCE Heyburn Ida  
 COLOR White AGE AT LAST BIRTHDAY 27  
 (Years)  
 BIRTHPLACE Idaho  
 OCCUPATION Farmer

MOTHER  
 FULL MAIDEN NAME Lucy Davis  
 RESIDENCE Heyburn Ida  
 COLOR White AGE AT LAST BIRTHDAY 18  
 (Years)  
 BIRTHPLACE Utah  
 OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson  
M. D.  
 (Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida  
 Filed Aug. 1 1920 E. D. Elmore  
 Registrar Registrar



AUG 10 1952

853-207-034-613  
PLACE OF BIRTH

Form 7, S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of *Minidoka*City of *Hayburn*Registration District No. *19*File No. *81904*

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. *2015* Registered No. *161*

Hospital \_\_\_\_\_

FULL NAME OF CHILD

*LILLIAN JUNE Heckenborn*

Sex of Child <i>Female</i>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <i>yes</i>	Date of Birth <i>June 7</i> 19 <i>20</i> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME <i>R. W. Heckenborn</i>	FATHER
RESIDENCE <i>Hayburn, Ida</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE <i>Nebr.</i>	
OCCUPATION <i>Farmer.</i>	

FULL MAIDEN NAME <i>Lillian Walters</i>	MOTHER
RESIDENCE <i>Hayburn Ida</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE <i>Nebr.</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Born alive*, at *7:30 A.M.* on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*Dr. J. C. Patterson*  
*M.D.*

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

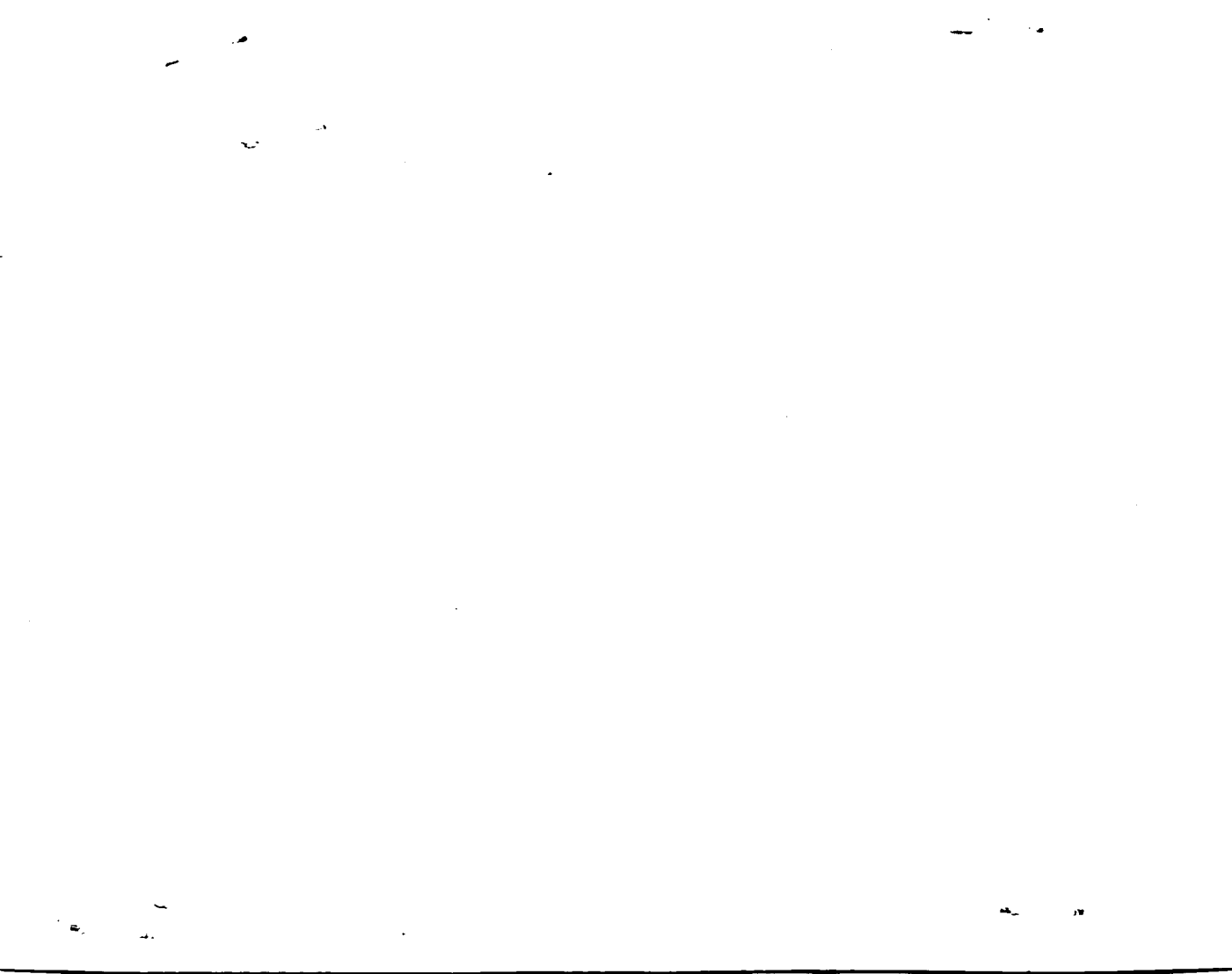
Address

*Burley, Ida.*

Filed

*Aug 3 1920* *Edw. Elmore*  
Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Cassia } ss. Certificate No. 81904  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or Death)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Lillian June Heckendorn

Subscribed and sworn to before me this 8  
day of June, 19 43

S. H. Herman  
Notary Public, residing at Burley, Idaho

My commission expires March 1st, 1947  
(Seal)

Signed Lillian Heckendorn  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Heyburn, Idaho.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

JUN 15 1943

693-210-234-319

PLACE OF BIRTH

County of MinidokaCity of KeyburnNo. R 7 D T St.Registration District No. 19File No. 81905Primary Registration District No. 2013Registered No. 160

Hospital .....

FULL NAME OF CHILD Cora ElaineWillard

Sex of Child <u>7</u>	Twin Triplet or other? <u>1</u> and { N. ber in order of birth (To be answered only in event of plural births) }	Legitimate? <u>yes</u>	Date of Birth <u>June 10</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	--	------------------------	---

FULL NAME <u>Charles S. Willard</u>	FATHER
RESIDENCE <u>Keyburn R 7 D</u>	
GOLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farm</u>	

FULL MAIDEN NAME <u>Anna Carter</u>	MOTHER
RESIDENCE <u>same</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>House</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Idaho M. on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) G. E. Smith M.D.

Given names added from a supplemental report.

Address Payson IdahoFiled Aug 2 1920

Registrar

Registrar

RECEIVED  
BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL  
U.S. DEPARTMENT OF JUSTICE

100-33333

100-33333

100-33333

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Utah } ss. RECEIVED  
County of Salt Lake } BUREAU OF  
Certificate No. 81905  
Date Filed DEC 31 11 12 AM '73

The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or Death)  
for Unnamed Willard (female child) who was born on June 10, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Heyburn, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child \_\_\_\_\_

Unnamed \_\_\_\_\_

Cora Elaine Willard \_\_\_\_\_

Subscribed and sworn to before me this 9<sup>th</sup> day of

December 19 73

Signed Charles S. Willard  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Salt Lake City, Utah

My commission expires February 14, 1974  
(Seal)

841 E. Van Ness, Salt Lake City, Utah  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss.  
County of Salt Lake }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9<sup>th</sup> day of

December 19 73

Signed Lucille Carter Peary  
(Signature of Any Credible Person)

Notary Public, residing at Salt Lake City, Utah

My commission expires February 14, 1974  
(Seal)

373 E 200 So. Provo Utah  
(Street Address, City, State)



Certificate of Blessing from LDS Church gives name as Cora Elaine Willard daughter of Charles S. Willard and Anna Careter. Born June 10, 1920. at Rupert, Idaho. Was Blessed Aug. 1, 1920. Viewed by V. S.

JAN 8 1974

Record of Membership (LDS Church) gives name as Cora Elaine Willard Evans born Jun. 10, 1920. father's name given as Charles Willard and mother's name given as Anna Careter. Blessed Aug. 1, 1920. Baptized May 26, 1937. Viewed VS

361-131-038-01

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MinidokaCity of ThrupentRegistration District No. 19File No. 81906

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015Registered No. 159

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Nelson J. Coates

Sex of Child

maleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth7-31-20  
(Month) (Day) (Year)FULL  
NAME

FATHER

Chas. E. Coates

RESIDENCE

Thrupent

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Utah.

OCCUPATION

Thrupent manFULL  
MAIDEN  
NAME

MOTHER

Emma Walburn

RESIDENCE

Thrupent

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

mo

OCCUPATION

Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. P. Gibson  
M. D.

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Thrupent Ida.

Filed

Aug. 3 1920R. H. Shum

Registrar

Registrar

OCT 30 1942

349-130-234-318

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-10

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of minidokaCity of RupertRegistration District No. 19File No. 81907

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 158

Hospital \_\_\_\_\_

FULL NAME OF CHILD George Caldwell Turner

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>7 30 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>John Turner</u>	FATHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>MO</u>	
OCCUPATION <u>Wagoner</u>	

FULL MAIDEN NAME <u>Mabel Taylor</u>	MOTHER
RESIDENCE <u>Rupert</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was above, at 5 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. SpoonerM. H.  
(Physician or midwife)

Given names added from a supplemental report.

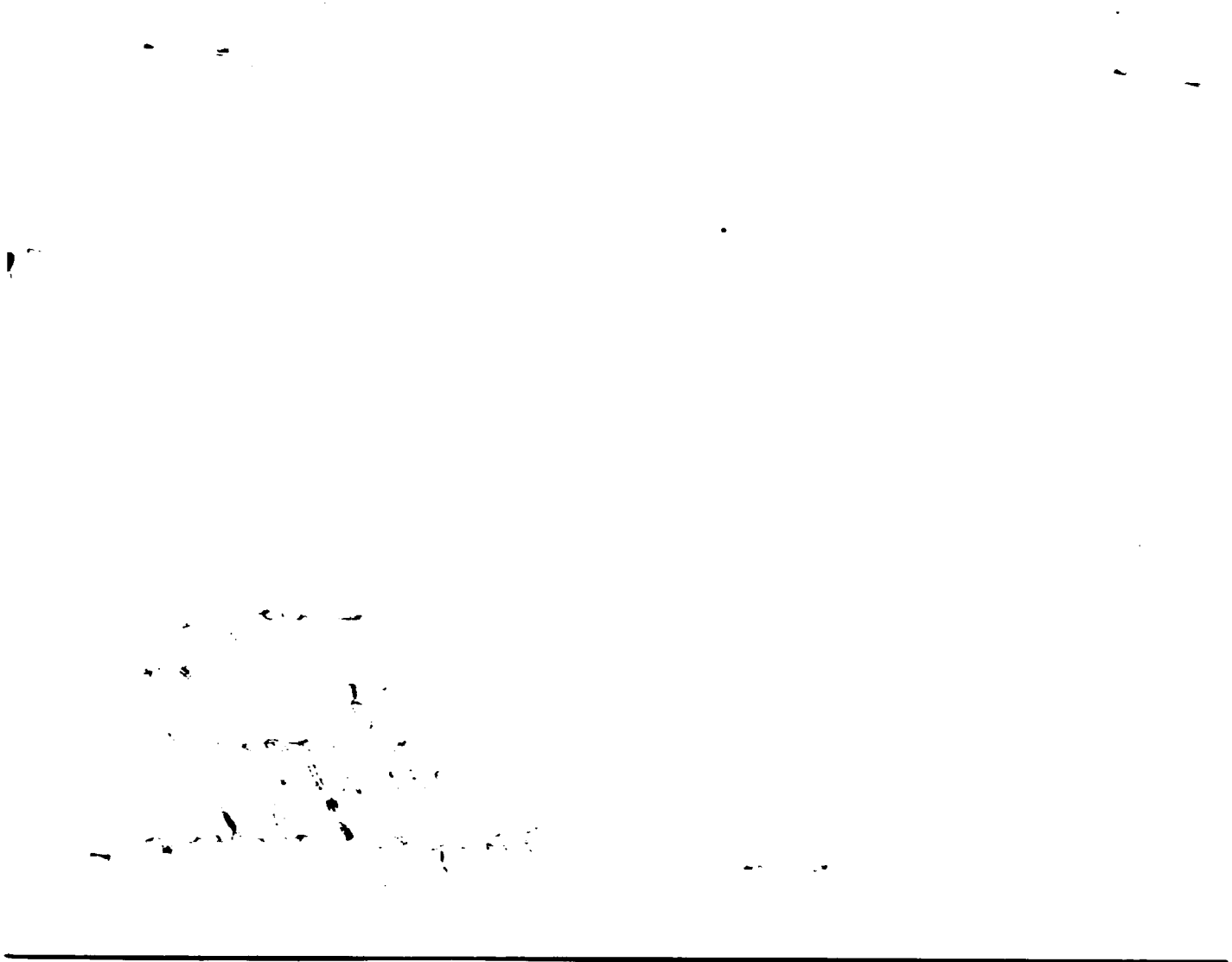
Address Rupert IdaFiled Aug 2 1920

Registrar

Registrar E. H. Moore

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS  
**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 81907  
County of Ada } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... birth.....  
(Birth or death)  
for..... George Caldwell Turner..... who..... was born..... on..... July 30, 1920.....  
(Name on original certificate) (Was born or died) (Date of event)  
in..... Rupert..... are erroneous or were omitted; and that, to the best of his knowledge, the true  
(Place of event)  
facts as shown by..... prepared on....., are:  
(Bible record, insurance policy, etc.) (Give date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
(“Name”, “birth date”, “cause of death”, etc.) (As on original) (The correct facts)

Name to be added to record..... no name given..... George Caldwell Turner.....

Subscribed and sworn to before me this 31ST  
day of JULY 1941  
Robert A. Haworth  
Notary Public, residing at Boise, Idaho  
Signed George Caldwell Turner  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

My commission expires.....  
[SEAL] **NOTARY PUBLIC**  
Residence: Boise, Idaho  
My Commission Expires Feb. 15, 1943 (Street Address, City, State)

**Supporting Affidavit of a Second Person**

State of..... }  
County of..... } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....  
day of....., 19.....  
Signed.....  
(Signature of any credible person other than the previous affiant)

Notary Public, residing at.....  
My commission expires.....  
[SEAL] (Street Address, City, State)

Received for filing on.....by.....  
(Registrar's signature)

DEC 19 1972



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-120034-249

PLACE OF BIRTH

County of minidoka

City of Reperil

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 19

File No. 81908

Primary Registration District No. 2015

Registered No. 158

FULL NAME OF CHILD

HOWARD FRANKLIN PHIBBS

Sex of Child <u>male</u>	Twin Triplet or other? _____	{ and {	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>7 20 20</u> (Month) (Day) (Year)
--------------------------	------------------------------	---------	--------------------------------	-------------------------	--

FULL NAME <u>Washington F Phibbs</u>	FATHER
RESIDENCE <u>Reperil</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Virginia</u>	
OCCUPATION <u>Labourer</u>	

FULL MAIDEN NAME <u>Lucas C Smith</u>	MOTHER
RESIDENCE <u>Reperil</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Virginia</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 5 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Brown  
M. L.  
(Physician or midwife)

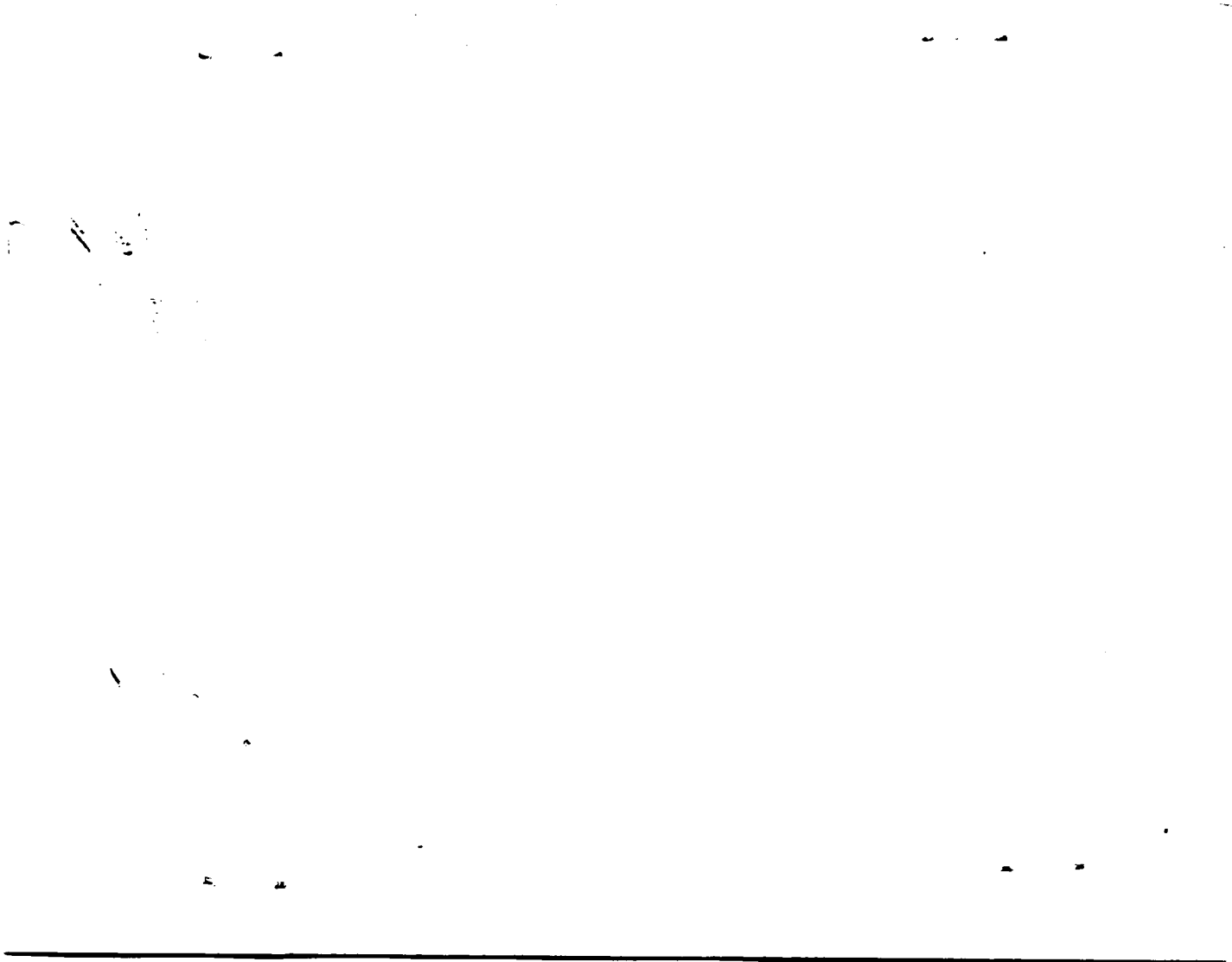
Given names added from a supplemental report.

Address Reperil Idaho  
Filed Aug 2 20 E. H. Moore

Registrar

Registrar





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } Certificate No. 81908

County of Twin Falls } ss. Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Howard Franklin Phibbs who born on July 20th 1910

in Rupert Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)

are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by ..... prepared on ....., are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED** **FROM** **TO**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

name unnamed Howard Franklin Phibbs

.....

.....

.....

Subscribed and sworn to before me this 27th

day of March, 1942

J. E. Roberts

Notary Public, residing at Twin Falls

My commission expires June 1st 1943

(SEAL)

Signed Susan Emma Phibbs (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

331-2nd ave. N. Twin Falls Idaho

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of..... } ss.

County of.....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....

day of....., 19.....

.....

Signed.....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

Notary Public, residing at.....

My commission expires.....

(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on..... By.....

(REGISTRAR'S SIGNATURE)

AUG 1 1 1943

256230-034-263 name added 7-16-82

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-26m-7-21-19

BUREAU OF VITAL STATISTICS

County of minidoka

CERTIFICATE OF BIRTH

City of PaulRegistration District No. 19File No. 81909

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 157

Hospital \_\_\_\_\_

FULL NAME OF CHILD Lillian Irine Knopp

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>7 30 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>John Knopp</u>	FATHER
RESIDENCE <u>Paul</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Caroline Rock</u>	MOTHER
RESIDENCE <u>Paul</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Russia</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 6 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

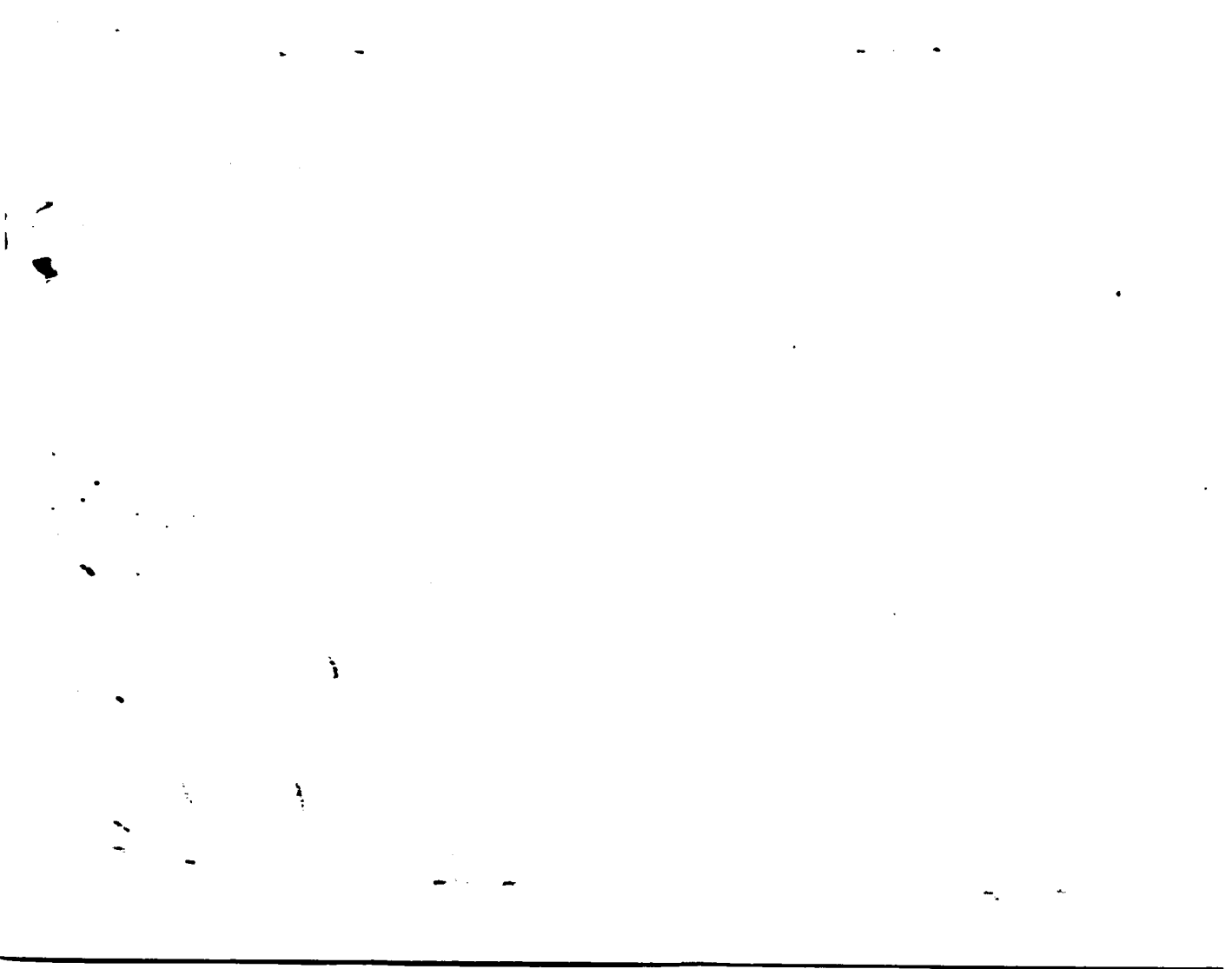
Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



6-8-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
 Bureau of Vital Statistics  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**  
 VITAL STATISTICS

State of \_\_\_\_\_ } ss.  
 County of \_\_\_\_\_ }

JUL 13 3 05 PM '82

Certificate No. 81909  
 Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Knopp who was born on July 30, 1920  
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Paul (Minidoka) are erroneous or were omitted:  
 (Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs name

Unnamed

Lillian Irene Knopp

Subscribed and sworn to before me this 8th day of

July, 1982  
 Notary Public, Lemuel Gardner  
 Residing at Moses Lake, Wash.  
 My commission expires Feb 20, 1985  
 (Seal)

Lillian Irene Knopp  
 Signature of Applicant  
2040 S Division, Moses Lake, Wa  
 Street Address, City, State 198837

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.  
 County of Yakima }

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of  
June, 1982  
 Notary Public, John A. McDonald  
 Residing at Yakima  
 My commission expires 9/9/82  
 (Seal)

John Knopp (father)  
 Supporting Signature  
11877, 30th Yakima Wa 98908  
 Street Address, City, State

1 cc pd

JUL 16 1982

Certificate of Baptism for Lillian Irine Knopp born 7-30-20 to John Knopp and Caroline Koch was baptised 11-14-20. Viewed by V.S.

Diploma of Graduation from Wapato Senior High School in Wapato, WA gives Lillian I Knopp as graduated 5-25-39. Viewed by V.S.

863-224034-558

## PLACE OF BIRTH

County of minidokaCity of Reupert

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>7</u> <u>24</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	--------------------------------	------------------------	--

FULL NAME Warren FATHER  
Warren S HollingerRESIDENCE ReupertCOLOR white AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE Nebr.OCCUPATION RancherFULL MAIDEN NAME Agnes Mymar (a)RESIDENCE ReupertCOLOR white AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE KansasOCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 71 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Egan  
M. H.  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Reupert Ida  
Filed Aug 2 19 20 E. E. Egan  
Registrar

Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHRegistration District No. 19 File No. 81910Primary Registration District No. 2015 Registered No. 155



May 6 1957

255-214-034-143

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of minidokaCity of RupertRegistration District No. 19File No. 81911

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2010 Registered No. 154

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mary Luella BennettSex of Child FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth7-14-20  
(Month) (Day) (Year)FULL  
NAME

FATHER

Chauncey P. BennettFULL  
MAIDEN  
NAME

MOTHER

Army Jackson

RESIDENCE

Rupert

RESIDENCE

Rupert

COLOR

whiteAGE AT LAST  
BIRTHDAY35-  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Rancher

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

alive  
(Born alive or stillborn)5-A. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. P. Croon  
M. H.

(Physician or midwife)

Given names added from a supplemental report.

Address

Rupert Ida

Filed

Aug 2 1920 E. O. Thorne

Registrar

Registrar

11

11

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

8551213-034-465  
Amended 3/20/73  
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of minidoka

City of Deelo

Registration District No. 19

File No. 81912

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 153

Hospital \_\_\_\_\_

FULL NAME OF CHILD Lillian Hendricks

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>7</u> / <u>13</u> / <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-------------------------	--

FULL NAME <u>Father</u>	FATHER <u>Joal Hendricks</u>
RESIDENCE <u>Deelo</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Ida</u>	
OCCUPATION <u>Butcher shop</u>	

FULL MAIDEN NAME <u>Mother</u>	MOTHER <u>Elsie Elma Monis</u>
RESIDENCE <u>Deelo</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Miss.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Croon  
M.D.  
(Physician or midwife)

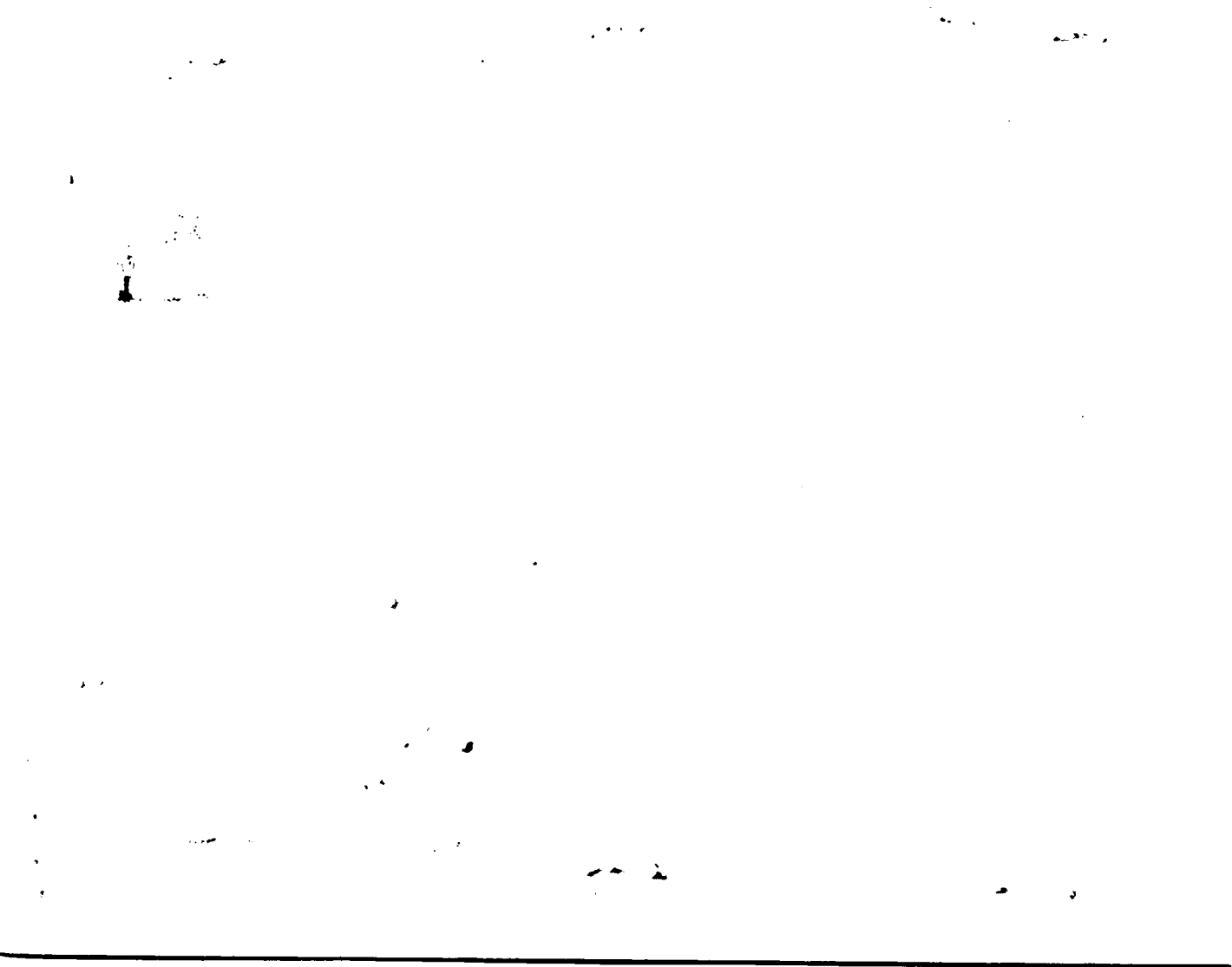
Given names added from a supplemental report. \_\_\_\_\_ 19. \_\_\_\_\_

Address Report Ida  
Filed Aug 2 1920 at Idaho  
Registrar

Registrar

Registrar

K



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

3 15 73

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss.  
County of .....

Certificate No. 81912

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hendricks who was born on July 13, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Declo, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name	Omitted	Lillian Hendricks
Fathers name	Joal Hendricks	Loal Hendricks
Mothers name	Edna Morris	Elsie Elma Morris

Subscribed and sworn to before me this 19th day of

Signed Lillian Hendricks  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Notary Public residing in Declo,  
My commission expires May 11, 1974  
(Seal)

(Street Address, City, State)

**May 11, 1974 AFFIDAVIT OF A SECOND PERSON**

State of ..... } ss.  
County of .....

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed .....  
(Signature of Any Credible Person)

Notary Public, residing at .....  
My commission expires .....  
(Seal)

(Street Address, City, State)

Own sisters birth certificate Winnie Hendricks born Oct. 30, 1917  
at Blackfoot, Idaho State File No. 53254 gives mothers name as  
Elsie Elma Morris and Father as Loal Kay Hendricks. MAR 20 1973  
Viewed by VS

a

Logan , Utah Temple - certification of sealed for marriage for time  
and Eternity July 27, 1927 William A. Noble - Elder of LDS Church  
gives name as Loal Kay Hendricks & Elsie Elma Morris.  
Viewed by VS

Photocopy of Marriage Certificate State of Utah, Box Elder County  
Brigham City, Utah, married January 4, 1957 Lamond Johnston Bailey &  
Lillian Hendricks Peterson.  
Viewed by VS

Certificate of Baptism & Confirmation, LDS Church , Pocatello, Idaho  
baptized Oct. 13, 1929 , Bishop James A. Quinn, born July 13, 1920  
at Declo, Idaho gives name as Lillian Kendrick.  
Viewed by VS

296-112-034-253

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of minidokaCity of PaysonRegistration District No. 19File No. 81913

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2015 Registered No. 152

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>7</u> <u>12</u> <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----------	--------------------------------	-------------------------	--

FULL NAME FATHER Wm BrooksRESIDENCE PaysonCOLOR white AGE AT LAST BIRTHDAY 48  
(Years)BIRTHPLACE MoOCCUPATION RancherFULL MAIDEN NAME MOTHER Mary KellyRESIDENCE PaysonCOLOR white AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE OregonOCCUPATION HousewifeNumber of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 8 a. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address Payson Ida.  
Filed Aug 2 20 Ed Elmore  
Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



2-11

1-11

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

993.212.1034-243

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of minidoka

City of  Rupert

Registration District No.  19

File No.  81914

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No.  2015  Registered No.  151

Hospital \_\_\_\_\_

FULL NAME OF CHILD  Margaret Rickert

Sex of Child <u> Female </u>	Twins or other? <u> Triplet </u>	and { } Number in order of birth _____	Legitimate? <u> yes </u>	Date of Birth <u> 7 12 1920 </u> (Month) (Day) (Year)
------------------------------	----------------------------------	--	--------------------------	--

FATHER  
FULL NAME  Fred Rickert   
RESIDENCE  Rupert   
COLOR  white  AGE AT LAST BIRTHDAY  33  (Years)  
BIRTHPLACE  Germany   
OCCUPATION  Rancher

MOTHER  
FULL MAIDEN NAME  Bertha Bill   
RESIDENCE  Rupert   
COLOR  white  AGE AT LAST BIRTHDAY  25  (Years)  
BIRTHPLACE  Minn   
OCCUPATION  Housewife

Number of child of this mother, including present birth  1  Number of children of this mother now living, including present birth  1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  alive  at  4 P.  M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)  C. P. Brown   
 M. H.   
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19. \_\_\_\_\_

Address  Rupert Ida   
Filed  Aug 2 1920   E. E. Hurst   
Registrar

Registrar

Registrar

OCT 21 1947

JUN 14 1948

4/68-222-034-389  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of MinidokaCity of R. F. D. RupertRegistration District No. 19 File No. 81915

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2016 Registered No. 150

FULL NAME OF CHILD

Sylvia Blanche Moncar

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJuly 22 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Reuben MoncarFULL  
MAIDEN  
NAMEMOTHER  
Sylvia Rae Christopherson

RESIDENCE

R. F. D. Rupert, Idaho

RESIDENCE

R. F. D. Rupert, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY3 6  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY2 6  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 430 a. m.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Leland F. ... M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Rupert, Idaho

Filed

Aug 21 1920

Registrar

Registrar

MAY 26 1943

639-123-035-815  
OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21

County of Kootenai  
 City of Caldesac Idaho  
 Registration District No. 128 File No. 81916  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Hospital \_\_\_\_\_ Primary Registration District No. Caldesac Registered No. \_\_\_\_\_  
 FULL NAME OF CHILD David Harry Stein

Sex of Child Male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth 6 23 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
 FULL NAME Arthur B. Stein  
 RESIDENCE Caldesac Idaho  
 COLOR White AGE AT LAST BIRTHDAY 40  
 (Years)  
 BIRTHPLACE Minnesota  
 OCCUPATION Merchant

MOTHER  
 FULL MAIDEN NAME Nicola May Haner  
 RESIDENCE Caldesac Idaho  
 COLOR White AGE AT LAST BIRTHDAY 36  
 (Years)  
 BIRTHPLACE Wisconsin  
 OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 P. M. on the date above stated.  
 (Born alive or stillborn)

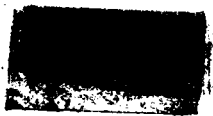
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Mrs Laura B. Miller  
Acting Midwife  
 (Physician or midwife)

Address Caldesac Idaho  
 Filed July 20 1920 George Gaignard  
 Registrar

10-6-71



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-101-035-335  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Key Pierce

City of Caldese Idaho

Registration District No. 128

File No. 81917

No. \_\_\_\_\_ St.

Primary Registration District No. Caldese

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

and Vicinity \_\_\_\_\_

FULL NAME OF CHILD Leslie Vernon Keller

Sex of Child

Male

Twin  
Triplet  
or other?

and  
Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

7

1

1920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

William B. Keller

RESIDENCE

Caldese Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

39

(Years)

BIRTHPLACE

Illinois

OCCUPATION

Druggist

FULL  
MAIDEN  
NAME

MOTHER

Anna E. Cleary

RESIDENCE

Caldese Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

37

(Years)

BIRTHPLACE

Michigan

OCCUPATION

Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:00 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

George Gaignard  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

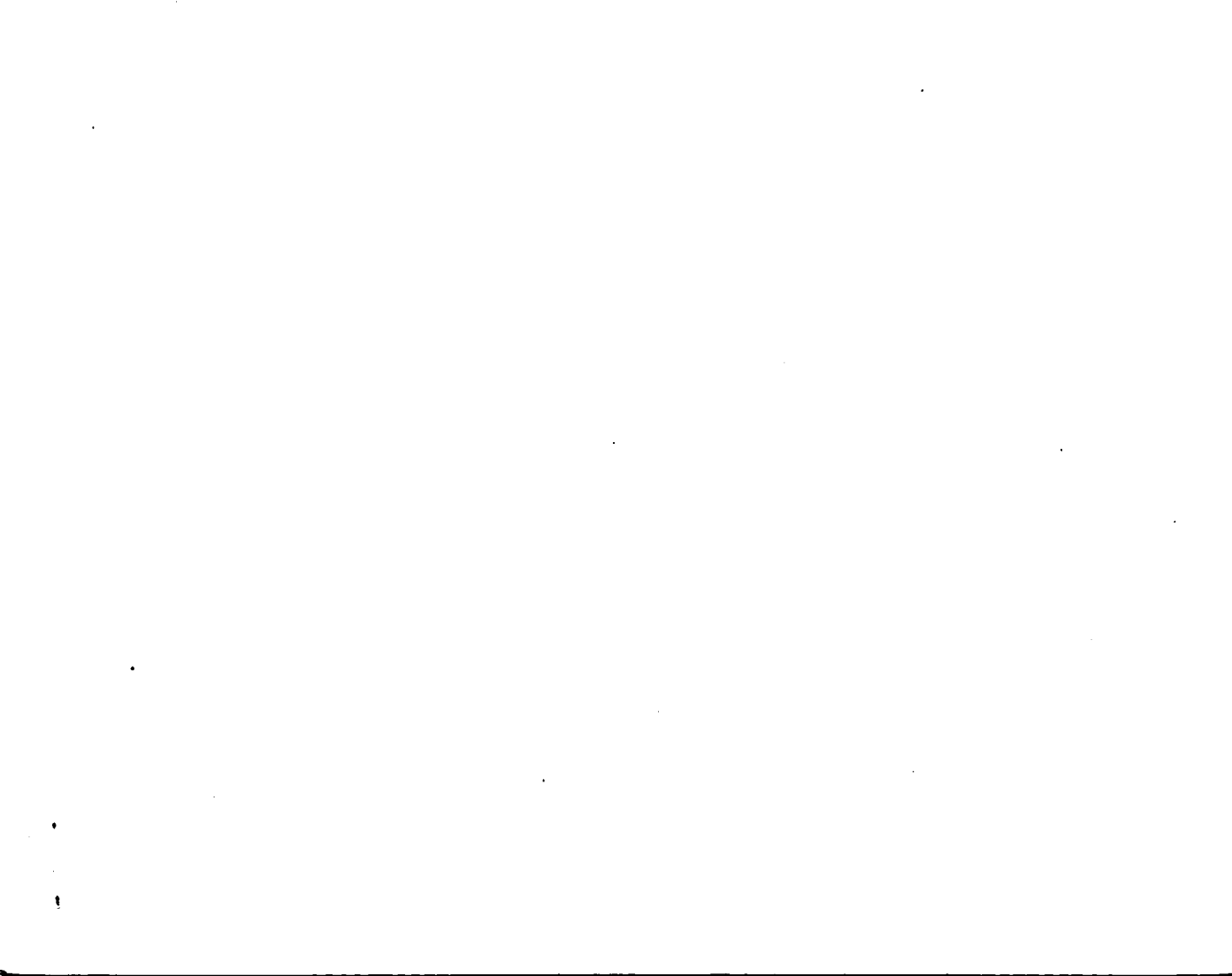
Caldese Idaho

Filed

July 20 George Gaignard M.D.  
Registrar

Registrar





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-211-035-635

## PLACE OF BIRTH

County of Ref. Peru  
City of CaldesacSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-O-55m-4-47

No. .... St.

Registration District No. 128File No. 81918Primary Registration District No. Caldesac  
and vicinity

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Louis Elvira Taylor

Sex of Child

FemaleTwin  
Triplet  
or other?and Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
matedyo

Date of Birth

7 11 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
William H TaylorFULL  
MAIDEN  
NAME

MOTHER

Maud Alney

RESIDENCE

Caldesac Ida.

RESIDENCE

Caldesac Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Missouri

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

George Gagnard  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Caldesac Idaho

Filed

July 20 1920 George Gagnard  
Registrar

Registrar

NOV 8 1950

742-217-035-751

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Nez PerceCity of near Caldwell Ida.Registration District No. 128File No. 81919

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. Caldwell Registered No. \_\_\_\_\_FULL NAME OF CHILD Mildred Reare Gustin

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>7 17 1920</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------	------------------------	--

FATHER  
FULL NAME Alphas J. GustinRESIDENCE Webb, Idaho.COLOR White AGE AT LAST BIRTHDAY 46  
(Years)BIRTHPLACE UtahOCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Ida ReareRESIDENCE Webb, Idaho.COLOR White AGE AT LAST BIRTHDAY 36  
(Years)BIRTHPLACE NebraskaOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:00 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

George Gargnand  
Physician  
 (Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address Caldwell IdahoFiled July 19 20
George Gargnand  
 Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 13 1966

DECEASED

Amended 11-6-67

(Be sure the information is complete and accurate)

**CERTIFICATE OF BIRTH  
STATE OF IDAHO**

State File No. **81920**

Local Reg. No. \_\_\_\_\_

Reg. Dist. No. **128**

**1. PLACE OF BIRTH**

a. COUNTY

**Nez Perce**

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN **near Culdesac, Idaho**

c. FULL NAME OF (If NOT in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**2. USUAL RESIDENCE OF MOTHER (Where does mother live?)**

a. STATE

**Idaho**

b. COUNTY

**Nez Perce**

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN **Culdesac**

d. STREET ADDRESS (If rural, give location)

**3. CHILD'S NAME**

(Type or print)

a. (First)

**Stella**

b. (Middle)

**Margaret**

c. (Last)

**Bateman**

4. SEX

**Female**

5a. THIS BIRTH

SINGLE ☒ TWIN \_\_\_\_\_ TRIPLET \_\_\_\_\_

5b. IF TWIN OR TRIPLET (This child born)

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

6. DATE

OF BIRTH

(Month)

(Day)

(Year)

**7 - 26 - 1920**

**FATHER OF CHILD**

**7. FULL NAME**

a. (First)

**Lee**

b. (Middle)

**Bateman**

c. (Last)

8. AGE (At time of this birth)

**26 YEARS**

9. BIRTHPLACE (State or foreign country)

(City or Town)

**Idaho**

10. USUAL OCCUPATION

**Farmer**

11. KIND OF BUSINESS OR INDUSTRY

**MOTHER OF CHILD**

**12. FULL MAIDEN NAME**

a. (First)

**Muriel**

b. (Middle)

c. (Last)

**Hart**

13. AGE (At time of this birth)

**24 YEARS**

14. BIRTHPLACE (State or foreign country)

(City or Town)

**Oregon**

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

**1**

b. How many OTHER children were born alive but are now dead?

**0**

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

**0**

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

*I hereby certify that this child was born alive on the date stated above.*

**17. SIGNATURE**

**George Gaignard**

19. ADDRESS

**Culdesac, Idaho**

21. DATE REC'D BY LOCAL REG.

**July, 1920**

22. REGISTRAR'S SIGNATURE

**George Gaignard**

18. ATTENDANT AT BIRTH

M.D. ☒ MIDWIFE \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_

20. DATE SIGNED

23. DATE ON WHICH GIVEN NAME ADDED

BY \_\_\_\_\_ Registrar

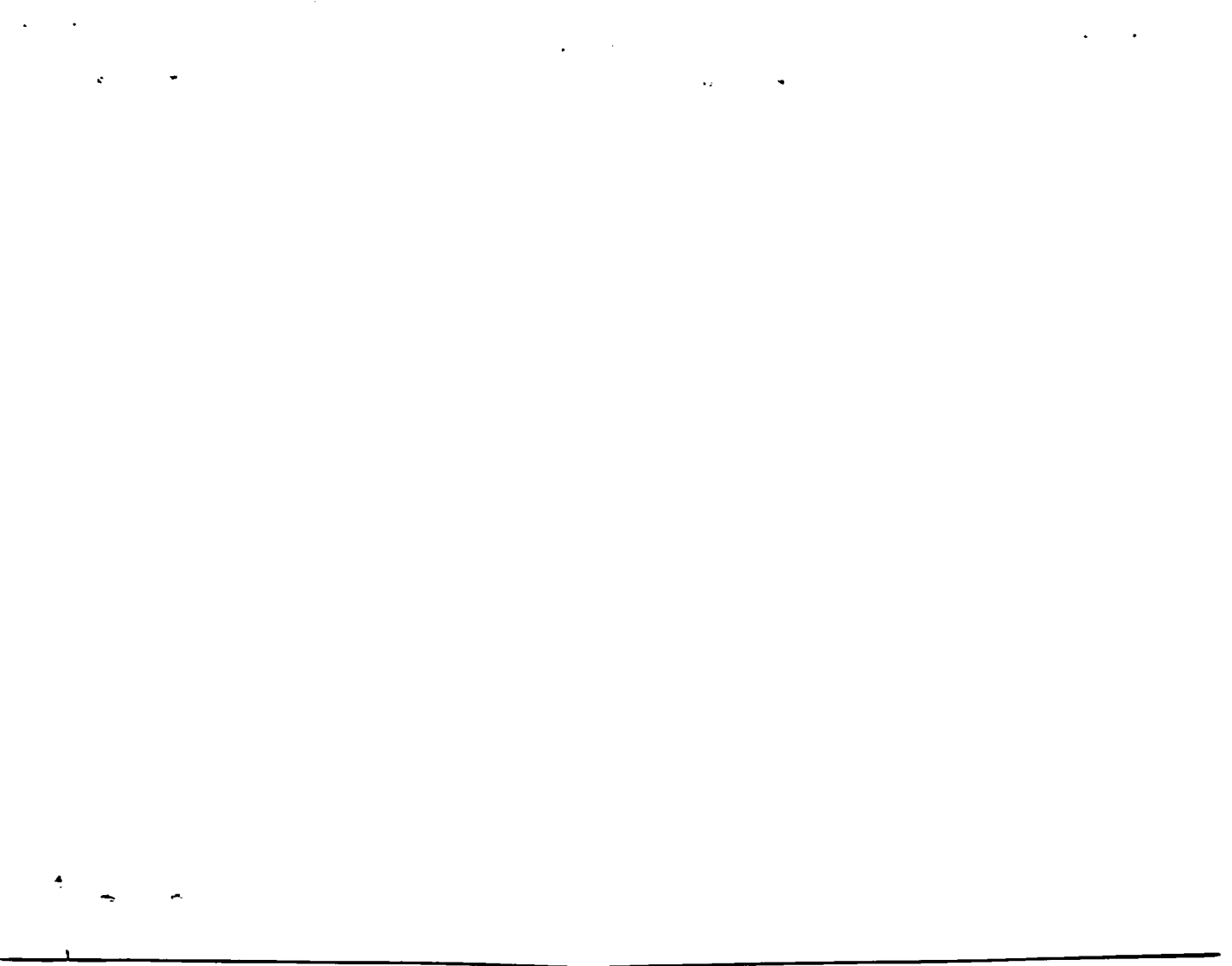
**FOR MEDICAL AND HEALTH USE ONLY**

Was a test for phenylketonuria performed?

YES \_\_\_\_\_

NO \_\_\_\_\_

DATE \_\_\_\_\_



STATE OF IDAHO

BOARD OF HEALTH-BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City near Aaldene Idaho. Registered No. \_\_\_\_\_  
Street and House No. — \_\_\_\_\_  
County My Puree Registration Dist. No. 128

Sex of Child Female  
Date of Birth 7 26 1920  
MONTH DAY YEAR  
Father Lee Bateman  
FULL NAME  
Mother Muriel Hart  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Stella Margaret Bateman  
GIVEN NAME IN FULL SURNAME  
as reported by Mrs. Lee Bateman  
FATHER OR MOTHER  
George Gorman M.D.  
LOCAL REGISTRAR



NOV 6 1967

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho } ss. OCT 2 1967 Certificate No. 81920  
County of My Perce } Bureau of Vital Statistics Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Stella Margaret Batement who was born on July 26, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in near Culesac, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by                      prepared on                     , are:

<b>FACTS TO BE CORRECTED</b> ("Name," "Birth Date," "Cause of Death," Etc.)	<b>FROM</b> (As on Original)	<b>TO</b> (The Correct Facts)
Child's Last Name <u>Batement</u>	<u>Batement</u>	<u>Stella Margaret Bateman</u>
Father's Last Name <u>Batement</u>	<u>Batement</u>	<u>Lee Bateman</u>

Subscribed and sworn to before me this 2nd day of July, 1967  
Ellen Louise Bateman  
Notary Public, residing at Culesac  
My commission expires March 30, 1968  
(Seal)

Signed Doris M. Bateman  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Culesac Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of My Perce }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 2nd day of July, 1967  
Ellen Louise Bateman  
Notary Public, residing at Culesac  
My commission expires March 30, 1968  
(Seal)

Signed Mattie White  
(Signature of Any Credible Person)  
Culesac Idaho  
(Street Address, City, State)

Child's Birth Cert. on file: (Idaho Birth) #396616 gives full maiden name of mother as Stella Margaret Bateman - viewed by V.S.

Father's Death Cert. on file: (Idaho Death) #61-5254 gives full name as Lee Edward Bateman - viewed by V S

Statement from Von L. Dickinson, dated July 2, 1963, State of Idaho, County of Nez P rce, concerning the School Record of Stella Margaret Bateman, date of record Sept. 6, 1926 - First Grade, age of Applicant 6 - teacher-Viv n Wellman - viewed by V.S.

Photo Copy of Medical Record, of Stella Margaret Morefield, General Hospital, Grangeville, Idaho - date admitted Aug. 24, 1962 gives full name of patient as Stella Margaret Morefield, husband, James Roy Morefield - born July 26, 1920 to Lee Bateman and Doris Muriel Hart - viewed by V.S.

268-207-035-844  
PLACE OF BIRTHCounty of Hey Bence  
City of PeckSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-16

## CERTIFICATE OF BIRTH

Registration District No. 93File No. 81921

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2371

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Jennie BoydSex of Child FTwin  
Triplet  
or other?

and

Number  
in order  
of birth 6Legiti-  
mate? yesDate of Birth Aug-7 1925

(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL NAME Sidney J. Boyd

FATHER

FULL MAIDEN NAME Myrtle M. Humphrey

MOTHER

RESIDENCE Peck - IdaRESIDENCE Peck IdaCOLOR WAGE AT LAST BIRTHDAY 43

(Years)

COLOR WAGE AT LAST BIRTHDAY 33

(Years)

BIRTHPLACE IowaBIRTHPLACE OklahomaOCCUPATION BlacksmithOCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_

Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston IdaFiled 8/8/25 1925Manuel Lyle

Registrar

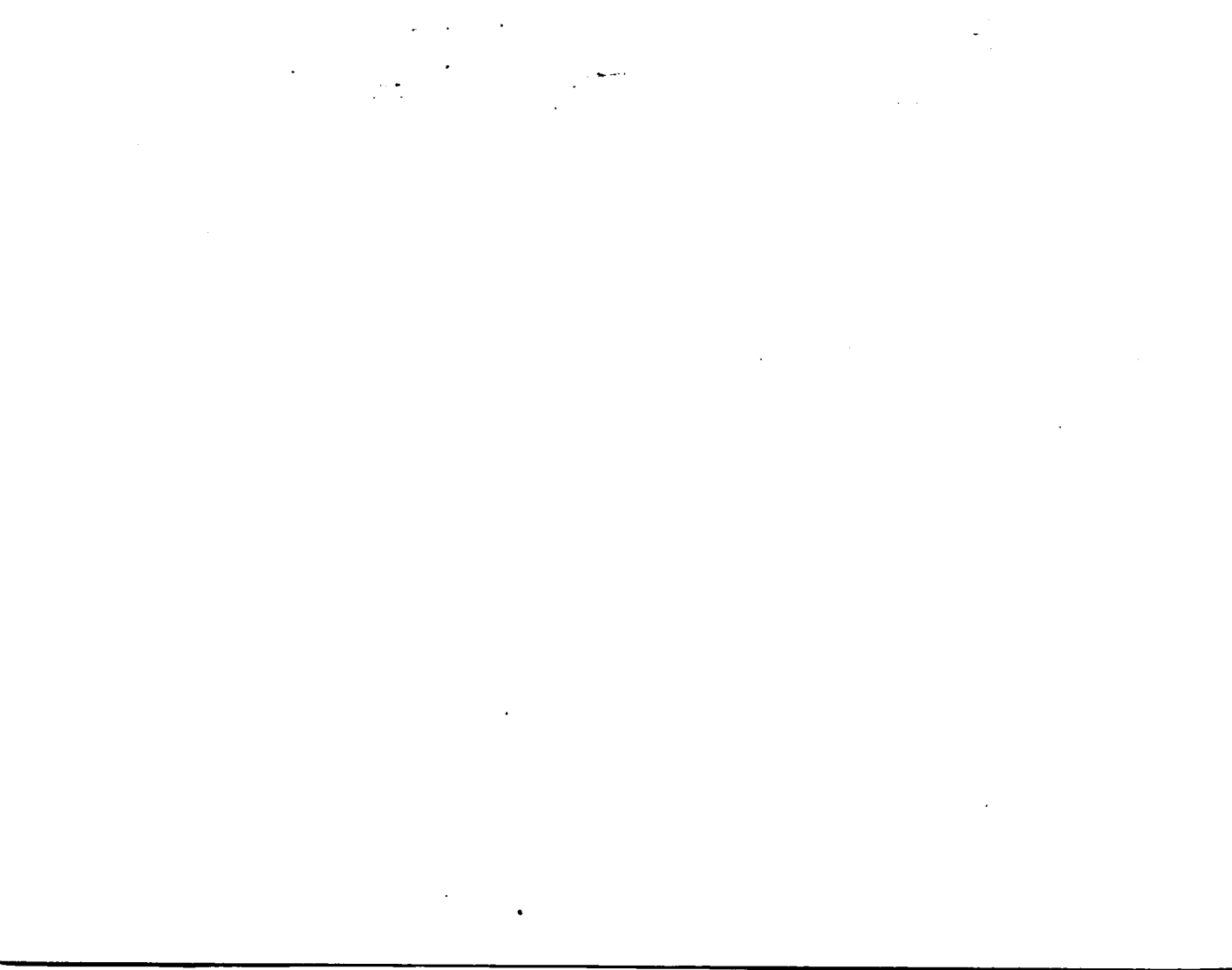


PLATE NO. 177-203-35-562  
 County of Jefferson

BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

City of Lewiston Registration District No. 95 File No. 81922  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Hospital \_\_\_\_\_ Primary Registration District No. 1009 Registered No. 485  
 FULL NAME OF CHILD Viola June Appleford

Sex of Child Female { Twin Triplet or other? } and { Number in order of birth } Legiti mate? yes Date of Birth June 2 19 20  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
 FULL NAME Elmer Appleford  
 RESIDENCE Lewiston Orchard  
 COLOR White AGE AT LAST BIRTHDAY 31 (Years)  
 BIRTHPLACE Wash.  
 OCCUPATION Farmer

MOTHER  
 FULL MAIDEN NAME Bessie Nobles  
 RESIDENCE Lewiston Orchard  
 COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
 BIRTHPLACE Oregon  
 OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ 9 P. M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carson

Given names added from a supplemental report.

(Physician or midwife)  
 Address Lewiston Idaho

Filed Aug 1 1920 James E. Bruce  
 Registrar

01112-1-0000



CONFIDENTIAL  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

84018

MAR 15 1971

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho Certificate No. 81922  
County of Nezperce Date Filed Aug. 6, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Appleford who was born on June 2, 1920 in Lewiston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record, Insurance Policy, Etc. prepared on June 1, 1971, are:

**FACTS TO BE CORRECTED** **FROM**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original)  
Child's name omitted TO  
Viola June Appleford (The Correct Facts)

Subscribed and sworn to before me this 1st day of June, 1971  
Signed Mrs. Jessie Appleford  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1124 - 15th Street Clarkston, Wash.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington } ss. [This Affidavit **MUST** Also be Executed.  
County of Whitman (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 1971  
Signed Alfred Appleford  
(Signature of Any Credible Person)  
1464 Chestnut Clarkston Washington  
(Street Address, City, State)



The Equitable Life Assurance Society of the United State gives namé as Viola J. Appleford. Dated Feb. 14, 1940. Change of Beneficiary Register dated May 21, 1970 gives benficiary as her husband Wallace B. Hodges. Viewed by V. S. JUN 7 1971

Certificate of Baptism gives name as Viola June hodes born June 2, 1920 at Lewiston, Idaho. From the Methodist Church. Community Methodist Church in Farmington. Date March 30, 1958. Signed by. Paul E. Hamlin, Minister. Viewed by V. S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-104-035 981  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. & No. 11-4-22-2-17

CERTIFICATE OF BIRTH

County of Nez Perce

City of Leaverton

Registration District No. 95

File No. 81923

No. St.

Primary Registration District No. 1009

Registered No. 486

Hospital St. Joseph's

FULL NAME OF CHILD

Joseph M. MAURICE Vassar

Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth June 4 1920  
(Month) (Day) (Year)

FATHER  
FULL NAME Elmer J. Vassar  
RESIDENCE 323 - 5th Ave. City  
COLOR white AGE AT LAST BIRTHDAY 45 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Uncle

MOTHER  
FULL MAIDEN NAME Elice Ryan  
RESIDENCE 323 - 5th St. City  
COLOR white AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE New York  
OCCUPATION House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was at 12:30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) R. C. Perkins

(Physician or midwife)

Address Leaverton Idaho

Filed Aug 6 1920 Ernest E. Bruce  
Registrar

FEB 18 1942

DECEASED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.  
County of Nez Perce

Certificate No. 81923

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Joseph Morris Vassar who born on June 4 - 1920  
in Lewiston (Name on Original Certificate) (Was Born or Died) (Date of Event)  
(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by baptismal certificate prepared on June 28 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name", "Birth Date", "Cause of Death", Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

name

Joseph Morris Vassar

Joseph Maurice Vassar

Subscribed and sworn to before me this 21  
day of March, 1942

Notary Public, residing at Lewiston

My commission expires 4-22-44  
(Seal)

Signed Oliver Ryan Vassar, Mother  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

323 - 5 Ave

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Nez Perce

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21  
day of March, 1942

Notary Public, residing at Lewiston

My commission expires 4-22-44  
(Seal)

Signed Catherine L White  
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

1920 23 1920

295-108-035-249

PLACE OF BIRTH

Form V. S. No. 11-C-25m-24-19

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Pay PerceCity of LewistonRegistration District No. 96File No. 81924No. 318-11<sup>th</sup> St.Hospital St JosephsPrimary Registration District No. 1009Registered No. 487FULL NAME OF CHILD Robert Odell Breier Breier

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthJune 8 - 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Earl Paul Breier

RESIDENCE

Lewiston Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Helena, Mont.

OCCUPATION

MerchantFULL  
MAIDEN  
NAMEMOTHER  
Anna Pearl Burlingame

RESIDENCE

Lewiston Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Shangville, Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth / Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 6 A M.  
on the date above stated. (Born alive or stillborn)

(Signature)

O. C. Lemaire

(Physician or midwife)

Address

Lewiston Idaho

Filed

Aug 6 1920 A. E. Bruce  
Registrar

Registrar

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

4/17/41 L. B.

MARGIN RESERVED FOR RINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

625-208 235-743  
DEPARTMENT OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. 22-11-C-25m-7-21-19

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 81925

No. \_\_\_\_\_ St.

Hospital St Joseph

Primary Registration District No. 1009 Registered No. 488

Eleanor Margaret

FULL NAME OF CHILD

O'Keefe

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth }	Legitimate? <u>Yes</u>	Date of Birth <u>June 9</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	----------------------------------	------------------------	--

FULL NAME <u>Wallace P. O'Keefe</u>	FATHER
RESIDENCE <u>Clarkston Wash.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Wash.</u>	
OCCUPATION <u>Travelling Salesman</u>	

FULL MAIDEN NAME <u>Margaret Pulse</u>	MOTHER
RESIDENCE <u>Clarkston Wash.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn) at 9:30 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Idaho

Filed Aug 6 1920 Wm E Bruce

Registrar

Registrar



~~NOV 29 1972~~

NOV 29 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of .....  
 County of .....  
 Certificate No. 81925  
 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of .....  
 for **Unnamed O'Keefe (Female)** who **was born** on **June 9, 1920**  
 (Name on Original Certificate) (Was Born or Died) (Date of Event)  
 in **Lewiston, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of Event)

true facts are shown by ..... prepared on ..... are:  
 (Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
 ("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
**Child's name** **Unnamed** **Eleanor Margaret O'Keefe**

Subscribed and sworn to before me this **29<sup>th</sup>** day of **November** 19 **72**  
 Notary Public, residing at **Bellevue, WA**  
 My commission expires **Feb. 18, 1975**  
 (Seal)  
 Signed **10050 SE 16 BELLEVUE WA**  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
 (Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of .....  
 County of .....  
 [This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of .....  
 , 19.....  
 Signed.....  
 (Signature of Any Credible Person)

Notary Public, residing at .....  
 My commission expires .....  
 (Seal) (Street Address, City, State)

Franklin High School Diploma gives name as Eleanor Margaret O'Keefe. Graduated  
June 16, 1939, S. P. Trathen, Principal Seattle, Washington.  
Viewed by V.S.

NOV 30 1972

Married October 4, 1940 at Brighton Presbyterian Church, Seattle, Washington  
gives name as Eleanor Margaret O'Keefe. Married to Leland Hall. Rev. Weiman Smith,  
Pastor.  
Viewed by V.S.

291-110-035-865  
PLACE OF BIRTHCounty of IdahoCity of Lewiston

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

Registration District No. 96 File No. 81926Primary Registration District No. 1009 Registered No. 489Orville Lester Branson

Sex of Child <u>m.</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>6-18</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	--	-----------------------------	---

FULL NAME <u>Lester D. Branson</u>	FATHER
RESIDENCE <u>Lewiston, Ida.</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Helen Houchens</u>	MOTHER
RESIDENCE <u>Lewiston, Ida.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Colorado</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth. <u>2</u>	Number of children of this mother now living, including present birth. <u>2</u>
---	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was alive at 4-11 A. M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. McMahon

(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston, Ida.Filed Aug 6 1920 Lusan E. Bruce

3/26/41 L. B.

331-211-035-313

## PLACE OF BIRTH

County of My PerceCity of Park

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 96 File No. 81927Primary Registration District No. 1009 Registered No. 490Charlotte Hazel Clark

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 11</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>Charles Michael Clark</u>	FATHER
RESIDENCE <u>Park, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Wn.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Sarah Anna Tallman</u>	MOTHER
RESIDENCE <u>Park, Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Ida.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:00 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19.

(Signature) J. M. Fairly  
Physician  
(Physician or midwife)

Address Bozeman, Idaho  
Filed July 6 1920 Ernest E. Bruce  
Registrar Registrar

JUN 18 1948

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

PLACE OF BIRTH

314-113-035-415

County of Nez Perce

City of

Lewiston OrchardsRegistration District No. 95File No. 81928

No. .... St.

Primary Registration District No. 1099Registered No. 491

Hospital

FULL NAME OF CHILD

Robert Lawrence Taunt

Sex of Child

male~~Triplet~~  
or other?

and

Number  
in order  
of birthoneLegiti-  
mate?yesDate of  
BirthJune 13 1920  
(Month) (Day) (Year)FULL  
NAMELawrence E Taunt

FATHER

RESIDENCE

Lewiston Orchards

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Minnesota

OCCUPATION

farmerFULL  
MAIDEN  
NAMEMildred Mann

MOTHER

RESIDENCE

Lewiston Orchards

COLOR

whiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive born  
on the date above stated.at 8:30 A.M.\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

E. J. Sorenson M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Lewiston Idaho

Filed

Aug 6 1920Simon E Bruce

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MARGIN RESERVED FOR INDEXING



FEB 8 1974

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *Lewiston*City of *Lewiston*Registration District No. *95*File No. *81029*

No. .... St.

Primary Registration District No. *1009*Registered No. *492*

Hospital .....

FULL NAME OF CHILD

*Francis Dolleman*Sex of  
Child*male*Single  
Triplet  
or other?

and

(Number  
in order  
of birth*2*Legiti-  
mate?*yes*Date of  
Birth*June 16 1920*  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAME*Francis Dolleman*

FATHER

FULL  
MAIDEN  
NAME*Beatrice Baker*

MOTHER

RESIDENCE

*Lewiston Orchards*

RESIDENCE

*Lewiston Orchards*

COLOR

*white*AGE AT LAST  
BIRTHDAY*25*  
(Years)

COLOR

*white*AGE AT LAST  
BIRTHDAY*26*  
(Years)

BIRTHPLACE

*Holland*

BIRTHPLACE

*Holland*

OCCUPATION

*Laborer*

OCCUPATION

*Housewife*Number of child of this mother, including present birth *2*Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Born alive*  
on the date above stated.at *8 a.m.*  
(Born alive or stillborn)\*When there was no attending physician or  
midwife (then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) *E. E. Dolleman M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address *Lewiston Idaho*Filed *Aug 1920* *Arman E. Bruce*

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

MAR 20 1952

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THERE IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

417-218-035-253

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Nez Percé

City of Lapwai

Registration District No. 95

File No. 81930

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1009 Registered No. 493

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Maxwell

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth <u>(To be answered only in event of plural births)</u>	Legiti mate? <u>Yes.</u>	Date of Birth <u>June 18</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-------	---	--------------------------	---

FULL NAME <u>Starr J. Maxwell</u>	FATHER
RESIDENCE <u>Lapwai Ida</u>	
COLOR <u>Red</u>	AGE AT LAST BIRTHDAY <u>48</u> (Years)
BIRTHPLACE <u>Idaho.</u>	
OCCUPATION <u>Lawyer.</u>	

FULL MAIDEN NAME <u>Alice Bell</u>	MOTHER
RESIDENCE <u>Lapwai Ida</u>	
COLOR <u>Red</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Oregon.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W. Alley

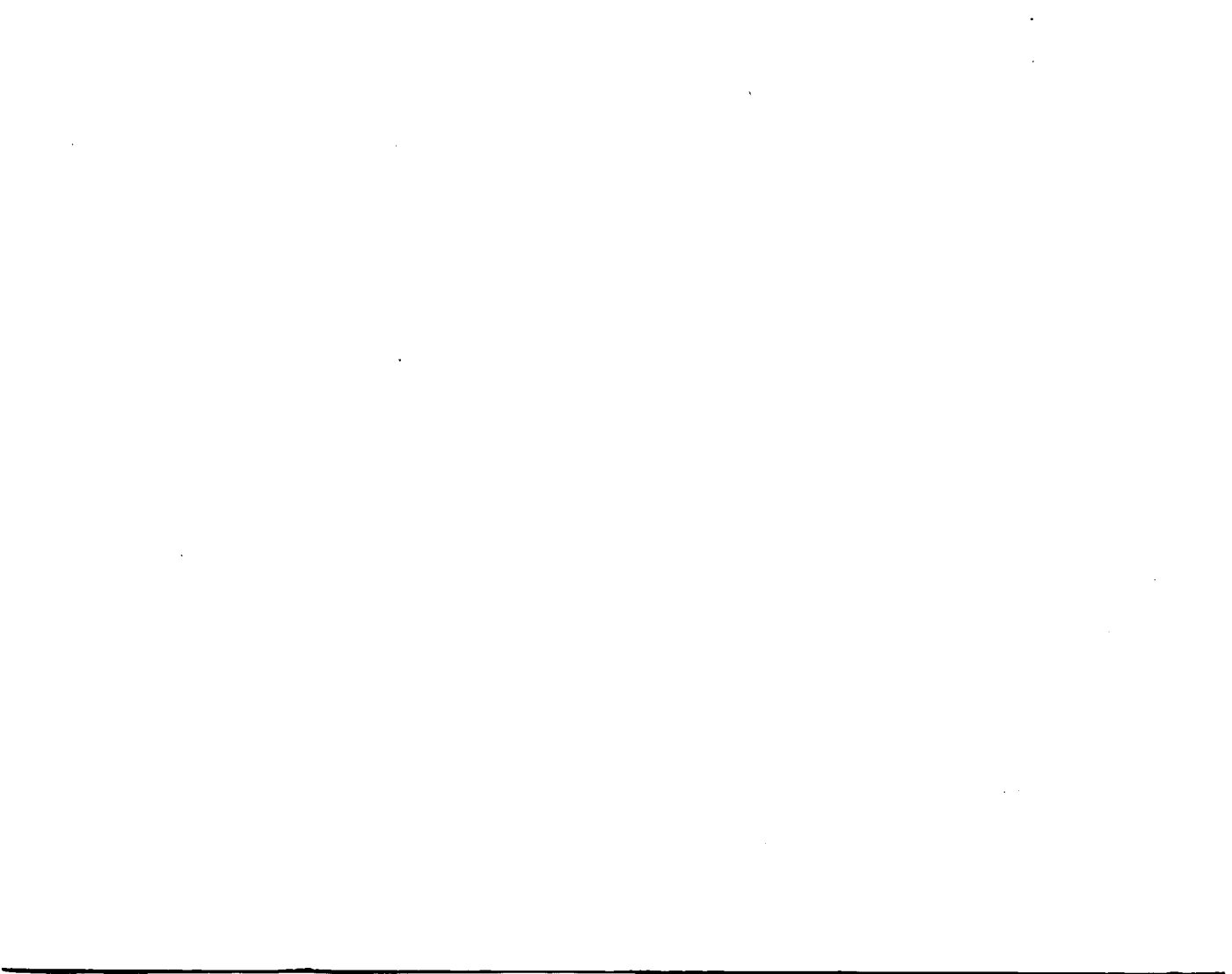
Given names added from a supplemental report.

(Physician or midwife)

Address Leurston Idaho

Filed Aug 6 1920 Duncan E. Bruce  
Registrar

Registrar



75-222-075-415

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Nez PerceCity of LewistonRegistration District No. 95File No. 81981

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_ Primary Registration District No. 1029 Registered No. 494

FULL NAME OF CHILD

Eva May Pearcell

Sex of Child

FemaleTwin  
Triplet  
or other?

(To be answered only in event of plural births)

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthJune 29 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Edgar D Pearcell

RESIDENCE

Lewiston Orchards

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Wash.

OCCUPATION

LaborerFULL  
MAIDEN  
NAMEMOTHER  
Hester Davenport

RESIDENCE

Lewiston Orchards

COLOR

WhiteAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Montana

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 8 a. M.  
on the date above stated. (Born alive or ~~stillborn~~)

(Signature)

Paul W Johnson(Physician or ~~midwife~~)

Address

Lewiston Idaho

Filed

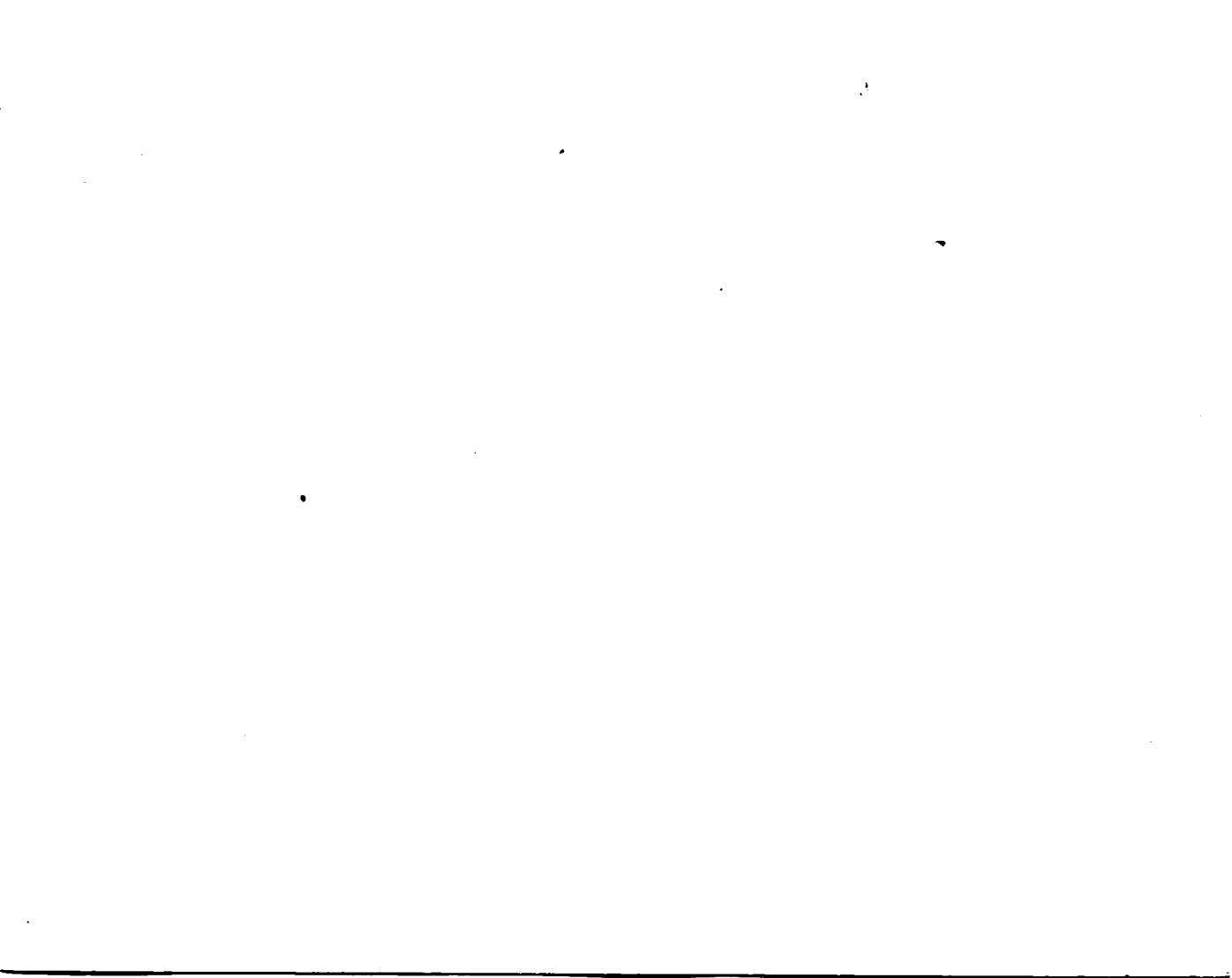
Aug 6 1920Wm E Bruce  
Registrar

Registrar

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19



31-12-1903-035-254

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-1-12

County of Nez PerceCity of LeicesterRegistration District No. 95File No. 81.932No. 1504 Main St.Primary Registration District No. 1009Registered No. 495Hospital White

FULL NAME OF CHILD

Walter Jr CalvertSex of  
ChildMaleTwin  
Triplet  
or other?XNumber  
in order  
of birthX

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
Birth6 22

(Month) (Day) (Year)

FULL  
NAMEJ. W. Calvert

FATHER

RESIDENCE

Leicester Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY44  
(Years)

BIRTHPLACE

Id.

OCCUPATION

MerchantFULL  
MAIDEN  
NAMEHilda Beuland

MOTHER

RESIDENCE

Leicester Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

S. W.

OCCUPATION

H. W.Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 10 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Edgar J. White

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Aug 6 1903

Registrar

Ernest E. Bruce  
Registrar



JUN 6 1946

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

196-23-935-655  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-35m-7-21-19

County of My Pelee

City of Idaho

Registration District No. 96 File No. 81933

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1009 Registered No. 496

Hospital \_\_\_\_\_

FULL NAME OF CHILD ORA NADINE Brown

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>June 23 1900</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	------------------------	---

FATHER  
FULL NAME John Homer Brown  
RESIDENCE Winona Wash  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Missouri  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Edith Paula Wendover  
RESIDENCE Winona Wash  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated. 4 P. M.

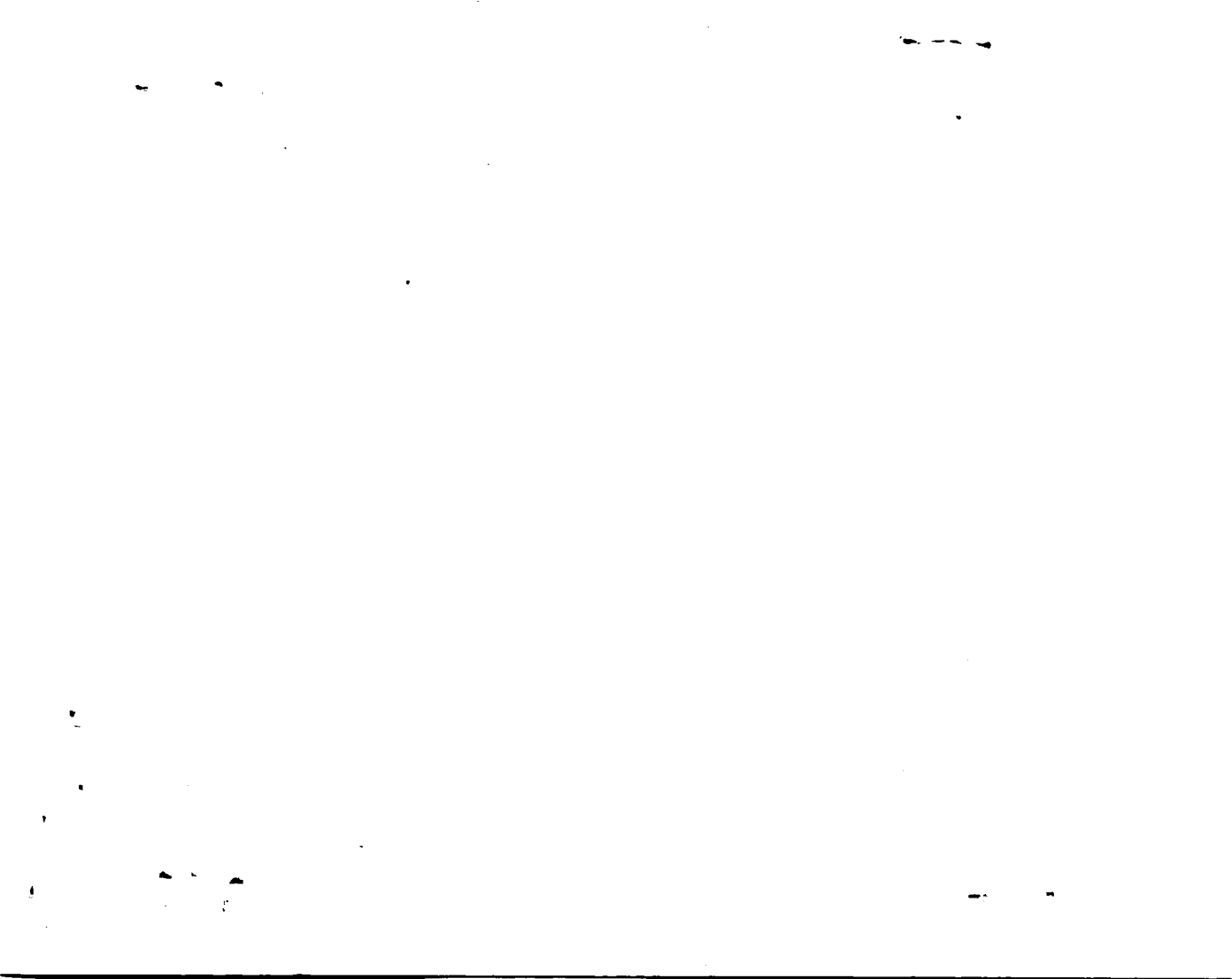
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. \_\_\_\_\_ 19. \_\_\_\_\_

(Born alive or stillborn) \_\_\_\_\_  
(Signature) Paul W Johnson

(Physician or midwife) \_\_\_\_\_  
Address Levinston Idaho

Filed Aug 6 1920 Brown E Brown  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }  
County of Whitman } ss. Certificate No. 81933  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
(BIRTH OR DEATH)  
for Ora Nadine Brown who was born on June 23, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Lewiston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Parents prepared on May 9th 1942, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
<u>Name</u>	<u>Omitted</u>	<u>Ora Nadine Brown</u>

Subscribed and sworn to before me this 9th  
day of May, 1942  
R. M. Hughes  
Notary Public, residing at Winona, Wash.  
My commission expires April 20, 1945  
(SEAL)

Signed Edith Brown  
(SIGNATURE OF PERSON OR ATTENDANT IF CORRECTING A BIRTH RE-  
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
Winona, Wash.  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }  
County of Whitman } ss.  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and  
that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 9th  
day of May, 1942  
R. M. Hughes  
Notary Public, residing at Winona, Wash.  
My commission expires April 20, 1945  
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]  
Signed C. V. Kuehl  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
Winona, Wash.  
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 11 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

MAY 14 1942

943 11 174

319-123035-893

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of JeffersonCity of LewistonRegistration District No. 96File No. 81934

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1009Registered No. 497

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Jesse John Carter

Sex of Child

MaleTwin  
Triplet  
or other?and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legit  
mate?YesDate of  
BirthJune 231920FULL  
NAMEWilliam W. Carter

RESIDENCE

Lewiston Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

New Mexico

OCCUPATION

LaborerFULL  
MAIDEN  
NAMEVirginia Hickenbottom

RESIDENCE

Lewiston Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

3:30 A.M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Paul W. Johnson

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Lewiston Idaho

Filed

Aug 6 1920Paul E. Brice

Registrar

Registrar

APR 14 1960

295-205-035-855

PLACE OF BIRTH **Idaho** Amended Child's Birth Record **STATE OF IDAHO** Form V. S. No. 11-C-25m 9-17  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF BIRTH**

County of **Nez Perce** 1/23/2003 LME  
 City of **Leviston** Registration District No. **96** File No. **81935**  
 No. **1504 Main** St. Primary Registration District No. **1009** Registered No. **498**  
 Hospital **White**  
 FULL NAME OF CHILD **Edith King**

Sex of Child <b>Female</b>	Twin Triplet or other? <b>X</b>	and { Number in order of birth <b>X</b>	Legiti- mate? <b>yes</b>	Date of Birth <b>6 25 1920</b> (Month) (Day) (Year)
FULL NAME <b>Edith King</b>		FULL MAIDEN NAME <b>Cecily Henry</b>		
RESIDENCE <b>Brayton</b>		RESIDENCE <b>Idaho</b>		
COLOR <b>White</b>	AGE AT LAST BIRTHDAY <b>38</b> (Years)	COLOR <b>White</b>	AGE AT LAST BIRTHDAY <b>30</b> (Years)	
BIRTHPLACE <b>Idaho</b>		BIRTHPLACE <b>Wash</b>		
OCCUPATION <b>Rancher</b>		OCCUPATION <b>H. W.</b>		

Number of child of this mother, including present birth **3** Number of children of this mother now living, including present birth **3**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was **alive** at **5:15** A. M.  
 on the date above stated. (Born alive or stillborn)

(Signature) **Edgar L. White**

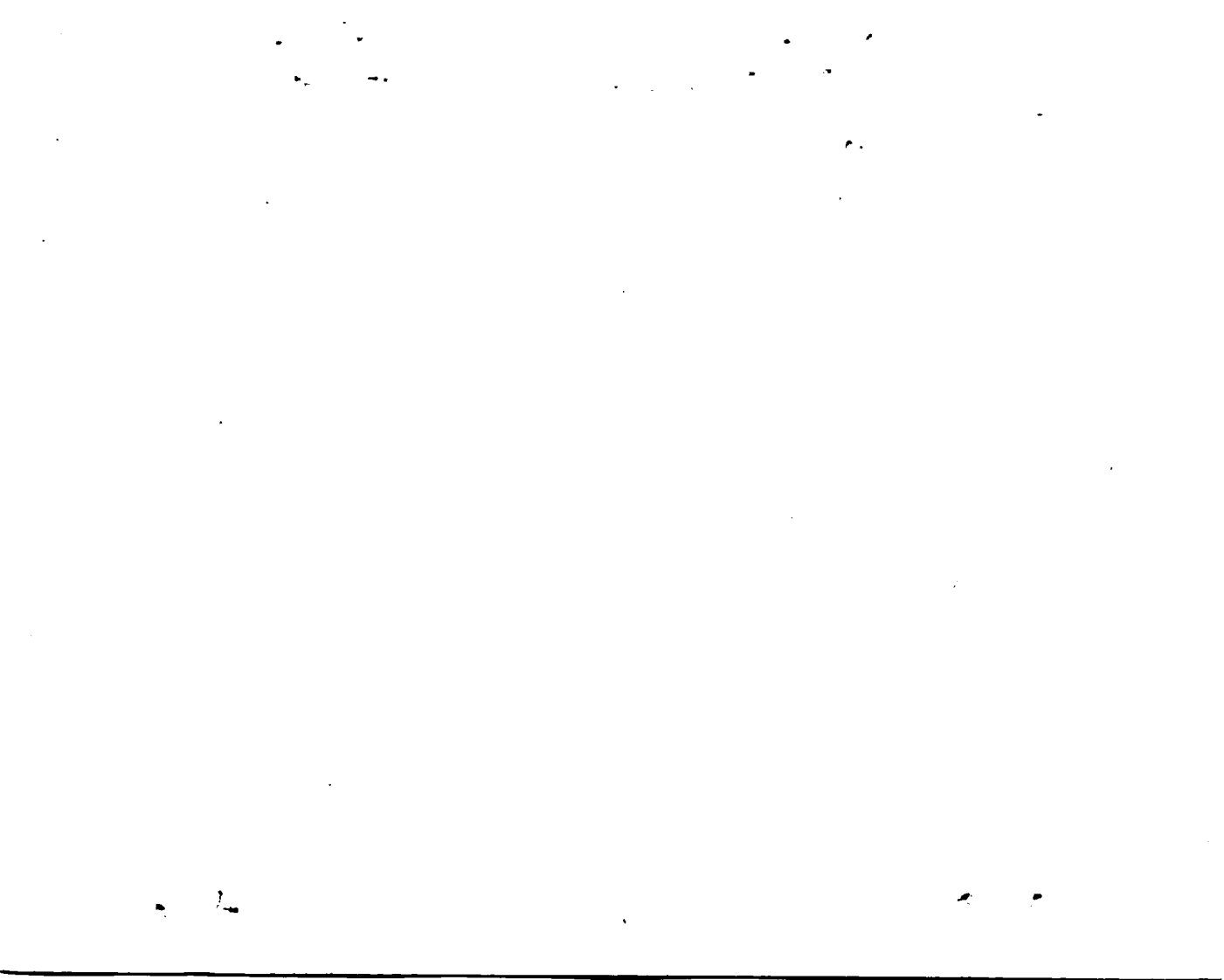
(Physician or midwife)

Given names added from a supplemental report.

Address **19**

Filed **Aug 6 1920** **Susan E. Bruce**  
 Registrar





IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

11-4-02

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS.

03 JAN 21 PM 1:13

Certificate No. 20-81935

Date Filed 8-8-20

The undersigned does solemnly swear that certain facts on the certificate of birth

(Birth, Death, Marriage, etc.)

for Edith King who was born on June 25, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Lewiston (Nez Perce) Idaho are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

Child's Date of Birth

June 25, 1920

June 21, 1920

Subscribed and sworn to before me this 16th day of January, 2003

Notary Public, Rosalinda S. Carlton

Residing at Yucca Valley, CA 92284

My commission expires June 9, 2006

(Seal)

Signature of Applicant

Street Address, City, State 92284

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State



Patient Information for Edith Allen Brazel date of birth is 6-21-1920 age 75 dated 12-21-1995. Viewed by V.S.

Washington Drivers License issued 6-18-96 for Edith Allen Brazel states her birthdate as 6-21-1920. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-226-035-493

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Nez PerceCity of LewistonRegistration District No. 96File No. 81936

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St JosephPrimary Registration District No. 1009Registered No. 499

FULL NAME OF CHILD

Mary Jean Howe

Sex of Child

FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate?Yes

Date of Birth

June 26 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Earl L. Howe

RESIDENCE

Seattle Wash.

COLOR

White

AGE AT LAST BIRTHDAY

30  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

Salesmanager

FULL MAIDEN NAME

MOTHER  
Anna Mitchell

RESIDENCE

Seattle Wash.

COLOR

White

AGE AT LAST BIRTHDAY

28  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

11450 N.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. C. Carson

(Physician or midwife)

Given names added from a supplemental report.

19

Address

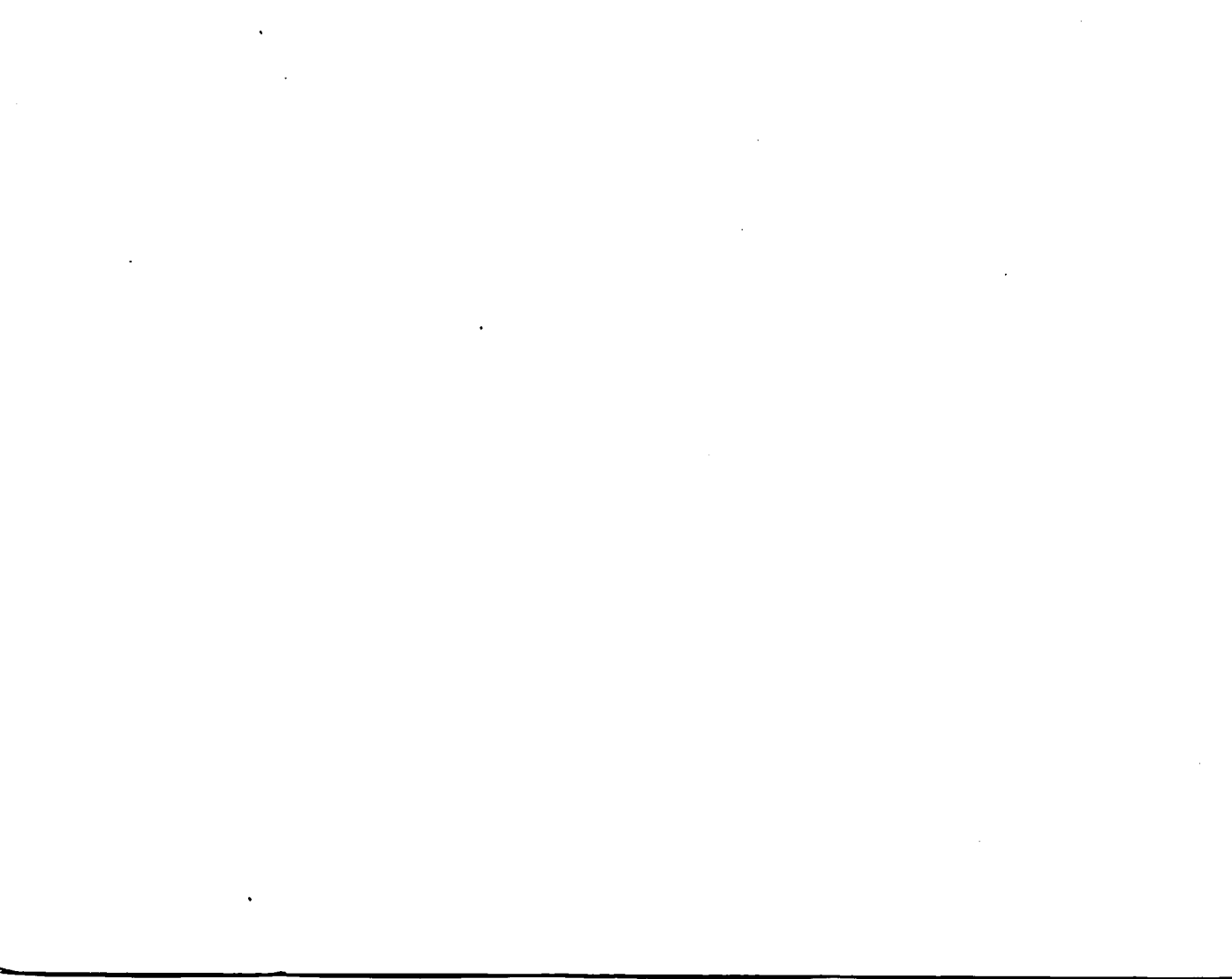
Lewiston Idaho

Filed

Aug 8 1920Susan E. Bruce

Registrar

Registrar



342-230-035-466

## PLACE OF BIRTH

County of Nez PerceCity of LewistonNo. 1504 Main St.Hospital White

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m

81937

Registration District No. 96

File No. ....

Primary Registration District No. 1009Registered No. 500

Sex of Child <u>Female</u>	Twin Triplet or other? <u>X</u>	and { Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>6 30 1920</u> (Month) (Day) (Year)
----------------------------	---------------------------------	---	------------------------	--

FATHER		MOTHER	
FULL NAME <u>J. Lukens</u>	FULL MAIDEN NAME <u>Elyvira Moore</u>	FULL NAME <u>J. Lukens</u>	FULL MAIDEN NAME <u>Elyvira Moore</u>
RESIDENCE <u>Lewiston Ida</u>	RESIDENCE <u>Lewiston Ida</u>	RESIDENCE <u>Lewiston Ida</u>	RESIDENCE <u>Lewiston Ida</u>
COLOR <u>White</u>	COLOR <u>White</u>	COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>23</u> (Years)	AGE AT LAST BIRTHDAY <u>22</u> (Years)	AGE AT LAST BIRTHDAY <u>23</u> (Years)	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Labour</u>	OCCUPATION <u>H. W.</u>	OCCUPATION <u>H. W.</u>	OCCUPATION <u>H. W.</u>

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 10 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White

(Physician or midwife)

Given names added from a supplemental report.

Address 19Filed Aug 6 1920 Helen E Bruce

Registrar

Registrar

✓

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

995 127.035-862

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Nez Perce

City of Agatha

Registration District No. 96

File No. 81938

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1009

Registered No. 501

Hospital \_\_\_\_\_

FULL NAME OF CHILD HARRY LAVERNE RIETZE

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>May 22</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	---

FULL NAME C. A. Rietze  
FATHER  
RESIDENCE Agatha Ida  
COLOR White AGE AT LAST BIRTHDAY 29  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

FULL MAIDEN NAME Phoebe Irene Harkin  
MOTHER  
RESIDENCE Agatha, Ida  
COLOR White AGE AT LAST BIRTHDAY 26  
(Years)  
BIRTHPLACE Wincoum  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 12:45 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. M. Fairley  
Physician  
(Physician or midwife)

Address Prosser, Idaho

Filed Aug 6 1920 Ernest E. Bruce  
Registrar

Registrar



OCT 3 1961

Dup of 1920-298055

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

417-121035-462  
City of Agatha

No. .... St.

Registration District No. .... 96

File No. .... 81939

Hospital .....

Primary Registration District No. .... 1809

Registered No. .... 502

FULL NAME OF CHILD Leslie Lorraine Maguire

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u> and { Number in order of birth <u>    </u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>May 21</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

FATHER  
FULL NAME Leslie Lorraine Maguire  
RESIDENCE Agatha Idaho  
COLOR White AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Alice Dobson  
RESIDENCE Agatha Idaho  
COLOR White AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth ..... 1 Number of children of this mother now living, including present birth ..... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 5:30 A. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... E. G. Braddock

Given names added from a supplemental report.

(Physician or midwife)  
Address ..... Leicester Idaho

Filed Aug 6 1920 Ernest E. Bruce  
Registrar

JUN 29 1965

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

766-207075-689  
County of Nez PerceCity of LewistonRegistration District No. 96File No. 81941

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St JosephPrimary Registration District No. 009Registered No. 504

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child

FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJuly 11920

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAMEFATHER  
Roy PoopsFULL  
MAIDEN  
NAME

MOTHER

Ora Whisner

RESIDENCE

Clarks ton Wash

RESIDENCE

Clarks ton Wash

COLOR

WhiteAGE AT LAST  
BIRTHDAY40  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

BIRTHPLACE

Washington

BIRTHPLACE

Kansas

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 10 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

John H. Clegg

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Lewiston Idaho

Filed

Aug 20 1920Wesley E Brown

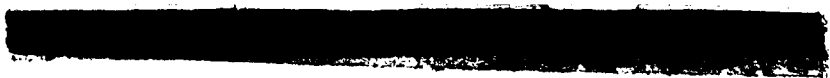
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLACE OF BIRTH

County of *My Pence*City of *Pewiston*No. *1514 Main* St.Hospital *White*

FULL NAME OF CHILD

*Wilma Marie Brutzman*

Sex of Child

*Female*Twin  
Triplet  
or other? *x*and (Number  
in order  
of birth *x*

(To be answered only in event of plural births)

Legiti-  
mate?*yes*Date of  
Birth*7**2**1920*

(Month) (Day) (Year)

FULL  
NAME*Ed Brutzman*

FATHER

RESIDENCE

*Pewiston Ida*

COLOR

*White*AGE AT LAST  
BIRTHDAY*3.3*

(Years)

BIRTHPLACE

*Ida*

OCCUPATION

*Mechanic*FULL  
MAIDEN  
NAME*Marie Beaman*

MOTHER

RESIDENCE

*Pewiston Ida*

COLOR

*White*AGE AT LAST  
BIRTHDAY*3.3*

(Years)

BIRTHPLACE

*Oregon*

OCCUPATION

*H. W.*Number of child of this mother, including present birth....*2*...Number of children of this mother now living, including present birth....*2*...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....*alive*.....*30*.....*A.*.....*M.*  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

*Edgar A. White*

(Physician or midwife)

Given names added from a supplemental report.

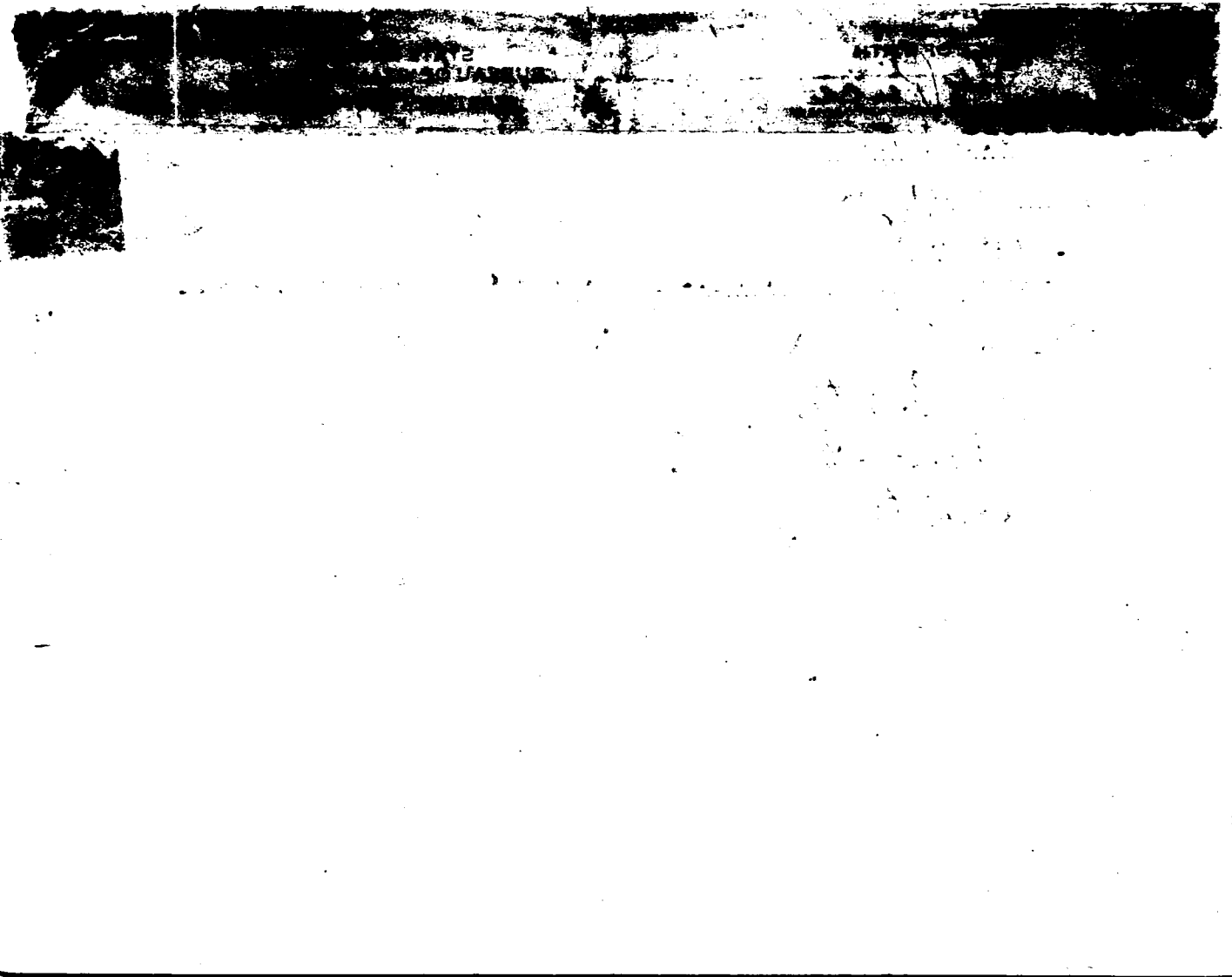
Address.....

Filed.....

*Aug 7 1920*

Registrar

*Harmon C. Bruce*  
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-203-235-331  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Nez Perce

City of Lewiston

Registration District No. 95

File No. 81943

No. \_\_\_\_\_ St.

Primary Registration District No. 1009 Registered No. 506

Hospital \_\_\_\_\_

FULL NAME OF CHILD Josephine

M. Kinnick

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 3</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	-------	--------------------------------	----------------------------	---

FULL NAME FATHER Robert M. Kinnick

FULL MAIDEN NAME MOTHER Lucille Kinnick

RESIDENCE Star Route, Lewiston Idaho

RESIDENCE Star Route Lewiston Ida

COLOR White AGE AT LAST BIRTHDAY 45  
(Years)

COLOR White AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Penn.

BIRTHPLACE Penn.

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 5 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaac H. Kelly  
(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Idaho

Filed Aug 7 1920 Ernest E. Price  
Registrar

Registrar



JAN 14 1948

FEB 14 1973

6932 03-035-819

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. &amp; No. 11-C—22m-3-3-17

## CERTIFICATE OF BIRTH

County of  Nez Perce City of  Lewiston Orchard Registration District No.  95 File No.  81944 No.   St.  Primary Registration District No.  1009 Registered No.  507 Hospital  FULL NAME OF CHILD  Frances Eugene Fitzsimmond 

Sex of Child <u> Female </u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u> yes </u>	Date of Birth <u> July 3 </u> 19 <u> 20 </u> (Month) (Day) (Year)
------------------------------	---	--------------------------------------	-------------------------------	--

FATHER		MOTHER	
FULL NAME <u> Robert D. Fitzsimmond </u>	FULL MAIDEN NAME <u> Helen Harman </u>	FULL NAME <u> Robert D. Fitzsimmond </u>	FULL MAIDEN NAME <u> Helen Harman </u>
RESIDENCE <u> Lewiston Orchard </u>	RESIDENCE <u> Lewiston Orchard </u>	RESIDENCE <u> Lewiston Orchard </u>	RESIDENCE <u> Lewiston Orchard </u>
COLOR <u> white </u>	AGE AT LAST BIRTHDAY <u> 29 </u> (Years)	COLOR <u> white </u>	AGE AT LAST BIRTHDAY <u> 21 </u> (Years)
BIRTHPLACE <u> Mauston, W. Dak. </u>	BIRTHPLACE <u> Greenhorn, Oregon </u>	BIRTHPLACE <u> Mauston, W. Dak. </u>	BIRTHPLACE <u> Greenhorn, Oregon </u>
OCCUPATION <u> Farmer </u>	OCCUPATION <u> house wife </u>	OCCUPATION <u> Farmer </u>	OCCUPATION <u> house wife </u>

Number of child of this mother, including present birth  1 ..... Number of children of this mother now living, including present birth  1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was   at  5 A  M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)  R. J. Perkins 

(Physician or midwife)

Given names added from a supplemental report.

Address  Lewiston, Ida Filed  Aug 7  19 18   Frank E. Brown 

Domicile

APR 7 1969

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-203-035-281  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 81945

No. \_\_\_\_\_ St.

Hospital St Joseph

Primary Registration District No. 1009

Registered No. 508

FULL NAME OF CHILD Frances Marion Schnabel

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 3</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	-------	--------------------------------	----------------------------	---

FULL NAME Phillip M. Schnabel  
FATHER  
RESIDENCE Clarkston, Wash.  
COLOR White AGE AT LAST BIRTHDAY 28  
(Years)  
BIRTHPLACE Washington  
OCCUPATION Deerbreymen

FULL MAIDEN NAME Angelina Shackelford  
MOTHER  
RESIDENCE Clarkston, Wash.  
COLOR White AGE AT LAST BIRTHDAY 23  
(Years)  
BIRTHPLACE Oregon  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 1:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston, Idaho

Filed Aug 7 1920 Wm E Bruce  
Registrar

Registrar

MAY 28 1943

793-109 235132  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-3

County of PayetteCity of LewistonRegistration District No. 96File No. 81946No. 1504 Main St.Primary Registration District No. 1009Registered No. 509Hospital WhiteFULL NAME OF CHILD Robert Gillette

Sex of Child <u>Male</u>	Twin Triplet or other? <u>X</u>	Number in order of birth <u>X</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>7</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------------	---	-----------------------------	---

FULL NAME <u>Howard L. Gillette</u>	FATHER	FULL MAIDEN NAME <u>Nathaniel L. Alberger</u>	MOTHER
RESIDENCE <u>Waha Ida</u>		RESIDENCE <u>Lewiston Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>H. W.</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive (born alive or still born) at 7:35 A. M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elgar L. White

(Physician or midwife)

Given names added from a supplemental report.

Address LewistonFiled June 7, 1920 Susan E. Bruce

Registrar

Registrar

SEP 17 1941

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-209-035-619  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 81947

No. \_\_\_\_\_ St.

Hospital St. Joseph

Primary Registration District No. 1009 Registered No. 510

FULL NAME OF CHILD Dorothea Maryott Peebles

Sex of Child Female Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth Legiti mate? Yes Date of Birth July 9 1920 (Month) (Day) (Year)

FULL NAME FATHER John E. Peebles

RESIDENCE Lewiston, Ida.

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Nebraska

OCCUPATION Hardware clerk

FULL MAIDEN NAME MOTHER Fannie Ward

RESIDENCE Lewiston

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 4 a. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Braddock

(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Idaho

Filed Aug 7 1920 E. Susan E. Burr

Registrar

Registrar



AUG 6 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-116-235-387

PLACE OF BIRTH

Form V. S. No. 11-C-25a-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 81948

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St Joseph

Primary Registration District No. 1009

Registered No. 511

FULL NAME OF CHILD John Bruton Wormell

Sex of Child

Male

Twin  
Triplet  
or other?

and { Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of Birth

July 16 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Albert A Wormell

RESIDENCE

Lewiston, Ida.

COLOR

White

AGE AT LAST BIRTHDAY 47  
(Years)

BIRTHPLACE

California

OCCUPATION

Grain dealer

FULL MAIDEN NAME

MOTHER  
Eva M. Cypher

RESIDENCE

Lewiston Idaho

COLOR

White

AGE AT LAST BIRTHDAY 43  
(Years)

BIRTHPLACE

Ohio

OCCUPATION

Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

at 4:20 a. m.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Paul W Johnson

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Lewiston Idaho

Filed

Aug 7 1920

Norm E Bruce

Registrar

Registrar

JAN 12 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-117-035-155

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Myer

City of Leicester

No. 615-4th St.

Registration District No. 96

File No. 81949

Hospital \_\_\_\_\_

Primary Registration District No. 1409 Registered No. 512

FULL NAME OF CHILD Irvendale Clelland Charles

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>July 17</u> 19 <u>50</u> (Month) (Day) (Year)
--------------------------	--	--------------------------------	------------------------	---

FATHER  
FULL NAME Henry D. Clelland  
RESIDENCE Leicester Idaho  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Laborer

MOTHER  
FULL MAIDEN NAME Clara M. Jenkins  
RESIDENCE Leicester Idaho  
COLOR White AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 7:55 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. B. Carson

Given names added from a supplemental report.

(Physician or midwife)

Address Leicester Idaho

Filed Aug 7 1950 Susan E. Brown Registrar

Registrar

Certified Copy issued Jan. 28, 1941. E.W.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

PLACE OF BIRTH

393-217-1035-293

County of NezperceCity of LewistonNo. East Lewiston St.Registration District No. .... 95 .....File No. .... 81950 .....

Hospital .....

Primary Registration District No. .... 1009 .....Registered No. .... 513 .....FULL NAME OF CHILD ..... Laura May Little .....

Sex of Child female ☒ Twin ☐ Triplet or other? ☐ and ☐ Number in order of birth 6 ☐ Laidmate? ☒ Date of Birth July 17 1920  
(Month) (Day) (Year)  
(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	<u>Frank P Little</u>	FULL MAIDEN NAME	<u>Maud Kitchen</u>
RESIDENCE	<u>Lewiston</u>	RESIDENCE	<u>Lewiston</u>
COLOR	<u>white</u>	COLOR	<u>white</u>
AGE AT LAST BIRTHDAY	<u>31</u> (Years)	AGE AT LAST BIRTHDAY	<u>37</u> (Years)
BIRTHPLACE	<u>Illinois</u>	BIRTHPLACE	<u>Illinois</u>
OCCUPATION	<u>Glass maker</u>	OCCUPATION	<u>Housewife</u>

Number of child of this mother, including present birth .... 6 .... Number of children of this mother now living, including present birth .... 4 ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at ..... 340 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... E. F. Dorman ..... M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address ..... Lewiston Idaho .....Filed Aug 7 1920 Fusan E Burr

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1964

100-100000-100

100-100000-100

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

168-219-035-365  
 PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Nez PerceCity of LewistonRegistration District No. 96File No. 81951

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St JosephPrimary Registration District No. 1009Registered No. 514FULL NAME OF CHILD GeraldineJohnson

Sex of Child

FemaleTwin  
Triplet  
or other?

} and {

Number  
in order  
of birth

} (To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthJuly 19  
(Month) (Day)1920  
(Year)FULL  
NAMEFATHER  
Roy Johnson

RESIDENCE

Winchester Ida.

COLOR

White

AGE AT LAST

BIRTHDAY

27  
(Years)

BIRTHPLACE

Minn.

OCCUPATION

AuditorFULL  
MAIDEN  
NAME

MOTHER

Helen Long

RESIDENCE

Winchester

COLOR

White

AGE AT LAST

BIRTHDAY

24  
(Years)

BIRTHPLACE

Wis.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

833 a.m.

(Signature)

Dr. Braddock

(Physician or midwife)

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

Given names added from a supplemental report.

19

Address

Lewiston Idaho

Filed

Aug 7

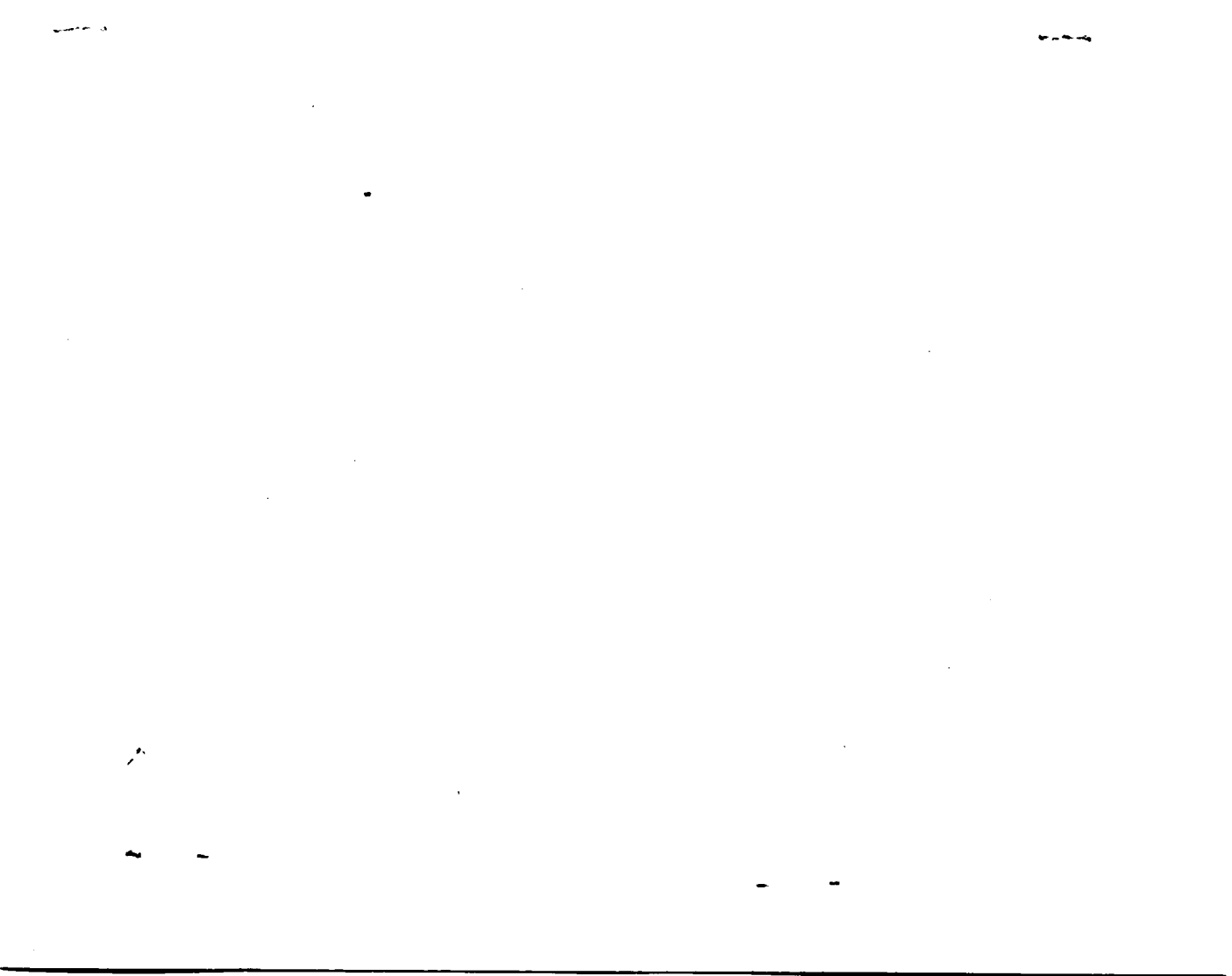
1920

Dwan E. Pomeroy

Registrar

Registrar





Baptismal Certificate, Feb. 14, 1942, gives name as Geraldine Johnson and Spokane  
Sept. 5, 1920

IDAHO STATE BOARD OF HEALTH  
Public School Record, Statement from William C. Sorenson, Superintendent, states that  
from School Records comes the name as Geraldine Johnson, taken from records in Sept. 9,  
1926 viewed Affidavit to Correct or Amend An Original Certificate of Birth or Death

by V.S. State of Washington } ss. Certificate No. 81951  
County of King } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Unnamed Johnson who born on July 19, 1920  
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Lewiston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Baptismal Certificate prepared on Feb. 14, 1942, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Johnson Geraldine Johnson

Subscribed and sworn to before me this 7<sup>th</sup> day of \_\_\_\_\_

Signed Helen Johnson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 342 1<sup>st</sup> Ave - Seattle  
My commission expires Sept 24/1958  
(Seal)

3420 - 31<sup>st</sup> Ave West  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.  
County of King }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7<sup>th</sup> day of \_\_\_\_\_

Signed Ray W. Johnson  
(Signature of any Credible Person)

Notary Public, residing at 342 1<sup>st</sup> Ave - Seattle  
My commission expires Sept 24/1958  
(Seal)

3420 - 31<sup>st</sup> Ave West  
(Street Address, City, State)  
Seattle Washington

SEP 10 1950

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

4942124-035-869  
County of Hyperde

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 14-

CERTIFICATE OF BIRTH

City of Lewiston

Registration District No. 96

File No. 81952

No. \_\_\_\_\_ St.

Primary Registration District No. 1009

Registered No. 513

Hospital St Joseph

FULL NAME OF CHILD

John Edward Middlekauff

Sex of Child <u>M.</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>yes</u>	Date of Birth <u>7-29-1910</u> (Month) (Day) (Year)
------------------------	--	------------------------	--

FATHER  
FULL NAME Harold B. Middlekauff  
RESIDENCE Lewiston, Orchard  
COLOR W. AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Ill's  
OCCUPATION Orchardist

MOTHER  
FULL MAIDEN NAME Kathryn Ruth Horn  
RESIDENCE Lewiston Orchard  
COLOR W. AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Ohio  
OCCUPATION House Wife

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 A. M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahon

M. D.  
(Physician or midwife)  
Lewiston, Ida.

Address \_\_\_\_\_  
Filed Aug 7 1910 Asan E Bruce  
Registrar

Given names added from a supplemental report. \_\_\_\_\_ 19 \_\_\_\_\_

MAY 12 1942

MAR 12 1943

MAR 16 1943

381-125-035-468

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-22m-2-2-17

## CERTIFICATE OF BIRTH

County of Key PierceCity of LewistonNo. 1144 Idaho St.

Hospital

Registration District No. 96File No. 81953Primary Registration District No. 1009Registered No. 516

## FULL NAME OF CHILD

Chamberlain

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>7-26-1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME FATHER Wm. ChamberlainRESIDENCE LewistonCOLOR white AGE AT LAST BIRTHDAY 30 (Years)BIRTHPLACE IdahoOCCUPATION DraymanFULL MAIDEN NAME MOTHER Gertrude MeyerRESIDENCE LewistonCOLOR white AGE AT LAST BIRTHDAY 23 (Years)BIRTHPLACE IowaOCCUPATION House wifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at 1 P M. on the date above stated. (Born alive yes)

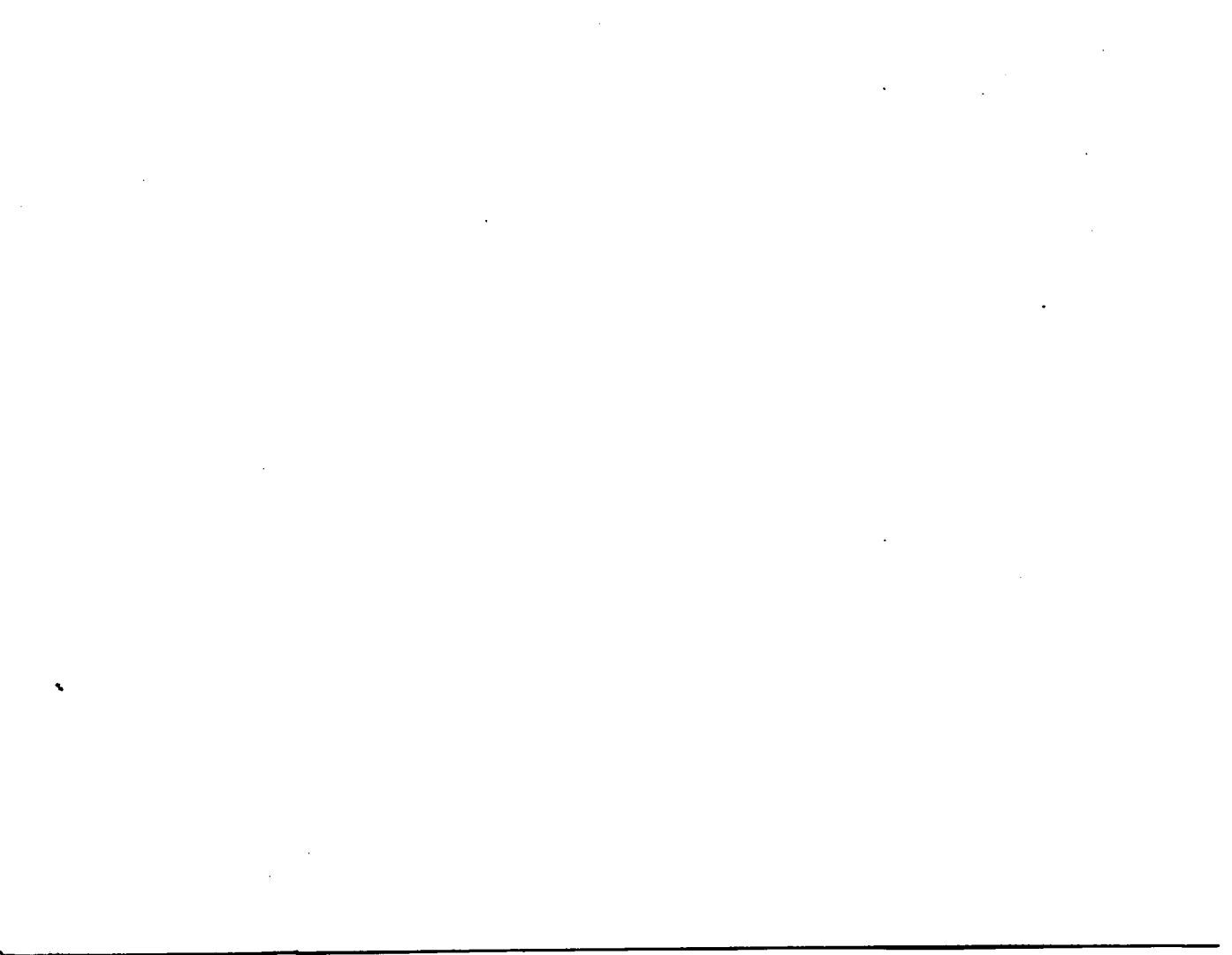
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) R. J. Perkins

(Physician or midwife)

Address Lewiston IdahoFiled Aug 1920 Amos C. Brown Registrar



295-167,035-386

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. A. No. 11-0-22m-2-2-17

## CERTIFICATE OF BIRTH

County of Mag. PonceCity of LewistonRegistration District No. 96File No. 81954No. 231 1st Ave St.Primary Registration District No. 1009Registered No. 317Hospital noFULL NAME OF CHILD Rouglass Neil Sinclair

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>7-27</u> 191 <u>2</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FATHER	
FULL NAME	<u>Emmett Neil Sinclair</u>
RESIDENCE	<u>Lewiston Ida</u>
COLOR	<u>white</u>
AGE AT LAST BIRTHDAY	<u>21</u> (Years)
BIRTHPLACE	<u>Missou</u>
OCCUPATION	<u>Mechanic</u>

MOTHER	
FULL MAIDEN NAME	<u>Ida Virginia Thompson</u>
RESIDENCE	<u>Lewiston Ida</u>
COLOR	<u>white</u>
AGE AT LAST BIRTHDAY	<u>20</u> (Years)
BIRTHPLACE	<u>N. Dak</u>
OCCUPATION	<u>House wife</u>

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at 5 A M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. J. Perkins

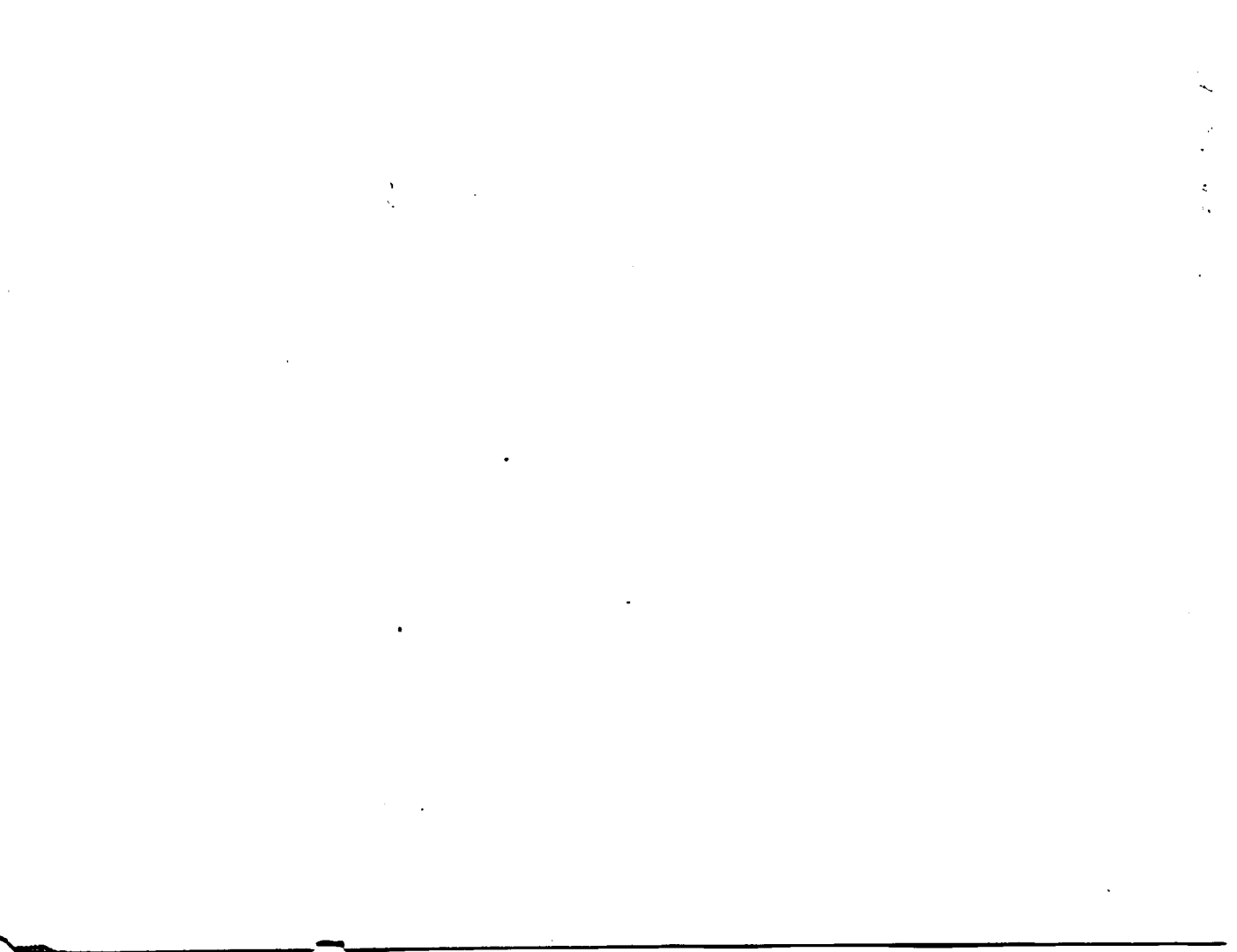
Given names added from a supplemental report.

(Physician or midwife)

Address Lewiston IdahoFiled Aug 7 1912 Assan E. Bruce

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3. 4. 227. 035-563

PLACE OF BIRTH

County of Nez Perce

City of \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Joseph

FULL NAME OF CHILD

Registration District No. 46

Primary Registration District No. 1009

Alene Lambacher

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 81955

Registered No. 518

Sex of Child Female Twin ☐ Triplet ☐ or other? ☐ and ☐ Number in order of birth ☐ Legiti mate? Yes Date of Birth July 27 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME George Lambacher  
RESIDENCE Myrtle Idaho  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Ind.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Bertha Nolan  
RESIDENCE Myrtle Idaho  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 5 P. M.  
on the date above stated. (Born alive or ~~stillborn~~)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Paul W. Johnson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address

Lewiston Idaho

Filed

Aug 7 1920 Ronan E. Brum

Registrar

Registrar

K

MAY 24 1955

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

635-329.035-515  
PLACE OF BIRTH

Form V. B. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 81956

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Joseph Primary Registration District No. 1009 Registered No. 519

FULL NAME OF CHILD Elizabeth Flerchinger

Sex of Child Female Twin Triplet or other? and Number in order of birth 1 Legiti mate? Yes Date of Birth July 29 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Herbert Flerchinger FATHER

RESIDENCE Lewiston, Idaho

COLOR White AGE AT LAST BIRTHDAY 57 (Years)

BIRTHPLACE Prussia

OCCUPATION Woolgrower

FULL MAIDEN NAME Katharina Niederweis MOTHER

RESIDENCE Lewiston, Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Prussia

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 5 a. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul Johnson

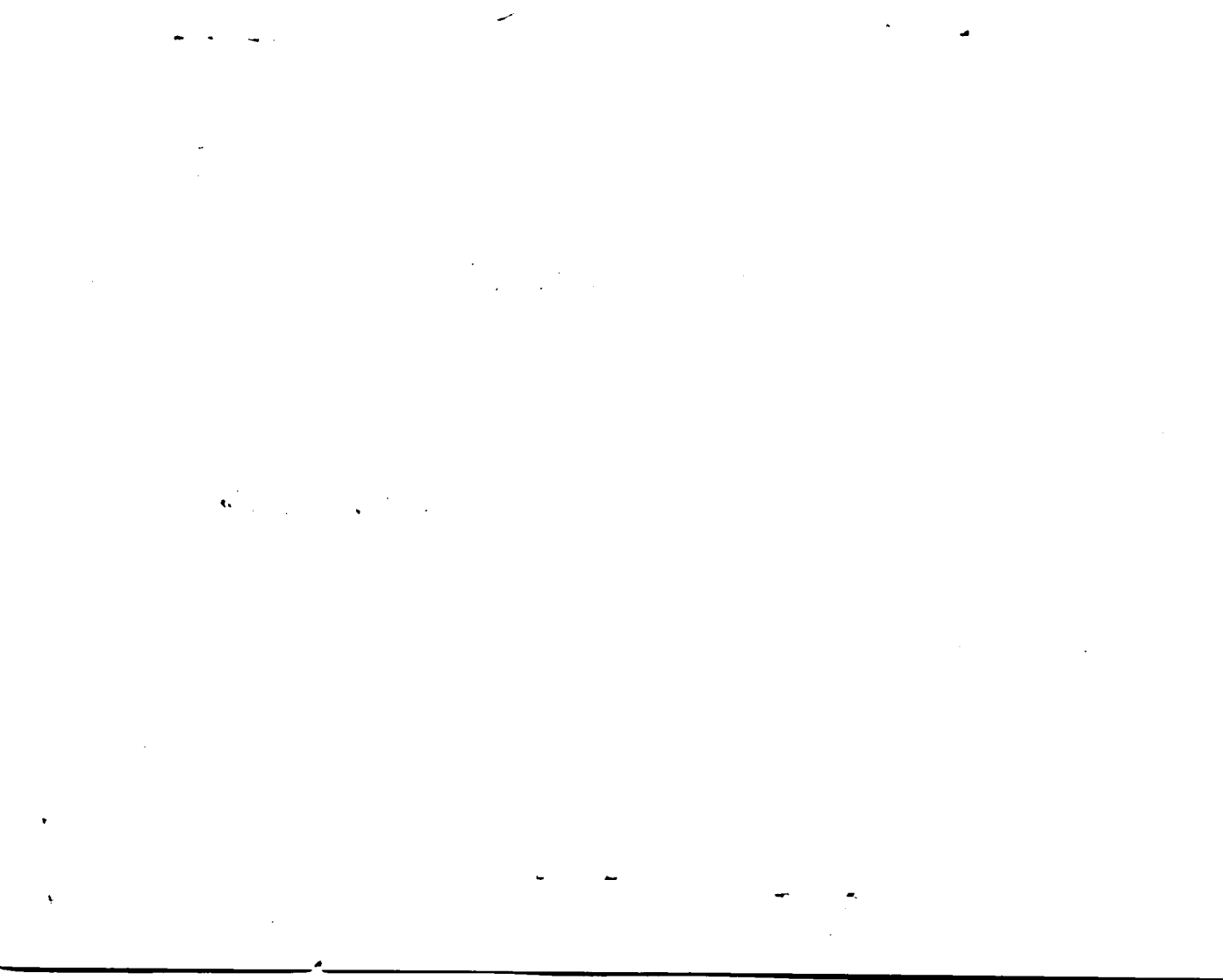
(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston, Idaho

Filed Aug 7 1920 Fusan E. Burr Registrar

Registrar



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
 County of Nez Perce. } ss.

Certificate No. 81956

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Elizabeth Flerchinger who was born on July 29, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Lewiston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
 true facts are shown by Catholic Church Record prepared on August 24, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name <u>Elizabeth</u>	<u>Elizabeth</u>	<u>Elizabeth Mary Flerchinger</u>
Mother's name <u>Kathryne Niederweis</u>	<u>Kathryne Niederweis</u>	<u>Katharina Niederweis</u>
Father's name <u>Flerchinger</u>	<u>Flerchinger</u>	<u>Hubert Flerchinger</u>

Subscribed and sworn to before me this 14th  
 day of October 1942  
Leo McCarty

Notary Public, residing at Lewiston, Idaho

My commission expires Sept. 20, 1944.  
 (Seal)

Signed Katharina Niederweis Flerchinger  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

701- 9th Ave., Lewiston, Idaho.  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
 County of Nez Perce } ss.

[This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th  
 day of October 1942  
Leo McCarty

Notary Public, residing at Lewiston, Idaho.

My commission expires Sept. 20, 1944.  
 (Seal)

Signed Hubert Flerchinger  
 (Signature of Any Credible Person Other Than Previous Year)

701--9th Ave., Lewiston, Idaho.  
 (Street Address, City, State)

OCT 21 1942

MAR 30 1955

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-229-035-195  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

Registration District No. 96

File No. 81957

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1009

Registered No. 520

Hospital St. Joseph

FULL NAME OF CHILD Phyllis Emily Greer

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>7-29-1940</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------------	--

FATHER  
FULL NAME Herbert W. Greer  
RESIDENCE Ida  
COLOR W AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Ida  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Corinne A Arnold  
RESIDENCE Ida  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Ida  
OCCUPATION House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:45 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahon  
(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Idaho  
Filed Aug 7 1940 Arnan E Bruce  
Registrar



AUG 16 1972

419-230-235-695  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-10

CERTIFICATE OF BIRTH

County of *My Peru*

City of *Lewiston*

No. *2105-8th Wm*

Registration District No. *96*

File No. *81958*

Hospital *No*

Primary Registration District No. *1009*

Registered No. *521*

FULL NAME OF CHILD *Dorothy Margaret Martin*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>No</i>	and { } Number in order of birth <i>1</i>	Light-made? <i>Yes</i>	Date of Birth <i>July 30 1920</i> (Month) (Day) (Year)
----------------------------	----------------------------------	---	------------------------	---

FATHER  
FULL NAME *James C Martin*  
RESIDENCE *Lewiston Ida*  
COLOR *White* AGE AT LAST BIRTHDAY *34* (Years)  
BIRTHPLACE *Sherman City Mich*  
OCCUPATION *Rancher*

MOTHER  
FULL MAIDEN NAME *Kathleen Winifred*  
RESIDENCE *Lewiston Ida*  
COLOR *White* AGE AT LAST BIRTHDAY *29* (Years)  
BIRTHPLACE *Peterboro Ontario*  
OCCUPATION *Housewife*

Number of child of this mother, including present birth *4* Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn) at *4-0-M*

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

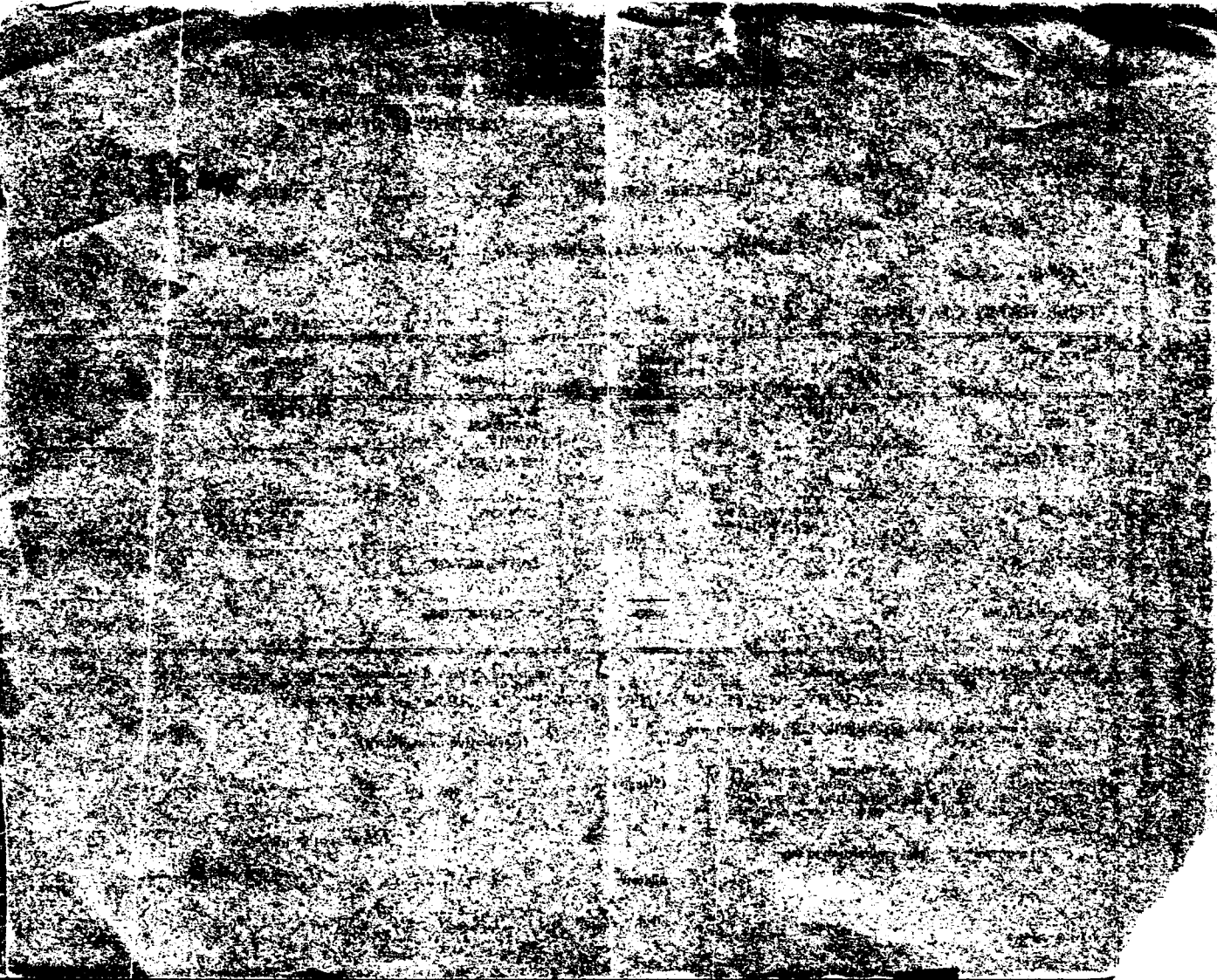
(Signature) *J. P. Hourse M.D.*

Given names added from a supplemental report.

(Physician or midwife)

Address *Lewiston Idaho*

Filed *Aug 7 1920* *Susan C Bruce* Registrar



235-130-035 JSS

Form V. &amp; No. 11-C-21m-8-17

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of *Nez Perce*.....City of *Lewiston*.....Registration District No. *96*.....File No. *81959*.....

No. ....St.

Primary Registration District No. *1009*.....Registered No. *522*.....Hospital *St. Joseph*.....FULL NAME OF CHILD *Albert Gustave Steinhans*.....

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>7 30 1920</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <i>Fred C. Steinhans</i>	FATHER
RESIDENCE <i>Lewiston, Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>36</i> (Years)
BIRTHPLACE <i>Polina, Kans.</i>	
OCCUPATION <i>Orchardist</i>	

FULL MAIDEN NAME <i>Eloise Venninkhof</i>	MOTHER
RESIDENCE <i>Lewiston, Idaho</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>36</i> (Years)
BIRTHPLACE <i>Cornwall, Idaho</i>	
OCCUPATION <i>House wife</i>	

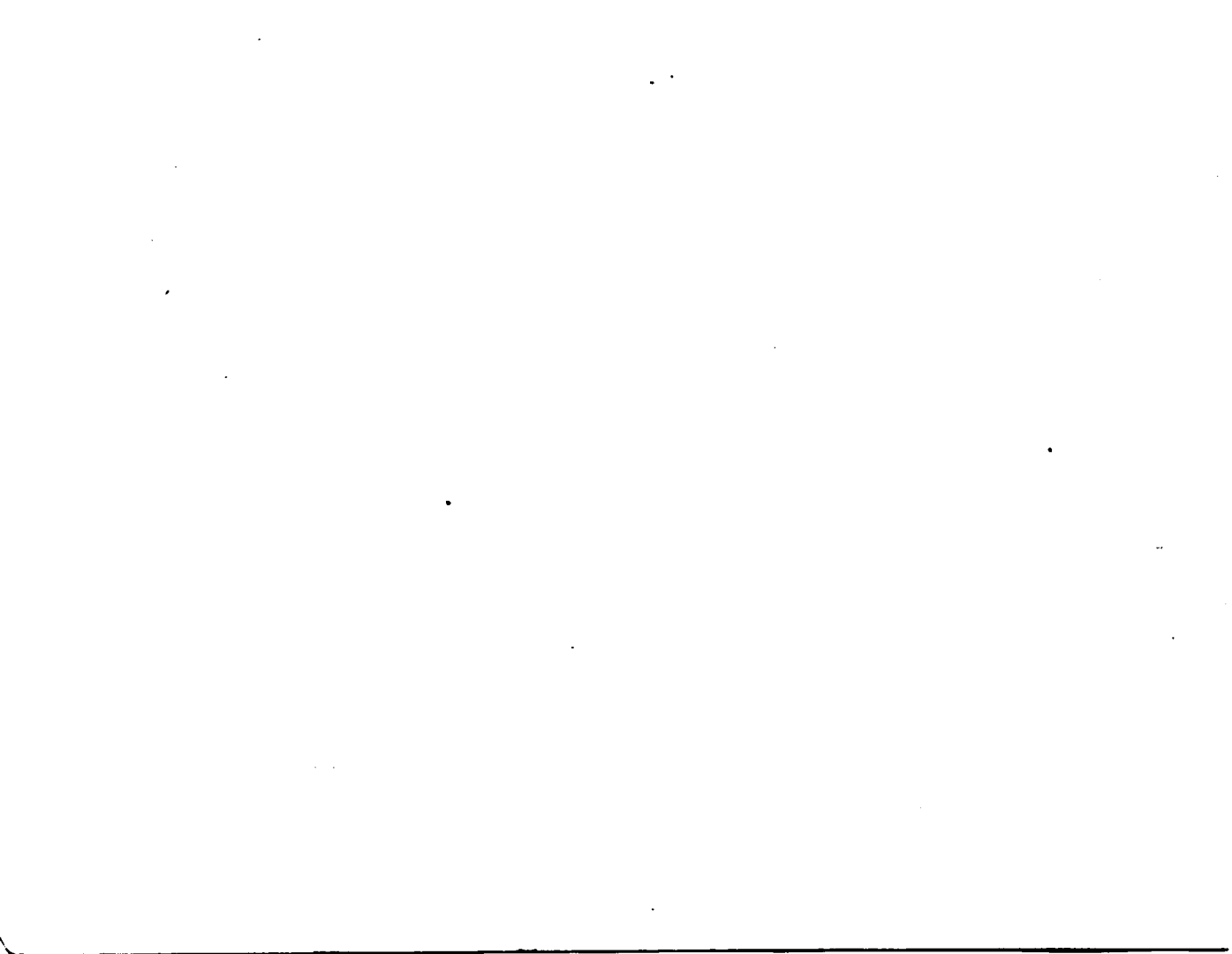
Number of child of this mother, including present birth *2*... Number of children of this mother now living, including present birth *2*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at *4 P.M.*  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.(Signature) *L. J. Curran*.....

Given names added from a supplemental report.

Address *Lewiston, Idaho*.....Filed *Aug 7 1920* *Alvan E. Bruce*  
RegistrarMARGIN BINDING FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



493-231-235-649

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 1

## CERTIFICATE OF BIRTH

County of Nez PerceCity of LewistonRegistration District No. 96File No. 81960No. 1504 Main St.Primary Registration District No. 1009Registered No. 523Hospital WhiteFULL NAME OF CHILD Anna Elizabeth Miller

Sex of Child <u>female</u>	Twin Triplet or other? <u>X</u> and (Number in order of birth <u>X</u> )	Legitimate? <u>yes</u>	Date of Birth <u>7</u> <u>31</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME FATHER Donley MillerRESIDENCE Lewiston IdahoCOLOR white AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE WashOCCUPATION Grain DealerFULL MAIDEN NAME MOTHER Edith WrightRESIDENCE Lewiston IdahoCOLOR white AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE WashOCCUPATION H. W.Number of child of this mother, including present birth 1 / . Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:30 A. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

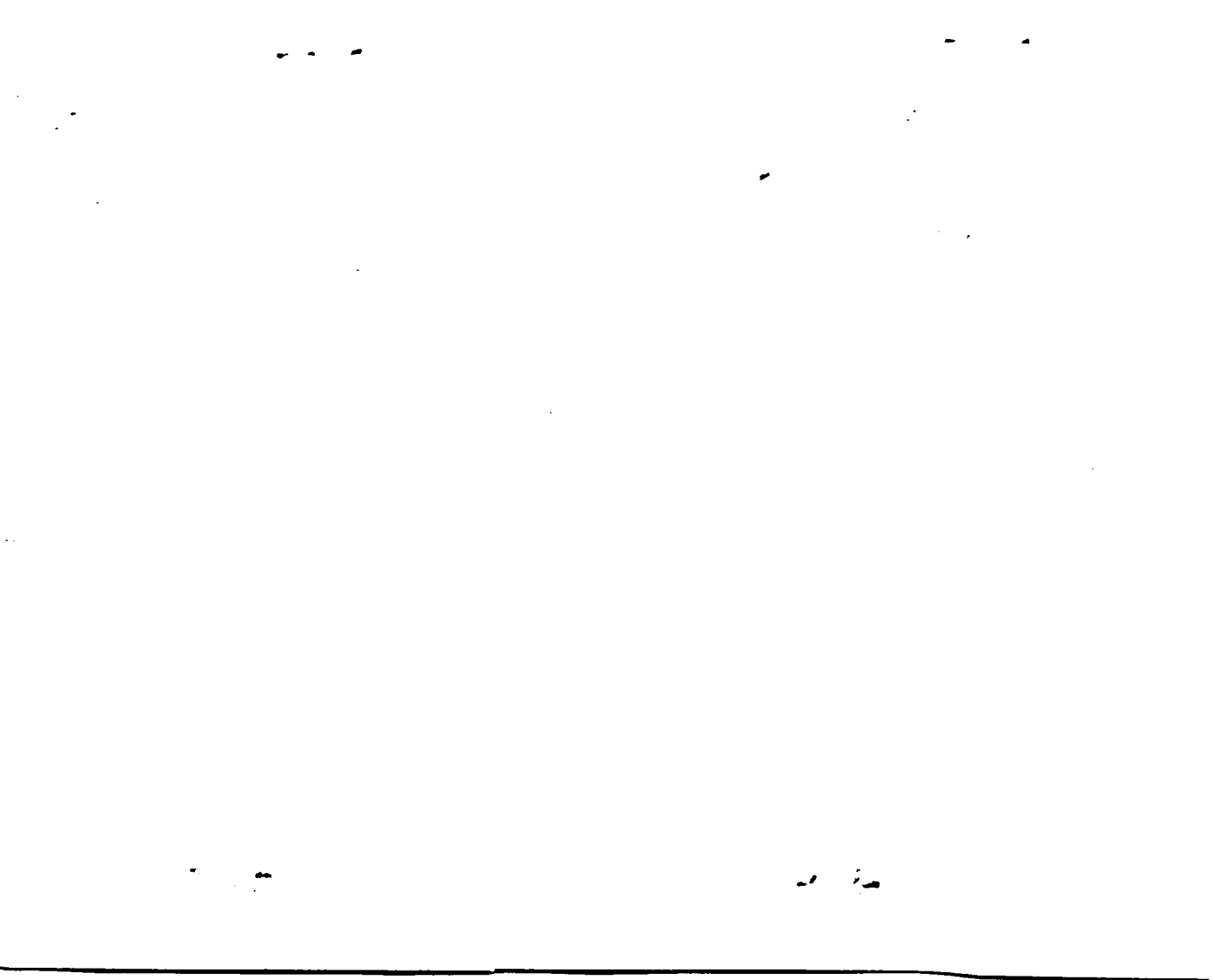
(Physician or midwife)

Given names added from a supplemental report.

Address 19Filed Aug 7 1920 Norm E Bruce

Registrar

Registrar



813-22035-214

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of My PlaceCity of LapwaiRegistration District No. 97File No. 81961

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 274Registered No. 16

Hospital \_\_\_\_\_

FULL NAME OF CHILD Margaret Martha HaelSex of Child femaleTwin  
Triplet  
or other?  
(To be answered only in

and

Number  
in order  
of birth  
in event of plural births)Legiti  
mate?Date of  
BirthJuly 27 1920

(Month) (Day) (Year)

FULL  
NAME

FATHER

Samuel Hael

RESIDENCE

Lapwai RFD.

COLOR

WhiteAGE AT LAST  
BIRTHDAY50

(Years)

BIRTHPLACE

Wisconsin

OCCUPATION

farmerFULL  
MAIDEN  
NAME

MOTHER

Martha Haunberg

RESIDENCE

Lapwai

COLOR

WhiteAGE AT LAST  
BIRTHDAY20

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Registrar

Registrar



NOV 25 1942

NOV 17 1942

689-105-35-532  
PLACE OF BIRTHADDED CHILD'S NAME 9-14-99 MS  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-16

County of nezperce

## CERTIFICATE OF BIRTH

City of CaldesacRegistration District No. 97File No. 81962

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2174Registered No. 15

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Baby Whitney WILLIAM JOE WHITNEY

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>July 5</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------	--

FULL NAME <u>Bert Harrison Whitney</u>	FATHER
--	--------

FULL MAIDEN NAME <u>Emma Elizabeth Albrings</u>	MOTHER
---	--------

RESIDENCE <u>Caldesac</u>	
---------------------------	--

RESIDENCE <u>Caldesac</u>	
---------------------------	--

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
--------------------	---

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
--------------------	---

BIRTHPLACE <u>Iowa</u>	
------------------------	--

BIRTHPLACE <u>Dakota</u>	
--------------------------	--

OCCUPATION <u>farmer</u>	
--------------------------	--

OCCUPATION <u>House wife</u>	
------------------------------	--

Number of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

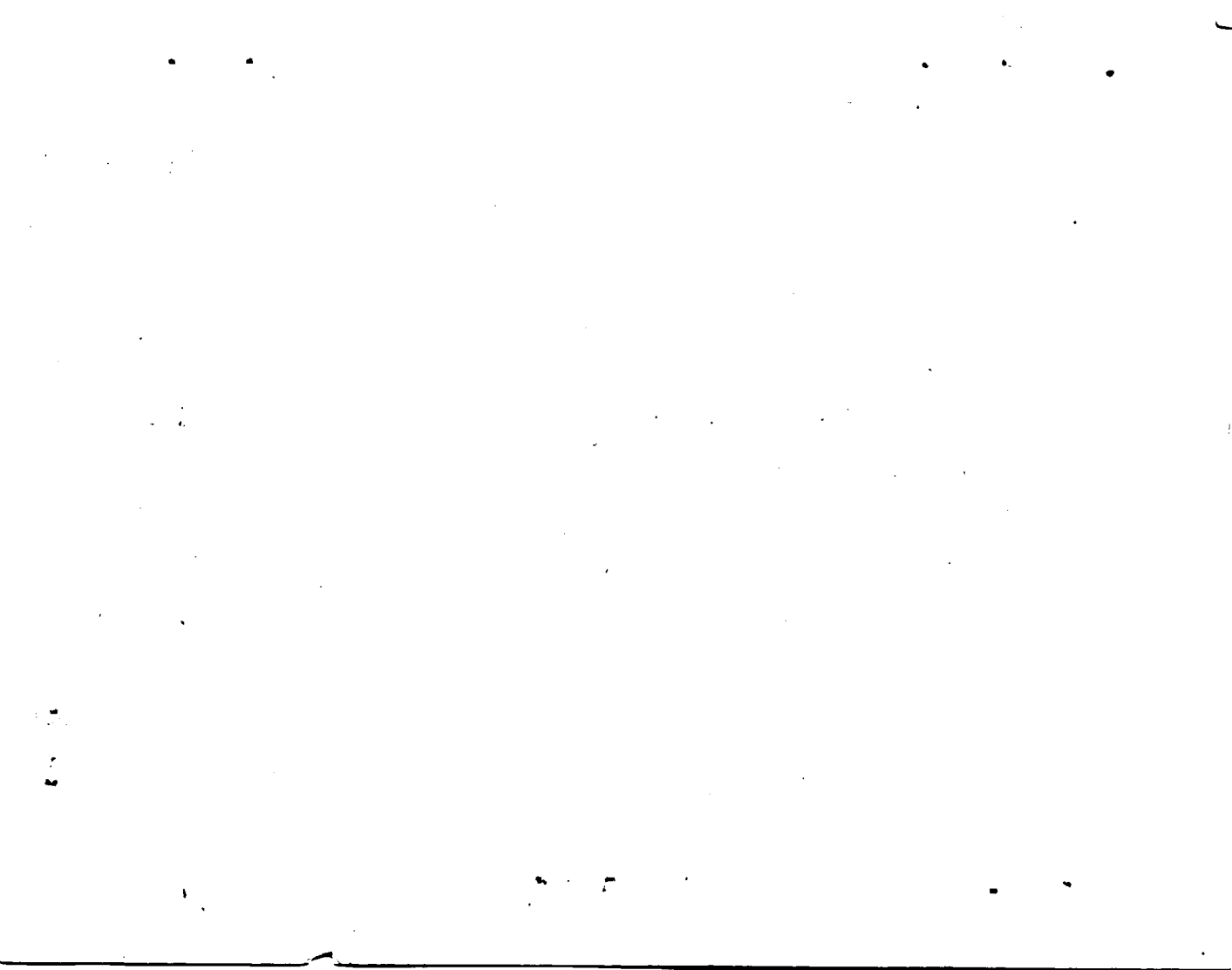
I hereby certify that I attended the birth of this child, who was Born a live at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Grant Hamblen  
Nurse  
(Physician or midwife)

Given names added from a supplemental report.

Address Caldesac  
Filed July 23 1920 Wesley P. H. H. H.  
Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Center for Vital Statistics  
and Health Policy

9-3-99

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_  
County of \_\_\_\_\_ } ss.

Certificate No. 1920-81962

Date Filed JULY 23, 1920

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for BABY WHITNEY who WAS BORN on JULY 5, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in CULDESAC (NEZ PERCE) ID are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**  
**CHILD'S NAME**

**FROM**  
**BABY WHITNEY**

**TO**  
**WILLIAM JOE WHITNEY**

Subscribed and sworn to before me this

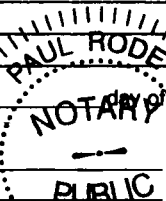
September, 99

Notary Public, Paul Rode

Residing at LEWISTON

My commission expires 12/21/04

(Seal)



William Joe Whitney  
Signature of Applicant  
614 Preston Lewiston Idaho  
Street Address, City, State 83501

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_\_\_)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

Lee Rode

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 2/12/1943 FILE #1943-366923 SHOWS  
THE FATHER'S NAME AS WILLIAM JOE WHITNEY VIEWED VS.

MILITARY CARD SHOWS WILLIAM JOW WHITNEY WAS IN THE ACTIVE DUTY FROM  
APRIL 22, 1944 TO MARCH 12, 1946 AND WAS HONORABLY DISCHARGED VIEWED VS.

**WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD**

**N. B.** In case of more than one child at birth, a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

**PLACE OF BIRTH**

Form V. S. No. 11-25m-9-8-15

## CERTIFICATE OF BIRTH

City of Sweetwater

Registration District No.

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**Hospital**

**FULL NAME OF CHILD**

Sex of Child *Female*

## Twin Triplet or other?

and	Number in order of birth
-----	--------------------------------

Legitimate? *yes*

Date of Birth June 27 1921  
(Month) (Day) (Year)

**FULL  
NAME**

**FATHER**

**RESIDENCE**

**COLOR**

AGE AT LAST BIRTHDAY

**BIRTHPLACE**

### OCCUPATION

**FULL  
MAIDE  
NAME**

**MOTHER**

**RESIDENCE**

**COLOR**

AGE AT LAST BIRTHDAY.....32  
(Year)

**BIRTHPLACE**

### OCCUPATION

Number of child of this mother, including present birth... 2

Number of children of this mother now living, including present birth... 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \***

I hereby certify that I attended the birth of this child, who was June 13, 1907, at G. N. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

nurse

.....  
(Physician or midwife)

**Given names added from a supplemental report.**

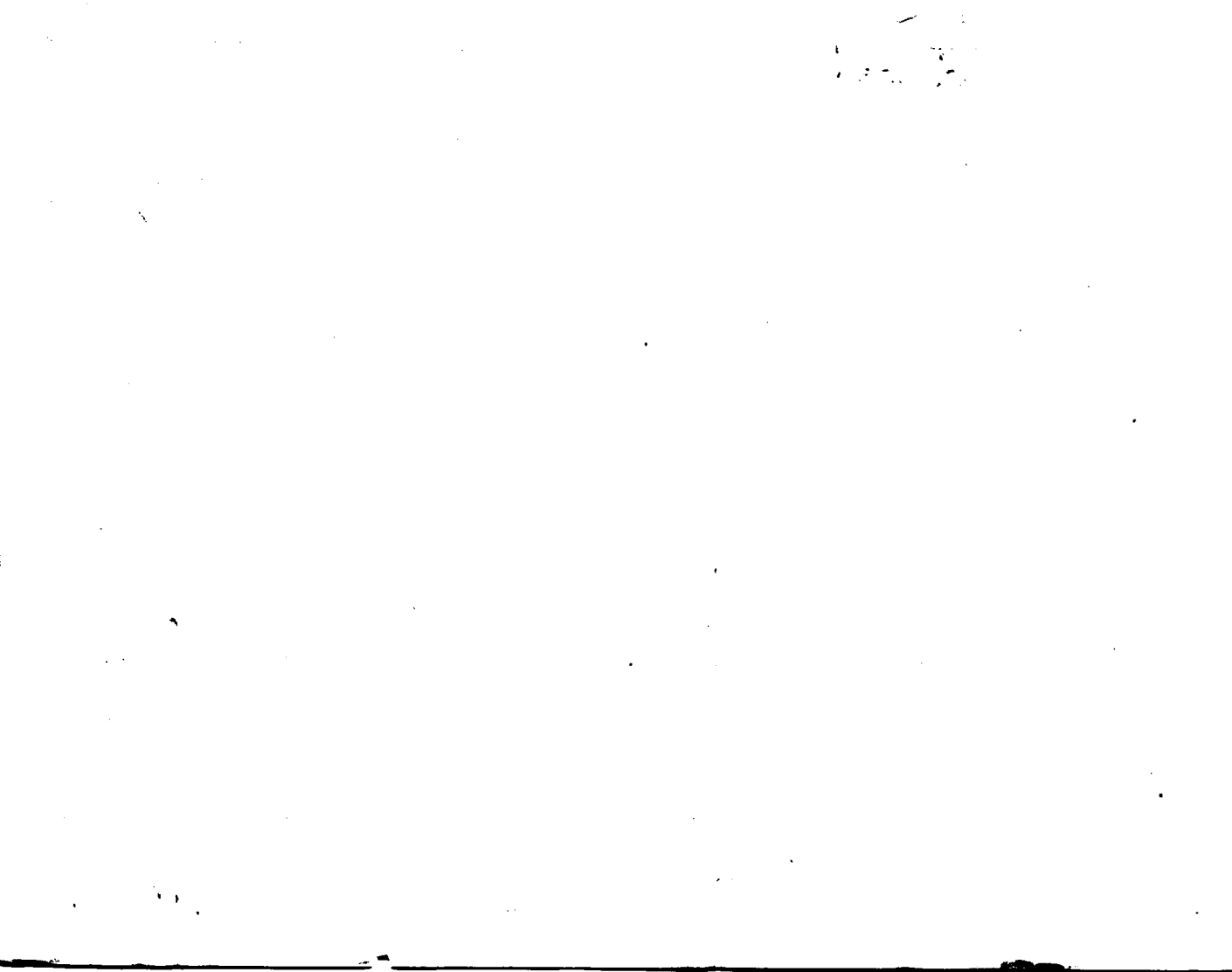
**Address**

**Filed**

S-Y-CO, 38071

**Registrar**

**Registrar**



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

296-122  
PLACE  
036-4690  
County of

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-Q-25m-7-21-19

City of Malad

Registration District No. 2C

File No. 81964

No. \_\_\_\_\_ St.

Primary Registration District No. 2069

Registered No. 115

Hospital \_\_\_\_\_

FULL NAME OF CHILD Herbert Marion Brantzig

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes.</u>	Date of Birth <u>6-22</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	---	--------------------------------	---

FULL NAME FATHER Harry Brantzig  
RESIDENCE Malad, Ida  
COLOR white AGE AT LAST BIRTHDAY 29  
(Years)  
BIRTHPLACE Manti, Utah  
OCCUPATION Mechanic

FULL MAIDEN NAME MOTHER Clara Morgan  
RESIDENCE Malad, Ida  
COLOR white AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9:31 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Rogers  
M. W.  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad, Ida  
Filed July 30 19 20 R. Mauer M.D.  
Registrar



APR 8 1942



APR 8 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

693-104046-766

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Oneida

City of Sawaria

Registration District No. 26

File No. 81965

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 81965

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Hyrum Grant Williams

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>July 1 1920</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	--------------------------------	------------------------	--

FULL NAME FATHER Richard M. Williams

FULL MAIDEN NAME MOTHER Rachel Powell

RESIDENCE Sawaria

RESIDENCE Sawaria

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Sawaria

BIRTHPLACE Sawaria

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10:45 A. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton  
(Physician or midwife)

Given names added from a supplemental report.

Hyrum Grant Williams  
W. C. Murphy State Registrar

Address Malad  
Filed July 30 1920 R. W. Mauer, M.D. Registrar

SEP 13 1945

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

2537 01-276-253

PLACE OF BIRTH

County of oneida

City of Woodruff Id.

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 26

File No. 81966

Primary Registration District No. 2069

Registered No. 117

FULL NAME OF CHILD

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of Birth <u>July 1</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	-----------------------------	--

FATHER  
FULL NAME W. J. Bell.  
RESIDENCE Woodruff Id.  
COLOR white AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Idaho.  
OCCUPATION Father.

MOTHER  
FULL MAIDEN NAME Mary Bell.  
RESIDENCE Woodruff Id.  
COLOR white AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Idaho.  
OCCUPATION Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born, at 4 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

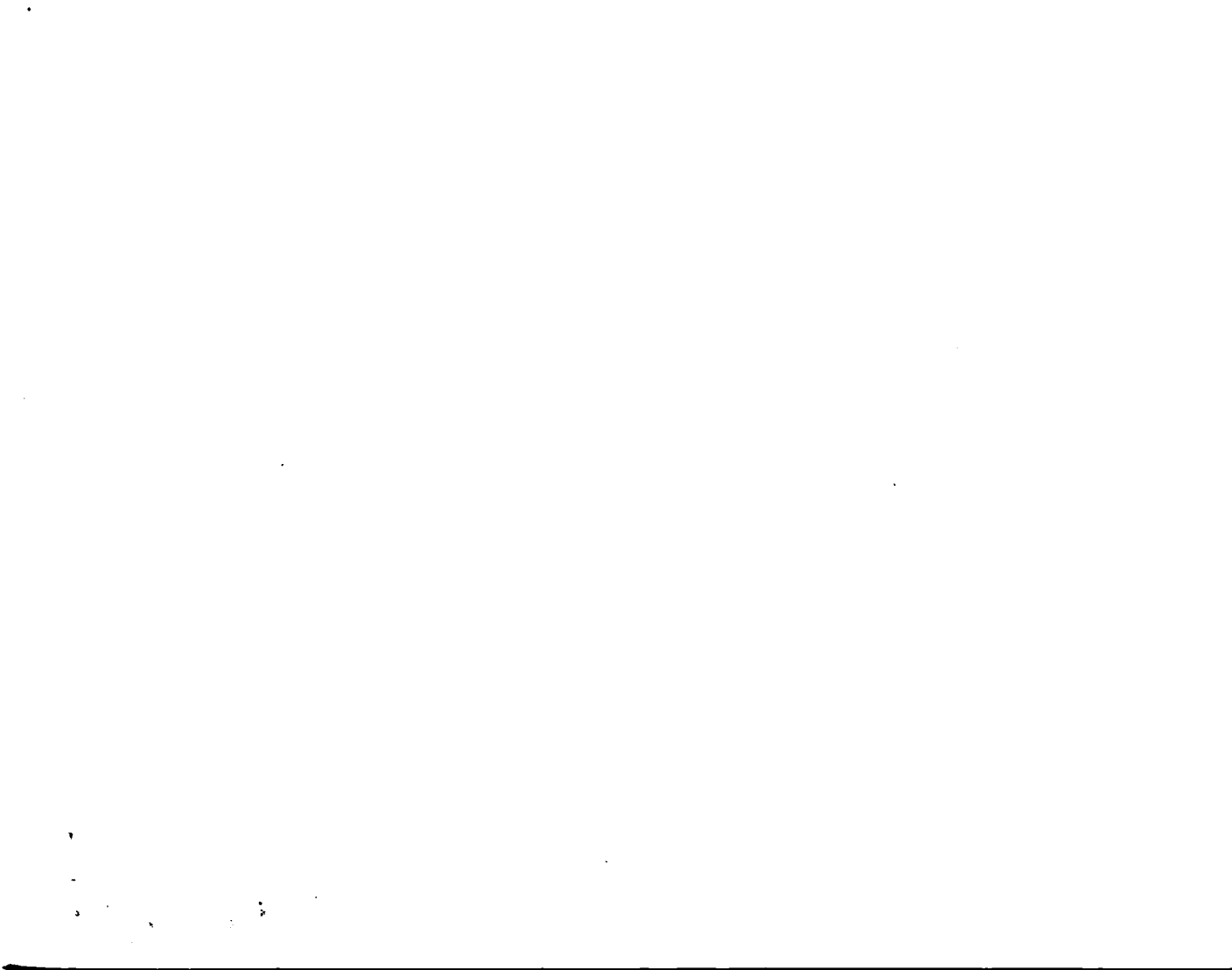
(Born alive or stillborn)  
(Signature) J. M. Kerns.  
M. P.  
(Physician or midwife)

Given names added from a supplemental report.

Address Woodruff Id.  
Filed July 30 1920 R. P. Mauer M.D.  
Registrar

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

415-102-036-799  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owada

amended 3/21/79

City of Malad

Registration District No. 26

File No. 81967

No. \_\_\_\_\_ St.

Primary Registration District No. 2069

Registered No. 118

Hospital \_\_\_\_\_

FULL NAME OF CHILD Farrel T. Daniels

Sex of Child <u>Male</u>	Twins Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 2 1920</u> (Month) (Day) (Year)
--------------------------	-----------------------------------	-----	-----------------------------------	------------------------	--

FATHER  
FULL NAME Le Roy O Daniels

MOTHER  
FULL MAIDEN NAME Mary R Price

RESIDENCE Malad

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 29  
(Years)

COLOR White AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE Malad

BIRTHPLACE Malad

OCCUPATION Farming

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 3:30 a.m.  
on the date above stated. (Born alive or stillborn)

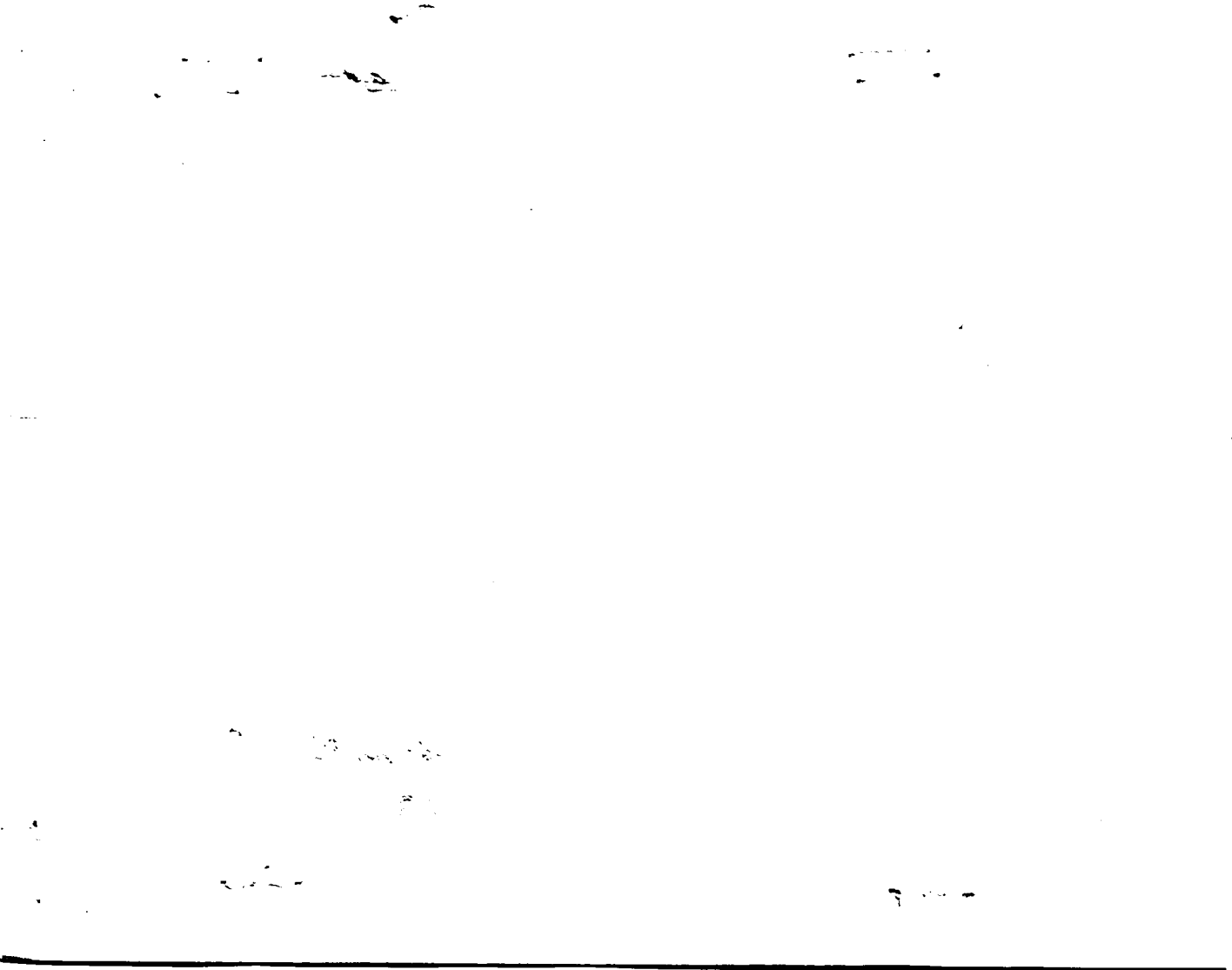
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Utton  
J. O. Lysman  
(Physician or midwife)

Given names added from a supplemental report.  
Farrel T. Daniels 19 \_\_\_\_\_

Address Malad  
Filed July 30 1920 W. C. Murphy Registrar

W. C. Murphy state Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICS

EB 23 1 28 PM '79

Certificate No. 81967

Date Filed

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Daniels (Male) who was born on July 2 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Malad, Idaho (Oneida) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

child's name

omitted

Farrell Thain Daniels

Subscribed and sworn to before me this 22nd day of

February, 19 79

Notary Public, [Signature]

Residing at [Address]

My commission expires [Date]

(Seal)

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed    )

(Is not necessary x )

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State



Certif of Baptism from the LDS Church gives name as Farrel Thain Daniels son of Leroy Daniel and Mary Price. born July 2, 1920 at Malad, Idaho. Baptized Oct 7, 1928. viewed by V. s.

IAN 24 1932

Certif of Graduation the Primary Association of the Church of Jesus Christ of Latter-day Saints gives name as Farrell Daniels. dated Oct 16, 1932. vied by VS

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

415-1041036-312

PLACE OF BIRTH

County of O-neida

City of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 26

File No. 81968

Primary Registration District No. 2069

Registered No. 119

Roy Davis Jr.

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 4</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Roy Davis</u>	FATHER
RESIDENCE <u>Malad</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Caldwell I</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Ruth G. Castleton</u>	MOTHER
RESIDENCE <u>Malad</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Malad</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

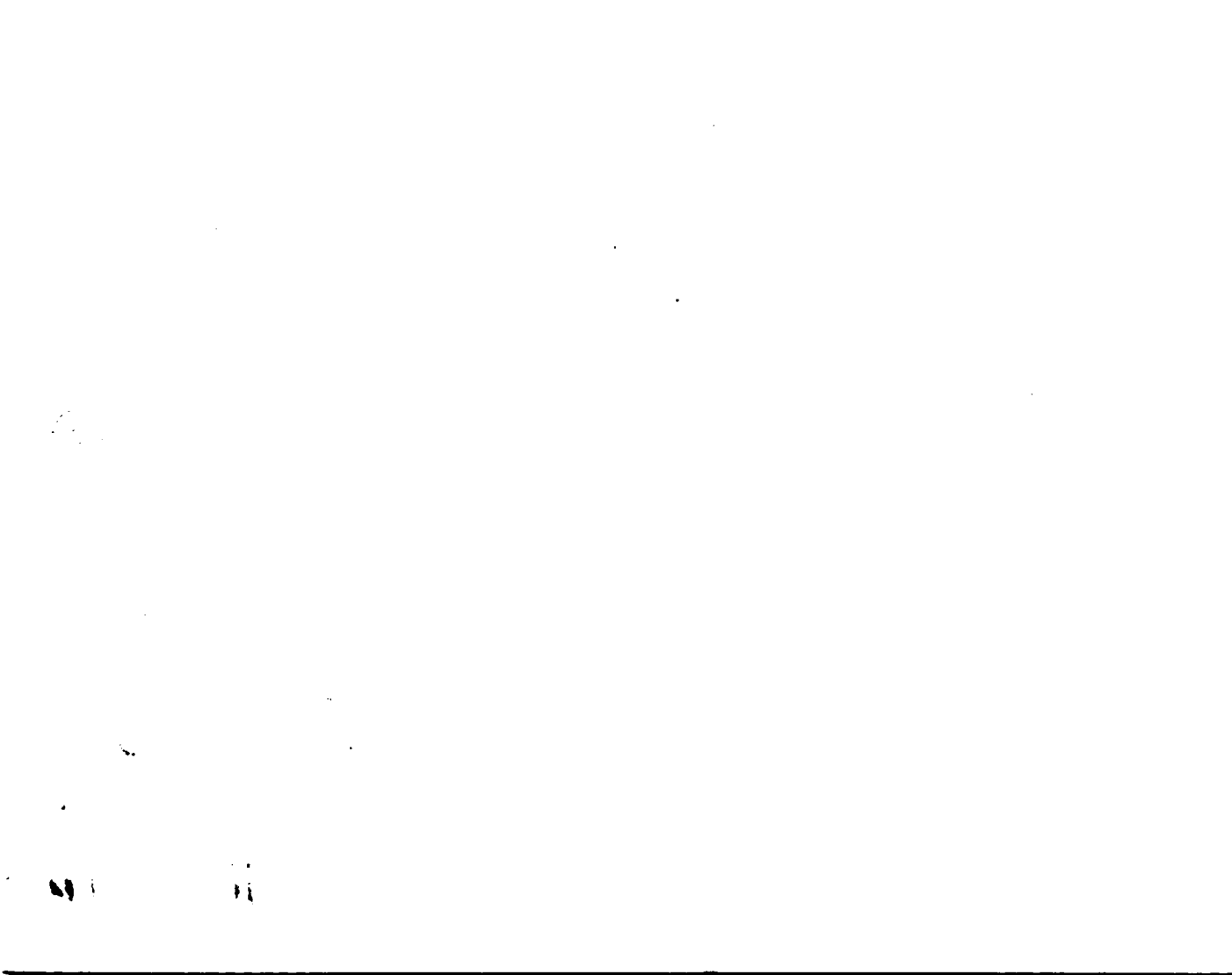
I hereby certify that I attended the birth of this child, who was alive, at 9 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roman M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad  
Filed July 30 19 20 Roman M.D.  
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

386.205.236-819

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Oneida

City of Malad

Registration District No. 26

File No. 81969

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 120

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> { } Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 5</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Leonard Thomas  
RESIDENCE Malad  
COLOR white AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Malad  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Elva Hardy  
RESIDENCE Malad  
COLOR white AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Mayville, Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2 <sup>20</sup> 9 M.  
on the date above stated. (Born alive or stillborn)

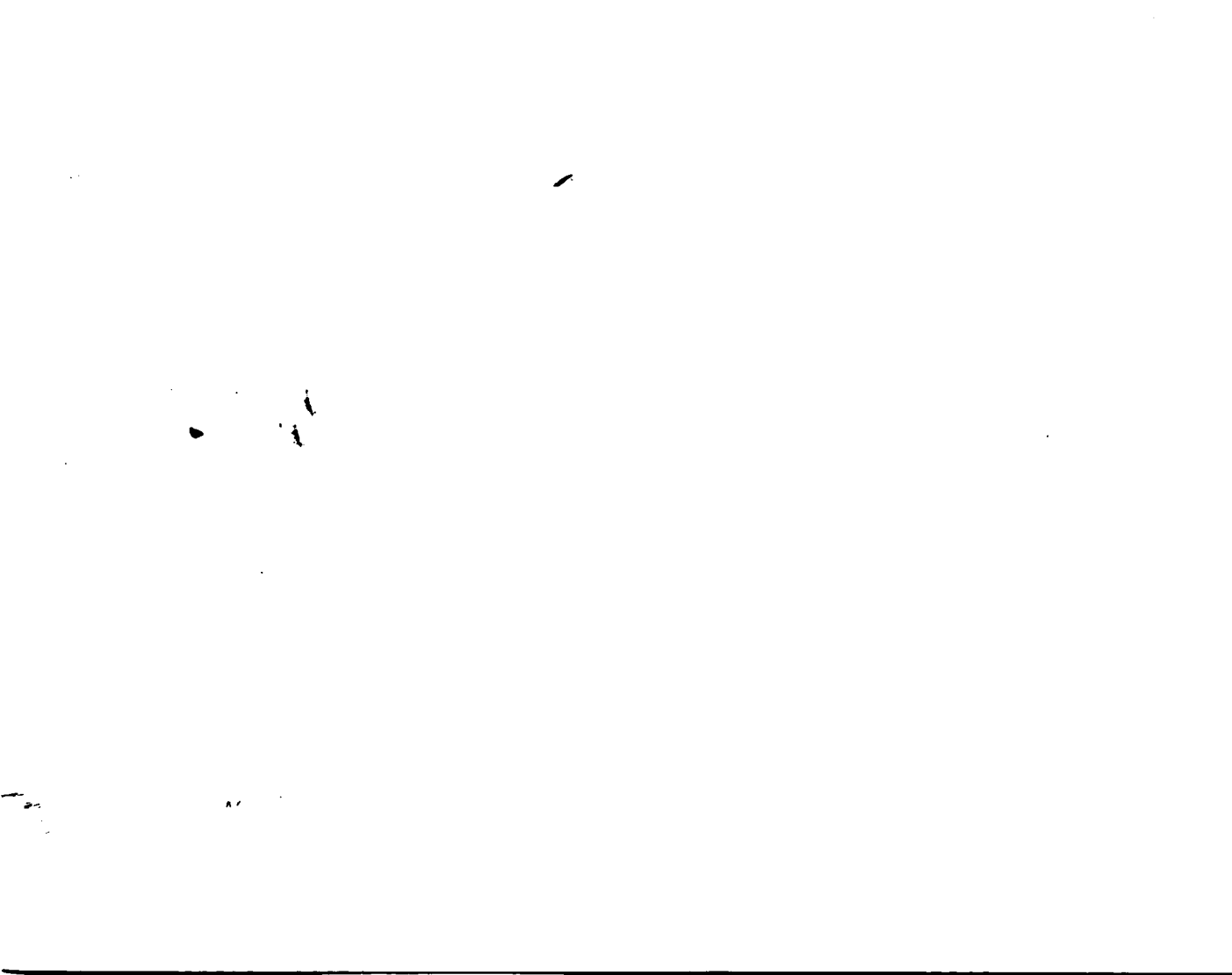
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Martha Marie Thomas 19 \_\_\_\_\_  
W.C. Murphy 19 \_\_\_\_\_  
date Registrar

Address Malad  
Filed July 30 1920  
R. T. Mauer M.D. Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

386-108-036-786

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 26

File No. 81970

Primary Registration District No. 2069

Registered No. 121

FULL NAME OF CHILD Clem Thorpe

Sex of Child <u>Male</u>	Twins Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 8 20</u> (Month) (Day) (Year)
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FULL NAME Eph Thorpe FATHER

FULL MAIDEN NAME Gennetta E Thomas MOTHER

RESIDENCE Malad

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 37  
(Years)

COLOR White AGE AT LAST BIRTHDAY 36  
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Malad

OCCUPATION Farming

OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10:15 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Alton  
Thompson  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad  
Filed July 30 19 20 ROMney MD  
Registrar

c.c. 5/2/41. wh.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

165-209-236-165

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Oneida

City of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 26

File No. 81971

Primary Registration District No. 2069

Registered No. 102

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>July 9 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Joseph A. Jones

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 49  
(Years)

BIRTHPLACE Utah

OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Haney Jones

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 39  
(Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5:45 P.M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Altman  
(Physician or midwife)

Given names added from a supplemental report.

Catherine Ann Jones 19

W. C. Murphy State Registrar

Address Malad

Filed July 30 1920 R. H. M. P. Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

763 209-536-864

Form V. S. No. 11-C--25m-7-21-20

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 81972

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069 Registered No. 123

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 9</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>John Potter</u>	FATHER	FULL MAIDEN NAME <u>Mary Young</u>	MOTHER
RESIDENCE <u>Malad</u>		RESIDENCE <u>Malad</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>England</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 3<sup>30</sup> a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. Mauer M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.  
Mary Lillian Potter 19\_\_\_\_\_  
W. C. Murphy State Registrar

Address Malad, Idaho  
Filed July 30 1920 R. M. Mauer M.D.  
Registrar

100

100

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF ILLINOIS  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Oneida  
City of Malad  
No. 342-110-036-219 St.

Registration District No. 26 File No. 81973  
Primary Registration District No. 2064 Registered No. 124

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ralph Bailey Lusk

Sex of Child Male { Twin Triplet or other? } and { Number in order of birth } Legiti mate? Yes Date of Birth July 10 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Park Lusk  
RESIDENCE Pauline  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Malad  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Edward Bailey  
RESIDENCE Pauline  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Arbon  
OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (born) at 945th M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Altton  
(Physician or midwife)

Given names added from a supplemental report.  
Ralph Bailey Lusk 19  
W. E. Murphy State Registrar

Address Malad  
Filed July 30 1920 Registrar W. E. Murphy

FEB 18 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

55-213-036-386  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Orinda

City of Malad

Registration District No. 26

File No. 81974

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 125

Hospital \_\_\_\_\_  
FULL NAME OF CHILD Mary Emma Evans

Sex of Child <u>Female</u>	Twins, Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 13 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME David L. Evans Jr

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 32  
(Years)

BIRTHPLACE Malad

OCCUPATION Electrical Engineering

MOTHER  
FULL MAIDEN NAME Margaret Thomas

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE Malad

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 9:15 A M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Atwood  
(Physician or midwife)

Given names added from a supplemental report.

Theresa Emma Evans 1920

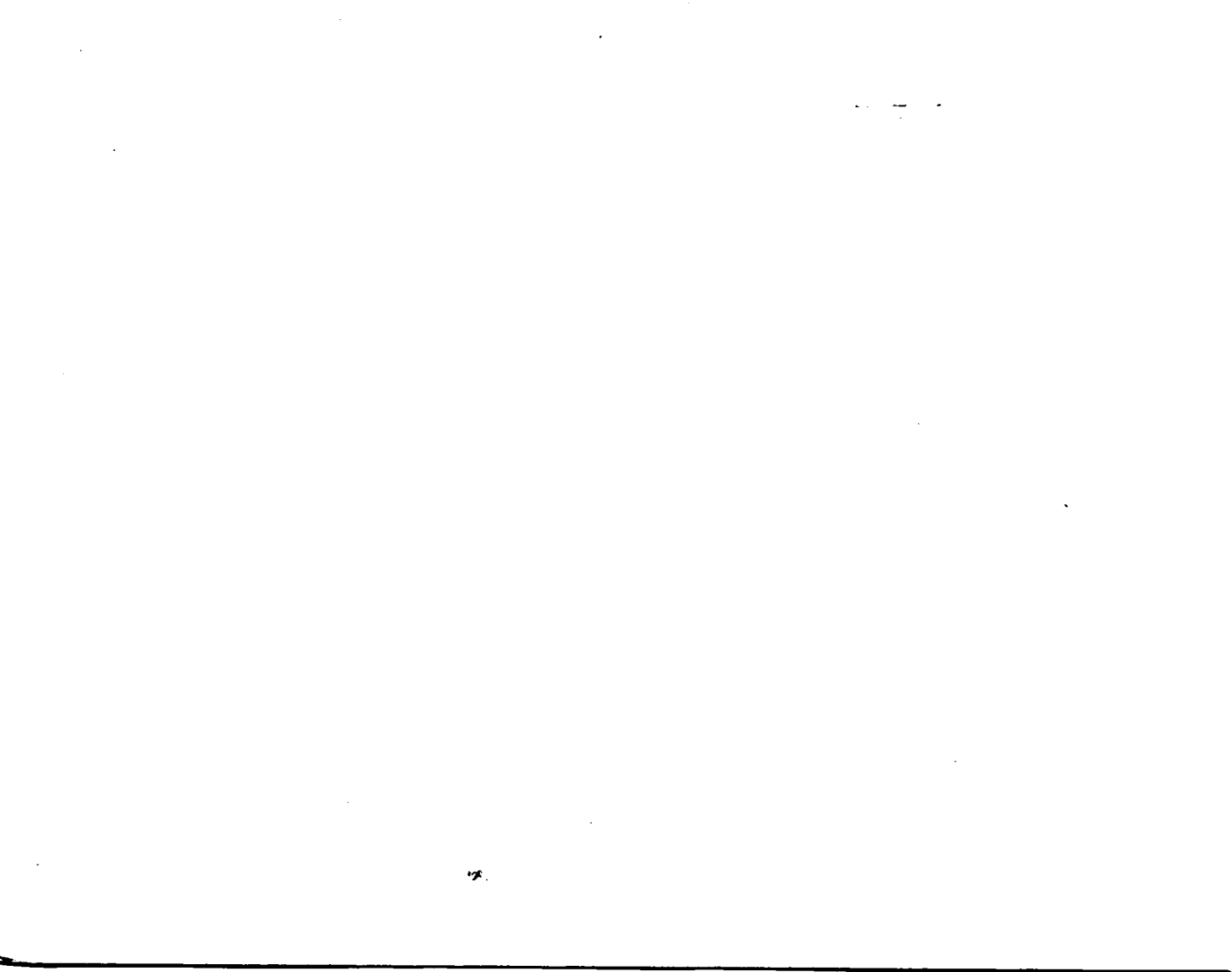
Address Malad

Lona Roberts

Filed July 30 1920

State Statisticians

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-115-036-717  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-3-25m-7-21-10

County of Owada

City of Halbrook Ida

Registration District No. 26

File No. 81975

No. \_\_\_\_\_ St.

Primary Registration District No. 2069

Registered No. 126

Hospital \_\_\_\_\_

FULL NAME OF CHILD DeLamar Palmer

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>7-15-20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME William Palmer

RESIDENCE Halbrook Ida

COLOR white AGE AT LAST BIRTHDAY 39  
(Years)

BIRTHPLACE Brigham Utah

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Philus Page

RESIDENCE Halbrook Ida

COLOR white AGE AT LAST BIRTHDAY 34  
(Years)

BIRTHPLACE Lewiston Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 9:05 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

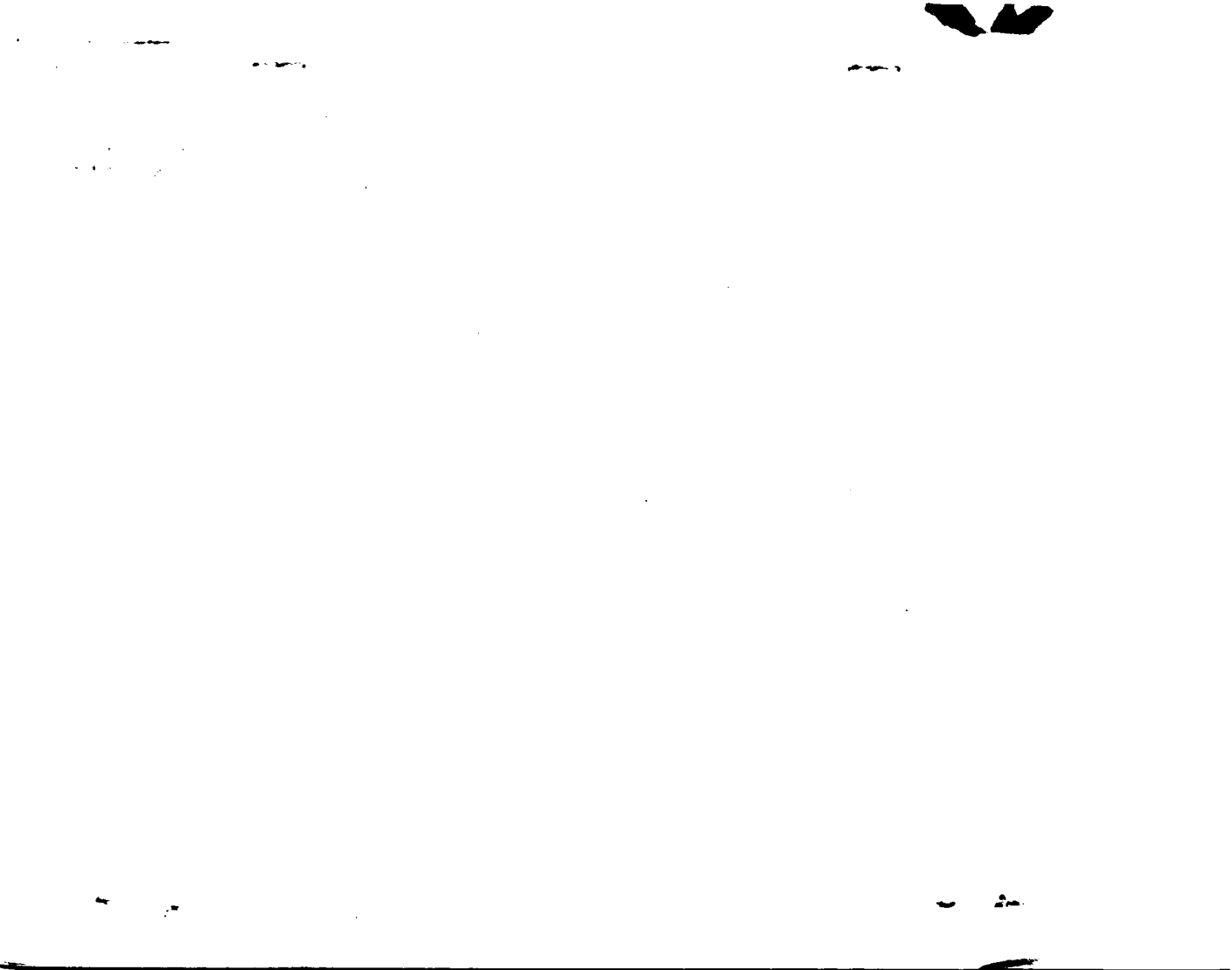
(Signature) J. M. Kerns  
(Physician or midwife)

Given names added from a supplemental report.

DeLamar Palmer 19  
W. C. Murphy State Registrar

Address Malad Ida  
Filed July 30 19 20 R. J. M. M. P. Registrar





IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of UTAH } ss. **BUREAU OF VITAL STATISTICS** Certificate No. 81975  
County of DAVIS }  
The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Palmer (male) who was born (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on July 15, 1920  
(Date of Event)  
in Holbrook, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by CHURCH RECORD prepared on 7-15-20 TO PRESENT are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
child's name Unnamed DeLamar Palmer

Subscribed and sworn to before me this 8<sup>th</sup> day of

September 19 76

James L. Herndon  
Notary Public, residing at Kaysville, Utah

My commission expires March 15, 1977

(Seal)

Signed DeLamar Palmer  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

135 S. 400 E. Kaysville, Utah  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah } ss.  
County of Davis }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of

September 19 76

James L. Herndon  
Notary Public, residing at Kaysville, Utah

My commission expires March 15, 1977

(Seal)

Signed [Signature]  
(Signature of Any Credible Person)

2341 Procter SEC, etc. 684000  
(Street Address, City, State)

Membership record to the LDS Church gives name as DeLamar Palmer born July 15, 1920. at Holbrook, Idaho. father's name as Wm William Palmer and Phillis Louise Page. blessed Sept 5, 1920 and Baptized July 22, 1928. viewed by V. S.

OCT 20 1976.

Marriage record from Utah gives name as DeLamar Palmer and bride's name as Ruby Taylor. dated June 18, 1941. viewed by V. S.

01 0 52 0 0 0

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-216-076-693

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 81976

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 127

Hospital \_\_\_\_\_

FULL NAME OF CHILD

ELVA KENT

Sex of Child <u>female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____ (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 16</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Jesse J. Kent</u>	FATHER
RESIDENCE <u>Malad</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Malad</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Flossie Wilson</u>	MOTHER
RESIDENCE <u>Malad</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Malad</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

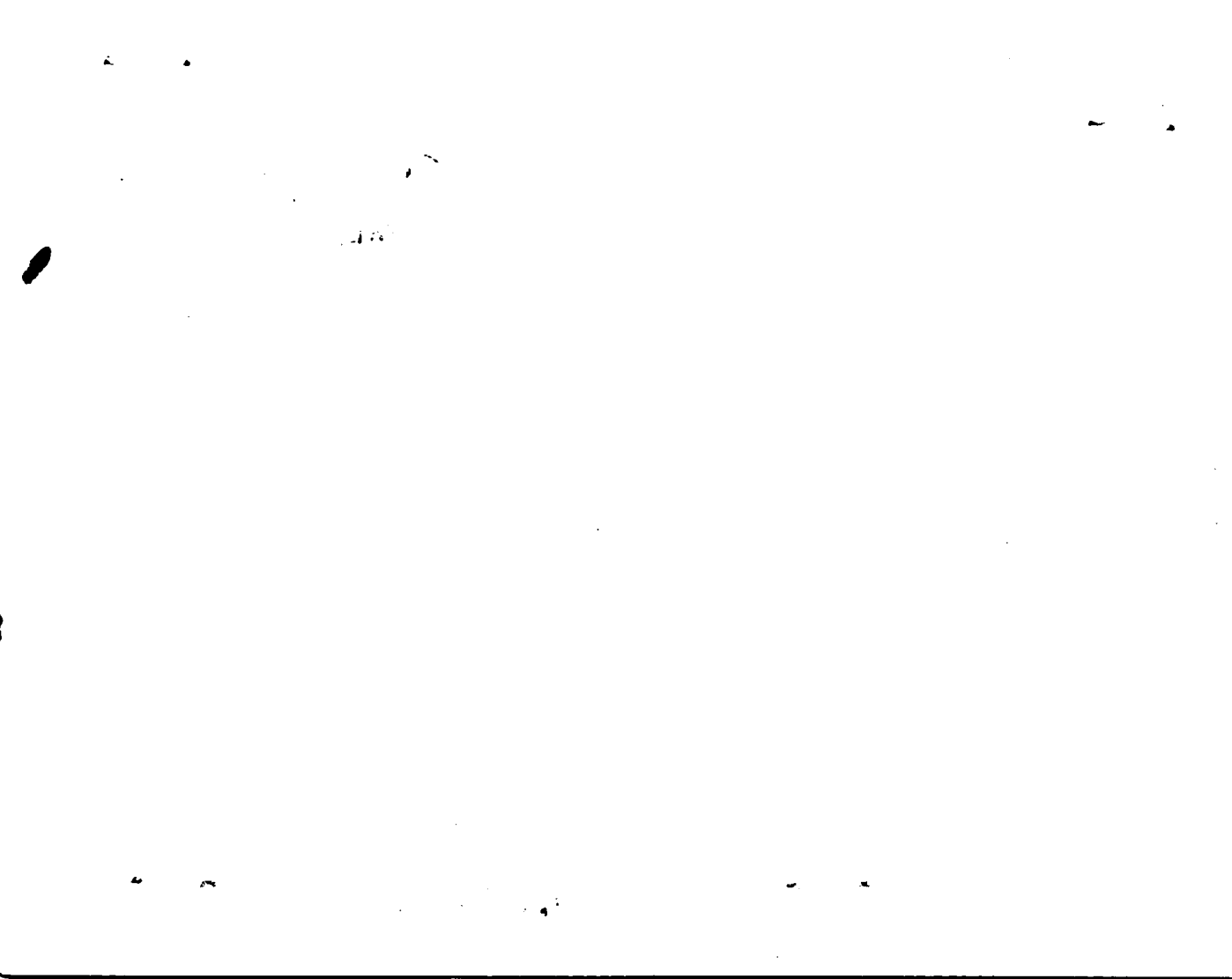
I hereby certify that I attended the birth of this child, who was alive, at 8 a. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. Mearns M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed July 30 1920  
R. M. Mearns M.D.  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. MAY 21 1943 Certificate No. 81976  
County of Oneida Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Elva Kent who Was Born on July 16, 1920 (Birth or Death)  
in Malad, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Bible Record prepared on July 16, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
Name _____	Unnamed _____	<u>Elva Kent</u>
Date _____	<u>July 15th</u>	<u>July 16, 1920</u>

Subscribed and sworn to before me this 21st.  
day of May, 1943

Probate Judge Bill Talbot residing at Malad, Idaho

My commission expires \_\_\_\_\_  
(Seal)

Signed Jesse James Kent  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Oneida

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st.  
day of May, 1943

Probate Judge Bill Talbot residing at Malad, Idaho

My commission expires \_\_\_\_\_  
(Seal)

Signed Mrs Elizabeth J. Kent  
(Signature of Any Credible Person Other Than Previous Year)

R.F.D. #1 Malad, Idaho  
(Street Address, City, State)

MAY 27 1943

JUN 13 1976

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

665-116-036-393  
PLACE OF BIRTH

Form V. S. No. 100-100-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Clear Lake

City of Mulad

Registration District No. 26

File No. 81977

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 206a Registered No. 128

FULL NAME OF CHILD Jedediah

Sex of Child Male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth 6-26-1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME Richard E. Owens FATHER  
RESIDENCE Mulad Id  
COLOR white AGE AT LAST BIRTHDAY 39  
BIRTHPLACE Mulad Id  
OCCUPATION D. V. S.

FULL MAIDEN NAME Sarah Little MOTHER  
RESIDENCE Mulad Id  
COLOR white AGE AT LAST BIRTHDAY 38  
BIRTHPLACE Maryan Id  
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 1:40 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Owens  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19. \_\_\_\_\_

Address Mulad Id  
Filed July 30 1920 R. T. Owens Registrar

Registrar



cc 2/18/41 rmf

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413.217.036-551

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Oneida

City of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 26

File No. 81978

Hospital \_\_\_\_\_

Primary Registration District No. 2064

Registered No. 129

FULL NAME OF CHILD Neva Dalton

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 17 20</u> (Month) (Day) (Year)
----------------------------	----------------------------------	-----	-----------------------------------	------------------------	---

FATHER  
FULL NAME Evaw Dalton

MOTHER  
FULL MAIDEN NAME Jane Evans

RESIDENCE Malad

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 43  
(Years)

COLOR White AGE AT LAST BIRTHDAY 36  
(Years)

BIRTHPLACE Utah

BIRTHPLACE Malad

OCCUPATION Farming

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

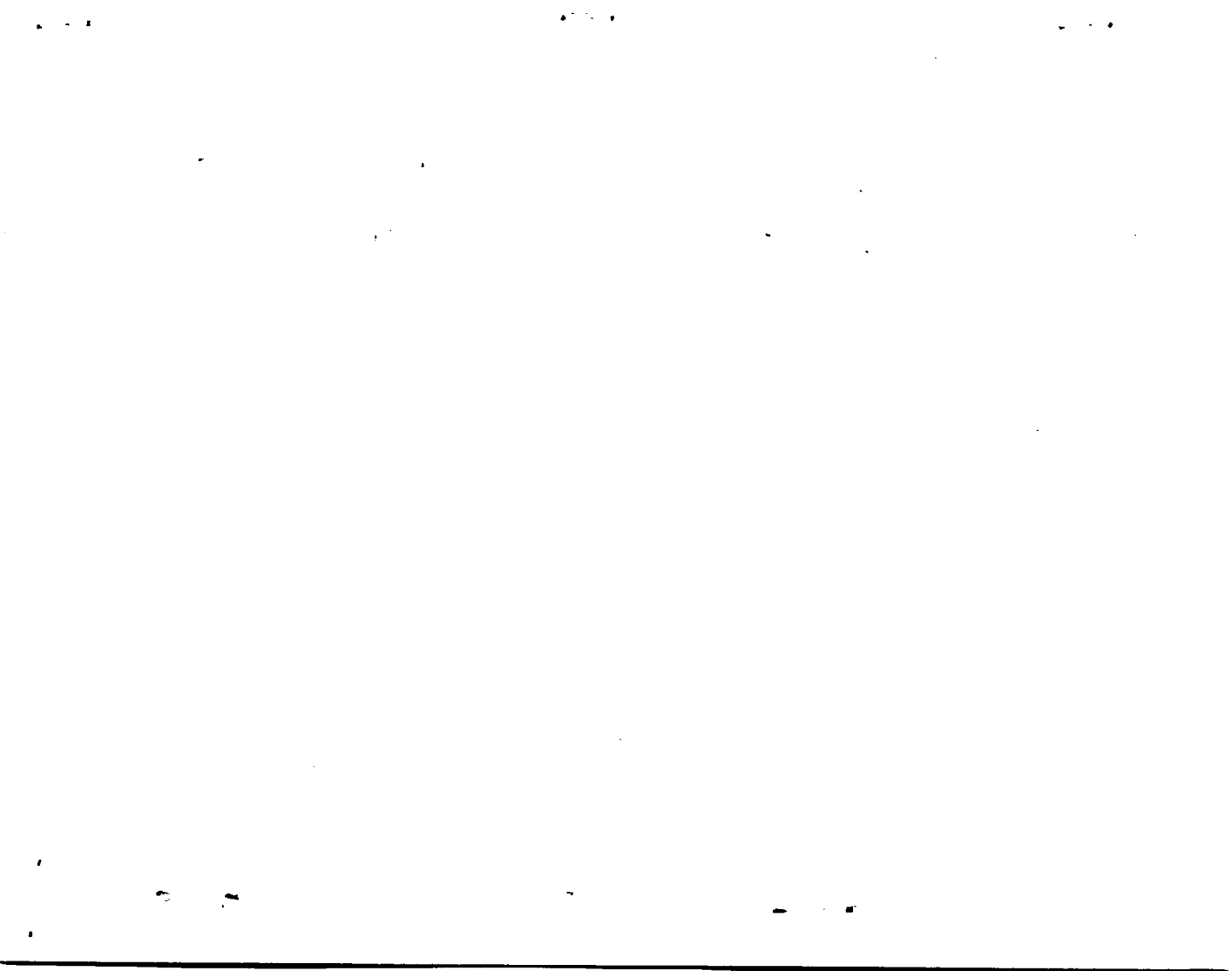
I hereby certify that I attended the birth of this child, who was Alvyn Dalton, at 9:30 M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad  
Filed July 30 1920  
Registrar [Signature]



Cert. Copy of Own Child's Birth Cert., State of Washington, copy issued May 14, 1963 - child born Aug. 11, 1942 at Seattle, Washington gives full name of father as Edwin Charles Hamilton and full maiden name of mother as Neva Dalton, age 22, born in Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Washington } ss. Bureau of Vital Statistics Certificate No. 81978  
County of King, Wn. Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth for Unnamed Dalton (female child) who was born on July 17, 1920 in Malad, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L.D.S. Church Cert. of Baptism and Confirmation, Aug. 6, 1930 gives full name as prepared on Neva Dalton - viewed by V.S. are: Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child \_\_\_\_\_

Unnamed \_\_\_\_\_

Neva Dalton \_\_\_\_\_

Subscribed and sworn to before me this 1st day of March, 1963.  
Notary Public, residing at North Bend, Wn.  
My commission expires Feb 3 - 1966  
(Seal)

Signed Irene Dalton Woolfager (Aunt)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
North Bend Wash.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington } ss.  
County of King

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March, 1963.  
Notary Public, residing at Newton Washington  
My commission expires 10-2-62  
(Seal)

Signed Sella Fitch Sister  
(Signature of Any Credible Person)  
7461 So 118 Pl So  
(Street Address, City, State)

MAY 21 1963

845-119-

## PLACE OF BIRTH

036-955 Cicada  
County of SauwariCity of SauwariRegistration District No. 26File No. 81979

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2069 Registered No. 130

FULL NAME OF CHILD

Samuel Reese Huntsman

Sex of Child

MaleTwin  
Triplet  
or other?and } Number  
in order  
of birthLegiti  
mate?Yes

Date of Birth

71919  
20

(To be answered only in event of plural births)

(Month)

(Day)

(Year)

FULL NAME

FATHER  
Frank Huntsman

FULL MAIDEN NAME

MOTHER  
Emma Reese

RESIDENCE

Sauwari Id.

RESIDENCE

Sauwari

COLOR

white

AGE AT LAST BIRTHDAY

42

(Years)

COLOR

white

AGE AT LAST BIRTHDAY

36

(Years)

BIRTHPLACE

Philmore Atch

BIRTHPLACE

Sauwari Id.

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 3:45 P.M. on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Samuel P. Huntsman

Address

W. C. Murphy State Registrar

Filed

1924

Registrar

AUG 2 1974

Certified Copy issued Feb. 11, 1941. E.W.

AUG 2 1974

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

815-1191236-105

PLACE OF BIRTH

County of Idaho

City of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 26

File No. 81980

Primary Registration District No. 2069

Registered No. 131

MARION RALPH HANSON

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>7-19</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	---

FULL NAME Clyde FATHER Haugen  
RESIDENCE Malad  
COLOR white AGE AT LAST BIRTHDAY 36  
(Years)  
BIRTHPLACE Layan atak  
OCCUPATION Editor

FULL MAIDEN NAME Maggie MOTHER Jones  
RESIDENCE Malad  
COLOR white AGE AT LAST BIRTHDAY 33  
(Years)  
BIRTHPLACE Malad Ida  
OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 9:30 A. M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature)

(Born alive or stillborn)

(Physician or midwife)

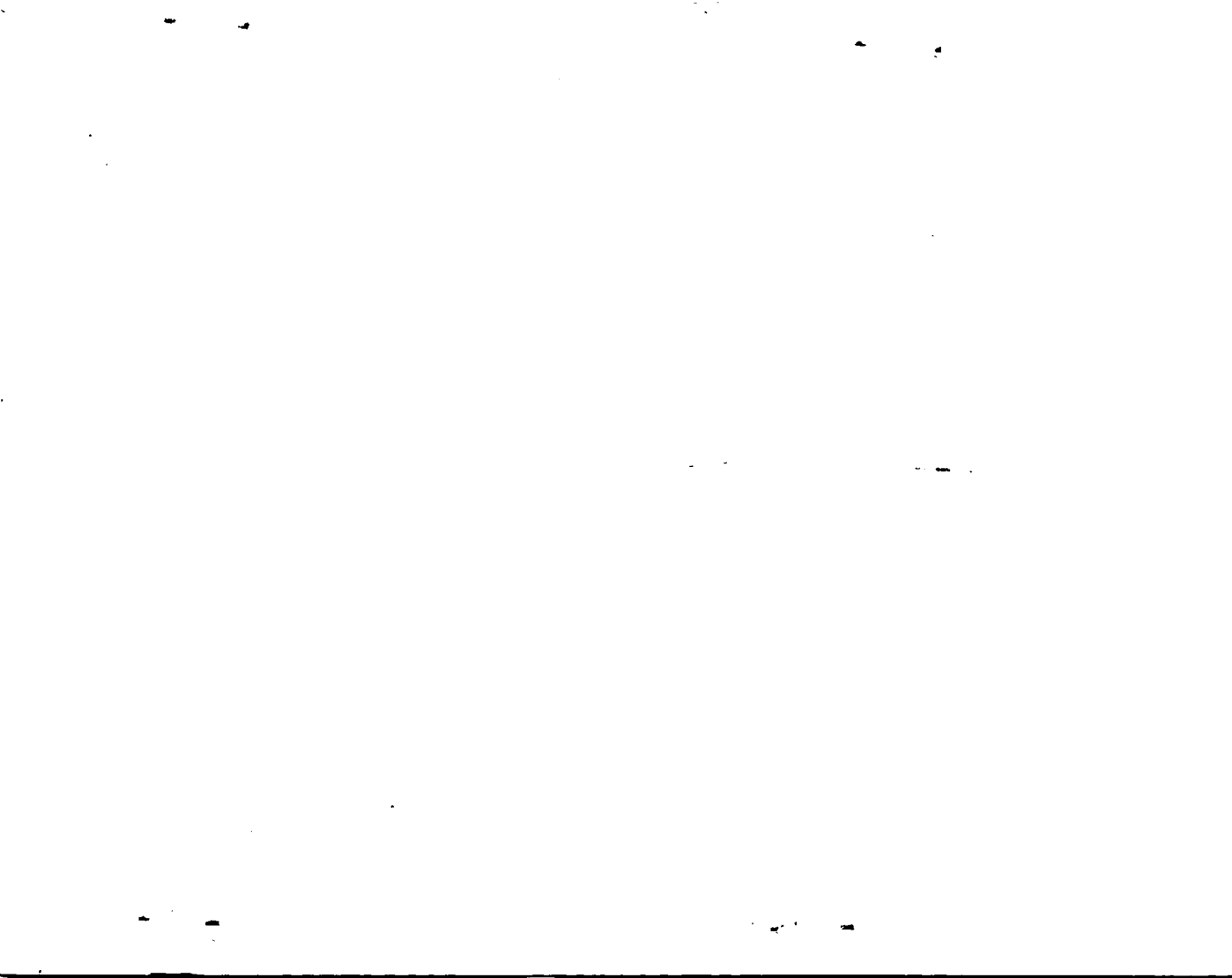
Address

Filed

Registrar

Registrar





MAR 11 1944

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 81980  
County of Oneida

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Marion Ralph Hanson who was born on July 19, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Malad City, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by christening record prepared on Dec 2, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

Marion Ralph Hanson born July 19, 1920 Marion R. Hanson

Subscribed and sworn to before me this 10th  
day of March, 1944

Notary Public, residing at Malad Idaho

My commission expires January 20 1947  
(Seal)

Signed Clyde Hanson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad city, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Oneida

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th  
day of March 1943

Notary Public, residing at Malad Idaho

My commission expires January 20 1947  
(Seal)

Signed J. B. Daniels  
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 16 1948

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

165-126-234-369  
County of Oreida

City of Samana

Registration District No. 26

File No. 81981

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 132

FULL NAME OF CHILD Ellis Nile Jones

Sex of Child <u>male</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and {	Number in order of birth <u>    </u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 20</u> (Month) (Day) (Year) <u>20</u>
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FULL NAME FATHER Simean a. Jones

FULL MAIDEN NAME MOTHER Lula Cordingley

RESIDENCE Samana

RESIDENCE Samana

COLOR white AGE AT LAST BIRTHDAY 46  
(Years)

COLOR white AGE AT LAST BIRTHDAY 43  
(Years)

BIRTHPLACE Utah

BIRTHPLACE Utah

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 2<sup>50</sup> 9 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roman M. R.

(Physician or midwife)

Given names added from a supplemental report.

Address Physician Malad, Idaho  
Filed July 30  
Registrar Roman M. R.

Registrar

[REDACTED]

9-4-4

18

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18

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATISTICS

County of Oneida

CERTIFICATE OF BIRTH

City of Malad

Registration District No. 21

File No. 81982

No. \_\_\_\_\_

St. \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 133

Hospital \_\_\_\_\_

FULL NAME OF CHILD Jean Mikkelson

Sex of Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti  
mate?

Date of  
Birth

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 7 P  
on the date above stated. (Born alive or stillborn)

(Signature)

(Physician or midwife)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

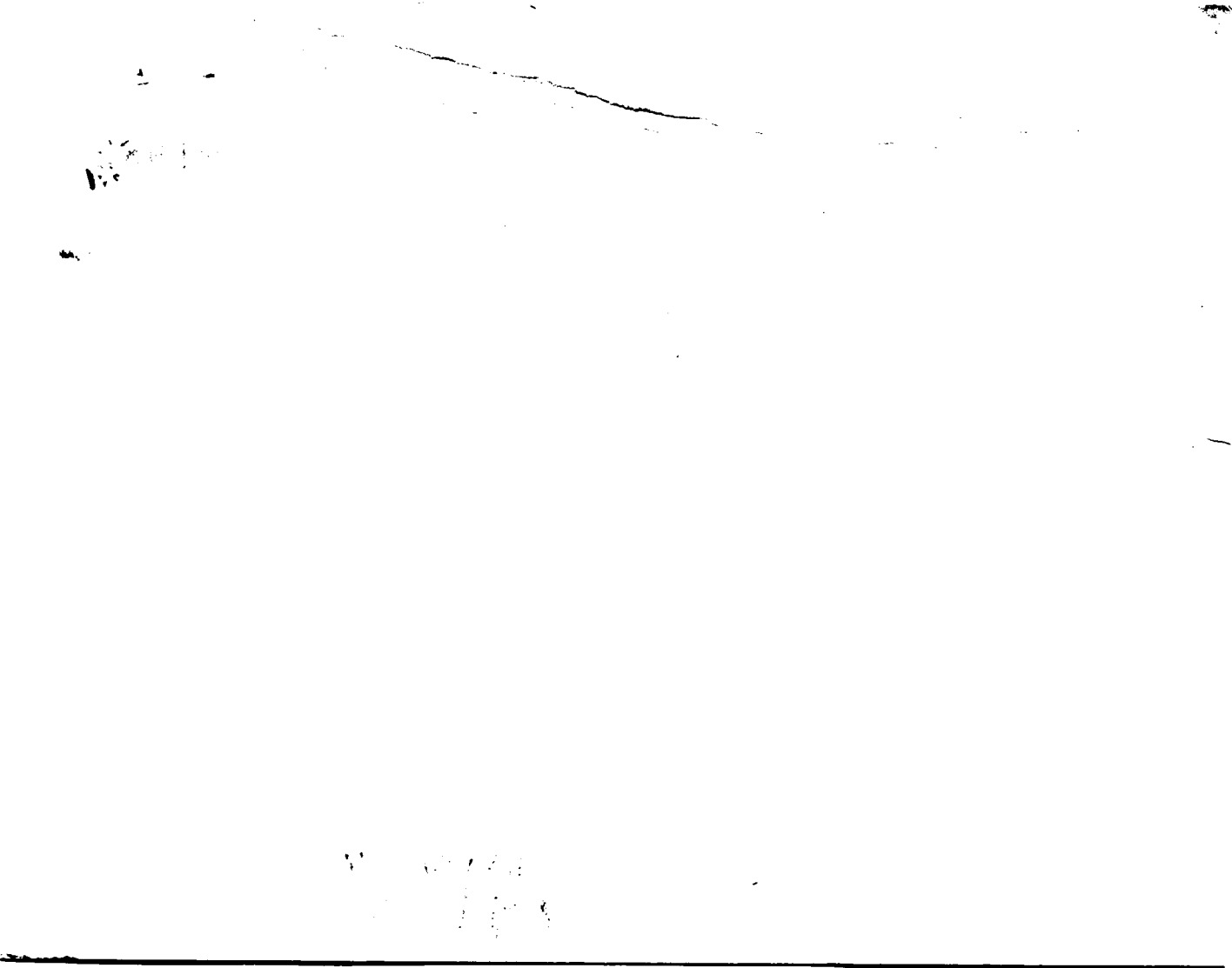
Address

Filed

19

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

155-122-036-753

PLACE OF BIRTH

County of Oneida

City of Samaria

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 26

File No. 81983

Primary Registration District No. 2069

Registered No. 134

Eugene Chris Jensen

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>July 22</u> <u>1920</u> Month (Day) (Year)
--------------------------	---	-----	---	----------------------------	--

FULL NAME <u>Arden Chris Jensen</u>	FATHER
RESIDENCE <u>Samaria</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Hazel Peterson</u>	MOTHER
RESIDENCE <u>Samaria</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 5 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ROMauer M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad, Idaho  
Filed July 30 1920 ROMauer M.D.  
Registrar



FEB 7 1952

21 07/24

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of multiple than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155122-036-866

## PLACE OF BIRTH

County of OneidaCity of Woodruff

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child male Twin Triplet or other? \_\_\_\_\_ { and { Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth July 22 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Merlin Jenkins  
RESIDENCE Woodruff  
COLOR white AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Mildred Howell  
RESIDENCE Woodruff  
COLOR white AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 11<sup>30</sup> P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer M.D.(Physician or midwife) Physician

Given names added from a supplemental report.

19

Address Malad, IdahoFiled July 30 1920 R. T. Mauer M.D.

Registrar

Registrar

Dup of 1920-250707

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

799-123-036-814

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 81985

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2069

Registered No. 136

Hospital \_\_\_\_\_

FULL NAME OF CHILD

EARL H. PRICE

Sex of Child <u>Male</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>3</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 23 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME William M Price

MOTHER  
FULL MAIDEN NAME Priscilla Lambie

RESIDENCE Malad

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 33  
(Years)

COLOR White AGE AT LAST BIRTHDAY 31  
(Years)

BIRTHPLACE Samarina

BIRTHPLACE Samarina

OCCUPATION Miner

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alvin, at 3:19 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edw. J. Altman

(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed July 30 1920

Registrar

Registrar

— — — AUG 28 2007

## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. RECEIVED Certificate No. 81985  
 County of Canyon } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Earl H. Price who born on July 23, 1920  
 (Name on original certificate) (Was born or died) (Date of event)

in Mald City, Oneida County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of event)

true facts as shown by Bible Record prepared on July --, 1920, are:  
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED FROM TO  
 ("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)

Name Unnamed Price Earl H. Price

Subscribed and sworn to before me this 29th  
 day of October, 19 41

Signed Ida P. Sanderson  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Caldwell Idaho

My commission expires Jan 18 1942  
 [SEAL]

506 Dearborn, Caldwell, Idaho  
 (Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Canyon } ss.  
 County of Idaho }

[This affidavit MUST also be executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29  
 day of October, 19 42

Signed J. H. Lipp  
 (Signature of any credible person other than the previous affiant.)

Notary Public, residing at Caldwell Idaho

My commission expires Jan 18 1942  
 [SEAL]

403 Dearborn St, Caldwell, Idaho  
 (Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (Registrar's signature)

NOV 5 1941

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Holbrook Registration District No. 26 File No. 81986  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital \_\_\_\_\_ Primary Registration District No. 2069 Registered No. 137  
FULL NAME OF CHILD ROBERT Hammer  
Sex of Child Male Twin Triplet or other? \_\_\_\_\_ { and } Number in order of birth \_\_\_\_\_ Legiti mate? Yes Date of Birth July 23 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)  
FULL NAME OF FATHER Carl Friedrich Hammer FULL MAIDEN NAME OF MOTHER Emma Thompson  
RESIDENCE Holbrook, Idaho RESIDENCE Holbrook, Idaho  
COLOR White AGE AT LAST BIRTHDAY 39 (Years) COLOR White AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Denmark BIRTHPLACE Mayhew City, Utah  
OCCUPATION Farmer OCCUPATION Housewife  
Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ (Born \_\_\_\_\_) at \_\_\_\_\_ 3:30 a.m.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Oliver Clepparovich MD

(Physician or midwife)

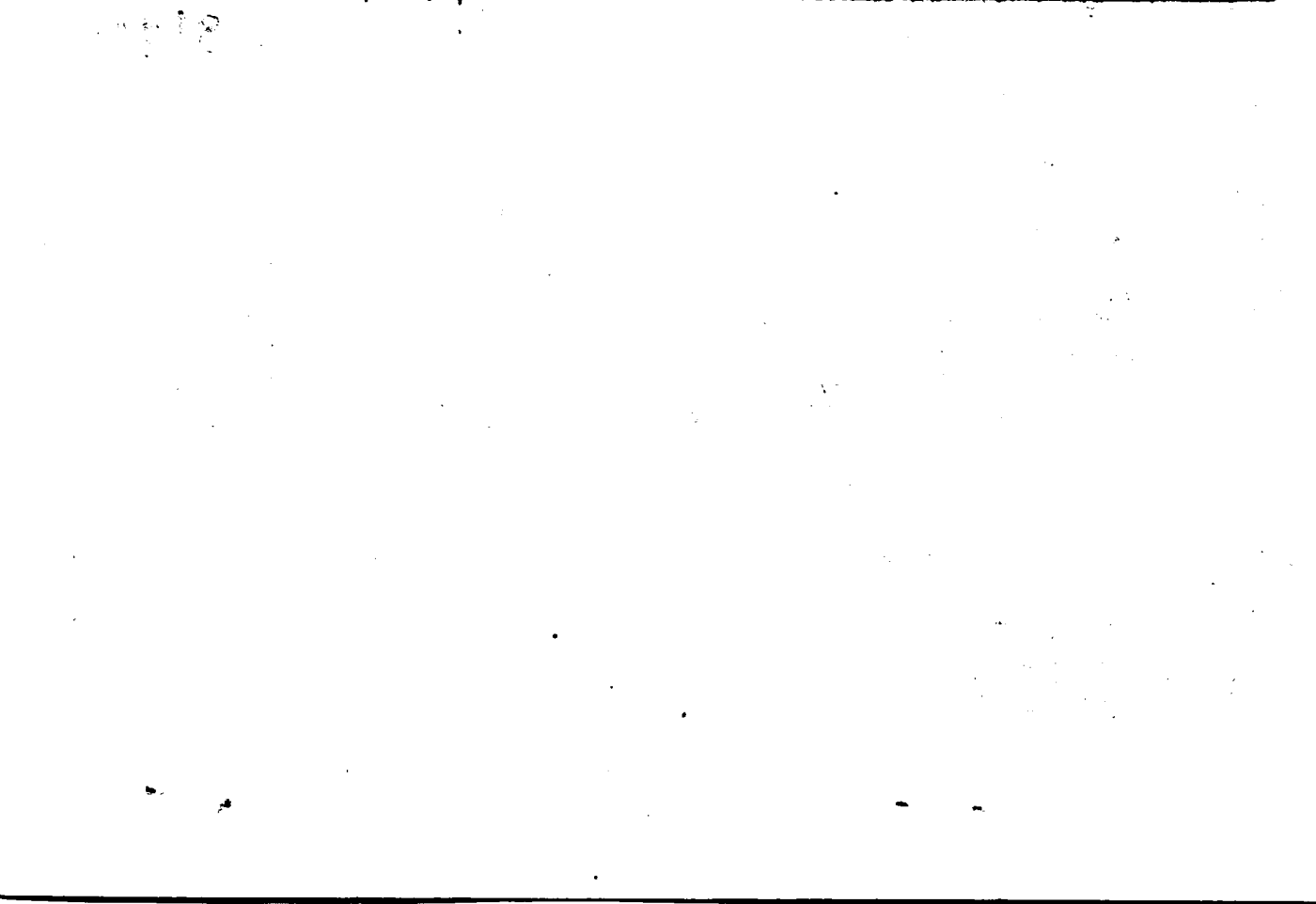
Address Snoville, Utah

Filed July 30 1920

Registrar

Registrar





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. FEB 16 1942 Certificate No. 81986  
County of Bonneville } Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Unnamed Hammer who was born on July 23 1920  
in Holbrook, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
(PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by Nather prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

**FROM**

(AS ON ORIGINAL)

**TO**

(THE CORRECT FACTS)

name unnamed Hammer Robert Hammer  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me this eleventh  
day of February 19 42  
Henry L. Mooney  
Notary Public, residing at Idaho Falls, Idaho

My commission expires August 10, 1945  
(SEAL)

Signed Carl Hammer

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

175 4th St., Idaho Falls, Idaho  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this eleventh  
day of February 19 42  
Henry L. Mooney

Notary Public, residing at Idaho Falls, Idaho  
My commission expires August 10, 1945  
(SEAL)

Signed Carl Hammer  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

175 4th St., Idaho Falls, Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 16 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

FEB 19 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

695-124-036-367

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 14-C-25m-7-21-19

County of Oneida

City of Malad

Registration District No. 26

File No. 81987

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2069 Registered No. 138

FULL NAME OF CHILD William A. Fields

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth (Month) (Day) (Year) <u>July 24 30</u>
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FULL NAME FATHER William A. Fields

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Draping

FULL MAIDEN NAME MOTHER Rosa A. Saponce

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alison, at 245 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Johnston  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad  
Filed July 30 1920  
Registrar R. H. Jones

c.c. 5/6/41. w.h.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

128-225-036-133

PLACE OF BIRTH

County of Onida

City of Woodruff

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 26 File No. 81988

Primary Registration District No. 2064 Registered No. 139

FULL NAME OF CHILD

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 25</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Wm Ashton</u>	FATHER			FULL MAIDEN NAME <u>Elizabeth Allen</u>	MOTHER
RESIDENCE <u>Woodruff</u>				RESIDENCE <u>Woodruff</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)			COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Idaho</u>				BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

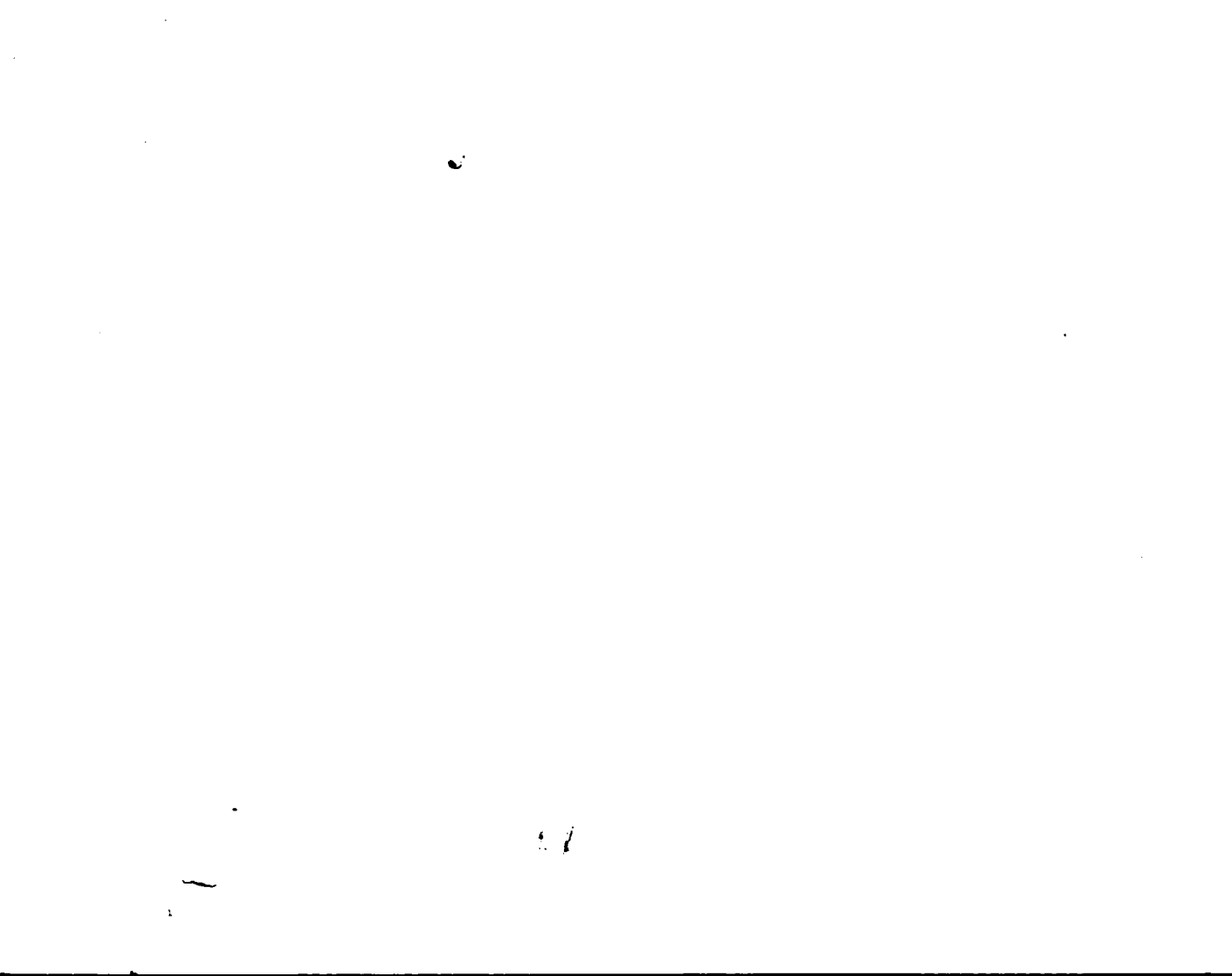
I hereby certify that I attended the birth of this child, who was alive, at 2 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Mauer M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.  
Nolan Elizabeth Ashton  
W. C. Murphy State Registrar

Address Malad  
Filed July 30 1920 R. H. Mauer MD Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266228-076-993

PLACE OF BIRTH

County of Oneida

City of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 26

File No. 81989

Primary Registration District No. 2069

Registered No. 140

Ovelear Bowcutt

Sex of Child <u>Female</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 28 20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					
FULL NAME <u>Fred J. Bowcutt</u>	FATHER		FULL MAIDEN NAME <u>Sarah P. Richards</u>		MOTHER
RESIDENCE <u>Malad</u>			RESIDENCE <u>Malad</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)			COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Malad</u>		
OCCUPATION <u>Farming</u>			OCCUPATION <u>Housewife</u>		
Number of child of this mother, including present birth <u>2</u>			Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive, at 2:15 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hutton  
(Physician or midwife)

Given names added from a supplemental report.  
Ovelear Bowcutt 19  
W. C. Murphy State Registrar

Address Malad  
Filed July 30 1920 Registrar R. H. Hutton M.D.



MAR 15 1976

# Affidavit to Correct or Amend An Original Certificate of Birth or Death

Signed David Earl Baurutt Hoskins  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Rt. 1, Box 22A, Malad, Idaho  
(Street Address, City, State)

(Street Address, City, State)

Letter from LDS Church gives name as Ovelear Bowcutt Waldron born as ~~Mal~~ Malad, Idaho  
on July 28, 1920 ~~at~~ ~~K~~ to Fred James Bowcutt and Sarah Pearl Richards. Blessed  
Sept. 20, 1920 and Baptized Aug 5, 1928. viewed by V. S.

APR 16 1976

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

313-228-036-693

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Crocker

City of Malad

Registration District No. 26

File No. 81990

No. \_\_\_\_\_ St.

Primary Registration District No. 2669

Registered No. 141

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 28 1920</u> (Month) (Day) (Year)
----------------------------	--	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME William H. Call

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 43  
(Years)

BIRTHPLACE Utah

OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Margaret Valley

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 43  
(Years)

BIRTHPLACE Utah

OCCUPATION Housewifery

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 3,308

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

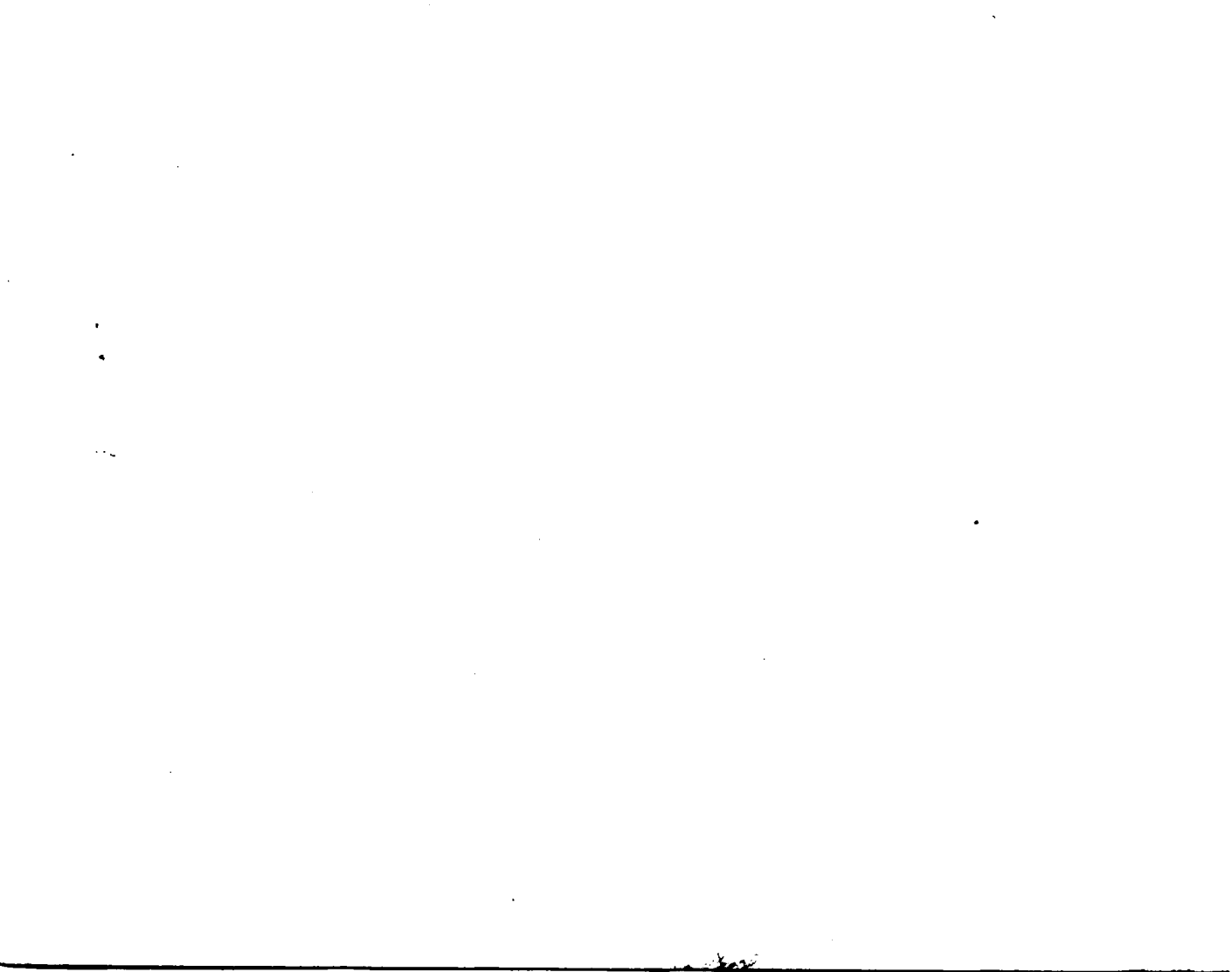
I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) J. F. Altow  
(Physician or midwife)

Given names added from a supplemental report.

Address Malad  
Filed July 30 1920  
Registrar H. J. Jones



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 5-18-59

PLACE OF BIRTH

295-230-036-984  
County of Oneida

City of Malad

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Registration District No. 26

Primary Registration District No. 2069

File No. 81991

Registered No. 142

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Carol King

(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> } and { Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of birth <u>July 30, 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

FATHER  
FULL NAME M. S. King

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Kansas

OCCUPATION Mechanic

MOTHER  
FULL MAIDEN NAME Leona Rydalph

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 20  
(Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer, M.D.

Physician

(Physician or midwife)

Give names added from a supplemental report.

Address Malad, Idaho

Filed July 30, 1920

R. T. Mauer, M.D.

Registrar.

Registrar.

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

5. [Illegible text]

6. [Illegible text]

7. [Illegible text]

8. [Illegible text]

9. [Illegible text]

10. [Illegible text]

11. [Illegible text]

12. [Illegible text]

13. [Illegible text]

14. [Illegible text]

15. [Illegible text]

16. [Illegible text]

17. [Illegible text]

18. [Illegible text]

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21. [Illegible text]

22. [Illegible text]

23. [Illegible text]

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29. [Illegible text]

30. [Illegible text]

31. [Illegible text]

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42. [Illegible text]

43. [Illegible text]

44. [Illegible text]

45. [Illegible text]

46. [Illegible text]

47. [Illegible text]

48. [Illegible text]

49. [Illegible text]

50. [Illegible text]

51. [Illegible text]

52. [Illegible text]

53. [Illegible text]

54. [Illegible text]

55. [Illegible text]

56. [Illegible text]

57. [Illegible text]

58. [Illegible text]

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62. [Illegible text]

63. [Illegible text]

64. [Illegible text]

65. [Illegible text]

66. [Illegible text]

67. [Illegible text]

68. [Illegible text]

69. [Illegible text]

70. [Illegible text]

71. [Illegible text]

72. [Illegible text]

73. [Illegible text]

74. [Illegible text]

75. [Illegible text]

76. [Illegible text]

77. [Illegible text]

78. [Illegible text]

79. [Illegible text]

80. [Illegible text]

81. [Illegible text]

82. [Illegible text]

83. [Illegible text]

84. [Illegible text]

85. [Illegible text]

86. [Illegible text]

87. [Illegible text]

88. [Illegible text]

89. [Illegible text]

90. [Illegible text]

91. [Illegible text]

92. [Illegible text]

93. [Illegible text]

94. [Illegible text]

95. [Illegible text]

96. [Illegible text]

97. [Illegible text]

98. [Illegible text]

99. [Illegible text]

100. [Illegible text]

Illinois, Marriage License, January 6, 1945 gives name as Carol King - viewed by V.S. and Own Child's Birth Certificate, Illinois Birth, July 18, 1949 gives name as Carol Ione King - viewed by V.S. and IDAHO STATE BOARD OF HEALTH  
Top Critics Revues of Ballarinas DIVISION OF VITAL STATISTICS  
Carol King, May, 1953 - viewed by V.S. gives correct information -

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Illinois } ss. Certificate No. 81991  
County of Cook } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Carrol King (Name on Original Certificate) who was born (Birth or Death) on July 30, 1920 (Date of Event)  
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Records of Name & Birth prepared on 5/7/59 (Give Date) are:  
(Bible Record, Insurance Policy, Etc.)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

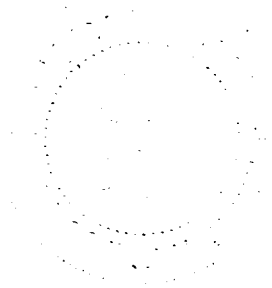
Name Carrol King  
Mother's Name Leona Rydalch  
Carol King  
Evha Leone Rydalch

Subscribed and sworn to before me this 7 day of May 1959  
Notary Public, residing at 105 W Madison St Chicago Ill  
My commission expires Feb 19/61  
(Seal) Signed Richard J. [Signature]  
(Signature of parent or attendant correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
105-W Madison St Chicago Ill  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Illinois } ss. [This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]  
County of Cook }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 7 day of May 1959  
Notary Public, residing at 105 W Madison St Chicago Ill  
My commission expires 4/29/63  
(Seal) Signed Arthur [Signature]  
(Signature of Any Credible Person)  
105 W Madison St Chicago Ill  
(Street Address, City, State)





135-202-037-215  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-2-15-12

## CERTIFICATE OF BIRTH

County of OwyheeCity of Flint (near)

Registration District No.

43

File No.

81995

No. \_\_\_\_\_ St.

Primary Registration District No.

2120

Registered No.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Marie Alvarado

Sex of Child

FemaleTwin  
Triplet  
or other?

—

and

Number  
in order  
of birth

—

(To be answered only in event of plural births)

Legiti-  
mate?yes

Date of Birth

July 2, 1920

FULL NAME

FATHER  
Christoval Alvarado

FULL MAIDEN NAME

MOTHER  
Marina Sandoval

RESIDENCE

Owyhee County,

RESIDENCE

Owyhee County,

COLOR

white

AGE AT LAST BIRTHDAY

27  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

19  
(Years)

BIRTHPLACE

Durango, Spain.

BIRTHPLACE

Bilboa, Spain.

OCCUPATION

Sheep-herder

OCCUPATION

Camp-cook.

Number of child of this mother, including present birth

1

Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 3.30 a.m.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. H. Schuyler, M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address

Silver City, Idaho

Filed

July 5, 1920 M. H. Schuyler, M.D.  
Registrar



[The page contains several lines of extremely faint, illegible text, likely a form or document. The text is mostly obscured by noise and the redaction mark.]

995-119-038-791

## PLACE OF BIRTH

County of Payette  
City of FruitlandSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

81996

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 2130 File No. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

FULL NAME OF CHILD Lawell Hardell Ringer

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>July 19, 1920</u> (Month) (Day) (Year)
--------------------------	---	-----------	--------------------------------	-------------------------	--

FULL NAME <u>Milton Ivan Ringer</u>	FATHER
RESIDENCE <u>New Plymouth</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Chicago Ills</u>	
OCCUPATION <u>Labarer</u>	

FULL MAIDEN NAME <u>Chas Beatrice Gray</u>	MOTHER
RESIDENCE <u>New Plymouth</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8 15 P. M.  
on the date above stated. (Born alive or stillborn.)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

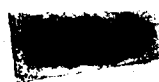
(Signature) C. C. Patton  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Fruitland  
Filed July 19, 1920 C. C. Patton  
Registrar

Registrar



291-106.038-819

PLACE OF BIRTH

County of PayetteCity of Fruihtland

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-18-19

Registration District No. \_\_\_\_\_

File No. **81997**

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate?	DATE OF BIRTH <u>June 6</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--	------------------	---

FULL NAME <u>Frank F. Brady</u>	FATHER
RESIDENCE <u>Fruihtland</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Massachusetts</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Katherine M. Hardman</u>	MOTHER
RESIDENCE <u>Fruihtland</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12 M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Neese, MD

(Physician or midwife)

Given names added from a supplemental report.

Address Ontario, OregonFiled June 14 19 20 B. G. Paxton

Registrar

Registrar



249-201-038-919

## PLACE OF BIRTH

County of PayetteCity of TrinitasP.O. Payette RD #1

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Full Name of Child \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-16-18

## CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_

File No. 81998

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	DATE OF BIRTH <u>July 1</u> (Month) (Day) (Year) <u>1920</u>
FULL NAME <u>Joseph Everett Smith</u>	FATHER			FULL MAIDEN NAME <u>Mary A. Raiss</u>	MOTHER
RESIDENCE <u>Trinitas - 2 mi. N.W.</u>				RESIDENCE <u>Trinitas - 2 mi. N.W.</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)			COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Missouri</u>				BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Rancher</u>				OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

William J. Keene, M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address

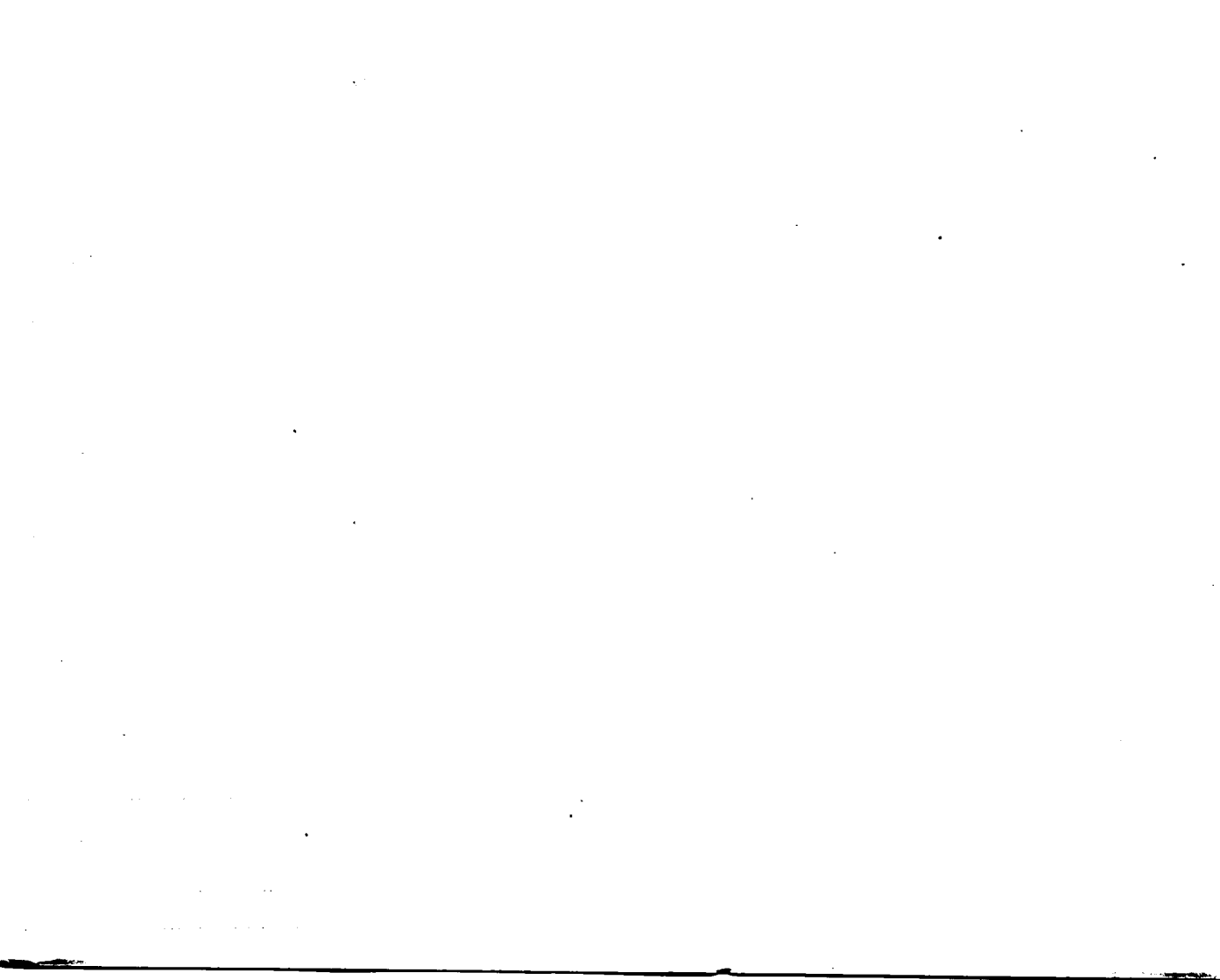
Ontario - Oregon

Filed

July 7 1920  
C. C. Payton  
 Registrar

Registrar





451-11-038-785

## PLACE OF BIRTH

County of PayetteCity of Fruitland

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Full Name of Child \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-15-38

## CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_

File No. 81999

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>male</u>	Twin Triplet or other? _____	{ and } Number in order of birth	Legiti- mate? _____	DATE OF BIRTH <u>July 11- 1920</u> (Month) (Day) (Year)
FULL NAME <u>FATHER</u> <u>Stanley C. Dean</u>			FULL MAIDEN NAME <u>MOTHER</u> <u>Anna L. Phigley</u>	
RESIDENCE <u>Fruitland</u>			RESIDENCE <u>Fruitland</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>w</u> AGE AT LAST BIRTHDAY <u>39</u> (Years)		
BIRTHPLACE <u>Missouri</u>			BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Rancher</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) \_\_\_\_\_

\_\_\_\_\_  
(Both alive or stillborn)

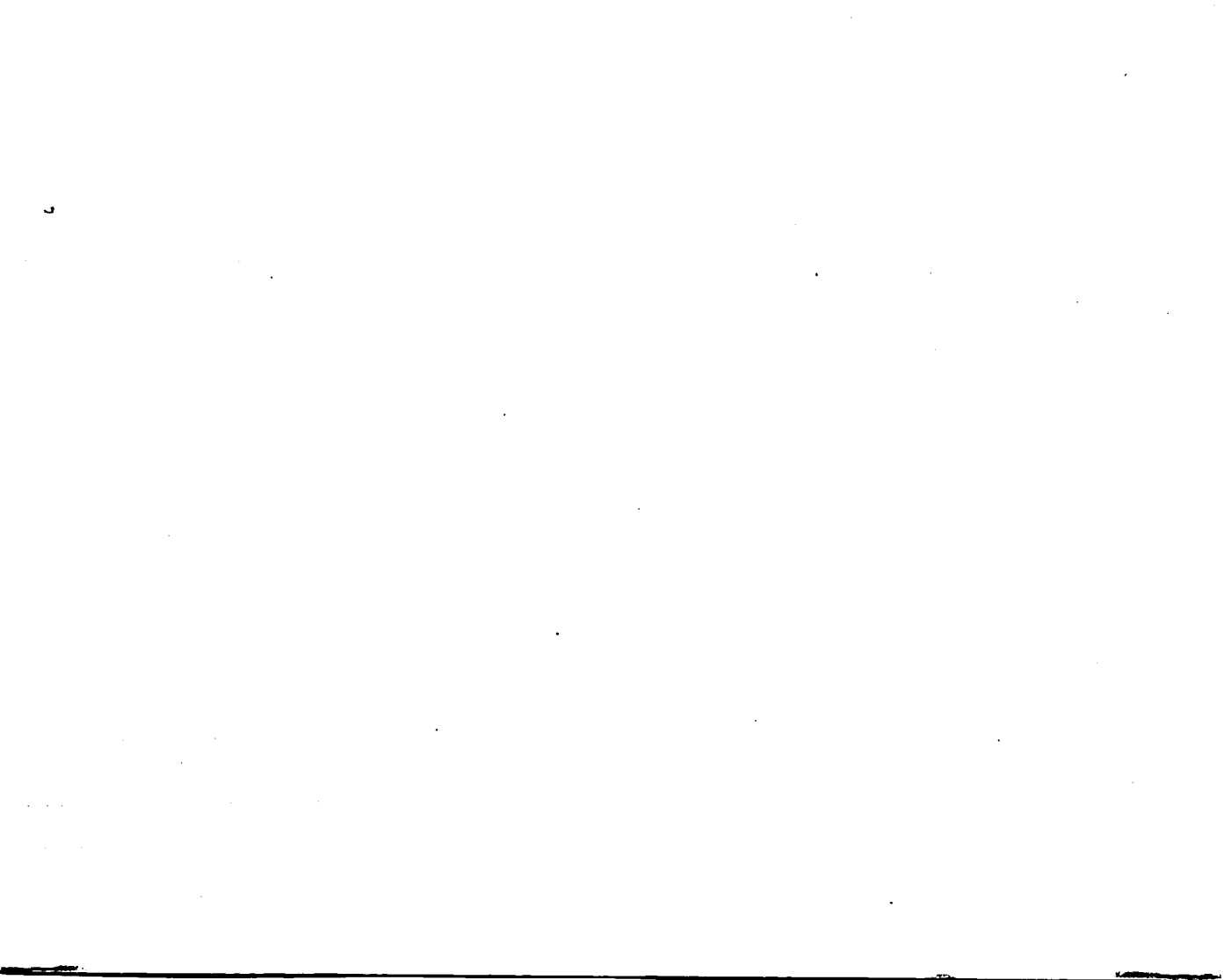
(Physician or midwife)

Address \_\_\_\_\_

Filed \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar \_\_\_\_\_



315-222-038-281

PLACE OF BIRTH

County of Payette

City of Fruitland

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-18-18

Registration District No. \_\_\_\_\_

File No. **82000**

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child Bethy Jane Lauphar

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number and in order of birth	Legiti- mate?	DATE OF BIRTH <u>Aug. 22 - 1920</u> (Month) (Day) (Year)
FULL NAME <u>Wm. F. Lauphar</u>	FATHER		FULL MAIDEN NAME <u>Lois Ophie Schramberger</u>	MOTHER
RESIDENCE <u>Fruitland - 1 mi. S.</u>			RESIDENCE <u>Fruitland - 1 mi. S.</u>	
COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)		COLOR <u>w</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Nebraska</u>			BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>Laborer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Neese, M.D.

Given names added from a supplemental report.

Address Ontario Ore

Filed Aug 30 1920 E. C. Payton  
Registrar

Registrar

GROUP INSURANCE  
INVESTIGATION UNIT  
ON AT A...  
died in...

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

82000

File No.

Registered No.

Full Name of Child

Two  
Triple

DATE

RESIDENCE

COLOR

HAIR

OCCUPATION



M

Address

Filed

45-215-078914

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of Payette

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

82001

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Paula Elizabeth DavisSex of  
ChildgirlTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthFeb151922

(Month)

(Day)

(Year)

FULL  
NAMEG. P. Davis

FATHER

FULL  
MAIDEN  
NAMEAda T. Pader

MOTHER

RESIDENCE

Near Fruitland Idaho

RESIDENCE

Near Fruitland Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY30

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY26

(Years)

BIRTHPLACE

Tennessee

BIRTHPLACE

Kentucky

OCCUPATION

Rail Station Agent

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ M.  
on the date above stated.Born alive  
(Born alive or stillborn)2 A.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. H. Avery  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Payette, Ida

Filed

Aug 23, 1920G. C. Paxton  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

SEP 3 0 1943

MAP 1 1985

385-219038-141

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

82002

County of Payette

City of \_\_\_\_\_

Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Alpha May LynnSex of  
ChildgirlTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthMar 19  
(Month)1920  
(Day)1920  
(Year)FULL  
NAME

FATHER

Philip Lynn

RESIDENCE

Whitney Bottom

COLOR

whiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Furney Adams

RESIDENCE

Whitney Bottom

COLOR

whiteAGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

Oklahoma

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 6<sup>10</sup> A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

O. H. Avery

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Payette, Ida

Filed

Aug. 23, 1920C. C. Paxton

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 7 1943

#45-117.038-593

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Payette

City of \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. **82003**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ronald HughSex of Child MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthFeb. 171920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Ray DuellFULL  
MAIDEN  
NAME

MOTHER

Eather Nichols

RESIDENCE

Near Fruitland, Idaho

RESIDENCE

Near Fruitland, Idaho

COLOR

white

AGE AT LAST

BIRTHDAY

26

(Years)

COLOR

white

AGE AT LAST

BIRTHDAY

21

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

Farming

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

at

9<sup>10</sup>

P. M.

on the date above stated.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

O. H. AveryPhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Payette, Idaho

Filed

Aug. 20, 1920G. G. Paxton

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

K

DEC 7 1941

292-20410-38-365

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of PayetteCity of near New PlymouthRegistration District No. 5 File No. 82004

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2009 Registered No. 32

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Verla Mae Bishop

Sex of Child <u>f</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 4</u> 19 <u>20</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FATHER  
FULL NAME Leino Gunnings BishopRESIDENCE near Plymouth R. 7 S. 2COLOR w AGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE Nebr.OCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Myrtle CoukleRESIDENCE rich husbandCOLOR w AGE AT LAST BIRTHDAY 20 (Years)BIRTHPLACE Calo-OCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8:45 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J Drysdale M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address New Plymouth IdaFiled July 5 1920

Registrar

Registrar Wm J Drysdale

MAR 19 1945

296-124038-238

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of PayetteCity of Near PLYMOUTHRegistration District No. 5 File No. 82005

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 3009 Registered No. 33

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Paul Sherman Brown

Sex of Child

mTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJuly 241920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
W<sup>m</sup> Harrison BrownFULL  
MAIDEN  
NAMEMOTHER  
Euna Josephine Schroeder

RESIDENCE

Near N. Plymouth

RESIDENCE

with husband.

COLOR

wAGE AT LAST  
BIRTHDAY48  
(Years)

COLOR

wAGE AT LAST  
BIRTHDAY46  
(Years)

BIRTHPLACE

Id.

BIRTHPLACE

Id.

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W<sup>m</sup> J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

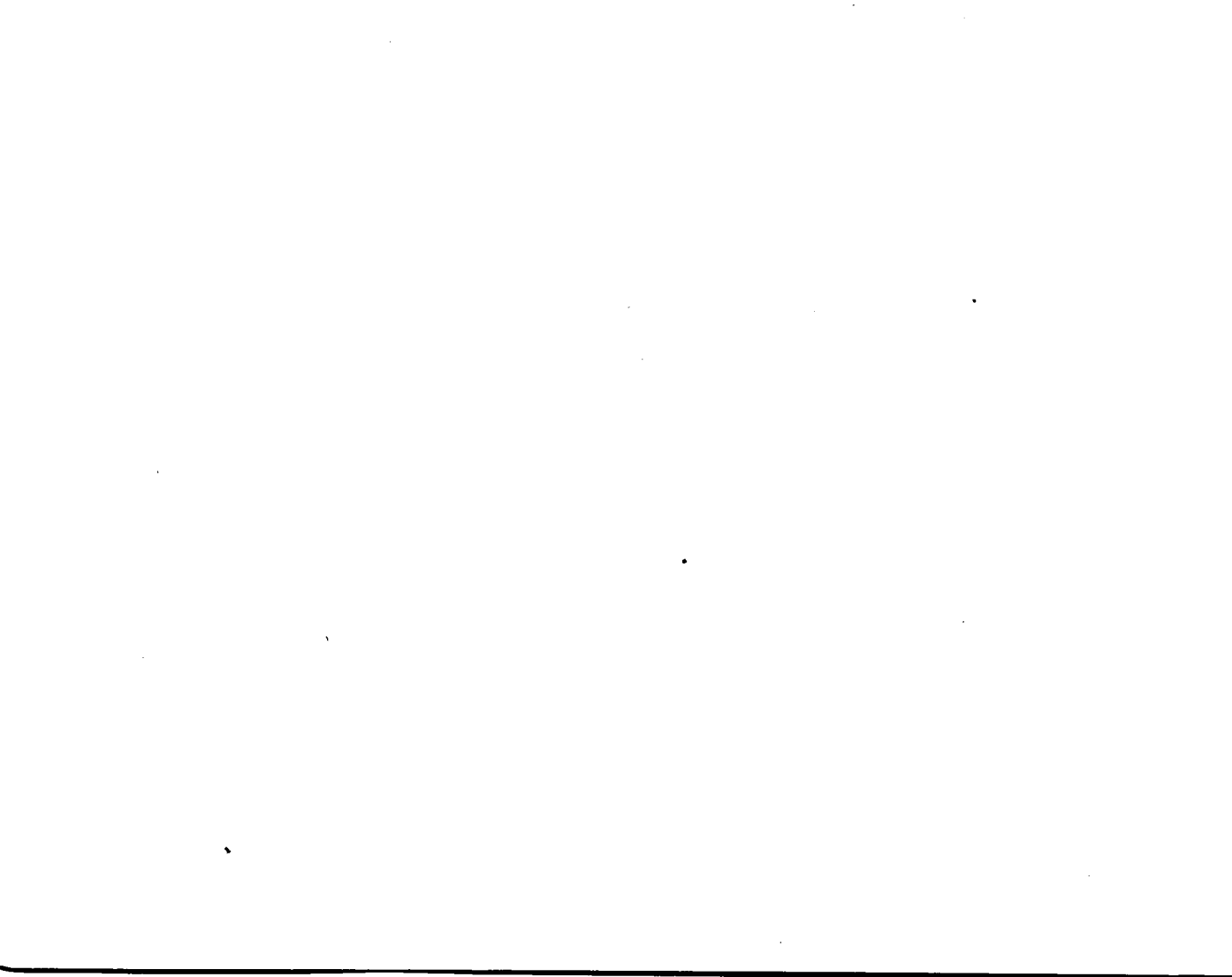
Near Plymouth Ida

Filed

July 25 1920

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7764-228-038-436

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Payette

City of Jack

Registration District No. 5

File No. 82006

No. \_\_\_\_\_ St.

Primary Registration District No. 2009

Registered No. 34

Hospital \_\_\_\_\_

FULL NAME OF CHILD Fawn Olivia Pomeroy

Sex of Child <u>F</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>July 28</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	---	-------	---	-------------------------------	--

FULL NAME S. Loren Pomeroy FATHER

FULL MAIDEN NAME Mabel McFarland MOTHER

RESIDENCE near Jack, Ida.

RESIDENCE with husband

COLOR N AGE AT LAST BIRTHDAY 32  
(Years)

COLOR N AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE Iowa

BIRTHPLACE Idaho

OCCUPATION farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 6A M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address near Plymouth Ida

Filed July 1920 Wm J. Drysdale Registrar

Registrar



AUG 18 1965

AUG 14 1967

MAY 28 1943

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-4-4-17

CERTIFICATE OF BIRTH

82007

County of Power

City of Am. Falls

142-226-039-842

No. ..... St.

Registration District No. 25

File No. 4

Primary Registration District No. 2072

Registered No. 193

Hospital .....

FULL NAME OF CHILD Spierly Austin

Sex of Child <u>Male</u>	Twin Triplet or other? <u>.....</u> (To be answered only in event of plural births)	and { Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 26 1920</u> (Month) (Day) (Year)
--------------------------	--	---	------------------------	---

FULL NAME <u>George Whitesides Austin</u>	FATHER
RESIDENCE <u>Am. Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>.....</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Manager Lumber yard</u>	

FULL MAIDEN NAME <u>Mabel Herbert</u>	MOTHER
RESIDENCE <u>Am. Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>.....</u> (Years)
BIRTHPLACE <u>Minnesota</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

Given names added from a supplemental report.

(Physician)

Address Am. Falls Idaho

Filed 7/26/20

Registrar

Registrar

APR 24 1945

RECEIVED  
U.S. DEPARTMENT OF THE ARMY  
WASHINGTON, D.C.

MAY 25 1949

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

955-228-031-154

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

82008

County of Teton

City of Felt

Registration District No. 77

File No. 87

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 9176

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Marguerite Mildred Reese

Sex of Child Female

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti  
mate?

Yes

Date of Birth

June 28 1930  
(Month) (Day) (Year)

FULL  
NAME

Alga Reese

FATHER

FULL  
MAIDEN  
NAME

Mildred Anderson

MOTHER

RESIDENCE

Felt, Ida

RESIDENCE

Felt, Ida

COLOR

White

AGE AT LAST  
BIRTHDAY 23  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY 21  
(Years)

BIRTHPLACE

Ida.

BIRTHPLACE

Ida.

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Bess Gore at 1196 M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Chas. Marker

(Physician or midwife)

Given names added from a supplemental report.

19

Address


Idaho

Filed

July 12 1930

Martha Marker  
Registrar

Registrar



JUN 29 1953

PLACE OF BIRTH

County of TetonCity of Victor

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Charles Lester McBride

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

82009

Registration District No. 77 File No. 88Primary Registration District No. 2176 Registered No. \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>June 28</u> 19 <u>20</u>
(To be answered only in event of plural births)			(Month) (Day) (Year)	

FULL NAME FATHER Jesse Bert McBrideRESIDENCE Victor Ida.COLOR White AGE AT LAST BIRTHDAY 42 (Years)BIRTHPLACE IdahoOCCUPATION FarmerFULL MAIDEN NAME MOTHER Mary Susie JonesRESIDENCE Victor Ida.COLOR White AGE AT LAST BIRTHDAY 32 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Hunter

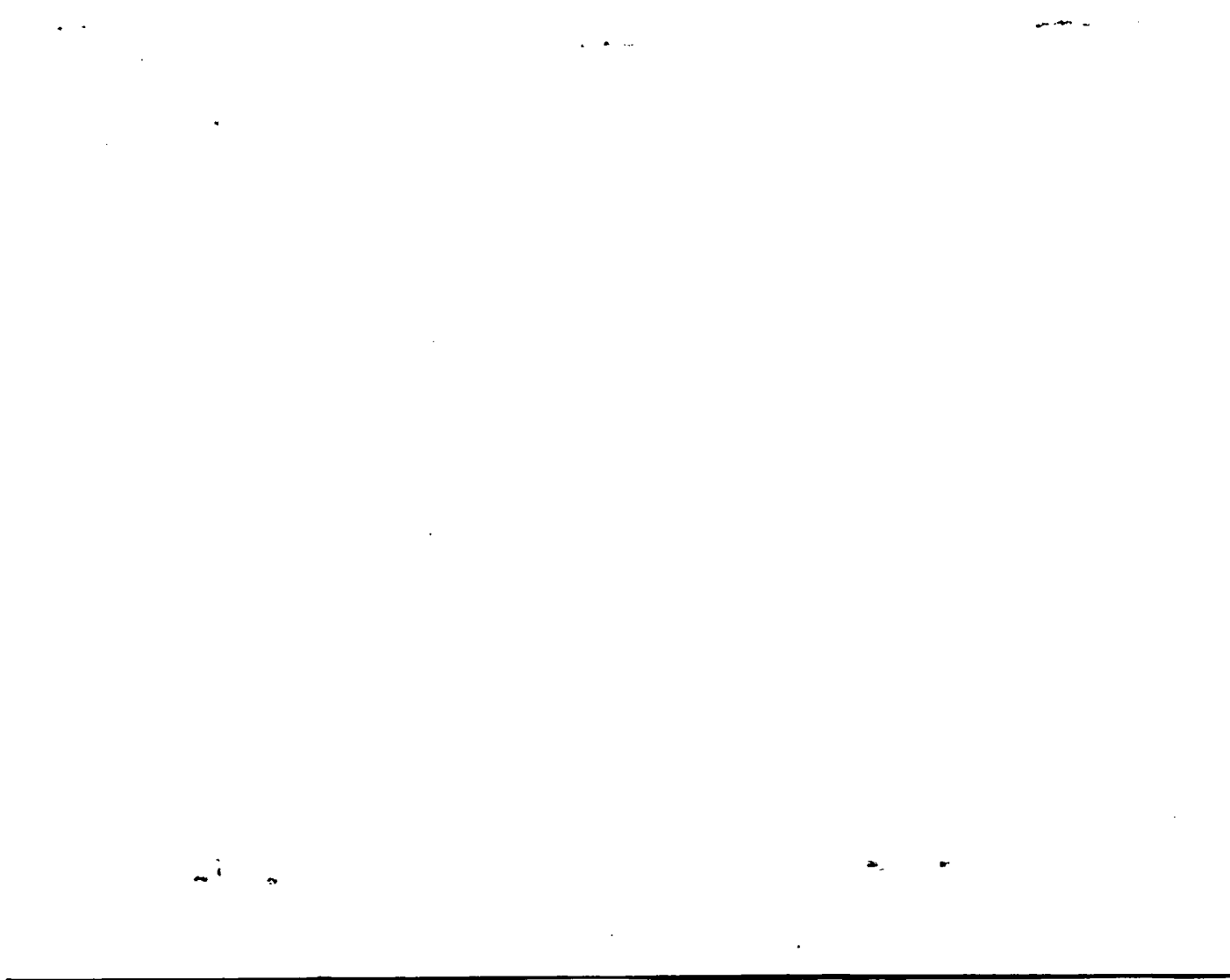
(Physician or midwife)

Given names added from a supplemental report.

Address Victor Ida.Filed July 12 1920 Martha Marker

Registrar

Registrar



State of Utah, County of Cache, Marriage Certificate, married April 11, 1944 at Logan,  
Utah gives full name of groom as Charles Lester McBride and full name of bride as Thora  
Dee Larsen - viewed by V.S. IDAHO DEPARTMENT OF HEALTH  
L.D.S. Church Seventy's Certificate of Ordination, ordained Feb. 18, 1940 gives full  
name as Charles Lester McBride - viewed by V.S. BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Idaho }  
County of Latah } ss.

Certificate No. 82009

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed McBride (male child) who was born on June 28, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Victor, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by..... prepared on..... are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

(Give Date)

**TO**  
(The Correct Facts)

Full Name of Child

Unnamed

Charles Lester McBride

Subscribed and sworn to before me this 19th day of

Signed Mary S. McBride  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Latah } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of

Signed Ada Jones  
(Signature of Any Credible Person)

(Street Address, City, State)

Notary Public, residing at Victor, Idaho  
My commission expires July 11, 1964  
(Seal)



JUL 17 1963



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

432-227.041-359

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH
County of TetonCity of TetonRegistration District No. 77File No. 89

82010

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2176

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>June 27</u> 19 <u>30</u> (Month) (Day) (Year)
----------------------------	---	-------	--------------------------------	----------------------------	---

FULL NAME <u>Leo Mc Kering</u>	FATHER
RESIDENCE <u>Teton, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Hattie Laid</u>	MOTHER
RESIDENCE <u>Teton, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Housewife</u>	

 Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 I hereby certify that I attended the birth of this child, who was Born alive, at 8:10 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address Teton, IdahoFiled July 12 1930

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

162-113,041-113

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

82011

County of Teton

City of Batis

Registration District No. 77

File No. 90

No. \_\_\_\_\_ St.

Primary Registration District No. 2176

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

EPHRAIM DALE JOSEPHSON

FULL NAME OF CHILD

Sex of Child <u>Male</u>	Twin <u>Trin</u> or other <u>and</u> { Number in order of birth <u>1st</u>	Legiti mate? <u>yes</u>	Date of Birth <u>June 13</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-------------------------	---

FULL NAME Ephraim Dale Josephson FATHER

RESIDENCE Batis Id

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Id

OCCUPATION Farmer

FULL MAIDEN NAME Wanda C. Jacobson MOTHER

RESIDENCE Batis Id

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Id

OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles A. Martin  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

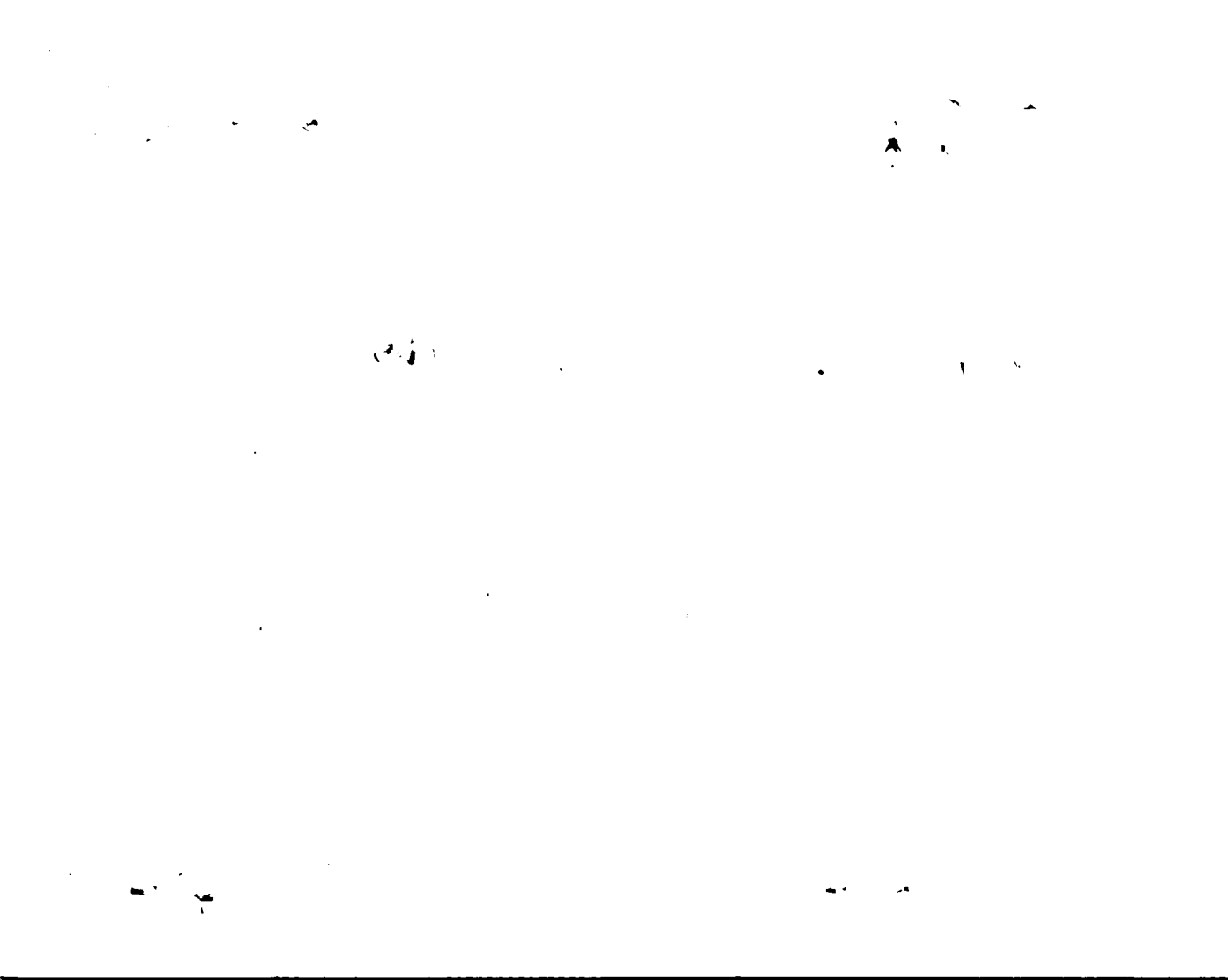
19

Address Batis Id

Filed July 12 1920

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... }  
County of ..... } ss. Certificate No. 82011  
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Josephson (Name on Original Certificate) who was born on June 13, 1920 (Birth or Death)  
(Was Born or Died) (Date of Event)  
in Bates, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Childs name

omitted

Ephraim Josephson

Dale

Subscribed and sworn to before me this 11th day of

1928

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... }  
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of  
....., 19.....

Signed

(Signature of Any Credible Person)

Notary Public, residing at

My commission expires

(Seal)

(Street Address, City, State)

Insurance Policy issued by the Pacific National Life Ins. Co. on July 11, 1940, gives name as Ephraim Dale Josephson. Policy # 31610  
Born June 15, 1920, in Driggs, Idaho.

Viewed by V.S.

Marriage License and Certificate issued by Madison County, Idaho gives name as Ephraim Dale Josephson. Married October 13, 1941. Bishop Edward Powell married them.

Viewed by V.S.

813-115-041,442

## PLACE OF BIRTH

County of TiptonCity of Bates

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

82013

Registration District No. 77 File No. 92Primary Registration District No. 2176 Registered No. \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>June 13</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>Carl S. Nell</u>	FATHER
RESIDENCE <u>Bates, Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Hanna R. Rustin</u>	MOTHER
RESIDENCE <u>Bates Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Wing.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Sam Allen at 106' M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Rustin

(Physician or midwife)

Given names added from a supplemental report.

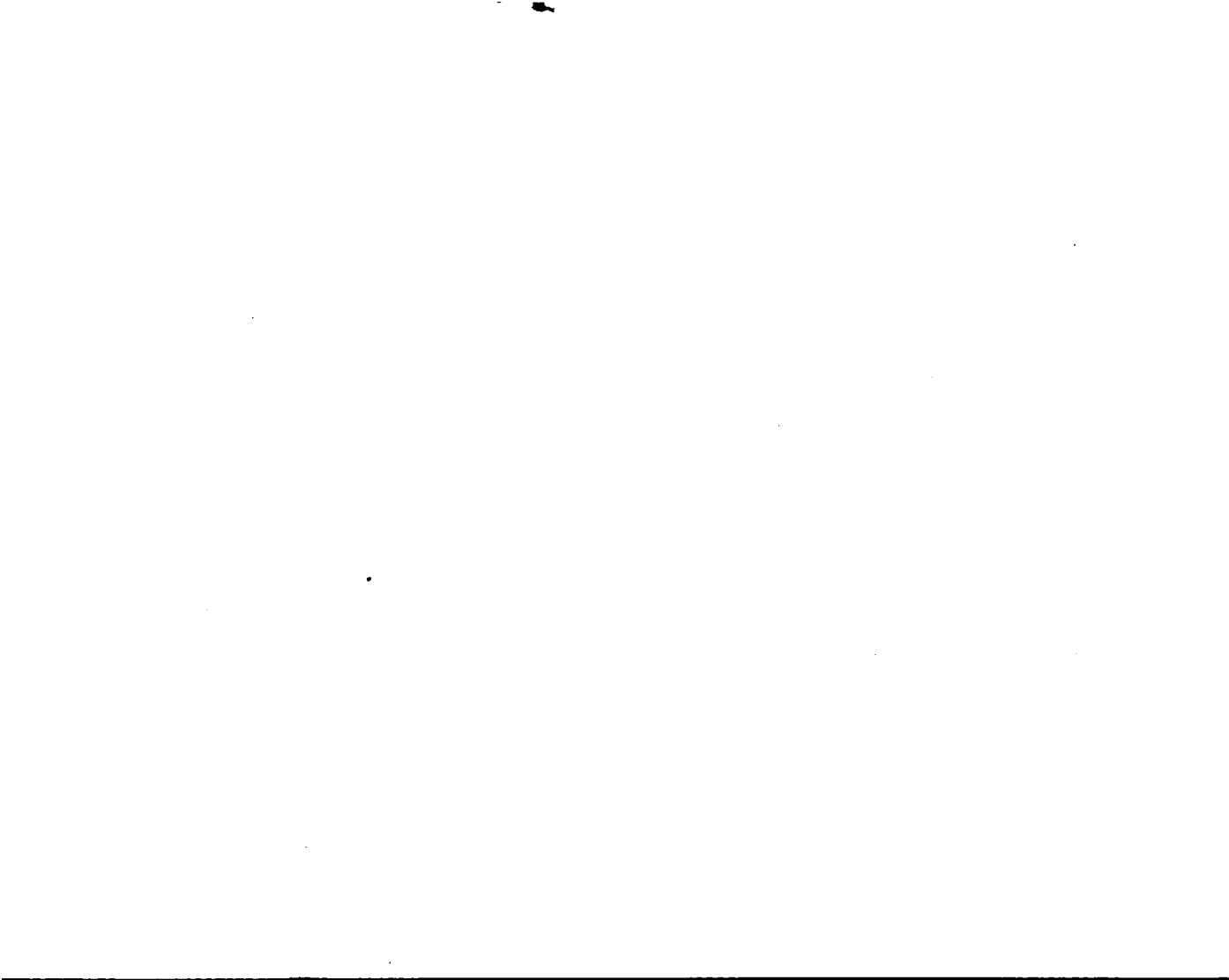
19.

Address Bates Id.Filed July 12 1920

Registrar

Martha Markes  
Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

213-222-041-651

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Teton

City of Teton

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 77

File No. 82014  
93

Hospital \_\_\_\_\_

Primary Registration District No. 2176

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>  </u> (To be answered only in event of plural births)	and {	Number in order of birth <u>  </u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 22</u> 19 <u>30</u> (Month) (Day) (Year)
FULL NAME <u>Dunewalt M. Buler</u>	FATHER			FULL MAIDEN NAME <u>Sarah Elizabeth Pearson</u>	MOTHER
RESIDENCE <u>Teton, Id.</u>				RESIDENCE <u>Teton, Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)			COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Id.</u>				BIRTHPLACE <u>Id.</u>	
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 9 91 M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

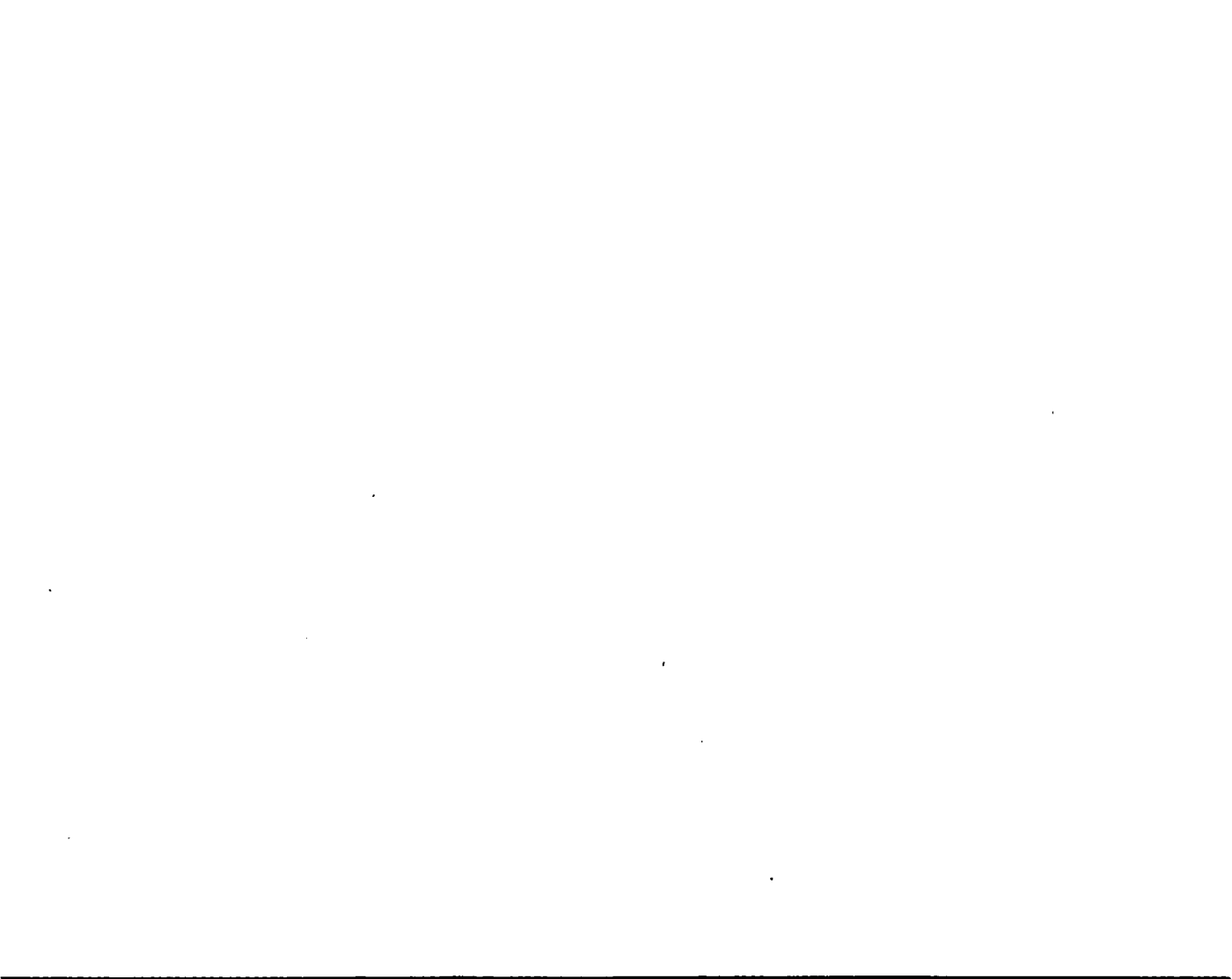
Charles M. Mark  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Id.  
Filed July 12 1930 Martha Marker  
Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

796-1041041-693

PLACE OF BIRTH

County of Teton

City of Bugis

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

82015

Registration District No. 77 File No. 95-

Primary Registration District No. 2176 Registered No. \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth <u>July 4</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME <u>Leo Thomas Groen</u>	FATHER
RESIDENCE <u>Bugis, Idg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Elizabeth M. Groen</u>	MOTHER
RESIDENCE <u>Bugis, Idg</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:30 P. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

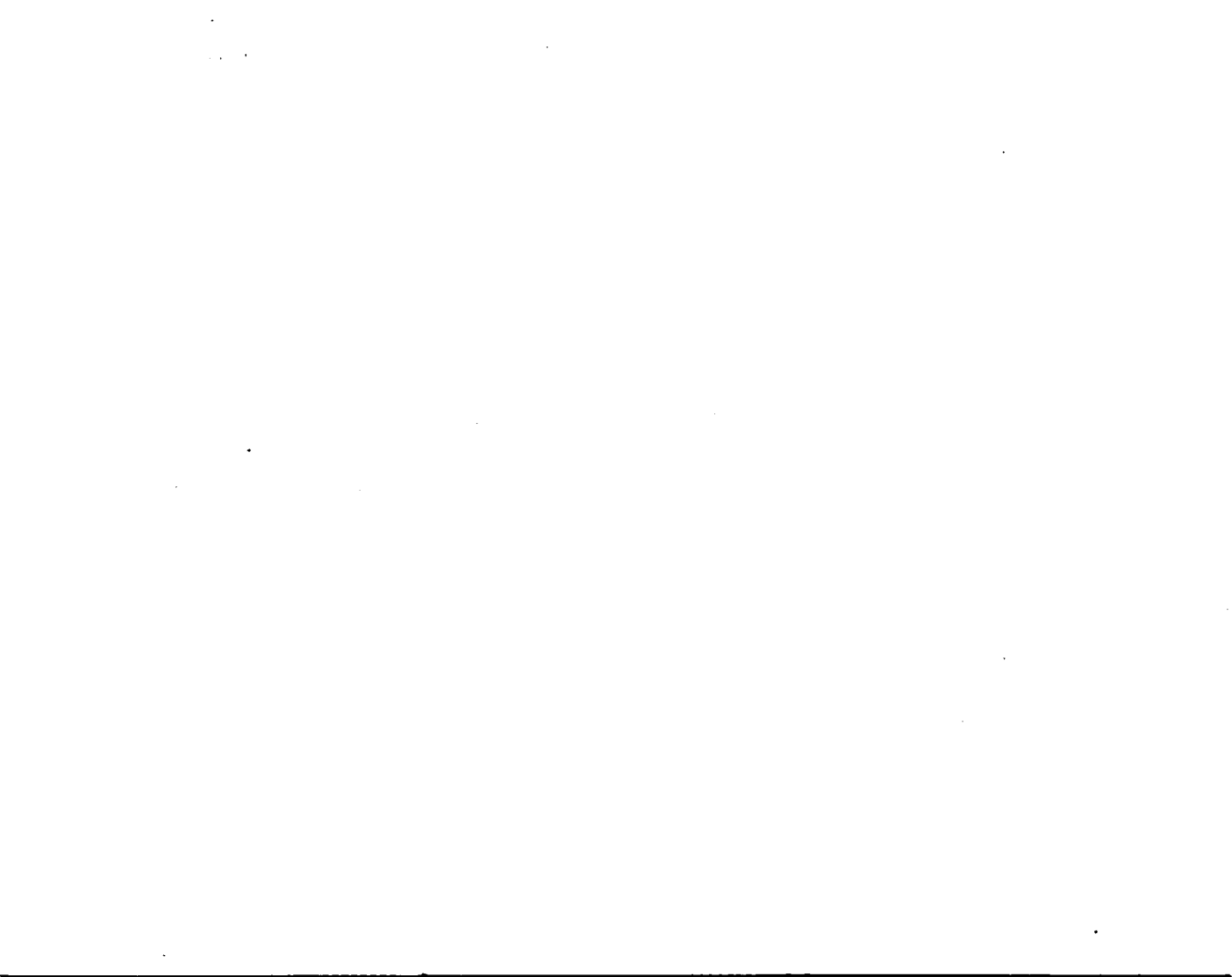
(Signature) Charles A. Martin  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Bugis, Idg  
Filed July 12 1920 Martha Marker  
Registrar

Registrar



386123.041-268

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of IdahoCity of Victor

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 77File No. 96

82016

Hospital \_\_\_\_\_

Primary Registration District No. 2176

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

JUNE GRANT THOMPSON

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>June 23 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>Grant Oddie Thompson</u>	FATHER
RESIDENCE <u>Victor Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Jerusalem Boyle</u>	MOTHER
RESIDENCE <u>Victor Id.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>4</u>	Number of children of this mother now living, including present birth <u>4</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

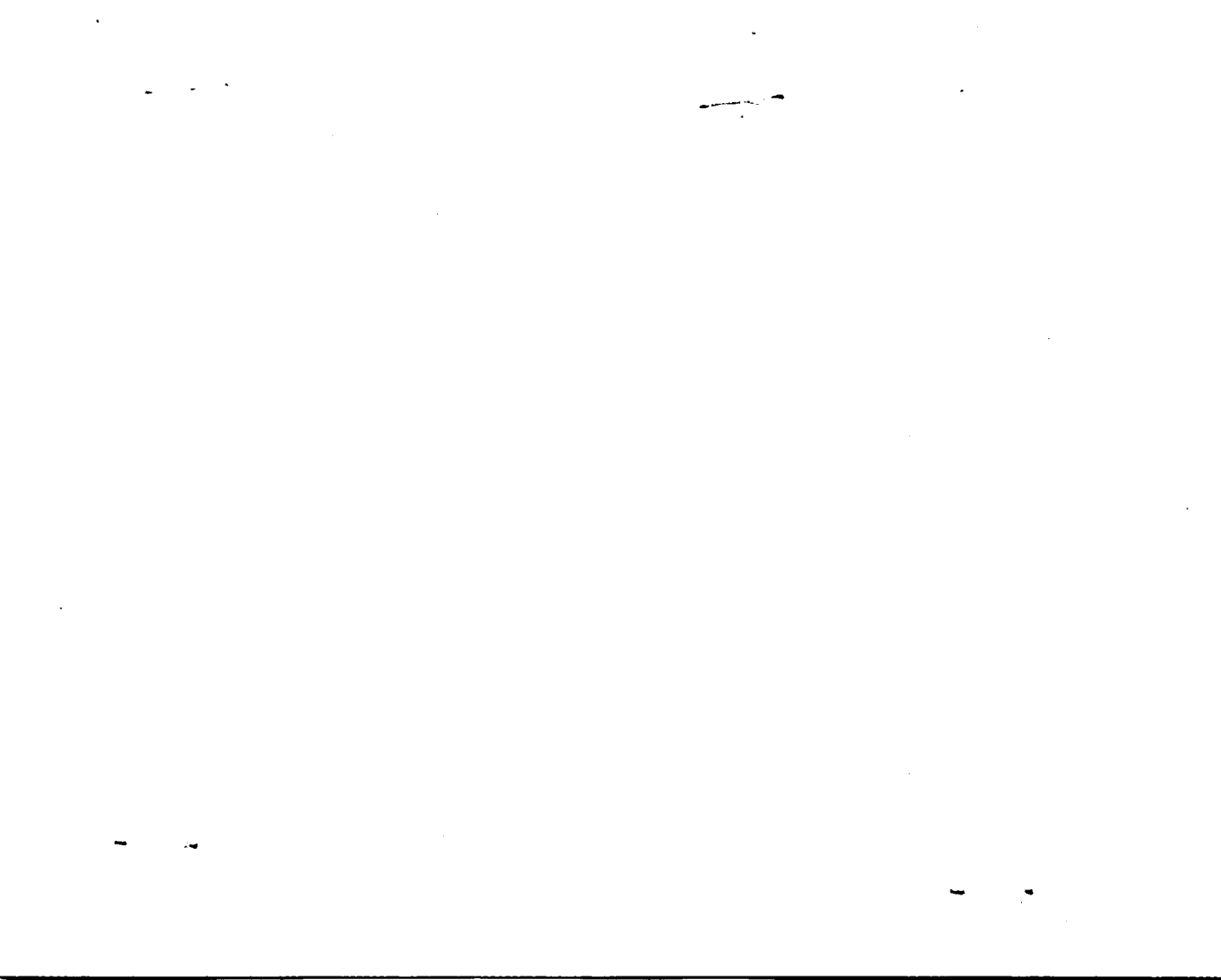
(Signature) Dr. J. H. Hutton

(Physician or midwife)

Address Victor Id.Filed July 12 1920

Registrar

Registrar Martha Marker



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of ~~Idaho~~ WYOMING }  
County of Teton } ss. Certificate No. 82016  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or death)  
for \_\_\_\_\_ who was born on June 23, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in near Victor, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Name

Unnamed Thompson

June Grant Thompson

Subscribed and sworn to before me this 15th  
day of December, 19 41.

Signed Genevieve (Boyle) Thompson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Jackson, Wyo.

Jackson, Wyoming.

My commission expires Oct. 26, 1942  
[SEAL]

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Wyoming }  
County of Teton } ss.

[This affidavit MUST also be executed.  
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th  
day of December, 19 41.

Signed Grant O. Thompson  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Jackson, Wyo.

Jackson, Wyoming.

My commission expires Oct. 26, 1942  
[SEAL]

(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)



DEC. 29 1941

389-208-041-943

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-2-27

## CERTIFICATE OF BIRTH

82017

County of TulsaCity of TulsaRegistration District No. 77File No. 97

No. .... St.

Primary Registration District No. 2176

Registered No. ....

Hospital .....

FULL NAME OF CHILD Lila Grace Christensen

Sex of Child

7Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and  
in order  
of birth

Legitimate?

juDate of Birth June - 8 - 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Wile P. Christensen

FULL MAIDEN NAME

MOTHER  
Lucy Beck

RESIDENCE

Tulsa Idaho

RESIDENCE

Tulsa

COLOR

WAGE AT LAST BIRTHDAY 33  
(Years)

COLOR

WAGE AT LAST BIRTHDAY 31  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Idaho

OCCUPATION

Blacksmith

OCCUPATION

HousewifeNumber of child of this mother, including present birth.... 7.... Number of children of this mother now living, including present birth.... 7....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... alive..... at..... 2..... P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... H. H. Christensen..........  
(Physician or midwife)

Given names added from a supplemental report.

Address..... Large Falls.....Filed..... July 13 1920..... Martha Marker  
Registrar Registrar

[REDACTED]

AUG 20 1945

MAR 31 1944

DECEASED

759203.041-442

## PLACE OF BIRTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

82018

County of TetonCity of BriggsRegistration District No. 77File No. 98

No. .... St.

Primary Registration District No. 2176

Registered No. ....

Hospital .....

## FULL NAME OF CHILD

PerrySex of  
Child7Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti-  
mate?yesDate of  
BirthJune31921

(Month)

(Day)

(Year)

FULL  
NAMEFATHER  
L. L. PerryFULL  
MAIDEN  
NAMEMOTHER  
Dora Huston

RESIDENCE

Briggs Idaho

RESIDENCE

Briggs Idaho

COLOR

WAGE AT LAST  
BIRTHDAY39

(Years)

COLOR

WAGE AT LAST  
BIRTHDAY33

(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Labourer

OCCUPATION

housewifeNumber of child of this mother, including present birth...3... Number of children of this mother now living, including present birth...3...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.


(Signature) H. H. Culbertson

(Physician or midwife)

Given names added from a supplemental report.

Address Briggs IdahoFiled July 13 1921 Martha Marker

Registrar



JAN 28 1970

Amended 6-6-73  
295-218-041-793

## PLACE OF BIRTH

County of Teton.....City of Victor.....

No. .... St.

Hospital .....

FULL NAME OF CHILD Margaret Baye Sinclair.....

Sex of Child <u>F</u>	<del>Female</del> Triplet or other? <u>and</u> { <u>Number</u> in order of birth } (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>June 15</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	--	------------------------	---

FATHER		MOTHER	
FULL NAME <u>Jesse Sinclair</u>	FULL MAIDEN NAME <u>Ellen Pitts</u>	FULL NAME <u>Jesse Sinclair</u>	FULL MAIDEN NAME <u>Ellen Pitts</u>
RESIDENCE <u>Victor</u>	RESIDENCE <u>Victor</u>	RESIDENCE <u>Victor</u>	RESIDENCE <u>Victor</u>
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)
BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>England</u>	BIRTHPLACE <u>Utah</u>	BIRTHPLACE <u>England</u>
OCCUPATION <u>Ranchman</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Ranchman</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... 2. A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....  
.....  
(Physician or midwife)

Given names added from a supplemental report.

Address .....  
Filed July 12 1920 Martha Marker  
Registrar

MAR 28 1973

DECEASED

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or ~~Repeal~~ An Original Certificate of Birth or Death**

State of Idaho **RECEIVED**  
County of Bonneville **BUREAU OF VITAL STATISTICS**  
Certificate No. 82019  
Date Filed May 23 11:50 AM '73

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Sinclair (Female) who was born on June 18, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Victor, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's name	<u>Unnamed</u>	<u>Margaret Faye Sinclair</u>
Father's age	<u>45</u>	<u>44 - Jessie</u>
Mother's name	<u>Nellie</u>	<u>Allen Pitts</u>

Subscribed and sworn to before me this 14 day of July, 1973

Signed Nellie Jeannette Sinclair  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Notary Public, residing at Idaho Falls, Idaho  
My commission expires 6/25/76  
(Seal)

485-2nd St Idaho Falls Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho ss.  
County of Bonneville

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of July, 1973

Signed Verna Nelson  
(Signature of Any Credible Person)

Notary Public, residing at Idaho Falls, Idaho  
My commission expires 6/20/76  
(Seal)

3144 E Lincoln Rd  
(Street Address, City, State)



Certificate of Blessing issued April 6, 1961 gives name as Margaret Faye Sinclair daughter of Jesse Sinclair and Ellen Pitts. Child born June 18, 1920 at Victor, Idaho. Blessed August 1, 1920, in L.D.S. Church.  
Viewed by V.S.

JUN 6 1973

Certificate of Baptism and Confirmation issued April 6, 1961 gives name as Margaret Faye Sinclair daughter of Jesse Sinclair and Ellen Pitts born June 18, 1920 at Victor, Idaho and Baptized June 14, 1928 in L.D.S. Church.  
Viewed by V.S.

Family record, obviously old gives name as Margaret Faye Sinclair born June 18, 1920 in Victor, Idaho. Married October 7, 1940 to Floyd Leon Christensen.

Viewed by V.S.      Family Record also gives mother's maiden name as  
Ellen Pitts born Sept. 12, 1876 in Leeds Yorkshire, England  
Father Jesse Sinclair born May 4, 1876 in Salt Lake City, Utah.

863-2071041-385  
PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Teton

City of Tulonia

Registration District No. 21 77

File No. 82020

No. St.

Primary Registration District No. 2176

Registered No. 82020

Hospital .....

FULL NAME OF CHILD Mersey Fahn Hochstetmeyer

Sex of Child <u>F</u>	Twin Triplet or other? <u>.....</u> and { Number in order of birth <u>.....</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>June 7 1920</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FULL NAME <u>Joseph Clyde Hochstetmeyer</u>	FATHER
RESIDENCE <u>Tulonia</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Run Lumber</u>	

FULL MAIDEN NAME <u>Elly Gladys Cherry</u>	MOTHER
RESIDENCE <u>Tulonia Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:00 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. H. Colburn

Given names added from a supplemental report.

Physician  
(Physician or midwife)

Address Idaho

Filed July 19 1920 Martha Markler  
Registrar Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-221,041-319  
PLACE OF BIRTH

amended 5-2-83

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Idaho

CERTIFICATE OF BIRTH

City of Darby

Registration District No. 79

82021  
File No. 101

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 21761

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Bulah Grace Jacobsen

Sex of Child <u>girl</u>	Twin Triplet or other? _____	and Number in order of birth <u>7</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 21</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	------------------------------	---------------------------------------	------------------------	---

FULL NAME <u>Hans Henry Jacobsen</u>	FATHER
RESIDENCE <u>Darby</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Spring City Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Jensena L. Larsen</u>	MOTHER
RESIDENCE <u>Darby</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Danmark</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 7 Number of children of this mother now living, including present birth. 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:05 A.M. on the date above stated.  
(Born alive or ~~dead~~)

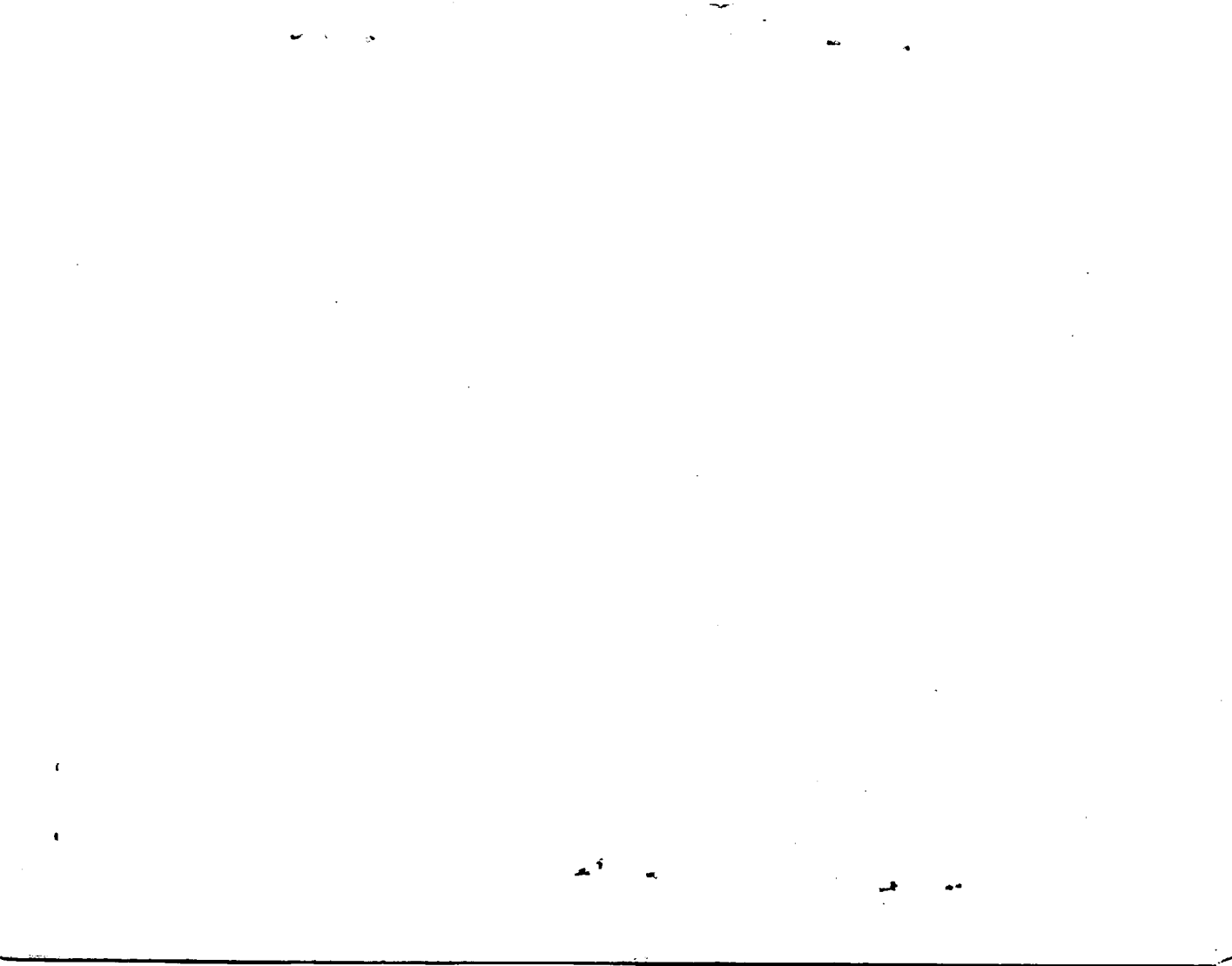
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Larsen  
Driggs Idaho R.D. 1  
(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_ 19\_\_\_\_

Address \_\_\_\_\_  
Filed July 29 1920 Martha Marker  
Registrar



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho }  
County of Twin Falls } ss.

Certificate No. 82021  
Date Filed 4-27-83

The undersigned does solemnly swear that certain facts on the certificate of birth

for Hazel Jacobson who was born on July 21, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Darby (Teton) are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

childs nameHazel JacobsonBulah Grace Jacobsonfathers last nameJacobsonJacobsen

Subscribed and sworn to before me this 27<sup>th</sup> day of

April, 1983  
Notary Public, Lori L. Bergsma

Residing at Buhl, Idaho

My commission expires 3/4/87

(Seal) - -

Bulah Grace Maxwell  
Signature of Applicant  
Rt 4- Box 166 A Buhl Idaho  
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Twin Falls } ss.

(Must be completed   )

(Is not necessary   )

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

Certificate of Blessing from LDS Church gives Bulah Grace Jacobsen daughter of Hans Henry Jacobsen and Jensine L Larsen was born July 21, 1920 at Darby and was blessed Nov 7, 1920. Viewed by V.S.

MAY 2 1983

Application for Membership in American Home Benefit Assn. gives Henry Jacobsen and Jensine Jacobsen as applicant and Bulah Grace Jacobsen as one of beneficiaries. Dated May 14, 1935. Viewed by V.S.

269-21041-299

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 41-C-220-240

## CERTIFICATE OF BIRTH

County of TetonCity of Driggs

No. .... St.

Registration District No. 77File No. 82022

Hospital .....

Primary Registration District No. 2176

Registered No. ....

## FULL NAME OF CHILD

Ecco SorensonSex of  
Child7Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthFeb - 11 1928  
(Month) (Day) (Year)FULL  
NAMEJas Frank Sorenson

FATHER

RESIDENCE

Driggs Idaho

COLOR

WAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Pleasant Grove, Utah

OCCUPATION

BarberFULL  
MAIDEN  
NAMEAda Biglow

MOTHER

RESIDENCE

Driggs Idaho

COLOR

WAGE AT LAST  
BIRTHDAY17  
(Years)

BIRTHPLACE

Wallburg, Utah

OCCUPATION

House wifeNumber of child of this mother, including present birth... 1.....Number of children of this mother now living, including present birth... 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... alive ..... at 11:25 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

H. H. CulbertsonPhysician  
(Physician or midwife)

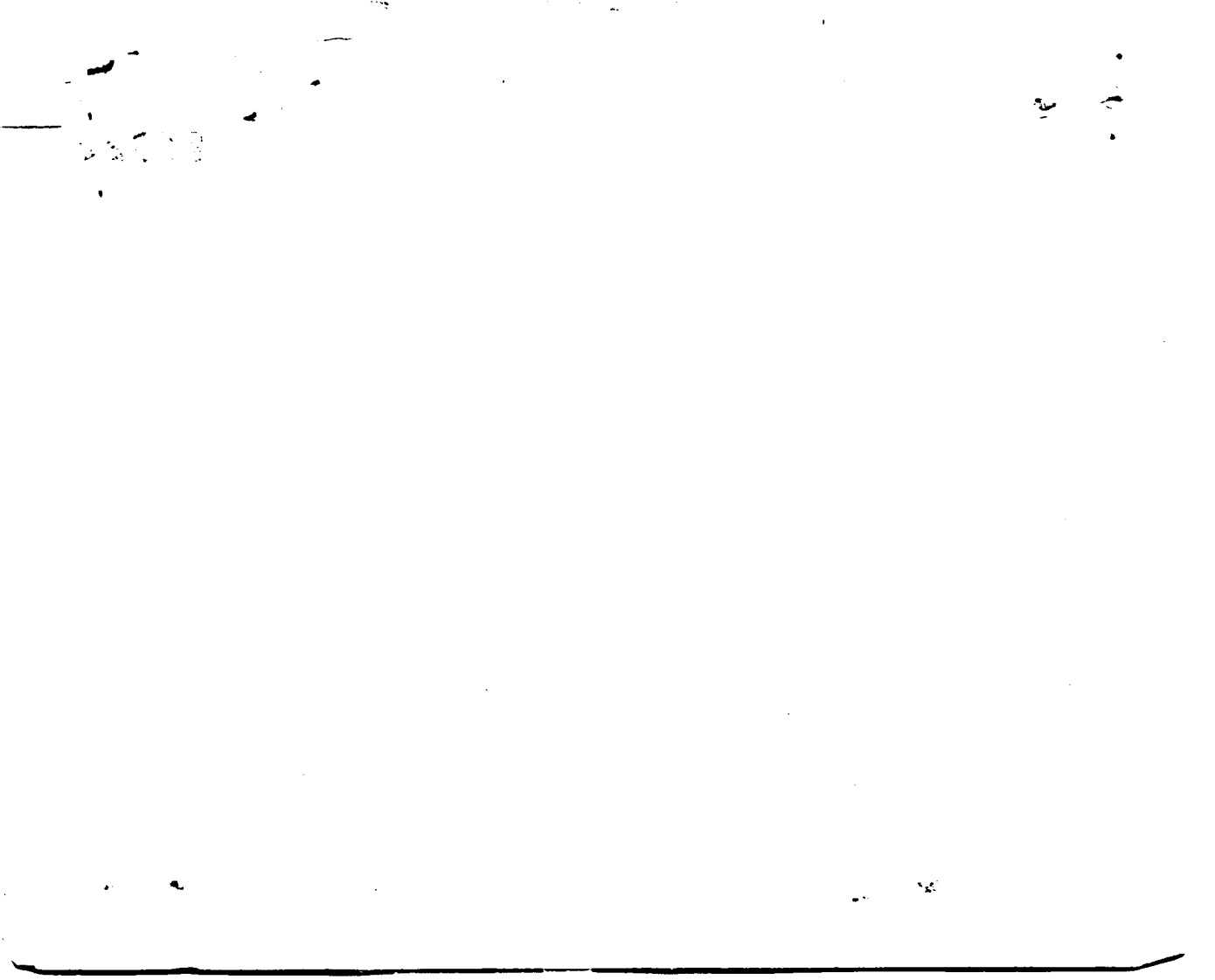
Given names added from a supplemental report.

Address .....

Driggs IdahoFiled Aug 11 1928Martha Barker

Registrar





# Affidavit of Birth

## PERSONAL AND STATISTICAL PARTICULARS

Full Name of Child... Ecco Sorenson

Date of Birth... July 11, 1920

Place of Birth... Driggs, Idaho

Sex of Child... Female

Full Name of Father... Jess Frank Sorenson

Residence at Child's Birth... Driggs Idaho

Age at Child's Birth... Twenty Four

Color or Race... White

Birthplace... Pleasant Grove, Utah

Occupation at Child's Birth... Barber

Full Maiden Name of Mother... Ida Mayna Bigelow

Residence at Child's Birth... Driggs Idaho

Age at Child's Birth... Seventeen

Color or Race... White

Birthplace... Wallsburg, Utah

Occupation at Child's Birth... House wife

I hereby certify that I am the Mother  
of this child, who was born on the date above stated, and that the information  
herein stated is true.

Affiant... Mrs Ida B. Sorenson

Address... 2809 Chestnut Ave. Long Beach, Calif.

Affiant... Mr Jess F. Sorenson

Address... 2809 Chestnut Ave Long Beach, Calif.

Subscribed and sworn to before me this 4th day of April, 1941.

Lincoln A. Sledge Notary Public

in and for the County of Los Angeles State of California.

C.C. 4/23/41. wh

251-201-041-113

name added 3-29-82

Form V. S. No. 11-C-25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of TetonCity of LtaniaRegistration District No. 177File No. 82023

No. .... St.

Primary Registration District No. 2176

Registered No. ....

Hospital .....

FULL NAME OF CHILD Mary Opal BeardSex of  
Child7Twin  
Triplet  
or other?Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDate of  
BirthJuly 1- 1929  
Month Day YearFULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:00 A.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

H. B. GilbertsonPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address .....

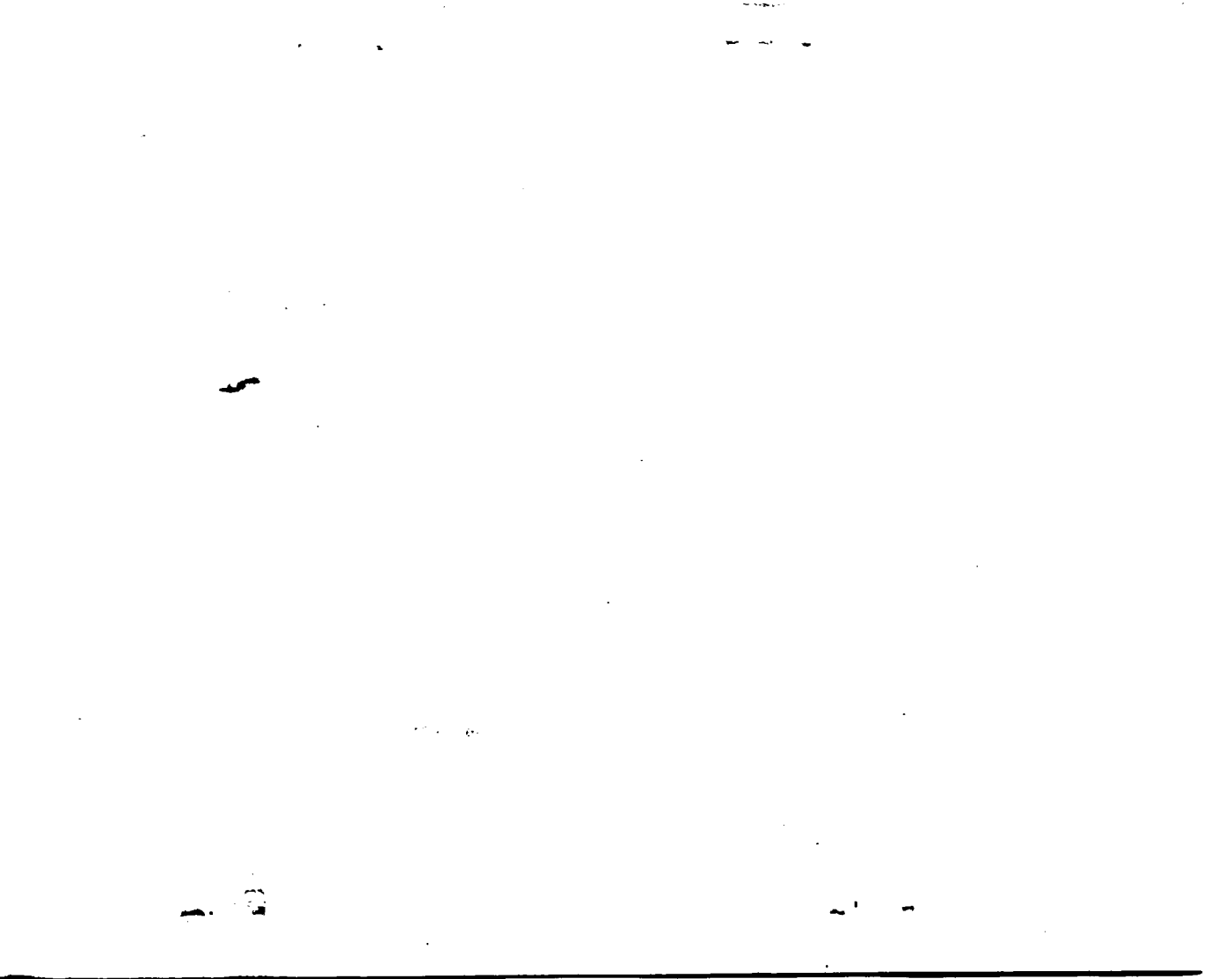
Bozinger Idaho

Filed .....

Aug 7 1929 Martha Marker

Registrar

Registrar



## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.  
 County of Madison }

Certificate No. 82023

Date Filed \_\_\_\_\_

birth'

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for Unnamed Beard who was born on 7-1-20  
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Tetonia (Teton) are erroneous or were omitted:  
 (Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

<u>childs name</u>	<u>Unnamed</u>	<u>Mary Opal Beard</u>

Subscribed and sworn to before me this 22 day ofMarch19 82Notary Public, [Signature]Residing at Rexburg, IdahoMy commission expires 12-18-82

(Seal)

[Signature]  
 Signature of Applicant  
1051 So. 4th East Providence, Utah  
 Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
 County of Madison }

(Must be completed \_\_\_)

(Is not necessary \_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day ofMarch19 82Notary Public, [Signature]Residing at Rexburg, IdahoMy commission expires 12-18-82

(Seal)

[Signature]  
 Supporting Signature  
Box 61 Teton City, Idaho  
 Street Address, City, State

Cert of Blessing from LDS Church gives Mary Opal Beard born 7-1-20  
in Tetonia to Wm Beard and Opal N Jackson and was blessed 7-26-20.  
Viewed by V.S.

MAR 29 1982

Cert of Baptism from LDS Church gives Mary Opal Beard born 7-1-20  
in Teton County to John Wm Beard and Opal Mathalia Jackson was  
baptised 7-19-31. Viewed by V.S.

259-125-041-815

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-27

County of Latah

CERTIFICATE OF BIRTH

City of Victor

Registration District No. 77

File No. 82024  
104

No. .... St.

Primary Registration District No. 2176

Registered No. ....

Hospital .....

FULL NAME OF CHILD Keraleg

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 25 1927</u> Month Day Year
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FATHER  
FULL NAME Richard Perrow Smith Keraleg  
RESIDENCE Victor  
COLOR W AGE AT LAST BIRTHDAY 42  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Merchant

MOTHER  
FULL MAIDEN NAME Mary Ann Hansen  
RESIDENCE Victor  
COLOR W AGE AT LAST BIRTHDAY 35  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

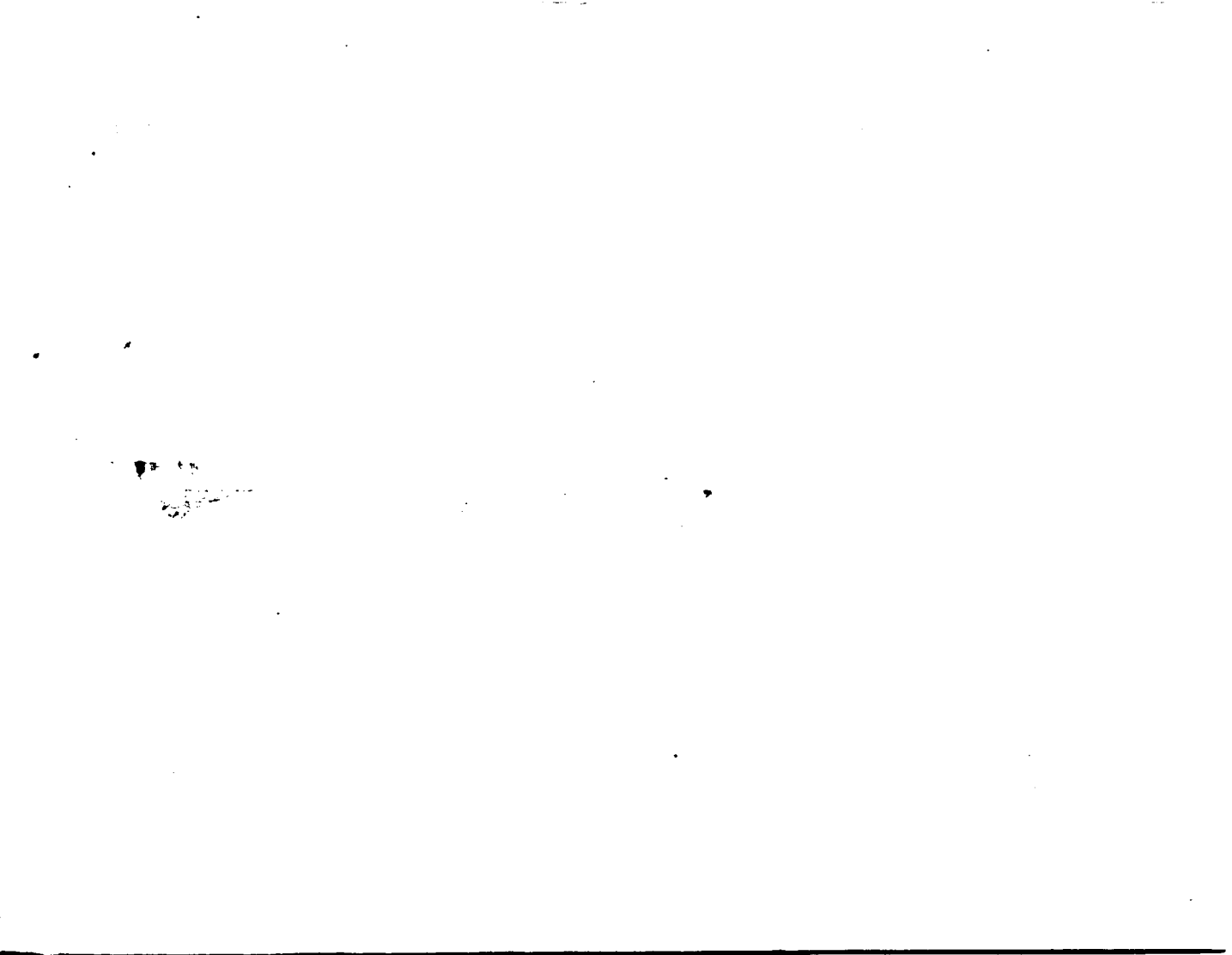
I hereby certify that I attended the birth of this child, who was alive, at Victor on the date above stated. (Born alive or stillborn)

(Signature) H. H. Culbertson  
Physician (Physician or midwife)

Given names added from a supplemental report.

Address Driggs Idaho  
Filed Aug 7 1927 Martha Marker  
Registrar Registrar





WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-224-041-453

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-23m-6-37

## CERTIFICATE OF BIRTH

82025

County of... Teton .....City of... Felt .....Registration District No. 77 .....File No. 105 .....

No. .... St. ....

Primary Registration District No. 2176 .....

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Golda Sarah WardSex of  
Child7Twin  
Triplet  
or other?} and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?yaDate of  
BirthJuly 24

Month

Day

Year

FULL  
NAME

FATHER

Simmons Thann WardFULL  
MAIDEN  
NAME

MOTHER

Clarice Decker

RESIDENCE

Felt

RESIDENCE

Felt Idaho

COLOR

wAGE AT LAST  
BIRTHDAY33  
(Years)

COLOR

wAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Ranchman

OCCUPATION

House wifeNumber of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was... alive ... at... 9:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn-child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature) .....

H. H. CulbertsonPhysician

(Physician or midwife)

Given names added from a supplemental report.

Address .....

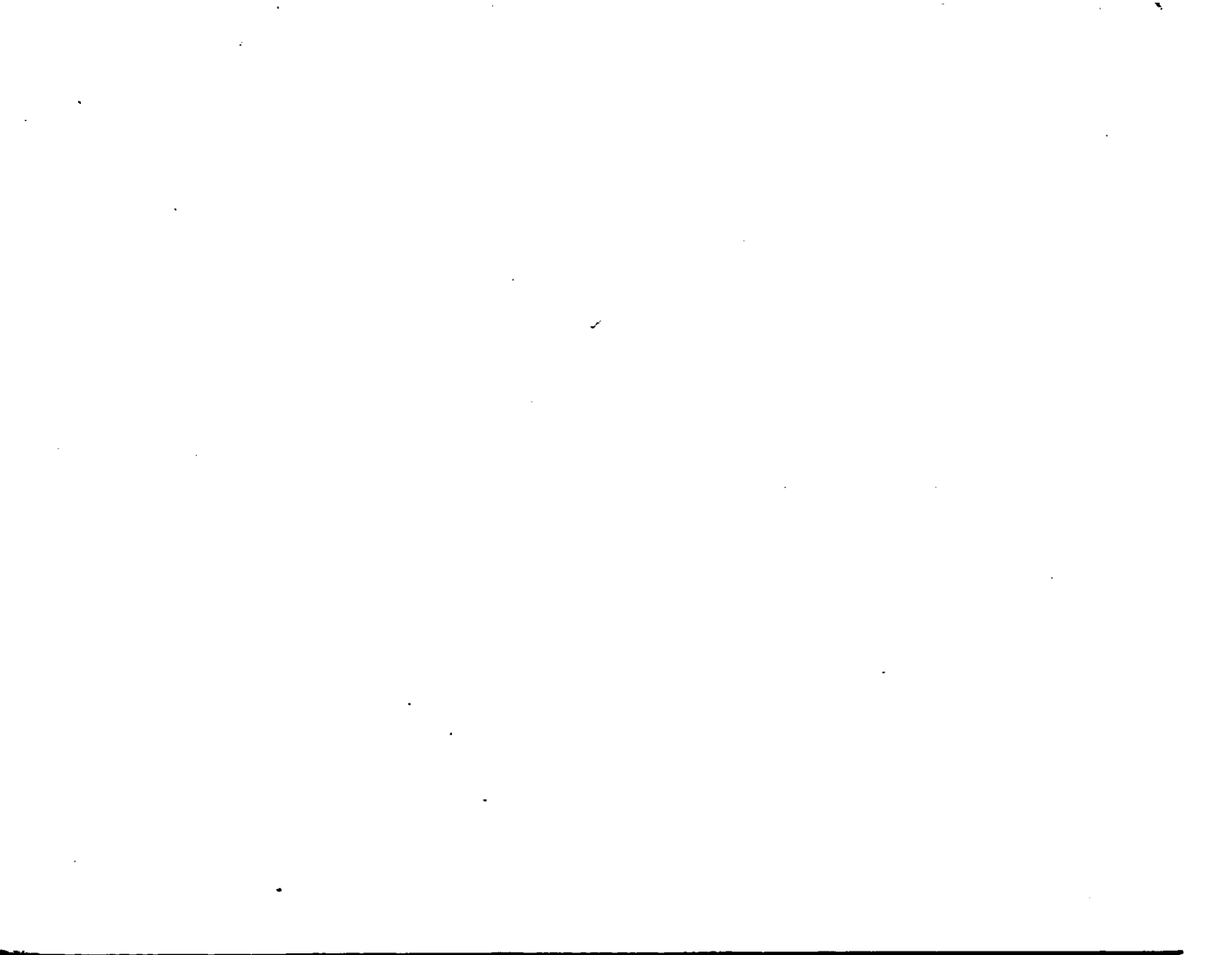
Driggs Idaho

Filed .....

Aug 7 1920Martha Marker

Registrar

Registrar



491-222 041-902

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS -

Form V. S. No. 11-C-23a-9-4-17

County of Julien

CERTIFICATE OF BIRTH

82026

City of Victor

Registration District No. 277

File No. 106

No. .... St.

Primary Registration District No. 2176

Registered No. ....

Hospital .....

FULL NAME OF CHILD Deloris Drake

Sex of Child <u>7</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>23</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July 22 1926</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Fred Augustus Drake  
RESIDENCE Victor Ida  
COLOR W AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Ranchman

MOTHER  
FULL MAIDEN NAME Coraine Robertson  
RESIDENCE Victor  
COLOR W AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Idaho  
OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

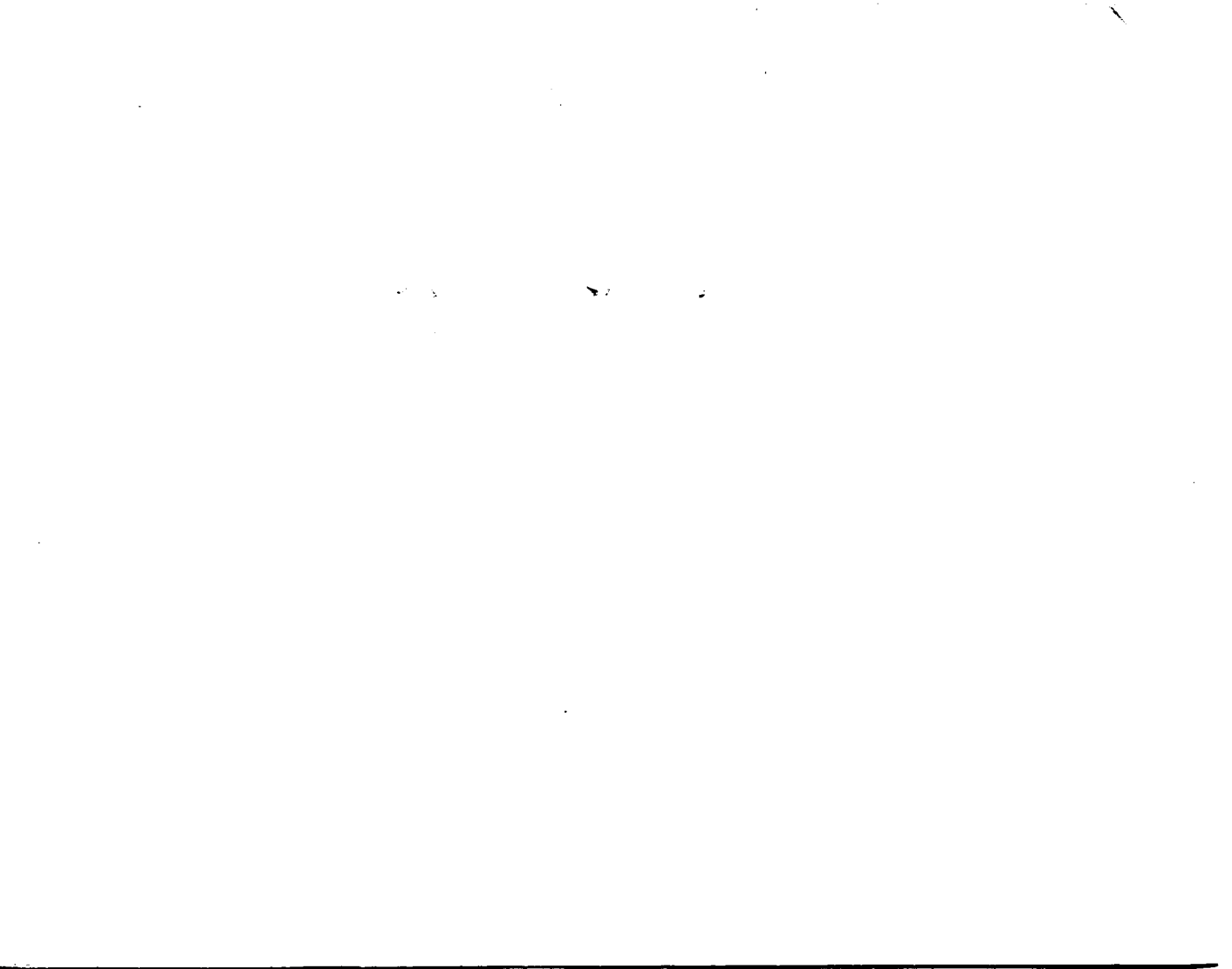
(Signature) H. H. Culbertson

Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Driggs Idaho

Filed Aug 7 1926 Martha Marker  
Registrar



295 712-544-492

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-3-3-37

County of... Teton .....

CERTIFICATE OF BIRTH

82027

City of... Victor .....

Registration District No. 77 .....

File No. 107 .....

No. .... St. ....

Primary Registration District No. 2176 .....

Registered No. ....

Hospital .....

FULL NAME OF CHILD 2 Bressler, LeRoy Andrew .....

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>July - 12 - 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Zyle LeRoy Bressler  
RESIDENCE Victor  
COLOR W. AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Nebraska  
OCCUPATION Railroad

MOTHER  
FULL MAIDEN NAME Lydia Lucat Marshall  
RESIDENCE Victor  
COLOR W AGE AT LAST BIRTHDAY 19  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION

Number of child of this mother, including present birth... 2 ... Number of children of this mother now living, including present birth... 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... alive ... at... 9 ...  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson .....

Physician  
(Physician or midwife)

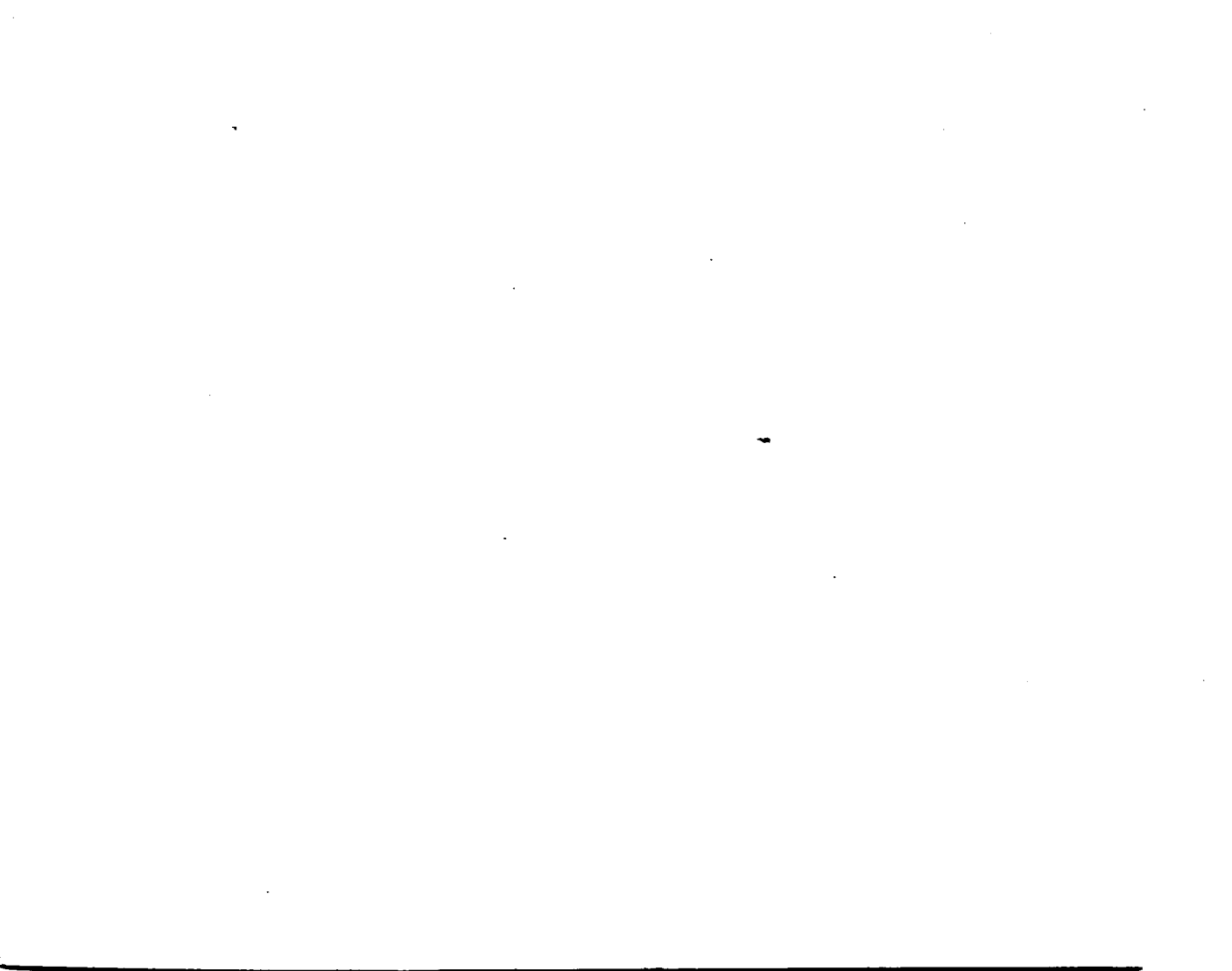
Given names added from a supplemental report.

Address... Victor .....

Filed Aug 7 1920 Martha Marker .....

Registrar

Registrar



386102

PLACE OF BIRTH  
042-734  
County of Twin FallsSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

City of Kimberly, Registration District No. 36 File No. 82031  
No. \_\_\_\_\_ St. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 50  
Hospital hosp.  
FULL NAME OF CHILD Alan Eugene ThompsonSex of Child male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth July 2 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FATHER  
FULL NAME Freeman James Thompson  
RESIDENCE Kimberly, Idaho  
COLOR W AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Iowa  
OCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Bertha Stuart Stuart  
RESIDENCE Kimberly, Idaho  
COLOR W AGE AT LAST BIRTHDAY 25  
(Years)  
BIRTHPLACE Penn  
OCCUPATION Hw.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9:20 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. Davis  
physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Kimberly, IdahoFiled July 12 19 20

Registrar

Registrar



STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

16098

FILE NO.

DATE OF BIRTH

PLACE OF BIRTH

AUG 30 1963

and

Doc 117-110

Dup of 1920-82049

Page V. B. No. 11-C-25m-9-8-57

381-1071042-381  
PLACE OF BIRTH

**PLACE OF BIRTH**

## STATISTICAL STATISTICS

# CERTIFICATE OF BIRTH

County of St. Louis

City of Minneapolis

Registration District No. ....

File No. .... **82032** ....

**No. .... St.**

Primary Registration District No. ....

Registered No. 51.....

Hospital . . . . Home . . . . .

**FULL NAME OF CHILD .....**

Sex of Child *male* Twin Triplet or other? } and { Number in order of birth  
(To be answered only in event of plural births)

Legitimate? Yes Date of Birth July 7 1941  
(Month) (Day) (Year)

FULL NAME **FATHER**  
Marion Thacher

FULL MAIDEN NAME **MOTHER**  
*Mary Blong to Thacher*

RESIDENCE *Kimberly*

RESIDENCE Kirkland

COLOR 14 AGE AT LAST BIRTHDAY 23  
(Years)

COLOR W AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE *Lisima*

**BIRTHPLACE** Canada

OCCUPATION Farmer

OCCUPATION housewife

Number of child of this mother, including present birth... 3..... Number of children of this mother now living, including present birth... 3.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

I hereby certify that I attended the birth of this child, who was Born alive and well born on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

he was..... (Born alive or stillborn)  
(Signature) *Dr. George Fred M.D.*.....

Physician  
Physician or midwife

**Given names added from a supplemental report.**

Address Kumherly

Filed July 12, 2019 J. K. Davis  
Register

**Registrar**

**Registrar**

MARGIN RESERVED FOR BINDING

**WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD**

**N. B.** In case of more than one child a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.



435208-042-413

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Twin FallsCity of KimberlyRegistration District No. 36File No. 82033

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Home

Primary Registration District No. \_\_\_\_\_

Registered No. 52FULL NAME OF CHILD Baby McEwan Millerd

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>eight</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 8 1920</u> (Month) (Day) (Year)
-------------------------------	---	-----	--	-------------------------------	---

FATHER  
FULL NAME Albert F. McEwan

RESIDENCE Kimberly

COLOR white AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Utah

OCCUPATION Mail driver

MOTHER  
FULL MAIDEN NAME Melvina Mathews

RESIDENCE Kimberly

COLOR white AGE AT LAST BIRTHDAY 33  
(Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 5 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Joseph SigelPhysician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address KimberlyFiled July 18 1920

Registrar

Registrar

March 20, 1944

TO

THE UNITED STATES DEPARTMENT OF AGRICULTURE

MAY 7 1921  
BUREAU OF VITAL  
STATISTICSBOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTHPlace  
of Birth

City

*Kimberly*

Street and House No. \_\_\_\_\_

County

*Twin Falls*

Registered No.

*52*

Registration Dist. No.

*86*

Sex of Child

*Female*

Date of Birth

*July 8*

MONTH

DAY

19*20*  
YEAR

Father

*Albert M. Ewen*

FULL NAME

Mother

*Melvina Mathews*

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:*Mildred M. Ewen*

GIVEN NAME IN FULL

SURNAME

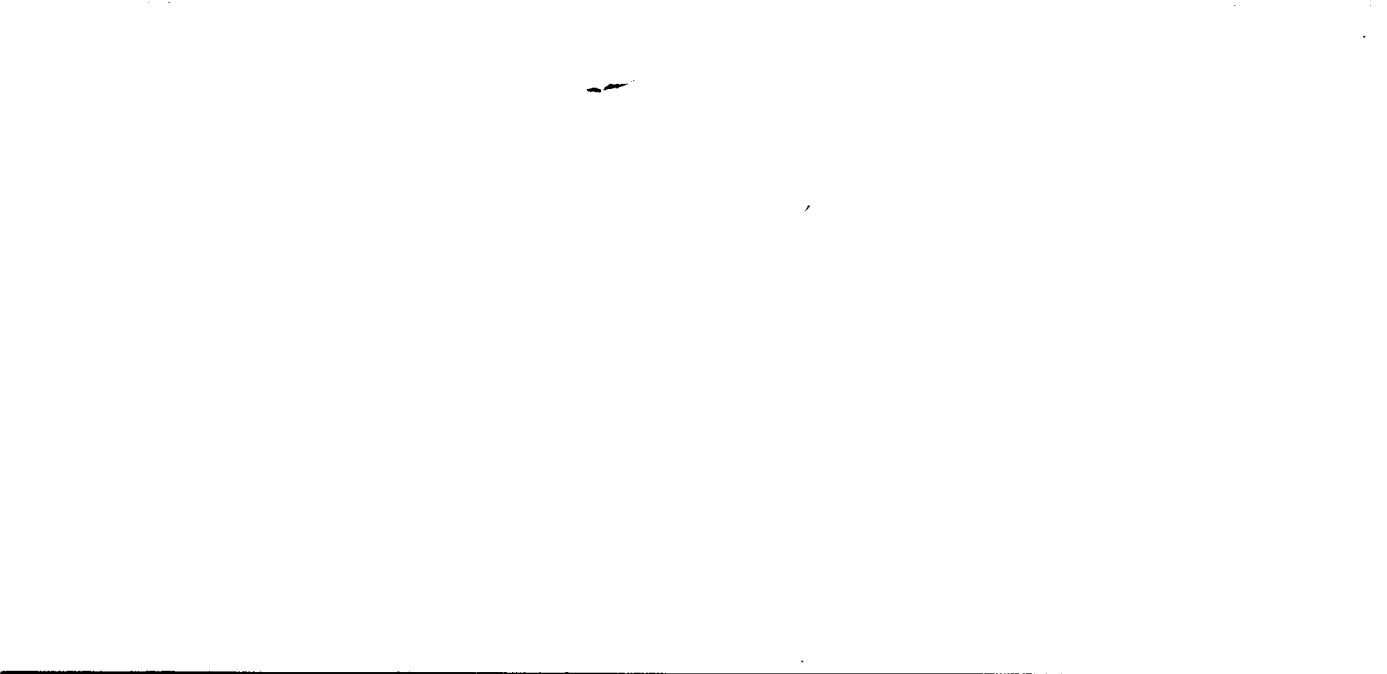
as reported by

*Mrs Albert M. Ewen*

FATHER OR MOTHER

*J. W. Warner*

LOCAL REGISTRAR



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

243211042-244

PLACE OF BIRTH

STATE OF ILLINOIS  
BUREAU OF VITAL STATISTICS

No. 11-O-25m-7-21-19

CERTIFICATE OF BIRTH

County of Winnebago

City of Kimberly

Registration District No. 36

File No. 82034

No. \_\_\_\_\_ St.

Hospital Home

Primary Registration District No. \_\_\_\_\_

Registered No. 53

FULL NAME OF CHILD Wanada Mary Butler

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>first</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 11</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	-----	---	----------------------------	---

FATHER  
FULL NAME Ralph Otis Butler  
RESIDENCE Kimberly  
COLOR white  
AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Mo.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Ola Gertrude Gunnerson  
RESIDENCE Kimberly  
COLOR white  
AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Mo.  
OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3.30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Segal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Kimberly  
Filed July 20 1920  
Registrar J. M. Davis





254-213-

PLACE OF BIRTH

Form 7, S. No. 11-0-11-11-11

092259

County of.....

## CERTIFICATE OF BIRTH

City of *Kimberly*.....Registration District No. *36*.....File No. *82035*.....

No. ....St.

Primary Registration District No. ....

Registered No. *54*.....Hospital *Home*.....FULL NAME OF CHILD *Freda Winifred Kern Kent*.....

Sex of Child <i>F</i>	Twin Triplet or other? <i>(To be answered only in event of plural births)</i>	and (Number of birth of birth)	Legitimate? <i>yes</i>	Date of Birth <i>Feb 13 1920</i> (Month) (Day) (Year)
-----------------------	---	--------------------------------	------------------------	--

FULL NAME <i>Nathan O'Leary Kern Kent</i>	FATHER
RESIDENCE <i>Kimberly</i>	
COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>33</i> (Years)
BIRTHPLACE <i>Irish</i>	
OCCUPATION <i>Blacksmith</i>	

FULL MAIDEN NAME <i>Ann Loveless Kern Kent</i>	MOTHER
RESIDENCE <i>Kimberly</i>	
COLOR <i>W</i>	AGE AT LAST BIRTHDAY <i>32</i> (Years)
BIRTHPLACE <i>Irish</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *7th*..... Number of children of this mother now living, including present birth *6*.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE


I hereby certify that I attended the birth of this child, who was *Born alive*..... at *7 a*..... M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Wm D. Goodspeed M.D.*  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address *Kimberly*  
*July 20, 20*  
*J. Davis*  
Registrar

  
JAN 23 1969

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

735120-042-689

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital home

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 36 File No. 82036

Primary Registration District No. \_\_\_\_\_ Registered No. 55

Merril J. Glenn

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>July 20 1920</u> (Month) (Day) (Year)
--------------------------	---	---------	--------------------------------	-------------------------------	---

FATHER  
FULL NAME James D. Glenn  
RESIDENCE Kimberly, Idaho  
COLOR W AGE AT LAST BIRTHDAY 40  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Margaret M. Whitaker  
RESIDENCE Kimberly, Idaho  
COLOR W AGE AT LAST BIRTHDAY 35  
(Years)  
BIRTHPLACE Utah  
OCCUPATION HW.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 11:25 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Davis  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Kimberly, Idaho

Filed July 25, 1920

Registrar

Registrar

K

DECEASED

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

82036

Place  
of BirthCity *Kimberly*Street and House No. *804*County *Twin Falls*Registered No. *55*Registration Dist. No. *36*

Sex of Child

*Male*

Date of Birth

*July**20**1920*

MONTH

DAY

YEAR

Father

*James H. Glenn*

FULL NAME

Mother

*Margaret M. Whitaker*

FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:*Merril J. Glenn*

GIVEN NAME IN FULL

SURNAME

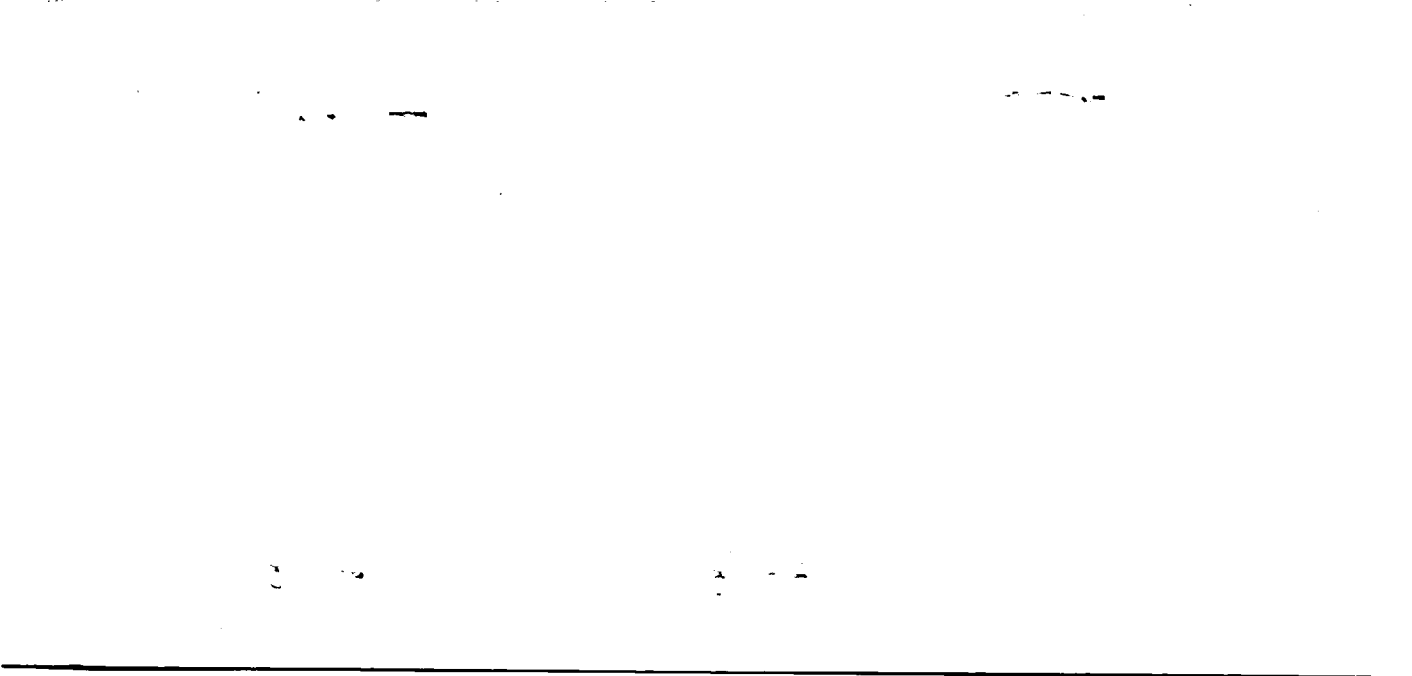
as reported by

*Margaret M. Whitaker*

FATHER OR MOTHER

LOCAL REGISTRAR

District No. *36*



Amended 7-13-61

(Be sure the information is complete and accurate)

State File No. 82037

Local Reg. No. 56

Reg. Dist. No. 36

Federal Security Agency  
United States Public Health ServiceCERTIFICATE OF BIRTH  
STATE OF IDAHO

1. PLACE OF BIRTH a. COUNTY <b>Twin Falls</b>				2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Twin Falls</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kimberly</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kimberly</b>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>				d. STREET ADDRESS (If rural, give location)			
3. CHILD'S NAME (Type or print)		a. (First) <b>Margery</b>		b. (Middle) <b>Louise</b>		c. (Last) <b>Walden</b>	
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF BIRTH (Month) (Day) (Year) <b>July 22, 1920</b>			
FATHER OF CHILD							
7. FULL NAME a. (First) <b>Leo</b>		b. (Middle) <b>Hubert</b>		c. (Last) <b>Walden</b>		8. COLOR OR RACE <b>W.</b>	
9. AGE (At time of this birth) <b>32</b> YEARS		10. BIRTHPLACE (State or foreign country)(City or Town) <b>Mo.</b>		11a. USUAL OCCUPATION <b>Bank Cashier</b>		11b. KIND OF BUSINESS OR INDUSTRY	
MOTHER OF CHILD							
12. FULL MAIDEN NAME a. (First) <b>Lois</b>		b. (Middle) <b>Blanche</b>		c. (Last) <b>Spargur</b>		13. COLOR OR RACE <b>W.</b>	
14. AGE (At time of this birth) <b>32</b> YEARS		15. BIRTHPLACE (State or foreign country)(City or Town) <b>Mo.</b>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
				a. How many OTHER children are now living? <b>3</b>		b. How many OTHER children were born alive but are now dead? <b>0</b>	
						c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME (Relationship)							
I hereby certify that this child was born alive on the date stated above.				18a. SIGNATURE <b>J. N. Davis</b>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
				18c. ADDRESS <b>Kimberly, Idaho</b>		18d. DATE SIGNED	
19. DATE REC'D BY LOCAL REG. <b>July 27, 1920</b>		20. REGISTRAR'S SIGNATURE <b>J.N. Davis</b>		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)			

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

idence to DIVISION OF VITAL STATISTICS, BUTS., IDAHO



## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT (Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....  
.....

(b) Labor: Complication.....

.....  
..... Induced?.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Missouri  
County of Jackson } ss.

Certificate No. 82037  
Date Filed April 25, 1961

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Marjorie Walden who born on July 22, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Kimberly, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Bible Record prepared on about July 22, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Full Name of Child

Marjorie Walden

Margery Louise Walden

Subscribed and sworn to before me this 25th day of  
April, 1961

Dr. Paul Jackson  
Notary Public, residing at Kansas City, Mo.  
My commission expires July 17, 1961  
(Seal)

Signed Leo Hubert Walden

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4408 Elmwood St., K.C., Mo. (father)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Missouri  
County of Jackson } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of

April, 1961  
Dr. Paul Jackson  
Notary Public, residing at Kansas City, Mo.  
My commission expires July 17, 1961  
(Seal)

Signed Leo H. Walden (Brother)  
Dr. Paul Jackson age 48 yrs

(Signature of Any Credible Person)

Suite 1313, 1806 Grand Ave.  
Kansas City, Mo.  
(Street Address, City, State)

Marriage Certificate, Central Christian Church, Kansas City, Missouri,  
Feb. 23, 1952 gives full name of groom as Donald William May and full  
maiden name of bride as Margery Louise Walden - viewed by V.S.

Certified Photostatic Copy of page from Family Bible Record, gives full  
name of one child as Margery Louise Walden, born July 22, 1920 - appears  
old and unaltered - viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

763-124042-597

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. \_\_\_\_\_ St.

Hospital home

FULL NAME OF CHILD

Registration District No. 36

Primary Registration District No. \_\_\_\_\_

Kenneth Paul Goller

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

File No. 82038

Registered No. 59

Sex of Child <u>male</u>	Twin Triplet or other? <u>    </u> { and } Number in order of birth <u>    </u> (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>July 24</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER  
Walter E. Goller

RESIDENCE Kimberly, Idaho

COLOR W AGE AT LAST BIRTHDAY      (Years)

BIRTHPLACE Mo.

OCCUPATION ditch rider

FULL MAIDEN NAME MOTHER  
Myrtle Eignor

RESIDENCE Kimberly, Idaho

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Davis  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Kimberly, Idaho

Filed July 29 19 20

Registrar

Registrar

SEP 3 1963

OCT 15 1941

115-227.042-434

## PLACE OF BIRTH

County of Twin FallsCity of Kimberly

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital homeFULL NAME OF CHILD Mack Donald JansenSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 36 File No. 82039Primary Registration District No. \_\_\_\_\_ Registered No. 58

Sex of Child <u>male</u>	Twin Triplet or other? <u>    </u> { and } { (To be answered only in event of plural births)	Number in order of birth <u>    </u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 27</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-------------------------	---

FULL NAME <u>Benjamin F. Jansen</u>	FATHER
RESIDENCE <u>Kimberly, Ida.</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Hallie Ellen McMaster</u>	MOTHER
RESIDENCE <u>Kimberly, Ida.</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Hw.</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 7:15 A. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

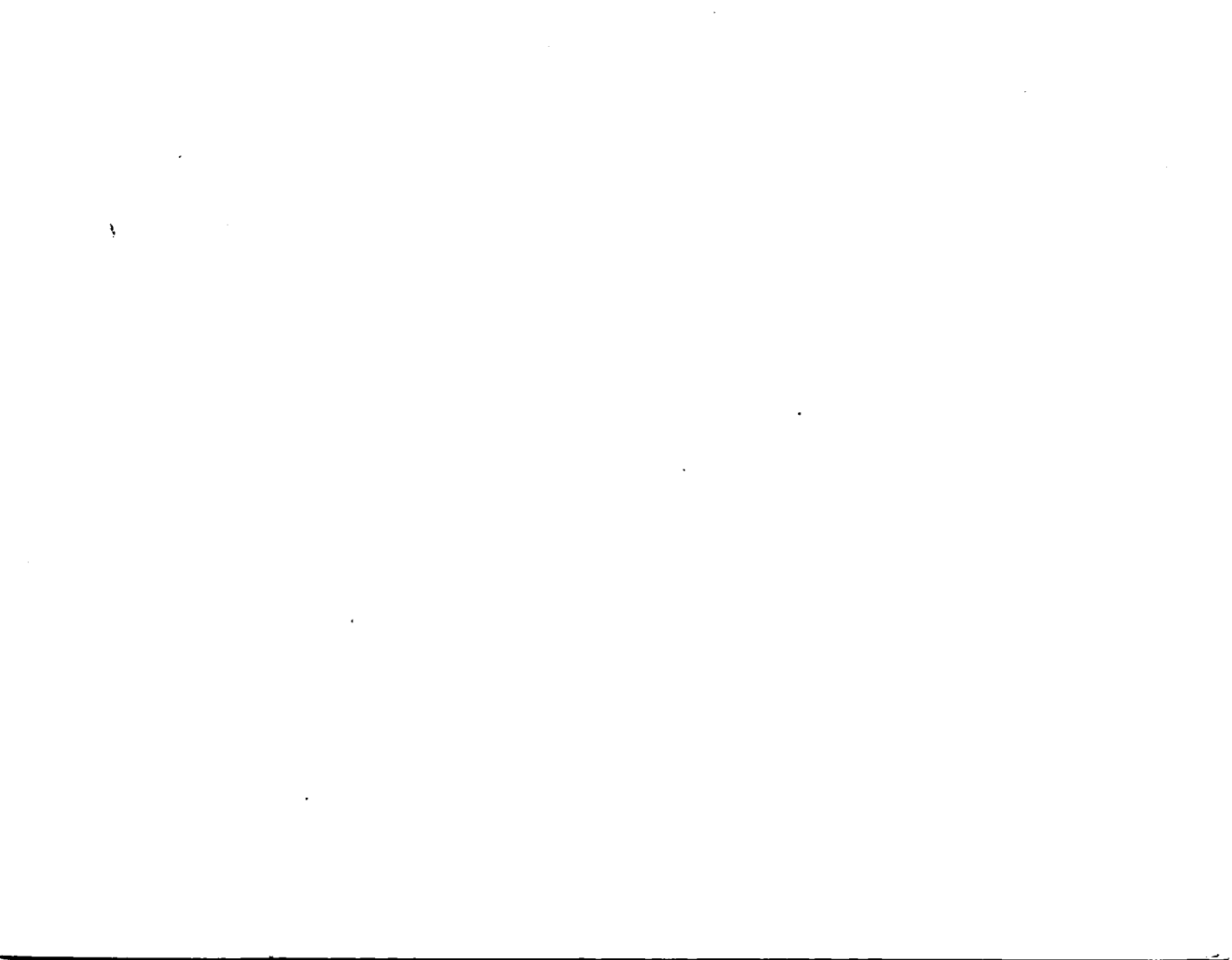
\_\_\_\_\_  
(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_  
19Address Kimberly, IdahoFiled July 30 19 20

Registrar

\_\_\_\_\_  
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

693-128 042-317

PLACE OF BIRTH

Twin Falls  
County of Kimberly,

City of Kimberly,

No. St.

Hospital home

FULL NAME OF CHILD

Registration District No.

File No. 82040

Primary Registration District No.

Registered No. 59

John Douglas Wilkinson

Sex of Child male	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legitimacy? yes	Date of Birth July 28 1920 (Month) (Day) (Year)
-------------------	--	---------	--------------------------	-----------------	---

FATHER  
FULL NAME John Hall Wilkinson

RESIDENCE Kimberly, Idaho

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Nebr.

OCCUPATION laborer

MOTHER  
FULL MAIDEN NAME Edna Louise Cagle

RESIDENCE Kimberly, Idaho

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Tenn.

OCCUPATION Hw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Kimberly, Idaho

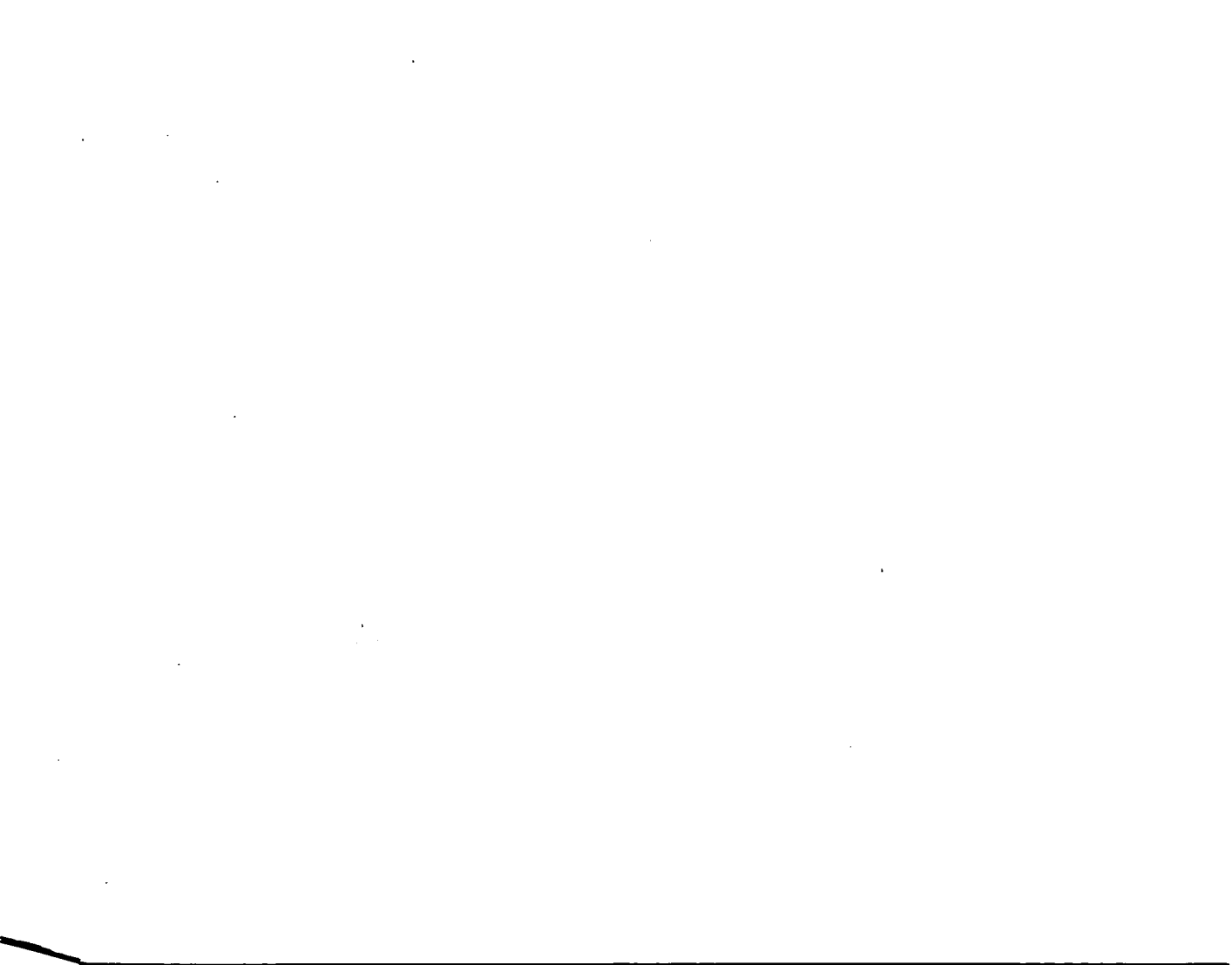
Filed

July 30 1920

Registrar

Registrar





8932281042-469

## PLACE OF BIRTH

County of Twin FallsCity of Hansen

No. \_\_\_\_\_ St.

Hospital homeFULL NAME OF CHILD Ruby Jean HillSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 36File No. 82041Primary Registration District No. \_\_\_\_\_ Registered No. 60

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>July 28</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	-------------------------	---

FULL NAME <u>Anton G. Hill</u>	FATHER
RESIDENCE <u>Hansen Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Kans.</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Hattie B. Morris</u>	MOTHER
RESIDENCE <u>Hansen, Idaho</u>	
COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Nebr.</u>	
OCCUPATION <u>Hw.</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davisphysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Kimberly, IdahoFiled July 30 19 20

Registrar

Registrar

FEB 28 1942

354-130.042-574

## PLACE OF BIRTH

County of Twin FallsCity of Kimberly

No. \_\_\_\_\_ St.

Hospital home

## FULL NAME OF CHILD

Registration District No. 36File No. 82042

Primary Registration District No. \_\_\_\_\_

Registered No. 61James Ralph LemonsSex of  
Child maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and } Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti  
mate? yesDate of  
Birth July 30 1929  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Greek James Lemons

## RESIDENCE

Kimberly, Idaho

## COLOR

WAGE AT LAST  
BIRTHDAY 29  
(Years)

## BIRTHPLACE

Virginia

## OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
Bessie Lee Vaughn

## RESIDENCE

Kimberly, Idaho

## COLOR

WAGE AT LAST  
BIRTHDAY 26  
(Years)

## BIRTHPLACE

Virginia

## OCCUPATION

Hw.Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Dr. W. Lewisphysician  
(Physician or midwife)

Given names added from a supplemental report.

19\_\_\_\_

Address Kimberly, IdahoFiled July 31 1920

Registrar

Registrar

MAR 10 1953

SLU 2 175

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

31X108'042-284

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 140 Addison Ave

Hospital

FULL NAME OF CHILD

Registration District No. 37

File No. 82043

Primary Registration District No. 2083 Registered No.

James Delbert Lambing

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>5</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 8</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-------------------------	--

FATHER  
FULL NAME Herbert Lambing  
RESIDENCE Timberly Idaho  
COLOR white AGE AT LAST BIRTHDAY 40 (Years)  
BIRTHPLACE nebraska  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Merle Shubert  
RESIDENCE Timberly  
COLOR white AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE nebraska  
OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:45 A M.  
on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

Given names added from a supplemental report.

(Signature) H. Wilson  
Physician  
(Physician or midwife)

Address Twin Falls Idaho  
Filed July 16 1920 John F. Coughlin  
Registrar

JUL 1 1944

747-201-042-619

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of

City of

## CERTIFICATE OF BIRTH

Registration District No.

File No.

No.

St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child

Female

Twin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti-  
mate?Date of  
Birth

(Month) (Day) (Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

Given names added from a supplemental report.

(Signature)

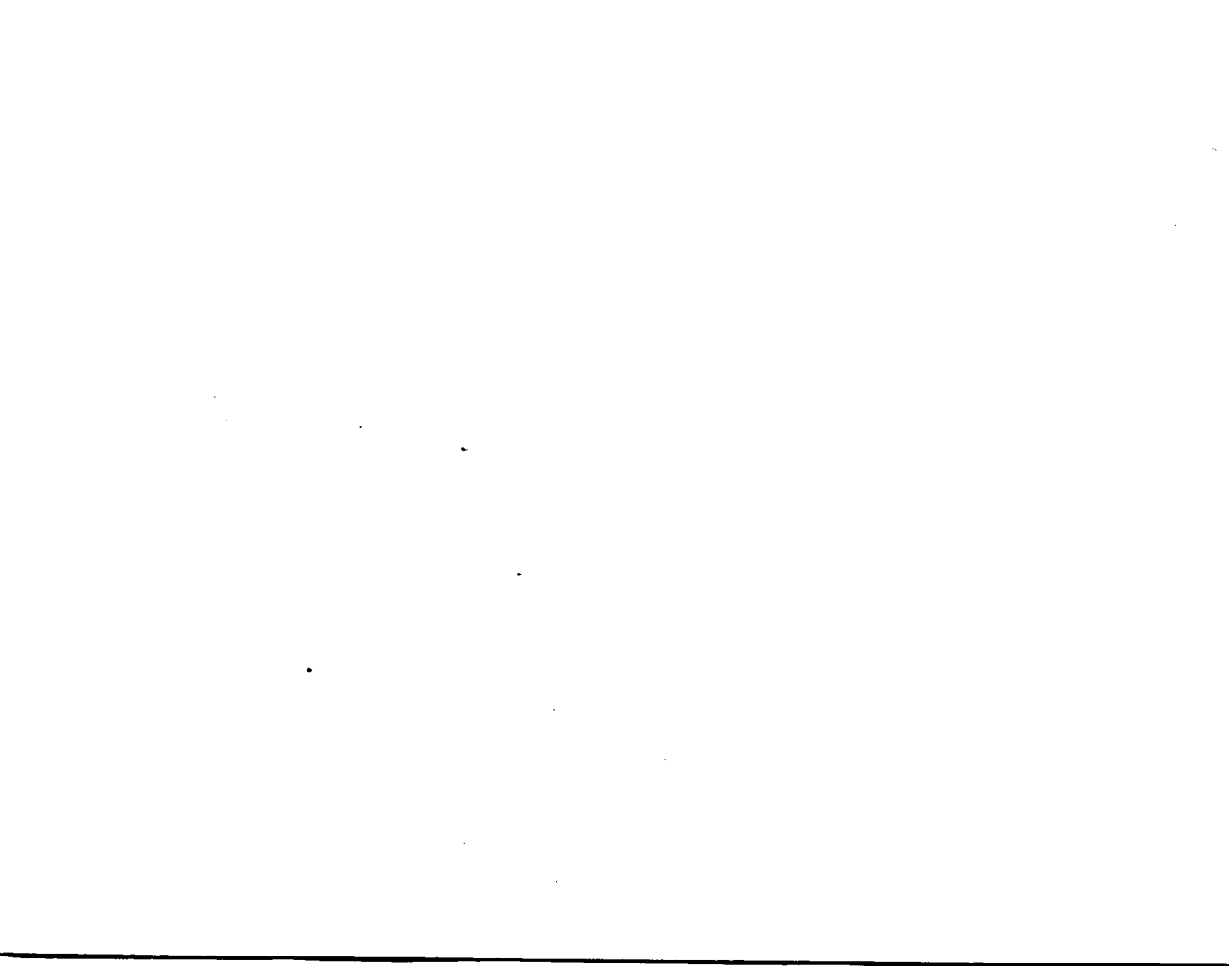
Address

Filed

Registrar

Registrar





795-203.042-689 AMENDED CHILD'S NAME 3-11-99 MS

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of

City of

Registration District No.

File No.

No.

St.

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

ELLEN

IDAHO

PRESCOTT

Sex of  
Child

F

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of  
Birth

8 3

20

(Month)

(Day)

(Year)

FULL  
NAME

Ellen M. Prescott

FATHER

RESIDENCE

Twin Falls

COLOR

W-

AGE AT LAST  
BIRTHDAY

46

(Years)

BIRTHPLACE

Id

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

Nellie Whitaker

MOTHER

RESIDENCE

Twin Falls

COLOR

W-

AGE AT LAST  
BIRTHDAY

30

(Years)

BIRTHPLACE

Id

OCCUPATION

House

Number of child of this mother, including present birth

8

Number of children of this mother now living, including present birth

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 6 a. m.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. H. Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Twin Falls

Filed

Aug 4 1920

1920

John F. Coughlin

Registrar

Registrar

AUG .7 1969

DEC 9 1971

SEP 25 1962

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Center for Vital Statistics  
and Health Policy

2-25-99

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of \_\_\_\_\_  
County of \_\_\_\_\_RECEIVED  
MAR 4 AM 8:15  
ss. VITAL STATISTICS

Certificate No. 1920-82045

Date Filed AUG. 4, 1920

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for ELLEN PRESCOTT who WAS BORN on AUG. 3, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in TWIN FALLS (TWIN FALLS) ID are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

CHILD'S NAME

ELLEN PRESCOTT

ELLEN IDAHO PRESCOTT

Subscribed and sworn to before me this 1st day of

March 99.  
Notary Public, Susan K. Shumaker

Residing at Weippe, ID

My commission expires 03-17-2004

(Seal)

E Ellen Idaho Platt  
Signature of Applicant  
+ W.C. 64 - Box 3048  
Pocatello Idaho 83416  
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_  
County of \_\_\_\_\_ ss.

(Must be completed \_)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

lcc pd

APPLICATION OF AN ORPHAN DATE 9/21/1924 STATES THAT ELLEN IDAHO PRESCOTT  
A MINOR CHILD TO BE PLACED AS AN ORPHAN AT THE IOWA ODD FELLOWS' &  
ORPHANS' HOME VIEWED VS.

REPORT OF LODGE INVESTIGATING COMMITTEE DATED OCT. 10, 1924 SHOWS ELLEN IDAHO  
PRESCOTT IS THE MINOR CHILD OF ELMER W. PRESCOTT VIEWED VS.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

962-113.042-214

## PLACE OF BIRTH

County of Twin FallsCity of Twin Falls

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital County

FULL NAME OF CHILD

Registration District No. 87 File No. 82046Primary Registration District No. 1085 Registered No. \_\_\_\_\_Rose

Sex of Child <u>Male</u>	<u>Yes</u> Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 13</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME <u>Harry B. Rose</u>	FATHER
RESIDENCE <u>Twin Falls, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>So. Dak.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary Bauers</u>	MOTHER
RESIDENCE <u>Twin Falls, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Siberia, Russia</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6:45 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas R. Scott

(Physician or midwife)

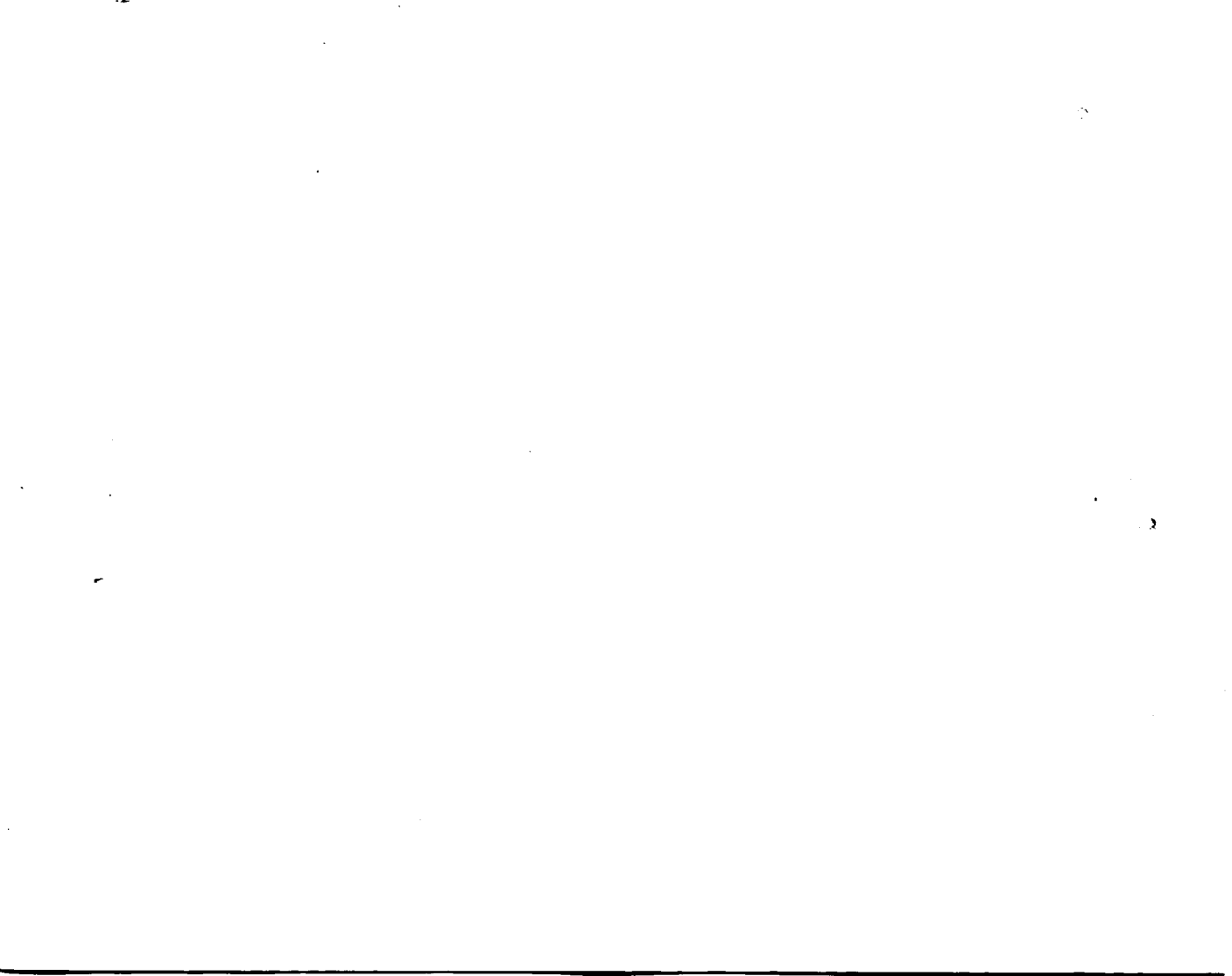
Given names added from a supplemental report.

19

Address Twin Falls IdaFiled July 19 1920 John F. Coughlin

Registrar

Registrar



219-216-042-386  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of Twin FallsCity of Twin FallsRegistration District No. 37File No. 82047

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1085

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD BARBARA JANE BARRETT

Sex of Child <u>L.</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>7 16 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>John A Barrett</u>			MOTHER FULL MAIDEN NAME <u>Irene Thomas</u>	
RESIDENCE <u>Twin Falls Ida.</u>			RESIDENCE <u>Twin Falls, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>37</u> (Years)		
BIRTHPLACE <u>Morgan Wt.</u>			BIRTHPLACE <u>Bevier Mo.</u>	
OCCUPATION <u>Auto Dealer</u>			OCCUPATION <u>Housewife</u>	
Number of child of this mother, including present birth <u>3</u>			Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9 59 A.M.  
on the date above stated. (Born alive or stillborn)

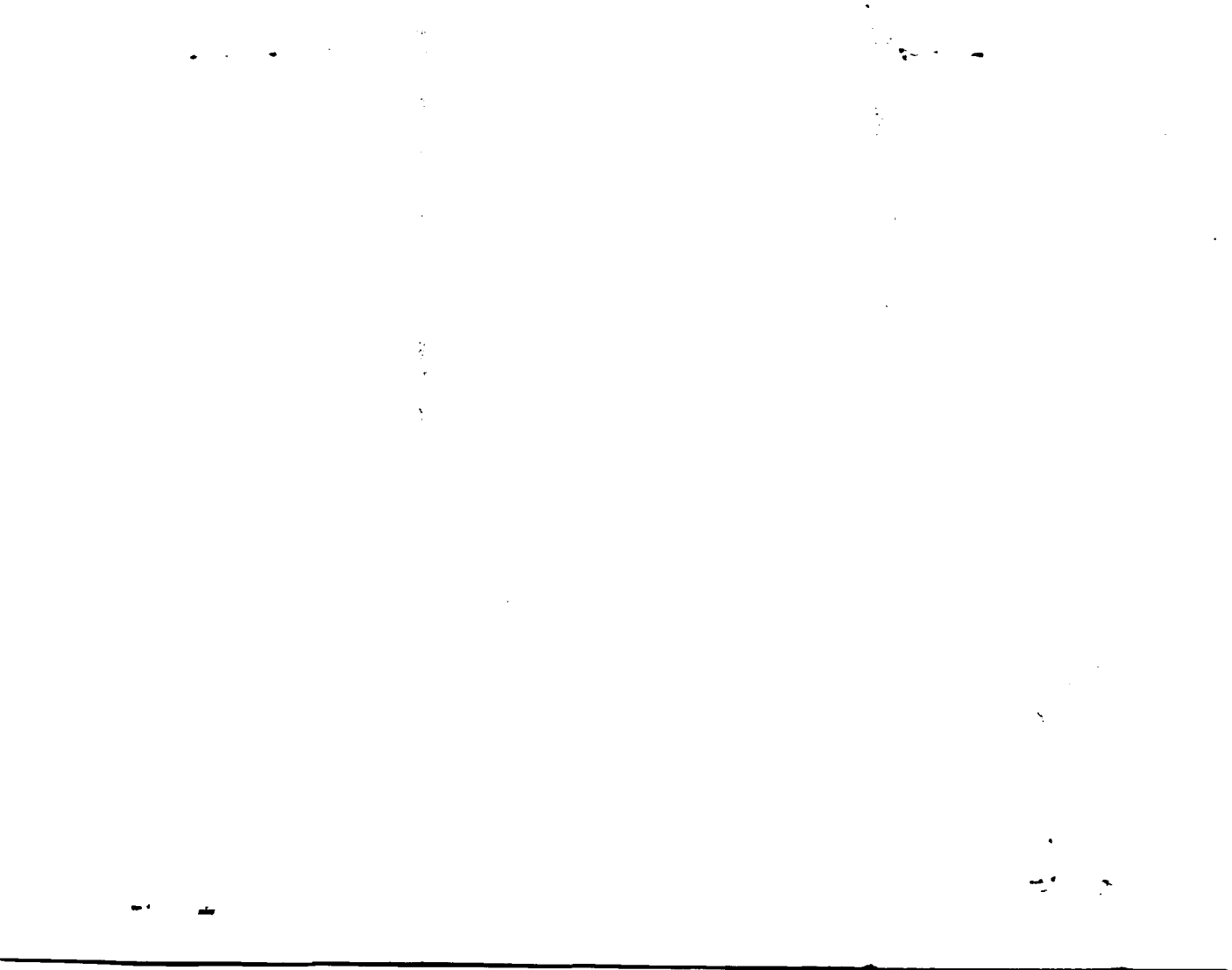
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel R. G. S. and  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed July 24 1920 John F. Coughlin  
Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.  
County of Quinn Falls }  
Certificate No. 82047  
Date Filed \_\_\_\_\_  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Barbara Jane Barnett who born on July 16, 1920  
(Name on original Certificate) (Birth or Death)  
in Quinn Falls (Place of Event) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

Name

Unnamed

Barbara Jane Barnett

Barbara Jane Barnett July 16, 1920 Quinn Falls  
Idaho

Subscribed and sworn to before me this 7  
day of July, 1922

Signed John A. Barnett  
(Signature of parent or attendant if correcting a birth record, of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

JUL 14 1942

319-115-042-318

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Quinn FallsCity of Quinn FallsNo. 340 4th Ave N. St.Registration District No. 37File No. 82048

Hospital \_\_\_\_\_

Primary Registration District No. 1085 Registered No. \_\_\_\_\_FULL NAME OF CHILD Chas Yng. LarsenSex of Child MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)Legitimate? YesDate of Birth July 15 1920  
(Month) (Day) (Year)FULL NAME FATHER Chas P LarsenRESIDENCE 340 8th Ave NorthCOLOR White AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE IllOCCUPATION Bank TellerFULL MAIDEN NAME MOTHER Margaret Mary CahillRESIDENCE 340 4th Ave NorthCOLOR White AGE AT LAST BIRTHDAY 29  
(Years)BIRTHPLACE IrelandOCCUPATION House wife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 7:50 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin

(Physician or midwife)

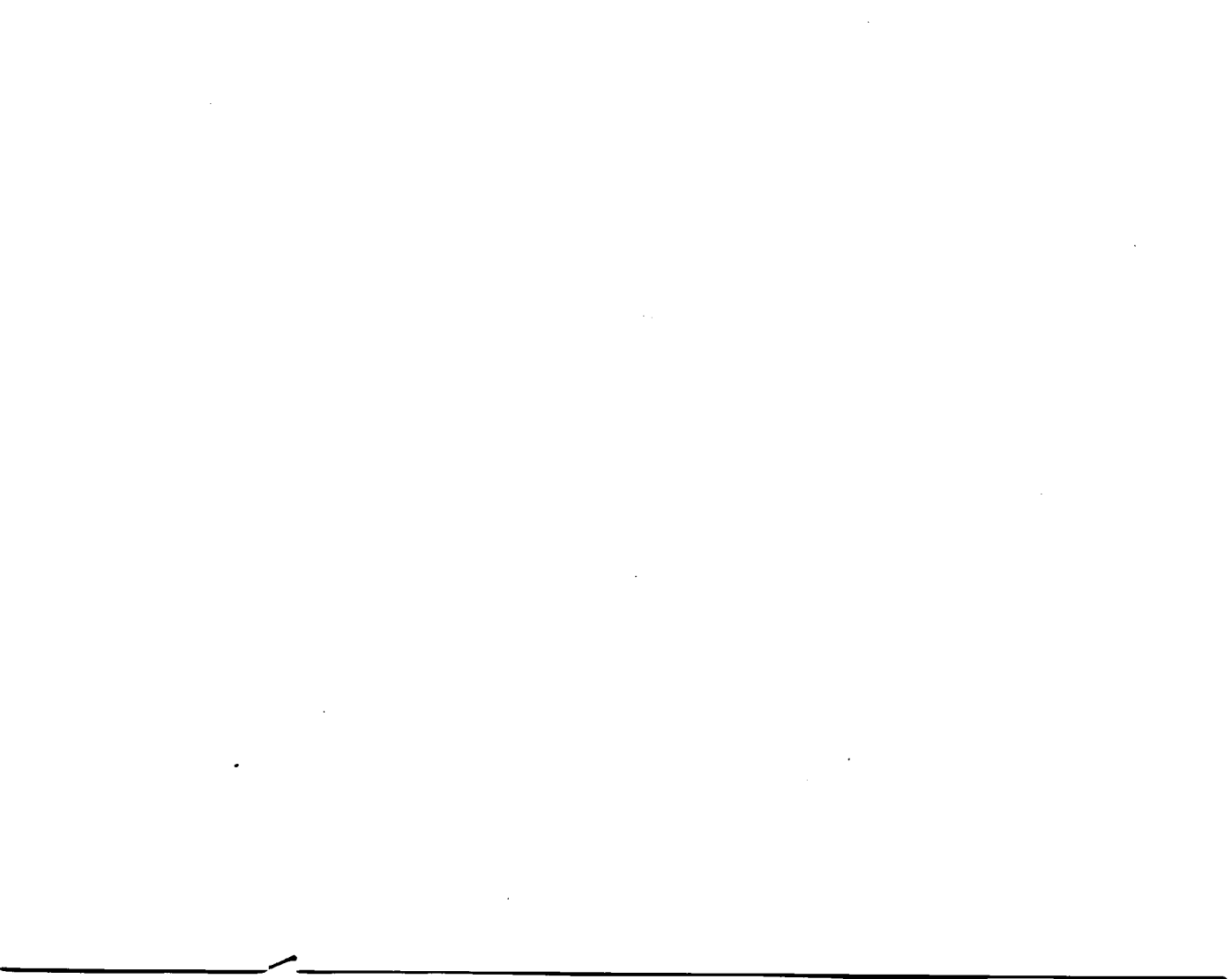
Given names added from a supplemental report.

Address Quinn Falls Ida  
Filed July 15 1920 John F. Coughlin  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

794-114-

PLACE OF BIRTH  
042-258 *J. J. Sells*  
County of *J. J. Sells*

City of *Tim Falls*

No. *10* St.

Hospital *County*

Registration District No. *37*

File No. *82050*

Primary Registration District No. *1085*

Registered No.

FULL NAME OF CHILD

*Acil Franklin Pruett*

Sex of Child <i>Male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <i>Yes</i>	Date of Birth <i>Jul 14 1920</i> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------	------------------------	--

FATHER  
FULL NAME *Gee Pruett*  
RESIDENCE *Filer, Idaho Route 1*  
COLOR *White*  
AGE AT LAST BIRTHDAY *30*  
(Years)  
BIRTHPLACE *Iowa.*  
OCCUPATION *Farmer*

MOTHER  
FULL MAIDEN NAME *Emma Behmyer*  
RESIDENCE *Filer, Idaho Rt #1*  
COLOR *White*  
AGE AT LAST BIRTHDAY *30*  
(Years)  
BIRTHPLACE *Spokane, Wash.*  
OCCUPATION *Housewife*

Number of child of this mother, including present birth *6* Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive*, at *12:10 P.M.* on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Frank A. Wright, M.D.*

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

*Filed July 19 1920 John F. Coughlin*

OCT 17 1972

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

10 17 72

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } **RECEIVED**  
County of Ada } **VITAL STATISTICS**  
Certificate No. 82050  
Date Filed Nov 13 9 31 AM '72

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Pruett who was born on July 14, 1920  
in Twin Falls, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by prepared on (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date) are:

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Pruett ACIL Franklin Pruett

Subscribed and sworn to before me this 17<sup>th</sup> day of October, 1972  
Florida M. B. B. B.  
Notary Public, residing at Boise  
My commission expires Sept 15, 1974  
(Seal)

Signed Lula M. Stratton  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
2473 Sunrise Blvd. Rands Candora  
(Street Address, City, State) Calif.

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California }  
County of El Dorado } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7<sup>th</sup> day of November, 1972  
Edna H. B. B.  
Notary Public, residing at California  
My commission expires 8/19/75  
(Seal)

Signed Katherine R. Pruett  
(Signature of Any Credible Person)  
4116 39<sup>th</sup> Ave Sacramento  
(Street Address, City, State) Calif.



NOV 21 1972

Veterans Administration Certificate of Eligibility gives name as Acil Franklin Pruet. Issued March 27, 1953. Certif. No. 143274 CALIF SF. Date of birth July 14, 1920. Viewed by V. S.

Honorable Discharge from the US Marine Corp gives name as Acil Franklin Pruet, Platoon Sergeant. Dated Nov. 5, 1945. Born July 14, 1920; Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

413-114-042-813

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Yum FallsCity of Yum FallsRegistration District No. 87File No. 82052

No. \_\_\_\_\_ St.

Hospital CountyPrimary Registration District No. 1085 Registered No. \_\_\_\_\_FULL NAME OF CHILD Donald Edwin Mattison

Sex of Child <u>Male</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes.</u>	Date of Birth <u>July 14</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	-----------------------------------	-------------------------	---

FATHER  
FULL NAME Le Roy E. MattisonRESIDENCE 425 2nd Ave EastCOLOR White AGE AT LAST BIRTHDAY 2.8  
(Years)BIRTHPLACE NebraskaOCCUPATION Clerk.MOTHER  
FULL MAIDEN NAME Evelyn Hallowell.RESIDENCE 425 2nd Ave EastCOLOR White AGE AT LAST BIRTHDAY 2.3  
(Years)BIRTHPLACE Sumner, IowaOCCUPATION Housewife

Number of child of this mother, including present birth. \_\_\_\_\_ Number of children of this mother now living, including present birth. \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive. at 6:30 a. m.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. AndersonPhysician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

July 19 1920 John F. Coughlin  
Registrar

Registrar

JUL 21 1953

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

1249-111-042-314

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twinn Idaho

City of Twinn Idaho

Registration District No. 37

File No. 82053

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital County Primary Registration District No. 1055

Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Edmond Robert Smith

Sex of Child <u>Male</u>	Twins or other? <u>-</u>	and	Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 11</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME Edmond Robert Smith  
RESIDENCE Paulist: Piler Idaho  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Hartington, Nebr.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Gladys La Munyan  
RESIDENCE Paulist: Piler Idaho  
COLOR White AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Lamont, Colo.  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8:00 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Wright  
(Physician or midwife)

Given names added from a supplemental report.

19

Address File, Ida.  
Filed July 19 1920 John F. Coughlin  
Registrar

Registrar

JAN 30 1974

AUG 3 1954

156-124,042-238

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of... *Twin Falls*City of... *Twin Falls*

Registration District No. ....

*37*

File No. ....

*82054*

No. .... St.

Primary Registration District No. ....

*1085-*

Registered No. ....

Hospital .....

FULL NAME OF CHILD

*Wilbert Fred Jewett*

Sex of Child

*male*Twin  
Triplet  
or other?

} and {

Number  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?*yes*Date of  
Birth*7-24-20*  
(Month) (Day) (Year)FULL  
NAME*John Jewett*

FATHER

RESIDENCE

*157 Sidney St. Twin Falls*

COLOR

*white*AGE AT LAST  
BIRTHDAY*31*  
(Years)

BIRTHPLACE

*Idaho*

OCCUPATION

*Warehouse Manager*FULL  
MAIDEN  
NAME*Christen Johnson*

MOTHER

RESIDENCE

COLOR

*White*AGE AT LAST  
BIRTHDAY*28*  
(Years)

BIRTHPLACE

*Idaho*

OCCUPATION

*House wife*Number of child of this mother, including present birth... *2*Number of children of this mother now living, including present birth... *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* at *4:15* p.m. on the date above stated. (Born *alive* or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

*Ed. J. Johnson*  
*Physician*  
(Physician or midwife)

Given names added from a supplemental report.

Address .....

*Twin Falls*

Filed .....

*Aug 2 1920**John F. Connelley*  
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 16 1942

MAY 22 1944

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin FallsCity of Twin FallsRegistration District No. 37File No. 82055

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital BoydPrimary Registration District No. 1085

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Richard Edwin HarderSex of Child MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthGrandLegiti  
mate?yesDate of  
BirthJuly 241920

(Month) (Day) (Year)

FULL  
NAMEFREDERICK WILLIAM HARDERFULL  
MAIDEN  
NAMEADA PARKER

RESIDENCE

1016 Blue Lake Blvd. Twin Falls

RESIDENCE

1016 Blue Lake Blvd. Twin Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Idaho Springs, Colorado

BIRTHPLACE

St. Edwards, Neb.

OCCUPATION

Merchant

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

born alive or stillborn

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

William F. Passer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Plex Arms Apts. Twin Falls

Filed

July 30 1920John F. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-124  
012-319



JUN 24 1942

MAY 29 1956

817-124-042-319

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin Falls.City of Twin Falls.Registration District No. 37File No. 82056

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Boyd.Primary Registration District No. 1085

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Ronald William Harder.

Sex of Child <u>Male.</u>	Twin <u>Twin</u> and { } Triplet <u>and</u> { } or other { } (To be answered only in event of plural births)	Number in order of birth <u>First</u>	Legit mate? <u>yes.</u>	Date of Birth <u>July 24, 1920.</u> Month (Day) (Year)
---------------------------	---	---------------------------------------	-------------------------	---

FULL NAME FATHER Frederick William Harder.FULL MAIDEN NAME MOTHER Ada Carlson.RESIDENCE 1016 Blue Lake Blvd. Twin Falls.RESIDENCE 1016 Blue Lake Blvd. Twin Falls.COLOR White AGE AT LAST BIRTHDAY 30.  
(Years)COLOR White AGE AT LAST BIRTHDAY 31.  
(Years)BIRTHPLACE Idaho Springs, Colorado.BIRTHPLACE St. Edwards, Neb.OCCUPATION MerchantOCCUPATION Housewife.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.\_\_\_\_\_ at 1:25 A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

William F. Passer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address

Rex Apartments, Twin Falls.

Filed

July 30, 1920John F. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JUN 24 1942

MAY 24 1943

175-224-042-855

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Twin FallsCity of Twin FallsRegistration District No. 37File No. 82057No. 140 Addison Ave. St.Hospital Coyote San.Primary Registration District No. 1085 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Helen Jean Alexander

Sex of Child

femaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthJuly241920

(Month)

(Day)

(Year)

FULL  
NAMEHarry C. Alexander

FATHER

FULL  
MAIDEN  
NAMEBeulah Henstock

MOTHER

RESIDENCE

512-4<sup>th</sup> N. Twin Falls

RESIDENCE

512-4<sup>th</sup> N. Twin Falls

COLOR

whiteAGE AT LAST  
BIRTHDAY33

(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY27

(Years)

BIRTHPLACE

Ohio

BIRTHPLACE

So. Dakota

OCCUPATION

Real Estate & Loans

\*OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. Wilson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Twin Falls Idaho

Filed

July 30 1920John F. Laughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

c.c. 4/19/41. wh

863-127.042-393

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of Trim FallsCity of Trim FallsRegistration District No. 37File No. 82058No. R 3 S. St.Primary Registration District No. 1085

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD BILLY MELVIN Stollon

Sex of Child <u>male</u>	Twin Triplet or other? <input checked="" type="checkbox"/> { and } Number in order of birth <u>7</u>	Legitimate? <u>yes</u>	Date of Birth. <u>July 27 1920</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>William C Stollon</u>	FATHER
RESIDENCE <u>Trim Falls Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Benton Co. Ark.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Benny Stollon</u>	MOTHER
RESIDENCE <u>Trim</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
BIRTHPLACE <u>Rock Co. Kansas</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 7Number of children of this mother now living, including present birth. 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive at Trim Falls, Ida. on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel L. H. H. H. H. H.

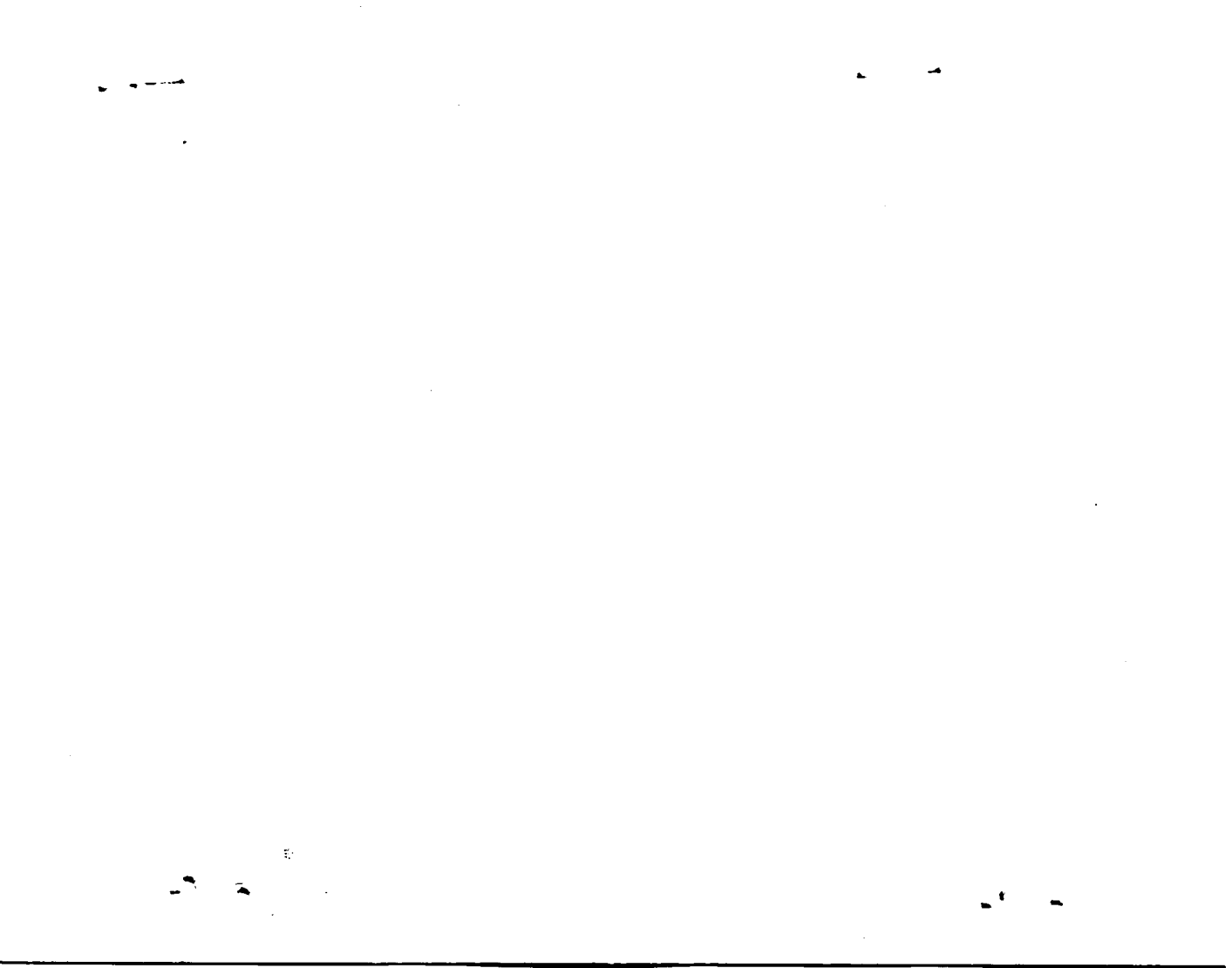
(Physician or midwife)

Given names added from a supplemental report.

Address Trim Falls, Ida. Box 188Filed July 30 1920

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }  
County of San Diego } ss.

Certificate No. 82058  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
(Birth or death)  
for Unnamed Hollon who was born on July 26, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hollon	Billy Melvin Hollon
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 5th  
day of October 1945

Signed Mrs M C Hollon  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death record;  
or other credible person.)

Notary Public, residing at Sanford Calif  
My commission expires Oct 9 - 1945  
[SEAL]

226 E 9th St Sanford California  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }  
County of San Diego } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th  
day of December 1945

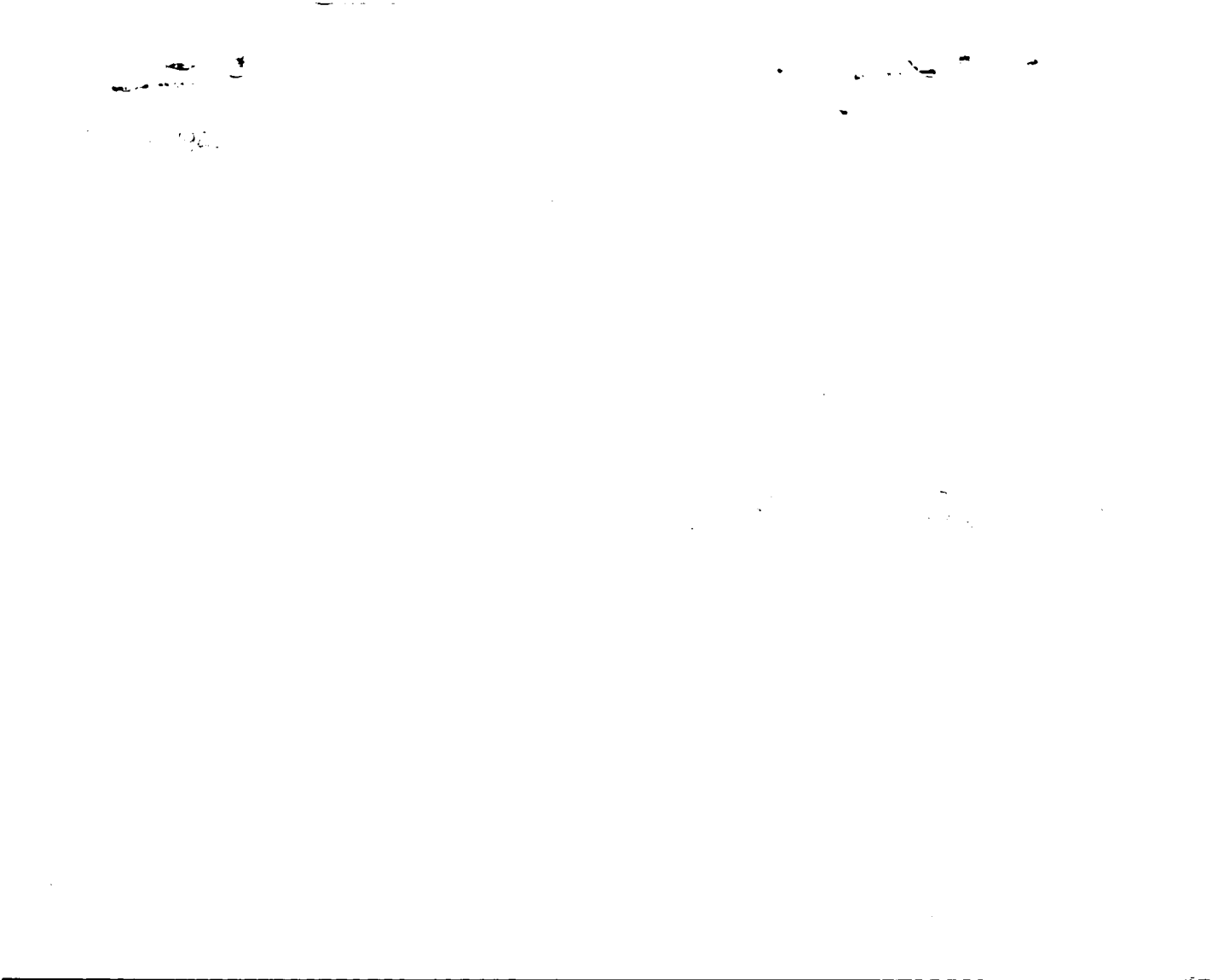
Signed Kerna Meinecke  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Sanford Calif  
My commission expires Oct 9 - 1945  
[SEAL]

226 E 9th St Sanford Calif  
(Street Address, City, State)

Received for filing on Dec 20 1941 By \_\_\_\_\_  
(Registrar's signature)





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

419-221-042-243

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Trinity Falls

City of Trinity Falls

No. \_\_\_\_\_ St.

Registration District No. 97

File No. 82059

Hospital County

Primary Registration District No. 1085

Registered No. \_\_\_\_\_

Virginia Marshall

FULL NAME OF CHILD

Sex of Child <u>Female</u>	Twin Triplet or other? <u>1</u> } and { Number in order of birth <u>1</u>	Legitimacy? <u>yes</u>	Date of Birth <u>5-21-</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FATHER  
FULL NAME Thomas Scott Marshall  
RESIDENCE 452-4<sup>th</sup> Ave. East  
COLOR White AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE New York, N. Y.  
OCCUPATION Building Contractor

MOTHER  
FULL MAIDEN NAME Margaret Johnston (Buckner)  
RESIDENCE 452-4<sup>th</sup> Ave. East  
COLOR White AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Harrison, New Jersey  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9:45 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

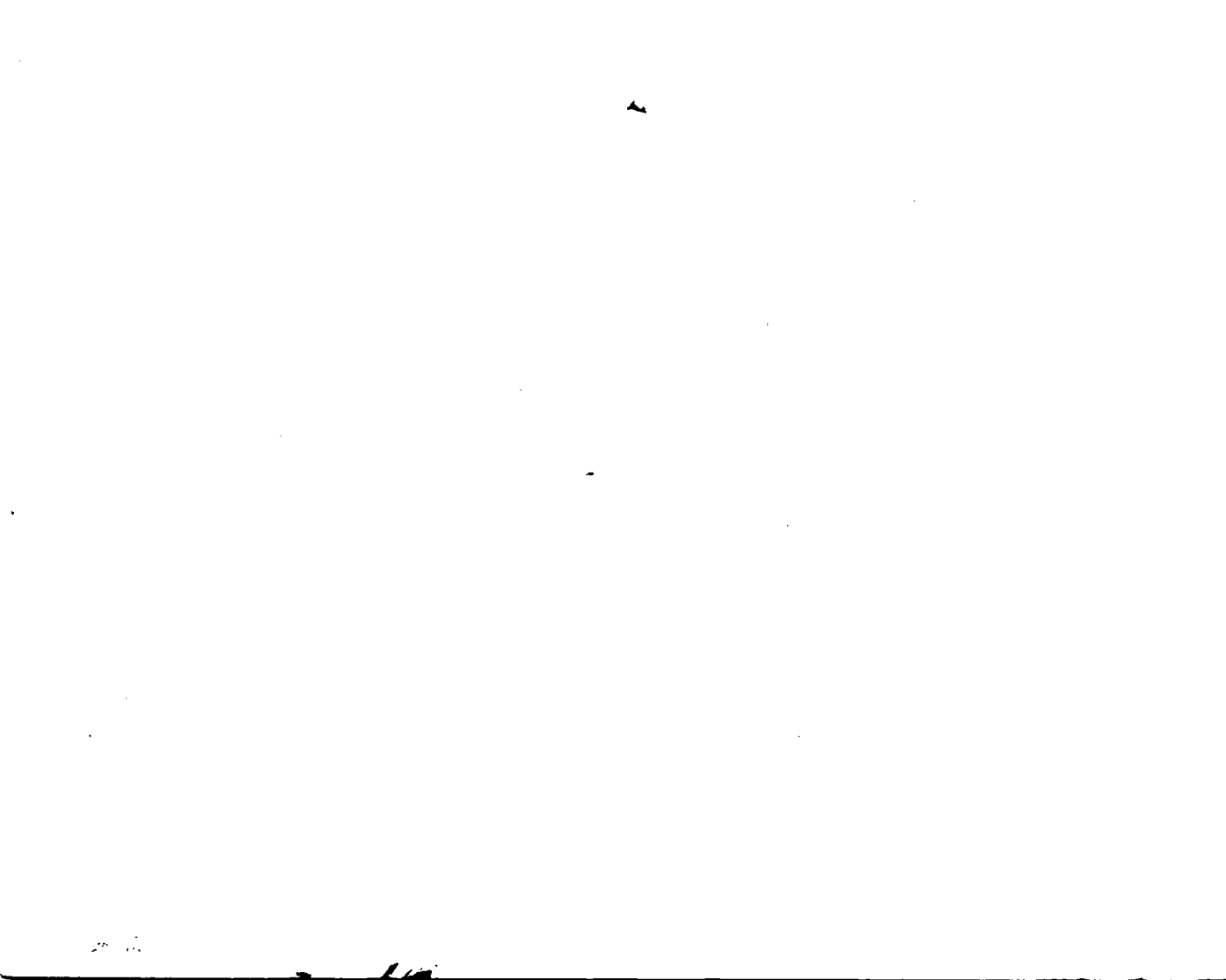
Given names added from a supplemental report.

Address

Filed

Registrar

Trinity Falls Ida  
July 13 1920 John F. Coughlin  
Registrar



996-1061042-763

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of Twin FallsRegistration District No. 37File No. 82060

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital County Primary Registration District No. 1085 Registered No. \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

-(Died 2 hrs later)

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u>	and {	Number in order of birth <u>-</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 6</u> <u>1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FATHER  
FULL NAME William G. Iron  
RESIDENCE Twin Falls, Route 2  
COLOR White AGE AT LAST BIRTHDAY 66  
(Years)  
BIRTHPLACE Manoir, Va  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Pearl Goughlin  
RESIDENCE Twin Falls, Route 2  
COLOR White AGE AT LAST BIRTHDAY 57  
(Years)  
BIRTHPLACE Seven Mile Road, Va  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 11 40 A. M.  
on the date above stated. (Born alive or stillborn)

(Signature)

John F. Coughlin

(Physician or midwife)

Twin Falls Idaho

Address

Filed July 13 1920 John F. Coughlin  
Registrar

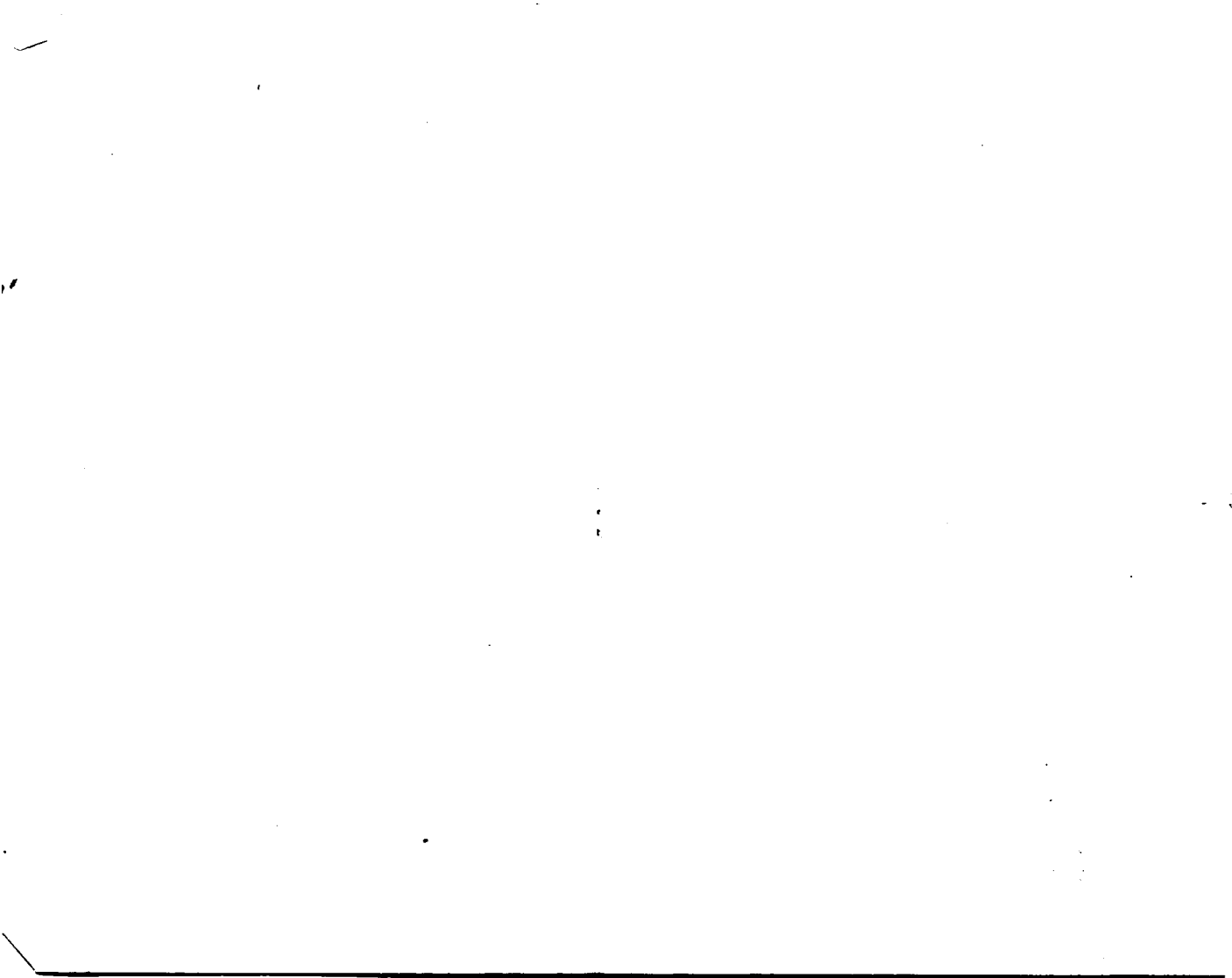
Given names added from a supplemental report.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

113-203-042-855

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 82061

No. \_\_\_\_\_ St.

Primary Registration District No. 1085

Registered No. \_\_\_\_\_

Hospital County

FULL NAME OF CHILD June Jackson

Sex of Child <u>Female</u>	<u>Twin</u> Triplet or other? <u>and</u> <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>June 3 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FATHER  
FULL NAME Morris Edward Jackson  
RESIDENCE 347 Main Ave. West  
COLOR White AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Salt Lake Utah  
OCCUPATION Dry Cleaner

MOTHER  
FULL MAIDEN NAME Helen Harvie Stennager  
RESIDENCE 347 Main Ave. West  
COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
BIRTHPLACE Stockton Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan June 3 - 1920

(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Ida  
Filed July 13 1920 John F. Coughlin  
Registrar

OCT 03 2000  
FEB 27 2014

231-2041042-866

## PLACE OF BIRTH

County of Trin FallsCity of IdahoNo. St.

Hospital

FULL NAME OF CHILD

Sex of Child

FemaleTwin  
Triplet  
or other?and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?YesDate of  
BirthJuly 4 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated.  
(Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature).....

Emma C. Crossland  
Obstetric Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address.....

Filed.....

Registrar

Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

Registration District No. ....

File No. ....

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD

Sex of Child

FemaleTwin  
Triplet  
or other?and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?YesDate of  
BirthJuly 4 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated.  
(Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature).....

Emma C. Crossland  
Obstetric Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address.....

Filed.....

Registrar

Registrar



MAR 3 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

252-1091042-853

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 82063

No. \_\_\_\_\_ St.

Primary Registration District No. 1085 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Kestler. Ted Matthew

Sex of Child Male Twin Triplet or other? { and { Number in order of birth (To be answered only in event of plural births) Legiti mate? yes Date of Birth July 9 1920 (Month) (Day) (Year)

FULL NAME Bert W. Kestler FATHER

FULL MAIDEN NAME Flavine Helme MOTHER

RESIDENCE Twin Falls

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Nebraska

BIRTHPLACE Colorado

OCCUPATION Farmer

OCCUPATION \_\_\_\_\_

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

Born alive 7 am (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) H. W. Wilson Physician (Physician or midwife)

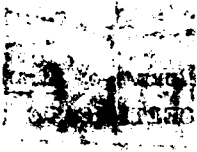
Given names added from a supplemental report.

Address \_\_\_\_\_

Filed Aug 2 1920 John F. Coughlin Registrar

Registrar

cc 3/5/41 rnf



268201-042-493

PLACE OF BIRTH

County of *Living Falls*

City of *Living Falls*

No. .... St.

Hospital .....

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. & No. 11-0-22-3-17

Registration District No. *37*

File No. *82064*

Primary Registration District No. *1085*

Registered No. ....

Sex of Child *Female* Twin Triplet or other? *and* Number in order of birth *1* Legitimated? *yes* Date of Birth *7 21 1920*  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME *Clarence C. Bonadette*  
RESIDENCE *Living Falls Ida*  
COLOR *White* AGE AT LAST BIRTHDAY *31*  
(Years)  
BIRTHPLACE *Missouri*  
OCCUPATION *Laundry Driver*

MOTHER  
FULL MAIDEN NAME *Viola Miller*  
RESIDENCE *Living Falls Ida*  
COLOR *White* AGE AT LAST BIRTHDAY *28*  
(Years)  
BIRTHPLACE *Kansas*  
OCCUPATION *Housewife*

Number of child of this mother, including present birth *5* Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

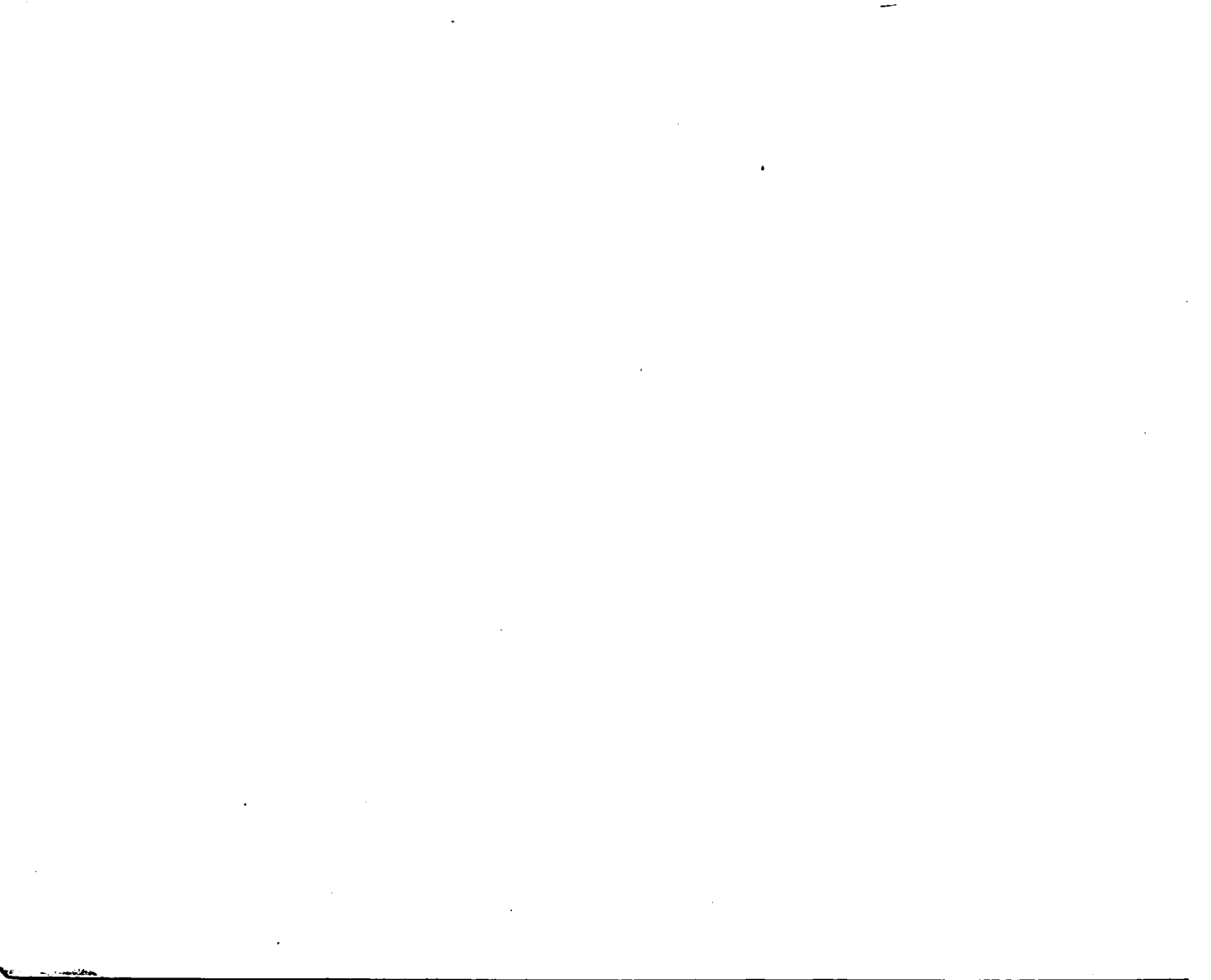
I hereby certify that I attended the birth of this child, who was *born alive* at *7 20* M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. G. Gable*  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address *Living Falls Ida*  
Filed *Aug 4 1920* *John F. Connelley*  
Registrar



345-231-042-485

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of " "Registration District No. 37 File No. 82065Ne Yatuman Add. St.Primary Registration District No. 1085 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Edna Caroline Lund

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthJuly 31 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Henry LundFULL  
MAIDEN  
NAME

MOTHER

Edna Dye

RESIDENCE

Twin Falls, Ida

RESIDENCE

Twin Falls, Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY22  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

C.P. Diaz - Mexico

BIRTHPLACE

Hatcher, Arizona

OCCUPATION

Brick mason

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 12.30 PM on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. W. Wilson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Twin Falls, Ida

Filed

Aug 2 1920John F. Coughlin  
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

5/16/41 L. R.

943203-042-319

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Twin FallsCity of " "Registration District No. 37 File No. 82066No. 3 4/6 Lunny St.Primary Registration District No. 1085 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

HELEN Ruchti

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>July 3</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	------------------------	--

FULL NAME FATHER Wm. J. RuchtiFULL MAIDEN NAME MOTHER Beryl CardonRESIDENCE Twin FallsRESIDENCE Twin FallsCOLOR white AGE AT LAST BIRTHDAY 26  
(Years)COLOR white AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE Logan, UtahBIRTHPLACE Salem, UtahOCCUPATION Steam Fitter

OCCUPATION \_\_\_\_\_

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Boon alive at 5:30 am M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

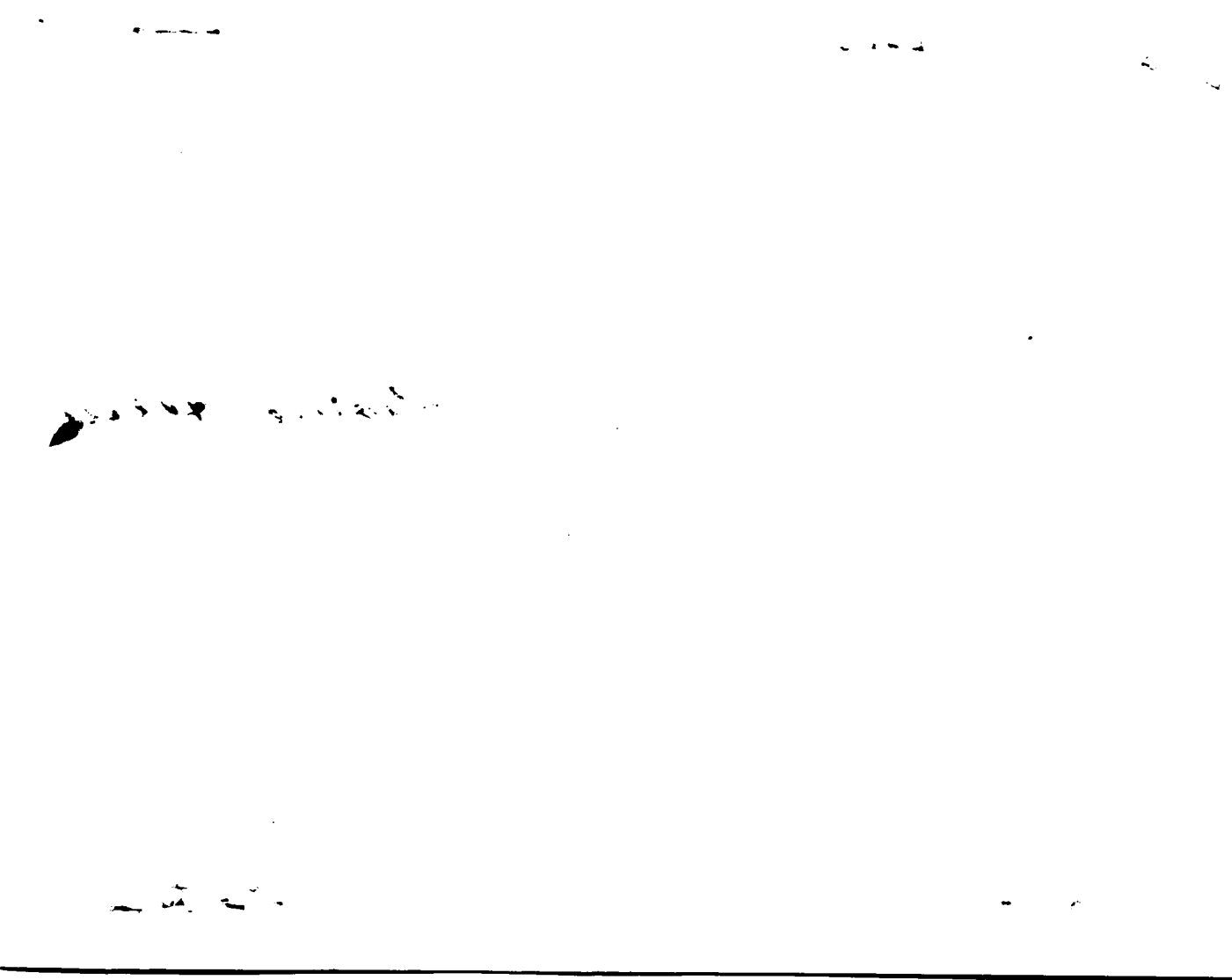
(Signature) H. W. Wilson  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, IdahoFiled Aug 2 1920 John Houghlin  
Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 82066  
County of Bannock

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Helen Ruchti who born on July 3rd 1920  
in Twin Falls, Idaho (Name on Original Certificate) (Was Born or Died) (Birth or Death)  
(Place of Event) (Date of Event)  
true facts are shown by my own knowledge I am her mother are erroneous or were omitted; and that, to the best of his knowledge, the  
(Bible Record, Insurance Policy, Etc.) prepared on, are:  
(Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original)  
Name Unnamed TO  
(The Correct Facts)  
Helen Ruchti

Subscribed and sworn to before me this 16th

day of May, 1942

Notary Public, residing at Pocatello, Idaho

My commission expires Nov 16 1942  
(Seal)

Signed Beryl Cardon Ruchti  
(Signature of parent or attendant in mother's a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)  
1222 N. Grant, Pocatello, Idaho  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

MAY 20 1942

MAY 22 1942

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

399-123-042-336  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11.0-22a-2-2-17

County of *Trinity*

City of *Trinity*

Registration District No. *37*

File No. *82067*

No. *.....* St.

Primary Registration District No. *1085*

Registered No. *.....*

Hospital *.....*

FULL NAME OF CHILD *Earl Crutcher Jr*

Sex of Child <i>Male</i>	Twin Triplet or other? <i>.....</i> and (Number in order of birth)	Legitimacy <i>yes</i>	Date of Birth <i>7 23 1920</i> (Month) (Day) (Year)
--------------------------	--	-----------------------	--

FATHER  
FULL NAME *Earl Crutcher*  
RESIDENCE *Trinity, Idaho*  
COLOR *White* AGE AT LAST BIRTHDAY *22* (Years)  
BIRTHPLACE *Oakley, Idaho*  
OCCUPATION *Day laborer*

MOTHER  
FULL MAIDEN NAME *Jenny Lloyd*  
RESIDENCE *Trinity, Idaho*  
COLOR *White* AGE AT LAST BIRTHDAY *20* (Years)  
BIRTHPLACE *Des Moines, Iowa*  
OCCUPATION *Housewife*

Number of child of this mother, including present birth *1* Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *11:00 P.* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. G. Pike*  
Physician or midwife

Given names added from a supplemental report.

Address *Trinity, Idaho*  
Filed *Aug 2, 1920* *John F. Crutcher*  
Registrar

SEP 2 1944

955-227-042-796

PLACE OF BIRTH

County of Twin FallsCity of Twin Falls

No. .... St.

Hospital .....

FULL NAME OF CHILD Martha RuthSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-25a-9-8-17

Registration District No. 37File No. 82068Primary Registration District No. 1085

Registered No. ....

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth (To be answered only in event of plural births) }	Legitimate? <u>yes</u>	Date of Birth <u>7 27 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Paul Read</u>	FATHER
RESIDENCE <u>Twin Falls Ida</u>	

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
--------------------	---

BIRTHPLACE <u>Sand Point Ida</u>	
----------------------------------	--

OCCUPATION <u>Truck driver</u>	
--------------------------------	--

FULL MAIDEN NAME <u>Inogene Prothro</u>	MOTHER
RESIDENCE <u>Twin Falls Ida</u>	

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>20</u> (Years)
--------------------	---

BIRTHPLACE <u>Louisiana</u>	
-----------------------------	--

OCCUPATION <u>Housewife</u>	
-----------------------------	--

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 30 P M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W. G. Pike  
.....  
(Physician or midwife)

Address Twin Falls IdaFiled Aug 3 1920 John F. Conaghan

Registrar

Registrar

OCT 30 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-118-042-296

PLACE OF BIRTH

County of *Twin Falls*

City of *Twin Falls*

No. .... St.

Hospital .....

FULL NAME OF CHILD *Merlin Varney Champlin*

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. .... *37*

File No. .... *82069*

Primary Registration District No. .... *1083*

Registered No. ....

Sex of Child <i>Male</i>	Twin Triplet or other? <i>(To be answered only in event of plural births)</i>	and Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>7 18 1920</i> (Month) (Day) (Year)
--------------------------	---	------------------------------	------------------------	--

FULL NAME <i>V. L. Champlin</i>	FATHER
RESIDENCE <i>Twin Falls Ida</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>29</i> (Years)
BIRTHPLACE <i>Arkansas</i>	
OCCUPATION <i>Farmer</i>	

FULL MAIDEN NAME <i>Myrtle Brown</i>	MOTHER
RESIDENCE <i>Twin Falls Ida</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>31</i> (Years)
BIRTHPLACE <i>Arkansas</i>	
OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth *5* ..... Number of children of this mother now living, including present birth *5* .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *1:59* M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. G. Pihl*  
Physician or midwife

Given names added from a supplemental report.

Address *Twin Falls Ida*  
Filed *Aug 2 20* *John F. Coughlin*  
Registrar



11/14/41

619-013-039-242

## PLACE OF BIRTH

County of PowerCity of Am. Falls

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

Registration District No. ....

File No. ....

Primary Registration District No. ....

Registered No. ....

82070

25 -

2072

192

Sex of Child <u>Female</u>	Twin Triplet or other? <u>None</u>	and } in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>July 13 1920</u>
FULL NAME FATHER <u>Calvin A. Warner</u>			FULL MAIDEN NAME MOTHER <u>Mary E. Johnson</u>	
RESIDENCE <u>Am. Falls</u>			RESIDENCE <u>Am. Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years)		
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Minnesota</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:30 M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard B. Block

(Physician or midwife)

Given names added from a supplemental report.

Address American Falls, IdahoFiled 7-13-20 Richard B. Block

Registrar

Registrar



APR 8 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

112.203-039-244

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

County of Power  
City of American Falls

CERTIFICATE OF BIRTH

25

82071

No. .... St.

Registration District No. ....

File No. ....

Hospital .....

Primary Registration District No. ....

Registered No. ....

FULL NAME OF CHILD

MARIE MARGARET JASMAN

Sex of Child Female Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of Birth July 3 1920  
(To be answered only in event of plural births)

FULL NAME William F. Jasman  
RESIDENCE American Falls  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE South Dakota  
OCCUPATION Farmer

FULL MAIDEN NAME Mary Kump  
RESIDENCE American Falls  
COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Germany  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Richard F. Noth  
(Both alive or stillborn)

Given names added from a supplemental report.

Address

American Falls

Filed

7/3 1920

Registrar

Registrar

406 2 I 1942

APPLICATION FOR BIRTH CERTIFICATE.

STATE OF IDAHO CO)

: SS.

COUNTY OF POWER )

Mary Jasman being first duly sworn on oath states ;that her maiden name was Mary ~~Kump~~;that she was married to William Jasman, at Ladue, Alberta, Canada, in 1912, That they came to the Uneted States, in 1912;that she is the mother of five children one of whom is dead, that she and her husband are naturlized citizens of the United States if America;That Marie Margaret Jasman is their daughter, that she was born at American Falls, Power County, Idaho, on the 3rd.day of July, 1920;That the attending physician was Dr.R.F.Noht; That Dr.R.F.Noht is deceased;that I am the mother of Marie Margaret Jasman;that I am not positive that the birth has been recorded that it is very urgent that Marie Margaret Jasman have a copy of her birth certificate as quickly as possible;and I request if said certificate is of record that a copy be mailed to me ;that if same is not of record, that one be issued ,that the race is white. William Jasman ,father was born in South Dakota, Iwas born in Lithuania Europe. Dated this 20th.day of August, 1942

Mary Jasman

Subscribed and sworn to before me this 20th.day of August, 1942.

Chas. N. C. [Signature]  
Notary Public, Residing at  
American Falls, Idaho.



639-209. 042-453127 1

Form V. &amp; No. 7-21-19

PLACE OF BIRTH

IDAHO  
STATISTICSCounty of Juniper Falls

## CERTIFICATE OF BIRTH

City of FilerRegistration District No. 37File No. 82072

No. \_\_\_\_\_ St.

Hospital County Hospital Primary Registration District No. 1085 Registered No. \_\_\_\_\_FULL NAME OF CHILD Martha Priscilla OliverSex of  
ChildgirlFemale  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate?yes.Date of  
BirthMay 91920

(Month) (Day) (Year)

FULL  
NAMEFATHER  
Mrs. Claude P. Oliver

RESIDENCE

Filer

COLOR

whiteAGE AT LAST  
BIRTHDAY26

(Years)

BIRTHPLACE

Wichita Kansas

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
Marie Washburn De. Lane

RESIDENCE

COLOR

whiteAGE AT LAST  
BIRTHDAY25

(Years)

BIRTHPLACE

Steward Illinois

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 10 on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

Frank A. Dwight

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filer Idaho

Filed

July 131920John F. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

K



FEB 11 1942

MAY 12 1967

296-128-042-114

## PLACE OF BIRTH

County of Twin FallsCity of Twin Falls

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital County

FULL NAME OF CHILD

Registration District No. 37File No. 82073Primary Registration District No. 1085 Registered No. \_\_\_\_\_FULL NAME OF CHILD Fredrick Peykon Bronaugh

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>May 28<sup>th</sup> 1920</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------------	----------------------------	---

FULL NAME FATHER Francis W. BronaughRESIDENCE 161 - 7<sup>th</sup> NorthCOLOR White AGE AT LAST BIRTHDAY 36  
(Years)BIRTHPLACE Boonville Mo.OCCUPATION MerchantFULL MAIDEN NAME MOTHER Christena S. JamisonRESIDENCE 161 - 7<sup>th</sup> NorthCOLOR White AGE AT LAST BIRTHDAY 35  
(Years)BIRTHPLACE Fairplay Penn.OCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5<sup>30</sup> am  
on the date above stated. (Born alive or stillborn) May 28<sup>th</sup> 1920

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed July 13 1920 John F. Coughlin

Registrar

Registrar

FEB 5 1968

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

819-108-0-713

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form No. 11-C-25m-7-21-19

County of Yuin Falls

City of Yuin Falls

Registration District No. 37

File No. 82076

No. \_\_\_\_\_ St.

Primary Registration District No. 1085

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD DALE LAWRENCE Carlson

Sex of Child <u>M-</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and	Number in order of birth <u>    </u>	Legitimate? <u>yes</u>	Date of Birth <u>7 8 20</u> (Month) (Day) (Year)
------------------------	---	-----	--------------------------------------	------------------------	---

FATHER  
FULL NAME Lawrence Carlson  
RESIDENCE Yuin Falls  
COLOR M AGE AT LAST BIRTHDAY 25  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Juli Patrick  
RESIDENCE Yuin Falls  
COLOR M AGE AT LAST BIRTHDAY 18  
(Years)  
BIRTHPLACE Ida.  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 4 9 M.  
on the date above stated. (Born alive or ~~stillborn~~)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

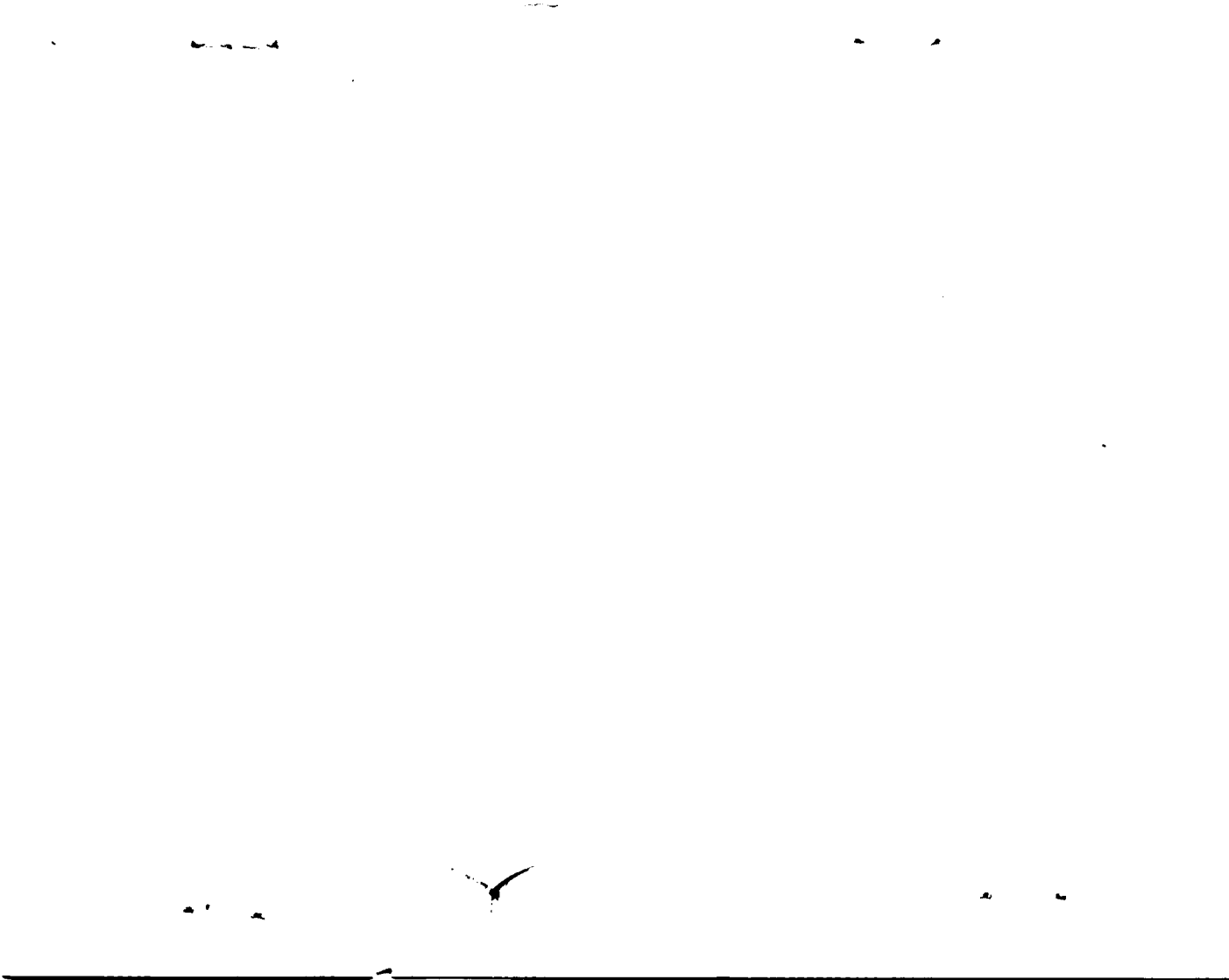
(Signature) T. Swanson

(Physician or midwife)

Given names added from a supplemental report.

Address Yuin Falls

Filed Aug 4 1920 John J. Connelley  
Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }  
County of Union } SS.  
Certificate No. 82076  
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Dale Lawrence Carlson who was born on July 8 - 1920  
in Twin Falls Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by Appended Documents prepared on November 21 - 1945, are:  
(PLACE OF EVENT) (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

<b>FACTS TO BE CORRECTED</b> ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	<b>FROM</b> (AS ON ORIGINAL)	<b>TO</b> (THE CORRECT FACTS)
Name	Unnamed	Dale Lawrence Carlson

Subscribed and sworn to before me this 21st  
day of November, 19 45  
C. E. Dawson  
Notary Public, residing at Elyria on  
My commission expires Oct 24 - 1945  
(SEAL)

Signed Zilla Etta Patrick Carlson  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
Summerville Oregon  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington }  
County of Thurston } SS.  
[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th  
day of November, 19 45  
C. E. Dawson  
Notary Public, residing at Olympia  
My commission expires 1 - 3 - 1947  
(SEAL)

Signed Clair E Patrick  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

DEC 1 1942

269-113-042-269

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Tim FallsCity of Tim FallsRegistration District No. 37File No. 82077

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1085 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>M-</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>7</u> <u>13</u> <u>20</u> (Month) (Day) (Year)
------------------------	---	-----------	--------------------------------	------------------------	--

FATHER  
FULL NAME Ignacio Dorria  
RESIDENCE Tim Falls

MOTHER  
FULL MAIDEN NAME Isabel Dorjorguey  
RESIDENCE Tim Falls

COLOR Mexican AGE AT LAST BIRTHDAY 22  
(Years)

COLOR Mexican AGE AT LAST BIRTHDAY 18  
(Years)

BIRTHPLACE Mexico

BIRTHPLACE Mexico

OCCUPATION Laborer

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 5 A. M. on the date above stated. (Born alive or ~~stillborn~~)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. J. J. J. J.

(Physician or midwife)

Given names added from a supplemental report.

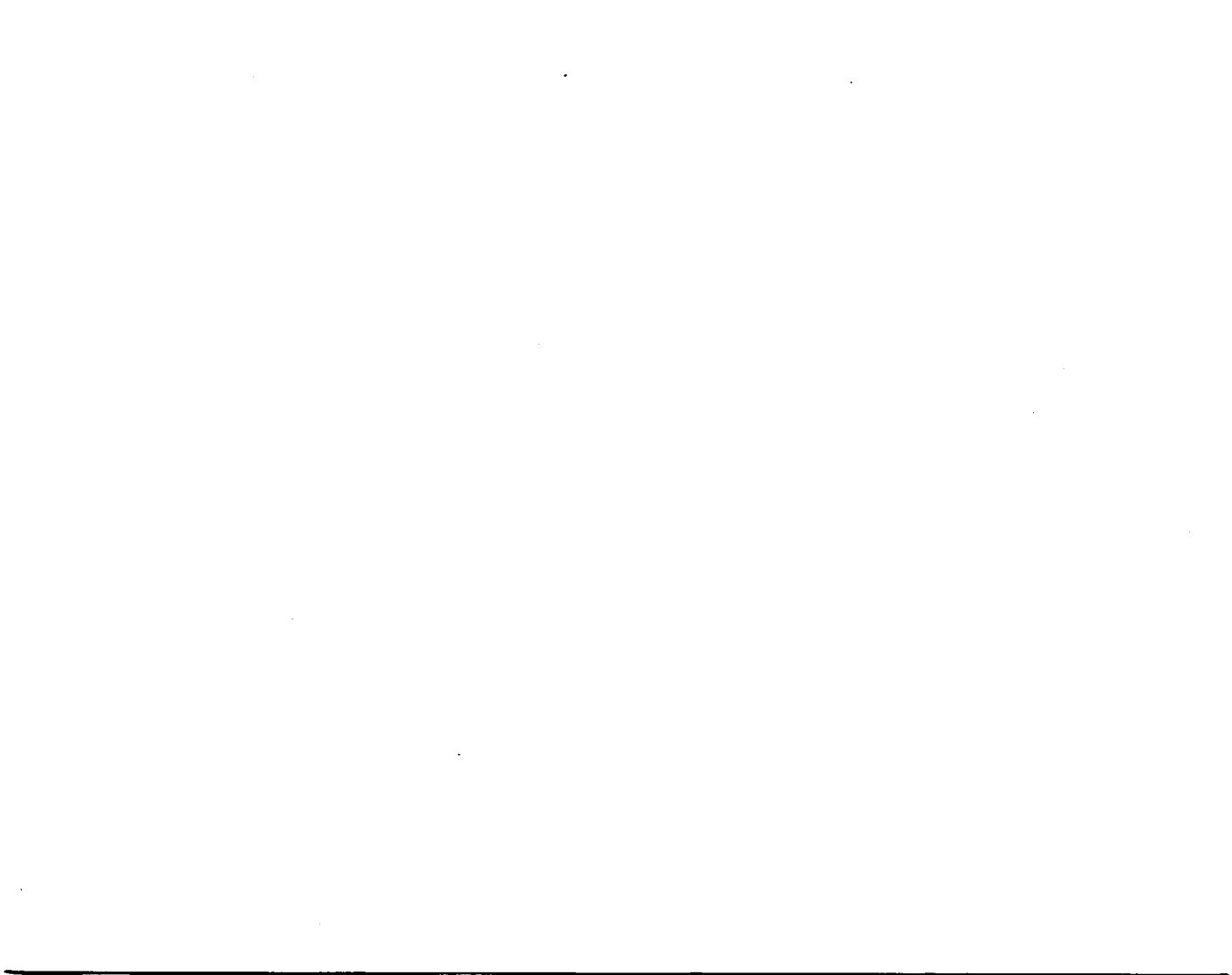
19

Address Tim FallsFiled Aug 4 19 20

Registrar

Registrar J. F. Doughtlin





855-102-042-236

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH name added 2-10-84 <sup>31</sup> STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
County of Yuin Falls CERTIFICATE OF BIRTH  
City of Yuin Falls Registration District No. 37 File No. 82078  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Primary Registration District No. 1085 Registered No. \_\_\_\_\_  
Hospital \_\_\_\_\_  
FULL NAME OF CHILD Russell Wayne Hensley

Sex of Child <u>M</u>	Twin Triplet or other? <u>  </u> and <u>  </u>	Number in order of birth <u>  </u>	Legiti mate? <u>yes</u>	Date of Birth <u>8 2 20</u> (Month) (Day) (Year)
FULL NAME <u>L. S. Hensley</u> FATHER RESIDENCE <u>Yuin Falls</u>		FULL MAIDEN NAME <u>Elsie Stockton</u> MOTHER RESIDENCE <u>Yuin Falls</u>		
COLOR <u>M</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)	COLOR <u>W</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	
BIRTHPLACE <u>Mo</u>		BIRTHPLACE <u>Kan.</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Wif</u>		

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 3d. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Hensley

(Physician or midwife)

Given names added from a supplemental report.

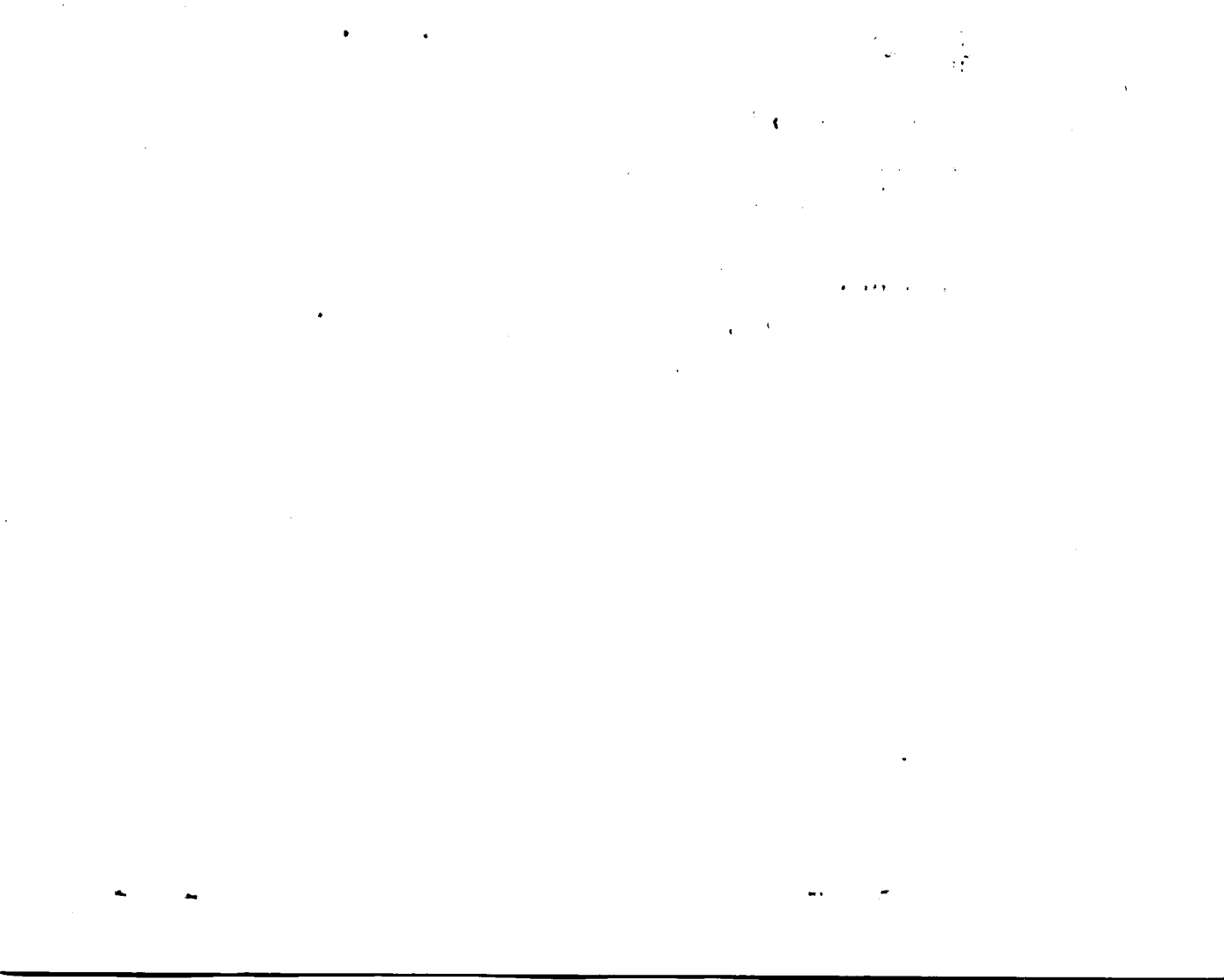
19

Address Yuin Falls

Filed Aug 4 1920 John J. Coughlin

Registrar

Registrar



11-15-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_

County of \_\_\_\_\_

Certificate No. 82078

Date Filed \_\_\_\_\_

**RECEIVED**  
**FEB 7 1984**  
**State of Idaho**

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Hensley who was born on August 2, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Twin Falls (Twin Falls) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

childs name Unnamed Russell Wayne Hensley

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn to before me this 2<sup>nd</sup> day of

February, 19 84

Notary Public, Marg Cunningham

Residing at 9021 2<sup>nd</sup> Ave Mosca Co 81146

My commission expires 9-2-85

(Seal)

Russell Wayne Hensley  
Signature of Applicant

\_\_\_\_\_

Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_

County of \_\_\_\_\_

ss.

(Must be completed \_\_\_\_\_)

(Is not necessary \_\_\_\_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 19 \_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

1cc pd

Marriage record for Russell Wayne Hensley and Naomi Irene New married  
in Colorado on June 22, 1960. Viewed by V.S.

FEB 10 1984

Honorable Discharge from U.S. Army lists Russel W Hensley was discharged  
on July 31, 1945. Viewed by V.S.

627-203-

042-353-y

PLACE

County of

City of

No.

St.

Hospital

FULL NAME OF

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of  
Child

Female

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of  
Birth

Aug 3

(Month) (Day)

1920 (Year)

FULL  
NAME

Samuel Csgood

FATHER

RESIDENCE

Yuin Falls Ida

COLOR

White

AGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Ida

OCCUPATION

Auto Mechanic

FULL  
MAIDEN  
NAME

Maggie Lecky

MOTHER

RESIDENCE

Yuin Falls Ida

COLOR

White

AGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Colorado

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Address

Filed

Aug 4 1920

Registrar

Registrar



100-100000

100-100000

799-202-042399

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Spin Falls

City of Fuller

Registration District No. 38

File No. 82080

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2086

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Not named

Sex of Child

Girl

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

Legiti-  
mate?

Yes

Date of  
Birth

July 2 25  
(Month) (Day) (Year)

FULL  
NAME

FATHER Truman A. Grinn

FULL  
MAIDEN  
NAME

MOTHER Cathel Triggs

RESIDENCE

Fuller Ida

RESIDENCE

Fuller Ida

COLOR

W.

AGE AT LAST  
BIRTHDAY

29

(Years)

COLOR

W.

AGE AT LAST  
BIRTHDAY

28

(Years)

BIRTHPLACE

Mo.

BIRTHPLACE

Mo.

OCCUPATION

Farmer

OCCUPATION

Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 4<sup>30</sup> a M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr A. A. Newberry  
(Physician or midwife)

Given names added from a supplemental report.

Address

July 2 20

Filed

A. A. Newberry



GRIM

112-104.042-354  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Lewin Falls

City of Julia

Registration District No. 38

File No. 82081

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2086

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Not Named

Sex of Child

Boy

Twin  
Triplet  
or other?

\_\_\_\_\_

and

Number  
in order  
of birth

\_\_\_\_\_

Legiti-  
mate?

Yes

\_\_\_\_\_

Date of  
Birth

July 1 20

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FULL  
NAME

Fred W. Jasper

FULL  
MAIDEN  
NAME

Ella Dempsey

RESIDENCE

Julia Ida

RESIDENCE

Julia Ida

COLOR

W

AGE AT LAST  
BIRTHDAY

27  
(Years)

COLOR

W

AGE AT LAST  
BIRTHDAY

27  
(Years)

BIRTHPLACE

Nebr.

BIRTHPLACE

Texas

OCCUPATION

Farmer

OCCUPATION

Wife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or \_\_\_\_\_)

at \_\_\_\_\_

\*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. A. A. Newberry  
(Physician or midwife)

Given names added from a supplemental report.

Address

July 1 20

File

A. A. Newberry

1871

1871

1871

1871

1871

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7431051042-35  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Twin Falls

City of Fuller

Registration District No. 38

File No. 82082

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2086

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Not Named

Eugene F. Gulick

Sex of Child Boy

Twin  
Triplet  
or other?

and Number  
in order  
of birth

Legiti-  
mate? Yes

Date of Birth July 5 20

(Month) (Day) (Year)

FULL NAME Foster Gulick

FATHER

FULL MAIDEN NAME Mary Lancaster

MOTHER

RESIDENCE Fuller Ida

RESIDENCE Fuller Ida

COLOR N.

AGE AT LAST BIRTHDAY 28

(Years)

COLOR N.

AGE AT LAST BIRTHDAY 23

(Years)

BIRTHPLACE Kansas

BIRTHPLACE Calo

OCCUPATION Farmer

OCCUPATION Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or midwife)

Given names added from a supplemental report.

Address July 5 20

Filed 19

Registrar

Registrar

OCT 9 1959

NOV 9 1959

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-2081042-751  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Turn Falls

City of Filer

Registration District No. 38

File No. 82083

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 7086

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Mary Ellen Davis

Sex of Child <u>G</u>	Twin Triplet or other? _____	and Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>July 8 30</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Grover C Davis</u> RESIDENCE <u>Filer Ida</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>34</u> (Years) BIRTHPLACE <u>Kas.</u> OCCUPATION <u>Liveryman</u>			MOTHER FULL MAIDEN NAME <u>Edna H. Pease</u> RESIDENCE <u>Filer Ida</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>31</u> (Years) BIRTHPLACE <u>Wis</u> OCCUPATION <u>Surge</u>	

Number of child of this mother, including present birth. \_\_\_\_\_ Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated. (Born alive or ~~stillborn~~)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A. A Newberry  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

Address July 8 30  
Filed A A Newberry  
19 \_\_\_\_\_ Registrar

DEC 17 1941

JUL 28 1967

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-110-042-717

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Timber Falls

City of Triler

Registration District No. 28

File No. 82084

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2056

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD 7 REX LANCASTER

Sex of Child <u>Boy</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 11</u> 191 <u>20</u> (Month) (Day) (Year)
-------------------------	---	------------------------------------	------------------------	--

FATHER  
FULL NAME Clarence Lancaster

RESIDENCE Triler

COLOR W. AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE Colo.

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Galdie Paget

RESIDENCE Triler

COLOR W. AGE AT LAST BIRTHDAY 22  
(Years)

BIRTHPLACE mo.

OCCUPATION H. wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated. (Born alive or stillborn)

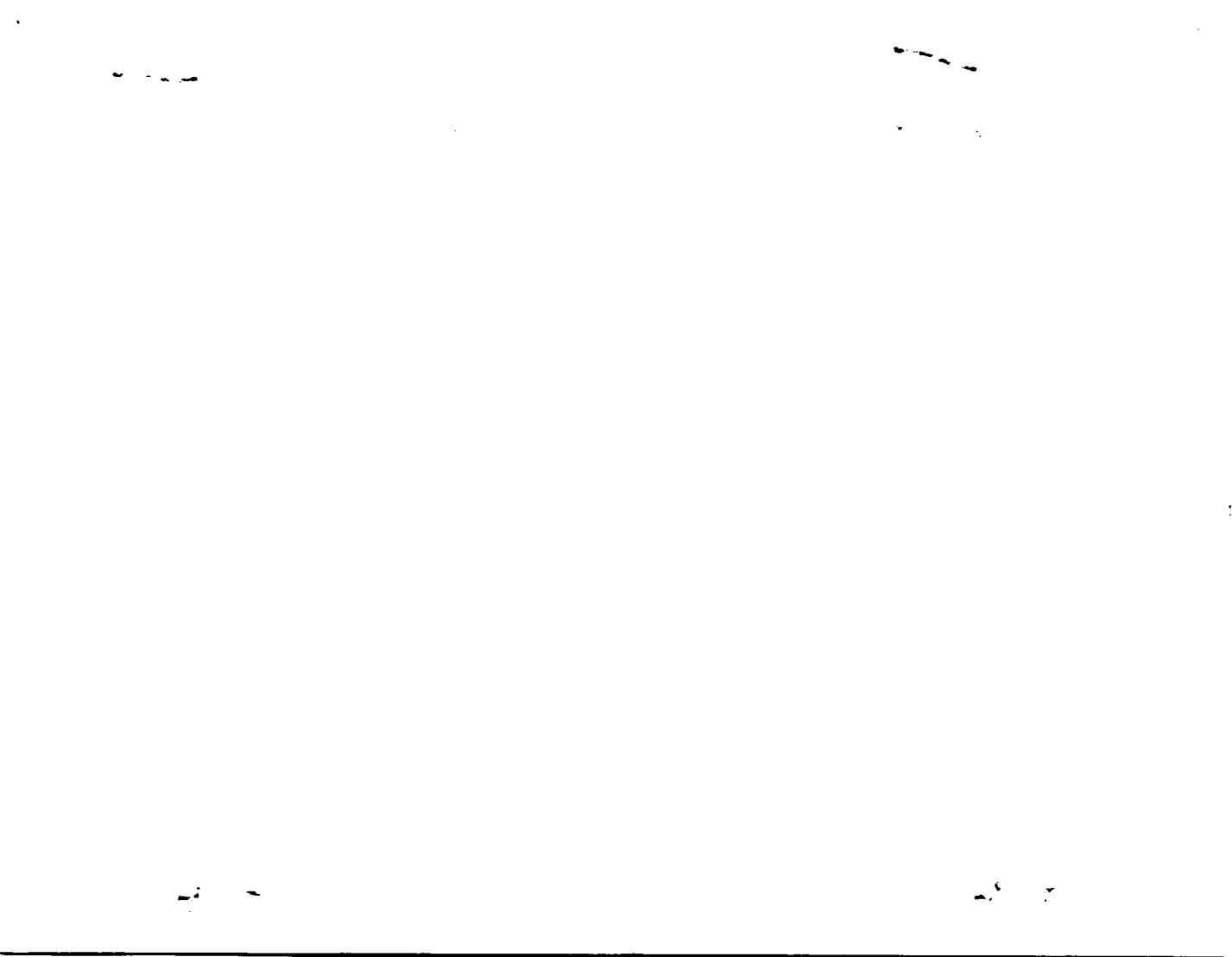
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. G. Newberry  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_  
Filed July 10 1920 G. G. Newberry  
Registrar





## STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } SS.

Certificate No. 82084

OCT 4 1941

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
 (Birth or death)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
 (Name on original certificate) (Was born or died) (Date of event)

in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
 (Place of event)

true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
 (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
 ("Name", "birth date", "cause of death", etc.)

FROM  
 (As on original)

TO  
 (The correct facts)

Name

Unnamed Lancaster

Rex Lancaster

Subscribed and sworn to before me this 3rd  
 day of October, 1941

Signed Mrs. Ben Glassinger  
 (Signature of parent or attendant if correcting a birth record; of  
 attendant, funeral director, informant if correcting a death record;  
 or other credible person.)

Notary Public, residing at \_\_\_\_\_

My commission expires Jan 20, 1942  
 [SEAL]

(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } SS.

[This affidavit MUST also be executed.  
 (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_\_

Signed \_\_\_\_\_  
 (Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
 [SEAL]

(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (Registrar's signature)

1. 1. 1. 1.

2. 2. 2. 2.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

291-102-042-99 Amended 11-29-56  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 38

File No. 82085

Hospital \_\_\_\_\_

Primary Registration District No. 2086

Registered No. \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Devalson Brackenbury

(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? _____ } and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>July 10, 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

What bactericidal solution was used in eyes? \_\_\_\_\_

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER  
FULL NAME Geo. Brackenbury  
RESIDENCE Filer  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Estella Joan Rice  
RESIDENCE Filer  
COLOR White AGE AT LAST BIRTHDAY 22 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:45 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry

(Physician or midwife)

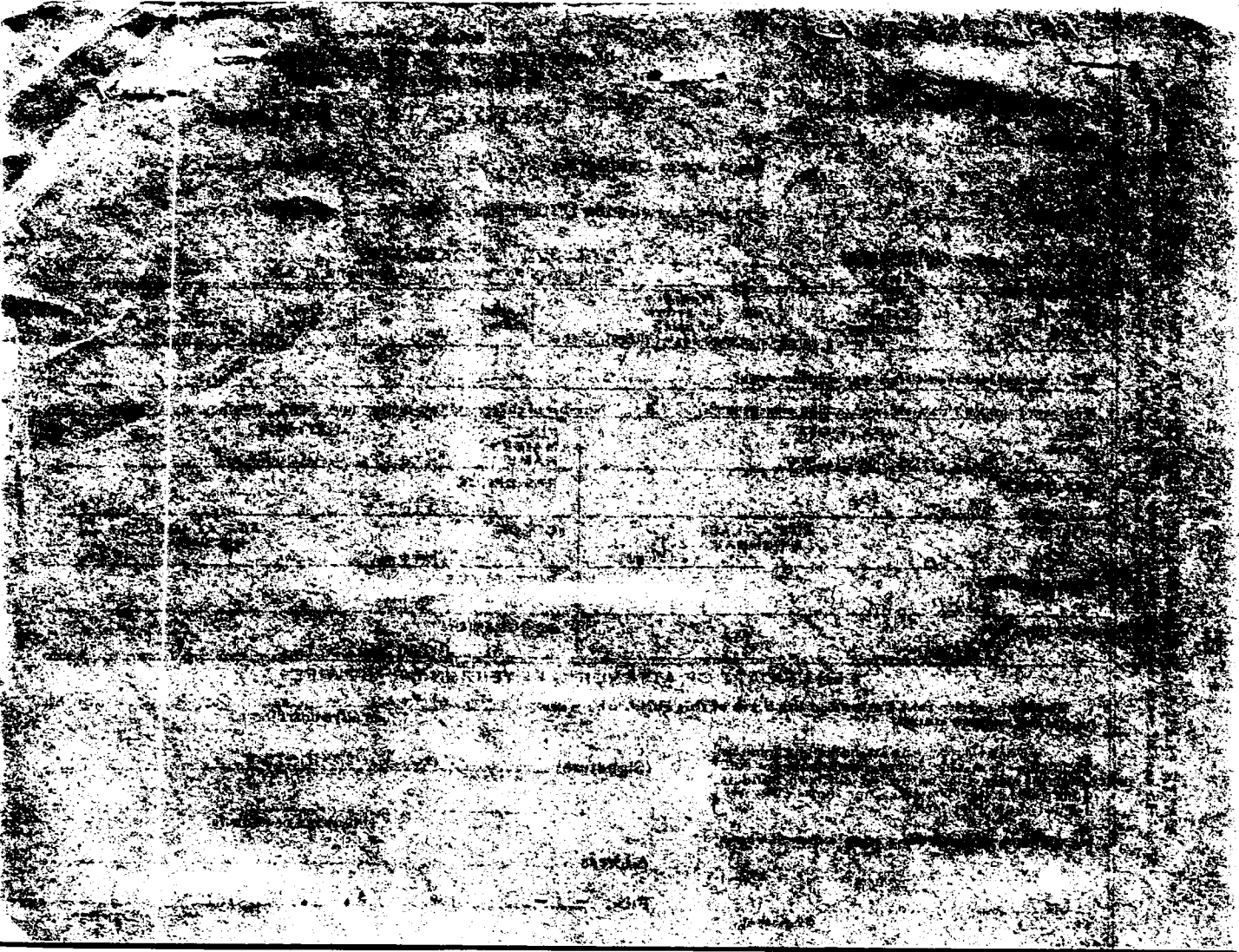
Give names added from a supplemental report.

Address \_\_\_\_\_

Filed 7-10-20 192 A. A. Newberry

Registrar.

Registrar.



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. Certificate No. 82085  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Devalson Brackenbury who was born on July 10, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Filer are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Church record prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**Viewed by Vital Statistics**  
(City, State)

Mother's name

Stella Rice

Estella Joan Rice  
(The Correct Facts)

Subscribed and sworn to before me this 23rd day of  
November, 1956.

Notary Public, residing at Albion, Idaho  
My commission expires 5/14/59  
(Seal)

Signed Estella Joan Rice Brackenbury  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Albion, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Cassia } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

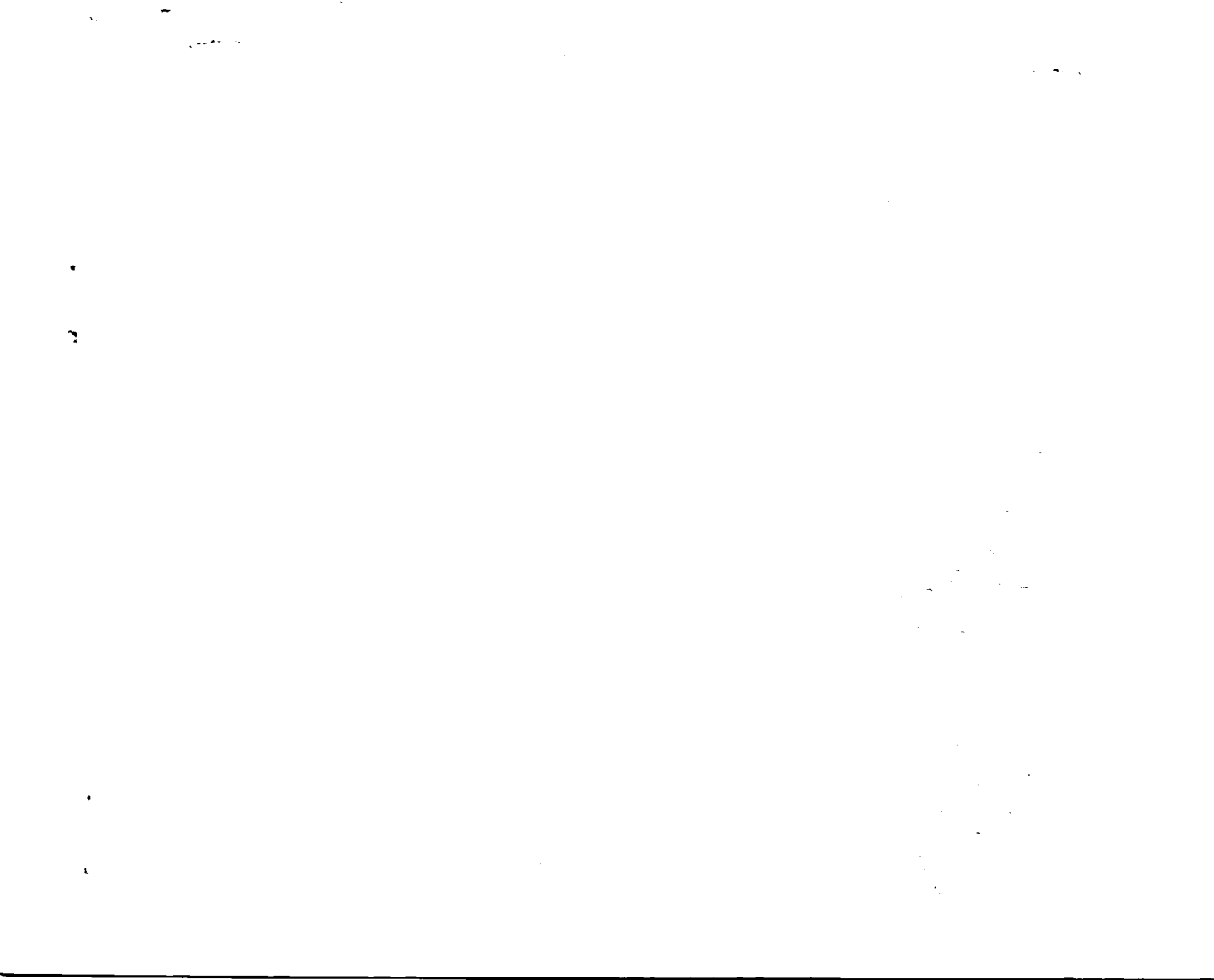
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of  
November, 1956.

Notary Public, residing at Albion, Idaho  
My commission expires 5/14/59  
(Seal)

Signed alice jane B. Rice  
(Signature of Any Credible Person)

Almo Idaho  
(Street Address, City, State)



745-211-042-683  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of Twin FallsCity of FillerRegistration District No. 35File No. 82086

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2186

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Clare Mabel Gundy

Sex of Child <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>July 11</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Harvey Gundy</u> RESIDENCE <u>Filler</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>20</u> (Years) BIRTHPLACE <u>Kas.</u> OCCUPATION <u>Farmer</u>			MOTHER FULL MAIDEN NAME <u>Wylma Wylg.</u> RESIDENCE <u>Filler</u> COLOR <u>W.</u> AGE AT LAST BIRTHDAY <u>19</u> (Years) BIRTHPLACE <u>Ind.</u> OCCUPATION <u>H. Wife</u>	

Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 9:50 p. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

Dr. A. A. Newberry  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed July 11 1920Dr. A. A. Newberry  
Registrar



MAR 5 1942

U.S. AIR FORCE

100-100000

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

817-17-042-415  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Fraser

Registration District No. 38

File No. 82088

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2056

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD John D. Haggard

Sex of Child <u>Boy</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and } Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 17, 1912</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Wm. Henry Haggard</u>			MOTHER FULL MAIDEN NAME <u>Matthie Daniel</u>	
RESIDENCE <u>Fraser</u>			RESIDENCE <u>Fraser</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Iowa</u>			BIRTHPLACE <u>Va.</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 3 49 A.M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

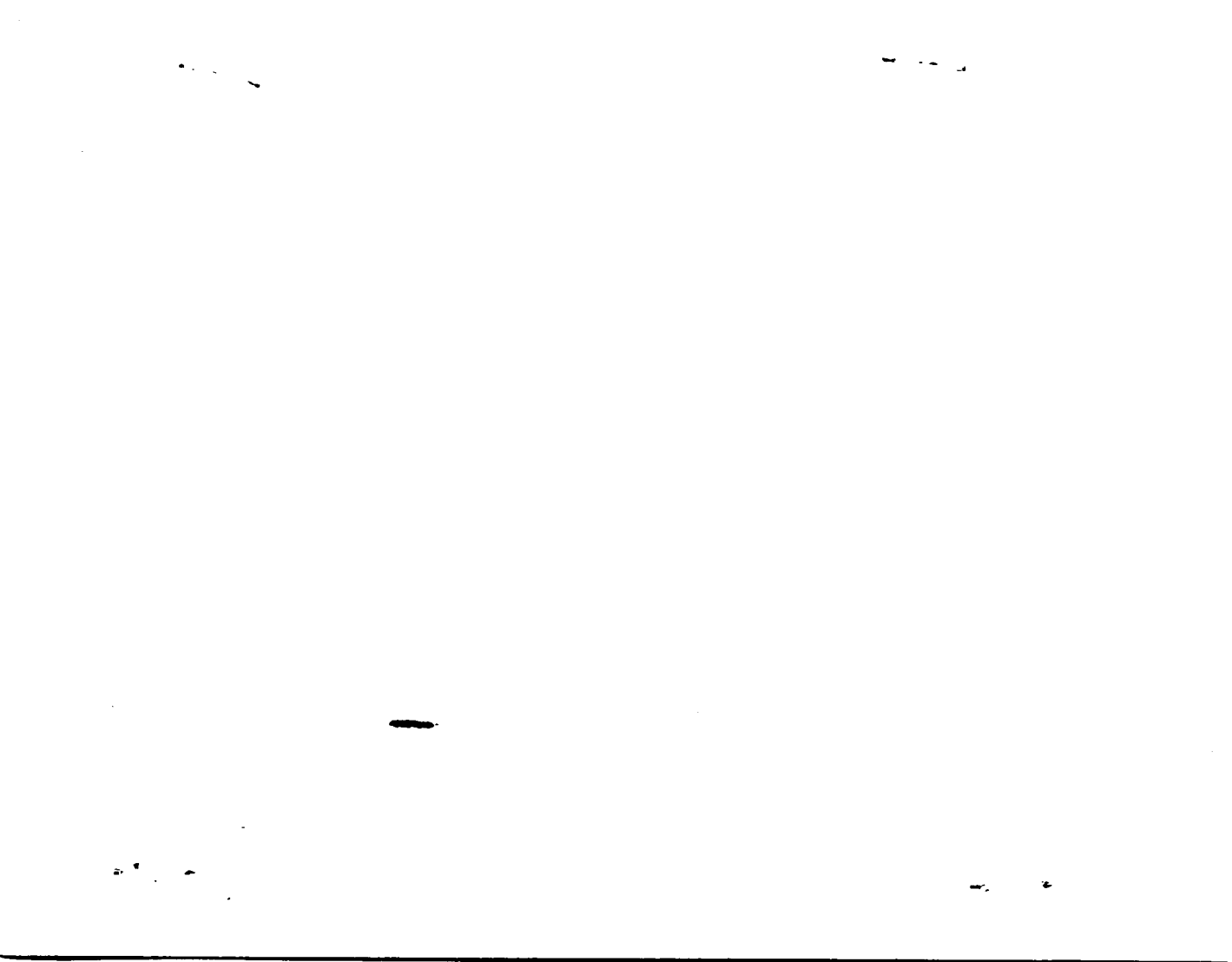
Dr. G. G. Newberry  
(Physician ~~midwife~~)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed

July 17, 1912 Dr. G. G. Newberry  
Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of California  
County of Los Angeles

Certificate No. 82088  
Date Filed July 17, 1970

The undersigned does solemnly swear that certain facts on the certificate of birth for John D. Haggard who was born on July 17, 1920 in Filer, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by New York Life Ins. application prepared on March 1, 1940, are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

name none John D. Haggard  
Subscribed and sworn to before me this 19th day of January, 1971

Signed Janita B. Boikau  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
38932 New River Road, Palmdale, Cal.  
(Street Address, City, State)

Notary Public, residing at 38801 10th St., West  
My commission expires July 16, 1972  
(Seal) Bernice A. Anderson

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of California  
County of Los Angeles } ss.



**BERNICE A. ANDERSON**  
(See Chapter 130, 1937 Idaho Session Laws.)  
NOTARY PUBLIC - CALIFORNIA  
LOS ANGELES COUNTY  
My Commission Expires July 16, 1972

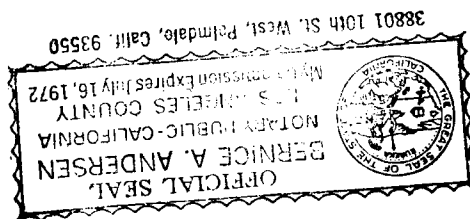
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 19th day of January, 1971

Notary Public, residing at 38801 10th St., West  
My commission expires July 16, 1972  
(Seal) Bernice A. Anderson (former name)

Signed John D. Haggard  
(Signature of Any Credible Person)  
38932 New River Road, Palmdale, Cal.  
(Street Address, City, State)

Application for the New York Life Insurance Co. lists name as John Duane Haggard  
born at Filer, Idaho on July 17, 1920. Policy issued May 1, 1948.  
Viewed by V.S. FEB 17 1971

Another Insurance Policy issued March 13, 1940 gives name as John D. Haggard  
as Beneficiary for policy issued to Martha C. Haggard mother.  
Viewed by V.S.



295219.042-286  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-2-15

## CERTIFICATE OF BIRTH

County of Twin Falls.City of TrilerRegistration District No. 38File No. 82089

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2056

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Miriam Sieber

Sex of Child <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes.</u>	Date of Birth <u>July 19 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------------	---

FULL NAME <u>Chas. Sieber.</u>	FATHER	FULL MAIDEN NAME <u>Bertha Shoemaker.</u>	MOTHER
RESIDENCE <u>Triler.</u>		RESIDENCE <u>Triler</u>	
COLOR <u>White.</u>	AGE AT LAST BIRTHDAY <u>36.</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
BIRTHPLACE <u>Rever.</u>		BIRTHPLACE <u>Illinois.</u>	
OCCUPATION <u>Farmed.</u>		OCCUPATION <u>H. wife.</u>	

Number of child of this mother, including present birth 6th. Number of children of this mother now living, including present birth 6.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated. (Born alive unattended)

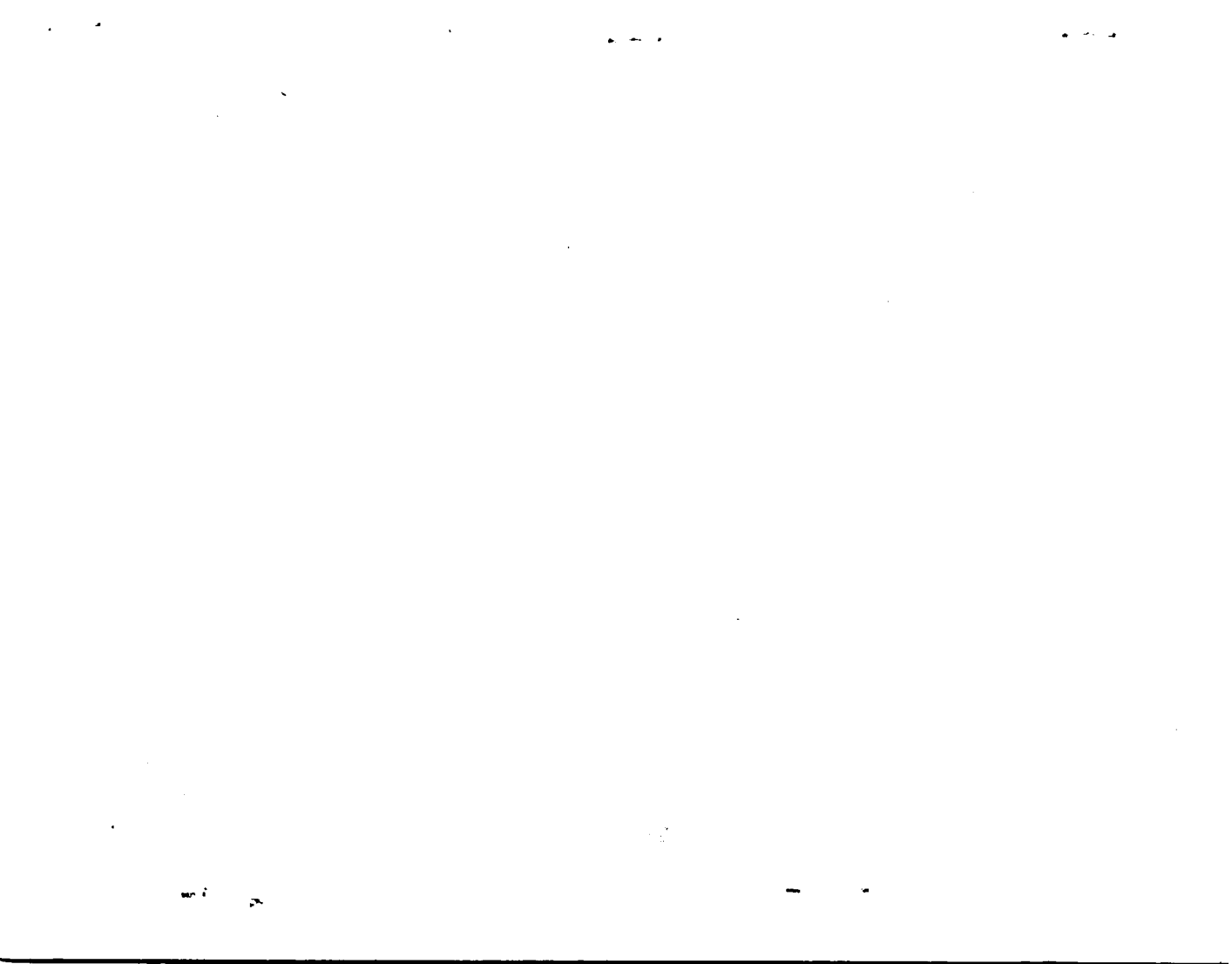
\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry,  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Filed July 19 1920 Dr. A. A. Newberry  
Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of Indiana

County of Elkhart

Certificate No. 82089

Date Filed                     

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Sieber (girl child) who was born on July 19, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Filer, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by                      prepared on                     , are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**

("Name," "Birth Date," "Cause of Death," Etc.)

Full Name of Child                     

**FROM**

(As on Original)

Unnamed                     

**TO**

(The Correct Facts)

Miriam Sieber                     

Subscribed and sworn to before me this 8th day of  
April 1965, 19            

Signed                     

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1123 South Eighth, Goshen, Indiana

(Street Address, City, State)

Notary Public, residing at Goshen, Indiana

My commission expires Oct. 14, 1967

(Seal)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Indiana

County of Elkhart

ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of  
April 1965, 19            

Signed                     

(Signature of Any Credible Person)

Mrs. Carl Kreider

1121 South Eighth St. Goshen, Ind.

(Street Address, City, State)

Notary Public, residing at Goshen, Indiana

My commission expires Oct. 14, 1967

(Seal)



~~Photo~~ Photo Copy of Grade Transcript, Goshen, Indiana High School Record, entered Sept., 1936 gives full name as Miriam Sieber - viewed by V.S. date of birth is given as July 19, 1920 -

APR 28 1965

Goshen College, Goshen, Indiana, Grade Transcript, entered Sept. 12, 1938 gives full name as Miriam Esther Sieber Lind (Lind is married name), born July 19, 1920 at Filer, Idaho - viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.285-201-042-619.  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of BuhlRegistration District No. 39File No. 82090

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2081

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Barbara Madeline SheridanSex of Child Girl Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth 7 1 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FULL NAME E. L. Sheridan FATHERFULL MAIDEN NAME Emma Ware MOTHERRESIDENCE Buhl IdahoRESIDENCE Buhl, Id.COLOR white AGE AT LAST BIRTHDAY 28  
(Years)COLOR white AGE AT LAST BIRTHDAY 29  
(Years)BIRTHPLACE OhioBIRTHPLACE Mo.OCCUPATION Rural Mail CarrierOCCUPATION Housework

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 6<sup>30</sup> P. M.  
on the date above stated. (Born alive or stillborn)

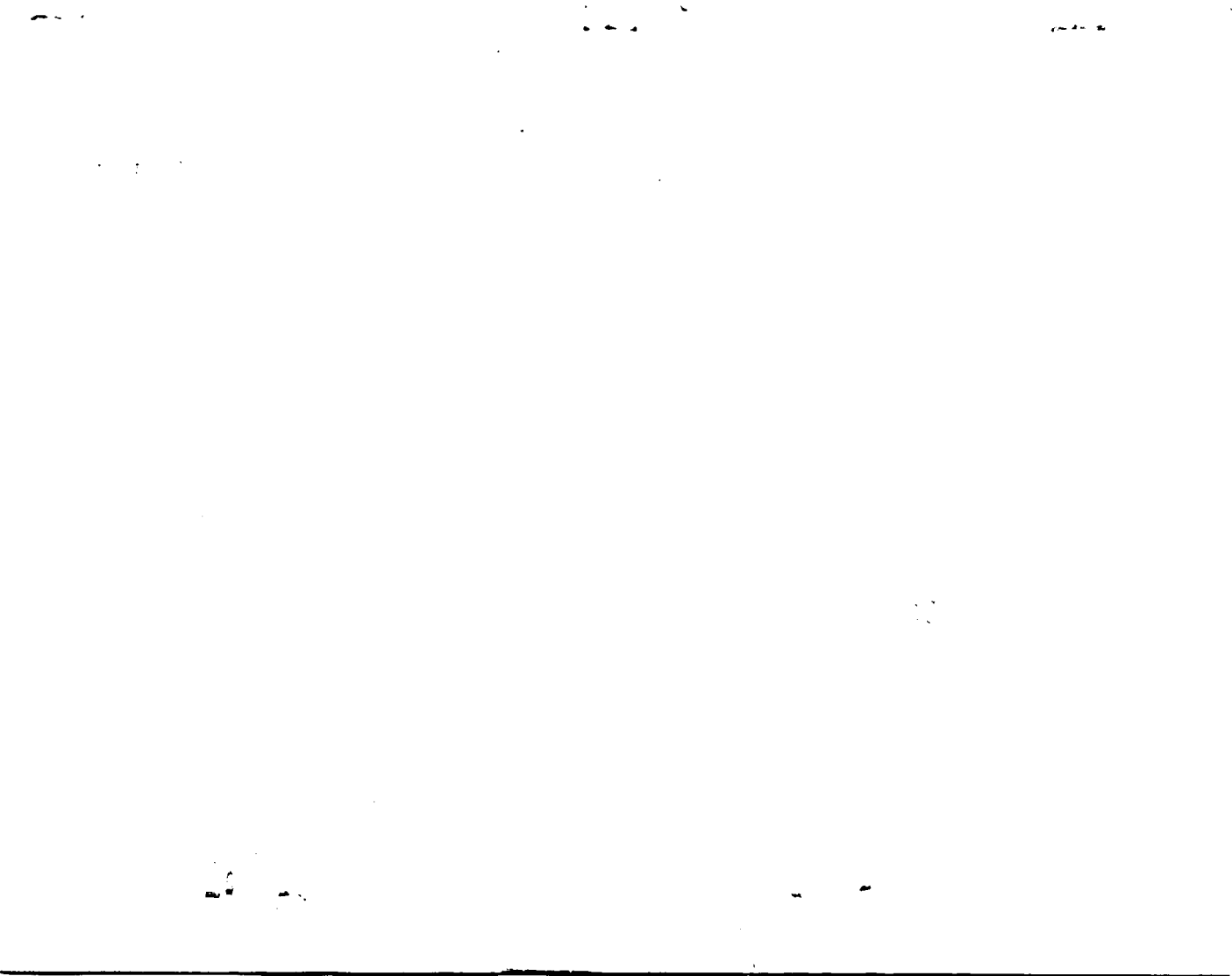
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida  
Filed AUG 2 1920  
Registrar [Signature]

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho }  
County of Boise } ss.

Certificate No. 82090

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ **Birth**  
for Unnamed Sheridan (girl child) who was born on July 1, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
(Name, "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Barbara Madeline Sheridan

Subscribed and sworn to before me this 29<sup>th</sup> day of May, 1964

Signed Emilia D. Carlson  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Power d'Alenex  
My commission expires 7-1-67  
(Seal)

534 Woodruff - Arcadia, Calif.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Twin Falls } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4<sup>th</sup> day of June, 1964

Signed Myrtle Hancock  
(Signature of Any Credible Person)

Notary Public, residing at Buhl, Idaho  
My commission expires 1-1-1965  
(Seal)

724 Robertson St.  
Buhl, Idaho  
(Street Address, City, State)

Family Bible, orr. bible, viewed by V.S. 6-28-65. appears old and unaltered gives one child's full name as Barbara Madeline Sheridan, born July 1, 1920, married Robert Thomas, May 15, 1938 - viewed by V.S.

**AUG 18 1965**

Own Child's Birth Cert. on file: (Idaho Birth) #278372 gives full maiden name of mother as Barbara Madeline Sheridan - viewed by V.S

386-202-042-252

## PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of BuhlRegistration District No. 39File No. 82091

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2087 Registered No. \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child Girl Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth 7 2 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FATHER  
FULL NAME Guy Lyons  
RESIDENCE Buhl Idaho  
COLOR white AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Illinois  
OCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Lola Lison  
RESIDENCE Buhl  
COLOR white AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Nebraska  
OCCUPATION HouseworkNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9:15 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl IdahoFiled AUG 2 1920

Registrar

Registrar [Signature]

OCT 6 1971

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

248-105-042-386  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-10

County of Twin Falls

City of Buhl

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Registration District No. 39

File No. 82092

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Earl Landon Smith

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>440</u>	Legit mate? <u>yes</u>	Date of Birth <u>July 5 1920</u> Month (Day) (Year)
-----------------------	-----------------------------------	-------------------------------------	------------------------	--

FATHER  
FULL NAME Jess Smith  
RESIDENCE Buhl  
COLOR W. AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Va.  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Klax Thompson  
RESIDENCE Idaho  
COLOR W AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 9:30 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy  
(Physician or midwife) M. D.

Given names added from a supplemental report.

Address Buhl Idaho  
Filed AUG 2 1920

Registrar

Registrar



SEP 9 1970

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 16 1942 Certificate No. 82092  
County of Ada } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unquered Smith who born on July 5, 1920  
in Buhl, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by mother prepared on                     , are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

name Smith Earl Landon Smith

Subscribed and sworn to before me this 17th  
day of January, 19 42  
SE. H. B. Lamm

Signed May Smith, Clerk

(SIGNATURE OF AGENT OR ATTENDANT IN CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Bain, Idaho  
My commission expires 5/4/1942  
(SEAL)

531 S 16th - Bain, Idaho  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of                      } ss.  
County of                      }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 129, 1927 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this                       
day of                     , 19                     

Signed                       
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at                       
My commission expires                       
(SEAL)

                      
(STREET ADDRESS, CITY, STATE)

Received for filing on                      By                       
(REGISTRAR'S SIGNATURE)

1922

1922

1922

299-2071042113

Amended 5/15/79

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of

Twin Falls

## CERTIFICATE OF BIRTH

City of

Buhl

Registration District No.

34

File No.

82093

No.

St.

Primary Registration District No.

2081

Registered No.

Hospital

FULL NAME OF CHILD

Lilas LaRae Kirkbride

Sex of Child

girl

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?

yes

Date of Birth

July 7

19 20  
(Month) (Day) (Year)

FULL NAME

J. L. Kirkbride

FATHER

FULL MAIDEN NAME

MOTHER

Mary Jacobson

RESIDENCE

Buhl, Idaho

RESIDENCE

Buhl, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

3 9  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

3 5  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Butcher

OCCUPATION

housework

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at

M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

A. F. Melchior

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Buhl, Idaho

Filed

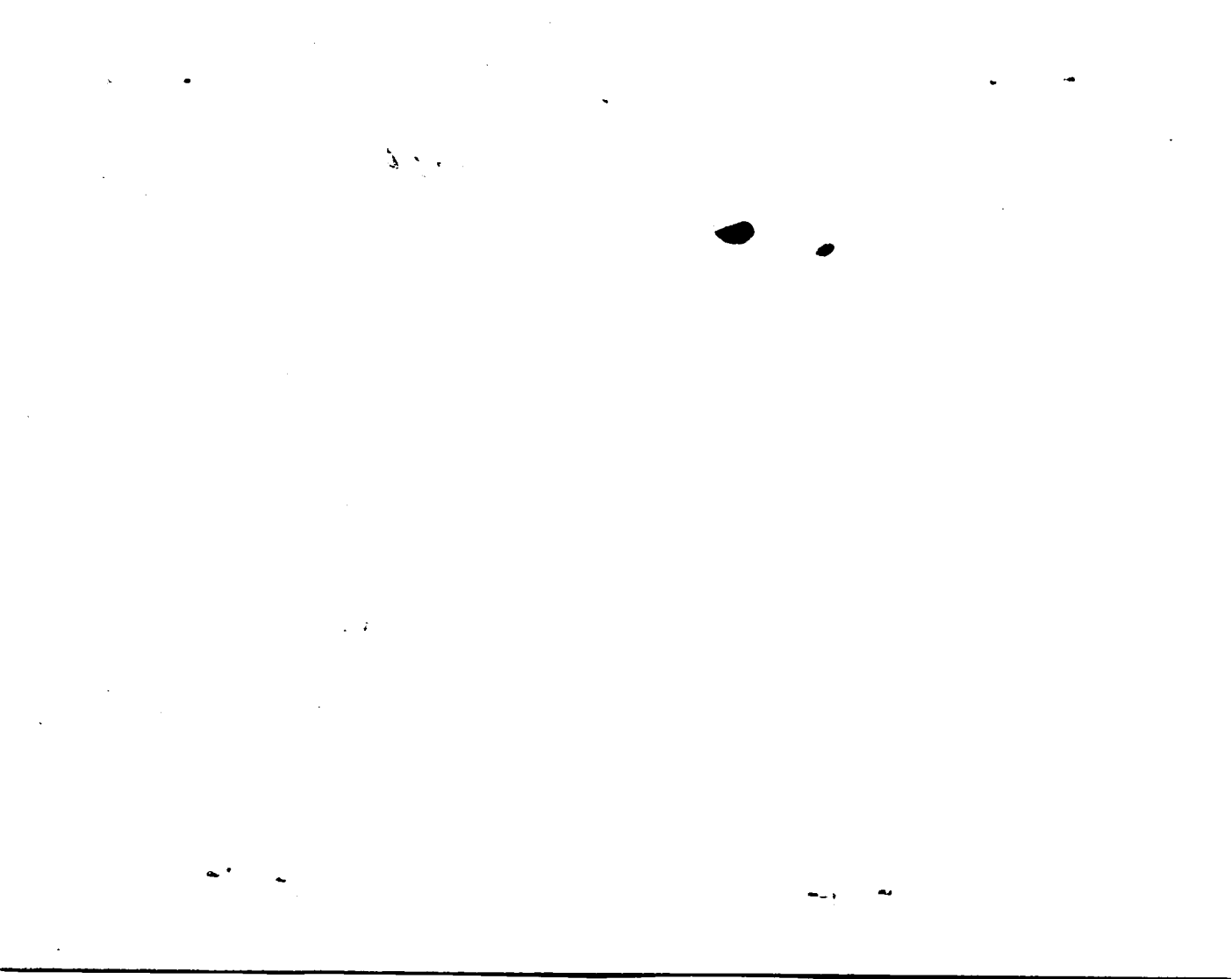
AUG 2 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

AFFIDAVIT TO CORRECT <sup>RECEIVED</sup> AN ORIGINAL CERTIFICATEBUREAU OF  
VITAL STATISTICSState of Idaho } ss.  
County of GoodingCertificate No. 82093

Date Filed \_\_\_\_\_

APR 4 3 09 PM '79

The undersigned does solemnly swear that certain facts on the certificate of birthfor Unnamed Kirkbride (female)

(Name on Original Certificate)

who

was bornon July 7, 1920

(Was Born, Died, etc.)

(Date of Event)

in Buhl, Idaho (Twin Falls)

(Place of Event)

are erroneous or were omitted:

## ITEMS TO BE CORRECTED

## FROM

## TO

child's name

Unnamed

Lilas LaRae Kirkbride

Subscribed and sworn to before me this 28 day ofMarch, 1979.Notary Public, Barbara E. MeyerResiding at GoodingMy commission expires N/A

(Seal)

Lilas LaRae Kirkbride

Signature of Applicant

Rt 4 - Buhl, Idaho - 83316

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Id } ss.  
County of Gooding

(Must be completed \_\_\_)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day ofMarch, 1979.Notary Public, Barbara E. MeyerResiding at GoodingMy commission expires N/A

(Seal)

Martha Geneva Little

Supporting Signature

Route 2 Wendell Id 83355

Street Address, City, State

CL 3/6/79

7, 1920  
Family Bible record gives name as Lilas Laray Kirkbride born July ~~8xx1918~~  
at Buhl, Idaho. Father's name as John Lawrence Kirkbride and mother's name as  
Mary Jacobson. viewed by V. S.

MAY 15 1979

Familt group record gives names of ~~xxx~~ Parents as John Lasrence Kirkbride  
and Mary Jacobson. gives child's name as Lilas Laray Kirkbride (7th ~~xxxx~~ born).  
born Jul 7, 1920 at Burhl Idaho. Married May 21, 1937 yo Edgar Brugess.  
viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

358-2091042-255

Amended 11/25/75

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twine Falls

City of Buhl

Registration District No. 39

File No. 82094

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Arma Loue Rehman

Sex of Child

Female

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

Legiti  
mate?

Yes

Date of  
Birth

7-9-20  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER  
Henry Rehman

RESIDENCE

Buhl

COLOR

Wht

AGE AT LAST  
BIRTHDAY

29  
(Years)

BIRTHPLACE

Euatace - Neb

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

MOTHER  
Iva Hendrick

RESIDENCE

Buhl, Ida.

COLOR

Wht

AGE AT LAST  
BIRTHDAY

24  
(Years)

BIRTHPLACE

Tennessee

OCCUPATION

Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive  
(Born alive or stillborn)

at S.P. M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

George Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Buhl, Ida.

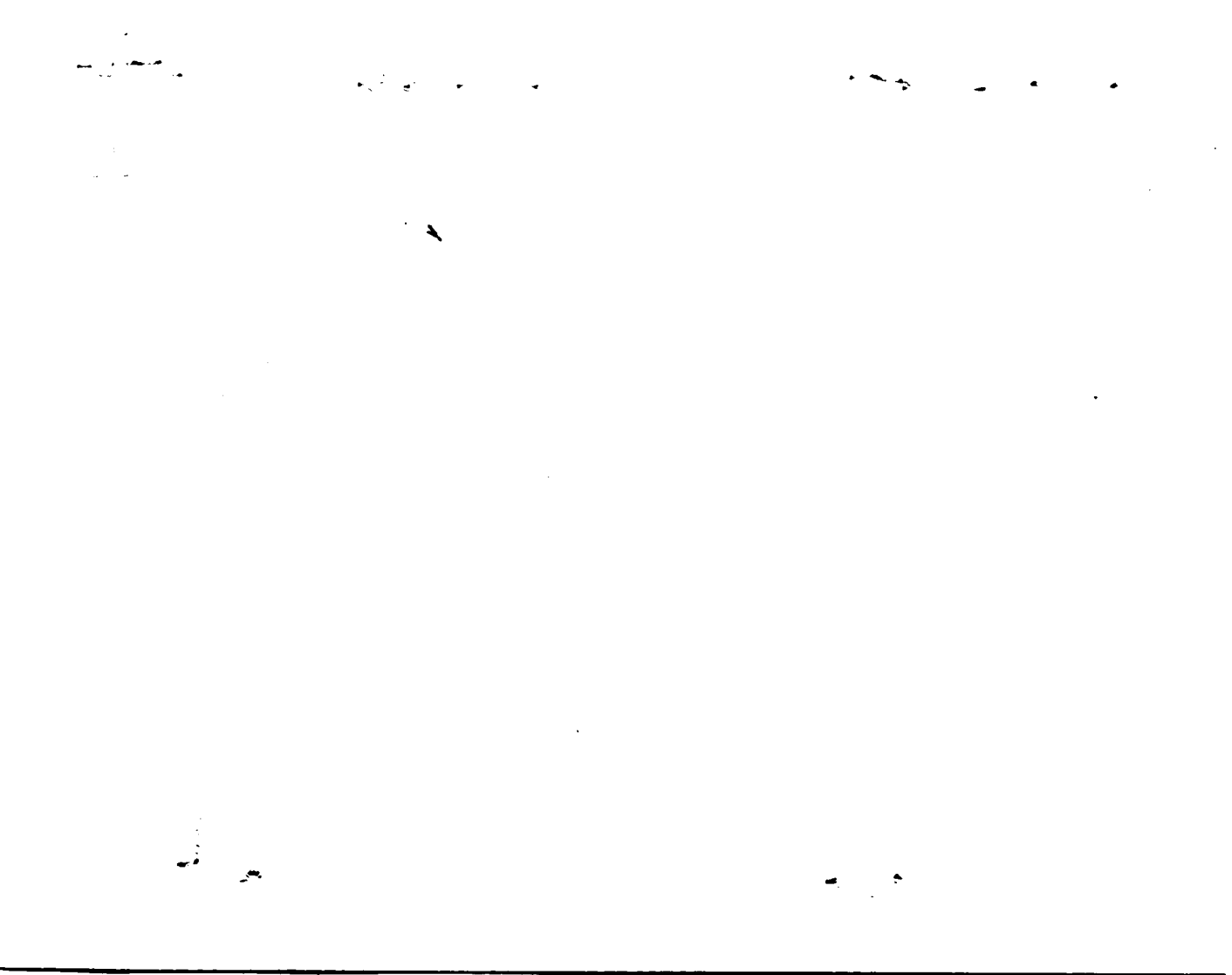
Filed

AUG 2 1920

Registrar

Registrar





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. SEP 18 1942 Certificate No. 82094  
County of Twin Falls }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Erma Ione Lehman who Born on July 9, 1920 (Birth or Death)  
in Buhl, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Bible record prepared on October 2, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Erma Ione Lehman

Subscribed and sworn to before me this 16th  
day of September, 19 42  
E. S. Quich  
Notary Public, residing at Buhl, Idaho  
My commission expires March 15, 1945  
(Seal)

Signed Mrs. H. H. Lehman  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Twin Falls } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

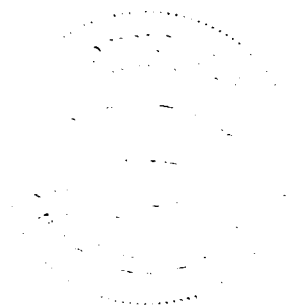
Subscribed and sworn to before me this 16th  
day of September, 19 42  
E. S. Quich  
Notary Public, residing at Buhl, Idaho  
My commission expires March 15, 1945  
(Seal)

Signed Mrs. J. L. McBrann  
(Signature of Any Credible Person Other Than Previous Year)

416 13th St  
(Street Address, City, State)

APR 7 1967

SEP 22 1962



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of IDAHO } ss.  
County of Twin Falls }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Erma Ione Lehman who was born on July 9, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

child's name Erma Ione Lehman Irma Ione Lehman  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me this 21st day of  
November, 1975  
Ervin D. Matthews  
Notary Public, residing at Buhl, Idaho  
My commission expires Jan. 1, 1977  
(Seal)

Signed Mrs. Irma Lehman  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
401 - E. Main Buhl Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of IDAHO } ss.  
County of Twin Falls }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of  
November, 1975  
Ervin D. Matthews  
Notary Public, residing at Buhl, Idaho  
My commission expires Jan. 1, 1977  
(Seal)

Signed Rt # 4 Buhl Idaho  
(Signature of Any Credible Person)  
(Street Address, City, State)

NOV 26 1975

Certificate of Membership to the First Baptist Church gives name as Irma Lehman  
Baptized on March 31, 1929. viewed by V. S.

Marriage certificate gives names as J. Roy Haley and Irma L. Lehman. dated  
December 31, 1940. viewed by V. S.

21111 1

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

395210-042-234

name added 9/25/79

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 82095

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Irene Clara Anna Lierman

FULL NAME OF CHILD

Sex of Child <u>girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>7/10/20</u> (Month) (Day) (Year)
--------------------------	---	-----	---	---------------------------	--

FATHER  
FULL NAME Albert Lierman  
RESIDENCE Buhl, Idaho  
COLOR white  
AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Nebraska  
OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Berta Fluender  
RESIDENCE Buhl, Idaho  
COLOR white  
AGE AT LAST BIRTHDAY 23 (Years)  
BIRTHPLACE Illinois  
OCCUPATION housework

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) [Signature]  
(Born alive or stillborn) \_\_\_\_\_

(Physician or midwife)

Address \_\_\_\_\_

AUG 2 1920

Filed \_\_\_\_\_

Registrar

Registrar

DECEASED

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED  
BUREAU OF  
VITAL STATISTICSState of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 82095

Date Filed \_\_\_\_\_  
birth

JUL 9 3 30 PM '79

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_

for Unnamed Lierman who was born on July 10, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Buhl are erroneous or were omitted:  
(Place of Event)ITEMS TO BE CORRECTED  
child's name

omitted FROM

TO  
Irene Clara Ann LiermanSubscribed and sworn to before me this 5th day ofJuly 1979  
Notary Public Annabel R. Frazier  
Residing at Grange Falls, Idaho  
My commission expires Aug. 8, 1979  
(Seal)Irene C. (Lierman) Shler  
Signature of Applicant  
Route 2 Twin Falls Idaho  
Street Address, City, State 83301

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_\_\_\_)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_

Supporting Signature

Street Address, City, State

(Seal)

Correction corresp. 4-13-79

1 copy pd fc



Family Bible record gives names as Irene Clara Anna Liermann child's of  
Herrn Albert Liermann, Jr. and Beata Kludner. born July 10, 1920.  
in Buhl, Idaho. Baptized Jly 25, 1920. viewed by V. S.

SEP 25 1979

Marriage License from Idaho gives names as Elmer Alvin Ohler and Irene Clara  
Lierman. dated Feb 13, 1940. viewed by V. S.

964-216042-866

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Trin FallsCity of BuhlRegistration District No. 39File No. 82096

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Marjorie RouseSex of Child FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthJuly161920

(To be answered only in event of plural births)

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST

BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST

BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was July 16-1920, at 8:30 A.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

F.A. Irmen M.D.  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

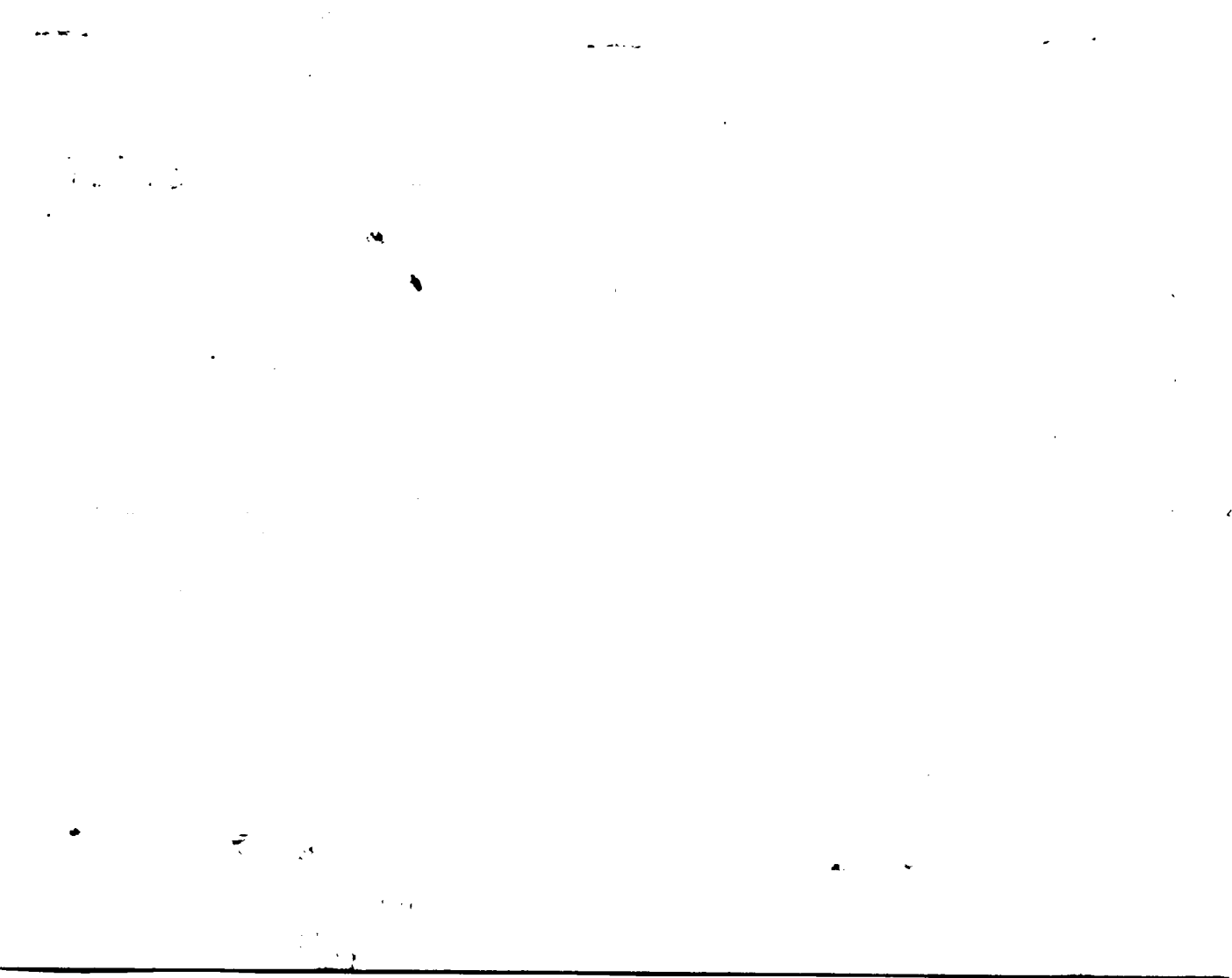
Address

Filed

7-17- 1920

Registrar

Registrar



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of IDAHO  
County of TWIN FALLS

ss.

Certificate No. 82096

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Rouse (female child) who was born on July 16, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
Full Name of Child Unnamed Jessie Marjorie Rouse

Subscribed and sworn to before me this 12<sup>th</sup> day of

August, 1965  
My commission expires October 1, 1965  
Notary Public, residing at 2036 Rosewood Dr. Sacramento  
My commission expires October 1, 1965  
(Seal)

Signed Hattie M. Rouse  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1216 Ark. South Buhl Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of IDAHO  
County of TWIN FALLS

ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of  
AUGUST, 1965

Notary Public, residing at Buhl Idaho  
My commission expires 04-22-67  
(Seal)

Signed Mrs Mack Stephens  
(Signature of Any Credible Person)  
213 - North 13<sup>th</sup> Buhl Idaho  
(Street Address, City, State)

State of Idaho, Marriage License and Certificate, July 3, 1938 married in Twin Falls County, Buhl, Idaho - gives full name of groom as Delbert Buckendorf and full name of bride as Marjorie Rouse - viewed by V.S.

JAN 5 1966

New York Life Insurance Co. Policy, #12 769 821, dated Jan. 8, 1936 gives full name of insured as J. Marjorie Rouse born July 16, 1920 at Buhl, Idaho - beneficiary is given as Hattie S. Rouse, mother - viewed by V.S.

as requested in letter rec. Jan. 3, 1966 full name is being added as Marjorie Rouse - no documents submitted which gave full name as Jessie Marjorie Rouse -

213116.042795  
PLACE OF BIRTHCounty of *Lincoln* *Kali*City of *Sull*No. *1 1/2 miles Northwest*Registration District No. *39*Primary Registration District No. *2087*

Hospital

File No. *82097*

Registered No.

FULL NAME OF CHILD

Sex of Child

*M.*Twin  
Triplet  
or other?and Number  
in order  
of birthLegiti-  
mate?Date of  
Birth*7**16**1920*

(To be answered only in event of plural births)

(Month) (Day) (Year)

FULL  
NAME*Joseph Ellen Kali*

FATHER

FULL  
MAIDEN  
NAME

MOTHER

*Paula Ellen Kali*

RESIDENCE

*1 1/2 miles Northwest of Sull*

RESIDENCE

*Sull*

COLOR

*D.*AGE AT LAST  
BIRTHDAY*14*

(Years)

COLOR

*D.*AGE AT LAST  
BIRTHDAY*33*

(Years)

BIRTHPLACE

*Princeton, Indiana*

BIRTHPLACE

*Kent.*

OCCUPATION

*Farmer*

OCCUPATION

*Housewife*

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated.\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

Given names added from a supplemental report.

(Signature)

*George D. McDaniel**Physician*

(Physician or midwife)

Address

*Sull - Mo.*

Filed

*AUG. 2, 1920*

Registrar

Registrar

AUG 25 1950

393-117042-385

Form V., S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of BuhlRegistration District No. 39File No. 82098

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Howard Burnell Titus

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
Birth7 / 17 / 20  
(Month) (Day) (Year)FULL  
NAMET. W. Titus

FATHER

FULL  
MAIDEN  
NAMESarah Bell Cheney

MOTHER

RESIDENCE

Buhl

RESIDENCE

Buhl

COLOR

whiteAGE AT LAST  
BIRTHDAY34  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Colorado

BIRTHPLACE

New Mexico

OCCUPATION

Farmer

OCCUPATION

Housework

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other  
evidence of life after birth.

Given names added from a supplemental report.

19 \_\_\_\_\_

Registrar

(Born alive or stillborn)

(Signature)

A. F. H. Cluskey  
Phys

(Physician or midwife)

Address

Buhl, Ida  
J. H. Murphy

Filed

AUG 2 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



JUN 8 1949

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-1187042-296

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Latah Falls

City of Burr

Registration District No. 34

File No. 82099

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2987

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

FRANK JAY

Girdner

Sex of Child Male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of  
Birth

7 18 20  
(Month) (Day) (Year)

FULL  
NAME

FATHER Frank B. Girdner

FULL  
MAIDEN  
NAME

MOTHER Mae Brown

RESIDENCE

Buhl Ida

RESIDENCE

Buhl

COLOR

Wht

AGE AT LAST  
BIRTHDAY

37  
(Years)

COLOR

Wht

AGE AT LAST  
BIRTHDAY

29  
(Years)

BIRTHPLACE

Illinois

BIRTHPLACE

Mo.

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive at 9 a. m.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

George Jennings

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Buhl Ida

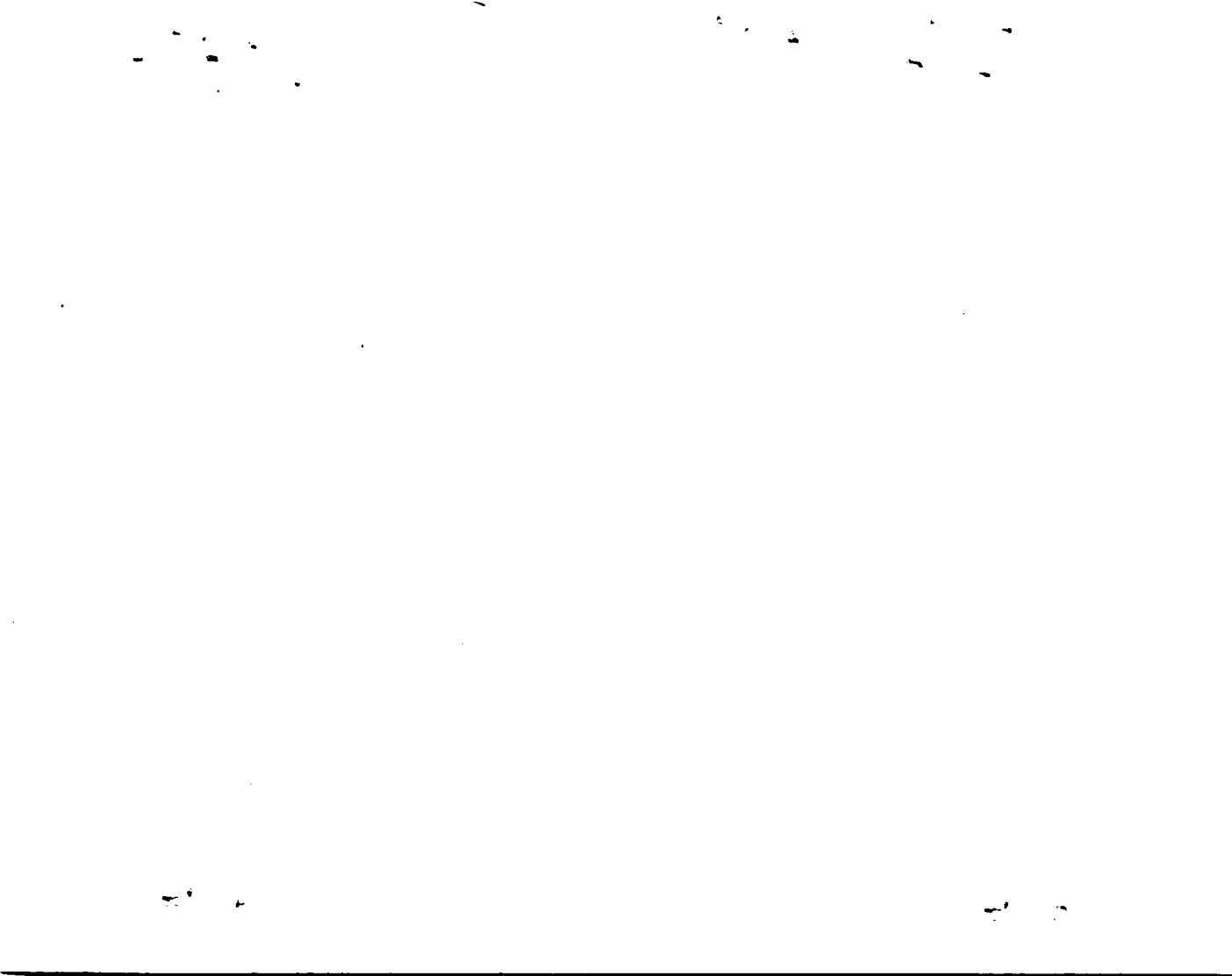
Filed

AUG 2 1920

Registrar

Registrar

J. H. Humphrey



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 82099  
County of Ada } Date Filed Birth  
The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Unnamed Girdner who born on July 18, 1920 (Birth or death)  
in Buhl, Idaho (Name on original certificate) (Was born or died) (Date of event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by Parents prepared on December 12, 1941, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Name

Omitted

Frank Jay Girdner

Mother's name

Lilly Goundeson

Mae Brown

Father's name

Fred

Frank

Subscribed and sworn to before me this 12th  
day of December, 1941.

Signed Mae Girdner  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death record;  
or other credible person.)

Notary Public, residing at Boise, Idaho.

My commission expires February 28, 1943.

807 Ridenbaugh St. Boise, Idaho  
(Street Address, City, State)

[SEAL]

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
(Street Address, City, State)

[SEAL]

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

11-11-11

11-11-11

11-11-11

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

795-2181042236

PLACE OF BIRTH

name added 1/6/81

STATE OF IDAHO

Form V. S. No. 11-C--25m-7-21-19

BUREAU OF VITAL STATISTICS

County of Twine Falls.

CERTIFICATE OF BIRTH

City of Buhl.Registration District No. 39File No. 82100

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Wilma Josephine GreenwoodSex of  
ChildF.Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthJuly 18  
(Month) (Day)1920  
(Year)FULL  
NAMEFATHER  
Ed GreenwoodFULL  
MAIDEN  
NAME

MOTHER

Maud Starn

RESIDENCE

Buhl.

RESIDENCE

Same

COLOR

W.AGE AT LAST  
BIRTHDAY42  
(Years)

COLOR

W.AGE AT LAST  
BIRTHDAY25  
(Years)

BIRTHPLACE

Kan

BIRTHPLACE

Kan

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Borgaline, at 12 H.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. A. Murphy  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Buhl Ida

Filed

AUG 2 1920

Registrar

Registrar

ORIGINAL NOT RECORDED

RECORDED INDEXED  
JAN 24 1934  
COUNTY OF LOS ANGELES

CERTIFICATE OF BIRTH  
BUREAU OF VITAL RECORDS  
STATE OF CALIFORNIA

PLACE OF BIRTH

County of *Los Angeles*

85100

DATE OF BIRTH

NAME

RESIDENCE

COLOR

HEIGHT

OCCUPATION

AGE AT LAST  
BIRTH

DATE OF BIRTH

NAME

RESIDENCE

COLOR

HEIGHT

OCCUPATION

AGE AT LAST  
BIRTH

DATE OF BIRTH

NAME

RESIDENCE

COLOR

HEIGHT

OCCUPATION

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. OCT 30 1980 Certificate No. 82100  
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Greenwood (female) who was born on July 18, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Buhl, Idaho (Twin Falls) are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Baptismal record prepared on Oct 27 1934 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED  
("Name," "Birth Date," "Cause of Death," Etc.)

FROM  
(As on Original)

TO  
(The Correct Facts)

child's name Unnamed Wilma Josephine Greenwood

Subscribed and sworn to before me this 23 day of

October, 1980

Notary Public, residing at Idaho, Kansas

My commission expires Feb 6, 1982  
(Seal)

Signed Arlene A. Greenwood Thompson Sister  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

260 Monroe Cincinnati, Ohio  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.  
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of  
October, 1980

Notary Public, residing at Idaho, Kansas

My commission expires Feb 6, 1982  
(Seal)

Signed Charles J. Thompson  
(Signature of Any Credible Person)

360 Monroe Cincinnati, Ohio  
(Street Address, City, State)



Baby book gives parents names as Mr. & Mrs. Edd Greenwood. child born July 18, 1920  
child's name as Wilma Josephine Greenwood. viewed by V. S.

Diploma from Howard Highschool gives name as Wilma Josephine Greenwood. dated May 26,  
1938. viewed by V. S.

JAN 7 1981

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-120-042362  
 PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

County of Twin FallsCity of BuhlRegistration District No. 39 File No. 82101

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Buhl General Primary Registration District No. 2087 Registered No. \_\_\_\_\_FULL NAME OF CHILD Stanley Wm. Starr

Sex of Child <u>M.</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>440.</u>	Date of Birth <u>July 30</u> 19 <u>20</u> (Month) (Day) (Year)
---------------------------	---	---------	---	--------------------------------	--

FULL NAME FATHER W. B. StarrRESIDENCE Buhl.COLOR W. AGE AT LAST BIRTHDAY 33  
(Years)BIRTHPLACE IdahoOCCUPATION Civil EngineerFULL MAIDEN NAME MOTHER Patricia CaswellRESIDENCE SacramentoCOLOR W AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive; at 11.30 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. A. Murphy  
M.D.  
 (Physician or midwife)

Given names added from a supplemental report.

19

Address

Buhl Idaho  
J. A. Murphy  
 Registrar

Filed AUG 2 1920

Registrar

CC 10-31-40 mp

FACE OF

100-31-40

100

863-122.042-515

Form V. S. No. 1-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Miner FallsCity of BuhlRegistration District No. 39File No. 82102

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

CLARENCE WILLIAM HOLLIFIELD

Sex of Child MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthJuly 22 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born July 22-1920 at 3 P.M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

F.A. Immen M.D.  
Physician.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

AUG 2 1920

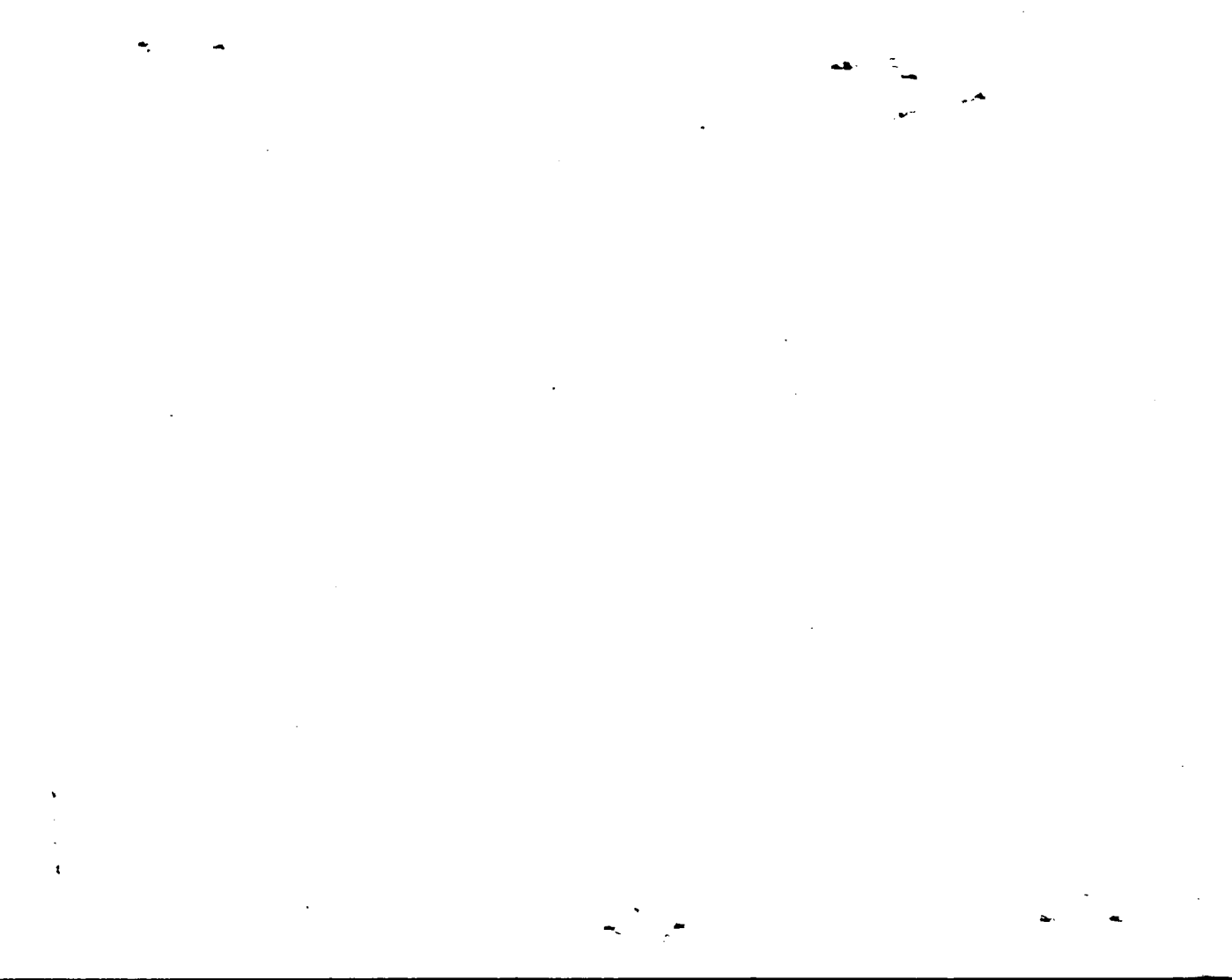
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

K



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho }  
County of Twin Falls } ss.  
Certificate No. 82102  
Date Filed \_\_\_\_\_  
The undersigned does solemnly swear that certain facts on the certificate of birth  
(Birth or death)  
for \_\_\_\_\_ who was born on July 22, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by Bible record prepared on soon after birth, are:  
(Bible record, insurance policy, etc.) (Give date)  

FACTS TO BE CORRECTED	FROM	TO
("Name", "birth date", "cause of death", etc.)	(As on original)	(The correct facts)
<u>Surname</u>	<u>Hollifield</u>	<u>Hollifield</u>
<u>Name</u>	<u>Unmarried</u>	<u>Clarence Wm. Hollifield</u>

Subscribed and sworn to before me this 29<sup>th</sup>  
day of November, 1941.  
H. L. Jenkins  
Notary Public, residing at Twin Falls  
My commission expires 3/17/45  
[SEAL]

Signed William Hollifield  
(Signature of parent or attendant if correcting a birth record, of  
attendant, funeral director, informant if correcting a death record,  
or other credible person.)  
Hansen, Idaho, Rt. #1,  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Twin Falls } ss.  
[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are  
true to the best of his knowledge.  
Subscribed and sworn to before me this 29<sup>th</sup>  
day of November, 1941.  
H. L. Jenkins  
Notary Public, residing at Twin Falls  
My commission expires 3/17/45  
[SEAL]

Signed Anna Hollifield  
(Signature of any credible person other than the previous affiant.)  
Hansen, Idaho  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419 125 1042-864

Form V. S. No. 11-C-25a-9-8-17

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of... Twin Falls.....

City of... Buhl.....

No. .... St. ....

Registration District No. .... 39.....

File No. .... 82103.....

Primary Registration District No. .... 2087.....

Registered No. ....

Hospital .....

CLIFTON ORRIN DAISS

FULL NAME OF CHILD .....

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 25</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME FATHER <u>John C. Dais</u>		FULL MAIDEN NAME MOTHER <u>Pearl B. Young</u>		
RESIDENCE <u>Buhl, Ida.</u>		RESIDENCE <u>Buhl, Ida.</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	
BIRTHPLACE <u>Nebr.</u>		BIRTHPLACE <u>Colorado</u>		
OCCUPATION <u>Farming</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was..... at 10 A. M. on the date above stated.

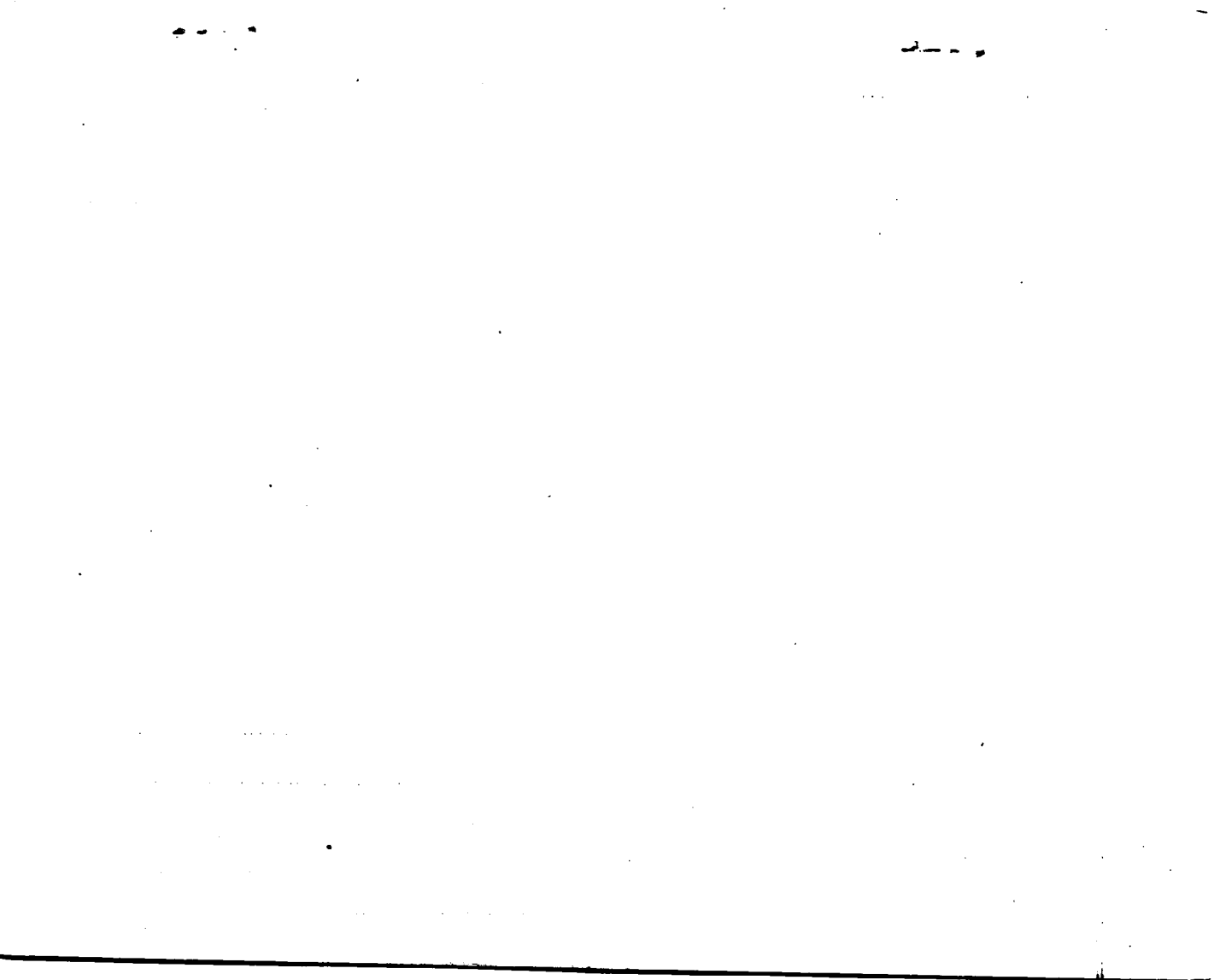
\*When there was no attending physician or midwife then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... E. A. Marsh.....  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address.....  
.....19.....  
.....  
Filed AUG 2 1920.....  
Registrar J. T. Murphy Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 82103  
County of Lewin Falls Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ (Birth or Death)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Clifton Olonzo Clifton Orrin Daiss

Subscribed and sworn to before me this 9th  
day of Sept 1942  
Samuel Jack  
Notary Public, residing at Fels. Ida  
My commission expires Jan 20, 1945  
(Seal)

Signed John Daiss  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fels. Ida  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Lewin Falls

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th  
day of Sept 1942  
Samuel Jack  
Notary Public, residing at Fels. Ida  
My commission expires Jan 20, 1945  
(Seal)

Signed Pearl B Daiss  
(Signature of Any Credible Person Other Than Previous Year)

Fels. Ida  
(Street Address, City, State)

SEP 15 1942

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286.126.042-364

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-25m-9-2-37

CERTIFICATE OF BIRTH

County of Fairfield

City of Castletown

No. 10. Miles south west of Fall

Registration District No. 39

File No. 82104

Primary Registration District No. 2.087

Registered No. ....

Hospital .....

FULL NAME OF CHILD

Robert Shoenake

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>7</u> <u>16</u> <u>1900</u> (Month) (Day) (Year)
FULL NAME <u>Albert Shoenake</u>	FATHER	FULL MAIDEN NAME <u>Mrs. Lott</u>	MOTHER
RESIDENCE <u>Castletown, Ida.</u>		RESIDENCE <u>Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>Kennewick, W. T. A.</u>		BIRTHPLACE <u>Kennewick, W. T. A.</u>	
OCCUPATION <u>U. S. Civil Service</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at full term at 5:30 P. M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George S. Shoenake

Given names added from a supplemental report.

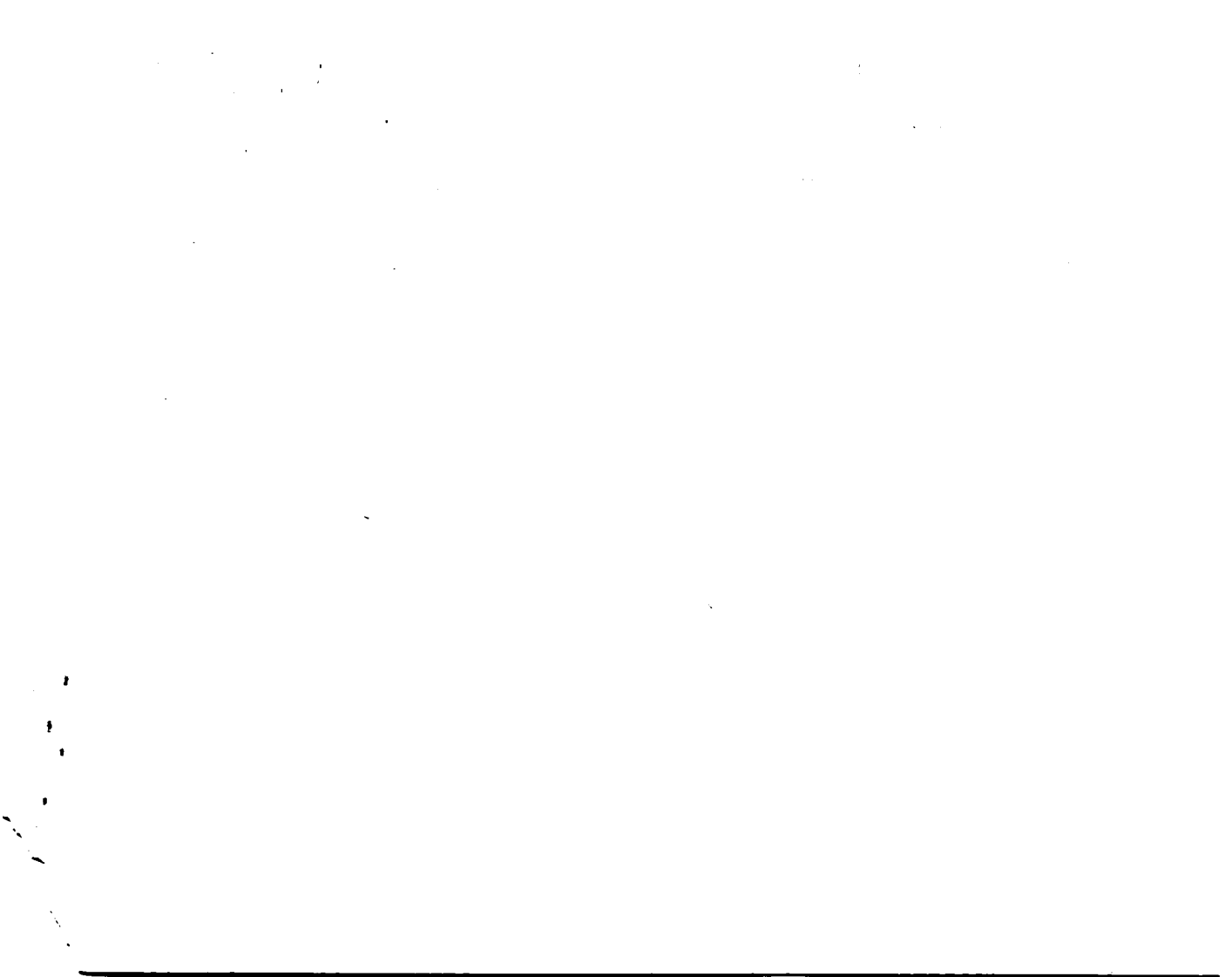
Physician or midwife

Address Idaho

Filed 1900-2-10-20

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

36K227.042-266

## PLACE OF BIRTH

County of Twin Falls

City of .....

No. .... St.

Hospital Home

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-17

Registration District No. 39File No. 82105Primary Registration District No. 2087

Registered No. ....

Sex of Child <u>Female</u>	Twin <u>Single</u> and (Number of birth or other? <u>First</u> ) (To be answered only in event of plural births)	Legitimate? <u>no</u>	Date of Birth <u>July 27</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----------------------	---

FULL NAME <u>Melligan David Ladd</u>	FATHER
RESIDENCE <u>Castelford</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Fading Co. Tenn.</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Florence E. Bowdin</u>	MOTHER
RESIDENCE <u>Castelford</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Camterland Co. Tenn.</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 10:30 P. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

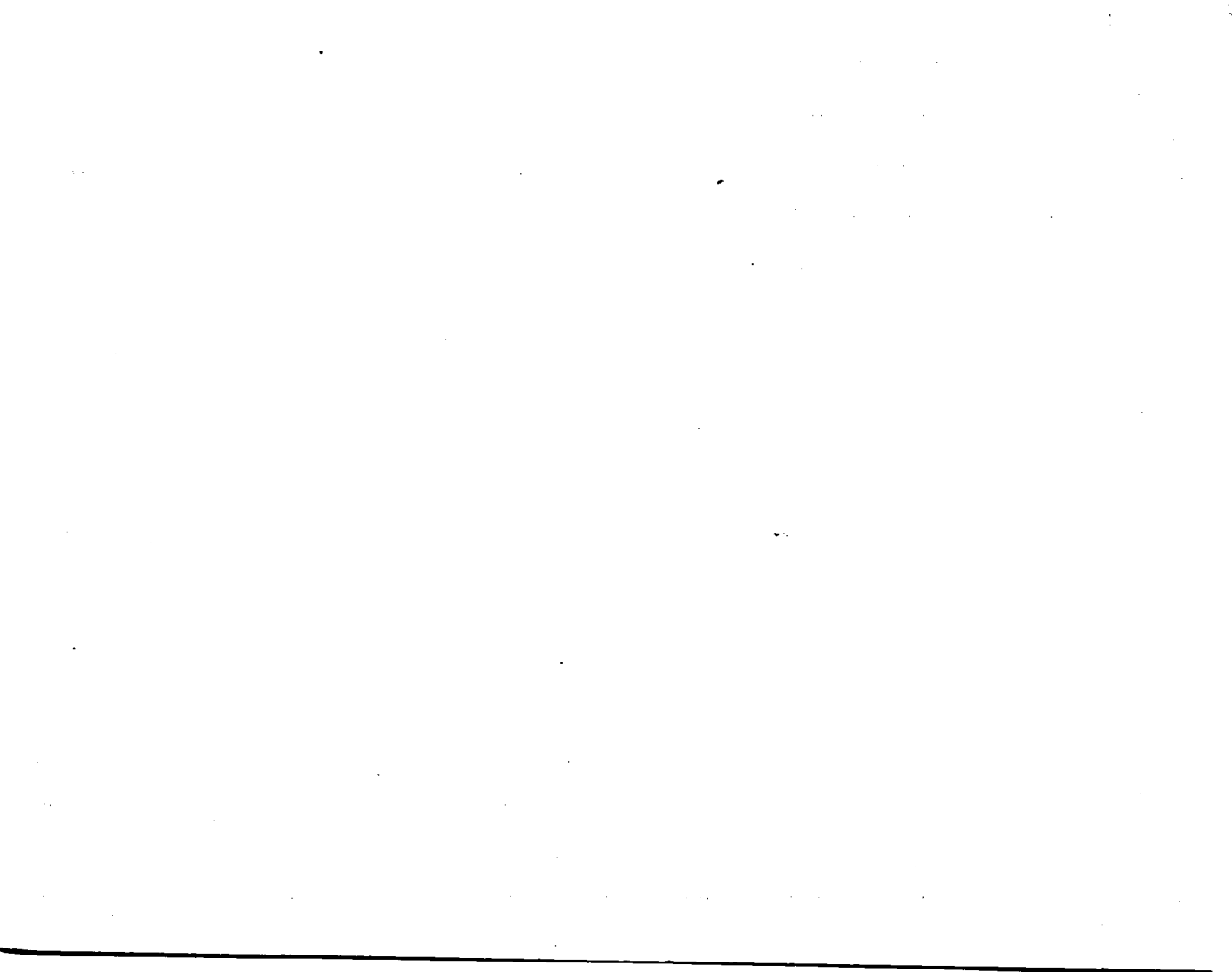
Given names added from a supplemental report.

(Signature) J. H. Murphy  
Physician  
(Physician or midwife)

Address Buhl, IdahoFiled AUG 2 1920

Registrar

Registrar



866-230-042-799

## PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Twin FallsCity of Buhl

Registration District No.

39

File No.

82106

No. \_\_\_\_\_ St.

Primary Registration District No.

2087

Registered No.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ellen Fay Howard

Sex of Child

girlTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and } Number  
in order  
of birthLegiti  
mate?yes

Date of Birth

7 / 30 / 20  
(Month) (Day) (Year)

FULL NAME

P. Bruce Howard

FATHER

FULL MAIDEN NAME

Laura Griffeth

MOTHER

RESIDENCE

Buhl, Idaho

RESIDENCE

Buhl, Idaho

COLOR

white

AGE AT LAST BIRTHDAY

39  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

30  
(Years)

BIRTHPLACE

Texas

BIRTHPLACE

Colorado

OCCUPATION

Farmer

OCCUPATION

Housework

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature)

A. F. McCluskey  
Phys

(Physician or midwife)

Address

Buhl, Idaho  
AUG 2 1920

Filed

Registrar

Registrar



FEB 26 1943

762-271-042-433

Form V-2-2-11-C-25-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 34

File No. 82107

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2087

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

BERTHA DONNA Cobb

Sex of Child female

Twin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

Legiti  
mate?

Yes

Date of  
Birth

7 31 20  
(Month) (Day) (Year)

FULL NAME FATHER  
Herbert E. Cobb

FULL MAIDEN NAME MOTHER  
Susan M. Cauley

RESIDENCE Buhl Id

RESIDENCE Buhl, Id.

COLOR Wht AGE AT LAST BIRTHDAY 27  
(Years)

COLOR Wht AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Massachusetts

BIRTHPLACE Illinois

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive at 8 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this report. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) Geo. Jennings m 5

(Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl, Ida.

Filed AUG 2 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

Dup of 1920-83079

## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
 County of Twin Falls } ss.

Certificate No. 82107

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Bertha Donna Cobb who born on July 31, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
 in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)

true facts as shown by ..... prepared on ....., are:

## FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

## FROM

(AS ON ORIGINAL)

## TO

(THE CORRECT FACTS)

Name.....

unnamed.....

Bertha Donna Cobb

Subscribed and sworn to before me this 1  
 day of February, 19 43.

E. Ethel P. OldsNotary Public, residing at Piler, Ida.

My commission expires Dec. 25, 1945  
 (SEAL)

Signed.....

Herbert G Cobb

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
 County of Twin Falls } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
 (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1  
 day of February, 19 43.

E. Ethel P. OldsNotary Public, residing at Piler, Ida.

My commission expires Dec. 25, 1945  
 (SEAL)

Signed.....

Joe M. Lutz

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Piler, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on..... By.....

(REGISTRAR'S SIGNATURE)

FEB 5 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

45K-246-243-243

PLACE OF BIRTH  
 County of Danvers  
 City of Danvers  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 Registration District No. 15- File No. 82108  
 Primary Registration District No. \_\_\_\_\_ Registered No. 242

Hospital \_\_\_\_\_  
 FULL NAME OF CHILD Virginia Pauline

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth <u>3</u>	Legitimate <u>Yes</u>	Date of Birth <u>7</u> <u>16</u> <u>20</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>W H H Meador</u>			FULL MAIDEN NAME <u>Emma J Butler</u>	
RESIDENCE <u>Danvers</u>			RESIDENCE <u>Danvers</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	COLOR <u>White</u>		
BIRTHPLACE <u>Gron t-</u>		BIRTHPLACE <u>Ida</u>		
OCCUPATION <u>Butcher</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. \_\_\_\_\_ Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

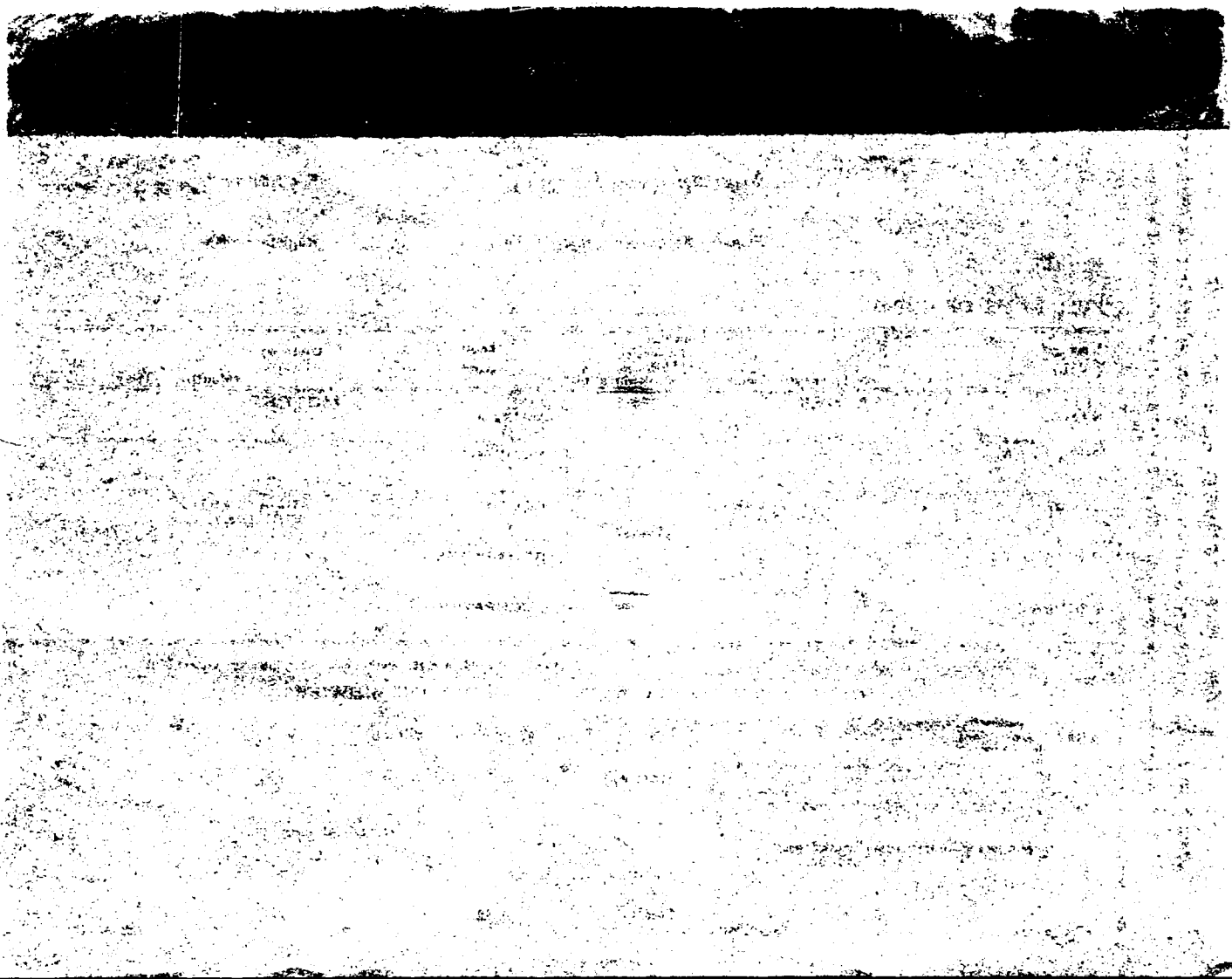
alive 9-10  
 (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Emma Stoddard  
Mrs  
 (Physician or midwife)

Given names added from a supplemental report.

Address Rosebury Ida  
 Filed 8-9-20 Emory R McDaniel  
Depp  
 Registrar



PL

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-16-18

County of MadrasCity of Madras253-104-044635

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 87File No. 82109

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child Grand. Bitner

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH... <u>July 4</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Geo Bitner</u> RESIDENCE <u>Madras Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>29</u> (Years) BIRTHPLACE <u>Kansas</u> OCCUPATION <u>Mail Carrier</u>			MOTHER FULL MAIDEN NAME <u>Irene Fletcher</u> RESIDENCE <u>Madras Idaho</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>25</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth.....1..... Number of children of this mother now living, including present birth.....1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....Born alive..... at.....1..... A.M.  
on the date above stated. (Born alive or stillborn)

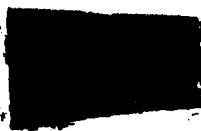
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Schmitz  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Madras Idaho  
Filed 7-30-20 1920 F. J. Schmitz  
Registrar





b6  
b7C

END

## PLACE OF BIRTH

145-1191044793

County of WashingtonCity of Meadell

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child \_\_\_\_\_

Registration District No. 87File No. 82110

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Gordon WinterMasonStaffader

SEX OF CHILD <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 19</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>John W.ader</u>	FATHER		FULL MAIDEN NAME <u>Birtha. Pickett</u>	MOTHER
RESIDENCE <u>Meadell Idaho</u>			RESIDENCE <u>Meadell Idaho</u>	
COLOR <u>White.</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)		COLOR <u>White.</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>mo</u>			BIRTHPLACE <u>mo</u>	
OCCUPATION <u>farmer</u>			OCCUPATION <u>House Wif</u>	

Number of child of this mother, including present birth 12. Number of children of this mother now living, including present birth 10.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 40 M  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Schmitt

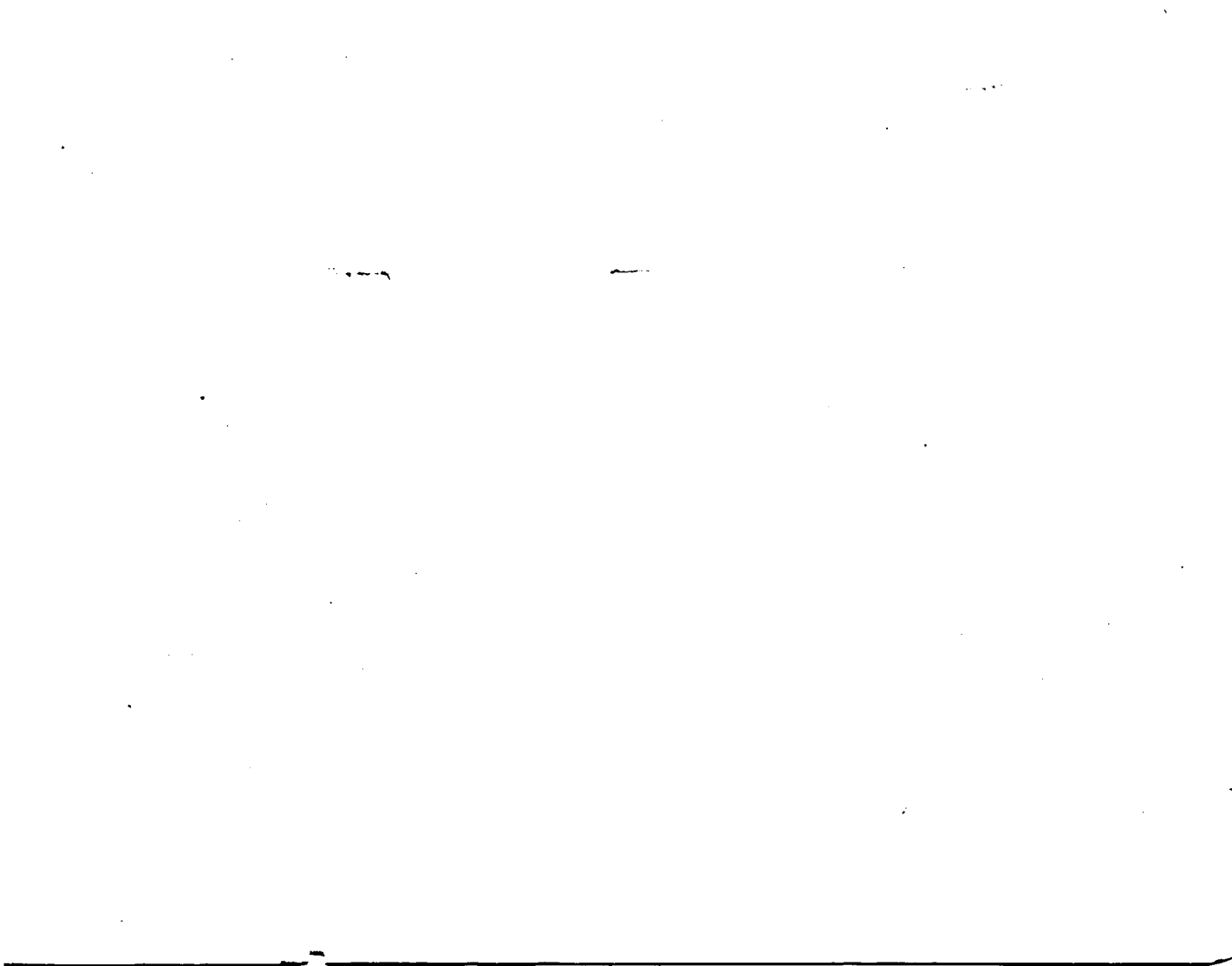
Physician or midwife

Given names added from a supplemental report.

Address Meadell IdahoFiled 7-28-20 F. Schmitt

Registrar

Registrar



239-116-046-713

PLACE OF BIRTH

County of WashingtonCity of Medalla

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 87

Primary Registration District No. \_\_\_\_\_

File No. 82111

Registered No. \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-4-18-18

## CERTIFICATE OF BIRTH

Melvin Stippich

SEX OF CHILD

maleTwin  
Triplet  
or other?{ and } Number  
in order  
of birthLegiti-  
mate?yesDATE OF  
BIRTHJune 16, 1930  
(Month) (Day) (Year)FULL  
NAMEJoe. W. Stippich

FATHER

RESIDENCE

Medalla Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY5-6  
(Years)

BIRTHPLACE

Ohio

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Imperiana Palmer

RESIDENCE

Medalla Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY4-8  
(Years)

BIRTHPLACE

mo

OCCUPATION

House WifeNumber of child of this mother, including present birth 9Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive  
(Born alive or stillborn)5 A.M.\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

F. A. Schmidt  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Medalla Idaho

Filed

7-27-1930

Registrar

F. A. Schmidt  
Registrar

FEB 26 1942

PLACE OF BIRTH

County of Madison

City of Washington

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Richard Conner Gulach

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87

Primary Registration District No. \_\_\_\_\_

Form V. S. No. 11—25m-6-15-18

File No. 82112

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Boy</u>	Is the child Twin? or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 31</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Conner Gulach</u>			FULL MAIDEN NAME <u>Mary Loepfer</u>	
RESIDENCE <u>Madison Idaho</u>			RESIDENCE <u>Madison Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>37</u> (Years)		
BIRTHPLACE <u>Oregon</u>			BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 4 Number of children of this mother now living, including present birth. 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 2 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Taschmidt

(Physician or midwife)

Given names added from a supplemental report.

Address Madison Idaho

Filed 7-1-20

Registrar

Registrar

DECEASED

1-18-71-

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 82112  
County of Ada } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Conner Gerlach who was born on May 31, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Midvale, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's first name

omitted

Richard

Subscribed and sworn to before me this 21<sup>ST</sup> day of

Signed \_\_\_\_\_

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho

My commission expires July 22, 1972

(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Ada }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21<sup>ST</sup> day of

Signed \_\_\_\_\_

(Signature of Any Credible Person)

Notary Public, residing at Boise, Idaho

My commission expires July 22, 1972

(Seal)

(Street Address, City, State)



Social Security Card gives name as Richard Conner Gerlach, # 518 18 0671.  
Card issued Sept. 3, 1938 by Social Sec. Adm.  
Viewed by V.S.

JAN 21 1971

Honorable Discharge issued by Army of the United States gives name as  
Richard Conner Gerlach. Issued Sept. 1945.  
Viewed by V.S.

PLACE OF BIRTH

County of WashingtonCity of Midvale

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 87

Primary Registration District No. \_\_\_\_\_

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 82113

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth {and (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 3 1900</u> (Month) (Day) (Year)
FULL NAME <u>John K Evans</u>	FATHER		FULL MAIDEN NAME <u>Orta Turnbough</u>	MOTHER
RESIDENCE <u>Midvale Idaho</u>			RESIDENCE <u>Midvale Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idaho</u>			BIRTHPLACE <u>Ill</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>House Wife</u>	

Number of child of this mother, including present birth... 4... Number of children of this mother now living, including present birth... 4...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11 A M  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

(Signature) Faschnitz

(Physician or midwife)

Address MidvaleFiled 7-3-1900

Registrar

Registrar

SEP 19 1942

AUG 18 1942

MAR 27 1944

JAN 23 1952

FEB 28 1952

793222-044-743  
PLACE OF BIRTHCounty of WashingtonCity of Medvale

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Registration District No. 87File No. 82114

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Walm Jewel Prescott

SEX OF CHILD

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti-  
mate?yesDATE OF  
BIRTHJuly 22, 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Elbridge PrescottFULL  
MAIDEN  
NAME

MOTHER

Helen Evelyn Gullahan

RESIDENCE

Medvale Idaho

RESIDENCE

Medvale Idaho

COLOR

White

AGE AT LAST

BIRTHDAY

23

(Years)

COLOR

White

AGE AT LAST

BIRTHDAY

23

(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Montana

OCCUPATION

Farmer

OCCUPATION

House WifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive  
(Born alive or stillborn)11 A.M.\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

F. Schmidt  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Medvale Idaho

Filed

7-22-1920

Registrar

F. Schmidt  
Registrar

SEP 2 4 1961

1961

1961

862-118-096-467  
PLACE OF BIRTH

County of Washington

City of Medalla

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Lillian Geneva Yost

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 87

File No. 82115

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	Number in order of birth (and)	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 18, 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Henry G. Yost</u>		MOTHER FULL MAIDEN NAME <u>Adrah J. Doggett</u>		
RESIDENCE <u>Medalla Idaho</u>		RESIDENCE <u>Medalla Idaho</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)	COLOR <u>white</u>		AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Oregon</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive at 10 P. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitt

Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Medalla Idaho

Filed 7-28-1920 F. A. Schmitt

Registrar

Registrar

AUG 20 1956

449-122-044-789  
PLACE OF BIRTH

County of Washington

City of Cambridge

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Larrence James Muir

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-4-18-18

Registration District No. 8-7

File No. 82116

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	Number in order of birth _____ (and _____)	Legitimate? <u>yes</u>	DATE OF BIRTH <u>June 23, 1920</u> (Month) (Day) (Year)
FULL NAME <u>W. M. Muir</u>		FATHER		
RESIDENCE <u>Cambridge</u>		MOTHER <u>Rose Phillips</u>		
COLOR <u>white</u>		RESIDENCE <u>Cambridge Idaho</u>		
AGE AT LAST BIRTHDAY <u>33</u> (Years)		COLOR <u>white</u>		
BIRTHPLACE <u>Cambridge Idaho</u>		AGE AT LAST BIRTHDAY <u>31</u> (Years)		
OCCUPATION <u>Farmer</u>		BIRTHPLACE <u>Ireland</u>		
		OCCUPATION <u>House Wife</u>		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Marble Idaho  
Filed 7-1-1920 F. A. Schmidt  
Registrar



18A  
YAG

763-223-044-319  
PLACE OF BIRTHCounty of WashingtonCity of Medvale

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

## CERTIFICATE OF BIRTH

Registration District No. 17File No. 82117

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child Elda Doris Potter

SEX OF CHILD <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate?	DATE OF BIRTH <u>June 23 1930</u> (Month) (Day) (Year)
FULL NAME <u>Simon Casper Potter</u>	FATHER			FULL MAIDEN NAME <u>Lella Gris Carpenter</u>
RESIDENCE <u>Medvale Idaho</u>	RESIDENCE			<u>Medvale Idaho</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR <u>White</u>		
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE			<u>Oregon</u>
OCCUPATION <u>Farmer</u>	OCCUPATION			<u>House Wife</u>

Number of child of this mother, including present birth... 3 Number of children of this mother now living, including present birth... 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. SchmidtPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Medvale IdahoFiled 7-1-1930 F. A. Schmidt

Registrar

Registrar



493-206.044-555  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

2m 4-13-18

## CERTIFICATE OF BIRTH

County of WashingtonCity of MarvellRegistration District No. 87File No. 82118

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child

Jane Dillon

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 6</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Ballard J Dillon</u>		MOTHER FULL MAIDEN NAME <u>Maggie Riley</u>		
RESIDENCE <u>Marvell Idaho</u>		RESIDENCE <u>Marvell Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	
BIRTHPLACE <u>Virginia</u>		BIRTHPLACE <u>Virginia</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House Wife</u>		

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Faschmidt  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

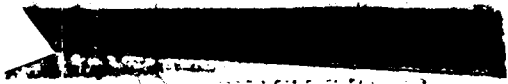
Address

Marvell Idaho

Filed

7-7-20 Faschmidt  
Registrar

Registrar



MAR 17 1976

DECEASED

538-222044-295  
PLACE OF BIRTHCounty of WashingtonCity of Medvale

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 87File No. 82119

Hospital \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Full Name of Child

Dorothy Elizabeth Schreiber

SEX OF CHILD

GirlTwin  
Triplet  
or other?{ and } Number  
in order  
of birthLegiti-  
mate?yesDATE OF  
BIRTHJune 22, 1920  
(Month) (Day) (Year)FULL  
NAMEJohn Schreiber

FATHER

RESIDENCE

Medvale Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEElizabeth Pauline Krueger

MOTHER

RESIDENCE

Medvale Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

House WifeNumber of child of this mother, including present birth... 1... Number of children of this mother now living, including present birth... 1...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A M on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

FaschmidtPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Medvale Idaho

Filed

7-1-1920 Faschmidt  
Registrar

2/21/41 L. B.

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

PLACE OF BIRTH

County of WashingtonCity of Marale

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child \_\_\_\_\_ Evelyn Gordon

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-18-18

Registration District No. 87File No. 82120

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>May 23 1930</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Wm Andrew Gordon</u>			FULL MAIDEN NAME <u>Flora Courtwright</u>	
RESIDENCE <u>Indian Valley</u>			RESIDENCE <u>Indian Valley Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>31</u> (Years)		
BIRTHPLACE _____		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>House Wife</u>		

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. SchmidtPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Marale IdahoFiled 7-7 1930Registrar F. A. Schmidt

Registrar



and have been used since the date of birth of the child. The child is now living with the mother and father.

Birth Name of Child

Hospital

21

1952

FATHER

Twins  
Triplets  
or other

Number  
of children  
born

Length  
of gestation

Sex of  
child

MOTHER

Full  
name  
of mother

Birth date of

Color

Age at last  
examined

Place of  
birth

Occupation

When last  
examined

CERTIFICATE OF BIRTH

83

1952

Registered No.

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Oregon } ss. Certificate No. 82120  
County of Hood River, } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ Birth  
for Unnamed Gordon who born on May 23, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Midvale, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) School Diploma & Soc. Sec. Card  
true facts are shown by Marriage License prepared on \_\_\_\_\_ as indicated thereon, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED (“Name,” “Birth Date,” “Cause of Death,” Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child _____	<u>Unnamed</u>	<u>Evelyn Gordon</u>
Mother's Maiden Name _____	<u>Florence Stella Courtright</u>	<u>Florence Estella Courtright</u>
Father's Birthplace _____	<u>Not Given</u>	<u>Dollarville, Michigan</u>

Subscribed and sworn to before me this 16th day of  
January, 1964

Jennett M. Graham  
Notary Public, residing at Hood River, Oregon  
My commission expires 8-17-66  
(Seal)

Signed Florence Estella Gordon  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Rt. 2, Hood River, Oregon  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Oregon } ss.  
County of Hood River }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of  
January, 1964

Florence Estella Gordon  
Notary Public, residing at Hood River, Oregon  
My commission expires 12-8-65  
(Seal)

Signed William A. Gordon  
(Signature of Any Credible Person)  
Rt 2, Box 49 Hood River  
(Street Address, City, State) Oregon

State of Idaho Elementary School Diploma; given at Council, Idaho - Adams County, -  
April 27, 1935 gives full name as Evelyn Gordon - viewed by V.S. (Photo Copy)

APR 5 1965

State of Oregon, County of Hood River, Certificate of Marriage, No. 1895, married  
Feb. 24, 1936 at Hood River gives full name of groom as Herbert Purnel and full  
name of bride as Evelyn Gordon - viewed by V.S. (Photo Copy)

Social Security Card, #541-12-7103, dated July 7, 1938 gives full name as Evelyn  
Gordon Purnel - viewed by V.S. (photo Copy)

As requested by attorney Kenneth M. Abraham in letter written Mar. 26, 1965  
we are adding this child's full name as Evelyn Gordon and leaving mother's name  
and father's birthplace as they are -

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-206.044-614

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of Washington

CERTIFICATE OF BIRTH

City of Cambridge

Registration District No. 88

File No. 82121

No. \_\_\_\_\_ St.

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Anita

Buchholz

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u>	and { Number in order of birth <u>—</u>	Legitimate? <u>Yes</u>	Date of Birth <u>8-6-20</u> (Month) (Day) (Year)
----------------------------	---------------------------------	---	------------------------	---

FATHER  
FULL NAME Ben Frederick Buchholz

MOTHER  
FULL MAIDEN NAME Vernice Wade Wade

RESIDENCE Cambridge - Idaho

RESIDENCE Cambridge - Idaho

COLOR White AGE AT LAST BIRTHDAY 33  
(Years)

COLOR White AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE North Dakota

BIRTHPLACE Golden - Colorado

OCCUPATION Rancher

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:45 A.M. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Hutman

Given names added from a supplemental report.

(Physician) R. W. Hutman

Address Cambridge - Idaho

Filed 8/5/20 19 1920 Hutman

DEC 18 1941

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

386121-00137  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Washington

File No. 82122

City of .....

Registration District No. ....

No. .... St.

Primary Registration District No. ....

Registered No. ....

Hospital .....

FULL NAME OF CHILD

John Devain Lyons

Sex of  
Child

male

Twins  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth  
✓  
(To be answered only in event of plural births)

Legiti-  
mate?

yes

Date of  
Birth

6/21/20  
(Month) (Day) (Year)

FULL  
NAME

John M Lyons

FATHER

RESIDENCE

Cambridge

COLOR

white

AGE AT LAST  
BIRTHDAY

25  
(Years)

BIRTHPLACE

Mich

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

Margaret McGuire

MOTHER

RESIDENCE

Cambridge

COLOR

white

AGE AT LAST  
BIRTHDAY

30  
(Years)

BIRTHPLACE

mo.

OCCUPATION

House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or  
midwife (then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

Given names added from a supplemental report.

(Signature)

Born alive  
(Born alive or stillborn)

4.30 P.M.

Edwin  
Physician  
(Physician or midwife)

Address

Cambridge

File

4462  
Registrar

Registrar

OCT 21 1959

813-167,044 = 5.15

PLACE OF BIRTH

County of Washington

City of Cambridge

Registration District No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

File No. **82123**

Hospital \_\_\_\_\_

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Dallas Marion Hathhorn.

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>-</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 7 1920</u> (Month) (Day) (Year)
--------------------------	---------------------------------	-----	-----------------------------------	------------------------	---

FULL NAME <u>FATHER</u> <u>A.H. Hathhorn.</u>	FULL NAME <u>MOTHER</u> <u>Nina Vanderbroek</u>
--	--

RESIDENCE <u>Cambridge - Idaho</u>	RESIDENCE <u>Cambridge - Idaho</u>
------------------------------------	------------------------------------

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
--------------------	---	--------------------	---

BIRTHPLACE <u>Livingston - Montana</u>	BIRTHPLACE <u>Dorwell - Michigan</u>
--	--------------------------------------

OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>
--------------------------	-----------------------------

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

Address Cambridge - Idaho

Filed June 17 1920

Registrar

Registrar



FEB 21 1942

OCT 17 1951

Dup of 1920-332829

962-217-048-693  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-0-4-11

County of *Washington*

City of *Cambridge*

CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_

File No. **82124**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

*Zetta Jeannette - Roberts*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>-</i>	and { Number in order of birth <i>-</i>	Legitimate? <i>Yes</i>	Date of Birth <i>June 17 1920</i> (Month) (Day) (Year)
----------------------------	---------------------------------	---	------------------------	---

FATHER FULL NAME <i>Refus Roberts</i>	MOTHER FULL MAIDEN NAME <i>Loris Willis</i>
RESIDENCE <i>Cambridge-Idaho</i>	RESIDENCE <i>Cambridge-Idaho</i>
COLOR <i>White</i>	COLOR <i>White</i>
AGE AT LAST BIRTHDAY <i>23</i> (Years)	AGE AT LAST BIRTHDAY <i>20</i> (Years)
BIRTHPLACE <i>Blackwater-Virginia</i>	BIRTHPLACE <i>Blackwater-Virginia</i>
OCCUPATION <i>Rancher</i>	OCCUPATION <i>Housewife</i>

FATHER FULL NAME <i>Refus Roberts</i>	MOTHER FULL MAIDEN NAME <i>Loris Willis</i>
RESIDENCE <i>Cambridge-Idaho</i>	RESIDENCE <i>Cambridge-Idaho</i>
COLOR <i>White</i>	COLOR <i>White</i>
AGE AT LAST BIRTHDAY <i>23</i> (Years)	AGE AT LAST BIRTHDAY <i>20</i> (Years)
BIRTHPLACE <i>Blackwater-Virginia</i>	BIRTHPLACE <i>Blackwater-Virginia</i>
OCCUPATION <i>Rancher</i>	OCCUPATION <i>Housewife</i>

Number of child of this mother, including present birth. *3*

Number of children of this mother now living, including present birth. *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* on the date above stated.

*Born alive* (Born alive or stillborn) *5:30 A.M.*

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. H. Hemen*

Given names added from a supplemental report.

(Physician or midwife)

Address *Cambridge-Idaho*

Filed *June 17 1920*

Registrar

Registrar

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STATE OF IDAHO

PLACE OF BIRTH

MAR 18 1976

DECEASED

315-128044-799

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Washington

## CERTIFICATE OF BIRTH

City of Cambridge

Registration District No. \_\_\_\_\_

File No. 82125

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Meritt Norman Lavender

Sex of Child

MaleTwin  
Triplet  
or other?—

{ and }

{ Number  
in order  
of birth }—Legiti-  
mate?YesDate of  
BirthJune 28 1919

(Month) (Day) (Year)

FULL  
NAMEFATHER  
Meritt LavenderFULL  
MAIDEN  
NAMEMOTHER  
Cora Price

RESIDENCE

Salubria - Idaho

RESIDENCE

Salubria - Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Newcastle - Virginia

BIRTHPLACE

Baker City - Oregon

OCCUPATION

Rancher

OCCUPATION

Housewife

Number of child of this mother, including present birth

4

Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive

(Born alive or stillborn)

3:40 P. M.\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

R. W. Whitman

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Cambridge, Idaho

Filed

7/5/20

19

SEP 14 1961

249-116-048-1255  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Washington amend 12-23-81

CERTIFICATE OF BIRTH

City of Cambridge

Registration District No. \_\_\_\_\_

File No. **82126**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Harold Owen Smith.

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u>	and { Number in order of birth <u>-</u>	Legitimate? <u>Yes.</u>	Date of Birth <u>Feb. 16 20</u> (Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Harry Edgar Smith.</u>			FULL MAIDEN NAME <u>Zetha Abernathy.</u>	
RESIDENCE <u>Cambridge - Idaho.</u>			RESIDENCE <u>Cambridge - Idaho.</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Salubria - Idaho</u>			BIRTHPLACE <u>Salubria - Idaho.</u>	
OCCUPATION <u>Rancher</u>			OCCUPATION <u>Housewife.</u>	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive 10:00 P.M.  
(Born alive or stillborn)  
(Signature) R. W. Whitman

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Physician or midwife)  
Address Cambridge - Idaho.  
File No. 82126  
R. W. Whitman  
Registrar

DECEASED

## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Idaho } ss. DEC 23 9 40 AM '81 Certificate No. 82126  
 County of Washington } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Harold Owen Smith who was born on 2-25-20  
 (Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Cambridge (Washington) are erroneous or were omitted:  
 (Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

ITEMS TO BE CORRECTED	FROM	TO
date of birth	Feb. 25, 1920	Feb. 16, 1920

Subscribed and sworn to before me this 21st day of

December, 1981.

Notary Public, John J. Brown

Residing at Cambridge

My commission expires 11-18-83

(Seal)

Harold Owen Smith  
 Signature of Applicant

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
 County of Washington }

(Must be completed ☐)

(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of

December, 1981.

Notary Public, John J. Brown

Residing at Cambridge

My commission expires 11-18-83

(Seal)

May Collins  
 Supporting Signature

Street Address, City, State

credit lcc



Firearms Transaction Record gives Owen H Smith born 2-16-20 in Cambridge  
Record from Dept of the Treasury IRS, Alcohol, Tobacco and Firearms  
Division. Dated 7-15-72. Viewed by V.S.

Cert of Insurance from Charter National Life Insurance Co **DEC 23 1981**  
gives Owen H Smith born 2-16-20. listed as insured. Dated 6-16-75.  
Viewed by V.S.

845782-

002-469  
PLACE OF BIRTHCounty of Adams.City of Indian Valley

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Howard Nelson Hunsaker Jr.Registration District No. 88File No. 82127

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Sex of Child

MaleTwin  
Triplet  
or other?-

and

Number  
in order  
of birth-Legiti-  
mate?Yes.Date of  
BirthAug. 2, 1920

(Month) (Day) (Year)

FULL  
NAMEHoward Nelson Hunsaker

FATHER

FULL  
MAIDEN  
NAMEAnna Morris

MOTHER

RESIDENCE

Indian Valley, Ida.

RESIDENCE

Indian Valley - Ida.

COLOR

W.AGE AT LAST  
BIRTHDAY32  
(Years)

COLOR

W.AGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Oregon.

BIRTHPLACE

Newburg, Oregon.

OCCUPATION

Rancher.

OCCUPATION

Housewife

Number of child of this mother, including present birth

3

Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

9:45 P. M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. H. Pittman Jr.

Given names added from a supplemental report.

(Physician or midwife)

Address

Cambridge, Idaho

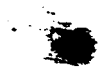
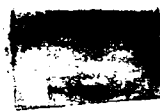
Filed

8/13/20

19

Registrar

Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-126-044-695  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Washington  
City of Cambridge

CERTIFICATE OF BIRTH

Registration District No. 88

File No. 82129

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Howard Moritz

Sex of Child

M.

Twin  
Triplet  
Quadruplet

Twin

and

Number  
in order  
of birth

1

Legiti-  
mate?

Yes

Date of  
Birth

7/26/20

(Month) (Day)

191... (Year)

FULL  
NAME

FATHER Jacob Moritz Jr.

FULL  
MAIDEN  
NAME

MOTHER Hannah Winder

RESIDENCE

Cambridge - Idaho

RESIDENCE

Cambridge - Idaho

COLOR

W.

AGE AT LAST  
BIRTHDAY

4 1/2  
(Years)

COLOR

W.

AGE AT LAST  
BIRTHDAY

3 1/2  
(Years)

BIRTHPLACE

Switzerland -

BIRTHPLACE

Springville - Utah

OCCUPATION

Rancher

OCCUPATION

Housewife

Number of child of this mother, including present birth. 4

Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

Born alive

(Born alive or stillborn)

at 7:55 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs. H. H. H. H. H.

(Physician or midwife)

Given names added from a supplemental report.

Address

Cambridge Idaho

Filed

7/31/20

Mrs. H. H. H. H. H.

1247

1248

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955723.08V-513

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. \_\_\_\_\_

File No. 82130

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Wilbur Morris Reece

Sex of Child <u>M.</u>	Twin Triplet or other? <u>-</u>	and	Number in order of birth <u>-</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>7/23/20</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

FATHER  
FULL NAME Lacy D. Reece  
RESIDENCE Goodrich-Idaho  
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Clearwater-Kansas  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Ruth Eaton  
RESIDENCE Goodrich-Idaho  
COLOR W. AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Harris-Missouri  
OCCUPATION H. wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive at 8:45 A. M. on the date above stated. (Born alive or still born)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. M. Interman

Given names added from a supplemental report.

(Physician or midwife)

Address

Filed

Cambridge, Idaho  
7/31/20

Registrar

Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

544027.044-219  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Washington

City of Salubria

CERTIFICATE OF BIRTH

Registration District No. 88

File No. 82131

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Horis Louise Edmunson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u> (To be answered only in event of plural births)	and { Number in order of birth <u>—</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>7-27</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Edward V. Edmunson</u>			MOTHER FULL MAIDEN NAME <u>Theresa Bailey</u>	
RESIDENCE <u>Salubria Idaho</u>			RESIDENCE <u>Salubria Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)		COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Oregon</u>			BIRTHPLACE <u>Frankfort Indiana</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>H-wife</u>	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 8:30 A.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. M. Heman

(Physician or midwife)



JAN 17 1956

NOV 18 1957

DECEASED



6757061012-893

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of ButeCity of MooreRegistration District No. 59File No. 8 2 1 3 2

No. \_\_\_\_\_ St.

Primary Registration District No. 2129

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Matthew Carl FredErickson

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>7 6 19 2</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	--------------------------------	------------------------	---

FULL NAME FATHER Matthew J EricksonFULL NAME MOTHER Mary E HielRESIDENCE Moore, IdahoRESIDENCE Moore, IdahoCOLOR white AGE AT LAST BIRTHDAY 22  
(Years)COLOR white AGE AT LAST BIRTHDAY 21  
(Years)BIRTHPLACE Spanish Fork, UtahBIRTHPLACE Salem, UtahOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:30 P. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eusby  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed 7/1

Registrar \_\_\_\_\_

Registrar Eusby

-MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPT. OF HEALTH  
BUREAU OF VITAL STATISTICS  
IDAHO

17-2-21

653-225.001-853

(Be sure the information is complete and accurate)

State File No. 82133

**CERTIFICATE OF BIRTH**  
**STATE OF IDAHO**

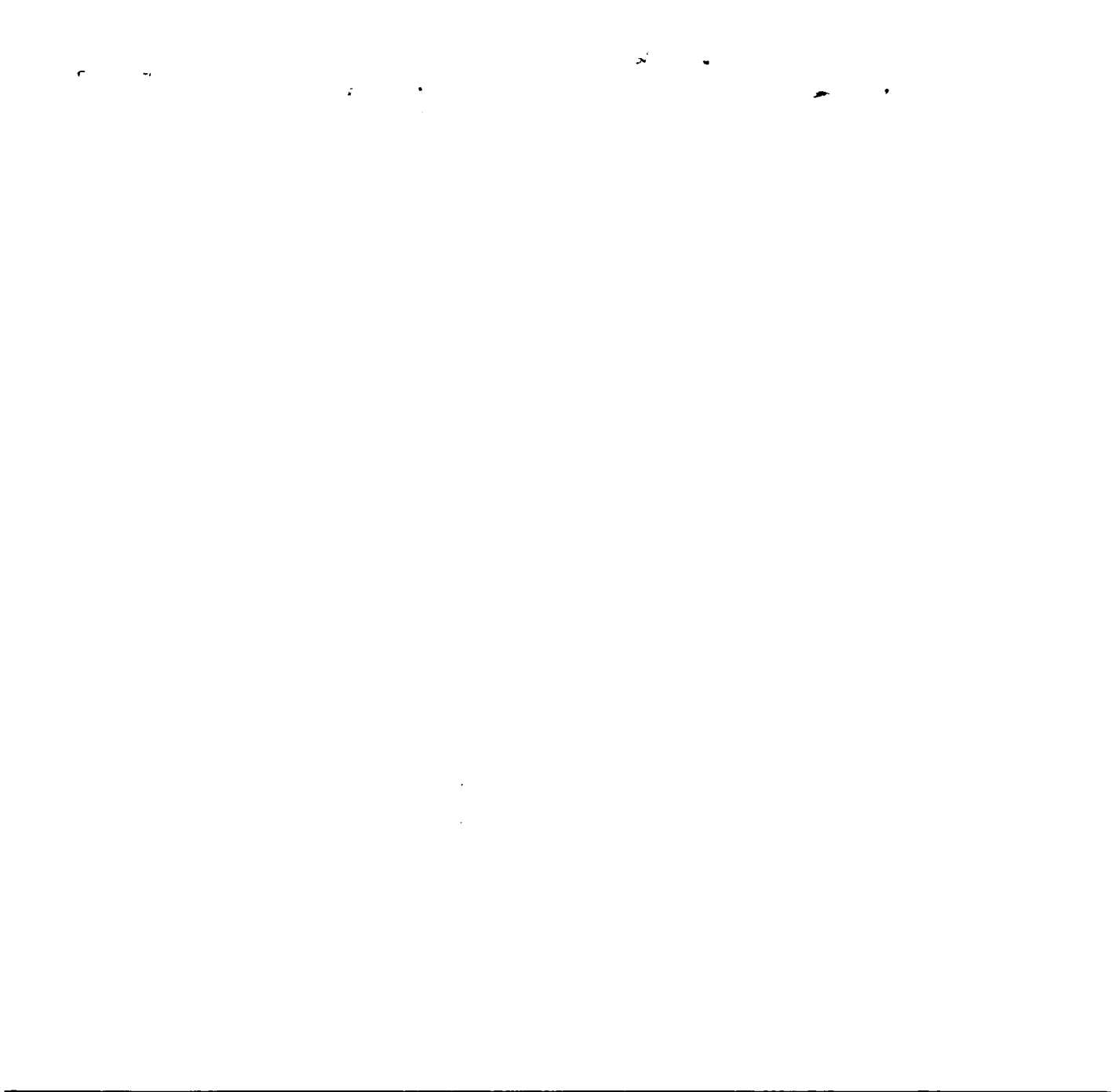
Local Reg. No. \_\_\_\_\_

Reg. Dist. No. 3

Amended 6/8/78

<b>1. PLACE OF BIRTH</b> a. COUNTY <div style="text-align: center;">Ada</div>		<b>2. USUAL RESIDENCE OF MOTHER</b> (Where does mother live?) a. STATE <div style="text-align: center;">Idaho</div>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <div style="text-align: center;">Boise</div>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <div style="text-align: center;">Boise</div>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <div style="text-align: center;">Williams &amp; Grant</div>		d. STREET ADDRESS (If rural, give location)	
<b>3. CHILD'S NAME</b> (Type or print)			
a. (First) Annabelle		b. (Middle) Kathryn	
c. (Last) Feldtman			
4. SEX  F	5a. THIS BIRTH SINGLE _____ TWIN _____ TRIPLET _____	5b. IF TWIN OR TRIPLET (This child born) 1st _____ 2nd _____ 3rd _____	6. DATE OF BIRTH (____/____/____) Month Day Year <div style="text-align: center;">Aug 25, 1920</div>
<b>FATHER OF CHILD</b>			
7. FULL NAME a. (First) LeRoy		b. (Middle) Feldtman	
c. (Last)			
8. AGE (At time of this birth)  21 YEARS	9. BIRTHPLACE (State or foreign country) (City or Town) Kansas	10. USUAL OCCUPATION  Farmer	11. KIND OF BUSINESS OR INDUSTRY
<b>MOTHER OF CHILD</b>			
12. FULL MAIDEN NAME a. (First) Bernice		b. (Middle) Helean	
c. (Last)			
13. AGE (At time of this birth)  18 YEARS	14. BIRTHPLACE (State or foreign country) (City or Town) Nebraska	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? b. How many OTHER children were born alive but are now dead? c. How many children were stillborn (born dead after 20 wks. pregnancy)?	
16. INFORMANT'S SIGNATURE OR NAME (Relationship)		17. SIGNATURE  Edward T. Biwer, M. D.	
18. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE _____ OTHER (Specify) _____		19. ADDRESS  303 - 304 McCarty Blvd.	
20. DATE SIGNED		21. DATE REC'D BY LOCAL REG.  Sept 7, 1920	
22. REGISTRAR'S SIGNATURE  R. H. Pratt		23. DATE ON WHICH GIVEN NAME ADDED BY _____ REGISTRAR	
<b>FOR MEDICAL AND HEALTH USE ONLY</b>			
Was a test for phenylketonuria performed? YES _____ NO _____ DATE _____		Was a standard serological test for syphilis performed? YES _____ NO _____ APPROXIMATE DATE _____	
LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.	Was 1% Silver Nitrate Used to prevent blindness? YES _____ NO _____	
RACE OR COLOR OF FATHER  White	RACE OR COLOR OF MOTHER  White		
METHOD OF DELIVERY			
BIRTH INJURY TO INFANT _____ YES IF YES, DESCRIBE _____ NO		CONGENITAL MALFORMATIONS OF INFANT _____ YES IF YES, DESCRIBE _____ NO	

*I hereby certify that this child was born alive on the date stated above.*



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

RECEIVED

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Washington } Certificate No. 82133  
County of Skagit } ss. MAY 3 11 26 AM '78 Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Anna Catherin Feldtman who was born Aug. 25, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Name of child Anna Catherin Feldtman Annabelle Kathryn Feldtman

Subscribed and sworn to before me this 25<sup>th</sup> day of  
April 1978

Signed Margaret M. Fisher  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Burlington, Wash.  
My commission expires Nov 2-1978  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Clearwater } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of

Signed Charles M. Tarrow  
(Signature of Any Credible Person)

Notary Public, residing at Oring, Idaho  
My commission expires 10-23-78  
(Seal)

Box 1223 Oring, Idaho  
(Street Address, City, State)

Diploma from Orofino Junior High school gives name as Annabelle Katheryn Feldtman dated May 27, 1936. viewed by V. S.

Insurance policy from Pacific Empire Life gives name as Annabelle K. Farrow. dated Sep 27, 1965. Policy No. 25-479. viewed by V.S.

966-

Form V. B. No. 11-G-28a-2-8-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 8File No. 82134No. 600 Rose St.Primary Registration District No. 2004Registered No. 64Hospital Infant Rowland (Howard Arthur)

FULL NAME OF CHILD

Sex of Child

MTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

(Number  
in order  
of birth)Legiti-  
mate?yeDate of  
BirthSept 7 - 1926  
(Month) (Day) (Year)FULL  
NAME

FATHER

Ernest E Rowland

RESIDENCE

Rose St Boise

COLOR

WAGE AT LAST  
BIRTHDAY40  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

JanitorFULL  
MAIDEN  
NAME

MOTHER

Lytle Hapner

RESIDENCE

Rose St Boise

COLOR

WAGE AT LAST  
BIRTHDAY32  
(Years)

BIRTHPLACE

Ohio

OCCUPATION

HousewifeNumber of children of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was at 11:30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

C. H. Parker

(Physician certificate)

Given names added from a supplemental report.

Address

303 McCarty Bldg

Filed

Sept 10 1926

Registrar

Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



10-1-64

UNITED STATES  
DEPARTMENT OF JUSTICE

RECEIVED

789-106400-866

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of adaCity of BoiseRegistration District No. 8File No. 82135No. F.R.D. #1 St.Primary Registration District No. 2004Registered No. 66

Hospital

FULL NAME OF CHILD

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Sept. 6</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	---	-------------------------------	--

FULL NAME <u>Van Philips</u>	FATHER
RESIDENCE <u>Boise, Ida F.R.D. #1</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Kennesaw</u>	
OCCUPATION <u>laborer</u>	

FULL MAIDEN NAME <u>Ethel Howard</u>	MOTHER
RESIDENCE <u>Boise, Ida F.R.D. #1</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Kennessee</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Joseph M. Downs M.D.  
Boise, Ida.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address 302-14 Overland Bldg.Filed Sept 16 1920R. H. Pratt

Registrar

Registrar

DUP OF 20-33955Z

493.209.001-213  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of AdaCity of Boise~~to~~ Riverside Sta.Registration District No. 8File No. 82136

Hospital \_\_\_\_\_

Primary Registration District No. 2004 Registered No. 67

FULL NAME OF CHILD

Betty Jane Mitchell

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
Birth9-9-1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Charles W. Mitchell

RESIDENCE

Riverside Sta., Boise, Ida.

COLOR

WhiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Kentucky

OCCUPATION

CarpenterFULL  
MAIDEN  
NAME

MOTHER

Julia A. Bachan

RESIDENCE

Riverside Sta., Boise, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Montana

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive, at 4:45 a. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. N. Braxton  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

Sept 20 1920R. N. Prath  
Registrar

Registrar

MAR 8 1973

## CERTIFICATE OF BIRTH

453-22-001-863  
County of AdaCity of BoiseNo. Rossi & Grant St.

Hospital \_\_\_\_\_

Registration District No. 8File No. 82137Primary Registration District No. 2004Registered No. 68Full Name of Child Viola Geneva Mecham

SEX OF CHILD

GirlTwin  
Triplet  
or other?{and} Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDATE OF  
BIRTHAug. 20, 20  
(Month) (Day) (Year)FULL  
NAMEGay M Mecham

FATHER

FULL  
MAIDEN  
NAME

MOTHER

Flora Holcomb

RESIDENCE

Rossi & Grant St. So. Boise

RESIDENCE

Rossi & Grant St. So. Boise

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Topeka Kansas

BIRTHPLACE

Arkansas

OCCUPATION

Laborer

OCCUPATION

HouseworkNumber of child of this mother, including present birth 2..... Number of children of this mother now living, including present birth 2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:00 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

P. P. French M.D.

(Physician or midwife)

Given names added from a supplemental report

19.....

Address.....

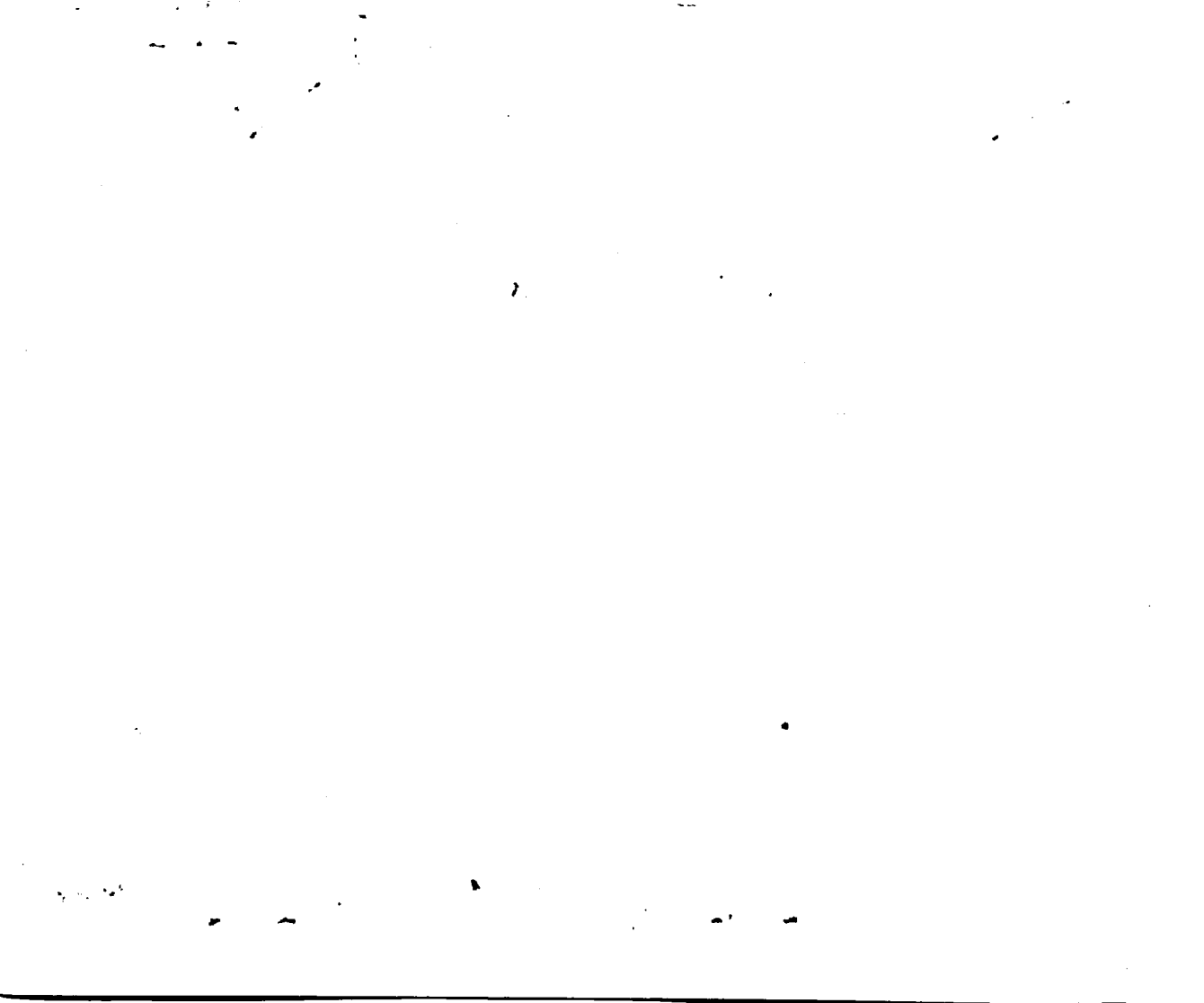
417 Overland Bldg. Boise Idaho

Filed.....

Sept 24 20R. H. Pratt

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 82137  
County of Ada } Date Filed 9-24-20  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for named Meehan Child who Born on Aug 20 - 1920  
in Boise Idaho (Name on original certificate) (Was born or died) (Date of event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by memory of father prepared on Sept. 29 1941, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

name

no name given

Viola Geneva Meehan

Subscribed and sworn to before me this 29  
day of Sept, 1941

Notary Public, residing at Boise, Idaho

My commission expires \_\_\_\_\_  
[SEAL]

Signed Gay M. Meehan  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho City Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant.)

\_\_\_\_\_  
(Street Address, City, State)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
[SEAL]

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)



OCT 16 1942

934-130

PLACE OF BIRTH

00-296

County of Ada

City of Barber

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 14-25m-6-15-20

CERTIFICATE OF BIRTH

Registration District No. 8

File No. 82138

Primary Registration District No. 2004

Registered No. 69

Full Name of Child

JEFFERSON MILTON MEDLEY

SEX OF CHILD

male

Twin  
Triplet  
or other?

and Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

yes

DATE OF  
BIRTH

August 30, 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER  
Joe Medley

FULL  
MAIDEN  
NAME

MOTHER  
Pearl Brown

RESIDENCE

Barber Idaho

RESIDENCE

Barber Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

39

(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

28

(Years)

BIRTHPLACE

Springfield Mo.

BIRTHPLACE

Arkansas

OCCUPATION

Laborer

OCCUPATION

Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive

(Born alive or stillborn)

at 11 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

P. P. French M.D.

Given names added from a supplemental report

(Physician or midwife)

Address

417 Overland Bldg. Boise Id.

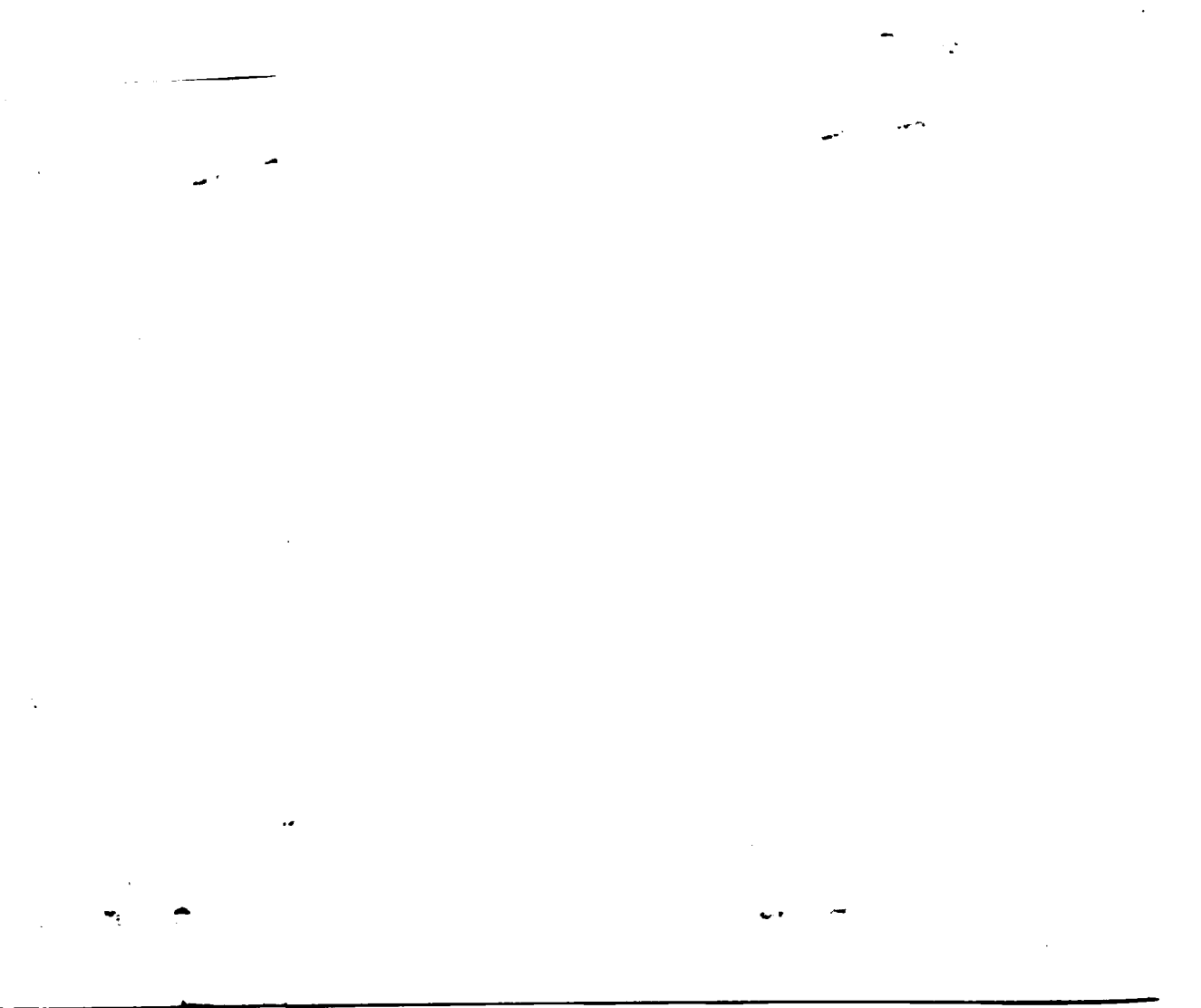
Filed

Apr 24 1920

R. H. Pratt

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Missouri } ss. Certificate No. 82138  
County of Greene }

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Joe who was born Aug. 30, 1920 (Birth or Death)  
in Boise, Idaho (Name on Original Certificate) (Was Born or Died) on Aug. 30, 1920 (Date of Event)  
are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the  
true facts are shown by Bible Record prepared on About Aug. 30, 1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

Name Joe Jefferson Milton Medley

Subscribed and sworn to before me this 9th  
day of July, 1942.  
A. M. Danner  
Notary Public, residing at Springfield, Mo.  
My commission expires February 16th, 1946  
(Seal)

Signed Jefferson Milton Medley  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Brookline, Missouri, R. R. 1  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Missouri } ss.  
County of Greene }

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 9th  
day of July, 1942.  
A. M. Danner  
Notary Public, residing at Springfield, Mo.  
My commission expires February 16th, 1946  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed Edith Painter  
(Signature of Any Credible Person Other Than Previous Year)  
Springfield, Missouri, R. R. 11  
(Street Address, City, State)

JUL 13 1942

JUL 14 1942

512 221-00-569

## PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of Ada

City of \_\_\_\_\_

No. 6 miles west of Boise St. Registration District No. 8File No. 82139Hospital \_\_\_\_\_ Primary Registration District No. 2044Registered No. 70Full Name of Child Pearl Rose Eastman

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Sept. 21 1920</u> (Month) (Day) (Year)
FULL NAME <u>Fred Eastman</u>	FATHER		FULL MAIDEN NAME <u>Ida Norris</u>	MOTHER
RESIDENCE <u>6 miles west of Boise</u>			RESIDENCE <u>6 miles west of Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>47</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Iowa</u>			BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housework</u>	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

P. French M.D.

Given names added from a supplemental report

19

Address

417 Overland Bldg. Boise Idaho

Filed

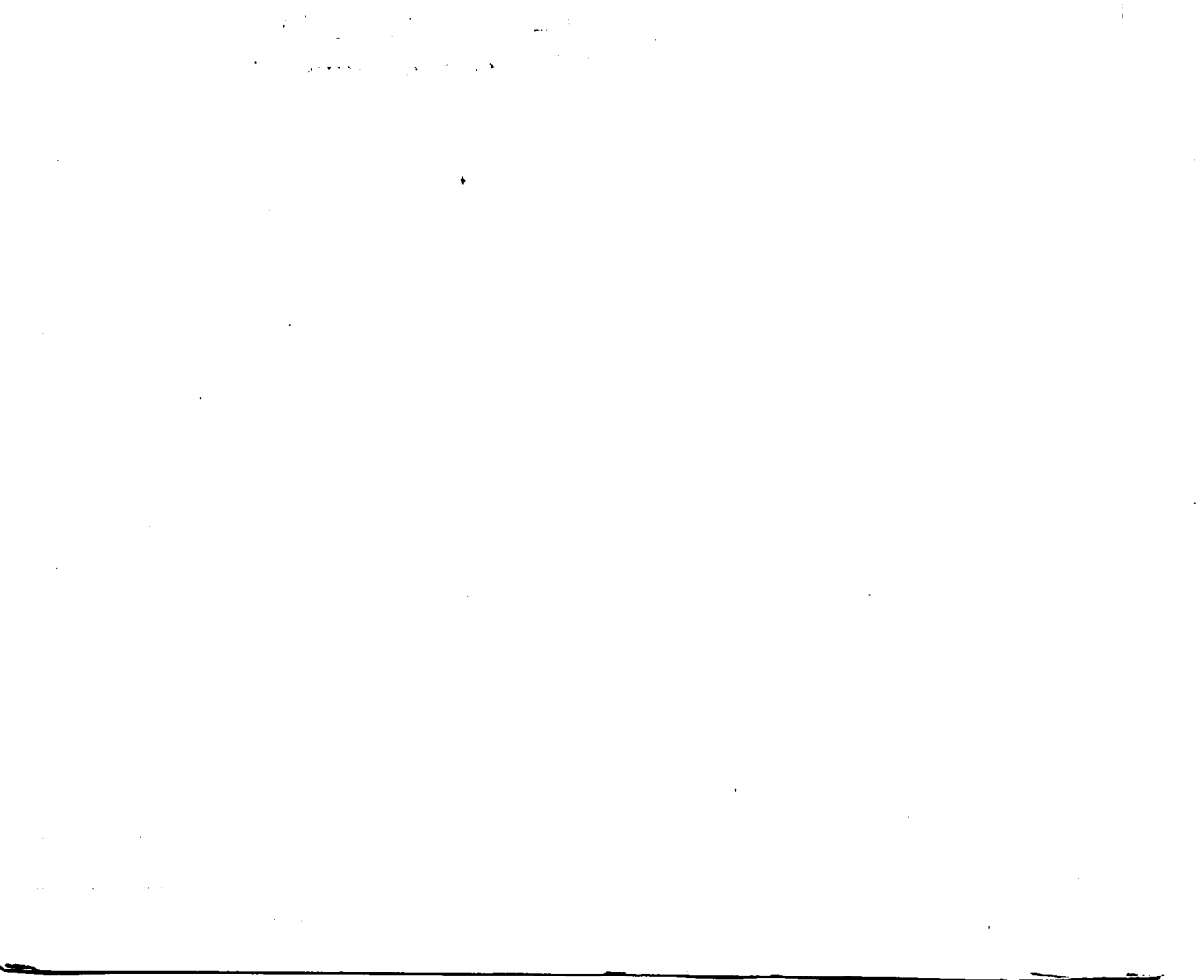
Sept 24 1920

Registrar

(Physician or midwife)

R. A. Pratt

Registrar



433217-001-236

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of Colliester (Boise)Registration District No. 8File No. 82140No. St.Primary Registration District No. 2084Registered No. 71Hospital Home

FULL NAME OF CHILD

Margaret Katherine McLeod

Sex of Child

FemaleTwin  
Triplet  
or other?and Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yes

Date of Birth

Sept 17 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Walter William McLeodFULL  
MAIDEN  
NAME

MOTHER

Margaret William Stone

RESIDENCE

Colliester (Boise)

RESIDENCE

Colliester

COLOR

whiteAGE AT LAST  
BIRTHDAY32  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Marquette Michigan

BIRTHPLACE

Frankford Ontario Canada

OCCUPATION

Book-keeper

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 9 P  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Geo. B. Handy

(Physician or midwife)

Given names added from a supplemental report.

Address

916 State St. Boise

Filed

Sept 27 1920

Registrar

Registrar



10-10-1964

CONFIDENTIAL

CONFIDENTIAL

794-1191-1  
 PLACE  
 County of Madison  
 City of Meridian Registration District No. 8 File No. 82141  
 No. 1 St. Home Primary Registration District No. 2004 Registered No. 72  
 Hospital Home  
 FULL NAME OF CHILD Lyndee Crumder

Sex of Child <u>male</u>	Twin <u>no</u> and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Sept 19</u> 19 <u>20</u> (Month) (Day) (Year)
FULL NAME <u>Lyndee Crumder</u>	FATHER <u>Lyndee Crumder</u>	FULL MAIDEN NAME <u>Mary Lambing</u>	MOTHER <u>Mary Lambing</u>
RESIDENCE <u>Meridian</u>	RESIDENCE <u>Meridian</u>	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Gerns Switzerland</u>	BIRTHPLACE <u>Sharon Idaho</u>	OCCUPATION <u>farmer</u>	OCCUPATION <u>house wife</u>

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Bandy

Given names added from a supplemental report.

Address 916 State St. Boise

Filed Sept 27 1920

Registrar

Registrar



County

City

No.

St.

Registration District No.

File No.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Sex of Child

Twin  
Triplet  
or other?Number  
in order  
of birthLegiti-  
mate?Date of  
Birth

(Month) (Day) (Year)

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive)

at

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

JAN

FEB

528-115,000-764  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-16

## CERTIFICATE OF BIRTH

County of Ada  
Holcomb dist  
City of \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

82143

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

74

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Andrew Waldemar Eskeldsen

Sex of Child

mTwin  
Triplet  
or other?{ and { Number  
in order  
of birthLegiti-  
mate?yes

Date of Birth

Sept151920

(Month)

(Day)

(Year)

FULL NAME

Peder Eskeldsen

FATHER

FULL MAIDEN NAME

Emma Poulson

MOTHER

RESIDENCE

Ada Co

RESIDENCE

Ada Co

COLOR

N.

AGE AT LAST BIRTHDAY

51

(Years)

COLOR

N.

AGE AT LAST BIRTHDAY

36

(Years)

BIRTHPLACE

Denmark

BIRTHPLACE

Sweden

OCCUPATION

Rancher

OCCUPATION

Housewife

Number of child of this mother, including present birth

6

Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 6 15 a. M.\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

N. M. Holborn  
R. H.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Sept 24 1920

Registrar

R. H. Pratt

Registrar

DECEASED

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-1061001-866  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-19

## CERTIFICATE OF BIRTH

County of AdaCity of BorietownNo. Garfield + Grant St.Registration District No. 8File No. 82144Primary Registration District No. 2004Registered No. 75

Hospital

FULL NAME OF CHILD James Warren Allen

Sex of Child <u>m.</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 6 1920</u> (Month) (Day) (Year)
------------------------	---	------------------------------	------------------------	---

FATHER  
FULL NAME Edw. B. AllenRESIDENCE BorietownCOLOR W. AGE AT LAST BIRTHDAY 37  
(Years)BIRTHPLACE Kamar.OCCUPATION Rancher.MOTHER  
FULL MAIDEN NAME Ethel HoversonRESIDENCE BorietownCOLOR W. AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE IdahoOCCUPATION Housewife

Number of child of this mother, including present birth <u>3</u>	Number of children of this mother now living, including present birth <u>3</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9.15A M. on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Hoverson  
M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Borietown

Filed Sept 24 1920  
R. H. Pratt  
Registrar



DUP OF 20 - D6Z-410

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-114-

001-054  
PLACE OF BIRTH  
County of Adams

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

City of Bonnie

Registration District No. 8

File No. 82145

No. Home St.

Primary Registration District No. 2004

Registered No. 76

Hospital Home

FULL NAME OF CHILD Charles Bernard Schlerf

Sex of Child <u>male</u>	Twin Triplet or other? <u>no</u>	and (Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>Sept 14 1920</u> (Month) (Day) (Year)
--------------------------	----------------------------------	--------------------------------	------------------------	---

FATHER  
FULL NAME Louis Geo. Schlerf  
RESIDENCE R. F. D. #2 Bonnie  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Nurnberg Germany  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Ellen Emma Fisher  
RESIDENCE R. F. D. #2 Bonnie  
COLOR White AGE AT LAST BIRTHDAY 26  
BIRTHPLACE Aguer Col  
OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 5 on the date above stated. (Born alive yes)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. B. Handy

Given names added from a supplemental report.

Address 916 State St. Bonnie  
Filed Sept 27 1920  
Physician or midwife  
Registrar R. N. Handy

**MAY 22 1969**

[illegible]

**MAY 22 1969**

814-128.001-689  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 82147

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Alphonsus Primary Registration District No. 114 Registered No. 332

FULL NAME OF CHILD

George Henry HamiltonSex of Child m Twin Triplet or other?      and      Number in order of birth      Legitimate? yes Date of Birth Aug. 28 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)FATHER  
FULL NAME Leo George Hamilton

RESIDENCE

1403 N. 7th

COLOR

White

AGE AT LAST BIRTHDAY

33

(Years)

BIRTHPLACE

Evansville, Wyo.Portland, Maine

OCCUPATION

StenographerMOTHER  
FULL MAIDEN NAMEMarion Wilder Whitney

RESIDENCE

COLOR

White

AGE AT LAST BIRTHDAY

25

(Years)

BIRTHPLACE

Portland, Me.Evansville, Wyo.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive 10:30 p.m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. P. Sprunger

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Sept 10 - 1920R. H. Pratt

Registrar.

Registrar.

1942

SEP 3 1942

AUG 18 1942

281207104719  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-20-9-8-17

County of AdaCity of BoiseRegistration District No. 2File No. 82148No.        St.Primary Registration District No. 1004Registered No. 333Hospital St. AlphonsusFULL NAME OF CHILD Eunice T. Shaffer

Sex of Child <u>Female</u>	Twin Triplet or other? <u>      </u> and <u>      </u> Number in order of birth <u>      </u>	Legitimate? <u>yes</u>	Date of Birth <u>Sept 7</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>O. E. Shaffer</u>	FATHER
RESIDENCE <u>Nampa</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Bernice Parr</u>	MOTHER
RESIDENCE <u>Nampa</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>13</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth        Number of children of this mother now living, including present birth       

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 12:15 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Higgs M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address 1622 Wash St. Boise IdFiled Sept 20 1920 Registrar R. H. Pratt

Registrar

Registrar

AUG 9 1949

251-224,004-792

## PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2 File No. 82149

No. \_\_\_\_\_ St.

Hospital St. Luke'sPrimary Registration District No. 1004 Registered No. 734

FULL NAME OF CHILD

Marjorie Grace SearsSex of  
ChildFemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
Birth8-24-1920  
(Month) (Day) (Year)FULL  
NAMEL. V. Sears

FATHER

FULL  
MAIDEN  
NAMEPearl R. Gibson

MOTHER

RESIDENCE

1414 E. Jefferson, Boise, Idaho

RESIDENCE

1414 E. Jefferson St., Boise, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY33  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

General Insurance

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, at 7:25 p. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. M. Layton  
MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

Aug 31 - 1920R. H. Pratt

Registrar

Registrar



196 1 3 1912

212-127.00-350

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2 File No. 82150

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 335

FULL NAME OF CHILD

Lawrence Pearl Baker

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>8-27-</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	---------	---	----------------------------	--

FULL NAME	FATHER
<u>Frank A. Baker</u>	
RESIDENCE	
<u>R.D. #2, Parma, Idaho</u>	
COLOR	AGE AT LAST BIRTHDAY
<u>White</u>	<u>29</u> (Years)
BIRTHPLACE	
<u>Michigan</u>	
OCCUPATION	
<u>Farmer</u>	

FULL MAIDEN NAME	MOTHER
<u>Cecil Pearl Lewis</u>	
RESIDENCE	
<u>R.D. #2, Parma, Idaho</u>	
COLOR	AGE AT LAST BIRTHDAY
<u>White</u>	<u>31</u> (Years)
BIRTHPLACE	
<u>Nebraska</u>	
OCCUPATION	
<u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

born alive at 12<sup>30</sup> p. M.  
(Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Boise, IdahoFiled Aug 31- 1920

Registrar \_\_\_\_\_

Registrar R. H. Pratt

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF HEALTH  
 DIVISION OF VITAL RECORDS  
 BUREAU OF VITAL RECORDS  
 NEW YORK CITY  
 OFFICE OF THE REGISTRAR  
 100 NASSAU ST. NEW YORK 100

No. 989  
 2 100

BUREAU OF VITAL RECORDS  
 NEW YORK CITY

AGE AT DEATH  
 100

Registration District No.

OCT 29 1946 File No.

CERTIFICATE OF DEATH

BUREAU OF VITAL RECORDS

BUREAU OF VITAL RECORDS  
 NEW YORK CITY

BUREAU OF VITAL RECORDS  
 NEW YORK CITY

BUREAU OF VITAL RECORDS  
 NEW YORK CITY

691-218100-168

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 117 Walnut St.Registration District No. 2File No. 82151

Hospital \_\_\_\_\_

Primary Registration District No. 1004Registered No. 336

FULL NAME OF CHILD

Patricia Atherton Fraser

Sex of Child

F.Twin Twins and one  
or other?  
(To be answered only in event of plural births)Number  
in order  
of birth  
1Legiti  
mate?yes

Date of Birth

Aug. 18,1920

(Month)

(Day)

(Year)

FULL NAME

Alfred Atherton Fraser

FATHER

RESIDENCE

117 Walnut St.

COLOR

White

AGE AT LAST BIRTHDAY

51  
(Years)

BIRTHPLACE

Pictou, Nova Scotia

OCCUPATION

Attorney

FULL MAIDEN NAME

Ada Olivia Johnson

MOTHER

RESIDENCE

117 Walnut St.

COLOR

White

AGE AT LAST BIRTHDAY

38  
(Years)

BIRTHPLACE

Chicago, Ill.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive  
on the date above stated.

(Born alive or stillborn)

6:30 A.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ernest E. Laubach  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Sept 3 1920R. H. Pratt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

**AUG 1 1963**

691-218'00-168

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of IdahoCity of Boise

Registration District No. \_\_\_\_\_

File No. 82152No. 117 Walnut St.Primary Registration District No. 1004Registered No. 337

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Phyllis Johnson FraserSex of  
Child ATwin  
Triplet  
or other?  
(To be answered only in event of plural births)Number  
in order  
of birth 2Legiti  
mate? yesDate of  
Birth Aug. 10,1920  
(Month) (Day) (Year)FULL  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FATHER

RESIDENCE

AGE AT LAST  
BIRTHDAY 31  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

RESIDENCE

AGE AT LAST  
BIRTHDAY 38  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

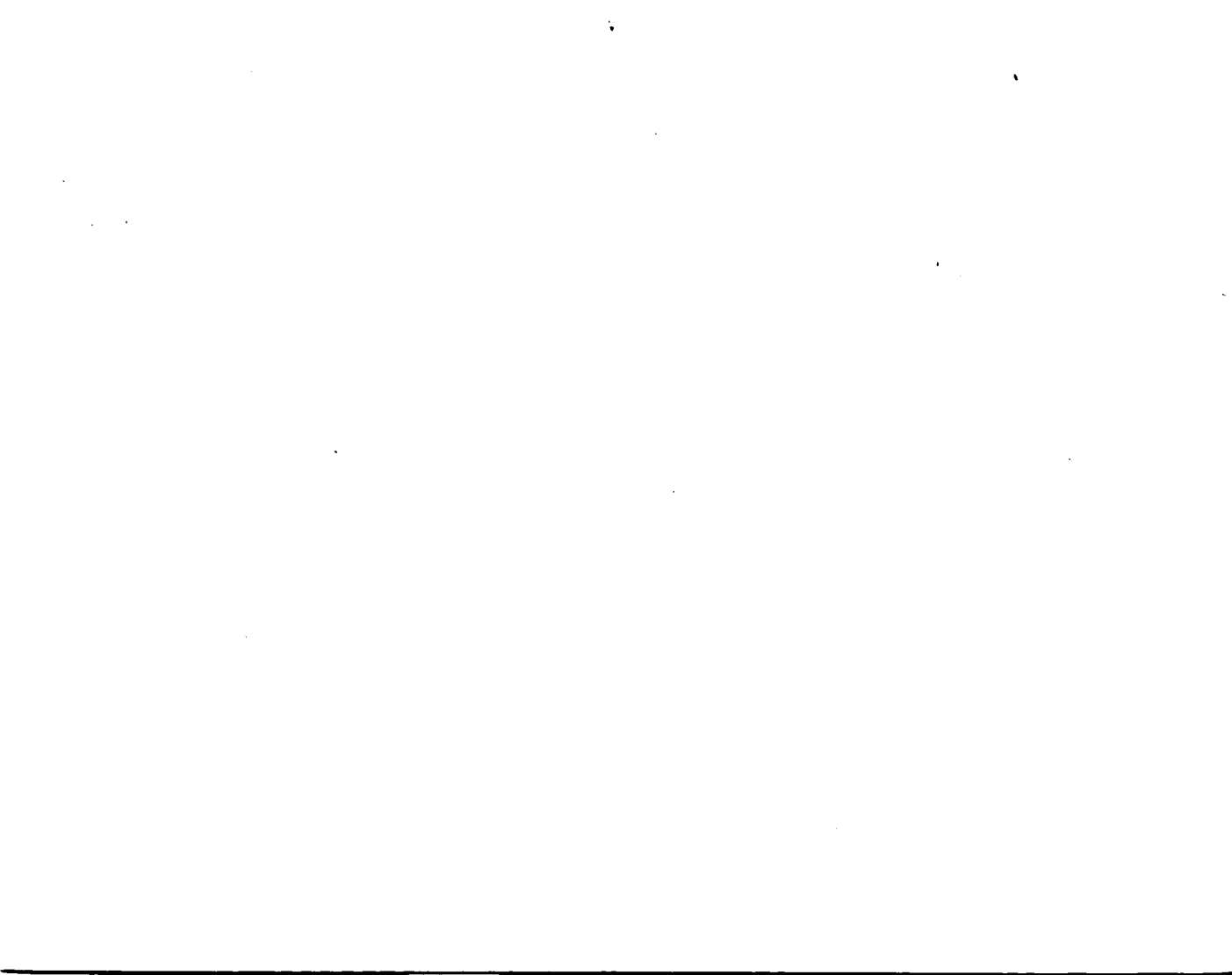
Sept 3 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



843-121-00456

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of PrineRegistration District No. 2 File No. 82153No. St. acph. St.Primary Registration District No. 1004 Registered No. 338Hospital St. acph.

FULL NAME OF CHILD

William David Hutton

Sex of Child

M.Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthAug. 21 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

William J. HuttonFULL  
MAIDEN  
NAME

MOTHER

Ruby S. Lofgren

RESIDENCE

Lamberton ad. Prine

RESIDENCE

Prine

COLOR

W.AGE AT LAST  
BIRTHDAY31  
(Years)

COLOR

W.AGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Missouri

BIRTHPLACE

Kansas

OCCUPATION

Laundry Driver

OCCUPATION

W. W.Number of child of this mother, including present birth 1Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 5 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. S. Lofgren

(Physician or midwife)

W. W.

Given names added from a supplemental report.

19

Address

Filed

Sept 3 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



AUG 18 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

168-227-001-433

PLACE OF BIRTH

County of Idaho

City of Idaho

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Joseph

FULL NAME OF CHILD

Sex of Child girl <sup>Single</sup> ~~Triples~~ } and { Number in order of birth 8<sup>th</sup> Legiti mate? yes Date of Birth Aug, 27 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME John Edwin Johnson  
RESIDENCE Centerville

COLOR white AGE AT LAST BIRTHDAY 55  
(Years)

BIRTHPLACE Marion, Ill. U.S.A.  
OCCUPATION Night watchman

MOTHER  
FULL MAIDEN NAME Jennie Mc Clanahan  
RESIDENCE Centerville

COLOR white AGE AT LAST BIRTHDAY 38  
(Years)

BIRTHPLACE Charlestown Mo. U.S.A.  
OCCUPATION Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_ M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O. Callister

(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_  
Filed Sept 7 1920 R. S. Pratt  
Registrar

Registrar

APR 1 1968

813-117-001-762

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of AdaCity of BoiseNo. 1128-16 St.Registration District No. 2 File No. 82155

Hospital \_\_\_\_\_

Primary Registration District No. 1004 Registered No. 340

## FULL NAME OF CHILD

KENNETH RAYMOND HALL

Sex of Child <u>M</u>	Twin Triplet or other? <u>—</u> and <u>—</u> (To be answered only in event of plural births)	Number in order of birth <u>—</u>	Legiti mate? <u>yes</u>	Date of Birth <u>6</u> <u>17</u> <u>20</u> (Month) (Day) (Year)
-----------------------	---	--	----------------------------	--

FULL NAME <u>Byron B. Hall</u>	FATHER
RESIDENCE <u>Boise</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Mary Ellen Post</u>	MOTHER
RESIDENCE <u>Boise</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Yfw.</u>	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. Allen Callaway  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

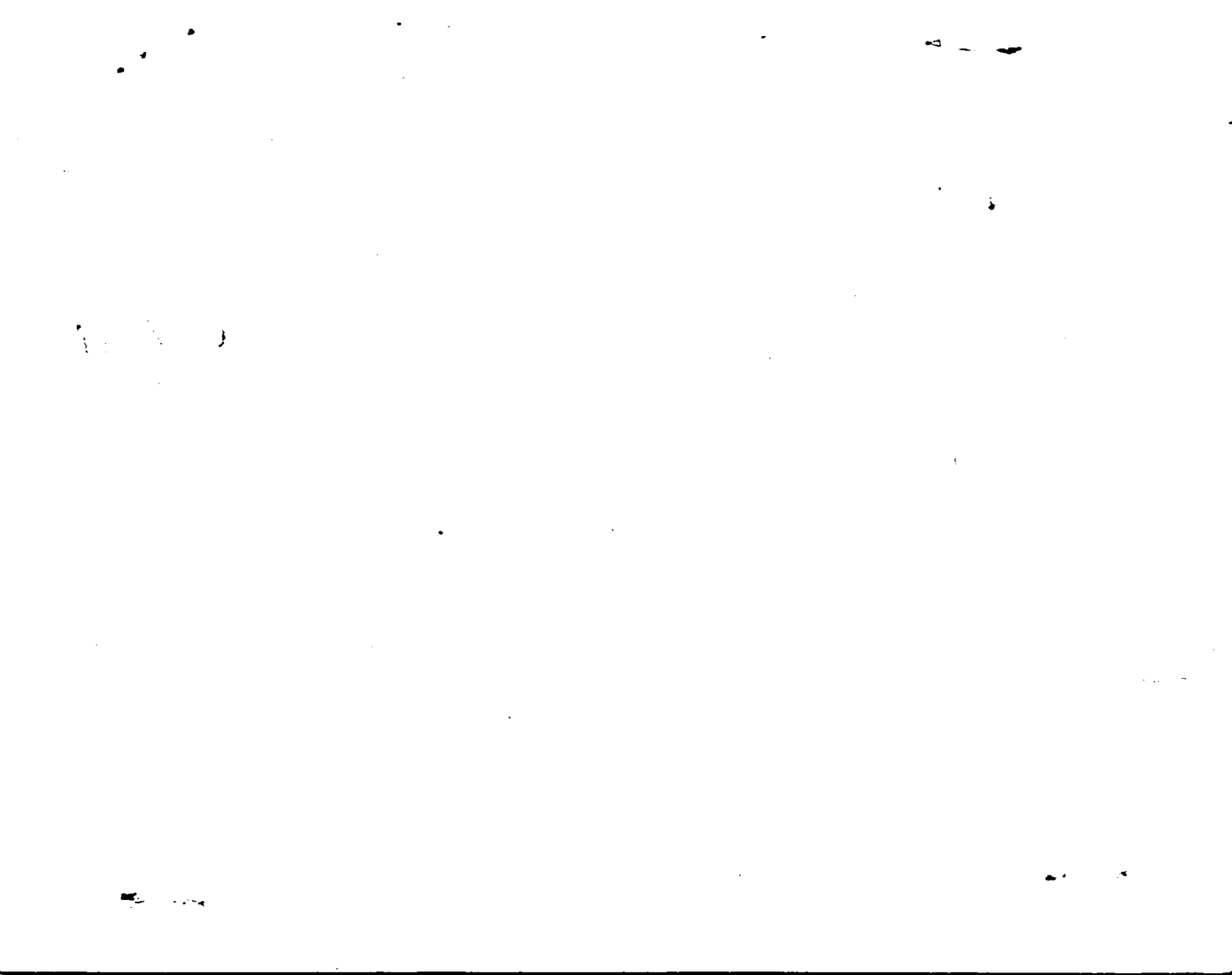
Boise Idaho

Filed

Sept 7 1920

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

82155

State of Idaho }  
County of Ada } ss.

Certificate No. \_\_\_\_\_  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Unnamed Hall who born on 6-17-20  
(Name on original certificate) (Was born or died) (Date of event)  
in Bain, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED  
("Name", "birth date", "cause of death", etc.)

FROM  
(As on original)

TO  
(The correct facts)

Name

Unnamed Hall

Kenneth Raymond Hall

Date

June 18, 192-

June 17, 1920

Subscribed and sworn to before me this 26  
day of July, 19 41

Signed x Bryan B. Hall  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death record;  
or other credible person.)

328 So. 17th  
(Street Address, City, State)

Notary Public, residing at Bain, Idaho

My commission expires 5-2-44  
[SEAL]

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Ada } ss.

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are  
true to the best of his knowledge.

Subscribed and sworn to before me this 26  
day of July, 19 41

Signed x Mrs. Hazel Reynolds  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Bain, Ida

419 So. 3rd  
(Street Address, City, State)

My commission expires 5-2-44  
[SEAL]

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

NOV 26 1941

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

559-124

PLACE

Form No. 11-C-200

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of

City of

No.

Registration District No.

File No.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Sex of Child

Twin  
Triplet  
or other?and  
Number  
in order  
of birthLegiti-  
mate?Date of  
Birth.FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

S-Y CO. 24698

Registrar

Registrar



Dup of 1920-161408

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdairCity of BoiseRegistration District No. 2File No. 82157No. Amended 2-27-80  
St.Primary Registration District No. 1004Registered No. 342

Hospital

FULL NAME OF CHILD PHYLIS Edith Valentine

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 21, 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FATHER

FULL NAME Roy Valentine

RESIDENCE 901 Resnais

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE America

OCCUPATION Milk Store

MOTHER

FULL MAIDEN NAME Joyce Caldwell

RESIDENCE 901 Resnais

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE America

OCCUPATION Housewife

Number of child of this mother, including present birth, 1 Number of children of this mother now living, including present birth, 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 59 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Callister

(Physician or midwife)

Given names added from a supplemental report.

Address R. H. PrattFiled Sept 7 1920 Registrar



## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT AND AMEND AN ORIGINAL CERTIFICATE

State of Washington, } ss.  
County of Pend Oreille

OCT 11 1979

Certificate No. 82157

Date Filed \_\_\_\_\_

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birthfor Edith Valentine who was born on July 25, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Boise, Idaho are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

## FROM

## TO

child's nameEdith ValentineEdith Phyllis Valentinedate of birthJuly 25, 1920July 21, 1920Subscribed and sworn to before me this 20th day of  
September, 19 79.Notary Public, Phyllis E. PaulsenResiding at Newport, WashingtonMy commission expires May 2, 1981

(Seal)

Signature of Applicant

Route 2, Box 44, Newport, Wa 99156

Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

(Must be completed )

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19 \_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

CL 5/18/79 lcc pd. rec. #14018

Original Birth Announcement gives name as Edith Phyllis Valentine born July 21, 1920, in Boise, Idaho, to Roy and Joyce Valentine. Obviously old Viewed by V.S.

School Recourd issued by Ada County School Dist. gives name as Phyllis born July 21, 1920 to Roy E. Valentine. School year of 1927.  
Viewed by V.S.

356-213.006745

PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

County of AdaSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

City of BoiseNo. 1st & Bannock St.Registration District No. 6File No. 82158Hospital St. LukesPrimary Registration District No. 1004Registered No. 747

Full Name of Child

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>9 / 13 / 20</u> (Month) (Day) (Year)
FULL NAME <u>Mortimer R. Lewis</u>	FATHER		FULL MAIDEN NAME <u>Mary E. Gummell</u>	MOTHER
RESIDENCE <u>901 E. Wash. St. Boise</u>			RESIDENCE <u>901 E. Wash. St. Boise</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Wyoming</u>			BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Civil Engineer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4 - P. M  
on the date above stated. (Born alive or stillborn)(Signature) Dr. J. C. Hill

(Physician or midwife)

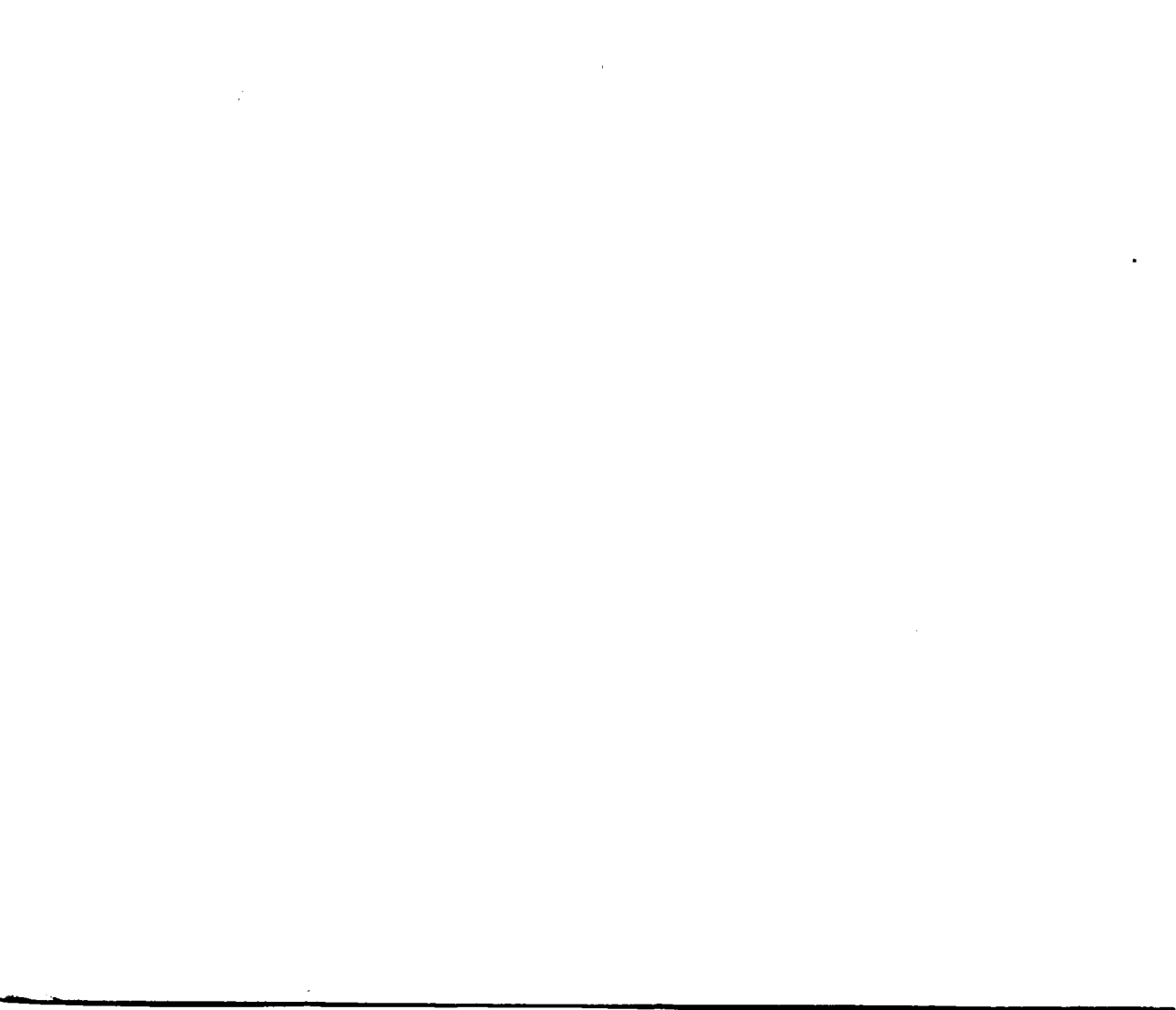
Address Empire Building, Boise, IdahoFiled 9/14 1920 R. H. Pratt

Registrar

Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.



663113.001-285

PLACE OF BIRTH

Form V. S. No. 11-25m-6-18-18

County of AdaSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

City of BoiseNo. 1st + Bannock St.Registration District No. 10File No. 82159Hospital St. LukesPrimary Registration District No. 104Registered No. 344

Full Name of Child

Wilbur Stephen Wolfe

SEX OF CHILD	<u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate?	<u>yes</u>	DATE OF BIRTH	<u>9/13/20</u>
						(Month)	(Day) (Year)

FULL NAME	<u>Gernice Wolfe</u>	FATHER
RESIDENCE	<u>Eagle, Idaho</u>	
COLOR	<u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE	<u>W. Virginia</u>	
OCCUPATION	<u>Merchant</u>	

FULL MAIDEN NAME	<u>Marjorie Shelledy</u>	MOTHER
RESIDENCE	<u>Eagle, Idaho</u>	
COLOR	<u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE	<u>Colorado</u>	
OCCUPATION	<u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5-AM  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill  
E.H.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Empire Bldg - Boise, Id.

Filed

9/14 1920

Registrar

Registrar



5/28/41 L. B.

415-227,006 415

## PLACE OF BIRTH

Form V. S. No. 11-25m-6-16-18

County of AdaSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

City of BoiseNo. 1st + Bannock St.

Registration District No. \_\_\_\_\_

File No. 82160Hospital St. LukesPrimary Registration District No. 1004Registered No. 845

## Full Name of Child \_\_\_\_\_

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH... <u>8/27/20</u> (Month) (Day) (Year)
FATHER		MOTHER		
FULL NAME <u>Clayton Abernathy Davis</u>		FULL MAIDEN NAME <u>Margaret Ormsby Davis</u>		
RESIDENCE <u>1011 W. S. Ave. Boise</u>		RESIDENCE <u>1011 W. S. Ave. Boise</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY... <u>28</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY... <u>25</u> (Years)	
BIRTHPLACE <u>Tennessee</u>		BIRTHPLACE <u>Salt Lake, Utah</u>		
OCCUPATION <u>Merchant</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6:45 P.M.  
on the date above stated. (Born alive or stillborn)(Signature) Dr. J. Carl Hill

(Physician or midwife)

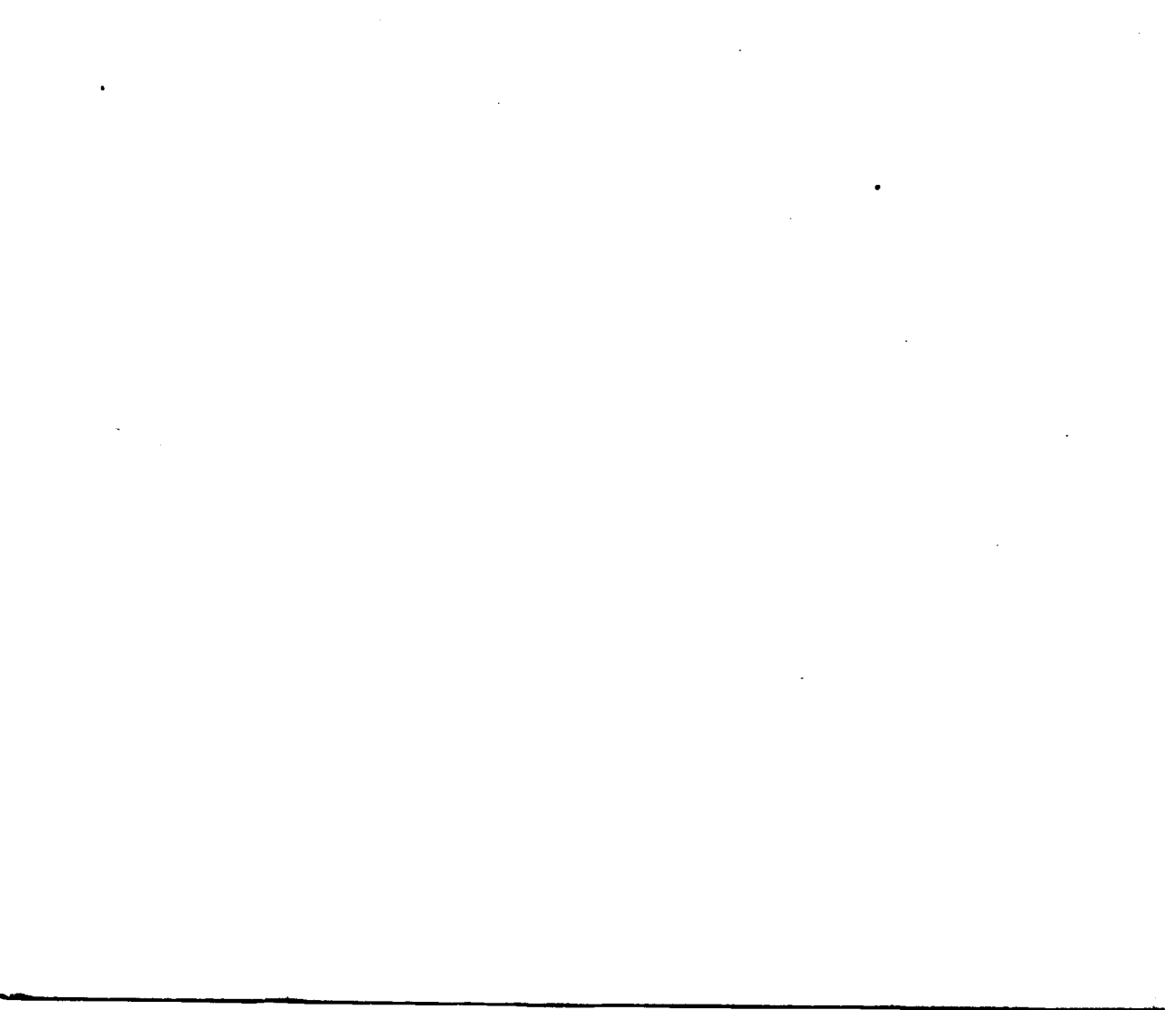
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address Empire Bldg. Boise, Id.Filed 9/14 1920

Registrar

Registrar



259-109.001-966

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 82161No. 309, Bennock St.Primary Registration District No. 1004Registered No. 840

Hospital

FULL NAME OF CHILD

Alfred Thomas Suran

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mateyesDate of  
BirthSept. 9 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

Jesse Fred SuranFULL  
MAIDEN  
NAME

MOTHER

Lillian May Rowe

RESIDENCE

309 Bennock, Boise, Ida

RESIDENCE

309 Bennock Boise Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY37  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Wyoming

OCCUPATION

Carpenter

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive  
(Born alive or stillborn)at 9 P M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Roscoe E Ward  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise Idaho

Filed

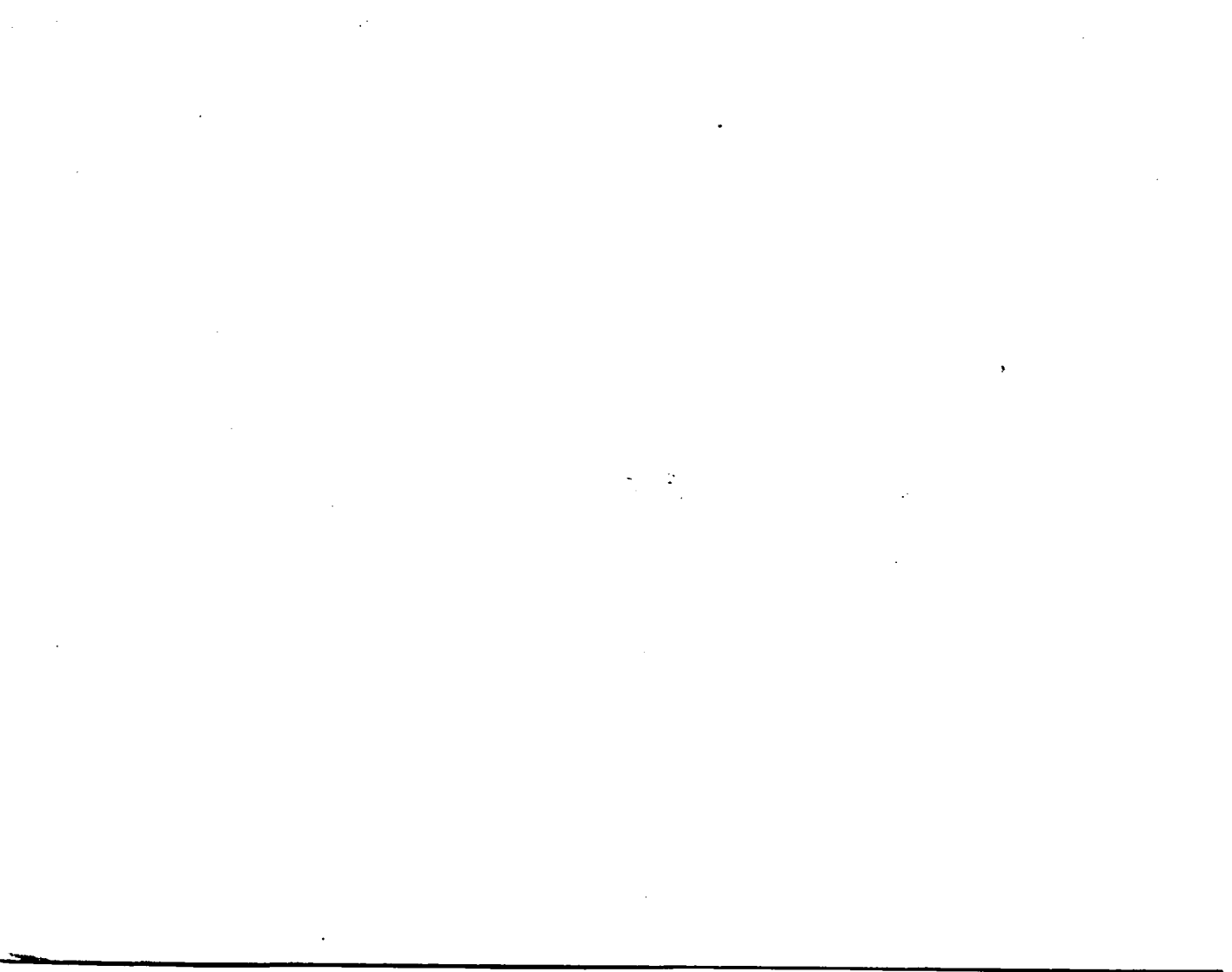
Sept 15 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



419-205-001-666

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 82162

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St Luke'sPrimary Registration District No. 1004Registered No. 347

FULL NAME OF CHILD

Vivian Marie MartinSex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? Yes (To be answered only in event of plural births)Date of Birth 9-5-1920  
(Month) (Day) (Year)

FULL NAME

FATHER

Walter B. Martin

RESIDENCE

Warren, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

31  
(Years)

BIRTHPLACE

Iowa

OCCUPATION

Miner

FULL MAIDEN NAME

MOTHER

RESIDENCE

Warren, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

24  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

born alive, at 12:5 p. M.  
(Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address Boise, IdahoFiled Sept 15 1920

Registrar

Registrar R. H. Bait

~~FEB~~ 16 1942

FEB 8 1944

312202.00719

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

County of AdaCity of BoiseRegistration District No. 2 File No. 82163

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 548FULL NAME OF CHILD Florence Eileen CasnerSex of Child Female Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth Legiti mate? Yes Date of Birth 9-2-20  
(Month) (Day) (Year)FATHER  
FULL NAME A. G. Casner  
RESIDENCE Idaho City Road, Idaho  
COLOR White AGE AT LAST BIRTHDAY 34  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION FarmerMOTHER  
FULL MAIDEN NAME Ada V. Gardner  
RESIDENCE Idaho City Road  
COLOR White AGE AT LAST BIRTHDAY 26  
(Years)  
BIRTHPLACE Nebraska  
OCCUPATION HomemakerNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5<sup>20</sup> p. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Boise, Idaho  
Filed Sept 15 1920 R. H. Pratt  
Registrar

Registrar



June 1, 1956

335-201-001-613

Form V, S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 82164No. 2712 W. Jefferson St.Primary Registration District No. 1004Registered No. 349

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Helena Rene Clegg

Sex of Child <u>Female</u>	Twins or other? <u>Triplets</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>9-1-</u> 19 <u>20</u> (Month) - (Day) (Year)
----------------------------	---------------------------------	-----	-----------------------------------	------------------------	--

FATHER  
FULL NAME G. R. Clegg  
RESIDENCE 2712 W. Jefferson St., Boise, Idaho  
COLOR White AGE AT LAST BIRTHDAY 37 (Years)  
BIRTHPLACE Utah  
OCCUPATION Plumber

MOTHER  
FULL MAIDEN NAME Viola M. Faler  
RESIDENCE 2712 Jefferson St., Boise, Idaho  
COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

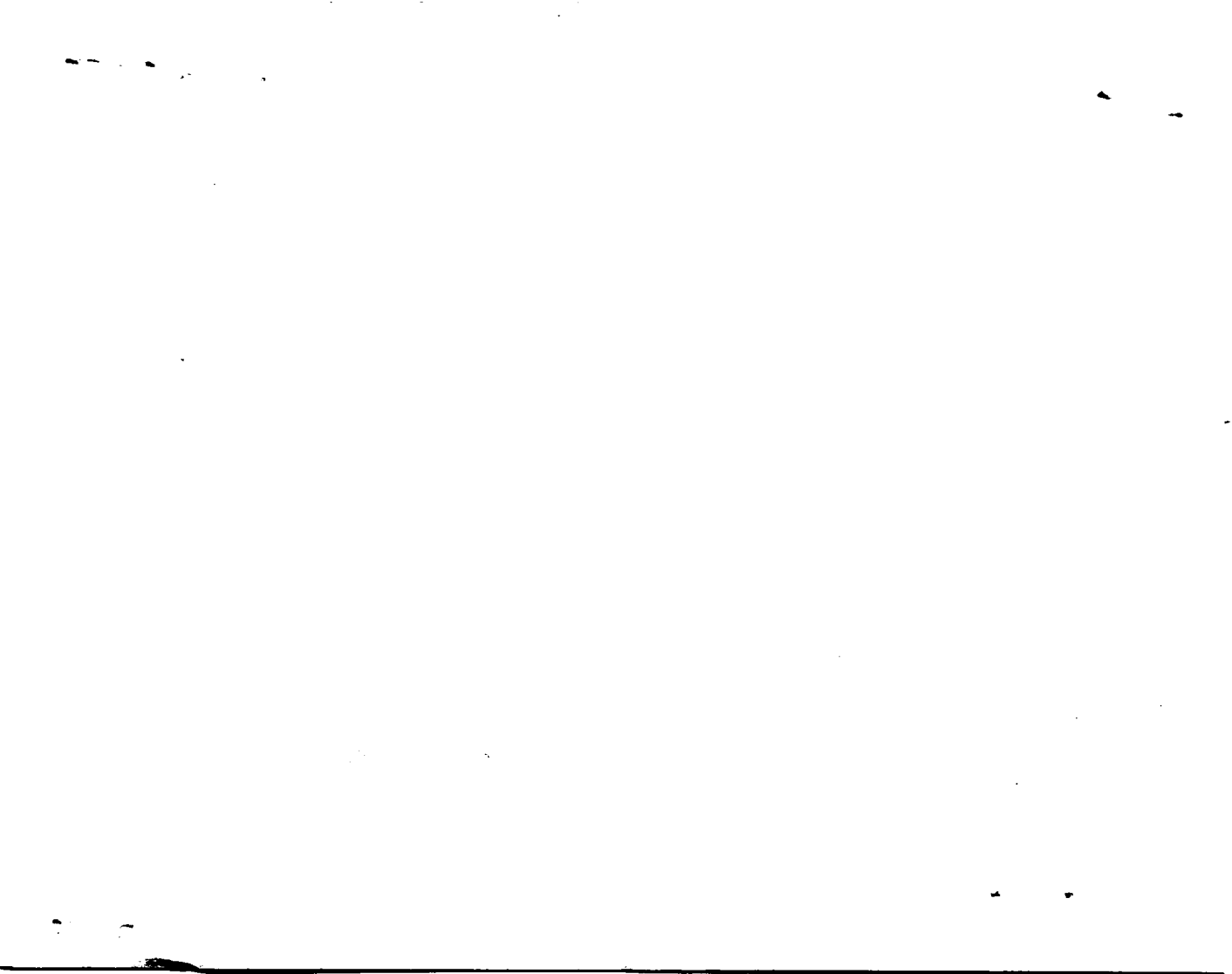
Address Boise, IdahoFiled Sept 15 19 20R. H. Pratt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss.  
County of Ada

Certificate No. 82164

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
for \_\_\_\_\_ who born on Sept 1st, 1922  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
(“Name”, “Birth Date”, “Cause of Death”, Etc.) (As on Original) (The Correct Facts)

name none given Thelma Ruth Clegg

Subscribed and sworn to before me this 28  
day of April, 1943

Don H. Eagleson  
Notary Public, residing at Boise, Ida

My commission expires 1/17/1944  
(Seal)

Signed Thelma Ruth Clegg  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

213 Strawn St., Boise Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

JAN 3 1948

APR 2 1949

APR 2 9 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-131100753

Child's sex amended 8-7-91 MCM

Form V. S. No. 11-0-22-6-6-1

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Ada

City of Bosse

Registration District No. 2

File No. 82165

No. 2006 M 14 St.

Primary Registration District No. 1004

Registered No. 350

Hospital

FULL NAME OF CHILD ~~Ernest J. Crouch~~ Vivian Russell

Sex of Child <u>FEMALE</u>	Twin Triplet or other? <u>No</u>	and (Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>Aug 31</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	----------------------------------	--------------------------------	------------------------	--

FATHER  
FULL NAME Ernest J. Crouch  
RESIDENCE 2006 M 14  
COLOR W AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE North Dakota  
OCCUPATION clerk

MOTHER  
FULL MAIDEN NAME Edna L. Pettibone  
RESIDENCE 2006 M 14 H  
COLOR W AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Iowa  
OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 49 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Ott Parker

(Physician or Midwife)  
Address 303 Mc Carthy Bldg

Filed Sept 15 20 Registrar P. H. Pratt

AUG 23 1971

8-1-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Vital Statistics Unit

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

Certificate No. 82165  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Vivian Lucille Crouch who was born on Aug 31, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Boise (Ada) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

Child's sex

Male

Female

Subscribed and sworn to before me this 2nd day of August, 1991

X Notary Public, Janice V. Agard

Residing at Boise, Idaho

My commission expires Nov 30, 1992

(Seal)

X Vivian L. Storey  
Signature of Applicant

5113 BAINBRIDGE, BOISE, ID 83703  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_\_)

(Is not necessary \_\_)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State



ID birth certificate shows Cynthia Lynn Storey born Jan 26, 1959 in Boise to Harland Dee Storey and Vivian Lucille Crouch age 38 and born in Boise as the mother, state file #59-135. Viewed by VS.

AUG 7 1991

ID marriage certificate shows Harland Dee Storey and Vivian Lucille Crouch as bride were married Jan 5, 1943 by Thomas Acheson in Boise. Viewed by VS.

PLACE OF BIRTH  
466-105-009-693  
County of.....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. E. No. 11-G-24m-4-17

City of Boise Registration District No. 2 File No. 82166

No. St. Primary Registration District No. 1004 Registered No. 751

Hospital St. Alphonsus  
FULL NAME OF CHILD Moore, Jack Raymond

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth <u>2</u> )	Legiti- mate? <u>yes</u>	Date of Birth <u>9</u> <u>5</u> <u>1912</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	---

FATHER  
FULL NAME Moore, Henry Mylo  
RESIDENCE 17th & Euclid  
COLOR W AGE AT LAST BIRTHDAY 28  
(Years)  
BIRTHPLACE Benton Harbor, Mich  
OCCUPATION Shoe, repairer

MOTHER  
FULL MAIDEN NAME Amos, Ruth Wilcox  
RESIDENCE  
COLOR W AGE AT LAST BIRTHDAY 23  
(Years)  
BIRTHPLACE Willon, Neb.  
OCCUPATION

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn), at 4:20 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
(Signature) Chas. J. Genovese

Given names added from a supplemental report.

Address Overland Bldg. Boise  
Filed Sept 15 1920  
Registrar R. H. Pratt

STATE OF OHIO

STATE OF OHIO

BUREAU OF VITAL STATISTICS

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

FEB

8

1967

4013140

T A A A

T A A A

152-215-1000-437  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-17

## CERTIFICATE OF BIRTH

County of *Boise*City of *Boise*Registration District No. *2*File No. *82167*No. *.....* St.Primary Registration District No. *1004*Registered No. *752*Hospital *St. Alphonsus*FULL NAME OF CHILD *Mary Elizabeth Perkins*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>.....</i> and (Number in order of birth <i>.....</i> ) (To be answered only in event of plural births)	Legitimate? <i>yes</i>	Date of Birth <i>9-15-19</i> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME FATHER <i>Procter K. Perkins</i>	FULL MAIDEN NAME MOTHER <i>Flora M. Counsel</i>
RESIDENCE <i>Hailey, Ida</i>	RESIDENCE <i>Hailey, Ida</i>
COLOR <i>white</i> AGE AT LAST BIRTHDAY <i>34</i> (Years)	COLOR <i>white</i> AGE AT LAST BIRTHDAY <i>28</i> (Years)
BIRTHPLACE <i>Ky.</i>	BIRTHPLACE <i>Ida</i>
OCCUPATION <i>Lawyer</i>	OCCUPATION <i>Housewife</i>

Number of child of this mother including present birth *2* Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born alive* *39* at *.....* on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *D. P. Higgins*

(Physician or midwife)

Given names added from a supplemental report.

Address *1622 Wash St*Filed *Sept 16 30* *P. H. Pratt*

Registrar

Registrar

JAN 31 1942

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

819-117-2901-412  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-8-17

County of Ada

City of Burien

Registration District No. 2

File No. 82168

No. 1123 State St.

Primary Registration District No. 1004

Registered No. 353

Hospital S. J. Alphousin

FULL NAME OF CHILD

Frank La Ray Harder

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>9-13-1910</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FATHER		MOTHER	
FULL NAME <u>La Ray Harder</u>	FULL MAIDEN NAME <u>Eva Massey</u>	FULL NAME <u>Eva Massey</u>	FULL MAIDEN NAME <u>Eva Massey</u>
RESIDENCE <u>Burien, Ida</u>	RESIDENCE <u>Burien, Ida</u>	RESIDENCE <u>Burien, Ida</u>	RESIDENCE <u>Burien, Ida</u>
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>	BIRTHPLACE <u>Idaho</u>
OCCUPATION <u>Street Car Conductor</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 6:20 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Hagg  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address 1622 W. 1st St.

.....19.....

Filed Sept 16 1910

Registrar

Registrar

AUG 9 1954

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Boise Registration District No. 2 File No. 82169

No. 1004 St. St. Alphonsus Primary Registration District No. 1004 Registered No. 354

Hospital St. Alphonsus

FULL NAME OF CHILD Floyd Dean May Starkey

Sex of Child Female Twin Triplet or other? No and (Number in order of birth) 1 Legitimate? Yes Date of Birth Sept 14 1924  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME FATHER Leonard V. Starkey FULL MAIDEN NAME MOTHER Edna Bureau

RESIDENCE Meridian RESIDENCE Meridian

COLOR White AGE AT LAST BIRTHDAY 30 (Years) COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah BIRTHPLACE Utah

OCCUPATION Farmer OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Sept 14, 1924 at Boise (Born alive Yes)  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Vaneberg

Given names added from a supplemental report.

Address Boise, Idaho (Physician or midwife)

Filed Sept 16, 20 R. H. Pratt

Registrar

Registrar





[The main body of the page contains extremely faint, illegible text, possibly bleed-through from the reverse side. The text is too light to transcribe accurately.]

796-113-001-493

## PLACE OF BIRTH

County of AdaCity of BoiseNo. 313 N. 20th St.

Hospital .....

FULL NAME OF CHILD

Registration District No. ....

Primary Registration District No. 1004File No. 82170Registered No. 355STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth. <u>SEP 13 1920</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>Ray M. Grooms</u>	FATHER
RESIDENCE <u>Boise, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Blacksmith</u>	

FULL MAIDEN NAME <u>Mabel Dick</u>	MOTHER
RESIDENCE <u>Boise, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Pennsylvania</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 1st Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10:45 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Gallman  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address.....

.....19.....

Filed Sept 16 20

Registrar

Registrar

NOV 5 1942

AUG 20 1947

693118-00-415  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 82171

No. \_\_\_\_\_ St.

Hospital St. Luke'sPrimary Registration District No. 1004Registered No. 356

FULL NAME OF CHILD

Glenn Lawrence Williams

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy?

Yes

Date of Birth

8-18-1920  
(Month) (Day) (Year)

FULL NAME

F. L. Williams

FATHER

RESIDENCE

1516 N. 21<sup>st</sup> St., Boise, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY44  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

Agriculture ExtensionFULL  
MAIDEN  
NAMEKatherine Mauley

MOTHER

RESIDENCE

1516 N. 21<sup>st</sup> St., Boise, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY38  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive, at 6:20 a. m.  
(Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

T. W. Crapton  
H. W.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Boise

Filed

Sept 20 1920

Registrar

R. H. Pratt

MAY 22 1975

JUN 28 1944

314202 Oct 29/

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-6-15-18

## CERTIFICATE OF BIRTH

County of AdaCity of Boise

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. LukesRegistration District No. 2File No. 82172Primary Registration District No. 1004Registered No. 357

Full Name of Child

Elaine Mildred Cadow

SEX OF CHILD

FemaleTwin  
Triplet  
or other?

(To be answered only in event of plural births)

{ and } Number  
in order  
of birthLegiti-  
mate?yesDATE OF  
BIRTHSept 2  
(Month) (Day) (Year) 1920FULL  
NAMEArthur R Cadow

FATHER

RESIDENCE

Nampa Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY33

(Years)

BIRTHPLACE

Pennsylvania

OCCUPATION

ElectricianFULL  
MAIDEN  
NAME Evelyn H. Brackett

MOTHER

RESIDENCE

Nampa Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY28

(Years)

BIRTHPLACE

Minnesota

OCCUPATION

HouseworkNumber of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:30 a. m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

P. P. French M.D.

Given names added from a supplemental report

19

Address

417 Overland Bldg Boise Idaho

Filed

Sept 24 1920

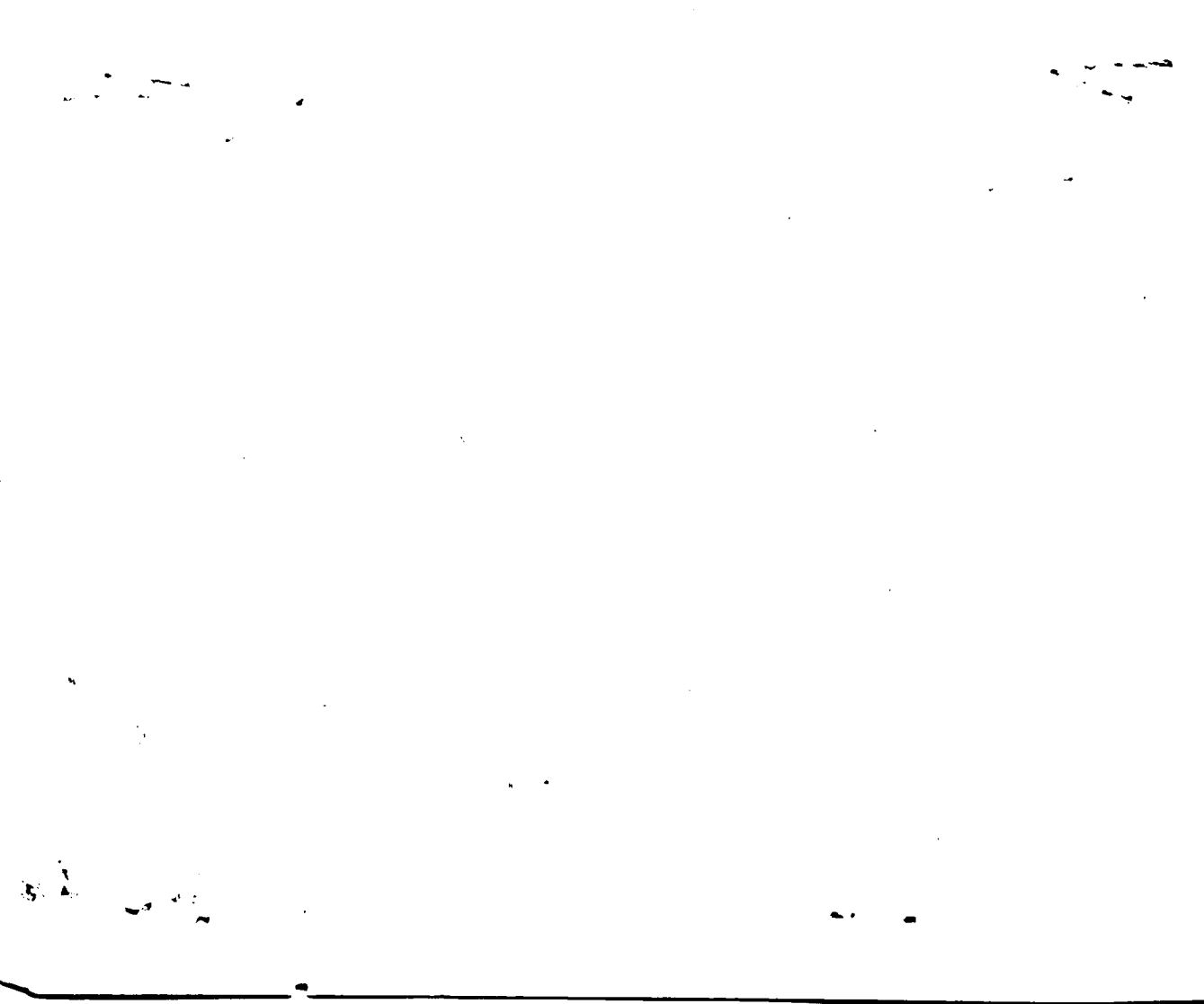
Registrar

(Physician or midwife)

R. A. Crut

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss.  
County of Ada

Certificate No. 82172

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ (Birth or Death)

for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

name none given Elaine Mildred Cadow

Subscribed and sworn to before me this 10<sup>th</sup>  
day of November, 1942

Signed Mrs Evelyn H. Cadow  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise Idaho

My commission expires 6-24-45  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Street Address, City, State)



NOV 10 1942

399-103-001-319  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-19

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 82173

No. 1615 N. 15 St.

Primary Registration District No. 1001

Registered No. 358

Hospital

FULL NAME OF CHILD

Floyd Melvin Crittlow

Sex of Child

m.

Twin  
Triplet  
or other?

and (Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

yes

Date of  
Birth

Sept 3 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER  
Thos Crittlow

FULL  
MAIDEN  
NAME

MOTHER  
Annie Larson

RESIDENCE

Boise

RESIDENCE

Boise

COLOR

W.

AGE AT LAST  
BIRTHDAY

30  
(Years)

COLOR

W.

AGE AT LAST  
BIRTHDAY

28  
(Years)

BIRTHPLACE

Oregon

BIRTHPLACE

Utch

OCCUPATION

Fireman

OCCUPATION

Homewife

Number of child of this mother, including present birth

4

Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 9:25 P. M.

\* When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

H. M. Johnson  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Boise

Ida

Filed

Sept 24 1920

R. H. Pratt

Registrar

Registrar

1900

•

962-103.001-866

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 82174

No. \_\_\_\_\_ St.

Hospital St. Luke'sPrimary Registration District No. 1001Registered No. 359

FULL NAME OF CHILD

Daniel RossSex of Child Male { Twin Triplet or other? } and { Number in order of birth }  
(To be answered only in event of plural births)Legitimate? YesDate of Birth 9-3- 1920  
(Month) (Day) (Year)

FULL NAME

FATHER

James Daniel Ross

FULL MAIDEN NAME

MOTHER

Myrtle E. Howell

RESIDENCE

6<sup>th</sup> & Grove, Boise, Idaho

RESIDENCE

6<sup>th</sup> & Grove St., Boise, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

29  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

21  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Idaho

OCCUPATION

Laborer

OCCUPATION

HousewifeNumber of child of this mother, including present birth, 3 Number of children of this mother now living, including present birth, 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6<sup>20</sup> p. M.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

T. M. Braxton  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

Sept 20 1920

Registrar

Registrar

JUN 22 1971

155-706-001-669  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-8-8-16

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 82175

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1004Registered No. 360Hospital St. Luke'sFULL NAME OF CHILD Eugene Philip Owen

Sex of Child <u>m.</u>	Twin Triplet or other? _____	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Sept 6 1920</u> (Month) (Day) (Year)
------------------------	------------------------------------	--------------------------------------	-----------------------------	--

FULL NAME <u>Carl E. Owen</u>	FATHER
RESIDENCE <u>Lake View Canyon</u>	
COLOR <u>H.</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Ranch</u>	

FULL MAIDEN NAME <u>Blanche E. Ford</u>	MOTHER
RESIDENCE <u>Lake View</u>	
COLOR <u>H.</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Ill.</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 5
Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 1.05 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) H. M. Holmson  
M. D.  
(Physician or midwife)
Address 517 Empire B. BoiseFiled Sept 24 1920 R. H. Pratt

JUN 4 1973

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

897-217,001-417  
PLACE OF BIRTHCounty of AdaCity of Boise

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. LukesRegistration District No. 2File No. 82176Primary Registration District No. 10.1Registered No. 361Full Name of Child Lela Marie Higgins

SEX OF CHILD <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>Aug. 17, 1920</u> (Month) (Day) (Year)
FULL NAME <u>Oliver H. Higgins</u>	FATHER		FULL MAIDEN NAME <u>Esther Magnusson</u>	MOTHER
RESIDENCE <u>2105 Ellis Ave, Boise Idaho</u>			RESIDENCE <u>2105 Ellis Ave, Boise Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Colorado</u>			BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>shipping clerk</u>			OCCUPATION <u>House work</u>	

Number of child of this mother, including present birth 1..... Number of children of this mother now living, including present birth 1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive....., at 12:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) PP French M.D.

(Physician or midwife)

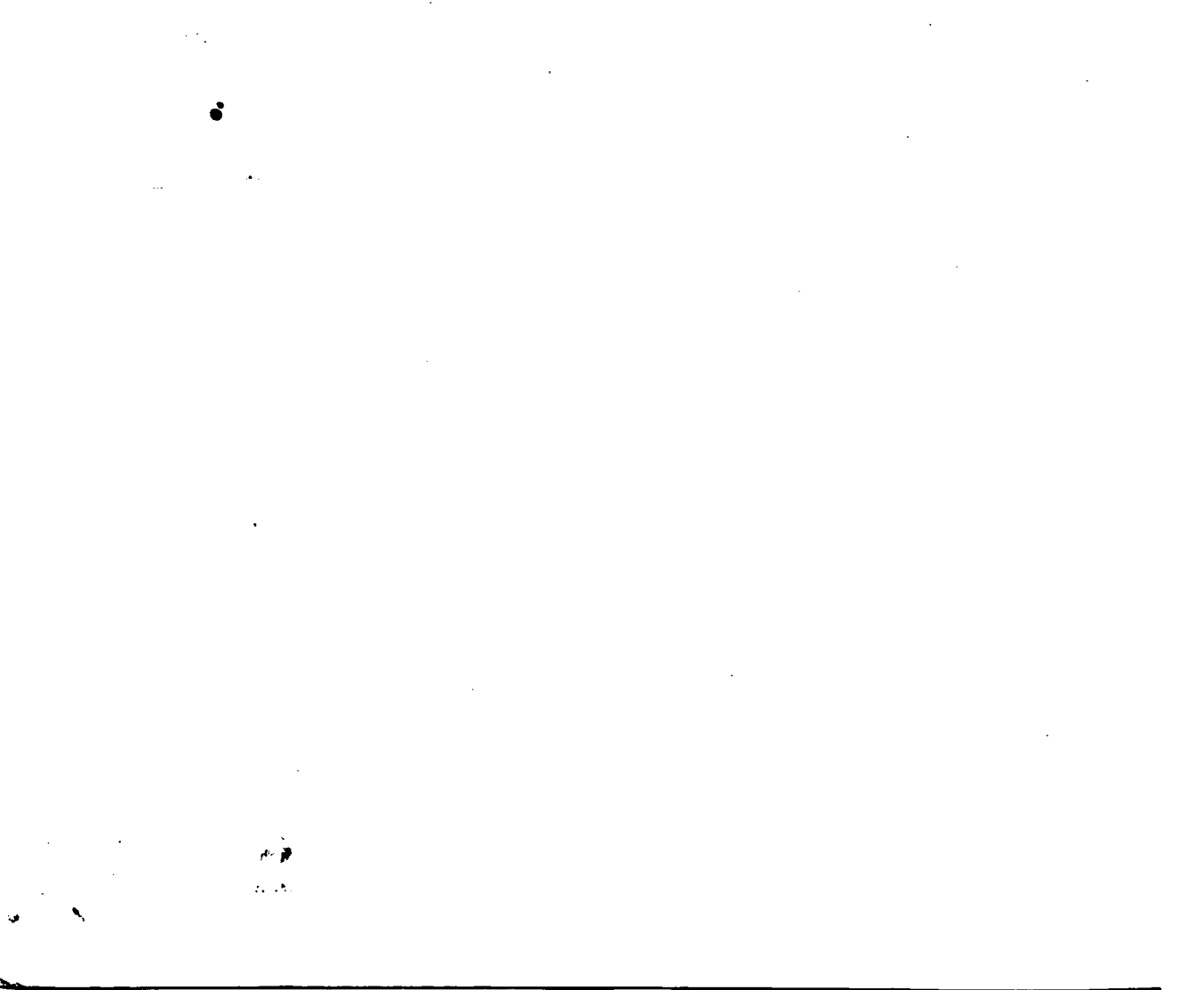
Given names added from a supplemental report

Address 417 Overland Bldg, Boise IdahoFiled Sept 24 1920

Registrar

Registrar





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-108-001-214  
PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-7-26-19

County of Ada

City of Boise

No. 1412 Alturus St.

Hospital \_\_\_\_\_

Registration District No. 2

File No. 82177

Primary Registration District No. 1004

Registered No. 362

FULL NAME OF CHILD

ROBERT MARION TRASK

Sex of Child <u>✓</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Sept 8</u> (Month) (Day) (Year) <u>20</u>
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FATHER  
FULL NAME Raymond Harrison Trask

RESIDENCE 1412 Alturus

COLOR W AGE AT LAST BIRTHDAY 32  
(Years)

BIRTHPLACE Minn

OCCUPATION Auto Business

MOTHER  
FULL MAIDEN NAME Alice Bauer

RESIDENCE 1412 Alturus

COLOR W AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE Canada

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at u  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. J. Green  
M. O.

(Physician or midwife)

Given names added from a supplemental report.

Address

Boise Idaho

Filed

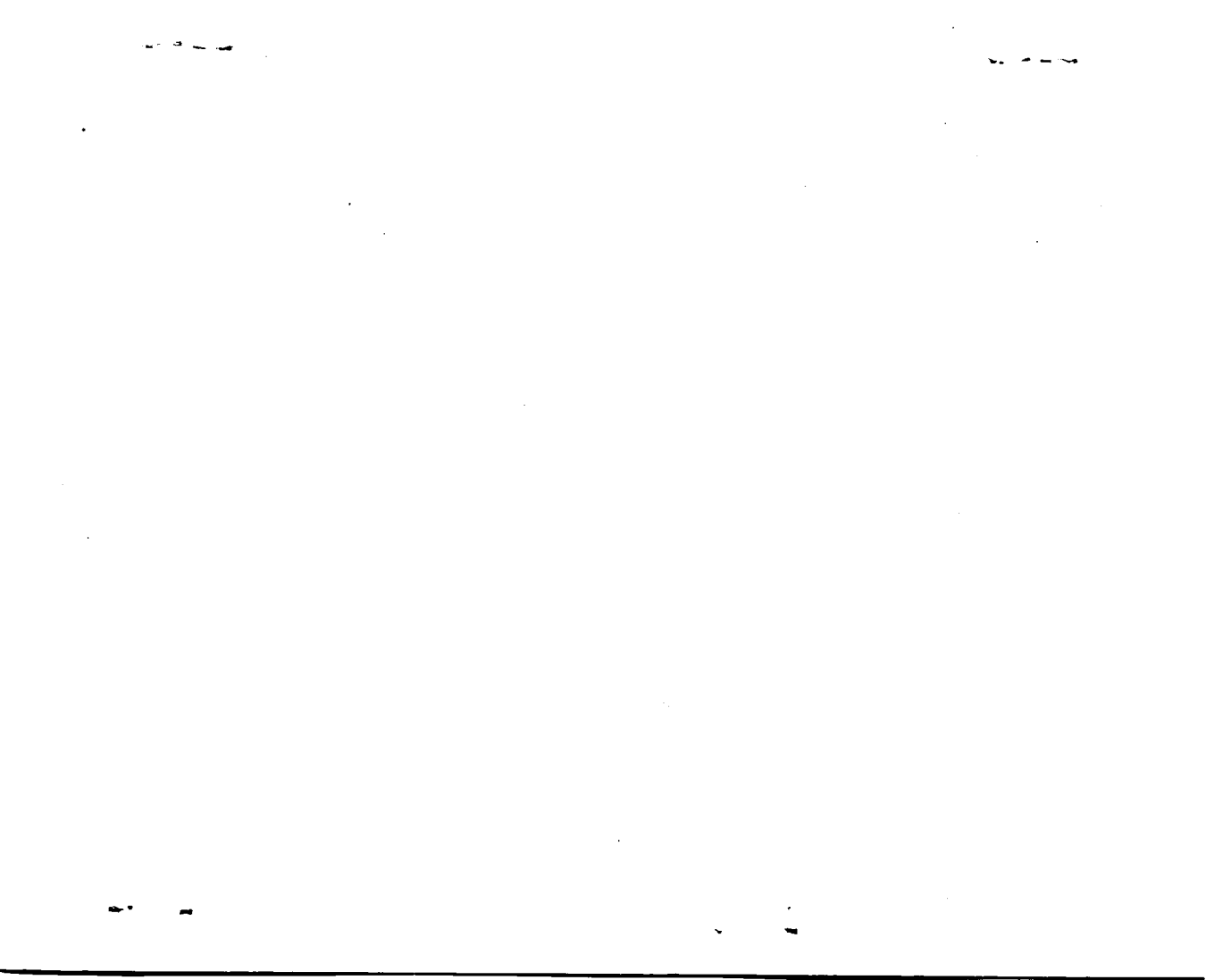
Sept 27

1920

R. H. Pratt

Registrar.

Registrar.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Ada } ss. Certificate No. 82177  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
(BIRTH OR DEATH)  
for Trask (Otherwise unnamed) who Born on September 8th 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF BIRTH)  
in Boise, Ada County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by Family Bible prepared on on or about September 15, 1920, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM  
(AS ON ORIGINAL)  
Unnamed

TO  
(THE CORRECT FACTS)  
Robert Marion Trask

Subscribed and sworn to before me this 5th  
day of February, 19 41.

Signed Alice B. Trask  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

S. D. Fairchild  
Notary Public, residing at \_\_\_\_\_ for the State of Idaho.  
My commission expires August 12, 1945.  
(SEAL)

Green Gables Motel, R. D. #2, Boise, Idaho  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Ada } ss. she

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th  
day of February, 19 42.

Signed Mrs Mary Bauer  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

S. D. Fairchild  
Notary Public, residing at Boise, Idaho.  
My commission expires August 12th 1945.  
(SEAL)

316 Bannock Street, Boise, Idaho  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

File 1002

399-110-001-691

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 82178

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Alphonsus Primary Registration District No. 10011Registered No. 363FULL NAME OF CHILD Laverne Charles Triplett

Sex of Child <u>Ma</u>	Twin Triplett or other? <u>Triplett</u>	and	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>9</u> <u>10</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME FATHER Triplett  
Chas. F. TriplettRESIDENCE 313 So 5thCOLOR Bl. AGE AT LAST BIRTHDAY 35  
(Years)

BIRTHPLACE \_\_\_\_\_

OCCUPATION Plaster tenderFULL NAME MOTHER Franzen  
Beatrice FranzenRESIDENCE 313 So 6thCOLOR Bl. AGE AT LAST BIRTHDAY 22  
(Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 10:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Putnam

(Physician or midwife)

Given names added from a supplemental report.

19

Address \_\_\_\_\_

Filed Sept 24 1920 R. H. Pratt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 29 1961

296-211-001-235  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 82179No. 526 S. 16 St.Primary Registration District No. 1004Registered No. 364

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ellen Lorraine BrooksSex of Child Female { Twin Triplet or other? \_\_\_\_\_ } and { Number in order of birth \_\_\_\_\_ } Legiti mate? yes  
(To be answered only in event of plural births)Date of Birth 9-11-1920  
(Month) (Day) (Year)FULL NAME WM. D. Brooks  
FATHER  
RESIDENCE 526 S. 16<sup>th</sup> St. Boise, Idaho  
COLOR White AGE AT LAST BIRTHDAY 35 (Years)  
BIRTHPLACE Minnesota  
OCCUPATION LaborerFULL MAIDEN NAME Louise K. Klenker  
MOTHER  
RESIDENCE 526 S. 16<sup>th</sup> St. Boise, Idaho  
COLOR White AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Illinois  
OCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 12:05 p.m.  
on the date above stated. (Born alive or stillborn)

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) T. W. Braxton  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_. 19\_\_\_\_

Address Boise, IdahoFiled Sept 20 1920R. H. Pratt  
Registrar

Registrar



FEB 2 1945

2 10 1945

265-112-001-168

## PLACE OF BIRTH

County of AdaCity of BoiseNo. 306 S. 5<sup>th</sup> St.Hospital                     

FULL NAME OF CHILD

Registration District No. 2 File No. 82180Primary Registration District No. 1004 Registered No. 365FULL NAME OF CHILD Lewis Clayton Koehler

Sex of Child <u>Male</u>	Twin Triplet or other? <u>                    </u>	and	Number in order of birth <u>                    </u>	Legiti mate? <u>Yes</u>	Date of Birth <u>9-12-1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME A. L. Koehler  
RESIDENCE 306 S. 5<sup>th</sup> St, Boise, Idaho  
COLOR White AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Idaho  
OCCUPATION Presman

MOTHER  
FULL MAIDEN NAME Nettie Fern Johnson  
RESIDENCE 306 S. 5<sup>th</sup> St, Boise, Idaho  
COLOR White AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE Missouri  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 8:50 p. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

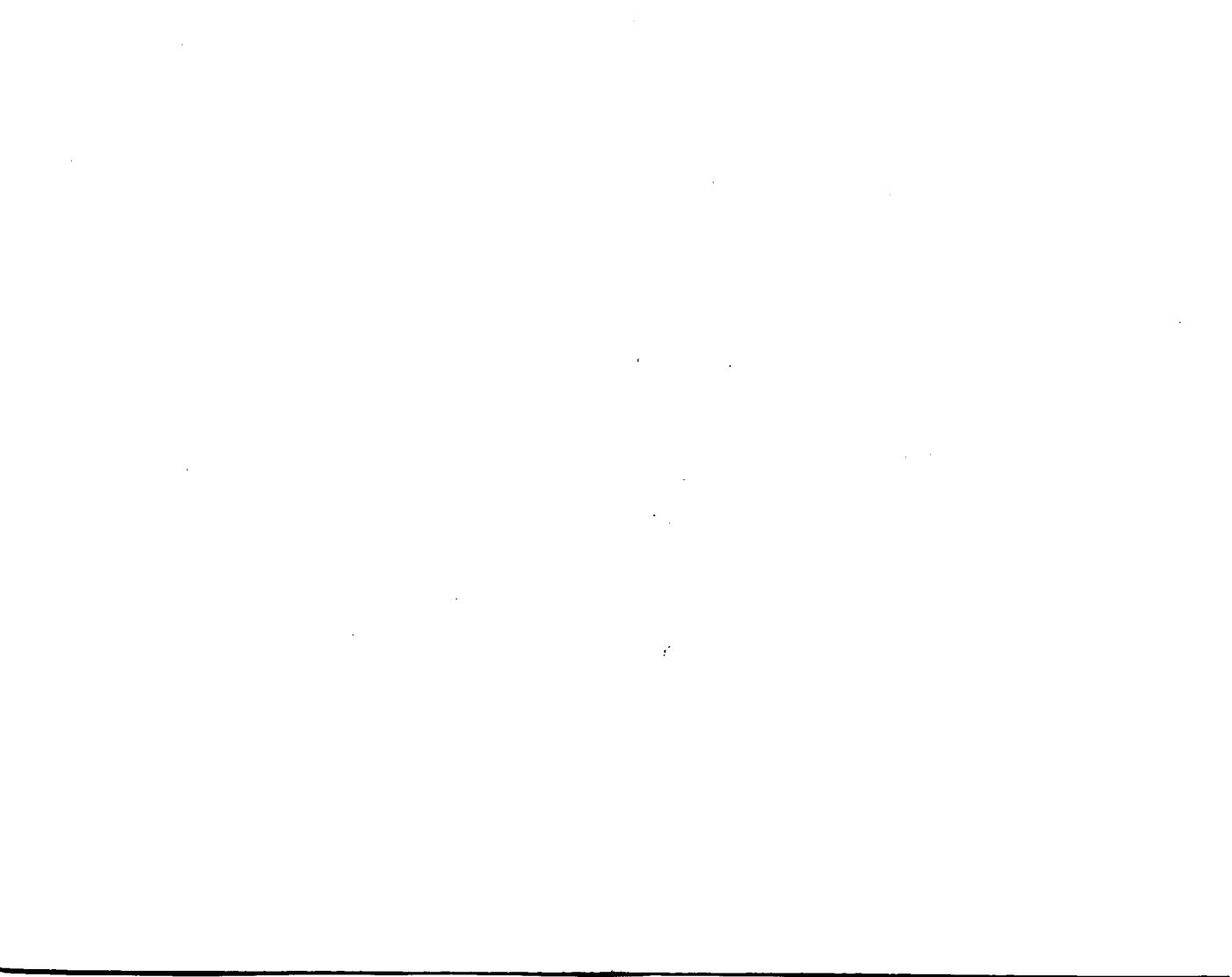
(Signature) T. N. Braxton  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, Idaho  
Filed Sept 20 1920 R. H. Pratt  
Registrar

Registrar



## PLACE OF BIRTH

296-215,001-366

County of AdaCity of BarberNo. 4, 3rd, St.

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-19

## CERTIFICATE OF BIRTH

Registration District No. 2File No. 82181Primary Registration District No. 1004Registered No. 366

Full Name of Child

Evelyn May Brooks

SEX OF CHILD

GirlTwin  
Triplet  
or other?{ and } Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?yesDATE OF  
BIRTHSept. 15<sup>th</sup> 1920  
(Month) (Day) (Year)FULL  
NAMEVictor M. Brooks

FATHER

RESIDENCE

Barber, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY26

(Years)

BIRTHPLACE

Delamar, Idaho

OCCUPATION

LaborerFULL  
MAIDEN  
NAMENellie Anne Cook

MOTHER

RESIDENCE

Barber, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY17

(Years)

BIRTHPLACE

Great Falls, Mont.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.alive

(Born alive or stillborn)

at 5 P M\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

R. S. Gregory

(Physician or midwife)

Given names added from a supplemental report.

19

Address

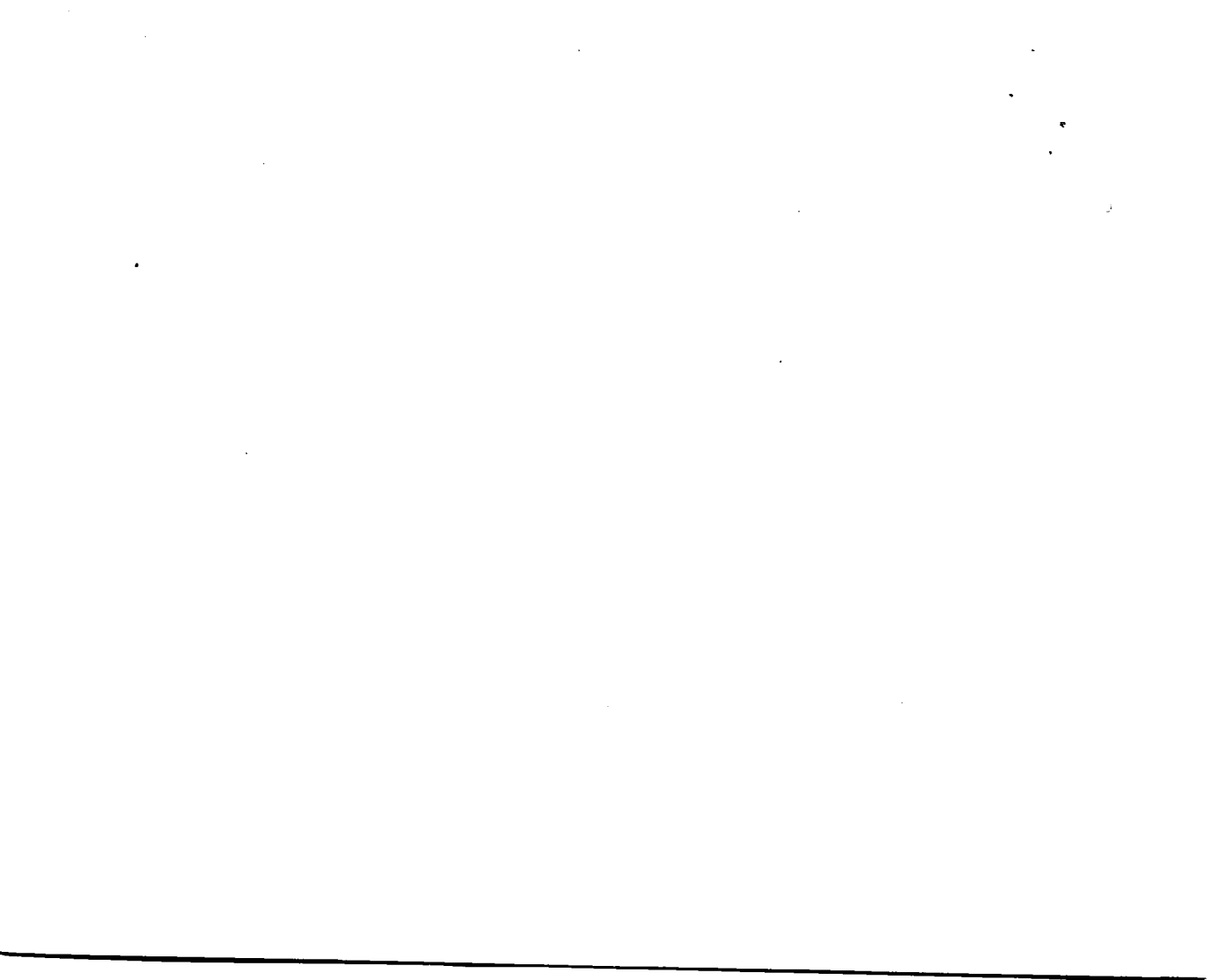
Barber, Idaho

Filed

Sept 20 1920

Registrar

Registrar



813-1161001-275

## PLACE OF BIRTH

County of....*Ada*.....City of....*Boise*.....No. *3422* *Broad* St.Hospital *St. Alph.*.....FULL NAME OF CHILD *Walter M. Hall*.....STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. B. No. 11-C-20m-2-27

## CERTIFICATE OF BIRTH

Registration District No. ....*2*.....File No. ....*82182*.....Primary Registration District No. ....*1004*...Registered No. ....*367*.....

Sex of Child <i>male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>Sept. 16</i> ..... <i>1929</i> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <i>Brown A. Hall</i>	FATHER	FULL MAIDEN NAME <i>Mary Spencer</i>	MOTHER
RESIDENCE <i>203 Broad St. Boise</i>		RESIDENCE <i>Boise</i>	
COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>40</i> ..... (Years)	COLOR <i>White</i>	AGE AT LAST BIRTHDAY <i>33</i> ..... (Years)
BIRTHPLACE <i>Canada</i>		BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Office Mgr.</i>		OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth....*2*... Number of children of this mother now living, including present birth....*2*...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....*Sept. 16*..... at *8:30 A.M.*  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Jos. R. Summers*.....

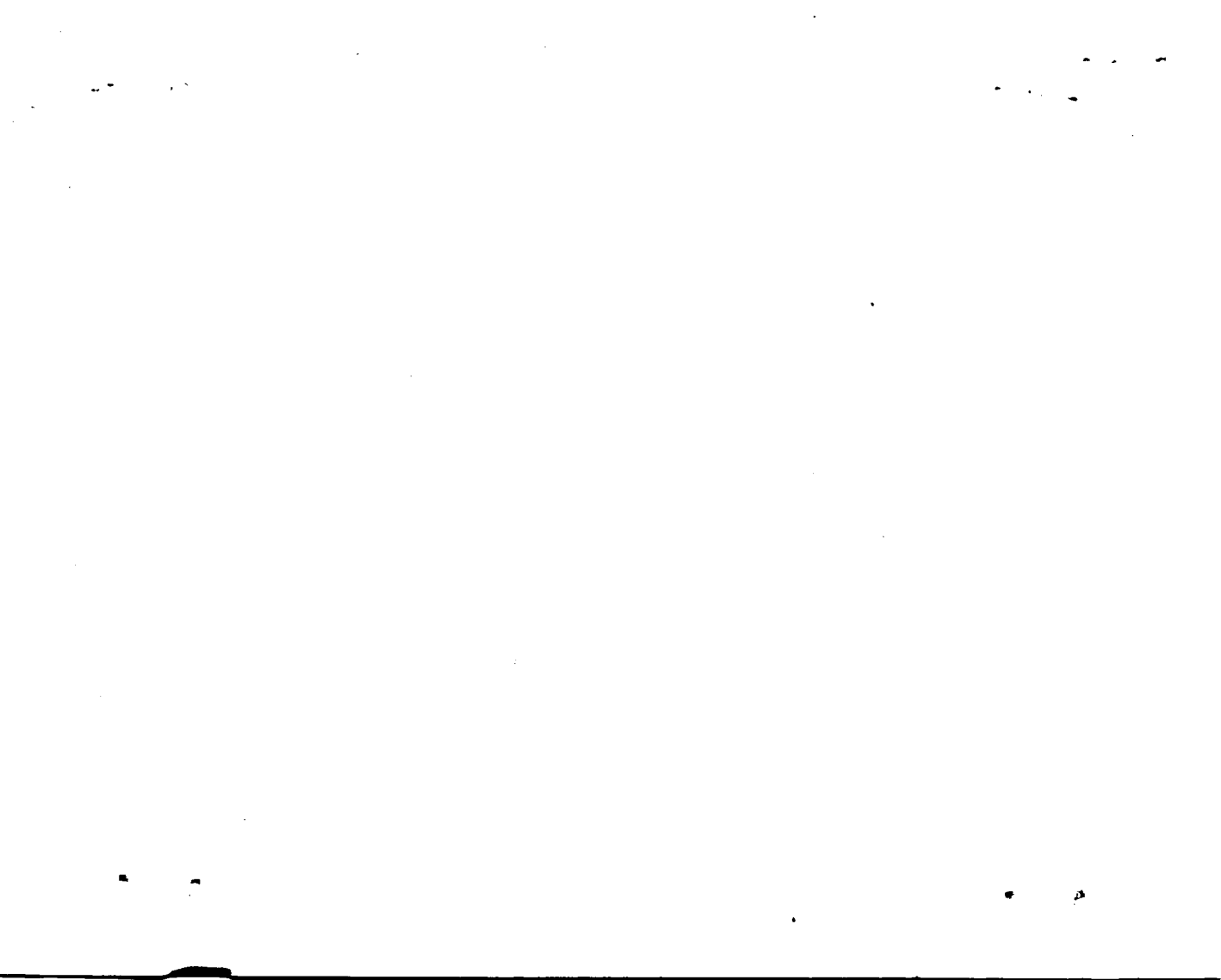
(Physician or midwife)

Given names added from a supplemental report.

Address *Boise, Idaho*.....Filed *Sept 20 1929*.....

Registrar

Registrar



SEP 1 1944

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of \_\_\_\_\_ } ss. Certificate No. 82182  
 County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Baby Hall who was born on September 16, 1920  
 in Boise, Idaho (Name on Original Certificate) (Was Born or Died) (Birth or Death)  
 are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts are shown by Certificate of Baptism prepared on February 28, 1937, are:  
 (Place of Event) (Bible Record, Insurance Policy, Etc.) (Date of Event) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
 ("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
name none given Walter M. Hall

Subscribed and sworn to before me this 17th  
 day of September 1944  
Arthur Anderson  
 Notary Public, residing at Targo h. Dat. Care.  
 My commission expires July 17, 1950.  
 (Seal)  
 Signed Mrs Mary J Hall  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
206 1/2 Broadway Targo h. Dat.  
 (Street Address, City, State)

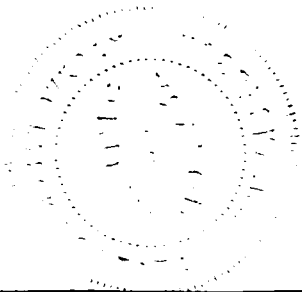
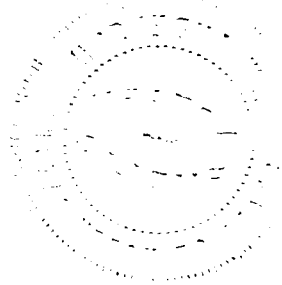
**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of h. Dak. } ss.  
 County of Case }  
 The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
 Subscribed and sworn to before me this 17th  
 day of Sept 1944  
Targo h. D.  
 Notary Public, residing at Targo h. D.  
 My commission expires July 17, 1950  
 (Seal)  
 Signed John H. Hall  
 (Signature of Any Credible Person Other Than Previous Year)  
Route 1 Moorhead, Minn  
 (Street Address, City, State)

{This Affidavit **MUST** Also be Executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)}



SEP 19 1944



695-117-001-165

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 407 W. Bannock St.Registration District No. 2File No. 82183

Hospital \_\_\_\_\_

Primary Registration District No. 1004Registered No. 368

## FULL NAME OF CHILD

George Winfield, Jr.

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?YesDate of  
Birth9-17-1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

Geo. WinfieldFULL  
MAIDEN  
NAME

MOTHER

Mary Jane Jones

RESIDENCE

407 W. Bannock, Boise, Idaho

RESIDENCE

407 W. Bannock St., Boise, Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Colorado

BIRTHPLACE

Missouri

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 12<sup>50</sup> p. M.  
(Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

J M Taylor  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Boise, Idaho

Filed

Sept 30 19 20

Registrar

Registrar

R. H. Pratt

8.

753-219100-533

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-25m-9-27

## CERTIFICATE OF BIRTH

County of.....Ada.....

City of.....Boise.....

Registration District No. ....2.....

File No. ....82184.....

No. ....St.....

Primary Registration District No. ...1001.....

Registered No. ....369.....

Hospital.....St. Alphonsus.....

FULL NAME OF CHILD.....

Peterson

Sex of Child Female	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? Yes	Date of Birth Sept. 19, 1920 (Month) (Day) (Year)
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FULL NAME Carl G. Peterson	FATHER	FULL MAIDEN NAME Emily C. Ellstrom	MOTHER
RESIDENCE Centerville, via Barber		RESIDENCE Centerville	
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)	COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho		BIRTHPLACE Idaho	
OCCUPATION Lumber Dealer		OCCUPATION Housewife	

Number of child of this mother, including present birth.....1..... Number of children of this mother now living, including present birth.....1.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated. (Born alive or unborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....  
(Physician or midwife)

Given names added from a supplemental report.

Address.....Boise, Idaho.....

Filed.....Sept 24, 1920.....

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

DUP OF 20-343795

614119-001-413

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-17

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 82185No. 1004 St.Primary Registration District No. 1004Registered No. 370Hospital StaphenousFULL NAME OF CHILD Ross B. Wade, Jr.

Sex of Child <u>male</u>	Twin Triplet or other? <u>no</u>	and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Sep 19 1920</u> (Month) (Day) (Year)
--------------------------	----------------------------------	---------------------------------------	------------------------	--

FULL NAME <u>Ross B. Wade</u>	FATHER	FULL MAIDEN NAME <u>Verna Mackey</u>	MOTHER
RESIDENCE <u>614 1/2 State St. Boise Ida</u>		RESIDENCE <u>614 1/2 State St. Boise Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Mo.</u>		BIRTHPLACE <u>Ill.</u>	
OCCUPATION <u>Salesman</u>		OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Sep 19-1920 at 10 a. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joe R. Thomas

Given names added from a supplemental report.

Address Boise IdaFiled Sept 24 1920

Registrar

Registrar

11-7-41

DEC 10 1942

JAN 6 1944

DEC 10 1941

4/16/41 I.B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

819221-001-168  
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 82186

No. \_\_\_\_\_ St.

Hospital St. Lukes

Primary Registration District No. 1004

Registered No. 371

FULL NAME OF CHILD

Bernice Harstla

Sex of Child

7

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti-  
mate?

yes

Date of  
Birth

Sept. 21

1920

(Month)

(Day)

(Year)

FATHER  
FULL NAME

Clinton G. Harstla

RESIDENCE

319 Broad St.

COLOR

White

AGE AT LAST  
BIRTHDAY

19  
(Years)

BIRTHPLACE

Montana

OCCUPATION

Rancher

MOTHER  
FULL MAIDEN  
NAME

Irene Johnson

RESIDENCE

319 Broad St.

COLOR

white

AGE AT LAST  
BIRTHDAY

16  
(Years)

BIRTHPLACE

Montana

OCCUPATION

Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

born alive 5:45 a. m.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

R. E. Green  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

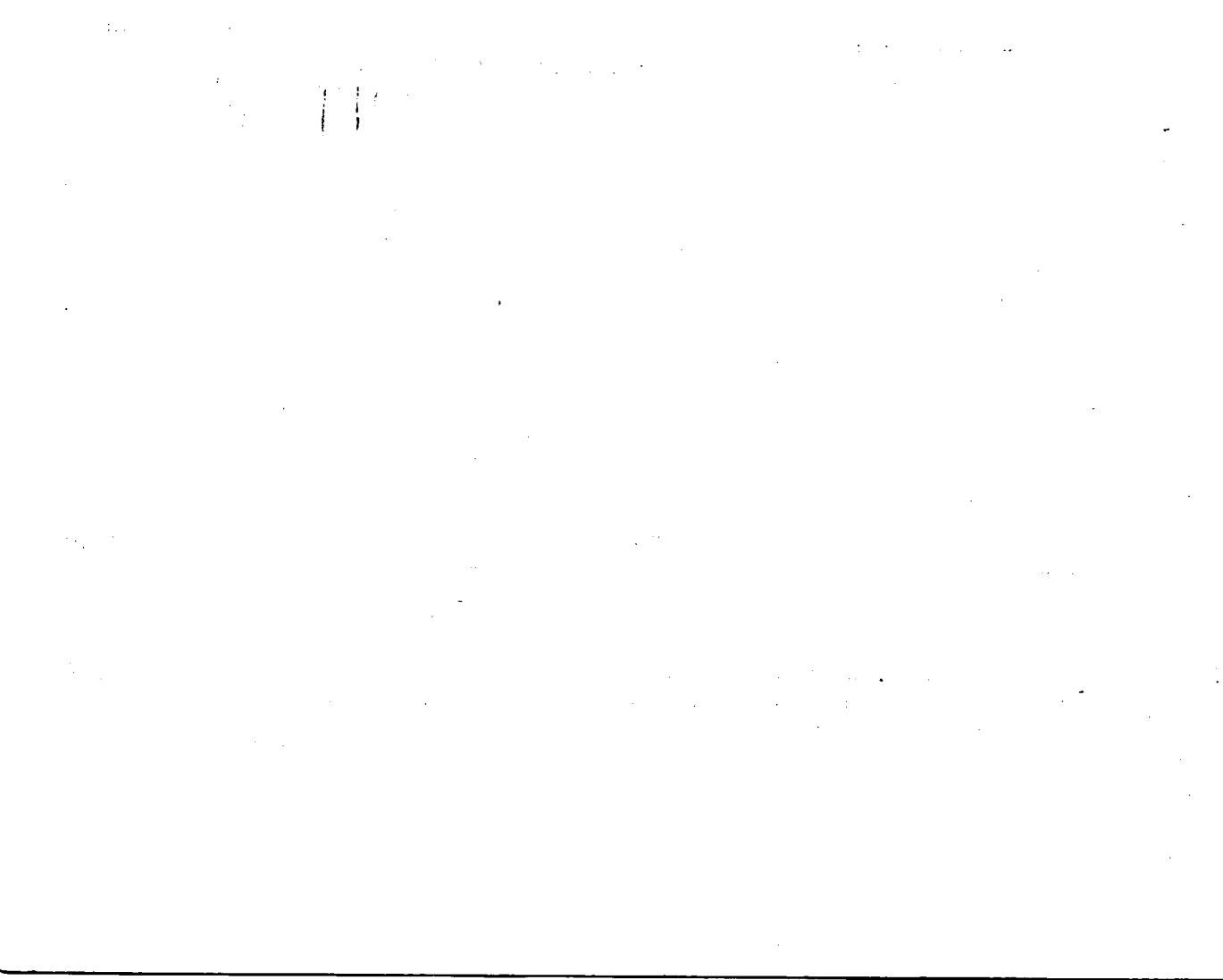
Sept 24 1920

R. H. Pratt

Registrar.

Registrar.





993 233,001-613

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of AdaCity of BoiseRegistration District No. 2File No. 82187

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Luke's Primary Registration District No. 1001Registered No. 372FULL NAME OF CHILD Marguerite Richards

Sex of Child <u>FE</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>9 23</u> 19 <u>20</u> (Month) (Day) (Year)
------------------------	---	--------------------------------	----------------------------	--

FULL NAME <u>Berny N. Richards</u>	FATHER
RESIDENCE <u>710 Hays St</u>	
COLOR <u>Bl.</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)

FULL MAIDEN NAME <u>Augusta Halsey</u>	MOTHER
RESIDENCE <u>700 Hays St</u>	
COLOR <u>Bl.</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)

BIRTHPLACE <u>Ills.</u>
OCCUPATION <u>Telegrapher</u>

BIRTHPLACE <u>Mo.</u>
OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:15 P. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Peterson  
Orlando Bell  
(Physician or midwife)

Given names added from a supplemental report.

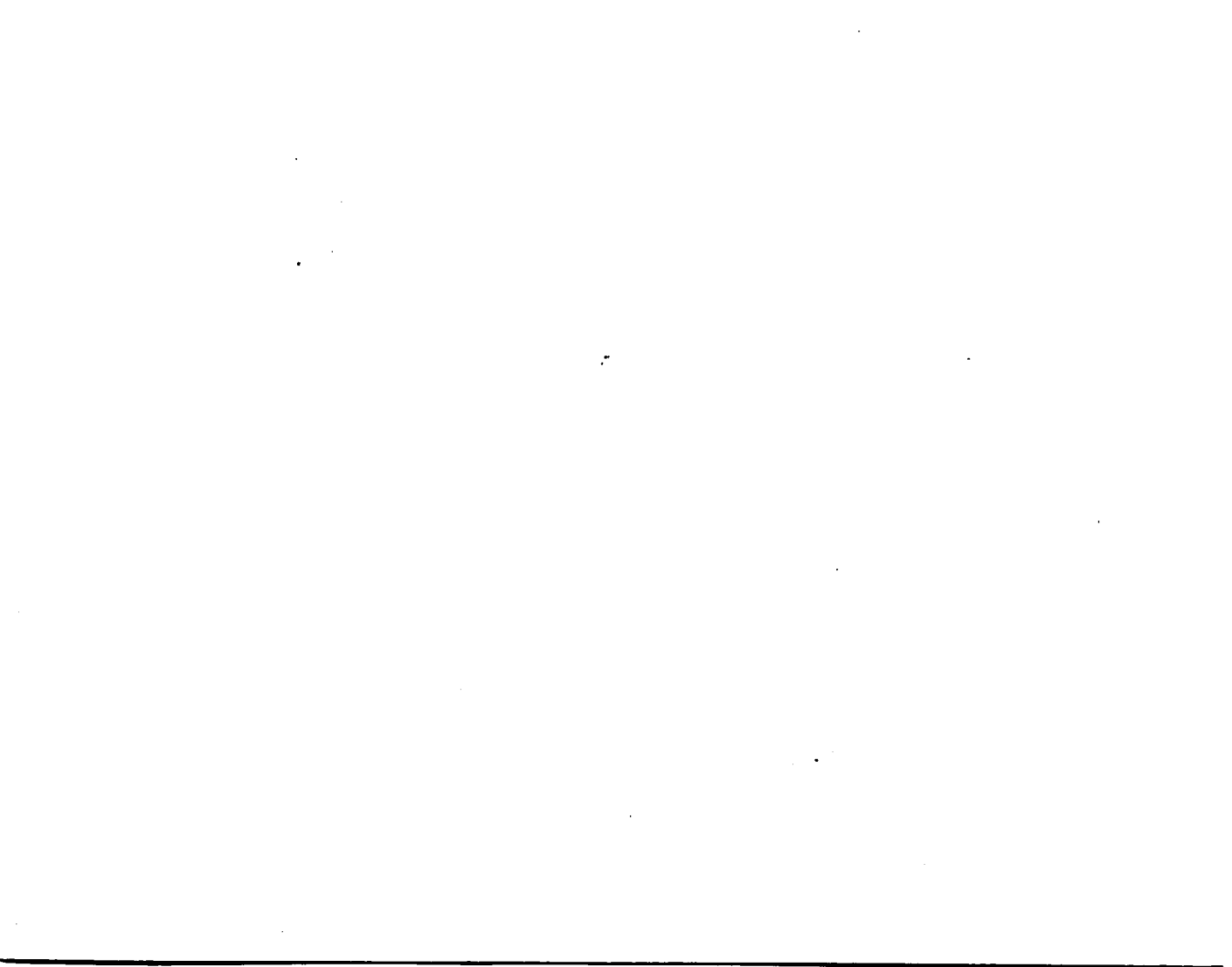
19 \_\_\_\_\_

Address \_\_\_\_\_

Filed Sept 24 19 20R. H. Pratt

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

165-110-00-619

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-1-3-17

County of... Ada.....

City of... Boise.....

No. all 4 states..... St.

Registration District No. .... 2.....

File No. .... 82188.....

Primary Registration District No. .... 1004.....

Registered No. .... 3573.....

Hospital... St. Alphonsus

FULL NAME OF CHILD... Ralph Ward Jones Jr.

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	Date of Birth <u>July 10</u> (Month) (Day) (Year) <u>20</u>
-----------------------------	---	--------------------------------------	--------------------------------	--

FATHER  
FULL NAME Ralph H. Jones

RESIDENCE Boise, Idaho

COLOR white AGE AT LAST BIRTHDAY 31  
(Years)

BIRTHPLACE Ft. Worth, Texas

OCCUPATION Bodyman Rader Co

MOTHER  
FULL MAIDEN NAME Serena E. Wood

RESIDENCE Boise, Idaho

COLOR white AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Ft. Worth, Texas

OCCUPATION House wife

Number of child of this mother, including present birth..... 1..... Number of children of this mother now living, including present birth..... 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.... born alive..... at.... 109..... M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... L. P. McCall..... M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address..... Boise, Idaho

Filed..... 8/21..... 19 20 R. H. Pratt

Registrar

Registrar

JUL 31 1945

669-2241001-896

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 1408 79th St.Registration District No. 2File No. 82189

Hospital \_\_\_\_\_

Primary Registration District No. 1004Registered No. 374

FULL NAME OF CHILD

Santa Aurora

Sex of Child

FETwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth9 24 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 2 P. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Fred A. Puffer  
Overland, Bldg.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

Sept 25 1920

Registrar

Registrar

DECEASED

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. \_\_\_\_\_ Certificate No. **82189**  
County of \_\_\_\_\_ }  
The undersigned does solemnly swear that certain facts on the certificate of **Birth**  
for **Unnamed Foruria** who **was born** on **Sept. 24, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Boise, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)  
**Childs name** **Unnamed Foruria** **Santa Foruria**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed Santa Stettin  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of **IDAHO** } ss. \_\_\_\_\_  
County of **CEM** }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this **26<sup>th</sup>** day of **May**, 19**71**

Notary Public, residing at **Emmett, IDAHO**  
My commission expires **2/3/74**  
(Seal)

Signed Marie Villanueva  
(Signature of Any Credible Person)

**503 S. HAYES, EMMETT**  
(Street Address, City, State) **IDAHO**



Certificate of Baptism issued by St. John's Cathedral, Boise, Idaho.  
gives name as Santa Foruria Yriondo. viewed by V.S.

**MAR 31 1977**

Child's birth certificate issued by State of Idaho gives mother's name  
as Santa Hazel Foruria. vield by V.S.

319-124.001-462

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 1419 N. 8th St.Registration District No. 2File No. 82191

Hospital \_\_\_\_\_

Primary Registration District No. 1004Registered No. 376

## FULL NAME OF CHILD

Robert Ray Carroll

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>9-24-1920</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-------------------------------	--

FULL NAME <u>Will H. Carroll</u>	FATHER
RESIDENCE <u>Murphy, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Nellie B. Moss</u>	MOTHER
RESIDENCE <u>Murphy, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9<sup>40</sup>p. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. M. Taylor  
MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, IdahoFiled Sept 29 1920 RH Prath.

Registrar

Registrar

MAR 10 1942

MAR 13 1951

MAR 6 1946

249123.00-163

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 82192No. — St.Hospital St. Alphonsus Primary Registration District No. 1014 Registered No. 377

FULL NAME OF CHILD

Harvey Newland Smith, Jr.

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy?

Yes

Date of Birth

9-23- 1920  
(Month) (Day) (Year)

FULL NAME

Harry N. Smith

FATHER

FULL MAIDEN NAME

Florence Jolley

MOTHER

RESIDENCE

1006 E. Washington, Boise

RESIDENCE

1006 E. Washington St., Boise, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

28  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

23  
(Years)

BIRTHPLACE

Illinois

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive at 8<sup>30</sup> p. M.  
(Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

J. M. Taylor  
M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Boise, Idaho

Filed

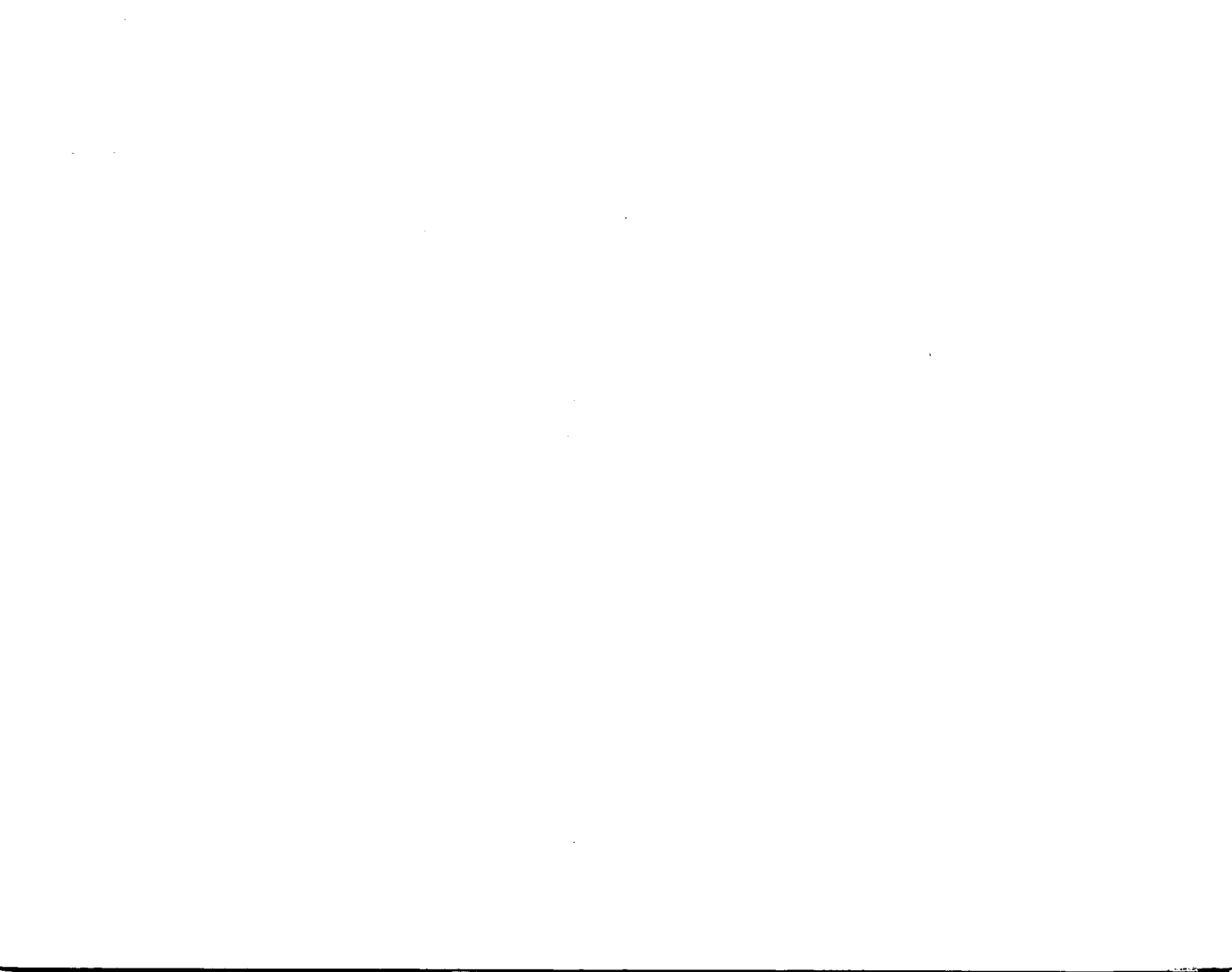
Sept 29 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



713-224-00-515

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 82193No.        St.Hospital St. Luke'sPrimary Registration District No. 1004Registered No. 378

FULL NAME OF CHILD

Nina Virginia Galbraith

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy?

Yes

Date of Birth

9-24-1920  
(Month) (Day) (Year)

FULL NAME

F. W. Galbraith

FATHER

RESIDENCE

Rocky Bar, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

42  
(Years)

BIRTHPLACE

Oregon

OCCUPATION

Carpenter

FULL MAIDEN NAME

Minnie J. Vanderford

MOTHER

RESIDENCE

Rocky Bar, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

34  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive, at 5:50 a.m.  
(Born alive or stillborn){ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

J. M. Taylor  
MD

(Physician or midwife)

Given names added from a supplemental report.

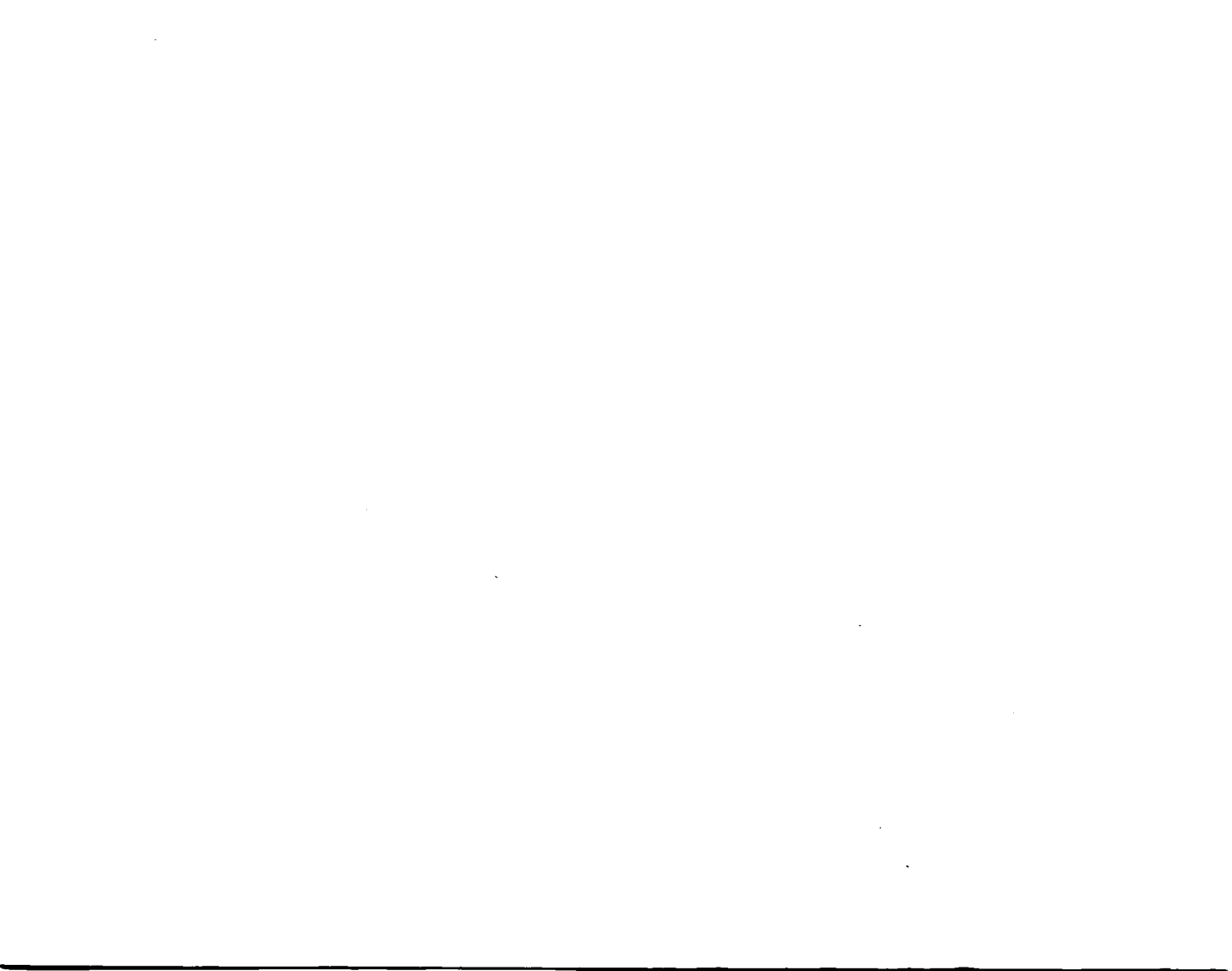
19

Address Boise, IdahoFiled Sept 29 1920

Registrar

R. H. Pratt

Registrar



275-1541001-386  
PLACE OF BIRTH

Form V. S. 100-110-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseNo. 532 S-154 St.Registration District No. 1004File No. 82194

Hospital \_\_\_\_\_

Primary Registration District No. 1004Registered No. 379

FULL NAME OF CHILD

EARL SPENCER

Sex of Child

mTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

{ and }

Number  
in order  
of birthLegitt  
mate?yesDate of  
BirthSept. 4  
(Month) (Day)1928  
(Year)FULL  
NAMEM. M. Spencer

FATHER

RESIDENCE

whiteFULL  
MAIDEN  
NAMEMaudie Thomsen

MOTHER

RESIDENCE

532 S-15

COLOR

532 S-15AGE AT LAST  
BIRTHDAY3.3  
(Years)

BIRTHPLACE

Colo.

COLOR

whiteAGE AT LAST  
BIRTHDAY3.6  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Machinist

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Borne alive, at 4 P. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 Mc Carthy Bldg.

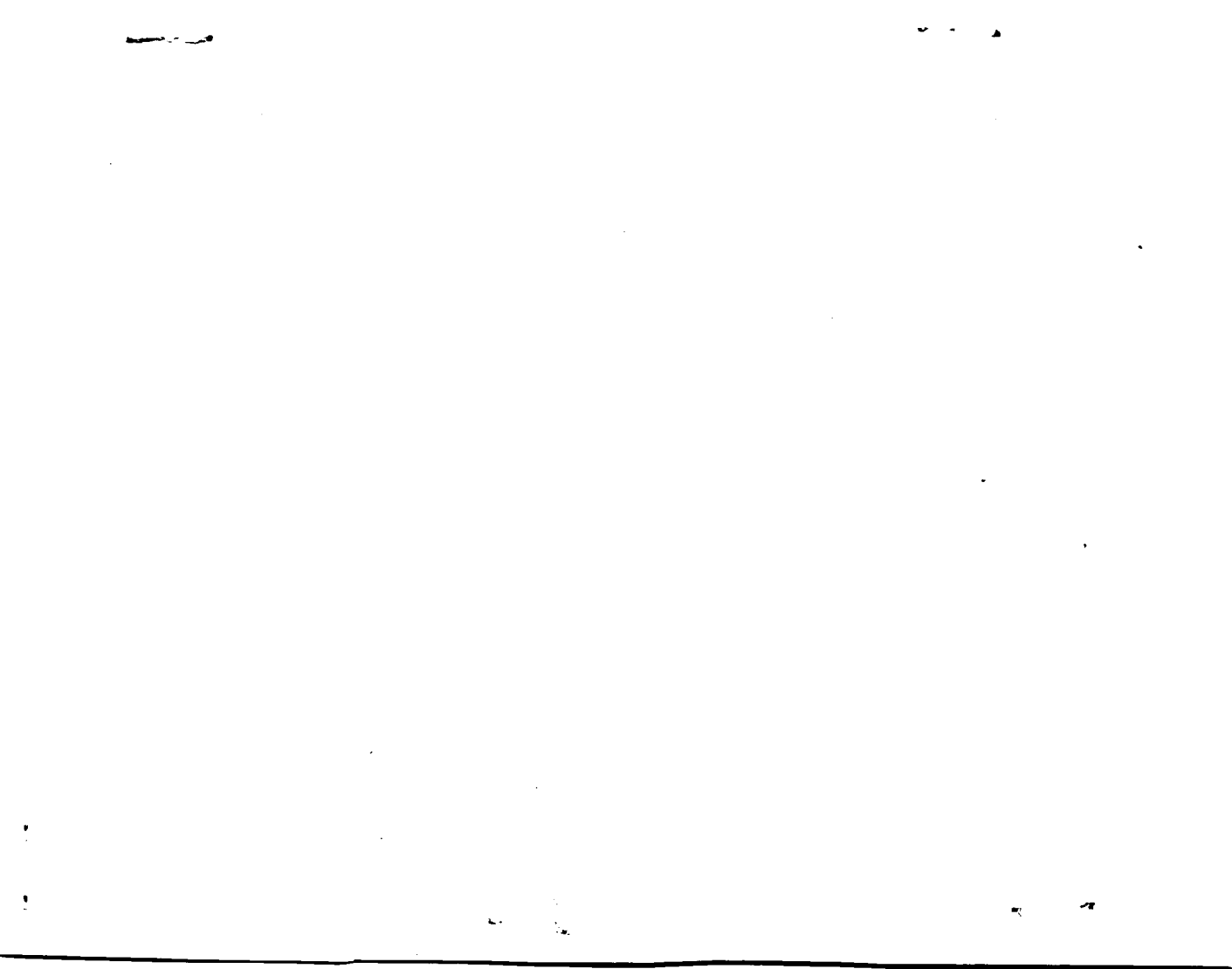
Filed

Sept 29 1928

Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 82194  
County of Elmore }

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Earl Spencer who was born on Sept 4th, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Insurance Policy prepared on Sept 27th, 1937, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM TO  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Earl Spencer

Subscribed and sworn to before me this 1st  
day of August 19 42  
Burton E. Hansen

Notary Public, residing at Glenns Ferry, Idaho

My commission expires Jan 30th, 1943  
(Seal)

Signed Earl Spencer  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 695

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Elmore }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st  
day of August 19 42  
Burton E. Hansen

Signed Thomas H. Spencer  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Glenns Ferry, Idaho P.O. Box 695

My commission expires Jan 30th, 1943  
(Seal)

(Street Address, City, State)

AUG 3 1942

AUG 5 1954



WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Bosse Registration District No. 1004 File No. 82195  
 No. 380 St. St. Albans Primary Registration District No. 1004 Registered No. 380  
 Hospital St. Albans  
 FULL NAME OF CHILD John Stanley Curtis

Sex of Child male Twin Triplet or other? 1 and in order of birth 1 Legitimate? yes Date of Birth Sept 21, 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
 FULL NAME Joseph V. Curtis  
 RESIDENCE Meredian  
 COLOR white AGE AT LAST BIRTHDAY 37 (Years)  
 BIRTHPLACE mo.  
 OCCUPATION Farmer

MOTHER  
 FULL MAIDEN NAME Emma E. Barker  
 RESIDENCE Meredian  
 COLOR white AGE AT LAST BIRTHDAY 32 (Years)  
 BIRTHPLACE Galveston, Nebraska  
 OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. C. C. C.

(Physician or midwife)

Given names added from a supplemental report.

Address Bosse, Idaho

Filed Sept 29, 1920

Registrar

Registrar

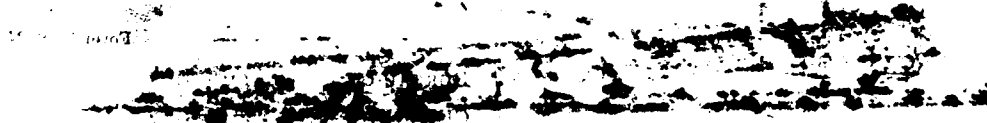
DEC 26 1941

JUN 3 1943

AUG 19 1958

—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

## Registrar



[The following text is extremely faint and illegible due to the quality of the scan. It appears to be a list or a series of entries, but the specific content cannot be discerned.]

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993122-1

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

County of Ada

City of Boise

No. 804 Ruesgane

Hospital Home

Registration District No. .... 2 .....

File No. .... 82197 .....

Primary Registration District No. .... 1004 .....

Registered No. .... 182 .....

FULL NAME OF CHILD Melvin Jay Rich

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Sept 22 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>John Stock Rich</u>	FATHER
RESIDENCE <u>804 Ruesgane</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>46</u> (Years)
BIRTHPLACE <u>Paris Idaho</u>	
OCCUPATION <u>Truck Driver</u>	

FULL MAIDEN NAME <u>Anna Bell Anderson</u>	MOTHER
RESIDENCE <u>804 Ruesgane</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>150</u> (Years)
BIRTHPLACE <u>Mexico Missouri</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth. .... 4 ..... Number of children of this mother now living, including present birth. .... 4 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 9-15 P. M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Hardy

Given names added from a supplemental report.

(Physician or midwife)  
Address 916 State St. Boise Id.

Filed Sept 27 1920  
Registrar R. H. Pratt



1043 1 2 130

1043 2 1 130

692-1211001-614  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-37

County of AdaCity of BoiseRegistration District No. 2File No. 82198No. 4245011 St.Primary Registration District No. 1004Registered No. 325

Hospital .....

FULL NAME OF CHILD Robert Waugh Fischer

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Aug. 31</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Ferdinand A. Fischer</u>	FATHER
RESIDENCE <u>434 5011 Boise Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Germany</u>	
OCCUPATION <u>R.R. Switchman</u>	

FULL MAIDEN NAME <u>Mary Waugh</u>	MOTHER
RESIDENCE <u>Boise Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 3..... Number of children of this mother now living, including present birth. 3.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was.....  
on the date above stated. (Born alive or ~~premature~~)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Chambers  
(Physician or midwife)

Given names added from a supplemental report.

Address Boise, IdahoFiled Aug 24 1920

Registrar

Registrar

MAR 7

713223 1001-967  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-3-33

## CERTIFICATE OF BIRTH

City of AdaCounty of Baer

Registration District No. ....

2

File No. ....

82199..

No. 602-S-16 St.

Primary Registration District No. ....

1004

Registered No. ....

325

Hospital .....

FULL NAME OF CHILD .....

Edward PalmerJuanita Ellen

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Aug 23 1904</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>W R Palmer</u>	FATHER
RESIDENCE <u>612 S 16th</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Garage Mechanic</u>	

FULL MAIDEN NAME <u>Daisy Roxanna</u>	MOTHER
RESIDENCE <u>612 S 16th</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1 Number of children of this mother now living, including present birth... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Hegg

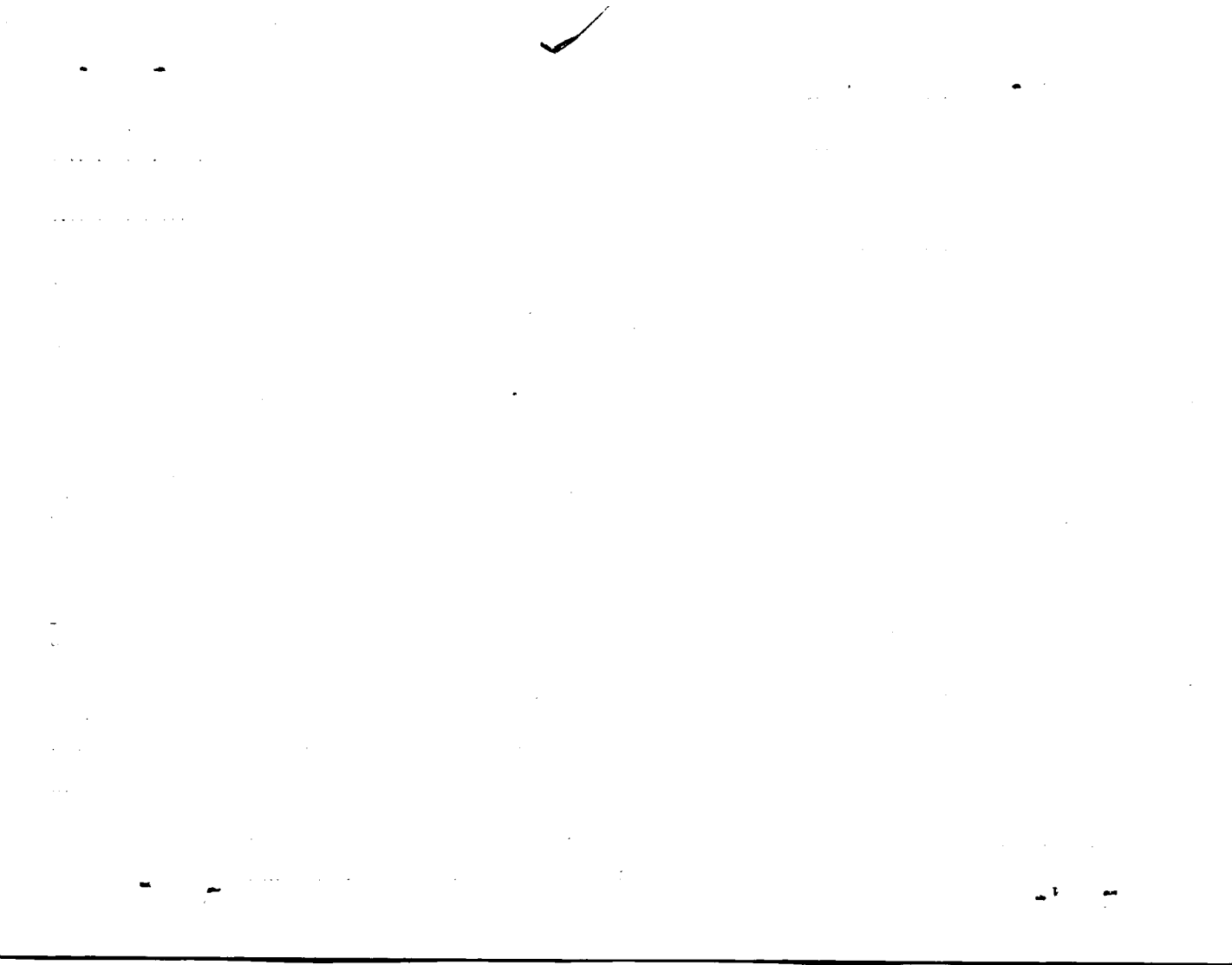
(Physician or midwife)

Given names added from a supplemental report.

Address 412 S 16thFiled Aug 27 1904

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss.  
County of Ada }

Certificate No. 82199

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Ethel Palmer who was born on Aug. 23, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by aunt prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
Name	<u>Ethel</u>	<u>Juanita Ellen Palmer</u>
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 26  
day of June 1942

Notary Public, residing at Boise, Idaho

My commission expires Oct. 26, 1943  
(Seal)

Signed Mrs. Ellen Paxton  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1505 North 21st - Boise, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Ada }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26  
day of June 1942

Notary Public, residing at Boise, Idaho

My commission expires Oct. 26, 1943  
(Seal)

Signed Mabel E. Carrier  
(Signature of Any Credible Person Other Than Previous Year)  
1208 Vermont St. Boise, Ida.  
(Street Address, City, State)

JUN 26 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

PLACE OF BIRTH AMENDED FEB. 5, 1967

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

613-181001-359 = =  
County of ADA

City of BOISE

CERTIFICATE OF BIRTH

No. \_\_\_\_\_ St. \_\_\_\_\_ Registration District No. 2 File No. 82200

Hospital ST. LUKES Primary Registration District No. 1004 Registered No. 326

FULL NAME OF CHILD SHIRLEY ELIZABETH WATTLES

(Certificate of no value without full name of child.)

Sex of Child <u>F</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	} and { Number in order of birth	Legiti- mate? <u>YES</u>	Date of birth <u>AUGUST 18, 1920</u> (Month) (Day) (Year)
-----------------------	--	---	-----------------------------	---

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth... 1 ... Number of children of this mother now living, including present birth... 1

FULL NAME FATHER  
LESLIE A. WATTLES

FULL MAIDEN NAME MOTHER  
ELIZABETH R. LEIGHTON

RESIDENCE NEAR COLLISTER

RESIDENCE NEAR COLLISTER

COLOR WHITE AGE AT LAST BIRTHDAY 30  
(Years)

COLOR WHITE AGE AT LAST BIRTHDAY .....  
(Years)

BIRTHPLACE MICH.

BIRTHPLACE IDAHO

OCCUPATION MERCHANT

OCCUPATION HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was BORN ALIVE, at 3:10 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) DR. JOHN BOECK

(Physician or midwife)

Give names added from a supplemental report.

Address BOISE, IDAHO

Filed Aug 28, 1920, R. H. Pratt

Registrar.

Registrar.



44



11-22-68

**9.000-10-000-100-100**

10

1991



100

SECRET - NOFORN

100

蘇聯總工會

100-443886-1

**Abstract**

100-443887-100

2000

1990

100-104395

[illegible]

**参考文献**

100-441508

1958年12月

1982

**SECRET**

1947年10月1日

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of IDAHO } ss. Certificate No. 82200  
County of ADA } Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Shirley Elizabeth Wattles who was born Aug. 18, 1920 (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Boise are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Death Cert. #55-3210 prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Father's middle name

Alder

A.

Subscribed and sworn to before me this 5 day of

Signed Elizabeth L. Wattles  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho

My commission expires April 14, 1958

(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of IDAHO } ss.  
County of ADA }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of

Signed [Signature]  
(Signature of Any Credible Person)

Notary Public, residing at Boise, Idaho

My commission expires Aug. 1, 1957

(Seal)

(Street Address, City, State)

1111

1111

1111

219223-000-915  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BaieRegistration District No. 2File No. 82201

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1004Registered No. 327

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Sex of Child

FTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth8-23-20  
(Month) (Day) (Year)FULL  
NAMEWm

FATHER

Barrow

RESIDENCE

Baie

COLOR

W.AGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Colo.

OCCUPATION

BlacksmithFULL  
MAIDEN  
NAMEBarrie Rants

MOTHER

RESIDENCE

Baie

COLOR

WAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Colo.

OCCUPATION

Her.

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Barrow alive, at 3 a. m.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

M. Allen Callaway  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Baie Ida

Filed

Aug 27 1920R. N. Pratt

Registrar

Registrar

Dup of 1920-151475

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

57413.00-319  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-25m-7-21-19

County of Ada

City of Boise

Registration District No. 2

File No. 82202

No. 323 W Jefferson

Primary Registration District No. 1004

Registered No. 328

Hospital \_\_\_\_\_

FULL NAME OF CHILD

John Antoinette Egurola

Sex of Child M.

Twins  
Triplet  
or other?

and Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate?

yes.

Date of  
Birth

Aug 13 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER

Bonifacio Egurola

FULL  
MAIDEN  
NAME

MOTHER

Lorance Larrucea

RESIDENCE

323 W. Jefferson

RESIDENCE

323 W. Jefferson

COLOR

White

AGE AT LAST  
BIRTHDAY

41  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY

20  
(Years)

BIRTHPLACE

Spain

BIRTHPLACE

Spain

OCCUPATION

Sheep man

OCCUPATION

House wife

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive at 11 A M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr John Baech

(Physician or midwife)

Given names added from a supplemental report.

19

Address

303 M. Party Bldg

Filed

Aug 27 1920

Registrar

Registrar



215-128-001-419

PLACE OF BIRTH

County of Ada

City of Boise

No. St.

Hospital St. Alf Hospital

FULL NAME OF CHILD

Paul George Savic

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-3-3-37

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 82203

Primary Registration District No. 1004

Registered No. 329

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Aug 28</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	--	-----------------------------	---

FULL NAME <u>Paul G. Savic</u>	FATHER
RESIDENCE <u>1301 Bancroft Boise Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Servia</u>	
OCCUPATION <u>Dealer man</u>	

FULL MAIDEN NAME <u>Georgia Martin</u>	MOTHER
RESIDENCE <u>Boise Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Tennessee</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Aug 28 - 1920 at 11 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Summers

Given names added from a supplemental report.

(Physician or midwife)

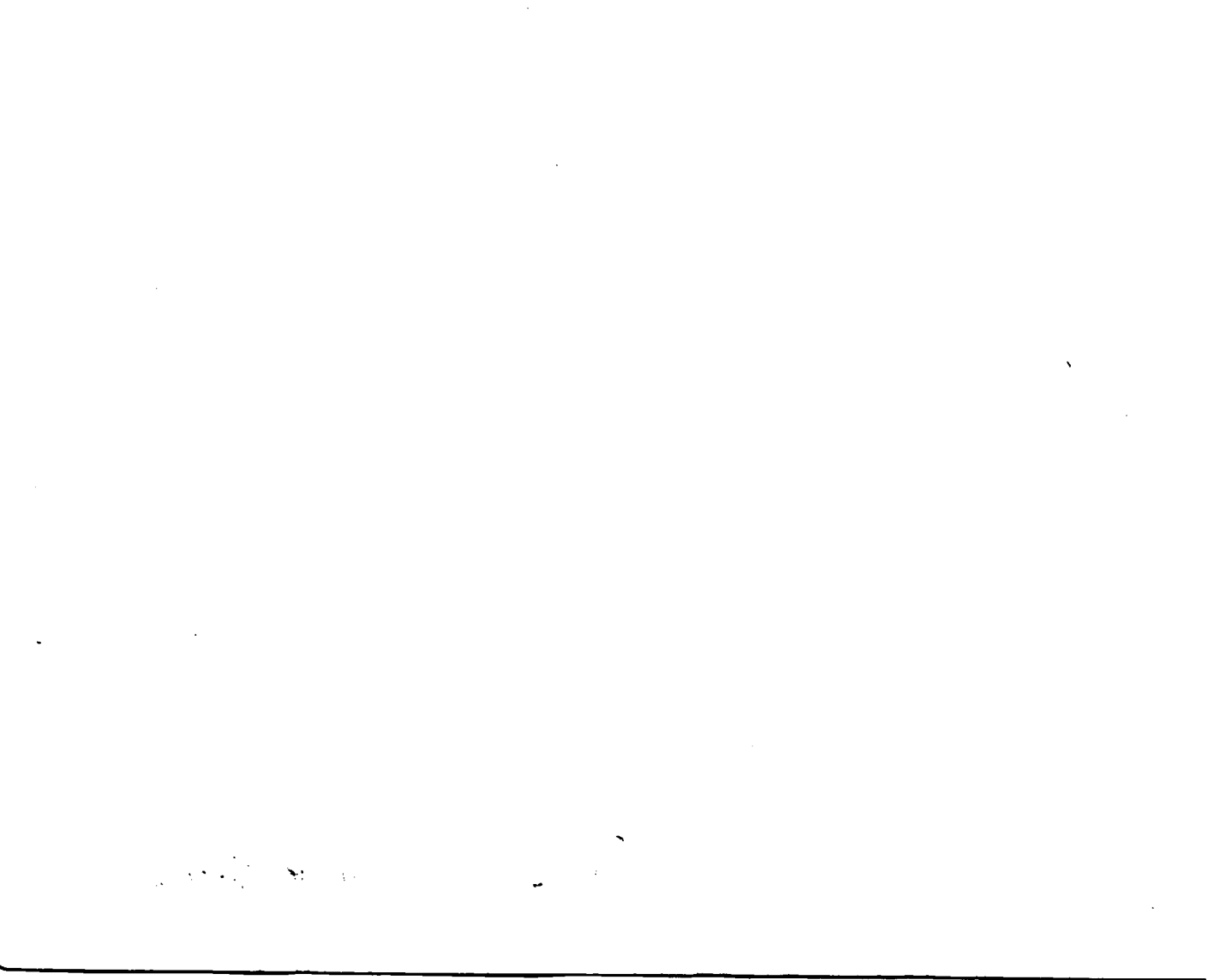
Address Boise, Idaho

Filed Aug 31 1920

Registrar

Registrar





231-127-004285

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. &amp; No. 11-C-25m-3-37

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 2File No. 82204No. St.Primary Registration District No. 1004Registered No. 330Hospital St. Alphonsus

FULL NAME OF CHILD

Richard Ronald Staples

Sex of Child

maleTwin  
Triplet  
or other?{ and { Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
BirthAug. 27

(Month) (Day) (Year)

1920FULL  
NAMEFATHER Harry A. StaplesFULL  
MAIDEN  
NAME

MOTHER

Aileen Shea

RESIDENCE

Jordan Valley

RESIDENCE

Jordan Valley

COLOR

WhiteAGE AT LAST  
BIRTHDAY27

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY23

(Years)

BIRTHPLACE

Mo.

BIRTHPLACE

Idaho

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Aug. 27-1920 at Boise M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. R. Thompson

(Physician or midwife)

Given names added from a supplemental report.

Address

Boise, Ida.

Filed

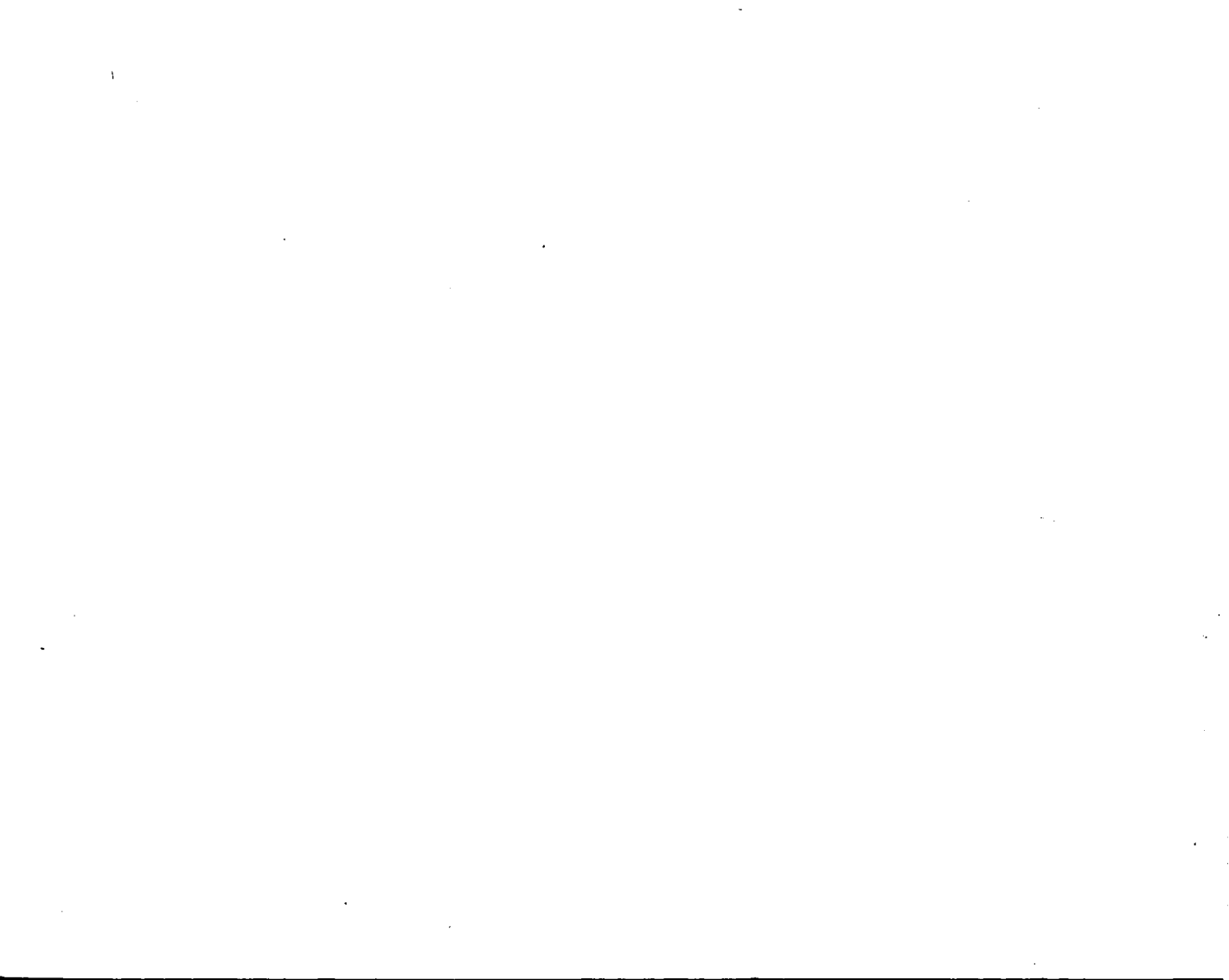
Aug 31 1920

Registrar

Filed

R. R. Pratt

Registrar



251-116001-625  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 82205

No. \_\_\_\_\_ St.

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 722

FULL NAME OF CHILD

Robert Ralph Knapp

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>8-16-</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	---------------------------	---

FATHER  
FULL NAME Ralph R. Knapp  
RESIDENCE 319 Thatcher St. Boise, Ida.  
COLOR White AGE AT LAST BIRTHDAY 34 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Cashier

MOTHER  
FULL MAIDEN NAME Matilda F. Oberg  
RESIDENCE 319 Thatcher St. Boise, Idaho  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Oregon  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 p. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho

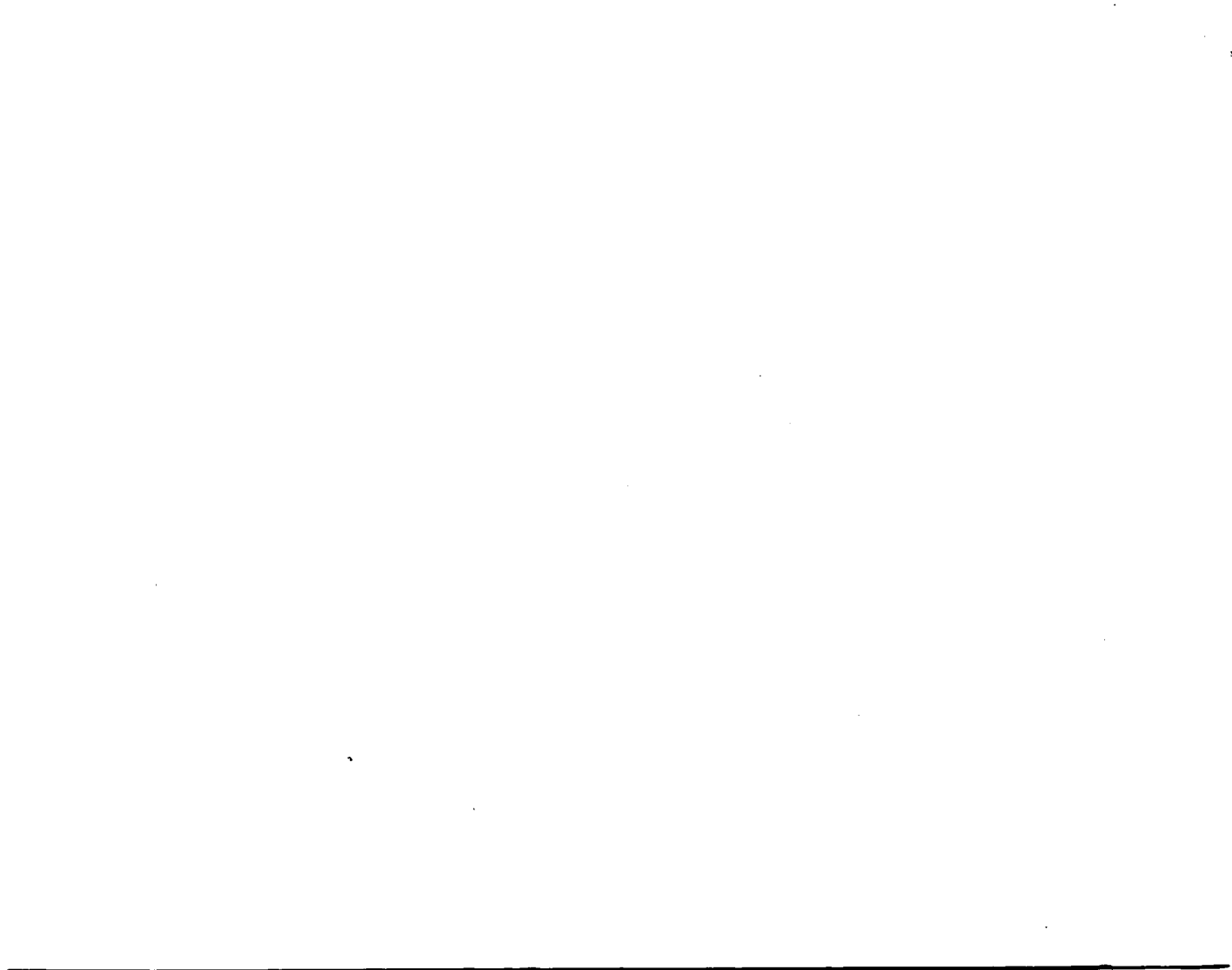
Filed Aug 24 19 20 R. H. Pratt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



719-2161001-219  
PLACE OF BIRTHSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 2File No. 82206No. 31 St.Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 721FULL NAME OF CHILD Bibiana Mary GarmendiaSex of Child Fe Twin Triplet or other? and Number in order of birth 1 Legitimate? yes Date of Birth 8/16/1920  
(Month) (Day) (Year)FULL NAME Louis Garmendia OTHERRESIDENCE 216 So 9<sup>th</sup>COLOR M AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE SpainOCCUPATION SheepFULL MAIDEN NAME Juanita Barranagar MOTHERRESIDENCE 216 So 9<sup>th</sup> EnteriaCOLOR Bl AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE SpainOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9:45 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Chauk Bldg  
(Physician or midwife)

Given names added from a supplemental report.

Address

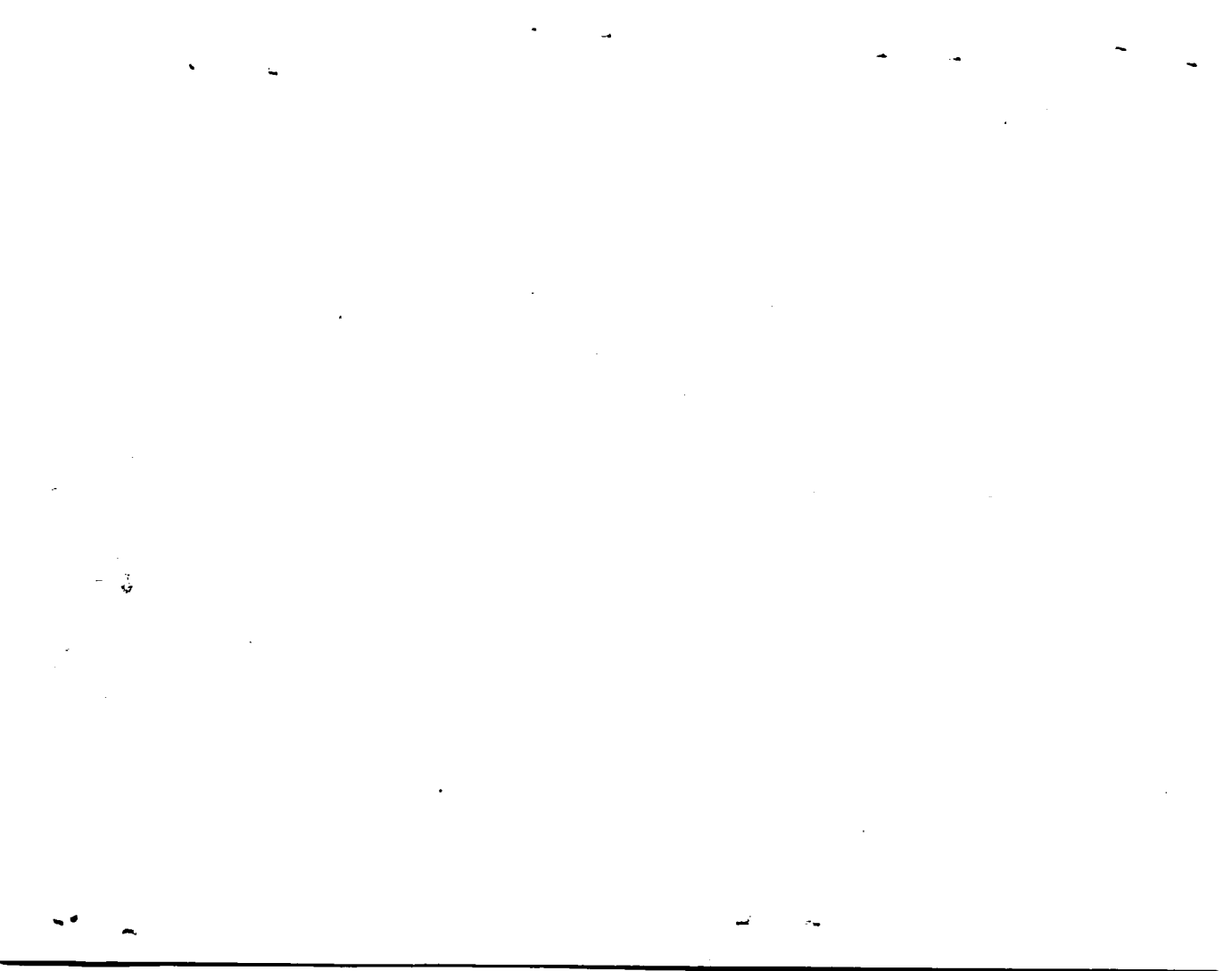
Filed August - 1920 Ret Prud  
Registrar.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. 82206  
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth

For ..... who born on Aug. 16, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Boise are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)

true facts are shown by Insurance Policy prepared on Sept. 1, 1938, are:  
Own Child's Birth Certificate, Public Record, Insurance Policy, Etc.) #404037 (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) viewed by vital Stat. (The Correct Facts)

Child's Name Unnamed Bibiana Mary Garmendia

Subscribed and sworn to before me this 24<sup>th</sup> day of  
November, 1961

Signed Luis Garmendia  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Nampa  
My commission expires Jan 3 - 1964  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Canyon }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24<sup>th</sup> day of  
November, 1961

Signed Victor Hilliard  
(Signature of Any Credible Person)

Notary Public, residing at Nampa  
My commission expires Jan 3 - 1964  
(Seal)

RT1- Nampa Idaho  
(Street Address, City, State)



NOV 28 1964

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-110,001-851

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-24m-4-3-17

## CERTIFICATE OF BIRTH

County of...ALA.....City of...BOISE.....Registration District No. ....2.....File No. ....82207.....No. ....St.....Primary Registration District No. ....1004.....Registered No. ....308.....Hospital...St. Alphonsus.....FULL NAME OF CHILD...Lyle Heath Kingsbury.....Sex of  
ChildMaleTwin  
Triplet  
or other?} and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legiti-  
mate?yesDate of  
BirthJuly 10 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

F. L. Kingsbury

RESIDENCE

Boise, IdahoFULL  
MAIDEN  
NAME

MOTHER

Stella Heath

RESIDENCE

Boise Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY35

(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY25

(Years)

BIRTHPLACE

Boise valley

BIRTHPLACE

Groves Idaho

OCCUPATION

Farmer

OCCUPATION

House wifeNumber of child of this mother including present birth...3.....Number of children of this mother living, including present birth...3.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....born.....alive.....at.....H. P......M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)....L. P. McCalla, M.D......

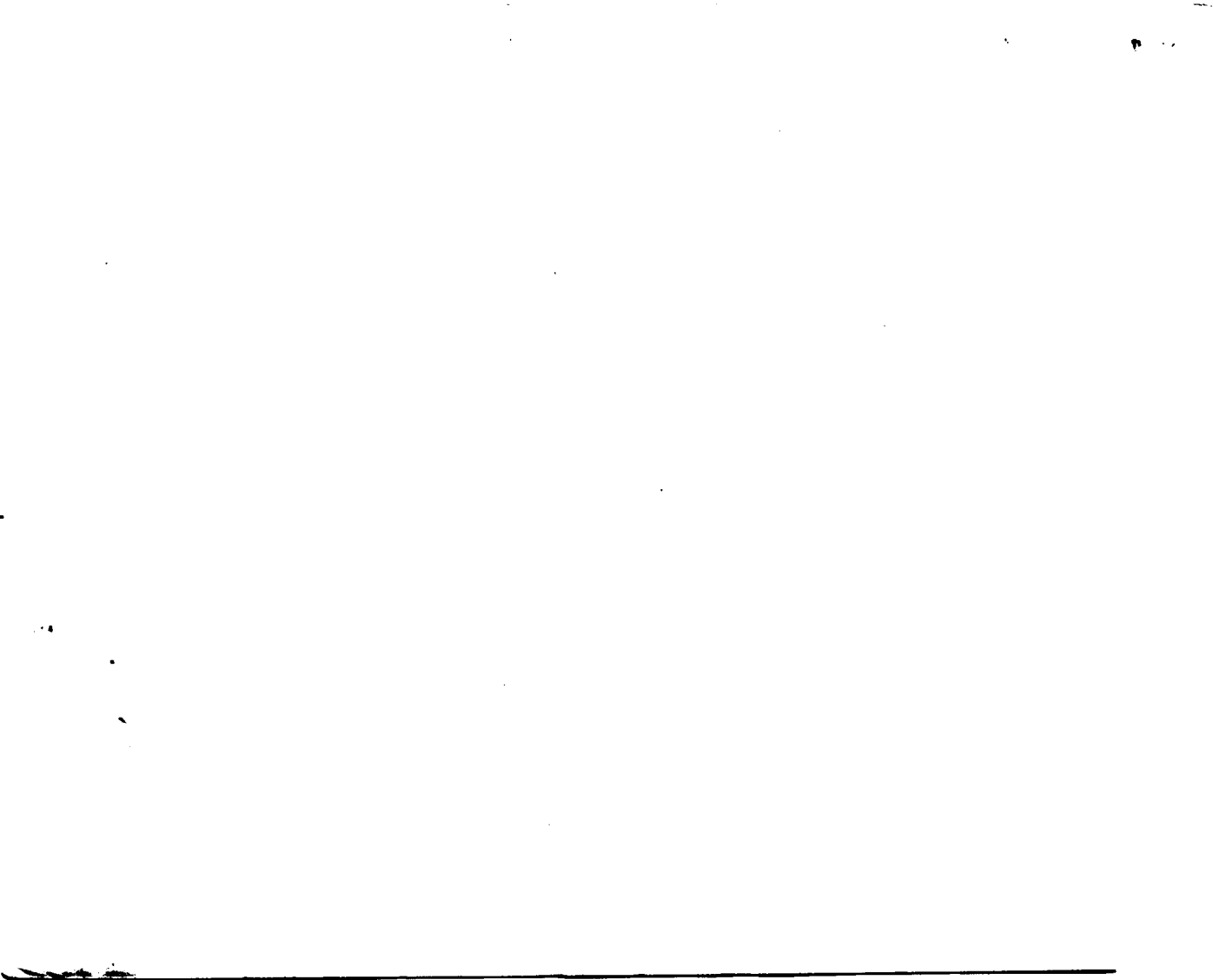
(Physician or midwife)

Given names added from a supplemental report.

Address.....Boise Idaho.....Filed.....8/21.....1920.....

Registrar

Registrar



MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-227-001-168

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-0-17

County of Ada

City of Boise

Registration District No. 2

File No. 82208

No. St.

Primary Registration District No. 100A

Registered No. 309

Hospital St. Alphonsus

FULL NAME OF CHILD

Maria Bernice Poirier

Sex of Child

F

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

1

and (Number  
in order  
of birth)

(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

July 27 20

FULL NAME

FATHER Albert James Poirier

RESIDENCE

507 So 12th St.

COLOR

white

BIRTHPLACE

Duluth, Minn.

OCCUPATION

Auto. Mechanic

FULL MAIDEN NAME

MOTHER Jean Dorothy Johnson

RESIDENCE

507 So 12th St

COLOR

white

BIRTHPLACE

Norway

OCCUPATION

Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 600 A

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

L. P. McCalla

(Physician or midwife)

Given names added from a supplemental report.

Address

Boise, Idaho

Filed

8/21 20

Registrar

Registrar

MAR 1 9 1945

386.114.001-533

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-35m-61538

## CERTIFICATE OF BIRTH

County of AdaCity of Boise

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 2File No. 82209Hospital St. AlphonsusPrimary Registration District No. 1004Registered No. 292Full Name of Child William Ramsey Thomson

SEX OF CHILD <u>Male</u>	Twin Triplet or other? <u>-</u>	{and} Number in order of birth <u>-</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 14, 20</u> (Month) (Day) (Year)
--------------------------	---------------------------------------	---	-----------------------------	---

FULL NAME <u>William L. Thomson</u>	FATHER
RESIDENCE <u>Mayfield Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Scotland</u>	
OCCUPATION <u>sheep man</u>	

FULL NAME <u>Catherine Ellison</u>	MOTHER
RESIDENCE <u>Mayfield</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>England</u>	
OCCUPATION <u>Horse work</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 a.m.  
on the date above stated. (Born alive or stillborn)(Signature) PP French M.D.

(Physician or midwife)

Given names added from a supplemental report

Aug 2 19 20Regd Pract

Registrar

Address 417 Overland Bldg Boise Idaho  
Filed 7/29/20

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order, be indicated.

AUG 9 1961

957-128-002-6913

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25a-1-1-18

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseNo. Boise Ave St.Registration District No. 8File No. 82210Hospital —Primary Registration District No. 2004Registered No. 51

FULL NAME OF CHILD

Ralph Porter Ingham

Sex of Child

MTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthIVLegiti-  
mate?yesDate of  
BirthJuly 28 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
William Joseph Ingham

RESIDENCE

Boise

COLOR

W.AGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Penn.

OCCUPATION

Tire SalesmanFULL  
MAIDEN  
NAMEMOTHER  
Alice Fitzpatrick

RESIDENCE

Boise

COLOR

W.AGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Boise Ida.

OCCUPATION

Housekeeper

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive  
(Born alive or stillborn)9:30 A.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. Willie Edmund MD

(Physician or midwife)

Given names added from a supplemental report.

Aug 21920

Address

Overland 25669

Filed

7/30/20

S-V CO. 24698

Registrar

Registrar



JUN 15 1958

RECEIVED FOR DEPT. OF AGRICULTURE  
U.S. DEPARTMENT OF AGRICULTURE  
WASHINGTON, D.C. 20250

533-207.00/ 862

PLACE OF BIRTH

County of Ada

City of Meridian

No. St.

Hospital

FULL NAME OF CHILD

Horis Lillian Ellis

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-25m-9-3-17

Registration District No. ....

File No. 82222

Primary Registration District No. 11

Registered No. 12

Sex of Child <u>female</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1 7 20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Edwards B. Ellis</u>	FATHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>mo</u>	
OCCUPATION <u>laborer</u>	

FULL MAIDEN NAME <u>Pearl H. Hosi</u>	MOTHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Colo</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:40 a.m. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

..... 18 .....

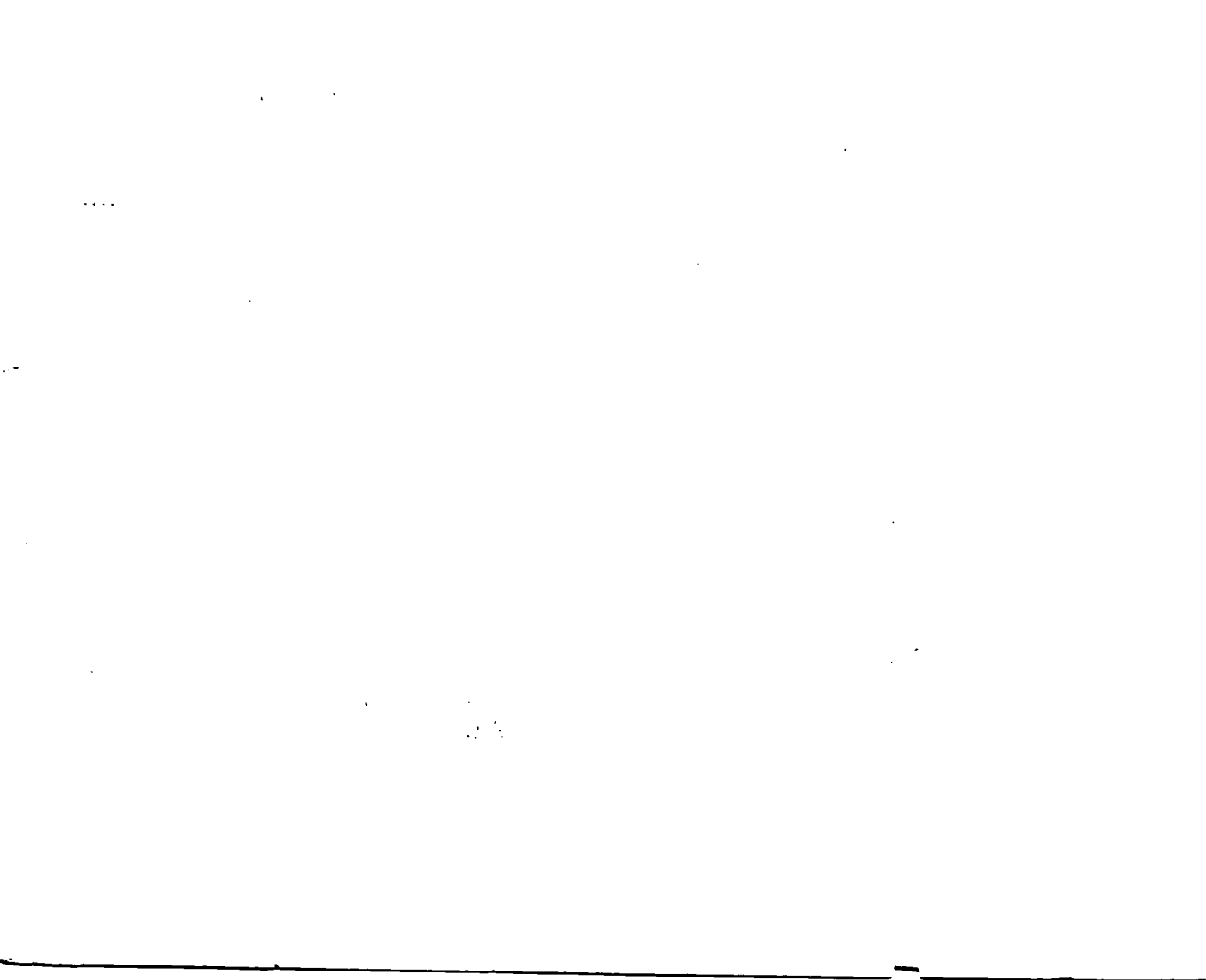
Address Meridian

..... 19 .....

Filed 9-24 1920

Registrar

Registrar



216112-001-243

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 9-3-17

County of AdaCity of MeridianNo. R. N. 3 St.

Registration District No. ....

File No. .... **82223**...Primary Registration District No. 11.....Registered No. 13.....

Hospital .....

FULL NAME OF CHILD Geo. Bertram Saunders

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and { Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of Birth <u>1</u> / <u>12</u> / <u>1920</u> (Month) (Day) (Year)
--------------------------	---	--	------------------------	--

FULL NAME <u>B. B. Saunders</u>	FATHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Lillie Duckan</u>	MOTHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Oregon</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 4... Number of children of this mother now living, including present birth. 3...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2 P M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

(Physician or midwife)

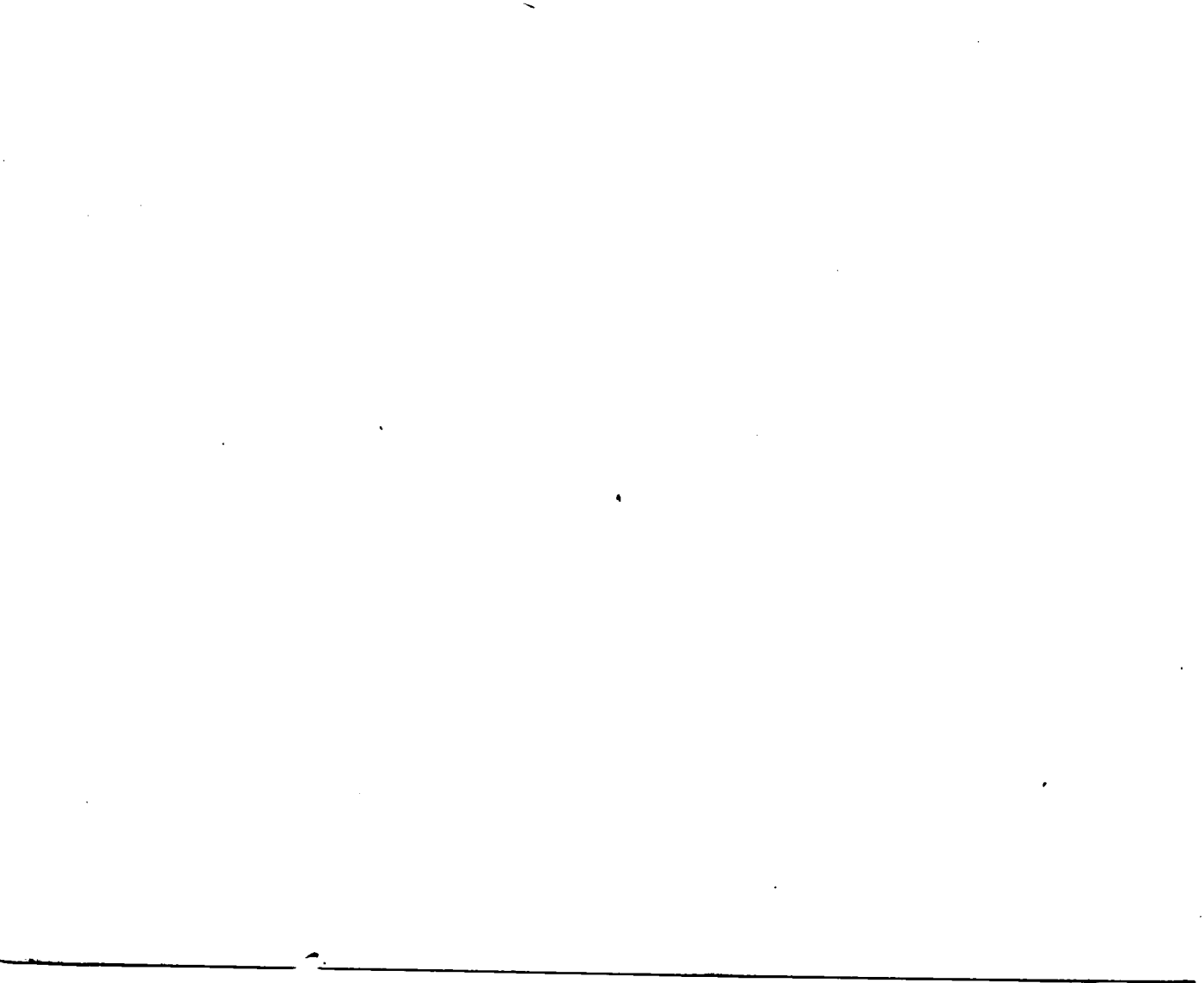
Given names added from a supplemental report.

Address .....

Filed 4-24 1920

Registrar

Registrar



719215.001-962

Form V. B. No. 11-C-Mm-33-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of AdaCity of Meridian

Registration District No. ....

File No. 82224

No. .... St.

Primary Registration District No. 11Registered No. 14

Hospital .....

FULL NAME OF CHILD Helen Lucile Garrett

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 15</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--	------------------------	--

FULL NAME <u>Arthur W. Garrett</u>	FATHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Merchant</u>	

FULL MAIDEN NAME <u>Georgia M. Robinson</u>	MOTHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Neb</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address MeridianFiled 9-24-20 [Signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDER

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1943

254-2241001-249

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—22-3-17

County of Ada

City of Meridian

No. B. V. 3 St.

Registration District No. ....

File No. 82226

Primary Registration District No. 11

Registered No. 16

Hospital .....

FULL NAME OF CHILD Genevieve Alice Sedgwick

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>1</u> <u>24</u> <u>1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Kenneth Sedgwick  
RESIDENCE Meridian  
COLOR white AGE AT LAST BIRTHDAY 26  
(Years)  
BIRTHPLACE South Dakota  
OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Nora A. Burk  
RESIDENCE Meridian  
COLOR white AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE South Dakota  
OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10:40 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal

Physician  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address .....

.....19.....

Filed 9/24 20 J. F. Neal

Registrar

Registrar



DECEASED

dup of 1920-DSb-1000

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3,19-101

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form No. 11-0-2-2-2-17

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. ....

File No. 8.2227

No. ....

Primary Registration District No. 11

Registered No. 17

Hospital .....

FULL NAME OF CHILD

Chester Arnold Cairns

CAIRNS

Sex of Child male

Twin  
Triplet  
or other? } and { Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti-  
mate? Yes

Date of Birth 2 1 20  
(Month) (Day) (Year)

FULL NAME FATHER CAIRNS  
Chas. E. Cairns  
RESIDENCE Meridian  
COLOR white AGE AT LAST BIRTHDAY 40  
(Years)  
BIRTHPLACE Wisconsin  
OCCUPATION farmer

FULL MAIDEN NAME MOTHER  
Susie Monlux  
RESIDENCE Meridian  
COLOR white AGE AT LAST BIRTHDAY 34  
(Years)  
BIRTHPLACE Meridian, IDA.  
OCCUPATION housewife

Number of child of this mother, including present birth. 3 Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.

born alive at 5:30 a.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Meridian

.....

Filed 9-24 20

Registrar

Registrar

K

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH



PLACE OF BIRTH

County of .....

DECEASED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS—  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. OCT 3 1941 Certificate No. 82227  
County of Ada Date Filed 9-24-40  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Chester Arnold Cairnes who was born (Birth or death)  
(Name on original certificate) (Was born or died) on Feb. 1 1920 (Date of event)  
in Meridian Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by Mother prepared on Oct 3 1941, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)

**TO**  
(The correct facts)

Name Chester Arnold Chester Arnold  
Maiden name of mother omitted Cairnes  
Susie Monks

Subscribed and sworn to before me this 3  
day of Oct, 1941

Signed Mrs Susie Cairnes  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise  
My commission expires 5-1-43  
[SEAL]

Meridian R.I. Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss. \_\_\_\_\_  
County of \_\_\_\_\_  
[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

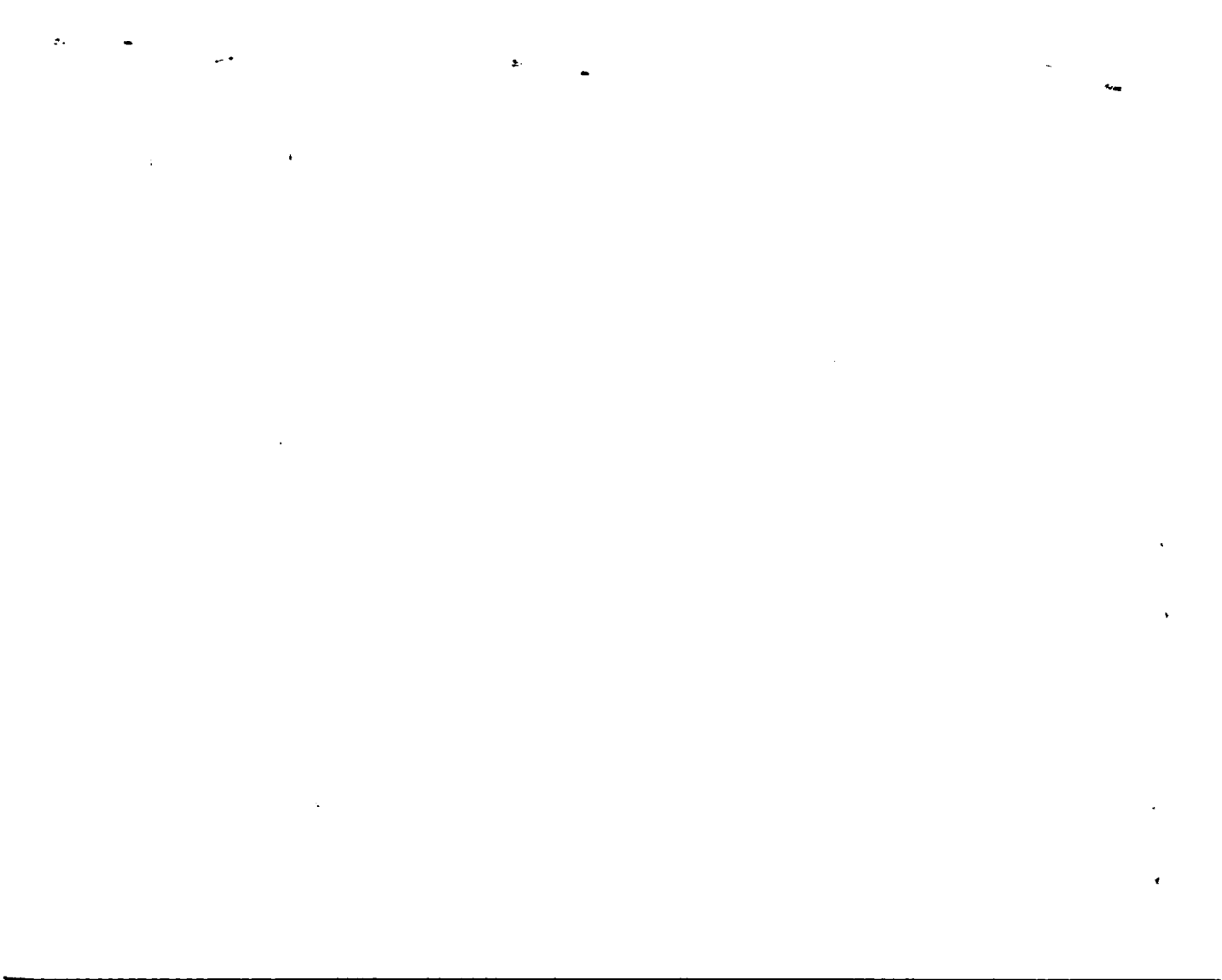
Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
[SEAL]

\_\_\_\_\_  
(Street Address, City, State)

Received for filing on Oct 3 1941 By \_\_\_\_\_  
(Registrar's signature)



819-2081001-491

## PLACE OF BIRTH

County of: AdaCity of: Meridian

No. .... St.

Registration District No. ....

Primary Registration District No. 11

Form V. S. No. 11-0-22-03-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. .... 82228Registered No. 18

Hospital .....

FULL NAME OF CHILD Margaret Rose Harrell

Sex of Child <u>female</u>	Twin Triplet or other? <u>    </u>	and { Number in order of birth <u>    </u> }	Legitimate? <u>yes</u>	Date of Birth <u>2-8</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	------------------------------------	--	------------------------	---

FULL NAME <u>Lee Roy Harrell</u>	FATHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Nora Belle Drake</u>	MOTHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Texas</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3: P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Meaf  
Physicians  
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

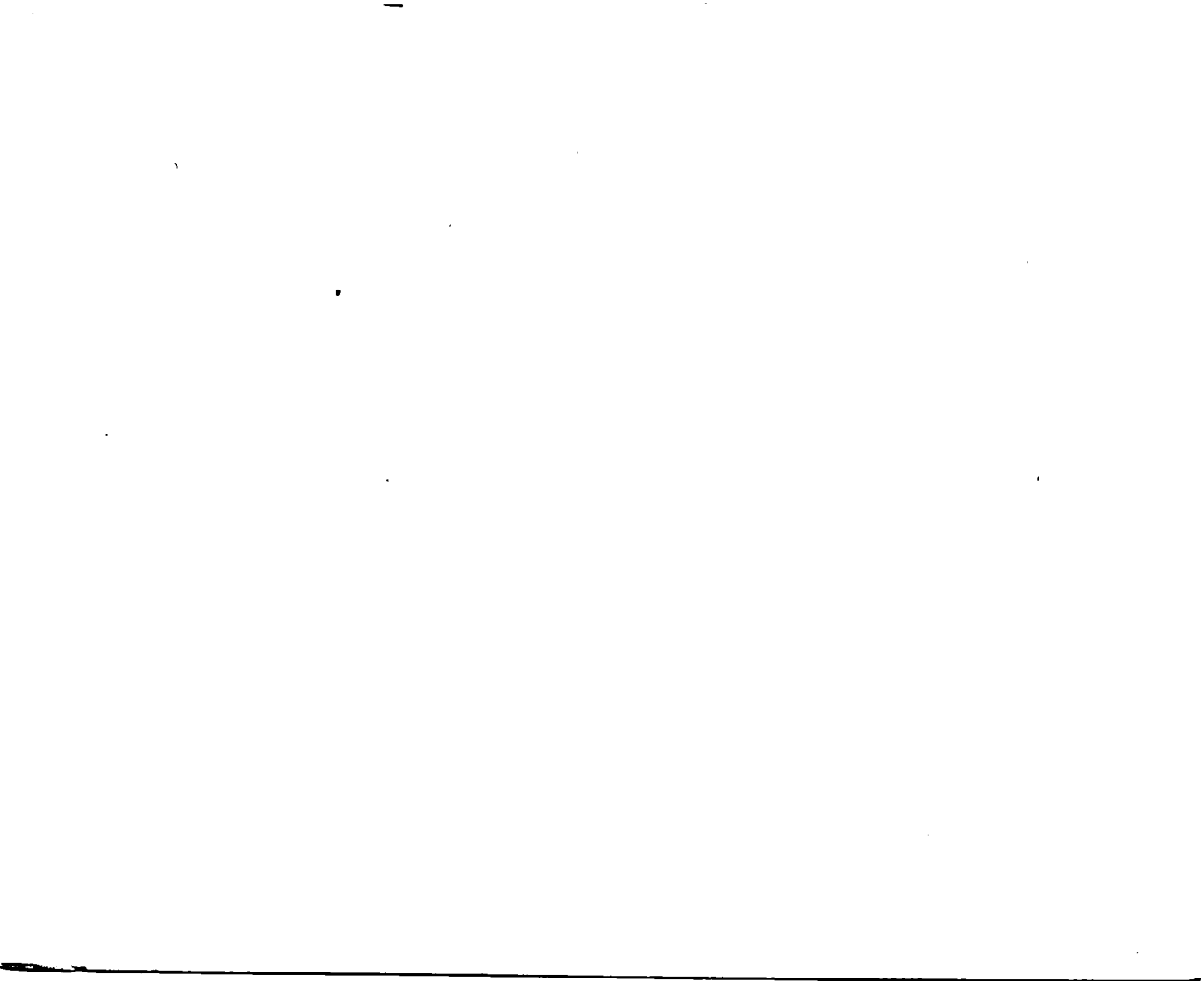
Address Meridian

..... 19 .....

Filed 9/24 1920

Registrar

Registrar



799-21700-859

## PLACE OF BIRTH

County of... Ada .....City of... Meridian .....

No. .... St. ....

Registration District No. ....

Primary Registration District No. ... 11 .....

Form V. S. No. 11-0-22m-3-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. .... 82229 .....Registered No. ... 19 .....

Hospital .....

FULL NAME OF CHILD ... Myrtle Jeanette Prichett .....

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u> (To be answered only in event of plural births)	(Number in order of birth)	Legitimate? <u>yes</u>	Date of Birth <u>2 17 20</u> (Month) (Day) (Year)
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FULL NAME <u>L. A. Prichett</u>	FATHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY ... <u>29</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Ara F. Heise</u>	MOTHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY ... <u>27</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth... 1 ..... Number of children of this mother now living, including present birth... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4 a on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) ... A. F. Heise ...  
Physician  
(Physician or midwife)Address ... Meridian ...  
Filed ... 9/24 20 ...  
Registrar

Registrar



Dup of 1920-350726

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396.224.001-689

## PLACE OF BIRTH

County of AdaCity of MeridianNo. .... St.

Hospital .....

FULL NAME OF CHILD

Ruth Ellen CrokerSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

Registration District No. ....

File No. .... 82230Primary Registration District No. .... 11Registered No. .... 20

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> and { Number in order of birth <u>    </u>	Legitimate? <u>yes</u>	Date of Birth <u>2 24</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FULL NAME <u>E. G. Croker</u>	FATHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)
BIRTHPLACE <u>Ohio</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Jennie S. Whipple</u>	MOTHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Nebr</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. .... at 7:45 a.m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal  
.....  
Physicians  
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian

..... 19.....

Filed 9/24 20 19.....

Registrar

Registrar

MAY 5 1970

719-2291001-967

## PLACE OF BIRTH

County of AdaCity of Meridian

No. .... St.

Hospital .....

FULL NAME OF CHILD Harriet Isabel ParksSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-3-3-17

Registration District No. ....

File No. .... 82231Primary Registration District No. .... 11Registered No. .... 21

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legiti- mate? <u>yes</u>	Date of Birth <u>2</u> <u>29</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>R. C. Parks</u>	FATHER
RESIDENCE <u>Magna Utah</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Canada</u>	
OCCUPATION <u>Hardware Merchant</u>	

FULL MAIDEN NAME <u>Hattie H. Rogers</u>	MOTHER
RESIDENCE <u>Magna Utah</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Nebr</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .... 2 .... Number of children of this mother now living, including present birth 2 ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11:50 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Idaho  
Filed 4/24/20 H. F. Neal  
Registrar

Registrar

Registrar

7-10-41

6661291001-813

## PLACE OF BIRTH

County of AdaCity of Meridian

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. ....

Primary Registration District No. 11

Form V. S. No. 11-C—May 23-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No. 82232Registered No. 22Ira Myrlin Fowler

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (Number in order of birth) <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>2 29 1920</u> (Month) (Day) (Year)
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FULL NAME <u>Joseph W. Fowler</u>	FATHER
RESIDENCE <u>Meridian</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>42</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Hattie Gladys Yates</u>	MOTHER
RESIDENCE <u>Meridian</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Montana</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 5 ..... Number of children of this mother now living, including present birth 4 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 1:40 P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

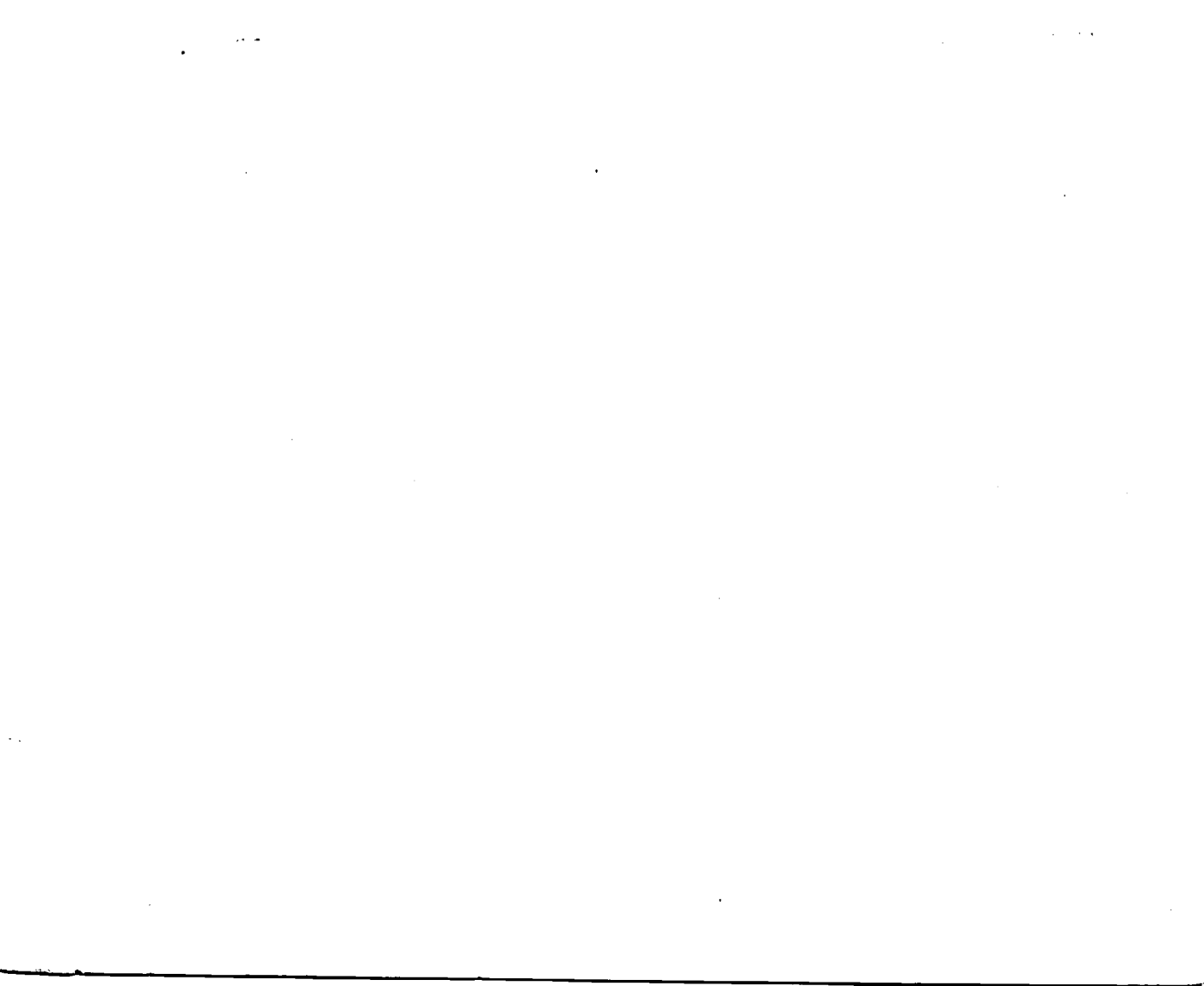
Address Meridian

..... 19.....

Filed 9/24 1920

Registrar

Registrar



118-106001-993

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0-Mm-2-17

## CERTIFICATE OF BIRTH

County of AdaCity of Boise

Registration District No. ....

File No. 82233

No. .... St.

Primary Registration District No. 11Registered No. 23Hospital St. LukesFULL NAME OF CHILD Floyd Allison Jaques

Sex of Child <u>Male</u>	Twin <input checked="" type="checkbox"/> Triplet <input type="checkbox"/> or other? <input type="checkbox"/> and <input type="checkbox"/> Number <input type="checkbox"/> in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>3</u> <u>6</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>S. J. Jaques</u>	FATHER
RESIDENCE <u>Hood River Washington</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)

FULL MAIDEN NAME <u>Lena Richardson</u>	MOTHER
RESIDENCE <u>Hood River, Washington</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)

BIRTHPLACE <u>Washington</u>
OCCUPATION <u>farmer</u>

BIRTHPLACE <u>Washington</u>
OCCUPATION <u>housewife</u>

Number of child of this mother, including present birth... 2 ... Number of children of this mother now living, including present birth... 1 ...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:14 P.M. on the date above stated. (Both alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. Neal

Physician or midwife

Given names added from a supplemental report.

Address .....

Filed 9/24 20 1920

Registrar

Registrar



11-7-41

11-7-41

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho )  
County of Ada ) ss.

Certificate No. 82233  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Floyd Allison Jaques who was born March 6, 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by personal knowledge prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

**FROM**  
(As on original)  
Female

**TO**  
(The correct facts)  
Male

Sex of child  
Name

Floyd Allison Jaques Floyd Allison Jaques

Subscribed and sworn to before me this 14th  
day of November, 1941

Signed Lina P. Hammack  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 5, Boise, Idaho  
(Street Address, City, State)

Notary Public, residing at Boise, Idaho  
My commission expires Nov. 2, 1944  
[SEAL]

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho )  
County of Ada ) ss.

[This affidavit MUST also be executed.  
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th  
day of November, 1941

Signed Mrs. Flo M. Elkin  
(Signature of any credible person other than the previous affiant.)

1616 N. 16th St. Boise, Idaho  
(Street Address, City, State)

Notary Public, residing at Boise, Idaho  
My commission expires Nov. 2, 1944  
[SEAL]

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

APR 28 1943

719-116-1001-951  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22-00-11

County of AdaCity of MeridianNo. R.R. 1 St.

Registration District No. ....

File No. 82234Primary Registration District No. 11Registered No. 24

Hospital .....

FULL NAME OF CHILD Alton Ernest Parker

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>3 16 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Alton Ernest Parker</u>	FATHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Rudence a zeal</u>	MOTHER
RESIDENCE <u>Meridian</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 2 ... Number of children of this mother now living, including present birth... 2 ...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9:20 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian  
Filed 9/24 20 19 20  
Registrar W. H. Neal  
Registrar

Dec 01 1920 - 309341

951-121-007613  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of AdaCity of Meridian

Registration District No. \_\_\_\_\_

File No. 82235

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 11Registered No. 25

Hospital \_\_\_\_\_

FULL NAME OF CHILD Willard Dale Rea

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>3 21 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Robert M. Rea</u> RESIDENCE <u>Meridian</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>40</u> (Years) BIRTHPLACE <u>Iowa</u> OCCUPATION <u>laborer</u>			MOTHER FULL MAIDEN NAME <u>Myrtle E. Walker</u> RESIDENCE <u>Meridian</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>39</u> (Years) BIRTHPLACE <u>Iowa</u> OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 5Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 6:30 A.M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. F. Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

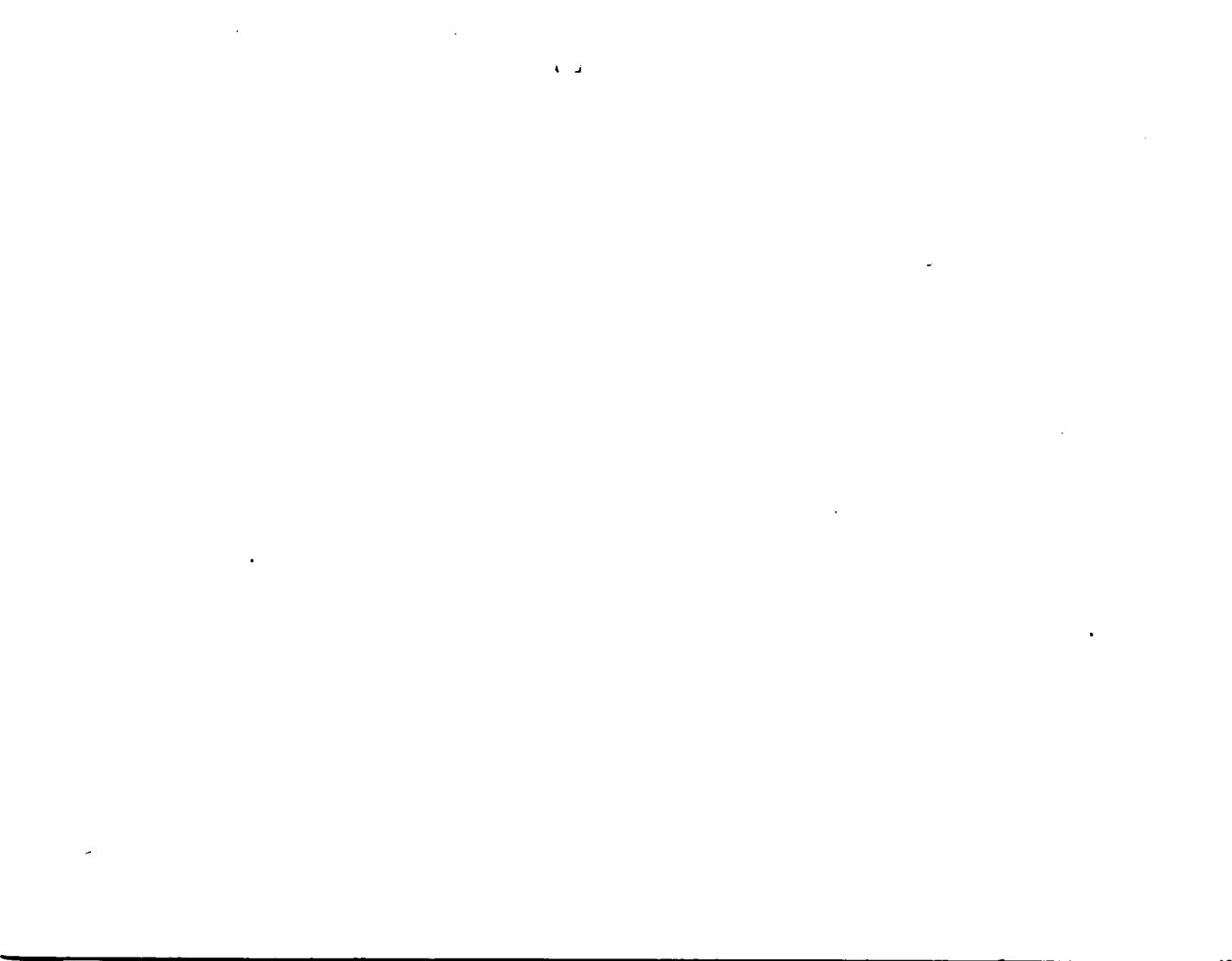
Address

Meridian, Idaho

Filed

9/2419 20

Registrar



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-230-00-419  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-2-8-15

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. \_\_\_\_\_

File No. 82236

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 11

Registered No. 26

Hospital \_\_\_\_\_

FULL NAME OF CHILD Horis Fae Duncan

Sex of Child <u>female</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>3 30 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME J. Elvin Duncan  
RESIDENCE Meridian R.U.I.  
COLOR white AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Kansas  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Mary Marcum  
RESIDENCE Meridian R.U.I.  
COLOR white AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Mo  
OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive at 9:30 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. F. Neal  
Physician  
(Physician or midwife)

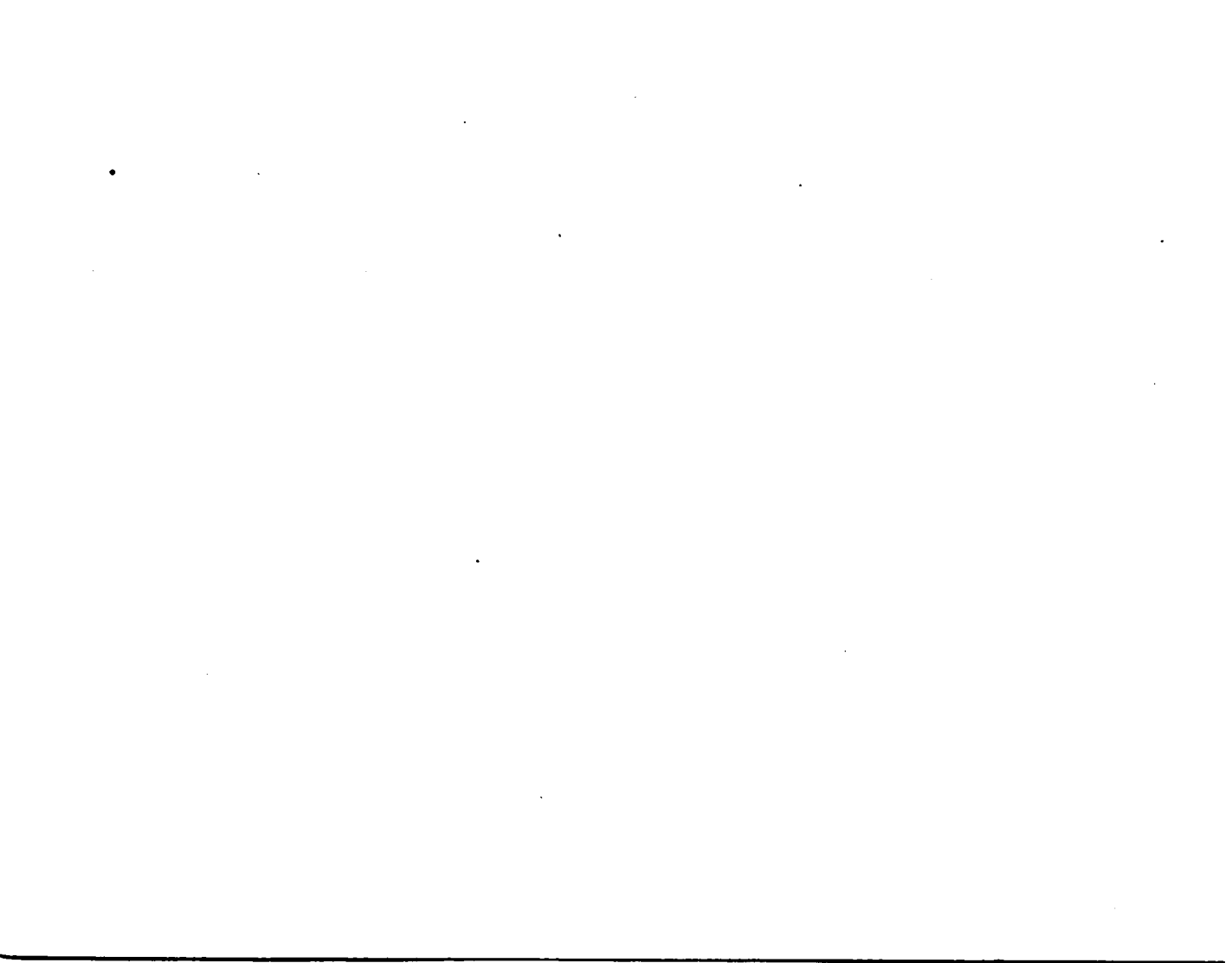
Given names added from a supplemental report.

Address Meridian, Idaho.

Filed 9/24 1920

J. F. Neal  
Registrar





494-201-00-864  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

County of AdaCity of Meridian

Registration District No. \_\_\_\_\_

File No. 82237No. R. 211 St. \_\_\_\_\_Primary Registration District No. 11Registered No. 27

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ida Fay Middlesworth

Sex of Child <u>female</u>	Twin <u>twins</u> or other? <u>1st</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>4</u> <u>1</u> <u>1920</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>F. E. Middlesworth</u>		FULL MAIDEN NAME <u>Vera M. Yoder</u>	
RESIDENCE <u>Homedale Idaho</u>		RESIDENCE <u>Homedale</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Indiana</u>		BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>farmer</u>		OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. NealPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian IdahoFiled 9-24 19 20

Registrar

Registrar

JAN 5 1942

494201-001-864  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of AdaCity of Meridian

Registration District No. \_\_\_\_\_

File No. 82238No. R. 41 St. \_\_\_\_\_Primary Registration District No. 11Registered No. 28

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ada May Middleworth

Sex of Child <u>female</u>	Twin <u>twins</u> Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>4 1 1920</u> (Month) (Day) (Year)
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FULL NAME <u>F. E. Middleworth</u>	FATHER
RESIDENCE <u>Homedale Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Nora M. Yoder</u>	MOTHER
RESIDENCE <u>Homedale Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)
BIRTHPLACE <u>Mo.</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

born alive at 5:45 P.M.  
(Born alive or stillborn)  
N. F. Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Meridian, Idaho

Filed

9-241920N. F. Neal  
Registrar

APR 20 1949

433-2041001-168  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—26m-9-8-15

## CERTIFICATE OF BIRTH

County of AdaCity of Meridian

Registration District No. \_\_\_\_\_

File No. 82239

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 11Registered No. 29

Hospital \_\_\_\_\_

FULL NAME OF CHILD Loris Alene McCallister

Sex of Child <u>female</u>	Twin Triplet or other? _____	and } Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>4</u> <u>4</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME <u>Ross McCallister</u>	FATHER
RESIDENCE <u>Meridian, Ida.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
BIRTHPLACE <u>Mo</u>	
OCCUPATION <u>cheesemaker</u>	

FULL MAIDEN NAME <u>Ethel Alene Johnson</u>	MOTHER
RESIDENCE <u>Meridian Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>18</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive  
on the date above stated.

(Born alive or stillborn)

3:05-P.M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. NealPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Idaho.Filed 9/24 1920N. F. Neal  
Registrar

**JUL 21 1942**

239-212-001-145

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of AdaCity of Meridian

Registration District No. \_\_\_\_\_

File No. 82240No. R.N.I. St. \_\_\_\_\_Primary Registration District No. 11Registered No. 30

Hospital \_\_\_\_\_

FULL NAME OF CHILD Rena Cecile Scribner

Sex of Child <u>female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>4 12 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Burton C. ScribnerRESIDENCE MeridianCOLOR white AGE AT LAST BIRTHDAY 46  
(Years)BIRTHPLACE IowaOCCUPATION RancherMOTHER  
FULL MAIDEN NAME Carrie E. Duncan

RESIDENCE \_\_\_\_\_

COLOR white AGE AT LAST BIRTHDAY 43  
(Years)BIRTHPLACE KansasOCCUPATION housewifeNumber of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 a.m.  
on the date above stated. (Born alive or stillborn)

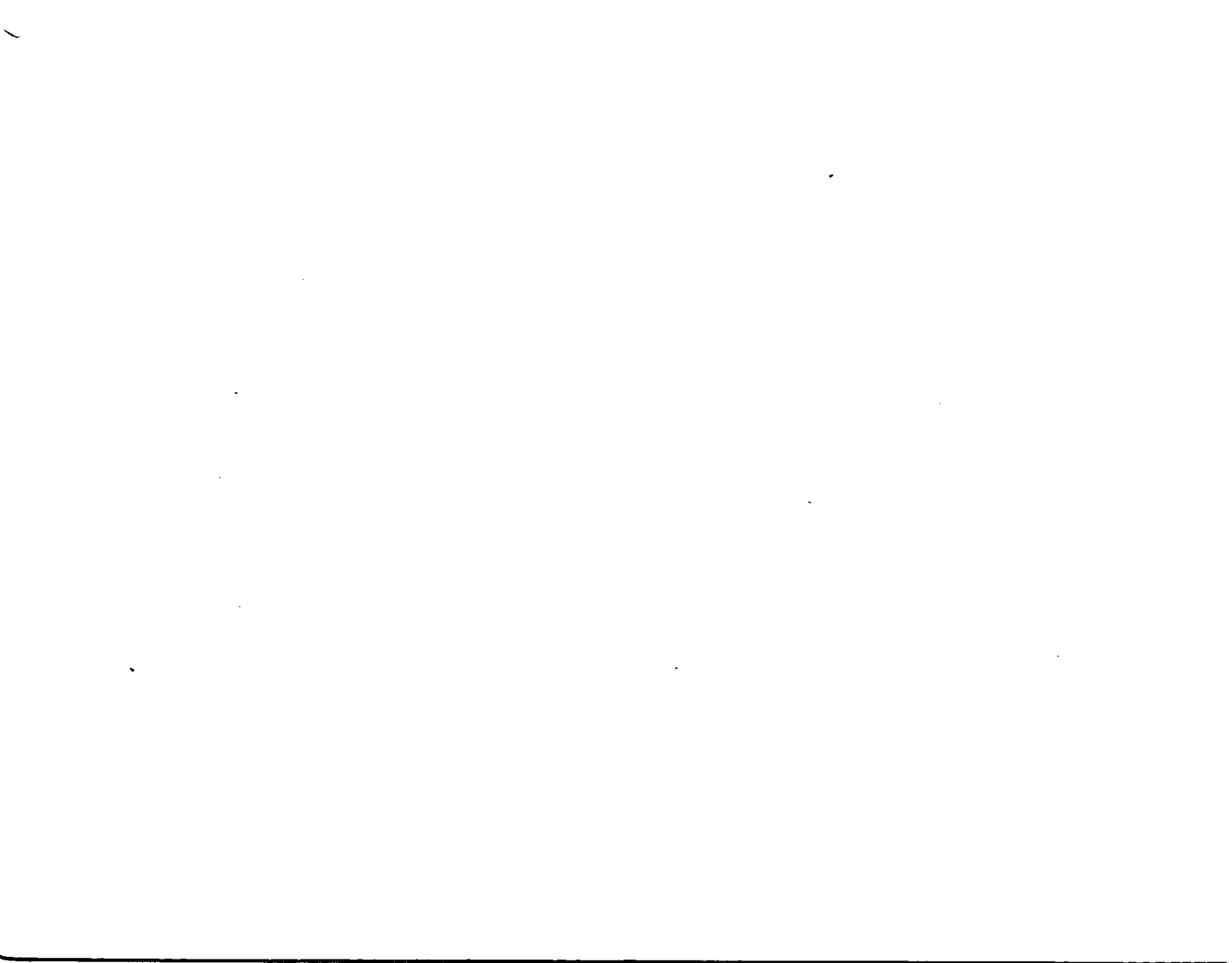
\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian Idaho  
Filed 9/24 1920 N. F. Neal  
Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

356219100-685

PLACE OF BIRTH

County of Ada

City of Meridian

No. RR20 St.

Hospital

FULL NAME OF CHILD Jaunita Lewis

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

Registration District No.

File No. 82241

Primary Registration District No. 11

Registered No. 31

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>4</u> <u>19</u> <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Lester W. Lewis -  
RESIDENCE Meridian Idaho  
COLOR white AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Idaho  
OCCUPATION rancher

MOTHER  
FULL MAIDEN NAME Clara M. Wheeler  
RESIDENCE Meridian Idaho  
COLOR white AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Colorado  
OCCUPATION housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:21 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

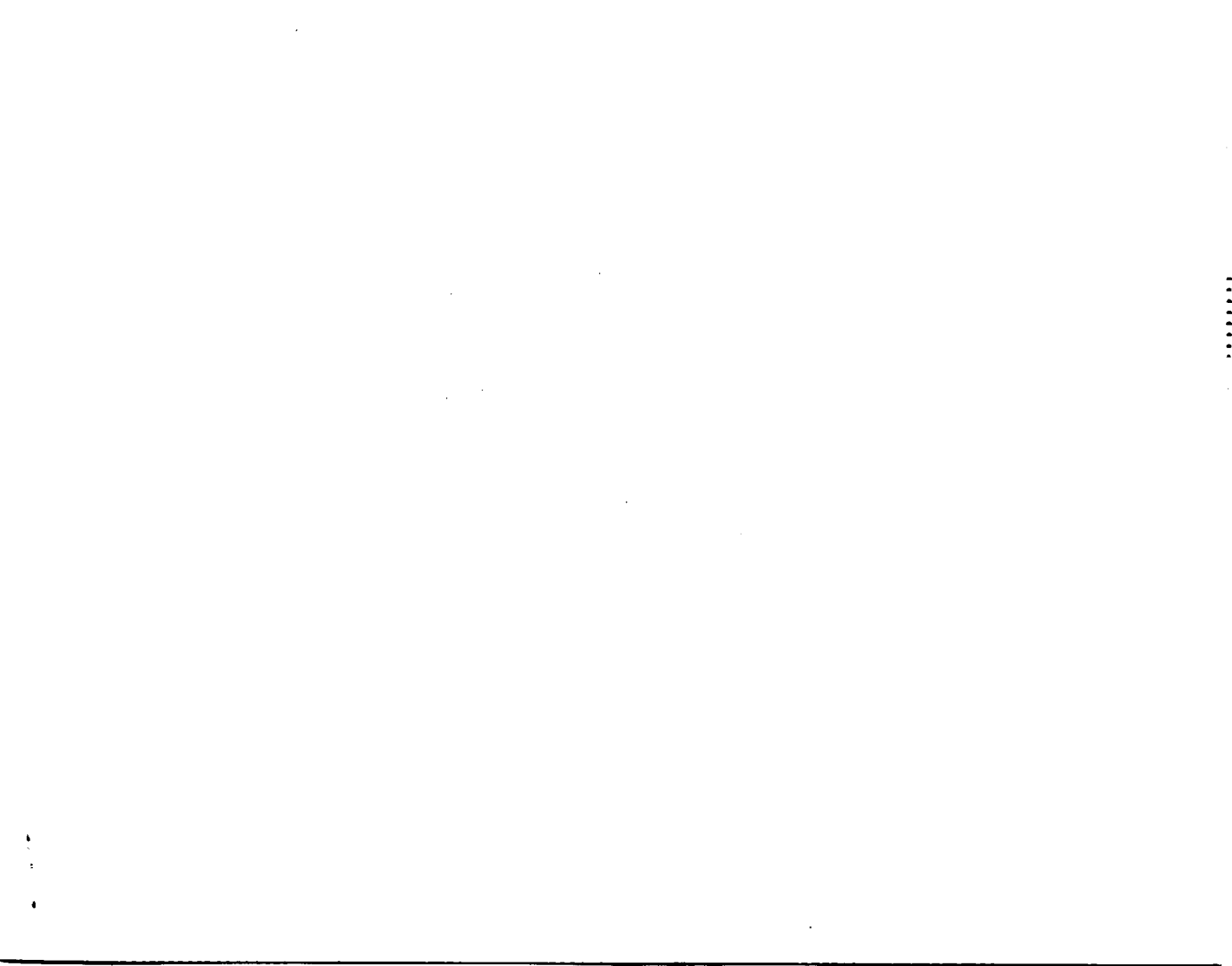
(Signature) N. F. Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian Idaho  
Filed 9/24 1920 N. F. Neal  
Registrar

Registrar

Registrar



133.110.00-296

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of Meridian

Registration District No. \_\_\_\_\_

File No. 82242No. RR1 St. \_\_\_\_\_Primary Registration District No. 11Registered No. 32

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ralph Wendle Allen

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>6</u> <u>10</u> <u>1920</u> (Month) (Day) (Year)
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FULL NAME FATHER Ralph Kenneth AllenRESIDENCE deceasedCOLOR white AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE KansasOCCUPATION mancherFULL MAIDEN NAME MOTHER Lucile BrowningRESIDENCE Meridian IdahoCOLOR white AGE AT LAST BIRTHDAY 27 (Years)BIRTHPLACE MissouriOCCUPATION housekeeperNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 12:25 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N.F. NealPhysician  
(Physician or midwife)

Given names added from a supplemental report.

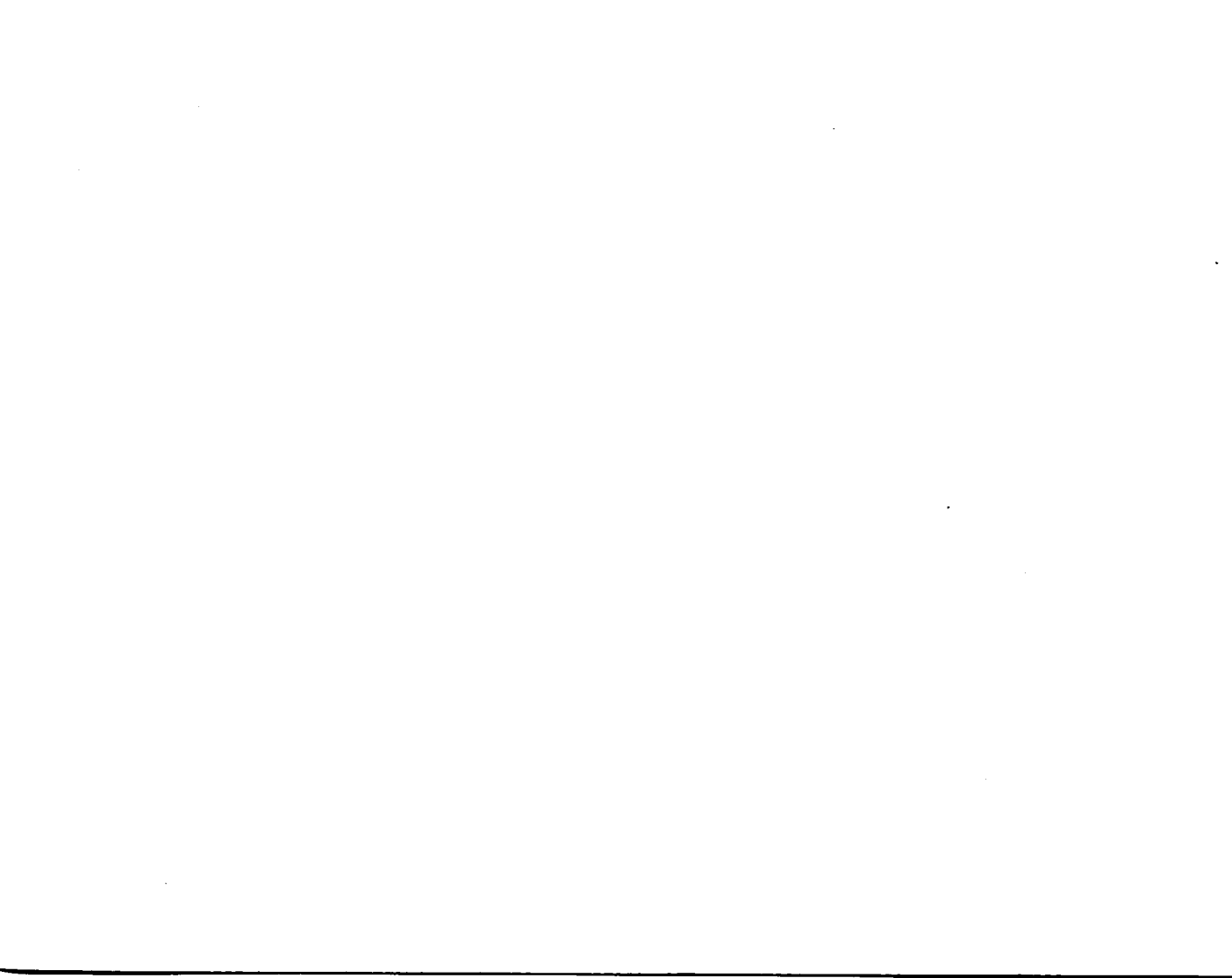
19 \_\_\_\_\_

Address Meridian IdahoFiled 9/2419 20Registrar N.F. Neal

Registrar \_\_\_\_\_

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



845-1261001-849  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of AdaCity of Meridian

Registration District No. \_\_\_\_\_

File No. 82243No. R.N. 2 St. \_\_\_\_\_Primary Registration District No. 11Registered No. 33

Hospital \_\_\_\_\_

FULL NAME OF CHILD Thomas Myron Huntington

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>6 26 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	------------------------	--

FATHER  
FULL NAME Frank M. Huntington  
RESIDENCE Meridian Idaho  
COLOR white AGE AT LAST BIRTHDAY 29  
(Years)  
BIRTHPLACE Idaho  
OCCUPATION Rancher

MOTHER  
FULL MAIDEN NAME Cora Bell Hurd  
RESIDENCE Meridian Ida  
COLOR white AGE AT LAST BIRTHDAY 23  
(Years)  
BIRTHPLACE Mo.  
OCCUPATION housewife

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born aliveat 12:05 P.M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. NealPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian, IdahoFiled 9/24 1920 H. F. Neal

Registrar

MAR 2 1949

212-212-001-692  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of AdaCity of Meridian

Registration District No. \_\_\_\_\_

File No. 82244

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 11Registered No. 34

Hospital \_\_\_\_\_

FULL NAME OF CHILD May Luzern Bashaw

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>7 12</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	------------------------	--

FATHER		MOTHER	
FULL NAME <u>Howard Bashaw</u>	FULL MAIDEN NAME <u>Edna Irene Wisner</u>	FULL NAME <u>Edna Irene Wisner</u>	FULL MAIDEN NAME _____
RESIDENCE <u>Meridian Idaho</u>	RESIDENCE <u>Meridian Idaho</u>	RESIDENCE <u>Meridian Idaho</u>	RESIDENCE _____
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>31</u> (Years)
BIRTHPLACE <u>Iowa</u>	BIRTHPLACE <u>Kansas</u>	BIRTHPLACE <u>Kansas</u>	BIRTHPLACE _____
OCCUPATION <u>laborer</u>	OCCUPATION <u>housewife</u>	OCCUPATION <u>housewife</u>	OCCUPATION _____

Number of child of this mother, including present birth 1
Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M.  
on the date above stated. (Born alive or stillborn)

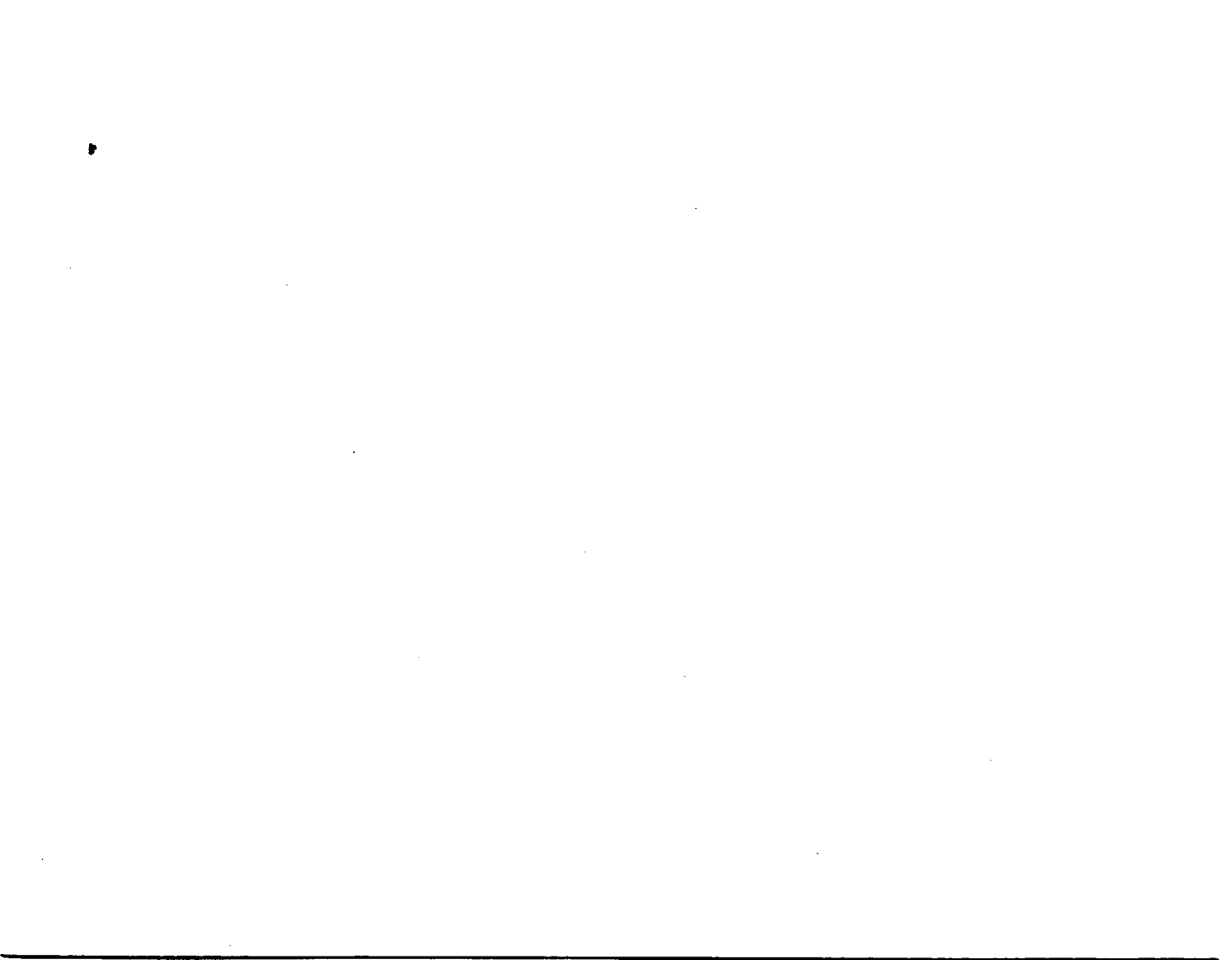
\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) NF Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian Idaho  
Filed 9/24 1920 NF Neal  
Registrar





613413001-259  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

## CERTIFICATE OF BIRTH

County of AdaCity of MeridianNo. R. H. 2 St.

Registration District No. \_\_\_\_\_

File No. 82245Primary Registration District No. 11Registered No. 35

Hospital \_\_\_\_\_

FULL NAME OF CHILD Harold Eugene Watts

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>7</u> <u>13</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Lord a Watts</u>	FATHER
RESIDENCE <u>Meridian Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>rancher</u>	

FULL MAIDEN NAME <u>Ruth H. Knight</u>	MOTHER
RESIDENCE <u>Meridian Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>South Dakota</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth. 1
Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive at 5:00 M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) NF Neal

(Physician or midwife)

Given names added from a supplemental report.

Address Meridian IdahoFiled 9/24 1920

Registrar

Registrar

SEP 7 1944

Amended 7-16-63

(Be sure the information is complete and accurate)

State File No. 82246

Local Reg. No. 36

Reg. Dist. No. 11

Federal Security Agency  
United States Public Health ServiceCERTIFICATE OF BIRTH  
STATE OF IDAHO

1. PLACE OF BIRTH a. COUNTY <b>Ada</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Idaho</b> b. COUNTY <b>Ada</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Meridian</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Meridian</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print)		b. (Middle)	
a. (First) <b>Louise</b>		c. (Last) <b>Leininger</b>	
4. SEX <b>Female</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) <b>7 - 29 - 1920</b>
FATHER OF CHILD			
7. FULL NAME a. (First) <b>Mark</b>		b. (Middle) <b>G.</b> c. (Last) <b>Leininger</b>	
8. COLOR OR RACE <b>White</b>			
9. AGE (At time of this birth) <b>25</b> YEARS	10. BIRTHPLACE (State or foreign country) (City or Town) <b>Nebraska</b>	11a. USUAL OCCUPATION <b>Harnessmaker</b>	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <b>Eugenia</b>		b. (Middle) <b>Ihrig</b> c. (Last) <b>White</b>	
13. COLOR OR RACE <b>White</b>			
14. AGE (At time of this birth) <b>22</b> YEARS	15. BIRTHPLACE (State or foreign country) (City or Town) <b>Kansas</b>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <b>2</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME (Relationship)			
18a. SIGNATURE <b>H. F. Neal</b>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
18c. ADDRESS <b>Meridian, Idaho</b>		18d. DATE SIGNED	
19. DATE REC'D BY LOCAL REG. <b>9/24/1920</b>	20. REGISTRAR'S SIGNATURE <b>H.F. Neal</b>	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	

FOR MEDICAL AND HEALTH USE ONLY  
(This section MUST be filled out)

## LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this act with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. \* \* \* \* \*, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

### MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....  
.....

(b) Labor: Complication.....

.....  
..... Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury? .....

Describe:.....

(e) Signature of Physician:

(c) State all operations for delivery

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of ..... } ss. Certificate No. #82246  
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... Birth  
for ..... Louise Evelyn Leineger ..... who was born ..... (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on July 29, 1920  
in ..... Meridian, Idaho ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) (Date of Event)  
true facts are shown by ..... prepared on ..... are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
Name of child	.....	Louise Evelyn Leineger	Louise Evelyn Leininger
Name of father	.....	Mark G. Leineger	Mark G. Leininger
Maiden name of mother	.....	Virgia Ihirg	Eugenia Ihirg

Subscribed and sworn to before me this 16 day of July 1964  
Notary Public, residing at .....  
My commission expires Sept 28 1964  
(Seal)

Signed Eugenia Leininger  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)  
4222 Newton St Boise, Ida.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of ..... } ss. [This Affidavit MUST Also be Executed.  
County of ..... } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... 19.....  
Notary Public, residing at .....  
My commission expires .....  
(Seal)

Signed .....  
(Signature of Any Credible Person)  
.....  
(Street Address, City, State)

Own child's birth certificate on File Idaho, File #436465, gives name of mother as Louise Evelyn Leininger. Child born April 24, 1947. Viewed by V. S.

Death certificate of father on file Idaho, File #54-1609, gives name of deceased as Mark George Leininger. Date of death May 6, 1954. Viewed by V. S.

Birth certificate of siter on file Idaho, File #136014, gives name of father as Mark G. Leininger and name of mother as Eugenia Ihrig. Child born October 29, 1925. Viewed by V. S.

Marriage License of John T. Bell and Louise Evelyn Leininger, married Sept. 19, 1942, at Meridian, Idaho. Gives name of Bride as Louise Evelyn Leininger. Viewed by V. S.

Marriage License of mother and father, gives name of bride as Eugenia Ihrig and name of groom as Mark George Leininger. Married Sept. 14, 1916, at Boise, Idaho. Viewed by V. S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

236-231-001-414  
PLACE OF BIRTH

Amended August 5, 1959  
County of Ada

City of Meridian

No. Route #1 St.

Hospital

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No.

File No. 82247

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Gertrude Elaine Scott

(Certificate of no value without full name of child.)

Sex of Child	<u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth..... <u>7</u> <u>31</u> <u>1920</u> (Month) (Day) (Year)
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What bactericidal solution was used in eyes?

Number of child of this mother, including present birth...3 Number of children of this mother now living, including present birth...3

FULL NAME	<u>FATHER</u> <u>Ralph R. Scott</u>
RESIDENCE	<u>Meridian, Idaho</u>
COLOR	<u>White</u>
BIRTHPLACE	<u>Missouri</u>
OCCUPATION	<u>Rancher</u>

FULL MAIDEN NAME	<u>MOTHER</u> <u>Bessie B. Daum</u>
RESIDENCE	<u>Meridian, Idaho</u>
COLOR	<u>White</u>
BIRTHPLACE	<u>Missouri</u>
OCCUPATION	<u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was...born alive... at...5:02... A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H.F. Neal

Physician

(Physician or midwife)

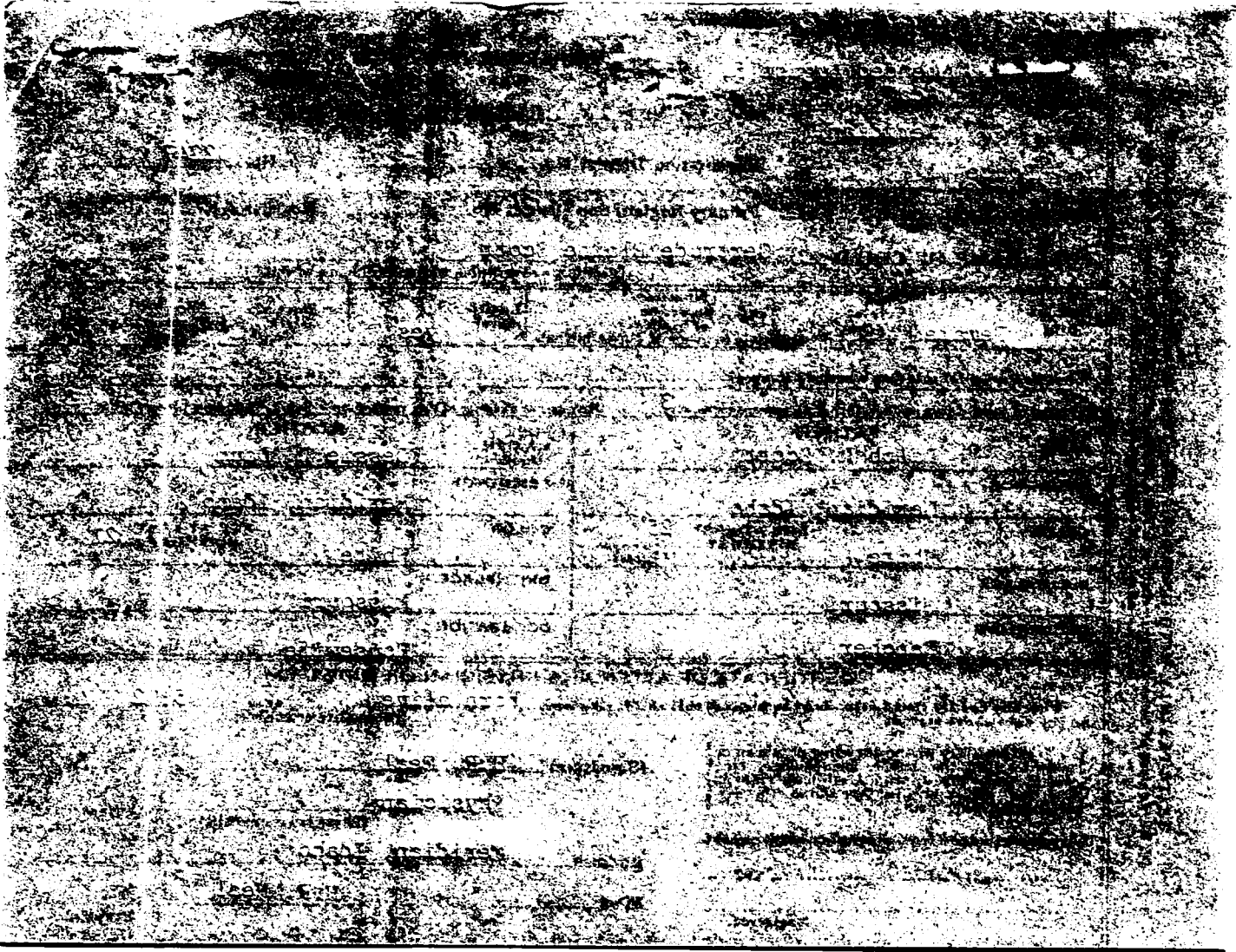
Address Meridian, Idaho

Filed 1920 H.F. Neal

Registrar.

Registrar.





Certified copy of own child's birth cert. Missouri #63772, shows mother's name as Bessie Daum, viewed by V.S. Marriage license, Missouri, dated June 22, 1916, shows name as Bessie B. Daum, viewed by V.S. DIVISION OF VITAL STATISTICS

## Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 82247  
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Gertrude Elaine Scott who was born on July 31, 1920 (Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) in Meridian (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... prepared on ..... are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's name	Bessie B. Down	Bessie B. Daum
.....	.....	.....
.....	.....	.....

Subscribed and sworn to before me this 31 day of July 1959  
Notary Public, residing at Eagle Idaho  
My commission expires Sept 28, 1960  
(Seal)

Signed Bessie B. Scott  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
1123 Everett St Boise Idaho  
(Street Address, City, State)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss. [This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]  
County of ..... }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 19 day of .....  
Notary Public, residing at .....  
My commission expires .....  
(Seal)

Signed .....  
(Signature of Any Credible Person)  
.....  
(Street Address, City, State)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

113-2011001-542

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH
County of AdaCity of MeridianNo. RR 2 St.Registration District No. \_\_\_\_\_ File No. 82248Hospital \_\_\_\_\_ Primary Registration District No. 11 Registered No. 37FULL NAME OF CHILD Rathleen Grace Jackson

Sex of Child <u>female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and } Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>8 1 20</u> (Month) (Day) (Year)
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FATHER	
FULL NAME <u>Henry H. Jackson</u>	
RESIDENCE <u>Meridian Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Missouri</u>	
OCCUPATION <u>rancher</u>	

MOTHER	
FULL MAIDEN NAME <u>Grace V. Nussbaum</u>	
RESIDENCE <u>Meridian Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
BIRTHPLACE <u>Indiana</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2 a M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

H. F. Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

 Address Meridian Idaho  
 Filed 9/24 1920 H. F. Neal  
 Registrar

Registrar

Registrar

APR 24 1973

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

415-101-001-417

PLACE OF BIRTH

STATE OF IDAHO, &  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Ada

City of Meridian

No. RR 2 St.

Registration District No. \_\_\_\_\_ File No. 82249

Hospital \_\_\_\_\_ Primary Registration District No. 11 Registered No. 38

FULL NAME OF CHILD Robert Herschel Davidson

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>8 1 1920</u> (Month) (Day) (Year)
--------------------------	---	-----	---	----------------------------	---

FULL NAME FATHER Robert Herschel Davidson

RESIDENCE Meridian Idaho

COLOR white AGE AT LAST BIRTHDAY 26  
(Years)

BIRTHPLACE Missouri

OCCUPATION rancher

FULL MAIDEN NAME MOTHER Elta Mae Magner

RESIDENCE Meridian Idaho

COLOR white AGE AT LAST BIRTHDAY 26  
(Years)

BIRTHPLACE New York

OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W F Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian Idaho

Filed 9/24 19 20 W F Neal

Registrar

Registrar

APR 20 1943

JUN 30 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

433116.001-456

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. ....

File No. 82250

No. .... St. ....

Primary Registration District No. 11

Registered No. 39

Hospital .....

FULL NAME OF CHILD Gordon Andrew M<sup>c</sup> Cormick

Sex of Child <u>male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>8</u> <u>16</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	--	-----	---	---------------------------	---

FATHER  
FULL NAME Harold R M<sup>c</sup> Cormick

RESIDENCE Parma Idaho.

COLOR white AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Minnesota

OCCUPATION farmer

MOTHER  
FULL MAIDEN NAME Charlotte Lewhirst

RESIDENCE Parma Idaho.

COLOR white AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE Nebraska

OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 12:35 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) HF Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian Idaho

Filed 9/24 19 20 HF Neal

Registrar

Registrar



DEC 13 1941

DEC 31 1956

219-116-004-235

## PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Bata CanyonCity of Nampa

Registration District No. \_\_\_\_\_

File No. 82251

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 11 Registered No. 40

Hospital \_\_\_\_\_

FULL NAME OF CHILD Merle Francis Barnes

Sex of Child <u>male</u>	<u>Twins</u> { and { Number in order of birth <u>1st</u>	Legit mate? <u>yes</u>	Date of Birth <u>8</u> <u>16</u> <u>1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Fred A. Barnes  
RESIDENCE Nampa Idaho  
COLOR white AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Missouri  
OCCUPATION rancher

MOTHER  
FULL MAIDEN NAME Francis L. Stewart  
RESIDENCE Nampa Idaho  
COLOR white AGE AT LAST BIRTHDAY 27 (Years)  
BIRTHPLACE Missouri  
OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) NT NealPhysician  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Meridian IdahoFiled 9/24 1920

Registrar \_\_\_\_\_

Registrar NT Neal



219.116.014-235

E OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of CanyonCity of Nampa

Registration District No. ....

File No. 82252

No. .... St. ....

Primary Registration District No. 11Registered No. 41

Hospital .....

FULL NAME OF CHILD

Berk Frederick BarnesSex of  
Child MaleTwin ✓  
Triplet  
or other?  
(To be answered only in event of plural births)and } Number  
in order  
of birth  
2ndLegiti  
mate? yesDate of  
Birth 8 / 6 19 20  
(Month) (Day) (Year)FULL  
NAMEFred C. Barnes

FATHER

RESIDENCE

Nampa Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

rancherFULL  
MAIDEN  
NAMEFrancis L. Stewart

MOTHER

RESIDENCE

Nampa, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

housewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive at 6:05 A.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

N. F. Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19 .....

Address

Meridian Idaho

Filed

9/2419 20

Registrar

Registrar

C.C. 6/5/41. W.H.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of MeridianNo. R.R. 1. St.Registration District No. \_\_\_\_\_ File No. 82253Hospital \_\_\_\_\_ Primary Registration District No. 11 Registered No. 42FULL NAME OF CHILD Edna Marjorie Parker

Sex of Child <u>female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>8 30 20</u> (Month) (Day) (Year)
----------------------------	---	-----------	--------------------------------	------------------------	--

FULL NAME HARRY E. PARKER  
RESIDENCE Meridian Idaho  
COLOR white AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Missouri  
OCCUPATION rancher

FULL MAIDEN NAME LUCILE MARCUM  
RESIDENCE Meridian Idaho  
COLOR white AGE AT LAST BIRTHDAY 20  
(Years)  
BIRTHPLACE Missouri  
OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3:20 P. M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) NF NealPhysician  
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian IdahoFiled 9/24 19 20

Registrar

Registrar NF Neal



JUN 26 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

666102601-951

PLACE OF BIRTH:

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of AdaCity of MeridianNo. RR 3 St.Registration District No. \_\_\_\_\_ File No. 82254

Hospital \_\_\_\_\_

Primary Registration District No. 11 Registered No. 43FULL NAME OF CHILD David Henry Wood

Sex of Child male Twin Triplet or other? \_\_\_\_\_ { and } Number in order of birth \_\_\_\_\_ Legiti mate? yes Date of Birth 9 2 2 19 20  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Melvin R. Wood  
RESIDENCE Meridian Idaho  
COLOR white AGE AT LAST BIRTHDAY 31 (Years)  
BIRTHPLACE Arkansas  
OCCUPATION rancher

MOTHER  
FULL MAIDEN NAME Atha R. Rea  
RESIDENCE Meridian Idaho  
COLOR white AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Arkansas  
OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

born alive at 4:30 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W F Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address Meridian IdahoFiled 9/241920Registrar W F Neal

Registrar \_\_\_\_\_





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

141-105-000-331

Form V. B. No. 11-C-25a-4-21-19

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. RR. 2 St.

Registration District No. ....

File No. 82255

Hospital .....

Primary Registration District No. 11

Registered No. 44

FULL NAME OF CHILD Harvey Austin Adams

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>9</u> <u>3</u> <u>1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Lee L. Adams  
RESIDENCE Meridian Idaho  
COLOR white AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Missouri  
OCCUPATION rancher

MOTHER  
FULL MAIDEN NAME Viola Starr  
RESIDENCE Meridian Idaho  
COLOR white AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE Missouri  
OCCUPATION housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) NF Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian Idaho

Filed 9/24 19 20 NF Neal

Registrar

Registrar

10-12

434-203-001-253

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of Meridian

Registration District No. \_\_\_\_\_

File No. 82256No. R.R.2 St. \_\_\_\_\_Primary Registration District No. 11Registered No. 45-

Hospital \_\_\_\_\_

FULL NAME OF CHILD Joyce Mildred Ulmer

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>9 3 20</u> (Month) (Day) (Year)
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FULL NAME Ray L. Ulmer

FATHER

RESIDENCE Meridian Idaho

COLOR white AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE Missouri

OCCUPATION rancher

FULL MAIDEN NAME Hean Bell

MOTHER

RESIDENCE Meridian Idaho

COLOR white AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE Missouri

OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:10 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N.F. Neal

(Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian IdahoFiled 9/24 1920

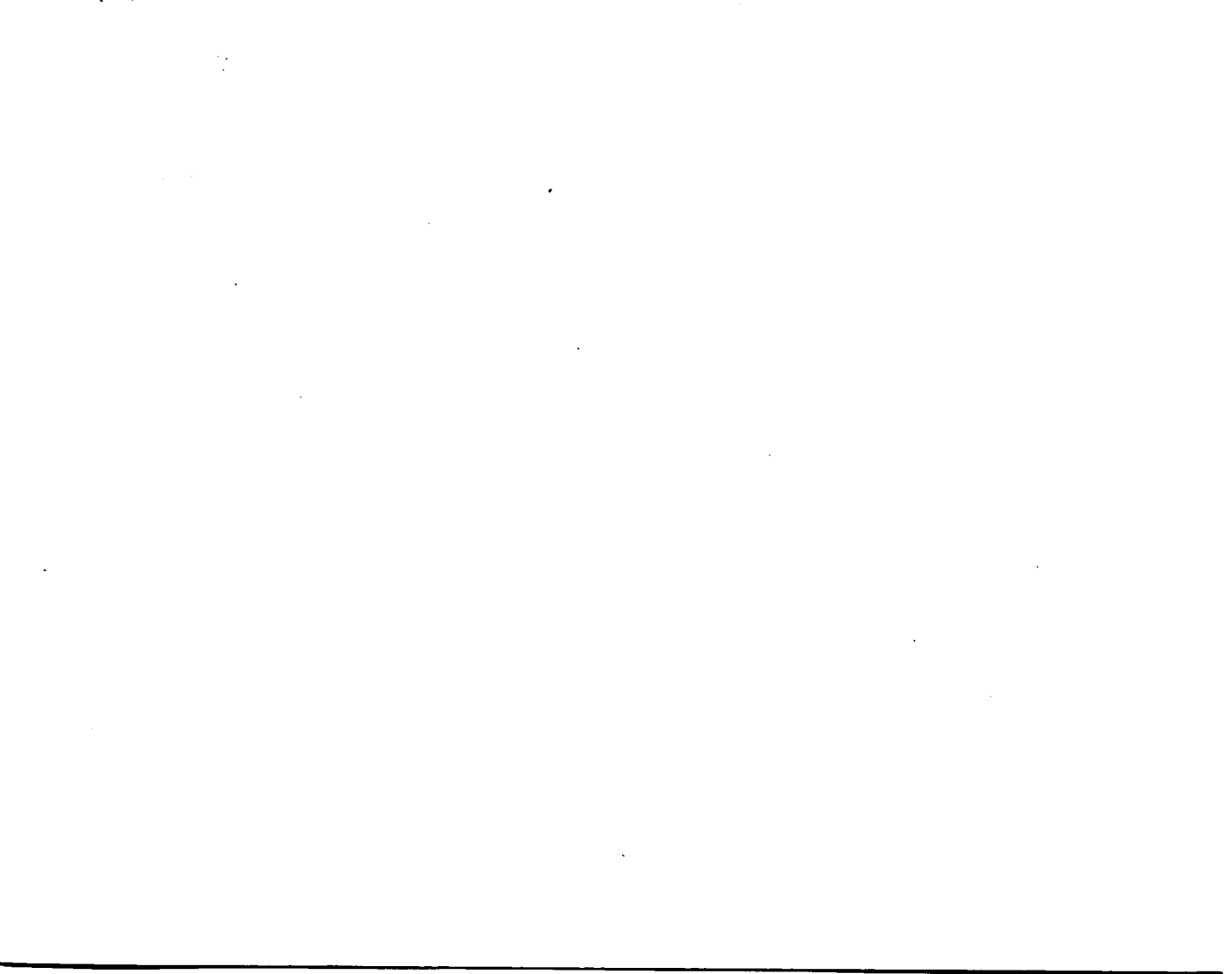
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



33-107-001-456

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of Meridian

Registration District No. \_\_\_\_\_

File No. 82257No. R.R. 1 St. \_\_\_\_\_Primary Registration District No. 11Registered No. 46

Hospital \_\_\_\_\_

FULL NAME OF CHILD Daniel ~~Land~~ Clary

Sex of Child <u>male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and	Number in order of birth <u>(To be answered only in event of plural births)</u>	Legitimate? <u>yes</u>	Date of Birth <u>9 7 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Robert Dewey Clary  
RESIDENCE Meridian Idaho  
COLOR white AGE AT LAST BIRTHDAY 22  
(Years)  
BIRTHPLACE Missouri  
OCCUPATION rancher

MOTHER  
FULL MAIDEN NAME Margaret Florence Newmy  
RESIDENCE Meridian Idaho  
COLOR white AGE AT LAST BIRTHDAY 22  
(Years)  
BIRTHPLACE Missouri  
OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M.  
on the date above stated. (born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

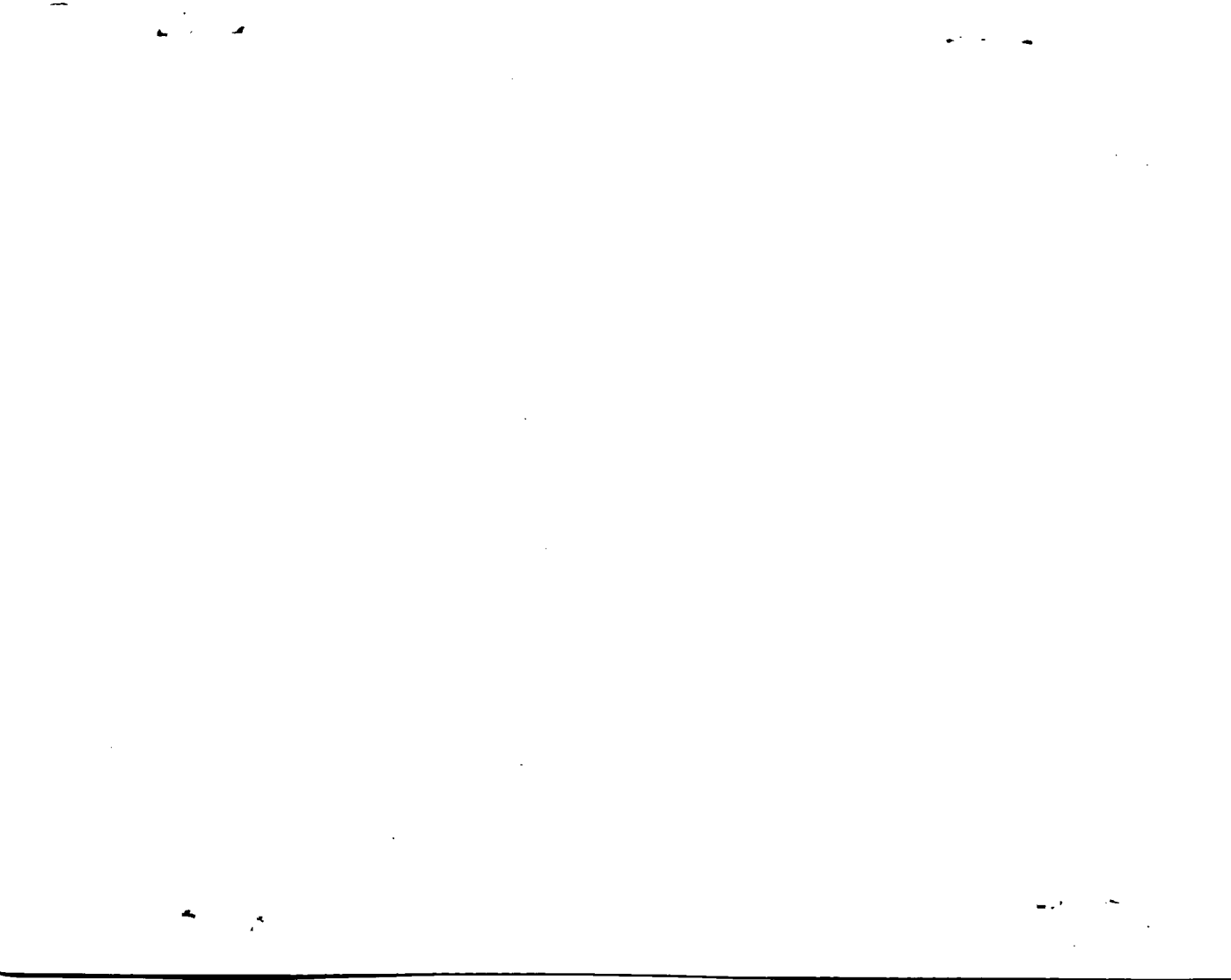
(Signature) H. F. Neal  
Physician  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_

Address Meridian Idaho  
Filed 9/24 1920 H. F. Neal  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss. Certificate No. 82257  
County of TEHAMA } NOV 2 1942 Date Filed Birth  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for DANIEL MARION CLARY who WAS BORN on Sept 7 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in MERIDIAN, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by INSURANCE POLICY prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Daniel David Daniel Marion Clary

Subscribed and sworn to before me this 27  
day of Oct, 1942  
J. B. Brown  
Notary Public, residing at Cornwall, Cal.  
My commission expires Aug 29 8/1942  
(Seal)

Signed R. D. Clary  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Cornwall Cal.  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }  
[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_\_  
Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal) (Street Address, City, State)



NOV 4 1942

335-17001-851

## PLACE OF BIRTH

County of AdaCity of Kuna

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 124File No. 82258Primary Registration District No. 2202Registered No. 71Walter Isaac Stevens Jr.

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthAug. 17

(Month)

(Day)

1920  
(Year)FULL  
NAMEWalter Isaac Stevens

FATHER

RESIDENCE

Kuna Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY34

(Years)

BIRTHPLACE

So. Dakota

OCCUPATION

Business manFULL  
MAIDEN  
NAMEEster Heath

MOTHER

RESIDENCE

Kuna Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY25

(Years)

BIRTHPLACE

Nebraska

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born aliveat 730 P. M.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

R. M. Powell M. D.

Given names added from a supplemental report.

19

Address

(Physician or midwife)

Kuna Idaho

Filed

Aug. 21 1920R. M. Powell

Registrar

Registrar

DEC 26 1941

MAY 28 1942

JUN 8 1947

JAN 30 1975

796-204

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

603-791 *Pannock*  
County of *Pocatello*  
City of *Pocatello* Registration District No. *84* File No. *82259*  
No. *Ida* St.  
Hospital *Home* Primary Registration District No. *2141* Registered No. *3278*  
FULL NAME OF CHILD *Frances Kristian Gifford*

Sex of Child *Female* Twin *2nd* and *2nd* Number in order of birth *2nd* Legiti mate? *yes* Date of Birth *Aug 4* *8:15 PM*  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME *Moses Gifford*  
RESIDENCE *Pocatello R. 7D #1*  
COLOR *White* AGE AT LAST BIRTHDAY *25*  
BIRTHPLACE *Idaho*  
OCCUPATION *Farming*

MOTHER  
FULL MAIDEN NAME *Rae May Grayson*  
RESIDENCE *Pocatello Ida R. 7D #1*  
COLOR *White* AGE AT LAST BIRTHDAY *19*  
BIRTHPLACE *Ky*  
OCCUPATION *NW*

Number of child of this mother, including present birth *2* Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born Aug 4/20* at *8:15 PM*  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *J. S. Miller md*  
(Physician or midwife) *Inkom Ida.*

Given names added from a supplemental report.

Address *Inkom Ida*  
Filed *8/18* 1920 *J. Young* Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



796-1041007-791

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bannock  
 City of R. F. D. Pocatello  
 No. Ida St. \_\_\_\_\_  
 Hospital Home  
 Registration District No. 84 File No. 182260  
 Primary Registration District No. 2161 Registered No. 3279  
 FULL NAME OF CHILD Earl Frank Gifford

Sex of Child Male Twin or other? { and { Number in order of birth First Legit mate? yes Date of Birth Aug 4 1920  
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
 FULL NAME Moses Gifford  
 RESIDENCE Pocatello R. F. D. #1  
 COLOR White AGE AT LAST BIRTHDAY 25 (Years)  
 BIRTHPLACE Idaho  
 OCCUPATION Farming

MOTHER  
 FULL MAIDEN NAME Rosa May Graydon  
 RESIDENCE Pocatello Ida R. F. D. #1  
 COLOR White AGE AT LAST BIRTHDAY 19 (Years)  
 BIRTHPLACE Ky.  
 OCCUPATION N. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Aug 4/20, at 8 P.M.  
 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. S. Miller M.D.  
Idaho  
 (Physician or midwife)

Given names added from a supplemental report.

19

Address

Indom 249

Filed

8/18 19 20

Registrar

Registrar

J. P. Young

14-51-21

MAR 12 1947

814105-003-499

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of ParatelloRegistration District No. 84File No. 82261No. 644W. Greeley St.Primary Registration District No. 2141Registered No. 3280

Hospital \_\_\_\_\_

FULL NAME OF CHILD John Thomas HamiltonSex of Child maleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate? yesDate of  
BirthAug 5  
(Month) (Day)1920  
(Year)FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY32  
(Years)

COLOR

AGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth 4Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 P.M.  
on the date above stated. (Born alive or stillborn)(Signature) W.W. Brothers

(Physician or midwife)

Address Paratello, IdahoFiled 8/18 19 20Registrar J. Young

Registrar

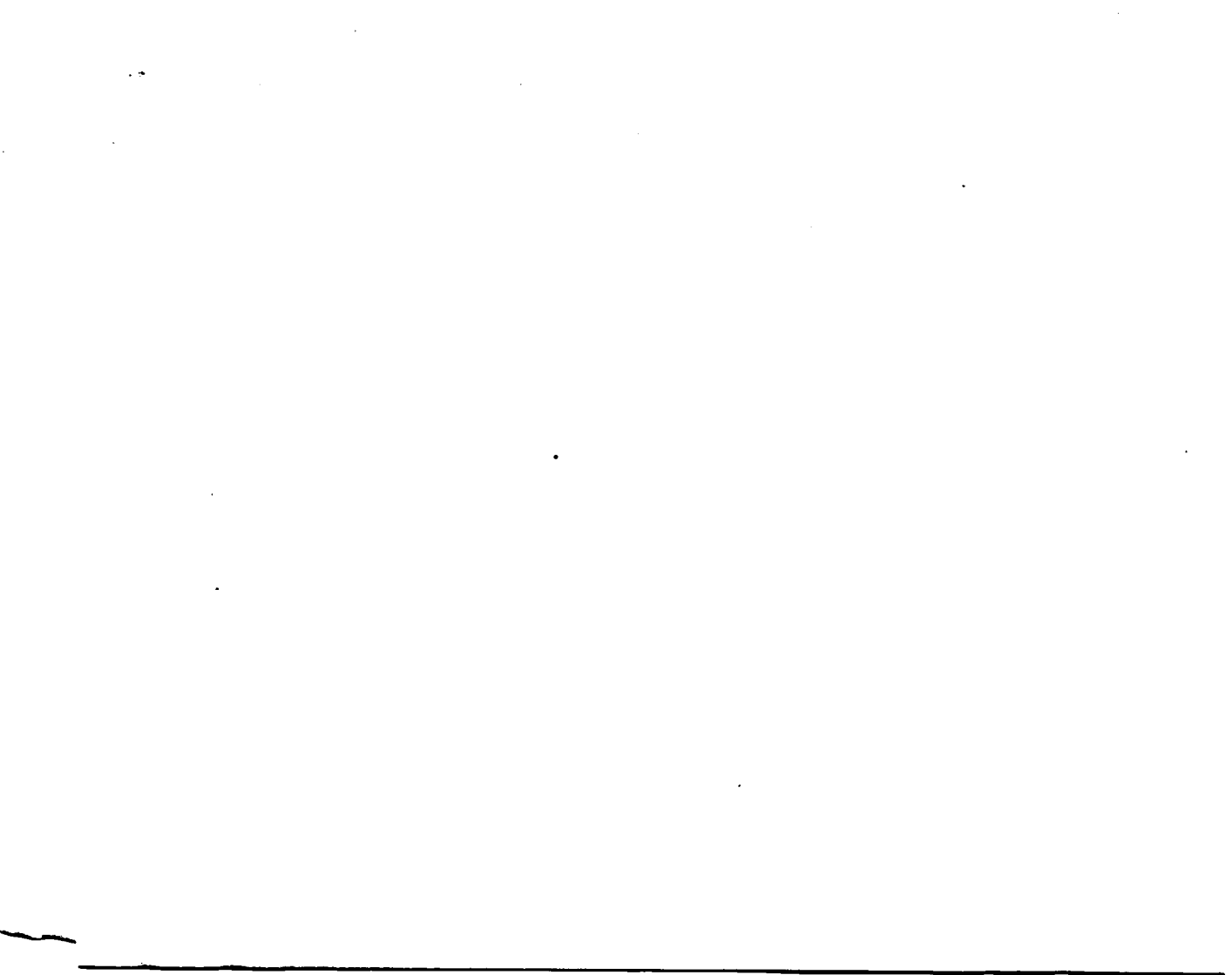
MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.{ When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

Given names added from a supplemental report.

19





997206.003-262

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of PocatelloNo 656 S. Hayco St.Registration District No. 84File No. 682262

Hospital \_\_\_\_\_

Primary Registration District No. 2161 Registered No. 3281

FULL NAME OF CHILD

Rose Mary Riggs

Sex of Child

femaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthAug 6

(Month) (Day)

1920  
(Year)FULL  
NAMEDavid Levi Riggs

FATHER.

RESIDENCE

Pocatello, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Togans, Utah

OCCUPATION

SalesmanFULL  
MAIDEN  
NAMEErna Ethel Postwick

MOTHER.

RESIDENCE

Pocatello, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Logansport, Indiana

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive, at 1 A.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. W. Brothers

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Pocatello, Idaho

Filed

8/18 19 20

Registrar

Registrar

3-14

JUL 7 1955

892-202-003-319

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of PocatelloNo. 905 So. Main St.Hospital Home

FULL NAME OF CHILD

Registration District No. 84File No. 82264Primary Registration District No. 2161Registered No. 8283

Sex of Child <u>female</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Apr. 2</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	--------------------------------	-----	-----------------------------------	------------------------	--

FATHER		MOTHER	
FULL NAME <u>George Raymond Hibbert</u>	FULL MAIDEN NAME <u>Oliver Larsen</u>	FULL NAME <u>George Raymond Hibbert</u>	FULL MAIDEN NAME <u>Oliver Larsen</u>
RESIDENCE <u>905 So. Main St.</u>	RESIDENCE <u>905 So. Main St.</u>	RESIDENCE <u>905 So. Main St.</u>	RESIDENCE <u>905 So. Main St.</u>
COLOR <u>White</u>	COLOR <u>White</u>	COLOR <u>White</u>	COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>25</u> (Years)	AGE AT LAST BIRTHDAY <u>19</u> (Years)	AGE AT LAST BIRTHDAY <u>25</u> (Years)	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Glendale, Utah</u>	BIRTHPLACE <u>Glendale, Utah</u>	BIRTHPLACE <u>Glendale, Utah</u>	BIRTHPLACE <u>Glendale, Utah</u>
OCCUPATION <u>Common labor</u>	OCCUPATION <u>Housekeeping</u>	OCCUPATION <u>Common labor</u>	OCCUPATION <u>Housekeeping</u>

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 5 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

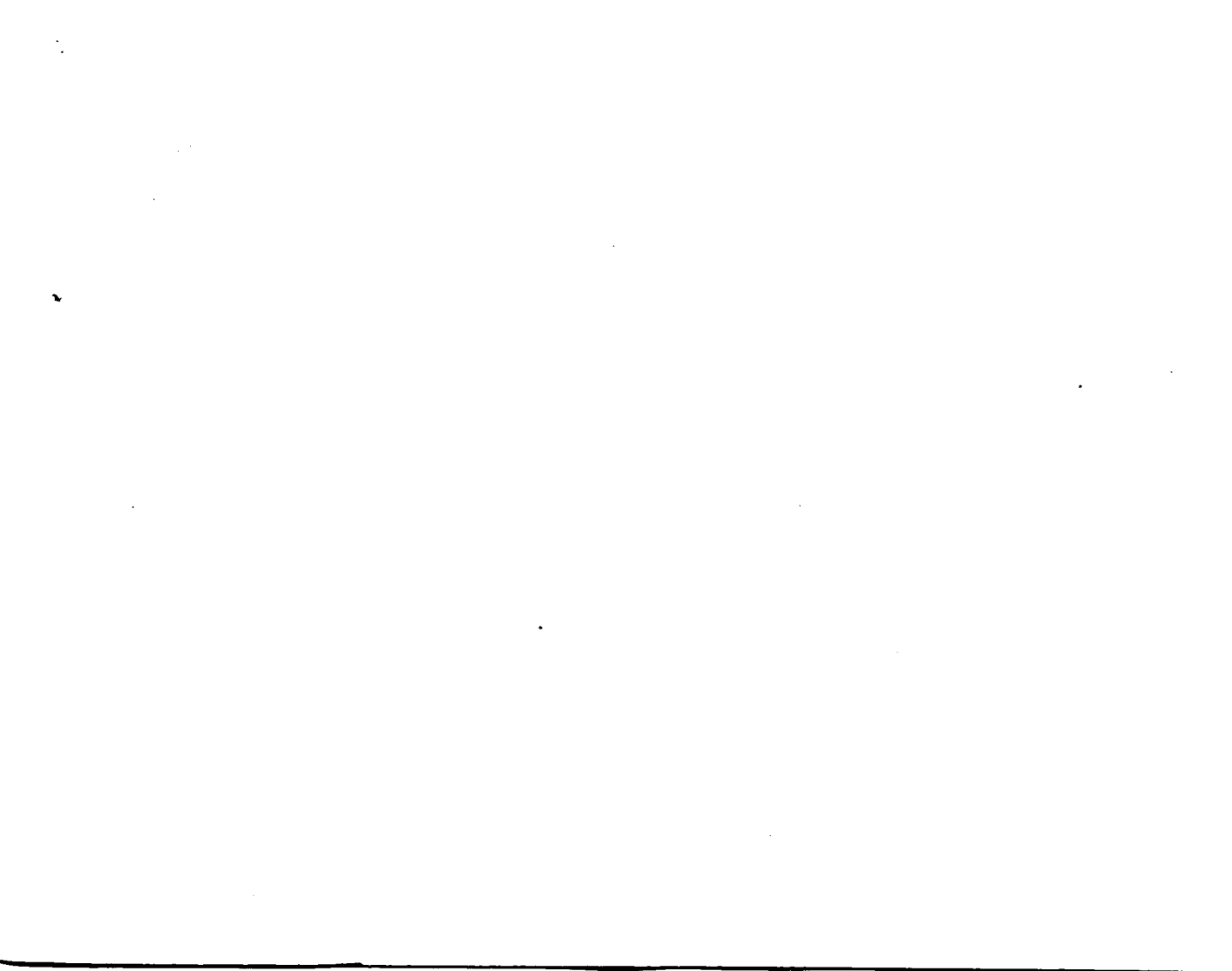
19

(Signature) Irma Ann W. Bird  
Midwife  
(Physician or midwife)

Address 413 So. 4th Ave.  
Filed 8/30 1920

Registrar

Registrar



315-2191003-295

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloNo. 845 So. Main St.Registration District No. 84File No. 82265Hospital HomePrimary Registration District No. 2161Registered No. 3284

## FULL NAME OF CHILD

June Marie Bandland

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth (Month) <u>July</u> (Day) <u>19</u> (Year) <u>1920</u>
----------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER Shelby Harold BandlandFULL MAIDEN NAME MOTHER Rosella KingRESIDENCE 845 So. Main St.RESIDENCE 845 So. Main St.COLOR white AGE AT LAST BIRTHDAY 21 (Years)COLOR white AGE AT LAST BIRTHDAY 18 (Years)BIRTHPLACE Nephi, UtahBIRTHPLACE Lead City So. DakotaOCCUPATION Common laborOCCUPATION HousekeepingNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 5:50 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Miss Ann W. Bird  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

19

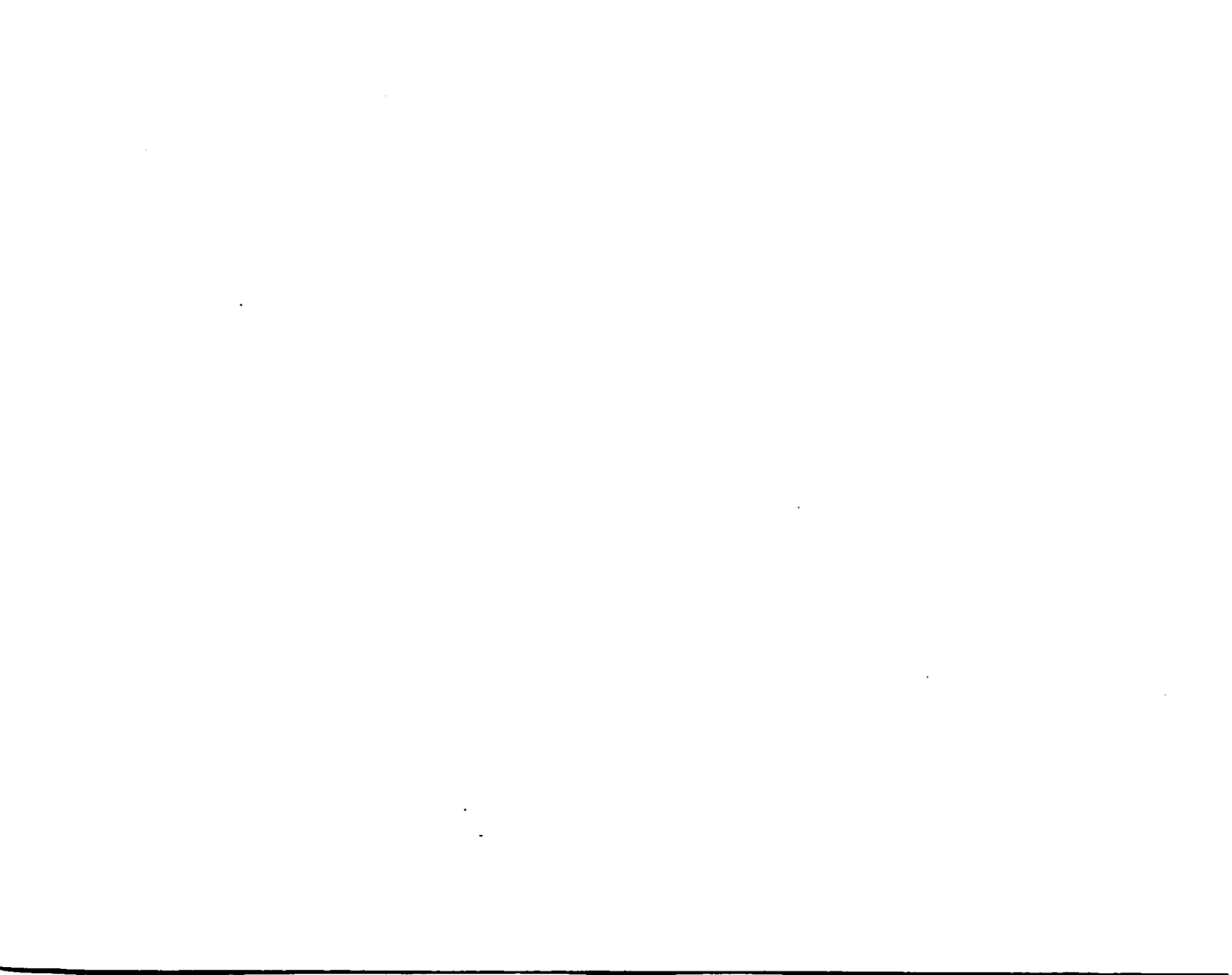
Address 413 So. 4th Ave.  
Filed 8/30 19 20

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



499-225-003-763

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 1

County of BannockCity of PocatelloNo. 456 So. Main St.Hospital Hamp

FULL NAME OF CHILD

Registration District No. 84File No. 82266Primary Registration District No. 2161Registered No. 32851Eva Grace Mirabella

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>July 25</u> 19 <u>20</u> Month (Day) (Year)
----------------------------	---	---------	--------------------------------	----------------------------	---

FULL NAME FATHER Amilio MirabellaRESIDENCE 456 So. Main St.COLOR White AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE ItalyOCCUPATION Sec. ForemanFULL MAIDEN NAME MOTHER Assunta CalabreseRESIDENCE 456 So. Main St.COLOR White AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE ItalyOCCUPATION HousekeepingNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 5 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

19

Address 413 So. 4th Ave.Filed 8/30 1920 J. J. Young

Registrar

Registrar



01-20-1-21-10

235-101-003-318  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of PocatelloNo. 328 So. 4 Ave.Registration District No. 84File No. 182267Hospital HomePrimary Registration District No. 2461Registered No. 3286

FULL NAME OF CHILD

MELVIN JOSEPH STEPHENSON

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Aug. 1</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME FATHER Clarence StephensonFULL MAIDEN NAME MOTHER Irmininda TaylorRESIDENCE 328 So. 4 Ave.RESIDENCE 328 So. 4 Ave.COLOR white AGE AT LAST BIRTHDAY 30  
(Years)COLOR white AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE Iar West-BIRTHPLACE Iar West-OCCUPATION BookkeepingOCCUPATION HousekeepingNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

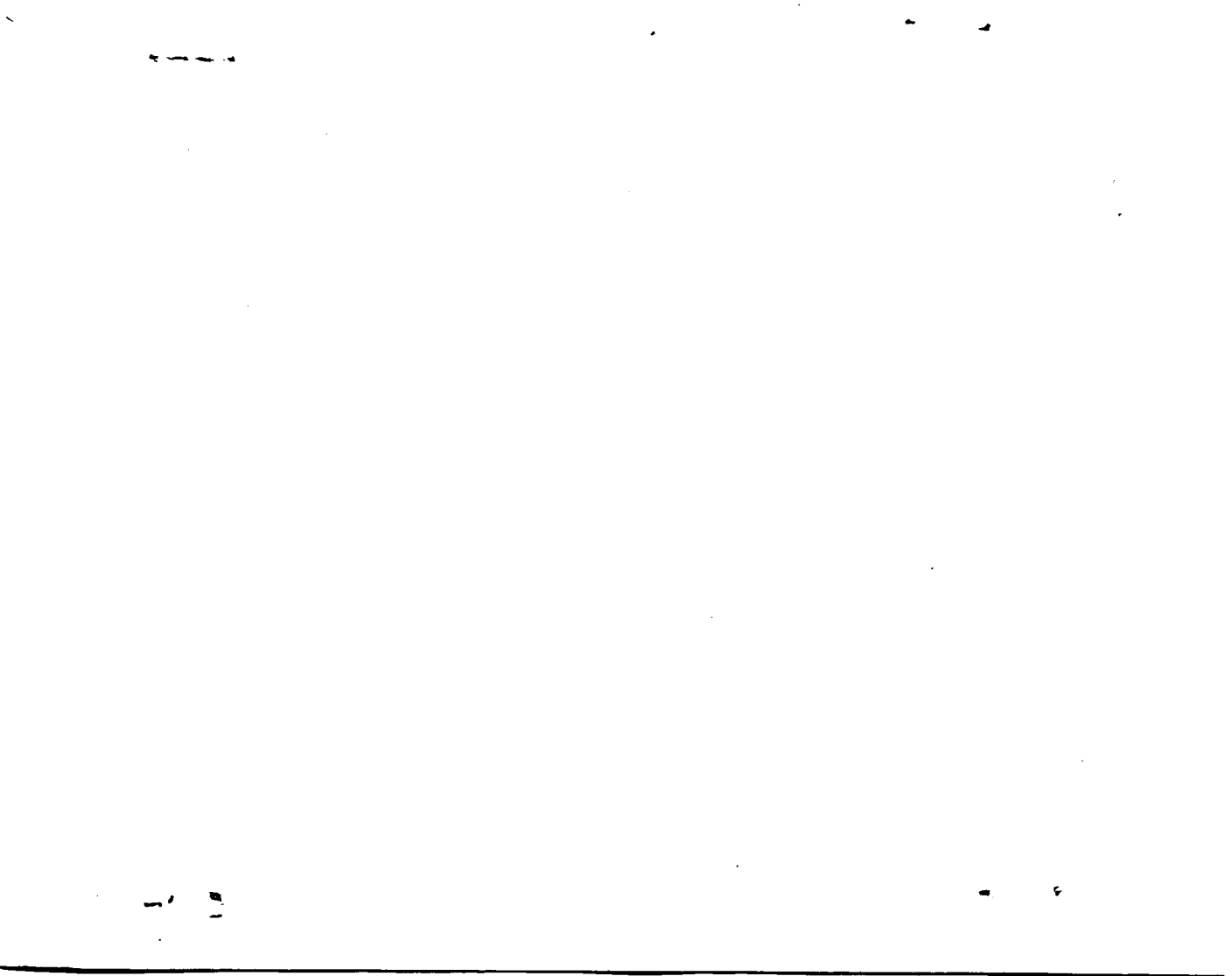
I hereby certify that I attended the birth of this child, who was  
on the date above stated.alive at 5:30 A.M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) Mrs. Ann W. Bird  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address 413 So. 4 Ave.Filed 8/30 1920

Registrar

Registrar



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho Certificate No. 82267County of Bannock } SS. Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Melvin Joseph Stephenson who was born on August 1, 1920  
 in Pocatello Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
 are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts as shown by S.D.S. Church record prepared on April 29, 1942, are:  
 (PLACE OF EVENT) (GIVE DATE)  
 (SIBLE RECORD, INSURANCE POLICY, ETC.)

## FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

## FROM

(AS ON ORIGINAL)

## TO

(THE CORRECT FACTS)

Name Melvin Joseph Stephenson No. name Melvin Joseph Stephenson

Melvin Joseph Stephenson Born Aug 1, 1920 Pocatello, Idaho  
Melvin Joseph Stephenson

Subscribed and sworn to before me this 1st  
 day of May, 1942  
W. H. Jackson

Notary Public, residing at Pocatello, Idaho

My commission expires Sept 14, 1944  
 (SEAL)

Signed Clarence Stephenson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

324 So 5 Pocatello Idaho

(STREET ADDRESS, CITY, STATE)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IdahoCounty of Bannock } SS.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th  
 day of April, 1942  
W. H. Jackson

Notary Public, residing at POCATELLO, IDAHO

My commission expires My Commission Expires Jan. 14, 1944  
 (SEAL)

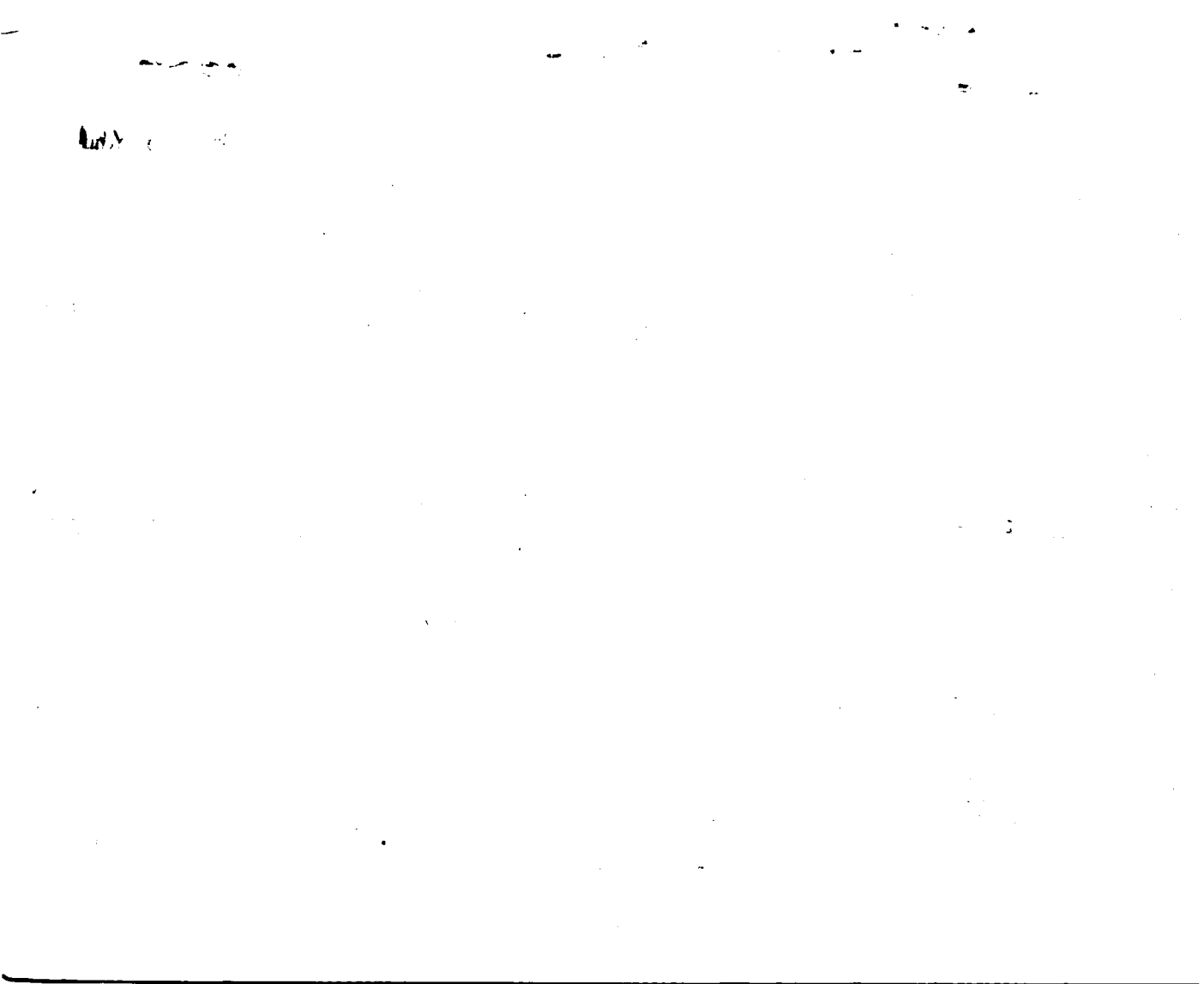
Signed Queen W. Dingley Ward Clerk  
 (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

238 S. 11th Ave. Pocatello, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_

(REGISTRAR'S SIGNATURE)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADEING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

659202:003-299  
 PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of PocatelloRegistration District No. 84File No. 82268

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital GeneralPrimary Registration District No. 2161Registered No. 3287

FULL NAME OF CHILD

Margaret Weir

Sex of Child

frTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthAug 219 30  
(Month) (Day) (Year)FULL  
NAME

FATHER

Seon Thomas Weir

RESIDENCE

Pocatello R.F.D. 1

COLOR

whAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

farmerFULL  
MAIDEN  
NAME

MOTHER

Edna Briscoe

RESIDENCE

Pocatello R.F.D. 1

COLOR

whAGE AT LAST  
BIRTHDAY18  
(Years)

BIRTHPLACE

Montana

OCCUPATION

housewife

Number of child of this mother, including present birth

Number of children of this mother now living including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive  
(Born alive or stillborn)at 2 P M.

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

(Signature)

St. Ray

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Pocatello

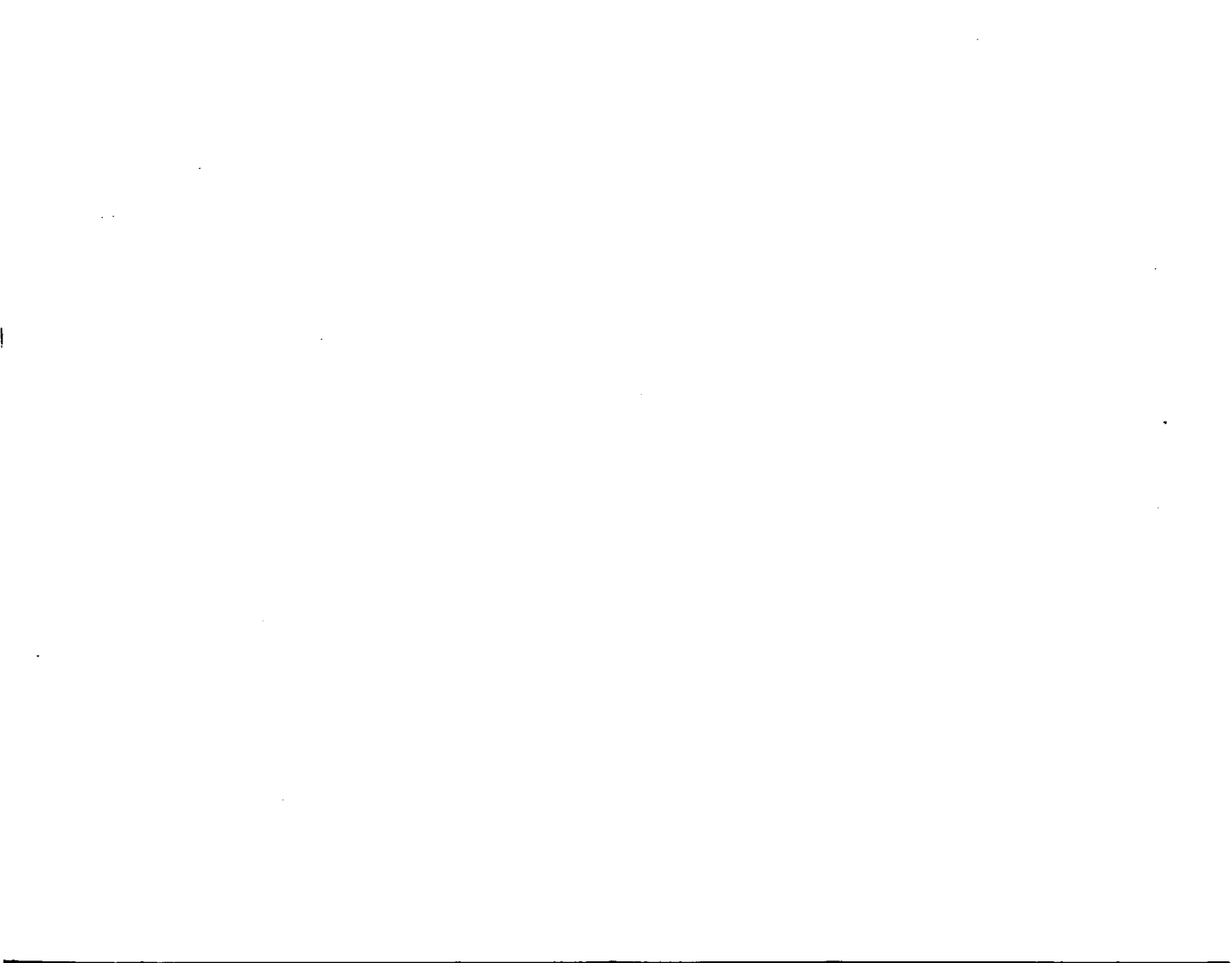
Filed

7/3019 30

Registrar

Registrar

J.P. Young



318-102-003-553

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloNo. 840 N. Main St.Registration District No. 84File No. 82269Hospital HanoPrimary Registration District No. 2161Registered No. 3288FULL NAME OF CHILD Terrell Harding Taylor

Sex of Child <u>male</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and } Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Aug 2 1920</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------	-------------------------	---

FATHER  
FULL NAME Les Basil Taylor  
RESIDENCE 840 N. Main St.  
COLOR white AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Robin Idaho  
OCCUPATION Switchman

MOTHER  
FULL MAIDEN NAME Laura Louisa Nelson  
RESIDENCE 840 N. Main St.  
COLOR White AGE AT LAST BIRTHDAY 24 (Years)  
BIRTHPLACE Smithfield Utah.  
OCCUPATION Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 9:20 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ann W. Bird  
Midwife  
(Physician or midwife)

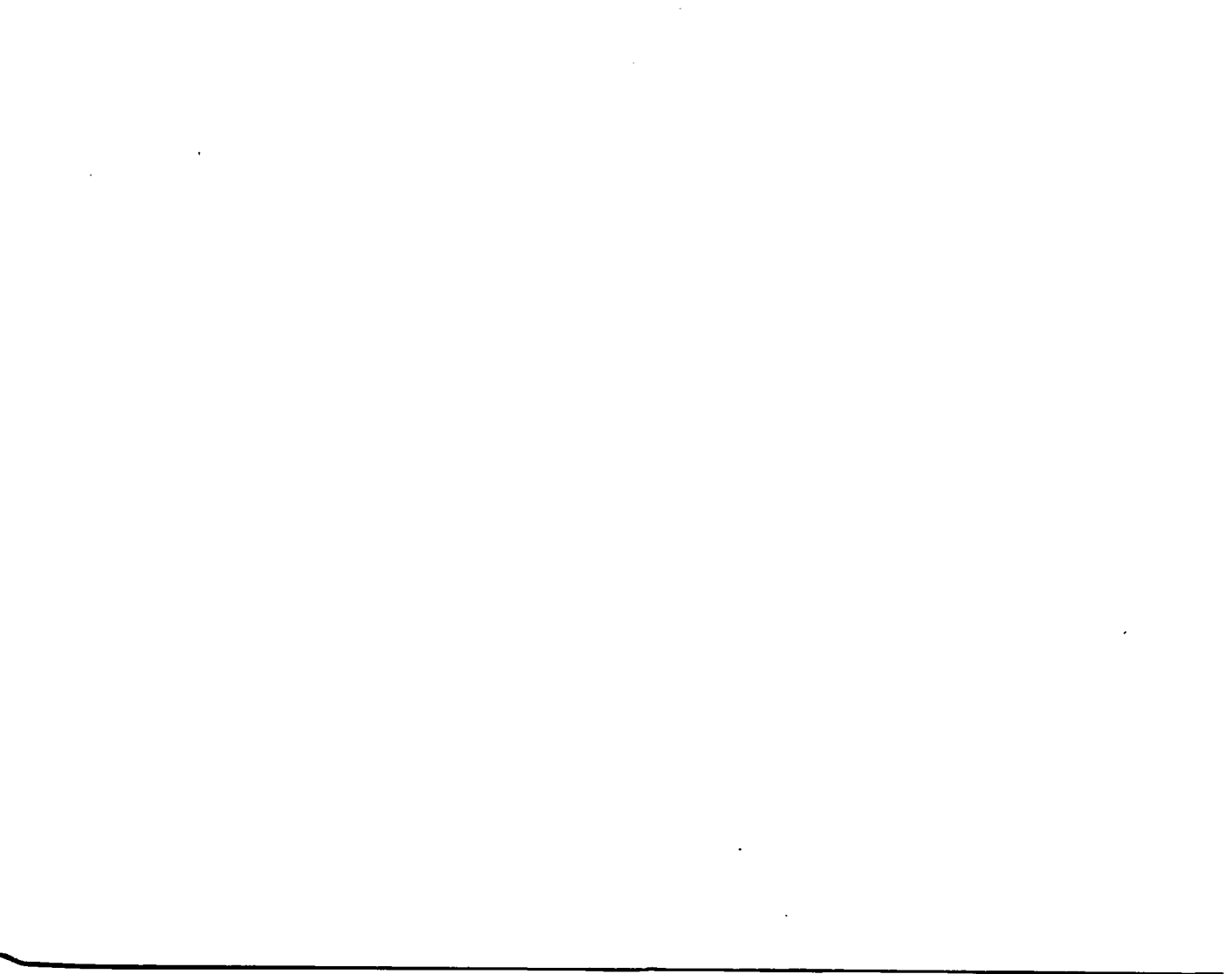
Given names added from a supplemental report.

19

Address 413 So. 4th Ave.  
Filed 8/30 1920  
J. J. Young  
Registrar

Registrar





962-205003-345

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PayetteRegistration District No. 84File No. 182270

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Payette Gen.Primary Registration District No. 2161Registered No. 3289

FULL NAME OF CHILD

Jeanette Anna Robison

Sex of Child <u>J</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Aug 5</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------	---	-----	---	----------------------------	---

FATHER  
FULL NAME Wm L. Robison  
RESIDENCE Payette, Idaho  
COLOR W. AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Payette, Idaho  
OCCUPATION Numbers Helper

MOTHER  
FULL MAIDEN NAME Mrs. C. Lundberg  
RESIDENCE Same  
COLOR W. AGE AT LAST BIRTHDAY 21 (Years)  
BIRTHPLACE Chicago  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 2<sup>45</sup> P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]

(Physician or midwife)

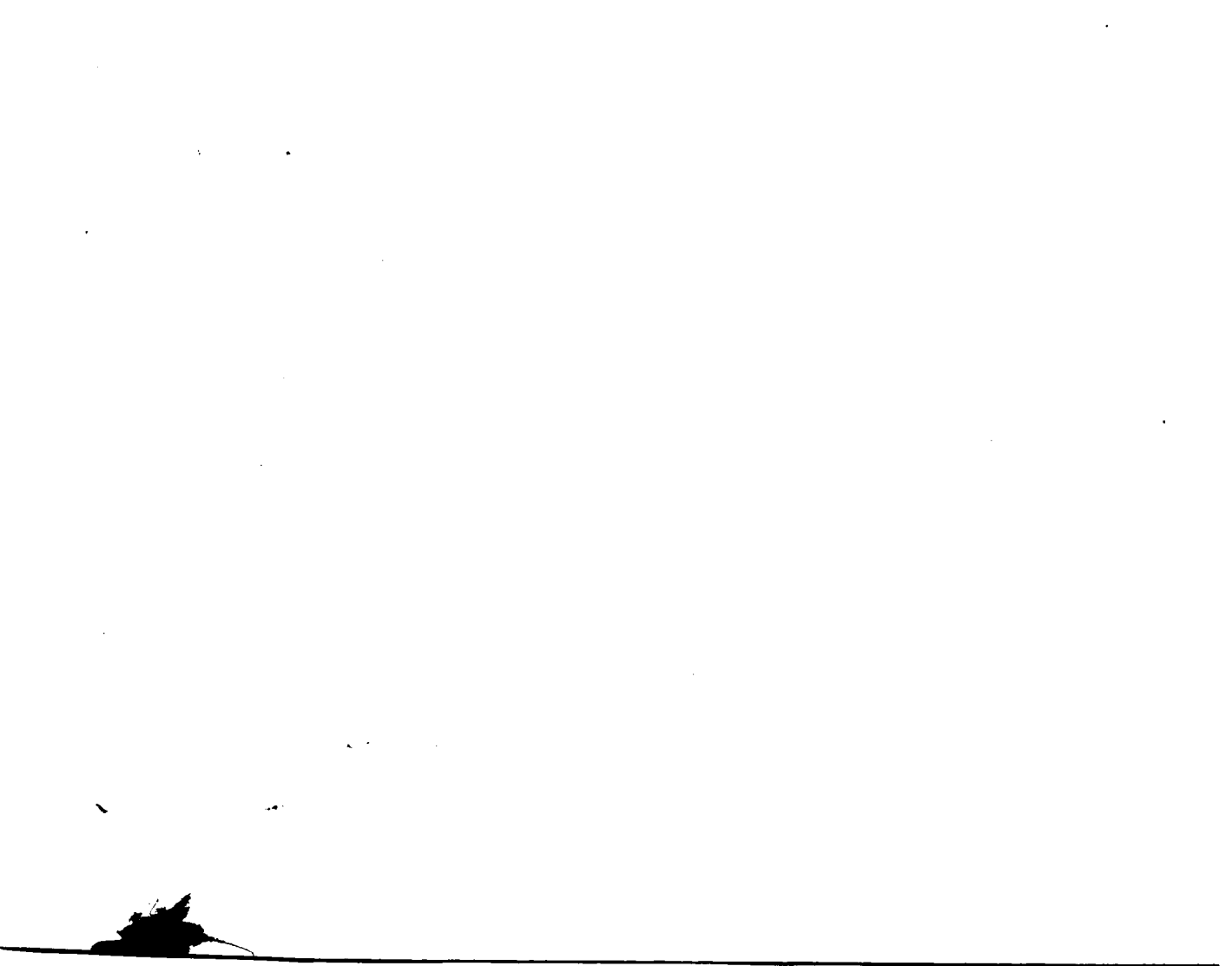
Given names added from a supplemental report.

Address PayetteFiled 8/30 1920 [Signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

904-100-208-381  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 4-1-23

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Registration District No. 84

File No. 82272

Primary Registration District No. 2161

Registered No. 3291

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>aug 5</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	------------------------	---

FULL NAME <u>George Chester Rommell</u>	FATHER
RESIDENCE <u>McCammon</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>McCammon Idaho</u>	
OCCUPATION <u>Harmer</u>	

FULL MAIDEN NAME <u>Ida Belle Leonard</u>	MOTHER
RESIDENCE <u>McCammon</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Camas Idaho</u>	
OCCUPATION <u>Harmer's Wife</u>	

Number of child of this mother, including present birth. 3

Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated.

(Born alive or ~~dead~~)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

Mrs W W Lewis

Given names added from a supplemental report.

(Physician or midwife)

Address \_\_\_\_\_

McCammon Idaho

Filed \_\_\_\_\_

8/30 1920

J Young

Registrar

71

Dup of 1920-396881

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

159-206-003-692

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bannock

City of Pocatello

Registration District No. 84

File No. 182273

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital General

Primary Registration District No. 2161

Registered No. 3292

FULL NAME OF CHILD

Louella Marie Jensen

Sex of Child

fr

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

Legiti  
mate?

Yes

Date of  
Birth

8

6

1920

(Month) (Day) (Year)

FULL  
NAME

Georgell Marie Jensen

FATHER

FULL  
MAIDEN  
NAME

Karen Wikner

MOTHER

RESIDENCE

Pocatello

RESIDENCE

same

COLOR

wh

AGE AT LAST  
BIRTHDAY

25  
(Years)

COLOR

wh

AGE AT LAST  
BIRTHDAY

8  
(Years)

BIRTHPLACE

Illinois

BIRTHPLACE

Sweden

OCCUPATION

Carpenter

OCCUPATION

housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

Born alive, at 2:30 P.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Dr. Ray M. D.

Given names added from a supplemental report.

(Physician or midwife)

Address

Pocatello Idaho

Filed

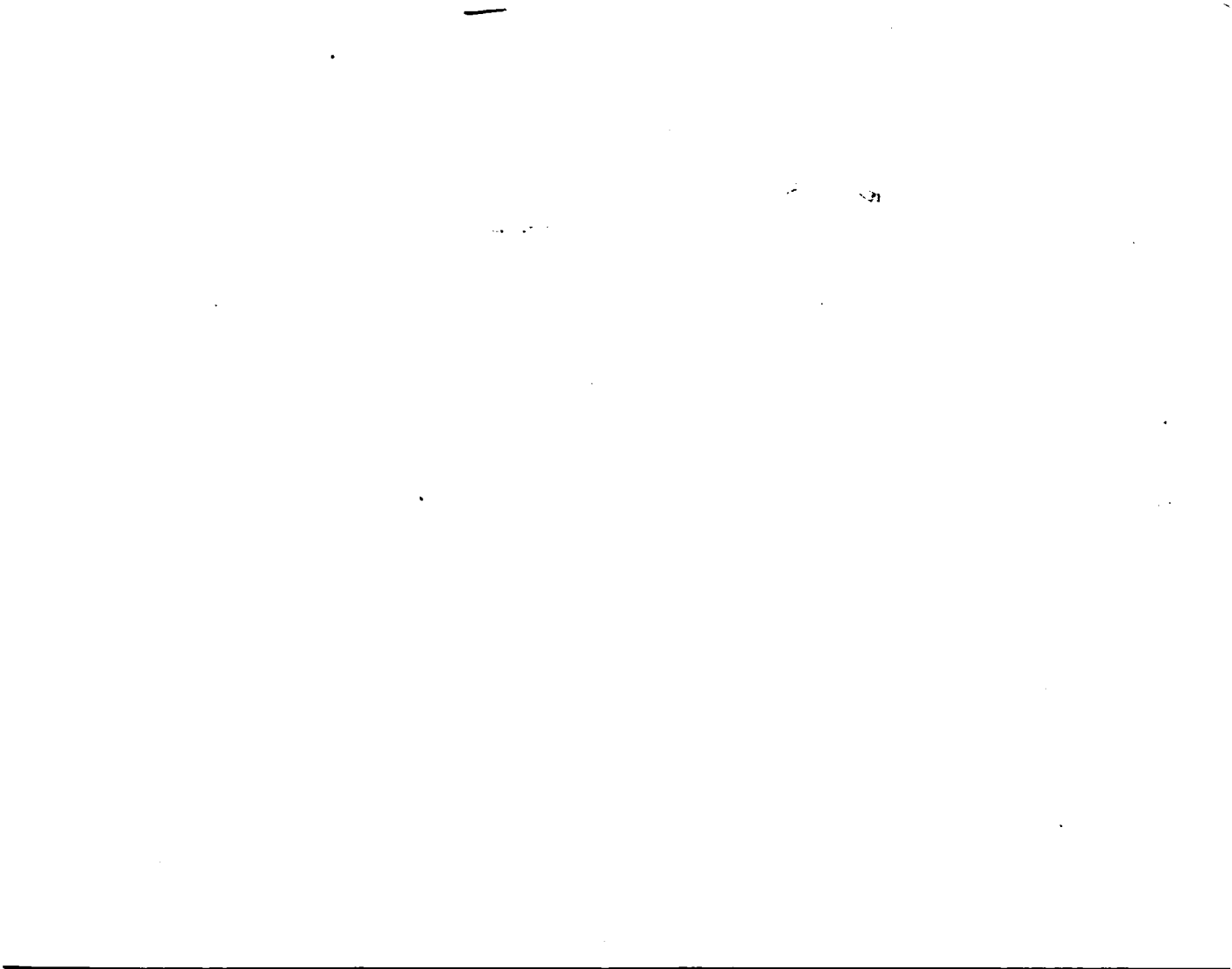
8/31

1920

J. Young

Registrar

Registrar



860406-003266

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of PocatelloRegistration District No. 84File No. 82274

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Leaves LnPrimary Registration District No. 2161Registered No. 3293

## FULL NAME OF CHILD

Sex of Child MTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birth  
(To be answered only in event of plural births)Legitimate? yesDate of Birth 6 6 1924

(Month)

(Day)

(Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 4<sup>45</sup> P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. May

(Physician or midwife)

Given names added from a supplemental report.

Address PocatelloFiled 8/30 1924

Registrar

Registrar J. Young





2122091003-692

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of DukomRegistration District No. 84 File No. 82276

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161 Registered No. 3295Hospital Home

## FULL NAME OF CHILD

Baker, Ella Bernice

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Aug 9th</u> (Month) (Day) (Year) <u>1920</u>
----------------------------	---	-----	---	-------------------------------	--

FULL NAME FATHER Myron Dewitt BakerFULL MAIDEN NAME MOTHER Olivia FisherRESIDENCE Dukom Ida.RESIDENCE Dukom Ida.COLOR W. AGE AT LAST BIRTHDAY 25  
(Years)COLOR W. AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE UtahBIRTHPLACE UtahOCCUPATION FarmingOCCUPATION H WNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Olivia Aug 9th 1920, at 12:30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Nichols and  
Baker 12th St.

(Physician or midwife)

Given names added from a supplemental report.

19

Address PocatelloFiled 8/30 19 20 Registrar J. Young

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JAN 22 1953

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

319-11-883-613  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B. No. 1-C-25m-7-21-19

County of Bannock

City of Localello

Registration District No. 84

File No. 82277

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Localello Gen.

Primary Registration District No. 2141

Registered No. 3296

FULL NAME OF CHILD

ANAMARY LERENE CARRICO

Sex of Child F

Twins  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate? yes

Date of  
Birth 8 11 1920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 22  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY 21  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 6<sup>15</sup>0 M.  
on the date above stated.

(Born alive or stillborn)

(Signature) J. May

(Physician or midwife)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

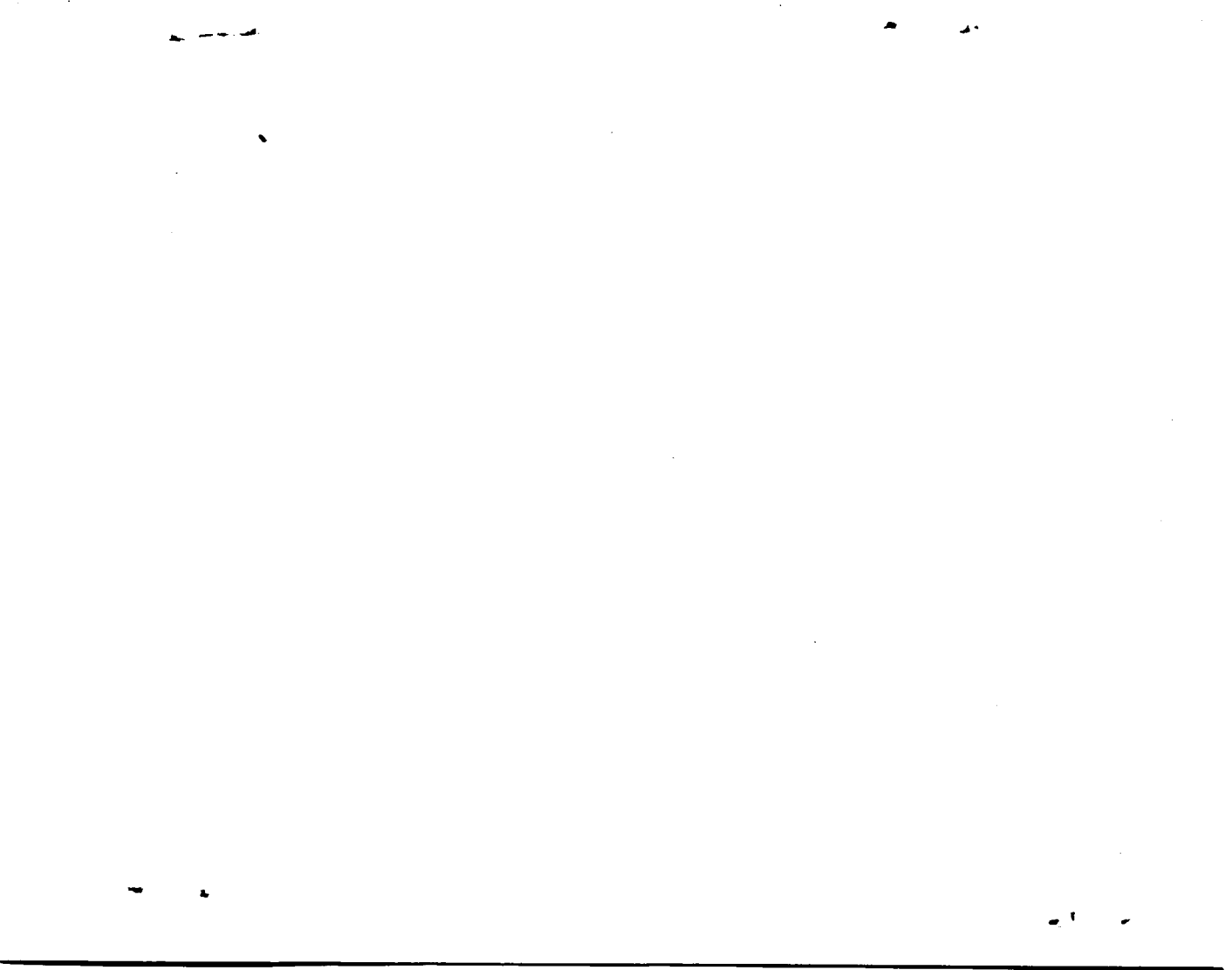
Given names added from a supplemental report.

Address Patello

Filed 8/20 1920

Registrar

Registrar



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
 County of Bannock } ss. Certificate No. 82277  
 Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for Anamary Lerene Carrico who Born on August 11, 1920  
 in Pocatello, Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
 (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts as shown by Bible Record prepared on August 16th, 1920, are:  
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

## FACTS TO BE CORRECTED

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

Beneficial FROM

(AS ON ORIGINAL)

TO

(THE CORRECT FACTS)

Name

Unnamed

Anamary Lerene Carrico

Subscribed and sworn to before me this 15th  
 day of February, 19 43

Signed

Barth Thomas Carrico  
 (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Pocatello, Idaho

My commission expires March 12, 1945  
 (SEAL)

P. O. Box 1055, Pocatello, Idaho

(STREET ADDRESS, CITY, STATE)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
 County of Bannock } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
 (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th  
 day of February, 19 43

Signed

Edith W. Carrico

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

429 E. Carter Pocatello, Idaho

(STREET ADDRESS, CITY, STATE)

Notary Public, residing at Pocatello, Idaho

My commission expires March 12, 1945  
 (SEAL)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (REGISTRAR'S SIGNATURE)

FEB 17 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-214007-796  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

County of Bannock

City of Pocatello

No. 125th 5th Ave.

Registration District No. 84

File No. 682278

Hospital Home

Primary Registration District No. 3161

Registered No. 3297

FULL NAME OF CHILD Matalena Greso

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Aug 14</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>FATHER</u> <u>Carmelo Greso</u>
RESIDENCE <u>125th 5th Ave.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>34</u> (Years)
BIRTHPLACE <u>Italy</u>
OCCUPATION <u>Common labor</u>

FULL MAIDEN NAME <u>MOTHER</u> <u>Alfonso Giordano</u>
RESIDENCE <u>125th 5th Ave.</u>
COLOR <u>White</u>
AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Italy</u>
OCCUPATION <u>Housekeeping</u>

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

alive, at 9:15 A. M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ann W. Bird  
Midwife  
(Physician or midwife)

Given names added from a supplemental report.

Address 413 So. 4th Ave.

Filed 8/30 1920  
Alfonso  
Registrar

Registrar



OCT 23 1975

315/15-003-621

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloRegistration District No. 84 File No. 182279No. 144 So. Main St.Hospital HomePrimary Registration District No. 2161 Registered No. 3298

FULL NAME OF CHILD

Shigeyoshi Tanikuni

Sex of Child

MaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy?

Yes

Date of Birth

Aug. 15

(Month)

(Day)

1922  
(Year)

FULL NAME

Jae Tanikuni

FATHER

RESIDENCE

144 So. Main St.

COLOR

Japanese

AGE AT LAST BIRTHDAY

49

(Years)

BIRTHPLACE

Japan

OCCUPATION

Prop. Restaurant

FULL MAIDEN NAME

Tome Okano

MOTHER

RESIDENCE

144 So. Main St.

COLOR

Japanese

AGE AT LAST BIRTHDAY

35

(Years)

BIRTHPLACE

Japan

OCCUPATION

HousekeepingNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.alive at 10.20 P.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs. Ann W. Bird  
Midwife

(Physician or midwife)

Given names added from a supplemental report.

19

Address

413 So. 2nd Ave.

Filed

8/20 20

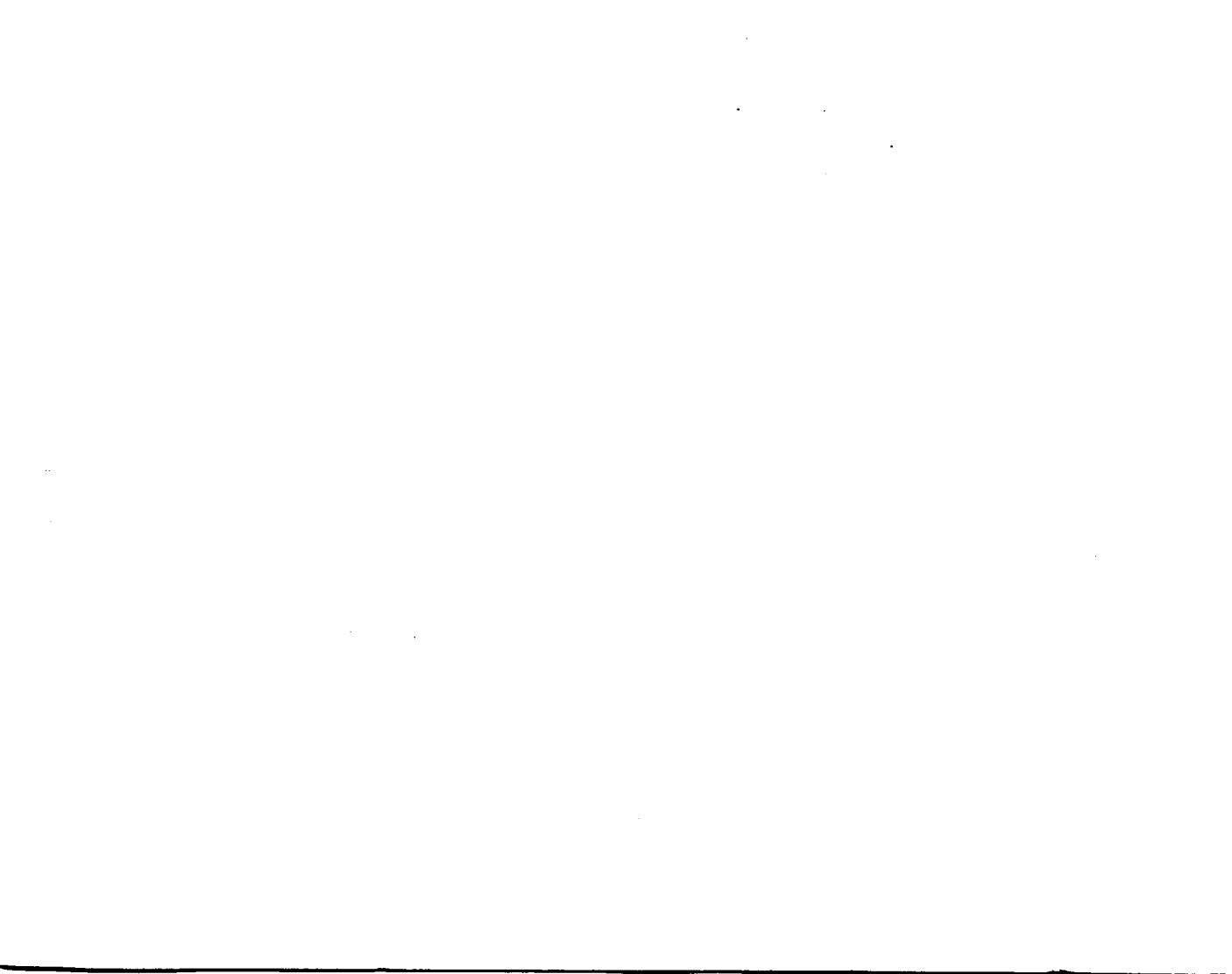
19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 2-26-58

PLACE OF BIRTH

758-106-003-419

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. St. Registration District No. 84 File No. 82280

Hospital Pocatello General Primary Registration District No. 2161 Registered No. 3299

FULL NAME OF CHILD Maurice Paul Peyron  
(Certificate of no value without full name of child.)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>August 6, 1920</u> (Month) (Day) (Year)
--------------------------	---	--	--------------------------------	--

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER  
FULL NAME Maurice E. Peyron  
RESIDENCE Pocatello, Idaho  
COLOR White AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE France  
OCCUPATION Sheepman

MOTHER  
FULL MAIDEN NAME Nellie Marenthier  
RESIDENCE Pocatello, Idaho  
COLOR White AGE AT LAST BIRTHDAY 30 (Years)  
BIRTHPLACE France  
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4:45 A. M.  
on the date above stated. (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Ray

Physician  
(Physician or midwife)

Give names added from a supplemental report.  
....., 192.....  
.....  
Registrar.

Address Pocatello, Idaho

Filed 8-30 1920 J. R. Young Registrar.

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR  
FROM: SAC, NEW YORK  
SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

STATE OF NEW YORK

IN SENATE

January 1, 1964

REPORT OF THE COMMISSIONER OF LABOR

ON THE STATE OF NEW YORK

IN SENATE

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 82280  
County of Bannock } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Maurice Paul Pyron who was born on 8-6-1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pocatello Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event) Certificate of Baptism Dec. 26, 1920  
true facts are shown by Insurance Policy prepared on Oct. 7, 1931 Feb. 24 '38, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)  
**FACTS TO BE CORRECTED** **FROM** Viewed by v.s. **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Child's & Father's Last Name Pyron Peyron

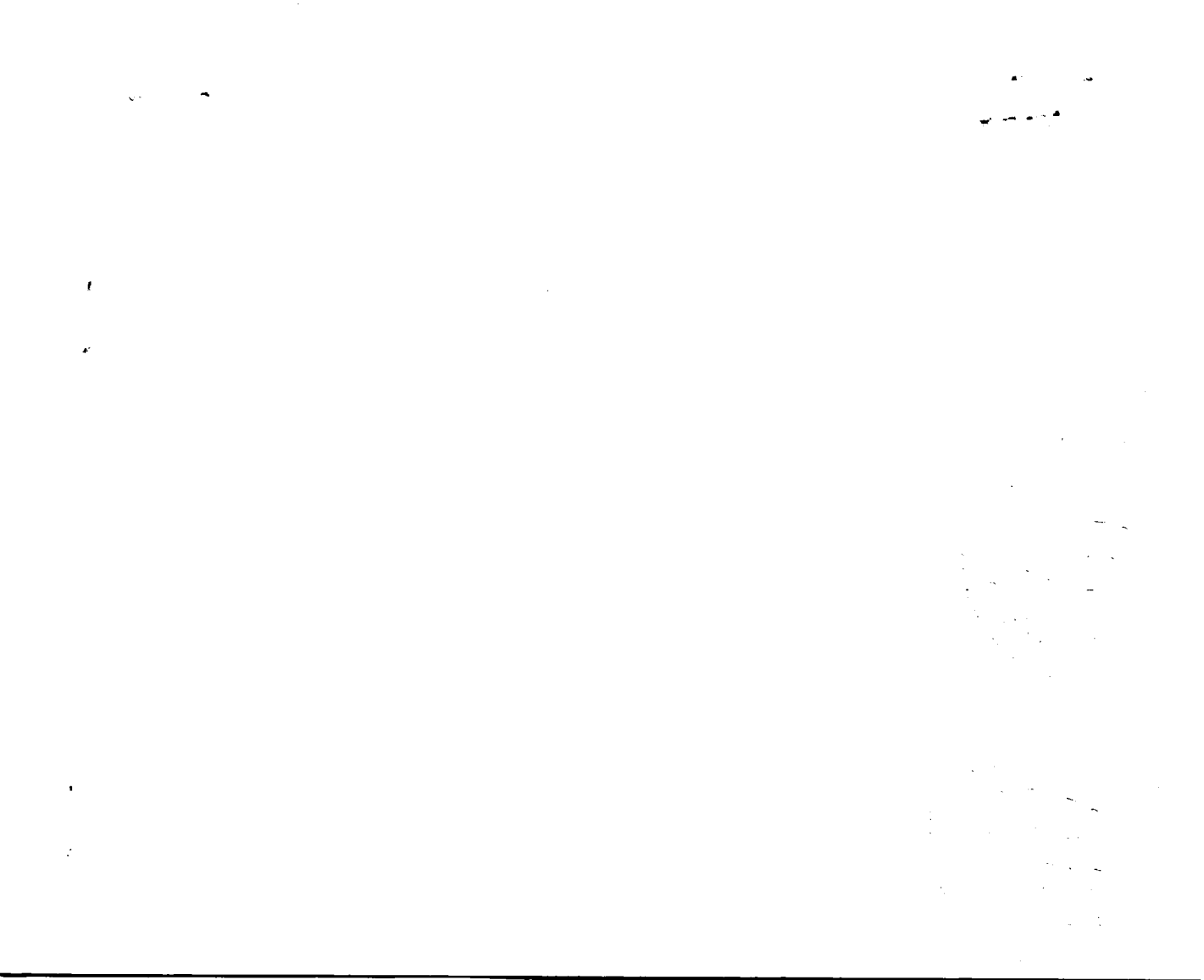
Subscribed and sworn to before me this 25th day of February, 1958  
Earl McEwen Notary Public for Idaho Signed Maurice E. Pyron  
Notary Public, residing at Pocatello, Idaho (Signature of parent or attendant if correcting a birth record;  
My commission expires July 1, 1958 746 north 6th Pocatello, Idaho of attendant, funeral director, informant if correcting  
(Seal) (Street Address, City, State) a death record; or other credible person.)  
Idaho

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss. [This Affidavit **MUST** Also be Executed.  
County of Bannock } (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of February, 1958  
Earl McEwen Notary Public for Idaho Signed Earl McEwen  
Notary Public, residing at Pocatello, Idaho (Signature of Any Credible Person)  
My commission expires July 1, 1959 191-16th Ave Pocatello, Idaho  
(Seal) (Street Address, City, State)



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

849-16-003-689

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BannockCity of PocatelloRegistration District No. 84File No. 182281

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Peoples Gen.Primary Registration District No. 2161Registered No. 3300FULL NAME OF CHILD Jermiah Hurley Jr.Sex of Child M.Twin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti  
mate? yesDate of  
Birth 8/16

(Month)

(Day)

19 20  
(Year)FULL  
NAME

FATHER

RESIDENCE

COLOR W.AGE AT LAST  
BIRTHDAY 31  
(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR W.AGE AT LAST  
BIRTHDAY 29  
(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19 \_\_\_\_\_

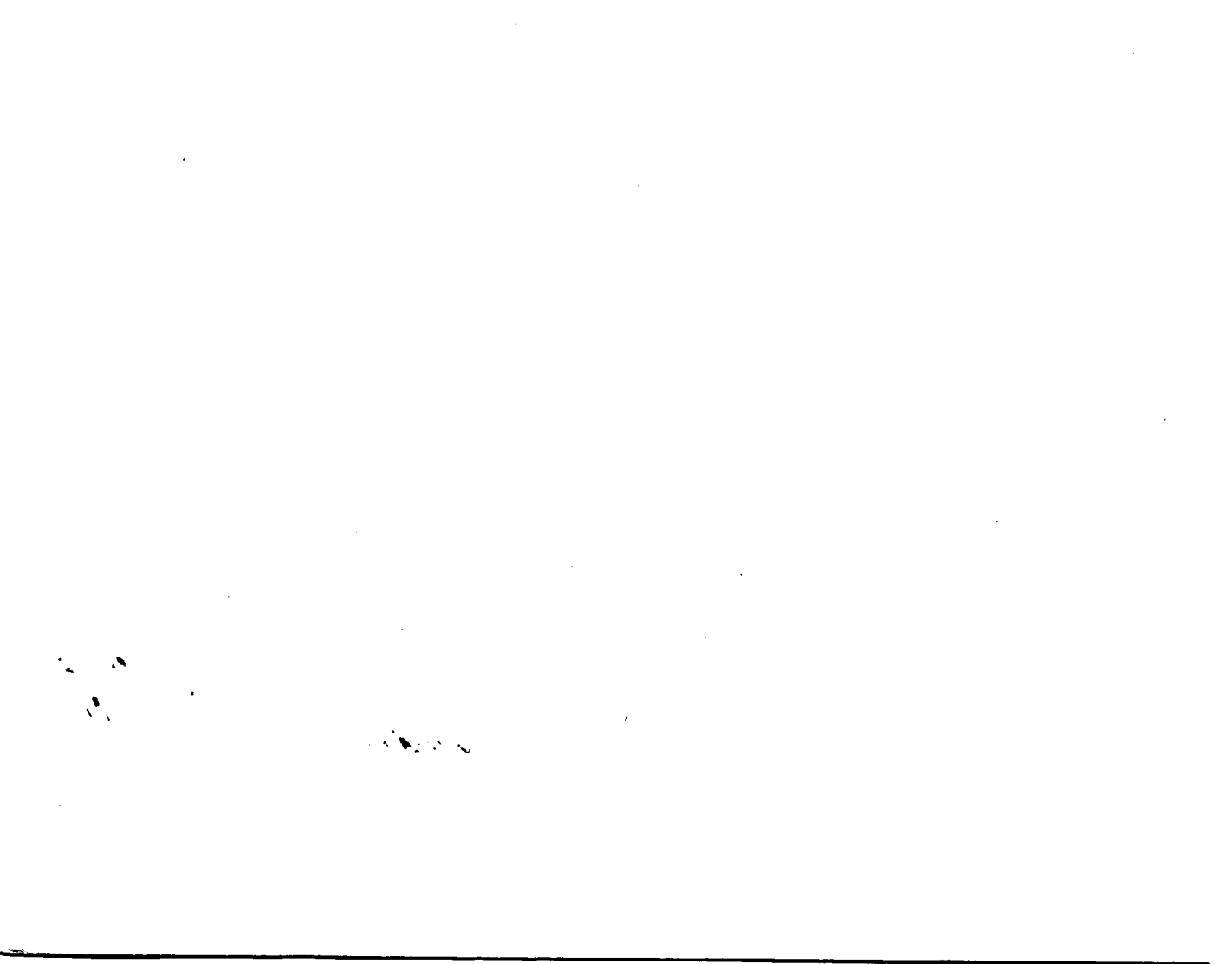
Registrar

(Signature) M. May

(Physician or midwife)

Address PocatelloFiled 8/20 1920Registrar M. Young





257-216-003-255

## PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannockCity of PocatelloRegistration District No. 84File No. 82282

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital P. Gen'lPrimary Registration District No. 2161Registered No. 3301

FULL NAME OF CHILD \_\_\_\_\_

Margie May Sexton

Sex of Child <u>I</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Aug 16</u> (Month) (Day) (Year) <u>1920</u>
-----------------------	--	-----	--------------------------------	---------------------------	---

FULL NAME <u>Wm J Sexton</u>	FATHER
RESIDENCE <u>Idaho</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Anna Bentley</u>	MOTHER
RESIDENCE <u>Same</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Same</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at 7<sup>15</sup> P.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. May

(Physician or midwife)

Given names added from a supplemental report.

Address PocatelloFiled 8/30 1920

Registrar \_\_\_\_\_

Registrar J. Young

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1951

244-217-003-489

Form V. S. No. 11-C--25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PostelloNo. 438 E. Clark St.Registration District No. 84File No. 82283

Hospital

Primary Registration District No. 2161Registered No. 3303

FULL NAME OF CHILD

Sheldah Simmons

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

{ }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
BirthAug 171920

(Month)

(Day)

(Year)

FULL  
NAMEFATHER  
Edward Emanuel SimmonsFULL  
MAIDEN  
NAMEMOTHER  
Lilly Elizabeth Spring

RESIDENCE

438 E. Clark Postello Idaho

RESIDENCE

438 E. Clark Postello Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY44  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Watertown New York

BIRTHPLACE

New York City New York

OCCUPATION

Blacksmith

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Female

(Born alive or stillborn)

1 P M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. W. Grothens(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address

Postello Idaho

Filed

8/301920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MAR 8 1944

391-228-003-295

## PLACE OF BIRTH

County of BannockCity of LocalelloRegistration District No. 84

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Localello GeneralPrimary Registration District No. 2161Registered No. 3305

FULL NAME OF CHILD

DOLORES MAE CRAIG

Sex of Child ✓Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy? Yes

Date of Birth

Aug 22 19 20  
(Month) (Day) (Year)

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth, 1 Number of children of this mother now living, including present birth, 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

(Born alive or stillborn)

at 3:00 P.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

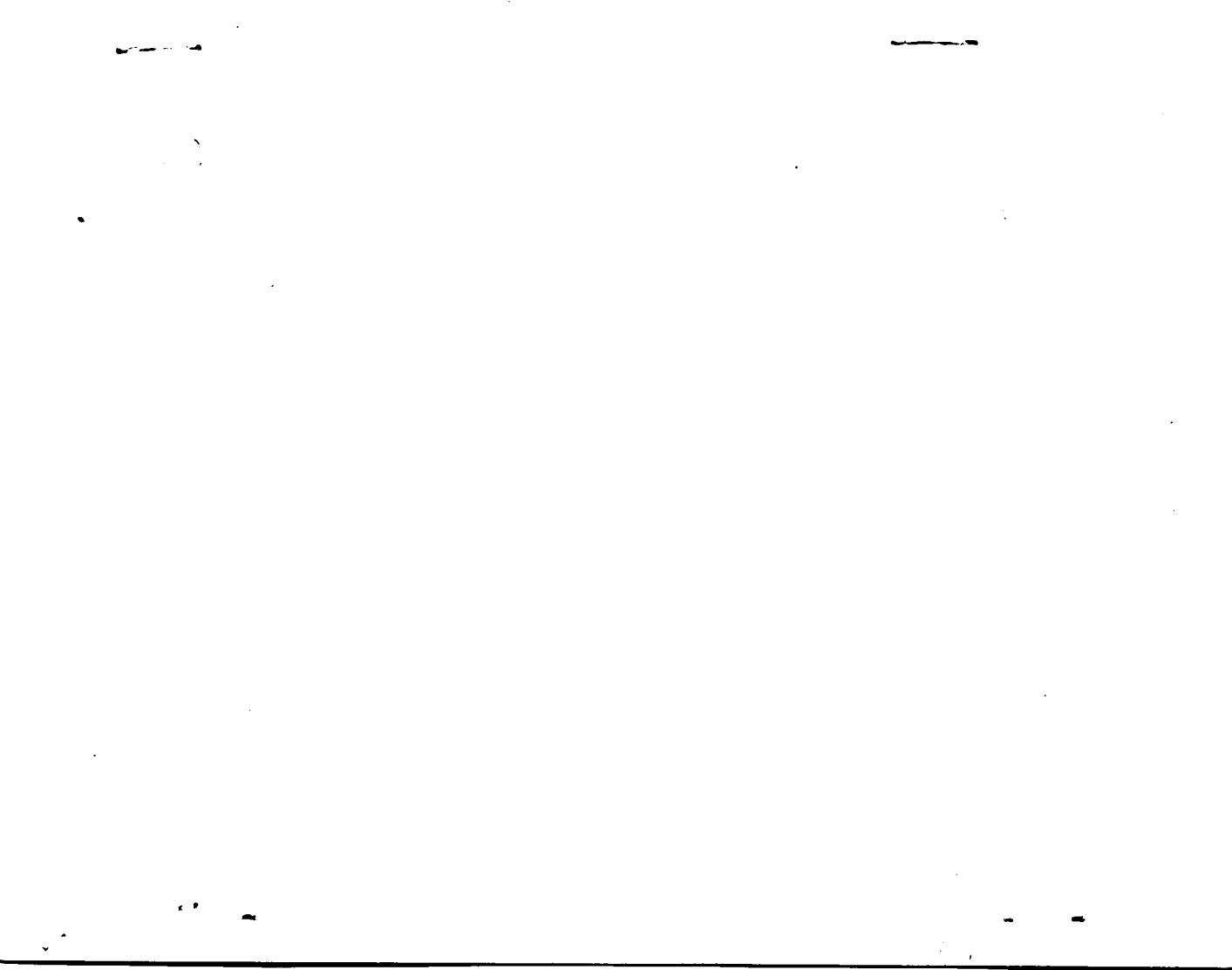
19

Address

Filed

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.  
County of Los Angeles  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Dolores Mae Craig who Born on August 22-1920  
in Pasadena, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED FROM  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Dolores Mae Craig

Subscribed and sworn to before me this 20th  
day of June 1942  
Notary Public, residing at 924 Clela Ave Calif.  
My commission expires August 30th 1945  
Signed Mrs. Martha O. Craig  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
735 So. Ford - Los Angeles  
(Street Address, City, State) Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.  
County of Los Angeles  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 20th  
day of June 1942  
Notary Public, residing at 924 Clela Ave Los Angeles Calif.  
My commission expires August 30th 1945  
Signed Gene M. Waters (Agent)  
(Signature of Any Credible Person Other Than Previous Year)  
3225-E Fernwood Lynwood  
(Street Address, City, State) Paly

JUN 23 1942



JUN 25 1942

465-2241003-844  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PocatelloRegistration District No. 84File No. 632286No. 620 W. Hayden St.Primary Registration District No. 2161Registered No. 3306Hospital HomeFULL NAME OF CHILD Anis Lenore Monroe

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Aug 24</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-------------------------------	--

FATHER  
FULL NAME Poland B Monroe  
RESIDENCE 620 W. Hayden Pocatello Ida  
COLOR white AGE AT LAST BIRTHDAY 25 (Years)  
BIRTHPLACE Colo.

MOTHER  
FULL MAIDEN NAME Niola Hammel  
RESIDENCE Pocatello Ida  
COLOR white AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Ill.

OCCUPATION Acute Care Elder and RR.OCCUPATION H WNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 4-25 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. F. Miller  
Pocatello Ida.  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 8/301920

Registrar

JAN 15 1940

359 227-003-289

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

Sex of Child

This  
Triplet  
or other?and (Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?Date of  
Birth

(Month) (Day) (Year)

FULL  
NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:45 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form 7-3-22, 11-0-22-02-17

Registration District No.

File No.

Primary Registration District No.

Registered No.

BEULAH LEON TERRY

Beulah Terry

F.

1

yes

Aug 27 1900

Joseph Terry  
1061 30 Harrison

W.

22

Idaho

owner O.S.L.

Bessie Pynglin  
1001 30 Harrison

W.

18

Lava Hot Springs

housewife.

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:45 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

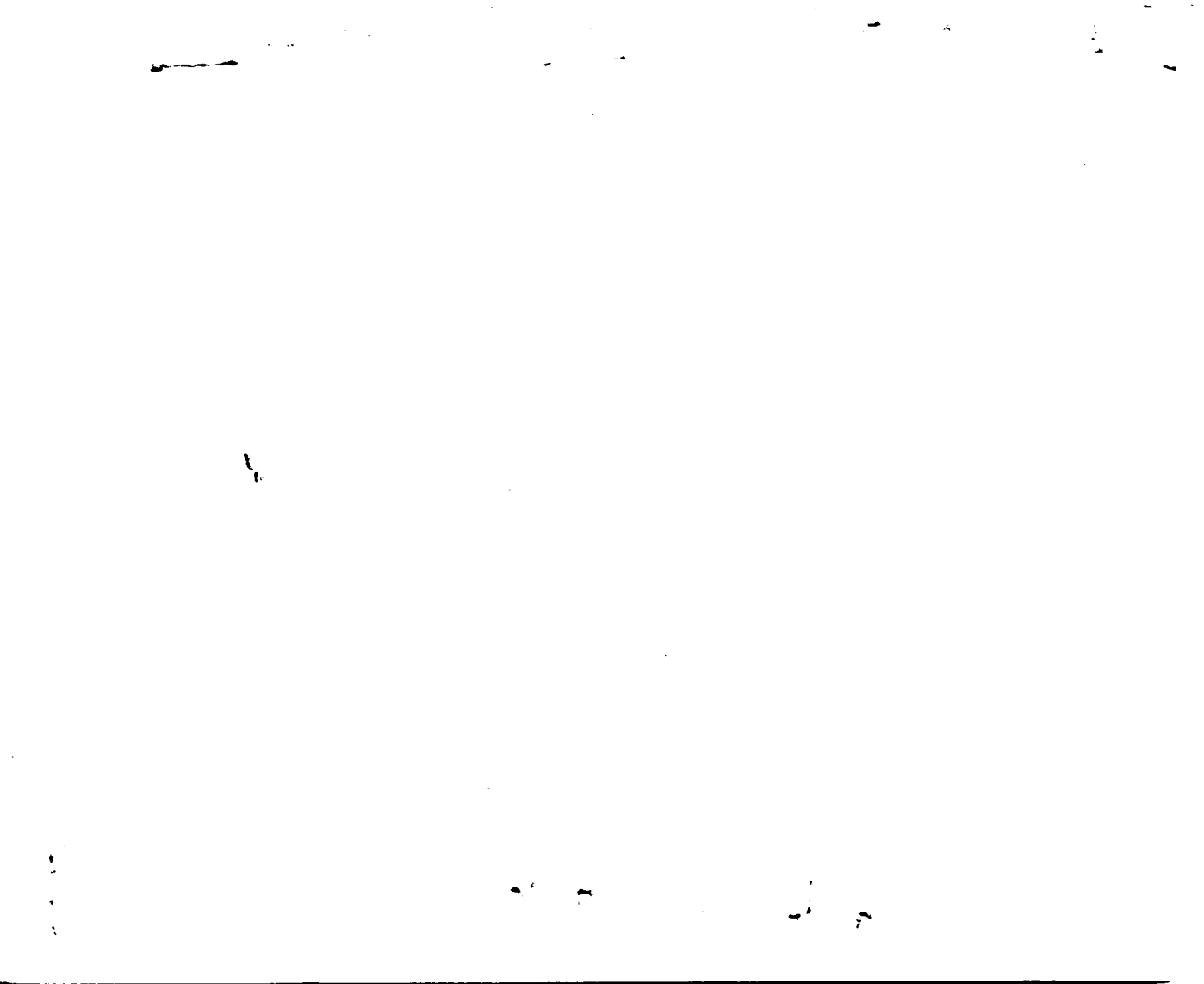
Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Bannock } SS.  
Certificate No. 82287  
Date Filed Sept 10 1945

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
(BIRTH OR DEATH)  
for \_\_\_\_\_ who \_\_\_\_\_ on \_\_\_\_\_  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in \_\_\_\_\_ are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL)  
Name Buella TO Beulah Leon Terry  
(THE CORRECT FACTS)

Subscribed and sworn to before me this 30th  
day of Sept, 19 47  
Notary

Notary Public, residing at Pocatello  
My commission expires May 10, 1945  
(SEAL)

Signed Mary E. Byington Terry  
(SIGNATURE OF PRESENT OR ATTENDANT IF CORRECTING A BIRTH RE-  
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
A DEATH RECORD; OF OTHER CREDIBLE PERSON.)  
341 E. Lawton Pocatello Ida  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }  
County of Bannock } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge

Subscribed and sworn to before me this 30th  
day of Sept, 19 47  
Notary

Notary Public, residing at Pocatello  
My commission expires May 10, 1945  
(SEAL)

Signed Joseph A. Terry  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
341 E. Lawton Pocatello Ida  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

OCT 2 1942

895-129,003-546  
PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BanewickCity of Pocatello Id.Registration District No. 84File No. 82288No. 1021 N. Lincoln St.Primary Registration District No. 2161Registered No. 3308Hospital HomePrimary Registration District No. 2161Registered No. 3308FULL NAME OF CHILD—JAMES HALBERTHier

(James Halbert Hier)

Sex of Child Male  
Twin { and { Number in order of birth  
Triplet {  
(To be answered only in event of plural births)Legitimacy? YesDate of Birth Aug 29 1920  
(Month) (Day) (Year)FULL NAME James R Hier FATHERRESIDENCE 1021 N. Lincoln - PocatelloCOLOR W AGE AT LAST BIRTHDAY 20 (Years)BIRTHPLACE Mo.OCCUPATION Fireman O & L RRFULL MAIDEN NAME Helen May Edwards MOTHERRESIDENCE 1021 N. Lincoln CityCOLOR W. AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE YoungOCCUPATION H-W.Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive Aug 29/20 at 3.30 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Miller M.D.Home Bldg, Pocatello  
(Physician or midwife)

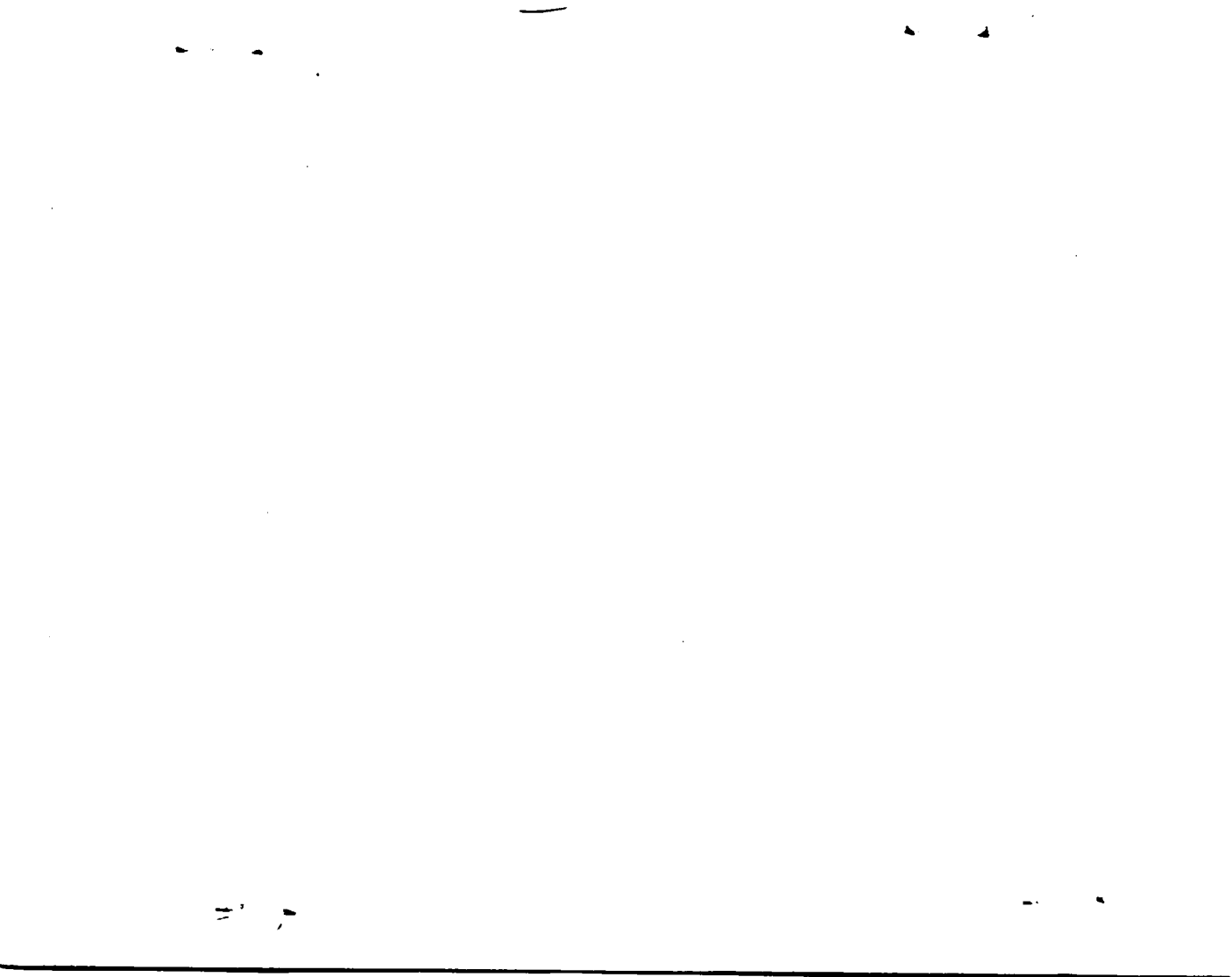
Given names added from a supplemental report.

Address PocatelloFiled 8/31 1920

Registrar

Registrar J. J. Miller





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Montana }  
County of Beaverhead } ss. **FEB 4 1947**  
Certificate No. 82288  
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of  
for unnamed Hier who born on August 29, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by ..... prepared on ....., are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

<b>FACTS TO BE CORRECTED</b> (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	<b>FROM</b> (AS ON ORIGINAL)
name.....	unnamed Hier.....
.....	.....
.....	.....

	<b>TO</b> (THE CORRECT FACTS)
	James Halbert Hier.....
	.....
	.....

Subscribed and sworn to before me this 2nd  
day of February, 19 47  
NORMAN GILES, Clerk of District Court  
Notary Public, residing at  
My commission expires 20 June Stone DEPUTY  
(SEAL)

Signed Gloria Hier Harness  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
.....  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Montana }  
County of Beaverhead } ss.  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 2nd  
day of February, 19 47  
NORMAN GILES, Clerk of District Court  
Notary Public, residing at  
My commission expires 20 June Stone DEPUTY  
(SEAL)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

Signed Mrs Cora Hurston  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
6327 Wash, Villon, Montana  
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 4 1947 By .....  
(REGISTRAR'S SIGNATURE)

MAR 10 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

Amended 5-8-57

PLACE OF BIRTH

787.230.003-389

County of Bannock

City of Pocatello

No. \_\_\_\_\_ St. \_\_\_\_\_ Registration District No. 84 File No. 82289

Hospital Pocatello General Primary Registration District No. 2161 Registered No. 3309

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Arlene Doris Pyper  
(Certificate of no value without full name of child.)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> } and { Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of birth <u>August 30, 1920</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER  
FULL NAME Geo. Monroe Pyper

RESIDENCE  
Pocatello, Idaho

COLOR White AGE AT LAST BIRTHDAY 23  
(Years)

BIRTHPLACE  
Salt Lake City

OCCUPATION  
Electrician

MOTHER  
FULL MAIDEN NAME Grace Christensen

RESIDENCE  
Pocatello, Idaho

COLOR White AGE AT LAST BIRTHDAY 18  
(Years)

BIRTHPLACE  
Pocatello, Idaho

OCCUPATION  
Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

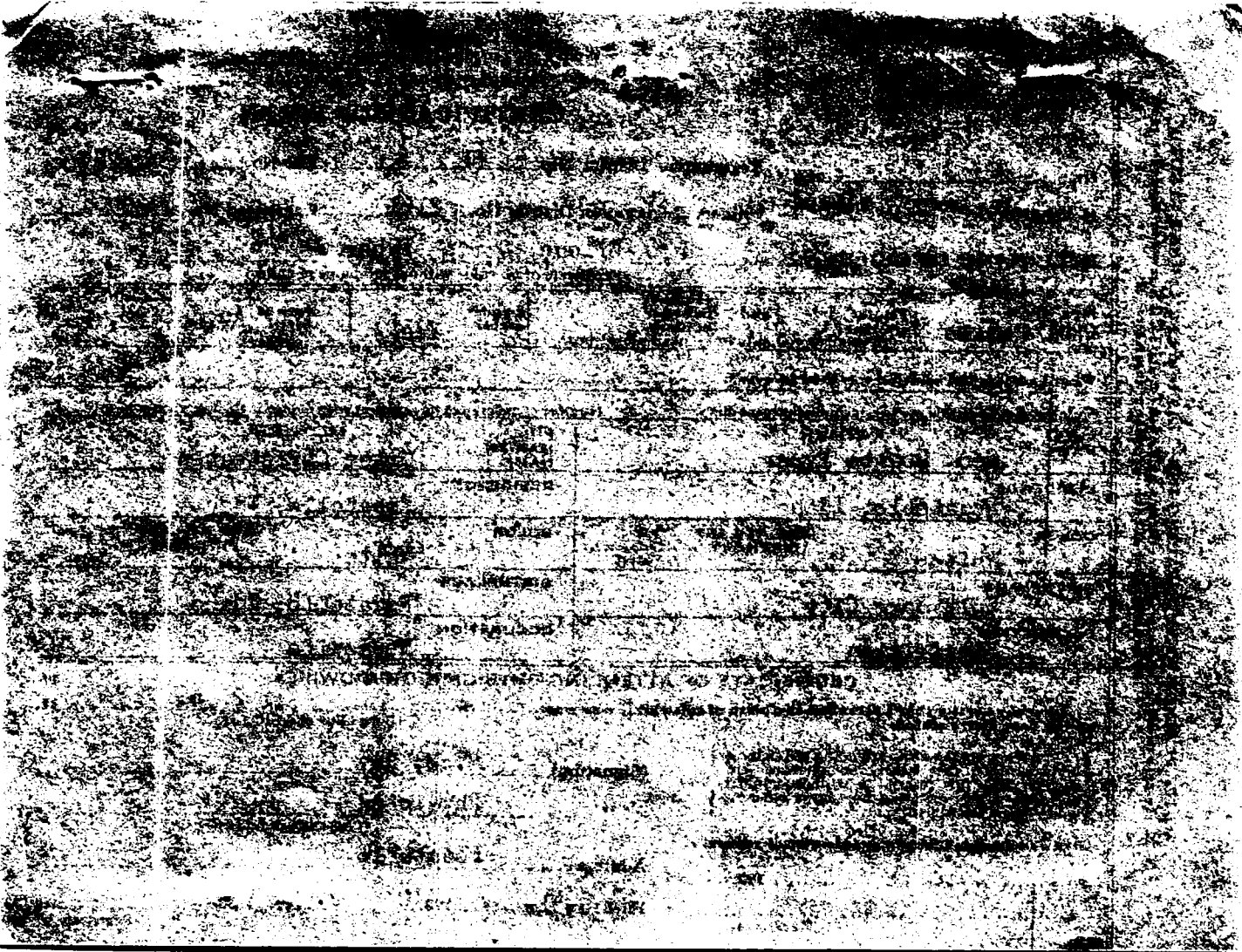
I hereby certify that I attended the birth of this child, who was ..... at 2 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Ray  
Physician  
(Physician or midwife)

Give names added from a supplemental report.  
....., 192.....  
.....  
Registrar.

Address Pocatello  
Filed 8-31- 192 0 J. R. Young Registrar.



IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. Certificate No. 82289  
County of Bannock } Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Grace Pyper who was born on 8-30-20  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Pocatello are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Cert. of Baptism prepared on Nov. 11, 1928 are:  
Child's Birth Cert. (Bible Record, Insurance Policy, Etc.) #422274 (Give Date)  
**FACTS TO BE CORRECTED** **FROM** Viewed by V.S. **TO**  
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)

Child's Name Grace Pyper Arlene Doris Pyper

Subscribed and sworn to before me this 26 day of

April 1957  
C. E. Carter

Notary Public, residing at Pocatello, Idaho

My commission expires 3/27/59  
(Seal)

Signed F. M. Fay  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bannock }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

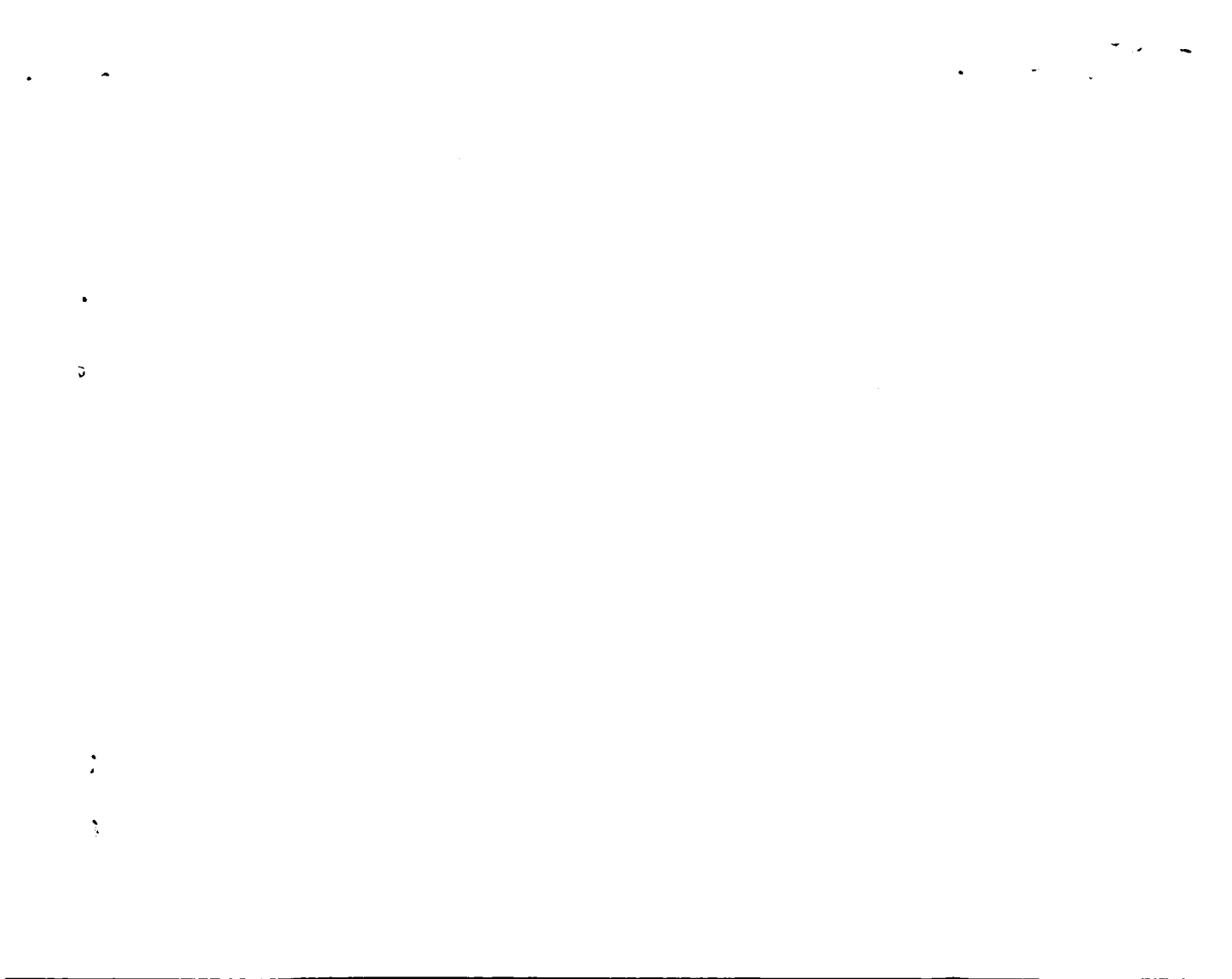
Subscribed and sworn to before me this 26th day of

April 1957  
C. E. Carter

Notary Public, residing at Pocatello, Idaho

My commission expires 3/27/59  
(Seal)

Signed George Monroe Pyper  
(Signature of Any Credible Person)  
419 So 11th Ave, Pocatello, Ida  
(Street Address, City, State)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553/31-003-234

name added 12/31/80

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

County of Bannock

CERTIFICATE OF BIRTH

City of Pocatello RFD #1

Registration District No. 84

File No. 82290

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Home

Primary Registration District No. 2161

Registered No. 3310

FULL NAME OF CHILD Virgil Walter Nelson

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth -	Legiti mate? <u>yes</u>	Date of Birth <u>aug 31</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	-------------------------------------	-------------------------------	---

FULL NAME FATHER Walter Ernest Nelson

FULL MAIDEN NAME MOTHER Mary Ellen Stuart

RESIDENCE Pocatello RFD #1

RESIDENCE Pocatello RFD #1

COLOR W AGE AT LAST BIRTHDAY 3 1/2  
(Years)

COLOR W AGE AT LAST BIRTHDAY 31  
(Years)

BIRTHPLACE Idaho

BIRTHPLACE Utah

OCCUPATION Farming

OCCUPATION H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive aug 31/20, at 10:29 p.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Miller  
Kane Bldg.  
(Physician or midwife)

Given names added from a supplemental report.

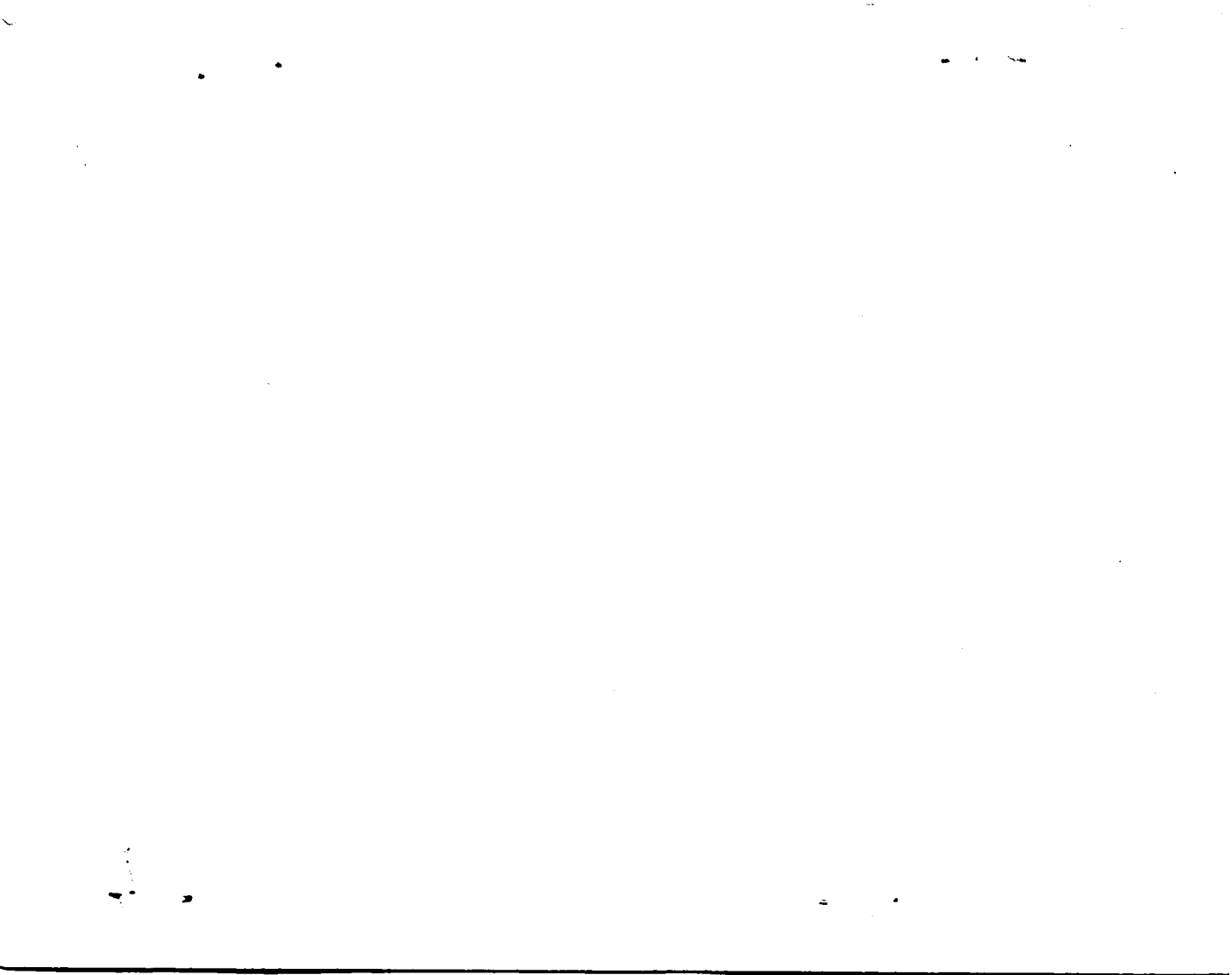
Address Pocatello

Filed 9-1 19 20

Registrar

Registrar





## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

SEP 19 1980

State of Idaho } ss.  
County of BannockCertificate No. 82290

Date Filed \_\_\_\_\_

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birthfor unnamed Nelson who was born on Aug. 31, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)in Pocatello (Bannock) are erroneous or were omitted:  
(Place of Event)ITEMS TO BE CORRECTED  
childs nameFROM  
omittedTO  
Virgil Walter Nelson

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Virgil W Nelson  
Signature of Applicant  
724 W Maple, Pocatello, Id.  
Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
County of Bannock

(Must be completed \_\_\_\_\_)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of SEPT, 1980.Notary Public, Red Barnes JohnstonResiding at PocatelloMy commission expires LIFE

(Seal)

Virgil W Nelson (Father)  
Supporting Signature  
287 Filmore Ave, Pocatello, Id.  
Street Address, City, State

Certif of Baptism from the LDS Church gives name as Virgil Walter Nelson son of  
Walter Nelson and Mary E. Stuart. born Aug 31, 1920 at Tyhee, Idaho. Baptized  
Jan 12, 1930. viewed by V. S.

JAN 2 1981

Beneficial Ins Co. policy gives name as Virgil W. Nelson dtd Nov 3, 1941  
viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-125003-244

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of **Bannock**

City of **Lund**

Registration District No. **84**

File No. **82291**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. **2161**

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD **Charles Ervin Schenk**

Sex of Child <b>male</b>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <b>yes</b>	Date of Birth <b>Aug. 25th</b> (Month) (Day) (Year) <b>19 20.</b>
--------------------------	---	-----	---	-------------------------------	--

FATHER  
FULL NAME **Frederick W. Schenk**

RESIDENCE **Odgen Utah**

COLOR **white** AGE AT LAST BIRTHDAY **31**  
(Years)

BIRTHPLACE **Providence Utah**

OCCUPATION **farmer**

MOTHER  
FULL MAIDEN NAME **Ester M. Summers**

RESIDENCE **Odgen Utah**

COLOR **white** AGE AT LAST BIRTHDAY **25**  
(Years)

BIRTHPLACE **Odgen Utah**

OCCUPATION **housewife.**

Number of child of this mother, including present birth **4** Number of children of this mother now living, including present birth **34**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

**born alive** at **9.15 P.** M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

**Physician**

(Physician or midwife)

Given names added from a supplemental report.

Address **Bancroft Idaho.**

Filed \_\_\_\_\_ 19 \_\_\_\_\_ Registrar

Registrar

Registrar

THE UNIVERSITY OF CHICAGO  
LIBRARY  
540 EAST 57TH STREET  
CHICAGO, ILL. 60637

# BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Lund Registered No. 84  
 Street and House No. \_\_\_\_\_  
 County Bannock Registration Dist. No. 2161

Sex of Child male  
 Date of Birth Aug. 25th 1920  
MONTH DAY YEAR  
 Father Frederick W. Shenck  
FULL NAME  
 Mother Ester M. Summers.  
FULL MAIDEN NAME

I **Hereby Certify** that the child described here  
 has been named

Charles Ervin Shenck  
GIVEN NAME IN FULL SURNAME

as reported by Frederick W. Shenck  
FATHER OR MOTHER

O. H. [Signature]  
LOCAL REGISTRAR

Childs middle name of Erwin to Ervin per SROB 8/19/13 1y

867-118-003-947

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannockCity of HatchRegistration District No. 84File No. 82292

No. \_\_\_\_\_ St.

Primary Registration District No. 2161Registered No. 2161

Hospital \_\_\_\_\_

FULL NAME OF CHILD JOSEPH GLEN Hogan

Sex of Child <u>male</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>August 18</u> <u>19</u> <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	----------------------------	--

FULL NAME FATHER  
Joseph C. HoganRESIDENCE Hatch Idaho.COLOR white AGE AT LAST BIRTHDAY 27  
(Years)BIRTHPLACE Chesterfield Idaho.OCCUPATION farmerFULL MAIDEN NAME MOTHER  
Henrietta RugerRESIDENCE HatchCOLOR white AGE AT LAST BIRTHDAY 26  
(Years)BIRTHPLACE Richfield UtahOCCUPATION housewife.Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6.05 a. m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

physician  
(Physician or midwife)

Given names added from a supplemental report.

Joseph Glen Hogan 19  
W. C. Murphy State RegistrarAddress Bnacraft Idaho.Filed 19

Registrar



OBV - NAME ADDED AS PER SROB - 02/01/2011 JCJ

## BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

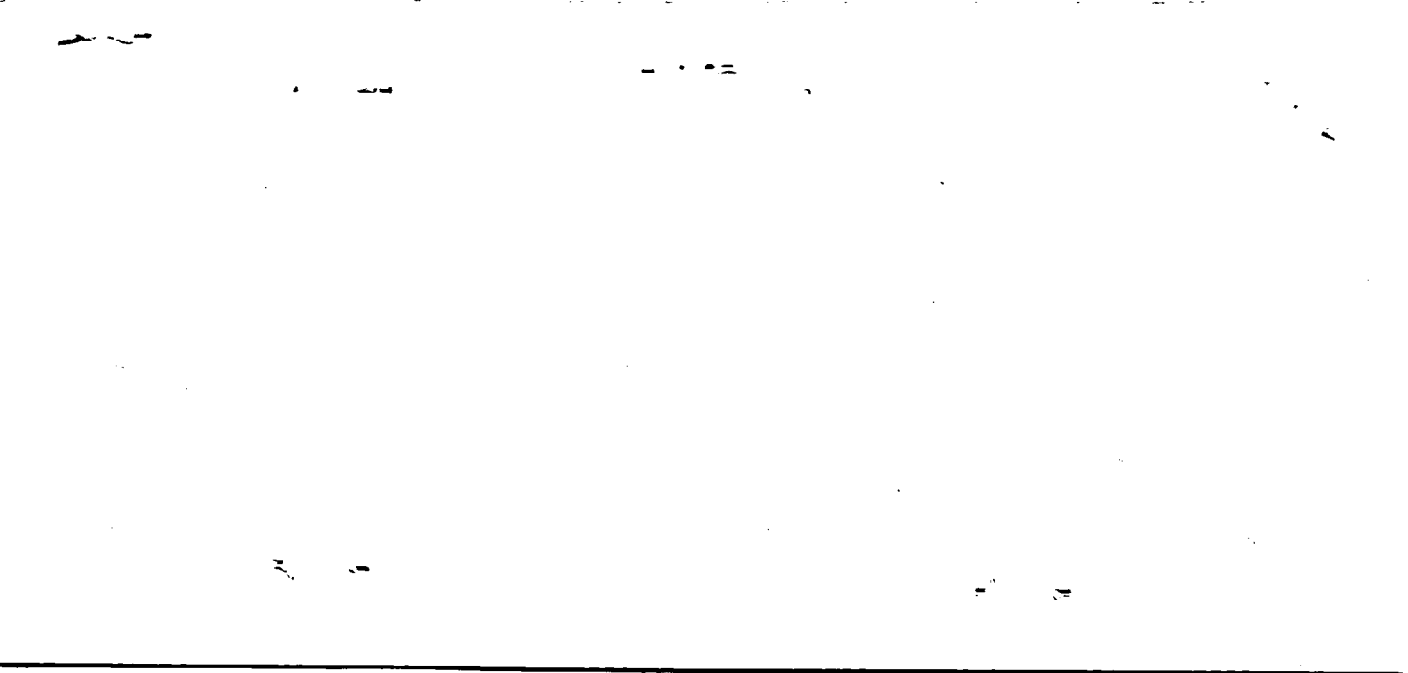
## SUPPLEMENTAL REPORT OF BIRTH

City Hatch Registered No. 84  
 Street and House No. \_\_\_\_\_  
 County Bannock Registration Dist. No. 2161

Sex of Child male  
 Date of Birth Aug. 18th, 1920  
 MONTH DAY YEAR  
 Father Joseph C. Hogan  
 FULL NAME  
 Mother Henrietta Ruger.  
 FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Joseph Glen Hogan  
 GIVEN NAME IN FULL SURNAME  
 as reported by Joseph C. Hogan  
 FATHER OR MOTHER  
W. H. Church  
 LOCAL REGISTRAR



356217-003-897  
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of BancroftRegistration District No. 84File No. 82293

No. \_\_\_\_\_ St.

Primary Registration District No. 2161

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Eva Pearl LewisSex of Child femaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate? yesDate of  
BirthAugust 171920

(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAME

FATHER

LeRoy W. LewisFULL  
MAIDEN  
NAME

MOTHER

Pearl Higgenson

RESIDENCE

Bancroft

RESIDENCE

Bancroft

COLOR

whiteAGE AT LAST  
BIRTHDAY20

(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY20

(Years)

BIRTHPLACE

Pocatello Idaho

BIRTHPLACE

Hatch Idaho.

OCCUPATION

auto-mechanic

OCCUPATION

housewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive

(Born alive or stillborn)

at 3.40 a. m.{ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

Physician.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bancroft Idaho.

Filed

AUG 31 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

JUN 22 1983

STATE OF IDAHO

11-10-82

STATE OF IDAHO

11-10-82

11-10-82

11

# BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

1920

8229

Place of Birth { City Bancroft  
 Street and House No. \_\_\_\_\_  
 County Bannock

Registered No. 84Registration Dist. No. 2161Sex of Child femaleDate of Birth August 17, 1920  
MONTH DAY YEARFather Lo Roy W. Lewis  
FULL NAMEMother Pearl Higginson.  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
 has been named:

Eva Pearl Lewis  
GIVEN NAME IN FULL SURNAME

as reported by Mrs. Pearl Lewis  
FATHER OR MOTHER

Wm. Hurst  
LOCAL REGISTRAR

SEP 20 1944

386-215-003-265

Amended 8-6-81

Form V., S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannockCity of ChesterfieldRegistration District No. 84File No. 82294

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

LeNore

Thompson

Sex of Child	female	Twin Triplet or other?	{ and }	Number in order of birth	Legiti mate?	yes	Date of Birth	Aug. 15th	19	20
(To be answered only in event of plural births)							(Month)	(Day)	(Year)	

FULL NAME  
FATHER  
Israel E. ThompsonFULL MAIDEN NAME  
MOTHER  
Anna M. SwensenRESIDENCE  
ChesterfieldRESIDENCE  
ChesterfieldCOLOR  
WhiteAGE AT LAST  
BIRTHDAY 50  
(Years)COLOR  
whiteAGE AT LAST  
BIRTHDAY 23  
(Years)BIRTHPLACE  
Bountiful UtahBIRTHPLACE  
Hyde Park UtahOCCUPATION  
farmerOCCUPATION  
Housewife.Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.born alive at 12.30 a. m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

Bancroft Idaho.

Filed

19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



FEB 3 1976

AUG 6 1976

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. *Rec'd June 24, 1981* Certificate No. 82294  
County of \_\_\_\_\_ Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for Unnamed Thompson (female) who was born \_\_\_\_\_ (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on Aug 15, 1920 (Date of Event)  
in Chesterfield, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Blessing record Insurance Policy prepared on Insurance May 1 1926 are:  
(Bible record, Insurance Policy, Etc.) (Give Date) Oct 16 1933

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
child's name	Unnamed		LeNore Thompson

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

\_\_\_\_\_  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of UTAH } ss.  
County of DAVIS

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of JUNE, 19 81

George J. Sadeh  
Notary Public, residing at Bonanza, Utah  
My commission expires 8-8-84  
(Seal)

Signed Beth Thompson Carroll  
(Signature of Any Credible Person)

2208 3rd No Bonanza, Utah  
(Street Address, City, State)

Family record gives name as Lenore daughter of Isreal and Anna Thompson.  
Lenore was blessed October 3, 1920 by Isreal B. Call at Chesterfield.  
Viewed by V.S.

Metropolitan Life

Insurance Policy issued by the Infantile company gives name as LeNore Thompson  
Policy issued March 1, 1926, # 33060516  
Viewed by V.S.

Another Insurance Policy issued by the Metropolitan Life Ins. Company gives  
name as LeNore Thompson, age 14, Policy issued October 16, 1933.  
Viewed by V.S.

791-209.003-867

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannockCity of Chesterfield Idaho.Registration District No. 84File No. 82295

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

John I. GrantSex of Child femaleTwin  
Triplet  
or other?{ and } Number  
in order  
of birthLegiti  
mate? yesDate of Birth Aug. 9th 19 20.  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMEFATHER  
John I. Grant.FULL  
MAIDEN  
NAMEMOTHER  
Myrtle A. Hogan

RESIDENCE

Chesterfield Idaho.

RESIDENCE

Chesterfield Idaho.

COLOR

whiteAGE AT LAST  
BIRTHDAY 30  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY 27  
(Years)

BIRTHPLACE

Chesterfield Idaho.

BIRTHPLACE

Hatch Idaho.

OCCUPATION

(Farmer) Deceased.

OCCUPATION

farmerNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 7.45 a.m.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Bancroft Idaho.

Filed

19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



STATE OF IDAHO

# BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Bancroft ----- Registered No. 8  
 Street and House No. -----  
 County Bannock ----- Registration Dist. M

Sex of Child female -----Date of Birth Aug. 9. 1920 -----  
MONTH DAY YEARFather John I. Grant -----  
FULL NAMEMother Myrtle A. Hogan -----  
FULL MAIDEN NAME

I Hereby Certify that the child d  
 has been named:

Johnetta  
 -----  
GIVEN NAME IN FULL  
 as reported by Myrtle A. Hogan  
 -----  
FATHER OR MOTHER

LOCAL REGISTRAR

295

4

No. 2161

described herein

*L. Grant*  
SURNAM E  
*Grant*

314209.003-169

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of PebbleRegistration District No. 84File No. 82296

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Lucile Jorgensen Campbell

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>August 9th</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

FULL NAME FATHER  
William H. CampbellRESIDENCE Pebble IdahoCOLOR white AGE AT LAST BIRTHDAY 36  
(Years)BIRTHPLACE Weston IdahoOCCUPATION Forrest RangerFULL MAIDEN NAME MOTHER  
Lucy M. JorgensenRESIDENCE Pebble Idaho.COLOR white AGE AT LAST BIRTHDAY 30  
(Years)BIRTHPLACE Oxford Idaho.OCCUPATION housewife.Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I heroby certify that I attended the birth of this child, who was  
on the date above stated.born alive born alive or stillborn at 6.35 a. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Bancroft Idaho.

Filed \_\_\_\_\_ 19 \_\_\_\_\_

Registrar

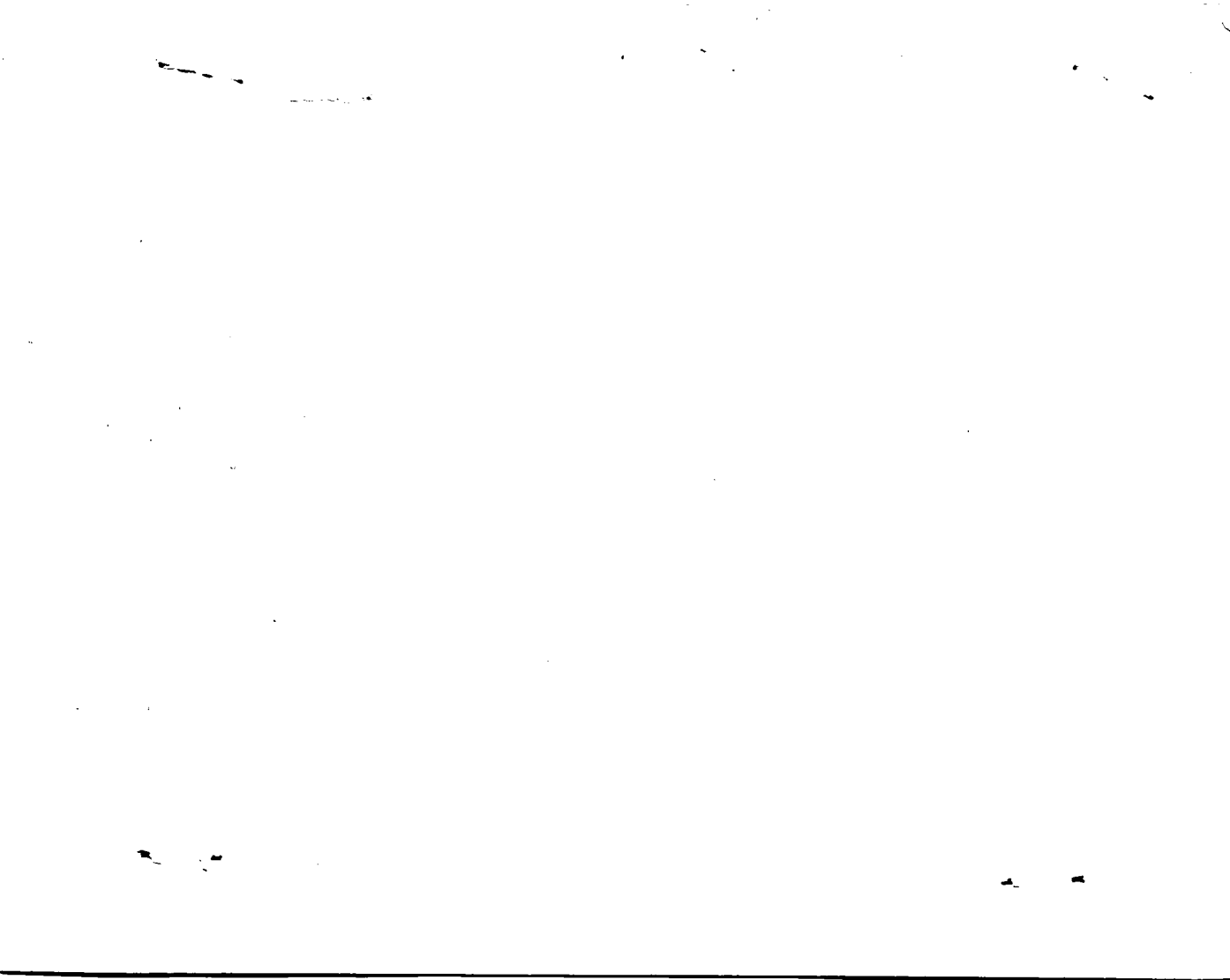
MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Lucile Jorgensen Campbell 19 \_\_\_\_\_  
W. E. Murphy State Registrar





# BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

1920

Place of Birth { City Pebble ----- Registered No. 84 -----  
 { Street and House No. -----  
 { County Bannock ----- Registration Dist. No. 2161 -----

Sex of Child female -----Date of Birth Aug. 9th, 1920 -----  
MONTH DAY YEARFather William H. Campbell -----  
FULL NAMEMother Lucy Jorgensen -----  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
 has been named:

Lucile Jorgensen Campbell  
GIVEN NAME IN FULL SURNAME

as reported by William H. Campbell, Father  
FATHER OR OTHER

William H. Campbell  
LOCAL REGISTRAR

JUN 15 1944

154108009-412  
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannockCity of BancroftRegistration District No. 84File No. 82297

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2161

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Harry Anderson

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>April 8th,</u> 19 <u>20.</u> (Month) (Day) (Year)
--------------------------	---	-------	---	----------------------------	--

FULL NAME  
FATHER  
Hans AndersonFULL  
MAIDEN  
NAME  
MOTHER  
Anna DabblingRESIDENCE  
Lund IdahoRESIDENCE  
Lund Idaho.COLOR  
whiteAGE AT LAST  
BIRTHDAY 46  
(Years)COLOR  
whiteAGE AT LAST  
BIRTHDAY 35  
(Years)BIRTHPLACE  
SweedenBIRTHPLACE  
Wallsburg UtahOCCUPATION  
farmerOCCUPATION  
housewife.Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 3.30 a. m.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.(Signature) signed (Hans Anderson).Father,  
(Physician or midwife)

Given names added from a supplemental report.

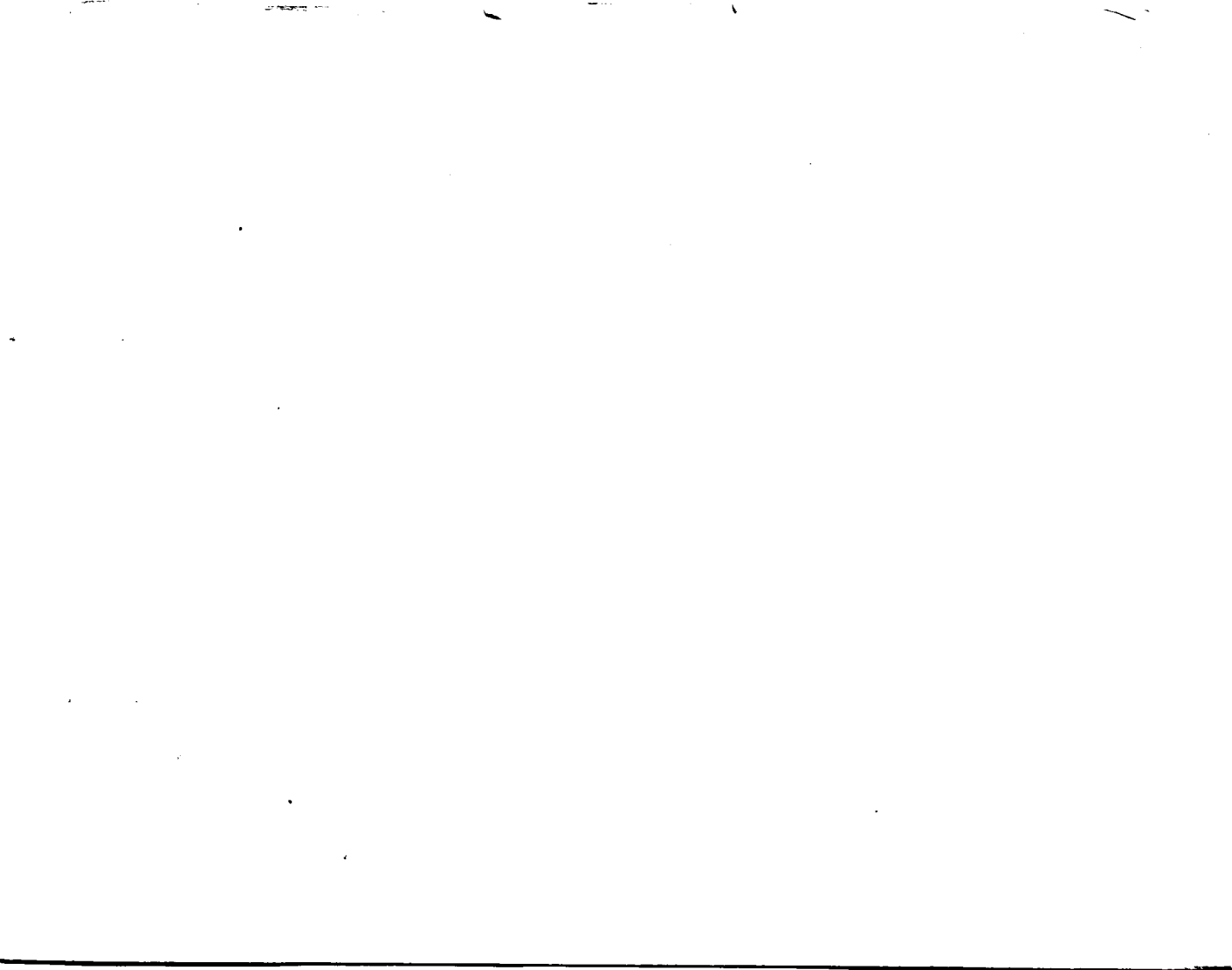
19

Address Lund Idaho.

Filed \_\_\_\_\_ 19

Registrar

Registrar



459-2041-003-23/  
PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bannock

City of Lund

Registration District No. 84

File No. 82298

No. \_\_\_\_\_ St.

Primary Registration District No. 2161

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ethel Louise Meiners,

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Aug. 4th,</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-------------------------------	---

FULL NAME <u>Carl W. Meiners</u>	FATHER
RESIDENCE <u>Lund Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>B remen Germany</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alice Mary Blauer</u>	MOTHER
RESIDENCE <u>Lund Idaho.</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Granger Utah</u>	
OCCUPATION <u>housewife.</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

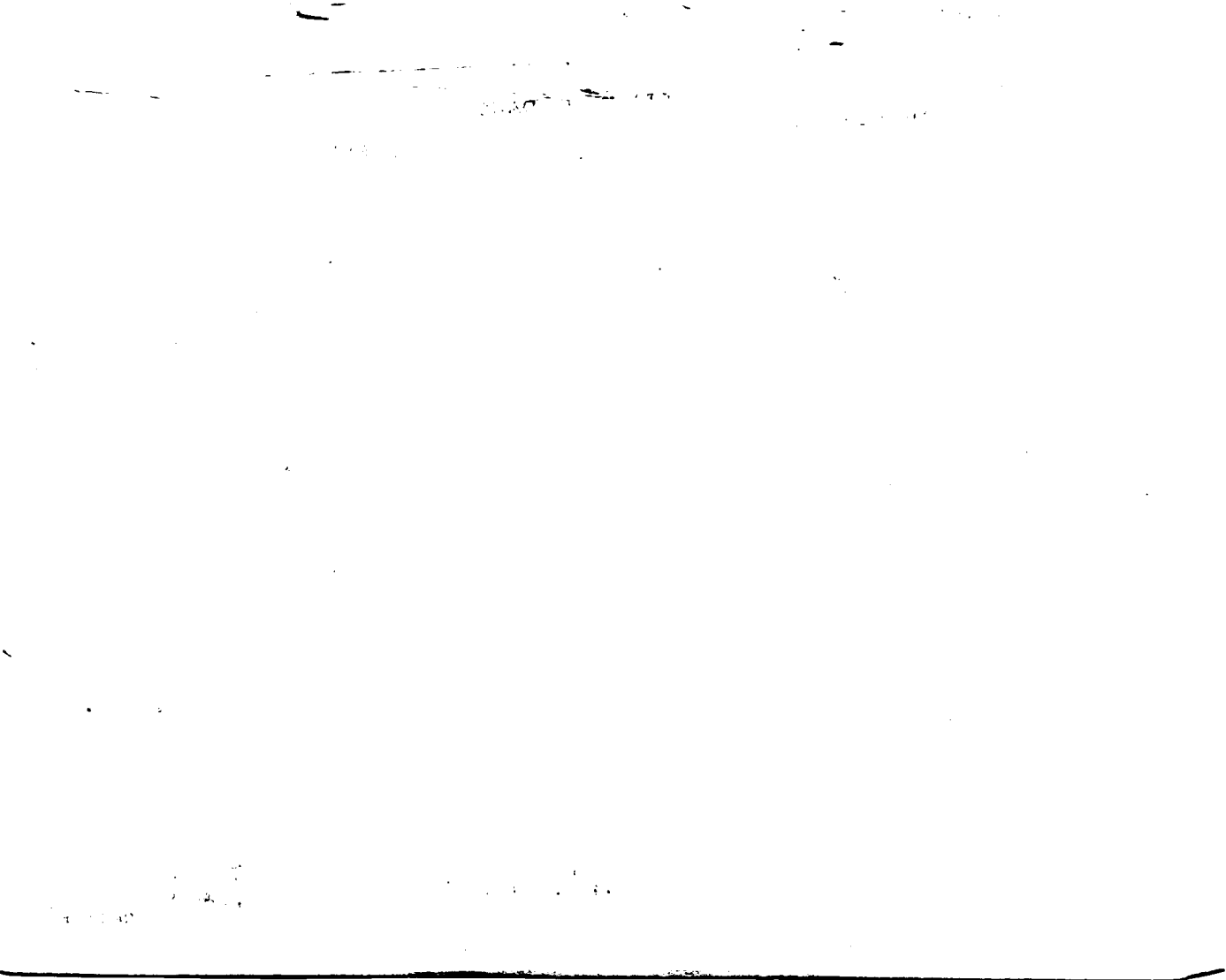
I hereby certify that I attended the birth of this child, who was born alive at 4.30 p. M.  
on the date above stated. (born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean V. Lunkemat  
physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Bancroft Idaho.  
Filed AUG 31 1920 19 \_\_\_\_\_  
Registrar W. Lunkemat



STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

82298

Place of Birth { City Lund  
Street and House No. \_\_\_\_\_  
County Bannock

Registered No. 84Registration Dist. No. 2161Sex of Child femaleDate of Birth Aug. 4th, 1920  
MONTH DAY YEARFather Carl W. Meiners  
FULL NAMEMother Alice Mary Blauer  
FULL MAIDEN NAMEI Hereby Certify that the child described herein  
has been named:Ethel Louise Meiners  
GIVEN NAME IN FULL SURNAMEas reported by Alice Mary B. Meiners  
FATHER OR MOTHER  
C. V. Hunkert  
LOCAL REGISTRAR



APR 9 1976

MAY 1 2 1992

PEACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

Form No. S. No. 11—22-13

## CERTIFICATE OF BIRTH

695-110-004-386  
County of Dear Lake  
City of St. CharlesRegistration District No. 33File No. 482299

No. \_\_\_\_\_ St.

Primary Registration District No. 2/32

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

DON GORDON WINDLEY

Sex of  
ChildMaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti-  
mate?yesDate of  
Birth9-10- 1920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Gordon Windley

RESIDENCE

St. Charles

COLOR

whiteAGE AT LAST  
BIRTHDAY2/

(Years)

BIRTHPLACE

St. Charles

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Gilda Hornock

RESIDENCE

St. Charles

COLOR

whiteAGE AT LAST  
BIRTHDAY2/

(Years)

BIRTHPLACE

Bloomington

OCCUPATION

Housewife

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 45 A. M.  
on the date above stated. (Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

R. J. Sutton

(Physician or midwife)

Given names added from a supplemental report.

Address

Paris

Filed

9/10 -

19

20R. J. Sutton

Registrar.

Registrar.

10-10-10

201 2 9 1942

RECEIVED  
FEB 10 1942  
U.S. DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D.C.

10-10-10

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413216-008-155

PLACES OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-22-13-13

## CERTIFICATE OF BIRTH

County of Bear LakeCity of LibertyRegistration District No. 5-3File No. 482300

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

La Moyne Matthews

Sex of Child

femaleTwin  
Triplet  
or other?{ and } Number  
in order  
of birthLegiti-  
mate?YesDate of  
BirthAug 16 1920  
(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL  
NAMETimothy Matthews

FATHER

FULL  
MAIDEN  
NAMEEthel Jensen

MOTHER

RESIDENCE

Liberty Idaho

RESIDENCE

Liberty Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 1:20 P. M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

E. O. Moore M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address

Paris Idaho  
R. J. Sutton  
Registrar

Filed

9/161920

Registrar

DEPT. OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 BIRTH RECORD

NAME  
 SURNAM

SEX  
 M F

AGE  
 Y M D

HEIGHT  
 FT IN

WEIGHT  
 LB

COLOR  
 OF SKIN

COLOR  
 OF HAIR

COLOR  
 OF EYES

DISTRICT NO.

REGISTRATION DISTRICT NO.

REGISTERED NO.

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

HEIGHT

WEIGHT

COLOR OF SKIN

COLOR OF HAIR

COLOR OF EYES

CERTIFICATE OF BIRTH

DISTRICT NO.

REGISTRATION DISTRICT NO.

REGISTERED NO.

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

HEIGHT

WEIGHT

COLOR OF SKIN

COLOR OF HAIR

COLOR OF EYES

747-2111004-993  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

CERTIFICATE OF BIRTH

County of Beaver Lake

City of St. Charles

Registration District No. 5-3

File No. 482301

No. \_\_\_\_\_ St.

Primary Registration District No. 2/32

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Oral Rich Pugmire

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 11</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Marion Stanforth Pugmire</u>		MOTHER FULL MAIDEN NAME <u>Luella Ann Reeh</u>		
RESIDENCE <u>St. Charles Idaho</u>		RESIDENCE <u>St. Charles Idaho</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>44</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>Idaho</u>		
OCCUPATION <u>farmer</u>		OCCUPATION <u>House wife</u>		

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 2<sup>32</sup> P M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. O. Moore M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Paris, Idaho  
9/10 1920 R. J. Lutton  
Registrar

STATE OF ILLINOIS  
DEPARTMENT OF STATISTICS  
GENERAL INVESTIGATION

1935



RECEIVED  
IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
JUL 30 AM '75

## Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. Certificate No. 82301

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Unnamed Pugmire (female) who was born on Aug 11, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in St. Charles, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_ are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

<b>FACTS TO BE CORRECTED</b> ("Name," "Birth Date," "Cause of Death," Etc.) <u>child's name</u>	<b>FROM</b> (As on Original) <u>Unnamed</u>	<b>TO</b> (The Correct Facts) <u>Oral Rich Pugmire</u>
---	---	--

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

Signed \_\_\_\_\_  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

\_\_\_\_\_  
(Street Address, City, State)

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }  
County of Cache } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of August, 19 75

Signed Philip R. McGinnis  
(Signature of Any Credible Person)

Notary Public, residing at Logan, Utah  
My commission expires 1-11-78  
(Seal)

40 Brookside Pl Logan, Ut.  
(Street Address, City, State)



Certificate of Baptism and Confirmation from the LDS Church gives name as  
Oral Rich Pugmire daughter of Moroni S. Pugmire and Suetta Ann Rich. born  
Aug 11, 1920 at St Charles, Idaho. Baptized Nov. 1928. viewed by V. S.

SEP 15 1975

Certif of Blessing from the LDS Church gives name as Oral Rich Pugmire daughter  
of Moroni S. Pugmire and Luetta Rick. born Aug 11, 1920 at St. Charles, Idaho.  
Blessed Oct. 3, 1920. viewed by V. S.

619-2121004-712  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

County of Bear Lake name added  
3-30-82

CERTIFICATE OF BIRTH

City of Bloomington

Registration District No. 5-3

File No. 404 **82302**

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Margaret Ward

Sex of Child <u>female</u>	Twin Triplet or other? _____ and { Number in order of birth _____ }	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 12</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	------------------------	--

FATHER  
FULL NAME Peter Erasmus Ward  
RESIDENCE Bloomington Idaho  
COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Ida Ann Passery  
RESIDENCE Bloomington Idaho  
COLOR White AGE AT LAST BIRTHDAY 26 (Years)  
BIRTHPLACE Idaho  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

Born alive at 4 35 A. M.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

E. O. Moore M. D.  
(Physician or midwife)

Given names added from a supplemental report.

Address

M. R. Paris

Filed

9/10 1920 R. J. Sutton

40

TOTALS \$ 70,869.00

3-19-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of Idaho } ss.  
County of Bear Lake

RECEIVED  
MAR 26 1982  
Bureau of Vital Statistics

Certificate No. 82302

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Ward who was born on 8-12-20  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Bloomington (Bear Lake) are erroneous or were omitted:  
(Place of Event)

**ITEMS TO BE CORRECTED**

**FROM**

**TO**

<u>childs name</u>	<u>Unnamed</u>	<u>Margaret Ward</u>

Subscribed and sworn to before me this 3-22-82 day of

March 22, 1982  
Notary Public, Glenn B. Ward  
Residing at Paris, Idaho  
My commission expires now expiring  
(Seal)

Margaret Ward Painter  
Signature of Applicant  
Box 176 Bloomington Idaho 83223  
Street Address, City, State

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bear Lake

(Must be completed ☐)

(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of

March 22, 1982  
Notary Public, Glenn B. Ward  
Residing at Paris, Idaho  
My commission expires now expiring  
(Seal)

Milton Ward  
Supporting Signature  
Paris, Idaho  
Street Address, City, State

lcc pd

MAR 30 1982

Cert of Baptism from LDS Church gives Margaret Ward born 8-12-20 in  
Bloomington to Peter E Ward and Ida A Passey was baptised  
9-1-28 . Viewed by V.S.

Cert of Blessing from LDS Church gives Margaret Ward born 8-12-20 at  
Bloomington to Peter E Ward and Ida Passey and was blessed  
10-3-20. Viewed by V.S.

217-113-004-866

## PLACE OF BIRTH

County of Bear LakeCity of Fish Haven

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Ross Oliver BagleySTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

## CERTIFICATE OF BIRTH

82303

Registration District No. 5-3File No. 463Primary Registration District No. 9132

Registered No. \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 13</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Oliver Arthur Bagley</u>			MOTHER FULL MAIDEN NAME <u>Leah Howell</u>	
RESIDENCE <u>Fish Haven, Idaho</u>			RESIDENCE <u>Fish Haven</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Wyoming</u>			BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth. 2Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Born alive at 9:50 a.m.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

B. O. Moore  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Paris, IdahoFiled 9/10 1920R. J. Sutton  
Registrar

2011

2011

2011

IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Wyoming }  
County of Lincoln } ss.

RECEIVED  
BUREAU OF  
VITAL STATISTICS

Certificate No. 82303

Date Filed birth

The undersigned does solemnly swear that certain facts of the certificate of  
for Unnamed Bagley (Male) who was born  
(Name on Original Certificate) (Was Born or Died)

on Aug 13, 1920  
(Birth or Death) (Date of Event)

in Fish Haven, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Cert. Blessing - Baptism prepared on 10/3/20 & 9/28/29 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)  
child's name

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)  
Ross O. Bagley

Subscribed and sworn to before me this 8th day of June, 1976  
June

Signed C. Stuart Brown

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Kemmerer, Wyo  
My commission expires Feb. 14, 1980  
(Seal)

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Wyoming }  
County of Lincoln } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of June, 1976

Signed Notchea M. Piccolotto

(Signature of Any Credible Person)

Notary Public, residing at Battle Mountain, Idaho  
My commission expires Feb. 14, 1980  
(Seal) County of Lincoln State of Wyoming

1039 Deschutes Ave. Kemmerer Wyo  
(Street Address, City, State)



NOV 29 1976

Certif of Baptism and Confirmation from the LDS Church gives name as Ross Oliver Bagley son of Oliver Bagley and Leah Howell. born Aug 13, 1920 at Fish Haven, Idaho. Baptized Sept 28, 1929. viewed by V. S.

Certif of Blessing from the LDS Church gives name as Ross Oliver Bagley son , of Oliver Nagley and Leah Howell. born Aug 13, 1920 at Fish Haven x, Idaho. Blessed Oct 3, 1920. viewed by V. S.

155-208,00K-285  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

## CERTIFICATE OF BIRTH

82304

County of Ben LakeCity of ParisRegistration District No. 53File No. 466

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

## FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 8</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER		MOTHER	
FULL NAME <u>Irvin Jensen</u>		FULL MAIDEN NAME <u>May Eliza Shepherd</u>	
RESIDENCE <u>Paris Idaho</u>		RESIDENCE <u>Paris Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Music Teacher</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth \_\_\_\_\_

Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.born alive  
(Born alive or stillborn)at 5 <sup>10</sup> A M.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) \_\_\_\_\_

Edw. M. D.  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address \_\_\_\_\_

Paris, Ida.  
R. J. Sutton  
RegistrarFiled 9/10 1920

Registrar

Dup of 1920-139289

852-109104-717  
PLACE OF BIRTH

STATE OF IDAHO  
OF VITAL STATISTICS

Form V. S. No. 11-25m-9-8-15

County of Bear Lake

City of Paris

Registration District

File No. 467

82305

No. \_\_\_\_\_ St.

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____ }	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 9</u> 19 <u>20</u> (Month) (Day) (Year)
<p>(To be answered only in event of plural births)</p>				
FATHER		MOTHER		
FULL NAME <u>Raymond Aguiella Hess</u>		FULL MAIDEN NAME <u>Mary Lucretia Gage</u>		
RESIDENCE <u>Laketown, Utah</u>		RESIDENCE <u>Laketown Utah</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	
BIRTHPLACE <u>Idaho</u>		BIRTHPLACE <u>California</u>		
OCCUPATION <u>Cheese maker</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

Born alive at 2<sup>30</sup> A.M.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

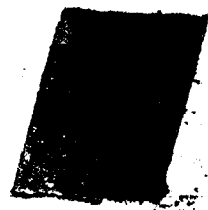
(Signature)

C. O. Moore M.D.  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Address Paris

Filed 9/10 1920 R. J. Sutton  
Registrar Registrar



6.

746.102.007493  
PLACE OF BIRTHSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

82306

County of Bear LakeCity of ParisRegistration District No. 5-3File No. H 71

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 9/30

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Wm Louis Rufener

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

(Number  
in order  
of birth)Legiti-  
mate?yesDate of  
Birth9-2  
(Month) (Day)1920  
(Year)FULL  
NAMEFATHER  
Henry L. Rufener

RESIDENCE

Salt Lake

COLOR

whiteAGE AT LAST  
BIRTHDAY29

(Years)

BIRTHPLACE

Switzerland

OCCUPATION

Car repairerFULL  
MAIDEN  
NAMEMOTHER  
Emma Michel

RESIDENCE

Salt Lake

COLOR

whiteAGE AT LAST  
BIRTHDAY18

(Years)

BIRTHPLACE

Switzerland

OCCUPATION

House wifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive

(Born alive or stillborn)

at

1P.M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Paris IdaM.D.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Paris Ida

Filed

9/101920R. J. Sutton

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

OCT 5 1984

made day of birth more clear it was smeared 10-5-84 dl

814-221-004-356

PLACE OF BIRTH

name added 10/16/80

STATE OF IDAHO

Form V. S. No. 11--20m-7-26-19

## DEPARTMENT OF PUBLIC WELFARE

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

82307

County of Bear LakeCity of ParisRegistration District No. 5-3File No. 470

No. \_\_\_\_\_ St.

Primary Registration District No. 2132

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Thelma Yaussi

Sex of Child <u>Female</u>	<u>Twin</u> Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>8-21-</u> <u>1920</u> (Month) (Day) (Year)
----------------------------	--	-----	--------------------------------	-----------------------------	---

FULL NAME	FATHER <u>Ernest Yaussi</u>
RESIDENCE	<u>Paris</u>

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)
--------------------	--

BIRTHPLACE	<u>Switzer land</u>
------------	---------------------

OCCUPATION	<u>Labor man</u>
------------	------------------

FULL MAIDEN NAME	MOTHER <u>Rena Lewis</u>
RESIDENCE	<u>Paris</u>

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
--------------------	--

BIRTHPLACE	<u>Paris</u>
------------	--------------

OCCUPATION	<u>House wife</u>
------------	-------------------

Number of child of this mother, including present birth <u>1</u>	Number of children of this mother now living, including present birth <u>1</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4<sup>10</sup> a M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

R. J. Sutton

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

Paris Idaho

Filed

9/1619 20R. J. Sutton

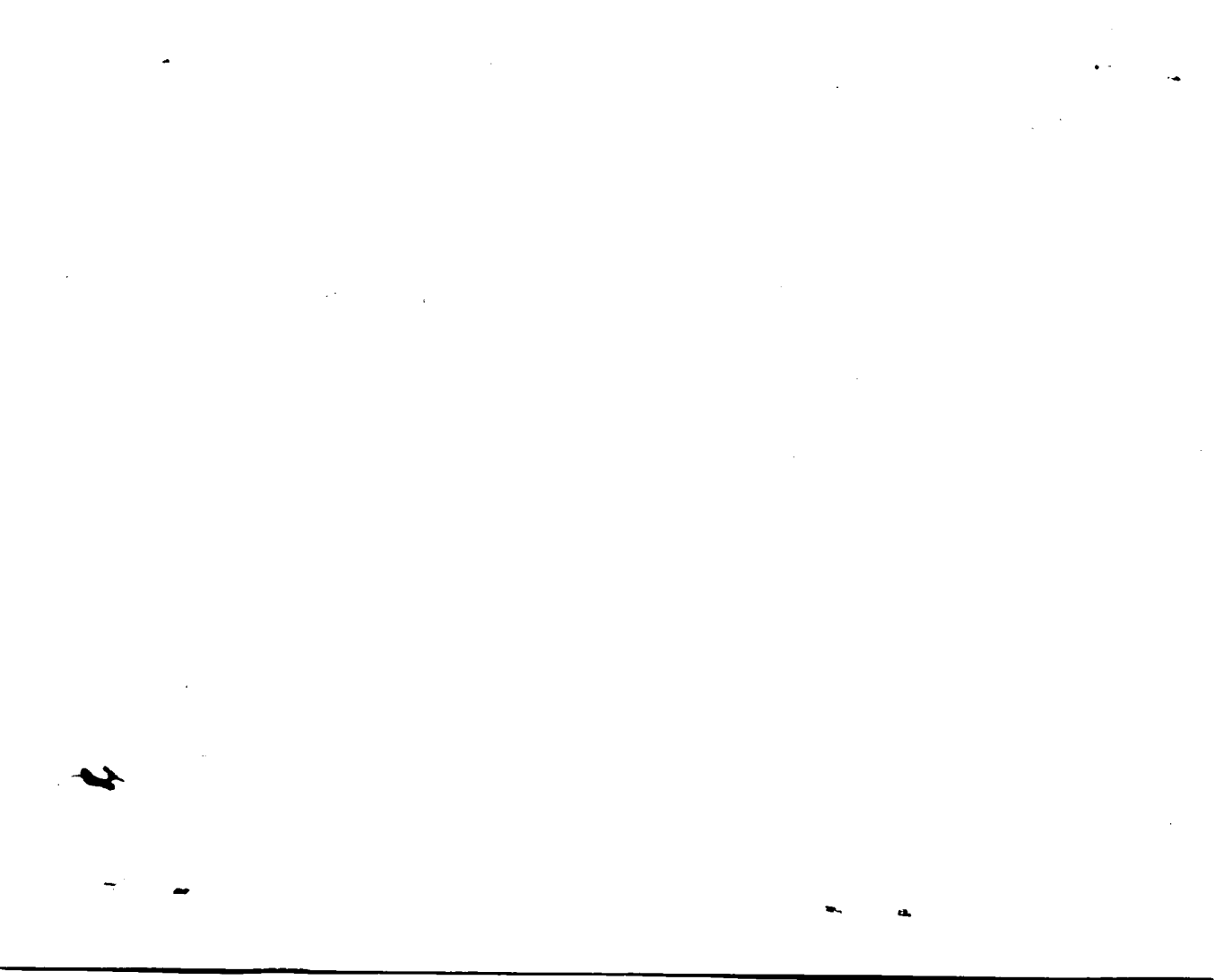
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





8-18-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah } ss.  
County of DAVIS }

Certificate No. 82307

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for unnamed Yaussi who was born on Aug. 21, 1920  
(Name on Original Certificate) (Date of Event)  
in Paris (Bear Lake) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Thelma Yaussi
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subscribed and sworn to before me this 3<sup>rd</sup> day of Sept, 1980

Notary Public, Brian E. Munton  
Residing at Kaysville, UT  
My commission expires Aug 20, 1983  
(Seal)

Thelma Y. Nelson  
Signature of Applicant  
234 Francis Ave.  
Street Address City, State  
Layton, Utah 84041

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. Born at home with Dr. Suttup and Ellen Lindsey (Must be completed \_\_\_)  
County of Franklin } midwife in attendance (Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of August, 1980.

Notary Public, Quincy Kay  
Residing at Bear Lake, Idaho  
My commission expires Lifetime  
(Seal)

Ernest Yaussi (Father)  
Supporting Signature  
124-W-V. So Preston Ida  
Street Address City, State

Certif of Baptism from the LDS Church gives name as Thelma Yaussi Daughter of Ernest Yaussi and Reva E. Lewis. born Aug 21, 1920 at Paris, Idaho. Baptized April 7, 1929. viewed by V. S.

Own child's birth certif from Utah gives child's name as Dee Ann Nelson born May 2 1940 in Lewiston, Utah father's name as Earl Ray Nelson and mother's name as Thelma Yaussi. viewed by V. S.

OCT 16 1980

PLACE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

82308

County of Bear LakeCity of St CharlesRegistration District No. 53File No. 469

No. \_\_\_\_\_ St.

Primary Registration District No. 2132 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Armond Wesley Windley

Sex of Child

MaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

(Number  
in order  
of birth)Legiti-  
mate?yesDate of  
Birth8-21-1920

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Wesley Windley

RESIDENCE

St Charles

COLOR

whiteAGE AT LAST  
BIRTHDAY26

(Years)

BIRTHPLACE

St Charles

OCCUPATION

hammerFULL  
MAIDEN  
NAME

MOTHER

Thelma Arnell

RESIDENCE

St Charles

COLOR

whiteAGE AT LAST  
BIRTHDAY21

(Years)

BIRTHPLACE

St Charles

OCCUPATION

House wifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.Born alive at 4 55 P. M.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

R. J. Sutton  
M. W.

(Physician or midwife)

Given names added from a supplemental report.

Address

Paris

Filed

9/101920R. J. Sutton

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



## PLACE OF BIRTH

389-1231004747

## STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

82309

County of Bear LakeCity of St. CharlesRegistration District No. 53File No. 468

No. \_\_\_\_\_ St.

Primary Registration District No. 2/32

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

REX PUGMIRE CHRISTENSEN

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate <u>yes</u>	Date of Birth <u>8-23-1920</u> (Month) (Day) (Year)
FULL NAME <u>Leslie J. Christensen</u>		FULL MAIDEN NAME <u>Margrete Pugmire</u>		
RESIDENCE <u>St. Charles</u>		RESIDENCE <u>St. Charles</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>2/</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	
BIRTHPLACE <u>Bloomington</u>		BIRTHPLACE <u>St. Charles</u>		
OCCUPATION <u>hammer</u>		OCCUPATION <u>House wife</u>		
Number of child of this mother, including present birth <u>1</u>		Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11 05 A. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

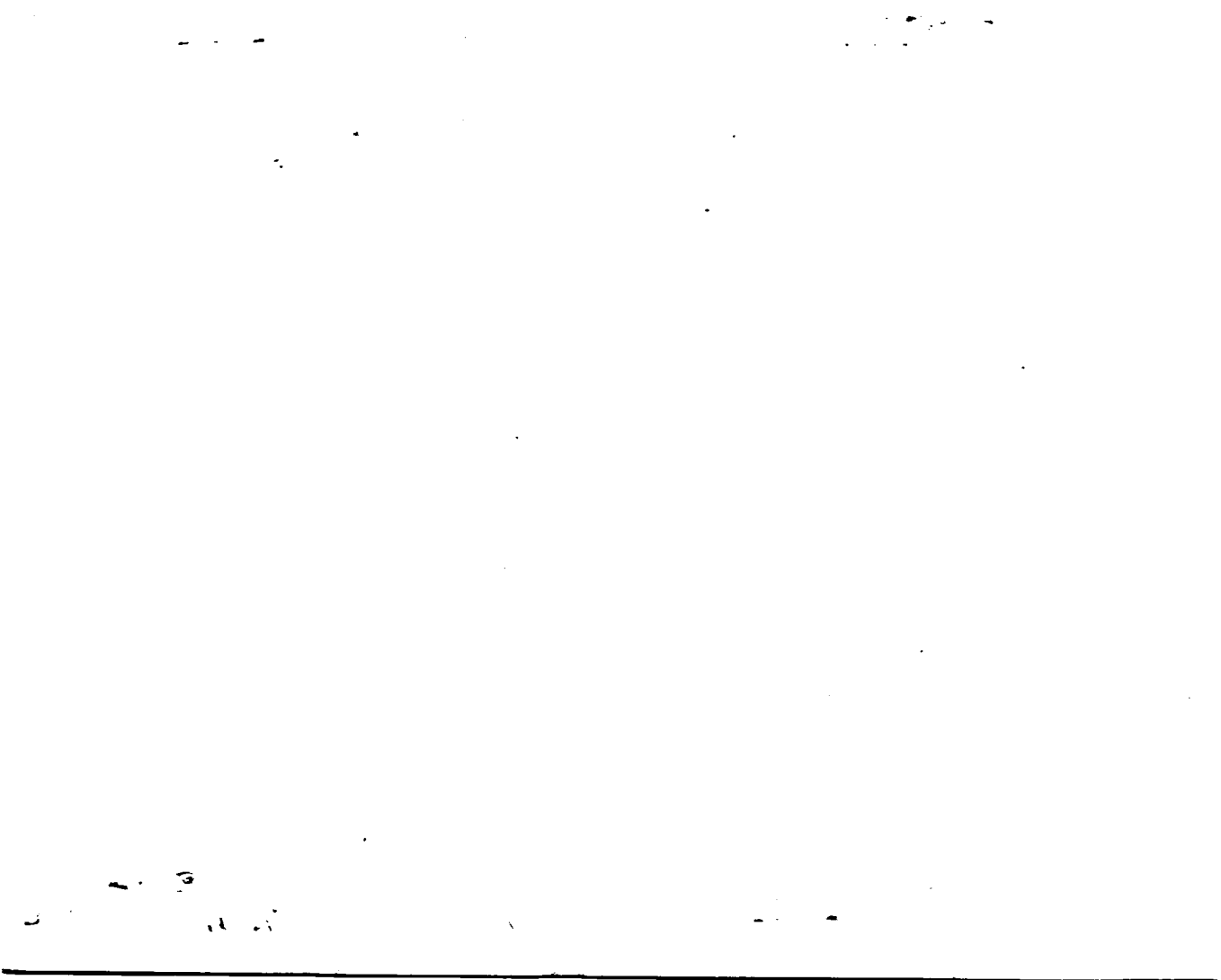
Address ParisFiled 9/10 1920

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



# OF IDAHO

RECEIVED  
AUG 28 1922  
BUREAU OF VITAL STATISTICS

LEAF

192...

Dear Madam:

The name of your baby  
ance to have the full name included in the space below  
and return this sheet, at your earliest convenience.

ate sent to this office. It is of vital import-  
information requested in the blank below  
self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City St. Charles  
Street .....  
County Beaumont

File Number 103022

Registration Dist. No. ....

Sex of Child Male

Date of Birth Aug. 23 1922

Father Leslie Jacob Christensen  
Full Name

Mother Marguerite Caroline Pagnier  
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Reh Pagnier Christensen  
Child's Name in Full

Mrs. Leslie Christensen  
Signature of Father or Mother



OCT 19 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD  
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD:

- - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

391-120007-719  
PLACE OF BIRTH

Form J. S. No. 11—20m-7-28-18

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Bear LakeCity of St CharlesRegistration District No. 53File No. 82310  
472

No. \_\_\_\_\_ St.

Primary Registration District No. 2/32

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Daurel Whitney Transtrum

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>8-26</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-----------------------------	--

FULL NAME <u>Whitney Transtrum</u>	FATHER
RESIDENCE <u>St Charles</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25-</u> (Years)
BIRTHPLACE <u>St Charles</u>	
OCCUPATION <u>Harmer</u>	

FULL MAIDEN NAME <u>Hazel Gardner</u>	MOTHER
RESIDENCE <u>St Charles</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
BIRTHPLACE <u>Fish Haven</u>	
OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4 30 A. M.  
on the date above stated. (Born alive or stillborn)

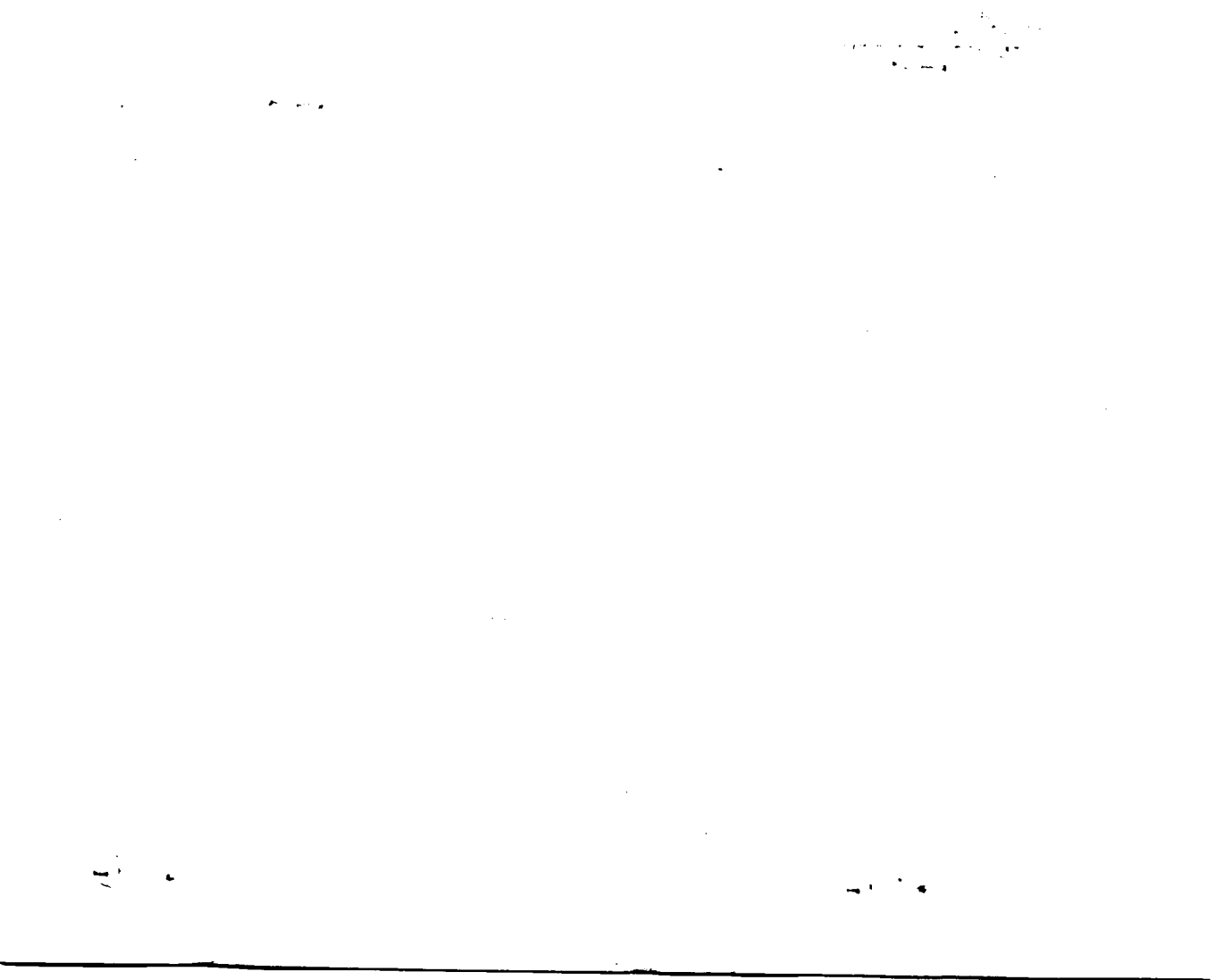
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton  
MD  
(Physician or midwife)

Given names added from a supplemental report.

Address Paris, Ida.  
Filed 9/10 1920 R. J. Sutton  
Registrar.

Registrar.



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Idaho } ss. APR 26 8 51 AM '78 Certificate No. 823-10  
County of Bear Lake } Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of Unnamed Transtrum (Birth or Death) who was born August 26, 1920 (Was Born or Died) (Date of Event) in St. Charles (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Daurel Whitney Transtrum prepared on 7-7-78 (Bible Record, Insurance Policy, Etc.) (Give Date) are:

FACTS TO BE CORRECTED		FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)		(As on Original)	(The Correct Facts)
child's name	omitted		Daurel Whitney Transtrum

Subscribed and sworn to before me this 4th day of April, 19 78  
Quanta Carrigan  
Notary Public, residing at Montpelier, Idaho  
My commission expires 7-7-78  
(Seal)

Signed Hazel S. Transtrum  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
St. Charles, Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Bear Lake }

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 4th day of April, 19 78  
Quanta Carrigan  
Notary Public, residing at Montpelier, Idaho  
My commission expires 7-7-78  
(Seal)

Signed Whitney J. Transtrum  
(Signature of Any Credible Person) Father  
St. Charles, Idaho  
(Street Address, City, State)

Daurel

Certif of Baptism and Confirmation from the LDS Church gives name as ~~Daniel~~  
Whitney Transtrum son of W. J. Transtrum and Hazel Gardner born Aug 26,  
1920 at St. Charles, Idaho. Baptized Nov 4, 1928. viewed by V. S.

MAY 16 1978

Certif of Blessing from the LDS Church gives ~~nm~~ name as Daurel Whitney  
Transtrum son of Whitney Transtrum and Hazel Gardner. born Au 26, 1920 at  
St. Charles, Idaho. Blessed Nov 7, 1920. viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-124-005-319

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V, S. No. 11-C-25m-7-21-19

County of Benewah  
City of Hamlet  
Registration District No. 31 File No. 182311  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Hospital \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 20  
FULL NAME OF CHILD Billie Eugene Howard

Sex of Child <u>M</u>	Twins Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legitimacy? <u>yes</u>	Date of Birth <u>July 24</u> 19 <u>22</u> (Month) (Day) (Year)
-----------------------	--	-------	---	------------------------	---

FULL NAME FATHER <u>William Louis Howard</u>	FULL MAIDEN NAME MOTHER <u>Julia Ellen East</u>
RESIDENCE <u>Hamlet</u>	RESIDENCE <u>Hamlet</u>
COLOR <u>white</u>	COLOR <u>white</u>
AGE AT LAST BIRTHDAY <u>26</u> (Years)	AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>Portland Oregon</u>	BIRTHPLACE <u>Paintonsville Missouri</u>
OCCUPATION <u>Labron</u>	OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth \_\_\_\_\_ Number of children of this mother now living, including present birth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, Mo.  
on the date above stated. (Born alive or stillborn)

(Signature) C.B. Cliger  
Physician  
(Physician or midwife)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. \_\_\_\_\_ 19\_\_\_\_

Address Hamlet Mo

Filed Aug 2 1922 J. L. Bigham  
Registrar Registrar

DUP OF

1920-81389

Dup of 1920-81389

NOT

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. JAN 15 1942 Certificate No. 82311  
County of Benewah Date Filed \_\_\_\_\_  
The undersigned does solemnly swear that certain facts on the certificate of Billie Eugene Howard  
(Birth or death)  
for Billie Eugene Howard who was born on July 24th. 1920  
(Name on original certificate) (Was born or died) (Date of event)  
in DeSmet, Idaho. are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
<u>Zeltia Ellen East</u>	<u>born</u>	<u>Billie Eugene Howard</u>
<u>Mother's birthplace</u>	<u>Maine</u>	<u>Paintersville, Missouri</u>

Subscribed and sworn to before me this 7th  
day of January 1942

Signed Zeltia Ellen Howard.  
(Signature of parent or attendant if correcting a birth record; of  
attendant, funeral director, informant if correcting a death record;  
or other credible person.)

Notary Public, residing at Tensed, Idaho.

My commission expires June 5th. 1943  
[SEAL]

Tensed, Idaho.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
County of Benewah

[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th  
day of January 1942

Signed Chloe L. Hanna  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Tensed, Idaho.

My commission expires June 5th. 1943  
[SEAL]

Tensed, Idaho.  
(Street Address, City, State)

Received for filing on JAN 15 1942

By \_\_\_\_\_  
(Registrar's signature)



14 22 1942

791-212-005-493

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BenewahCity of St MariesRegistration District No. 32File No. 82312

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2049Registered No. 75

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Mary Pauline GaggSex of Child FTwin  
Triplet  
or other?  
(To be answered only in event of plural births){ and } Number  
in order  
of birth  
(To be answered only in event of plural births)Legitimacy? YesDate of Birth Aug 12 1920

(Month) (Day) (Year)

FULL NAME

FATHER

Charles T. Gagg  
St Maries

RESIDENCE

COLOR WAGE AT LAST  
BIRTHDAY 36  
(Years)

BIRTHPLACE

North Carolina

OCCUPATION

Game WardenFULL  
MAIDEN  
NAME

MOTHER

Effie L. Miller  
St Maries

RESIDENCE

COLOR WAGE AT LAST  
BIRTHDAY 32  
(Years)

BIRTHPLACE

North Carolina

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.Lora Allen at 2 A M.  
(Born alive or stillborn)

(Signature)

L. Allen

(Physician or midwife)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

Address

St Maries

Filed

Sept 7 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

APR 6 1966

213-106,005-468

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BennettCity of St. MarisRegistration District No. 32File No. 82313No. 330-13 St.Hospital St. Maris Primary Registration District No. 2049 Registered No. 74FULL NAME OF CHILD Edward Frank BackerSex of Child Male Twins and Number in order of birth 1 Legitimate? yes Date of Birth Aug 6 1920 (Month) (Day) (Year)FULL NAME FATHER Vernon Alfred Backer FULL MAIDEN NAME MOTHER Sara Washburn MaderRESIDENCE 330-13 St. Maris Ida RESIDENCE 330-13 St. Maris IdaCOLOR white AGE AT LAST BIRTHDAY 26 (Years) COLOR white AGE AT LAST BIRTHDAY 26 (Years)BIRTHPLACE Dayton Ohio BIRTHPLACE Streator Ill.OCCUPATION Teacher OCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 5 4 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeBorwall

(Physician or midwife)

Given names added from a supplemental report.

19

Address St. MarisFiled Sept. 7 1920 HEB

Registrar

Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

713423-005-819

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH
County of BenevolenceCity of St. MarcusRegistration District No. 32File No. 82314No. 509 2nd St.Hospital St. Marcus Hosp Primary Registration District No. 2049 Registered No. 73FULL NAME OF CHILD Erving Patrick Gallagher

Sex of Child <u>male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes.</u>	Date of Birth <u>July 23</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER Hugh A. GallagherRESIDENCE 509 2nd St.COLOR white AGE AT LAST BIRTHDAY 39 (Years)BIRTHPLACE IrelandOCCUPATION ConductorFULL MAIDEN NAME MOTHER Mary ReillyRESIDENCE 509 2nd St.COLOR white AGE AT LAST BIRTHDAY 32 (Years)BIRTHPLACE Clear Lake Minn.OCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was born alive, at 8 P M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. Cornwall(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address St. MarcusFiled Sept. 7 1920H. E. Hunt  
Registrar

Registrar

**JAN 12 1959**

133107-005713

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BenewahCity of St. MariesRegistration District No. 32File No. 82315

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital St. Maries Primary Registration District No. 2049 Registered No. 72

## FULL NAME OF CHILD

Ronald Clark Allen

Sex of Child

MTwin  
Triplet  
or other?{ and } Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimate?

Yes

Date of Birth

June 7 1920  
(Month) (Day) (Year)

FULL NAME

Clark Frank Allen

FATHER

FULL MAIDEN NAME

Blanche May Paton

MOTHER

RESIDENCE

St. Maries

RESIDENCE

St. Maries

COLOR

White

AGE AT LAST BIRTHDAY

37  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

36  
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Michigan

OCCUPATION

Roadmaster

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

(Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature)

Deborah

(Physician or midwife)

Given names added from a supplemental report.

19

Address

St. MariesFiled Oct 7 1920H. E. Ernst

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



APR 11 1955

759422.005993

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BenevolCity of St. MarieRegistration District No. 32File No. 82316

No. \_\_\_\_\_ St.

Primary Registration District No. 2049Registered No. 71

Hospital \_\_\_\_\_

FULL NAME OF CHILD Orval Claude Perin

Sex of Child <u>m</u>	Twin <u>-</u> Triplet <u>-</u> or other? <u>-</u> and { Number in order of birth <u>2</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of Birth <u>8 22 1920</u> (Month) (Day) (Year)
-----------------------	---	------------------------	--

FULL NAME FATHER William H. PerinRESIDENCE St MarieCOLOR w AGE AT LAST BIRTHDAY 40  
(Years)BIRTHPLACE OregonOCCUPATION PenmanFULL MAIDEN NAME MOTHER Leverna RichRESIDENCE St Marie IdCOLOR w AGE AT LAST BIRTHDAY 32  
(Years)BIRTHPLACE KansasOCCUPATION House wifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 6:30 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Co Platt

(Physician or midwife)

Given names added from a supplemental report.

19

Address St. Marie IdaFiled Sept 1 1920 H E Hunt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Verified Copy issued Nov. 29, 1940. E.W.

319124-005-113  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-28a-2-6-17

## CERTIFICATE OF BIRTH

County of **Benewah**.....City of **St. Maries**.....Registration District No. **32**.....File No. **82317**.....No. ....**St.**Primary Registration District No. **2049**.....Registered No. **70**.....Hospital **Dr. Smith's**.....

FULL NAME OF CHILD.....

**Christopher L. Larson**

Sex of Child <b>male</b>	Twin Triplet or other? <b> }</b> and { Number in order of birth <b> }</b> (To be answered only in event of plural births)	Legitimate? <b>yes</b>	Date of Birth <b>Aug 24 1920</b> (Month) (Day) (Year)
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FATHER		MOTHER	
FULL NAME	<b>Julius Larsen</b>	FULL MAIDEN NAME	<b>Grace Malas</b>
RESIDENCE	<b>Benewah, Idaho.</b>	RESIDENCE	<b>Benewah, Idaho.</b>
COLOR	<b>white</b>	COLOR	<b>white</b>
AGE AT LAST BIRTHDAY.....	<b>38</b> (Years)	AGE AT LAST BIRTHDAY.....	<b>36</b> (Years)
BIRTHPLACE	<b>Norway</b>	BIRTHPLACE	<b>Elgin, Ill.</b>
OCCUPATION	<b>Farmer</b>	OCCUPATION	<b>Housewife</b>

Number of child of this mother, including present birth...**1**..... Number of children of this mother now living, including present birth...**1**.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was **alive**....., at **2 P.M.**  
the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) **Dr. Smith M.D.****Physician**

(Physician or midwife)

Given names added from a supplemental report.

Address **St. Maries, Ida**Filed **Aug 31 1920** **H. E. Hunt**

Registrar

Registrar

OCT 25 1949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-2141005-386  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

County of... **Benewah**.....

City of... **St. Maries**.....

Registration District No. **32**.....

File No. **82318**.....

No. .... **St.**.....

Primary Registration District No. **2049**.....

Registered No. **69**.....

Hospital.....

FULL NAME OF CHILD..... **Baby Johnson, Hazel Mary**.....

Sex of Child <b>female</b>	Twin Triplet or other? <b>and</b> (To be answered only in event of plural births)	Number in order of birth <b>yes</b>	Legitimate? <b>yes</b>	Date of Birth <b>July 14 1920</b> (Month) (Day) (Year)
----------------------------	---	-------------------------------------	------------------------	---

FATHER  
FULL NAME **Elmer Johnson**  
RESIDENCE **St. Maries**  
COLOR **white** AGE AT LAST BIRTHDAY **27** (Years)  
BIRTHPLACE **Kentucky**  
OCCUPATION **Laborer**

MOTHER  
FULL MAIDEN NAME **Almeda Thomas**  
RESIDENCE **St. Maries**  
COLOR **white** AGE AT LAST BIRTHDAY **26** (Years)  
BIRTHPLACE **Kentucky**  
OCCUPATION **Housewife**

Number of child of this mother, including present birth... **4**..... Number of children of this mother now living, including present birth... **3**.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was **alive** at **5 A.M.** on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)..... **Physician**  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address **St. Maries, Ida**  
Filed **Aug 31 1920** **Registrar**

Registrar

cc 10-20-40 -p

JUL 8 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

257-2005-296

PLACE OF BIRTH

County of **Benewah**

City of **St. Maries**

No. .... **St.**

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .... **32**

File No. .... **82319**

Primary Registration District No. .... **2049**

Registered No. .... **68**

**MYRTLE JEANNE RETHMEYER**

~~Myrtle Jeanne Rethmeyer~~

Sex of Child <b>female</b>	Twin Triplet or other? <b>and</b> { Number in order of birth } <b>yes</b>	Legitimate? <b>yes</b>	Date of Birth <b>July 6 1920</b> (Month) (Day) (Year)
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FATHER

FULL NAME **Frederick Rethmeyer**

RESIDENCE **Ferrell, Idaho**

COLOR **white** AGE AT LAST BIRTHDAY **37** (Years)

BIRTHPLACE **Gasconade Co. Mo.**

OCCUPATION **Farmer**

MOTHER

FULL MAIDEN NAME **Ruth Brockway**

RESIDENCE **Ferrell, Idaho**

COLOR **white** AGE AT LAST BIRTHDAY **25** (Years)

BIRTHPLACE **Clayton, Idaho.**

OCCUPATION **Housewife**

Number of child of this mother, including present birth .... **4** ..... Number of children of this mother now living, including present birth .... **3** .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was **alive** (Born alive or stillborn) at **4 A. M.** on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... **Dr. B. Smith** ....  
**Physician**  
(Physician or midwife)

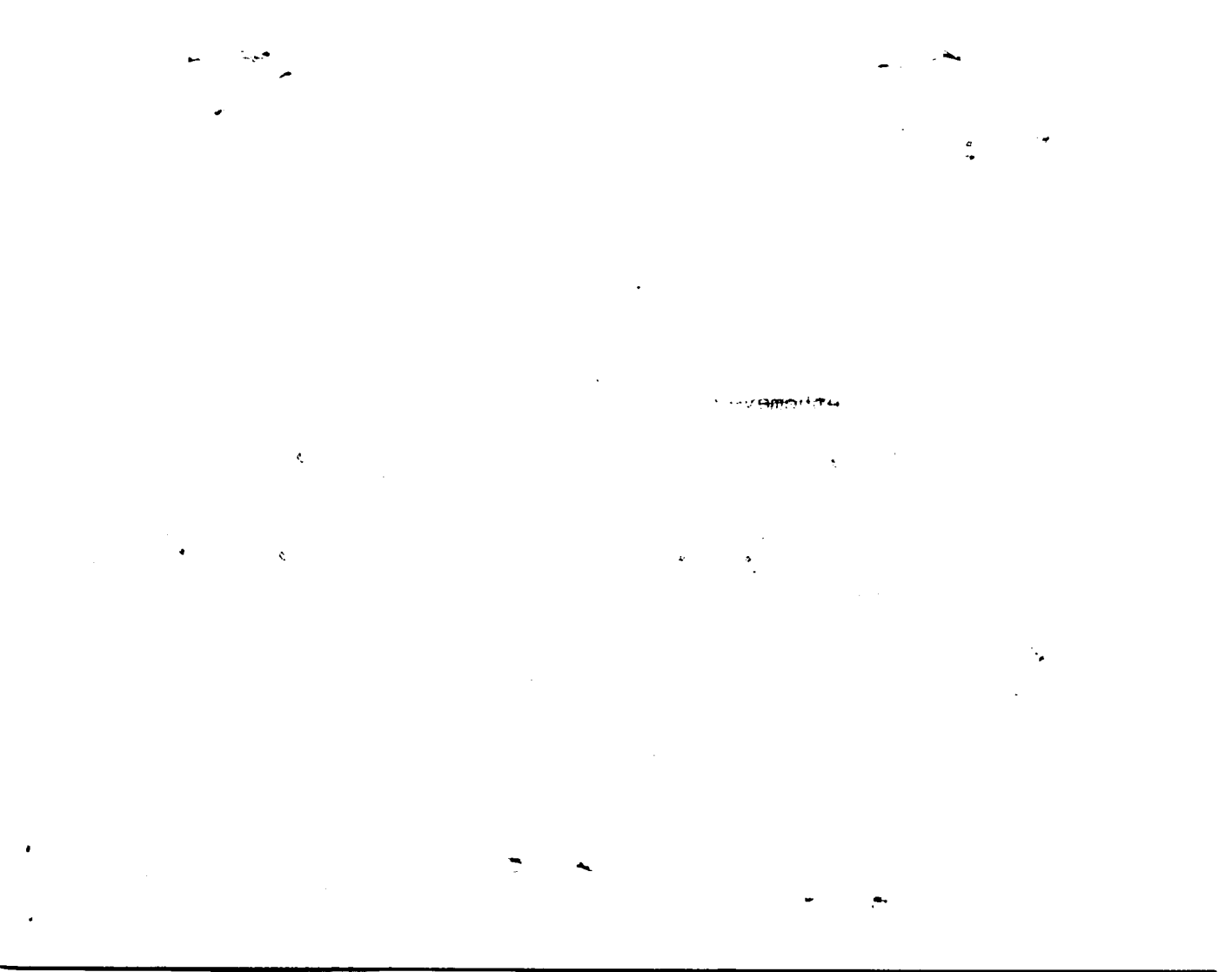
Given names added from a supplemental report.

Address **St. Maries Ida**

Filed **Oct 31 - 20** **H. E. Hunt** Registrar

K





FEB 21 1942

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }  
County of Beneviah } ss.

Certificate No. 82319

Date Filed July 7 1920  
Birth

The undersigned does solemnly swear that certain facts on the certificate of  
for Baby Rethmeyer who was born on 7-6-1920 (Birth or Death)  
in St. Joe, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts are shown by Bible Record prepared on July 8-1920, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED		FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)		(As on Original)	(The Correct Facts)
name	<u>Baby Rethmeyer</u>		<u>Myrtle Jeanne Rethmeyer</u>
name of father	<u>Frederick Rethmeyer</u>		<u>Frederick Rethmeyer</u>

Subscribed and sworn to before me this 18th  
day of Feb., 1942

Signed Ruth Brockway Rethmeyer  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Galice, Oreg.  
My commission expires Postmaster  
(Seal) no notary available.

Galice Oregon  
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }  
County of Josephine } ss.

[This Affidavit MUST Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(Seal)

(Street Address, City, State)

MAR

1942

355 1212-005  
PLACE OF BIRTH - 653STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-0-22a-2-17

County of B. BlaineCity of HarrisonRegistration District No. 132File No. 82321No. ..... St.Primary Registration District No. 2047Registered No. 66Hospital .....FULL NAME OF CHILD Lillian Lee

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimacy <u>legit</u>	Date of Birth <u>May 13</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Cornelius Lee</u> RESIDENCE <u>Harrison Id</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>33</u> (Years) BIRTHPLACE <u>Idaho</u> OCCUPATION <u>Truck Driver</u>		MOTHER FULL MAIDEN NAME <u>Lillian Flowers</u> RESIDENCE <u>Harrison Id</u> COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>18</u> (Years) BIRTHPLACE <u>Oregon</u> OCCUPATION <u>housewife</u>		

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature) C. B. Smith M.D.

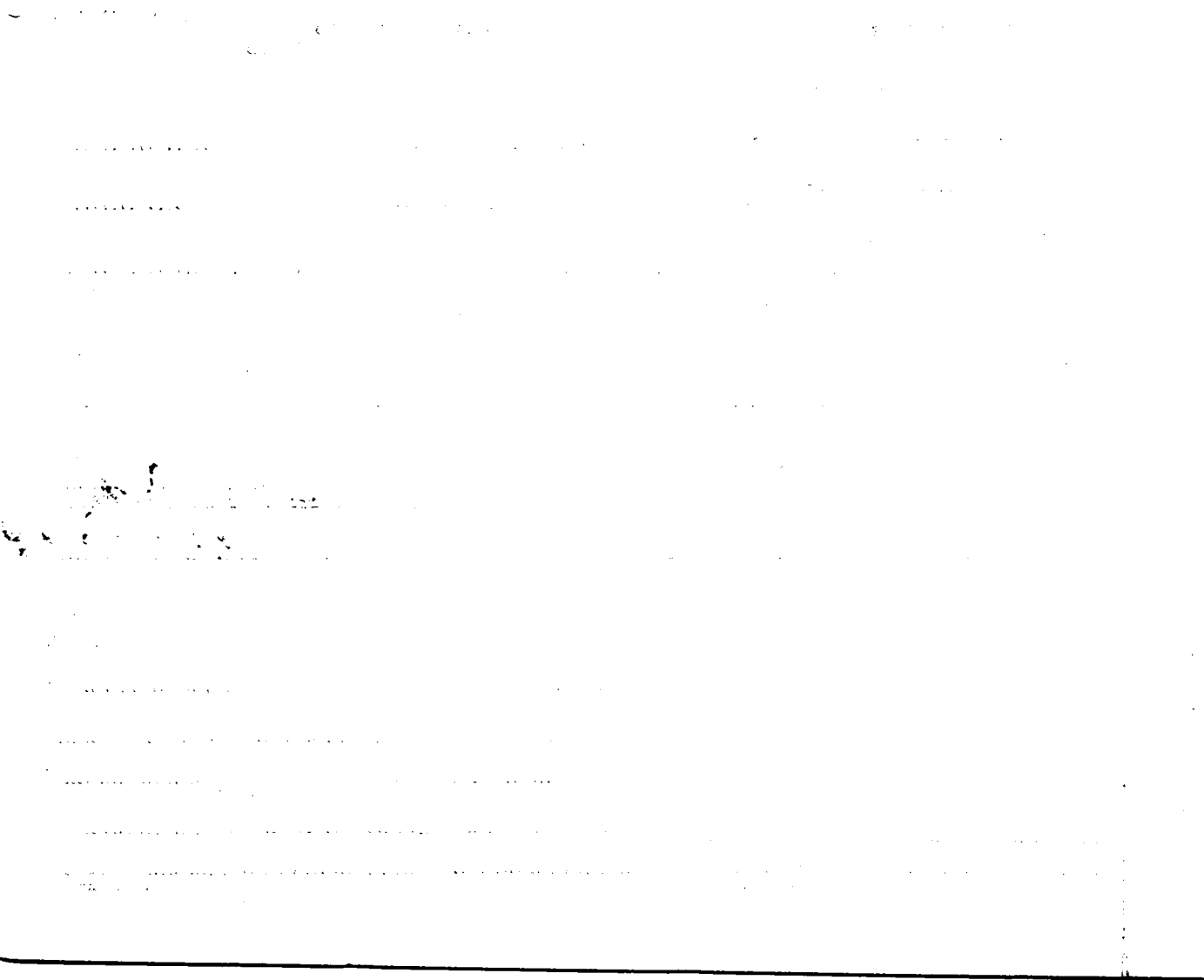
(Physician or midwife)

Given names added from a supplemental report.

Address St. Mary'sFiled Aug. 13 1920 H. E. Hunt

Registrar

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

718218.005-365

PLACE OF BIRTH

County of Benedict

City of Plummer

No. .... St.

Registration District No. .... 46

Primary Registration District No. .... 2123

Form V. S. No. 11-C-25m-3-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. .... 82322

Registered No. .... 16

Hospital .....

FULL NAME OF CHILD .... Dorothy Louise Taylor

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and (Number in order of birth) <u>    </u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug 18</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	--	------------------------	--

FULL NAME <u>Pearl S. Taylor</u>	FATHER
RESIDENCE <u>Plummer Ida</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Kansas</u>	
OCCUPATION <u>R.R. Telegrapher</u>	

FULL MAIDEN NAME <u>Eva Viola Lovelett</u>	MOTHER
RESIDENCE <u>Plummer Ida</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Nebraska</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth .... 4 Number of children of this mother now living, including present birth .... (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .... Born alive at .... 6 a.m.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... L. F. Smith

Given names added from a supplemental report.

..... 19  
..... 19  
Registrar

..... m.d.  
(Physician or midwife)  
Address .... Plummer Ida  
Filed Aug 26 1920  
..... R. S. Taylor  
Registrar

1000

263-201

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of BozemanCity of AberdeenRegistration District No. 116

File No.

82323

No. \_\_\_\_\_ St.

Primary Registration District No. 2195Registered No. 381

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mildred 13 old T.

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

{ }

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthAug 1 1920  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Henry Grant Boldt

RESIDENCE

Aberdeen Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY40  
(Years)

BIRTHPLACE

Minnesota

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEMOTHER  
May Thiessey

RESIDENCE

Aberdeen Ida

COLOR

WhiteAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Minnesota

OCCUPATION

HousewifeNumber of child of this mother, including present birth 6Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 1:10 P. M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

M. C. Mackinnon, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Aberdeen Ida

File

Aug 2 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





17

(10/10/10)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

231-2051006-743

PLACE OF BIRTH

County of Bingham

City of Springfield

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 116

File No. 82824

Hospital \_\_\_\_\_

Primary Registration District No. 2185

Registered No. 582

FULL NAME OF CHILD

Geraldine Blackburn

Sex of Child

Female

Twin  
Triplet  
or other?

— and —

Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of Birth

Aug 5 20  
(Month) (Day) (Year)

FULL NAME

Dewey Earl Blackburn

FATHER

FULL MAIDEN NAME

Valine Ellen Gutting

MOTHER

RESIDENCE

Springfield Ida

RESIDENCE

Springfield Ida

COLOR

White

AGE AT LAST BIRTHDAY

25  
(Years)

COLOR

White

AGE AT LAST BIRTHDAY

26  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

General Merchant

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_, at \_\_\_\_\_, on the date above stated.

born alive, at 9 P

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. C. Mackinnon, M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

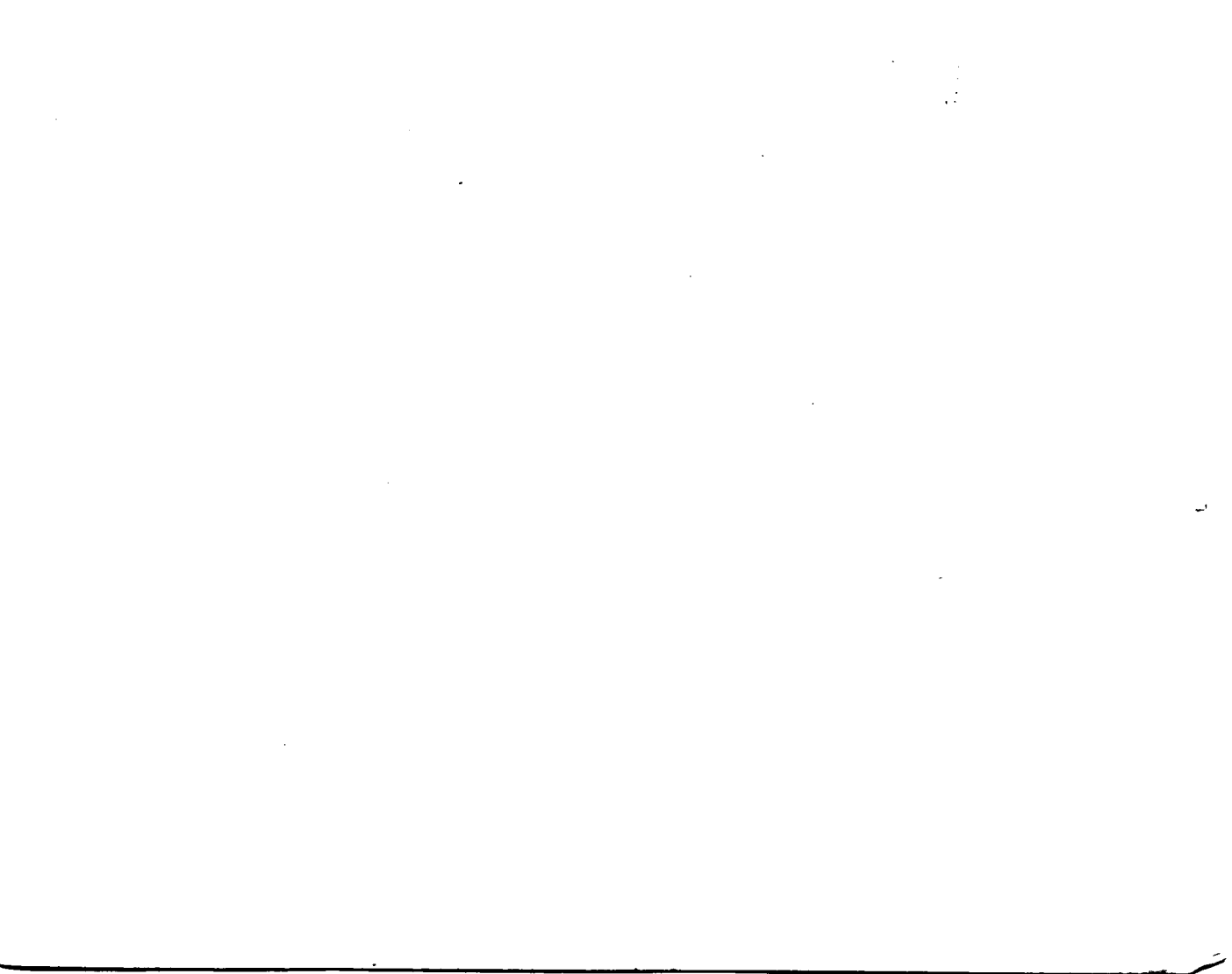
Springfield Ida

Filed

Aug 6 1920

Registrar

Registrar



493-209.006242  
PLACE OF BIRTHSTATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BinghamCity of AberdeenRegistration District No. 116

File No.

82325

No. \_\_\_\_\_ St.

Primary Registration District No. 2195Registered No. 583

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Irene Dick

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>Aug 9 20</u> (Month) (Day) (Year)
----------------------------	---	-----	---	-------------------------------	---

FULL NAME FATHER Abraham B DickRESIDENCE Aberdeen IdaCOLOR White AGE AT LAST BIRTHDAY 33  
(Years)BIRTHPLACE NebraskaOCCUPATION Clerk in hardware storeFULL MAIDEN NAME MOTHER Aganetha SurkanRESIDENCE Aberdeen IdaCOLOR White AGE AT LAST BIRTHDAY 21  
(Years)BIRTHPLACE MinnesotaOCCUPATION HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:30 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) M. C. Mockin  
Physician  
(Physician or midwife)Address Aberdeen Ida  
Filed 8/13 20 M. C. Mockin  
19 \_\_\_\_\_ Registrar

Registrar

JUL 5 1967

695-109.006-269

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BinghamCity of StirlingRegistration District No. 116File No. 82326

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2195Registered No. 584

Hospital \_\_\_\_\_

FULL NAME OF CHILD William Joseph Finnerty Jr

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Aug 9 20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-------------------------------	---

FULL NAME FATHER William Joseph FinnertyFULL MAIDEN NAME MOTHER Helena SomerconRESIDENCE Stirling IdaRESIDENCE Stirling IdaCOLOR white AGE AT LAST BIRTHDAY 26  
(Years)COLOR white AGE AT LAST BIRTHDAY 28  
(Years)BIRTHPLACE New YorkBIRTHPLACE WisconsinOCCUPATION FarmerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8<sup>30</sup> A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. Martin

(Physician or midwife)

Given names added from a supplemental report.

Address Stirling Ida  
Filed 8/13 20 C. Martin  
19 \_\_\_\_\_ Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1955

FEB 25 1965

559-110-006-381

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BinghamCity of SterlingRegistration District No. 116File No. 82327

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2195Registered No. 585

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Walter Verbick

Sex of Child <u>male</u>	Twin Triplet or other? _____	and {	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>Aug 10 20</u> (Month) (Day) (Year)
--------------------------	------------------------------------	-------	---	----------------------------	--

FULL NAME <u>Andrew Verbick</u>	FATHER
RESIDENCE <u>Sterling Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Austria</u>	
OCCUPATION <u>farmer</u>	

FULL MAIDEN NAME <u>Marie Chadonich</u>	MOTHER
RESIDENCE <u>Sterling Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Austria</u>	
OCCUPATION <u>housewife</u>	

Number of child of this mother, including present birth <u>4</u>	Number of children of this mother now living, including present birth <u>4</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:30 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

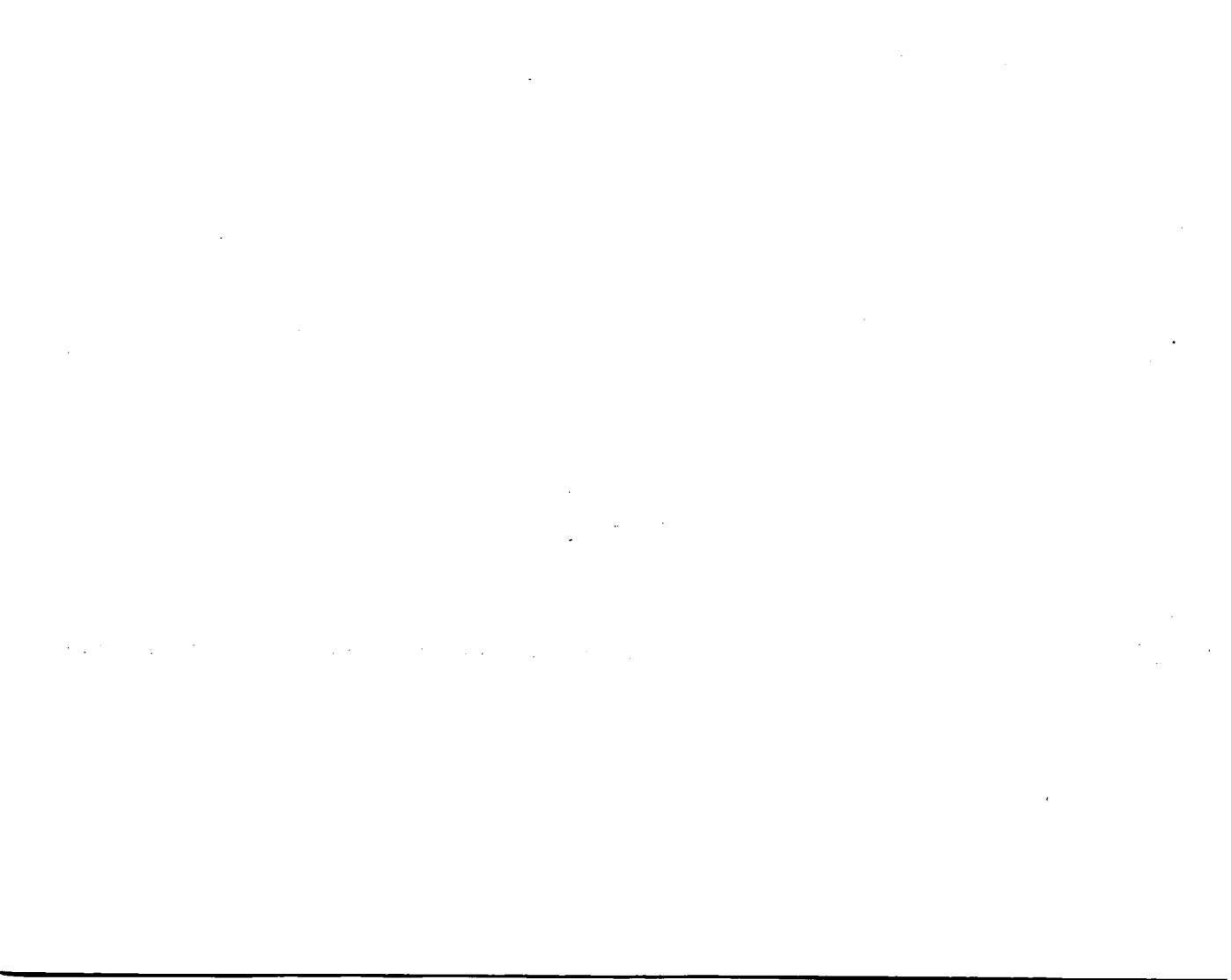
(Signature) M. C. Markum  
Physician  
(Physician or midwife)

Address Abbeville Ida  
Filed 8/13 19 20 M. C. Markum  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. E.--In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.





654-116-006-359

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BinghamCity of AberdeenRegistration District No. 116File No. 82328

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2185Registered No. 586

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Alfred Dehnar WedelSex of Child MaleTwin  
Triplet  
or other?

- { and } -

Number  
in order  
of birth

-

Legiti  
mate?YesDate of  
BirthAug 16 2019\_\_\_\_  
(Month) (Day) (Year)FULL  
NAMEFATHER  
Alfred Wedel

RESIDENCE

Aberdeen Id

COLOR

WhiteAGE AT LAST  
BIRTHDAY31  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

merchantFULL  
MAIDEN  
NAMEMOTHER  
Lydell Leisy

RESIDENCE

Aberdeen Id

COLOR

WhiteAGE AT LAST  
BIRTHDAY28  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 2:00 P\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

M. C. Mortimer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19\_\_\_\_

Address

Aberdeen Id

Filed

19\_\_\_\_

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

MAY 23 1955

SEP 5 1945

415-216-006-795

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BinghamCity of AberdeenRegistration District No. 116File No. 82329No. \_\_\_\_\_ St. 218J

Primary Registration District No. \_\_\_\_\_

Registered No. 587

Hospital \_\_\_\_\_

FULL NAME OF CHILD

ALMA LEONE DANCLIFF

Sex of Child FemaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

- { and {

Number  
in order  
of birth  
- {Legiti  
mate? yesDate of  
Birth Aug 16 20

(Month)

(Day)

19  
(Year)FULL  
NAMEFATHER  
Ralph Glen DancliffFULL  
MAIDEN  
NAMEMOTHER  
Bulah Dora Green

RESIDENCE

Aberdeen, Ida.

RESIDENCE

Aberdeen Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY22  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Iowa

BIRTHPLACE

Illinois

OCCUPATION

farmer

OCCUPATION

housewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. C. Morkum, M.D.Physician

(Physician or midwife)

Given names added from a supplemental report.

19 \_\_\_\_\_

Address

Aberdeen Ida

Filed

Aug 18 20

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }  
County of VENTURA } ss. Certificate No. 82329  
Date Filed BIRTH

The undersigned does solemnly swear that certain facts on the certificate of BIRTH  
for UNNAMED who WAS BORN on Aug 16, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)  
in ABERDEEN, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT) (DATE OF EVENT)  
true facts as shown by are as shown prepared on below 9/20  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED FROM TO  
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.) (AS ON ORIGINAL) (THE CORRECT FACTS)

Name Unnamed Alma Leone Dancliff  
TO

Subscribed and sworn to before me this 12  
day of December, 19 41

Fred V. Ueda  
Notary Public, residing at SANTA PAULA  
My commission expires July 2, 1945

(SEAL)

Signed Alma Leone Dancliff

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH  
CORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING  
A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

416 Ojai Road SANTA PAULA  
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIF }  
County of VENTURA } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and  
that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24  
day of December, 19 41

Fred V. Ueda  
Notary Public, residing at Santa Paula Calif

My commission expires July 2, 1945  
(SEAL)

Signed Alma Leone Dancliff  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

416 Ojai Road  
(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

JAN 4 1943

JAN 5 1943

381-123-006258

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

82330

County of

City of

Registration District No.

File No.

No.

St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of  
ChildTwin  
Triplet  
or other?Number  
in order  
of birthLength  
in inches?Date of  
Birth

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

FULL  
MOTHER  
NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

COLOR

AGE AT LAST  
BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

at 10:30 P.M.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed

19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



100  
100

791-213-

PLACE OF BIRTH

001-431

County of AdaCity of Eagle

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Full Name of Child Beauford Hannah Gray

SEX OF CHILD <u>Girl</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>4</u>	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 13 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Eugene F. Gray</u>			MOTHER FULL MAIDEN NAME <u>Lura E. Mc. Intire</u>		
RESIDENCE <u>Eagle, R. 1</u>			RESIDENCE <u>Eagle, R. 1</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	
BIRTHPLACE <u>Star, Idaho</u>			BIRTHPLACE <u>Blackfoot, Mo.</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housekeeper</u>		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:30 PM on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory, M.D.

(Physician or midwife)

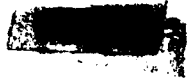
Given names added from a supplemental report.

\_\_\_\_\_ 19 \_\_\_\_\_

Address 1107 N. 8th St. Boise, IdahoFiled 8/2 1920 D. H. Pratt

Registrar

Registrar



515-214-006 849  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 8

File No. 82332

No. Garden on Bench St.

Primary Registration District No. 2004

Registered No. 57

Hospital Waller Res'

FULL NAME OF CHILD

Thelma Irene Van Dickle

Sex of Child <u>Female</u>	Twins, triplet, or other? <u>no</u>	Number in order of birth <u>3d</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 14</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	-------------------------------------	------------------------------------	------------------------	---

FATHER  
FULL NAME Joan Van Dickle

MOTHER Huisman  
FULL MAIDEN NAME Bertha - ~~Boise~~

RESIDENCE West of Boise

RESIDENCE Boise Idaho

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

COLOR white AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Pennsylvania

BIRTHPLACE Boise Idaho

OCCUPATION Merchant Rancher

OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was July 14 = 1920, at 10 a. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Lannon  
(Physician or midwife)

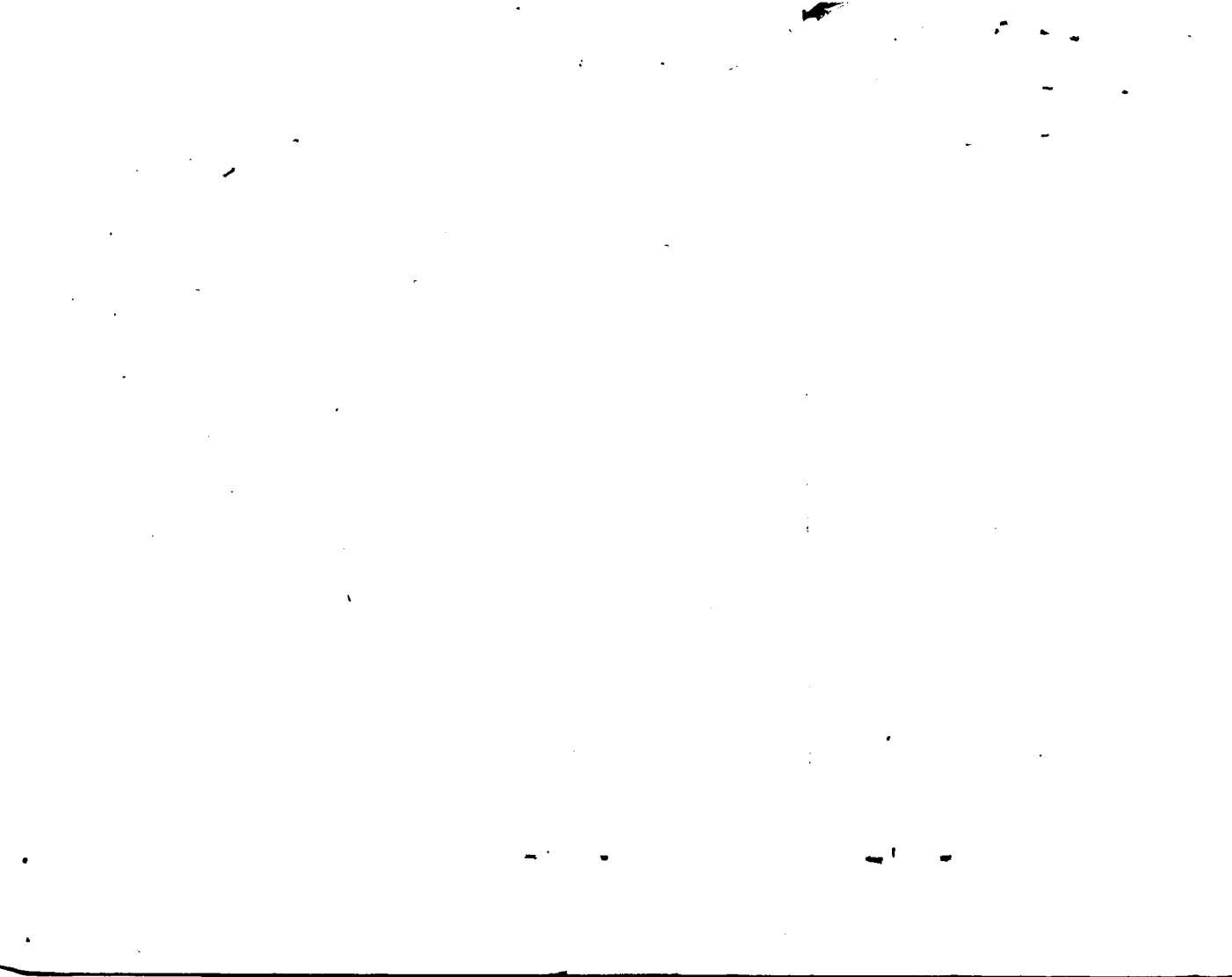
Given names added from a supplemental report.

Aug. 6 1920

Address Boise Idaho

R. H. Pratt

Filed 8/6 1920 R. H. Pratt



STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

# 82332

STATE OF IDAHO Idaho

COUNTY OF Ada

ss.

AFFIDAVITS FOR CORRECTION  
OF A RECORD

Bertha VanSickle

of

Boise, Idaho

being first duly sworn, deposes and says that she is Mother  
if related, specify degree, if friend

or otherwise, so state of Thelma Irene VanSickle who was born in the city  
was born or died

of Boise, County of Ada, on the 14th day of July, 1920

as stated in a certificate of birth filed by Dr. J.W. Cannon  
Birth or death name of physician or midwife or under

with the Local Registrar for the city of Boise, County of  
taken for death

Ada, Idaho, on the 6th day of August, 1920

That the following facts set forth in said certificate are not correctly stated  
therein, to wit: Mothers' Full Maiden Name : Bertha Banke

Place of Birth of Mother: Boise, Idaho

Place of Birth of Father: Grundy Centre, Iowa

That affiant upon her own knowledge states the true facts to be, and the changes  
his, her

necessary to make the record correct are, as follows: Mother's Maiden Name: Bertha Huisman

Place of Birth of Mother: Iowa

Place of Birth of Father: Pennsylvania

(Seal)

*Witnesses*

Affiant Bertha VanSickle

Address Boise, Idaho

Bertha VanSickle appeared  
Subscribed and sworn to before me this 13th day of Dec, 1938.

Notary Public

STATE OF IDAHO 6th Aug, 1938  
COUNTY OF Ada

Mrs. Geo. Little of Route # 2 - Boise

being first duly sworn, deposes and says that he has knowledge of the facts herein-  
before alleged and that the said facts as stated are true.

*Second Witness*

Affiant Mrs. Geo. Little

Address Boise, Idaho

Subscribed and sworn to before me this      day of     , 19    .

Notary Public

(Seal)

1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 26

1883-1884

*[Faint handwritten notes and scribbles at the top of the page]*

*[Faint handwritten notes in the middle section]*

*[Faint handwritten notes at the bottom of the page]*

445223.00.795

Form V. S. No. 11-C-25m-7-21

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of AdaCity of BoiseRegistration District No. 8 File No. 82833~~No.~~ Riverside Sta.Primary Registration District No. 2007 Registered No. 58

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Irene Thelma Duncan

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>7 - 23 - 1920</u> (Month) (Day) (Year)
----------------------------	---	---------	--------------------------------	---------------------------	---

FULL NAME FATHER Rabt. Frank DuncanFULL MAIDEN NAME MOTHER Ruby L. PearsonRESIDENCE Riverside Sta., Boise, IdahoRESIDENCE Riverside Sta., Boise, IdahoCOLOR White AGE AT LAST BIRTHDAY 24 (Years)COLOR White AGE AT LAST BIRTHDAY 16 (Years)BIRTHPLACE MissouriBIRTHPLACE MissouriOCCUPATION Mill LaborerOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 a. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Pearson  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

Aug 11 - 1920  
R. H. Pratt  
RegistrarAddress Boise, Idaho  
Filed 8/11 1920 R. H. Pratt  
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth.



JAN 5 1949

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V.S. No. 11-C-25m

County of AdaCity of EagleRegistration District No. 8File No. 82334

No. \_\_\_\_\_ St.

Primary Registration District No. 5004Registered No. 59

Hospital \_\_\_\_\_

FULL NAME OF CHILD Dorothy Ellen ~~Betty~~ Fisher

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>7-26-1920</u> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	--------------------------------	------------------------	--

FULL NAME <u>Geo. C. Fisher</u>	FATHER
RESIDENCE <u>Eagle, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Laborer</u>	

FULL MAIDEN NAME <u>Ada P. Perkins</u>	MOTHER
RESIDENCE <u>Eagle, Idaho</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 / Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1:15 a. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Braxton

(Physician or midwife)

Given names added from a supplemental report.

Aug 11 - 1920  
R. H. Pratt RegistrarAddress Boise, IdahoFiled 8/11 1920Registrar P. H. Osall



IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**Affidavit to Correct or Amend an Original Certificate of Birth or Death**

State of \_\_\_\_\_ } ss. **JUN 20 1966** Certificate No. **82334**  
County of \_\_\_\_\_ } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ **Birth**  
for **Unnamed Fisher (female child)** who **was born** on **July 26, 1920**  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in **Eagle, Idaho** are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

(Give Date)

**TO**  
(The Correct Facts)

**Full Name of Child**

**Unnamed**

**Dorothy Ellen Fisher**

Subscribed and sworn to before me this **20** day of **June**, 19**66**

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

**3314 Camrose Boise, Idaho**

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed

(Signature of Any Credible Person)

Notary Public, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

(Street Address, City, State)

Own Child's Birth Cert. on file: (Idaho Birth) #48-2473 gives full maiden name of mother as Dorothy Ellen Fisher - viewed by V.S.

JUN 2 1973

Bible Record gives name of child born to George C. Fisher and Ada P. Perkins as Dorothy Ellen Fisher. Obviously old  
Viewed by V. S.

MAY 15 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

128'00'255  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m 4-18

County of Ada

City of Boise

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

Registration District No. 8

Primary Registration District No. 2004

File No. 82335

Registered No. 60

Full Name of Child Max Orville Ewing

SEX OF CHILD <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	DATE OF BIRTH <u>July 28</u> 19 <u>20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Le Roy N. Ewing</u> RESIDENCE <u>Sarfield &amp; Main Sts So. Boise</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>23</u> (Years) BIRTHPLACE <u>Creston Iowa</u> OCCUPATION <u>Electrician</u>			MOTHER FULL MAIDEN NAME <u>Arvilla Snell</u> RESIDENCE <u>Sarfield &amp; Main Sts So. Boise</u> COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>22</u> (Years) BIRTHPLACE <u>Mason City Iowa</u> OCCUPATION <u>House wife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. French M. D.

Given names added from a supplemental report

Aug 17 1920  
R. H. Pratt  
Registrar

Address 417 Overland Bldg. Boise Id.  
Filed 8/17 1920  
R. H. Pratt  
Registrar

NOV 24 1945

813-209.001-365

Form V. S. No. 11-C-25m-7-21-18

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of AdaCity of BoiseRegistration District No. 8File No. 82336No. Highland + LongmontPrimary Registration District No. 2004Registered No. 61

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Emma Vernon Halliman

Sex of Child <u>F.</u>	Twin Triplet or other? <u></u>	{ and }	Number in order of birth <u></u>	Legiti mate? <u>yes.</u>	Date of Birth <u>Aug. 9. 1920.</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

FULL NAME E. J. Halliman.FULL MAIDEN NAME Myrtle C. Long.RESIDENCE South BoiseRESIDENCE South BoiseCOLOR white AGE AT LAST BIRTHDAY 50 (Years)COLOR white AGE AT LAST BIRTHDAY 39 (Years)BIRTHPLACE Id.BIRTHPLACE Mo.OCCUPATION mer chant.OCCUPATION Housewife.Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8:15 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr John Buck

(Physician or midwife)

Given names added from a supplemental report.

Aug 18 1920  
R. H. Pratt

Registrar

Address

303 Mc Party Bldg

Filed

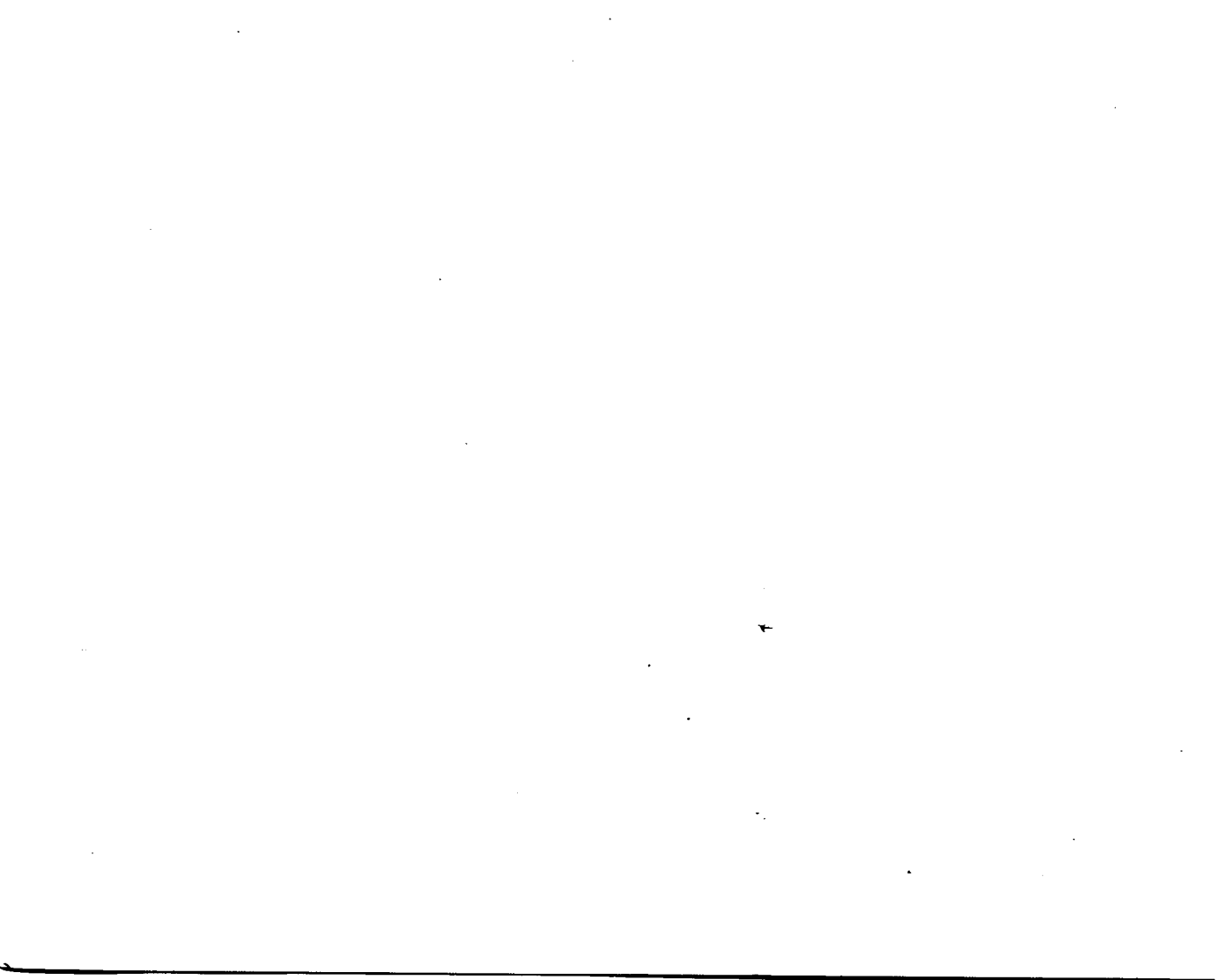
8/18 1920

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR DATA.





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-211-00493

## PLACE OF BIRTH

County of Ada

City of \_\_\_\_\_

No. Valley View School District

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 8Primary Registration District No. 2004File No. 82337Registered No. 62Clarence Fairchild

Sex of Child

MTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yes.Date of  
BirthAug 11 1920  
(Month) (Day) (Year)FULL  
NAMEMilton Fairchild

RESIDENCE

Valley View School Dist

COLOR

whiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEBeulah Milburn

RESIDENCE

Valley View School Dist

COLOR

whiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

Given names added from a supplemental report.

19

(Signature)

Dr John Boeck  
(Born alive or stillborn)

(Physician or midwife)

Address

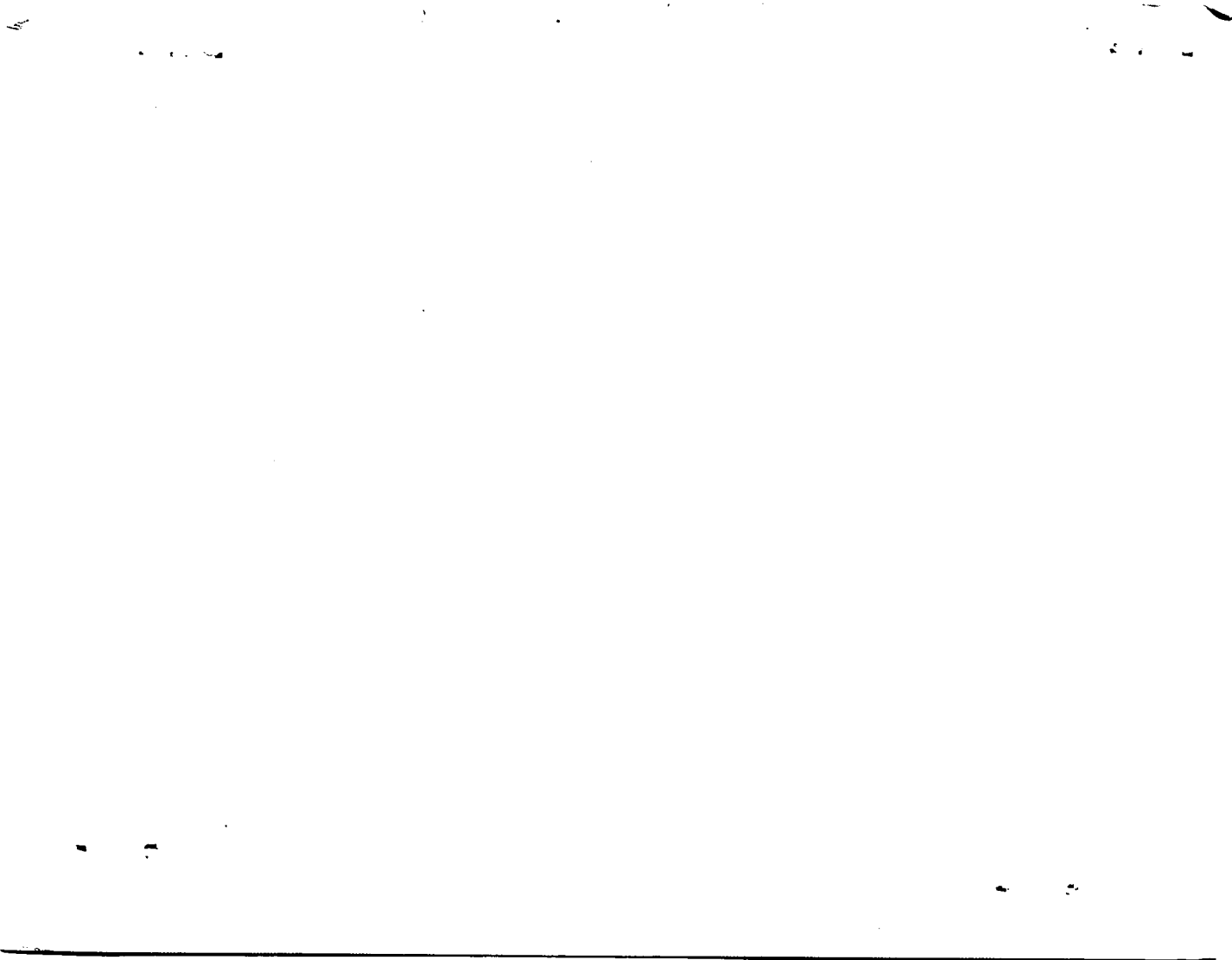
303 M. Carty Bldg

Filed

Aug 27 1920

Registrar

Registrar



## STATE OF IDAHO

## DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... }  
 County of ..... } ss.  
 Certificate No. 82337  
 Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....  
 (BIRTH OR DEATH)

for ..... who ..... on .....  
 (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
 in ..... are erroneous or were omitted; and that, to the best of his knowledge, the  
 (PLACE OF EVENT)  
 true facts as shown by ..... prepared on ....., are:  
 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

## FACTS TO BE CORRECTED

## FROM

## TO

("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

.....  
 ..... Zelestia ..... Celesta  
 .....

Subscribed and sworn to before me this.....  
 day of....., 19 .....

Signed.....

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....  
 (SEAL)

(STREET ADDRESS, CITY, STATE)

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }  
 County of ..... } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.

(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....  
 day of....., 19 .....

Signed.....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....  
 (SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on..... By .....

(REGISTRAR'S SIGNATURE)

APR 15 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

154-1031006 493

PLACE OF BIRTH

Form V. 8, No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bannock

City of Thomas

Registration District No. 12

File No. 82338

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2194

Registered No. 244

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Robert Benton Anderson

Sex of Child Male

Twin  
Triplet  
or other? } and { Number  
in order  
of birth  
(To be answered only in event of plural births)

Legitimacy Yes

Date of Birth Aug 3 1924  
(Month) (Day) (Year)

FULL NAME FATHER Wm. Anderson

RESIDENCE Blackfoot Idaho

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

FULL MAIDEN NAME MOTHER Mary Wilson

RESIDENCE Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:45 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrick

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

Filed 1924 to Mrs. M. E. Patrick

Registrar

Registrar

FEB 28 1942



JUL 6 1942

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-214.006-313

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

 STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH
County of BinghamCity of BlackfootRegistration District No. 121File No. 82339No. 290 to Shulung St.Primary Registration District No. 1007Registered No. 245

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Mary Majorie Anderson

Sex of Child

FemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legitimacy

Yes

Date of Birth

Aug 14 2  
(Month) (Day) (Year)

FULL NAME

FATHER James H. Anderson

RESIDENCE

Blackfoot, Idaho

COLOR

White

AGE AT LAST BIRTHDAY

41  
(Years)

BIRTHPLACE

Utah

OCCUPATION

City or Law

FULL MAIDEN NAME

MOTHER Verna Call

RESIDENCE

do

COLOR

W

AGE AT LAST BIRTHDAY

39  
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
 on the date above stated.

Born alive at 4:20 P.  
 (Born alive or stillborn)

\*When there was no attending physician or midwife than the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. E. Patric M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Blackfoot, Ida

File

Aug 10 1920 Mrs. Verna Call

Registrar

Registrar



APP 6

1946

766.120.006349

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BinghamCity of ThomasRegistration District No. 121File No. 82340

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2194 Registered No. 246FULL NAME OF CHILD Edwin Lee Goodwin

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of Birth <u>Aug 20</u> (Month) (Day) (Year) <u>1922</u>
--------------------------	---	-----	--------------------------------	------------------	--

FULL NAME FATHER Nathan Abner GoodwinRESIDENCE Blackfoot Ida. Route 2COLOR White AGE AT LAST BIRTHDAY 36  
(Years)BIRTHPLACE UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Sarah LurpinRESIDENCE IdoCOLOR White AGE AT LAST BIRTHDAY 39  
(Years)BIRTHPLACE UtahOCCUPATION HousewifeNumber of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 3<sup>25</sup> A. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Putrie M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Ida. Route 2Filed Aug 30 19 20 Mrs. Malin E. Putrie

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

**CERTIFICATE OF BIRTH**  
**BUREAU OF VITAL STATISTICS**  
**STATE OF IDAHO**

PLACE OF BIRTH

Country

City of

No. \_\_\_\_\_

istiqzoll

FOR NAME OF CHILD

to 292  
b1c10

FATHER

JUL  
3 MAY

RESIDENCE

COLORED

BIRTHDAY  
AGE AT LAST

(u129Y)

81RTHPLAC

RIGHT PLACE

OCCUPATION

OCCLUSION

Number of child of this mother, including present birth.....

ENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the  
on the date above stated

When there was no attending midwife then the father, he should make this return. A one that neither practices a degree of life after birth.

1 babbu amman nevi

B---In case of more than one child in birth a SEPARATE RECORD must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-129-006-819

## PLACE OF BIRTH

 STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BinghamCity of BlackfootRegistration District No. 121File No. 82341No. 70 BroadwayHospital BlackfootPrimary Registration District No. 1007Registered No. 247

FULL NAME OF CHILD

Roy Hardy

Sex of Child

MaleTwin  
Triplet  
or other?

(To be answered only in event of plural births)

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
matedYes

Date of Birth

Aug 29 20  
(Month) (Day) (Year)

FULL NAME

Russell A. Hardy

FATHER

RESIDENCE

Blackfoot Idaho

COLOR

White

AGE AT LAST BIRTHDAY

22  
(Years)

BIRTHPLACE

Oklahoma

OCCUPATION

Telegrapher

FULL MAIDEN NAME

Elsie Harrison

MOTHER

RESIDENCE

Ido

COLOR

White

AGE AT LAST BIRTHDAY

20  
(Years)

BIRTHPLACE

Texas

OCCUPATION

Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Born alive  
(Born alive or stillborn)at 11:30 P.  
M.

on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

M. E. Patric M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

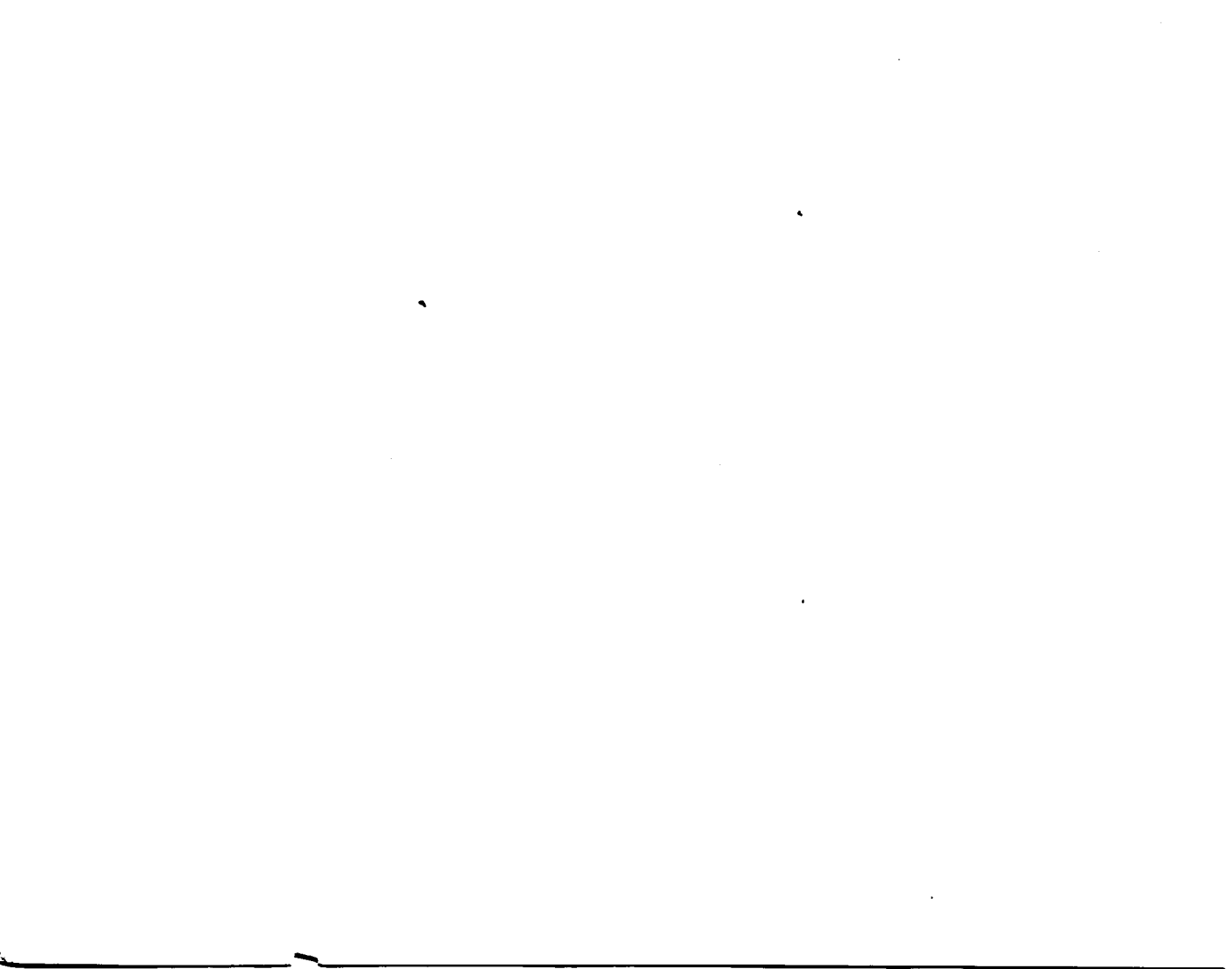
Address

Blackfoot, Ida.

Filed

Aug 30 1922  
Mr. Nelson E. Patric  
Registrar

Registrar



253-127-006795

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BinghamCity of BlackfootRegistration District No. 121File No. 82342

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 214 Registered No. 248FULL NAME OF CHILD Charles Wayne Bellamy

Sex of Child

maleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?yesDate of  
Birth5/22/20  
(Month) (Day) (Year)FULL  
NAMEChas A. Bellamy

FATHER

FULL  
MAIDEN  
NAMELillian Eda Greuter

MOTHER

RESIDENCE

Blackfoot Id

RESIDENCE

Blackfoot Id

COLOR

whiteAGE AT LAST  
BIRTHDAY35  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY34  
(Years)

BIRTHPLACE

Ill

BIRTHPLACE

Neb.

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M.  
on the date above stated. (Born alive or stillborn){ \*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth. }

(Signature)

J. O. Hamplair M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

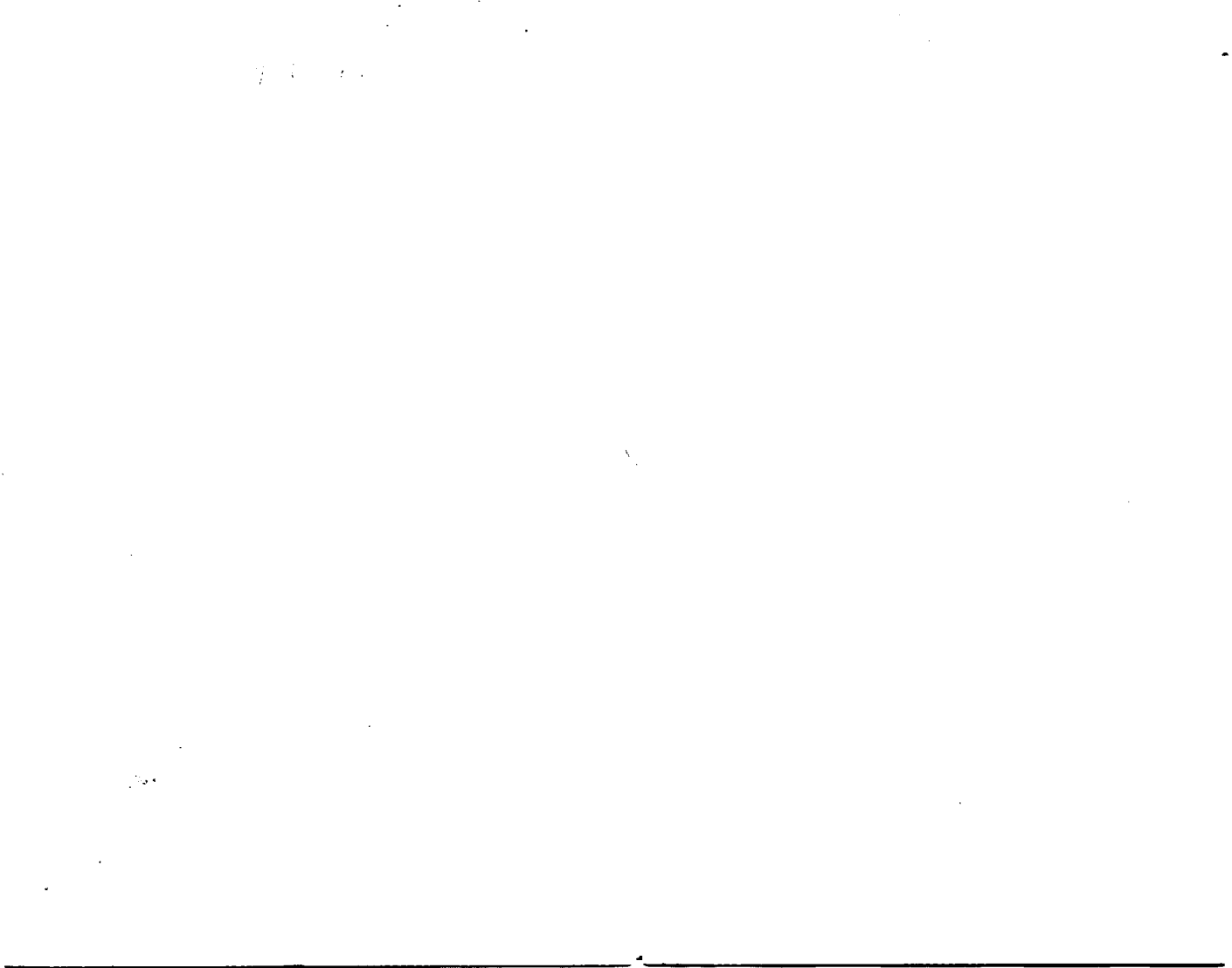
Address

Blackfoot Id  
Aug 30 1920 Mrs. Nels E. Petrie

Filed

Registrar

Registrar



753128.006-249

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BinghamCity of LiaokRegistration District No. 121File No. 82343

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2194 Registered No. 249FULL NAME OF CHILD Fredrick Albert Peterson

Sex of Child

maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate?yes

Date of Birth

July 20 1920  
(Month) (Day) (Year)

FULL NAME

Algot O Peterson

FATHER

FULL MAIDEN NAME

Anna E. Burkman

MOTHER

RESIDENCE

Liaok Idw

RESIDENCE

Liaok Idw

COLOR

white

AGE AT LAST BIRTHDAY

26  
(Years)

COLOR

white

AGE AT LAST BIRTHDAY

26  
(Years)

BIRTHPLACE

Sweden

BIRTHPLACE

Idw

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 2:00 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. C. Humphreys

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Blackfoot Idw

Filed

Aug 30 1920 Mr. Nelson E. Pattee

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



12-15-41

SEP 29 1960

DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

63-114006-493

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Tringham

City of Blackfoot

Registration District No. 121

File No. 82344

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2142

Registered No. 250

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Walt Lorenzo Fulls

Sex of Child

male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Birth  
date?

yes

Date of Birth

8 / 14 / 1920  
(Month) (Day) (Year)

FULL NAME

FATHER  
Bartlett Fulls

RESIDENCE

Blackfoot Idaho

COLOR

white

AGE AT LAST BIRTHDAY

32  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Rancher

FULL MAIDEN NAME

MOTHER  
Eva Lena Miller

RESIDENCE

Blackfoot Idaho

COLOR

white

AGE AT LAST BIRTHDAY

28  
(Years)

BIRTHPLACE

Missouri

OCCUPATION

Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, on the date above stated.

(Born alive or stillborn)

at 2:30 A.M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Blackfoot Idaho

Filed

May 22 1920

Registrar

Registrar

Mrs. Helen E. Patrick

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS—

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of CALIFORNIA } ss. JAN 24 1942 Certificate No. 82344

County of Los Angeles } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth for DELL LOREN Falls who was Born on August - 14 - 1920 in Blackfoot Idaho (NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Presence at Birth prepared on \_\_\_\_\_, are: (PLACE OF EVENT) (GIVE DATE)

FACTS TO BE CORRECTED (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Sex <u>Female</u>	Female	Male
Name <u>DELL LOREN</u>		<u>DELL LORENZO</u>

Subscribed and sworn to before me this 16th day of January, 19 42

Signed Bonnett Falls  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING

Notary Public, residing at Los Angeles, Calif.  
My commission expires Aug 1942  
(SEAL) 2865 Canning St  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
County of \_\_\_\_\_ } (SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_ Signed \_\_\_\_\_  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_  
(SEAL) \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

JAN 24 1942

1942

JUN 6 1951



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-222-006 394

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bingham

City of \_\_\_\_\_

Registration District No. 121

File No. 82345

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 244

Registered No. 251

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Unnamed Burley

Sex of Child

Female

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

yes

Date of  
Birth

8 / 22 / 1920  
(Month) (Day) (Year)

FULL  
NAME

Cyrus A Burley

FATHER

FULL  
MAIDEN  
NAME

Mabel May Bruce

MOTHER

RESIDENCE

Blackfoot Ida #7

RESIDENCE

Blackfoot Ida

COLOR

white

AGE AT LAST  
BIRTHDAY

51  
(Years)

COLOR

white

AGE AT LAST  
BIRTHDAY

37  
(Years)

BIRTHPLACE

Canada

BIRTHPLACE

Nebraska

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive, at 12:30 A. M.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

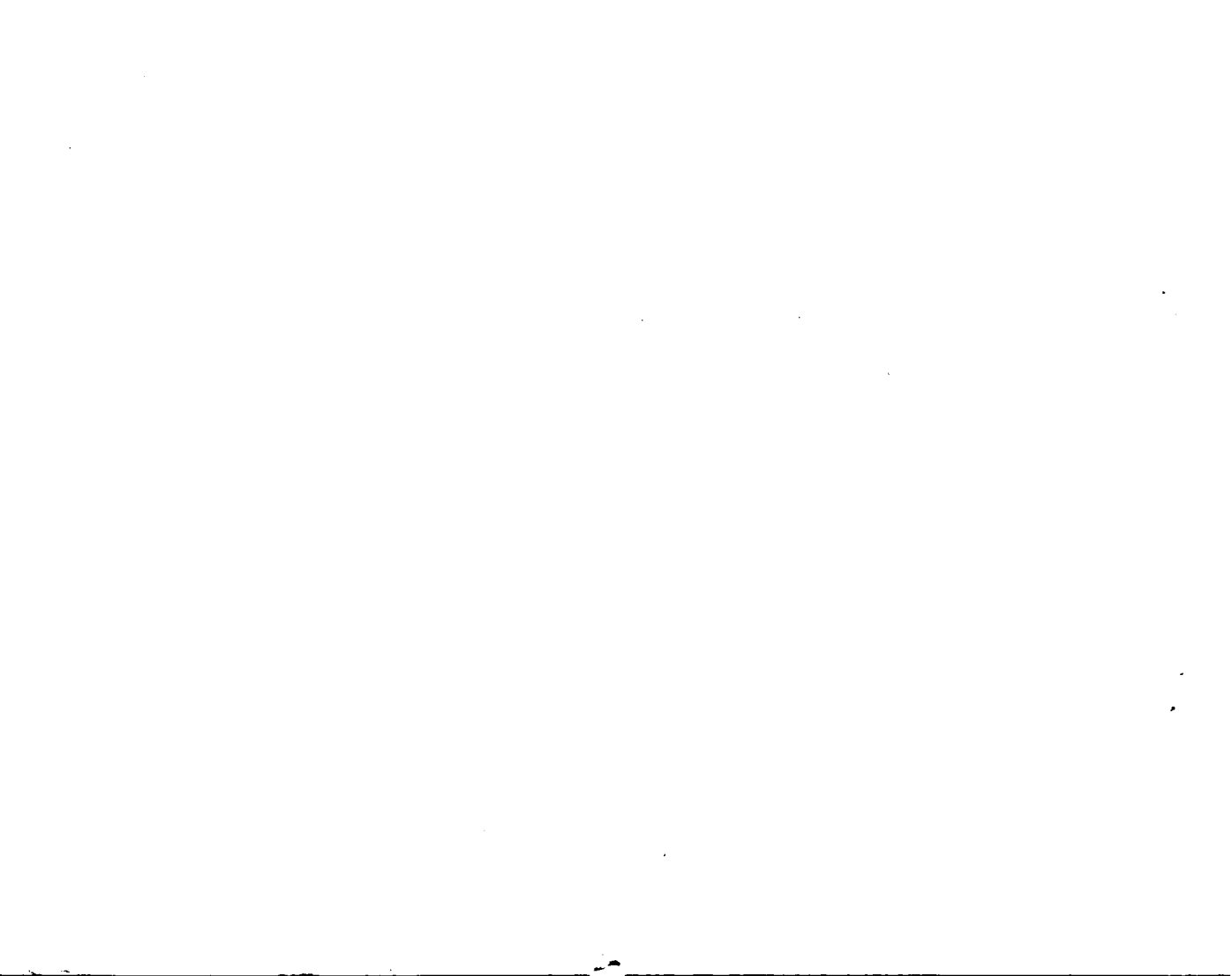
Blackfoot Idaho

Filed

May 20 1920 Mr. Thales E. Palmer

Registrar

Registrar



753-1041006-613

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BinghamCity of PanguitchRegistration District No. 181File No. 82346

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2494Registered No. 252

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Ronald Peterson

Sex of Child

maleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
(To be answered only in event of plural births)

Legitimate?

yes

Date of Birth

Aug 4th 1928  
(Month) (Day) (Year)

FULL NAME

FATHER

Ephraim Peterson

RESIDENCE

Panguitch Idaho

COLOR

white

AGE AT LAST BIRTHDAY

45  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Harmon

FULL MAIDEN NAME

MOTHER

Ethel Walker

RESIDENCE

Panguitch Idaho

COLOR

white

AGE AT LAST BIRTHDAY

21  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 3Number of children of this mother now living, including present birth. 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. D. Hays

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Blackfoot Idaho

Filed

Aug 30 1928

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 14 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

397-122-006-864

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bingham

City of Conville

Registration District No. 121

File No. 82347

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 214

Registered No. 253

Hospital \_\_\_\_\_

FULL NAME OF CHILD Douglas Jacob Zippie

Sex of Child

male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth

Legiti  
mate?

yes

Date of  
Birth

8/22 1920  
(Month) (Day) (Year)

FULL  
NAME

Jacob Zippie

FATHER

RESIDENCE

Blackfoot #1

COLOR

white

AGE AT LAST  
BIRTHDAY

51  
(Years)

BIRTHPLACE

Germany

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

Lena C. Young

MOTHER

RESIDENCE

Blackfoot 2nd #1

COLOR

white

AGE AT LAST  
BIRTHDAY

46  
(Years)

BIRTHPLACE

Denmark

OCCUPATION

Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive,  
on the date above stated.

(Born alive or stillborn)

at 10:30 p.m.

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

J. O. Hampl

(Physician or midwife)

Given names added from a supplemental report.

\_\_\_\_\_  
19\_\_\_\_

Address

Blackfoot 2nd

Filed

Aug 22 1920 Mr. Helen E. Palmer

Registrar

Registrar

Dec 6 1920 332332

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

263-114,006-653

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bingham

City of \_\_\_\_\_

Registration District No. 121

File No. 82348

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2194

Registered No. 254

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Pex Leray John

Sex of Child

male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and { Number  
in order  
of birth

Legiti  
mate?

yes

Date of Birth

Aug 14 1920  
(Month) (Day) (Year)

FULL NAME

Leroy John

FATHER

FULL MAIDEN NAME

Jella Vivian Wells

MOTHER

RESIDENCE

Blackfoot Ida

RESIDENCE

Blackfoot Ida

COLOR

white AGE AT LAST BIRTHDAY 25  
(Years)

COLOR

white AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE

Ida

BIRTHPLACE

Ida

OCCUPATION

Farmer

OCCUPATION

Housewife

Number of child of this mother, including present birth. | Number of children of this mother now living, including present birth |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive at 6:30 p.m.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. O. Hampton

(Physician or midwife)

Given names added from a supplemental report.

19. \_\_\_\_\_

Address

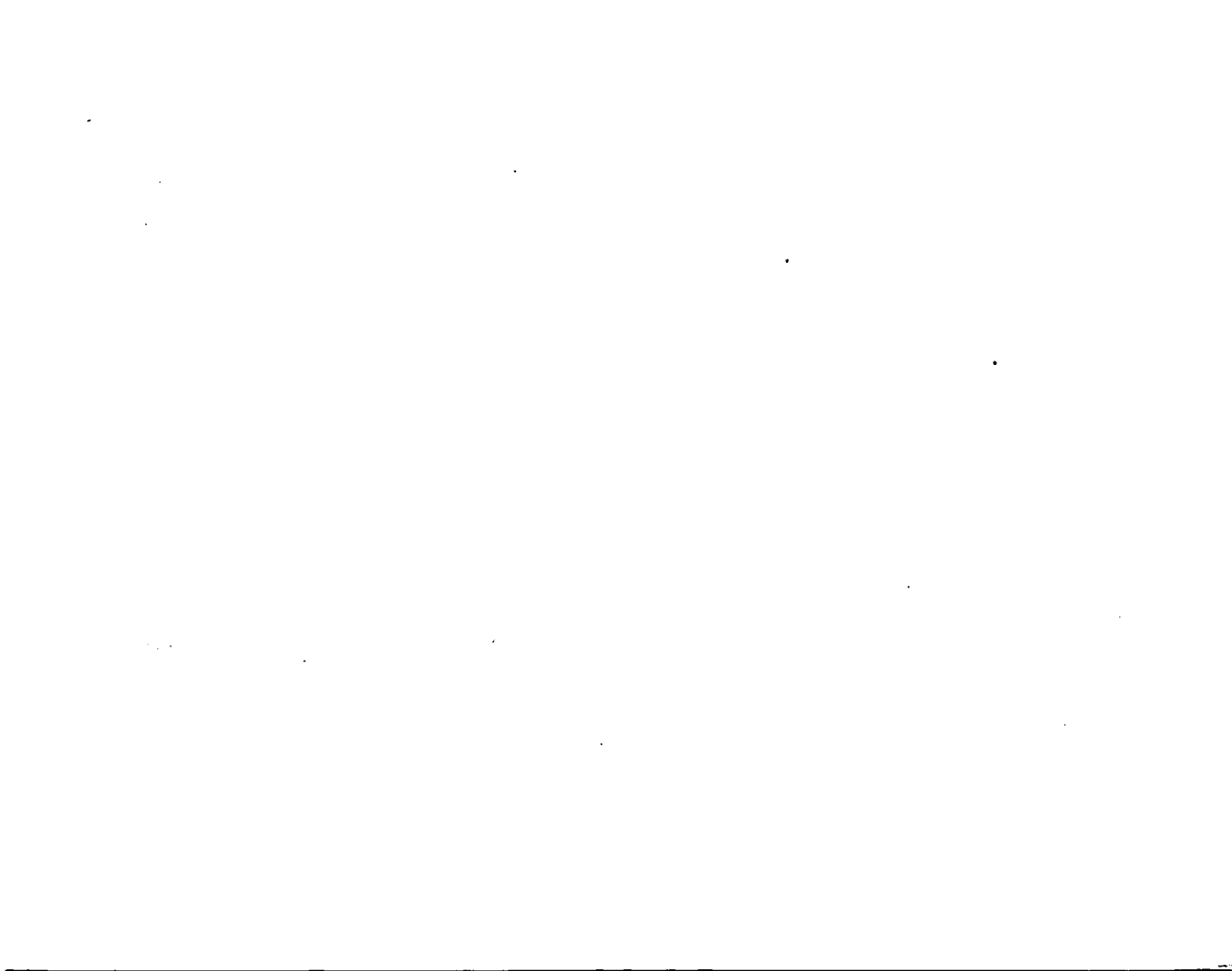
Blackfoot Ida

Filed

Aug 20 1920 Mr. Helen E. Palmer

Registrar

Registrar



249-202-006-253

PLACE OF BIRTH

child's name name amended 9/16/97-1

Form V. B. No. 11-C-25m-4-3-17

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BinghamCity of BlackfootRegistration District No. 121File No. 82349Cert. Fishb. AmesPrimary Registration District No. 1007Registered No. 255Hospital VAUGHNFULL NAME OF CHILD Vaughn Carolyn Burnett

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>yes</u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug 2 1900</u> (Month) (Day) (Year)
----------------------------	---	------------------------	---

FULL NAME FATHER <u>James E. Burnett</u>	FULL MAIDEN NAME MOTHER <u>Lucia C. Bellinger</u>
--	---

RESIDENCE <u>Blackfoot</u>	RESIDENCE <u>Blackfoot</u>
----------------------------	----------------------------

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>30</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
--------------------	--	--------------------	--

BIRTHPLACE <u>New York</u>	BIRTHPLACE <u>New York</u>
----------------------------	----------------------------

OCCUPATION <u>Salesman</u>	OCCUPATION <u>Housewife</u>
----------------------------	-----------------------------

Number of child of this mother, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at G. G. M. on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell(Physician or midwife) Dr. D.

Given names added from a supplemental report.

Address Blackfoot, IdaFiled Aug 31 20 1900

Registrar

Registrar

AUG 5 1942

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Center for Vital Statistics  
and Health Policy

7-23-97

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

RECEIVED  
VITAL STATISTICS

Certificate No. 1920-82349

Date Filed AUG. 31, 1920

97 AUG 12 AM 9:13

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for VAUGH CAROLYN BURNETT who WAS BORN on AUG. 2, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in BLACKFOOT (BINGHAM) ID are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>CHILD'S NAME</u>	<u>VAUGH CAROLYN BURNETT</u>	<u>VAUGHN CAROLYN BURNETT</u>

Subscribed and sworn to before me this 3 day of

August, 1997

Notary Public, Maureen E. Zimber

Residing at 4104 East Ave. Camarillo, CA 91302

My commission expires 2/3/99

Vaughn P. Heffner  
Signature of Applicant

Street Address, City, State

(Seal)  
M. ZIMBER  
Notary Public - State of New York  
No. 01234567  
My Commission Expires 2/3/99  
State of \_\_\_\_\_  
County of \_\_\_\_\_

MAUREN E. ZIMBER  
Notary Public - State of New York  
No. 01234567  
My Commission Expires 2/3/99

SUPPORTIVE AFFIDAVIT OF A SECOND PERSON

(Must be completed    )

(Is not necessary X )

This undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

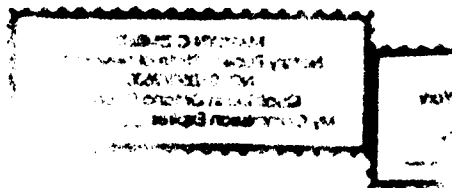
Street Address, City, State

100 Credit



DIPLOMA FROM BOSTON UNIVERSITY FOR A B.S. IN PHYSICAL EDUCATION FOR VAUGHN CAROLYN  
BURNETT. DATED JUNE 10, 1940. VIEWED BY VS

MARRIAGE RECORD FROM CRANBERRY LAKE, NEW YORK FOR ERWIN WILLIAM GRUNERSEN AND  
VAUGHN CAROLYN HEFFNER DATED FEB. 14, 1981. VIEWED BY VS



255-110-006-168

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-4-37

County of BinghamCity of BlackfootNo. Ward #4 St.Registration District No. 151File No. 82350Primary Registration District No. 100Registered No. 256

Hospital .....

FULL NAME OF CHILD Charles L. Benson

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Aug 10 1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Samuel J. Benson</u>			FULL MAIDEN NAME MOTHER <u>Caro Johnson</u>	
RESIDENCE <u>Blackfoot, Idaho</u>			RESIDENCE <u>Blackfoot, Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)		COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
BIRTHPLACE <u>Iowa</u>			BIRTHPLACE <u>Iowa</u>	
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 3..... Number of children of this mother now living, including present birth 2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive..... at 4 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell

Given names added from a supplemental report.

(Physician or midwife)

Address Blackfoot, IdahoFiled 19 Mar 1921

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of each, stated.

MARGIN RESERVED WITH UNFADING INK - THIS IS A PERMANENT RECORD



**WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD**

**N. B.** In case of more than one child at birth a **SEPARATE RETURN** must be made for each and the number of each, in order of birth stated.

**PLACE OF BIRTH**

County of Birmingham

City of Bluffton

No. Gurford St.

Hospital.....

**FULL NAME OF CHILD.....**

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. A. No. 11-C-243-9-8-37

Registration District No. 121

File No. .... **82352** .....

Primary Registration District No. 214

Registered No. 208

Hospital.....  
 FULL NAME OF CHILD..... *Valerie Hale*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>no</i>	and { Number in order of birth <i>1</i> }	Legitimate? <i>yes</i>	Date of Birth <i>Aug 12 1944</i> (Month) (Day) (Year)
----------------------------	----------------------------------	---	------------------------	--

FULL NAME Raymond S. Hule FATHER

RESIDENCE  
Blacksburg, Idaho

COLOR *white* AGE AT LAST BIRTHDAY *27* (Years)

BIRTHPLACE *I Dub*

OCCUPATION Farmer

FULL MAIDEN NAME <sup>4</sup> MOTHER, *Faust Bellian*

RESIDENCE Blackfoot Idaho

COLOR White AGE AT LAST BIRTHDAY 24

BIRTHPLACE Utah

OCCUPATION *freelance*

Number of child of this mother, including present birth.....2..... Number of children of this mother now living, including present birth.....2.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 11:4 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

ATTENDING PHYSICIAN OR MIDWIFE:  
 who was Born, alive at 11. 9. A.M.  
 (Born alive or stillborn)  
 (Signature) F. W. Mitchell

**Given names added from a supplemental report.**

..... M.D. ....  
..... (Physician or midwife) .....

.....10.....

Address..... Black Forest .....

[illegible]

11-20-1901 The Talisman

**Registrar**

## Register

DEC 29 1972

**WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD**

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

**PLACE OF BIRTH**

County of Bernham

City of Blue Creek

No. 423. N. Min. ... Sl.

**Hospital**.....

**FULL NAME OF CHILD.** *J.P.*

Sex of Child Male

Twin  
Triplet  
or other? } and { Number  
in order  
of birth  
(To be answered only in event of plural births)

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

# CERTIFICATE OF BIRTH

Registration District No. ....

File No. .... 02393

**Primary Registration District No.** 100

Registered No. 257

FULL NAME John R. Sanders FATHER

RESIDENCE  
Bluffs at Idaho

COLOR *White* AGE AT LAST BIRTHDAY *27*  
(Years)

BIRTHPLACE *Ry*

OCCUPATION  
Librarian

FULL MAIDEN NAME **MOTHER** *Mary H. Spalding*

RESIDENCE Blackwood Lake

COLOR White AGE AT LAST BIRTHDAY 17

BIRTHPLACE *Idaho*

OCCUPATION He is unemployed

Number of child of this mother, including present birth...2..... Number of children of this mother now living, including present birth...2.....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

I hereby certify that I attended the birth of this child, who was Born alive, at S. O. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....*F. W. Pitts*.....

**Given names added from a supplemental report.**

..... M.D.  
.....  
..... (Physician candidate)  
.....

Address.....

Filed 11/14/20 at Los Angeles, California

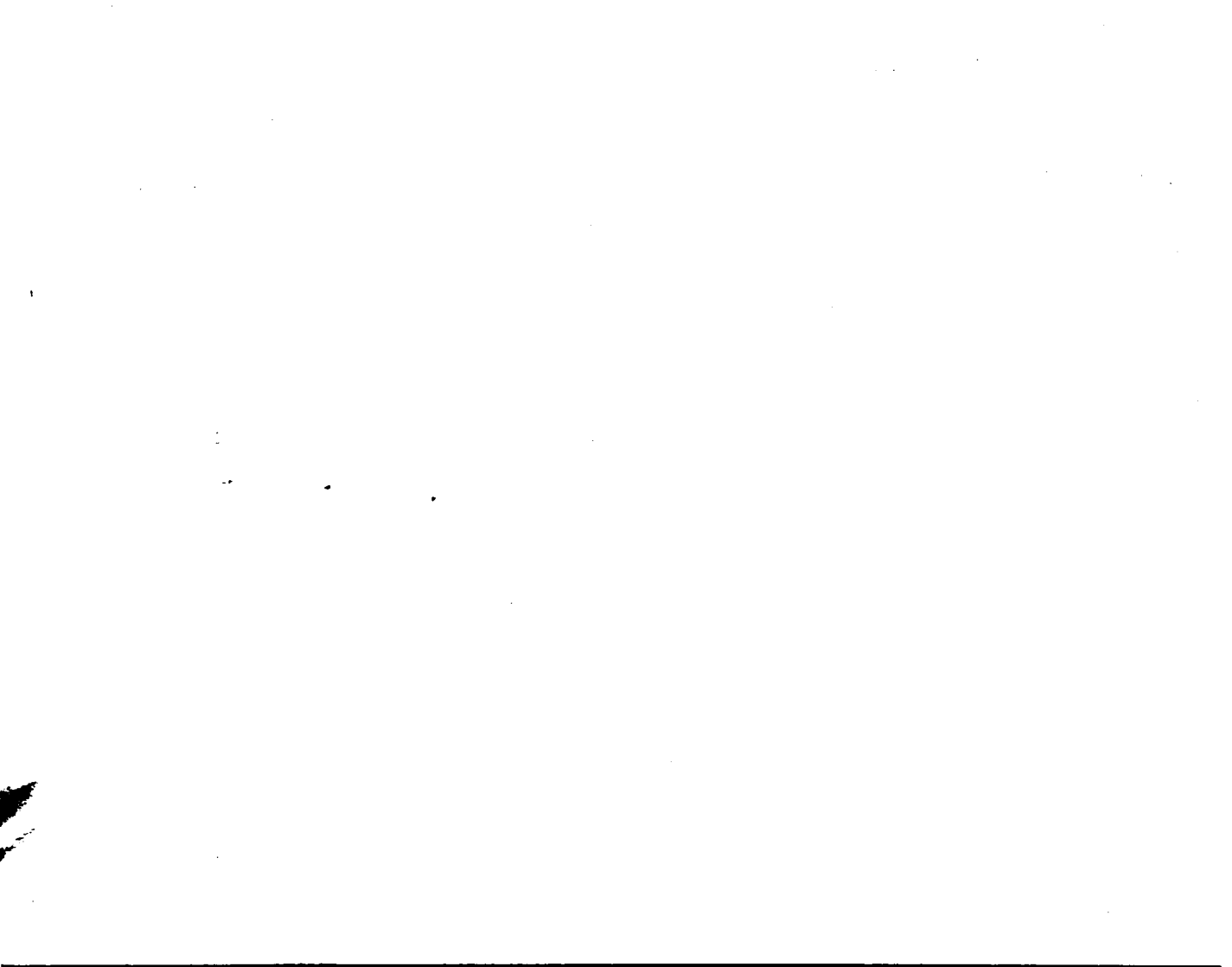
**Registrar**

## Registration

SEP 1 6 1943







7132191066-893

PLACE OF BIRTH

Form V. & No. 11-0-22p-449

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of BannockCity of BluffRegistration District No. 121File No. 82355Name Goodland RichPrimary Registration District No. 2194Registered No. 261

Hospital

FULL NAME OF CHILD

Pruth PackhamSex of  
ChildFemaleTwin  
Triplet  
or other?and (Number  
in order  
of birth  
(To be answered only in event of plural births))Legiti-  
mate?yesDate of  
BirthJuly 19 1906  
(Month) (Day) (Year)FULL  
NAMECharles A. Packham

FATHER

FULL  
MAIDEN  
NAMEMary E. Hicken

MOTHER

RESIDENCE

Bluff, Idaho

RESIDENCE

Bluff, Idaho

COLOR

whiteAGE AT LAST  
BIRTHDAY40  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY33  
(Years)

BIRTHPLACE

Utah

BIRTHPLACE

Utah

OCCUPATION

Farmer

OCCUPATION

HousewifeNumber of child of this mother, including present birth... 7Number of children of this mother now living, including present birth... 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive  
on the date above stated.

(Born alive or stillborn)

3 P.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar

JUN 12 1964

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-203-006-296  
 PLACE OF BIRTH

STATE OF IDAHO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Form V. &amp; No. 12-0-22-4-17

County of Bingham

City of Blackfoot

No. East Idaho St.

Registration District No. 121

File No. 82356

Primary Registration District No. 1007

Registered No. 262

Hospital .....

FULL NAME OF CHILD

Bertha Carlson

Sex of Child Female

Twin  
Triplet  
or other?

and { Number in order of birth } 4th  
 (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Aug 3 1920  
 (Month) (Day) (Year)

FULL NAME FATHER Albert E. Carlson

RESIDENCE Blackfoot Ida

COLOR White AGE AT LAST BIRTHDAY 26  
 (Years)

BIRTHPLACE Utah

OCCUPATION Laborer

FULL MAIDEN NAME MOTHER Anna Broadbent

RESIDENCE Blackfoot Idaho

COLOR White AGE AT LAST BIRTHDAY 23  
 (Years)

BIRTHPLACE Nebr.

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M.  
 on the date above stated. (Born alive or ~~stillborn~~)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. J. Simmons

M.D.  
 (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

File Sept. 10 1920 Donna Helen E. Patrice  
 Registrar

DUP OF 1920 D83-13,

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

855-203-006-719

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 121

File No. \_\_\_\_\_

82357

Primary Registration District No. 2194

Registered No. 266

Sex of Child

Female

Twin  
Triplet  
or other?

1 and 1

Number  
in order  
of birth

1

Legiti-  
mate?

Yes

Date of Birth

August

1920

(Month) (Day) (Year)

FULL NAME

Lorenzo

FATHER

Henifer

RESIDENCE

Blackfoot Route 2

COLOR

white

AGE AT LAST BIRTHDAY

25  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Farmer

FULL MAIDEN NAME

Ruby Parish

MOTHER

RESIDENCE

Blackfoot Route 2

COLOR

white

AGE AT LAST BIRTHDAY

30  
(Years)

BIRTHPLACE

Indiana

OCCUPATION

Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 130 M.  
on the date above stated.

(Born alive or stillborn).

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]

MD

(Physician or midwife)

Given names added from a supplemental report.

19.

Address

31 N. Main St.

Filed

Sept 10 1920 Mr. N. E. Patrick  
Registrar

Registrar

Dup of 1920 225713

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

266-128-006-863  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. B-10-13-C-25m-7-21-19

County of Bingham

City of Moreland Idaho

Registration District No. 121

File No. 82358

No. \_\_\_\_\_ St.

Primary Registration District No. 2191

Registered No. 264

Hospital \_\_\_\_\_

FULL NAME OF CHILD PETE

Pete Koompin

Sex of Child

male

Twin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
(To be answered only in event of plural births)

Legiti-  
mate?

yes

Date of  
Birth

Aug 24  
(Month) (Day)

1920  
(Year)

FULL  
NAME

Thomas F. Koompin

FATHER

RESIDENCE

Moreland Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

40  
(Years)

BIRTHPLACE

Ipswich

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

Hedwig Holz

MOTHER

RESIDENCE

Moreland Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

22  
(Years)

BIRTHPLACE

Germany

OCCUPATION

Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive

(Born alive or stillborn)

at 2 pm M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

[Signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

31 N. Main St.

Filed

Sept 10 1920

Registrar

Registrar



10-9-11

11

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss.  
 County of Bingham  
 The undersigned does solemnly swear that certain facts on the certificate of Birth  
 for W. E. Koornpin who was born Aug. 24, 1920  
 in Moreland, Idaho (Name on original certificate) (Was born or died) (Date of event)  
 are erroneous or were omitted; and that, to the best of his knowledge, the  
 true facts as shown by Bankers Life Co. prepared on April 6th 1940, are:  
 (Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
 ("Name", "birth date", "cause of death", etc.)

**FROM**  
 (As on original)

**TO**  
 (The correct facts)

Name

John Koornpin

Pete Koornpin

Subscribed and sworn to before me this 7th  
 day of Nov, 1941

Signed Hedwig Koornpin  
 (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Springfield Idaho  
 My commission expires Sept 1 - 1942  
 [SEAL]

(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss.  
 County of Bingham  
 The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

[This affidavit MUST also be executed.  
 (See Chapter 139, 1937 Idaho Session Laws.)]

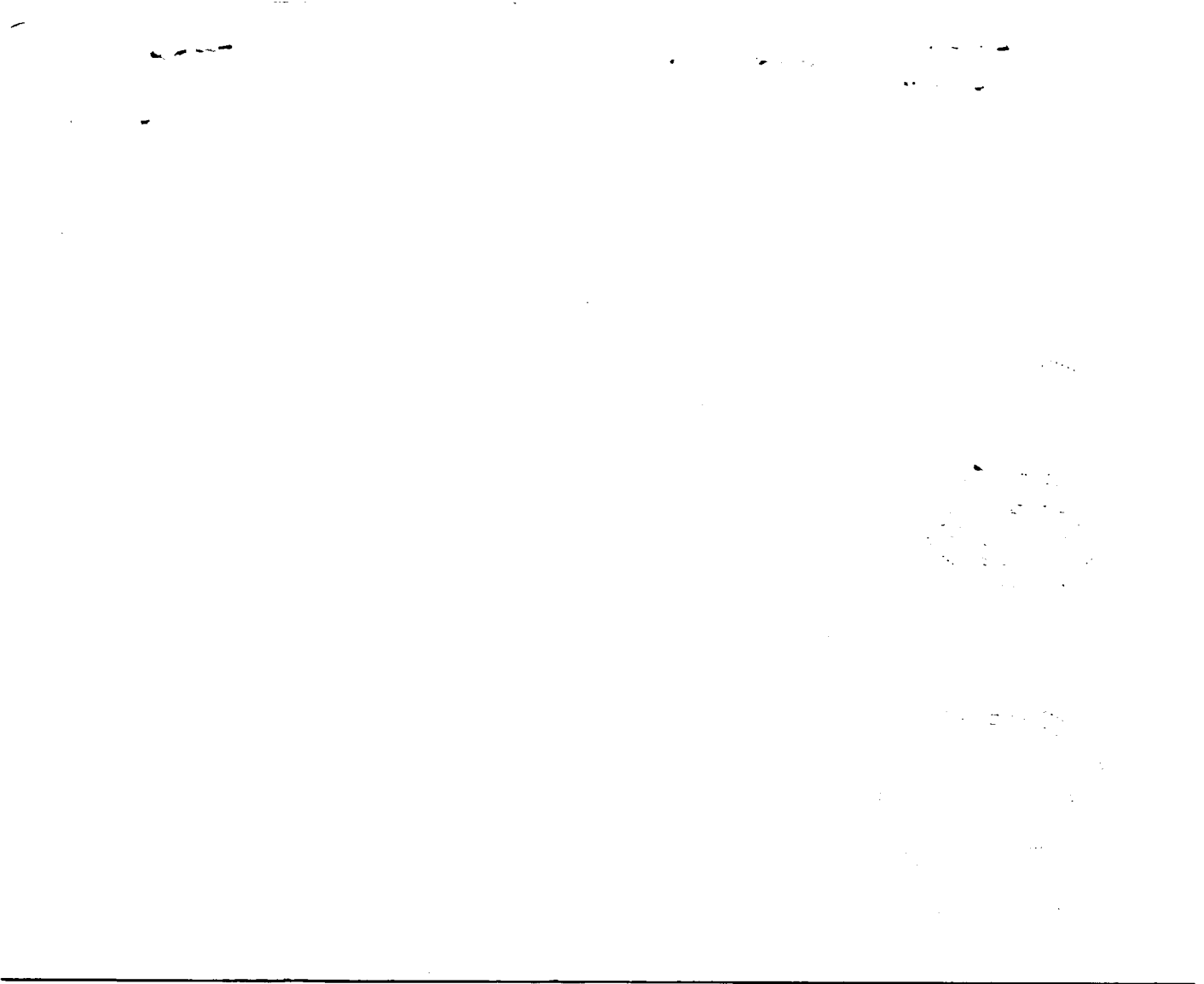
Subscribed and sworn to before me this 8th  
 day of Nov, 1941

Signed J. J. Edwards  
 (Signature of any credible person other than the previous affiant.)

Notary Public, residing at Springfield Idaho  
 My commission expires Sept 1 - 1942  
 [SEAL]

(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
 (Registrar's signature)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

33-108-006-719

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form No. 8, Rev. 10-6-20-2-15-12

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. James C. St.

Hospital

Registrar

121

File No. 82359

Prim

District No. 1007

Registered No. 265

FULL NAME OF CHILD

Eldon Dean Clark

Sex of Child

Male

Twin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?

yes

Date of Birth

July 8, 1920  
(Month) (Day) (Year)

FULL NAME

Alma Benjamin Clark

FATHER

FULL MAIDEN NAME

Larinda Merrissa Parker

MOTHER

RESIDENCE

Blackfoot Idaho

RESIDENCE

Blackfoot

COLOR

white

AGE AT LAST BIRTHDAY

40  
(Years)

COLOR

AGE AT LAST BIRTHDAY

40  
(Years)

BIRTHPLACE

Richville Morgan Co Utah

BIRTHPLACE

Bremington Bear Lake Co Idaho

OCCUPATION

Carpenter

OCCUPATION

Number of child of this mother, including present birth

6

Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Romaneus July 8

2:45 a.m.

on the date above stated.

(Born alive or otherwise)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mary E. Clark  
Midwife

(Physician or midwife)

Given names added from a supplemental report

19

Address

Sept 10, 20 Mrs. Helen E. Pattee

R-Y CO. 20174

Registrar

Registrar

DEC 29 1943

DEC 2 1941

291-131-006-719  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Bingham  
City of Blackfoot

Registration District No. 121

File No. 82360

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2194

Registered No. 266

Hospital \_\_\_\_\_  
FULL NAME OF CHILD William H. Brand

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	1	and	Number in order of birth	4	Legiti- mate?	<u>Yes</u>	Date of Birth	<u>Aug 31</u>	191 <u>2</u>
FULL NAME		FATHER <u>Alexander T. Brand</u>				FULL MAIDEN NAME		MOTHER <u>Mary Ethel Parson</u>		
RESIDENCE		<u>Blackfoot Idaho</u>				RESIDENCE		<u>Blackfoot</u>		
COLOR	<u>White</u>	AGE AT LAST BIRTHDAY		<u>31</u>	(Years)	COLOR	<u>White</u>	AGE AT LAST BIRTHDAY		<u>26</u>
BIRTHPLACE		<u>Utah</u>				BIRTHPLACE		<u>Utah</u>		
OCCUPATION		<u>Laborer</u>				OCCUPATION		<u>Housewife</u>		

Number of child of this mother, including present birth. 4

Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 a. M. on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Jackson  
Blackfoot Idaho  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Id.  
Filed Sept 10 20 Wm. H. E. Patne  
19 19

AUG 1 1961

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

693-204006 515

name added 2/17/81

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 7 St.

Registration District No. 121

File No. 82361

Hospital \_\_\_\_\_

Primary Registration District No. 2194 Registered No. 267

FULL NAME OF CHILD

Marie

Williams

Sex of Child

Female

Twin  
Triplet  
or other?

S

and

Number  
in order  
of birth

S

Legiti  
mate?

yes

Date of  
Birth

Aug 4

1920

FULL  
NAME

FATHER

Cornelius Williams

RESIDENCE

Bancroft, Idaho

COLOR

White

AGE AT LAST  
BIRTHDAY

30  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Farming

FULL  
MAIDEN  
NAME

MOTHER

Gertrude Van Orden

RESIDENCE

Bancroft, Ida

COLOR

White

AGE AT LAST  
BIRTHDAY

27  
(Years)

BIRTHPLACE

Utah

OCCUPATION

Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

(Born alive or stillborn)

at 9:15 A. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. W. Beck

(Physician or

Given names added from a supplemental report.

Address

Blackfoot, Idaho

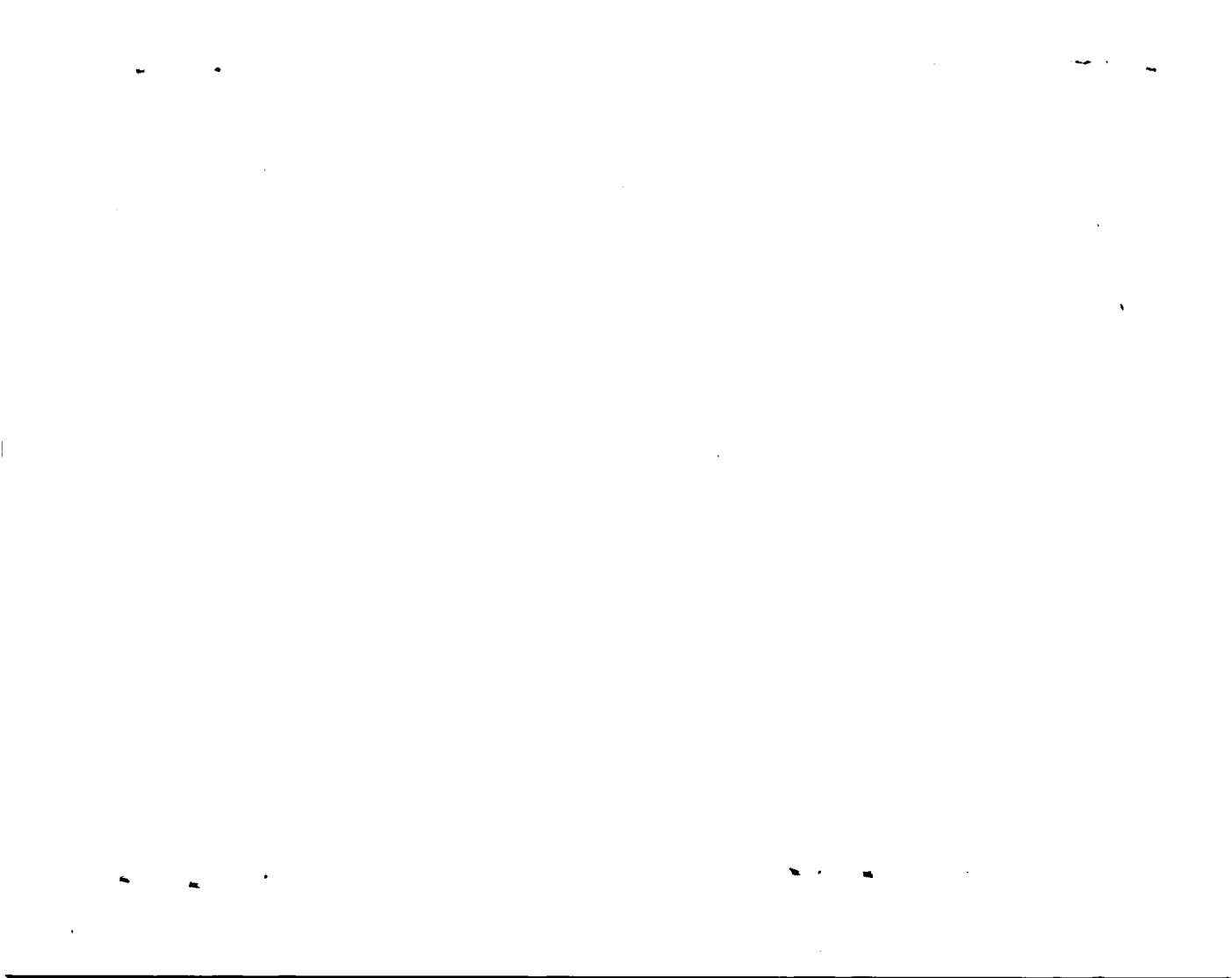
Filed

Sept 10 1920 Mr. H. L. E. Patric

Registrar

Registrar





## IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

## AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.  
 County of Bingham

DEC 2 3 49 PM '80

Certificate No. 82361

Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Williams who was born on Aug. 4, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
 in Blackfoot (Bingham) are erroneous or were omitted:  
(Place of Event)

ITEMS TO BE CORRECTED  
childs name

FROM  
omitted

TO  
Marie Williams

Subscribed and sworn to before me this 22nd day of  
November, 19 80.

Notary Public, Gertie Williams

Residing at Blackfoot

My commission expires Life

(Seal)

Marie Williams  
 Signature of Applicant  
Box 18, Springfield, Idaho, 83277  
 Street Address, City, State

## SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.  
 County of Bingham

(Must be completed   )(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of  
November, 19 80.

Notary Public, Gertie Williams

Residing at Blackfoot

My commission expires Life

(Seal)

Gertie Williams (mother)  
 Supporting Signature  
Route 1, Pingree, Idaho, 83262  
 Street Address, City, State

Family group record gives father's name as Cornelious Williams and mother's name as Laura Gertrude Van Orden. child's name as Marie Williams born Aug 4, 1920 in Blackfoot, Idaho. viewed by V. S. <sup>S</sup> 2/18/

Diploma from Idaho State Univ. gives name as Marie W. Whyte. in the degree of Bachelor of Arts. dated M Aug 7, 1970. viewed by B V S

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

618-105006384

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 121

File No. 82362

Primary Registration District No. 1007

Registered No. 265

Unmarried Wayman

Sex of Child <u>Male</u>	Twin <u>  </u> Triplet <u>  </u> or other? <u>  </u> (To be answered only in event of plural births)	and {	Number in order of birth <u>  </u> (To be answered only in event of plural births)	Legitimacy <u>Yes</u>	Date of Birth <u>Aug 5</u> <u>1920</u> (Month) (Day) (Year)
--------------------------	---	-------	---	-----------------------	--

FULL NAME FATHER Edgar W. Wayman

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 26  
(Years)

BIRTHPLACE Utah

OCCUPATION District Supervisor Continental Oil Co.

FULL MAIDEN NAME MOTHER Bernice Lyman

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 24  
(Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

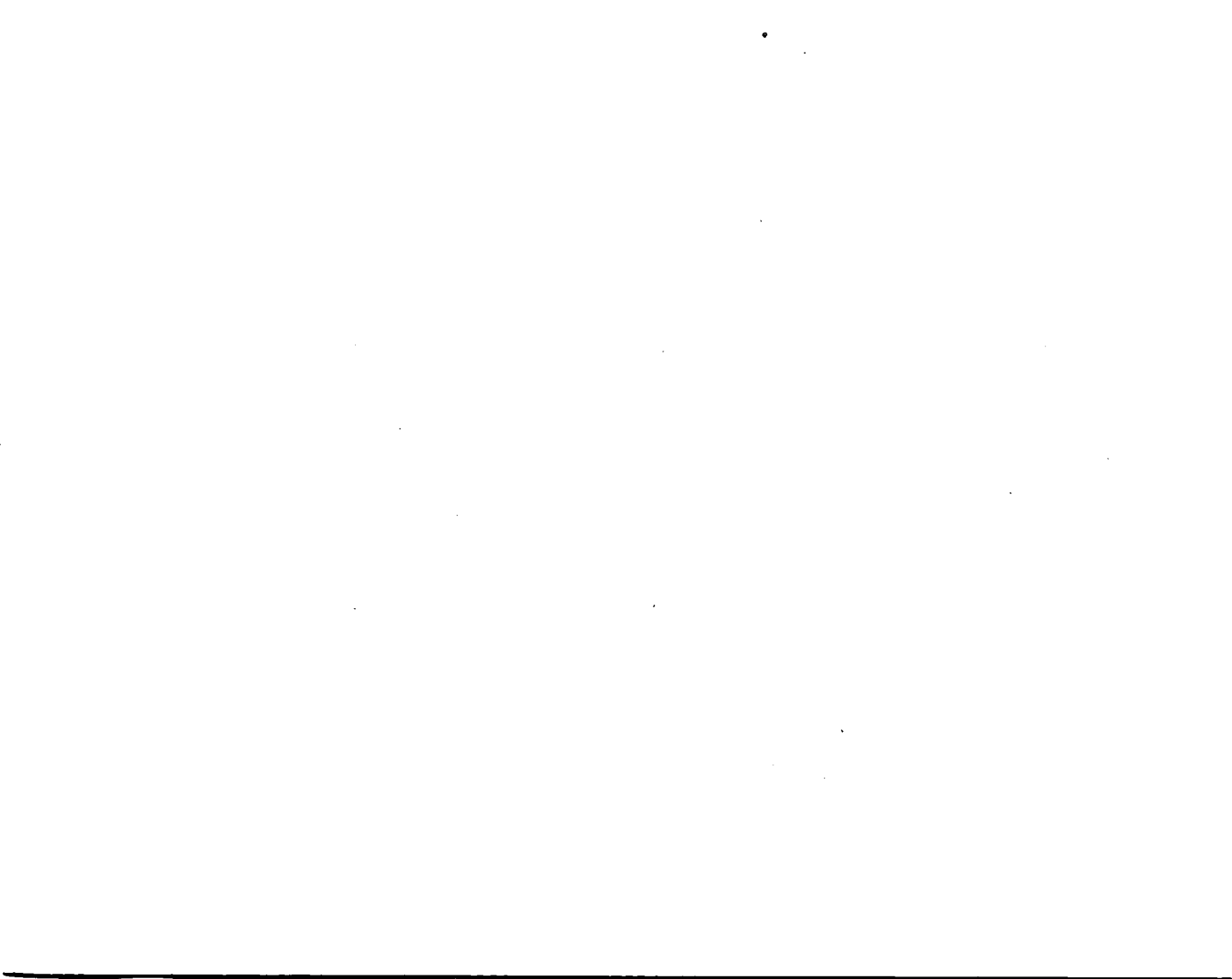
I hereby certify that I attended the birth of this child, who was Born alive, at 1000 A. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Beck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Id.  
Filed Sept 10 1920 Mrs. Helen E. Petrie  
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.109.006-281

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Dingham

City of Blackfoot

Registration District No. 121

File No. 82363

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 1007 Registered No. 269

Hospital \_\_\_\_\_

FULL NAME OF CHILD

VICTOR

Sex of Child <u>Male</u>	Twin <u>5</u> Triplet <u>5</u> or other? <u>5</u> and { Number in order of birth of birth (To be answered only in event of plural births) <u>5</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 9 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME George H. Smith Jr.

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 36  
(Years)

BIRTHPLACE Utah

OCCUPATION Fried Supper 7. D Sugar Co

MOTHER  
FULL MAIDEN NAME Christie Sharp

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 36  
(Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 2:15 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

(Physician or midwife)

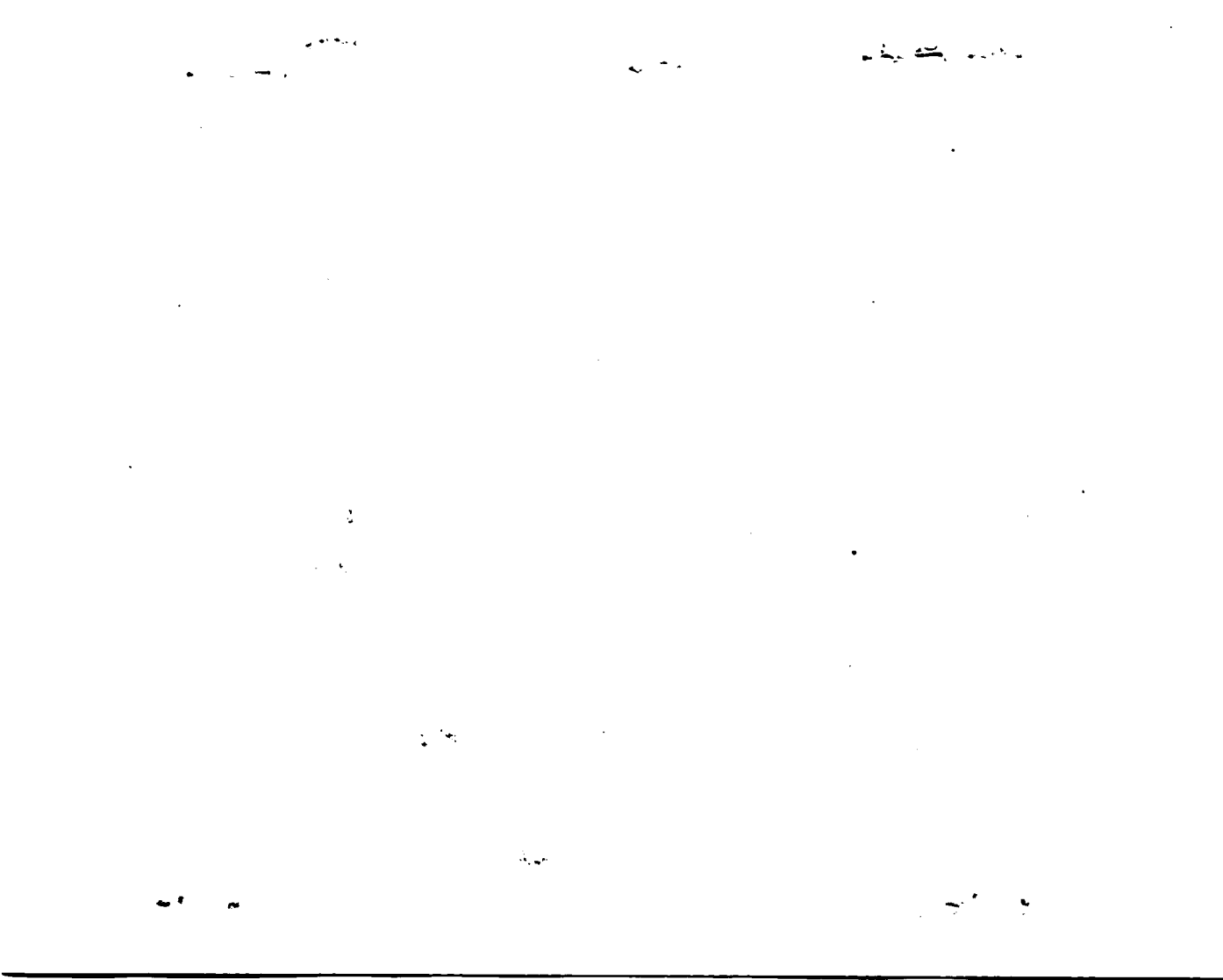
Given names added from a supplemental report.

Address Blackfoot, Idaho

Filed Sept 10 1920 Mrs Helen E. Tuben

Registrar

Registrar



STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Utah }  
County of Salt Lake } ss.  
Certificate No. 82363  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)  
for Victor Smith who was born on Aug 9, 1990  
(Name on original certificate) (Was born or died) (Date of event)  
in Blackfoot, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of event)  
true facts as shown by X prepared on Y, are:  
(Bible record, insurance policy, etc.) (Give date)

**FACTS TO BE CORRECTED**  
("Name", "birth date", "cause of death", etc.)

Name

**FROM**  
(As on original)

Unnamed Smith

**TO**  
(The correct facts)

Victor Smith

Subscribed and sworn to before me this 21st day of October, 1941

Signed Phyllis Smith (wife)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 49-50 Main St. Salt Lake

My commission expires June 21-1944  
[SEAL]

268 C St. Salt Lake City Utah  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Utah }  
County of Salt Lake } ss.  
[This affidavit MUST also be executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of October, 1941

Signed Lewis D. Smith  
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at 49-50 Main St. Salt Lake

My commission expires June 21-1944  
[SEAL]

268-C St. Salt Lake City, Utah  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
 and the number of each, in order of birth stated.

319-120-006-415

## PLACE OF BIRTH

County of BinghamCity of Blackfoot

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 121File No. 82364Primary Registration District No. 1007Registered No. 270unnamedLarson

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>Yes</u>	Date of Birth <u>Aug 20</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER Alma M. LarsonRESIDENCE BlackfootCOLOR White AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE UtahOCCUPATION Auto mechanicFULL MAIDEN NAME MOTHER Vera DanielsRESIDENCE BlackfootCOLOR White AGE AT LAST BIRTHDAY 21 (Years)BIRTHPLACE IdahoOCCUPATION HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:00 M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
 midwife then the father, householder, etc.,  
 should make this return. A stillborn child is  
 one that neither breathes nor shows other evi-  
 dence of life after birth.

(Signature) W. W. BeckPhysician  
(Physician or midwife)

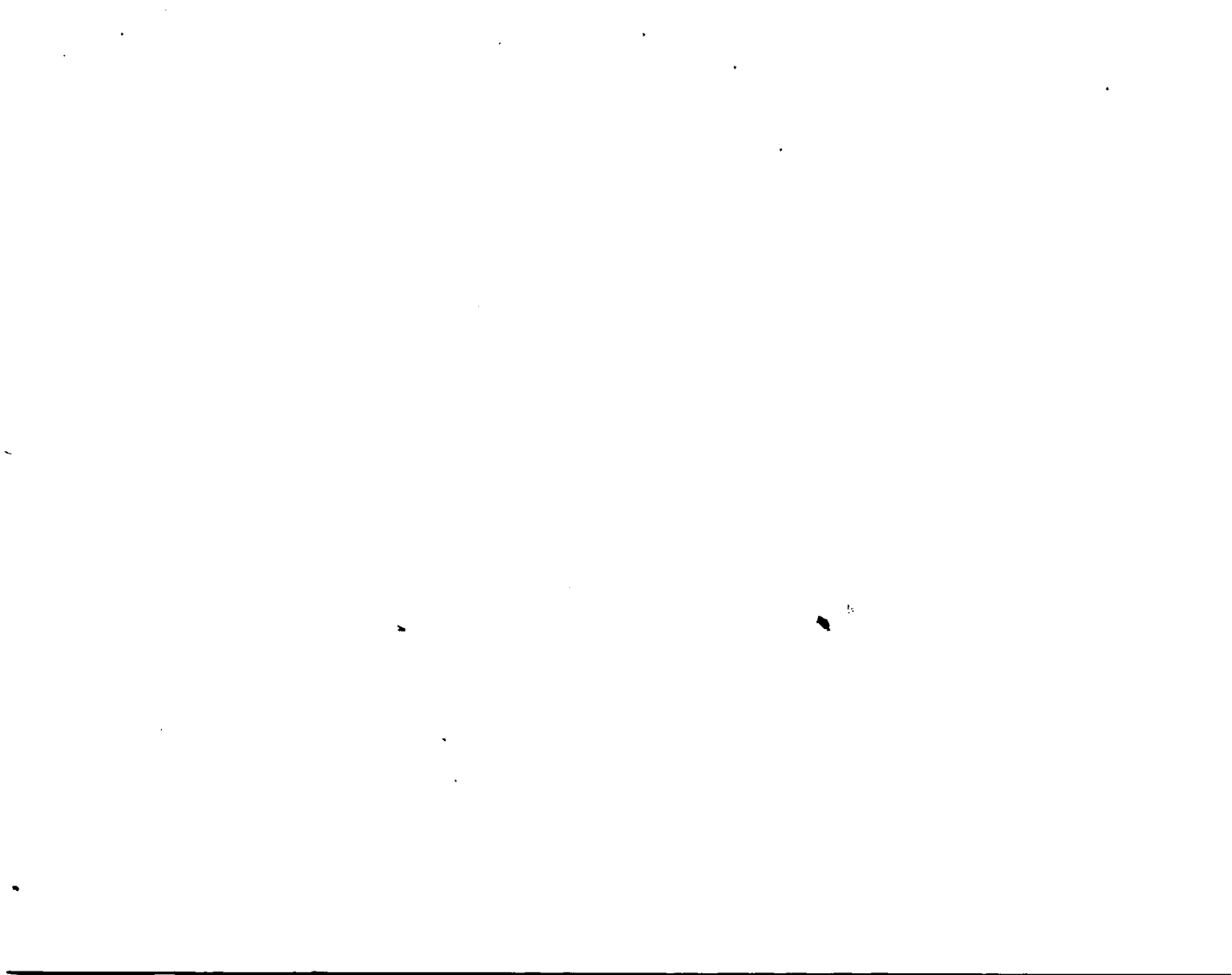
Given names added from a supplemental report.

19

Address Blackfoot, IdahoFiled Sept 10 1920 Mr. Halverson

Registrar

Registrar



617225 006-533

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BinghamCity of Blackfoot

No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 121File No. 82365

Hospital \_\_\_\_\_

Primary Registration District No. 2194Registered No. 271

FULL NAME OF CHILD

FANNIE AUGUST

WinnamedWagnerSex of  
ChildFemaleTwin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?YesDate of  
BirthAug 25 1920  
(Month) (Day) (Year)FULL  
NAMELloyd Raymond Wagner

RESIDENCE

Moreland  
Blackfoot

COLOR

WhiteAGE AT LAST  
BIRTHDAY22  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

LaborerFULL  
MAIDEN  
NAMEGlossie Bell Ellis

RESIDENCE

Moreland

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 1Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Born alive, at 7 A M.  
(Born alive or stillborn)\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. W. BeckPhysician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Blackfoot, Idaho

Filed

Sept 10 1920 Mrs Helen E. Talma

Registrar

Registrar

APR 6 1968

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

855-225-006-247

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R 5th 3 St.

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 121

File No. 82366

Hospital

Primary Registration District No. 2194 Registered No. 272

FULL NAME OF CHILD

Florence Anna Henschel

Sex of Child

Female

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of  
Birth

Aug 25 1920  
(Month) (Day) (Year)

FULL  
NAME

FATHER  
Henry J. Henschel

RESIDENCE

Blackfoot

COLOR

White

AGE AT LAST  
BIRTHDAY

24  
(Years)

BIRTHPLACE

Texas

OCCUPATION

Farming

FULL  
MAIDEN  
NAME

MOTHER  
Mary Elizabeth Sugar

RESIDENCE

Blackfoot

COLOR

White

AGE AT LAST  
BIRTHDAY

23  
(Years)

BIRTHPLACE

Texas

OCCUPATION

Housewife

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive, at 10 a M.  
(Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. W. Beck  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Blackfoot Idaho

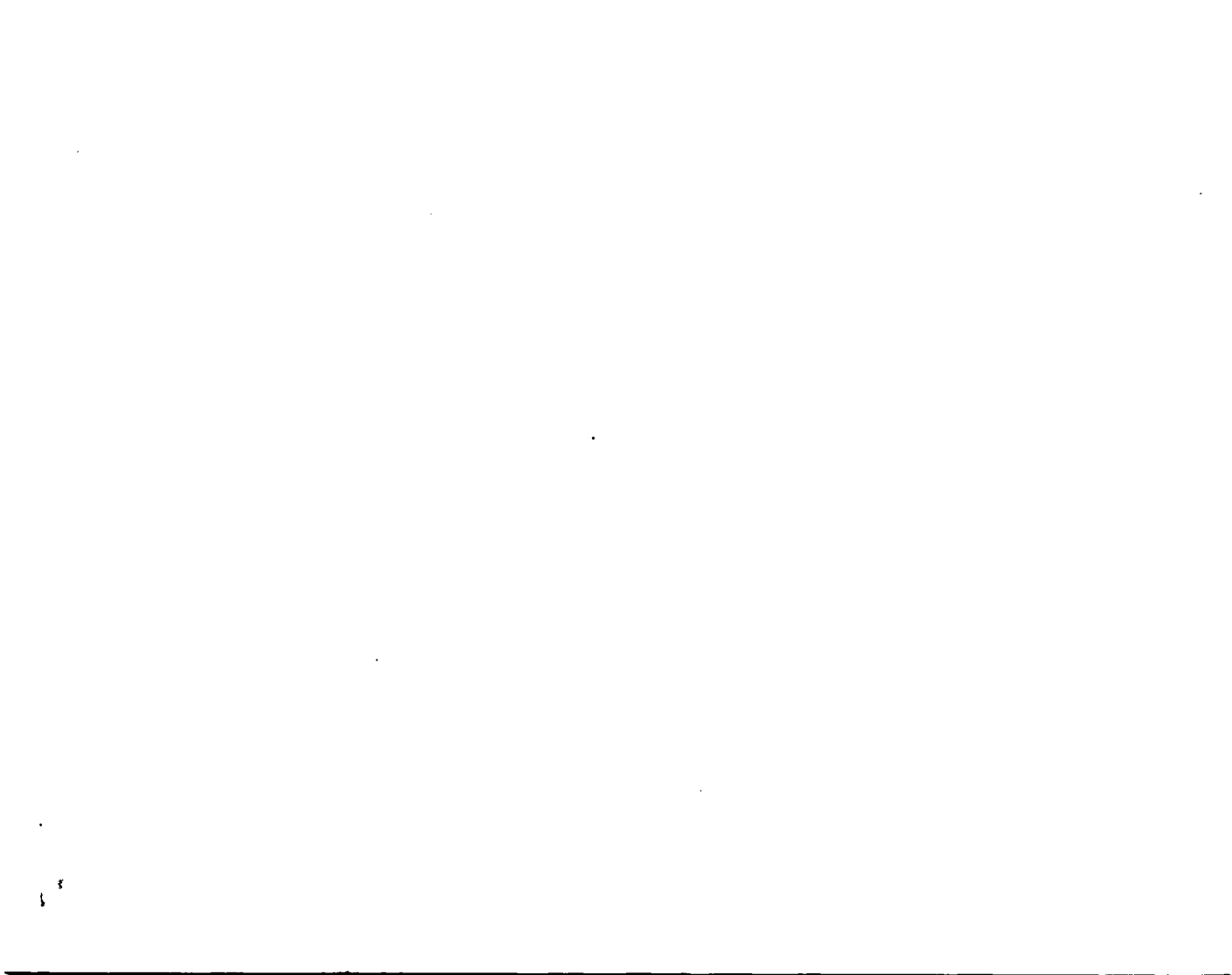
Filed

Sept 10 1920 M. H. E. E. E.  
Registrar

Registrar

Registrar

K



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

412-230006-523

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RDF 1 St.

Registration District No. 121

File No. 82367

Hospital \_\_\_\_\_

Primary Registration District No. 2194 Registered No. 273

FULL NAME OF CHILD Curran E. Mason

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Aug 30</u> <u>1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Jesse G. Mason  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE Utah  
OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Laura Louila Estep  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 38 (Years)  
BIRTHPLACE North Carolina  
OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

(Physician or midwife)

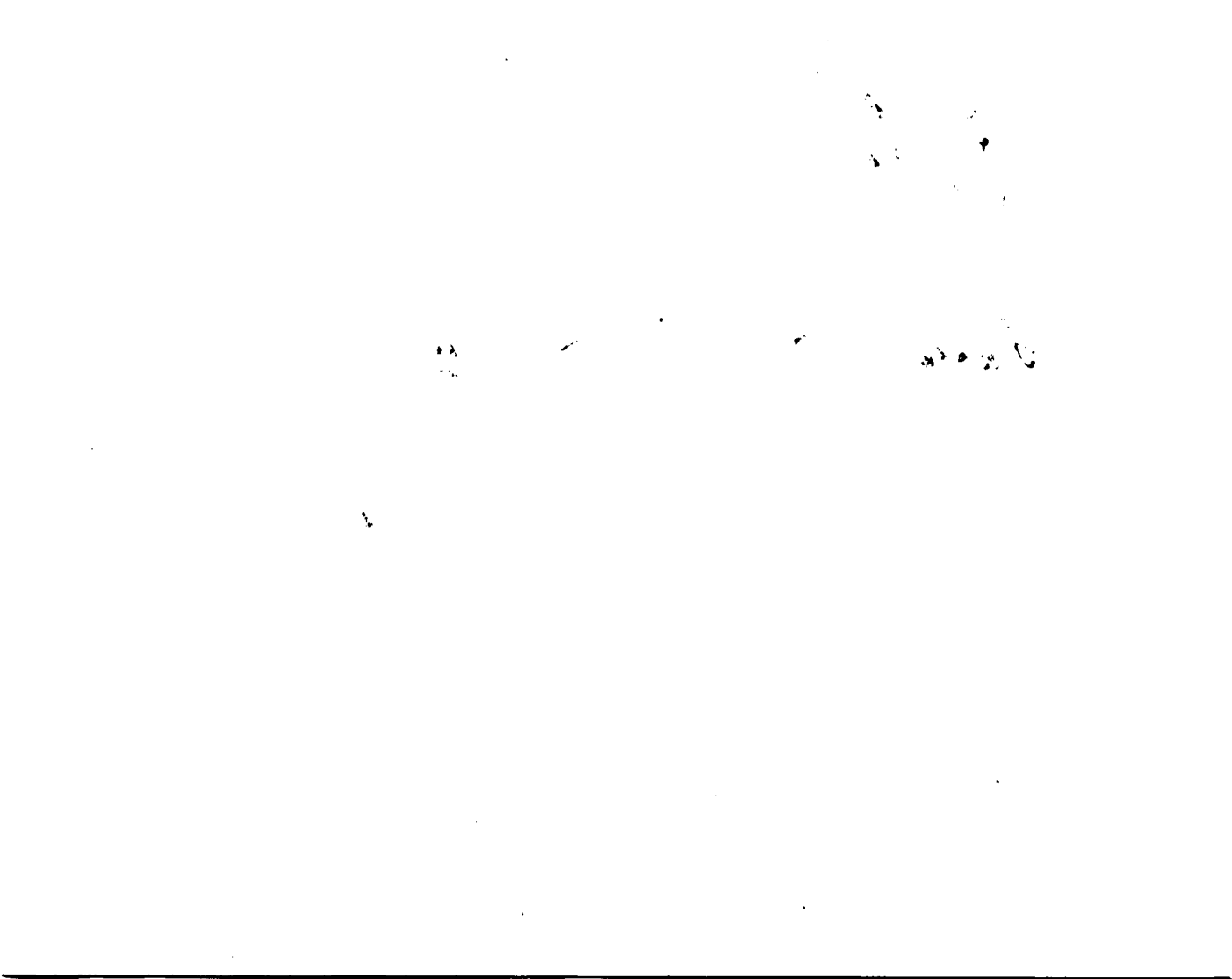
Given names added from a supplemental report.

Address Blackfoot, Idaho  
Filed Sept 10 1920 Dr. H. E. Baker  
Registrar

Registrar

Registrar





MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

795-231-006-133

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD# 2 St.

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 121 File No. 82368

Primary Registration District No. 2194 Registered No. 274

FULL NAME OF CHILD

Mavis

Green

Sex of Child Female Twin Triplet 4 and 5 Number in order of birth 5 Legitimate? Yes Date of Birth Aug 31 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
FULL NAME Charles Paul Green  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 20  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Farming

MOTHER  
FULL MAIDEN NAME Bessie Alford  
RESIDENCE Blackfoot  
COLOR White AGE AT LAST BIRTHDAY 21  
(Years)  
BIRTHPLACE Utah  
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:45 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Beck

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho  
Filed Sept. 10 1920 Dr. Mavis S. Patrick  
Registrar

FEB 25 1963

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-132-006-231

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 1 St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 121

File No. 82369

Primary Registration District No. 2194 Registered No. 235

Carl Vernon Gardner

Sex of Child <u>MALE</u> <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mately <u>yes</u>	Date of Birth <u>Aug 30</u> <u>1920</u> (Month) (Day) (Year)
---	---	-----	---	--------------------------------	---

FULL NAME Hugh Vernon Gardner  
RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 22  
(Years)

BIRTHPLACE Utah

OCCUPATION Farming

FULL MAIDEN NAME Laura May Stanger  
RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:15 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Beck

(Physician ~~or~~ midwife)

Given names added from a supplemental report.

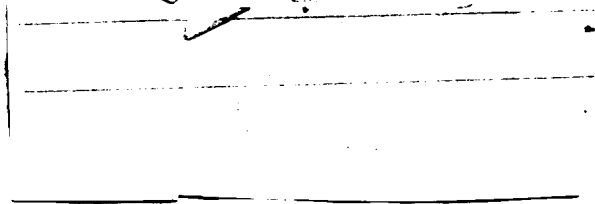
19.

Registrar

Address Blackfoot, Idaho

Filed Sept 10 19 20 Mrs Helen E. Patrice

Registrar



**STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 82369  
County of Bonneville } Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Carl F. Gardner (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug. 30, 1920 (DATE OF EVENT) in Blackfoot, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Record prepared on Aug. 30, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED (“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Sex of child	<u>Female</u>	<u>Male</u>
	<u>Female</u>	

Subscribed and sworn to before me this 20th day of February, 19 42.  
W. E. Brown  
Notary Public, residing at Idaho Falls, Ida  
My commission expires \_\_\_\_\_ (SEAL)  
Signed Mrs V H Gardner  
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)  
142 - 16th Idaho Falls, Ida.  
(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss. [THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
County of Bonneville } (SEE CHAPTER 120, 1937 IDAHO SESSION LAWS.)]  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 20th day of February, 19 42.  
W. E. Brown  
Notary Public, residing at Idaho Falls, Ida  
My commission expires \_\_\_\_\_ (SEAL)  
Signed Vernon H. Gardner  
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)  
142-16th St. Idaho Falls, Ida  
(STREET ADDRESS, CITY, STATE)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_ (REGISTRAR'S SIGNATURE)

Feb 21 1942

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

413 229 07-742  
County of BlaineCity of Carey

Child's name added 3-3-87 1h

Registration District No. 57File No. 82370

No. .... St.

Primary Registration District No. 2075Registered No. 69

Hospital .....

FULL NAME OF CHILD Dorothy Malcolm

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>7 29 1913</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	---

FULL NAME <u>Wilbur S. Malcolm</u>	FATHER
RESIDENCE <u>Carey</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Florence Gubler</u>	MOTHER
RESIDENCE <u>Carey</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth... 1 ..... Number of children of this mother now living, including present birth... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. SnyderBorn alive 4:10 P.M.  
(Born alive or stillborn)

(Physician or midwife)

Given names added from a supplemental report.

Address Carey IdahoFiled 8/20 20 Robert H. Wright

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





2-11-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
Bureau of Vital Statistics, Standards, and Local Health Services

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE**

State of WASHINGTON }  
County of KITSAP } ss.

FEB 20 1987

Certificate No. 82370  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of Bureau of Vital Statistics Standards and Local Health Services

birth

for unnamed female who was born on July 29, 1920  
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)  
in Carey, Blaine Co. are erroneous or were omitted:  
(Place of Event)

## ITEMS TO BE CORRECTED

FROM

TO

Full name of child

unnamed

Dorothy Malcolm

Subscribed and sworn to before me this 18<sup>th</sup> day of

February, 1987

Notary Public, Victoria J. Evans

Residing at Indianola

My commission expires 7-25-90

(Seal)

\* Dorothy J. Evans  
Signature of Applicant  
\* 2855 7th St. NW  
Street Address, City, State  
Wash.  
98370

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

(Must be completed \_)

(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public, \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

(Seal)

Supporting Signature

Street Address, City, State

lcc credit

MAR 3 1987

Certificate of Blessing from LDS Church gives name as Dorothy Malcolm daughter of Wilbur L Malcolm and Flosia Gubbler, born July 29, 1920 at Carey, ID. Blessed Jan. 2, 1921.

Viewed by V.S.

Certificate of Baptism from LDS Church gives name as Dorothy Malcolm daughter of Wilbur L Malcolm and Flossia Gubler, born July 29, 1920 in Carey, Blain Co., ID Baptized Oct. 5, 1929.

Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

813-1007-266

County of Blaine

City of Priest

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. 57

Primary Registration District No. 2075

File No. 82371

Registered No. 70

Bonnie Hale

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Aug 4 - 1920</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

FULL NAME <u>Clyde T. Hale</u>	FATHER
RESIDENCE <u>Priest</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Oklahoma</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Hermione Bowering</u>	MOTHER
RESIDENCE <u>Priest</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:40 am on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston Snyder  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

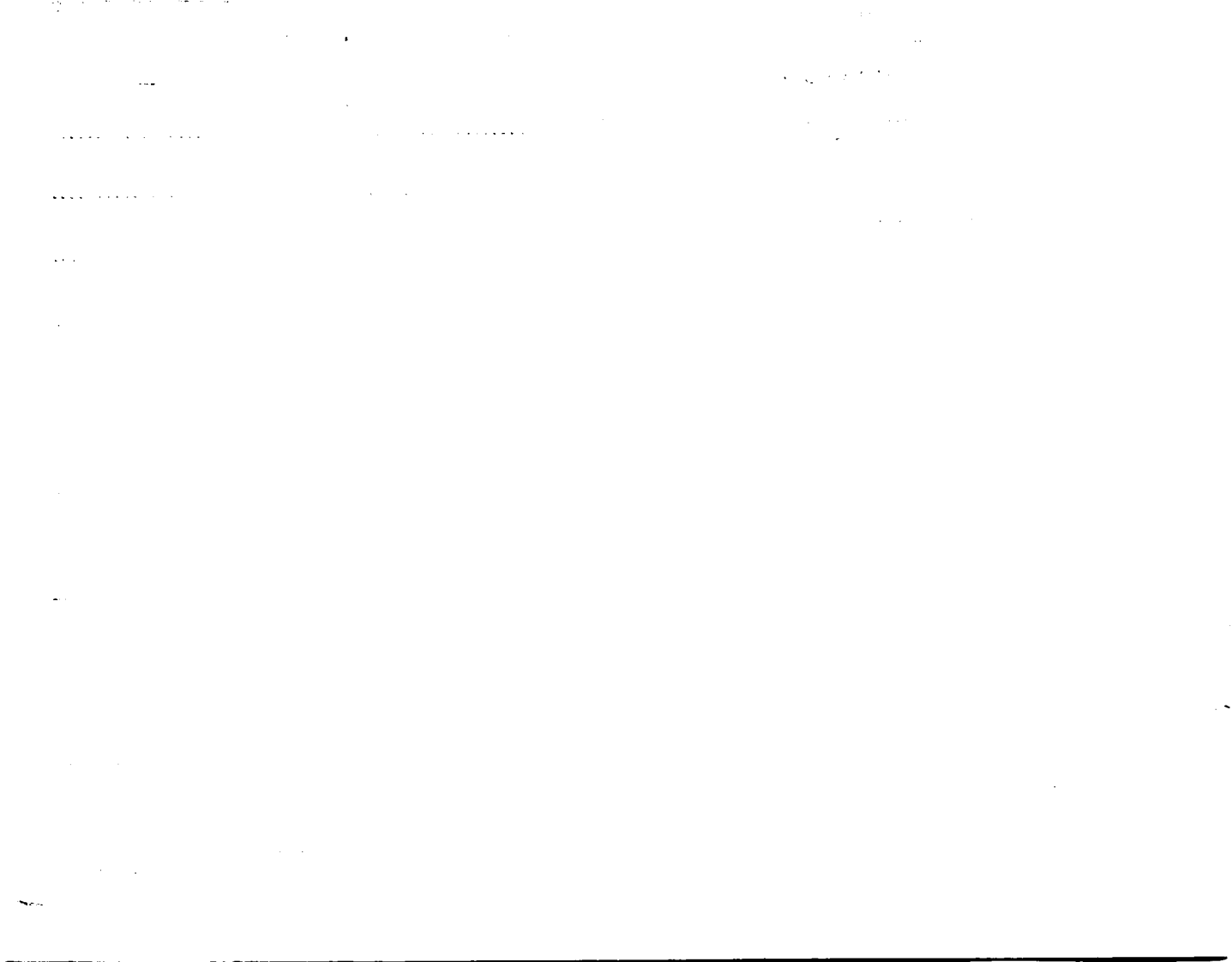
Address Carey Idaho

.....19.....

Filed 8/20 - 1920 Robert H. Wright

Registrar

Registrar



# BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

82371

Place  
of Birth

City

Prest

Registered No.

70

Street and House No.

Registration Dist. No.

57

County

Blaine

Sex of Child

Female

Date of Birth

8

4

1912

MONTH

DAY

YEAR

Father

Clyde T. Hale

FULL NAME

Mother

Lemone Bowring

FULL MAIDEN NAME

**I Hereby Certify** that the child described here  
has been named:

Bonnie Hale

GIVEN NAME IN FULL

SURNAME

as reported by

Mrs. C. Hale

FATHER OR MOTHER

R. B. Wright

LOCAL REGISTRAR

MAR 24 1942

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH  
437-438-007-156  
County of Blaine  
City of Picabo  
No. .... St. ....  
Registration District No. 57 File No. 82372  
Priority Registration District No. 2022 Registered No. 71  
Hospital .....

FULL NAME OF CHILD Clare Elaine McGlocklin

Sex of Child <u>female</u>	Twin Triplet or other? <u>X</u>	and Number in order of birth <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 28 1920</u> (Month) (Day) (Year)
FULL NAME FATHER <u>Forest McGlocklin</u>		FULL MAIDEN NAME MOTHER <u>Hilma Jeffers</u>		
RESIDENCE <u>Picabo Idaho</u>		RESIDENCE <u>Picabo</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	
BIRTHPLACE <u>Ridgeway Missouri</u>		BIRTHPLACE <u>Soldier Idaho</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth... 3 ... Number of children of this mother now living, including present birth... 3 ...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Harold E Snyder  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address

Filed

Registrar

Registrar



Dip of 1920-284266

PLATE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Blaine  
649/072007-393  
City of BoiseRegistration District No. 57File No. 82373

No. .... St.

Primary Registration District No. 2022Registered No. 72

Hospital .....

FULL NAME OF CHILD David Bernell Furlong

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>8-7-20</u> (Month) (Day) (Year)
--------------------------	---	--	-----------------------------	--

FULL NAME <u>Lyman Furlong</u>	FATHER
RESIDENCE <u>Gonette</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Alice Gilley</u>	MOTHER
RESIDENCE <u>Gonette</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was female at 10:15 P.M. on the date above stated.  
(Born alive or stillborn)

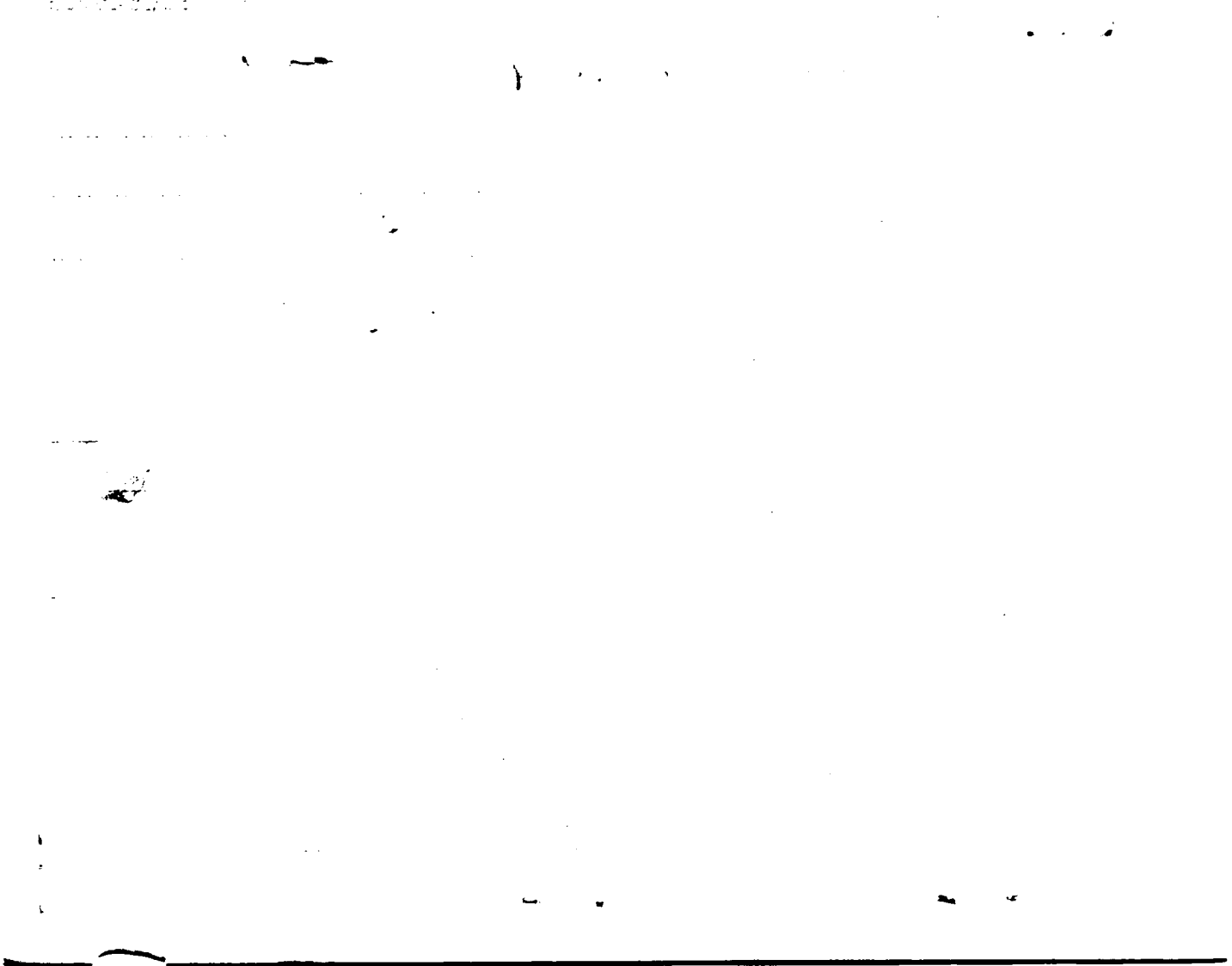
\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thurston E. SnyderPhysician  
(Physician or midwife)

Given names added from a supplemental report.

David Bernell Furlong 19 20  
W. C. Murphy RegistrarAddress Boise IdahoFiled 8/30 19 20 Robert H. Wright

Registrar



STATE OF IDAHO

## BOARD OF HEALTH-BUREAU OF VITAL STATISTICS

## SUPPLEMENTAL REPORT OF BIRTH

Place  
of Birth

City

Street and House No.

County

Carey Gannett

Registered No.

Registration Dist. No.

72

57

Sex of Child

Date of Birth

MONTH

DAY

YEAR

Father

FULL NAME

Mother

FULL MAIDEN NAME

Male

8

7

1912

Leyman Furlong

Alice Tilley

I Hereby Certify that the child described herein  
has been named:

David Bernell Furlong

GIVEN NAME IN FULL

SURNAME

as reported by

Leyman Furlong

FATHER OR MOTHER

R. H. Wright

LOCAL REGISTRAR

21

22

23

24

25

237-15-22-231

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22m-2-5-31

County of Blaine

Amended 3/3/76

City of GannettRegistration District No. 57File No. 82374

No. .... St.

Primary Registration District No. 2022Registered No. 73

Hospital .....

FULL NAME OF CHILD

Marle W. Stanfield

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>8 15 20</u> (Month) (Day) (Year)
FULL NAME <u>Wm. H. Stanfield</u> FATHER		FULL MAIDEN NAME <u>Luella Stanfield</u> MOTHER		
RESIDENCE <u>Gannett, Ida</u>		RESIDENCE <u>Gannett, Ida</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>39</u> (Years)	
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Housewife</u>		

Number of child of this mother, including present birth. .... Number of children of this mother now living, including present birth. ....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright - M.D.

Given names added from a supplemental report.

Address Hailey, IdaFiled 8-20-20 Robert H. Wright

Registrar

Registrar

JUL 9 1969

11/11/69

**RECEIVED**  
IDAHO DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

## Affidavit to Correct or Amend An Original Certificate of Birth or Death


State of \_\_\_\_\_ } **FEB 26 10 45 AM '78** Certificate No. 82374  
County of \_\_\_\_\_ } SS. Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_ birth  
for Merle L. Stanfield (Male) who was born \_\_\_\_\_ (Birth or Death)  
(Name on Original Certificate) (Was Born or Died) on July 15, 1920  
(Date of Event)  
in Gannett, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by Certificate of Blessing prepared on September 25th 1920 are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)  
date of birth \_\_\_\_\_

**FROM**  
(As on Original)  
July 15, 1920

**TO**  
(The Correct Facts)  
Aug. 15, 1920.

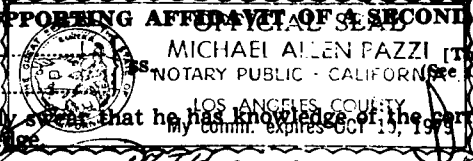
Subscribed and sworn to before me this 7th day of Feb  
  
Notary Public, residing at \_\_\_\_\_  
My commission expires June 11, 1978  
(Seal)

Signed Rhea M. Mare  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
350 Blaine Riverside California  
(Street Address, City, State) 92507

State of CALIFORNIA  
County of LOS ANGELES

### SUPPORTING AFFIDAVIT OF A SECOND PERSON

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of FEBRUARY 1976  
  
Notary Public, residing at STADIUM CITY CA  
My commission expires OCT 15TH 1978  
(Seal)

Signed Francis Stanfield  
(Signature of Any Credible Person)  
4366 Tanager Ave Studio City  
(Street Address, City, State) CA 91604



Certif of Blessing from the LDS Church gives name as Merle ~~LAWREN~~ Lawaine  
Stanfield son of Willaim H. Stanfield and Luella Bates. born Aug 15, 1920  
at Garnet, Idaho. Blessed Sept. 25, 1920. viewed by V. S.

MAR 3 1976

Family Group record for William Henry Stanfield and Luella Bates gives child 's  
name as Merle Lewaine Stanfield born Aug 15, 1920. at Garnet, Idaho. viewed by V. S.

25 MAR 21

465-118-002955

## PLACE OF BIRTH

County of BlaineCity of Hailey

No. .... St.

Hospital .....

FULL NAME OF CHILD .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

Registration District No. .... 57

File No. .... 82376

Primary Registration District No. .... 2022

Registered No. .... 75

CLARENCE JOSEPH MONROE

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>8 18 1920</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Leslie Warren Monroe</u>		MOTHER FULL MAIDEN NAME <u>Mary Modelia Ivers</u>	
RESIDENCE <u>Hailey, Ida</u>		RESIDENCE <u>Hailey, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>24</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>17</u> (Years)
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Tailor</u>		OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 2:40 P.M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright - M.D.

(Physician or midwife)

Given names added from a supplemental report.

Clarence Joseph MonroeAddress Hailey, IdaM. C. Murphy RegistrarFiled 8-20-20 Robert H. Wright

Registrar

JAN 20 1967

FEB 14 1967

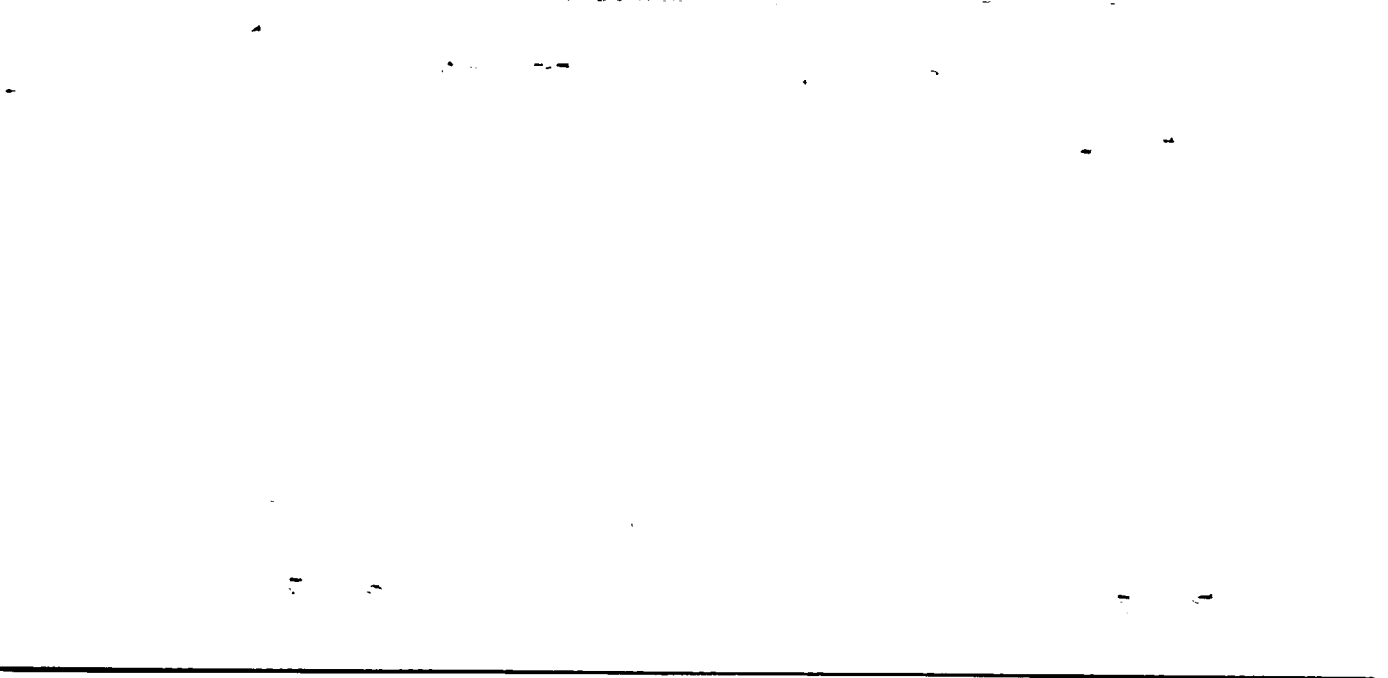
BOARD OF HEALTH-BUREAU OF VITAL STATISTICS  
SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Hailey Registered No. 75  
Street and House No. \_\_\_\_\_  
County Blaine Registration Dist. No. 57

Sex of Child Male  
Date of Birth 8 18 1912  
MONTH DAY YEAR  
Father Leslie W. Monroe  
FULL NAME  
Mother Mary M. Evans  
FULL MAIDEN NAME

I Hereby Certify that the child described herein  
has been named:

Clarence Joseph Monroe  
GIVEN NAME IN FULL SURNAME  
as reported by Mrs. L. Monroe  
FATHER OR MOTHER  
Robert H. Wright  
LOCAL REGISTRAR



71X-118007365

## PLACE OF BIRTH

County of BlaineCity of Hailey

No. .... St.

Hospital .....

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-22a-2-27

Registration District No. .... 57File No. .... 82377Primary Registration District No. .... 2022Registered No. .... 76

## FULL NAME OF CHILD

Neil John Campbell

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>8</u> <u>18</u> <u>1912</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

FULL NAME <u>FATHER</u> <u>Dan H. Campbell</u>	AGE AT LAST BIRTHDAY <u>35</u> (Years)
RESIDENCE <u>Hailey, Ida</u>	
COLOR <u>white</u>	
BIRTHPLACE <u>Bellevue, Idaho, Ida</u>	
OCCUPATION <u>Farmer</u>	

FULL NAME <u>MOTHER</u> <u>Lorenia C. Condron</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)
RESIDENCE <u>Hailey, Ida</u>	
COLOR <u>white</u>	
BIRTHPLACE <u>Hailey, Ida</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... 1 Number of children of this mother now living, including present birth ..... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... 5:35 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

Given names added from a supplemental report.

Address Hailey, IdaFiled 8-20-20 Robert H. Wright  
Registrar

5/29/41 Z.J.

512419007-285

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

County of BlaineCity of Gannett

## CERTIFICATE OF BIRTH

Registration District No. 57File No. 82378

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2022 Registered No. 77

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Joseph R. Vascoe Jr.

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>8</u> <u>19</u> <u>20</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

FULL NAME <u>Joseph Vascoe</u>	FATHER
RESIDENCE <u>Gannett, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)
BIRTHPLACE <u>Azores Islands</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Eva Lilya Sherbine</u>	MOTHER
RESIDENCE <u>Gannett, Ida</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Stanton, Ida</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 A.M. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Robert H. Wright, M.D.

(Physician or midwife)

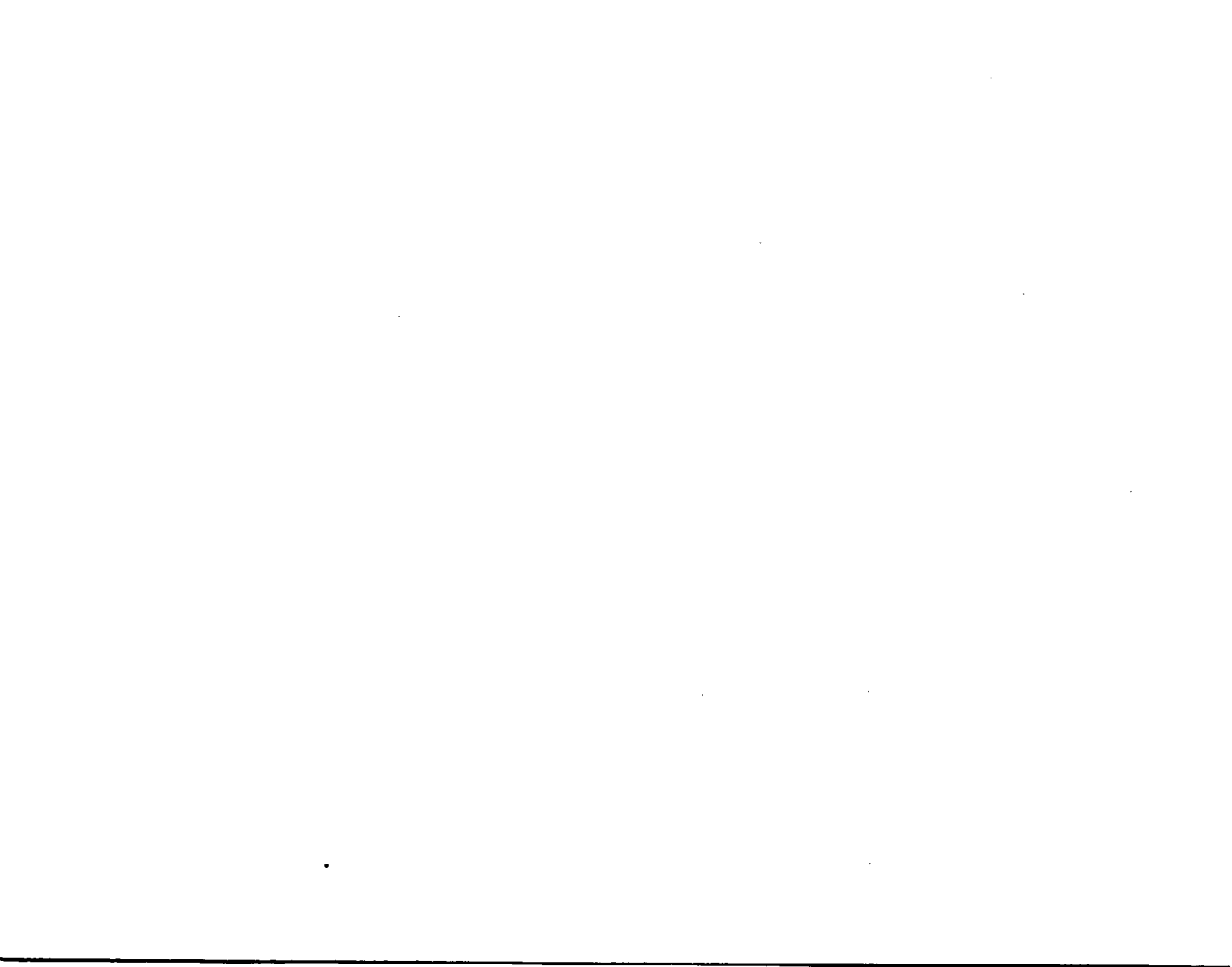
Given names added from a supplemental report.

Address

Filed

Hailey, Ida  
8-20-20 Robert H. Wright  
 Registrar





515208-007-996

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of BlaineCity of HaileyRegistration District No. 57File No. 82379

No. \_\_\_\_\_, St. \_\_\_\_\_

Primary Registration District No. 2022Registered No. 78

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Goa Van WinkleSex of Child FemaleTwin,  
Triplet,  
or other?

and

Number  
in order  
of birthLegiti-  
mate?YesDate of  
birthAug 8

(Month)

(Day)

20

(Year)

FULL  
NAME

FATHER

Leroy Van Winkle

RESIDENCE

Hailey Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY36  
(Years)

BIRTHPLACE

Illinois

OCCUPATION

LawyerFULL  
MAIDEN  
NAME

MOTHER

Goa Irwin

RESIDENCE

Hailey Ida

COLOR

whiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Kansas

OCCUPATION

House wifeNumber of child of this mother, including present birth. 3Number of children, of this mother, now living, including present birth. 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn)

at 2 P.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

J. J. Plummer M.D.

(Physician or Midwife)

Given names added from a supplemental report

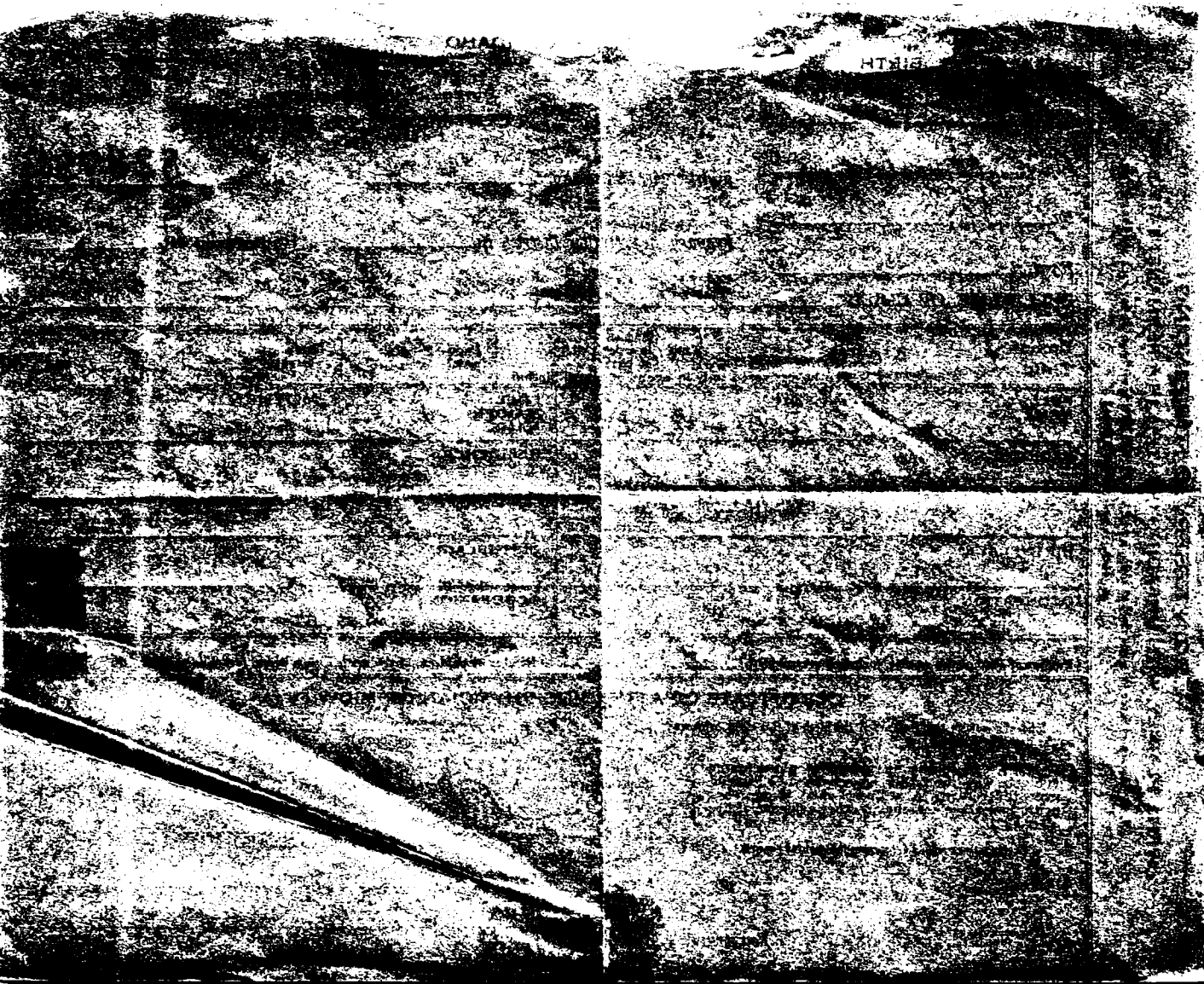
Address

Hailey Ida

Filed

8-2019. 20Robert H. Wright

Registrar



## BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

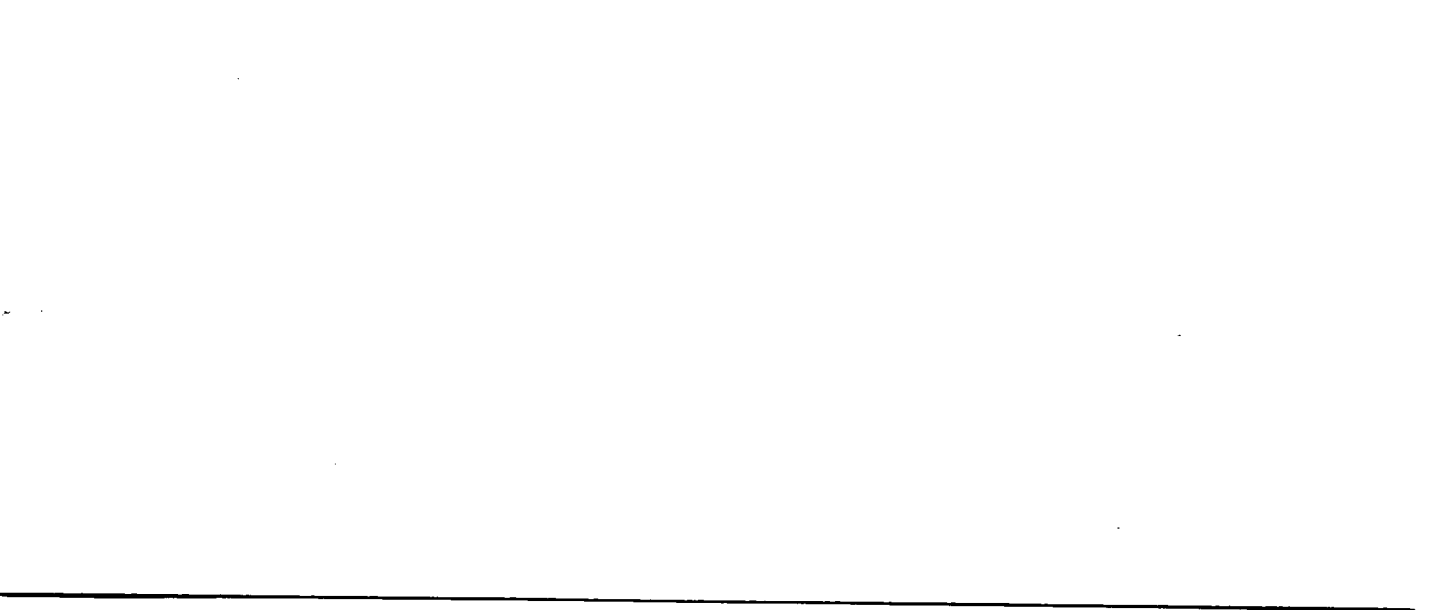
## SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Hailey Registered No. 78  
 Street and House No. \_\_\_\_\_  
 County Blaine Registration Dist. No. 57

Sex of Child Female  
 Date of Birth 8 8 1912  
MONTH DAY YEAR  
 Father Ray Van Winkle  
FULL NAME  
 Mother Zoa Luvin  
FULL MAIDEN NAME

**I Hereby Certify** that the child described here  
 has been named:

Zoa Van Winkle  
GIVEN NAME IN FULL SURNAME  
 as reported by Mrs. Z. Van Winkle  
FATHER OR MOTHER  
R. H. Wright  
LOCAL REGISTRAR



245-203-009-266

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
DEPARTMENT OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnerCity of ElmiraRegistration District No. 78File No. 82380

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2152 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Gita Louise Ruby Kuehl

Sex of Child <u>Female</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth _____	Legitimacy? <u>Yes</u>	Date of Birth <u>Sept 5</u> 19 <u>20</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME FATHER Walter G. KuehlFULL NAME MOTHER Ruby BrowmanRESIDENCE ElmiraRESIDENCE ElmiraCOLOR White AGE AT LAST BIRTHDAY 27  
(Years)COLOR White AGE AT LAST BIRTHDAY 20  
(Years)BIRTHPLACE Sulda MinnBIRTHPLACE Carter WiscOCCUPATION RancherOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 6:50 A.M.  
on the date above stated. (Born alive or stillborn)(Signature) Floyd Wendle M.D.

(Physician or midwife)

Address Sandpoint IdahoFiled Sept 8 1920 FLOYD G. WENDLE

Registrar

Registrar

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

BOBBA

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

381-1231009-133

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. 414 Superior St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 78 File No. 82381

Primary Registration District No. 2133 Registered No. \_\_\_\_\_

FULL NAME OF CHILD Rayton Allen Chaney

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 23</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	---------------------------	---

FULL NAME <u>Roland Chaney</u>	FATHER
RESIDENCE <u>Dafoc Sack. Canada</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>21</u> (Years)
BIRTHPLACE <u>Rubidge Mo</u>	
OCCUPATION <u>Rancher</u>	

FULL MAIDEN NAME <u>Edith Allen</u>	MOTHER
RESIDENCE <u>Dafoc Sack. Canada</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>Hubertown Pa</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 1920 on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle

(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho  
Filed Sept 8 1920 **FLOYD G. WENDLE**  
Registrar



OCT 17 1941

CHANEY

Dup of 1920 85714

7641061009-168

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnerCity of SandpointRegistration District No. 78 File No. 82382No. 917 Lake St.Primary Registration District No. 2155 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Wm. Peter Godfrey

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Sept 6</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER Geo. J. GodfreyFULL MAIDEN NAME MOTHER Pearl StromanRESIDENCE 917 Lake St SandpointRESIDENCE SandpointCOLOR White AGE AT LAST BIRTHDAY 25 (Years)COLOR White AGE AT LAST BIRTHDAY 20 (Years)BIRTHPLACE Lexington Kent.BIRTHPLACE Can Claire WiscOCCUPATION TeacherOCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

at 8-10 AM

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Floyd G. Wendle MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint Idaho

Filed

Sept 8 1920

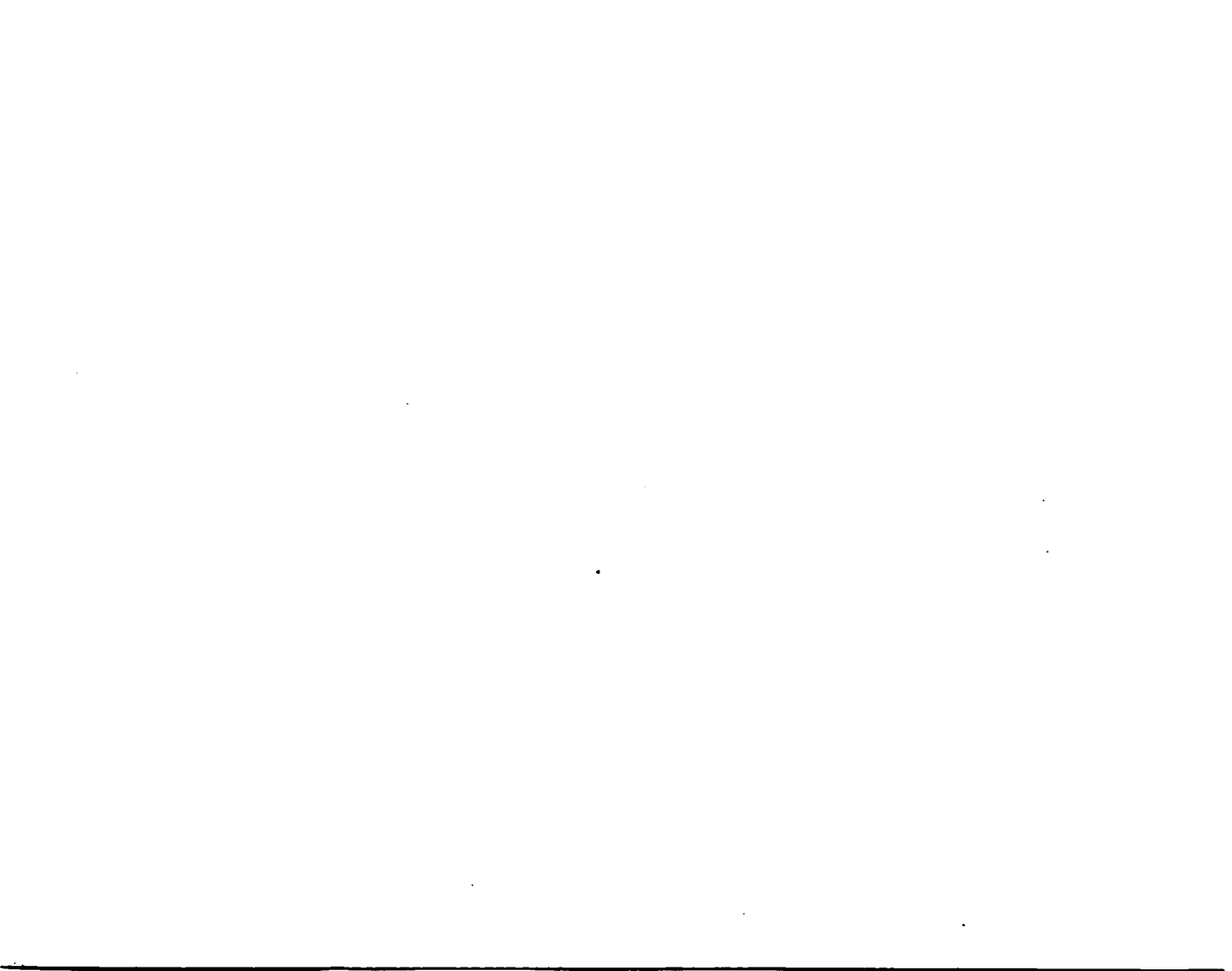
FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



465-229,009-383

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of BonnerCity of SandpointNo. 706 Jefferson St.Registration District No. 7DFile No. 82383

Hospital

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD

Elizabeth Louana Montague

Sex of Child

femaleTwin  
Triplet  
or other?

(To be answered only in event of plural births)

Number  
in order  
of birthLegiti  
mate?Date of  
BirthAug 291920FULL  
NAMEJoseph Montague

RESIDENCE

Sandpoint

COLOR

WhiteAGE AT LAST  
BIRTHDAY29

(Years)

BIRTHPLACE

Idaho

OCCUPATION

truck driverFULL  
MAIDEN  
NAMEElizabeth Syler

RESIDENCE

Sandpoint

COLOR

WhiteAGE AT LAST  
BIRTHDAY24

(Years)

BIRTHPLACE

Idaho

OCCUPATION

HousewifeNumber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born alive

(Born alive or stillborn)

at 2:15 P. M.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

N. R. Wallentine  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint

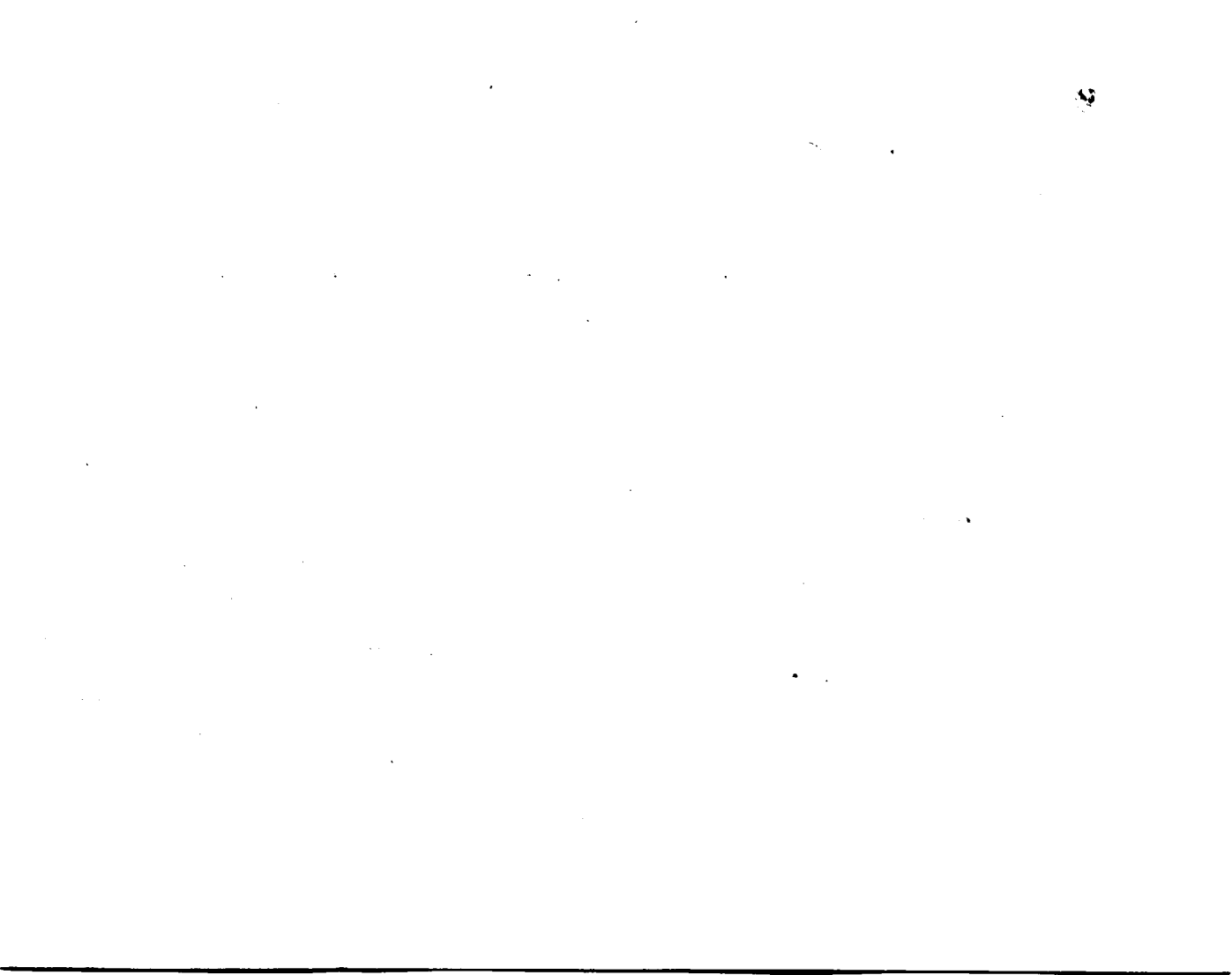
Filed

Sept 819 20

FLOYD G. WENDLE

Registrar

Registrar



996103.009.689

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BonnerCity of SandpointRegistration District No. 78File No. 82384

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2153

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Charles Riffle

Sex of Child

maleTwin  
Triplet  
or other? ✓

and

Number  
in order  
of birth1

Legitimate?

yes

Date of Birth

Aug 3

(Month) (Day)

1920  
(Year)

FULL NAME

FATHER Ernest Riffle

RESIDENCE

Sandpoint

COLOR

W.

AGE AT LAST BIRTHDAY

43  
(Years)

BIRTHPLACE

New York

OCCUPATION

Farmer

FULL MAIDEN NAME

MOTHER Jennie White

RESIDENCE

Sandpoint

COLOR

W.

AGE AT LAST BIRTHDAY

33  
(Years)

BIRTHPLACE

Ark.

OCCUPATION

HousewifeNumber of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 1 a. m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

N. R. Wallentine  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint

Filed

Sept 81920

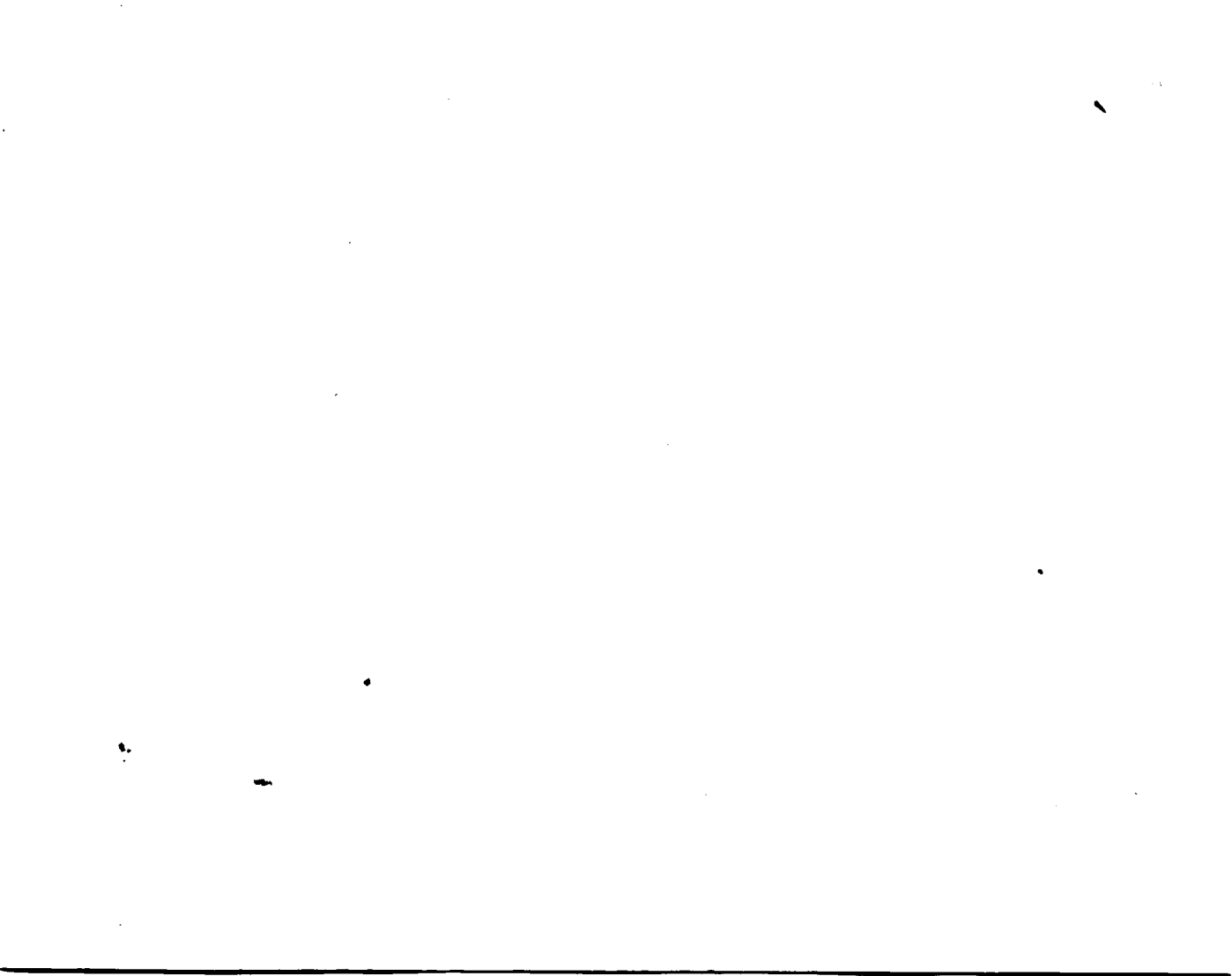
FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

762-120-009366  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

Registration District No. 7P

File No. 82385

No. \_\_\_\_\_ St.

Primary Registration District No. 2153 Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Clifford Jack Coble

Sex of Child <u>male</u>	Twin Triplet or other? <u>-</u> (To be answered only in event of plural births)	and {	Number in order of birth <u>-</u> (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Aug 20</u> 19 <u>20</u> (Month) (Day) (Year)
-----------------------------	--	-------	---	----------------------------	---

FULL NAME Clifford Coble  
RESIDENCE Sandpoint  
COLOR White AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Ind.  
OCCUPATION Farmer

FULL MAIDEN NAME Ethel Cooper  
RESIDENCE Sandpoint  
COLOR White AGE AT LAST BIRTHDAY 29 (Years)  
BIRTHPLACE Ind.  
OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

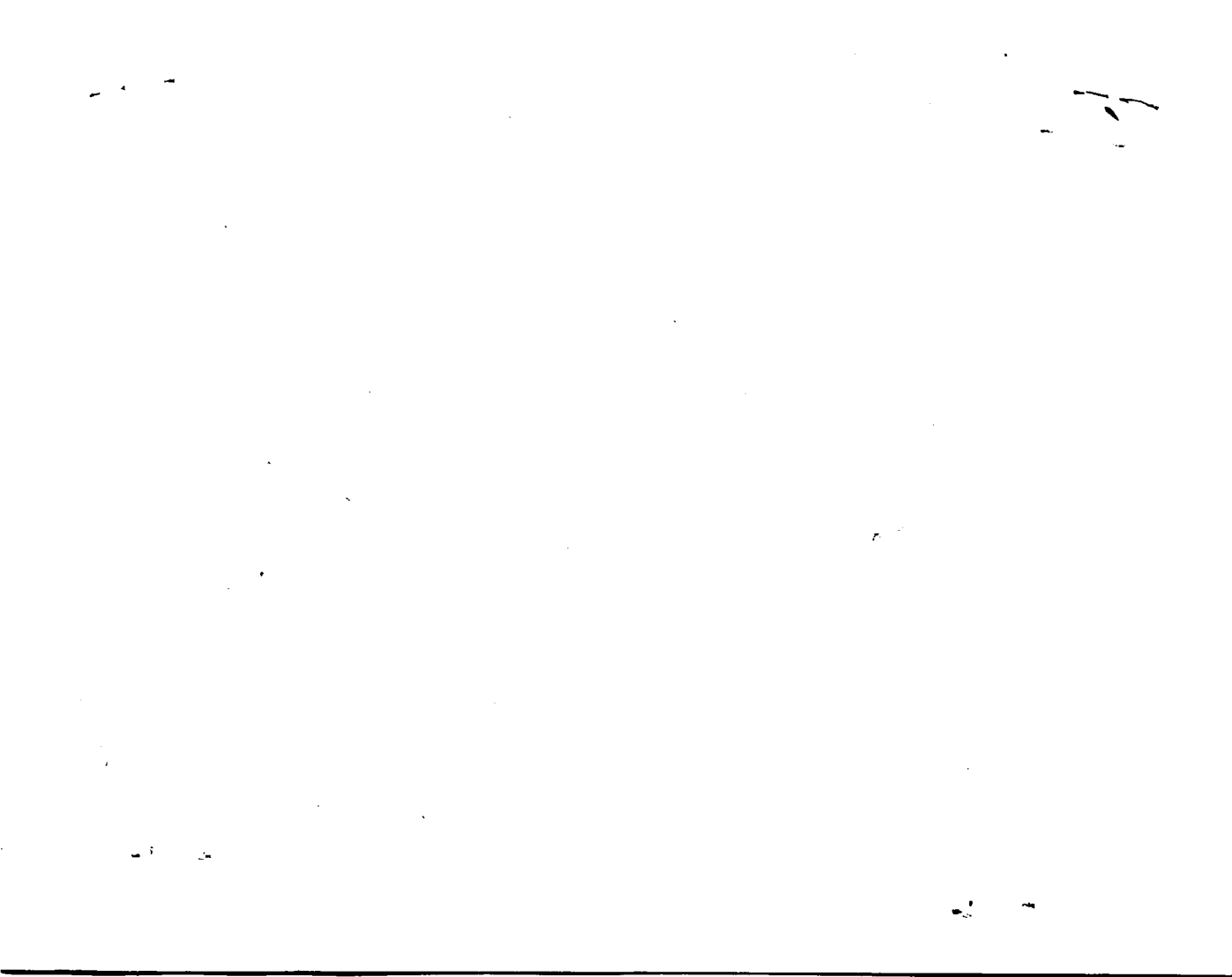
(Signature) F R Wallentine  
Physician  
(Physician or midwife)

Given names added from a supplemental report. \_\_\_\_\_ 19 \_\_\_\_\_

Address Sandpoint  
Filed Sept 8 19 20 **FLOYD G. WENDLE**  
Registrar

Registrar





STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of IDAHO } ss. JUN 23 1943 Certificate No. 82385  
County of BONNER } Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Clifford Jack Coble who was born on August 20, 1920  
(Name on Original Certificate) (Was Born or Died) (Date of Event)  
in Bonner County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED** **FROM** **TO**  
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)  
Name Unnamed Clifford Jack Coble

Subscribed and sworn to before me this 21th  
day of January 1944  
Roth E. McFarland  
Notary Public, residing at Sandpoint, Ida.  
My commission expires March 3, 1944  
(Seal)

Signed Ethel Coble (Mother)  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Route 1, Sandpoint  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of IDAHO } ss.  
County of BONNER }  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 21st  
day of January 1944  
Roth E. McFarland  
Notary Public, residing at Sandpoint, Ida.  
My commission expires March 3, 1944  
(Seal)

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

Signed C. O. Coble (Father)  
(Signature of Any Credible Person Other Than Previous Year)  
Route 1, Sandpoint, Idaho  
(Street Address, City, State)

FEB 1 1994

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

45K 1261009-315

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 82386

No. 11109 St.

Primary Registration District No. 2155

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

James Demers

Sex of Child

male

Twin  
Triplet  
or other? ✓  
(To be answered only in event of plural births)

and

Number  
in order  
of birth ✓

Legiti  
mate?

yes

Date of  
Birth

Aug 26  
(Month) (Day)

19 20  
(Year)

FULL  
NAME

FATHER  
Alphonse Demers

FULL  
MAIDEN  
NAME

MOTHER  
Leona Favaller

RESIDENCE

Sandpoint

RESIDENCE

Sandpoint

COLOR

White

AGE AT LAST  
BIRTHDAY 28  
(Years)

COLOR

White

AGE AT LAST  
BIRTHDAY 21  
(Years)

BIRTHPLACE

Wisconsin

BIRTHPLACE

Quebec, Canada

OCCUPATION

Engineer

OCCUPATION

Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 4:45 A.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) M R Wallentin

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Sandpoint

Filed Sept 8 19 20

**FLOYD G. WENDLE**

Registrar

Registrar

c.c. 5/27/41. W.h.

567.114.009-864

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnerCity of SandpointRegistration District No. 78 File No. 82387No. Superior St.Hospital LeicesterPrimary Registration District No. 2155 Registered No. \_\_\_\_\_

FULL NAME OF CHILD

Glean Floyd Hogle

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 14</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Archie H. HogleRESIDENCE Kootenai IdahoCOLOR White AGE AT LAST BIRTHDAY 43  
(Years)BIRTHPLACE Thornhurst PennOCCUPATION EducatorMOTHER  
FULL MAIDEN NAME Mary YoungRESIDENCE Kootenai IdaCOLOR White AGE AT LAST BIRTHDAY 38  
(Years)BIRTHPLACE Grassmore EnglandOCCUPATION HousewifeNumber of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was live at 2:40 A.M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint IdahoFiled Sept 8 1920 FLOYD G. WENDLE

Registrar

Registrar

SEP 1 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

662-1291009-253

PLACE OF BIRTH

County of Bonner

City of Clarkfork

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 78

File No. 2388

Primary Registration District No. 2135 Registered No. \_\_\_\_\_

Leland Walter Foster

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>July 22</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	--------------------------------	-----------------------------	---

FULL NAME Walter A Foster FATHER

RESIDENCE Clarkfork Rural

COLOR White AGE AT LAST BIRTHDAY 28  
(Years)

BIRTHPLACE Clarkfork Idaho

OCCUPATION Rancher

FULL MAIDEN NAME Ethel Gertrude Kellmer MOTHER

RESIDENCE Clarkfork Rural

COLOR White AGE AT LAST BIRTHDAY 20  
(Years)

BIRTHPLACE Chilco Michigan

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 9 30 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle

(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho

Filed Sept 8 1920 **FLOYD G. WENDLE**

Registrar

Registrar



APR 10 1967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386125009 431

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of BannerCity of SandpointRegistration District No. 78File No. 82389No. Superior St.Hospital LancasterPrimary Registration District No. 2155 Registered No. \_\_\_\_\_FULL NAME OF CHILD DONALD Prescott Thompson

Sex of Child Male Twin Triplet } and { Number in order of birth Legiti mate? Yes Date of Birth Aug 25 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME O Ben Thompson FATHERRESIDENCE SamuelCOLOR White AGE AT LAST BIRTHDAY 48 (Years)BIRTHPLACE Menominee Wisconsin

OCCUPATION \_\_\_\_\_

FULL MAIDEN NAME Vivian Mary E. McSherry MOTHERRESIDENCE Samuel IdahoCOLOR White AGE AT LAST BIRTHDAY 35 (Years)BIRTHPLACE Centerville WisconsinOCCUPATION HomemakerNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Alive at 10 A M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G Wendle

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint IdahoFiled Sept 8 1920 FLOYD G. WENDLE

Registrar

Registrar

SEP 25 1941

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS  
**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } ss. Certificate No. 82389  
County of Bonner }  
The undersigned does solemnly swear that certain facts on the certificate of Birth  
for Donald Perscott Thompson who Was born on August 25th. 1920  
in Sandpoint Idaho (Name on original certificate) (Was born or died) (Date of event)  
are erroneous or were omitted; and that, to the best of his knowledge, the  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(Bible record, insurance policy, etc.) (Give date)  
**FACTS TO BE CORRECTED** FROM TO  
("Name", "birth date", "cause of death", etc.) (As on original) (The correct facts)  
Name Prescott Thompson Donald Prescott Thompson  
Correct Name

Subscribed and sworn to before me this 20th.  
day of September 19 41  
[Signature]  
Notary Public, residing at Sandpoint  
My commission expires \_\_\_\_\_  
[SEAL]

Signed [Signature]  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  
Samuels Idaho  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho } ss. (This affidavit MUST also be executed.  
County of Bonner } (See Chapter 139, 1937 Idaho Session Laws.)  
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.  
Subscribed and sworn to before me this 20th.  
day of September 19 41  
[Signature]  
Notary Public, residing at Sandpoint  
My commission expires \_\_\_\_\_  
[SEAL]

Signed [Signature]  
(Signature of any credible person other than the previous affiant.)  
Sandpoint Idaho  
(Street Address, City, State)

Received for filing on \_\_\_\_\_ By \_\_\_\_\_  
(Registrar's signature)

JAN 30 1964

319205-009-133

## PLACE OF BIRTH

County of BonnerCity of Kootenai

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 78File No. 82390Primary Registration District No. 2133 Registered No. \_\_\_\_\_FULL NAME OF CHILD Marion Roberta Carson

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and {	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Aug 5 1920</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Walter William CarsonRESIDENCE KootenaiCOLOR white AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE IdahoOCCUPATION Locomotive EngineerMOTHER  
FULL MAIDEN NAME Vera Madeline AllebaughRESIDENCE KootenaiCOLOR white AGE AT LAST BIRTHDAY 23  
(Years)BIRTHPLACE Ida.OCCUPATION HousewifeNumber of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive, at 6:35 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Stachhouse  
M.D.  
(Physician or midwife)

Given names added from a supplemental report.

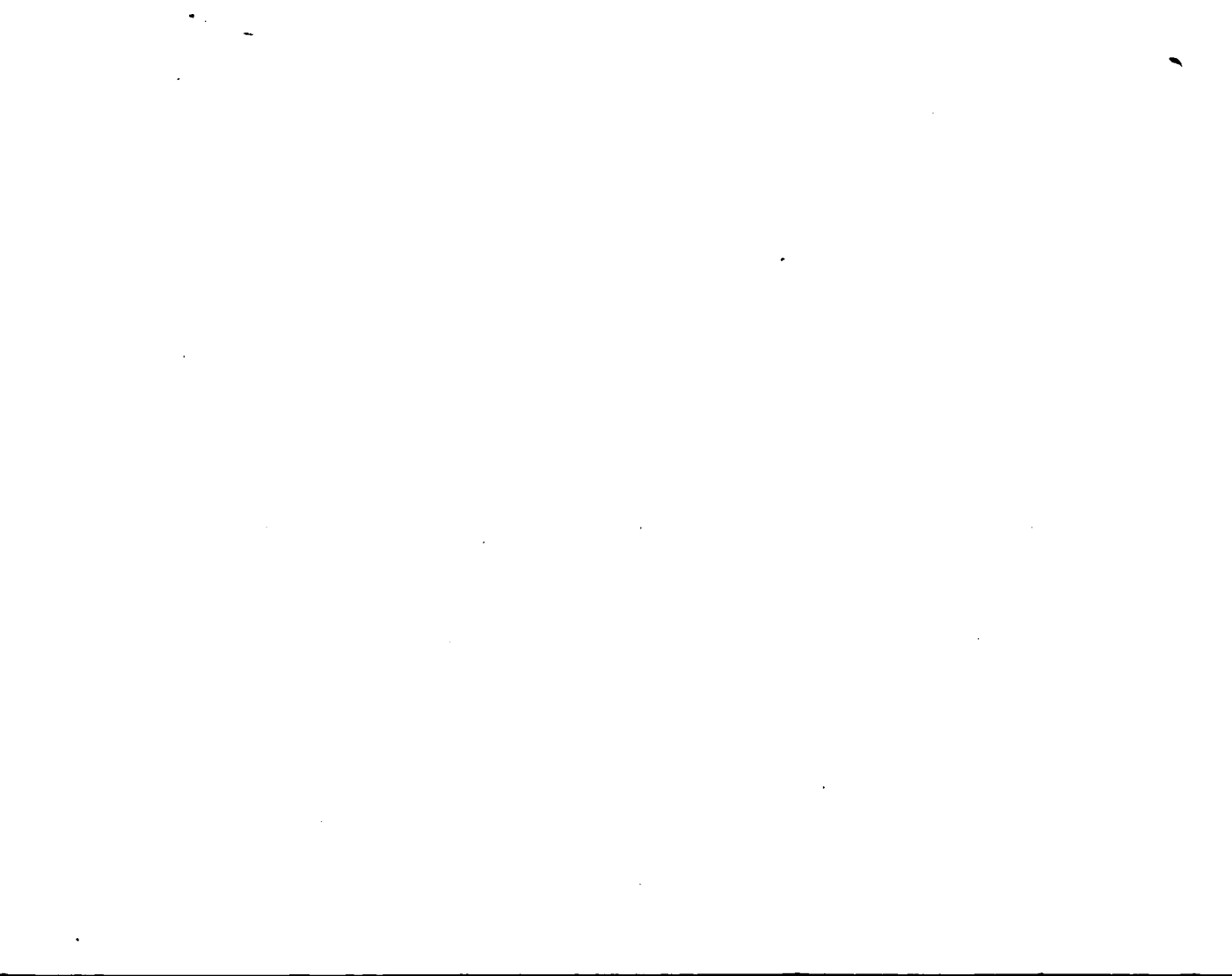
19

Address SandpiperFiled Sept 8 1920

FLOYD G. WENDLE

Registrar

Registrar



795-24-009-693

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of Bonner

City of \_\_\_\_\_

Registration District No. 79File No. 82391

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2/35

Registered No. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD Marjorie Irene GreenwoodSex of Child femaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)

and

Number  
in order  
of birthLegiti  
mate? yesDate of  
BirthJuly 14<sup>th</sup> 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Orville E. GreenwoodFULL  
MAIDEN  
NAME

MOTHER

Elizabeth Hazel Williams

RESIDENCE

Careywood, Ida.

RESIDENCE

Careywood, Ida.

COLOR

whiteAGE AT LAST  
BIRTHDAY31  
(Years)

COLOR

whiteAGE AT LAST  
BIRTHDAY24  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Idaho

OCCUPATION

farmer

OCCUPATION

house wifeNumber of child of this mother, including present birth 3Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

at 10:00 p. m.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Frank Henry  
Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Rathbun, Idaho

Filed

Sept 8 1920

FLOYD G. WENDLE

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



FEB 14 1944

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

313-127-009-317 amended 3/5/80

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-40

County of Bonner

City of PRIEST RIVER, IDAHO

Registration District No. 85 File No. 82392

No.        St.       

Primary Registration District No. 2185 Registered No. 37

Hospital       

FULL NAME OF CHILD Oliver Wilson Cathey

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Aug. 27</u> (Month) (Day) (Year) <u>1920</u>
--------------------------	---	-----	---	-------------------------------	---

FATHER  
FULL NAME Wilson Cathey

MOTHER  
FULL MAIDEN NAME Maudie Inpus

RESIDENCE 913 35th Ave  
Priest River, Idaho  
Scotch, Wn.

RESIDENCE PRIEST RIVER, IDAHO

COLOR White AGE AT LAST BIRTHDAY 23  
(Years)

COLOR White AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE New York

BIRTHPLACE Wisconsin

OCCUPATION Painter

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:25 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Gettleff M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address PRIEST RIVER, IDAHO

Filed Sept. 1 19 20 C. P. Gettleff  
Registrar

**JUN 04 2012**

IDAHO STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**Affidavit to Correct or Amend An Original Certificate of Birth or Death**

State of Washington }  
County of King } ss. Certificate No. 82392  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of birth  
for Wilson Cathey, Jr. who was born on Aug. 27, 1920  
(Name on Original Certificate) (Birth or Death) (Was Born or Died) (Date of Event)  
in Priest River are erroneous or were omitted; and that, to the best of his knowledge, the  
(Place of Event)  
true facts are shown by ~~Wilson Cathey, Jr.~~ prepared on ~~Feb. 27, 1957~~, are;  
(Bible Record, Insurance Policy, Etc.) (Give Date)

**FACTS TO BE CORRECTED**  
("Name," "Birth Date," "Cause of Death," Etc.)

**FROM**  
(As on Original)

**TO**  
(The Correct Facts)

Child's Name Wilson Cathey, Jr. ✓ Oliver Wilson Cathey

Subscribed and sworn to before me this 5th day of  
February, 1957

Signed Maudie G. Cathey  
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Seattle, Washington  
My commission expires July 1, 1958  
(Seal)

3816 Linden Ave., Seattle, Wash.  
(Street Address, City, State)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Washington }  
County of King } ss.

[This Affidavit **MUST** Also be Executed.  
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of  
February, 1957

Signed R. T. Knudsen  
(Signature of Any Credible Person)

Notary Public, residing at Seattle, Washington  
My commission expires July 1, 1958  
(Seal)

9226 15th Ave., NE., Seattle, Wash.  
(Street Address, City, State)

Social Security Card #531 18 5400 gives nme as Ovliver Wilson Cathey.  
dated Aug 26, 1938 viewed by V. S. . .

MAR 5 1980

Application for Insurance to Standard Ins. Co. of Portland, OR gives name  
as Oliver Wilson Cathey born Aug 27, 1920. dated April 30, 1948. viewed by V. S.

316-214009-693

## PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BonnerCity of PRIEST RIVER, IDAHORegistration District No. 85 File No. 82393No. — St. —Primary Registration District No. 2185 Registered No. 35Hospital —FULL NAME OF CHILD Josephine (La Fever) La Fever

Sex of Child <u>Female</u>	Twin Triplet or other? <u>—</u>	and <u>—</u>	Number in order of birth <u>—</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Aug. 17</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME Joe La Fever FATHERFULL MAIDEN NAME Vivian Mc Withey MOTHERRESIDENCE PRIEST RIVER, IDAHORESIDENCE PRIEST RIVER, IDAHOCOLOR White AGE AT LAST BIRTHDAY 28 (Years)COLOR White AGE AT LAST BIRTHDAY 18 (Years)BIRTHPLACE IowaBIRTHPLACE WisconsinOCCUPATION Lumber jackOCCUPATION HousewifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Pritzkeff

(Physician or midwife)

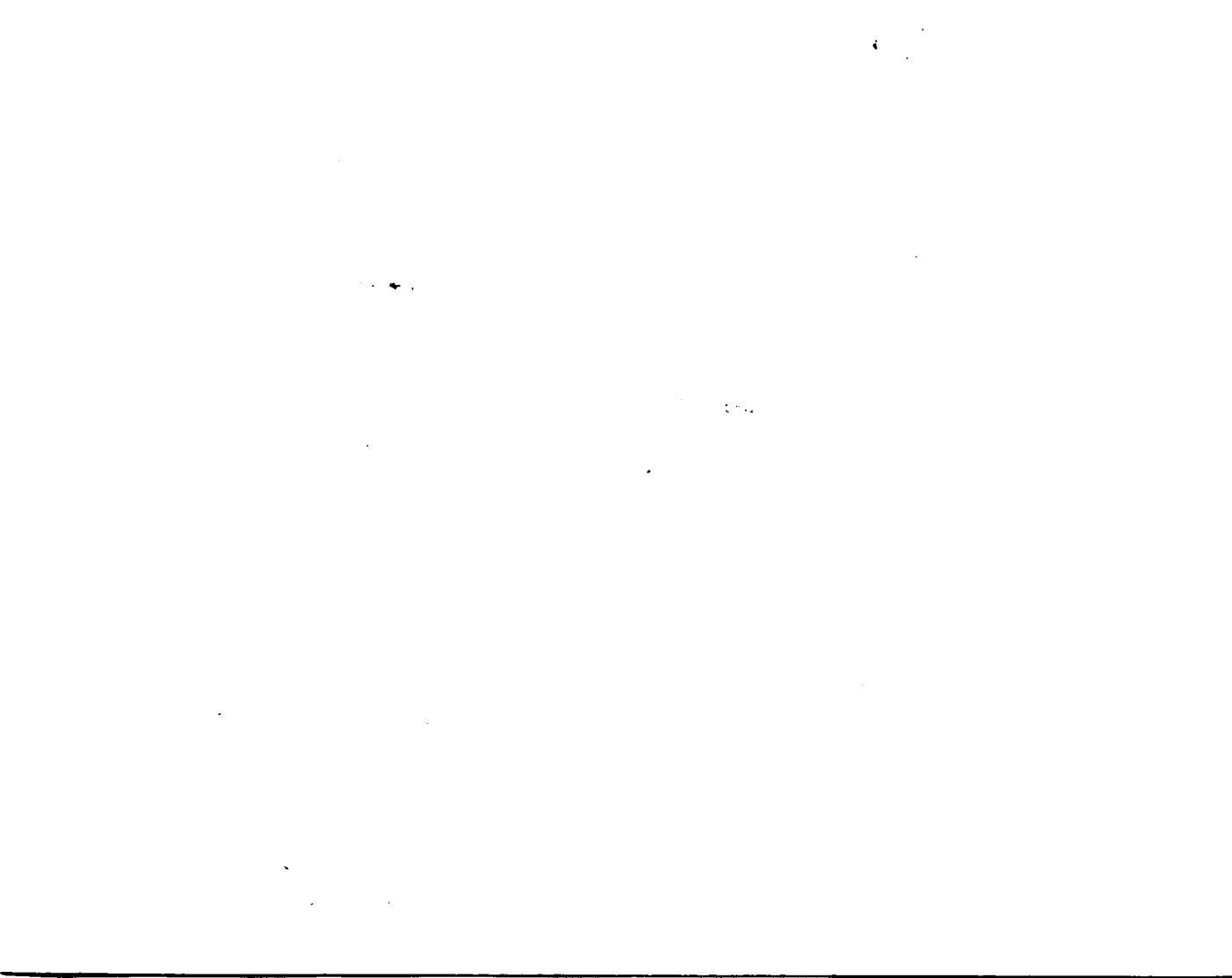
Given names added from a supplemental report.

19

Address PRIEST RIVER, IDAHOFiled Sept. 1 1920

Registrar

Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

553-1

P

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of \_\_\_\_\_

City of PRIEST RIVER, IDAHO

Registration District No. 85

File No. 82394

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2185

Registered No. 36

Hospital \_\_\_\_\_

FULL NAME OF CHILD Charley Veltri

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Aug. 25</u> (Month) (Day) (Year) <u>1920</u>
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FULL NAME Tony Veltri FATHER

RESIDENCE PRIEST RIVER, IDAHO

COLOR White AGE AT LAST BIRTHDAY 21  
(Years)

BIRTHPLACE Italy

OCCUPATION Shoemaker

FULL MAIDEN NAME Mary Cancelliere MOTHER

RESIDENCE PRIEST RIVER, IDAHO

COLOR White AGE AT LAST BIRTHDAY 20  
(Years)

BIRTHPLACE B. C.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:15 P.M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Gelfand  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address PRIEST RIVER, IDAHO

Filed Sept. 1 1920. E. P. Gelfand  
Registrar

Registrar



MAY 13 1943

22 1958

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

613-207109-225

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

County of Boone

City of PRIEST RIVER, IDAHO

Registration District No. 85

File No. 82395

No. — St. —

Primary Registration District No. 2185

Registered No. 24

Hospital —

FULL NAME OF CHILD Betty Flaurine Talhaver

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Aug. 7</u> 19 <u>20</u> (Month) (Day) (Year)
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FATHER  
FULL NAME Thos Talhaver

RESIDENCE PRIEST RIVER, IDAHO

COLOR White AGE AT LAST BIRTHDAY 35  
(Years)

BIRTHPLACE (White) New York

OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Althea Skeriff

RESIDENCE PRIEST RIVER, IDAHO

COLOR White AGE AT LAST BIRTHDAY 19  
(Years)

BIRTHPLACE Michigan

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature) C. P. Gutzloff M.D.  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address PRIEST RIVER, IDAHO

Filed Sept. 1 1920 C. P. Gutzloff  
Registrar

MAR 30 1967

685101.009213

Form V. S. No. 11-C-25m-7-21-49

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

County of BannerCity of PRIEST RIVER, IDAHORegistration District No. 85File No. 82396No. — St. —Hospital —Primary Registration District No. 2185 Registered No. 23

FULL NAME OF CHILD

Chester Franklin Whetsten

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
BirthAug. 11920

(To be answered only in event of plural births)

(Month)

(Day)

(Year)

FULL  
NAME

FATHER

Lewis H. WhetstenFULL  
MAIDEN  
NAME

MOTHER

May Bates

RESIDENCE

PRIEST RIVER, IDAHO

RESIDENCE

PRIEST RIVER, IDAHO

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY21  
(Years)

BIRTHPLACE

Idaho

BIRTHPLACE

Montana

OCCUPATION

Logman in Woods.

OCCUPATION

HousewifeNumber of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Dora Seligson, at 5:50 A. M. on the date above stated.

Born alive or stillborn?

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. P. G. Galt  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

19

Address PRIEST RIVER, IDAHOFiled Sept. 1 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 1971

DEC 30 1941

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

592-211-00-592  
PLACE OF BIRTH

County of Bonneville

City of Lona

No. .... St.

Hospital .....

FULL NAME OF CHILD

Registration District No. .... 73

File No. .... 82397

Primary Registration District No. .... 2.1.3.2.

Registered No. .... 2.1

Midori Nishizaki

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of Birth <u>July 17th, 1942</u> (Month) (Day) (Year)
-------------------------------	---	---	---------------------------	---

FULL NAME <u>Yokichi Nishizaki</u>	FATHER
RESIDENCE <u>Lona, Idaho</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY ... <u>28</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Farmer</u>	

FULL MAIDEN NAME <u>Tsune Nishizaki</u>	MOTHER
RESIDENCE <u>Lona, Idaho</u>	
COLOR <u>Japanese</u>	AGE AT LAST BIRTHDAY ... <u>25</u> (Years)
BIRTHPLACE <u>Japan</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... on the date above stated.

{ \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

(Signature) ... Yokichi Nishizaki ...  
(Physician or midwife)

Given names added from a supplemental report.  
..... 19.....

Address ... Lona, Idaho ...

..... 19.....

Filed ... Aug 30, 1942 ...

Registrar

Registrar

1 Photostat copy 12/29/41

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DEC 29 1941

APR 26 1954

Dup of 100-102114

759-224.010-663

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of DonnellCity of Idaho FallsRegistration District No. 73File No. 82398

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

Primary Registration District No. 2102 Registered No. 210

FULL NAME OF CHILD

Laura Marie Bird Terrenoud

Sex of Child

FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti  
mate?yesDate of  
BirthAug 24 20  
(Month) (Day) (Year)FULL  
NAMEArnold W Terrenoud

FATHER

RESIDENCE

Idaho Falls

COLOR

WhiteAGE AT LAST  
BIRTHDAY35  
(Years)

BIRTHPLACE

Nebraska

OCCUPATION

merchantFULL  
MAIDEN  
NAME

MOTHER

RESIDENCE

Elly Bird Wolfe

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Cedar Rapids Neb

OCCUPATION

House Wife

Number of child of this mother, including present birth. \_\_\_\_\_ Number of children of this mother now living, including present birth. \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 4:50 P. M.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

W. J. Surkin M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Idaho Falls

Filed

Aug 30 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



APR 14 1970

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-2061010319  
PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Bonneville

City of Roberts

Registration District No. 73

File No. 82399

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 21

Registered No. 207

Hospital \_\_\_\_\_

FULL NAME OF CHILD Esther Marie Johnson

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>Aug-6-1920</u> (Month) (Day) (Year)
----------------------------	---	---------------------------------------	-----------------------------	---

FATHER  
FULL NAME Floyd E. Johnson

MOTHER  
FULL MAIDEN NAME Aliva H. Tarble

RESIDENCE Roberts Idaho

RESIDENCE Roberts Idaho

COLOR White AGE AT LAST BIRTHDAY 44  
(Years)

COLOR White AGE AT LAST BIRTHDAY 32  
(Years)

BIRTHPLACE New York

BIRTHPLACE Washington

OCCUPATION Farmer

OCCUPATION Housewife

Number of child of this mother, including present birth. 3

Number of children of this mother now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 1140 P. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

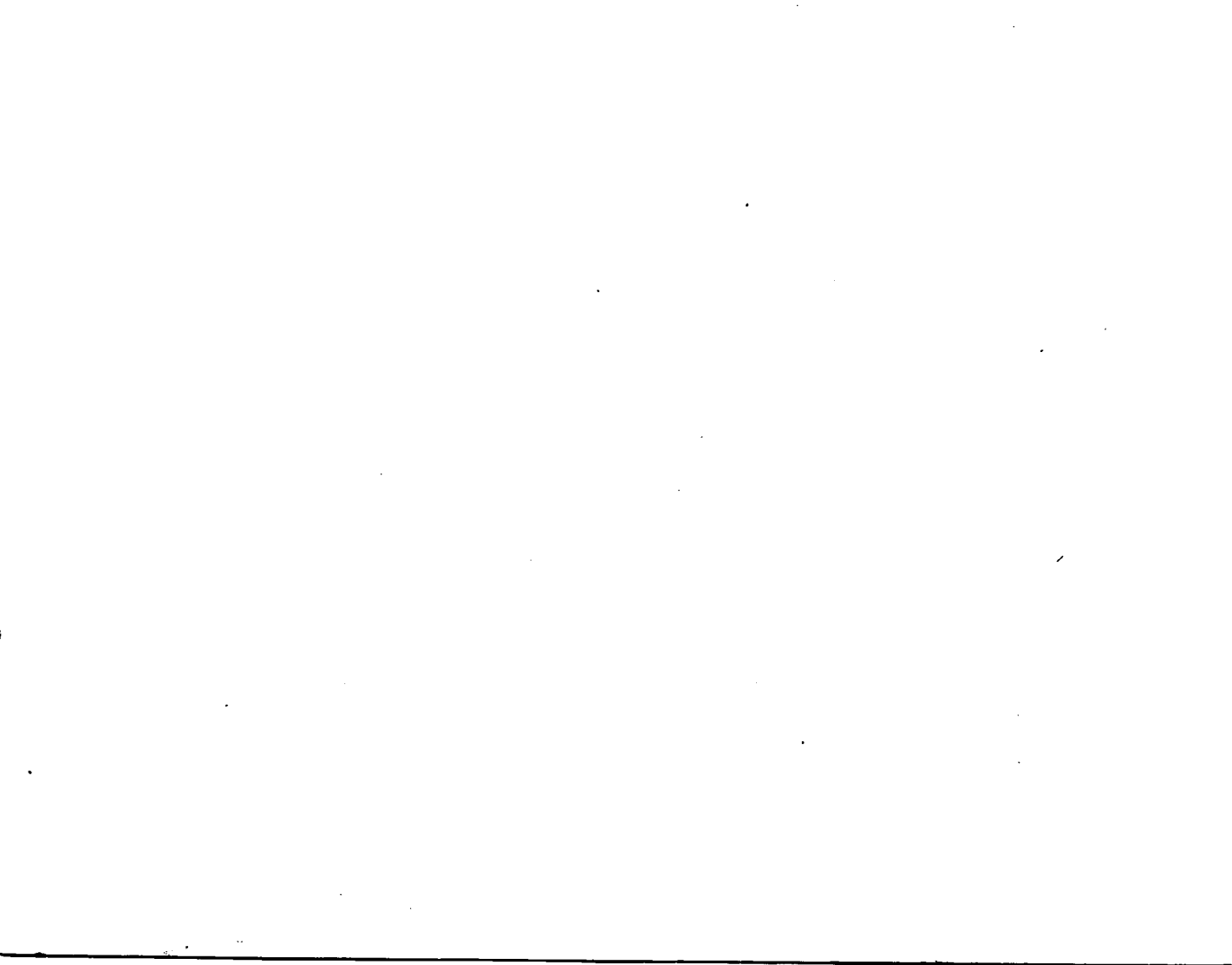
(Signature) St. J. Jensen M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Idaho Falls Ida

Filed Aug 30 1920 W. J. Jensen



942-1121010-942

## PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnevilleCity of LonaRegistration District No. 73File No. 82404

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2110 Registered No. 107

FULL NAME OF CHILD

Denzel Bartane Russell

Sex of Child

MaleTwin  
Triplet  
or other?

and

Number  
in order  
of birthLegiti  
mate?YesDate of  
Birth8 12 1920  
(Month) (Day) (Year)FULL  
NAME

FATHER

Henry A. Russell

RESIDENCE

Lona

COLOR

WhiteAGE AT LAST  
BIRTHDAY29  
(Years)

BIRTHPLACE

Utah

OCCUPATION

FarmerFULL  
MAIDEN  
NAME

MOTHER

Treasure Russell

RESIDENCE

Lona

COLOR

WhiteAGE AT LAST  
BIRTHDAY23  
(Years)

BIRTHPLACE

Utah

OCCUPATION

HousewifeNumber of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

at 1:35 a.m.\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

Mrs. P. W. Denning  
Midwife

(Physician or midwife)

Given names added from a supplemental report.

19

Address

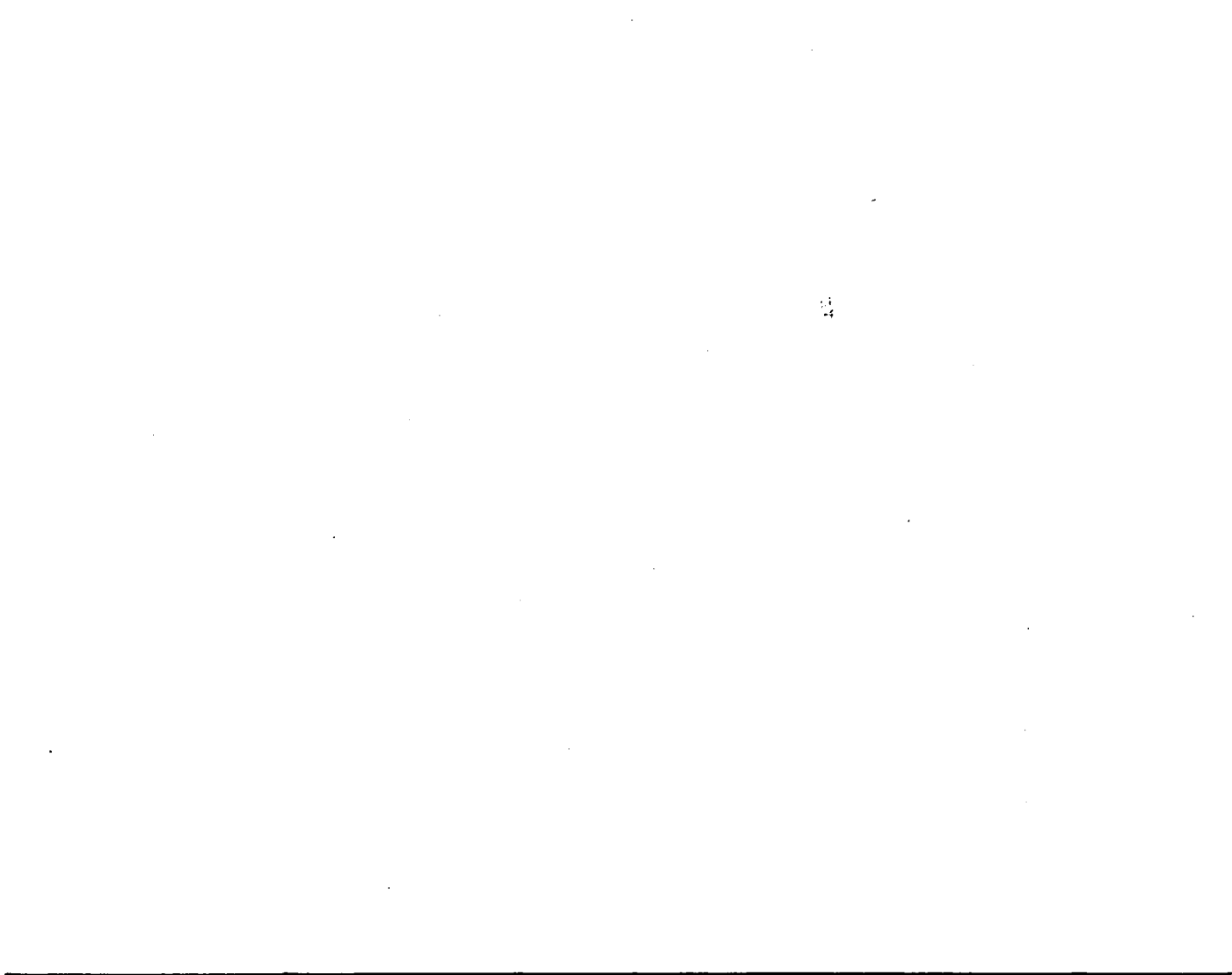
Lona Idaho

Filed

Aug 21 1920W. P. Denning

Registrar

Registrar



512-1161010-464  
PLACE OF BIRTHCounty of BonnevilleCity of Lana

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 73Primary Registration District No. 2150

Form V. S. No. 11-C-25m-1-1-18

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

File No.

82405

Registered No.

1 & 2Sex of  
ChildMaleTwin  
Triplet  
or other?

{ and }

{ Multiple  
in order  
of birth  
(To be answered only in event of plural births)Legit-  
imate?YesDate of  
BirthJan 16 1920  
(Month) (Day) (Year)FULL  
NAMEYonejino Nakano

FATHER

RESIDENCE

Lana

COLOR

BrownAGE AT LAST  
BIRTHDAY43  
(Years)

BIRTHPLACE

Japan

OCCUPATION

FarmerFULL  
MAIDEN  
NAMEKiyono Morimoto

MOTHER

RESIDENCE

Lana

COLOR

BrownAGE AT LAST  
BIRTHDAY27  
(Years)

BIRTHPLACE

Japan

OCCUPATION

Housewife

Number of child of this mother, including present birth

5

Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or  
midwife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

(Signature)

Mrs. R. W. Deming

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Lana Idaho

Filed

Aug 21 1920

Registrar

DUP-DE 1920-1765V

731-104-011-791

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-2 Rev. 1-3-18

## CERTIFICATE OF BIRTH

County of BonnevilleCity of TonawRegistration District No. 73

File No.

82425

No. \_\_\_\_\_ St.

Primary Registration District No. 2110

Registered No.

166

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Blaine ClarkSex of  
ChildMaleTwin  
Triplet  
or other?

{ and {

Number  
in order  
of birth

(To be answered only in event of plural births)

Legit-  
mate?YesDate of  
Birth.Jan 4  
(Month) (Day)1920  
(Year)FULL  
NAME

FATHER

Ernest Clark

RESIDENCE

Tonaw Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY30  
(Years)

BIRTHPLACE

Freedom Wyo

OCCUPATION

School TeacherFULL  
MAIDEN  
NAME

MOTHER

Ester Pratt

RESIDENCE

Tonaw Idaho

COLOR

WhiteAGE AT LAST  
BIRTHDAY26  
(Years)

BIRTHPLACE

Preston Idaho

OCCUPATION

Music TeacherNumber of child of this mother, including present birth. 1Number of children of this mother now living, including present birth. 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs. R. W. Demming

(Physician or midwife)

Given names added from a supplemental report.

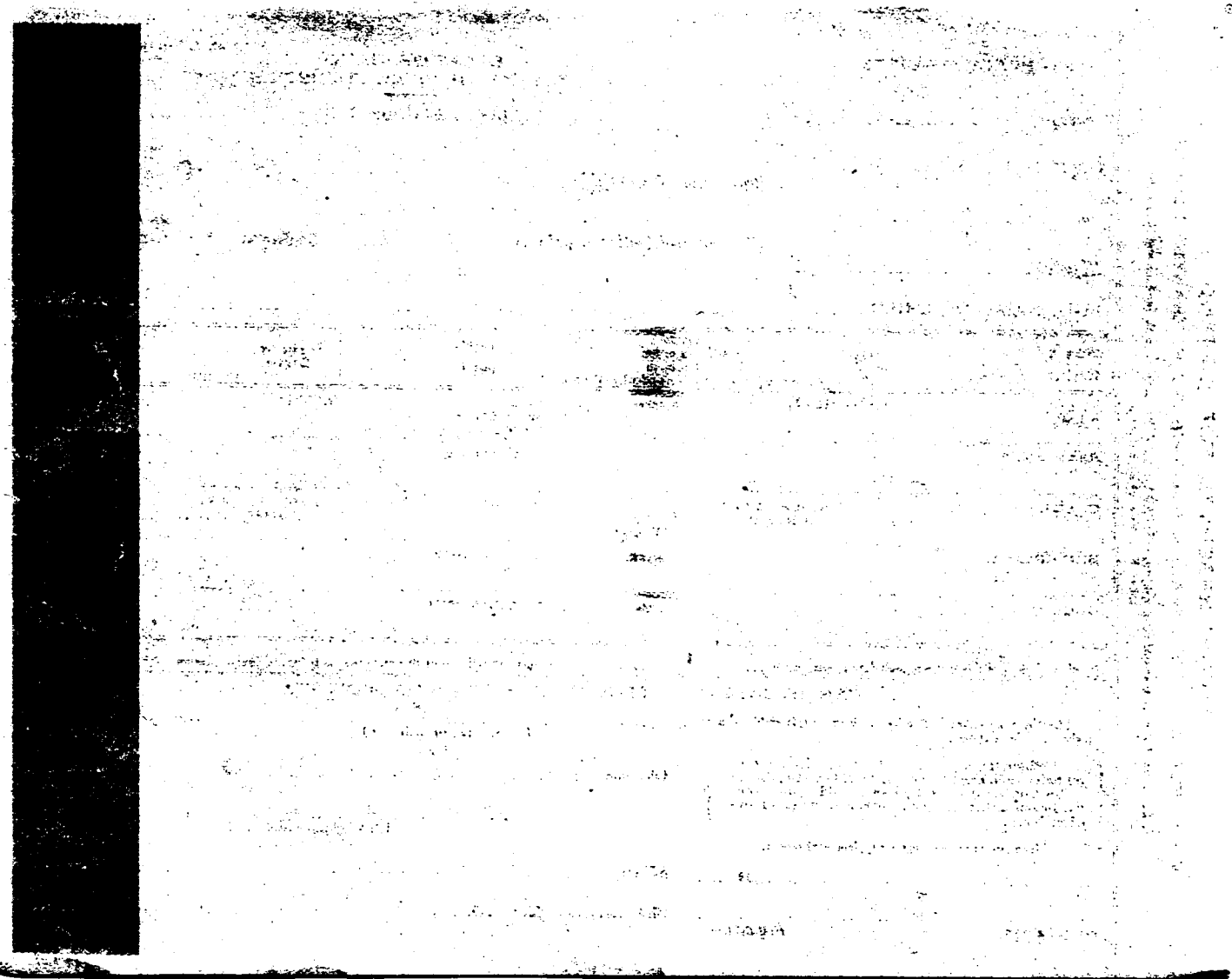
19

Address

Tonaw IdahoFiled Aug 21 1920

Registrar





485-213-010-819  
PLACE OF BIRTH

IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-4-4-17

County of *Bannerville*

City of *Idaho Falls*

Registration District No. *73*

File No. *82429*

No. *St*

Primary Registration District No. *2140*

Registered No. *162*

Hospital

FULL NAME OF CHILD

*Siko Uyehara*

Sex of Child <i>Female</i>	Twin Triplet or other? <i>(To be answered only in event of plural births)</i>	and Number in order of birth	Legitimate? <i>Yes</i>	Date of Birth <i>Aug 18 1920</i> (Month) (Day) (Year)
----------------------------	---	------------------------------	------------------------	--

FATHER  
FULL NAME *Ringoro Uyehara*  
RESIDENCE *Idaho Falls, Idaho*  
COLOR *Japanese*  
AGE AT LAST BIRTHDAY *52*  
(Years)  
BIRTHPLACE *Japan*  
OCCUPATION *Farmer*

MOTHER  
FULL MAIDEN NAME *Tatsu Hara*  
RESIDENCE *Idaho Falls, Idaho*  
COLOR *Japanese*  
AGE AT LAST BIRTHDAY *40*  
(Years)  
BIRTHPLACE *Japan*  
OCCUPATION *Housewife*

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Ringoro Uyehara*  
*Parent*  
(Physician or midwife)

Given names added from a supplemental report.

AUG 15 1920

Address *Idaho Falls, Ida.*

Filed *Aug 20 1920*  
*W. J. ...*  
Registrar



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

154-213,010-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Pomeroy  
City of Taylor  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Registration District No. 73 File No. 82430  
Primary Registration District No. 2147 Registered No. 141  
Hospital \_\_\_\_\_  
FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Aug. 13, 20</u> (Month) (Day) (Year)
FATHER FULL NAME <u>Randal J. Anderson</u>			MOTHER FULL MAIDEN NAME <u>Edna Porter</u>		
RESIDENCE <u>Taylor</u>			RESIDENCE <u>Utah</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)	
BIRTHPLACE <u>Utah</u>			BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Farmer</u>			OCCUPATION <u>Housewife</u>		
Number of child of this mother, including present birth <u>6</u>			Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

John O. McElroy

(Physician or midwife)

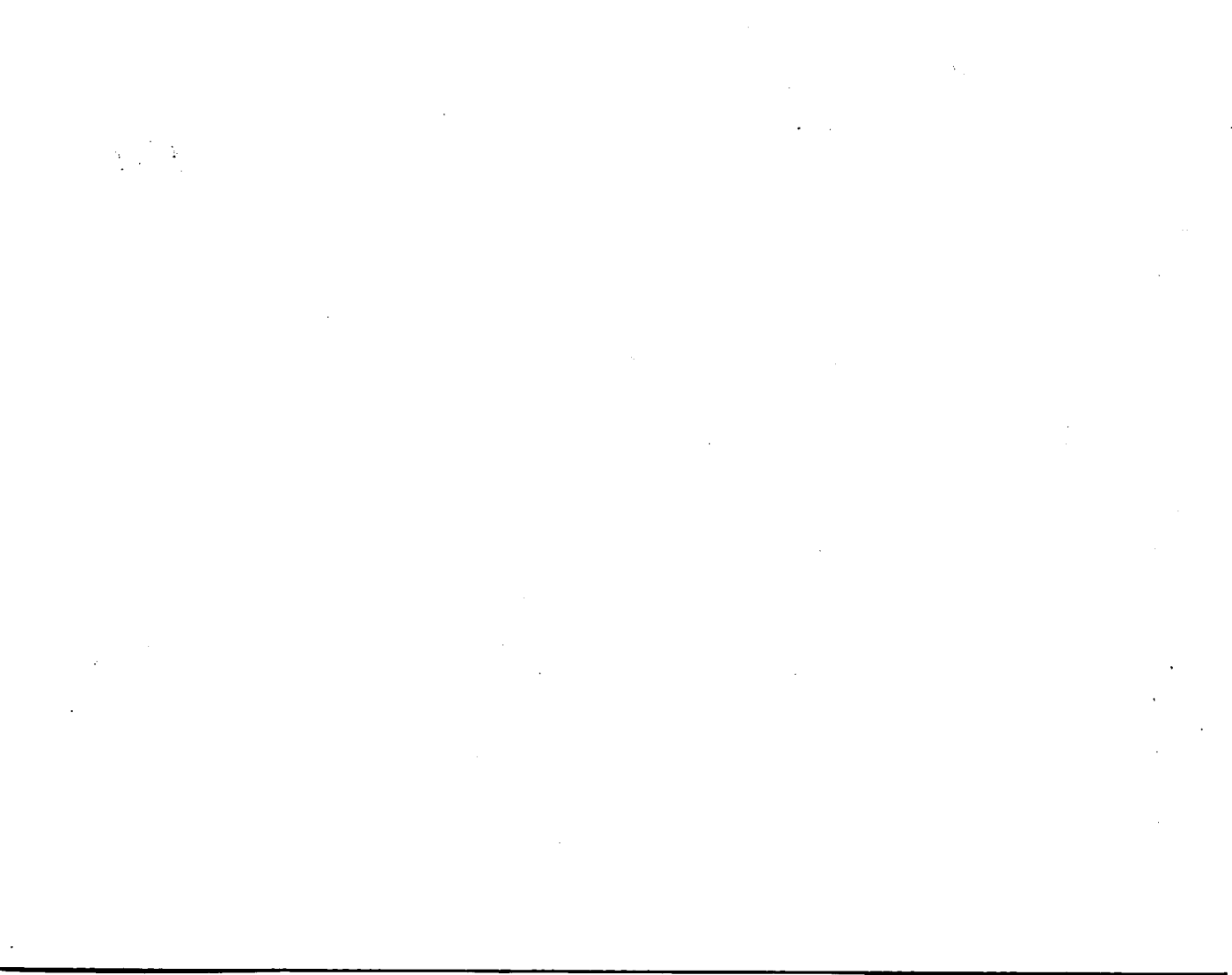
Given names added from a supplemental report.

Address

Idaho Falls, Idaho

Filed

Aug 19 19 20 W. H. McElroy  
Registrar



769-215-010-918

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BonnevilleCity of UconRegistration District No. 73File No. 82431

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2110 Registered No. 160

Hospital \_\_\_\_\_

## FULL NAME OF CHILD

Gordon

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Aug. 15</u> 19 <u>20</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	---

FULL NAME <u>Robert Gordon</u>	FATHER
RESIDENCE <u>Ucon Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Illinois</u>	
OCCUPATION <u>Homemaker</u>	

FULL MAIDEN NAME <u>Annis Ray</u>	MOTHER
RESIDENCE <u>Ucon Idaho</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>25</u> (Years)
BIRTHPLACE <u>Ucon</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.  
on the date above stated.

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature)

(Physician or midwife)

Address

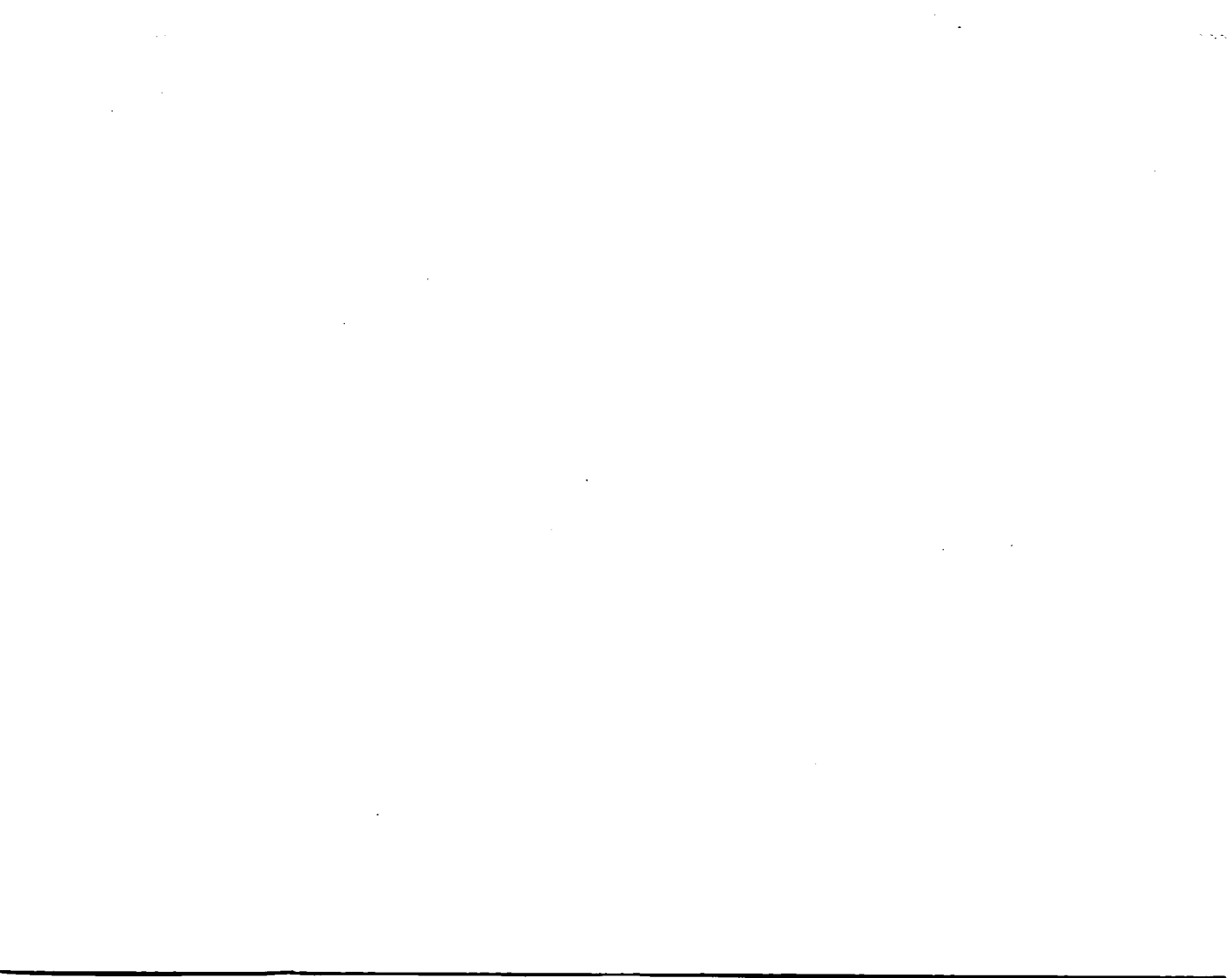
Filed

Ucon Idaho  
Aug 18 1920  
Wm. J. Hall

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

645114-010-259

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Eighty-five 320 St.

Hospital \_\_\_\_\_

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No. 73

File No. 82432

Primary Registration District No. 2100 Registered No. 11-9

FULL NAME OF CHILD EDWARD CLARK Oden

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate? <u>yes</u>	Date of Birth <u>Aug 14</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	----------------------------	---

FATHER  
FULL NAME Chas. S. Oden  
RESIDENCE Idaho Falls Idaho  
COLOR white AGE AT LAST BIRTHDAY 24  
(Years)  
BIRTHPLACE Neitart Montana  
OCCUPATION Mechanic

MOTHER  
FULL MAIDEN NAME Elizabeth Bertagendi  
RESIDENCE Idaho Falls Idaho  
COLOR white AGE AT LAST BIRTHDAY 22  
(Years)  
BIRTHPLACE Salt Lake City  
OCCUPATION Housewife

Number of child of this mother, including present birth / Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Normal at 8:00 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Labiz M. West  
Idaho Falls  
(Physician or midwife)

Given names added from a supplemental report.

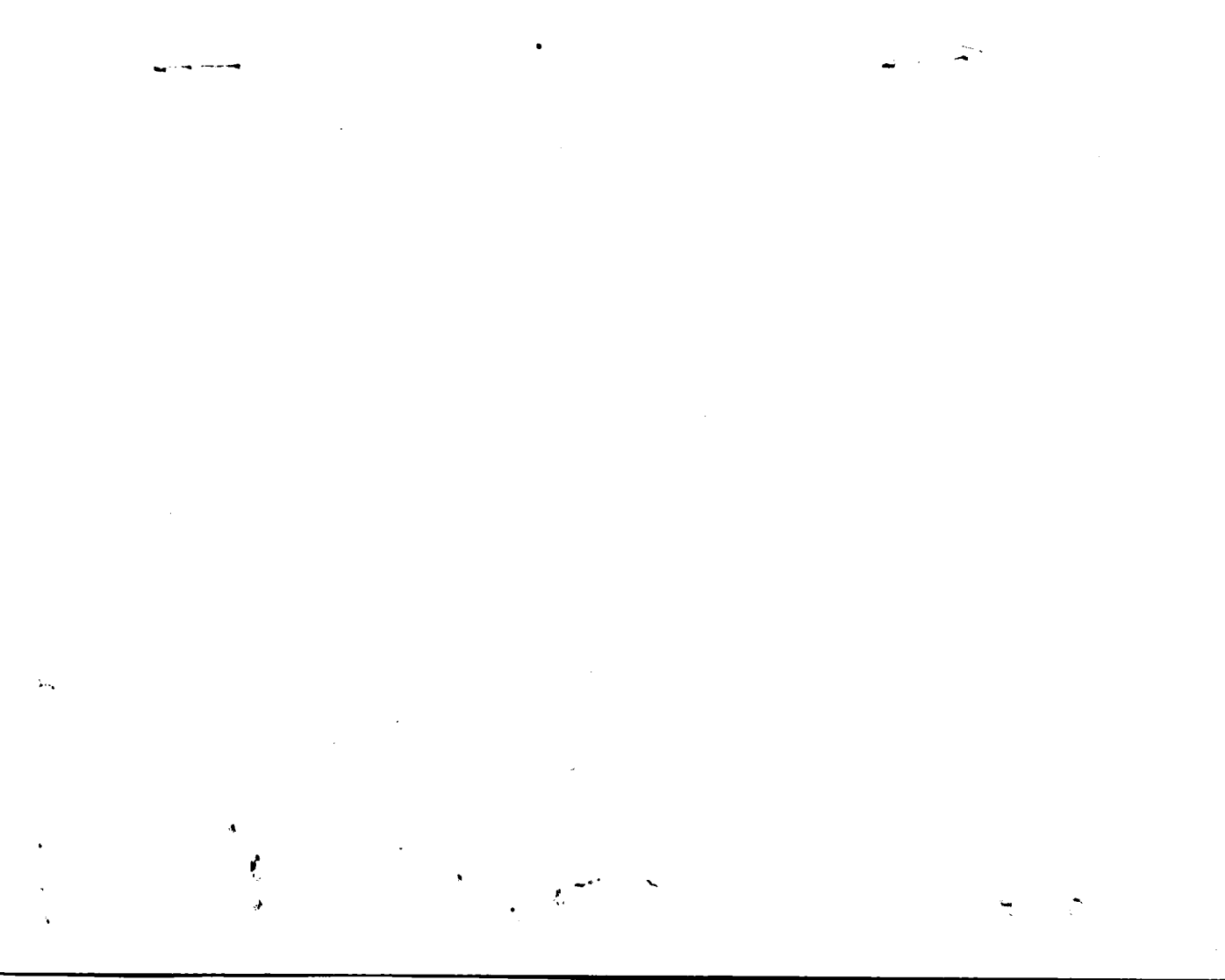
Address Idaho Falls Idaho  
Filed Aug 14 1920 Wm. M. Mendenhall  
Registrar

Registrar

Registrar

K





**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS**

**AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH**

State of Idaho } Certificate No. 82432  
County of Bonneville } SS.  
Date Filed \_\_\_\_\_

The undersigned does solemnly swear that certain facts on the certificate of \_\_\_\_\_  
for Edward Clark Oden who born \_\_\_\_\_ on August 14, 1920  
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)  
in Idaho Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the  
(PLACE OF EVENT)  
true facts as shown by \_\_\_\_\_ prepared on \_\_\_\_\_, are:  
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

**FACTS TO BE CORRECTED**  
(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)

**FROM**  
(AS ON ORIGINAL)

**TO**  
(THE CORRECT FACTS)

Name \_\_\_\_\_

Unnamed Oden \_\_\_\_\_

Edward Clark Oden \_\_\_\_\_

Subscribed and sworn to before me this 19th  
day of February, 19 42

Signed \_\_\_\_\_

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Idaho Falls, Ida.

My commission expires Oct. 20, 1942  
(SEAL)

(STREET ADDRESS, CITY, STATE)

**SUPPORTING AFFIDAVIT OF A SECOND PERSON**

State of Idaho }  
County of Bonneville } SS.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.  
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th  
day of February, 19 42

Signed \_\_\_\_\_

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Idaho Falls, Ida.

196-3-18th Idaho Falls, Idaho.

My commission expires Oct. 20, 1942  
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 20 1942 By \_\_\_\_\_  
(REGISTRAR'S SIGNATURE)

FEB 25 1942

JUN 5 1957

319-2179019-366

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 41-C-25m-7-21-19

County of BonnevilleCity of HeonRegistration District No. 7<sup>3</sup> File No. 82433

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Registration District No. 2150 Registered No. 156FULL NAME OF CHILD Virginia P. Larson

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth (To be answered only in event of plural births)	Legiti mate? <u>yes</u>	Date of Birth <u>Aug 14</u> 19 <u>20</u> (Month) (Day) (Year)
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FULL NAME FATHER Allen P. LarsonRESIDENCE HeonCOLOR white AGE AT LAST BIRTHDAY 24  
(Years)BIRTHPLACE UtahOCCUPATION FarmerFULL MAIDEN NAME MOTHER Nancy M. CooperRESIDENCE HeonCOLOR white AGE AT LAST BIRTHDAY 25  
(Years)BIRTHPLACE ArizonaOCCUPATION House wifeNumber of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5:20 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Aug 18 1920

Registrar

Registrar

P. C. 6-20-41 -

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-111-033-719

PLACE OF BIRTH

County of Adair

City of Sugar

No. \_\_\_\_\_ St.

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Registration District No. 73

File No. 82434

Primary Registration District No. 2120 Registered No. 117

Dee Jack Butler

Sex of Child <u>boy</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug 7 1920</u> (Month) (Day) (Year)
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FULL NAME Victor FATHER Charles Butler

RESIDENCE Sugar

COLOR white AGE AT LAST BIRTHDAY 26  
(Years)

BIRTHPLACE Ogden Utah

OCCUPATION Mechanic

FULL MAIDEN NAME Belle Garner MOTHER

RESIDENCE Sugar Idaho

COLOR white AGE AT LAST BIRTHDAY 25  
(Years)

BIRTHPLACE Kelford Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

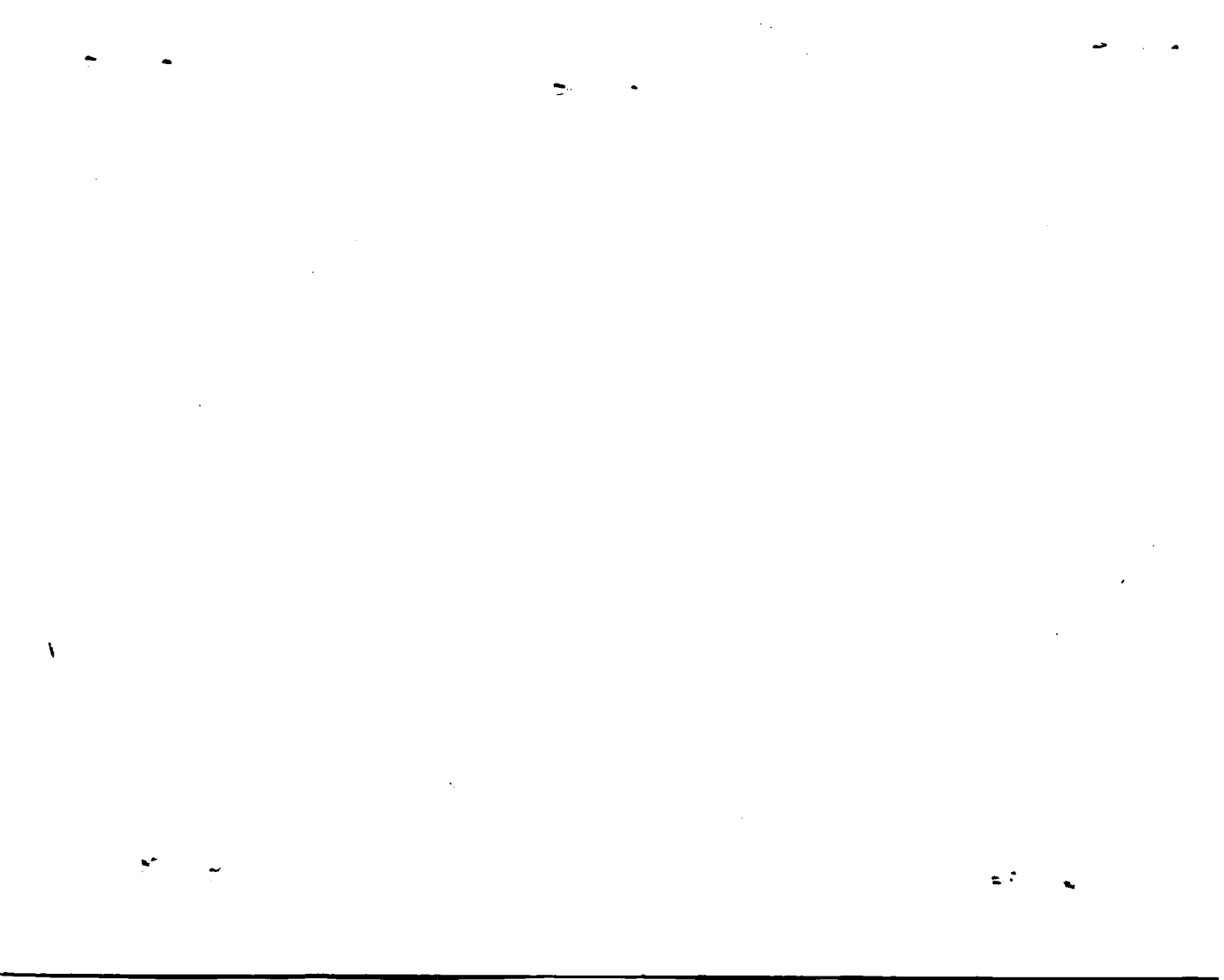
I hereby certify that I attended the birth of this child, who was born alive, at 6:20 AM, on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez M. St.  
Idaho Falls  
(Physician or midwife)

Given names added from a supplemental report.

Address Sugar, Idaho  
Filed Aug 14 1920 Upm  
Registrar



AFFIDAVIT

APR 15 1939

State Of Utah )  
County Weber SS  
City Of Ogden )

Victor C. Butler being duly sworn, declares that the Birth date of his son Dee Jack Butler was entered in the records of the Bureau Of Vital Statistics State of Idaho, as August 8th, 1920 is not true.

I hereby declare that I was personally present at the time of the birth of my son Dee Jack Butler, and the true correct date of birth is August 11th, 1920.

Victor C. Butler

Sworn and subscribed before me this 14<sup>th</sup> day of April 1939

My Commission Expires June 14, 1941

seal

W. H. Hiney  
Notary Public

FEB 24 1943

JUL 6 1960





751-210-010-619

## PLACE OF BIRTH

County of

City of

No.

St.

Hospital

FULL NAME OF CHILD

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

Registration District No.

File No.

Primary Registration District No.

Registered No.

Sex of Child *Female* *Twins* *Triplet* *or other?* and *Number in order of birth* *Legiti* *mate?* *yes*

Date of Birth

*Aug. 10, 20*

(Month) (Day) (Year)

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was on the date above stated.

(Born alive or stillborn)

(Signature)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

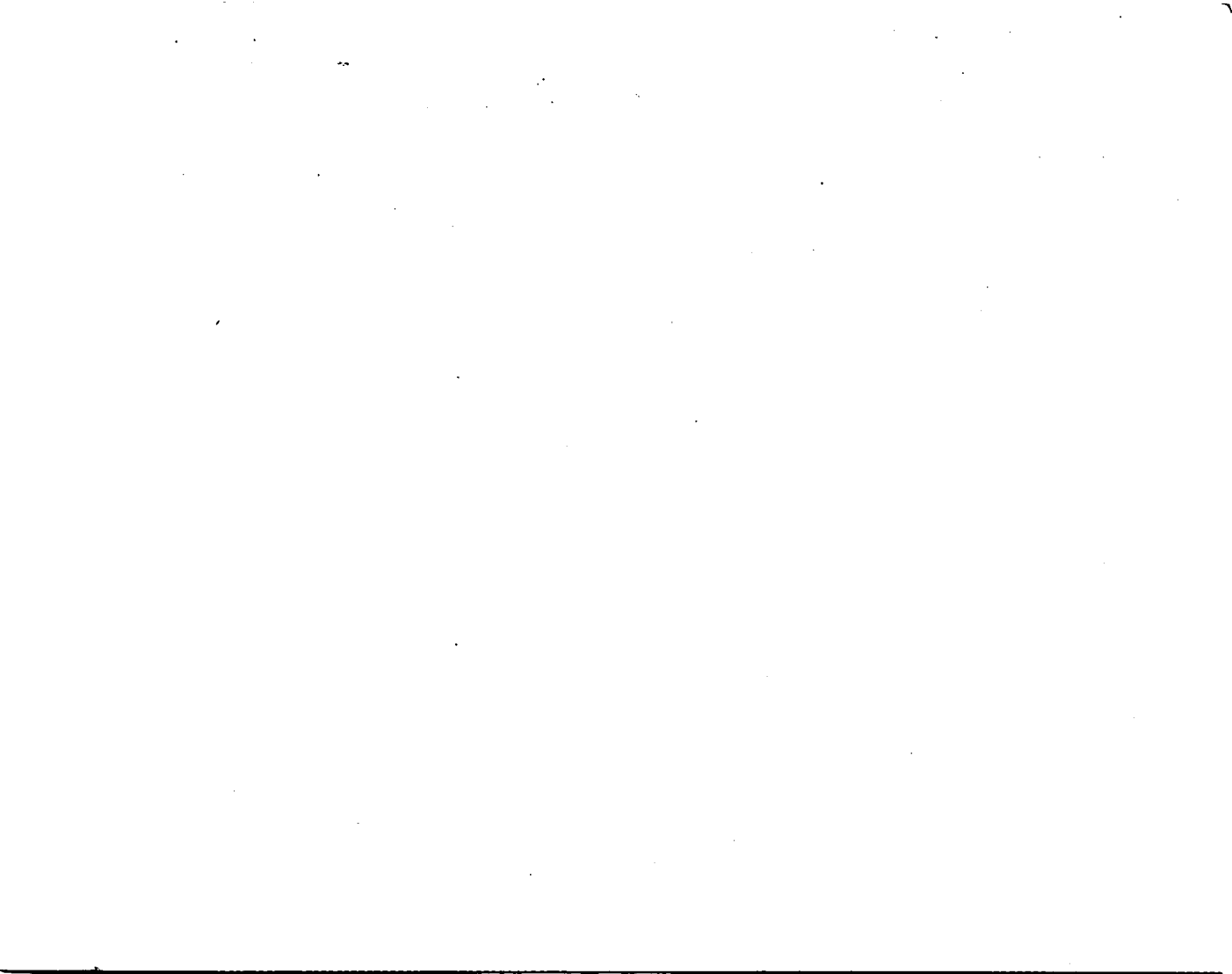
19

Address

Filed *Aug 11* 19 *20*

Registrar

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

693-109-0 10-466

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

County of Bannock

City of Idaho Falls

Registration District No. 73

File No. 82437

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Peoples Hospital Primary Registration District No. 2140 Registered No. 117

FULL NAME OF CHILD Lyle Duane Wilmarth

Sex of Child male Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth Aug. 9, 1920  
(To be answered only in event of plural births) (Month) (Day) (Year)

FULL NAME William N. Wilmarth FATHER FULL NAME Clara Dworak MOTHER

RESIDENCE Idaho Falls RESIDENCE Idaho Falls

COLOR White AGE AT LAST BIRTHDAY 36 COLOR White AGE AT LAST BIRTHDAY 32  
(Years) (Years)

BIRTHPLACE So. Dakota BIRTHPLACE So. Dakota

OCCUPATION Farmer OCCUPATION Housewife

Number of child of this mother, including present birth. 2 Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 P.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellon M.D.

Given names added from a supplemental report.

(Physician or midwife)

Address Idaho Falls, Ida.

Filed Aug 11 19 20 W. J. M. M. Registrar

Registrar

c.c. 5/12/41. w.h.

263-15-010241

## PLACE OF BIRTH

County of BonnevilleCity of Idaho Falls

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital \_\_\_\_\_

FULL NAME OF CHILD

Sex of Child maleTwin  
Triplet  
or other? \_\_\_\_\_  
(To be answered only in event of plural births)

and

Number  
in order  
of birth  
1stLegiti  
mate? yesDate of Birth May 15 1920  
(Month) (Day) (Year)FULL  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

FATHER

Idaho FallsAGE AT LAST  
BIRTHDAY 25  
(Years)IdahomerchantFULL  
MAIDEN  
NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

Idaho FallsIdaho FallsAGE AT LAST  
BIRTHDAY 22  
(Years)IdahoHousewifeNumber of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive May 15, at 10 P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Ralph T. Merrill  
Physician

(Physician or midwife)

Given names added from a supplemental report.

Address

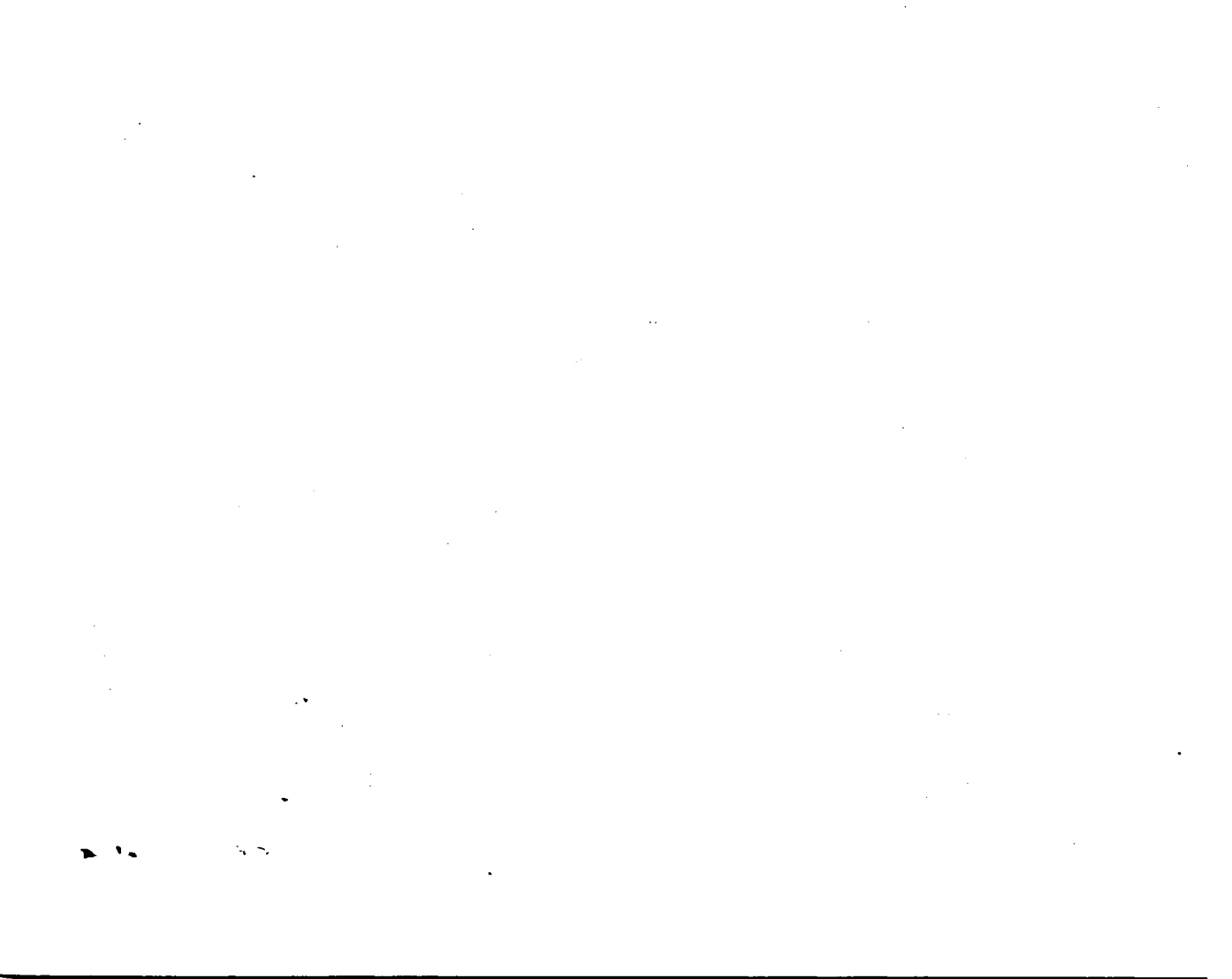
Idaho Falls Idaho

Filed

Aug 11 1920 W. F. Merrill

Registrar

Registrar



449-108-010-592

## PLACE OF BIRTH

County of BonnevilleCity of Idaho FallsRegistration District No. 73

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

No. \_\_\_\_\_ St. \_\_\_\_\_

File No. 82439Hospital Peoples Hospital Primary Registration District No. 2117Registered No. 11-2FULL NAME OF CHILD Reiko Inukami

Sex of Child <u>male</u>	Twin <u>—</u> Triplet <u>—</u> or other? <u>—</u> (To be answered only in event of plural births)	and {	Number in order of birth <u>2</u>	Legitimacy? <u>g.</u>	Date of Birth <u>June 8</u> 19 <u>20</u> (Month) (Day) (Year)
--------------------------	--	-------	-----------------------------------	-----------------------	--

FULL NAME FATHER Tomoyasu InukamiRESIDENCE Idaho FallsCOLOR Japanese AGE AT LAST BIRTHDAY 39 (Years)BIRTHPLACE JapanOCCUPATION Restaurant Prop.FULL MAIDEN NAME MOTHER Jyo InukamiRESIDENCE Idaho FallsCOLOR w. AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE JapanOCCUPATION HomemakerNumber of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive June 8, 20, at 9 P. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph T. Grenier  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

1 Photostat copy 12/19/41

Address Idaho Falls IdaFiled Aug 11 1920 W. J. J. J. Registrar

Registrar



MAR 9 1967

DEC 19 1941

292-111010-257

Form V. S. No. 11-C-25m-7-21-19

## PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHCounty of BannockCity of Idaho FallsRegistration District No. 73File No. 82440

No. \_\_\_\_\_ St. \_\_\_\_\_

Hospital Peoples Hospital Primary Registration District No. 2150 Registered No. 1521FULL NAME OF CHILD Lowell Bishop

Sex of Child <u>male</u>	Twin <u>-</u> Triplet <u>-</u> or other? <u>-</u>	and {	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 11 1920</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

FULL NAME <u>H. J. Bishop</u>	FATHER
RESIDENCE <u>Idaho Falls Ida</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Book Keeper</u>	

FULL MAIDEN NAME <u>Jessie Brager</u>	MOTHER
RESIDENCE <u>Idaho Falls</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)
BIRTHPLACE <u>Utah</u>	
OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 a. M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph D. Munnis  
Physician  
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida  
Filed Aug 11 1920 W. F. Munnis  
Registrar

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